

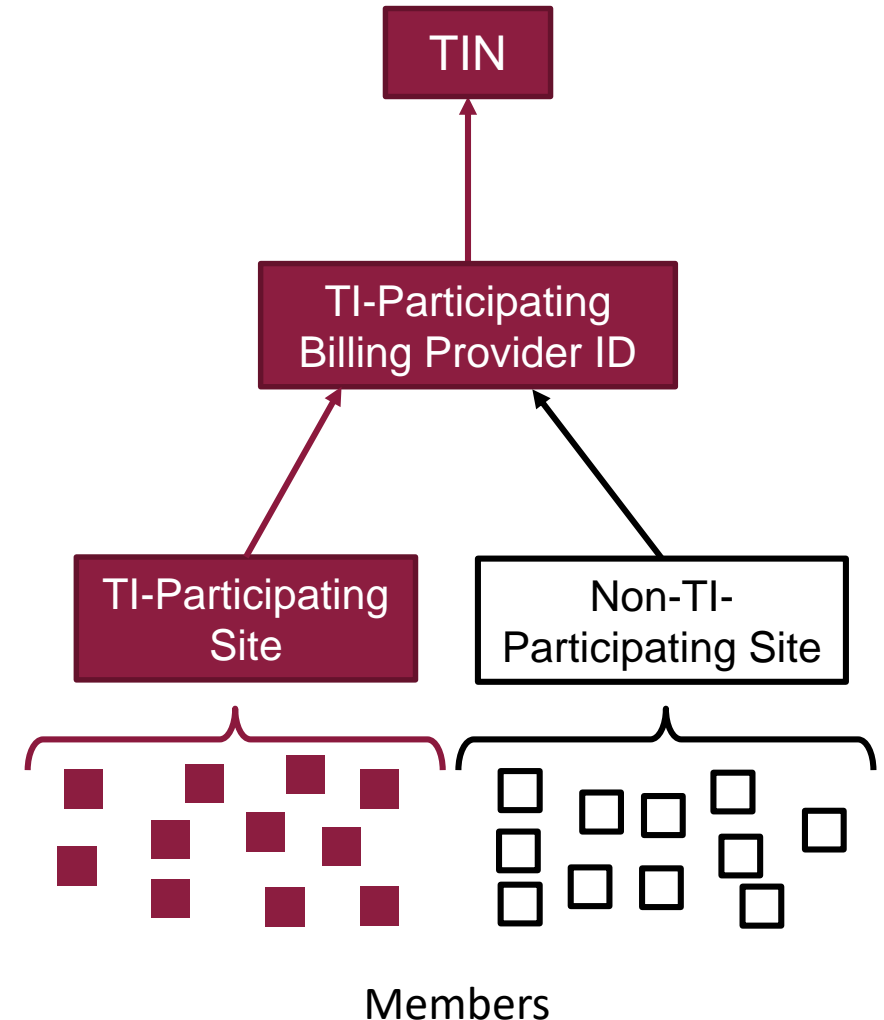
March QIC Data Update: Provider Identification Methodology for Year 5

CHiR

8 Mar 2021

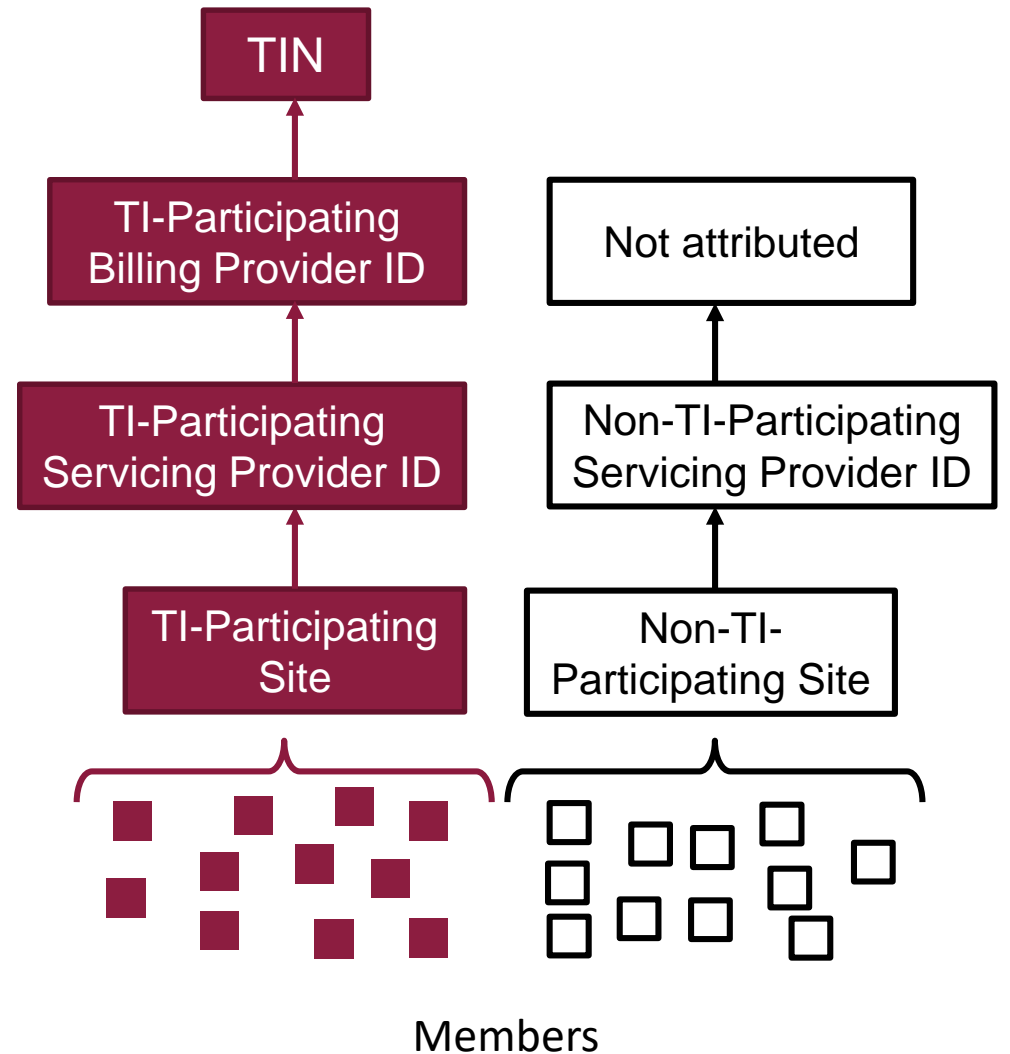
Limitation in TIP Year 4: Non-TI sites attributed to TI providers

- In Year 4, attribution was done at the level of billing provider ID
- Members from non-TI sites that used a TI-participating billing ID were included
- This led to non-TI members being included in TI denominators during attribution



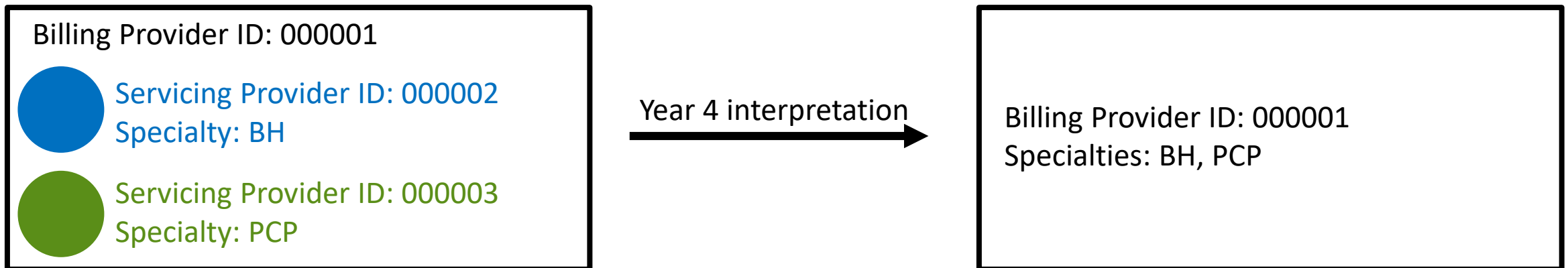
Resolution: Use billing and servicing provider IDs

- In Year 5, attribution will be done at the level of billing and servicing provider IDs
- Adds more granularity to the data analysis
- Greater ability to exclude members seen at non-TI sites



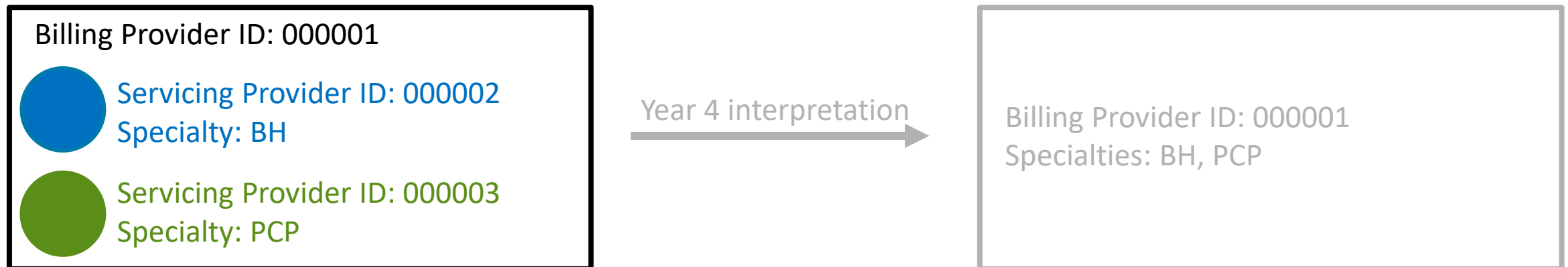
Methodology change also impacted measure compliance

- In Year 4, the billing provider ID takes on all provider types/specialties associated with the billing provider ID and the servicing provider IDs under it
- During measure evaluation: Does the billing provider ID have a qualifying specialty?
 - For example, is there a mental health provider type associated with the billing provider ID?



Methodology change also impacted measure compliance

- In Year 5, the servicing provider ID takes on all provider types/specialties associated with itself and the billing provider ID above it
- During measure evaluation: Does the servicing provider ID have a qualifying specialty?
 - For example, is there a mental health provider type associated with the servicing provider ID?



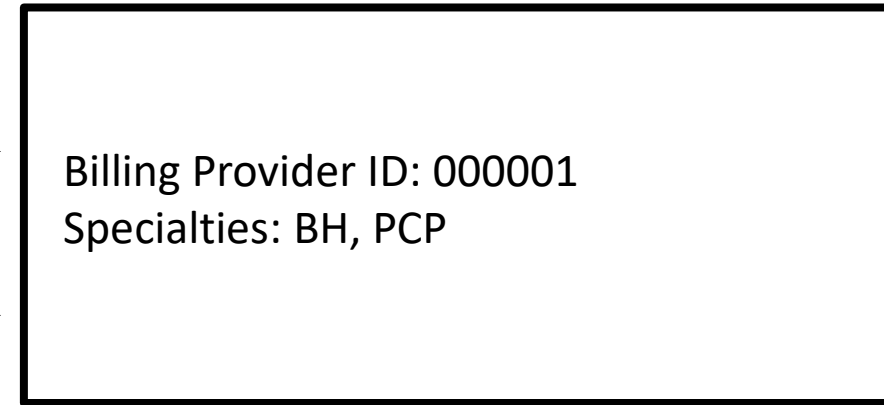
Example: Impact on follow-up after hospitalization for mental illness (FUH)

Year 4

Member



Has follow-up visit with...



Visit qualifies for FUH measure?

Yes

Member



Has follow-up visit with...

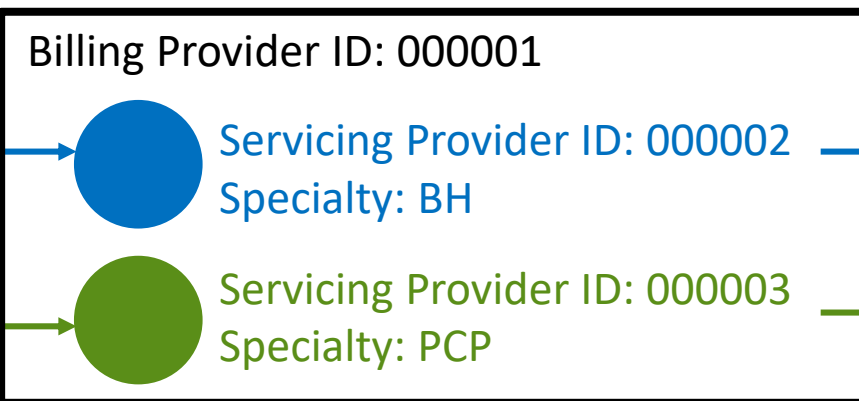
Yes

Year 5

Member



Has follow-up visit with...



Visit qualifies for FUH measure?

Yes

Member



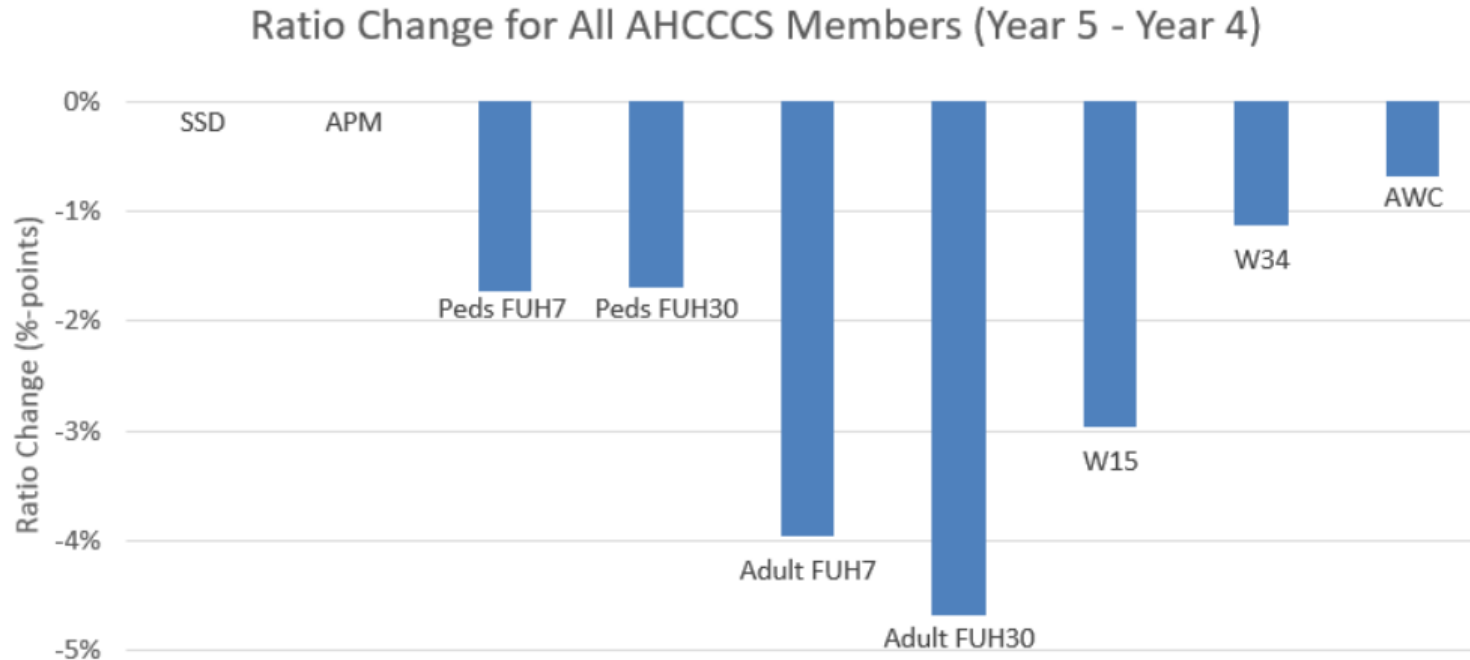
Has follow-up visit with...

No

Methodology change also impacted measure compliance

- Provider specialties are defined more strictly in Year 5
- Fewer providers count as having PCP and/or BH specialties
- Closer to intent and letter of HEDIS standards

Measures impacted by methodology change



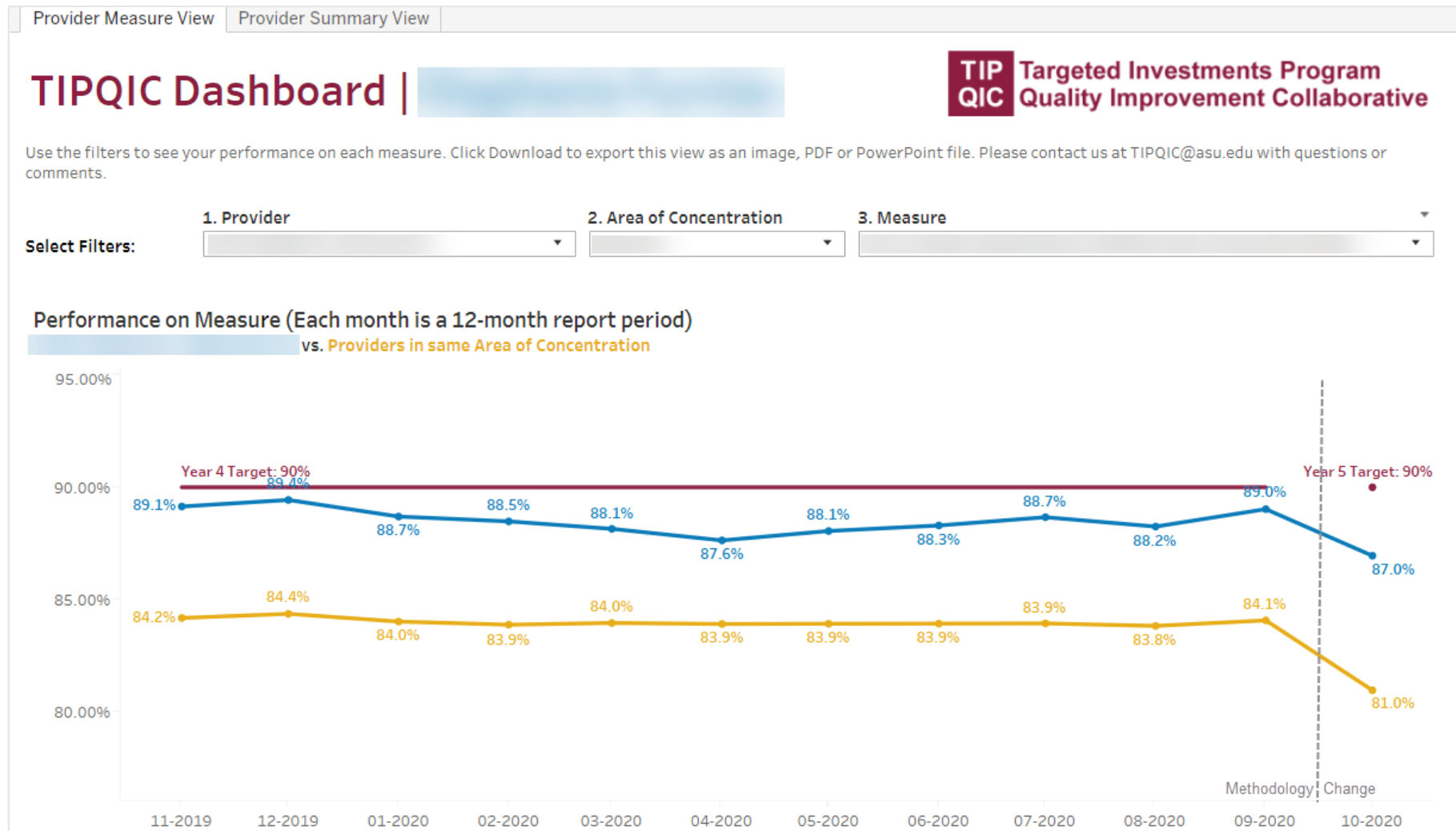
Results are a comparison of performance in the 07-2020 report period analyzed using provider identification methodology for Year 4 and Year 5

- Performance on measures that require visits with providers that have a PCP or BH specialty will be negatively impacted
 - Follow-up after hospitalization (FUH)
 - Well-child 0-15 months (W15)
 - Well-child 3-6 years (W34)
 - Adolescent well-care (AWC)
- Adult diabetes screening (SSD) and peds metabolic monitoring (APM) were not affected

Summary: Impacts on performance evaluation

- Method for provider identification differs between Years 4 and 5
- Change was implemented to isolate TI-participating site performance
- Impacts
 - Denominator: Organizations with non-TI-participating sites will see a decrease
 - Numerator: All TI participants may see a reduction in measure performance
- Changes only affect performance in Year 5
- These effects were taken into account when setting targets for Year 5

Example: Dashboard view with methodology change



Next steps

- Confirm appropriate billing and servicing provider IDs have been included for TIP
 - If you need to update the billing/servicing provider IDs included in TIP measure evaluation, consult email from Cam / AHCCCS TI team
- Confirm billing and servicing providers are credentialed properly in the AHCCCS system
 - Work with AHCCCS Provider Enrollment
- Confirm that servicing providers on claims have qualifying types/specialties based on measure criteria
 - PCP: https://tipqic.org/assets/files/PCP.Provider.Types_20200915.pdf
 - BH: <https://tipqic.org/assets/files/Mental.Health.Provider.Types.pdf>
- For questions, please email TIPQIC@asu.edu