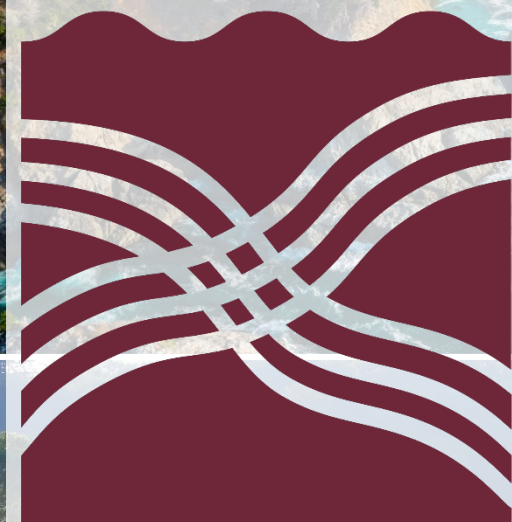


PARTNERSHIP



HEALTHPLAN

of CALIFORNIA

*A Public Agency*



Primary Care Provider  
Quality Improvement Program  
(PCP QIP)

Measurement Year  
2022 Kick-Off

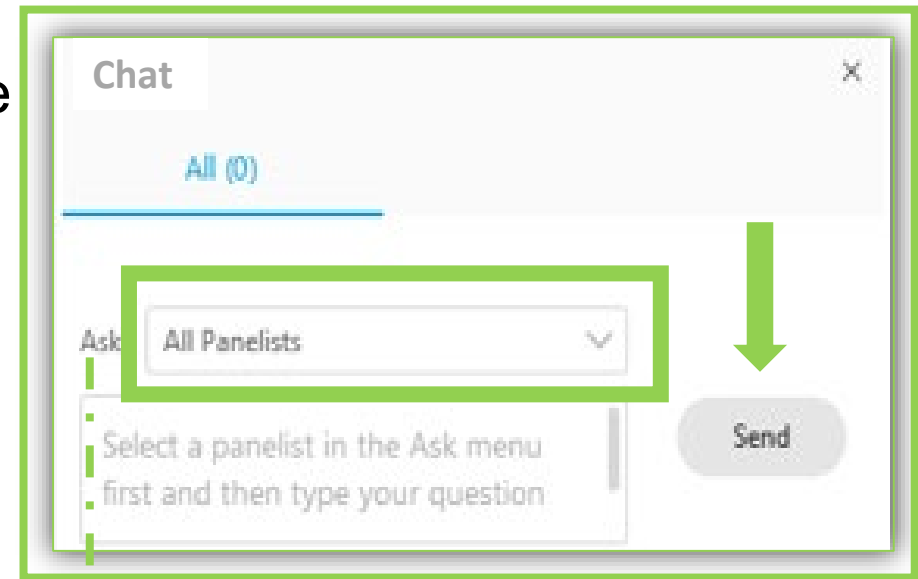
QIP Project Managers

Anthony Sackett & Jessica Delaney

January 25, 2022

# Webinar Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- Time is put aside for questions at the end of the webinar.
- If you have a question, please type your question in the CHAT BOX, and address to “ALL PANELISTS.”



# Agenda

- About PHC
- QIP Highlights
- Measurement Year 2022 Changes
  - Core Set
  - Unit-of-Service Set
  - Monitoring Measures
- Resources
  - eReports
  - PQD
- Upcoming Training Events
- Q & A





## **Mission:**

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

## **Vision:**

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

## 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.

# 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

# What is QIP?

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

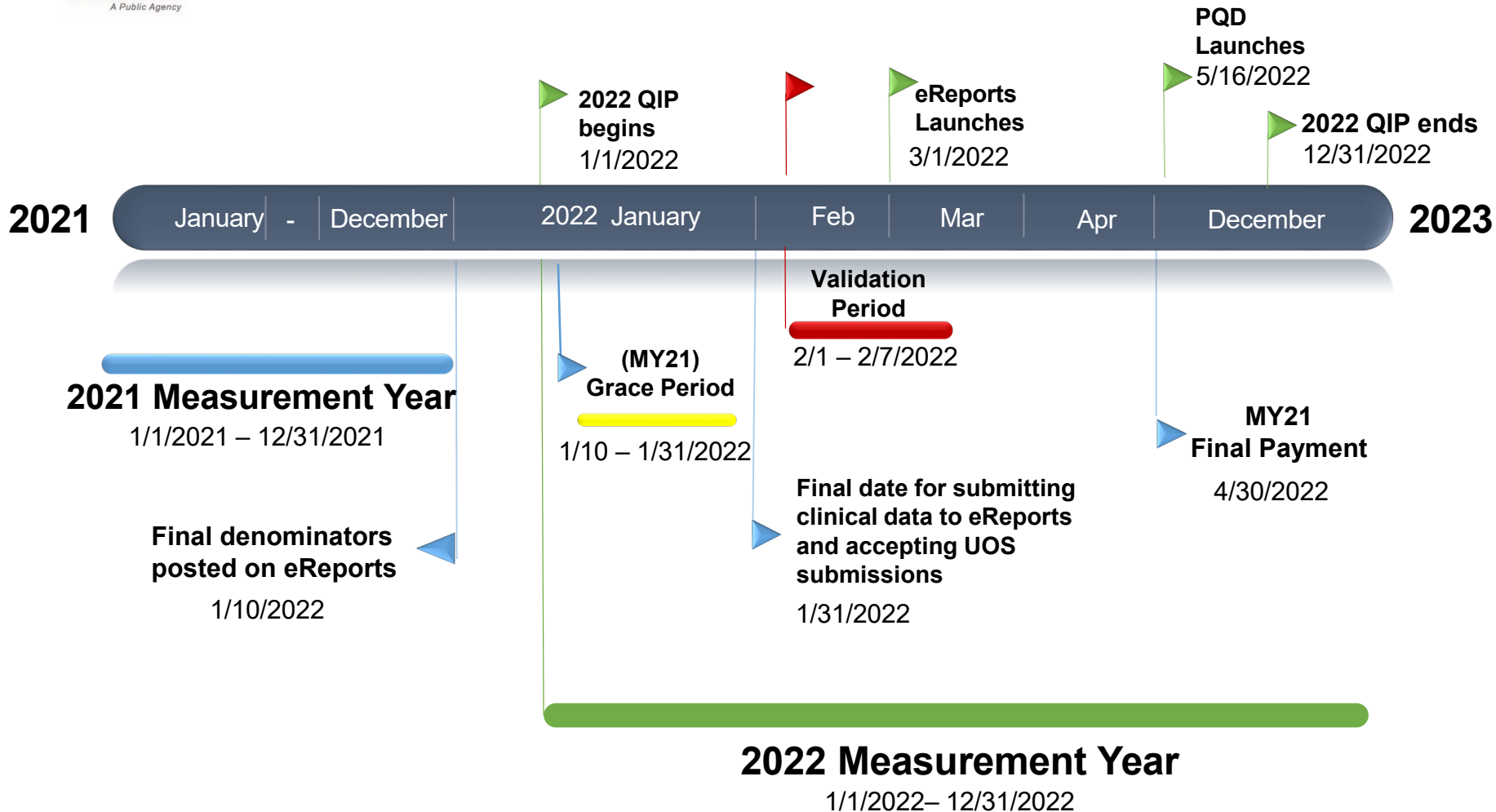
# QIP Key-Highlights

- 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





# Where are we in the timeline?



## Measurement Year 2022 (MY22)

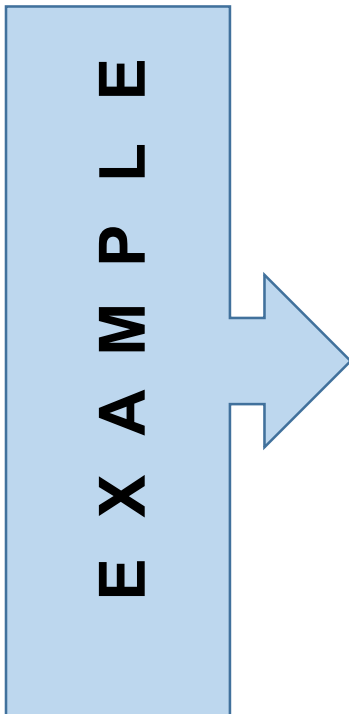
January 1 – December 31, 2022

### 2022 (Q1 – Q3)

- March 1<sup>st</sup> eReports Launch
- May 16<sup>th</sup> Partnership Quality Dashboard (PQD)
- July 31<sup>st</sup> Patient Experience Part 1 Due

# Continuous Enrollment

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



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, <b>YES</b>	8 months, <b>NO</b>

# 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.

(Current year performance) – (previous year performance)

---

(100 – Previous year performance)

**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 site 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

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

# 2022 PCP QIP CORE MEASUREMENT SET



# QIP Structure

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



# Programmatic Changes Core Measurement Set

## **New Measures – Core Measurement Set**

- No Proposed Changes

## **Existing Measures – Core Measurement Set**

- No Proposed Changes

# 2022 PCP QIP Measurement Set

CLINICAL DOMAIN										
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	FAMILY	INTERNAL	PEDS
✓	✓	✓	Asthma Medication Ratio	CHRONIC DISEASE MGMT.	5-64 YRS	70.67%	64.78%	7/5	12.5/9	12/9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18-75 YRS	61.63%	56.81%	7/5	12.5/9	--
✓	✓		Controlling High Blood Pressure		18-85 YRS	62.53%	55.35%	7/5	12.5/9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	43.55%	36.74%	7/5	--	12/9
✓	✓		Breast Cancer Screening		50-74 YRS	58.70%	53.93%	7/5	12.5/9	--
✓	✓		Cervical Cancer Screening		21-64 YRS	63.66%	59.12%	7/5	12.5/9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	45.50%	38.20%	7/5	--	12/9
✓	✓		Colorectal Cancer Screening		51-75 YRS	TBD		6/5	12.5/9	--
		✓	Counseling for Nutrition for Children/Adolescents		3-17 YRS	76.64%	70.11%	--	--	12/9
		✓	Counseling for Physical Activity for Children /Adolescents		3-17 YRS	72.81%	66.18%	--	--	12/9
✓		✓	Child and Adolescent Well Care Visit	UTILIZATION	3-17 YRS	53.83%	45.31%	10/--	--	12.5/9
✓		✓	Well Child Visits in the First 15 Months of Life		15 MONTHS	61.25%	54.92%	10/8	--	12.5/9

## Clinical

- Diabetes Management: Eye Exams

## Non-Clinical

- PCP Office Visits



# 2022 PCP QIP Measurement Set

JD

PRACTICE TYPE			NON-CLINICAL				FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS					FAMILY	INTERNAL	PEDS
<b>ACCESS AND OPERATIONS</b>									
✓	✓	✓	Ambulatory Care Sensitive Admissions	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	5/4	5/4	--	
			Risk Adjusted Readmission Rate	FULL POINT TARGET TBD	PARTIAL POINT TARGET TBD	5/4	5/4	--	
<b>APPROPRIATE USE OF RESOURCES</b>									
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	5/4	5/4	5/4	
<b>PATIENT EXPERIENCE</b>									
✓	✓	✓	Patient Experience	CAHPS	ACCESS	COMMUNICATIONS	10/8	10/8	10/8
					FULL POINTS 50TH Percentile 47.62%	FULL POINTS 50TH Percentile 75.17%			
				SURVEY OPTION	PARTIAL POINTS 25TH Percentile 43.17%	PARTIAL POINTS 25TH Percentile 70.97%	10/8	10/8	10/8
					FULL POINTS PARTS 1 AND 2	PARTIAL POINTS PARTS 1 OR 2			



# 2022 PCP QIP Measurement Set

UNIT-OF-SERVICE				
PRACTICE TYPE			MEASURE	CRITERIA
FAMILY	INTERNAL	PEDS		
✓	✓		Advance Care Planning Attestations	Minimum 1/1000th (0.01%) of the sites assigned monthly membership 18 years and older for: • \$100 per Attestation, maximum payment \$10,000. • \$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).
✓	✓	✓	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.
✓	✓	✓	Health Equity	\$2000 per parent organization for submission of proposed plan to adopt internal best practices supporting a Health Equity initiative.
		✓	Tobacco Screening	\$5.00 per tobacco use screening or counseling of members 11- 21 years of age after 3% threshold of assigned members screened.
✓		✓	Blood Lead Screening	Tier 1-3, \$1000, \$3000, \$5000 per parent organization for the number of children between 24 to 72 months who had capillary or venous lead blood test for lead poisoning.
		✓	Dental Varnish	\$1,000 per parent organization for submission of proposed plan to implement fluoride varnish application in the medical office.

# Programmatic Changes Unit of Service Measurement Set

## Change(s) to Existing Measures

~~Alcohol Screening and Counseling (11 years and older)~~

- ❖ Adoption of the ECDS measure will remove this measure as a standalone Unit of Service measure.

## New Measures

- ❖ Health Equity
- ❖ Dental Fluoride Varnish Use
- ❖ Tobacco Screening
- ❖ Blood Lead Screening
- ❖ Electronic Clinical Data Systems (ECDS)

# Programmatic Changes Unit-of-Service Measures

## NEW OPPORTUNITY

### HEALTH EQUITY

Parent Organization (PO) submission of proposed plan and adoption of internal best practices that support a Health Equity (HE) initiative demonstrating HE characteristics PCPs can successfully integrate as a core strategy.

**\$2,000 per Parent Organization**

*See Measurement Year 2022 Specifications for participation details.*

# Programmatic Changes Unit-of-Service Measures

## NEW OPPORTUNITY

### DENTAL FLUORIDE VARNISH USE

1. Parent Organization (PO) submission of proposed plan to implement fluoride varnish application in the medical office.

#### **\$1000 per Parent Organization**

2. 2% of monthly assigned members age 6 months to 5 years receiving dental fluoride varnish during the measurement year.

#### **\$5.00 per application.**

*See Measurement Year 2022 Specifications for participation details.*



# Programmatic Changes Unit-of-Service Measures

## NEW OPPORTUNITY

### BLOOD LEAD SCREENING

The number of children between 24 to 72 months who had one or more capillary or venous lead blood test for lead poisoning in the lifetime of the member.

**Three threshold opportunities:**

**\$1,000, \$3,000 or \$5,000 per Parent Organization**

*See Measurement Year 2022 Specifications for participation details.*

## NEW OPPORTUNITY

### TOBACCO USE SCREENING

The percentage of members 11– 21 years of age who had tobacco use screening or counseling one or more times during the measurement year.

3% of the site's assigned monthly members with one or more tobacco screenings in the measurement year.

**\$5.00 per screening**

*See Measurement Year 2022 Specifications for participation details.*

# Programmatic Changes Unit-of-Service Measures

## NEW OPPORTUNITY

### ELECTRONIC CLINICAL DATA SYSTEMS (ECDS)

incentive for implementation of an Electronic Clinical Data System (ECDS) with data collection of the following clinical components.

- Attention-deficit/hyperactivity disorder (ADHD)
- Breast Cancer Screening (BCS)
- Alcohol Screening and Counseling (11 years and older)
- Depression Screening

**\$5,000 per Parent Organization**

*See Measurement Year 2022 Specifications for participation details.*

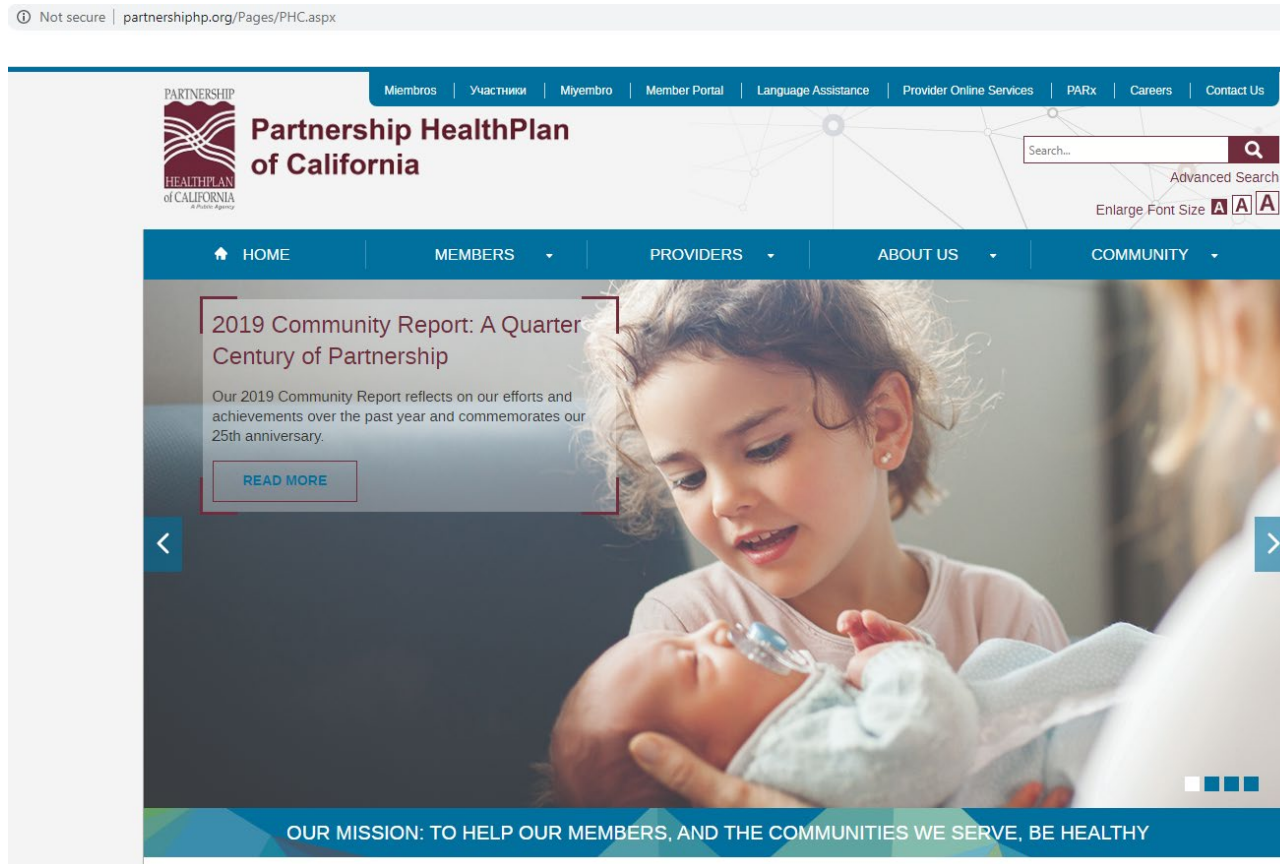
# Where do I find....

- eReports
- Partnership Quality Dashboard (PQD)
- Online Resources

# eReports and Partnership Quality Dashboard (PQD) Comparison

	eReports	PQD
Real-Time Data Monitoring	Yes*	Yes*
Historical Data Monitoring	No	Yes
Accepts Uploaded Data	Yes	No
Data Refresh Schedule	Bi-Weekly	Monthly
Target User(s)	QI Teams	Executive/QI Leadership Teams
* eReports is updated Bi-weekly and PQD is updated monthly		

# PHC's QIP Webpage Tour



Not secure | [partnershiphp.org/Pages/PHC.aspx](http://partnershiphp.org/Pages/PHC.aspx)

Miembros | Участники | Miembro | Member Portal | Language Assistance | Provider Online Services | PARx | Careers | Contact Us

PARTNERSHIP  
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Partnership HealthPlan  
of California

Search...

Advanced Search

Enlarge Font Size **A** **A** **A**

HOME MEMBERS PROVIDERS ABOUT US COMMUNITY

2019 Community Report: A Quarter Century of Partnership

Our 2019 Community Report reflects on our efforts and achievements over the past year and commemorates our 25th anniversary.

[READ MORE](#)

OUR MISSION: TO HELP OUR MEMBERS, AND THE COMMUNITIES WE SERVE, BE HEALTHY

PCP QIP Webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>



## QIP e-Reports

Sign in with your organizational account

Log In

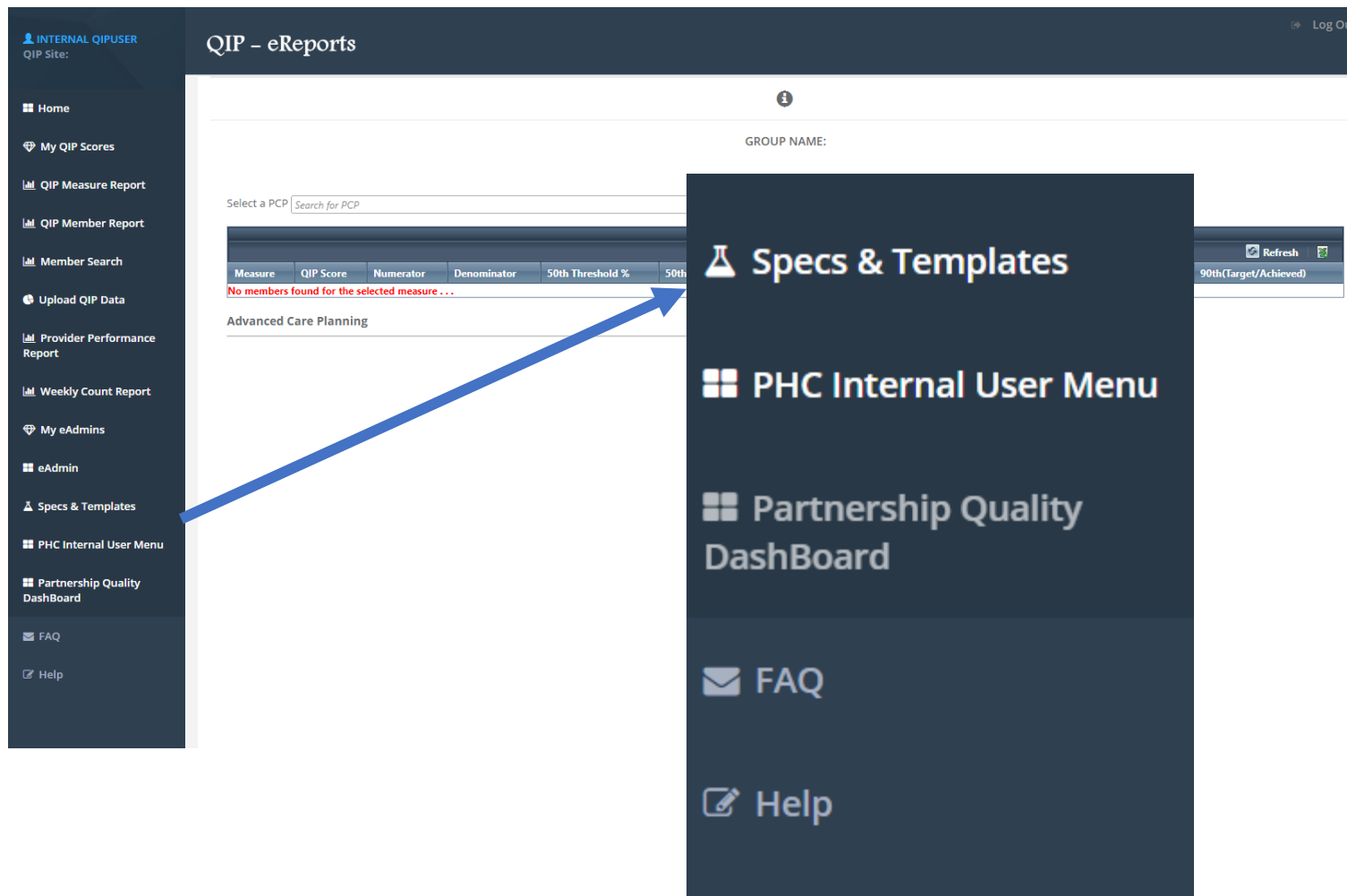
Sign Up:

New user, email QIP Team at [qip@partnershiphp.org](mailto:qip@partnershiphp.org) for your site's registration Key. Click [here](#) to register with a registration Key.

[Can't access your account?](#)

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

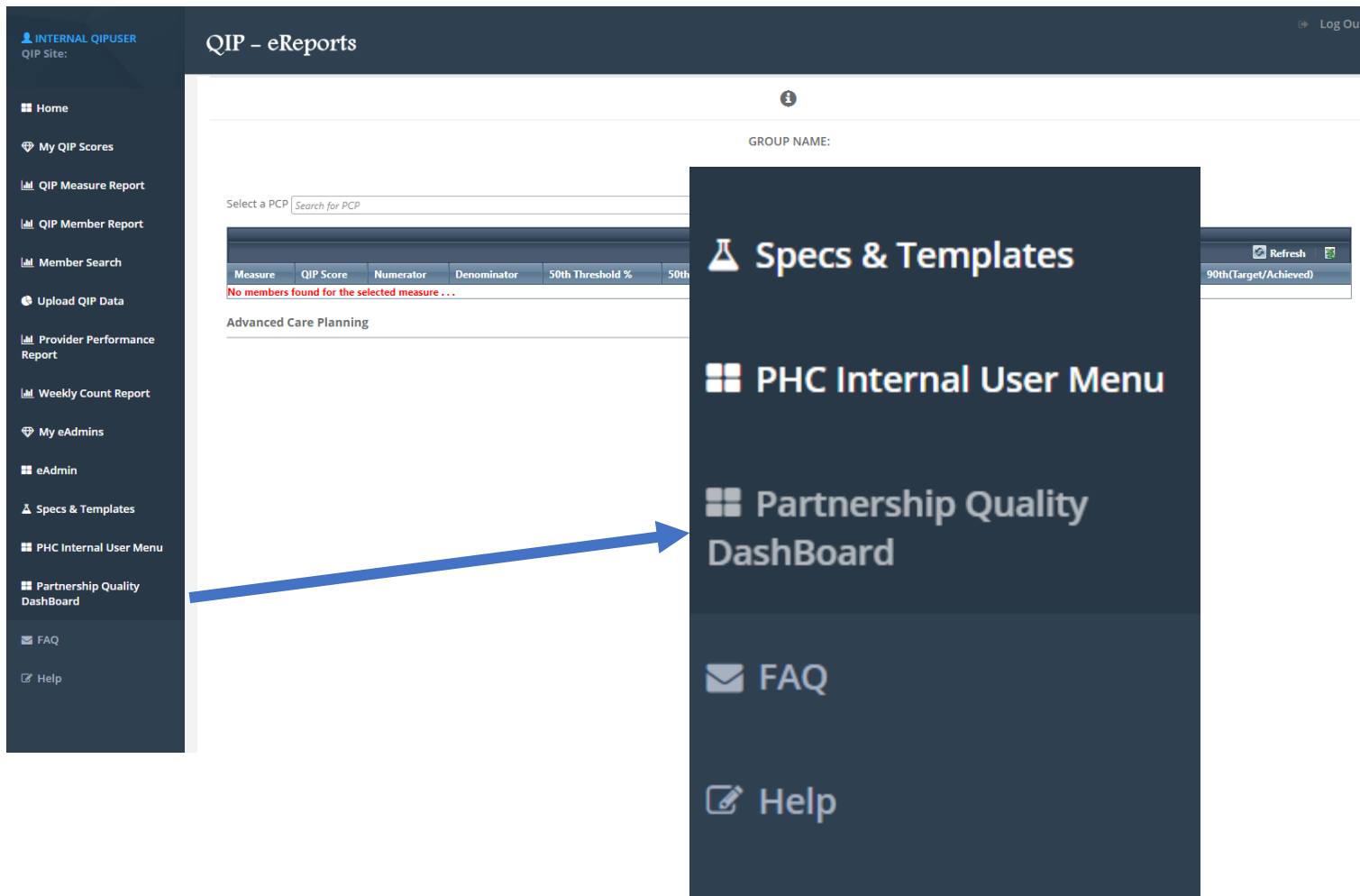
# PCP QIP Specifications via eReports



The screenshot shows the 'QIP - eReports' application interface. On the left is a dark navigation sidebar with the following items: INTERNAL QIPUSER, QIP Site, Home, My QIP Scores, QIP Measure Report, QIP Member Report, Member Search, Upload QIP Data, Provider Performance Report, Weekly Count Report, My eAdmins, eAdmin, Specs & Templates, PHC Internal User Menu, Partnership Quality DashBoard, FAQ, and Help. A blue arrow points from the 'Specs & Templates' menu item to a dark overlay box on the right. This overlay box contains the following items: Specs & Templates (with a flask icon), PHC Internal User Menu (with a grid icon), Partnership Quality DashBoard (with a grid icon), FAQ (with an envelope icon), and Help (with a pencil icon). The main content area of the application shows a 'GROUP NAME:' field, a 'Select a PCP' search box, and a table with columns: Measure, QIP Score, Numerator, Denominator, 50th Threshold %, and 50th. A red error message below the table reads 'No members found for the selected measure...'. Below the table is the heading 'Advanced Care Planning'. In the top right corner of the application, there is a 'Log Out' link and a 'Refresh' button next to a value '90th(Target/Achieved)'.



# PQD via eReports



The screenshot shows the 'QIP - eReports' web application. The top navigation bar includes 'INTERNAL QIPUSER', 'QIP Site:', and 'Log Out'. A left sidebar contains a menu with items like 'Home', 'My QIP Scores', 'QIP Measure Report', 'QIP Member Report', 'Member Search', 'Upload QIP Data', 'Provider Performance Report', 'Weekly Count Report', 'My eAdmins', 'eAdmin', 'Specs & Templates', 'PHC Internal User Menu', 'Partnership Quality DashBoard', 'FAQ', and 'Help'. The main content area is titled 'QIP - eReports' and features a 'GROUP NAME:' field, a 'Select a PCP' search box, and a table with columns: Measure, QIP Score, Numerator, Denominator, 50th Threshold %, and 50th. A red error message states 'No members found for the selected measure...'. Below the table is a section for 'Advanced Care Planning'. A dark blue overlay menu is positioned on the right, listing 'Specs & Templates', 'PHC Internal User Menu', 'Partnership Quality DashBoard', 'FAQ', and 'Help'. A blue arrow points from the 'Partnership Quality DashBoard' item in the sidebar to the corresponding item in the overlay menu.



# eReports Measure Upload Changes

AS

## CLINICAL MEASUREMENT SET:

Cervical Cancer Screening Childhood Immunization Status - Combo 10 Counseling for Nutrition Counseling for Children/Adolescents Counseling for Physical Activity for Children/Adolescents Comprehensive Diabetes Care - Retinal Eye Exams Colorectal Cancer Screening Immunizations for Adolescents - Combination 2	MAR 01, 2022 - JAN 31, 2023	
Comprehensive Diabetes Care - HbA1c Control (A1c) Controlling High Blood Pressure Well-Child Visits in the First 15 Months of Life		OCT 01, 2022 - JAN 31, 2023
Breast Cancer Screening Child and Adolescent Well Care Visits		JAN 10, 2023 - JAN 31, 2023
*Asthma Medication Ratio	N/A *	

\* *Asthma Medication Ratio – Data is captured through claims and pharmacy data only. Uploads are not accepted for this measure.*



- **PCP QIP Program:**

<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>

- **Measure Specifications (abridged version)**

- **Code List (non-clinical code set)**
- **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>

## Accelerated Learning Education Program webinars

The Accelerated Learning webinars are designed to enhance learning on a subgroup of measures that are part of our Primary Care Provider Pay for Performance Program (PCP QIP). ***CME/CE credits are available for each session.***

- **January 18/June 7** - Pediatric Health: A Cluster of Services for 0 - 2 Years Old
- **February 15/July 12** - Pediatric Health: Child and Adolescent Well-Care Visits (3-17 years), Screenings, and Immunizations for Adolescents
- **March 1** - Diabetes Management HbA1C Good Control
- **March 15** - Controlling High Blood Pressure
- **April 12** - Early Cancer Detection (Cervical, Breast, and Colorectal Cancer Screening)

**Registration for all courses can be accessed here:**

**[http://www.partnershiphp.org/Providers/Quality/Pages/Quality\\_Events.aspx](http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx)**

# 2021 PCP Provider Engagement Survey



**Let us hear your thoughts and opinions  
Please take a moment to take our survey**

# Questions

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

**[QIP@PartnershipHP.org](mailto:QIP@PartnershipHP.org)**

