

## 2020 MEASUREMENT YEAR PCP QIP MEASURES INVITATION FOR PROVIDER COMMENT

Partnership HealthPlan of California (PHC) is pleased to announce the measurement set for the 2020 Primary Care Provider (PCP) Quality Improvement Program (QIP) and invite your comments. The measures were developed from feedback compiled from providers throughout the past year and in collaboration with PHC's QIP Advisory Group, which is comprised of medical and administrative leadership across all fourteen participating counties. Your involvement is very important to the success of the program and we hope to hear your comments on the measures.

Please review this document, which includes the following:

- ❖ A summary of approved measures
- ❖ A description of changes from 2019 and the rationale for those changes

Comments on any of the measures are welcome.

**Note: that measure thresholds and point allocations are not part of this provider comment and will be available when the final Specifications are posted on our Web site, December 2, 2019.**

**Please email your comments or question no later than November 15, 2019 to: [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).**

**The Quality Improvement Program team would like to thank you in advance for your participation.**

## Summary of Approved Measure Changes for MY 2020

### Core Measurement Set Measures

Providers have the potential to earn a total of 100 points in four measurement areas: 1) Clinical Domain; 2) Appropriate Use of Resources; 3) Access and Operations; and 4) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

2019 Measures	2020 Recommendations
<b>Gateway Measure</b>	
- None	PCP Office Visit and Timely Claims Submission Matrix
<b>Clinical Domain</b>	
<b>Family Medicine:</b> <ol style="list-style-type: none"> <li>Well Child Visits (3-6 years)</li> <li>Controlling High Blood Pressure</li> <li>Cervical Cancer Screening</li> <li>Colorectal Cancer Screening</li> <li>Diabetes Management: HbA1C Good Control</li> <li>Diabetes Management: Retinal Eye Exams</li> <li>Breast Cancer Screenings</li> <li>Childhood Immunization Combo 3</li> <li>Immunizations for Adolescents</li> <li>Asthma Medication Ratio (5-64 years)</li> </ol>	<b>Family Medicine:</b> <ol style="list-style-type: none"> <li>Well Child Visits (first 15 months)</li> <li>Well Child Visits (3-6 years)</li> <li>Well Child Visits, Adolescents (12-21 years)</li> <li>Controlling High Blood Pressure</li> <li>Cervical Cancer Screening</li> <li>Colorectal Cancer Screening</li> <li>Diabetes Management: HbA1C Good Control</li> <li>Diabetes Management: Retinal Eye Exams</li> <li>Breast Cancer Screenings</li> <li><del>Childhood Immunization Combo 3</del></li> <li>Childhood Immunization Combo 10</li> <li>Immunizations for Adolescents</li> <li>Asthma Medication Ratio (5-64 years)</li> </ol>
<b>Internal Medicine:</b> <ol style="list-style-type: none"> <li>Controlling High Blood Pressure</li> <li>Cervical Cancer Screening</li> <li>Colorectal Cancer Screening</li> <li>Diabetes Management: HbA1C Good Control</li> <li>Diabetes Management: Retinal Eye Exams</li> <li>Breast Cancer Screening</li> <li>Asthma Medication Ratio (5-64 years)</li> </ol>	<b>Internal Medicine:</b> <ol style="list-style-type: none"> <li>Controlling High Blood Pressure</li> <li>Cervical Cancer Screening</li> <li>Colorectal Cancer Screening</li> <li>Diabetes Management: HbA1C Good Control</li> <li>Diabetes Management: Retinal Eye Exams</li> <li>Breast Cancer Screening</li> <li>Asthma Medication Ratio (5-64 years)</li> </ol>
<b>Pediatric Medicine:</b> <ol style="list-style-type: none"> <li>Nutritional Counseling</li> <li>Physical Activity Counseling</li> <li>Well Child Visits (3-6 years)</li> <li>Adolescent Immunizations</li> <li>Childhood Immunization Combo-3</li> <li>Asthma Medication Ratio</li> </ol>	<b>Pediatric Medicine:</b> <ol style="list-style-type: none"> <li><del>Nutritional Counseling</del></li> <li><del>Physical Activity Counseling</del></li> <li>Well Child Visits (first 15 months)</li> <li>Well Child Visits (3-6 years)</li> <li>Well Child Visits, Adolescents (12-21 years)</li> <li>Adolescent Immunizations</li> <li><del>Childhood Immunization Combo-3</del></li> <li>Childhood Immunization Combo-10</li> <li>Asthma Medication Ratio</li> </ol>

Appropriate Use of Resources	
<b>Family Medicine &amp; Internal Medicine:</b> <ol style="list-style-type: none"> <li>1. Ambulatory Care Sensitive Admissions</li> <li>2. Readmission Rate</li> </ol>	<b>Family Medicine &amp; Internal Medicine:</b> <ol style="list-style-type: none"> <li>1. Ambulatory Care Sensitive Admissions</li> <li>2. Readmission Rate</li> </ol>
Access and Operations	
<b>All Practice Types:</b> <ol style="list-style-type: none"> <li>1. Primary Care Utilization: ED Visits and PCP Office Visits</li> </ol>	<b>All Practice Types:</b> <ol style="list-style-type: none"> <li>1. <del>Primary Care Utilization: ED Visits and PCP Office Visits</del></li> </ol>
Patient Experience	
<b>All Practice Types:</b> <ol style="list-style-type: none"> <li>1. CG-CAHPS for sites that meet member volume criteria, or Survey/Training Option for other sites</li> </ol>	<b>All Practice Types:</b> <ol style="list-style-type: none"> <li>1. CAHPS for sites that meet member volume criteria, or Survey/Training Option for other sites</li> </ol>

### Unit of Service Measures

Providers receive payment for each unit of service they provide.

Unit of Service	
<b>All Sites:</b> <ol style="list-style-type: none"> <li>1. Advance Care Planning Attestations</li> <li>2. Extended Office Hours</li> <li>3. PCMH Certification</li> <li>4. Peer-led Self-Management Support Groups</li> <li>5. Alcohol Misuse Screening and Counseling</li> <li>6. Health Information Exchange</li> <li>7. Initial Health Assessment</li> <li>8. Palliative Care Identification and Referral</li> </ol>	<b>All Sites:</b> <ol style="list-style-type: none"> <li>1. Advance Care Planning Attestations</li> <li>2. Extended Office Hours</li> <li>3. PCMH Certification</li> <li>4. Peer-led Self-Management Support Groups</li> <li>5. Alcohol Misuse Screening and Counseling</li> <li>6. Health Information Exchange</li> <li>7. Initial Health Assessment</li> <li>8. <del>Palliative Care Identification and Referral</del></li> </ol>

# RATIONALE FOR APPROVED MEASURE CHANGES FOR PCP QIP MEASUREMENT YEAR 2020

## Gateway Measure – Approved Addition

Beginning Measurement Year 2020, PHC is adding a gateway measure to the PCP QIP for all practice types. This measure will be used to adjust incentive payments based on each **parent organization's** percentage of timely claim / encounter data submissions and each **provider site's** average PCP office visits. The measures help reinforce PHC's efforts to increase timely administrative data capture, access to primary care and management of the care of our members, your patients.

Performance on each of the two elements of the Gateway Measure will yield a multiplier (see table below) that will be applied to the final PMPM rate that is used to calculate total payments (Total Measurement Year Member Months x QIP PMPM rate x QIP Score). The columns in the matrix display ranges of the average number of PCP encounters per patient per year at the **PCP site level**; the rows display ranges of the percentage of timely encounter submissions **at the PCP parent organization level** over the course of the measurement year.

% claim submissions received during the measurement year that are within 90 days of date of service.	<u>Average PCP Encounters/Patient/Year</u> <u>(including phone/video encounters)</u>				
	<1.0	1.0 - <1.4	1.4 - <1.75	1.75 - <2.1	≥2.1
≥75%	0%	60%	85%	95%	100%
65 – <75%	0%	40%	80%	90%	95%
50 – <65%	0%	0%	25%	70%	85%
<50%	0%	0%	0%	0%	75%

## DEFINITIONS:

- TIMELINESS OF CLAIM/ENCOUNTER DATA:** The time, in days, between the date of service and the encounter/claim receipt date to PHC.
  - For this measure we evaluate all claims submitted to PHC by the provider during the measurement period, regardless of date of service.
  - Timeliness is calculated by subtracting the claim effective date (date of service) from the claim receipt date.
  - Any claim whose receipt date is more than 90 days after the effective date (date of service) is considered untimely; 90 days or less is considered timely; includes both capitated and FFS claims.
  - Assessed at the Parent Organization level.
- PCP OFFICE VISITS:** (Previously a component of the PCP Office Visit ED Measure in the Utilization Domain) PHC will extract the total number of PHC office visits using allowable PHC claim and encounter data submitted by primary care sites for services provided to assigned members or on-call services provided by another primary care site. Calculation:

$$(\# \text{ Office Visits} / \text{Non-Dual Capitated Member Months}) * 12$$

## Clinical Domain – Approved Additions

### **Well Child Visit First 15 Months (W15)** (propose to add to Family and Pediatric practice types)

The percentage of continuously enrolled Medi-Cal members who turned 15 months old during the measurement year and who had 6 or more well-child visits, with no minimum interval, with a primary care provider during their first 15 months of life. Higher rates are better.

*Rationale:* This measure is now part of the state's Managed Care Accountability Set (MCAS) and PHC is held accountable by DHCS for our performance. Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents. Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood. Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening. In all PHC counties, this measure is currently significantly below the national Medicaid average.

### **Well Child Visit Adolescents (12-21 Years) (AWC)** (propose to add to Family and Pediatric practice types)

Percentage of adolescent members ages 12 to 21 who had at least one comprehensive well-care visit with a primary care provider or an obstetrical/gynecological provider during the measurement year. Higher rates are better.

*Rationale:* This measure is now part of the state's Managed Care Accountability Set (MCAS) and PHC is held accountable by DHCS for our performance. Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents. Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood. Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening. In all PHC counties, this measure is currently significantly below the national Medicaid average.

## Clinical Domain – Approved Changes

### **Modify Cervical Cancer Screening** (Family and Internal practice types)

Updated screening methods to include primary high-risk human papillomavirus (hrHPV) testing.

*Rationale:* Reflects changes in HEDIS Measure Design.

### **Replace Childhood Immunization Status Combo-3 (CIS-3) with Childhood Immunization Status Combo-10 (CIS-10)** (Family and Pediatric practice types)

*Rationale:* PHC is now held accountable for the CIS-10. The CIS-10 adds coverage for Hepatitis A, Rotavirus, and Influenza, that is not included in the CIS-3. Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease. Children in the United States die from vaccine preventable diseases each year; most of these children are unvaccinated. Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be

maintained in order to prevent a resurgence of vaccine-preventable diseases. There are considerable technical and logistical challenges providers face in order to meet this measure.

**Modify Asthma Medication Ratio** (All practice types)  
Updated to reflect new medications added in Fall 2019.

*Rationale:* Reflects changes in allowable medications per NDC Code List.

### **Clinical Domain – Approved Removals**

**Nutritional Counselling** (Pediatric practice types)

*Rationale:* PHC is no longer held accountable for this measure – performance has improved across the Plan and State.

**Physical Activity Counselling** (Pediatric practice types)

*Rationale:* PHC is no longer held accountable for this measure – performance has improved across the Plan and State.

### **Non-Clinical Domain – Approved Measure Changes**

**Ambulatory Care Sensitive Admissions**

For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

*Rationale:* This change in definition reflects the change required by the State.

**ED Visits and PCP Office Visits** (all practice types)

We are removing the PCP Office Visit component of this measure and incorporating it into the Gateway Measure (see above). For 2020 the Measure will be simply Avoidable ED Visits/1000 Members Per Year.

*Rationale:* See above under Gateway Measure.

### **Unit of Service (UOS) Measures – Approved Changes**

**Extended Office Hours**

Reward providers that earned a minimum of 35 points in the prior QIP measurement period, in the form of quarterly payments, equal to 10% of capitation. PCP site must be open an additional eight hours per week or more, beyond the normal business hours, defined as Monday-Friday, 8:00 a.m. to 5:00 p.m., for the entire quarter. No award if, during a quarter, the practice site no longer offers extended office hours or reduces the hours and no longer meets the eight-hour minimum.

**Proposal:** Remove the requirement that providers earn at least 35 points in the previous measurement period.

**Rationale:** The application of this type of threshold is no longer a requirement from DHCS, for incentives related to extended hours.

### **Initial Health Assessment**

Providers are mandated by the state of California to schedule patients within 120 days of becoming a PHC member for an IHA (Initially Health Assessment). Providers that have sufficient PHC patient volume (at least one visit by 1,200 unique PHC members between April 1, 2018 and March 31, 2019 at the entity, or parent organization level – same as the Patient Experience measure threshold) can earn an annual Unit of Service measure payout of \$2000 based on submission of template form outlining data collection plan and documentation of process to improve site compliance for the IHA. The intent in this introductory year is to encourage IHA improvement plan development.

**Proposal:** Remove the threshold for participation so all providers can participate regardless of how many unique PHC members per parent organization.

**Rationale:** Lowering the threshold may help increase the number of completed IHA's as many more providers will be able to participate.

### **Unit of Service Measures – Approved Removals**

#### **Palliative Care Identification and Referral**

\$2000 for sharing their plans for identifying and communicating with potential palliative care patients and reporting the number of referrals made. The incentive is available once per parent organization.

**Rationale:** This incentive was intended to jumpstart referrals for palliative care, on a single year basis. Therefore, after this year is over, it will be discontinued.