

PAY-FOR-PERFORMANCE (P4P) PROGRAM

FOR DELEGATED PRIMARY CARE ENTITIES



ALAMEDA
Alliance
FOR HEALTH

A NOTE FROM THE MEDICAL DIRECTOR

Dear Valued Provider,


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 250,000 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 2020 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 – 2020



BACKGROUND

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

CRITERIA

Provider Criteria

- Delegated entity is contracted with the Alliance for primary care services.
- Delegated entity must be contracted with the Alliance through the date of payment.
- Measures and payment will be calculated at the overall delegated entity level.

Eligible Population

- Alliance Medi-Cal and Group Care members assigned to the delegated entity.

P4P PROGRAM GUIDE

PAYMENT POOL/DATES

Pool Dollars

The total payment pool consists of the Alliance's Board-approved budgeted amount.

This amount is subject to adjustment depending on the financial performance of the Alliance.

Measurement Period: January 1, 2020 – December 31, 2020

Payment Date: September 2021

PAYMENT METHODOLOGY

Distribution Method

The potential dollars for a delegated entity 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

Delegated entities are responsible for the Family Practice set of measures. Pediatric only delegated entities are responsible for the Pediatric set of measures.



P4P PROGRAM GUIDE

Measures, Point Values, and Goals

Clinical Quality Measures					
#	MEASURE	FAMILY	INTERNAL	PEDIATRIC	GOAL
1	Childhood Immunizations: Combo 10	N/A	N/A	10	<p>Points awarded per measure are based on % increase from prior year rate:</p> <p>1% increase = 20% of points 2% increase = 40% of points 3% increase = 60% of points 4% increase = 80% of points 5% increase = 100% of points</p> <p>If the current year rate is at or above the HPL (High Performance Level, 90th percentile), 100% of points are awarded.</p> <p>If the current year rate is at or above the 75th percentile, a minimum 25% of points are awarded.</p> <p>If the current year rate is below the MPL (Minimum Performance Level, 50th percentile), no points are awarded.</p> <p>A minimum of 30 members are required in measure eligible population.</p> <p>Members with dual Medi-Cal/Medicare coverage are excluded from HEDIS® measures.</p>
2	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	N/A	N/A	15	
3	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	N/A	N/A	15	
4	Adolescent Well-Care Visits	15	N/A	15	
5	Asthma Medication Ratio	15	15	10	
6	Breast Cancer Screening	N/A	15	N/A	
7	Cervical Cancer Screening	15	15	N/A	
8	HbA1c Testing for Diabetics	15	15	N/A	
Clinical Quality Measures Total Points:		60	60	65	

Other Measures					
#	MEASURE	FAMILY	INTERNAL	PEDIATRIC	GOAL
9	Initial Health Assessment (IHA)	15	15	10	If the current year rate is above the Alliance's current year rate, 20% of points are awarded for each 1% above plan's rate, up to 5% above.
10	Emergency Department (ED) Visits per 1,000 Members	10	10	10	<p>If the current year rate is above the Alliance's prior year rate*, 20% of points are awarded for each 1% decrease, up to a 5% decrease.</p> <p>If the current year rate is below the Alliance's prior year rate*, a minimum 50% of points are awarded, plus 10% of the points for each 0.25% decrease, up to a 1.25% decrease.</p>
11	Pharmacy Utilization: Percentage of Generic Usage	10	10	10	<p>Family Practice: If current year rate is 89-90%, 5 points awarded. If current year rate is > 90%, 10 points awarded.</p> <p>Internal Medicine: If current year rate is 90-91%, 5 points awarded. If current year rate is > 91%, 10 points awarded.</p> <p>Pediatric: If current year rate is 86-87%, 5 points awarded. If current year rate is > 87%, 10 points awarded.</p>
12	Member Satisfaction Survey: Non-Urgent Appointment Availability	5	5	5	<p>If 80% of survey responses indicate member was able to schedule a non-urgent appointment within 10 days, full points awarded.</p> <p>A minimum of 10 survey responses are required for the measurement year.</p>
13	Opioids Intervention: DEA X-Waiver	\$500 per PCP with DEA X-waiver	\$500 per PCP with DEA X-waiver	N/A	\$500 will be awarded for each PCP who has a DEA X-waiver or obtains one in 2020.
Other Measures Total Points:		40	40	35	

TOTAL	100	100	100		
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* Alliance's Prior Year Emergency Department (ED) visits per 1,000 members overall rate will be available June 2020 for 2019.

CLINICAL QUALITY MEASURES

Childhood Immunizations: Combo 10

The percentage of children who received the following immunizations by their 2nd birthday:

- Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)
- Three (3) IPV (Polio)
- One (1) MMR (Measles, Mumps, Rubella)
- Three (3) HiB (H Influenza Type B)
- Three (3) HepB (Hepatitis B)
- One (1) VZV (Varicella) or History of Chicken Pox
- Four (4) PCV (Pneumococcal Conjugate)
- One (1) HepA (Hepatitis A)
- RV (Rotavirus): 2-dose schedule or 3-dose schedule
- Two (2) Influenza

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 2020 and had six (6) or more well-child visits with a PCP during their first 15 months of life.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Measures the percentage of children 3-6 years of age who had one (1) or more well-child visits with a PCP during 2020.

Adolescent Well-Care Visits

Measures the percentage of members 12-21 years of age who had at least one (1) comprehensive well-care visit with a PCP or OB/GYN during 2020.

Asthma Medication Ratio

Measures the percentage of members 5-64 years of age with persistent asthma who had a ratio of controller medications (e.g. inhaled steroids) to total asthma medications of 0.50 or greater in 2020.

P4P PROGRAM GUIDE

Breast Cancer Screening

Measures the percentage of women 50-74 years of age who had a mammogram between October 1, 2018 and December 31, 2020.

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 cervical cytology performed within the last three (3) years (2018 – 2020).
- Women 30-64 years of age who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last five (5) years (2016 – 2020) 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 in 2020.

OTHER MEASURES

Initial Health Assessment (IHA)

Measures the percentage of new members who receive an Initial Health Assessment (IHA) within 120 days of eligibility.

IHA includes six (6) components:

1. History
2. Review of Organ System (ROS)
3. Physical and Mental Health Examination
4. Preventive Care
5. Diagnoses and Plan of Care
6. Staying Healthy Assessment (SHA/IHEBA)

Emergency Department (ED) Visits per 1,000 Members

Measures the utilization of emergency department (ED) visits for members assigned to the PCP Group. Please review and follow-up with members on the monthly ED Visit Report.

Pharmacy Utilization: Percentage of Generic Usage

Measures the percentage of generic prescription fills compared to total fills for members assigned to the PCP Group.

P4P PROGRAM GUIDE



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 for a check-up or routine care with this provider, when was your appointment scheduled?”

- a. 0–10 days
- b. More than 10 days

Opioids Intervention: DEA X-Waiver

Awards \$500 to each PCP who has a DEA X-waiver or obtains one in 2020.

To obtain a DEA X-waiver, PCP must:

1. Complete eight (8) hours of training.
2. Apply with the Substance Abuse and Mental Health Services Administration:

www.samhsa.gov/medication-assisted-treatment/training-materials-resources/apply-for-practitioner-waiver

Additional details on obtaining the waiver can be found on the Providers Clinical Support System for Medication-Assisted Treatment website:

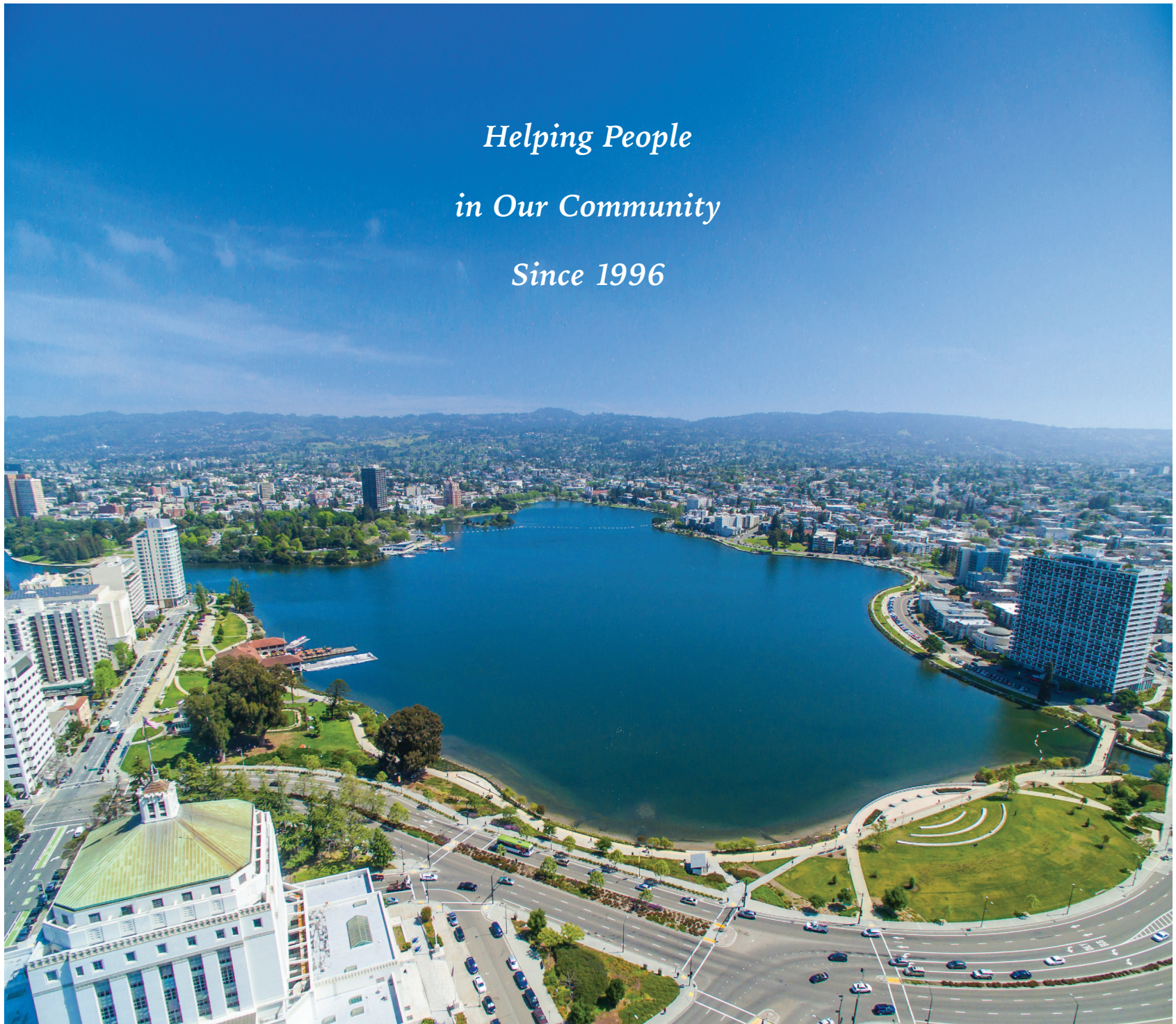
pcssnow.org/medication-assisted-treatment/waiver-training-for-physicians/steps-to-obtain-your-mat-waiver-physicians

In order to qualify for this measure:

- PCP must be contracted with the Alliance for at least nine (9) months in 2020.
- DEA X-waiver must be issued prior to December 31, 2020.
- DEA X-waiver must be faxed to the Alliance Credentialing Department at **1.510.747.4176** by March 31, 2021.



*Helping People
in Our Community
Since 1996*



www.alamedaalliance.org

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 2020:

- 2020 P4P Program Guide
- 2020 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: _____

2020 P4P PROGRAM QUICK REFERENCE GUIDE FOR PROVIDERS

PROVIDER TYPE	MEASURE	DESCRIPTION	DOCUMENTATION
Pediatric	Childhood Immunizations: Combo 10	Children who received the following immunizations by their 2nd birthday: <ul style="list-style-type: none"> • Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis) • Three (3) IPV (Polio) • One (1) MMR (Measles, Mumps, Rubella) • Three (3) HiB (H Influenza Type B) • Three (3) HepB (Hepatitis B) • One (1) VZV (Varicella) or History of Chicken Pox • Four (4) PCV (Pneumococcal Conjugate) • One (1) HepA (Hepatitis A) • RV (Rotavirus): 2-dose schedule or 3-dose schedule • Two (2) Influenza 	Documentation* indicating one (1) of the following: <ul style="list-style-type: none"> • Name of specific antigen and date of immunization OR • Immunization record <p>* Document all immunizations in the California Immunization Registry (CAIR).</p> <p>For Rotavirus – please be sure to document the specific immunization name: RotaTeq® (RV5) vs Rotarix® (RV1).</p>
Pediatric	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	Children who turned 15 months old during 2020 and had six (6) or more well-child visits with a PCP during their first 15 months of life.	Documentation of six (6) or more well-child visits with a PCP that include the following: <ul style="list-style-type: none"> • Date of visits • A health history, physical and mental developmental history, and physical exam • Health education/anticipatory guidance
Pediatric	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Children 3-6 years of age who had one (1) or more well-child visits with a PCP during 2020.	Documentation of well-child visit with a PCP that includes the following: <ul style="list-style-type: none"> • Date of visit • A health history, physical and mental developmental history, and physical exam • Health education/anticipatory guidance
Pediatric Family	Adolescent Well-Care Visits	Members 12-21 years of age who had at least one (1) comprehensive well-care visit with a PCP or OB/GYN during 2020.	Documentation of well-care visit with a PCP or OB/GYN that includes the following: <ul style="list-style-type: none"> • Date of visit • A health history, physical and mental developmental history, and physical exam • Health education/anticipatory guidance
Pediatric Family Internal	Asthma Medication Ratio	Members 5-64 years of age with persistent asthma who had a ratio of controller medications (e.g. inhaled steroids) to total asthma medications of 0.50 or greater in 2020.	Promotes the use of inhaled steroids for treatment of persistent asthma.
Internal	Breast Cancer Screening	Women 50-74 years of age who had a mammogram between October 1, 2018 and December 31, 2020.	Based on claims data.
Family Internal	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 (2018 – 2020). • Women 30-64 years of age who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last five (5) years (2016 – 2020) 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, please document test date and result. • If patient had a hysterectomy, please document date and type of surgery (TAH, complete), and absence or presence of cervix. • If date of hysterectomy is unknown then document the year.

2020 P4P PROGRAM QUICK REFERENCE GUIDE FOR PROVIDERS (CONT.)

PROVIDER TYPE	MEASURE	DESCRIPTION	DOCUMENTATION
Family Internal	HbA1c Testing for Diabetics	Members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test in 2020.	<ul style="list-style-type: none"> Documentation of HbA1c test in 2020 and result (goal is < 8.0%). Repeat labs indicating "poor" control (> 9.0%) later in 2020. When the service is completed off-site, obtain the record and results to ensure medical record is complete. <p>Supplemental documentation for:</p> <ul style="list-style-type: none"> Retinal or dilated eye exam in 2020 (regardless of result) OR <u>negative</u> retinal or dilated eye exam in 2019. Most recent blood pressure in 2020 taken in a physician's office (goal is < 140/90 mm Hg).
Pediatric Family Internal	Initial Health Assessment (IHA)	New members to receive an Initial Health Assessment (IHA) within 120 days of eligibility.	<p>Documentation must include the six (6) IHA components:</p> <ol style="list-style-type: none"> History Review of Organ Systems (ROS) Physical and Mental Examination Preventive Care Diagnoses and Plan of Care Staying Healthy Assessment (SHA/IHEBA) <p>SHA questionnaire: www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx</p>
Pediatric Family Internal	Emergency Department (ED) Visits per 1,000 Members	Measures the utilization of emergency department (ED) visits for members assigned to the PCP Group.	Based on claims data. Please review and follow-up with members on the monthly ED Visit Report.
Pediatric Family Internal	Pharmacy Utilization: Percentage of Generic Usage	Measures the percentage of generic prescription fills compared to total fills for members assigned to the PCP Group.	Based on pharmacy data
Pediatric Family Internal	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.	<p>Survey question:</p> <p>"In the last six (6) months, when you made an appointment for a check-up or routine care with this provider, when was your appointment scheduled?"</p> <ol style="list-style-type: none"> 0 – 10 days More than 10 days
Family Internal	Opioid Intervention: DEA X-Waiver	Awards \$500 to each PCP who has a DEA X-waiver or obtains one in 2020.	<ul style="list-style-type: none"> PCP must be contracted with the Alliance for at least nine (9) months in 2020. DEA X-waiver must be issued prior to December 31, 2020. DEA X-waiver must be faxed to the Alliance Credentialing Department at 1.510.747.4176 by March 31, 2021.

2020 P4P PROGRAM QUICK REFERENCE GUIDE FOR BILLING STAFF

PROVIDER TYPE	MEASURE	DESCRIPTION	CODES
Pediatric	Childhood Immunizations: Combo 10	Children who received the following immunizations by their 2nd birthday: <ul style="list-style-type: none"> • Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis) • Three (3) IPV (Polio) • One (1) MMR (Measles, Mumps, Rubella) • Three (3) HiB (H Influenza Type B) • Three (3) HepB (Hepatitis B) • One (1) VZV (Varicella) or History of Chicken Pox • Four (4) PCV (Pneumococcal Conjugate) • One (1) HepA (Hepatitis A) • RV (Rotavirus): 2-dose schedule or 3-dose schedule • Two (2) Influenza 	DTaP CPT: 90698, 90700, 90723 IPV CPT: 90698, 90713, 90723 MMR CPT: 90707, 90710 HiB CPT: 90644, 90647, 90648, 90698, 90748 HepB CPT: 90723, 90740, 90744, 90747, 90748 VZV CPT: 90710, 90716 History of Chicken Pox - ICD10 Dx: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29, B02.30-B02.34, B02.39, B02.7, B02.8, B02.9 PCV CPT: 90670 HepA CPT: 90633 RV CPT: 90681 (2-dose schedule), 90680 (3-dose schedule) Influenza CPT: 90655, 90657, 90662, 90673, 90685, 90686, 90660, 90688, 90689
Pediatric	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	Children who turned 15 months old during 2020 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, Z00.8, Z76.1, Z76.2
Pediatric	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Children 3-6 years of age who had one (1) or more well-child visits with a PCP during 2020.	CPT: 99382, 99383, 99392, 99393 Or ICD-10 Dx: Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z76.2
Pediatric Family	Adolescent Well-Care Visits	Members 12-21 years of age who had at least one (1) comprehensive well-care visit with a PCP or OB/GYN during 2020.	CPT: 99384, 99385, 99394, 99395 Or ICD-10 Dx: Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z76.2
Internal	Breast Cancer Screening	Women 50-74 years of age who had a mammogram between October 1, 2018 and December 31, 2020.	CPT: 77061-77063, 77065-77067
Family Internal	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 (2018 – 2020). • Women 30-64 years of age who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last five (5) years (2016 – 2020) 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: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 <u>HPV Test</u> CPT: 87624, 87625 Or LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
Family Internal	HbA1c Testing for Diabetics	Members 18-75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test in 2020.	CPT: 83036 Or LOINC: 17856-6, 4548-4, 4549-2 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
Pediatric Family Internal	Initial Health Assessment (IHA)	New members to receive an Initial Health Assessment (IHA) within 120 days of eligibility.	<u>IHA CPT</u> PCP: 99201-99205, 99381-99385, 99211-99215*, 99391-99395* OB: 59400, 59510, 59610, 59618, Z1032 Nursing Home: 99304-99306 *These code ranges are only applicable for members previously established with PCP.

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: 1.510.747.4510
www.alamedaalliance.org