

Quality Care Incentive Program Protocols

Background

The Quality Care Incentive Program serves to identify members who are due for clinically recommended aspects of care to further assist PCPs in providing comprehensive high quality health care for members.

Definitions

- QCIP – Quality Care Incentive Program
- PCP – Primary Care Physician
- NCQA – National Committee for Quality Assurance
- HEDIS[®] – Healthcare Effectiveness Data and Information Set
- *Quality of Care Categories* – Clinical categories of care to group quality measures
- *Priority Measures* – Identified priority aspects of care included in incentive payment calculations
- *Informational Measures* – Identified aspects of care not included in incentive payment calculations
- *Quintile* – Any of 5 equal groups into which all of CenCal Health's PCPs can be divided, according to the distribution of quality results for a particular measure or group of measures

Performance & Payment Methodology

Performance measurement methodology is equally applied for all capitated PCPs, including but not limited to Federally Qualified Health Centers and Rural Health Centers. Incentive payments are not paid as an additional rate per service or visit. PCP performance is measured against pre-defined, industry-standard, clinical measures. Measurement results are calculated using NCQA-certified HEDIS[®] reporting software.

Measures:

Quality of care categories and measures are systematically identified for inclusion in the program based on the following criteria:

- Areas of needed quality improvement for CenCal Health
- The feasibility of accurate quality of care measurement utilizing claim, lab, and registry data
- A balanced distribution of adult and pediatric measures
- A balanced distribution of disease management and preventive care measures
- Alignment with state-wide recommended quality focus areas

The quality of care categories and measures are evaluated on an annual basis to ensure that the above criteria are met. As priorities regarding these criteria change, CenCal Health may update these categories and measures. Categories and measures will be changed no less than annually.

Payment:

Payment performance is calculated, expressed, and reported for each priority measure and all combined priority measures.

- Individual PCP measure performance is calculated as a percentage, based on the numerator divided by the denominator, for each qualifying measure.
- A PCP's overall performance is based on the sum of all measure numerators divided by the sum of all denominators for all measures for the PCP.
- Performance is expressed using a 5-star performance scale (quintile).

[®] HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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- Star ratings (quintiles) are assigned for each measure, and for all measures in aggregate, by:
 - Ranking PCPs in descending order by their aggregate performance percentage
 - Stratifying the population by quintile, each containing an equal number of PCPs
 - Assigning stars to each quintile -- 5 stars to the highest performing quintile, 4 stars to the next lower quintile, etc.
- If multiple PCPs have the same aggregate clinical score and PCPs are separated into different quintiles, PCPs with equal scores will be included in the higher quintile.
- PCPs earn incentives according to the number of stars earned:
 - Quintile 5 = 5 stars = 100% of total pool
 - Quintile 4 = 4 stars = 80% of total pool
 - Quintile 3 = 3 stars = 60% of total pool
 - Quintile 2 = 2 stars = 40% of total pool
 - Quintile 1 = 1 star = 20% of total pool
- PCP incentive payments will be completed quarterly reflecting the prior twelve (12) months of performance, with each payment calculation period rolling forward by a quarter.
 - PCPs who have less than 30 members in all priority measures combined do not qualify for program payment at the time of quarterly payment calculations. They will receive 25% of their capitation withhold at that time of payment.

Quality Measures

Identified quality measures encompass aspects of care that PCPs can influence either through direct care or through referral to specialists or other ancillary practitioners. Identified priority measures are consistent with accepted clinical guidelines and clinically relevant to CenCal Health's membership. Quality of care measures are comprised of six (6) clinical categories of care:

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

The quality measures included in each category may be found in the *Quality Care Incentive Program Measures*. All measure specifications reflect the prevailing *NCQA HEDIS® Volume 2 Technical Specifications* and are updated as measure specifications change. Generally, measures remain within the Quality Care Incentive Program for at least two (2) years to reinforce improvement priorities and expectations, support program stability for PCPs, and increase the potential to achieve overall network performance that meets or exceeds external benchmarks of clinical excellence.

Quality Care Incentive Program Performance Reporting

Quality Care Incentive Program performance reporting occurs on a monthly basis for all PCPs. Reporting information is available to PCPs via the Provider Portal on CenCal Health's website, www.cencalhealth.org, in the Quality Care Incentive Program module. Quality Care Incentive Program Performance reporting is broken up into three (3) sections: the Quality Care Incentive Program Dashboard, the Quality Care Incentive Program Performance Overview, and the Quality Care Incentive Program Financial Overview. For detailed instructions regarding navigation of the Provider Portal screens, please go to cencalhealth.org/providers/provider-training-resources

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Quality Care Incentive Program Dashboard

The Quality Care Incentive Program Dashboard is a snapshot trended view of both a PCP's overall program performance and their overall financial performance. This page can be filtered by time-frame.

Quality Care Incentive Program Performance Overview

The Quality Care Incentive Program Performance Overview displays quality scoring for each PCP's membership. It includes:

- The PCP's trended performance which can be filtered by:
 - PCP location as applicable
 - CenCal Health identified quality measures for improvement
 - Priority quality measures (those that are incentivized have an asterisk next to them)
 - County of service
 - Time-frame
- The PCP's quality performance score by month is reflected on the trend line and performance rates can be displayed by hovering over the trend line marker.
 - Each trend line marker can be clicked on to display that month's performance detail on the Quality Care Incentive Program Provider Summary Detail screen. It includes:
 - Number of members in each measure category
 - Number of compliant members in each measure category
 - By clicking on the number in this field you can drill into member detail
 - Number of non-compliant members in each measure category
 - By clicking on the number in this field you can drill into member detail
 - Measure category rate
 - Number of members in each measure
 - Number of compliant members in each measure
 - By clicking on the number in this field you can drill into member detail
 - Number of non-compliant members in each measure
 - By clicking on the number in this field you can drill into member detail
 - Measure rate
 - Number of overall members in the program
 - Number of overall compliant members in the program
 - By clicking on the number in this field you can drill into member detail
 - Number of overall non-compliant members in the program
 - By clicking on the number in this field you can drill into member detail
 - Overall program rate
 - All member detail information includes the following fields: member ID number, member name, member date of birth, member age, member gender, member phone number, measure category, and measure name
 - You can click on the member's ID number to view the Member 360 screen.

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Quality Care Incentive Program Financial Overview

The Quality Care Incentive Program Financial Overview displays each PCP's trended incentive payments as well as the trended incentive funding available to them. It includes:

- The PCP's trended financial payments performance which can be filtered by:
 - PCP Location as applicable
 - Time-frame
- The PCP's financial payment performance by quarter is reflected on the trend line, and payment amounts can be displayed by hovering over the trend line marker.
 - Each trend line marker can be clicked on to display that quarter's payment detail on the Quality Care Incentive Program Payment Scoring Detail screen.
 - Quality Care Incentive Program Payment Scoring Detail includes:
 - Incentive Date
 - Vendor ID
 - Provider NPI
 - By clicking on the number in this field you can drill into the payment detail which includes:
 - Incentive date
 - Vendor ID
 - Provider NPI
 - Total Incentive Payment
 - Member ID
 - Member Name
 - Member Date of Birth
 - Measure Name
 - If the member triggered an incentive payment
 - Provider Name
 - Performance Percentage Rate
 - Quintile in which the provider fell (i.e. Stars Earned)
 - Capitation Withhold Amount
 - CenCal Contribution Amount
 - Total Financial Pool Available Amount
 - Percentage of Financial Pool Available Earned
 - Total Incentive Payment Amount

Program Support

CenCal Health's Population Health and Provider Services Departments are available to provide PCPs with orientation regarding CenCal Health's quality measures, strategies to maximize PCP data reporting, and sharing of best practices to help PCPs maximize service utilization consistent with prevailing evidence-based treatment and preventive health guidelines. PCPs can contact CenCal Health using the contact information listed below.

- Population Health Email: populationhealth@cencalhealth.org
- Provider Services Email: providerservices@cencalhealth.org