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New Program Redesign
PCP Quality Care Incentive Program (QCIP)

February 2022

Agenda

- Breaking News - What's New?
  Cathy Slaughter, Provider Relations Manager
- Incentive Program Goals & Measures
  Rachel Ponce, Supervisor Population Health
- Structure, Funding & Calculations
  Carlos Hernandez, Quality Officer
- Incentive Report Tool Portal Demo
  Cathy Slaughter, Provider Relations Manager
- Q&A

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Breaking News!

The new program, known as the Quality Care Incentive Program (QCIP) effective March 2022

- Will *replace* the PCP Incentive Program as well as all other existing incentive programs that are managed independently (including Diabetes SMART, Breathe SMART, Hospital Readmission, and Initial Health Assessment)
- Allows for a single program that aligns measures with evidence-based standards of care
- Will report gaps in care that are *actionable* for your practice

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Email: ProviderServices@cencalhealth.org or Call (805) 562-1676

QCIP Program Goals & Measures

Rachel Ponce, Supervisor Population Health

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PCP Incentive Program Goals

- Identify members due for clinically recommended aspects of care
- Assist PCPs in providing comprehensive high quality health care for members
- Information reported monthly through the Portal and payments sent quarterly
- Rolling 12 month measurement

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Identified measures for inclusion based on:

- Areas of needed quality improvement for the Plan
- Accurate quality of care measurement from claims, labs, and registry data
- Equitable distribution of adult and pediatric measures
- Coverage of disease management and preventive care measures
- Alignment with state-wide recommended focus areas

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Key Features:

- Calculated using real time data
- Quality and timeliness of claims reflected in quality score and payment
- Requires no manual data input from providers
- Quality Score is based on performance for all measures combined
- Quintile performance is calculated as a comparison to peers

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Measures encompass six categories:

- Women's Health
- Pediatric Care
- Behavioral Health
- Respiratory Care
- Cardiac Care
- Diabetes Care

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Categories of Care

Program Measures

- Priority Measures – quality measures that will be incentivized
- Informational Measures – quality measures that will be reported but not incentivized

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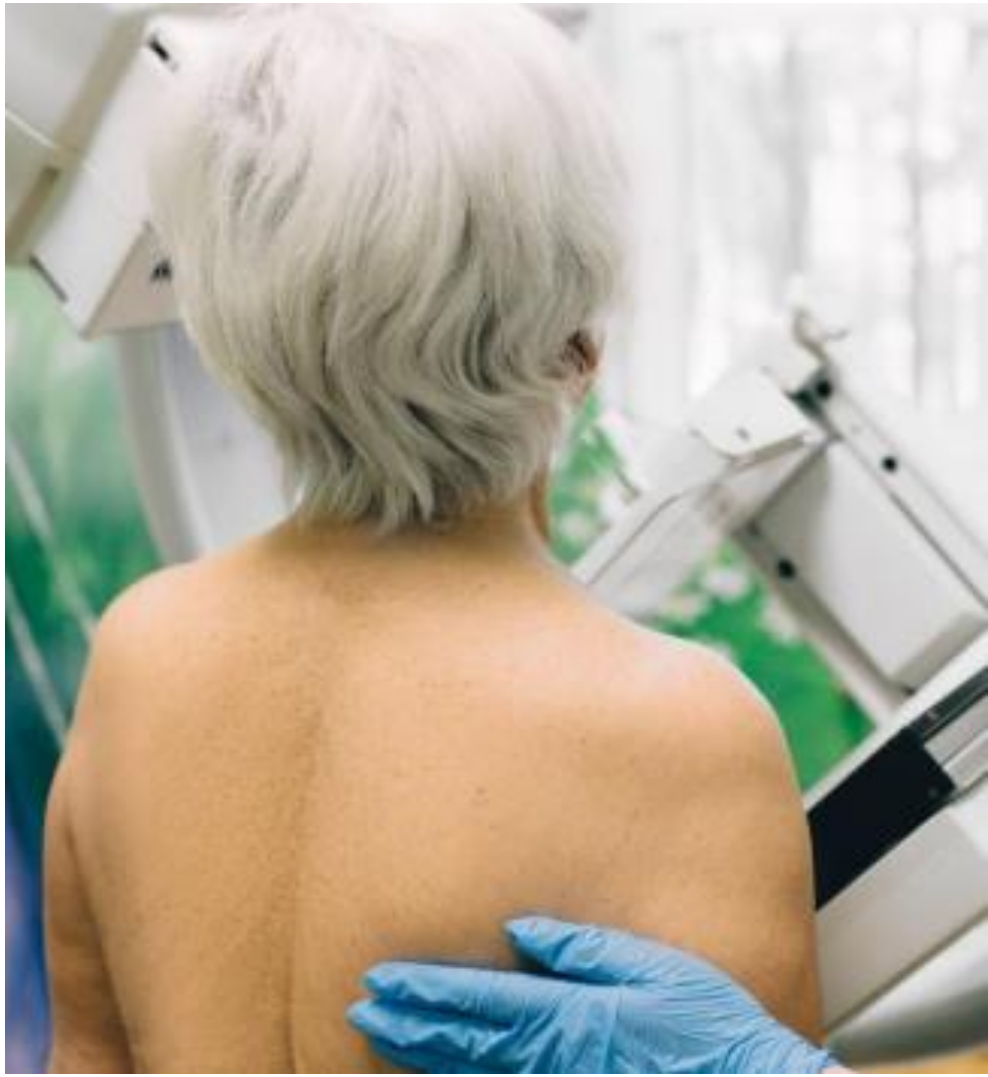
Women's Health Priority Measures:

- **Breast Cancer Screening:** the number of female members age 52-74 who've received a screening mammogram in the last 24 months

- **Cervical Cancer Screening:** the number of female members age 24-64 who've received appropriate cervical cancer screening in the last 36 or 60 months

- **Chlamydia Screening in Women:** the number of women ages 16-24 who are sexually active and have been screened for chlamydia in the last 12 months



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Pediatric Care Priority Measures:

- **<u>Immunizations for Adolescents</u>:** the number of adolescents who've received at least 1 Tdap, 1 Meningococcal, and at least 2 HPV vaccines before their 13th birthday.

- **<u>Well Child Visits in the First Thirty Months of Life:</u>** the number of children who've had the following:
  - Six or more well-child visits before their 15th month of age.
  - Two or more well-child visits before their 30th month of age.

- **<u>Child and Adolescent Well-Care Visits</u>:** the number of children ages 3-21 who had at least one well-care visit during the last 12 months.

- **<u>Lead Screening in Children:</u>** the number of children who had at least one blood lead screening test before their 2nd birthday

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Behavioral Health Priority Measures:

- **Antidepressant Medication Management - Acute Treatment:** the percentage of members age 18 and older who were diagnosed with major depression and remained on an antidepressant for at least 12 weeks

- **Antidepressant Medication Management – Continuing Treatment:** the percentage of members age 18 and older who were diagnosed with major depression and remained on an antidepressant for at least 6 months

Informational Measure:

- **Avoidance of Opioids at a High Dosage:** the percentage of members who were prescribed two or more opioids on different dates that had less than 15 days of total opioid prescription coverage.

Respiratory Care Priority Measure:

- **Asthma Medication Ratio:** the number of asthmatic members who have a ratio of filled controller asthma medications to total asthma medication fills of 50% or more in the last 12 months

Informational Measures:

- Pharmacotherapy Management of COPD Exacerbation Bronchodilator: the percentage of members with COPD 40 and older who had an ED visit and were dispensed a bronchodilator.

- Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid: the percentage of members with COPD 40 and older who had an ED visit and were dispensed a systemic corticosteroid.

Cardiac Care Informational Measures:

- **Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy:** the percentage of male members ages 21-75 and female members 40-75 with cardiovascular disease who were dispensed at least one high or moderate intensity statin medication.

- **Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%:** the percentage of male members ages 21-75 and female members 40-75 with cardiovascular disease who remained on a high or moderate intensity statin medication for at least 80% of the treatment period.

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Diabetes Care Priority Measures:

- **HbA1c Testing:** the number of diabetic members who've received an HbA1c test in the last twelve months.

- **Retinal Eye Exams:** the number of diabetic members who've a retinal or dilated eye exam by an optometrist or ophthalmologist in the last 12 months or a negative retinal or dilated eye exam in the last 24 months.

Informational Measures:

- **Statin Therapy for Patients with Diabetes - Received Statin Therapy:** the percentage of members ages 40-75 with diabetes who were dispensed at least one statin medication during the year.
- **Statin Therapy for Patients with Diabetes - Statin Adherence 80%:** the percentage of members ages 40-75 with diabetes who remained on a statin medication for at least 80% of the treatment period.

Structure, Funding & Calculations

Carlos Hernandez, Quality Officer

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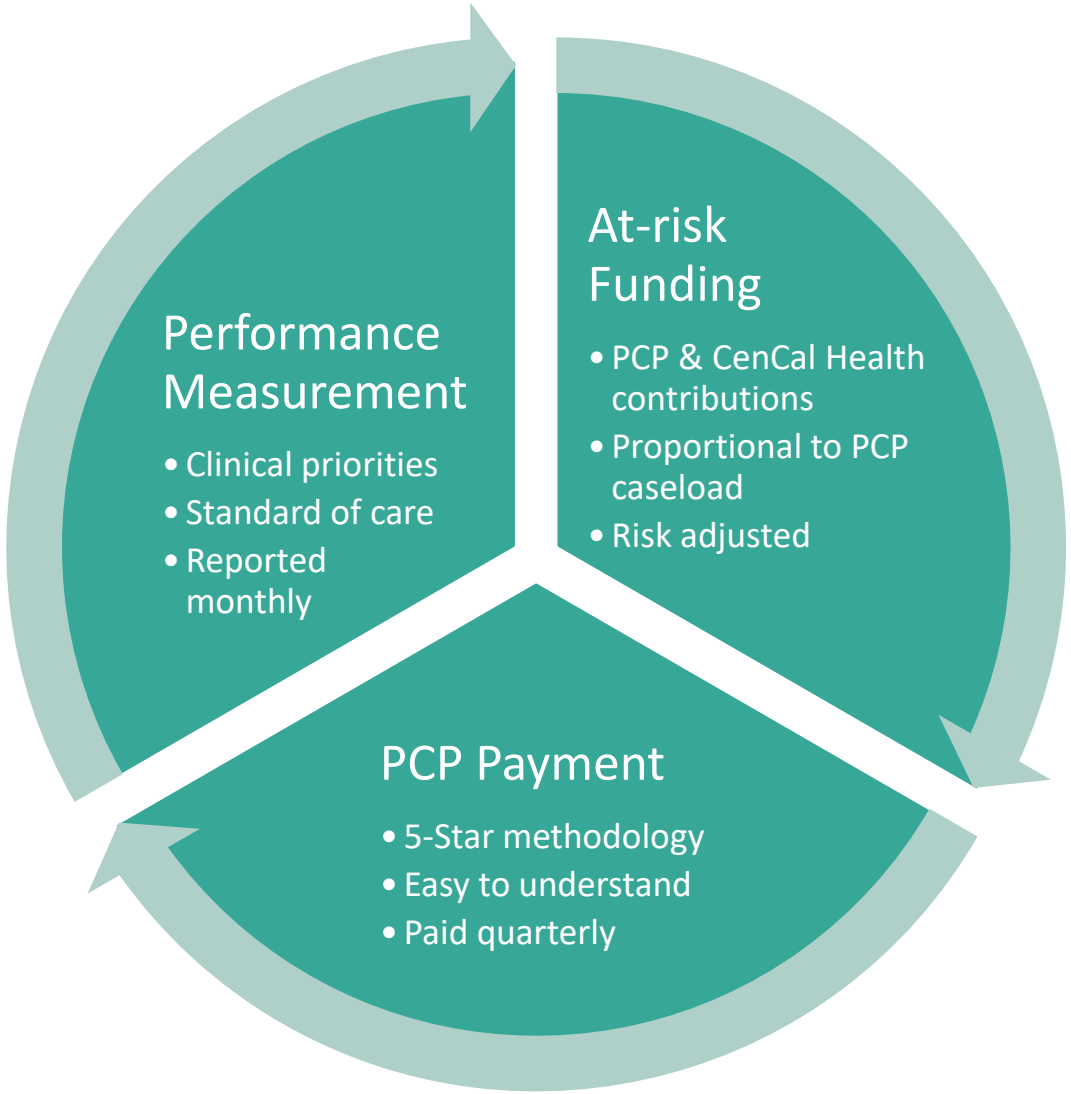
Program Structure

- **Responsive to external feedback & lessons learned**
- **Performance is reported monthly & payments made quarterly**
- **No measures used for payment encourage withholding of services**



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Funding

- Funding is “at-risk” & earned based on performance
- Provider-specific & scaled to member caseload
- PCPs choose a capitation withhold of 20% or 40%
- PCPs may choose their withhold once annually in advance of the QCIP reporting year
- CenCal Health contributes a percentage of capitation & adjusts it monthly to target an overall network-wide payout
- CenCal Health’s contribution is subject to annual budget approval

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Performance Calculation

- All capitated PCPs participate, subject to sufficient number of members to responsibly measure performance (n ≥ 30)
- Performance is calculated using NCQA-certified software
- Easy-to-understand calculation for each PCP's assigned members & their care needs
- Performance is based on how often the standard of care is met
- NCQA Medicaid benchmarks are reported for reference

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Payment Calculation

- Straightforward, familiar 5-Star methodology
- PCPs are stratified by their aggregate performance score for all 12 measures used for payment
- PCPs are grouped according to their performance into 5 groups of equal size

- Each group corresponds to a number of stars earned
- **Payment is based on stars**
  - ★★★★★ 5 stars = 100% of total at-risk funding
  - ★★★★ 4 stars = 80%
  - ★★★ 3 stars = 60%
  - ★★ 2 stars = 40%
  - ★ 1 star = 20%

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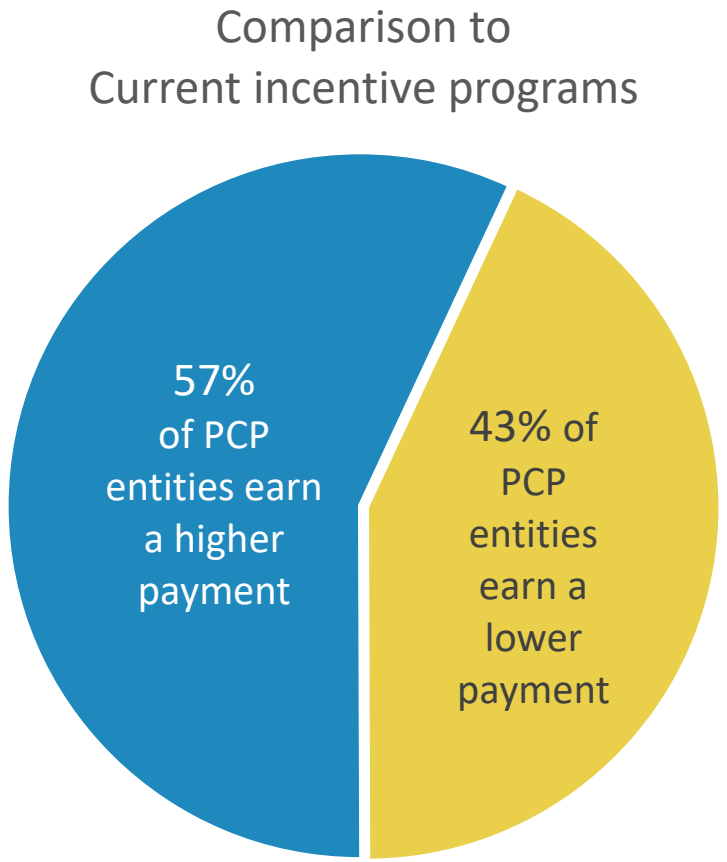
Projected Payments

- **Approximately $12 million – equivalent to prior year PMPM**
- **All PCP contracted entities**
  - **Median increase 81%**
  - **Median decrease 19%**
- **Large PCP entities**
  - **Maximum increase 143%**
  - **Maximum decrease 44%**
- **For Year-1 the payment methodology was moderated to lessen the incentive for all PCPs**



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QCIP Provider Portal Resources

Cathy Slaughter, Provider Relations Manager

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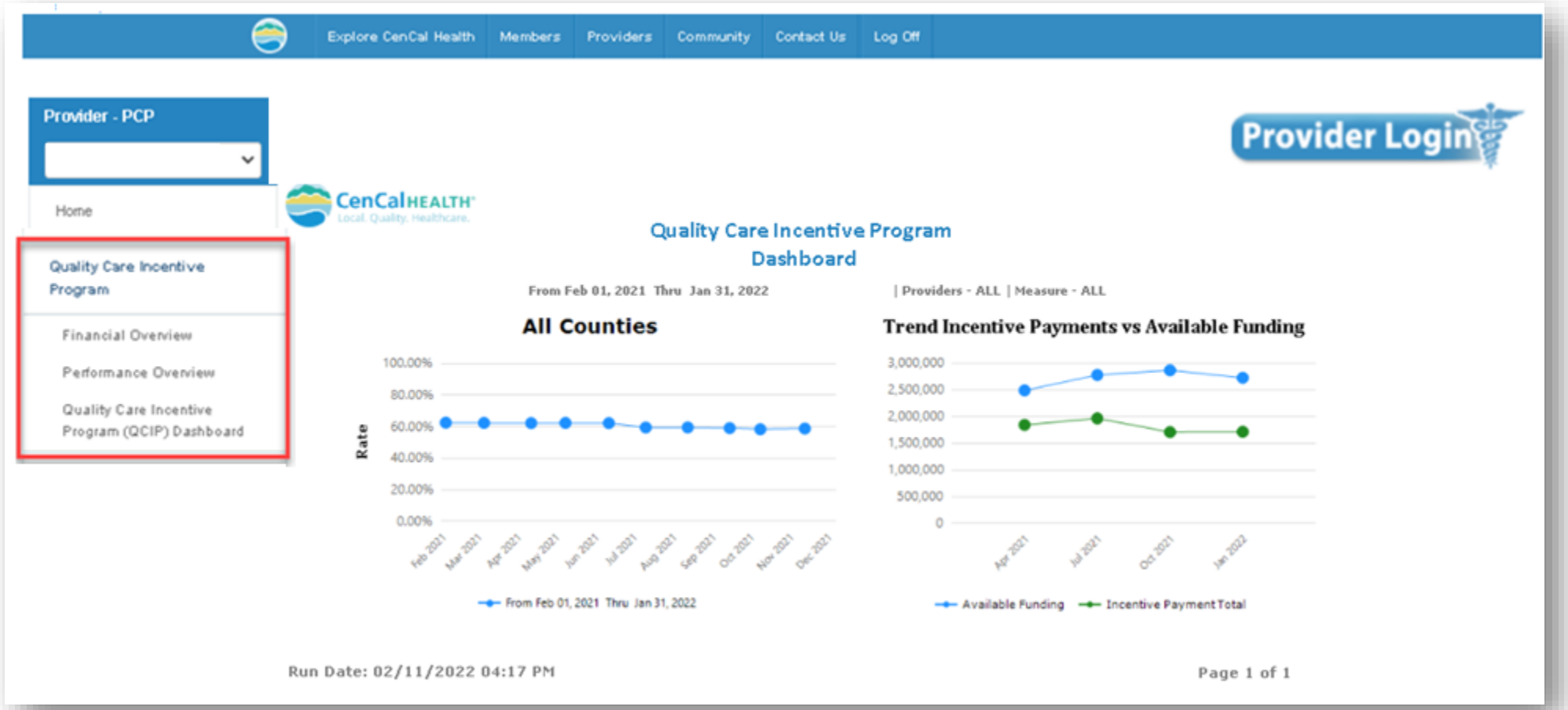
Quality Care Incentive Program Dashboard



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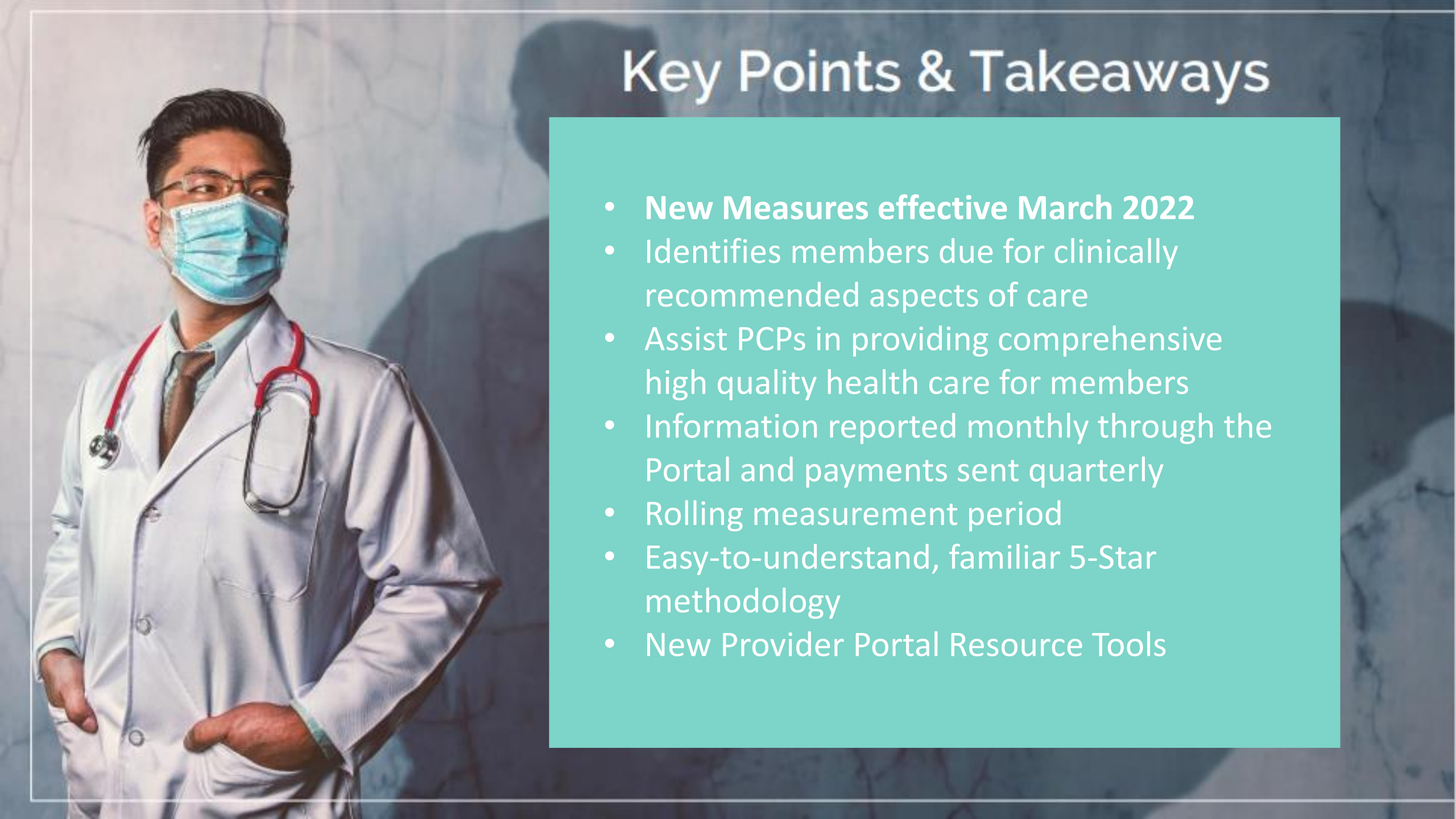
Provider Portal Tool Highlights

- **Portal Module Live March 1st**
- PCPs do not enter details into the module (Reference Reports Only)
- All CenCal Health Medi-Cal members are included in the Quality Care Incentive Program except those with Medicare as their primary insurance
- Information reported monthly through the Portal and payments sent quarterly
- Reports will no longer be emailed to PCP Groups (they can be exported to CSV file from the portal)
- Payments are reflected within EFT Statements also available within the portal



Key Points & Takeaways

- **New Measures effective March 2022**
- Identifies members due for clinically recommended aspects of care
- Assist PCPs in providing comprehensive high quality health care for members
- Information reported monthly through the Portal and payments sent quarterly
- Rolling measurement period
- Easy-to-understand, familiar 5-Star methodology
- New Provider Portal Resource Tools

CenCal Health Provider Relations Team

The goal of the Provider Relations Team is to build relationships with all contracted providers, and provide support to the network.

- Assists with the new Quality Care Incentive Program
- Technical assistance related to Provider Portal access, education, error screen issues
- Provider practice changes
- Capitation withholding inquiries

Contact: psrgroup@cencalhealth.org

Cathy Slaughter, Provider Relations Manager

- Dona Lopez, Lead Provider Services Representative
- Jamie Hughes, Sr. Provider Services Representative
- Anna Garcia, Provider Services Representative
- Anna McNeil, Provider Services Representative
- Jacqueline Gaulding, MPH, Provider Services Representative
- Viri Carrasco, Provider Services Representative

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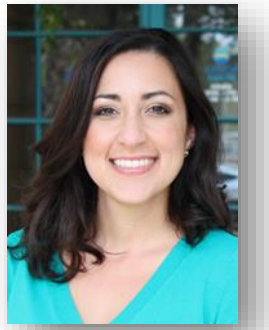
CenCal Health Population Health Team

The goal of the Population Health Team is to engage and support providers in quality improvement and health equity work

- Support from staff trained in QI methods
- Technical assistance to optimize data and utilization via the Provider Portal
- Provide enhanced connection to CenCal Health resources

Contact: populationhealth@cencalhealth.org



Rachel Ponce, Supervisor Population Health

Karina Orozco, Population Health Specialist

Santiago Segovia, Population Health Specialist

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Website Resources

www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/

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