AGENDA
PHYSICIANS ADVISORY GROUP

DATE: Thursday, March 5, 2020

TIME: Noon – 12:10 p.m.: Call to Order and Catered Lunch
       12:10 – 1:30 p.m.: Meeting of the Group

PLACE: In Santa Cruz County:
       Central California Alliance for Health Board Room
       1600 Green Hills Road, Suite 101, Scotts Valley, CA
In Monterey County:
       Central California Alliance for Health Board Room
       950 East Blanco Road, Suite 101, Salinas, CA
In Merced County:
       Central California Alliance for Health Board Room
       530 West 16th Street, Suite B, Merced, CA

*****************************************************************************

1. Call to Order by Chairperson Bishop. 12:00 p.m.
   A. Roll call.
   B. Supplements and deletions to the agenda.
   C. Catered lunch for Group and Staff.

2. Oral Communications. 12:10 p.m.
   A. Members of the public may address the Advisory Group on items not listed on today’s
      agenda that are within the jurisdiction of the Advisory Group. Presentations must not
      exceed five minutes in length, and any individual may speak only once during Oral
      Communications.
   B. If any member of the public wishes to address the Advisory Group on any item that is listed on
      today’s agenda, they may do so when that item is called. Speakers are limited to five minutes per
      item.

Consent Agenda Items: 12:15 p.m.

3. Approve PAG meeting minutes of December 5, 2019.
   A. Reference materials: Minutes as above.
Regular Agenda Items: 12:20 p.m.

4. Old Business
   A. Follow-up Behavioral Health Integration & Pharmacy Carve-Out   D. Bishop, MD

5. New Business
   A. Focus Group Session for Alliance 2021-2023 Strategic Planning   K. McCarthy
      • As a network provider we would like to hear your perspective on the organizations strengths and weaknesses.
   B. Care Based Incentives (CBI) 2021.   D. Bishop, MD
   C. Add a PAG meeting in April to discuss medical cost and network analyses.   D. Bishop, MD

6. Open Discussion: 1:20 p.m.
   A. Group may discuss any urgent items.

7. Adjourn: 1:30 p.m.

The next Physicians Advisory Group meeting is on Thursday, June 4, 2020, 12:00 – 1:30 p.m.
Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas and Merced.

Members of the public interested in attending should call the Alliance at (831) 430-5556 to verify meeting dates and locations prior to the meetings.

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items of discussion and/or action must be placed on the agenda prior to the meeting.
Meeting Minutes
Thursday, December 5, 2019
12:00 – 1:30 p.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

Group Members Present:
Dr. Devon Francis Provider Representative
Dr. Gordon Arakawa Provider Representative
Dr. Patrick Clyne Provider Representative
Dr. Tyler Evans Provider Representative
Dr. Barry Norris Provider Representative
Dr. Scott Prysi Provider Representative
Dr. Shirley Dickinson Provider Representative
Dr. Brian Moore Provider Representative
Dr. Larry deGhetaldi Board Representative

Group Members Absent:
Dr. Allen Radner Provider Representative
Dr. Carolyn Kennedy Provider Representative
Dr. Amy McEntee Provider Representative
Dr. Anjani Thakur Provider Representative
Dr. Casey Kirkhart Provider Representative
Dr. Chuyen Trieu Provider Representative
Dr. Jennifer Hastings Provider Representative
Dr. Kenneth Bird Provider Representative
Dr. James Rabago Provider Representative

Staff Present:
Dr. Dale Bishop Chief Medical Officer
Dr. Gilly Guez Medical Director
Ms. Jordan Turetsky Provider Services Director
Ms. Michelle Stott, RN Quality Improvement Director
Mr. Amit Karkhanis Quality and Performance Improvement Manager
Ms. Hilary Gillette-Walch, RN Clinical Decision Quality Manager
Ms. Tracy Neves Clerk of the Advisory Group
1. Call to Order by Chairperson Dr. Bishop.

Group Chairperson Dr. Dale Bishop called the meeting to order at 12:00 p.m.
Roll call was taken.

No supplements or deletions were made to the agenda.

2. Oral Communications.

Chairperson Bishop opened the floor for any members of the public to address the Group on items not listed on the agenda.

No members of the public addressed the Group at this time.

Consent Agenda

3. The group reviewed the September 5, 2019 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. **Old Business - Updates**

   A. **Urgent Visit**

      One year ago, the Alliance established Urgent Care visits for members that contacted the Nurse Advice Line. The Urgent Care visits allow members to connect with non-linked primary care sites. As of Q1 2019, there were 26 claims per day for Urgent Care, Q2 there were 38 per day and Q4 there were 40 per day. More clinics are offering these types of visits in hopes of lowering emergency department (ED) utilization.

      Fax blasts were shared with providers on a quarterly basis for those outside of linked sites and included the patient’s diagnosis. Urgent visit providing partners have been asked to share their aftercare summaries. The Group noted that obtaining the patient’s motivation for seeking care would be helpful as well as utilization data by each county.

   B. **Care Based Incentives (CBI) 2020**

      Dr. Bishop presented on CBI 2020 with new measures from the state this year. One change was from 25th to 50th percentiles. Under Care Coordination Access Measures there is a Developmental Screening in the First 3 Years; there is a new Medi-Cal benefit for this screening. The Care Coordination Hospital & Outpatient measure did not change. The Quality of Care measure has some changes. There is an Antidepressant Medication Management measure which is also an NCQA measure. There is a Diabetic HbA1c control measure and the new measure is greater than 9.
The Immunizations Children (Combo 10) changed from 3 to 10 for the first 2 years. This measure may be a bit challenging to achieve. The Group noted flu vaccines for child are not always accepted, and the first vaccine is usually done in the hospital. Provider noted there has been challenges obtaining the flu vaccine and patient appointments have had to be canceled. Also noted, was normally patients are caught-up by their 2nd birthday but the metric is sooner. There was an inquiry regarding the data collection for this measure. The Medi-Cal standard is established by the prior year’s performance. Immunization data is captured monthly on the data exchanges for all members and on both registries; claims data is also reviewed. Patients must be enrolled with Medi-Cal for 11 months. Also reviewed are linkages at date of services.

The A1C data is obtained from laboratories through the data submission tool and a data repository. The antidepressant measure is a pharmacy measure. The Alliance looks at continuous fills and at the initial period. Also evaluated are long-range fill data and claims. There was a question regarding tracking of the asthma and diabetes measures; noted was they are tracked by pharmacy fills and claims data. There are specific codes for diabetes. There are changes to the Healthy Weight for Life program; the state will no longer allow fee-for-service and this will be a programmatic measure. Added is a behavioral intervention assessment for adults and children. Exploratory measures for 2021 were also reviewed. It was noted that it would be beneficial to align measures with the state.

C. Value Based Payments
Dr. Bishop shared information from Proposition 56 value based payments for family planning services. In addition, a list of proposed value based program measures was shared with the group. Billable codes will be available for plan pay and can be set up for fee-for-service. More information to follow and a fax blast will be sent to providers.

5. New Business
A. Behavioral Health Integration Incentive (BHI) Program
Dr. Bishop shared that DHCS is providing funding through Proposition 56 to incentivize Medi-Cal Managed Health Care Plans to promote behavioral health integration in their provider networks. Providers will submit an application to one MCP to operate one, or more, of the 6 BHI projects with specific strategies designed by the provider. The MCP reviews applications and selects awardees. Over the duration of the program (2020-2022), the MCP will pay the provider for achieving milestones specified in their application and for reporting project metric data.

- The objectives of the program are to incentivize MCPs to improve physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in the MCP’s network using culturally and linguistically appropriate teams with expertise in primary care, substance use disorder conditions, and mental health conditions who deliver coordinated comprehensive care for the whole patient.
- To increase MCP network integration for providers at all levels of integration (those just starting as well as those that want to take their integration to the next level), focus on new
target populations or health disparities, and improve provider’s level of integration or impact.

The following provider types who provide services to Medi-Cal beneficiaries are eligible to apply: Primary care, specialty care, perinatal care, hospital-based and behavioral health providers. The provider types noted above can include Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs), and Indian Health Services (IHS).

B. CalAIM
Hilary Gillette-Walch, RN shared the goals of the CalAIM program which incorporates a whole person approach. The goals are:
- Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Population Health looks at social determinants of health; system of care, risk assessments, transitions in care and identifying, population needs assessment, and disparities in population. The approach is more holistic and proactive. Currently, there is new business intelligence (BI) tool that can divide subpopulations effectively and identify their needs; this information can assist primary care providers (PCPs). The Alliance will partner with local partners on how best to serve our members.

The Alliance is preparing for the next population needs assessment to understand our member’s needs. Case Management will be working with members with emerging risk, more information on this in the coming months. The intent is to incorporate case management at the sites of care.

Provider noted there is intensive case management (ICM) currently at their clinic and challenges exist; there is difficulty finding individuals with experience, developing training, and with supervision. Also noted are barriers exist with providing high level case management and whole person care.

C. Pharmacy Carve-Out
Dr. Bishop presented on the DHCS Managed care Pharmacy Carve-Out. The Governor issued EO N-01-19, which, in part, requires that all Medi-Cal pharmacy services be transitioned from Medi-Cal to fee-for-service by January 1, 2021. This will be collectively referred to as Medi-Cal Rx; and pharmacy benefits that are billed on pharmacy claims will be transitioned to fee-for-service.

A DHCS Managed Care Pharmacy Carve-Out Workgroup has been formed to advocate for a safe and effective pharmacy program that meets members’ needs post transition. Dr. Bishop will represent the Alliance in the workgroup. The workgroup will discuss deliverables and details of the plan to transition the Medi-Cal pharmacy benefit administration from managed care to the fee-for-service program in January 2021 as ordered by the governor earlier this year.
The Alliance is working with our Pharmacy team and looking at opportunities in case management and transitions of care. Pharmacy staff will be paid up to 6 months after the transition.

Provider expressed a concern that hospitals have different pharmacy rules. Dr. Guez noted hospitals need to be trained on the formulary to reduce readmissions, medication non-adherence, and provide access to medications. The goal is to have case management, hospitals, hospitalists, and physicians work together as a coordinated team.

6. Open Discussion.
Chairperson Bishop opened the floor for the Group to have open discussion.

The meeting adjourned at 1:30 p.m.
Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items of discussion and/or action must be placed on the agenda prior to the meeting.
Care-Based Incentives (CBI): Proposal for 2021

Dale Bishop, MD
Chief Medical Officer
Physicians Advisory Group
March 5, 2020
CBI Purpose

Promotion of the Patient Centered Medical Home

- PCP encouraged to move from illness treatment to a population-based treatment paradigm:
  - Access
  - Optimal Preventive Care
  - Management of Chronic Conditions
- Improve quality (HEDIS) scores above 50th percentile (Governor’s order)
Care Coordination Measures

Hospital Measures

- 30-Day Readmissions
- Ambulatory Care Sensitive Admissions
- Preventable Emergency Visits

Access Measures

- Alcohol Misuse Screening and Counseling (AMSC)
- Initial Health Assessment
- Post-Discharge Care
30-Day Readmissions

Trending By Quarter

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>15.24%</td>
<td>15.22%</td>
<td>14.78%</td>
<td>12.85%</td>
</tr>
<tr>
<td>2017</td>
<td>13.21%</td>
<td>13.01%</td>
<td>13.53%</td>
<td>14.76%</td>
</tr>
<tr>
<td>2018</td>
<td>13.48%</td>
<td>14.09%</td>
<td>16.12%</td>
<td>14.78%</td>
</tr>
<tr>
<td>2019</td>
<td>14.09%</td>
<td>16.12%</td>
<td>14.78%</td>
<td>13.48%</td>
</tr>
</tbody>
</table>

Strategic Outcome:

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
</tr>
<tr>
<td>2017</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
</tr>
<tr>
<td>2018</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
</tr>
<tr>
<td>2019</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
<td>12.14%</td>
</tr>
</tbody>
</table>

Source: Tableau
Ambulatory Care Admissions

Trending By Quarter

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>8.80%</td>
<td>8.97%</td>
<td>8.06%</td>
<td>10.01%</td>
<td>10.86%</td>
<td>10.21%</td>
<td>9.94%</td>
<td>12.24%</td>
<td>12.71%</td>
<td>11.02%</td>
<td>9.54%</td>
<td>10.83%</td>
<td>11.26%</td>
<td>9.64%</td>
<td>9.53%</td>
<td>10.68%</td>
</tr>
<tr>
<td>2017</td>
<td>8.80%</td>
<td>8.97%</td>
<td>8.06%</td>
<td>10.01%</td>
<td>10.86%</td>
<td>10.21%</td>
<td>9.94%</td>
<td>12.24%</td>
<td>12.71%</td>
<td>11.02%</td>
<td>9.54%</td>
<td>10.83%</td>
<td>11.26%</td>
<td>9.64%</td>
<td>9.53%</td>
<td>10.68%</td>
</tr>
<tr>
<td>2018</td>
<td>8.80%</td>
<td>8.97%</td>
<td>8.06%</td>
<td>10.01%</td>
<td>10.86%</td>
<td>10.21%</td>
<td>9.94%</td>
<td>12.24%</td>
<td>12.71%</td>
<td>11.02%</td>
<td>9.54%</td>
<td>10.83%</td>
<td>11.26%</td>
<td>9.64%</td>
<td>9.53%</td>
<td>10.68%</td>
</tr>
<tr>
<td>2019</td>
<td>8.80%</td>
<td>8.97%</td>
<td>8.06%</td>
<td>10.01%</td>
<td>10.86%</td>
<td>10.21%</td>
<td>9.94%</td>
<td>12.24%</td>
<td>12.71%</td>
<td>11.02%</td>
<td>9.54%</td>
<td>10.83%</td>
<td>11.26%</td>
<td>9.64%</td>
<td>9.53%</td>
<td>10.68%</td>
</tr>
</tbody>
</table>

R² = 0.1344
Preventable Emergency Visits

Trending By Quarter

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>24.14%</td>
<td>18.32%</td>
<td>17.66%</td>
<td>21.96%</td>
<td>22.92%</td>
<td>19.08%</td>
<td>17.97%</td>
<td>21.85%</td>
<td>22.67%</td>
<td>17.73%</td>
<td>15.42%</td>
<td>18.71%</td>
</tr>
<tr>
<td>2017</td>
<td>21.85%</td>
<td>22.67%</td>
<td>17.73%</td>
<td>15.42%</td>
<td>18.71%</td>
<td>18.71%</td>
<td>14.83%</td>
<td>12.60%</td>
<td>15.29%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strategic Outcome: 14.28%

R² = 0.4533
## Care Coordination – Access Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>2018</th>
<th>2019</th>
<th>2018-2019 Trend</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Counties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Health Assessments (IHA)</td>
<td>44.75%</td>
<td>44.15%</td>
<td>↓</td>
<td>0.60%</td>
</tr>
<tr>
<td>SBIRT /AMSC</td>
<td>2.49%</td>
<td>4.71%</td>
<td>↑</td>
<td>2.22%</td>
</tr>
<tr>
<td>Post-Discharge Care</td>
<td>37.20%</td>
<td>38.35%</td>
<td>↑</td>
<td>1.15%</td>
</tr>
</tbody>
</table>
Initial Health Assessments

Trending By Quarter

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>32.44%</td>
<td>35.16%</td>
<td>35.84%</td>
<td>34.83%</td>
</tr>
<tr>
<td>2017</td>
<td>36.83%</td>
<td>39.69%</td>
<td>42.10%</td>
<td>42.01%</td>
</tr>
<tr>
<td>2018</td>
<td>41.97%</td>
<td>45.07%</td>
<td>48.73%</td>
<td>43.23%</td>
</tr>
<tr>
<td>2019</td>
<td>44.79%</td>
<td>44.46%</td>
<td>43.19%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Tableau
## Quality of Care Measures
(HEDIS Administrative Data Reporting Years 2018 and 2019)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization: Children (Combo 3)</td>
<td>70.48%</td>
<td>76.09%</td>
<td>↑</td>
<td>5.61%</td>
<td>29.24%</td>
<td>55.83%</td>
<td>↑</td>
<td>26.59%</td>
</tr>
<tr>
<td>Immunization: Children (Combo 10)*</td>
<td>43.03%</td>
<td>49.14%</td>
<td>↑</td>
<td>6.11%</td>
<td>7.96%</td>
<td>17.50%</td>
<td>↑</td>
<td>9.54%</td>
</tr>
<tr>
<td>Maternity Care: Post Partum Care</td>
<td>77.83%</td>
<td>80.02%</td>
<td>↑</td>
<td>2.19%</td>
<td>63.14%</td>
<td>65.47%</td>
<td>↑</td>
<td>2.33%</td>
</tr>
<tr>
<td>Well Adolescent Visit (12-21 years)</td>
<td>57.64%</td>
<td>58.33%</td>
<td>↑</td>
<td>0.69%</td>
<td>42.31%</td>
<td>45.36%</td>
<td>↑</td>
<td>3.05%</td>
</tr>
<tr>
<td>Well Child Visit (3-6 years)</td>
<td>80.72%</td>
<td>80.57%</td>
<td>↓</td>
<td>0.15%</td>
<td>66.89%</td>
<td>69.52%</td>
<td>↑</td>
<td>2.63%</td>
</tr>
</tbody>
</table>

*Note: Immunizations: Children (Combo 10) first reported in 2019 CY data. 2018 data shown as comparison.*
### Quality of Care Measures
(HEDIS Administrative Data Reporting Years 2018 and 2019)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>62.92%</td>
<td>64.64%</td>
<td>↑</td>
<td>1.72%</td>
<td>55.19%</td>
<td>60.03%</td>
<td>↑</td>
<td>4.84%</td>
</tr>
<tr>
<td>Asthma Medication Ratio</td>
<td>71.39%</td>
<td>60.46%</td>
<td>↓</td>
<td>-10.93%</td>
<td>63.28%</td>
<td>54.43%</td>
<td>↓</td>
<td>-8.85%</td>
</tr>
<tr>
<td>Diabetic Retinal Exams</td>
<td>53.25%</td>
<td>55.48%</td>
<td>↑</td>
<td>2.23%</td>
<td>42.21%</td>
<td>41.53%</td>
<td>↓</td>
<td>-0.68%</td>
</tr>
<tr>
<td>HbA1C Testing</td>
<td>87.70%</td>
<td>87.91%</td>
<td>↑</td>
<td>0.21%</td>
<td>84.93%</td>
<td>84.17%</td>
<td>↓</td>
<td>-0.76%</td>
</tr>
<tr>
<td>HbA1C Good Control &lt;8%</td>
<td>38.82%</td>
<td>33.17%</td>
<td>↓</td>
<td>-5.65%</td>
<td>27.65%</td>
<td>20.48%</td>
<td>↓</td>
<td>-7.17%</td>
</tr>
<tr>
<td>HbA1c Poor Control &gt;9%**</td>
<td>54.44%</td>
<td>61.11%</td>
<td>↓</td>
<td>6.67%</td>
<td>68.84%</td>
<td>75.68%</td>
<td>↓</td>
<td>6.84%</td>
</tr>
</tbody>
</table>

**Note: 2019 change to Poor Control. This is an inverse measure (the lower the better).**
# Fee-for-Service CBI Measures: Performance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Completed 2016</th>
<th>Total Completed 2017</th>
<th>Total Completed 2018</th>
<th>Total Completed 2019</th>
<th>Trend 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Centered Medical Home</td>
<td>7 sites</td>
<td>5 sites</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Healthy Weight for Life</td>
<td>13,276</td>
<td>15,870</td>
<td>18,654</td>
<td>25,176</td>
<td>↑</td>
</tr>
<tr>
<td>Buprenorphine License</td>
<td>NA</td>
<td>NA</td>
<td>48</td>
<td>9</td>
<td>↓</td>
</tr>
<tr>
<td>Maternity Care: Timely Prenatal Care</td>
<td>NA</td>
<td>202</td>
<td>293</td>
<td>1,317</td>
<td>↑</td>
</tr>
</tbody>
</table>
Summary of 2019 CBI Results

- Continued improvement in preventable emergency visit
- Improvement in access measures: Initial Health Assessments, alcohol screening, and discharge follow-up
- Improvements in x/x targeted HEDIS measures
- Increases in timely prenatal care and referrals to healthy weight for life programs
California Department of Health Care Services

Outstanding Performance

Medium Scale Plan

Presented to

Central California Alliance for Health

On October 30, 2019

In recognition of your efforts for going above and beyond on behalf of Medi-Cal managed care members on behalf of the Managed Care Quality and Monitoring Division, Department of Health Care Services.

Richard Figueroa, Acting Director, DHCS
Care-Based Incentives
Proposed Changes for 2021
2021 Programmatic Care Coordination and Access Measures

Care Coordination - Hospital & Outpatient Measures
- Ambulatory Care Sensitive Admissions
- Preventable Emergency Visits

Change Recommendation
- 30-Day Readmissions to Plan All Cause Readmission

Care Coordination - Access Measures
- Developmental Screening in the First 3 Years
- Initial Health Assessment

Care Coordination – Access Measures cont.
- Post-Discharge Care

Change Recommendation
- Alcohol Misuse Screening and Counseling to include adolescents

Proposed New Access Measure
- Application of Dental Fluoride Varnish

Performance Target Measures
- Performance Improvement
- Member Reassignment Threshold
2021 Programmatic Quality of Care

Measures (unchanged)

- Antidepressant Medication Management
- Asthma Medication Ratio
- Body Mass Index (BMI) Assessment: Adult
- Body Mass Index (BMI) Assessment: Children & Adolescent
- Cervical Cancer Screening
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents

- Immunizations: Children (Combo 10)
- Maternity Care: Postpartum
- Maternity Care: Prenatal
- Well Adolescent Visit (12-21)
- Well Child Visit (3-6)
- Well Child Visit First 15 Months
Fee-For-Service Measures

Measures (unchanged)

- Behavioral Health Integration
- Buprenorphine License
- Patient Centered Medical Home
Exploratory Measures

Measures:
- 90-Day referral Completion
- Breast Cancer Screening
- Chlamydia Screening in Women
- Controlling High Blood Pressure
- Immunizations: Adults
- Member Satisfaction

Proposed New Measures
- Lead Screening in Children
Quality of Care Measure Performance

- Above 50% for NCQA quality metrics, payments remain the same as current

<table>
<thead>
<tr>
<th>Quality Performance Percentile</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;90</td>
<td>Full</td>
</tr>
<tr>
<td>75-90</td>
<td>75%</td>
</tr>
<tr>
<td>50-75</td>
<td>50%</td>
</tr>
</tbody>
</table>

- Below the 50th percentile, payment will be adjusted as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Performance &lt; 50 percentile</th>
<th>Total CBI Payment multiplied by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-3 metrics &gt;25 and &lt;50 and no metrics &lt;25</td>
<td>.75</td>
</tr>
<tr>
<td>2</td>
<td>&gt;4 metrics &gt;25 and &lt;50 and no metrics &lt;25</td>
<td>.50</td>
</tr>
<tr>
<td>3</td>
<td>1-3 metrics &lt;25</td>
<td>.25</td>
</tr>
<tr>
<td>4</td>
<td>&gt;4 metrics &lt;25</td>
<td>0</td>
</tr>
</tbody>
</table>
### Analysis of Provider Impact Using Q3 2019 Data

<table>
<thead>
<tr>
<th># of Measures</th>
<th>≤ 25th</th>
<th>25th – 50th</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3 Measures</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td>≥ 4 Measures</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>At Risk</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

**Does not include DM HbA1c Good control < 8% and DM Retinal exams**
Recommendation

Staff recommend the Board approve the following for CBI 2021:

1. Programmatic Measures:
   - Add: Application of Fluoride Varnish to Access Measures
   - Change: 30-Day Readmission to Plan All Cause Readmissions

2. Exploratory Measures:
   - Add: Lead Screening in Children

3. Quality of Care Performance
   - Measures Performing below the 50th will result in a reduced CBI payment
     - 1-3 Metrics between 25th-50th and no measures <25th will result in a CBI payment reduction of 25%
     - ≥4 measures between 25th and 50th and no measures <25th will result in a CBI payment reduction of 50%
     - 1-3 measures <25th will result in a CBI payment reduction of 75%
     - ≥4 measures <25th will result in no CBI payment
END
PHYSICIANS ADVISORY GROUP MEETING
CALENDAR FOR 2020

Thursday, March 5                    12:00 PM to 1:30 PM
Thursday, June 4                     12:00 PM to 1:30 PM
Thursday, September 3                 12:00 PM to 1:30 PM
Thursday, December 3                   12:00 PM to 1:30 PM

All meetings will be held via video conference at the Alliance offices listed below:

**Alliance Main Office:** 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066

**Alliance Salinas Office:** 950 East Blanco Road, Suite 101, Salinas, CA 93901

**Alliance Merced Office:** 530 West 16th Street, Suite B, Merced, CA 95340