

WELCOME

Pay-for-Performance Programs (P4P)



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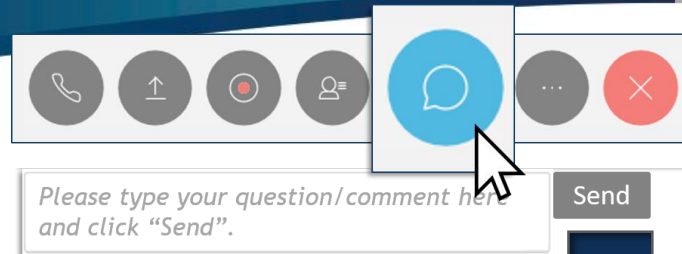
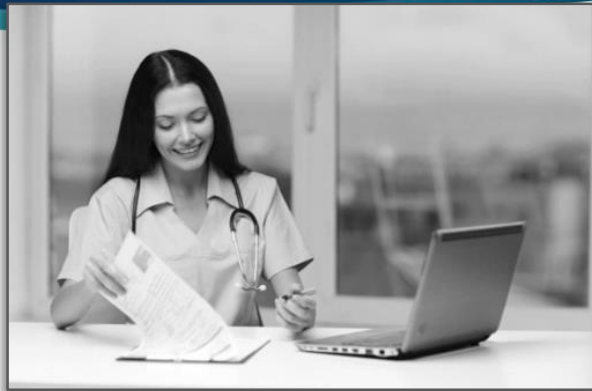
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ACCESS CODE: 2494 315 8742

Attendee ID: Each attendee has their own unique ID.

*Select the I will “call in” option, a window will open with the call in number, access code, and your attendee ID

Everyone is *automatically* **MUTED...**
Please communicate via the **CHAT** feature



We will begin at
12:00 PM PST

Thank you

Housekeeping

- Attendance and participation will be tracked via log-in.
- Questions will be managed through the Chat. Please send to “All Panelist.”
- Send a message to the Host if you experience any technical difficulties.
- PPT in PDF format will be disseminated.





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Quality Improvement: Incentive Programs



May 17, 2023



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Overview

- **Why P4P?**
- **VIIP + P4P Programs** – *for IPAs/Medical Groups*
 - *Medi-Cal VIIP*
 - *DSNP VIIP*
 - *LACC VIIP*
- **Physician P4P Program** – *for Physicians & Community Clinics*
- **Proposition 56 Programs**
- **Other Incentive Programs**



Why Pay-for-Performance (P4P)?

- **P4P is a platform for provider engagement & accountability**
 - Tool for meaningful performance measurement and progress reporting to support provider clinical quality efforts
 - Peer group benchmarking & definition of performance targets
 - Value-based revenue

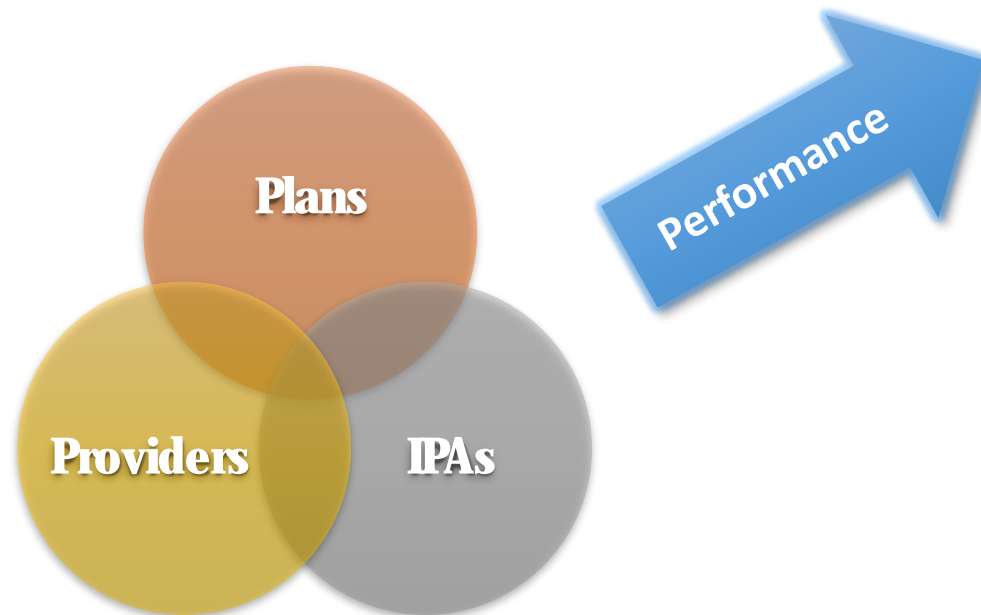
- **P4P is one part of a complete QI solution**
 - P4P is an amplifier for other QI interventions
 - Foster durable change in provider behavior and business practice
 - Systematic process improvements and better care coordination (*not just about HEDIS hits*)
 - Helps identify reporting gaps



Analytic Framework

- **Meaningful and Actionable data**

- Variability in performance is the foundation of P4P
- Performance data is used to identify strengths, weaknesses, and improvement opportunities
- Meant to bridge the gaps between each level of the health delivery system



HEDIS

- Healthcare Effectiveness Data and Information Set
 - Developed and overseen by the National Committee for Quality Assurance (NCQA)
- Gold standard for quality measurement in managed care
- 96 measures across 6 measurement domains
 - Communicates the proportion of members that need a given service
- It is the indicator of improved business practice





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Provider Program Participation



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Provider Participation

- All eligible providers are automatically enrolled:
 - Ease of participation is important!
 - No additional administrative burden
- Eligible providers receive performance scores and incentive payments for members in Medi-Cal, including:
 - L.A. Care,
 - Anthem Blue Cross, and
 - Blue Shield Promise



Data Submission

- Critical components of the programs:
 - Rendering needed services to members
 - Providing high quality care
 - Complete, timely, and accurate submission of data
- Providers should submit encounter data through their ***normal reporting channels*** for all services rendered to L.A. Care members. This data is the basis of performance scoring and is essential to success.
 - Scores and payments based on administrative data. No chart review!



Data Deadline for Incentive Programs



**April
26th**

- Final day to submit data to count towards incentives programs
- Must be submitted through your usual reporting channels



Tips and Reminders

- **CAIR**

- L.A. Care uses CAIR immunization data in calculating HEDIS rates which impacts P4P scores and payments.

- <http://cairweb.org/>

- **W-9 Forms**

- L.A. Care needs **current** and **accurate** W-9 information in order to pay out for all the P4P Programs.

- **Provider Portal**

- Solos & PPGs (MCLA) – Please register and access the provider portal to retrieve Provider Opportunity Reports (HEDIS & UM) and Missing Vaccines Reports.





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VIIP Programs: Medi-Cal, LACC, & D-SNP



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Value Initiative for IPA Performance (VIIP)

Overview

- P4P program for participating provider groups (PPGs), also known as IPAs or medical groups.
- VIIP measures, reports, and provides significant financial rewards* for performance across multiple domains and measures.
 - Medi-Cal
 - LACC
 - D-SNP
- Scoring Methodology
 - Provider groups are rewarded for both outstanding performance and year-over-year improvement.
- Measurement Year 2022 payments and performance reports will go out during the 4th quarter of 2023



VIIP+P4P (Medi-Cal) & LACC VIIP Domains & Weighting

Domains	Weighting
HEDIS	30
Member Satisfaction	30
Utilization Management	20
Encounters	20
Total	100



D-SNP VIIP Domains & Weighting

Domain	Points
HEDIS	20
Care Management	15
Member Experience	30
Utilization Management	10
Encounters	10
Medication Management	15
Total	100



VIIP+P4P (Medi-Cal), LACC VIIP & D-SNP VIIP Action Plans for Improvement

- Goal
 - Make sure IPAs have a plan in place for performance improvement activities on low performing domains
 - Accountability
- 2023 Action Plan Methodology
 - IPAs will submit an Action Plan for 2 measures of their choosing based on a list pre-selected by the VIIP team.
 - The number of lines of business will vary based on performance.
- Only one project in one of the lowest performing domains will be required
 - Could be projects you are already doing
 - Education / Training
 - Plan / Do / Study / Act
 - Interventions with pre- and post-analysis
- Cross-functional collaboration
 - With Anthem Blue Cross & Blue Shield Promise
 - Within L.A. Care
 - With PPGs





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Medi-Cal VIIP+P4P



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MY 2022 Medi-Cal VIIP+P4P Payment Stats

- L.A. Care reimbursed \$15.5 million in incentive payments to 53 eligible provider groups
- Median incentive paid was \$0.87 per member per month (PMPM)
 - With highest performers receiving \$1.80 PMPM
- Measurement Year 2022 data is being processed now!



MY 2023, RY 2024 Medi-Cal Measure Changes

- **Measures Removed**

- Chlamydia Screening in Women (prior payment measure)
- Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents – Physical Activity (prior payment measure)
- Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (prior test measure)
- Transitions of Care: Patient Engagement After Inpatient Discharge (prior test measure)

- **Measures Moved from Test to Payment Measure**

- Depression Screening and Follow-Up for Adolescents and Adults – Depression Screening
- Transitions of Care: Medication Reconciliation Post-Discharge
- Lead Screening in Children
- Follow-Up After Emergency Department Visit for Mental Illness - Follow-Up Within 30 Days of ED Visit
- Social Determinants of Health
- Health Information Exchange



MY 2023, RY 2024 Medi-Cal Measure Changes Cont...

- **New Double Weighted Measure**

- Health Information Exchange

- **New Test Measures**

- Follow-Up After ED Visit for Substance Abuse - 30 days
- Developmental Screening in the First Three Years of Life
- Topical Fluoride for Children
- Antidepressant Medication Management: Acute Phase Treatment
- Antidepressant Medication Management: Continuation Phase Treatment
- Pharmacotherapy for Opioid Use Disorder – Total
- Colorectal Cancer Screening



MY 2023 Medi-Cal VIIP+P4P Full Measure Set

HEDIS – 30%

Asthma Medication Ratio – ages 5-64

Breast Cancer Screening

Cervical Cancer Screening

Child and Adolescent Well-Care Visits

Childhood Immunization Status - Combo 10

Controlling High Blood Pressure

Depression Screening and Follow-Up for Adolescents & Adults: Depression Screening

Hemoglobin A1c Control for Patients With Diabetes: HbA1c Control (<8.0%)

Immunizations for Adolescents - Combo 2

Lead Screening in Children

Prenatal & Postpartum Care – Postpartum Care

Prenatal & Postpartum Care – Timeliness of Prenatal Care

Well Child Visits in the First 30 Months of Life - First 15 Months: 6 or More Well-Child Visits

Well Child Visits in the First 30 Months of Life - Age 15 Months-30 Months: 2 or More Well-Child Visits



MY 2023 Medi-Cal VIIP+P4P Full Measure Set Cont...

Member Experience – 30%

Adult Care Coordination

Adult Timely Care and Service

Adult Office Staff

Adult Getting Needed Care

Adult Rating of All Health Care Combined

Adult Rating of PCP

Child Office Staff

Child Timely Care and Service

Child Getting Needed Care

Child Rating of All Health Care Combined

Child Rating of PCP

Encounters – 20%

Encounter Timeliness

Encounter Volume

Social Determinants of Health

Health Information Exchange

Utilization Management – 20%

Acute Hospital Utilization

Emergency Department Utilization

Follow-Up After Emergency Department Visit for Mental Illness: Follow-Up Within 30 Days of ED Visit

Transitions of Care: Medication Reconciliation Post-Discharge

Plan All Cause Readmission



MY 2023 Medi-Cal VIIP+P4P Full Measure Set Cont...

Reporting – Only Test Measures

Antidepressant Medication Management: Acute Phase Treatment

Antidepressant Medication Management: Continuation Phase Treatment

Colorectal Cancer Screening

Developmental Screening in the First Three Years of Life

Follow-Up After ED Visit for Substance Abuse: 30 days

Initial Health Appointment

Pharmacotherapy for Opioid Use Disorder

Topical Fluoride for Children





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L.A. Care Covered VIIP Program



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LACC VIIP+P4P Program

- L.A. Care is collaborating with the Integrated Healthcare Association (IHA) on their Align. Measure. Perform. (AMP) performance measurement program for L.A. Care Covered (LACC).
- Data submission
 - The data is not run in-house
 - L.A. Care submits data to Transunion and OnPoint (IHA's data vendors)
 - **Onpoint**
 - Eligibility
 - Medical Claims
 - Pharmacy Claims
 - Member Identifier
 - Cost
 - Lab
 - **TransUnion**
 - HEDIS



MY 2023, RY 2024 LACC Measure Changes

- **Payment Measure Removed**

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Counseling for Physical Activity-Total, Counseling for Nutrition - Total & BMI Percentile - Total)

- **Test Measures Added**

- Rating of Specialist
- Social Determinants of Health



MY 2023 LACC VIIP+P4P Full Measure Set

HEDIS – 30%

Antidepressant Medication Management: Continuation

Breast Cancer Screening

Cervical Cancer Screening

Childhood Immunization Status - Combo 10

Chlamydia Screening in Women

Colorectal Cancer Screening

Controlling High Blood Pressure

Comprehensive Diabetes Care: Control (<8.0%)

Immunizations for Adolescents - Combo 2

Proportion of Days Covered by Medications: Oral Diabetes Medications (PDCD)

Proportion of Days Covered by Medications: Renin Angiotensin System (RAS) Antagonists (PDCA)

Proportion of Days Covered by Medications: Statins (PDCS)



MY 2023 LACC VIIP+P4P Full Measure Set Cont...

Member Experience – 30%

Access Composite

Care Coordination Composite

Office Staff Composite

Overall Ratings of Care Composite
(Rating of Doctor & Rating of All
Healthcare)

Provider Communication Composite

Utilization Management – 20%

Plan All Cause Readmission

Acute Hospital Utilization

Emergency Department Utilization

Encounters – 20%

Encounter Timeliness

Encounter Volume

Cost – 0%

Total Cost of Care (*Test Measure*)



MY 2023 LACC VIIP+P4P Full Measure Set Cont...

Reporting – Only Test Measures

Asthma Medication Ratio

Child and Adolescent Well-Care Visits

Flu Vaccinations for Adults Ages 18-64

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Condition

Prenatal and Postpartum Care

Prenatal and Postpartum Care

Rating of Specialist

Social Determinants of Health

Transitions of Care – Patient Engagement

Transitions of Care – Medication Reconciliation Post Discharge





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Medicare Plus VIIP Program (DSNP)



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MY 2023 Medicare Plus VIIP

- CMC line of business sun-set after MY 2022, and Medicare Advantage Plus took its place in MY 2023
- A new VIIP has been developed to replace CMC VIIP, called Medicare Plus VIIP
- PPG's will have a percentage of capitation withheld that can be earned back incrementally
- There will be a 3-Tier composite score system for the PPGs to earn back their withholdings, plus more
- Incentive payments will be made once, annually



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*Medicare Plus*TM
(HMO D-SNP)



Medicare Plus VIIP

Similarities to CMC VIIP

- Same PPG and member population
- Measure lists are aligned
- Participation in Action Plans and PPG meetings required for participating PPGs

Differences from CMC VIIP

- Using Quality Withhold method to fund incentive
- Payouts based on tiered performance and earn backs
 - Hi Performance Payment (HPP)
 - Mid Performance Payment (MPP)
 - Quality Improvement Payment (QIP)
- Larger budget=larger payouts, potentially
- Measures use Stars cut points rather than internal peer benchmarking
- Weighting of measures based on Stars program



Medicare Plus VIIP Measure List

Star Measures-HEDIS	Weight
Breast Cancer Screening	1
Colorectal Cancer Screening	1
Diabetes Care - Eye Exam	1
Kidney Health Evaluation for Patients With Diabetes (KED)	1
Diabetes Care - Blood Sugar Controlled	3
Controlling Blood Pressure	3
Plan All-Cause Readmissions	3
Statin Therapy for Patients with Cardiovascular Disease	1
Follow up after ED Visit for Patients with Multiple Chronic Conditions	1



Medicare Plus VIIP Measure List Cont...

Star Measures-Care Management	Weight
Getting Needed Care	4
Getting Appointments and Care Quickly	4
Care Coordination	4
Reducing the Risk of Falling	1
Improving Bladder Control	1
Star Measures-Medication Management	Weight
Medication Adherence for Diabetes Medications	3
Medication Adherence for Hypertension (RAS antagonists)	3
Medication Adherence for Cholesterol (Statins)	3
Statin Use in Persons with Diabetes	1
L.A. Care Measures-Encounters	Weight
Annual Wellness Exam	3
Encounters Submissions - Timeliness	1.5
Encounters Submissions - Volume	1.5



Medicare Plus VIIP Measure List Cont...

Reportable Only Measures	Weight
Care for Older Adults - Medication Review*	1
Care for Older Adults - Functional Status Assessment*	1
Care for Older Adults - Pain Assessment*	1
Annual Flu Vaccine	1
Rating of Health Care Quality	4
Monitoring Physical Activity	1
Members Choosing to Leave the Plan	4
Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening	1
Transitions of Care (TRC) - Medication Reconciliation Post-Discharge	.25
Transition of Care (TRC) - Patient Engagement After Inpatient Discharge	.25
Improving or Maintaining Physical Health	1
Improving or Maintaining Mental Health	1





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Physician P4P



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Physician P4P Program: Overview

- P4P program for solo & small group physicians and community clinic organizations.
- Eligible practices can receive *significant revenue above capitation* for outstanding performance and year-over-year improvement on multiple HEDIS measures.
- Payout for MY2021 was **\$20.6 million** & MY2022 is approx. **\$22 million**

MY2021 Payouts Per Member Per Month (PMPM)			
	Max	Median	Average
Solo / Small Group Practice	\$3.67	\$1.00	\$1.10
Clinics	\$2.57	\$0.87	\$1.00

- Measurement Year 2022 payments will be sent out in Q4 of 2023.
- Measurement Year 2023 is currently underway!
 - Be sure to utilize the Provider Opportunity Reports (PORs) to close care gaps.



Physician P4P Eligibility

- Eligibility:
 - Physicians with 250+ L.A. Care Medi-Cal members*
 - Clinics with 1,000+ L.A. Care Medi-Cal members*
- Eligibility in the program is determined at the beginning of the program year.
- Medi-Cal member in the program is based on the **greater** number between the physician-member assignment in December of the program year or the average physician-member assignment throughout the program year.
- The Physician P4P Program determines performance scores at the clinic organization level.

*includes Plan Partners (Anthem Blue Cross & Blue Shield Promise



What's New in 2023? Domain & Measure Changes

- Utilization Management and Member Experience domains are now **payment domains in 2023**.
 - Previously these domains were Reporting-only with no payment attached to performance.
 - Program measures have been tracked in Provider Opportunity Reports (PORs) and P4P performance reports in previous program years.

Domain Weight (out of 100)	
HEDIS	50
Member Experience	30
Utilization Management	20

Payment Measures Added
Depression Screening and Follow-Up in Children & Adolescents- Depression Screening
Follow-Up After ED Visit for Mental Illness: Follow-Up Within 30 Days of ED Visit
Lead Screening in Children
Transitions of Care: Medication Reconciliation Post Discharge



What's New in 2023? HEDIS Measure Changes

Measures Removed

Chlamydia Screening in Children

Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions

Transitions of Care: Patient Engagement After Inpatient Discharge

Weight Assessment & Counseling for Nutrition and Physical Activity for Children and Adolescents- Physical Activity

Reporting-Only Measures Added

Antidepressant Medication Management: Acute Phase Treatment

Antidepressant Medication Management: Continuation Phase Treatment

Colorectal Cancer Screening

Developmental Screening in the First Three Years of Life

Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence- 30 Days

Pharmacotherapy for Opioid Use Disorder

Topical Fluoride for Children



HEDIS Measures in the Program

Payment Measures

Asthma Medication Ratio – Ages 5-64

Breast Cancer Screening

Cervical Cancer Screening

Child & Adolescent Well-Care Visits

Childhood Immunization Status – Combo 10

Controlling High Blood Pressure

Depression Screening & Follow-Up for Adolescents and Adults- Depression Screening

Hemoglobin A1c Control for Patients with Diabetes: Poor control (>9.0%)

Immunizations for Adolescents – Combo 2

Postpartum Care

Timeliness of Prenatal Care

Well-Child Visits in the First 30 Months of Life- First 15 Months: 6 or more Well-Child Visits

Well-Child Visits in the First 30 Months of Life- Ages 15-30 Months: 2 or more Well-Child Visits

Bolded measures signify double-weighting





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Scoring & Reporting



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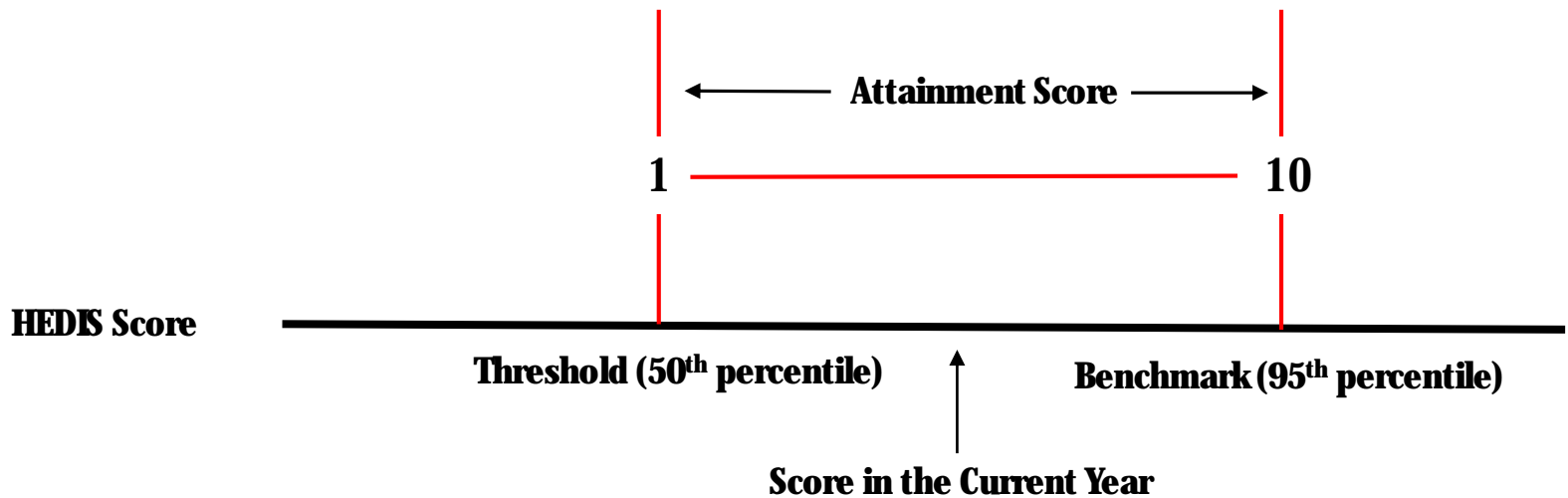
Scoring Methodology

- Eligible providers receive an ***attainment*** score and an ***improvement*** score for each performance measure.
- The *better of these two scores* becomes the provider's *incentive score* for each measure.
- This ensures that high performers receive high scores, and that lower performers demonstrating improvement also score well.



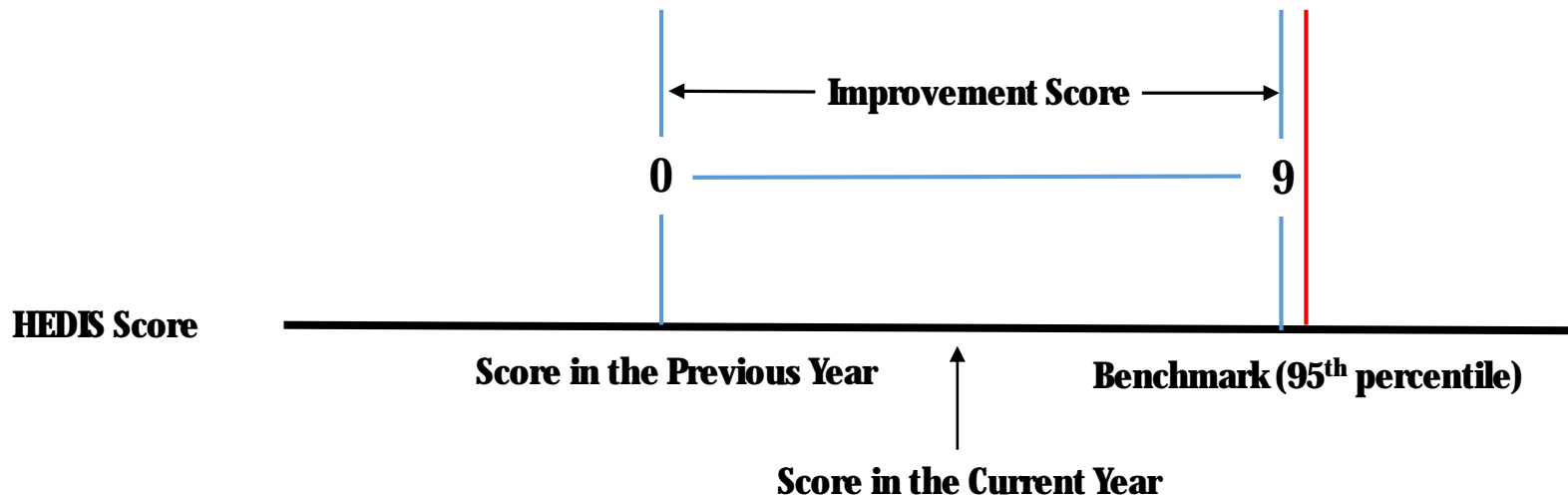
Scoring: Attainment

- Attainment reflects a provider's performance in the program year compared to peer group performance, and is scored on a scale of 0-10 points (10 points = best).



Scoring: Improvement

- Improvement reflects provider's performance in the program year compared to performance one year prior. Improvement is scored on a scale of 0-9 points.



Physician P4P Program - Physician Payment Report

January 1 - December 31, 2021



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Name: _____ Provider ID: _____
 Last Name: _____ Provider Name: _____
 License: _____ Provider TIN: _____

HEDIS-Cal PERFORMANCE SCORING	HEDIS Payment Measures (Higher rates are better)	HEDIS Hits	Eligible Population	2021 Rate	Incentive Scoring Threshold*	Incentive Scoring Benchmark**	Prior Year Rate	Attainment Score***	Improvement Score****	Incentive Score****
	Oral Medication Ratio- Ages 5-64	34	39	87.18%	57.14%	90.50%	73.81%	9	8	9
	Colorectal Cancer Screening	116	182	63.74%	54.72%	79.17%	67.86%	4	0	4
	Controlling High Blood Pressure†	24	200	12.00%	20.61%	68.09%	7.41%	0	0	0
	Colorectal Cancer Screening†	813	1,261	64.47%	53.85%	72.98%	65.26%	6	0	6
	Comprehensive Diabetes Care - Control (A1c < 8)†	121	210	57.62%	40.91%	65.15%	55.61%	7	2	7
	Glaucoma Screening in Women	149	180	82.78%	62.70%	85.71%	81.98%	8	2	8
	Immunization Status - Combo 10†	3	31	9.68%	15.50%	53.69%	0.00%	0	1	1
	Immunizations for Adolescents - Combo 2	17	35	48.57%	32.79%	67.47%	61.11%	5	0	5
	Prenatal and Postpartum Care - Timeliness of Prenatal Care†	143	174	82.18%	77.97%	92.45%	76.74%	3	3	3
	Prenatal and Postpartum Care - Postpartum Care	70	174	40.23%	61.54%	84.15%	55.23%	0	0	0
	Well-child visits in the First 30 months of Life	15	30	50.00%	54.95%	77.78%	70.37%	0	0	0
	Weight Assessment and Counseling for Child/Adol - Phys Activity	182	364	50.00%	45.63%	88.34%	58.03%	1	0	1
	Well-child and Adolescent Well-Care Visits	336	698	48.14%	30.81%	64.29%	54.88%	5	0	5

Multiple-Weighted Measure

Sum of Incentive Scores:	66
Count of Scored Measures x 10:	180
HEDIS PERFORMANCE SCORE:	36.67%

*Thresholds are set at the 50th percentile (median) of L.A. Care's physician-level HEDIS distribution in the prior program year.

**Benchmarks are set at the 95th percentile of L.A. Care's HEDIS distribution in the prior program year.

***Attainment score reflects your performance in the program year. It is scored 0-10 points, reflecting linear distance between threshold and benchmark values (must be at/above threshold to get attainment score > 0).

****Improvement score reflects your performance in the program year compared to one year prior. It is scored 0-9 points (current performance must be greater than prior year to get improvement score > 0).

The better of the attainment and improvement scores becomes the incentive score for each measure. Incentive scores are calculated for measures with at least 10 eligible members.

Physician P4P Program - Physician Payment Report

January 1 - December 31, 2021



Last Name:
First Name:
CA License:

Provider ID:
Provider Name:
Provider TIN:

Medi-Cal REPORTING ONLY	††Utilization rates are displayed as an Observed/Expected Ratio. A value of 1 or less is considered better.			HEDIS Hits	Eligible Population	2021 Rate	Incentive Scoring Threshold*	Incentive Scoring Benchmark**	Prior Year Rate	Attainment Score***	Improvement Score****	Incentive Score*****
Depression Screening and Follow-Up for Adolescents and Adults				7	2,159	0.32%	0.00%	0.00%	0.00%	10	9	10
Adult Timely Care and Service Composite					40	43.80%	49.26%	69.91%	56.44%	0	0	0
Child Timely Care and Service Composite					54	53.25%	59.87%	78.32%	64.68%	0	0	0
Adult Getting Needed Care Composite					37	40.24%	50.55%	68.78%	57.78%	0	0	0
Child Getting Needed Care Composite					47	58.83%	58.74%	75.10%	70.70%	1	0	1
Adult Overall Rating of All Health Care					40	58.96%	62.96%	79.42%	71.61%	0	0	0
Child Overall Rating of All Health Care					58	72.80%	77.49%	90.61%	81.59%	0	0	0
Adult Overall Rating of Doctor					41	64.52%	62.56%	84.87%	68.88%	1	0	1
Child Overall Rating of Doctor					58	62.95%	74.50%	90.62%	86.45%	0	0	0
Acute Hospitalization Utilization††						1.38	1.14	0.54	1.64	0	2	2
Emergency Department Utilization††						1.61	1.42	0	1.47	0	0	0
Plan All-Cause Readmissions††						1.16	0.85	0	1.07	0	0	0
Follow-Up After ED Visit for People w/ Multiple High-Risk Chronic				10	17	58.82%	38.46%	61.62%	57.14%	8	3	8
Transitions of Care-Patient Engagement Post-Discharge: 65+ Ages				115	265	43.40%	52.70%	78.37%	28.76%	0	2	2
Transitions of Care-Med Reconciliation Post-Discharge: 18-64 Age				3	265	1.13%	7.69%	80.00%	0.43%	0	0	0



Physician P4P Program - Physician Payment Report

January 1 - December 31, 2021



Provider Name: _____
 Provider ID: _____
 Provider Name: _____
 License: _____
 Provider TIN: _____

INCENTIVE PAYMENT CALCULATION

36.67%	X	2,888	=	1,059	X	\$44.78	=	\$47,422.02
HEDIS Performance Score		Program Year Medi-Cal Membership		Member Points		Dollar Value / Member Point		INCENTIVE AMOUNT

FINAL INCENTIVE PAYMENT CALCULATION BY TAX ID

\$47,422.02	X	100.00%	=	\$47,422.02
Final Incentive Amount (By Provider)		Membership Proportion by Tax ID:		FINAL INCENTIVE AMOUNT (BY PROVIDER, BY TAXID)

36.67%

 Your Performance Score
 (by Provider)

\$1.37

 Your PMPM EQUIVALENT
 (by Provider)

0.00%	Solo and Small Group Physician Peer Group Minimum	\$0.00
26.67%	Solo and Small Group Physician Peer Group Median	\$1.00
98.33%	Solo and Small Group Physician Peer Group Maximum	\$3.67
	Your Peer Group Percentile Ranking	68



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Medi-Cal (MCLA) Value Initiative for IPA Performance (VIIP) + Pay-for-Performance (P4P)

Report Year 2022, Measurement Year 2021

Provider Group Name:

Domain	Performance Score*	Points	Final Score	Eligible Members	Member Points	\$ Value/ Mbr Point	Subtotal Payment
EDIS	0.276	30	8.28	24,639	204,011	\$0.4437	\$90,519.68
Member Experience	0.110	30	3.30	24,639	81,309	\$0.4437	\$36,076.80
Utilization Management	0.008	20	0.16	24,639	3,942	\$0.4437	\$1,749.06
Encounters	0.455	20	9.10	24,639	224,215	\$0.4437	\$99,484.19

Your Score out of 100 = **20.84**

	Prior Year (RY 2021 / MY 2020)	Current Year (RY 2022 / MY 2021)	Your Final Total Payment
Percent Score	30.20%	20.84%	
Total Rank	30 Out of 58 Groups	42 Out of 59 Groups	

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Not Reportable as these measure(s) were not obtained or did not have the minimum 30 eligible members needed; compliance rates were not assigned.



Measure	2021 Rate	50th Percentile	95th Percentile	2020 Rate	Attainment Score (<50% = 0)	Improvement Score	Final Score
Oral Medication Ratio - Ages 5-64	69.91%	58.17%	71.26%	67.90%	8.57	5.48	8.57
Colorectal Cancer Screening	51.75%	55.38%	72.61%	52.05%	0	0	0
Cervical Cancer Screening**	57.18%	54.63%	68.73%	58.03%	2.13	0	2.13
Child and Adolescent Well-Care Visits	42.79%	38.83%	52.56%	37.74%	3.1	2.91	3.1
Childhood Immunization Status - Combo 10**	27.67%	20.07%	43.81%	27.63%	3.38	0	3.38
Chronic Hypertension Screening in Women	68.17%	63.09%	71.69%	67.05%	5.82	1.91	5.82
Comprehensive Diabetes Care - Control (A1c < 8)**	47.53%	40.58%	60.00%	41.61%	3.72	2.72	3.72
Controlling High Blood Pressure**	15.68%	23.05%	52.30%	6.81%	0	1.45	1.45
Contraceptives for Adolescents - Combo 2	34.60%	36.00%	59.00%	37.07%	0	0	0
Perinatal and Postpartum Care - Postpartum Care	63.47%	58.50%	81.58%	57.39%	2.44	2.01	2.44
Perinatal and Postpartum Care - Timeliness of Prenatal Care**	78.16%	77.25%	85.57%	75.22%	1.48	2.34	2.34
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adol - Physical Activity	60.15%	51.74%	74.79%	50.19%	3.78	3.55	3.78
Well-Child Visits in the First 30 Months of Life	53.97%	58.06%	76.25%	55.83%	0	0	0

Domain Average Score: **2.76**

0.276	×	30	=	8.28	×	24,639	=	204,011	×	\$0.4437	=	\$90,519.68
Domain Performance Score*		Points		Final Score		Total Eligible Membership		Member Points		Dollar Value/Member Point		Sub-Total Payment

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 Domain performance scores are calculated by dividing domain average scores by 10.

Member Experience Measure	2021 Rate	50th Percentile	95th Percentile	2020 Rate	Attainment Score (<50% = 0)	Improvement Score	Final Score
Getting Needed Care**	53.90%	53.52%	64.48%	59.90%	0.81	0	0.81
Rating of All Healthcare Combined	67.32%	62.86%	74.83%	67.04%	3.85	0	3.85
Rating of PCP	57.04%	64.87%	79.16%	67.44%	0	0	0
Timely Care and Service for PCPs**	45.25%	50.44%	61.40%	49.62%	0	0	0
Getting Needed Care**	58.39%	59.18%	69.74%	62.87%	0	0	0
Rating of All Healthcare Combined	80.41%	76.24%	85.38%	85.38%	4.61	0	4.61
Rating of PCP	76.82%	72.41%	87.50%	87.50%	3.13	0	3.13
Timely Care and Service for PCPs**	62.01%	62.04%	71.87%	68.76%	0	0	0

Domain Average Score: **1.10**

$$0.110 \times 30 = 3.30 \times 24,639 = 81,309 \times \$0.4437 = \$36,076.80$$

Domain Performance Score* Points Final Score Total Eligible Membership Member Points Dollar Value/Member Point Sub-Total Payment

Operational Management Measure	2021 Weighted	50th Percentile	5th Percentile	2020 Weighted	Attainment Score (>50% = 0)	Improvement Score	Final Score
Hospital Utilization (/1000 Members/Year)	59.18	48.09	15.62	53.84	0	0	0
Emergency Department Utilization (/1000 Members/Year)	884.45	755.29	383.04	857.79	0	0	0
All-Cause Readmissions	7.81%	5.87%	2.65%	8.21%	0	0.23	0.23

Domain Average Score: **0.08**

$$0.008 \times 20 = 0.16 \times 24,639 = 3,942 \times \$0.4437 = \$1,749.06$$

Domain Performance Score* Points Final Score Total Eligible Membership Member Points Dollar Value/Member Point Sub-Total Payment

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Measures	2021 Rate	50th Percentile	95th Percentile	2020 Rate	Attainment Score (<50% = 0)	Improvement Score	Final Score
Member Timeliness: MCLA	82.11%	79.16%	87.62%	79.57%	3.64	2.66	3.64
Member Timeliness: Plan Partners	75.31%	62.55%	71.63%	70.41%	10	9	10
Member Volume	4.22	4.50	5.16	4.51	0	0	0

Domain Average Score: **4.55**

$$0.455 \times 20 = 9.10 \times 24,639 = 224,215 \times \$0.4437 = \$99,484.19$$

Domain Performance Score* Points Final Score Total Eligible Membership Member Points Dollar Value/Member Point Sub-Total Payment

Measures	2021 Rate	50th Percentile	95th Percentile	2020 Rate	Attainment Score (<50% = 0)	Improvement Score	Final Score
Member Screening and Follow-Up for Adolescents and Adults (DSF-E)	0.79%	0.00%	1.51%	N.R.	N.R.	N.R.	N.R.
Member Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	47.41%	38.92%	48.75%	N.R.	N.R.	N.R.	N.R.
Member Conditions of Care (TRC)- Medication Reconciliation Post-Discharge-18-years Old	1.08%	8.60%	50.71%	N.R.	N.R.	N.R.	N.R.
Member Conditions of Care (TRC)- Patient Engagement After Inpatient Discharge-18-years Old	55.41%	51.15%	73.19%	N.R.	N.R.	N.R.	N.R.

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Not Reportable as these measure(s) were not obtained or did not have the minimum 30 eligible members needed; compliance rates were not assigned.

Domain performance scores are calculated by dividing domain average scores by 10.

Provider Opportunity Report

Microsoft Excel Ribbon: File, Home, Insert, Page Layout, Formulas, Data, Review, View, Nuance PDF, Tell me what you want to do...										
Excel Formula Bar: A1 : V#####_CLINIC ABC										
	A	B	C	D	E	F	G	H	I	J
1	V#####_CLINIC ABC									
3	Base Measure	Measure	Total Eligible	Met	Not Met	Rate	P4P Threshold (50th Percentile)	Threshold # Hits to Meet	P4P Benchmark (95th Percentile)	Bench Mark # Hits to Meet
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	290	12	278	4.14%	33.13%	84	88.4%	244
12	Controlling High Blood Pressure (CBP)	Controlling High Blood Pressure	521	6	515	1.15%	22.22%	110	74.41%	382
13	Comprehensive Diabetes Care (CDC)	Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	420	144	276	34.29%	44.44%	43	71.2%	155
Sheet Tab: Clinic Summary Report License Level Report AMM AWC BCS CBP CCS CD1 ...										
Ready										

Q4 MY 2021 VIIP+P4P Quarterly Encounter Data Progress Report

Quarter	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**		
				Below Threshold	Timeliness† and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	Promise	Q1 2021	71.40%		62.55%	71.63%
Timeliness	Anthem	Q1 2021	73.70%		62.55%	71.63%
Timeliness	Promise	Q2 2021	79.14%		62.55%	71.63%
Timeliness	Anthem	Q2 2021	81.31%		62.55%	71.63%
Timeliness	Anthem	Q3 2021	80.10%		62.55%	71.63%
Timeliness	Promise	Q3 2021	77.93%		62.55%	71.63%
Timeliness	Promise	Q4 2021	78.81%		62.55%	71.63%
Timeliness	Anthem	Q4 2021	79.93%		62.55%	71.63%
Volume	Promise	Q1 2021	4.95		4.50	5.16
Volume	BCSC	Q1 2021	4.66		4.50	5.16
Volume	All	Q1 2021	4.72		4.50	5.16
Volume	BCSC	Q2 2021	4.66		4.50	5.16
Volume	All	Q2 2021	4.75		4.50	5.16
Volume	Promise	Q2 2021	5.03		4.50	5.16
Volume	Promise	Q3 2021	5.00		4.50	5.16
Volume	BCSC	Q3 2021	4.75		4.50	5.16
Volume	All	Q3 2021	4.82		4.50	5.16
Volume	Promise	Q4 2021	5.17		4.50	5.16
Volume	BCSC	Q4 2021	4.77		4.50	5.16
Volume	All	Q4 2021	4.89		4.50	5.16

Rolling 12	Encounter Submission Pathway	Reporting Period	Your Score*	Targets**		
				Below Threshold	Timeliness† and Volume Threshold	Timeliness and Volume Benchmark
Timeliness	Anthem	2020Oct-2021Sep	73.91%		62.55%	71.63%
Timeliness	Promise	2020Oct-2021Sep	73.63%		62.55%	71.63%
Volume	Promise	2020Oct-2021Sep	4.98		4.50	5.16

* Encounter Volume rates are expressed as per member per year (PMPY). Encounter Timeliness measures encounter submissions rates within 60 days from the date of service. These rates are known to be incomplete due to encounter lags, and may be different than your final VIIP results.

**The measurement year 2021 program targets are based on encounters with dates of service in 2020 that were received by L.A. Care through June 30, 2021. Encounter Volume targets are expressed as the proportion of the difference from the expected PMPY.

† There are different targets for MCLA and Plan Partner(PP) encounter timeliness submission rates.

" Blue Shield of California Promise Health Plan and Anthem Blue Cross are independent entities and are independent licensees of the Blue Cross Blue Shield Association."

2023 Provider Opportunity Report Schedule

- PORs are distributed monthly.
- The POR includes administrative and supplemental data.
- Reports will generally be available by the 10th of the month.
- Summary report and measure-specific details included in 1 document.
- Raw data files available for Clinics and IPAs.





L.A. Care
HEALTH PLAN®

For All of L.A.

Proposition 56 Programs



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

What is Proposition 56?

- **California Healthcare, Research and Prevention Tobacco Tax Act** (Proposition 56) increased the excise tax rate on cigarettes, electronic cigarettes, and other tobacco products effective 2017.
 - Tax increased to \$2.87 – up from \$0.87 per pack of 20 cigarettes, with an equivalent rate increase on other tobacco products.
- Revenue from the additional \$2.00 tax was allocated to health program.
 - DHCS developed the structure for supplemental payments (pending CMS approval)
- Funding began SFY 2017-2018



Developmental Screenings (APL 19-016)

- Overlaps with MY 2023 Physician P4P Program
- Test measure (reporting-only) for MY 2023



Developmental Screenings (APL 19-016)

Implementation Date: January 1, 2020

Eligibility	Eligible Network Providers
Exclusions	Pre-paid Ambulatory Health Plans, Rady Childrens Hospital
What's reimbursed	Developmental Screenings provided in accordance with AAP/Bright Futures guidelines and when medically necessary to members that are not dual eligible for Medicare Part B
Payment type	Uniform dollar increase (specified code)

Service	Population	CPT Code	Supplemental Payment
Developmental Screenings (APL 19-016)	Children up to age 30 months	96110 without modifier KX*	\$59.90

***Modifier KX indicates autism screening. If autism screening is provided within the same visit, each screening must be noted on separate claim lines to be paid for each screening.**



Developmental Screenings

Eligible Screening Tools*

- Ages and Stages Questionnaire (ASQ) - 4 months to age 5
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

***Note: the list of eligible screening tools is set forth in the CMS Core Set Measure requirements document and is subject to change**



L.A. Care Prop. 56 Webpage

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs

The screenshot shows the L.A. Care Health Plan website. At the top, there is a navigation bar with links for 'Find a Doctor', 'Careers', 'Contact Us', and 'Font Size'. Below this is the L.A. Care logo and a search bar. The main content area is titled 'Proposition 56 Supplemental Payments' and includes a description of the program, a list of services, and a link to a webinar. Three callout boxes with yellow arrows point to specific features: 'Need Assistance?' with a 'Send a Message' button, 'Related Links' with a link to the DHCS Prop 56 website, and 'The Five Prop. 56 Programs' with a table of programs.

Find a Doctor | Careers | Contact Us | Font Size — +

Member Sign In | Provider Sign In

Health Plans ~ For Members ~ For Providers ~ Healthy Living ~ About Us ~

Home / For Providers / Provider Central / Provider Programs / Opportunities for L.A. Care Providers / Proposition 56 Programs

Proposition 56 Supplemental Payments

Proposition 56 was passed in 2016 to support access to health care for low-income Californians covered by the Medi-Cal program.

Known as the California Healthcare Research and Prevention Tobacco Tax Act, Prop. 56 raised the tax rate on cigarettes and other tobacco products to fund specific Department of Health Care Services (DHCS) health care programs.

These programs include supplemental payments for:

- physician and dental services
- the Family Planning, Access, Care and Treatment (FPACT) program
- the Value-Based Payment (VBP) Program
- developmental screenings for children
- Adverse Childhood Experiences (ACEs) trauma screenings
- medical abortions

Learn more from [L.A. Care's Proposition 56 Funding & Payments Webinar](#).

The Five Prop. 56 Programs

View specific claim information and timelines for each program.

APL19-015 Physician Services	+
APL20-013 Family Planning Services	+
APL20-014 Value-Based Payment Program	+

Use the Prop 56 contact form

Link to the DHCS Prop 56 website

Learn about supplemental funding from five Prop 56 programs



L.A. Care Prop. 56 Webpage

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs

For information regarding Prop. 56 programs, please visit the Department of Health Care Services' [California Proposition 56 website](#). They provide eligibility information, codes, fact sheets and updates for each program.

If you have questions about claims and payments, please fill out the form below and your message will be sent to the appropriate L.A. Care representative.

Name of MD or Medical Group: *

Physician License Number : *

National Provider Identification (NPI):

Address:

Phone Number:

Email: *



L.A. Care Prop. 56 Webpage

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs

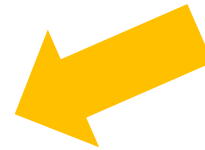
Are you a member of an IPA?: *

- Yes
- No

Name of IPA :


Area of Inquiry: *

- Directed Payments for Physician Services
- Family Planning Services
- Developmental Screening Services
- Adverse Childhood Experiences Screening (ACES) Services
- Medical Pregnancy Termination Services



Specify which program your inquiry is about. Submit multiple forms if you have questions on more than 1 program.

Message: *

I'm not a robot  reCAPTCHA
Privacy - Terms

Submit



L.A. Care Prop. 56 Webpage

www.lacare.org/providers/provider-central/provider-programs/quality-care-initiatives/prop-56-programs





L.A. Care
HEALTH PLAN®

For All of L.A.

Other Incentive Programs



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Provider Incentives

- **Annual Wellness Exam Provider Incentive (CMC)**

- The Annual Wellness Exam Incentive incentivizes physicians to complete an annual wellness exam for CMC members. Physicians can receive up to \$350 for every completed exam they submit (1 per member per year).
- The visit must be documented using L.A. Care's specified Annual Wellness Exam forms and must meet CMS's and L.A. Care's requirements.



Member Incentives

- **Non-monetary member incentives:** Member-level awards for positive health-seeking behaviors or participation in initiatives to improve member health
- **Incentive Type:**
 - Gift cards
- **Current operating programs:**
 - Healthy Mom Program (MCLA, LACC, & DSNP)
 - New Member Orientations (MCLA)
 - My Health In Motion Rewards Program (LACC)
 - Follow-Up After Hospitalization for Mental Illness (DSNP, LACC, & PASC)
 - Flu Shot (DSNP)



Measurement Year 2023 Timeline

- **January – March:** Program development for MY 2023
- **April:** Physician P4P and VIIP+P4P launch date
- **June – July:** Receive raw HEDIS/other data files, run provider rollup data and QA
- **July – October:** Scoring & payment calculations and QA
- **October:** Mid-Year Update Program Descriptions
- **November – December:** Complete payouts for all three programs & start modeling measures for the following measurement year



Source: Radiokrik





VIIP@lacare.org

- Medi-Cal VIIP+P4P, LACC VIIP, and CMC VIIP Program related questions

Incentive_Ops@lacare.org

- Physician P4P & POR/Gaps in Care report questions

