

# TennCare's Upper Payment Level (UPL) Program

**EAST TENNESSEE STATE UNIVERSITY**

# General Information

- The Tennessee Academic Affiliated **Upper Payment Limit** program is a ***value-based*** payment initiative supporting ***innovation*** and ***health care system transformation***.
- This program is designed in accordance with **CMS** guidance, in which the state requests implementation of a ***value-based payment model*** for provider reimbursement.
- This initiative collaborates with the physician practice plans affiliated with Tennessee's ***public*** medical schools, ***East Tennessee State University*** and ***University of Tennessee – University Clinical Health***. CMS approved the initiative for the rating period spanning **January 1, 2019 through December 31, 2022**.

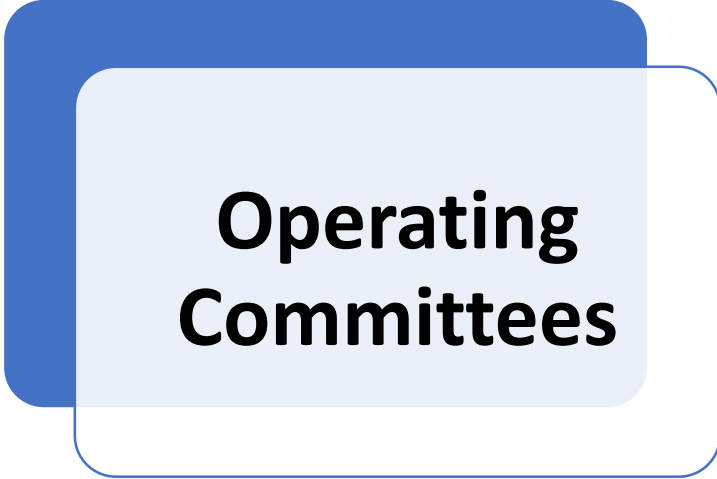
# Approach and Structure

- TennCare's governance of the UPL initiative combines ***strategic planning, project oversight, and committee guidance.***
- Oversight is maintained through ***collaborative and individual participant committees*** focused on ***designing*** and ***implementing*** the agreed upon ***Annual Performance Plan.***

# Committees

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**Advisory Board**

A blue rounded rectangle with a light blue gradient and a white border, containing the text "Operating Committees".

**Operating  
Committees**

A blue rounded rectangle with a light blue gradient and a white border, containing the text "Subcommittees".

**Subcommittees**

# Annual Performance Plan

- For *each* year of the UPL program, ETSU is required to submit an ***Annual Performance Plan*** to the state for approval.
- The ***Annual Performance Plan*** is a strategic summary of a UPL institution's ***annual plans*** and ***goals*** as they relate to the ***Performance Activities*** outlined in the UPL agreement between TennCare and CMS.

# Performance Activities

- ***Performance Activities*** are designed to guide a ***multi-year process*** to accommodate ***systematic transformation*** throughout the UPL program's ***three*** major domains: ***population health, opioid epidemic, & maternal and pediatric health***.
- Each year the ***Annual Performance Plan (APP)*** provides key details on initiatives structured to progress the objectives of the Performance Activities.
- Additionally, ***Performance Activities*** in the APP may align with ***Quality Metric(s)*** that serve as ***key performance indicators (KPIs)*** to measure and evaluate ***annual*** progress.

# Three Major Domains of System Transformation

**Population  
Health**

**Opioid  
Epidemic**

**Maternal and  
Pediatric  
Health**

# Population Health Performance Activities

- Adverse Childhood Experiences (ACEs)
- Care Plans
- Daily ADT Monitoring
- Health Link and PCMH Coordination
- Screening for Special Populations



# Opioid Epidemic Performance Activities

- Chronic Pain Management
- Medication-Assisted Therapy for Opioid Use Disorder
- Prenatal High-Risk Assessment and Opioid Screening and Referrals
- Follow Up After an ED OUD Visit
- High-Risk OB Care – Including Pre- and Postnatal Opioid Use
- Engagement of Patients on Opioids
- Opioid Users: Screen, Refer for Behavioral Health
- Outreach to Women of Childbearing Age on Opioids
- High-Quality Medication-Assisted Treatment Program for Opioid Use Disorder
- Project ECHO

# Maternal and Pediatric Health Performance Activities

- EPSDT Outreach
- Pediatrics – Parental Screening
- Postpartum VLARC Training
- NAS Reporting
- Lactation Initiation & Continuation

# Quality Metrics

- In MY 2020, the **UPL Quality Metrics** expanded to include the *twelve-core metrics* from the first performance year of the program *plus nine* additional Quality Metrics and **two reporting only** metrics.
- These additional Quality Metrics work to more closely evaluate the **Opioid Epidemic** and **Maternal** and **Pediatric Health** domains.
- TennCare evaluates the Quality Metrics *annually* and update as necessary.

## Quality Metrics 2022

Metric ID	Quality Metrics	Benchmark	Metric ID	Quality Metrics	Benchmark
QM 1	Antidepressant Medication Management (AMM)	≥40%	QM 12	Immunizations for Adolescents – Combination 2 (IMA)	≥26%
QM 2	Asthma Medication Ratio (AMR)	≥81%	QM 13	Chronic Opioid Users with Decreased Usage (Custom)	≥34%
QM 3	Childhood Immunization – Combination 10 (CIS)	≥42%	QM 14	Concurrent Use of Opioids and Benzodiazepines (COB)	≤9%
QM 4	Comprehensive Diabetes Care: BP Control (<140/90 mmHg) (CDC)	≥56%	QM 15	Initiation of Opioid Abuse or Dependence Treatment (IET-AD Modified)	≥39%
QM 5	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed (CDC)	≥51%	QM 16	Follow up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	≥18%
QM 6	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC)	≤47%	QM 17	Prenatal and Postpartum Care: Postpartum Care (PPC)	≥66%
QM 7	EPDST: Child and Adolescent Well-Care Visits (WCV) Ages 3-11	≥65%	QM 18	Prenatal and Postpartum Care: Postpartum Care for Women with OUD (PPC Modified)	≥66%
QM 8	EPSDT: Child and Adolescent Well-Care Visits (WCV) Ages 12-17	≥57%	QM 19	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)	≥84%
QM 9	EPSDT: Child and Adolescent Well-Care Visits (WCV) Ages 18-21	≥39%	QM 20	Plan All-Cause Readmissions: 30 Day Rate (PCR)	≤17%
QM 10	EPSDT: Well-Child Visits in the First 30 Months of Life (W30) First 15 Months	≥61%	QM 21	ED Utilization (Custom)	≤44%
QM 11	EPSDT: Well-Child Visits in the First 30 Months of Life (W30) 15 Months – 30 Months	≥71%			

# Performance Activities Payment

- The goal of the **Performance Activities payment** is to implement *clinical programs* and *new processes* in each domain.
- Because Performance Activities are a greater proportion of overall program payment, institutions are enabled to *proactively* invest in the resources necessary to drive change while acknowledging ongoing efforts to improve **quality** and **infrastructure**.
- These payments should support identifying and securing necessary **technology, screening tools, staffing, and training**.
- The measurement of each Performance Activity is reported to TennCare *each quarter*.
- Dependent on the year of the program, between **80% - 90%** of the UPL payment relies on the institution meeting the targets established for the Performance Activities.

# Quality Metrics Payment

- The goal of the **Quality Metrics** component of this program is to measure the *effect* the Performance Activities are having on the **quality of care** provided by the institutions.
- The **quality incentives** portion of the program will be based on the performance of the institutions for each of the defined **Quality Metrics**. Each year's performance is compared to the set *thresholds* and determined to have **met or exceeded the thresholds**.
- Should the institutions **not** meet the thresholds, but still show significant improvement per the *NCQA Effect Size Change Methodology*, the institutions will be eligible for an **incremental improvement bonus payment**.
- Quality Metrics are assessed on an **annual** basis.