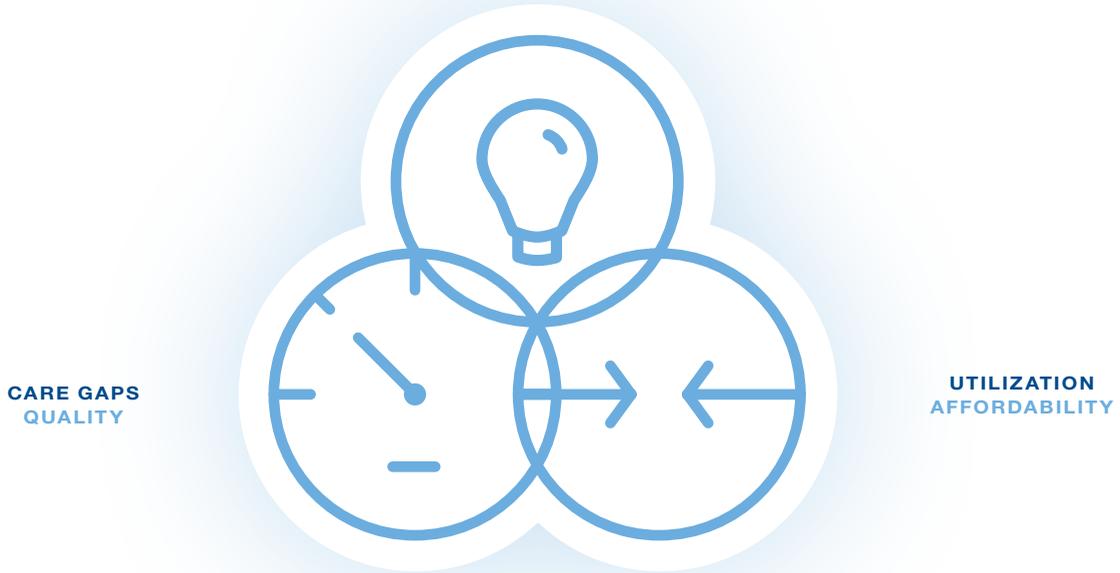


**INSIGHTS
ACCESS**



2022

Provider Performance Guide

St. Luke's Health Partners

Introduction

2022 Provider Performance Guide

The following guide outlines the St. Luke's Health Partners (SLHP) performance measures for participating providers. These measures constitute the performance expectations for all groups in 2022.

Performance is measured through claims data.

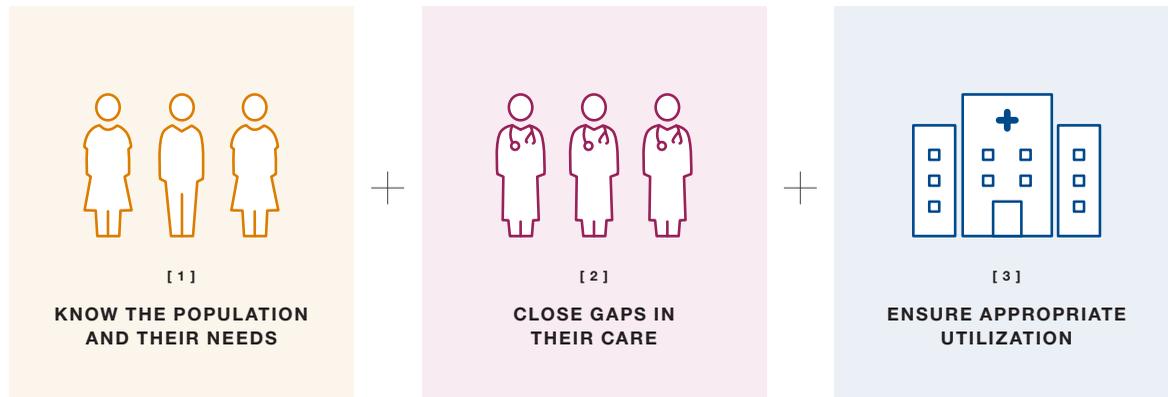
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SLHP Population Health Management

Key Areas of Focus



There are three key areas of focus that will lead to success in value-based care and effective population health management: (1) Knowing the population we are accountable for, (2) knowing what gaps in care exist for that population, and (3) addressing gaps appropriately to assure that individuals receive the right care at the right place and time.

1. Knowing the population requires an accurate reflection of the illness burden. It refers to operational workflows that assure providers and their staff are aware of the members and patients that they are responsible for. Currently, SLHP looks at **comprehensive annual wellness visits** and **condition recapture rates** to assess how well that process is working.
2. Participating providers are accountable to **close care gaps**, including proactively reaching out to patients for comprehensive annual wellness exams where **preventive care** and **chronic disease management** can be addressed. Closing care gaps will increase performance reflected in quality metrics and improve the outcomes patients experience.
3. There are many aspects of utilization that drive the cost of healthcare within a population, but perhaps none are more significant than **emergency department (ED) visits** and **inpatient admissions**. We are committed to helping clinics maximize access to primary care, which is foundational to all this work.

Methodology

2022 Performance Measures & Funds Flow

2022 is SLHP's sixth year as a financially and clinically integrated network. Our goal is to enable and facilitate effective population health management throughout the counties in which we operate. We are part of a necessary and significant change in the healthcare market and are committed to helping members and patients achieve the best possible health at the lowest total cost.

Provider and Facility performance measures are intended to (1) support the elements of a financially and clinically integrated network, (2) drive behaviors to decrease costs and improve outcomes, and (3) accelerate the rate of improvement in overall performance.

Through the SLHP funds flow methodology, we share financial accountability and responsibility with our participating provider groups and facilities regarding the savings or losses we collectively generate as a network.

A participating provider is considered "Full Risk"—meaning they have both upside and downside performance risk—if they meet one of the following criteria for 2022:

1. A primary care provider group with at least 1,000 attributed lives in aggregate across all plans
2. Have opted in as a primary care provider regardless of the number attributed lives (must participate in all plans)

Specialists and facilities* participating in our network are not at Full Risk.

Regardless if the provider group/facility is in full-risk, the daily workflows and population health management efforts by each entity directly influence the performance in all our plans, thus engagement is imperative. SLHP shares incentive funding with primary care for value-based care activities via the Stellar Health platform and with all other provider groups and facilities via citizenship funds should it be available based on plan performance.

The key SLHP performance priorities for 2022 are listed below.

This guide will describe each of these measures in greater detail.

Emergency Department (ED) Utilization

Inpatient Admissions

Kidney Health Evaluation for Patient with Diabetes

Diabetes: HbA1c Testing

Diabetes: Eye Exam

Well-Child Visits in the First 30 Months of Life

Child and Adolescent Well-Care Visits

Methodology

2022 Performance Measures & Funds Flow

Funds Flow Adjudication Criteria

Primary Care Providers Eligible for Full Risk

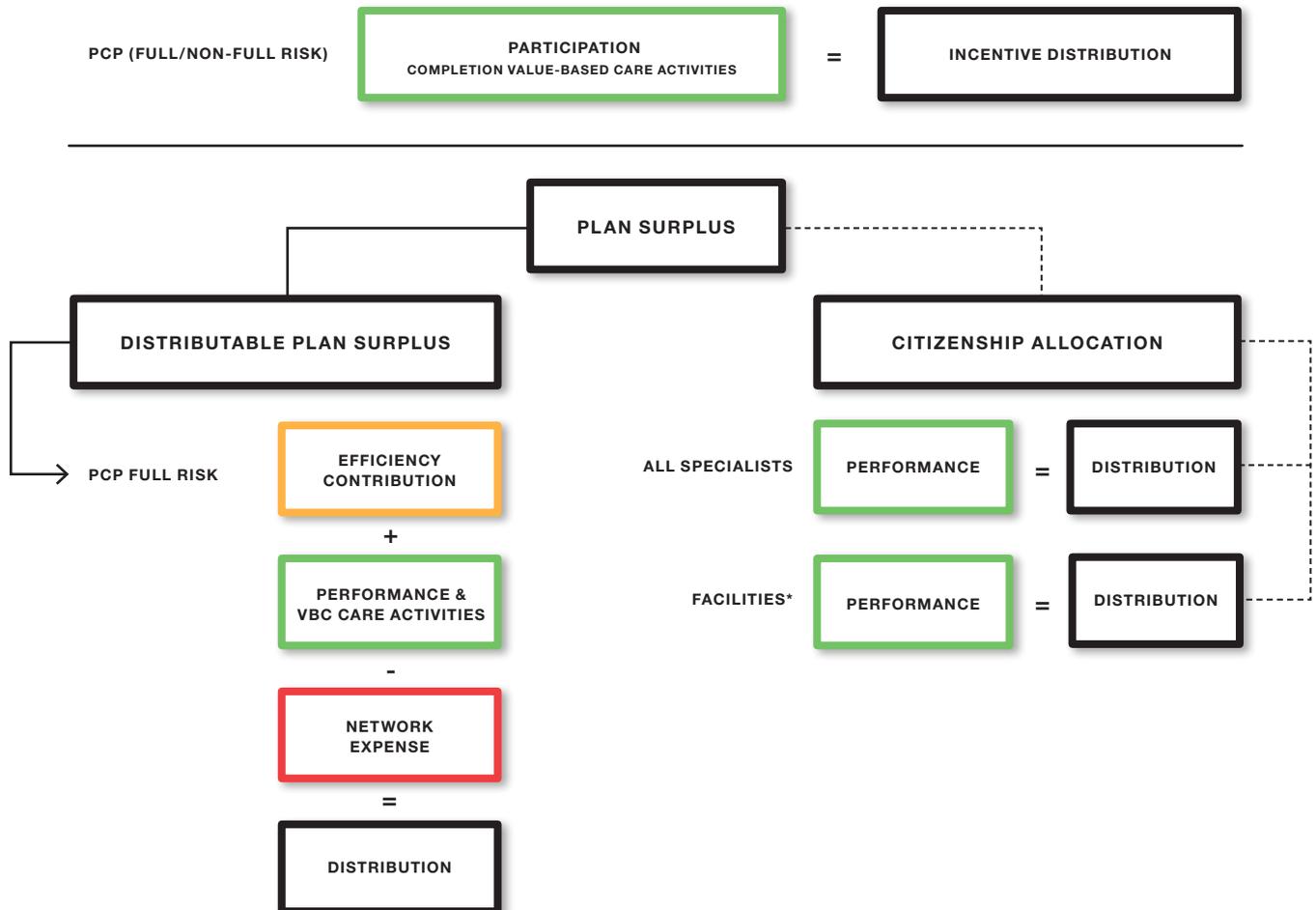
- Group meets performance expectations on 2022 measures
- Group participated in completion of value-based care activities utilizing the Stellar Health Platform

Primary Care Providers Not Eligible for Full Risk

- Group participated in completion of value-based care activities utilizing the Stellar Health Platform

All Specialists and Facilities*

- Plan(s) meet performance expectations for ED utilization
- Plan(s) meet performance expectations for inpatient admissions



*Acute Care Hospitals, Critical Access Hospitals, Ambulatory Surgery Centers, Home Health and Hospice, and Skilled Nursing Facilities

Network Expectations

2022 Performance Measures: Primary Care

	Measures	PY2022 Benchmark	PY2022 Measure Target
Performance & Participation	ED Utilization Rate of emergency department utilization measured as ED encounters/1000, calculated as $(\text{Total ED visits(outpatient)})/(\text{Total Member Months}) \times 12,000$.	Medicare: 274.74 Commercial: 115.90 SLHP well-managed benchmark ¹	Medicare: 345 Commercial: 140
	Inpatient Admissions Rate of inpatient admissions utilization measured as Admits/1000 per year, calculated as $(\text{Total Admits (inpatient)})/(\text{Total Member Months}) \times 12,000$.	Medicare: 186.7 Commercial: 51.3 SLHP well-managed benchmark ¹	Medicare: 186.7 Commercial: 54
	Well-Child Visits in the First 30 Months of Life The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Rate 1: Well-Child Visits in the First 15 Months. Rate 2: Well-Child Visits for Age 15 Months–30 Months.	Rate 1: 92.16% National commercial (75th percentile) Rate 2: 85.39% National commercial (75th percentile)	Rate 1: 73.7% Rate 2: 81.46%
	Child and Adolescent Well-Care Visits The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	60.83% National commercial (75th percentile)	60.83%
	Kidney Health Evaluation for Patients with Diabetes The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	Reporting-Only: SLHP will report claims-based performance on your behalf and that will meet the reporting-only requirement.	Reporting-Only
	Diabetes: HbA1c Testing The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) test performed during measurement year.	95.89% Medicare national benchmark (90th percentile) 91.48% National commercial (90th percentile)	Medicare: 92.7% Commercial: 91.48%
	Diabetes: Eye Exam The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had: <ul style="list-style-type: none"> • Eye exam (retinal) performed during the measurement year. • A negative retinal or dilated exam in the year prior to the measurement year. 	≥71% Medicare 4 STAR ² 55.28% National commercial benchmark (75th percentile)	Medicare: ≥52% Commercial: 34.31
	Value Based Care Activities		
Completion of value-based care activities through the Stellar Health platform is the only way to earn participation credit in primary care. The Stellar Health platform provides funding for the completion of value-based activities. Examples of value-based care activities include, but are not limited to, closing care gaps (i.e. preventive screening, diabetes care and addressing chronic conditions).			

2022 performance credit for full-risk funds flow is determined the following way:

- If 2021 performance is at or above the 2022 benchmark, maintain 2022 benchmark.
 - A benchmark is a number used to compare the performance of our network to other networks/entities in a standardized fashion.
- If 2021 performance is below 2022 benchmark, achieve or exceed 2022 measure target.
 - A measure target is a specific goal established for performance in a given period of time.

¹ED visits per capita target and inpatient admission target based off benchmark developed in Milliman MedInsight®.

²STAR benchmarks from Medicare 2021 Part C & D Star Ratings and Technical Notes.

³HEDIS benchmarks from 2021 Quality Compass; for National Commercial and Medicare.

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Network Expectations

2022 Performance Measures: Specialists & Facilities

	Measures	PY2022 Benchmark	PY2022 Measure Target
Plan Performance	ED Utilization Rate of emergency department utilization measured as ED encounters/1000, calculated as $(\text{Total ED visits(outpatient)})/(\text{Total Member Months}) * 12,000$.	Medicare: 274.74 Commercial: 115.90 SLHP well-managed benchmark ¹	Medicare: 345 Commercial: 140
	Inpatient Admissions Rate of inpatient admissions utilization measured as Admits/1000 per year, calculated as $(\text{Total Admits (inpatient)})/(\text{Total Member Months}) * 12,000$.	Medicare: 186.7 Commercial: 51.3 SLHP well-managed benchmark ¹	Medicare: 186.7 Commercial: 54

¹ED visits per capita target and inpatient admission target based off benchmark developed in Milliman MedInsight®.

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Appendix

Performance Measures Definitions

ED Utilization

Measure Description	Rate of emergency department utilization measured as ED encounters/1000, calculated as $(\text{Total ED visits(outpatient)})/(\text{Total Member Months}) \times 12,000$.
Measurement Period	01/01/2022-12/31/2022
Denominator	Total member months x 12,000
Numerator	All outpatient emergency department visits during the measurement year for SLHP members.
Exclusions	Patients who had an emergency department visit that resulted in an inpatient admission.
Measurement Steward	SLHP
Numerator Codes	Revenue Codes: 0450, 0451, 0452, 0456, 0456. CPT Codes: 99281-99285
Accountable Providers	All SLHP Providers

Revenue Codes: Uniform billing or UB-04 codes are copyrighted (© 2021) by the American Hospital Association, Chicago, Illinois.

Inpatient Admissions

Measure Description	Rate of inpatient admissions utilization measured as Admits/1000 per year, calculated as $(\text{Total Admits (inpatient)})/(\text{Total Member Months}) \times 12,000$.
Measurement Period	01/01/2022-12/31/2022
Denominator	Total member months x 12,000
Numerator	All inpatients admits during the measurement year for SLHP members.
Exclusions	None
Measurement Steward	SLHP
Numerator Codes	Revenue Codes: 0022, 0024, 0100, 0101, 0110-0162, 0164, 0166-0175, 0179, 0180, 0182-0185, 0189-0194, 0199-0204, 0206-0214, 0219, 1000-1005. CPT Codes: 99221, 99222, 99223
Accountable Providers	All SLHP Providers

Revenue Codes: Uniform billing or UB-04 codes are copyrighted (© 2021) by the American Hospital Association, Chicago, Illinois.

Performance Measures Definitions

Kidney Health Evaluation for Patients with Diabetes

Measure Description	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
Measurement Period	01/01/2022-12/31/2022
Denominator	<p>18-85 years of age with diabetes (type 1 and type 2) as of December 31st of the measurement year.</p> <p>There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>Claim/Encounter Data: Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> • At least one acute inpatient encounter, with a diagnosis of diabetes, without telehealth. • At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. • At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits, nonacute inpatient encounters or nonacute inpatient discharges. Visit type need not be the same for the two encounters. <p>Pharmacy Data: Members who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p>
Numerator	<p>Members who received both of the following during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> • At least one eGFR (Estimated Glomerular Filtration Rate Lab Test Value Set) • At least one uACR identified by both a quantitative urine albumin test (Quantitative Urine Albumin Lab Test Value Set) and a urine creatinine test (Urine Creatinine Lab Test Value Set) with service dates four or less days apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.
Exclusions	<ul style="list-style-type: none"> • Members in hospice are excluded from the eligible population. • Members with evidence of ESRD or dialysis any time during the member's history on or prior to December 31 of the measurement year. • Members receiving palliative care during the measurement year. • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. - Living long-term in an institution any time during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ul style="list-style-type: none"> - At least one claim/encounter for frailty during the measurement year. - Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> • At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges (the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis). Visit type need not be the same for the two visits. • Members 81 years of age and older as of December 31 of the measurement year with frailty during the measurement year.
Measurement Steward	HEDIS®-Healthcare Effectiveness Data and Information Set
Numerator Codes	<p>Creatinine Lab Test CPT: 82570</p> <p>Quantitative Urine Albumin Lab Test CPT: 82043</p> <p>Estimated Glomerular Filtration Rate Lab Test CPT: 80050, 80053, 80069, 82565</p> <p>Other LOINC and SNOMED codes count that are not listed here.</p>
Accountable Providers	Primary Care Providers

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Performance Measures Definitions

Diabetes Care: Hemoglobin A1c (HbA1c) Testing

Measure Description	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had: Hemoglobin A1c (HbA1c) testing.
Measurement Period	01/01/2022-12/31/2022
Denominator	<p>18-75 years of age with diabetes (type 1 and type 2) as of December 31st of the measurement year.</p> <p>There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>Claim/Encounter Data: Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> • At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. • At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. • At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. <p>Pharmacy Data: Members who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p>
Numerator	An HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.
Exclusions	Members in hospice or receiving palliative care are excluded from the eligible population.
Measurement Steward	HEDIS®-Healthcare Effectiveness Data and Information Set
Numerator Codes	<p>HbA1c Testing CPT: 83036, 83037 HbA1c Control CPT II level less than 7.0: 3044F HbA1c Control CPT II level equal to 7.0 and less than 8.0: 3051F HbA1c Control CPT II level equal to 8.0 but less than 9.0: 3052F Most recent hemoglobin A1c Control CPT II level greater than 9.0: 3046F</p> <p>Other LOINC and SNOMED codes count that are not listed here.</p>
Accountable Providers	Primary Care Providers

Performance Measures Definitions

Diabetes Care: Eye Exam (Retinal) Performed

Measure Description	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had: Eye exam (retinal) performed.
Measurement Period	01/01/2022-12/31/2022
Denominator	<p>18-75 years of age with diabetes (type 1 and type 2) as of December 31st of the measurement year.</p> <p>There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>Claim/Encounter Data: Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> • At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits or nonacute inpatient encounters on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits. • At least one acute inpatient encounter with a diagnosis of diabetes without telehealth. • At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. <p>Pharmacy Data: Members who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p>
Numerator	<p>Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. • Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year.
Exclusions	Members in hospice are excluded from the eligible population.
Measurement Steward	HEDIS®-Healthcare Effectiveness Data and Information Set
Numerator Codes	<p>Eye Exam CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p>Other CPT codes count for eye enucleation that are not listed here.</p> <p>Eye Exam Result CPT II with evidence of retinopathy: 2022f, 2024f, 2026f Eye Exam Result CPT II without evidence of retinopathy: 2023f, 2025f, 2033f Eye Exam Result CPT II Diabetic Retinal Screening Negative in Prior Year: 3072f</p> <p>HCPCS: S0620, S0621, S3000</p> <p>Other SNOMED codes count that are not listed here</p>
Accountable Providers	Primary Care Providers

Performance Measures Definitions

Well-Child Visits in the First 30 Months of Life

Measure Description	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Rate 1: Well-Child Visits in the First 15 Months. Rate 2: Well-Child Visits for Age 15 Months–30 Months.
Measurement Period	01/01/2022-12/31/2022
Denominator	Rate 1: Children who turn 15 months old during the measurement year. Rate 2: Children who turn 30 months old during the measurement year.
Numerator	Rate 1: Six or more well-child visits on different dates of service on or before the 15-month birthday. Rate 2: Two or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday.
Exclusions	Members in hospice are excluded from the eligible population.
Measurement Steward	HEDIS®-Healthcare Effectiveness Data and Information Set
Numerator Codes	Well-Visit CPT: 99381, 99382, 99391, 99392. 15-30 months: 99382, 99392 Well-Visit ICD-10-CM: Z00.110, Z00.111, Z00.121, Z00.129 Other SNOMED codes count that are not listed here
Accountable Providers	Primary Care Providers

Child and Adolescent Well-Care Visits

Measure Description	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Measurement Period	01/01/2022-12/31/2022
Denominator	Members 3-21 years of age as of December 31 of the measurement year.
Numerator	One or more well-care visits during the measurement year with a PCP or OB/GYN practitioner.
Exclusions	Members in hospice are excluded from the eligible population.
Measurement Steward	HEDIS®-Healthcare Effectiveness Data and Information Set
Numerator Codes	CPT: 99382,99383,99384, 99392, 99393, 99394. 18 years or older: 99385, 99395 ICD-10-CM: Z00.121, Z00.129. 18 years or older: Z00.00, Z00.01 Other SNOMED codes count that are not listed here
Accountable Providers	Primary Care Providers

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