

## **Blue Cross Blue Shield of Michigan**

### **2017 Skilled Nursing Facility Pay-for-Performance Program**

January 2017 Update

## **Program Overview**

The Blue Cross Skilled Nursing Facility (SNF) Pay-for-Performance (P4P) program provides SNFs the opportunity to earn incentive rewards for participating in health information exchange (HIE) through the Michigan Health Information Network (MiHIN) notification service.

Freestanding and hospital-based SNF providers who successfully meet all expectations within the SNF P4P program, by the established evaluation date, will be eligible to receive an incentive reward for either 6 or 12 months following the incentive effective date. The incentive amount will be equal to an additional 1% of their per diem rate or a 1% increase to their cost per charge ratio. The incentive applies to all BCBSM commercial business, which includes Traditional, PPO and Bluecard members. No government business is included except for Medicare Exact Fill Supplemental. SNFs not meeting P4P requirements or choosing not to participate will forfeit the incentive opportunity.

## **Overview of the Michigan Health Information Network Notification Service**

The population-based model of health promotes a team-based approach and a commitment to caring for the patient across time and settings of care. Despite the need for this longitudinal approach, there are many obstacles that prevent consistent communication across the care continuum. A primary issue is the number of individuals and organizations involved in managing a patient's health, including hospitals, primary care physicians, specialists, mental health providers, skilled nursing facilities, pharmacists, care coordinators, other care givers and public and private insurers. Timely notification of an admission, discharge, transfer or ER visit can help improve coordination of care and outcomes and reduce the likelihood of an unplanned readmission. Unfortunately, current processes do not ensure a patient's caregivers will receive timely notification of an admission, discharge, transfer (ADT) or ER visit.

To address the need for more timely information, MiHIN established a statewide notification service to give practitioners real-time all-payer ADT and ER notifications for their patients. The goal is to help practitioners better prepare for and support their patients when they are discharged from an acute care hospital, skilled nursing facility or ER into the home or another care setting.

In addition to its technical role in Michigan's HIE infrastructure, MiHIN provides an important function by ensuring all parties participating in the service adhere to the necessary HIPAA and legal requirements that govern the sharing of data. Each party transmitting or receiving data through the ADT notification service must sign the Master Use Case Agreement in conjunction with an ADT Use Case Exhibit. The agreement establishes a "chain of trust" across all users by

clearly specifying who has access to the data, how it will be routed across participants, and how it can be used by recipients. The Use Case Agreement also requires MiHIN to discard data if there is no identified recipient with an applicable care relationship. MiHIN does not function as a data repository and discards all data after 30 days.

### **MiHIN Connection**

Most transmissions into and out of the statewide service occur through a qualified organization. A QO is an entity that has a contractual agreement with MiHIN obligating both parties to maintain all privacy and legal requirements associated with the transmission of data into and out of the MiHIN system. Each QO must sign a Use Case Agreement to participate in the service. A current list of HIE QO can be found at <http://mihin.org/exchanges/>.

### **Performance Expectations**

This year, BCBSM will recognize SNFs who are successful in fully implementing the MIHIN ADT use case as well as those participants who implemented the use case during 2016 and continue to meet participation expectations.

In order to be considered as successfully participating in the MiHIN statewide notification service for the purpose of BCBSM’s P4P program, a SNF must meet the following criteria:

#### Newly Participating SNFs

1. Agree to all respective data Use Case Agreements associated with the ADT notification service
2. Agree to meet timelines associated with the project
3. Engage with a qualified organization to electronically transmit the following minimum ADT data elements on a daily basis:

(IN1-3) Insurance Co. ID	(PID-7) Patient DOB
(IN1-4) Insurance Co. Name	(PID-8) Patient Sex
(IN1-36) Policy Number	(PID-10) Patient Race
(MSH-4) Sending Facility OID	(PID-11.5) Patient ZIP
(MSH-4.1) Sending Facility Hospital OID	(PID-19) Patient SSN
(MSH-4.2) Sending Facility Health System OID	(PV1-7) Attending Doctor ID
(PD1-4.1) Patient Primary Care ID	(PV1-17) Admitting Doctor ID
(PID-5.1) Patient Last Name	(PV1-18) Patient Type
(PID-5.2) Patient First Name	(PV1-19) Visit Number
(PID-5.3) Patient Middle Name/Initial	

4. Engage with a qualified organization to electronically transmit to MiHIN a list of patients with whom your organization has a care relationship. This is known as the Active Care Relationship Service, or ACRS.
5. Receive daily, patient-physician relationships from the service as well as notification of readmissions to a hospital or ER 90 days post discharge from the SNF.

#### Current SNF Participants

For those SNFs that completed the implementation process and are currently receiving the incentive, the incentive will continue in program year 2017 with the expectation that participants continue to meet all data quality requirements.

#### **Scoring**

MiHIN will notify BCBSM of all SNFs that meet the implementation and participation expectations.

#### **Program Timeline – Evaluation and Effective Incentive Dates**

SNF performance on this initiative will be evaluated twice per program year, once in February and again in August, with the corresponding incentive applied in April and October 2017, respectively.

<b>Evaluation Date</b>	<b>Incentive Effective</b>
2/15/2017	4/1/2017 – 3/31/2018
8/15/2017	10/1/2017 – 3/31/2018

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