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Department of Health Care Services Prop 56 Value-Based Payment (VBP) Program

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Agenda

- **Program Overview**
- **Provider Payment Requirements**
- **Measures & Reimbursements**
- **Measure Descriptions**



What is the DHCS VBP Program?

- Provides supplemental incentive payments to contracted providers for meeting specific performance measures aimed at improving care for members.
- Performance Measure Domains
 - Prenatal/Postpartum Care
 - Early Childhood Preventive Care
 - Chronic Disease Management
 - Behavioral Health Integration
- Funded by the California Tobacco Tax Act of 2016 (Prop 56)
- Program Duration: 7/1/2019 – 6/30/2022*



**Continuation of the program from year to year is subject to DHCS' annual budget approval*

Program Exclusions

The following scenarios are excluded from receiving supplemental incentive payments:

- Encounters occurring at Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Clinics, or Cost Based Reimbursement Clinics
- Encounters for members with Medicare Part B
- Encounters for VBP program services received more than one year after the date of service

Provider Payments

Payment Reports are created on the 5th and 20th of each month.

- VBP Report on 5th of each month = MY2020, MY2022
- VBP Report on 20th of each month = MY2021

Measurement Year (MY) Breakdown

- MY2020: July 1, 2019 – June 30, 2020
- MY2021: July 1, 2020 – June 30, 2021
- MY2022: July 1, 2021 – June 30, 2022

“At-Risk” Supplemental Payments

Enhanced incentive for events tied to members diagnosed with a substance use disorder or serious mental illness, or who are homeless.

At-Risk members are identified for one of the following conditions when billed with the proper diagnosis code:

Substance Use Disorder	Serious Mental Illness	Homelessness
<ul style="list-style-type: none">• F1x series	<ul style="list-style-type: none">• Schizophrenia: F20 - F29 series• Bipolar Disorder: F31 series• Major Depression: F33 series	<ul style="list-style-type: none">• Homelessness: Z59.0• Inadequate Housing: Z59.1

VBP Measures & Reimbursement

	Domain	Measure	Basic Payment	At Risk Payment
1	Prenatal & Postpartum Care	Prenatal Pertussis Vaccine	\$ 25.00	\$ 37.50
2		Prenatal Care Visit	70.00	105.00
3		Postpartum Care Visits	70.00	105.00
4		Postpartum Birth Control	25.00	37.50
5	Early Childhood Preventive Care	Well Child Visits in First 15 Months of Life	70.00	105.00
6		Well Child Visits in 3rd – 6th Years of Life	70.00	105.00
7		All Childhood Vaccines for Two Year Olds	25.00	37.50
8		Blood Lead Screening	25.00	37.50
9		Dental Fluoride Varnish	25.00	37.50
10	Chronic Disease Management	Controlling High Blood Pressure	40.00	60.00
11		Diabetes Care	80.00	120.00
12		Control of Persistent Asthma	40.00	60.00
13		Tobacco Use Screening	25.00	37.50
14		Adult Influenza ('Flu') Vaccine	25.00	37.50
15	Behavioral Health Integration	Screening for Clinical Depression	50.00	75.00
16		Management of Depression Medication	40.00	60.00
17		Screening for Unhealthy Alcohol Use	50.00	75.00

Prenatal & Postpartum Care Domain

Measure 1 – Prenatal Pertussis ('Whooping Cough') Vaccine

Measure 2 – Prenatal Care Visit

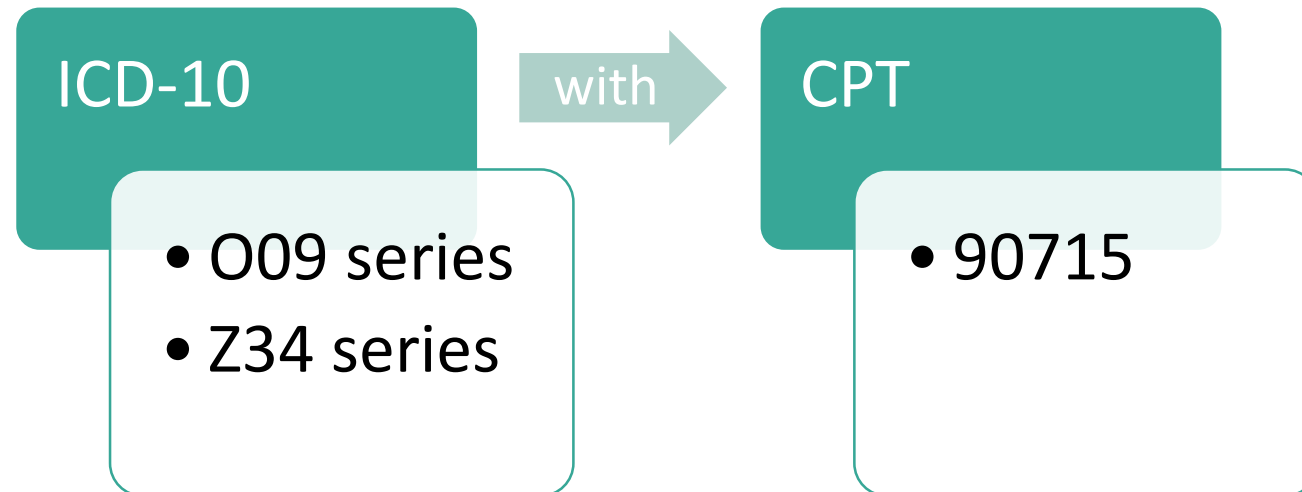
Measure 3 – Postpartum Care Visits

Measure 4 – Postpartum Birth Control

Measure 1 – Prenatal Pertussis (‘Whooping Cough’) Vaccine

Incentive payment to the rendering or prescribing provider for the administration of the pertussis (Tdap) vaccination to women who are pregnant

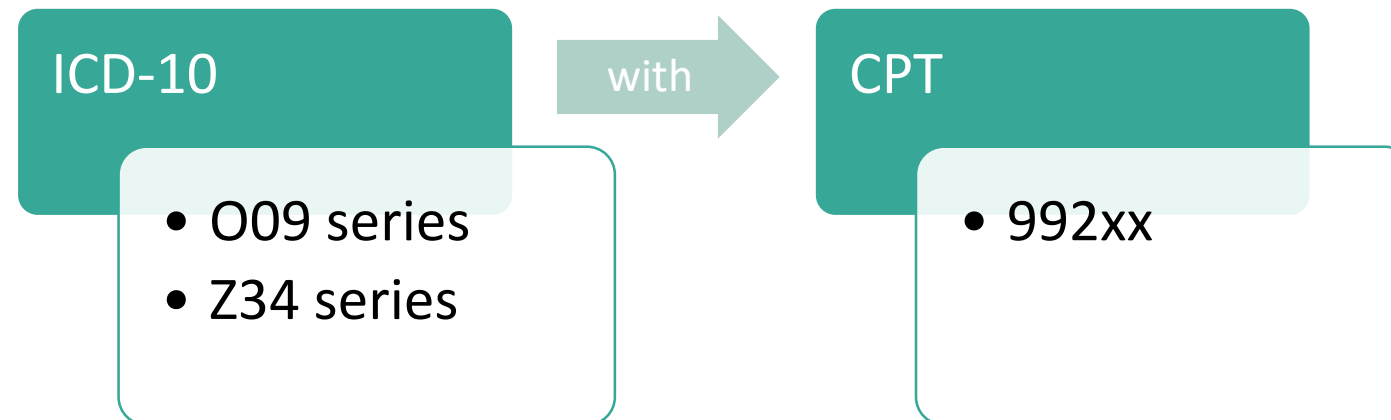
- Payment may only occur once per delivery per patient
- Multiple births: Women who had two separate deliveries (different dates of service) between July 1 through June 30 of the measurement year may count twice



Measure 2 – Prenatal Care Visit

Incentive payment to the rendering provider for ensuring that the woman comes in for her initial prenatal visit

- Not intended for emergent events
- Payment for the first visit in a plan that is for pregnancy at any time during the pregnancy
- No more than one payment per pregnancy per plan

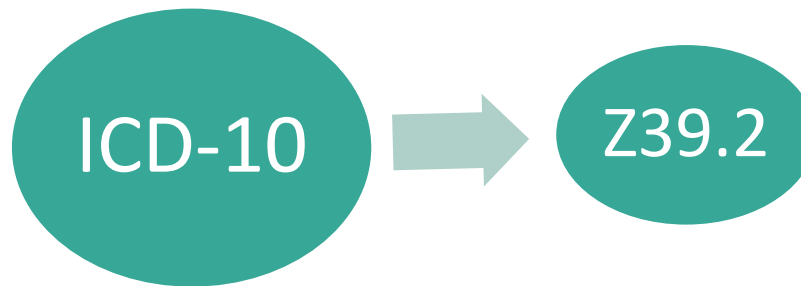


Measure 3 – Postpartum Care Visits

Incentive payment to rendering provider for completion of recommended postpartum care visits (2) after a woman gives birth

- Payment to the first visit in the time period (Early or Late)
- No more than one payment per time period (Early or Late)

Early Postpartum Visit	A postpartum visit on or between 1 and 21 days after delivery
Late Postpartum Visit	A postpartum visit on or between 22 and 84 days after delivery



Measure 4 – Postpartum Birth Control

Incentive payment to rendering or prescribing provider for provision of most effective method, moderately effective method, or long-acting reversible method of contraception within 60 days of delivery

- Payment to the first occurrence of contraception in the time period
- No more than one payment per delivery

Early Childhood Preventive Care Domain

Measure 5 – Well Care Visits in First 15 Months of Life

Measure 6 – Well Care Visits in 3rd to 6th Years of Life

Measure 7 – Childhood Immunizations by Age 2

Measure 8 – Blood Lead Screening by 2nd Year

Measure 9 – Dental Fluoride Varnish

Measure 5 – Well Care Visits in First 15 Months of Life

Incentive payment to rendering provider for each of the last three well child visits out of eight total - 6th, 7th and 8th visits.

- Eight visits are recommended between birth and 15 months
- Separate payment to each rendering provider for successfully completing each of the three well child visits at the following times:
 - 6 month visit – the first well care visit between 172 and 263 days of life
 - 9 month visit – the first well care visit between 264 and 355 days of life
 - 12 month visit – the first well care visit between 356 and 447 days of life
- Three payments per child are eligible for payment

Measure 5 – Well Care Visits in First 15 Months of Life

Any of the following codes meet the VBP service requirement and are eligible for an incentive payment:

CPT

99381	99393
99382	99394
99383	99395
99384	99461
99385	G0438
99391	G0439
99392	

ICD-10

Z00.00	Z02.2
Z00.01	Z02.3
Z00.110	Z02.4
Z00.111	Z02.5
Z00.121	Z02.6
Z00.129	Z02.71
Z00.5	Z02.82
Z00.8	Z76.1
Z02.0	Z76.2
Z02.1	

Measure 6 – Well Care Visits in 3rd to 6th Years of Life

Incentive payment to each rendering provider for successfully completing each of the annual well child visits at age 3, 4, 5, and 6

- Payment for the first well child visit in each year age group

CPT	99381	99393	ICD-10	Z00.00	Z02.2
	99382	99394		Z00.01	Z02.3
	99383	99395		Z00.110	Z02.4
	99384	99461		Z00.111	Z02.5
	99385	G0438		Z00.121	Z02.6
	99391	G0439		Z00.129	Z02.71
	99392			Z00.5	Z02.82
				Z00.8	Z76.1
				Z02.0	Z76.2
				Z02.1	



Measure 7 – Childhood Immunizations by Age 2

Incentive payment to rendering provider of the last dose in any of the multiple dose vaccine series when given on or before the second birthday

- A given provider may receive up to seven payments per year per patient
- A two year look back is required for each patient to capture the series of vaccines and identify the last vaccine in the series

Measure 7 – Childhood Immunizations by Age 2 (cont.)

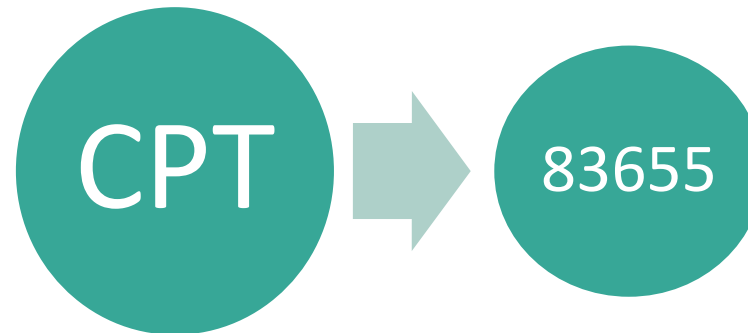
Incentive payment to each rendering provider for each final vaccine administered in a series to children turning age two in the measurement year:

Diphtheria, tetanus, pertussis (DTaP)	• 4th vaccine
Inactivated Polio Vaccine (IPV)	• 3rd vaccine
Hepatitis B	• 3rd vaccine
Haemophilus Influenzae Type b (Hib)	• 3rd vaccine
Pneumococcal conjugate	• 4th vaccine
Rotavirus	• 2nd or 3rd vaccine
Flu	• 2nd vaccine

Measure 8 – Blood Lead Screening by 2nd Year

Incentive payment to each rendering provider for completing a blood lead screening for children on or before the second birthday

- Provider can receive more than one payment



Measure 9 – Dental Fluoride Varnish

Incentive payment to rendering provider of oral fluoride varnish application for children 6 months through 5 years

- Payment to each rendering provider for each occurrence of dental fluoride varnish (CPT 99188 or CDT D1206) for children less than age six
- Payment for first visit in each quarter, with maximum payment of four (4) times per year.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
• July 1 – Sept 30	• Oct 1 – Dec 31	• Jan 1 – Mar 31	• Apr 1 – Jun 30

Chronic Disease Management Domain

Measure 10 – Controlling High Blood Pressure

Measure 11 – Diabetes Care “A1c Testing”

Measure 12 – Persistent Asthma Control

Measure 13 – Tobacco Use Screening

Measure 14 – Adult Influenza “Flu” Vaccine

Measure 10 – Controlling High Blood Pressure

Incentive payment to provider for each event of adequately controlled blood pressure for members 18 to 85 years old being seen by the provider for their diagnosis of high blood pressure

- Payment to each rendering provider for a non-emergent outpatient visit, or remote monitoring event, that documents controlled blood pressure
- A visit for controlled blood pressure must include a code for controlled systolic, a code for controlled diastolic, and a diagnosis of hypertension on the same day
- Ages 18 to 85 at the time of the visit

Measure 10 – Controlling High Blood Pressure (cont.)

A code for controlled systolic, a code for controlled diastolic, and a diagnosis of hypertension must be found on the claim for measure compliance:

Controlled Systolic

- CPT 3074F (systolic blood pressure less than 130)
- CPT 3075F (systolic blood pressure less than 130-39)

Controlled Diastolic

- CPT 3078F (diastolic blood pressure less than 80)
- CPT 3079F (diastolic blood pressure less than 80-89)

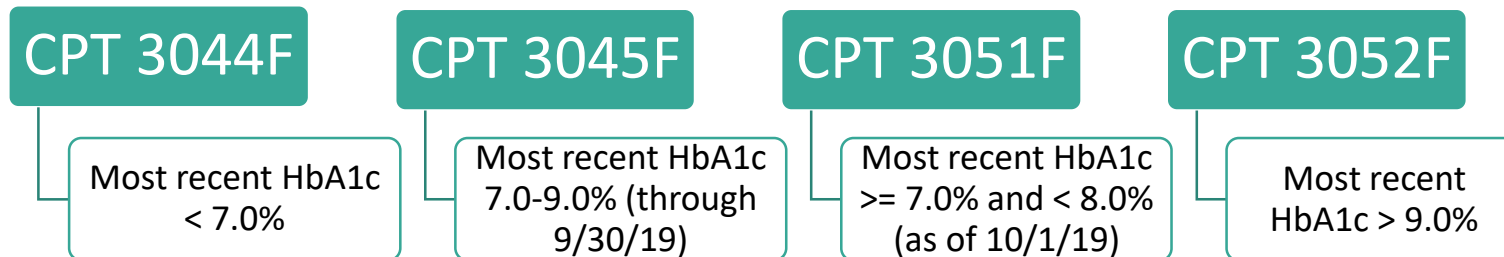
Hypertension Diagnosis

- ICD-10: I10 (essential hypertension)

Measure 11 – Diabetes Care “A1c Testing”

Incentive payment to each rendering provider for each event of diabetes (Hemoglobin A1c (HbA1c)) testing (laboratory or point of care testing) that shows the results of the test for members 18 to 75 years of age

- Dates for HbA1c results must be at least 60 days apart.
- No more than four payments per provider per member per year.



Measure 12 – Persistent Asthma Control

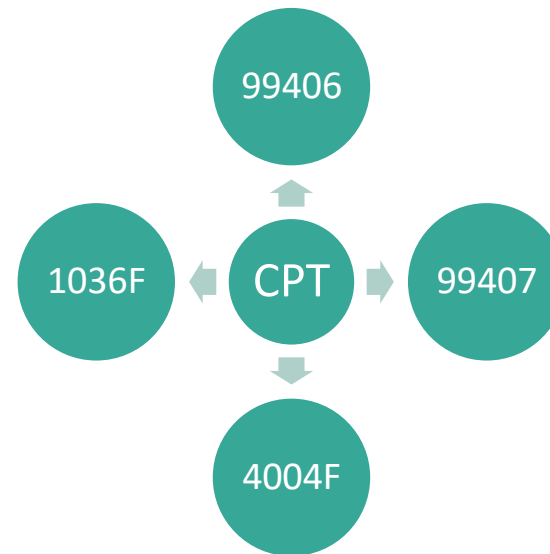
Incentive payment to each prescribing provider for each member between the ages of 5 and 64 years (at the time of the visit) with a diagnosis of asthma who has prescribed controller medications

- Member must have a diagnosis of asthma in the measurement year or the year prior to the measurement year
- Each provider is paid once per year per patient

Measure 13 – Tobacco Use Screening

Incentive payment to rendering provider for tobacco use screening or counseling provided to members 12 years and older

- Must be an outpatient visit
- No more than one payment per provider per patient per year
- Equivalent payment for all codes



Measure 14 – Adult Influenza “Flu” Vaccine

Incentive payment to rendering provider for ensuring influenza vaccine administered to members 19 years and older

- Payment to rendering or prescribing provider for flu shot given for patients 19 and older at the time of the flu shot
- No more than one payment per patient for the first flu shot of the year (October through January)
- If more than one provider gives the shot, only the first provider will receive a payment

Behavioral Health Integration Domain

Measure 15 – Clinical Depression Screening

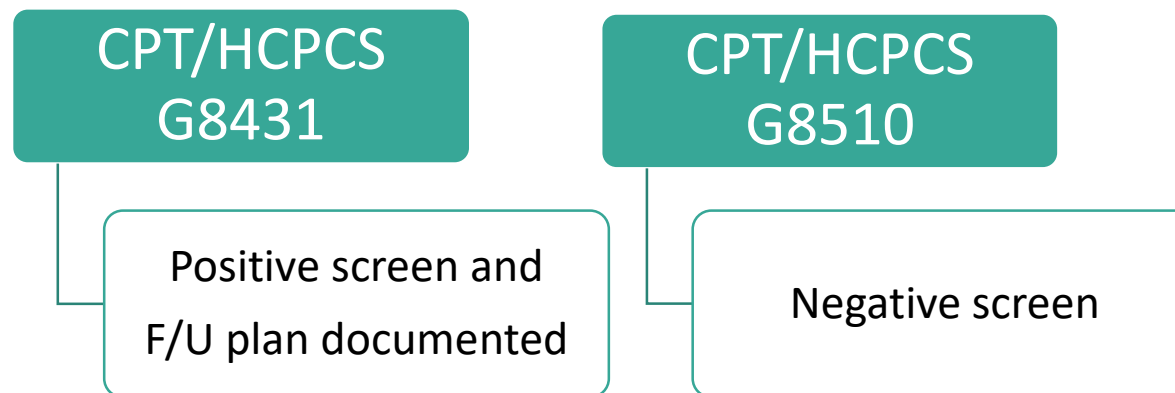
Measure 16 – Depression Medication Management

Measure 17 – Unhealthy Alcohol Use Screening

Measure 15 – Clinical Depression Screening

Incentive payment to rendering provider for conducting screening for clinical depression (using a standardized screening tool) for beneficiaries 12 years and older

- Must be an outpatient visit
- No more than one payment per provider per patient per year
- Equivalent payment for all codes



Measure 16 – Depression Medication Management

Incentive payment to each prescribing provider for members 18 years and older with a diagnosis of major depression and newly treated with an anti-depressant medication who has remained on the anti-depressant medication for the Effective Acute Phase Treatment

- Diagnosis of major depression 60 days before the IPSD through 60 days after
- Payment to each prescribing provider that prescribed antidepressant medications during Effective Acute Phase Treatment period
- No more than one Effective Acute Phase Treatment per year

Measure 16 – Depression Medication Management

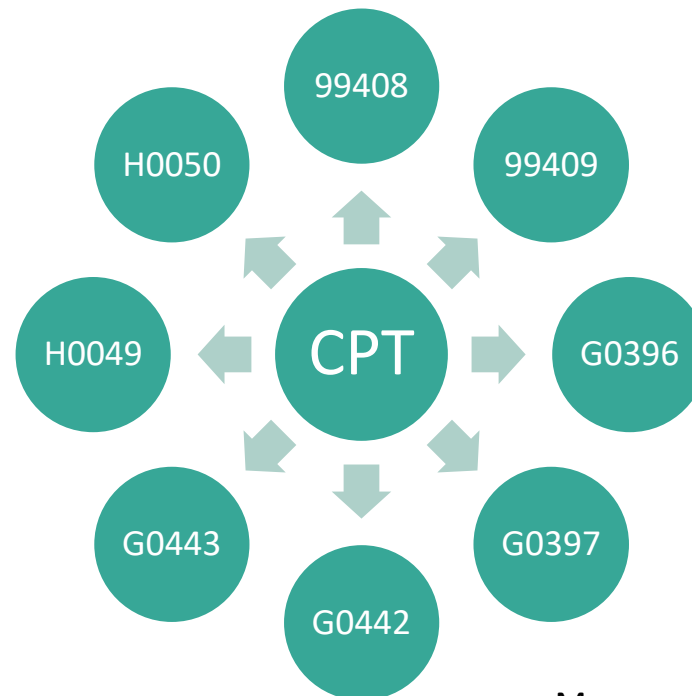
Definitions

Intake period	The 12-month window starting on November 1 of the year prior to the measurement year and ending on October 31 of the measurement year.
Index Prescription Start Date (IPSD)	The earliest prescription dispensing date for an antidepressant medication where the date is in the Intake Period and there is a Negative Medication History.
Negative medication history	A period of 105 days prior to the IPSD when the beneficiary had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.
Treatment days	At least 84 days of treatment beginning on the IPSD through 114 days after the IPSD (115 total days)
Major depression diagnosis codes	ICD10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9

Measure 17 – Unhealthy Alcohol Use Screening

Incentive payment to rendering provider for screening for unhealthy alcohol use using a standardized screening tool for beneficiaries 18 years and older

- No more than one payment per provider per patient per year
- Equivalent payment for all codes





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For more information: <https://www.cencalhealth.org/providers/proposition-56/>