



## Shared Savings Distribution Methodology – Adult Providers

### Background

This document outlines the methodology, key assumptions and metrics (citizenship & performance), as approved by the Board of Managers on February 23, 2021. It is a compilation of reviews and recommendations generated by the Finance & Contracting Committee and Membership & Quality Committee. It was our intent to make minimal changes as we have paid one PY distribution on this methodology.

This will be utilized to calculate distributions for any shared savings achieved in performance year 2021.

### Methodology, Key Assumptions & Metrics

#### Assumptions

1. This applies to the current landscape where BPP value-based contracts have no downside risk; only potential upside shared savings.
2. This applies to primary care and specialty providers.

#### Methodology

1. **PCP vs. Specialist Split**  
80% available pool allocated to PCPs (family medicine, internal medicine, pediatrics).  
20% available pool allocated to specialists. (Of note, hospitalists are defined as specialists.)
2. **Minimum Threshold for Participation**  
The threshold should be used as the second “gate” for participation in shared savings payouts.  
Primary Care: Minimum of one (1) attributed life for respective contract, calculated at provider level  
Specialists: Minimum of one (1) unique beneficiary encounter for respective contract, calculated at provider level.
3. **Role of Attribution (PCPs) or Unique Beneficiaries (specialists)**  
Adjustment applied to performance metric calculation for primary care based on % of attributed lives as compared to total number of contracted lives. No threshold or adjustment made based on panel size / unique patients for citizenship measures.
4. **Zero Sum Game vs. Pool of Undistributed Funds (a withhold for future risk mitigation)**  
The shared savings pool allocated for physician distribution is fully paid out; zero-sum game.
5. **Citizenship Metrics**  
Citizenship metrics (Table 1) should be used as a “gate” for participation in shared savings payouts. It is necessary for participating providers to meet 75% of the citizenship metrics, as developed by the Membership & Quality Committee and approved by the Board of Managers, to be eligible for participation in potential shared savings payouts.

Table 1 - Citizenship Metrics  
**Must meet 75% of citizenship metrics**

	Metric	Accountability	Data Source	Scoring Method	Definition of Meeting Metric
	<b>Provider Engagement</b>				
Bonus	Participation and attendance at BPP committee meetings	Physician (NPI); Only applies to committee members	Meeting minutes	3 pt. bonus; Metric is excluded from denominator	Attendance at 60% of meetings
1	Participation and satisfactory completion of one (1) BPP educational events annually, either webinar, recorded video, or live lecture. This will also now include participation on the Clinical Transformation Workgroups and bundled payment program.	Physician (NPI); Applies to all	Post-survey submission	0,1	Successful survey submission with name included.  We are working to define criteria and mechanism to capture participation for those involved in the CTWs and bundled payment work that would count for this metric in 2020. This will be communicated in a future BPP Bulletin.
2	Attendance at BPP Annual Meeting	Group (TIN); Applies to all	Sign-in sheet	0,1	Adult specialty TINs ≥10% of group attends in person. Adult primary care TINs ≥ 50% of group attends in person.
3	Review of BPP Bulletins delivered to Baptist email for PCPs and active email address on file for specialists	Physician (NPI); Applies to all	Survey submission	0,1	To receive credit, you must read/submit read receipt for 75% of bulletins. This applies to adult PCPs and specialists. The read receipt link will remain open until next Bulletin is published (1 month).  We will close read receipt link for the following month's Bulletin.
4	Obtain (if necessary) and maintain a Baptist email address.	Physician (NPI); Applies to all	IT report	0,1	Successful enrollment in Baptist email by end of calendar year. Contact the Medical Staff Office at <a href="mailto:medical.staffoffice@bmcjax.com">medical.staffoffice@bmcjax.com</a> or 202.1784 to obtain Baptist email address and receive assistance accessing email.
	<b>Patient Experience</b>				
5	Methodology to assess patient experience and feedback	Group (TIN); Applies to all	Self-reported via annual attestation <sup>1</sup>	0,1	Successful submission of attestation to <a href="https://www.surveymonkey.com/r/2021PatientExperienceAttestation">https://www.surveymonkey.com/r/2021PatientExperienceAttestation</a> stating that group has a method/process in place to measure and assess patient experience and feedback

6. Performance (Quality) Metrics

<sup>1</sup> The successful completion and submission of this attestation will satisfy this specific citizenship metric for all providers within your respective group (TIN).

100% of payout is based on meeting performance metrics (Tables 2 & 3) for PCPs and specialists. Performance metrics for PCPs and specialists should be evaluated based on one's overall patient panel, given available data in the population health analytics platform.

Table 2 - Performance metrics for adult PCPs

**Must meet at least one (1) performance metric then "ladder"; ↑ metrics met = ↑ # of points**

Quality Metric	Target	Data Steward	CIN/ACO Contract(s)
Colorectal Cancer Screening	70%	HEDIS	Aetna, EHP <sup>2</sup> , MSSP <sup>3</sup> , MA-APCPI <sup>4</sup>
Breast Cancer Screening	75%	HEDIS	Aetna, EHP, MSSP, MA-APCPI
Comprehensive Diabetes Care HbA1c Testing	90%	HEDIS	Aetna, EHP, UMA <sup>5</sup>
Comprehensive Diabetes Care Medical Attention for Nephropathy	95%	HEDIS	Aetna, EHP, UMA
DM: HgbA1c < 8%	70%	HEDIS	EHP, (MSSP>9), (MA-APCPI<9), (Aetna>9)
Diabetes Care Eye Exam	Reporting only	HEDIS	MSSP (Not in 2019), MA-APCPI
Controlling High Blood Pressure	75%	HEDIS	EHP (reporting only), MSSP, MA-APCPI
Statin Therapy for Patients with Cardiovascular Disease	77%	HEDIS	EHP, MA-APCPI, MSSP (reporting only)
Statin Therapy for Patients with Diabetes	80%	HEDIS	part of MAPCPI agreement in 2019
Cervical Cancer Screening	70%	HEDIS	Aetna, and FL Blue (2021)
Utilization Metric	Target	Data Steward	CIN/ACO Contract(s)
ED / 1000 <sup>6</sup>	Measure only	n/a	EHP (Preventable ED)
IP / 1000 <sup>6</sup>	Measure only	n/a	N/A but is a key performance indicator for overall cost/PCP patient management

<sup>2</sup> EHP (Employee Health Plan)

<sup>3</sup> MSSP (Medicare Shared Savings Program)

<sup>4</sup> MA-APCPI (Medicare Advantage Advanced Primary Care Physician Incentive) Program through United

<sup>5</sup> UMA (United Medicare Advantage). Formerly Medicare Advantage Primary Care Physician Incentive (MA-PCPI)

<sup>6</sup> For these utilization metrics, Explorys will provide the methodology options available. These will only be reported on the BPP Medicare contracted lives (currently MSSP and UMA) using available claims data.

Annual Wellness or Comprehensive Visit <sup>7</sup>	70% or greater	n/a	UMA has similar key performance indicator
PCP follow up after IP/ED discharge within 14 days <sup>6</sup>	Measure only	n/a	N/A but is a key performance indicator for overall cost/PCP patient management

Network Access Metric	Data Source	Definition of meeting metric
3 <sup>rd</sup> next available appointment (new patients and Follow up/ Post OP Visit )	Self-reported <sup>8</sup> by BPP providers	<b>Reported monthly 100% of the time</b> at provider level for entire patient panel to <a href="mailto:BPPPopHealthAnalytics@bmcjax.com">BPPPopHealthAnalytics@bmcjax.com</a> . Requirement will begin effective <b>April 1, 2021</b> for performance year 2021. Refer to detailed instructions on page 6.

Table 3 - Performance metrics for adult specialists

**Must meet applicable performance metric**

## Hospital-based specialists (anesthesia, hospitalists, emergency medicine, pathology &amp; radiology)

Metric	Data Source	Definition of meeting measure
Use of Cortext for HIPAA compliant communication	Cortext Usage Report from Baptist IT	Must be “actively” enrolled and read 90% of received messages. <sup>9</sup>

## All other specialists

Metric	Data Source	Definition of meeting measure
3 <sup>rd</sup> next available appointment (new patients and Follow up/ Post OP Visit )	Self-reported <sup>8</sup> by BPP providers	<b>Reported monthly 100%</b> of the time at provider level for entire patient panel to <a href="mailto:BPPPopHealthAnalytics@bmcjax.com">BPPPopHealthAnalytics@bmcjax.com</a> . Requirement will begin effective <b>April 1, 2021</b> . Refer to detailed instructions on page 6.

<sup>7</sup> For annual wellness/comprehensive visit metric, the methodology will be what Explorys uses with other clients.(update)

<sup>8</sup> Will request attestation; BPP has right to audit.

<sup>9</sup> Visit your smartphone’s app store and download Cortext. Once downloaded, call the Cortext Service Desk at 904.202.7565 to complete your enrollment.

- Physicians and their respective TINs must manage the contracted population to be eligible for potential shared savings. (i.e.: Pediatric TINs would not participate in Medicare-related contracts and would therefore not be eligible for potential savings.)
- If a physician's TIN opts out of a contract during the CAP notification process, the respective physicians are not eligible for any potential shared savings for that contract.
- Physicians must maintain BPP membership, in good standing, for at least 9 months of the current contract's performance period and on last day of performance year (i.e.: 12/31/XX) to be eligible for savings. If Physician leaves network AFTER performance period ends, payout will still go to the TIN.
- The distributions will be paid at the practice (taxpayer identification number [TIN]) level. Distribution checks will be distributed at the Annual Meeting of physician members. A physician member of BPP and your group should be present to accept your group's check. For those unable to attend, checks will be available for pick-up in the BPP office.
- Shared savings distributions will be paid out separately for each value-based contract with an annual distribution.
- The distribution model will be re-evaluated annually by the BPP Finance & Contracting Committee as well as the ACO and CIN Board of Managers. The model will evolve as BPP matures.

**IMPORTANT!** We have **UPDATED** the method by which this information will be submitted to BPP. Please use this **template** to submit your group’s data monthly to [BPPPopHealthAnalytics@bmcjax.com](mailto:BPPPopHealthAnalytics@bmcjax.com).

## Instructions for measuring third next available appointment (3NA)<sup>10</sup>

1. Starting with today’s schedule look for the next open appointment (refer below to step 4 regarding appointment types to measure). If there are no open appointments look in tomorrow’s schedule, and continue forward looking for the next available opening. Once you find one opening, repeat the process twice more to find the third next available appointment (3NA).
2. Count the number of calendar days from today to reach the third next available appointment. Look from today (15<sup>th</sup> of the month) and the following 12 months to arrive at the 3NA. If 3NA is today, the value is 1. If there is no availability, the value is 0.
3. Include days when the physician is off, unavailable due to vacation, administrative time, operating room time, sick leave, etc. If possible, do *not* count any saved appointments for urgent same-day visits.
4. Measure 3NA for each new patient<sup>11</sup> appointment type available in your scheduling system (i.e.: new patient visit, new patient physical, etc.). Also, measure 3NA for each Follow up/Post Op <sup>12</sup> appointment type available in your scheduling system.
5. Plan to measure on the 15<sup>th</sup> of each month at the start of the day. If the 15<sup>th</sup> falls on a holiday or weekend day, utilize the following business day for measurement.
6. Submit your data, by provider (at provider level), using the template linked above to [BPPPopHealthAnalytics@bmcjax.com](mailto:BPPPopHealthAnalytics@bmcjax.com) with the subject line “3NA measurement for XXX Practice” by the 20<sup>th</sup> of each month.

This metric applies to primary care providers and specialists, excluding anesthesia, hospitalists, emergency medicine, pathology & radiology and physicians that identify as practicing only in inpatient setting (e.g. Psychiatry and Neurology).

Metric	Data Source	Definition of meeting measure
3 <sup>rd</sup> next available appointment <i>(new patients and Follow up/ Post OP Visit)</i>	Self-reported <sup>13</sup> by BPP providers	Reporting 100% of time for CY21. <b>Report monthly</b> at provider level for entire patient panel to <a href="mailto:BPPPopHealthAnalytics@bmcjax.com">BPPPopHealthAnalytics@bmcjax.com</a> .

<sup>10</sup> Groups may choose to run this report electronically through an automated process. If so, please ensure that the automated process mirrors the methodology outlined above.

<sup>11</sup> By CPT definition, a new patient is defined as one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.

<sup>12</sup> For Follow up/Post Op visit appointments, these are defined here defined as an appointment scheduled after an initial visit or performed procedure.

<sup>13</sup> Will request attestation; BPP has right to audit.

		Requirement will begin effective April 1, 2021 for performance year 2021. Refer to detailed instructions above.
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*Operationalizing the Model - summary of “gates”*

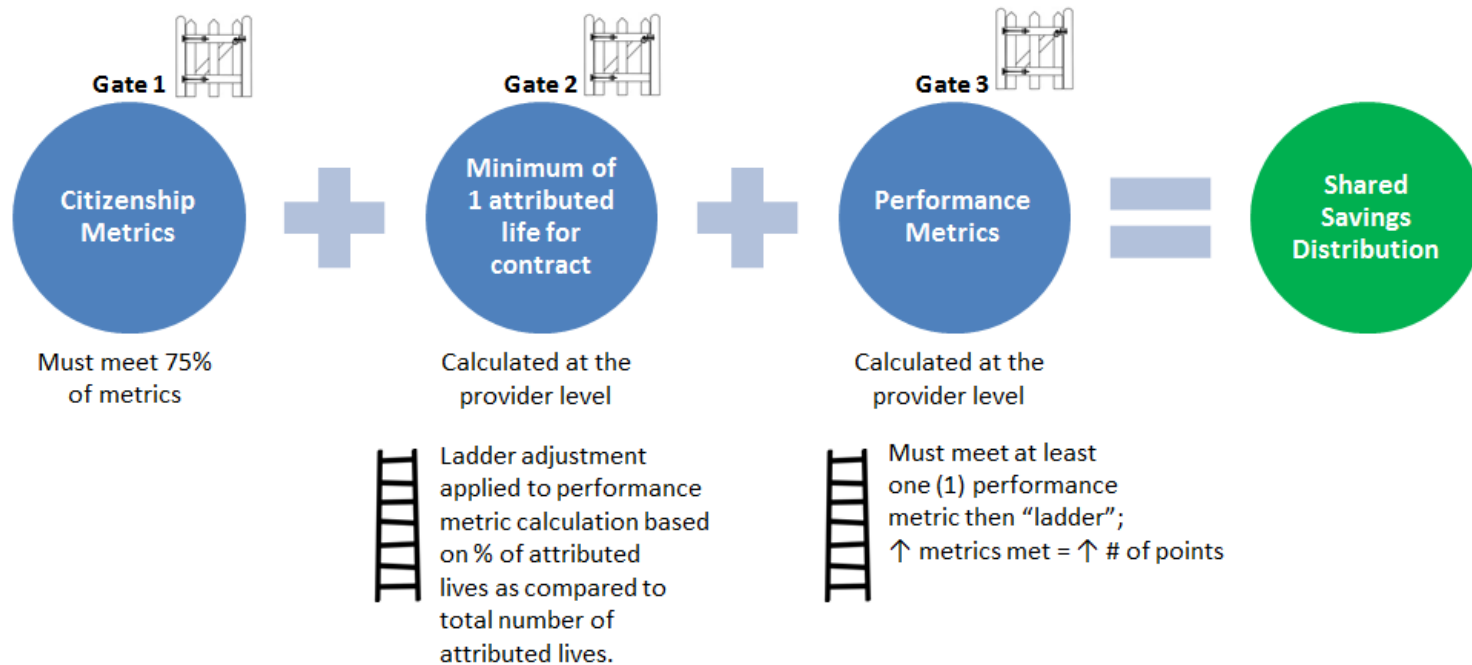
Primary Care

Primary Care would have three (3) gates to be eligible for savings. Adjustment to be applied to performance metric calculation based on % of attributed lives as compared to total number of attributed lives.

- Gate 1: Citizenship metrics threshold
- Gate 2: Minimum of one (1) attributed life for respective contract, calculated at the provider level
- Gate 3: Performance metrics

**ADULT PRIMARY CARE**

Primary Care has three (3) gates to be eligible for savings.



Specialists

Specialists would have three (3) gates to be eligible for savings. If they pass all three gates their payout would be the same across all specialties and reallocated for zero sum.

- Gate 1: Citizenship metrics threshold
- Gate 2: Minimum of one (1) unique beneficiary encounter for respective contract, calculated at the provider level
- Gate 3: Performance metrics

**ADULT SPECIALISTS**

Specialists have three (3) gates to be eligible for savings. If they pass all three gates their payout would be the same across all specialties and reallocated for zero sum.

