CURRENT MA QUALITY BONUS PROGRAM

- Instituted in 2012 by CMS in accordance with the Patient Protection and Affordable Care Act (PPACA).
- Uses a 5-star rating system to provide information to beneficiaries and determine eligibility for bonus payments.
- Leveraged pre-existing CMS 5-star rating system.
- Plans rated 4+ stars receive a 5% increase in their benchmarks (10% in some counties).
- Ratings of 1 to 5 stars are assigned based on a plan’s relative performance on 46 measures which carry varying weights.
- Performance thresholds are determined using a “tournament model,” with thresholds determined after the performance period.
- Current programs do not represent local performance and do not appear to effectively capture differences in social risk factors.
- Patient access and experience measures increasing in weight while HEDIS measures experience unprecedented change.
MEDPAC’S PROPOSED
MA VALUE INCENTIVE PROGRAM

- Commission plans to design this program to replace the current QBP.
- Removes NCQA HEDIS® measures and PQA PDE measures.
- Administrative measures removed; plans to be held accountable for insurance functions through compliance standards rather than quality programs.
- Quality calculated for each Parent Organization within a local market.
- Scoring methodology uses prospective performance targets.
- Uses peer groups (i.e. fully dual-eligible beneficiaries versus non-fully dual-eligible beneficiaries) to convert quality measure performance to financial rewards and penalties.
- Applies budget neutrality to the MA quality payment program.
- Aligns a small group of measures with other programs to reduce burden on providers.
- Measurement should be largely calculated or administered by CMS, preferably with data already being reported, such as claims and encounter data.
Provider Partnerships: Providers do what we incent them to do. The way we contract, incentivize, engage with and resource providers defines the scope of their interactions with our members.
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