PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

# Primary Care Provider Quality Improvement Program (PCP QIP)

## Measurement Year 2021 Kick-Off

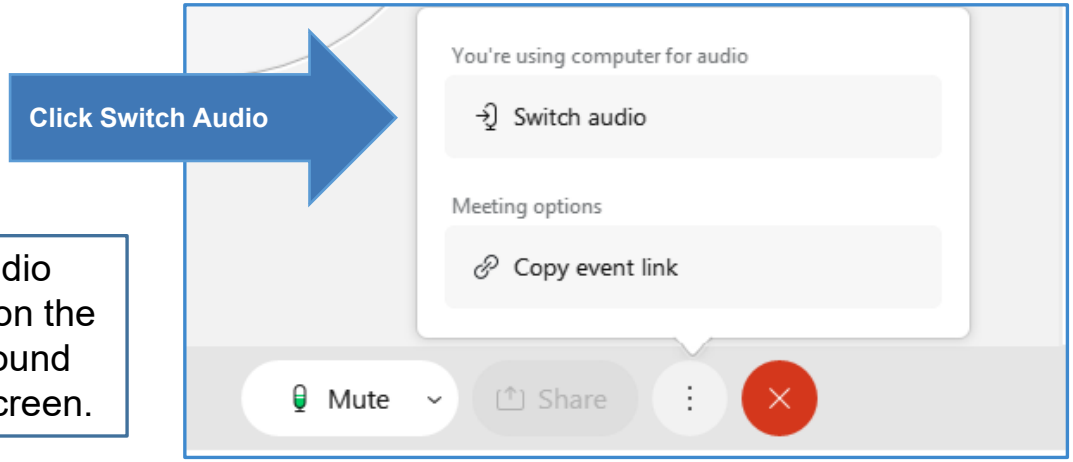
QIP Project Managers
Anthony Sackett & Tara Fogliasso

January 27, 2021

# Webinar Instructions

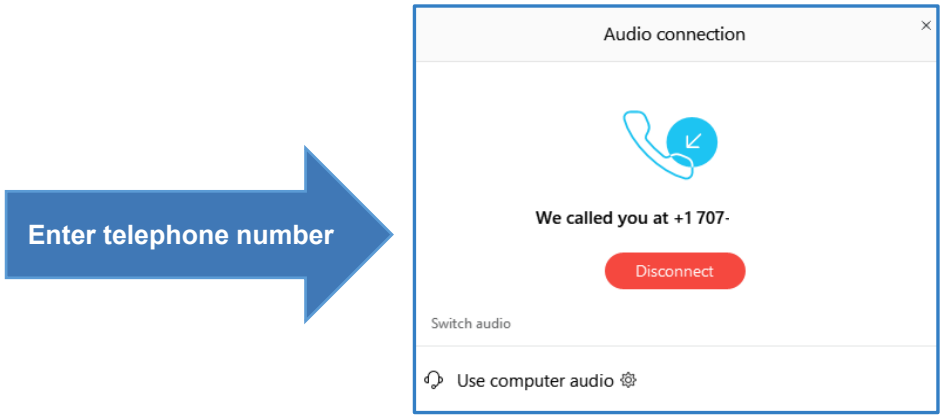
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening.

**Figure 1**




You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

**Figure 2**



# Agenda

- About PHC
- QIP Highlights
- COVID-19: Telehealth
- Measurement Year 2021 Changes
  - Core Set
  - Unit-of-Service Set
  - Monitoring Measures
- eReports
- Resources
- Upcoming Events
- Q & A

# About Us


**Mission:**

*To help our members, and the communities we serve, be healthy.*

**Vision:**

*To be the most highly regarded managed care plan in California.*

# How We Are Organized

## PHC is a County Organized Health Systems (COHS) Plan

**Non-Profit Public Plan**

Low administrative Rate (less than 4 percent) allows for PHC to have a higher provider reimbursement rate and support community initiatives

**Local Control and Autonomy**

A local governance that is sensitive and responsive to the area's healthcare needs

**Community Involvement**

Advisory boards that participate in collective decision making regarding the direction of the plan.

# What is QIP?

- Prevention and Screening
- Chronic Disease Management
- Appropriate Use of Resources
- Primary Care Access and Operations
- Patient Experience

# QIP Key-Highlights

- The QIP provides financial incentives, data reporting, and technical assistance
- Core Measurement Set and Unit-of-Service Measures, aka: Bonus $ Measures
- All primary care providers with Medi-Cal assigned members are automatically enrolled

# Guiding Principles

1. Pay for outcomes, exceptional performance and improvement
2. Sizeable incentives
3. Actionable Measures
4. Feasible data collection
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measurement set
8. Align measures that are meaningful
9. Stable measures

# Special Section: COVID-19 Telehealth

# Telehealth: Why Use Virtual Visits?

- To reduce the risk of transmission of COVID-19: minimizing close personal contact and potential exposure to virus in the air or on surfaces in the health care setting.
- For patients fearful of face to face visits, to allow *some* medical care/evaluation to occur
- To decrease use of personal protective equipment, especially face masks.

# Telehealth: When May Virtual Visits be Used?

- For care that would take the place of acute office visits: 99212-99214, 99202-99204
- For Comprehensive Perinatal Services Program services, including lactation consultation
- Visits by Registered Dietician
- Mental Health visits
- Physical Therapy, Occupational Therapy, Speech Therapy assessment and educational visits: G2061, G2062, G2063
- See PHC Telehealth policy for inpatient services

# Telehealth: Well Child Visits

- NCQA requires physical exam to be a part of well-child visit but allows well-child visit to be divided into components
- AAP, DHCS and CDPH all focusing in importance of in- person exam for children under age 2.
- If a portion of a well-child visit is done virtually, use 992xx with modifier 95.
- For a portion of a well-child visit that includes the physical exam (or for complete well-child visits) use preventive visit codes: 99381-5 (new) or 99391-5 (established).
- PHC policy: each primary care provider can weigh the local risks associated with in-person well child visits, compared to the risk of missing findings due to the lack an in-person visit, and decide if the annual wellness visit may be done entirely remotely.

# Telehealth: New PHC Members Initial Health

- While an in-person physical exam is typically required, DHCS has given flexibility on this requirement during COVID
- Be sure to include the age appropriate Staying Healthy Assessment, as well as other appropriate routine screening (for depression, for example)
- If done virtually, use 99213-5 or 99203-5 with the 95 modifier.

# 2021 Timeline

## Measurement Year 2021 (MY21)

January 1 – December 31, 2021

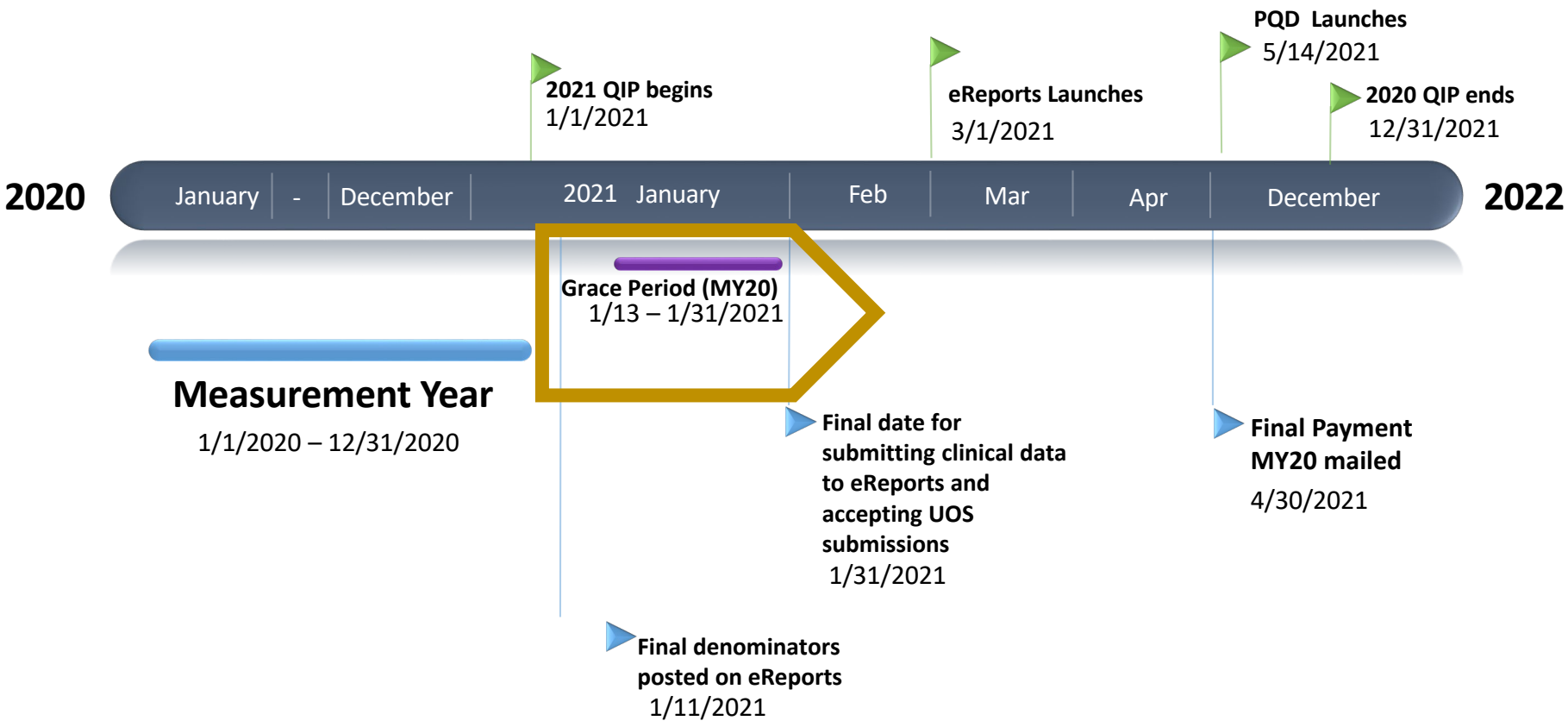
## 2021

- March 1st — eReports Launch
- May 14th — PQD Launch
- July 31 — Patient Experience Part 1 Due

## 2021- MY20 closeout

- January 31 — Final Submission Deadline
- April 30 — MY20 Payment Distribution

# Where are we in the timeline?



# PCP QIP
# MEASUREMENT YEAR 2021

# QIP Structure

- Core Measurement Set (4 Domains)
  - Clinical
  - Appropriate Use of Resources
  - Access & Operations
  - Patient Experience
- Unit of Service, a.k.a. BONUS Measures

# PCP QIP 2021 Measurement Set

**KEY:**
**New Measure || Change to Measure Design ||**

| CLINICAL DOMAIN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| FAMILY | INTERNAL | PEDS | MEASURE | AGE RANGE | TARGETS | | FULL / PARTIAL POINTS | | |
| | | | | | FULL | PARTIAL | FAMILY | INTERNAL | PEDS |
| ✓ | ✓ | ✓ | 1. Asthma Medication Ratio | 5 - 64 YRS | 68.52% | 63.58% | 7 / 5 | 12.5 / 9 | 12 / 9 |
| ✓ | ✓ | | 2. Breast Cancer Screening | 50 - 74 YRS | 63.98% | 58.67% | 7 / 5 | 12.5 / 9 | -- |
| ✓ | ✓ | | 3. Cervical Cancer Screening | 21 - 64 YRS | 66.49% | 60.65% | 7 / 5 | 12.5 / 9 | -- |
| ✓ | | ✓ | **4. Child and Adolescent Well Care Visit** | 3 - 17 YRS | TBD | | 10 / -- | -- | 15 / -- |
| ✓ | | ✓ | 5. Childhood Immunization Status - Combination 10 | 2 YRS | 42.02% | 34.79% | 7 / 5 | -- | 12 / 9 |
| ✓ | ✓ | | 6. Colorectal Cancer Screening | 51 - 75 YRS | 41.84% | 32.24% | 6 / 5 | 12.5 / 9 | -- |
| ✓ | ✓ | | 7. Comprehensive Diabetic Care - HbA1c Control | 18 - 75 YRS | 55.96% | 50.97% | 7 / 5 | 12.5 / 9 | -- |
| ✓ | ✓ | | **8. Controlling High Blood Pressure** | 18 - 85 YRS | 66.91% | 61.04% | 7 / 5 | 12.5 / 9 | -- |
| | | ✓ | **9. Counseling for Nutrition for Children/Adolescents** | 3 - 17 YRS | 64.96% | | -- | -- | 12 / -- |
| | | ✓ | **10. Counseling for Physical Activity for Children /Adolescents** | 3 - 17 YRS | 70.92% | | -- | -- | 12 / -- |
| ✓ | | ✓ | 11. Immunization for Adolescents - Combination 2 | 13 YRS | 40.39% | 34.43% | 7 / 5 | -- | 12 / 9 |
| ✓ | | ✓ | **12. Well Child Visits in the First 15 Months of Life** | 15 MONTHS | 69.83% | 65.83% | 10 / 8 | -- | 15 / 11 |

# PCP QIP 2021
# Non-Clinical

| FAMILY | INTERNAL | PEDS | MEASURE | TARGETS | | FULL / PARTIAL POINTS | | |
|---|---|---|---|---|---|---|---|---|
| | | | | FULL | PARTIAL | FAMILY | INTERNAL | PEDS |
| **NON-CLINICAL: ACCESS AND OPERATIONS** | | | | | | | | |
| ✓ | ✓ | ✓ | Ambulatory Care Sensitive Admissions | TBD | | 5 / 4 | 5 / 4 | 5 / 4 |
| ✓ | ✓ | ✓ | Risk Adjusted Readmission Rate | TBD | | 5 / 4 | 5 / 4 | 5 / 4 |
| **NON-CLINICAL: APPROPRIATE USE OF RESOURCES** | | | | | | | | |
| ✓ | ✓ | ✓ | Avoidable ED Visits | TBD | | 5 / 4 | 5 / 4 | 5 / 4 |
| **NON-CLINICAL: PATIENT EXPERIENCE** | | | | | | | | |
| ✓ | ✓ | ✓ | Patient Experience | TBD | | 10 / 8 | 10 / 8 | 10 / 8 |

# PCP QIP 2021
# Unit-of-Service

| FAMILY | INTERNAL | PEDS | MEASURE | |
|---|---|---|---|---|
| **UNIT -OF-SERVICE** | | | | |
| ✓ | ✓ | ✓ | Advance Care Planning Attestations | Minimum 1/1000th (0.01%) of the sites assigned monthly membership 18 years and older for:<br>• $100 per Attestation, maximum payment $10,000.<br>• $100 per Advance Directive/POLST, maximum payment $10,000 |
| ✓ | ✓ | ✓ | Extended Office Hours | Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification). |
| ✓ | ✓ | ✓ | PCMH Certification | $1,000 yearly for achieving or maintaining PCMH accreditation.; |
| ✓ | ✓ | ✓ | Peer-led Self-Management Support Groups (both new and existing) | $1,000 per group (Maximum of 10 groups per parent organization). |
| ✓ | ✓ | ✓ | Alcohol Misuse Screening and Counseling | $5 per screening for screening a minimum of 5% of eligible adult members. |
| ✓ | ✓ | ✓ | Health Information Exchange | One time $3000 incentive for signing on with a local or regional health information exchange; Annual $1500 incentive for showing continued participation with a local or regional health information exchange. The incentive is available once per parent organization. |
| ✓ | ✓ | ✓ | Initial Health Assessment | $2,000 per parent organization for submitting all required parts of improvement plan regardless of visit volume. |

# Monitoring Measures

## Clinical

Diabetes Management: Eye Exams

## Non-Clinical

- PCP Office Visits

# 2021 Programmatic Changes

**Points and Thresholds by Clinical and Non-Clinical Domain:**
Each measure will have a full and partial point option in the following manner:

- **Full Points/Target:** Earns 100% of the points available for that particular measure.
  - Clinical Domain: 75th percentile
  - Non-Clinical Domain: Full points target
- **Partial Points/Target:** Earns 75% of the points available for that particular measure.
  - Clinical Domain: 50th percentile
  - Non-Clinical Domain: Partial point target

**Relative Improvement**

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **and**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

# Payment Methodology

**Points earned**: the number of points a site earns out of the total points distributed across the measurement set

**Member months**: the sum of monthly enrollment counts over the course of the 12 month measurement period

- Example: If a site has 1,000 members each month, for the full measurement year the site has accumulated 12,000 member months

**PMPM** (Per Member Per Month): amount budgeted for incentive payment

# Payment Methodology

- Core Measurement Set
- Individual performance
- Single PMPM Amount
  - 2020: $9.25/PMPM

$$\text{QIP Score \%} * \text{Annual MMs} * \text{PMPM} = \text{Incentive}$$

Example:

- Site earns 55% of its QIP Core Measurement Set points (projected average for 2020)
- 1,000 members each month
  - 12,000 member months
- $9.25 PMPM

$$55\% * 12{,}000 * \$9.25 = \$61{,}050$$

# Continuous Enrollment

- Defined as assigned to the **Parent Organization** for at least **9** out of 12 months

EXAMPLE

| Month | Assigned: Pt. 1 | Assigned: Pt. 2 |
|---|---|---|
| January | Yes | Yes |
| February | Yes | Yes |
| March | No | No |
| April | Yes | No |
| May | No | No |
| June | No | Yes |
| July | Yes | Yes |
| August | Yes | No |
| September | Yes | Yes |
| October | Yes | Yes |
| November | Yes | Yes |
| December | Yes | Yes |
| Total/Denom Status | 9 months, YES | 8 months, NO |

# Relative Improvement (RI)

- Available for existing/second year measures for each practice type
- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure

**AND**

- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

$$\frac{\text{(Current year performance) – (previous year performance)}}{\text{(100 – Previous year performance)}}$$

# NEW MEASURES

## DESCRIPTIONS

- **Child and Adolescent Well Care Visits (3-17 years of age) (Family and Pediatrics)**

  The percentage of members 3–17 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

- **Counseling for Nutrition for Children/Adolescents**

  The percentage of members 3 - 17 years of age who had an outpatient visit with a PCP or an OB/GYN during the measurement year **and** who had evidence of counseling for nutrition or referral for nutrition education during the measurement year.

- **Counseling for Physical Activity for Children/Adolescents**

  The percentage of members 3 - 17 years of age who had an outpatient visit with a PCP or an OB/GYN during the measurement year **and** who had evidence of counseling for nutrition or referral for nutrition education during the measurement year.

# Clinical Domain
# Well Child , First 15 Months of Life

## MEASURE DESIGN CHANGE

### Numerator

- The number of members with at least six well child visits with a PCP during their first 15 months of life. Six dates of service must occur on or before the child's 15-month birthday to be counted as a numerator.

**NEW:** 14 Day Rule

*There must be at least 14 days between each date of service. For example, if the first date of service was completed on 12/1, the next date of service, would have to be 12/15 or later. A date of service on 12/14, wouldn't count towards the numerator.

*Note only non-duplicate date of service values should be counted towards the number of well-visits.

# Clinical Domain
# Controlling High Blood Pressure

## MEASURE DESIGN CHANGES

**Denominator:**

- Members who had at least two visits on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year **AND** June 30th of the measurement year (01/01/2020 – 06/30/2021). Visit type need not be the same for the two visits. Any of the following code combinations meet criteria:

- Outpatient visit with any diagnosis of hypertension.

- A telephone visit with any diagnosis of hypertension.

- An e-visit or virtual check-in with any diagnosis of hypertension.

# Clinical Domain
# Controlling High Blood Pressure -Cont.

## MEASURE DESIGN CHANGES

### Numerator:

- Member-reported digital BP readings are acceptable only if the information is collected from the member by appropriately trained staff (i.e. MA, LVN, and RN), a primary care practitioner (i.e. physician, PA, NP) or a specialist. If collected by a specialist, the specialist must be providing a primary care services related to the condition being assessed. Member provided BP readings must be recorded, dated and maintained in the member's legal health record.

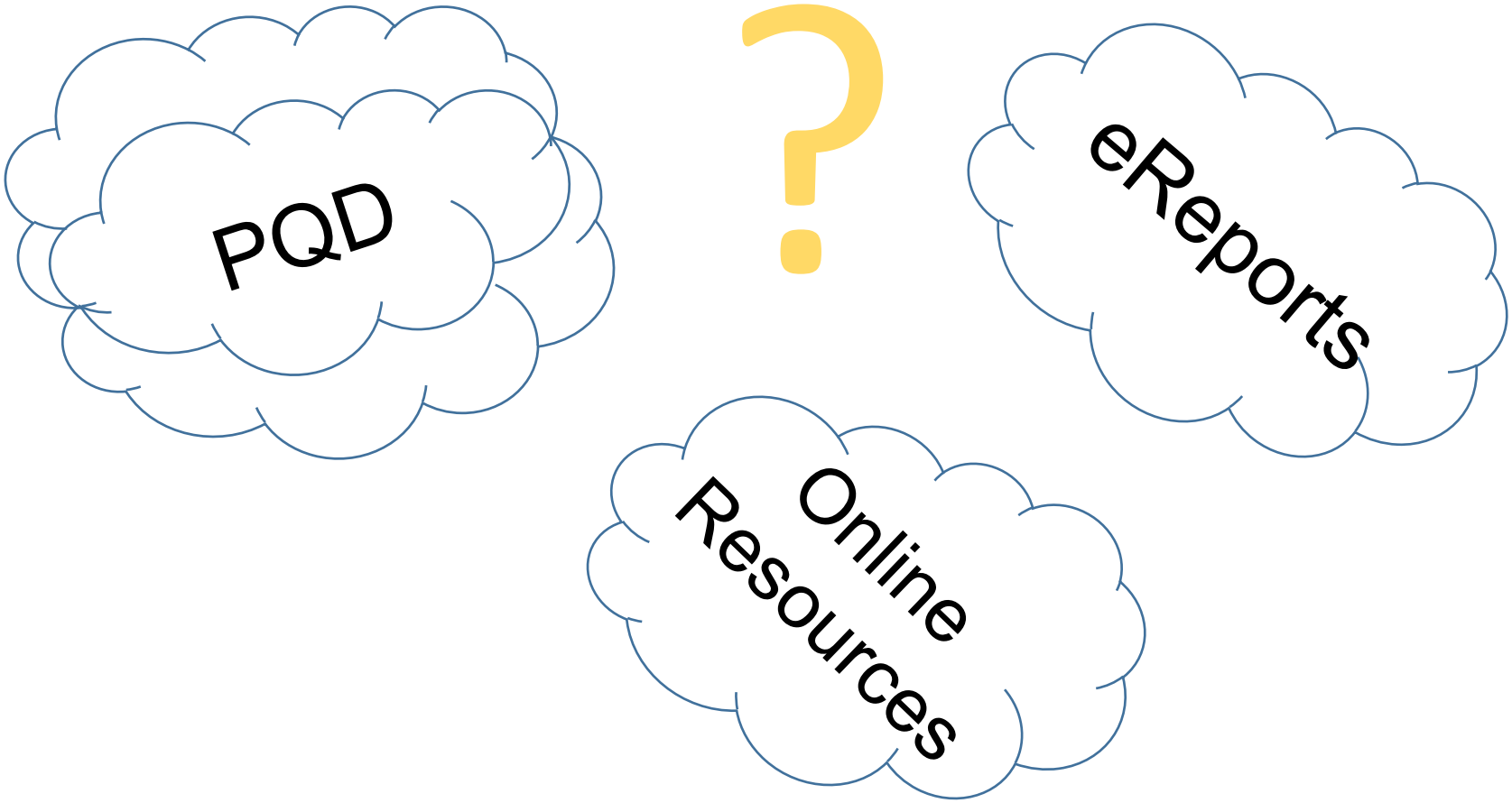
- Eligible readings include BP readings taken during an outpatient visit, telephone visit, e-visit or virtual check-in, or remote monitoring event (BP taken by any digital device).

# Recommended use of CPT II CODES

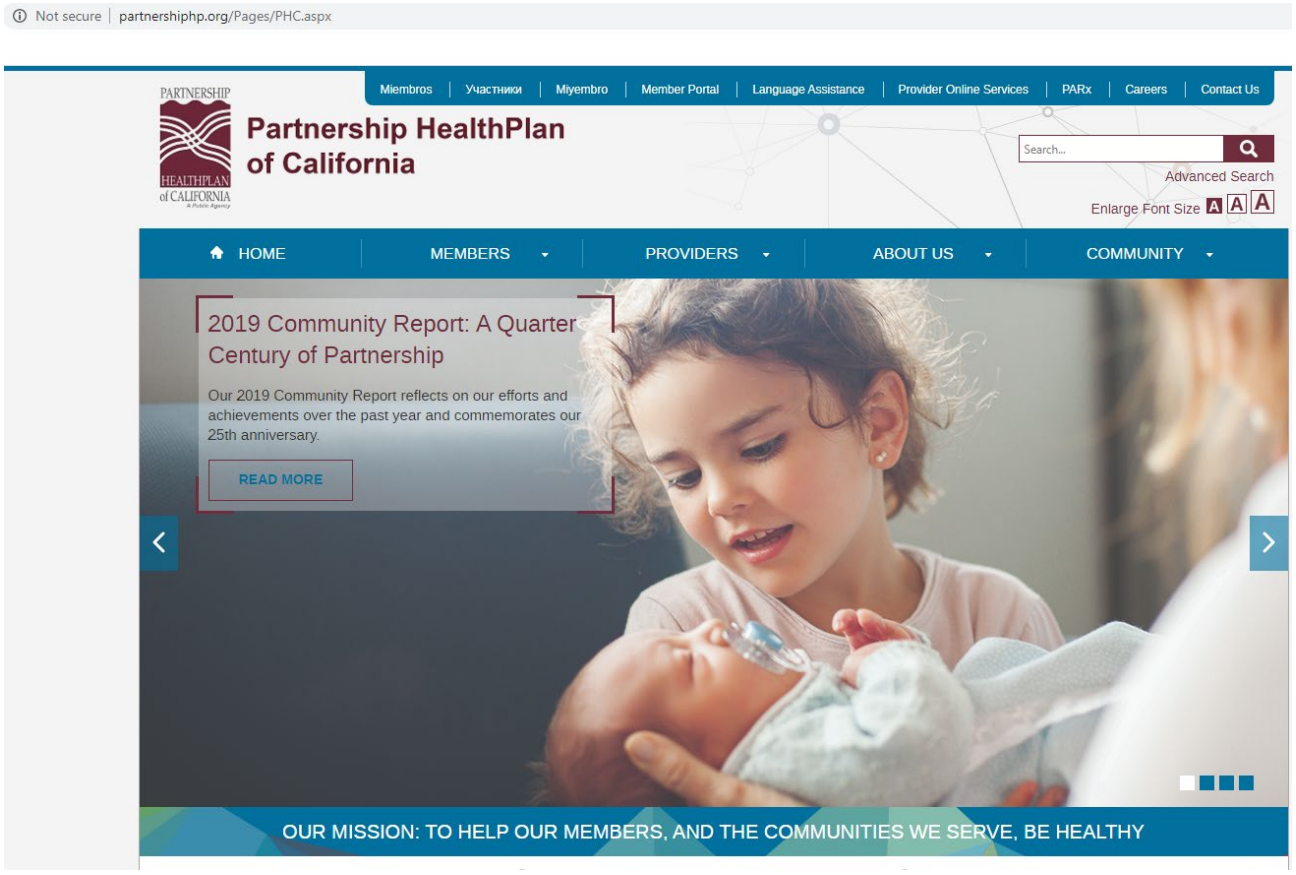
- Controlling High Blood Pressure
- Comprehensive Diabetic Care - HbA1c Control

**Why should we use CPT II codes?**

# Where do I find….

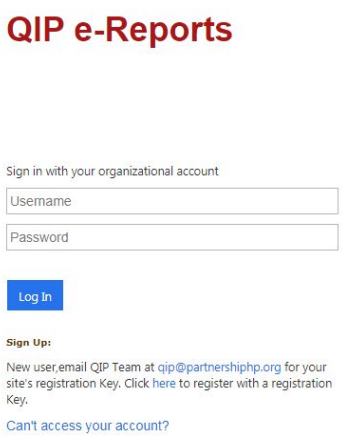


# PHC's QIP Webpage Tour



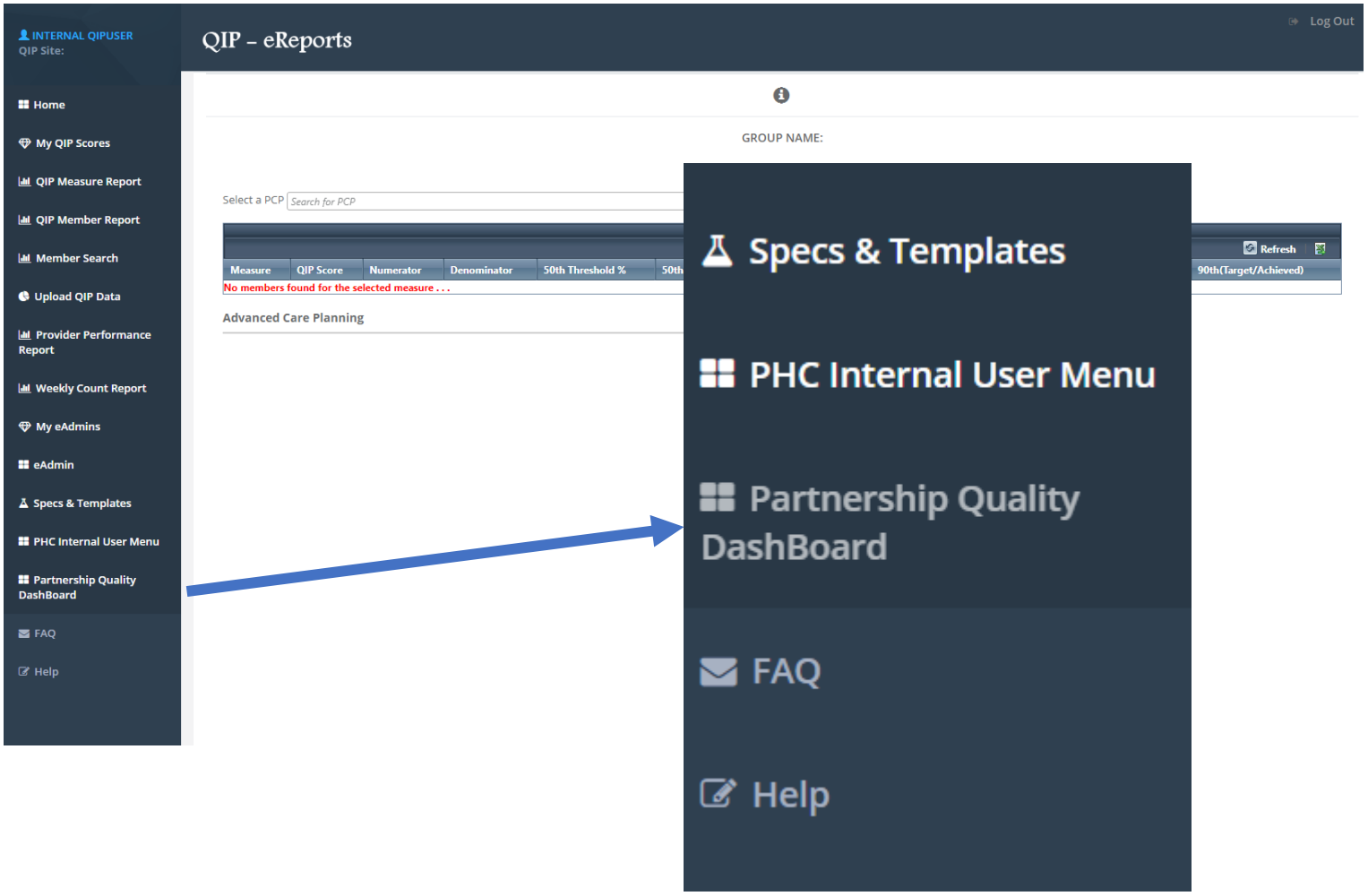

PCP QIP Webpage:
http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx

# eReports

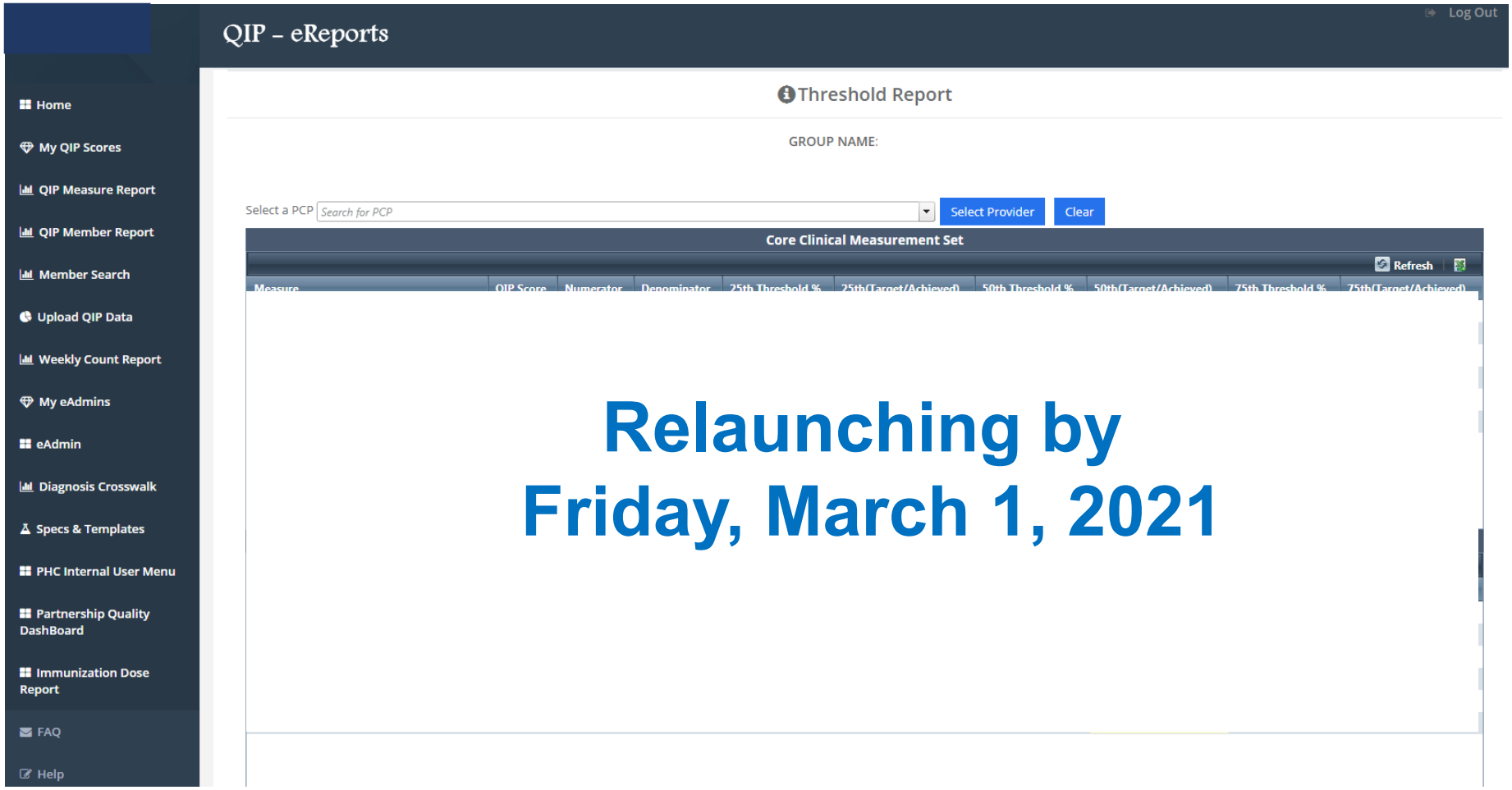



eReports web address: https://qip.partnershiphp.org/

# PQD via eReports



# eReports 2020



# eReports Measure Upload Changes

| eReports Upload Availability | |
|---|---|
| **MEASURE** | **MARCH 2021 - JANUARY 2022** |
| Asthma Medication Ratio<br>Breast Cancer Screening<br>Cervical Cancer Screening<br>Childhood Immunization Status - Combination 10<br>Colorectal Cancer Screening<br>Comprehensive Diabetic Care - HbA1c Control<br>Counseling for Nutrition for Children/Adolescents<br>Counseling for Physical Activity for Children<br>Immunization for Adolescents - Combination 2 |  |
| Well Child Visits in the First 15 Months of Life<br>Controlling High Blood Pressure | **OCTOBER 2021 - JANUARY 2022** |
| Child and Adolescent Well Care Visit | **JANUARY 2022** |

** Uploads will not be accepted for the Asthma Medication Ratio measure. Data will only be captured through claims and pharmacy data.*

# Resources

- **2020 PCP QIP Program:** http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2020.aspx
  - **Measure Specifications** (one for each practice type)
  - **Code List**
  - **Webinars**
  - **QI Newsletter**
- **Partnership Improvement Academy:** http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx
- **Quality Measure Highlights:** http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx

# Spring 2021 PHC Regional Medical Directors Meeting

## Medical Directors' Virtual Meeting

Come for a large variety of PHC Updates on the following:

- PHC Updates, New Programs, Major Policy Changes, and COVID-19
- Other topics include: Major Pharmacy Changes, Formulary Highlights, Clinical Updates, Mental Health & Substance Use Disorder Treatment, Data Review: Opioid Use, Vaccination, Readmission, PCP-QIP Changes, Special Initiatives, Prop 56 incentive programs and more.

**Date: Friday, May 21, 2021**

**Time: 9:00 a.m. – 1:00 p.m.**

# PHC Educational Opportunity
# Project Management 101

This two-session webinar introduces concepts and tools used in project management. Participants will learn project management principles and tools used in each phase of managing a project successfully.

## Project Management: Session 1

**Wednesday, February 3**

**Noon - 1:15 p.m.**

Objectives include:

- Introduce the concepts/tools used in project management
- Learn project phases/processes
- Understand steps in framing/planning projects

Register:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=ef4c1a72c5d05c64f36da789541d779e6

## Project Management: Session 2

**Wednesday, February 10**

**Noon - 1:15 p.m.**

Objectives include:

- Apply concepts from Session I in a group activity
- Learn the key points in executing/monitoring projects
- Understand how to successfully close/transition projects

Register:
https://partnershiphp.webex.com/partnershiphp/onstage/g.php?MTID=e6d072bb317f59ae981c42e5c858fbaed

Questions? Email ImprovementAcademy@partnershiphp.org

# Survey Reminder


We encourage the PHC-Provider Network to participate in the QIP survey that will follow this webinar.

Your input is a vital component of program effectiveness and management.

THANK YOU!

# Questions

**Please feel free to contact PHC's QIP Team at:**

QIP@PartnershipHP.org