Summary of 2018 QIP Programmatic Changes

Background

The Primary Care Provider Quality Improvement Program (PCP QIP) is designed to assist providers in ensuring all members receive appropriate preventive and timely care. To further enhance these goals, summarized below are several changes to the program – designed in collaboration with the cross-departmental QIP team at PHC and external providers through the QIP Advisory Group – effective January 1st, 2018. These changes have been approved by Board-delegated committees. You may get more information on these changes on the following pages as well as the 2018 Measure Specifications documents.

Relative Improvement:

- Sites must first meet the 25th percentile performance target, also known as the minimum performance level or MPL.
- A minimum of 15% relative improvement will be needed to earn partial points.

Continuous Enrollment:

- Continuous enrollment for Clinical measures will be defined as nine out of 12 months.

Payment Methodology:

- A site's maximum potential earning will be based solely on member volume, and its actual earning on performance on the Fixed Pool measures.

Site-Level Reporting:

- Sites will be evaluated and paid at the individual site level (i.e. PCP ID level). This is not a change for most QIP participants but a handful that were previously "rolled up" with other sites within the same organization.

Relative Improvement

The opportunity to earn points in the QIP based on improvement is a pillar of pay-for-performance programs. Practices with low baseline performance scores are able to earn points and incentive funds by making strides towards the higher performance targets. In its current design, the relative improvement (RI) element allows for providers to earn full points and significant payment as a result of improvement, even if the final score is still quite low. This can be a hindrance in PHC's goal of reaching at least the 75th percentile of national Medicaid performance.

In order to ensure that the QIP is rewarding true quality excellence and efforts resulting in significant improvement, the program is redefining the relative improvement criteria. There will no longer be a scale of potential RI levels.

In order to be eligible to earn RI points on a given measure:

1) Sites must first meet the 25th percentile performance target, also known as the minimum performance level or MPL.
2) A minimum of 15% relative improvement will be needed to earn partial points.

Continuous Enrollment

The eligible population used to calculate the final scores for all measures is defined as capitated Medi-Cal members. The Clinical measures have traditionally required members to be continuously enrolled with a PCP organization for 11 out of the 12 months of the measurement year. Beginning in 2018, the definition of continuous enrollment will change to meaning assigned to the same PCP for nine out of 12 months of the measurement period. This will allow the QIP to represent a better sample of the entire eligible population but still allows leeway in how many members a provider is held responsible for among all those capitated to each site. Medi-Medi members (dually eligible members) are excluded from all measures.

Payment Methodology

Beginning in 2018, payment will no longer be based on a fixed pool, but instead based on individual sites' performance on Fixed Pool measures. The Unit of Service measures will not be affected. The transition will allow for more accurate forecasting by individual sites. A single PMPM amount will be established and approved by the PHC Board of Commissioners. Each site's maximum potential earnings will be the PMPM amount multiplied by the number of member months accumulated over the course of the year.

For illustrative purposes only, assume the PMPM is $10 in the example below. The actual PMPM amount will be determined and published by early 2018.

- A site that earns 55% of their QIP Core Measurement Set points (projected average for 2018) would earn $5.50 PMPM. If they had 1000 members, this translates to $66,000 per year.

  $10 X 12,000 member months X 55% = $66,000

Site-Level Reporting

In order to offer comprehensive data across quality programs including QIP, HEDIS, and the forthcoming Partnership Quality Dashboard (PQD), all PCP providers will be required to report to the QIP at the PCP-ID level beginning in 2018. For many, this will not be a change. However, some sites have previously been "rolled up" with other sites from the same organization. We will be contacting each of these sites individually to identify appropriate contact information and provide details about how the change will impact them directly. Data from the 2017 calendar year will be available at the PCP-ID level in order to provide a baseline for providers that will have a change in reporting status.