

In December, we completed the reporting year for Universal Data System (UDS), the required annual report to the Health Resources and Services Administration (HRSA), which is also a baseline and incentive measurement reporting period for existing programs for Public Hospital Redesign and Incentives for Medi-Cal (PRIME) program and the Quality Incentive Program (QIP), both California Department of Health Care Services (DHCS) programs.

Calendar Year 2019 performance will determine the incentive targets for the new QIP 3.0 program in 2021. QIP 3.0 incorporates several national measures from HRSA and the former PRIME and QIP programs under the 1115(b) Center for Medicaid and Medical Services (CMS) Innovations Waiver 2020 for a total of forty-four measures. The program is still being developed by DHCS and will be submitted to CMS for approval in the coming months.

Our performance monitoring revealed several areas with opportunities for improvement, and we implemented interventions to address them. We published Professional Services and Operations Agreements (PSOA) incentive measure reports, along with projected financial impact; identified and implemented opportunities for improved clinical decision support in the Electronic Health Record (EHR); evaluated and implemented improvements in report programming to improve query run times; hosted meeting with specialty clinics to focus on cardiac measures and influenza immunizations; and added the numerator gap to meet targets expressed in numbers of patients (Figure 1).

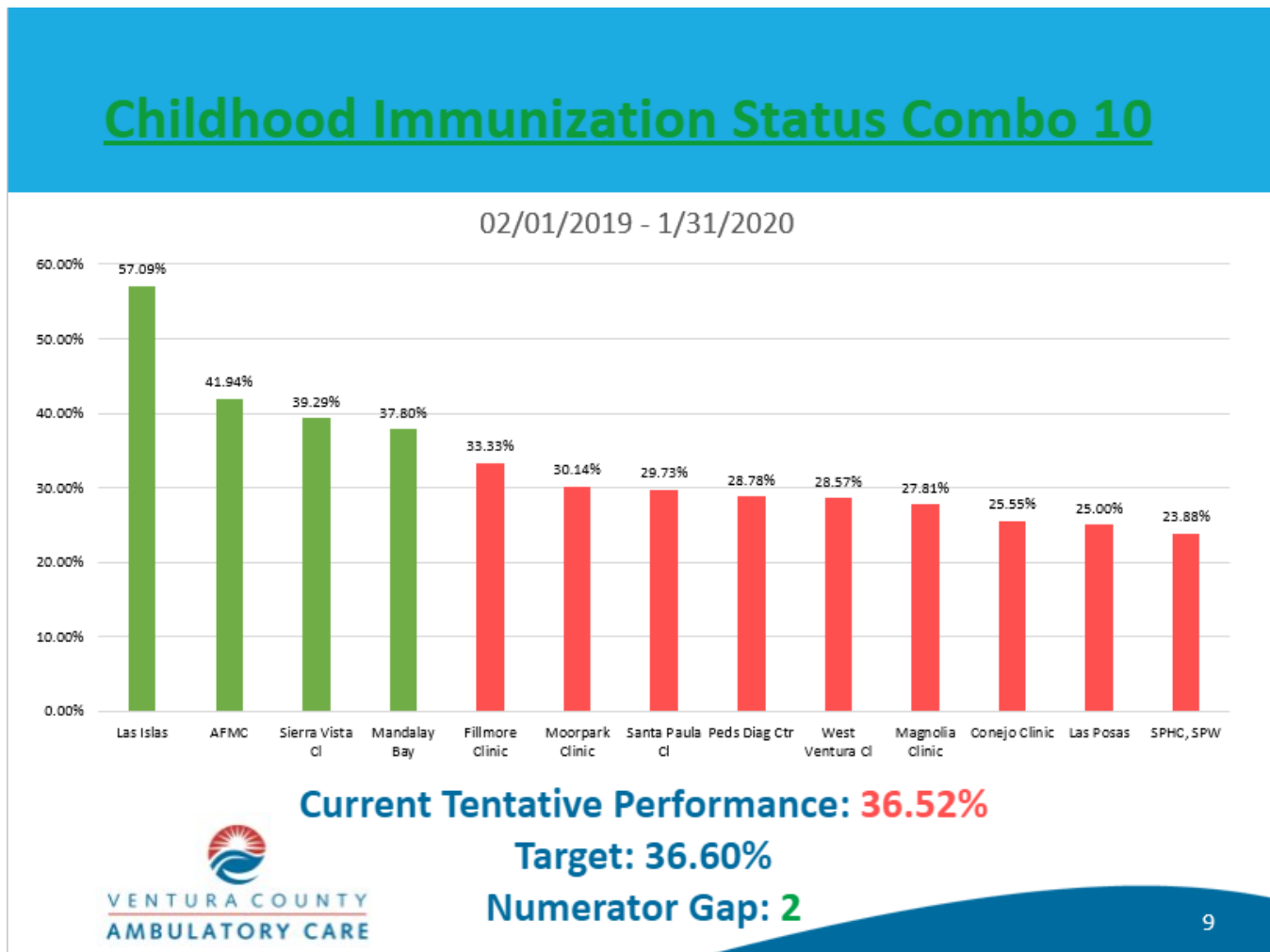


Figure 1. Example dashboard report with numerator gap (expressed in # of patients)

We continue to develop new reports for an increasing number of incentive measures for QIP and for a new Quality Incentive Agreement (QIA) incentive program with the Medi-Cal Managed Care Plan, Gold Coast Health Plan. These new measures will provide an additional 1.15M in incentive funding for 2020. The measures overlap HRSA UDS measures for Asthma Medication Ratio and Cervical Cancer Screening and align with the Managed Care Accountability Set Measures for 2020.

We developed an on-demand report for Diabetes Care: Poor Control (hA1c >9) to support our diabetes action plan, which we developed collaboratively with HRSA in 2019. We will submit a progress report with current performance and improvement activities in March, per HRSA's requirements.

QI Measure	Data Collection Method	Purpose/Description	Allocation of Incentive Pool
Asthma Medication Ratio (AMR)	Administrative	The percentage of Members ages 5 to 18 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the Measurement Year	20% of Incentive Pool
Cervical Cancer Screening (CCS)	Hybrid	Percentage of women ages 21 to 64 who were screened for cervical cancer; Women ages 21 to 64 who had cervical cytology performed every 3 years; Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	20% of Incentive Pool
Chlamydia Screening (CHL)	Administrative	Percentage of women ages 16 to 24 who were identified as sexually active and who had at least one test for chlamydia during the Measurement Year.	20% of Incentive Pool
Immunization for Adolescents – Combo 2 (IMA-2)	Hybrid	Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.	20% of Incentive Pool
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Hybrid	Percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	20 % of Incentive Pool

Figure 2. Quality Incentive Agreement measures 2020