

# Quality Care Incentive Program Protocols

## Background

The Quality Care Incentive Program (QCIP) serves to identify members who are due for clinically recommended aspects of care to further assist Primary Care Providers (PCPs) in providing comprehensive, high-quality health care for members.

CenCal Health's QCIP Program covers a wide range of preventive health, health maintenance, and health improvement services. PCPs are accountable for delivering high-quality, clinically necessary, and appropriate care, as well as fostering a care environment that supports positive member experiences.

## Definitions

- **QCIP:** Quality Care Incentive Program
- **PCP:** Primary Care Practitioner
- **NCQA:** National Committee for Quality Assurance
- **HEDIS®:** Healthcare Effectiveness Data and Information Set
- **D-SNP:** Dual Eligible Special Needs Plans
- **LOB:** Line of Business addressing CenCal Health's MediCal and Medicare line of business
- **Quality of Care Domains:** Clinical and operational domains of care to group quality measures
- **Clinical Domain Measures:** Measures that evaluate the quality of medical care delivered and health outcomes. Categories include: Managing Chronic Conditions, Staying Healthy, Cancer Prevention and Screening, and Behavioral Health Care
- **Operational Domain Measures:** Measures that evaluate the systems, processes, and patient experience that support care delivery. Member Experience (Member Survey) measures are included in this domain
- **Priority Measures:** Identified priority aspects of care included in incentive payment calculations
- **Informational Measures:** Identified aspects of care not included in incentive payment calculations
- **Quintile:** Any of 5 equal groups into which all CenCal Health's PCPs can be divided, according to the distribution of quality results for a particular measure or group of measures based on performance

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## Performance & Payment Methodology

Performance measurement methodology is equally applied for all capitated PCPs, including but not limited to Federally Qualified Health Centers and Rural Health Centers. Incentive payments are not paid as an additional rate per service or visit. PCP performance is measured against pre-defined, industry-standard, clinical and experience measures. Clinical measurement results are calculated using NCQA-certified HEDIS® reporting software.

All Medicare DSNP PCPs and only capitated Medi-Cal PCPs are eligible to earn QCIP payments if their eligible member count for all QCIP measures in aggregate meets or exceeds 30 members.

## Measures

Quality of care domains and measures are systematically identified for inclusion in the program based on the following criteria:

- Alignment with state-wide and/or Medicare recommended quality focus areas
- The feasibility of accurate quality of care measurement utilizing claims, lab, and registry data
- A balanced distribution of adult and pediatric measures
- A balanced distribution of disease management and preventive care measures
- Operational Measures, focused on Member Experience data

The quality of care domains and measures are evaluated on an annual basis to ensure that the above criteria are met. As priorities regarding these criteria change, CenCal Health may update these domains and measures. CenCal Health will ensure PCPs are informed 12 months prior to a change being made.

## Payment

Payment performance is calculated, expressed, and reported for each priority measure and all combined priority measures.

- PCP incentive payments will be completed quarterly, reflecting the prior twelve (12) months of performance (some measures may have a longer lookback period), with each payment calculation period rolling forward by a quarter. Individual PCP measure performance is calculated as a percentage, based on the numerator (members who received service) divided by the denominator (eligible members), for each qualifying measure.
- A PCP's overall performance is based on the sum of all measure numerators divided by the sum of all measure denominators for the PCP. Performance is expressed using a 5-star performance scale (quintile).

- Star ratings (quintiles) are assigned for each measure and for all measures in aggregate by:
  - Ranking PCPs in descending order by their aggregate performance percentage
  - Stratifying the population by quintile, each containing an equal number of PCPs
  - Assigning stars to each quintile -- 5 stars to the highest performing quintile, 4 stars to the next lower quintile, etc.
- If multiple PCPs have the same aggregate clinical score, PCPs with equal scores will be included in the higher quintile.
- PCPs earn incentives according to the number of stars earned:
  - Quintile 5 = 5 stars = 100% of total pool
  - Quintile 4 = 4 stars = 80% of total pool
  - Quintile 3 = 3 stars = 60% of total pool
  - Quintile 2 = 2 stars = 40% of total pool
  - Quintile 1 = 1 star = 20% of total pool

## Lines of Business

QCIP encompasses all Lines of Business (LOBs) and products, currently including Medicaid and a Medi-Cal product, and Medicare Dual Special Needs Plan (D-SNP) product. Funding is managed, monitored, and financially differentiated by LOB for CenCal Health internal financial management purposes.

For clinical performance management purposes, PCP reporting is by domain and aspect of care, agnostic to LOB – a singular standard of care is promoted across all LOBs for each aspect of care.

The following program concepts and objectives are relevant to QCIP:

### Funding Objectives – CenCal Health Internal Operations

- For CenCal Health's financial accounting purposes, the at-risk funding contribution is separate and distinct for each LOB and Product (i.e., Plan ID)
- Funding for each LOB and Product is calculated on a per-capita basis -- Medi-Cal funding is currently calculated proportional to capitation. Funding for D-SNP is calculated as a percentage of the D-SNP revenue to CenCal Health per member (i.e., Percent of Premium). This Percent of Premium PMPM is therefore risk adjusted to create a risk-adjusted D-SNP at-risk funding pool for each PCP site.
- At-risk funding pool contributions by CenCal Health and by PCP are historically maintained for each LOB and Product

- Incentive payment calculations and the amount earned by each PCP from each PCP at-risk funding pool are financially separate and historically archived by LOB and Product

### **Funding Objectives – PCP Reporting**

- For PCP care management and performance monitoring, at-risk funding is consolidated and indistinguishable by LOB and Product
- For PCP financial reporting, incentive payments are aggregated for all LOBs
- For PCP performance reporting, measures are consolidated and indistinguishable by LOB and Product

### **QCIP Operational Objectives**

- Measure selection and configuration uses the QCIP Master File, with content managed by the Quality Department
- The Master File content is used to identify and group Priority Measures, Reporting measures, relevant comparable benchmarks, and other QCIP report elements
- Monthly performance reporting and quarterly payment schedules remain unchanged for LOB and Product
- Reporting and payments to PCPs are at the domain and measure level, and indistinguishable by LOB and Product
- Internal performance reporting must enable performance monitoring with detail by LOB and Product, supported by PCP and member-level drill-down functionality

## **Quality Measures**

Identified quality measures encompass aspects of care that PCPs can influence either through direct care or through referral to specialists or other ancillary practitioners. Identified priority measures are consistent with accepted clinical guidelines and clinically relevant to CenCal Health's membership. Quality of care measures are comprised of four (4) clinical domains of care and one (1) operational domain of care.

### **Clinical:**

- Behavioral Health
- Managing Chronic Conditions
- Staying Healthy
- Cancer Prevention

### **Operational:**

- Member Experience (Member Survey)

The quality measures for each domain can be found in the [QCIP Measures section of the QCIP webpage](#). All clinical measure specifications reflect the *NCQA HEDIS® Volume 2 Technical Specifications* and are updated as measure specifications change. Generally, measures remain within the Quality Care Incentive Program for at least two (2) years to reinforce improvement priorities and expectations, support program stability for PCPs, and increase the potential to achieve overall network performance that meets or exceeds external benchmarks of clinical excellence.

## Quality Care Incentive Program Performance Reporting

Quality Care Incentive Program performance reporting occurs monthly for all PCPs. Reporting information is available to PCPs via the Provider Portal on CenCal Health's website, within the Quality Care Incentive Program tab. The Provider Portal can be accessed [here](#). The Quality Care Incentive Program tab in the Provider Portal includes financial details, performance reports, provider rankings, and measure opportunity reports. Detailed instructions regarding navigation of the Provider Portal can be found on the CenCal Health website. Please visit [cencalhealth.org/providers/provider-training-resources](http://cencalhealth.org/providers/provider-training-resources) or contact your Provider Services Representative.

### Quality Care Incentive Program Dashboards

The *Quality Care Incentive Program Dashboards* are a snapshot and a trended view of both a PCP's overall program performance and their overall financial performance for Clinical measures and Operational measures. This page can be filtered by time-frame.

### Quality Care Incentive Program Performance Overview

The *Quality Care Incentive Program Performance Overview* displays quality scoring for each PCP's membership. It includes:

- The PCP's trended performance which can be filtered by:
  - PCP location as applicable
  - CenCal Health identified quality measures for improvement
  - Priority quality measures (those that are incentivized have an asterisk next to them)
  - County of service
  - Time-frame
- The PCP's quality performance score by month is reflected on the trend line and performance rates can be displayed by hovering over the trend line marker.
  - Each trend line marker can be clicked on to display that month's performance detail on the Quality Care Incentive Program Provider Summary Detail screen. It includes:

- Number of members in each measure domain
  - Number of members who met the criteria for all measures
    - By clicking on the number in this field you can drill into member detail
  - Number of members who have not met the criteria for all measures
    - By clicking on the number in this field you can drill into member detail
  - Overall measure domain rate
  - Number of members in each measure
  - Number of members who met the criteria for a specific measure
    - By clicking on the number in this field you can drill into member detail
  - Number of members who have not met the criteria for a specific measure
    - By clicking on the number in this field you can drill into member detail
  - Specific measure rate
  - Overall rate compared to the average overall CenCal Health rate
- All member detail information includes the following fields: member ID number, member name, member date of birth, member age, member gender, member phone number, measure domain, and measure name
    - You can click on the member's ID number to view the Member 360 screen.

## **Quality Care Incentive Program Financial Overview**

*The Quality Care Incentive Program Financial Overview* displays each PCP's trended incentive payments as well as the trended incentive funding available to them. It includes:

- The PCP's trended financial payments performance, which can be filtered by:
  - PCP Location as applicable
  - Time-frame
- The PCP's financial payment performance by quarter is reflected on the trend line and payment amounts can be displayed by hovering over the trend line marker.
  - Each trend line marker can be clicked on to display that quarter's payment detail on the Quality Care Incentive Program Payment Scoring Detail screen.
  - Quality Care Incentive Program Payment Scoring Detail includes:
    - Incentive Date
    - Provider NPI

- By clicking on the number in this field you can drill into the payment detail which includes:
  - Incentive date
  - Provider NPI
  - Total Incentive Payment
  - Member ID
  - Member Name
  - Member Date of Birth
  - Measure Name
  - If the member triggered an incentive payment
- PCP Name
- Performance Percentage Rate
- Quintile in which the PCP fell (i.e. Stars Earned)
- Capitation Withhold Amount
- CenCal Contribution Amount
- Total Financial Pool Available Amount
- Percentage of Financial Pool Available Earned
- Total Incentive Payment Amount

## Quality Care Incentive Program: Additional Dashboard Tools

In addition to the Performance and Financial dashboards described above, the QCIP tab within the Provider Portal includes additional dashboards and reporting tools intended to support provider engagement and performance monitoring. These tools include the **Operational Dashboard**, currently under development, which is intended to provide information related to Member Experience measures. Measure-specific Opportunity Reports (e.g., Lead Screening and Well-Child Visits) are also available and provide actionable, measure-level performance details. Provider ranking information is accessible to allow providers to compare performance across participating organizations. The QCIP tab also includes a Forms and Resources section with reference materials, such as prior program communications (e.g., cover letters) and frequently asked questions. Please note that available tools and resources within the QCIP tab are subject to change.

## Program Support

CenCal Health's Population Health, Practice Transformation, and Provider Relations Departments are available to provide orientation regarding CenCal Health's quality

measures, strategies to maximize data reporting, and sharing of best practices to help maximize service utilization consistent with evidence-based treatment and preventive health guidelines. PCPs can contact CenCal Health using the contact information listed below:

- **QCIP Team Email:** [qcip@cencalhealth.org](mailto:qcip@cencalhealth.org)
- **Provider Relations Email:** [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org) or your assigned Provider Relations Representative
- **Practice Transformation:** [practicetransformation@cencalhealth.org](mailto:practicetransformation@cencalhealth.org)

More information can also be found here: <https://www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/>