

PAY-FOR-PERFORMANCE (P4P) PROGRAM

FOR ALAMEDA HEALTH SYSTEM



2021

ALAMEDA
Alliance
FOR HEALTH

A NOTE FROM THE MEDICAL DIRECTOR

Dear Alameda Health System,


Alameda Alliance for Health (Alliance) has proudly served our community for more than two decades. We were created by and for Alameda County residents, and we currently provide more than 270,000 children and adults with access to health care. We value the high quality, accessible, and affordable health care services that you deliver as our provider partner.

Our 2021 Pay-for-Performance (P4P) program offers performance-based incentive payments for delivered services. Through this program, primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement.

In this pamphlet, please find a Program Guide and Quick Reference Guides as resources to help you better understand our P4P program.

If you have any questions about our P4P program, please feel free to reach out to our Provider Services Department at **1.510.747.4510** or contact me at the email below.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bhatt", enclosed within a large, loopy oval flourish.

Sanjay Bhatt, MD MS MMM

Medical Director – Quality Improvement

Email: **sbhatt@alamedaalliance.org**

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For any questions regarding the P4P program, please contact us:

Alliance Provider Services Department

Phone Number: **1.510.747.4510**

Email: **qualityanalytics@alamedaalliance.org**

P4P PROGRAM GUIDE

Program Overview – 2021



BACKGROUND

The Alliance Pay-for-Performance (P4P) program goal is to improve quality, performance, and outcomes through provider incentives.

CRITERIA

Provider Criteria

- Alameda Health System (AHS) is contracted with the Alliance for primary care services.
- AHS is contracted with the Alliance through the date of payment.
- Measures and payments will be calculated for AHS as a whole and not by individual AHS clinic.

Eligible Population

- Alliance Medi-Cal and Group Care members assigned to AHS.

P4P PROGRAM GUIDE

PAYMENT POOL/DATES

Pool Dollars

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.

Measurement Period: January 1, 2021 – December 31, 2021

Payment Date: September 2022

PAYMENT METHODOLOGY

Distribution Method

The potential dollars for AHS will be based on its percentage of member months compared to the total member months for the Alliance.

MEASURES

The measurement categories are:

- Clinical Quality Measures (selected Healthcare Effectiveness Data and Information Set (HEDIS®) measures)
- Other Measures



P4P PROGRAM GUIDE

Measures, Point Values, and Goals

Clinical Quality Measures			
#	MEASURES	POINTS	GOAL
1	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	5	20% of points awarded per measure for each 0.5% above the overall 2021 rate for the Alliance, up to 2.5% above. 0.5% above overall rate = 20% of points 1.0% above overall rate = 40% of points 1.5% above overall rate = 60% of points 2.0% above overall rate = 80% of points 2.5% above overall rate = 100% of points If rate is below the overall 2021 rate for the Alliance: 3% increase from prior year rate = 20% of points 6% increase from prior year rate = 40% of points A minimum of 15 members are required in measure eligible population. Members with dual Medi-Cal/Medicare coverage are excluded from HEDIS® measures.
2	Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits	5	
3	Child and Adolescent Well-Care Visits	10	
4	Breast Cancer Screening	10	
5	Cervical Cancer Screening	10	
6	HbA1c Testing for Diabetics	10	
Clinical Quality Measures Total Points:		50	

Other Measures			
#	MEASURES	POINTS	GOAL
7	PCP Visits per 1,000 Members	15	3% increase from 2019 visits per 1,000 rate = 5 points 4% increase from 2019 visits per 1,000 rate = 10 points 5% increase from 2019 visits per 1,000 rate = 15 points
8	Emergency Department (ED) Visits per 1,000 Members	15	20% of points awarded for each 0.5% below the overall 2021 rate for the Alliance, up to 2.5% below.
9	Readmission Rate	15	19.5% readmission rate = 5 points 19.0% readmission rate = 10 points 18.5% readmission rate = 15 points
10	Member Satisfaction Survey: Non-Urgent Appointment Availability	5	Full points awarded if 80% of responses indicate member was able to schedule a non-urgent appointment within 10 days. A minimum of 10 survey responses are required for the measurement year.
11	Screening for Depression	Monitoring Measure	Measure will be monitored. No goal is set for this measure.
Other Measures Total Points:		50	
TOTAL		100	

Measure Descriptions

CLINICAL QUALITY MEASURES

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 2021 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 2021 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus 1 day and the 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 2021.

Breast Cancer Screening

Measures the percentage of women 50-74 years of age who had a mammogram between October 1, 2019 and December 31, 2021.

Cervical Cancer Screening

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

- Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2019 – 2021).
- Women 30-64 years of age who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last five (5) years (2017 – 2021) and who were 30 years or older on the date of the test.

HbA1c Testing for Diabetics

Measures the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test during 2021.

OTHER MEASURES

Primary Care (PCP) Visits per 1,000 Members

Measures primary care (PCP) visits for members assigned to AHS.

Emergency Department (ED) Visits per 1,000 Members

Measures the utilization of emergency department (ED) visits for members assigned to AHS.

Please review and follow-up with members on the monthly ED Visit Report.

Readmission Rate

Measures the percentage of acute inpatient admissions that were followed by an 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).

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 that indicate the member was able to schedule a non-urgent appointment between 0-10 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?”

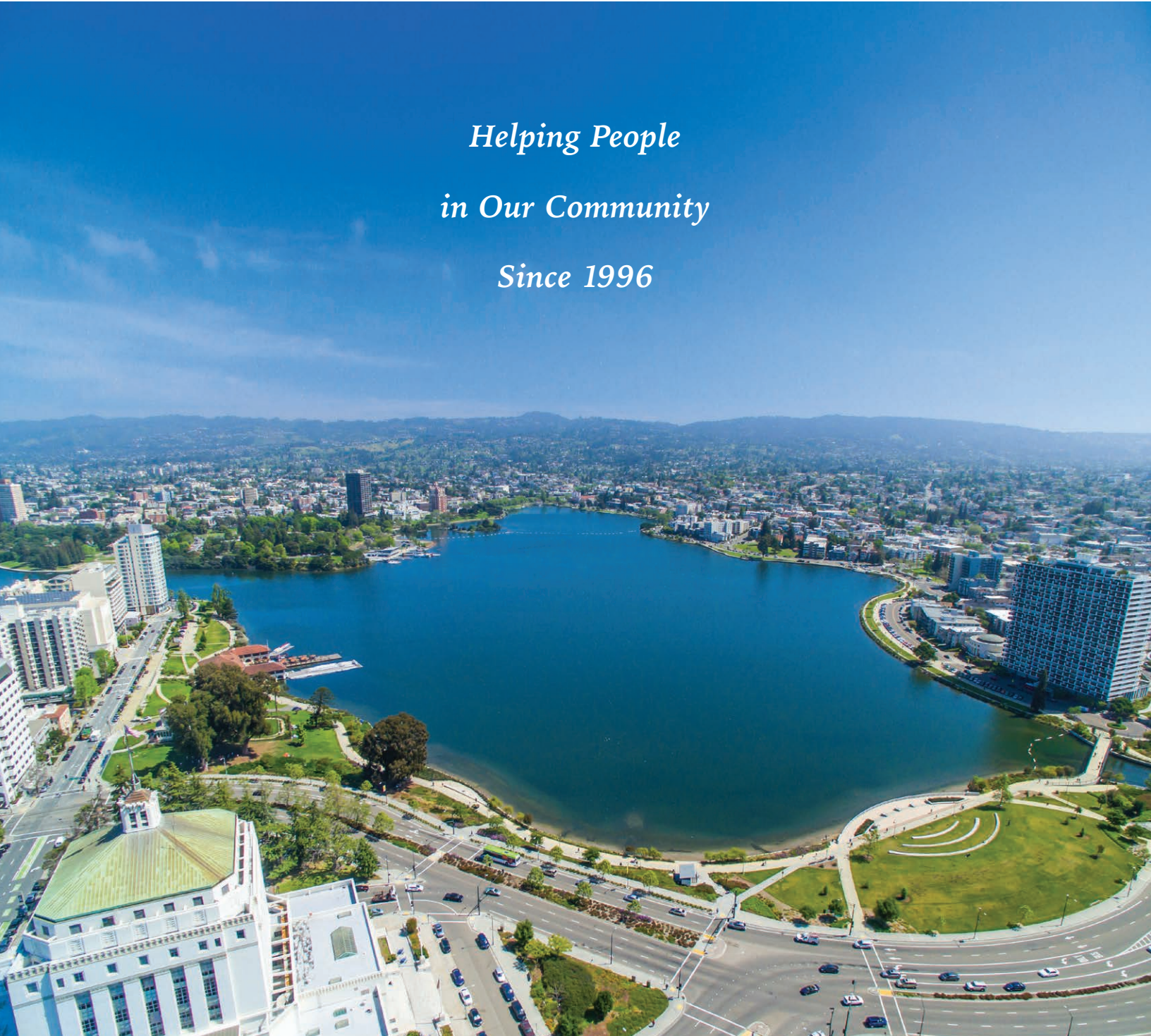
- a. 0–10 days
- b. More than 10 days

Screening for Depression

Measures the percentage of members 12 years of age and above assigned to AHS that were screened for depression.



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Since 1996*



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P4P PROGRAM ATTESTATION

By signing below, I _____ attest that I have

Print Name

received the following materials as they relate to the Alameda Alliance for Health (Alliance) Pay-for-Performance (P4P) program for measurement year 2021.

- 2021 P4P Program Guide
- 2021 P4P Program Quick Reference Guides

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: _____

2021 P4P PROGRAM QUICK REFERENCE GUIDE FOR AHS PROVIDERS

MEASURE	DESCRIPTION	DOCUMENTATION
Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits*	Children who turned 15 months old during 2021 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.
Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits*	Children who turned 30 months old during 2021 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus 1 day and the 30-month birthday.	Follow the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.
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 2021.	Follow the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.
Breast Cancer Screening	Women 50-74 years of age who had a mammogram between October 1, 2019 and December 31, 2021.	Based on claims data.
Cervical Cancer Screening	Women 21-64 years of age who were screened for cervical cancer by one of the following criteria: <ul style="list-style-type: none"> Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2019-2021). Women 30-64 years of age who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last five (5) years (2017-2021) and who were 30 years or older on the date of the test. 	<ul style="list-style-type: none"> When the screening is completed offsite, obtain the record and results to ensure medical record is complete. If patient had a hysterectomy, document date, type of surgery (TAH, complete) and absence or presence of cervix. If date of hysterectomy is unknown, document the year.
HbA1c Testing for Diabetics	Members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test during 2021.	<ul style="list-style-type: none"> Document HbA1c test in 2021 along with result. Goal is < 8.0%. Repeat labs indicating poor control (> 9.0%) later in 2021. When the service is completed off-site, obtain the record and results to ensure medical record is complete. <p>Also document the following for diabetics:</p> <ul style="list-style-type: none"> Retinal or dilated eye exam in 2021 (regardless of result) or <u>negative</u> retinal or dilated eye exam in 2020. Most recent blood pressure in 2021 taken in a physician's office. Goal is < 140/90.

2021 P4P PROGRAM QUICK REFERENCE GUIDE FOR AHS PROVIDERS (CONT.)

MEASURE	DESCRIPTION	DOCUMENTATION
PCP Visits Per 1,000 Members*	Measures PCP visits for members assigned to AHS.	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.
Emergency Department (ED) Visits per 1,000 Members	Measures the utilization of emergency department (ED) visits for members assigned to AHS. A lower rate is better.	Based on claims data. Please review and follow-up with members on the monthly ED Visit Report.
Readmission Rate	Measures the percentage of acute inpatient admissions that were followed by an 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.
Member Satisfaction Survey: Non-Urgent Appointment Availability	Measures the percentage of survey responses that indicate the member was able to schedule a non-urgent appointment between 0-10 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 days b. More than 10 days
Screening for Depression*	Measures the percentage of members 12 years of age and above assigned to AHS that were screened for depression.	Based on claims data.

*Telehealth is allowed for services that can be done via telehealth.

2021 P4P PROGRAM QUICK REFERENCE GUIDE FOR AHS BILLING STAFF

MEASURE	DESCRIPTION	CODES
Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits*	Children who turned 15 months old during 2021 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
Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits*	Children who turned 30 months old during 2021 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus 1 day and the 30-month birthday.	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*	Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2021.	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
Breast Cancer Screening	Women 50-74 years of age who had a mammogram between October 1, 2019 and December 31, 2021.	Codes submitted by imaging center.
Cervical Cancer Screening	Women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria: <ul style="list-style-type: none"> Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2019-2021). Women 30-64 years of age who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last five (5) years (2017-2021) and who were 30 years or older on the date of the test. 	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
HbA1c Testing for Diabetics	Members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test during 2021.	CPT: 83036 Or LOINC: Codes submitted by lab Or 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
PCP Visits per 1,000 Members*	Measures PCP Visits for members assigned to AHS.	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.
Screening for Depression*	Measures the percentage of members 12 years of age and above assigned to AHS that were screened for depression.	CPT: 96127 with ICD-10 Dx: Z13.31 Or HCPCS: G8431, G8510

*Telehealth is allowed for services that can be done via telehealth. Please bill with POS 02 and modifier 95.