

IHP Performance Measure Set																		
Calendar Year 2021																		
Incentive Payment Distribution Formula																# 1		
#	Measurement Level	Earn	Condition	Measure	Data Source	Target Performance	Category Weight	Available Incentive Pool	Number of Participating			Individual PCP Incentive Opportunity	Individual Peds Incentive opportunity	Individual Specialist Incentive Opportunity				
Primary Care Physicians									PCPS & NPs	Peds	Specialist							
									40+14									
1	Individual	Individual	CMS definition 5 metrics - Monthly	As per attached CMS incentive measures Panel-based attribution	EPIC & Phytel	See attached	60%	\$150,000.00	54			\$2,777.78						
							Total	\$150,000.00										
Pediatricians																		
1	Individual	Individual	Inspire patients - quarterly	As per attached Inspire incentive measures	Poindexter	See attached	3%	\$7,500.00					\$576.92					
2	Individual	Individual	CMS definition measures - quarterly	As per attached CMS incentive measures for Columbus Peds	EPIC	CMS	2%	\$5,000.00		13			\$384.62					
							Total	\$12,500.00										\$961.54
Specialist Physicians																		
1	Group	Individual	Quality Measure	As per attached quality measures for selected specialty practices	Hospital/ Self-Reported	See Attached	15%	\$37,500.00										\$209.50
2	Individual	Individual	Patient Experience	Patient experience improvement - per practice - " Policy, Procedure & Protocols around Access & Communication"	Guide	Guide	10%	\$25,000.00			179							\$139.66
							Total	\$62,500.00										\$349.16
Physician engagement - All																		
1	Individual	Individual	Compliance	Physician engagement (Inspire Committee or AMH meetings/educational session attendance/reading articles/watching webinars)	Engagement Policy	100%	7%	\$17,500.00			246	\$71.14	\$71.14	\$71.14				
							Total	\$17,500.00										
Group Measure																		
1	Hospital	Individual	Readmission rate	30 day all cause readmission rate	Hospital data	5%	3%	\$7,500.00			246	\$30.49	\$30.49	\$30.49				
							Total	\$7,500.00										
							TOTAL	100%	\$250,000.00			\$2,879.40	\$1,063.16	\$450.79				

Incentive Payment Distribution Formula - CMS Definition Quarterly Measures

								2020 Avg Scores or Inspire average will be considered as baseline		
Measure Level	Earn	Condition	Measure	Data Source	2020 Target	2021 Target	Available Points	Points Earned (B-met baseline)	Points Earned (C-Achieve target)	
1	Individual	Individual	Prev: Breast Cancer Screening	(CMS-125/Prev-5) Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer.	EPIC & Phytel	75%	75%	20	11	20
2	Individual	Individual	Prev: Colorectal Cancer Screening	(CMS-130/Prev-6) Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	EPIC & Phytel	75%	75%	25	16	25
3	Individual	Individual	Tobacco Screening	CMS-138 Tobacco Use: Screening & Cessation	EPIC & Phytel	N/A	TBD	15	9	15
4	Individual	Individual	Imm: HPV Vaccination	Imm: HPV Vaccination (11-26 yrs) The percentage of females 11 to 26 years and males 11 o 21 years who completed the HPV vaccination series or are on schedule for the HPV series.	EPIC & Phytel	50%	65%? - Target has not been approved by QC	15	9	15
5	Individual	Individual	DM: HgbA1c Poor Control (>9)	(CMS-122/DM-2) Percentage of patients 18 - 75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	EPIC & Phytel	≤15%	≤15%	25	15	25
							100	60	100	

Audit Measures

8	Practice	Individual	Prev: Medicare AWW	AWW Rate from ACO Dashboard-Comparison by Site tab (by TIN)	Synchrony - MSSP Population	N/A		30	20	30
9	Practice or Inspire?	Individual	Post Discharge Follow-Up Rate	*TOC Care Gap from Provider profile, using all NPI's per Practice.	Poindexter - Inspire Population	N/A		40	20	40
					Entire Population					
10	Practice or Inspire?	Individual	ED Visit Rate Per 1,000	Utilization measure ER visit/1000 from Provider profile, using all NPI's per Practice.	Poindexter - Inspire Population	N/A		30	20	30
							100	60	100	

inspire		IHP Performance Measure Set - 2021					#3	
Pediatricians Incentive Program - Calendar Year 2021								
Incentive Payment Distribution Formula - CMS Definition Measures								
#	Earn & Measure	Condition	Measure	Inspire Target Performance		2020 average of self-reported scores will be considered as baseline		
Pediatricians								
				2020 Target	2021 Target	Available Points	Points Earned (A-Met Baseline)	Points Earned (B-Met target)
1	Group	Immun: HEDIS (CIS)- Childhood Immun Status	(CMS-117) Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday; OR had documented history of illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.	65%	75%	30	20	30
2	Group	Approp testing for children with pharyngitis	(CMS-146) Initial Population/Denom: Children 3-18 years of age who had an outpatient or emergency department (ED) visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit. Exclusions: Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis. Numerator: Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis.	95%	95%	30	20	30
3	Group	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	(CMS-154) Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode	95%	95%	40	20	40
						100	60	100

inspire		IHP Performance Measure Set					#4		
Pediatricians Incentive Program Calendar Year 2021									
Incentive Payment Distribution Formula - for Inspire patients - Claims Data/Poindexter									
#	Earn & Measure	Condition	Measure	Data Source	Target Performance		Attributed Peds Care Gap data as of 9/30/2020		
					2020 Target	2021 Target	Total Patients	Care Gaps Met	Care Gaps not Met
1	Individual	APH	PEDS: Five or More Well-Child Visits in the First 15 Months of Life (Age: 15 Mo.)	Poindexter	90%	90%	95	77	18
2	Individual	HEDIS	PEDS: One Adolescent Well-Care Visit Within the Previous 12 Months (Age: 12-21)	Poindexter	70%	70%	577	370	207
3	Individual	HEDIS	PEDS: One Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Within the Previous 12 Months (Age: 3-6)	Poindexter	85%	85%	323	271	52
	Individual	APH	PEDS: Immunizations for Adolescents (Age: 13) [Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine, and have completed theHPV series by their 13th birthday.]	Poindexter	30%	30%	71	19	52
Grand Total for Measures from Poindexter				Poindexter	69%	69%	1066	737	329

Columbus Specialist Physicians Incentive Program - 2021

Earn & Measure	Reporting	Name of the practice	Collect data from email IDs	Measure	Data Source	Last 2 years average scores Baseline	Denominator & Numerator	Target
Group	Quarterly	Orthopedics	kwatts@crh.org	CMS - Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty	Epic	1.40%	7/495	1.3% (10% improvement)
Group	Quarterly (cases only - SIR yearly)	General Surg	Annie Stock - AStock@crh.org	Surgical Site Infection (SSI) - all CMS colon designated procedures	Epic	2016 SIR 2.039	6/2.942	< 1.5
Group	Quarterly	Urology	inspire	Offering PSA screening	Epic	YTD 2019 = 8%	YTD 2019 131/1728	9% - (10% improvement)
Group	Quarterly	Podiatry	michoettmer@crh.org or sbrubaker@crh.org & <a href="mailto:Hawes, Franklin <FHawes@CRH.org>">Franklin <FHawes@CRH.org>	Healing Percentage (# wounds healed at discharge/# treated wounds)	Epic	2018 - 2019 94%		> 91% (Healogic's goal)
Group	Quarterly	Obstetrics	kwatts@crh.org	Nulliparous women with a term, singleton baby in a vertex position delivered by c section at or greater than 37 weeks gestation	Epic	(2017) 26.9%	115/426	≤ 27%
Group	Quarterly	Cardiology	kwatts@crh.org	30 day inpatient to inpatient CHF readmission -all cause/all payers	Epic	(Aug 19 - Feb 2020) 19%	63/329	≤ 17 % (10% improvement)
Group	Quarterly	Gastroenterology	inspire - This is not accurate data. We will get accurate data from Staci Wiley in december.	Adenoma detection rate metric - The benchmark for ADRs is 25% overall, 30% in men, and 20% in women (1).	Epic	2019 Q3-Q4 Ave = 44%	No Num/Denom data	25%
Group	Quarterly	Pulmonology	kwatts@crh.org	30 day inpatient to inpatient COPD readmission -all cause/all payers	Epic	(Apr 2019 - Feb 2020) 6.6%	8/121	≤ 7.6% (Hospital overall target)
Group	Quarterly	Rad Onc	<a href="mailto:Caughey, Ben <bcaughey@crh.org>">Caughey, Ben <bcaughey@crh.org>	Smoking Cessation: Patients older than 18 who were screened for tobacco use one or more times within the last two years and who received cessation counseling intervention if identified as tobacco users.	Epic		patients older than 18 who were screened for tobacco use one or more times within the last two years and who received	64%
Group	Quarterly	Med Onc	<a href="mailto:Caughey, Ben <bcaughey@crh.org>">Caughey, Ben <bcaughey@crh.org>	Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0 or stage 1B-III hormone receptor positive breast cancer	Epic	Current 2018 98.2%	n = 54	98%
Group	Quarterly	Psychiatry	kwatts@crh.org	30 day inpatient MH to inpatient MH readmissions	Epic	2018 - 2019 8.6%	159/1842	16% (Goal) National rate is 16 - 18%
Group	Quarterly	Nephrology	inspire	Pneumonia vaccine	Epic	2018Q4-2019Q4 Ave =81%	Q4 2019= 1459/1794	89% - (10% improvement)
Group	Quarterly	Independent Practice - Pain Clinic	Steve@wellspringpainsolutions.com	ASC QDC Performance Reporting (Ensuring that all ASC claims are submitted with appropriate QDC Codes)	Glo WellSpring	32%	600/1852	85%
Group	Quarterly	Independent Practice - Madison Dermatology/ Skin Solution	patty@skinsolutions1.com kelli@skinsolutions1.com	265-Biopsy Follow-up (once per Reporting Period)	Madison Dermatology/Skin Solution	366	366/511	>95%
Group	Quarterly	Independent Practice - Columbus Radiology	<a href="mailto:Lennon, Rhonda F. <rlennon@CRH.org>">Lennon, Rhonda F. <rlennon@CRH.org>	On time procedure starts in Radiology (Improving Procedure Start Times and Decreasing Delays in Interventional Radiology)	CRH Radiology Manager	0	?	75%

inspire HEALTHCARE IDEALS AT WORK		IHP Performance Measure Set Specialist Physicians - Calendar Year 2021				#5d
Specialists Physicians - Improvement metric						
#	Measurement Level	Earn	Condition	Measure	Data Source	Target Performance
1	Individual	Individual	Specialist	Patient experience improvement - per practice - "Policy, Procedure & Protocols around Access & Communication"	Document	100%

inspire HEALTHCARE IDEALS AT WORK		IHP Performance Measure Set - AMH Specialist Physicians - Calendar Year 2021				#5e
Specialist Provider Incentive Pool Realization Formula						
Category Weight	Category Incentive Pool	Number of Participating PCPs	Individual Incentive Pool	Specialist Composite Performance Score	Incentive Realization	Individual Incentive Earned
10.00%	\$ 25,000.00	179	\$ 140	For CRH - "My Chart Enrollment." For Schneck - Patient experience improvement policy & procedure - per practice For Independent Practices - Patient experience improvement policy & procedure	100%	\$ 139.66