2018 PROGRAM GUIDE

HAWAIʻI PACIFIC HEALTH | HAWAIʻI HEALTH PARTNERS

Creating a healthier Hawaiʻi

CONTENTS

APPENDIX

COLLEAGUES:

Our sincere thanks for your valued partnership in providing exemplary care to the people of Hawai'i. Your commitment to quality and service truly creates a healthier Hawai'i.

After months of careful review, fielding comments and numerous meetings with many of you, we are rolling out the 2018 Quality Performance and Shared Savings programs. Our goals for the 2018 programs were to decrease the number of measures, align the programs with existing CMS, CPC+ and HMSA measures, expanding participation to Advanced Practice Registered Nurses (APRNs) who are carrying performance related outcome roles, and focus on clinically meaningful measures that make the most impact on the lives of your patients and you.

Many of the changes are due to the fact that the populations we serve in our ACO are expanding and several measures have been revised accordingly. Please know that all of the work on the measures was completed after weighing their potential impact with your colleagues on the board of managers, the QCI committee and the metrics subcommittee.

Ultimately, our goal is to provide you with a manageable set of point-earning opportunities that make sense for your specialty, as we continue to build a community of high-performing providers.

Our Hawai'i Health Partners community is growing in size and strength. Allow me to take this opportunity to recap some of the accomplishments made over the past year:

- Growth in membership to over 800 participating providers and over 94,000 attributed lives – an increase of 9% from last year.
- Improved collaboration through our HHP annual membership meeting, clinical workgroups, committees and project teams.
- Increased use of the HHP Dashboard to >90% every month for population health management, driving improvement in ambulatory quality scores.
- Expanded our Complex Care program, showing a tangible benefit for enrolled patients and scoring high satisfaction marks with their Primary Care Providers (PCPs).
- Six measures were retired due to great performance.

We look forward to working with you in the coming year and will be here to listen and support you in meeting these performance goals. Our sincerest gratitude to you for your continued commitment to ongoing efforts to improve health care delivery, and I look forward to our continued success in 2018.

Sincerely,

Gerard Livaudais, MD, MPH, FACP
Vice President

PROGRAM GUIDE FOR PROVIDERS: OVERVIEW

HMSA, Hawai'i Pacific Health (HPH) and Hawai'i Health Partners (HHP) implemented a new payment and service arrangement designed to better align clinical and financial goals to enhance the provision of cost-effective and quality care delivered to HMSA members.

To engage individual providers under these goals, there are potentially two pools of funds to be distributed, and each has unique characteristics and methodologies for how funds are allocated.

The **Quality Performance Program (QPP)** is designed to engage and recognize providers who have an impact on the hospital-based pay-for-performance score. These measures are focused on aligning provider behavior with hospital operating metrics.

The **Shared Savings Program (SSP)** is designed to engage and recognize providers who have the largest impact on population health, in an effort to align behavior to slow growth in the medical cost trend for HHP's attributed members.

Individual vs. Group Provider Participation

Individual performance and incentives will be calculated for all HHP providers, regardless of whether the provider joined as an individual or as a member of a group (e.g., HPH-employed providers). For providers participating as members of a group, allocation of incentives and related funds will be made to the group. It is the group's discretion as to how those funds are distributed to its providers.

Scoring Period

Both programs are annual programs starting on Jan. 1, 2018. Eligibility for incentive payments will be measured annually during the fourth month after the end of the year. Eligible payments will be made promptly thereafter.

QPP

QUALITY PERFORMANCE PROGRAM
POSSIBLE POINTS BY SPECIALTY

SPECIALTY	QPP Total Points Possible	Advance Care Planning in the Ambulatory Setting	Exclusively Breastfed Newborns Throughout Hospitalization	HHP Learning Modules	Participation in HHP Clinical Workgroups	Population Health: Children with Special Health Care Needs Screener (CSHCN)	Sepsis and Septic Shock Management Bundle	Vermont Oxford Network for VLBW and Expanded Database Measures
PAGE		11-12	13	14	15	16	17-18	19
Adolescent Medicine	4			1	2	1		
Advanced Practice RN (APRN)	2	1				1		
Allergy & Immunology	3			1	2			
Anesthesiology	3			1	2			
Cardiac Electrophysiology	3			1	2			
Cardiology	3			1	2			
Cardiothoracic	3			1	2			
Critical Care Medicine	5			1	2		2	
Dermatology	3			1	2			
Dermatopathology	3			1	2			
Develop/Behavioral Peds.	3			1	2			
Diagnostic Radiology	3			1	2			
Diagnostic Radiology (VRC)	3			1	2			
Emergency Medicine	5			1	2		2	
Endocrinology	3			1	2			
Family Medicine	5	1		1	2	1		
Gastroenterology	3			1	2			
General Practice	5	1		1	2	1		
General Surgery	3			1	2			
Geriatric Medicine	3			1	2			
Gynecologic Oncology	3			1	2			
Gynecology	3			1	2			
Hematology/Oncology	3			1	2			
Hospice & Palliative Med.	3			1	2			
Hospitalist – Family Med.	5			1	2		2	
Hospitalist – Internal Med.	5			1	2		2	

QPP

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POSSIBLE POINTS BY SPECIALTY

SPECIALTY	QPP Total Points Possible	Advance Care Planning in the Ambulatory Setting	Exclusively Breastfed Newborns Throughout Hospitalization	HHP Learning Modules	Participation in HHP Clinical Workgroups	Population Health: Children with Special Health Care Needs Screener (CSHCN)	Sepsis and Septic Shock Management Bundle	Vermont Oxford Network for VLBW and Expanded Database Measures
PAGE		11-12	13	14	15	16	17-18	19
Hospitalist – Pediatrics	4		1	1	2			
Infectious Disease	3			1	2			
Internal Medicine	4	1		1	2			
Interventional Radiology	3			1	2			
Maternal & Fetal Medicine	3			1	2			
Medical Genetics	3			1	2			
Medical Oncology	3			1	2			
Neonatology	5.5			1	2			2.5
Nephrology	3			1	2			
Neuroradiology	3			1	2			
Neurology	3			1	2			
Neurosurgery	3			1	2			
Nuclear Medicine	3			1	2			
OB/GYN	3			1	2			
Occupational Medicine	3			1	2			
Ophthalmology	3			1	2			
Optometry	3			1	2			
Orthopedic Surgery	3			1	2			
Otolaryngology	3			1	2			
Palliative Medicine	3			1	2			
Pathology	3			1	2			
Pediatric Cardiology	3			1	2			
Pediatric Critical Care	3			1	2			
Pediatric Emergency Med.	3			1	2			
Pediatric Endocrinology	3			1	2			
Pediatric Gastroenterology	3			1	2			

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PAGE		11-12	13	14	15	16	17-18	19
Pediatric Hematology/Onc.	3			1	2			
Pediatric Infectious Diseases	3			1	2			
Pediatric Nephrology	3			1	2			
Pediatric Neurology	3			1	2			
Pediatric Ophthalmology	3			1	2			
Pediatric Pulmonology	3			1	2			
Pediatric Rehabilitation Med.	3			1	2			
Pediatric Rheumatology	3			1	2			
Pediatric Surgery	3			1	2			
Pediatric Sports Medicine	3			1	2			
Pediatric Urology	3			1	2			
Pediatrics	4			1	2	1		
Physical Medicine & Rehab.	3			1	2			
Plastic Surgery	3			1	2			
Preventive Medicine	3			1	2			
Psychiatry	3			1	2			
Pulmonary Disease	3			1	2			
Radiology	3			1	2			
Repro Endocrin/Infertility	3			1	2			
Rheumatology	3			1	2			
Sports Medicine	3			1	2			
Surgical Oncology	3			1	2			
Thoracic Surgery	3			1	2			
UroGyn/Pelvic Reconstruct.	3			1	2			
Urology	3			1	2			
Vascular Surgery	3			1	2			

SSP

SHARED SAVINGS PROGRAM
POSSIBLE POINTS BY SPECIALTY

SPECIALTY	SSP Total Points Possible	Attendance at the HHP Annual Membership Meeting	Avoidable ED Utilization	Controlling High Blood Pressure	Diabetes: Eye Exam	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Falls Risk Assessment	HHP Learning Modules	Participation in HHP Clinical Workgroups	Participation in HHP Specialist Referral-Base Survey	Patient Enrollment in MyChart	Screening for Depression	Use of HHP Dashboard
PAGE		21	22-23	24	25	26	27	28	29	30	31	32	33
Adolescent Medicine	6	1						1	2	1		1	
Advanced Practice RN (APRN)	11		1	1.5	1.5	3	1				1	1	1
Allergy & Immunology	5	1						1	2	1			
Anesthesiology	5	1						1	2	1			
Cardiac Electrophysiology	5	1						1	2	1			
Cardiology	6.5	1		1.5				1	2	1			
Cardiothoracic	5	1						1	2	1			
Critical Care Medicine	5	1						1	2	1			
Dermatology	5	1						1	2	1			
Dermatopathology	5	1						1	2	1			
Develop/Behavioral Peds.	5	1						1	2	1			
Diagnostic Radiology	5	1						1	2	1			
Diagnostic Radiology (VRC)	5	1						1	2	1			
Emergency Medicine	5	1						1	2	1			
Endocrinology	11	1		1.5	1.5	3		1	2	1			
Family Medicine	15	1	1	1.5	1.5	3	1	1	2		1	1	1
Gastroenterology	5	1						1	2	1			
General Practice	15	1	1	1.5	1.5	3	1	1	2		1	1	1
General Surgery	5	1						1	2	1			
Geriatric Medicine	7	1					1	1	2	1		1	
Gynecologic Oncology	5	1						1	2	1			
Gynecology	5	1						1	2	1			
Hematology/Oncology	5	1						1	2	1			
Hospice and Palliative Med.	5	1						1	2	1			
Hospitalist – Family Med.	5	1						1	2	1			
Hospitalist – Internal Med.	5	1						1	2	1			

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Internal Medicine	15	1	1	1.5	1.5	3	1	1	2		1	1	1
Interventional Radiology	5	1						1	2	1			
Maternal & Fetal Medicine	5	1						1	2	1			
Medical Genetics	5	1						1	2	1			
Medical Oncology	5	1						1	2	1			
Neonatology	5	1						1	2	1			
Nephrology	5	1						1	2	1			
Neurology	7.5	1		1.5			1	1	2	1			
Neuroradiology	5	1						1	2	1			
Neurosurgery	5	1						1	2	1			
Nuclear Medicine	5	1						1	2	1			
OB/GYN	6	1						1	2	1		1	
Occupational Medicine	5	1						1	2	1			
Ophthalmology	6.5	1			1.5			1	2	1			
Optometry	6.5	1			1.5			1	2	1			
Orthopedic Surgery	5	1						1	2	1			
Otolaryngology	5	1						1	2	1			
Palliative Medicine	5	1						1	2	1			
Pathology	5	1						1	2	1			
Pediatric Cardiology	5	1						1	2	1			
Pediatric Critical Care	5	1						1	2	1			
Pediatric Emergency Med.	5	1						1	2	1			
Pediatric Endocrinology	5	1						1	2	1			
Pediatric Gastroenterology	5	1						1	2	1			

SSP

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POSSIBLE POINTS BY SPECIALTY

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Pediatric Infectious Diseases	5	1						1	2	1			
Pediatric Nephrology	5	1						1	2	1			
Pediatric Neurology	5	1						1	2	1			
Pediatric Ophthalmology	5	1						1	2	1			
Pediatric Pulmonology	5	1						1	2	1			
Pediatric Rehabilitation Med.	5	1						1	2	1			
Pediatric Rheumatology	5	1						1	2	1			
Pediatric Sports Medicine	5	1						1	2	1			
Pediatric Surgery	5	1						1	2	1			
Pediatric Urology	5	1						1	2	1			
Pediatrics	8	1	1					1	2		1	1	1
Physical Medicine & Rehab.	5	1						1	2	1			
Plastic Surgery	5	1						1	2	1			
Preventive Medicine	5	1						1	2	1			
Psychiatry	5	1						1	2	1			
Pulmonary Disease	5	1						1	2	1			
Radiology	5	1						1	2	1			
Repro Endocrin/Infertility	5	1						1	2	1			
Rheumatology	5	1						1	2	1			
Sports Medicine	5	1						1	2	1			
Surgical Oncology	5	1						1	2	1			
Thoracic Surgery	5	1						1	2	1			
UroGyn/Pelvic Reconstruct	5	1						1	2	1			
Urology	5	1						1	2	1			
Vascular Surgery	5	1						1	2	1			

QPP

QUALITY PERFORMANCE PROGRAM

A PROVIDER IS ELIGIBLE TO RECEIVE INCENTIVES UNDER THIS PROGRAM IF ALL OF THE FOLLOWING CRITERIA HAVE BEEN MET:

1. The provider is a participating provider of HHP.

2. The collective HPH hospital system performance threshold was achieved for the measurement year.

3. The individual HPH hospital performance threshold (75% for 2018) was achieved for the HPH hospital at which the provider is associated, based on medical staff membership. In the event a provider is a member of the medical staff of more than one HPH hospital, the provider will be asked to designate one hospital where the majority of his or her work is done by June 30 of the measurement year, subject to review and approval by the HHP board.

4. The provider meets the quality thresholds for those measures that are applicable based on the provider's specialty and meeting the following minimum eligibility thresholds for the applicable measures:

   a. A provider must be a participating provider of HHP for a minimum of 90 days or meet the minimum patient threshold for measures with defined thresholds.

ADVANCE CARE PLANNING IN THE AMBULATORY SETTING

Measure Objective	To encourage advance care planning discussions, and appropriate documentation for tracking such conversations, for patients age 65 years and older.
Description	Percentage of patients who had an advance care plan and/or an advance care planning discussion with their PCPs documented in the patient record using standard coding (see below).
Points	1
Program	QPP
Numerator	Patients from the denominator who had an advance care plan and/or an advance care planning discussion with their PCP, which is coded for in the patient's record using the following codes: **CPT-II Codes:** • 1157F – Advance care plan or similar legal document present in medical record. • 1158F – Advance care planning discussion documented in medical record. • 1123F (Medicare) – Advance care planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record. • 1124F – Advance care planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan. **CPT Codes:** • 99497 – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the provider or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s) and/or surrogate. • 99498 – Each additional 30 minutes (list separately in addition to code for primary procedure). **HCPCS Code:** • S0257 – Counseling and discussion regarding advance directives or end-of-life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service). *Note: Epic will automatically update your ACP Health Maintenance (HM) due when you use the codes listed above.*
Denominator	Patients age 65 years of age or older.

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ADVANCE CARE PLANNING IN THE AMBULATORY SETTING

Exclusion	A patient shall be excluded from this measure if the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning.
Measurement period	January 1, 2018 - December 31, 2018.
Performance Target	≥ 80% = 1 Point
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, APRNs.

EXCLUSIVELY BREASTFED NEWBORNS THROUGHOUT HOSPITALIZATION

Measure Objective	To support successful initiation of exclusive breastfeeding of infants by focusing on breastfeeding in the perinatal and intrapartum periods.
Description	CMS PC-05: The percentage of all patients who are exclusively fed breast milk throughout hospitalization.
Points	1
Program	QPP
Numerator	Patients from the denominator who were exclusively fed breast milk throughout hospitalization.
Denominator	All patients at an HPH hospital with an ICD-10-CM principal diagnosis code for single liveborn newborn.
Exclusion	Patients shall be excluded from the measure if they: • Are admitted to the hospital neonatal intensive care unit (NICU) during hospitalization. • Have an ICD-10-CM diagnosis code for galactosemia. • Have an ICD-10-CM principal procedure code or ICD-10-CM other procedure codes for parenteral infusion. • Expired. • Have an LOS > 120 days. • Are enrolled in clinical trials. • Are transferred to another hospital. • Are given ICD-10-CM other diagnosis codes for premature newborns.
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	≥ 80% = 1 point
Eligible Providers	Admitting Pediatricians.
Case Threshold	15

See CMS PC-05 ecqi.healthit.gov/system/files/ecqm/measures/CMS9v6.html

HHP LEARNING MODULES

Measure Objective	To provide an educational resource to support implementation of care improvement processes that improve care quality, outcomes and efficiency.
Description	Completion of HHP Learning Modules.
Points	Maximum 1 (2 modules x 0.5 points/module)
Program	QPP
Inclusion	All HHP Provider Members.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Completion of any or all two HHP Learning Modules. See SSP measures for additional Learning Modules.
Eligible Providers	All HHP Provider Members.
Proposed Learning Module Topics	Topics may be subject to change: • Management of Opioids • Perioperative Surgical Home

PARTICIPATION IN HHP CLINICAL WORKGROUPS

Measure Objective	To increase multi-specialty participation in HHP-chartered hospital or ambulatory clinical workgroups aimed at developing standards of care to improve quality, population health, care coordination and cost of care.
Description	Participation in HHP-chartered clinical workgroups.
Points	1-4 Committee chair = 4 points (max) Participants = attendance of at least 50% of meetings held = 1 point = attendance of at least 75% of meetings held = 2 points 2 points maximum, unless chairing a committee
Program	QPP
Inclusion	All HHP Provider Members.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Active participation in workgroups as reflected by attendance of at least 50%.
Eligible Providers	All HHP Provider Members.

Workgroup Chair Job Description

Each workgroup chair is eligible to receive up to four points under the Quality Performance Program. Assuming efforts to manage medical cost trend are successful and dollars are paid out, these points may carry actual value and will be distributed according to the rules in the program guide.

As such, each workgroup chair must be willing to assume the responsibility of ensuring a smoothly run and effective team.

The chair is expected to ensure that:

1. The tasks above are completed in a timely fashion.
2. Minutes of the HHP clinical workgroup are kept and made available for review on a timely basis.
3. Meetings start and end on time.
4. Contentious/complex issues are thoroughly discussed with all points of view allowed to be presented.
5. Decisions are made by majority vote and rules of order observed.
6. Once a decision is made, all committee members are expected to support it.
7. A communication plan is created for each clinical process to be implemented, as well as a timeline and milestones.
8. The group follows its appointed timeline and regularly reaches milestones.

POPULATION HEALTH: CHILDREN WITH SPECIAL HEALTH CARE NEEDS SCREENER (CSHCN)

Measure Objective	To increase the early detection rate of children with special healthcare needs.
Description	Percentage of HMSA Commercial and Quest attributed-patients 3 to 17 years of age who were screened for special health care needs using the CSHCN Screener every three years.
Points	1
Program	QPP
Numerator	Patients from the denominator who were screened for special health care needs using the CSHCN Screener during the measurement year or two years prior. • An HA modifier (child/adolescent program) appended to any E&M CPT code that indicates screening was completed on specific visit date. – Positive: HA modifier appended to E&M CPT code for specific visit on the screening date; and ICD-10-CM diagnosis code Z87.898 (Personal history of other specified conditions). – Negative: HA modifier appended to E&M CPT code for specific visit on the screening date.
Denominator	HMSA Commercial and Quest attributed-patients 3 to 17 years of age and older as of December 31 of the measurement year when are due for screening in that measurement year.
Exclusion	None
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	50% Individual performance scored in either Cozeva or HHP Dashboard. Requires HMSA claims-based modifier and ICD-10 code noted above.
Eligible Providers	Primary Care: Family Medicine, General Practice, Adolescent Medicine, Pediatrics, APRNs.

SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Measure Objective	To support comprehensive care of sepsis and septic shock.
Description	Cumulative monthly sepsis septic shock core measure result (%).
	CMS SEP-1: This measure will focus on patients aged 18 years and older who present with symptoms of sepsis or septic shock. These patients will be eligible for the 3 hour (sepsis) and/or 6 hour (septic shock) early management bundle.
Points	1-2 (maximum)
Program	QPP
Numerator	Patients from the denominator who received all the following: A, B and C within 3 hours of time of presentation AND IF septic shock is present (as either defined as hypotension or lactate > = 4 mmol/L who also received D and E and F and G within 6 hours of time of presentation. A. Measure lactate level. B. Obtain blood cultures prior to antibiotics. C. Administer broad spectrum antibiotics. D. Administer 30 ml/kg crystalloid for hypotension or lactate = 4 mmol/L. E. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation to maintain a mean arterial pressure = 65). F. In the event of persistent hypotension after initial fluid administration (MAP < 65 mmHg) or if initial lactate was = 4 mmol/L, re-assess volume status and tissue perfusion and document findings. To meet the requirements, a focused exam by a Licensed Independent Practitioner (LIP) or any 2 other items are required: • Measure CVP • Measure ScvO2 • Bedside cardiovascular ultrasound • Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge • Focused exam including vital signs, cardiopulmonary, capillary refill, pulse and skin findings G. Remeasure lactate if initial lactate is elevated.

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SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Denominator	All patients presenting with sepsis or septic shock. Should actually be discharged with a diagnosis of sepsis or septic shock (the cohort is defined by discharge coding).
Exclusion	A) Patients with advanced directives for comfort care. B) Clinical conditions that preclude total measure completion (e.g., mortality within the first six hours of presentation). C) Patients for whom a central line is clinically contraindicated (e.g., coagulopathy that cannot be corrected, inadequate internal jugular or subclavian central venous access due to repeated cannulations). D) Patients for whom a central line was attempted but could not be successfully inserted. E) Patient or surrogate decision-maker declined or is unwilling to consent to such therapies or central line placement. F) Patients transferred to an acute care facility from another acute care facility.
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	To be scored as a group by facility: > / = 70% = 1 point > / = 80% = 2 points
Eligible Providers	Hospitalists, Emergency Medicine, Critical Care.
Case Threshold	N/A

VERMONT OXFORD NETWORK FOR VLBW AND EXPANDED DATABASE MEASURES

Measure Objective	To encourage optimal clinical management of premature newborns.
Description	The amount of points earned by an eligible provider under the Vermont Oxford Network. (VON) measures for very low birth weight (VLBW) and expanded database patients. • VLBW - Incidence of necrotizing enterocolitis • VLBW - Nosocomial infection • VLBW - Any human milk at discharge to home • VLBW – Death or Morbidity • Expanded - Nosocomial infection • Expanded - Any human milk as discharge to home • Expanded – Mortality Excluding Early Deaths
Points	Maximum 2.5 (7 measures x 0.357 points/measure)
Program	QPP
Numerator	Patients who meet each individual VON metric criteria.
Denominator	All patients admitted to the NICU at KMCWC. Expanded definition: all NICU admissions. VLBW definition: all very low birth weight NICU admissions (a subset of the expanded dataset).
Exclusion	Admitted from home after being hospitalized. Admitted ≥ 28 days of life.
Measurement Period	January 1, 2018 – December 31, 2018.
Performance Target	Top quartile = 0.357 points for each measure x 7.
Eligible Providers	Neonatologists and Pediatricians practicing as NICU hospitalists who are members of the Kapi'olani Medical Specialists Division of Neonatology.

Clinical Guideline

Refer to weekly provided patient list to followup on the oxygen status of infants approaching Week 36.

- Promote breastfeeding in the delivery room, when appropriate.
- Encourage mothers to breastfeed, set up a lactation consultation within 24 hours of discharge.
- Carefully set the "expected O2 sat levels" and then ensure that O2 administration matches those desired levels.

Specifications for these measures can be found at vtoxford.org/downloads

SSP

SHARED SAVINGS PROGRAM

A PROVIDER IS ELIGIBLE TO RECEIVE INCENTIVES UNDER THIS PROGRAM IF ALL OF THE FOLLOWING CRITERIA HAVE BEEN MET:

1. HPH has earned and received payments from HMSA under the Shared Savings Arrangement with HMSA.

2. The provider is a participating provider of HHP for at least 90 days of the measurement year.

3. For PCPs, the Shared Savings payout will be calculated based on the number of attributed lives at the end of the measurement year or the date of their departure from HHP in the event of separation.

4. The provider meets the quality thresholds for those measures that are applicable, based on the provider's specialty.

ATTENDANCE AT HHP ANNUAL MEMBERSHIP MEETING

Measure Objective	To encourage and provide opportunities for collaboration and networking among HHP Members.
Description	Attendance and participation at the HHP Annual Membership Meeting.
Points	1
Program	SSP
Inclusion	All HHP Provider Members.
Exclusion	N/A
Measurement period	January 1, 2018 - December 31, 2018.
Performance Target	Arrival and registration at the HHP Annual Meeting by 6:30 p.m. Registration will open at 5:30 p.m. An exception will be made for those providers with a verifiable absence due to unavoidable clinical duties. In such cases, recorded presentations from the annual meeting can be requested and viewed by emailing info@hawaiihealthpartners.org, and points will be awarded upon verification of clinical duties and receipt of confirmation that video was viewed by requesting provider.
Eligible Providers	All HHP Provider Members.

AVOIDABLE ED UTILIZATION

Measure Objective	To encourage patients to first seek care in the most appropriate care setting.
Description	Percentage of ED visits by HMSA Commercial attributed-patients that are "avoidable" according to NYU criteria during the 2018 calendar year.
Points	1
Program	SSP
Numerator	Patient ED visits from the denominator that are "avoidable" according to NYU criteria during the 2018 calendar year.
Denominator	HMSA Commerial attributed-patients are HMSA-attributed patients that present to the ED of an HPH hospital.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Avoidable visits less than 31% of total ED visits = 1 point (maximum).
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, Pediatrics, APRNs. Provider must have at least 400 attributed patients as of Dec. 31, 2018.

continued on next page

AVOIDABLE ED UTILIZATION

"Avoidable" shall be defined according to the NYU Avoidable ED algorithm to determine the likelihood for each ED visit for attributed lives for each PCP (attribution is based on the HMSA eligibility file). A visit is considered avoidable if the likelihood of that visit according to the NYU Avoidable ED algorithm to fall into the first three of the following four categories is 80% or more:

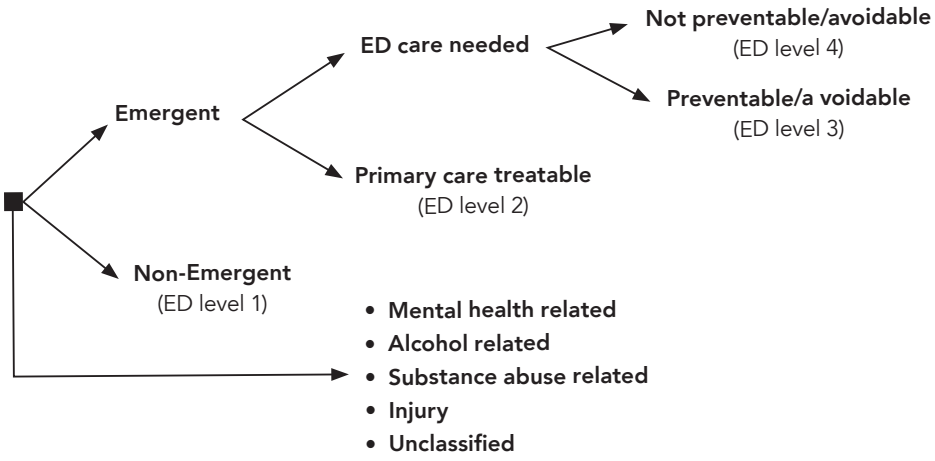
1. Non-Emergent (ED level 1):
   The patient's initial complaint, presenting symptoms, vital signs, medical history and age indicated that immediate medical care was not required within 12 hours.

2. Emergent/Primary Care Treatable (ED level 2):
   Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests).

3. Emergent – ED Care Needed – Preventable/Avoidable (ED level 3):
   Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.)

4. Emergent – ED Care Needed – Not Preventable/Avoidable (ED level 4):
   Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g. trauma, appendicitis, myocardial infarction, etc.).

ED Classification Process:



Specifications and background for the NYU Avoidable ED Visit algorithm are available at wagner.nyu.edu/faculty/billings/nyued-background

CONTROLLING HIGH BLOOD PRESSURE

Measure Objective	To avoid morbidity associated with uncontrolled hypertension by supporting active monitoring and management of hypertension in patients.
Description	CMS 165 v6: HMSA Commercial, Akamai, Quest and Essential Advantage attributed-patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.
Points	• HMSA Commercial: 0.5 point • HMSA Akamai and Essential Advantage: 0.5 point • HMSA Quest: 0.5 point
Program	SSP
Numerator	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.
Denominator	HMSA Commercial, Akamai, Quest and Essential Advantage attributed-patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.
Exclusion	Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period. Patients who were in hospice care during the measurement year.
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Performance by line of business: • HMSA Commercial: 80% • HMSA Akamai and Esssential Advantage: 80% • HMSA Quest: 80% PCPs: Individual score at or above 80%. Specialists: Overall HHP group score at or above 80%.
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, APRNs, Cardiology, Neurology, Endocrinology.

Note: For 2018, we will be following CMS 165 v6, which, unlike HMSA's related measure, does not include separate targets per age range.

DIABETES: EYE EXAM

Measure Objective	To support the identification and timely management of diabetic retinopathy in patients with diabetes as an HPH health outcomes priority.
Description	CMS 131 v6: Percentage of HMSA Commercial, Akamai, Quest and Essential Advantage attributed-patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period.
Points	• HMSA Commercial: 0.5 point • HMSA Akamai and Esssential Advantage: 0.5 point • HMSA Quest: 0.5 point
Program	SSP
Numerator	Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal or dilated exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period.
Denominator	HMSA Commercial, Akamai, Quest and Essential Advantage attributed-patients aged 18 - 75 years of age with diabetes.
Exclusion	Patients who were in hospice care during the measurement year.
Measurement Period	January 1, 2018 - December 31, 2018 (to be done once per reporting period).
Performance Target	Performance by line of business: • HMSA Commercial: 80% • HMSA Akamai and Essential Advantage: 80% • HMSA Quest: 80% PCPs: Individual score at or below 80% in either Cozeva or HHP Dashboard by line of business. Specialists: Overall HHP group score at or above 80% in Cozeva by line of business.
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, APRNs, Endocrinology, Ophthalmology, Optometry.

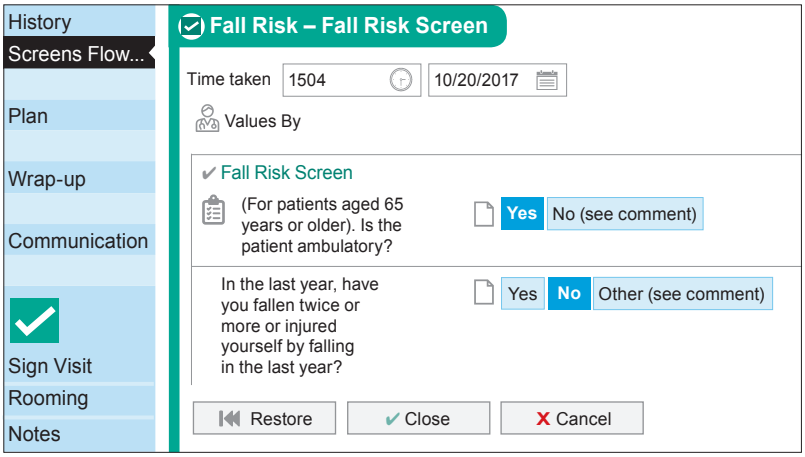
DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (> 9%)

Measure Objective	To reduce morbidity associated with diabetes by supporting glycemic control.
Description	CMS 122 v6: Percentage of HMSA Commercial, Akamai, Quest and Essential Advantage-attributed patients 18 - 75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
Points	• HMSA Commercial: 1 point • HMSA Akamai and Essential Advantage: 1 point • HMSA Quest: 1 point
Program	SSP
Numerator	Patients from the denominator whose most recent HbA1c level (performed during the measurement period) is > 9%.
Denominator	HMSA Commercial, Akamai, Quest Essential Advantage attributed-patients 18-75 years of age with diabetes.
Exclusion	Patients who were in hospice care during the measurement year.
Measurement Period	January 1, 2018 - December 31, 2018 (once per reporting period for patients with diabetes seen during the reporting period).
Performance Target	Performance by line of business: • HMSA Commercial: 20% • HMSA Akamai and Essential Advantage: 20% • HMSA Quest: 20% PCPs: Individual score at or below 20% in either Cozeva or HHP Dashboard by line of business. Specialists: Overall HHP group score at or below 20% in Cozeva by line of business.
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, APRNs, Endocrinology.

Go to acr.org/~/media/acr/documents/p4p/resources/2014/specs/measure1_specs_2014.pdf

FALLS RISK ASSESSMENT

Measure Objective	To initiate a regular falls screening program with the intention of identifying patients at risk for falls and with the ultimate goal of preventing related, adverse consequences.
Description	CMS 139 v6: Percentage of HMSA commercial, Akamai Advantage and Essential Advantage-attributed patients 65 years of age and older who were screened for future fall risk at least once within the measurement period.
Points	• HMSA Commercial: 0.5 point • HMSA Akamai and Essential Advantage: 0.5 point
Program	SSP
Numerator	Patients who were screened for future fall risk at least once within the measurement period.
Denominator	HMSA commercial, Akamai Advantage and Essential Advantage attributed-patients 65 years of age and older with a visit during the measurement period.
Exclusion	Patients who were in hospice care during the measurement year. Patients who were assessed to be non-ambulatory during the measurement period.
Measurement Period	January 1, 2018 - December 31, 2018 (once per reporting period).
Performance Target	Performance by line of business: • HMSA Commercial: 50% • HMSA Akamai and Essential Advantage: 50%
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, APRNs, Geriatric Medicine, Neurology.



HHP LEARNING MODULES

Measure Objective	To provide an educational resource to support implementation of care improvement processes that improve care quality, outcomes and efficiency.
Description	Completion of HHP Learning Modules.
Points	Maximum 1 (2 modules x 0.5 points/module)
Program	SSP
Inclusion	All HHP Provider Members.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Completion of any or all two HHP Learning Modules. See QPP measures for additional Learning Modules.
Eligible Providers	All HHP Provider Members.
Proposed Learning Module Topics	Topics may be subject to change: • Referral Guidelines • Clinical Decision Support

PARTICIPATION IN HHP CLINICAL WORKGROUPS

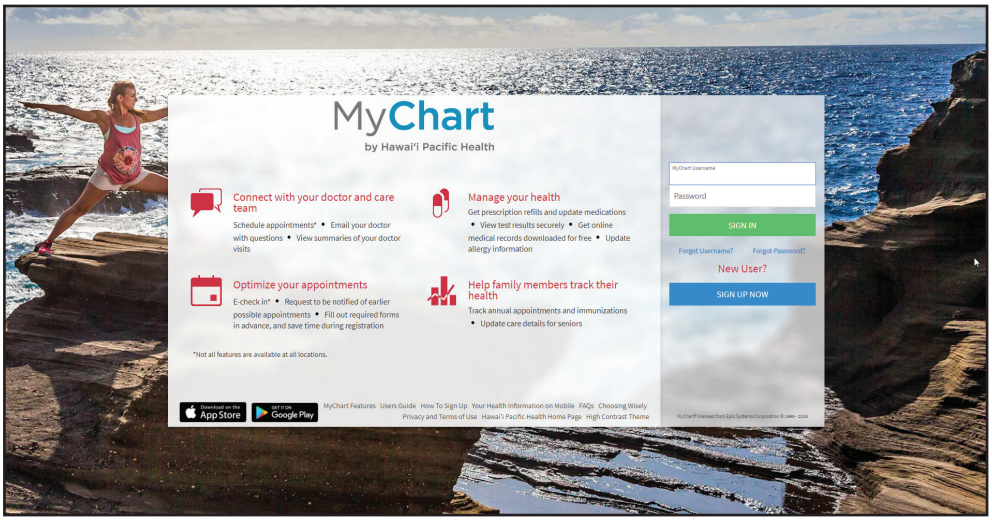
Measure Objective	To increase multi-specialty participation in HHP-chartered hospital or ambulatory clinical workgroups aimed at developing standards of care to improve quality, population health, care coordination and cost of care.
Description	Participation in HHP-chartered clinical workgroups.
Points	1-4 Committee chair = 4 points (max) Participants = attendance of at least 50% of meetings held = 1 point = attendance of at least 75% of meetings held = 2 points 2 points maximum, unless chairing a committee
Program	SSP
Inclusion	All HHP Provider Members.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Active participation in workgroups as reflected by attendance of at least 50%.
Eligible Providers	All HHP Provider Members.

PARTICIPATION IN HHP SPECIALIST REFERRAL-BASE SURVEY

Measure Objective	To increase inter-professional collaboration across transitions of care to ultimately reduce inefficiencies along the care continuum.
Description	Specialists to administer referral-base survey to a subset of referring providers of their choice. To earn a point, specialists must submit a minimum of 5 completed surveys during the measurement year. The survey will target how to improve access, engagement and communication (e.g. "curbside consult," feedback on consult appropriateness, availability of referral guidelines) with providers from whom they receive referrals. The survey will be released by July 1, 2018.
Points	1 point maximum
Program	SSP
Inclusion	All HHP Provider Members.
Exclusion	N/A
Measurement Period	July 1, 2018 - December 31, 2018.
Performance Target	5 or more completed surveys.
Eligible Providers	All HHP Specialists who receive referrals for patient care.

PATIENT ENROLLMENT IN MYCHART

Measure Objective	To support the use of technology to support patient-provider communication.
Description	Percentage of a primary care patient panel who have an activated MyChart account.
Points	1
Program	SSP
Numerator	Patients from the denominator who have an activated MyChart account.
Denominator	All patients on HHP-attributed Primary Care Family Practice, Internal Medicine and Pediatrics panels.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	≥ 50% of patients on panel with an activated MyChart account.
Eligible Providers	Primary Care: Internal Medicine, Family Practice, General Practice, Pediatrics, APRNs.



SCREENING FOR DEPRESSION

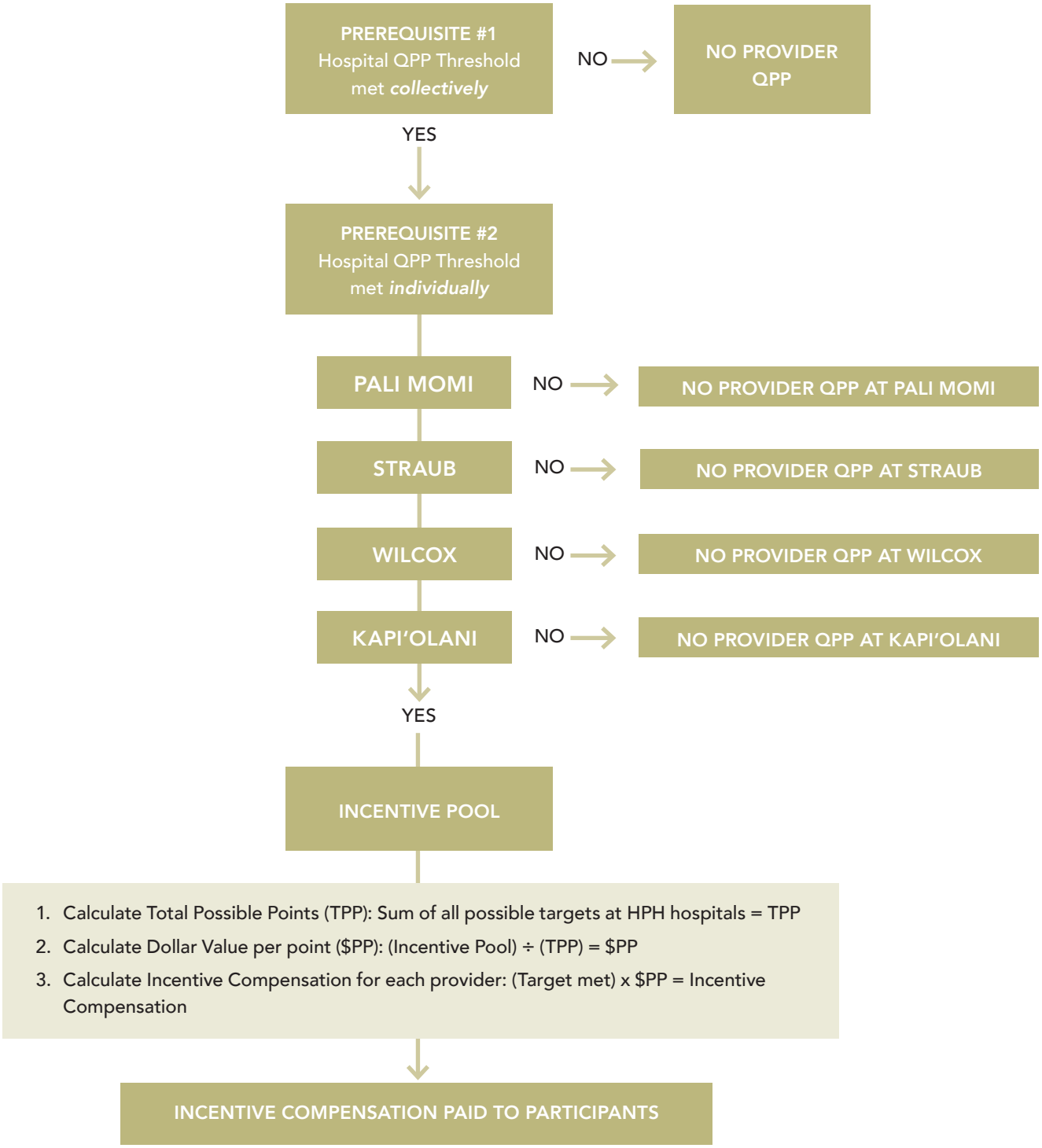
Measure Objective	To avoid morbidity associated with depression by increasing early identification and treatment.
Description	Percentage of HMSA commercial attributed-patients 12 years of age and older who had an office visit with an eligible PCP type during the measurement year and who were screened for symptoms of depression using an approved screener.
Points	1
Program	SSP
Numerator	Patients **12-17 years of age** as of December 31st of the measurement year, who were screened for symptoms of depression during the measurement year using one of the following approved tools: • Patient Health Questionaire- 2 (PHQ-2) • Patient Health Questionnaire- 4 (PHQ-4) • Patient Health Questionnaire- 9 (PHQ-9) • Patient Health Questionnaire for Adolescents (PHQ-A) Patients **18 years of age and older** who were screened for symptoms of depression and anxiety during the measurement year, using the following tool: • Patient Health Questionnaire- 4 (PHQ-4)
Denominator	HMSA commercial attributed-patients ≥ 12 years of age.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	≥ 70% Individual performance scored in either Cozeva or HHP Dashboard.
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, General Practice, Adolescent Medicine, Pediatrics, APRNs, Geriatric Medicine, Obstetrics/Gynecology.

ENGAGEMENT

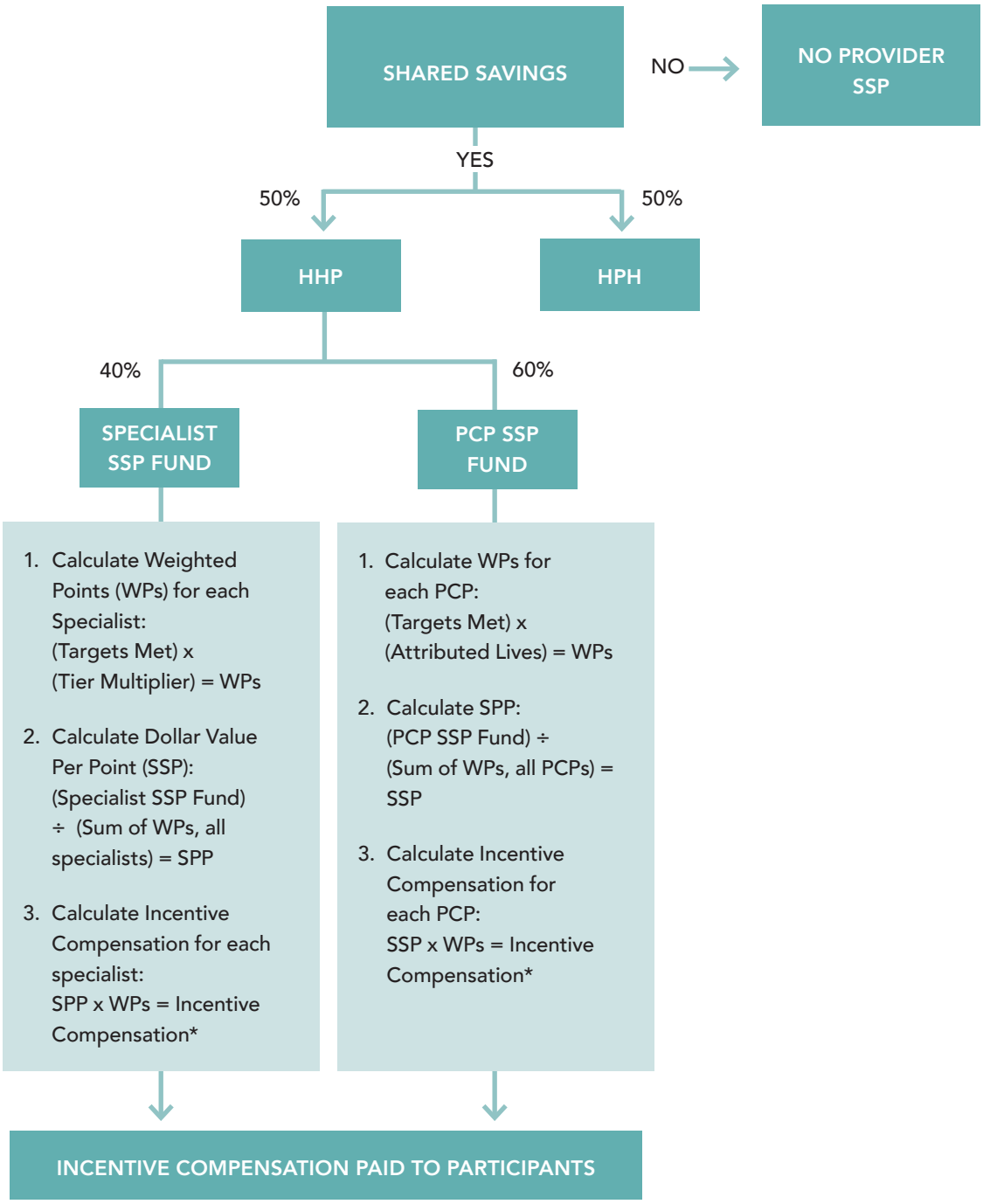
USE OF HHP DASHBOARD

Measure Objective	To support effective population health management by encouraging the evaluation of patient data through the use of the HHP Dashboard by PCPs.
Description	Access and use of the HHP Dashboard for population health management.
Points	1
Program	SSP
Inclusion	All primary care providers with an active HHP Dashboard account as of Oct. 1, 2018.
Exclusion	N/A
Measurement Period	January 1, 2018 - December 31, 2018.
Performance Target	Provider must log in to dashboard at least once per month for at least 10 months of the measurement year OR if a provider joined HHP during the measurement period, at least 80% of the measurement year.
Eligible Providers	Primary Care: Internal Medicine, Family Medicine, Pediatrics, General Practice, APRNs.

APPENDIX A: HOW INCENTIVE POOLS GET FUNDED QUALITY PERFORMANCE PROGRAM



APPENDIX B: HOW INCENTIVE POOLS GET FUNDED SHARED SAVINGS PROGRAM



*No PCP or specialist shall be entitled to receive incentive compensation under the HHP Shared Savings Program that is equal to or greater than a factor of two times the amount that the same PCP or specialist would have received if all PCPs and specialists earned full points under the SSP Measures of the Provider SSP.

APPENDIX C:

PROVIDER PAYOUT CALCULATIONS
QUALITY PERFORMANCE / SHARED SAVINGS PROGRAMS

QUALITY PERFORMANCE PROGRAM

A. Value of the QPP Incentive Pool
Example: $3,000,000

B. Total possible Quality Points that could be earned by all HPH providers
Example: 10,000 points

C. Value per point = A ÷ B
Example: $3,000,000 ÷ 10,000 points = $300

D. Number of points earned by the provider
Example: 3 points

E. Incentive earned by provider = C x D
Example: $300 x 3 points = $900

SHARED SAVINGS PROGRAM FOR PCPS

A. Value of the PCP SSP Fund
Example: $600,000

B. Total weighted points for the PCP
= Earned raw points x PCPs attributed lives
Example: 3 points x 1,000 lives = 3,000

C. Sum of all weighted points for all PCPs
Example: 200,000

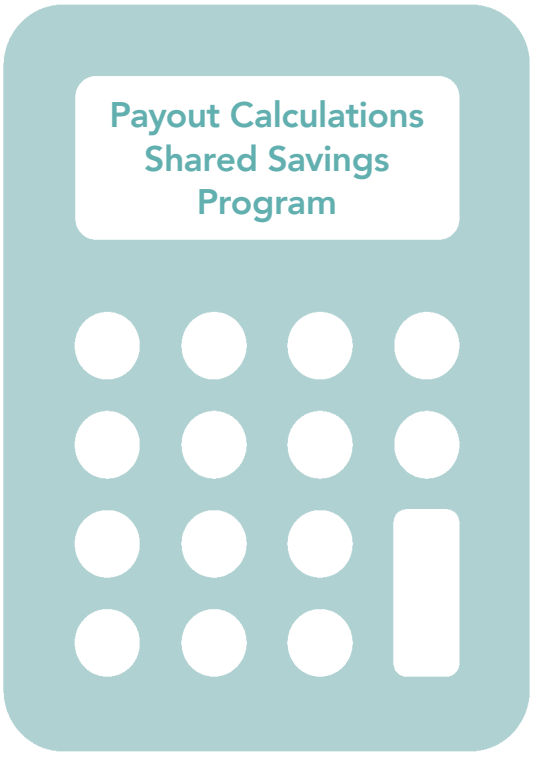
D. Value per point = A ÷ C
Example: $600,000 ÷ 200,000 points = $3

E. Incentive earned by provider = B x D
Example: 3,000 x $3 = $9,000

If the provider's affiliated HPH Hospital Performance threshold was not met, then no incentives are distributed.

APPENDIX D:

PROVIDER PAYOUT CALCULATIONS SHARED SAVINGS PROGRAM FOR SPECIALISTS



A. Value of the Specialist SSP Fund
Example: $400,000

B. Total weighted points for the specialist
= Earned raw points x tier multiplier
Example: 1 point x 5.0 = 5

C. Sum of all weighted points for
all specialists
Example: 4,000

D. Value per point = A ÷ C
Example:
$400,000 ÷ 4,000 points = $100

E. Incentive earned by provider = B x D
Example: 5 X $100 = $500

APPENDIX D:

COMPENSATING SPECIALISTS

For purposes of compensating specialists based on their potential to generate shared savings, the following Tier Multiplier is used for calculating Shared Savings distribution.

Tier Name	Specialties	Tier Multiplier 1 Behavioral
Foundational	• Allergy/Immunology • Anesthesiology • Dermatology • Dermatopathology • Genetics • Nuclear Medicine • Occupational Medicine	• Pathology • Pediatric Developmental-Behavioral • Pediatric Rehabilitation Medicine • Podiatry • Sports Medicine • Surgery, Oral and Maxillofacial • Transplant/Organ Retrieval

Tier Name	Specialties	Tier Multiplier 2
Population Health	• Cardiothoracic • Critical Care Medicine • Endocrinology • Gastroenterology • Gynecologic Oncology • Hematology/Oncology • Infectious Disease • Maternal/Fetal Medicine • Medical Oncology • Neonatology • Neurology • Neuroradiology • Ophthalmology • Optometry • Orthopedics • Otolaryngology/Neurotology • Pediatric Cardiology • Pediatric Critical Care • Pediatric Endocrinology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Nephrology • Pediatric Neurology • Pediatric Otolaryngology	• Pediatric Pulmonology • Pediatric Rheumatology • Pediatric Sports Medicine • Pediatric Surgery • Pediatric Thoracic Surgery • Pediatric Urology • Physical Medicine/ Rehabilitation • Psychiatry • Radiology, Diagnostic • Radiology, Interventional • Radiation Oncology • Reproductive Endocrinology/Infertility • Rheumatology • Surgery, General • Surgery, Breast • Surgery, Colorectal • Surgery, Neurological • Surgery, Oncology • Surgery, Plastic and Reconstructive • Surgery, Thoracic • Surgery, Vascular • Urogynecology/Pelvic Reconstructive • Urology

Tier Name	Specialties	Tier Multiplier 5
Targeted Initiatives	• Cardiology • Emergency Medicine • Geriatric Medicine • Gynecology • Hospitalist • Internal Medicine (Hospitalist)	• Obstetrics/Gynecology • Palliative Medicine • Pediatric (Hospitalist) • Pediatric Emergency Medicine • Pediatric Palliative Medicine • Pulmonology

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