2024 P4P PROGRAM GUIDELINES

OVERVIEW

The Alameda Alliance for Health (Alliance) 2024 Pay-for-Performance (P4P) program offers performance-based incentive payments for delivered services to in-network Medi-Cal providers. Through this program, contracted primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement. The goal of the 2024 P4P program is to improve the quality, performance, and health outcomes of our Medi-Cal and IHSS Group Care members.

PROVIDER ELIGIBILITY AND PARTICIPATION

PCP Groups are defined as solo practitioners or multi-provider practices contracted for primary care services and are categorized as Family Practice, Internal Medicine, or Pediatric. PCP Groups are eligible to participate in the P4P program if they meet the following criteria:

1. Must be in good standing with the Alliance and Medi-Cal at the time of the payment distribution; and
2. Must be directly contracted with the Alliance for at least nine (9) months during the measurement year and through the date of payment.

TIMELINE AND PAYMENT METHODOLOGY

Program Timeline

Measurement Period: January 1, 2024 – December 31, 2024

Payment Date: September 2025

Pool Dollars and Payment Methodology

The total payment pool consists of the Alliance Board-approved budgeted amount. This amount is subject to adjustment depending on the financial performance of the Alliance. The potential dollars for a PCP Group will be based on its percentage of member months compared to the total member months of the Alliance.

MEASURE DOMAINS

The Alliance 2024 P4P program is divided into the following four (4) domains:

1. **Clinical Quality Measures:** Standard Healthcare Effectiveness Data and Information Set® (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA).
2. **Other Measures:** Non-HEDIS® measures that focus on utilization and member satisfaction.
3. **Monitoring Measures:** Measures that the Alliance is evaluating to potentially include in future P4P programs.
4. **Health Information Exchange (HIE):** Participation in the Manifest MedEx HIE with continuous data submission throughout the measurement year.

BENCHMARKS AND IMPROVEMENT TARGETS

Benchmarks and improvement targets are derived from a combination of several factors, including:

- National performance benchmarks for HEDIS® metrics
- Prior year performance

ADDITIONAL RESOURCES

To access the additional resources below, please visit the Alliance website at **www.alamedaalliance.org**:

- Measure Specifications
- Manifest MedEx Health Information Exchange (HIE) Participation Benefits
- Measure Summary
- Program Summary
- Provider Attestation
- Quick Reference Guide for Billing Staff
- Quick Reference Guide for Providers

WE ARE HERE TO HELP

If you have any questions, please call:

Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

ALAMEDA
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MANIFEST MᴇᴅEx HEALTH INFORMATION EXCHANGE (HIE) PARTICIPATION BENEFITS

Alameda Alliance for Health (Alliance) has contracted with Manifest MedEx, a Health Information Exchange (HIE), to improve our members' health and wellbeing through the sharing and exchange of data in a secure environment. Participation in the HIE creates new connections, efficiencies, and enables providers to work together to improve health outcomes. The Alliance is encouraging our provider network to participate in Manifest MedEx's HIE to improve care across the continuum and take advantage of participation benefits.

BENEFITS OF PARTICIPATING WITH MANIFEST

- Entities that participate can receive utilization data for their eligible/assigned members from all entities that participate in the HIE.
- Providers can receive real-time ADT notifications and access to medical records that include discharge summaries, clinical notes, and lab reports from hospitals that participate in the HIE.
- Participation with Manifest will meet the California Data Exchange Framework (DxF requirements under AB133.
- No cost for ambulatory providers.
- Eliminates the need for providers to submit custom electronic medical record (EMR) extracts to the Alliance for Healthcare Effectiveness Data and Information Set (HEDIS®).
- Fewer individual medical record requests from the Alliance for HEDIS®.
- Manifest MedEx has experience working with over 90 Electronic EMR systems including OCHIN Epic, Epic, eClinicalWorks, NextGen, etc.
- Providers can identify high-risk patients, reduce readmissions, and proactively monitor and support their patients by using Manifest MedEx's MX Notify and MX Access tools:
    o Receive real-time hospital event notifications and immediate follow-up without spending time on faxes and calls
    o Optimize care with easy access to comprehensive patient history drawn from claims and clinical data
    o Streamline HCC/RAF follow-up with a complete list of diagnoses and accurate data
    o Identify and close gaps in care
- Manifest MedEx is only focused on the California market and is based in Alameda County.
- Manifest MedEx participates in eHealth Exchange and is connected to the Carequality Framework.
- Manifest MedEx is the only data aggregator in California with NCQA-validated data, providing health plans access to standard supplemental data for HEDIS®.
- Manifest MedEx is HiTrust certified.

OVERVIEW OF MANIFEST MEDEX

As the largest nonprofit health data network in California, Manifest MedEx is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 36 million Californians across every county throughout the state. Manifest MedEx has been designated as a Qualified Health Information Organization (QHIO) under the California Health and Human Services (CalHHS) Data Exchange Framework (DxF).

Current participants in the Manifest MedEx HIE:

- Over 2500 California healthcare organizations
- Over 1500 ambulatory providers
- 1.5 million admissions, discharge, and transfer (ADT) feeds shared per month
- 130 hospitals
- 14 California health plans including, Anthem Blue Cross, Blue Shield of California, Health Net, and Aetna

The Alliance is working with Manifest MedEx to onboard additional providers in the Alliance provider network.

NEXT STEPS

If you want to participate or learn more about Manifest MedEx, please email the Alliance Performance and Analytics Department at **hedis@alamedaalliance.org**.

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www.alamedaalliance.org

2024 P4P PROGRAM SUMMARY (FOR AHS)

#	MEASURES	POINTS	GOAL
1	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	10	100% of points awarded per measure if the NCQA 75th percentile is met.
2	Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits	5	75% of points awarded per measure if the NCQA 50th percentile is met.
3	Child and Adolescent Well-Care Visits	10	If below 50th Percentile:
4	Lead Screening in Children	5	3% increase from 2023 = 20% of points
5	Breast Cancer Screening	10	6% increase from 2023 = 40% of points
6	Cervical Cancer Screening	10	A minimum of 15 members is required in the measure eligible population.
7	Colorectal Cancer Screening	5	Members with dual Medi-Cal/Medicare coverage are excluded from HEDIS® measures.
8	Glycemic Status Assessment for Patients with Diabetes	5	*A lower rate is better. Points are earned the same as above, but the rate must be below the NCQA 50th Percentile or decrease from the prior year's rate.
9	Controlling High Blood Pressure (<140/90)	5	
10	Follow-up After Emergency Department (ED) Visit for Mental Illness – 30 Days	5	
Clinical Quality Measures Total Points:		**70**	

#	MEASURES	POINTS	GOAL
11	Members with at least one (1) PCP visit within the measurement year	10	0.5% Increase from 2023 = 1/3 points 1% increase from 2023 = 2/3 points 1.5% increase from 2023 = Full points
12	Readmission Rate	10	0.5% decrease in readmission rate = 1/3 points 1% decrease in readmission rate = 2/3 points 1.5% decrease in readmission rate = Full points
13	Member Satisfaction Survey: Urgent Appointment Availability	5	Full points are awarded if 70% of responses indicate member was able to get an urgent appointment within two (2) business days. 3% improvement based on the prior year gets 50% of points. A minimum of 10 survey responses is required for the measurement year.
14	Member Satisfaction Survey: Non-Urgent Appointment Availability	5	Full points are awarded if 80% of survey responses indicate member was able to schedule a non-urgent appointment within 10 business days. 3% improvement based on the prior year gets 50% of the points. A minimum of 10 survey responses is required for the measurement year.
Other Measures Total Points:		**30**	
TOTAL		**100**	

Health Information Exchange (HIE)		
#	**MEASURES**	**MANIFEST MEDEX**
15	Health Information Exchange (HIE) Participation	Participate in the Manifest MedEx HIE with continuous data submission throughout the measurement year. Payment will be based on MMS at the end of the measurement year using the following payment tiers:

Member at the end of the Measurement Year	15-999	1000-4999	5000-14999	15000+
New Participant	$2,000	$3,000	$5,000	$10,000
Ongoing Participant	$1,000	$1,500	$2,500	$5,000

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#	MEASURE	DESCRIPTION	DOCUMENTATION
1	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	Children who turned 15 months old during 2024 and had six (6) or more well-child visits with a PCP during their first 15 months of life.	**CPT**: 99381, 99382, 99391, 99392, 99461 **Or ICD-10 Dx:** Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2
2	Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits	Children who turned 30 months old during 2024 and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday.	**CPT:** 99381, 99382, 99391, 99392, 99461 **Or ICD-10 Dx:** Z00.121, Z00.129, Z00.2, Z76.1, Z76.2
3	Child and Adolescent Well-Care Visits	Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2024.	**CPT:** 99382-99385, 99392-99395 **Or ICD-10 Dx:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2
4	Lead Screening in Children	Measures the percentage of members two (2) years of age who had one or more capillary or venous lead blood tests for lead poisoning in 2024 by their 2nd birthday.	**CPT:** 83655 **Or LOINC:** Codes submitted by lab
5	Breast Cancer Screening	Women 50-74 years of age who had a mammogram between October 1, 2022, and December 31, 2024.	Codes submitted by imaging center.
6	Cervical Cancer Screening	Women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria: • Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2022-2024). • Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2020-2024) and who were 30 years or older on the date of the test.	<u>**Cervical Cytology**</u> **CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **Or LOINC:** Codes submitted by lab <u>**HPV Test**</u> **CPT:** 87624, 87625 **Or LOINC:** Codes submitted by lab
7	Colorectal Cancer Screening	Members 45-75 years of age who had appropriate screening for colorectal cancer. Qualifying screenings include: • Fecal occult blood test • Stool DNA • Flexible sigmoidoscopy • CT colonography • Colonoscopy	Codes submitted by lab company or specialist.
8	Glycemic Status Assessment for Patients with Diabetes	Members 18-75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) test in 2024 shows poor control (>9%). A lower rate is better.	**CPT II:** • **HbA1c level <7.0:** 3044F • **HbA1c level ≥7.0 and <8.0:** 3051F • **HbA1c level ≥8.0 and ≤9.0:** 3052F • **HbA1c level >9.0:** 3046F

#	MEASURE	DESCRIPTION	DOCUMENTATION
9	**Controlling High Blood Pressure (<140/90)**	Members 18-85 years of age who have a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg).	**CPT II:** • **Systolic <130:** 3074F • **Systolic 130-139:** 3075F • **Systolic ≥140:** 3077F • **Diastolic <80:** 3078F • **Diastolic 80-89:** 3079F • **Diastolic ≥90:** 3080F
10	**Follow-up After Emergency Department (ED) Visit for Mental Illness – 30 Days**	ED visits for members six (6) years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Visit must have a principal diagnosis of a mental health disorder and must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50
11	**Members with at Least one (1) PCP Visit within the Measurement Year**	Members who had at least one (1) PCP visit in 2024 for members assigned to the PCP group.	**CPT:** 99201-99499, if covered Medi-Cal code Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50. Visit must be with a provider that is contracted as a PCP or mid-level with the Alliance.
12	**Readmission Rate**	Acute inpatient admissions in 2024 that were followed by unplanned acute readmission for any diagnosis within 30 days for members assigned to AHS. Excludes OB admissions and planned admissions (e.g., inpatient chemotherapy, inpatient rehabilitation, organ transplant).	Codes submitted by hospital
Monitoring Measure	**Avoidable ED Visits per 1000**	Members who had avoidable ED visits in 2024, using the John Hopkins ACG criteria for either "Emergent, primary care treatable" or "Non-emergent" visits.	Codes submitted by hospital
Monitoring Measure	**Acute hospital stay discharges which had a follow-up ambulatory visit within seven (7) days post-hospital discharge**	Members seen by a PCP within seven (7) days after being discharged from an acute hospital stay.	**CPT:** 99201-99499, if covered Medi-Cal code Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50. Visit must be with a provider that is contracted as a PCP or mid-level with the Alliance.
Monitoring Measure	**CPTII Code Utilization for BP Readings**	Members 18-85 years of age, seen by a PCP Group who had a BP reading reported using a CPT II during 2024.	**CPT II:** • **Systolic <130:** 3074F • **Systolic 130-139:** 3075F • **Systolic ≥140:** 3077F • **Diastolic <80:** 3078F • **Diastolic 80-89:** 3079F • **Diastolic ≥90:** 3080F
Monitoring Measure	**Developmental Screening in the First Three Years of Life**	Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in 2024.	**CPT:** 96110

#	MEASURE	DESCRIPTION	DOCUMENTATION
Monitoring Measure	**Depression Screening and Follow-Up for Adolescents and Adults**	Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument. • Follow-up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening.	**Billing Codes for Numerator 1:** Use the specific LOINC code that specifies the assessment used and share the total score from the assessment. • **LOINC:** 89208-3, 89209-1, 89205-9, 90221-3, 90853-3, 71354-5, 48545-8, 48544-1, 55758-7, 44261-6, 89204-2, 71965-8, 71777-7 **Billing Codes for Numerator 2:** • **CPT Codes for Follow-up Visit:** 98960–98968, 99078, 99201–99205, 99211–99215, 92217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99441–99483 • **ICD-10 Codes:** F01.51, F32.0–F32.5, F32.81, F32.89, F32.9, F33.0–F33.3, F33.42, F33.9, F43.21, F43.23
Monitoring Measure	**Topical Fluoride for Children**	Children ages 1-20 who received at least two (2) topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services in 2024.	**CPT Code for 0-5 years of age:** 99188

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#	MEASURE	DESCRIPTION	DOCUMENTATION
1	**Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits**	Children who turned 15 months old during 2024 and had six (6) or more well-child visits with a PCP during their first 15 months of life.	Follow the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.
2	**Well-Child Visits for Ages 15 Months to 30 Months: Two (2) or More Visits**	Children who turned 30 months old during 2024 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus one (1) day and the 30-month birthday.	Follow the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.
3	**Child and Adolescent Well-Care Visits**	Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2024.	Follow the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.
4	**Lead Screening in Children**	Members two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning in 2024 by their 2nd birthday.	Follow the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.
5	**Breast Cancer Screening**	Women 50-74 years of age who had a mammogram between October 1, 2022, and December 31, 2024.	Based on claims data.
6	**Cervical Cancer Screening**	Women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria: • Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2022-2024). • Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2020-2024) and who were 30 years or older on the date of the test.	• When the screening is completed offsite, obtain the record and results to ensure the medical record is complete. • If the member had a hysterectomy, document the date, type of surgery (TAH, complete), and absence or presence of cervix. • If the date of the hysterectomy is unknown, document the year.
7	**Colorectal Cancer Screening**	Members 45-75 years of age who had appropriate screening for colorectal cancer. Qualifying screenings include: • Fecal occult blood test • Stool DNA • Flexible sigmoidoscopy • CT colonography • Colonoscopy	• When the screening is completed offsite, obtain the record and results and document in the member's chart to ensure the medical record is complete. • Document if the member has had a total colectomy at any time during the member's history. • Based on claim and EMR data.
8	**Glycemic Status Assessment for Patients with Diabetes**	Members 18-75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) test in 2024 shows poor control (>9%). A lower rate is better.	• Document the HbA1c or GMI test in 2024 along with the result. Goal is <8.0%. • Repeat labs indicating poor control (>9.0%) later in 2024. • When the service is completed off-site, obtain the record and results to ensure the medical record is complete.

#	MEASURE	DESCRIPTION	DOCUMENTATION
9	**Controlling High Blood Pressure (<140/90)**	Members 18-85 years of age who have a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg).	• Retake the member's BP if it is >140/90. • If multiple BP readings are taken during a visit record all values in the member's chart.
10	**Follow-up After Emergency Department (ED) Visit for Mental Illness – 30 Days**	ED Visits for members six (6) years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.	Based on claims data a member had a follow-up visit within 30 days after the ED Visit with a practitioner: • With a principal diagnosis of a mental health disorder, or • With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder.
11	**Members with at Least on (1) PCP Visit within the Measurement Year**	Members who had at least one (1) PCP visit in 2024 for members assigned to the PCP group.	Based on claims data. Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50. Visit must be with a provider that is contracted as a PCP or mid-level with the Alliance.
12	**Readmission Rate**	Acute inpatient admissions in 2024 that were followed by unplanned acute readmission for any diagnosis within 30 days for members assigned to AHS. Excludes OB admissions and planned admissions (e.g., inpatient chemotherapy, inpatient rehabilitation, organ transplant).	Based on claims data.
13	**Member Satisfaction Survey: Urgent Appointment Availability**	Survey responses received in 2024 that indicate the member was able to schedule an urgent appointment within 2 business days.	Survey question: "In the last six (6) months, when you made an appointment either in person or by telephone for urgent care that you needed right away, when was your appointment either in person or by telephone scheduled?" a. 0-2 business days b. 3-4 business days c. More than 4 business days
14	**Member Satisfaction Survey: Non-Urgent Appointment Availability**	Survey responses received in 2024 that indicate the member was able to schedule a non-urgent appointment between 0-10 business days.	Survey question: "In the last six (6) months, when you made an appointment either in person or by telephone for a check-up or routine care with this provider, when was your appointment either in person or by telephone scheduled?" a. 0-10 business days b. More than 10 business days
Monitoring Measure	**Avoidable ED visits per 1000**	Members who had avoidable ED visits in 2024, using the John Hopkins ACG criteria for either "Emergent, primary care treatable" or "Non-emergent" visits.	Based on claims data.
Monitoring Measure	**Acute hospital stay discharges which had a follow-up ambulatory visit within seven (7) days post-hospital discharge**	Members seen by a PCP within seven (7) days after being discharged from an acute hospital stay.	Please ensure timely follow-up with members who have been discharged from an acute hospital stay.

#	MEASURE	DESCRIPTION	DOCUMENTATION
Monitoring Measure	CPTII Code Utilization for BP Readings	Members 18-85 years of age, seen by a PCP Group who had a BP reading reported using a CPT II during 2024.	Use the appropriate CPT II codes to document the lowest systolic and diastolic reading from the visit: • Systolic <130: 3074F • Systolic 130-139: 3075F • Systolic ≥140: 3077F • Diastolic <80: 3078F • Diastolic 80-89: 3079F • Diastolic ≥90: 3080F
Monitoring Measure	Developmental Screening in the First Three Years of Life	Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in 2024.	The following tools meet the above criteria and are included in the Bright Futures Recommendations for Preventive Care: • Ages and Stages Questionnaire - 3rd Edition (ASQ-3) • Parents' Evaluation of Developmental Status (PEDS) – Birth to age eight (8) • Parent's Evaluation of Developmental Status – Developmental Milestones (PEDS-DM) • Survey of Well-Being in Young Children (SWYC) Ensure appropriate code is used when screening is conducted.
Monitoring Measure	Depression Screening and Follow-Up for Adolescents and Adults	Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument. • Follow-up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening.	Use a standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments: • PHQ-9 • PHQ-2 • Beck Depression Inventory-Fast Screen • Center for Epidemiologic Studies Depression Scale – Revised • Edinburgh Postnatal Depression Scale • PROMIS Depression Ensure appropriate code is used when screening is conducted.
Monitoring Measure	Topical Fluoride for Children	Children ages 1-20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services in 2024.	Provide topical fluoride varnish to pediatric members ages 0-5 during routine office visits.

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CLINICAL QUALITY MEASURES (FOR AHS)

MEASURES ARE BASED ON NCQA HEDIS® SPECIFICATIONS.

Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits

Measures the percentage of children who turned 15 months old during 2024 and had six (6) or more well-child visits with a PCP during their first 15 months of life.

Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits

Measures the percentage of children who turned 30 months old during 2024 and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday.

Child and Adolescent Well-Care Visits

Measures the percentage of members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2024.

Lead Screening in Children

Measures the percentage of members two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning in 2024 by their 2nd birthday.

Breast Cancer Screening

Measures the percentage of women 50-74 years of age who had a mammogram between October 1, 2022 – December 31, 2024.

Cervical Cancer Screening

Measures the percentage of women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria:

- Women 21-64 years of age who had a cervical cytology performed within the last three (3) years (2022-2024).
- Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2020-2024) and who were 30 years or older on the date of the test.

Colorectal Cancer Screening

Measures the percentage of adult members 45-75 years of age who had appropriate screening for colorectal cancer.

Qualifying screenings include:

- Fecal occult blood test
- Stool DNA
- Flexible sigmoidoscopy
- CT colonography
- Colonoscopy

CLINICAL QUALITY MEASURES (FOR AHS)

Glycemic Status Assessment for Patients with Diabetes

Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) test in 2024 shows poor control (>9%). A lower rate is better.

Controlling High Blood Pressure (<140/90)

Measures the percentage of members 18-85 years of age who have a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg).

Follow-up After Emergency Department (ED) Visit for Mental Illness – 30 Days

Measures the percentage of ED Visits for members six (6) years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.

OTHER MEASURES (FOR AHS)

Members with at least one (1) PCP visit within the measurement year

Measures the percentage of members with at least one (1) PCP visit in 2024.

Readmission Rate

Measures the percentage of acute inpatient admissions in 2024 that were followed by unplanned acute readmission for any diagnosis within 30 days for members assigned to Alameda Health System (AHS). Excludes OB admissions and planned admissions (e.g., inpatient chemotherapy, inpatient rehabilitation, organ transplant).

Member Satisfaction Survey: Urgent Appointment Availability

On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received in 2024 that indicate the member was able to schedule an urgent appointment within two (2) business days.

The survey question reads:

"In the last six (6) months, when you made an appointment either in person or by telephone for urgent care that you needed right away, when was your appointment either in person or by telephone scheduled?"

> a. 0-2 business days
>
> b. 3-4 business days
>
> c. More than 4 business days

Member Satisfaction Survey: Non-Urgent Appointment Availability

On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received in 2024 that indicate the member was able to schedule a non-urgent appointment between 0-10 business days.

The survey question reads:

"In the last six (6) months, when you made an appointment either in person or by telephone for a check-up or routine care with this provider, when was your appointment either in person or by telephone scheduled?"

> a. 0-10 business days
>
> b. More than 10 business days

MONITORING MEASURES (FOR AHS)

Avoidable ED Visits per 1,000

Measures the percentage of members who had an avoidable ED visit, using the Johns Hopkins ACG criteria for either "Emergent, primary care treatable" or "Non-emergent" visits.

Acute hospital stay discharges which had a follow-up ambulatory visit within seven (7) days post-hospital discharge

Measures the percentage of members seen by a PCP within seven (7) days after being discharged from an acute hospital stay.

CPT II Code Utilization for BP Readings

Measures the percentage of members 18-85 years of age, seen by a PCP Group who had a BP reading reported using a CPT II code during 2024.

Developmental Screening in the First Three (3) Years of Life

Measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in 2024.

Examples of developmental screening tools include but are not limited to:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)
- Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

Depression Screening and Follow-up for Adolescents and Adults

Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening.

Topical Fluoride for Children

Children ages 1 through 20 who received at least two (2) topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services in 2024.

HIE MEASURE (FOR AHS)

Health Information Exchange (HIE) Participation

Participate in the Manifest MedEx Health Information Exchange (HIE) with continuous data submission throughout the measurement year. Payment will be based on MMS at the end of the measurement year using the following payment tiers:

Member at the end of the Measurement Year	15-999	1000-4999	5000-14999	15000+
New Participant	$2,000	$3,000	$5,000	$10,000
Ongoing Participant	$1,000	$1,500	$2,500	$5,000

If you have any questions, please call:
Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

By signing below, I _____
<div style="text-align:center">Print Full Name</div>

attest that I have received the following materials as they relate to the Alameda Alliance for Health (Alliance) Pay-for-Performance (P4P) Program for measurement year 2024:

- Measure Specifications

- Manifest MedEx Health Information Exchange (HIE) Participation Benefits

- Measure Summary

- Program Guidelines

- Program Summary

- Quick Reference Guide for Billing Staff

- Quick Reference Guide for Providers

I also attest that I have received information on whom to contact with any questions or if further assistance is needed.

Provider/Group Name (Print): _____

Signature of Person Attesting: _____

Date: _____

If you have any questions, please call:
Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

ALAMEDA
Alliance
FOR HEALTH

PAY-FOR-PERFORMANCE (P4P) PROGRAM MEASURE SPECIFICATIONS (FOR AHS)

ALAMEDA Alliance FOR HEALTH

2024

TABLE OF CONTENTS

P4P PROGRAM OVERVIEW

The Measure Specification Guide provides an overview of the Alameda Alliance for Health (Alliance) 2024 Pay-for-Performance (P4P) program. The Alliance P4P program offers performance-based incentive payments for delivered services to in-network Medi-Cal providers. Through this program, contracted primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement. This Measure Specification Guide is designed as a comprehensive reference for providers and their staff to understand the Alliance 2024 P4P Program.

PROVIDER ELIGIBILITY AND PARTICIPATION

PCP Groups are defined as solo practitioners or multi-provider practices contracted for primary care services and are categorized as Family Practice, Internal Medicine, or Pediatric. PCP Groups are eligible to participate in the P4P program if they meet the following criteria:

1. Must be in good standing with the Alliance and Medi-Cal at the time of the payment distribution; and
2. Must be directly contracted with the Alliance for at least nine (9) months during the measurement year and through the date of payment.

TIMELINE AND PAYMENT METHODOLOGY

Program Timeline
Measurement Period: January 1, 2024 – December 31, 2024
Payment Date: September 2025

Payment Methodology
The total payment pool consists of the Alliance Board-approved budgeted amount. This amount is subject to adjustment depending on the financial performance of the Alliance. The potential dollars for a PCP Group will be based on its percentage of member months compared to the total member months of the Alliance.

MEASURE DOMAINS

The Alliance 2024 P4P program is divided into the following four (4) domains:

1. **Clinical Quality Measures:** Standard Healthcare Effectiveness Data and Information Set® (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA).
2. **Other Measures:** Non-HEDIS® measures that focus on utilization and member satisfaction.
3. **Monitoring Measures:** Measures that the Alliance is evaluating to potentially include in future P4P programs.
4. **Health Information Exchange (HIE):** Participation in the Manifest MedEx HIE with continuous data submission throughout the measurement year.

P4P PROGRAM OVERVIEW

BENCHMARKS AND IMPROVEMENT TARGETS

Benchmarks and improvement targets are derived from a combination of several factors, including:

- National performance benchmarks for HEDIS® metrics
- Prior year performance

WE ARE HERE TO HELP

If you have any questions, please call:

Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

CLINICAL QUALITY MEASURES (FOR AHS)

Measures included in the Clinical Quality domain are HEDIS® measures that are based on the specifications published by NCQA.

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE: SIX (6) OR MORE VISITS (W30 6+)

Methodology: HEDIS®

Measure Description: Measures the percentage of children who turned 15 months old during 2024 and had six (6) or more well-child visits with a PCP during their first 15 months of life.

Denominator: Members who turned 15 months old in 2024.

Numerator: Members who received six (6) or more well-child visits on or before the child's 15th month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Billing Codes:

- **CPT:** 99381, 99382, 99391, 99392, 99461
- **Or ICD-10 Dx:** Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

WELL-CHILD VISITS FOR AGE 15 MONTHS TO 30 MONTHS: TWO (2) OR MORE VISITS (W30 2+)

Methodology: HEDIS®

Measure Description: Measures the percentage of children who turned 30 months old during 2024 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus one (1) day and the 30-month birthday.

Denominator: Members who turned 30 months old in 2024.

Numerator: Members in the denominator who received two or more well-child visits between the child's 15 months plus one (1) day and 30 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the Practitioner assigned to the child.

Billing Codes:

- **CPT:** 99381, 99382, 99391, 99392, 99461
- **Or ICD-10 Dx:** Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Methodology: HEDIS®

Measure Description: Measures the percentage of members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2024.

Denominator: Members who turned 3-21 years old in 2024.

Numerator: Members in the denominator who had one (1) or more well-care visits with a PCP or an OB/GYN in 2024.

Billing Codes:

- **CPT:** 99382-99385, 99392-99395
- **Or ICD-10 Dx:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

LEAD SCREENING IN CHILDREN (LSC)

Methodology: HEDIS®

Measure Description: Measures the percentage of members two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning in 2024 by their 2nd birthday.

Denominator: Children who turn two (2) in 2024.

Numerator: Members in the denominator who had at least one (1) lead capillary or venous blood test on or before their 2nd birthday.

Billing Codes:

- **CPT:** 83655
- **Or LOINC:** Codes submitted by lab

BREAST CANCER SCREENING (BCS-E)

Methodology: HEDIS®

Measure Description: Measures the percentage of women 50-74 years of age who had a mammogram between October 1, 2022 – December 31, 2024.

Denominator: Women 52-74 years of age.

Numerator: Members in the denominator who had one (1) or more mammograms any time on or between October 1, two (2) years prior to the measurement year (2022), and December 31st of the measurement year (2024).

Billing Codes: Codes submitted by imaging center

CERVICAL CANCER SCREENING (CCS)

Methodology: HEDIS®

Measure Description: Measures the percentage of women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria:

- Women 21-64 years of age who had a cervical cytology performed within the last three (3) years (2022-2024).
- Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2020-2024) and who were 30 years or older on the date of the test.

Denominator: Women 24-64 years of age.

Numerator: Women in the denominator who received a timely screening for cervical cancer.

Billing Codes:

- **Cervical Cytology CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
- **Or LOINC:** Codes submitted by lab
- **HPV Test CPT:** 87624, 87625
- **Or LOINC:** Codes submitted by lab

COLORECTAL CANCER SCREENING (COL-E)

Methodology: HEDIS®

Measure Description: Measures the percentage of adult members 45-75 years of age who had appropriate screening for colorectal cancer.

Qualifying screenings include:

- Fecal occult blood test
- Stool DNA
- Flexible sigmoidoscopy
- CT colonography
- Colonoscopy

Denominator: Members 45-75 years of age.

Numerator: Members in the denominator who had one (1) or more screenings for colorectal cancer.

Any of the following meet the criteria:

- Fecal occult blood test during the measurement year (2024).
- Flexible sigmoidoscopy during the measurement year (2024) or four (4) years prior to the measurement year (2020).
- Colonoscopy during the measurement year (2024) or the nine (9) years prior to the measurement year (2015).
- CT colonography during the measurement year (2024) or the four (4) years prior to the measurement year (2020).
- Stool DNA with FIT test during the measurement year (2024) or two (2) years prior to the measurement year (2022).

Billing Codes: Codes submitted by lab company or specialist

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

Methodology: HEDIS®

Measure Description: Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) test in 2024 shows poor control (>9%). A lower rate is better.

Denominator: Members 18-75 years of age.

Numerator: Members in the denominator who had the most recent HbA1c or GMI >9% in 2024.

Billing Codes:

- **HbA1c level <7.0:** 3044F
- **HbA1c level ≥7.0 and <8.0:** 3051F
- **HbA1c level ≥8.0 and ≤9.0:** 3052F
- **HbA1c level >9.0:** 3046F

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Methodology: HEDIS®

Measure Description: Measures the percentage of members 18-85 years of age who have a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg).

Denominator: Members 18-85 years of age who have been diagnosed with HNT.

Numerator: Member in the denominator who had a BP reading taken during the measurement year. The most recent BP of the measurement year will be used to determine compliance with this measure.

Billing Codes:

- **CPT II:**
  - **Systolic <130:** 3074F
  - **Systolic 130-139**: 3075F
  - **Systolic ≥140:** 3077F
  - **Diastolic <80:** 3078F
  - **Diastolic 80-89:** 3079F
  - **Diastolic ≥90:** 3080F

FOLLOW-UP AFTER ED VISIT FOR MENTAL ILLNESS (FUM) – 30 DAYS

Methodology: HEDIS®

Measure Description: Measures the percentage of ED Visits for members six (6) years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.

Denominator: Members six (6) years of age and older who had an ED visit with a principal diagnosis of mental illness or intentional self-harm.

Numerator: Members in the denominator with a follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder, or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

Billing Codes:

- **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
- Visit must have a principal diagnosis of a mental health disorder and must be in an outpatient setting – e.g. Office POS 11, FQHC POS 50

OTHER MEASURES (FOR AHS)

Measures included in the Other Measure domain are non-HEDIS® measures that focus on utilization and member satisfaction.

MEMBERS WITH AT LEAST ONE (1) PCP VISIT WITHIN THE MEASUREMENT YEAR

Methodology: Alliance-defined measure

Measure Description: Measures the percentage of members with at least one (1) PCP visit in 2024.

Denominator: Members assigned to PCP Group in 2024.

Numerator: Members in the denominator who had at least one (1) visit with a PCP in 2024.

Billing Codes:

- **CPT:** 99201-99499, if covered Medi-Cal code

- Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50.

- Visit must be with a provider that is contracted as a PCP or mid-level.

READMISSION RATE

Methodology: Alliance-defined measure

Measure Description: Measures the percentage of acute inpatient admissions in 2024 that were followed by unplanned acute readmission for any diagnosis within 30 days for members assigned to Alameda Health System (AHS). Excludes obstetrics (OB) admissions and planned admissions (e.g., inpatient chemotherapy, inpatient rehabilitation, organ transplant).

Denominator: Members assigned to AHS who had an acute inpatient admission in 2024.

Numerator: Members in the denominator who had an unplanned acute readmission for any diagnosis within 30 days.

Billing Codes: Claims submitted by the hospital.

MEMBER SATISFACTION SURVEY: URGENT APPOINTMENT AVAILABILITY

Methodology: CG-CAHPS

Measure Description: On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received in 2024 that indicate the member was able to schedule an urgent appointment within two (2) business days.

The survey question reads:

"In the last six (6) months, when you made an appointment either in person or by telephone for urgent care that you needed right away, when was your appointment either in person or by telephone scheduled?"

a. 0-2 business days

b. 3-4 business days

c. More than 4 business days

MEMBER SATISFACTION SURVEY: NON-URGENT APPOINTMENT AVAILABILITY

Methodology: CG-CAHPS

Measure Description: On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received in 2024 that indicate the member was able to schedule a non-urgent appointment between 0-10 business days.

The survey question reads:

"In the last six (6) months, when you made an appointment either in person or by telephone for a check-up or routine care with this provider, when was your appointment either in person or by telephone scheduled?"

a. 0-10 business days

b. More than 10 business days

Measures included in the Monitoring Measures domain include HEDIS® and non-HEDIS® measures that the Alliance is evaluating to potentially include in future P4P programs.

AVOIDABLE EMERGENCY DEPARTMENT (ED) VISITS PER 1,000

Methodology: Alliance-defined measure

Measure Description: Measures the percentage of members who had an avoidable ED visit using the ED Visit Types per Johns Hopkins ACG criteria for either "Emergent, primary care treatable" or "Non-emergent" visits.

Denominator: Claims received for members with an ED visit in 2024.

Numerator: Claims received for members whose ED visit meets the Johns Hopkins ACG criteria for either "Emergent, primary care treatable" or "Non-emergent" visits.

Billing Codes: Codes submitted by the ED.

ACUTE HOSPITAL STAY DISCHARGES WHICH HAD A FOLLOW-UP AMBULATORY VISIT WITHIN SEVEN (7) DAYS POST-HOSPITAL DISCHARGE.

Methodology: HEDIS®

Measure Description: Measures the percentage of members seen by a PCP within seven (7) days after being discharged from an acute hospital stay.

Denominator: The number of live discharges from acute care hospitals among enrolled Alliance members during the measurement period.

Numerator: The number of acute care hospital live discharges among enrolled Alliance members during 2024 with an ambulatory visit within seven (7) days post-hospital discharge.

Billing Codes:

- **CPT:** 99201-99499, if covered Medi-Cal code
- Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50.
- Visit must be with a provider that is contracted as a PCP or mid-level with the Alliance.

CPTII CODE UTILIZATION FOR BP READINGS

Methodology: Alliance-defined measure

Measure Description: Measures the percentage of members 18-85 years of age, seen by a PCP Group who had a BP reading reported using a CPT II during 2024.

Denominator: Claims submitted by PCP Group for office visits for members 18-85 years of age during the measurement year.

Numerator: Claims submitted by PCP that contain CPT II codes for BP readings.

Billing Codes:

- **CPT II:**
  - o **Systolic <130:** 3074F
  - o **Systolic 130-139:** 3075F
  - o **Systolic ≥140:** 3077F
  - o **Diastolic <80:** 3078F
  - o **Diastolic 80-89:** 3079F
  - o **Diastolic ≥90:** 3080F

DEVELOPMENTAL SCREENING IN THE FIRST THREE (3) YEARS OF LIFE (DEV)

Methodology: CMS Child Core Set

Measure Description: Measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in 2024.

Denominator: Children who turn ages 1, 2, or 3 by December 31, 2024.

Numerator: Children who were screened for risk of developmental, behavioral, and social delays on or before the child's first, second, or third birthday. Examples of developmental screening tools include but are not limited to:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

Billing Code:

- **CPT:** 96110

DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF-E)

Methodology: HEDIS®

Measure Description: Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening.

Denominator: Members 12 years of age or older at the start of 2024.

Numerator 1: Depression screened members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the measurement period.

Billing Codes for Numerator 1: Use the specific LOINC code that specifies the assessment used and share the total score from the assessment.

- **LOINC:** 89208-3, 89209-1, 89205-9, 90221-3, 90853-3, 71354-5, 48545-8, 48544-1, 55758-7, 44261-6, 89204-2, 71965-8, 71777-7

Numerator 2: Follow-Up on positive screened members who received follow-up care on or up to 30 days after the date of the first positive screening (31 total days).

Billing Codes for Numerator 2:

- **CPT Codes for Follow-up Visit:** 98960-98968, 99078, 99201-99205, 99211-99215, 92217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99441-99483

- **ICD-10 Codes:** F01.51, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.42, F33.9, F43.21, F43.23

TOPICAL FLUORIDE FOR CHILDREN (TFL-CH)

Methodology: Dental Quality Alliance

Measure Description: Children ages 1-20 who received at least two (2) topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services in 2024.

Denominator: Children 1-20 years of age.

Numerator: Children who received at least two (2) topical fluoride applications.

Billing Code:

- **CPT Code for 0-5 years of age**: 99188

BACKGROUND

Alameda Alliance for Health (Alliance) has contracted with Manifest MedEx, a Health Information Exchange (HIE), to improve our members' health and wellbeing through the sharing and exchange of data in a secure environment. Participation in the HIE creates new connections, efficiencies, and enables providers to work together to improve health outcomes. The Alliance is encouraging our provider network to participate in the Manifest MedEx HIE to improve care across the continuum and take advantage of participation benefits.

HIE Participation

Participate in the Manifest HIE with continuous data submission throughout the measurement year.

Payment will be based on member assignment at the end of the measurement year using the following payment tiers:

Member at the end of the Measurement Year	15-999	1000-4999	5000-14999	15000+
New Participant	$2,000	$3,000	$5,000	$10,000
Ongoing Participant	$1,000	$1,500	$2,500	$5,000

BENEFITS OF PARTICIPATING WITH MANIFEST

- Entities that participate can receive utilization data for their eligible/assigned members from all entities that participate in the HIE.

- Providers can receive real-time ADT notifications and access to medical records that include discharge summaries, clinical notes, and lab reports from hospitals that participate in the HIE.

- Participation with Manifest will meet the California Data Exchange Framework (DxF) requirements under AB133.

- No cost for ambulatory providers.

- Eliminates the need for providers to submit custom electronic medical record (EMR) extracts to the Alliance for Healthcare Effectiveness Data and Information Set® (HEDIS®).

- Fewer individual medical record requests from the Alliance for HEDIS®.

- Manifest MedEx has experience working with over 90 Electronic EMR systems including OCHIN Epic, Epic, eClinicalWorks, NextGen, etc.

- Providers can identify high-risk patients, reduce readmissions, and proactively monitor and support their patients by using Manifest MedEx's MX Notify and MX Access tools:
  - Receive real-time hospital event notifications and immediate follow-up without spending time on faxes and calls

    o Optimize care with easy access to comprehensive patient history drawn from claims and clinical data

    o Streamline HCC/RAF follow-up with a complete list of diagnoses and accurate data

    o Identify and close gaps in care

- Manifest MedEx is only focused on the California market and is based in Alameda County.

- Manifest MedEx participates in eHealth Exchange and is connected to the Carequality Framework.

- Manifest MedEx is the only data aggregator in California with NCQA validated data, providing health plans access to standard supplemental data for HEDIS®.

- Manifest MedEx is HiTrust certified.

OVERVIEW OF MANIFEST MEDEX

As the largest nonprofit health data network in California, Manifest MedEx is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 36 million Californians across every county and throughout the state. Manifest MedEx has been designated as a Qualified Health Information Organization (QHIO) under the California Health and Human Services (CalHHS) Data Exchange Framework (DxF).

Current participants in the Manifest MedEx HIE:

- Over 2500 California healthcare organizations

- Over 1500 ambulatory providers

- 1.5 million admissions, discharge, and transfer (ADT) feeds shared per month

- 130 hospitals

- 14 California health plans including, Anthem Blue Cross, Blue Shield of California, Health Net, and Aetna

The Alliance is working with Manifest MedEx to onboard additional providers in the Alliance provider network.

FOR ADDITIONAL INFORMATION

If you want to participate or learn more about Manifest MedEx, please email the Alliance Performance and Analytics Department at **hedis@alamedaalliance.org**.