HPSM Lunch and Learn Webinar Series: Medi-Cal Primary Care Payment Model Update

3/28/2018
Agenda

1. Payment model tracks overview
2. Deep dive on the Engagement Benchmark Payments (Tracks 2 and 3)
3. Deep dive on the Track 3 Benchmark P4P Payments
4. Health Plan initiatives to support you in achieving these quality outcomes:
   A. eReports – New reports!
   B. Targeted patient reassignment initiative
5. Next steps
Payment Model Tracks – Phase 1

Phase 1: **July 1, 2018** – December 31, 2019

**Track 1**
- FFS P4P Payments
- FFS Base Payments

**Track 2**
- FFS P4P Payments
- +30% Capitation
- Engagement Benchmark
- Base Capitation

**Track 3**
- Benchmark P4P Payments
- +30% Capitation
- Engagement Benchmark
- Base Capitation

Key Differences from Current Payment Model:

**Track 1**
- FFS P4P New/Updated Measures

**Track 2**
- FFS P4P New/Updated Measures
- Engagement Benchmark
- Base Capitation Rates Updated

**Track 3**
- Benchmark P4P Program – brand new!
- Engagement Benchmark
- Base Capitation Rates Updated
PCP Payment Model Track 1

Fee for Service Base Payment + Fee for Service Pay for Performance (FFS P4P)

Who would choose this model? Smaller practices or practitioners with few HPSM members

How does it work?

1. Base payments: Primary care services you provide are billed and paid on a fee-for-service basis

2. FFS P4P: Pay for performance bonuses that are tied to delivering specific services, such as the $30 bonus HPSM pays for depression screening today

What’s new about this model? Not a whole lot. However, our FFS P4P program is updated to reflect the population health needs of our community. Some updates to the 2018 FFS P4P measure set are already in effect. If you are not sure what these updates are or how they impact your clinic please see our recent provider announcements, now posted to the HPSM website: https://www.hpsm.org/providers/provider-resources.aspx
PCP Payment Model Track 2

Partial Capitation + Fee for Service Pay for Performance + Engagement Benchmark

Who would choose this model?
- Larger practices or providers with a significant number of HPSM members, many of whom are already partially capitated.
- Not yet ready for the Benchmark P4P Program -- the population health management capabilities needed to succeed in an outcomes-based payment model may not yet be developed in their practice.

How does it work?
1. **Base payments**: Primary Care Capitation ($PMPM for defined service scope)
2. **FFS P4P**: Identical updates as Track 1
3. **Engagement Benchmark**: Up to 30% capitation bonus for engaging at least 60% of your continuously assigned patient panel over a year.

What’s new about this model?
- Like Track 1, there are updates to the FFS P4P program.
- The engagement bonus replaces capitation bonuses for extended office hours, immunization registry use and auto-assignment of HPSM Medi-Cal members.

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1 Only measured for members continuously assigned for 12 months. Broad definition of engagement based on encounter data.
Who would choose this model?
- Larger practices or providers with a significant number of HPSM members, with confidence in their population health management capabilities
- Providers looking to reduce the manual submission of P4P claims

How does it work?
1. **Base payments**: Primary Care Capitation ($PMPM for defined service scope)
2. **Benchmark P4P**: Annual bonus payment for achieving population health quality outcomes. Payment and quality outcomes calculations are based on encounter data (mostly claims). For this first program year each participating clinic will be assigned 7 performance measures.
3. **Engagement Benchmark**: Identical updates as Track 2

What’s new about this model?
- A fair amount; the major theme is a move toward rewarding outcomes rather than volume of services
- Like Track 2, introduces new outcomes-based patient engagement capitation bonus
Payment Model Tracks – Deep Dive on Engagement Benchmark

Phase 1: **July 1, 2018** – December 31, 2019

- **Track 1**
  - FFS P4P Payments
  - FFS Base Payments

- **Track 2**
  - FFS P4P Payments
  - Base Capitation
  - +30% Capitation Engagement Benchmark

- **Track 3**
  - Benchmark P4P Payments
  - Base Capitation
  - +30% Capitation Engagement Benchmark
Engagement Benchmark Payment

- **Full credit:** (30% additional capitation)
  - Greater than or equal to 60% average panel engagement for continuously assigned members over a rolling 12 month timeline

- **Partial credit:** (15% additional capitation)
  - Greater than or equal to 50% and less than 60% average panel engagement for continuously assigned members over a rolling 12 month timeline

- **No credit:**
  - Less than 50% average panel engagement for continuously assigned members over a rolling 12 month timeline

Payments will be adjusted quarterly based on a 3-month benchmark average and will be prospective for the quarter following the measurement period.
Engagement Benchmark Definition

• What counts towards the patient engagement benchmark?
  • Any claims received under providers that fall into any of the following primary care specialty designations:
    – General medicine, internal medicine, family medicine, geriatrics, pediatrics, certified nurse practitioner, physician assistant
  • AND preventive services billed by non-PCP specialty types at assigned clinic
  • AND telemedicine based on billable definitions
  • AND capitated services
Engagement Benchmark Definition

Data will be shared monthly through eReports (Starting now!):

1. **Active Engagement Report**
   - Current/active assigned patient panel
   - No continuous assignment criteria
   - Real-time claims information reflected on report run date

2. **PCP Payment Engagement Report**
   - Member-level detail, which we will use to calculate the engagement benchmark capitation payment
   - 3 month claims lag
   - 12 month continuous assignment criteria for patients listed

3. **Engagement Benchmark Report**
   - Percent of assigned patients seen based on aggregated information in report #2

Reports #2 and #3 are currently informational only. Starting July 1, 2018, these reports will be used to calculate the engagement benchmark payment for our capitated primary care providers.

Website for eReports login: [https://reports.hpsm.org](https://reports.hpsm.org)
Track 3 – Benchmark P4P Payments

Phase 1: **July 1, 2018** – December 31, 2019
Track 3 – Benchmark P4P Measure Set (PY 2018)

- Encounter threshold*
- Well-child visit (ages 3-6)
- Child immunization status – Combo 3
- Adolescent immunization status – Combo 2
- BMI percentile
- Depression screening and follow-up (ages 12+)*
- Asthma medication ratio*
- Initial health assessments
- Diabetes HbA1c control*
- Diabetes retinal eye exam
- Diabetes medical attention for nephropathy
- Diabetes blood pressure control
- Cervical cancer screening*
- Mammogram for breast cancer screening

*HPSM targeted metric – might be assigned to your clinic based on patient population age range
Sample Clinic Benchmark P4P
Measure Set – PY 2018 (7 Measures)

- ☑ Encounter threshold*
- ☑ Asthma medication ratio*
- ☑ Initial health assessments
- ☑ Diabetes HbA1c Control*
- ☑ Diabetes retinal eye exam
- ☑ Cervical cancer screening*
- ☑ Mammogram for breast cancer screening
### Some info on Reports!

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<thead>
<tr>
<th>Report #</th>
<th>Report Name</th>
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<tbody>
<tr>
<td>1</td>
<td>Clinical Partnership Empanelment</td>
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<tr>
<td>2</td>
<td>Active Engagement Report</td>
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<td>3</td>
<td>Targeted PCP Re-assignment Report</td>
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<td>4</td>
<td>PCP Payment Engagement Report</td>
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<td>5</td>
<td>Internal PCP Engagement Benchmark (All clinics)</td>
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<td>6</td>
<td>Engagement Benchmark (By clinic) - External</td>
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<tr>
<td>7</td>
<td>Targeted PCP Re-assignment Follow-up Report</td>
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<td>8</td>
<td>Non-engaged assigned member list</td>
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<td>9</td>
<td>Not-assigned but being seen member list</td>
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<tr>
<td>10</td>
<td>P4P Member Detail Report</td>
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<td>11</td>
<td>P4P FFS Payment Summary Report</td>
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<td>12</td>
<td>P4P Benchmark Report</td>
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<td>13</td>
<td>Year end summary payment report - FFS track</td>
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<td>14</td>
<td>Year end summary benchmark report - Benchmark track</td>
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*Orange = Live in eReports now!*

#2, 4, and 6 help you track against the engagement benchmark

#10 helps you track against P4P quality measures
HPSM eReports Access -

If you are unsure whether your organization has access, who in your organization has access, or would like to set up a log in to access the HPSM eReports system please contact the HPSM Provider Services Department Monday through Thursday, 8 a.m. to 5 p.m., or Friday 1 p.m. to 5 p.m. at (650) 616-2106, or email your Provider Service Representative.

Website for eReports login: https://reports.hpsm.org
Targeted Patient Re-assignment to Support Panel Engagement

• **Steps and Timeline:**
  - **April 2018** – send one-time PCP potential re-assignment list to providers for review (will be sent through eReports)
  - **April 2018** – run internal ‘high volume’ non-assigned PCP visit report
  - **April 2018** – Generate 1st member letters for targeted re-assignment
  - **May 2018** – First round of targeted member re-assignment; second round of member letters based on updated report
  - **June 2018** – Second round of targeted member re-assignment; third round of member letters based on updated report
  - **July 2018** – Ongoing process management and updates as needed; continue to gather feedback from members and providers

*Member assignment changes will be reflected in monthly Active Engagement report in eReports*
Next Steps:

• Each clinic will select Track 1, 2, or 3 to take effect July 1, 2018
• Contract amendments
• Provider announcements
  – FFS P4P program guidelines
  – Benchmark program guidelines
• Benchmark P4P program webinar
Thank you!

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