

**Partnership HealthPlan of California
Quality Bonus Incentive Indicators FY 2005/2006**

Indicator	Example	Points
<p>Preventive Services Measures</p> <ul style="list-style-type: none"> Breast Cancer Screening (BCS) (Family Practice* & Adult Medicine) <i>Denominator: # of women age 52-69 assigned to the practice site when Mammogram Reports are produced (approximately July 2005)</i> <i>Numerator: # of women with a mammogram in the last 2 years + the # of MSDF forms returned with a qualifying response</i> <ul style="list-style-type: none"> Well-Infant Visits in the 1st 15 Months of Life (WI) (Family Practice* & Pediatric) <i>Denominator: # children who turned 15 months old in 2004 (HEDIS criteria)</i> <i>Numerator: # children with 6 well visits by age 15 months</i> <i>(Data will be collected from practices throughout the year, a sample will be validated and added to PHC administrative data to count towards the numerator.)</i> <p><u>For Adult Medicine practices</u> BCS points will be allocated as follows: <i>If rate is $\geq 90\%$, 25 points will be assigned</i> <i>If rate is between 70 and 89, 12.5 points will be assigned</i> <i>If rate is $< 70\%$, 0 points will be assigned</i></p> <p><u>For Pediatric practices</u> WI points will be allocated as follows: <i>If rate is $> 54\%$, 25 points will be assigned</i> <i>If rate is between 45% and 54%, 12.5 points will be assigned</i> <i>If rate is $< 45\%$, 0 points will be assigned</i></p> <p><u>For Family practices, BCS and WI points will be allocated as follows:</u> BCS <i>If rate is $\geq 90\%$, 12.5 points will be assigned</i> <i>If rate is between 70% and 89%, 6.25 points will be assigned</i> <i>If rate is $< 70\%$, 0 points will be assigned</i></p> <p>WI</p>	<p>A “qualifying response” is either documentation of the date of service and the result found in the medical record and reported on the MSDF OR checking one of the other qualifying response boxes. Other responses include</p> <ul style="list-style-type: none"> Bilateral mastectomy Patient deceased Patient not a female Multiple unsuccessful contact attempts Multiple no-shows for office visits Not assigned to the practice Patient refused the service <p>AM practice has 200 denominator members and 70 have had a mammogram per PHC claim data. Practice returns 125 of the 130 MSDF forms with qualifying response. Rate is 98% ($70+125 \div 200$). Practice site is assigned 25 points for Preventive Services.</p> <p>Ped practice rate for Well-Infant Visits is 60%. Practice site is assigned 25 points for Preventive Services.</p> <p>FP site has 150 denominator members and 50 have had a mammogram per PHC claim data. Practice returns 90 of the 100 MSDF forms with qualifying response. Rate is 93% ($50+90 \div 150$). Practice site is assigned 12.5 points for BCS.</p>	<p align="center">25</p>

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<p><i>If rate is >55%, 12.5 points will be assigned</i> <i>If rate is between 45% and 54%, 6.25 points will be assigned</i> <i>If rate is <45%, 0 points will be assigned</i></p>	<p>Well Infant Visit rate is 60%. Practice is assigned 12.5 points for WI. Total Preventive Services points is 12.5 + 12.5 = 25 points.</p>	
<p>Chronic Condition Management – Asthma <i>Denominator: # persistent asthmatics assigned to the practice site</i> <i>Numerator: # persistent asthmatics with <=5 canisters of beta agonist + # members with >5 canisters and a controller ratio of 0.5 or greater (# weighted controller ÷ # all weighted asthma meds)</i></p> <p><u>For all qualifying practices, points will be allocated as follows:</u> <i>If rate is >93%, 25 points will be assigned</i> <i>If rate is between 83% and 93%, 12.5 points will be assigned</i> <i>If rate is <83%, 0 points will be assigned</i></p>	<p>Practice site has 500 asthmatics assigned on 4/30/06. Of those, 425 have 5 or less canisters of beta agonist dispensed between 5/1/05 and 4/30/06. Of the 75 members dispensed 5 or more canisters of beta agonist, 60 have a controller to asthma medication ratio of 0.5 or greater. Practice site is assigned 25 points (425 + 60 = 485 / 500 = 97%)</p>	25
<p>Chronic Condition Management – Diabetes <i>Denominator: # diabetics assigned to the practice site when the Diabetes Report is produced (approximately July - points will be reallocated to the other indicators if a site has no denominator)</i> <i>Numerator: # DSDf forms returned with a qualifying response</i></p> <p><u>For all qualifying practices, points will be allocated as follows:</u> <i>If rate is ≥90%, 25 points will be assigned</i> <i>If rate is between 70 and 89, 12.5 points will be assigned</i> <i>If rate is <70%, 0 points will be assigned</i></p>	<p>Practice site has 200 diabetics assigned in July when DSDF reports are distributed.</p> <ul style="list-style-type: none"> • 160 DSDFs are returned with updated data after the patients have an office visit and/or labs updated. • 2 DSDFs are returned indicating the patient is not diabetic. • 15 DSDFs are returned indicating three unsuccessful contacts or no-shows in 2005 • 1 DSDF is returned indicating the patient is deceased. • 3 DSDFs are returned indicating the patient had GDM which is resolved. <p>Rate is (160+2+15+1+3) = 181 ÷ 200 = 91% Practice is assigned 25 points for Chronic Condition Management - Diabetes</p>	25

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<p>Practice Site Quality Improvement Project <i>Select a QI project from the topics listed below. Projects can run from 1-3 years, but all the activity and report requirements must be met for <u>each year in order to get points in that year.</u> Project proposal and description (Section I of the PHC Practice Site QIP template) must be submitted to PHC by July 31, 2005. QIP initial and final reports must be approved by PHC QI Department. PHC QI Department will review project proposals and give feed back to the practice within 30 days of receipt. PHC QI Department will provide technical assistance to develop the proposal if requested. QI will schedule a meeting with the practice team to review QI principles, methods, and tools and assist in defining AIM and MEASURE(S). Practice site team must schedule and attend the CQI training.</i></p> <p>Improving Access to Care Practice Site QIP report demonstrating evidence that one or more of the following have been implemented at the practice during FY 2005/2006 for at least 6 months. Activities to include administering a member satisfaction survey tool to assess before-and-after patient satisfaction with access. In addition, measures such as 3rd-Next-Available Appointment or Visit-Cycle-Time can be used to measure improved access.</p> <ul style="list-style-type: none"> • Practice has extended office hours • Practice is doing Group Medical Appointments (not group education/classes) • Practice has implemented Advanced Access (aka Open Access) • Improved Visit Cycle Time (Office Efficiency) <p>Complete and submit Section I of the Practice Site QIP report template by July 31, 2005 and sections II through IV and submit by April 30, 2006.</p> <p>Assessing and Improving Patient Satisfaction Practice Site QIP report demonstrating completion of the following activities:</p> <ul style="list-style-type: none"> • administer a patient satisfaction survey (baseline measurement) • compile and analyze results • ID one or more opportunities for improvement • select and implement intervention(s) • complete at least one remeasurement <p>Complete and submit Section I of the Practice Site QIP report template by July 31, 2005 and sections II through IV and submit by 4/30/2006.</p> <p>Implement Improved Clinical Information Systems to Improve Care Practice Site QIP report demonstrating phase-in plan and progress in implementing new or improved clinical information systems that result in improvements in care. Practice site will select measures to demonstrate implementation progress and improvement(s) in care. Clinical</p>	<p>Practice site submits initial report on 7/12/05. Report is approved and CQI training attended. Final report is submitted on 4/28/06. Practice site is assigned 25 points in FY 05/06.</p> <p>Practice site submits initial report on 7/31/05. Report is approved and CQI training attended. Final report is submitted on 5/15/06. Practice site is assigned 12.5 points in FY 05/06.</p> <p>Practice site submits initial report on 8/15/05. Report is approved and CQI training attended. Final report submitted on 4/30/06. Practice site is assigned 12.5 points in FY 05/06.</p> <p>Practice site submits initial report on 10/10/05. Report is approved and CQI training attended. Final report is submitted on 4/28/06. Practice site is assigned 0 points in FY 05/06.</p>	<p align="center">25</p>

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<p>information systems can include any one or more of the following:</p> <ul style="list-style-type: none"> • Chronic condition or preventive care registry (electronic or manual) • Electronic Health Record/Electronic Medical Record <p>Complete and submit Section I of the Practice Site QIP report template by July 31, 2005 and sections II through IV and submit by 4/30/2006.</p> <p><u>For all qualifying practices, points will be allocated as follows:</u></p> <p><i>If completed initial and final reports are submitted timely (July 31, 2005 and April 30, 2006, respectively) and approved by PHC, 25 points will be assigned</i></p> <p><i>If completed initial report is submitted within 60 days of the deadline, and the final report is submitted within 30 days of the deadline, and approved by PHC 12.5 points will be assigned</i></p> <p><i>If initial and/or final reports are more than 60 days late, are not submitted, or are not approved, 0 points will be assigned</i></p>		

6/16/2005