

The Sixth National Pay for Performance Summit
March 25, 2011

Creating Pay-for-Performance Strategies Your Physicians *Won't* Hate

Improving Quality in a Medicaid Managed Care Plan

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Health Plan of San Mateo
South San Francisco, CA

**the
healthy
fight.**



**HealthPlan
OF SAN MATEO**

Agenda

- Who is Health Plan of San Mateo?
- Why P4P for HPSM?
- P4P Key Features
- Results
- Lessons Learned
- On the Horizon

Health Plan of San Mateo (HPSM)

Managed care entity serving low income persons in San Mateo County

- Serves nearly 100,000 people
- 14% of county population
- Pay for Performance focused on Medi-Cal (Medicaid in CA)
- Includes all Medicare Advantage (all dual-eligibles, have Medicaid and Medicare coverage)



Why Pay for Performance for HPSM?

- Improve members' Quality of Care – aligning provider financial incentives with plan goals
- Risk sharing not working
 - Unfair – based on hospital performance and efficiency rather than physician efforts and patient management
 - Unpopular - repeated complaints from PCPs at low efficiency hospitals (e.g. teaching, safety net)
 - Unpredictable – amount varied greatly from year to year and from provider to provider
- Solution: HPSM designed a program to replace risk sharing entirely that would address these concerns

P4P Program Key Features:

- **Quality focused:** Aligned with key HEDIS measures for pediatrics and adults to include all PCPs and OB providers who serve our Medi-Cal members
- **Economical:** Use provider incentives to supplement payment for Medi-Cal (includes all SNP dual eligibles) in lieu of risk sharing
- **Precise:** Pay for a specific, quality based, action
- **Fair:** Applies equally to all contracted PCPs in network – anyone who performs the “action” receives the same \$\$, regardless of hospital affiliation, location, specialty or size
- **Transparent:** Provides regular feedback to providers that enables them to improve
- Most incentives available **once per member per calendar year** (OB related incentives available for each pregnancy)
- **Effective 1/1/08**

Pay for Performance: Clear & Simple

Measure:

- Extended Office Hours
- Patient Auto Assignment
- Immunization Registry
- Encounters
- Initial Health Assessment
- Child Well Visit (ages 3-6)
- Teen Well Visit (ages 12-18)
- Women's Health Exam

Incentive:

- 10% of monthly capitation
- 20% of monthly capitation
- \$500 for sign-up, training, and 2 months active use; \$1 per Medi-Cal member (ages 0-19) per month
- \$5 per electronic claim; \$3 per paper claim
- \$90 per claim, visit within 120 days of enrollment
- \$90 per annual claim
- \$90 per annual claim
- \$90 per annual claim

Pay for Performance: Clear & Simple

Measure:

- Body Mass Index (BMI) – all ages yearly
- Asthma Action Plan yearly
- Referrals by PCP to OB for initial prenatal care visit within 1st trimester
- OB visit for prenatal care within 1st trimester
- Postpartum exam (21-56 days after delivery)
- Diabetes screenings: HbA1C, LDL-C, Retinopathy, Nephropathy
- Diabetes screening results: HbA1C, LDL-C

Incentive:

- \$25 per BMI claim and form
- \$25 per AAP claim and form
- \$50 per timely referral and form
- \$100 per timely visit and form
- \$50 per claim
- \$30 per test completed
- \$65 for each result under ADA guidelines

Provider Reports

- Sent to each P4P provider quarterly
- Reports outline:
 - Total earnings, including earned incentives by member
 - Potential earnings, including lists of members who are still eligible for each incentive
- Serve as registries of asthmatics and diabetics
 - PCPs can then use to call back members in need of additional follow-up or testing



Pay For Performance Quarterly Report

Dates of Service 1/1/10 - 9/30/10, Claims Paid Through 10/31/10

Capitation payments Jan-Sep 2010

HEALTH PLAN OF SAN MATEO PCP*

701 GATEWAY BLVD., SUITE 400
SOUTH SAN FRANCISCO, CA 94080

PROVIDER ID:

ZZZ11111

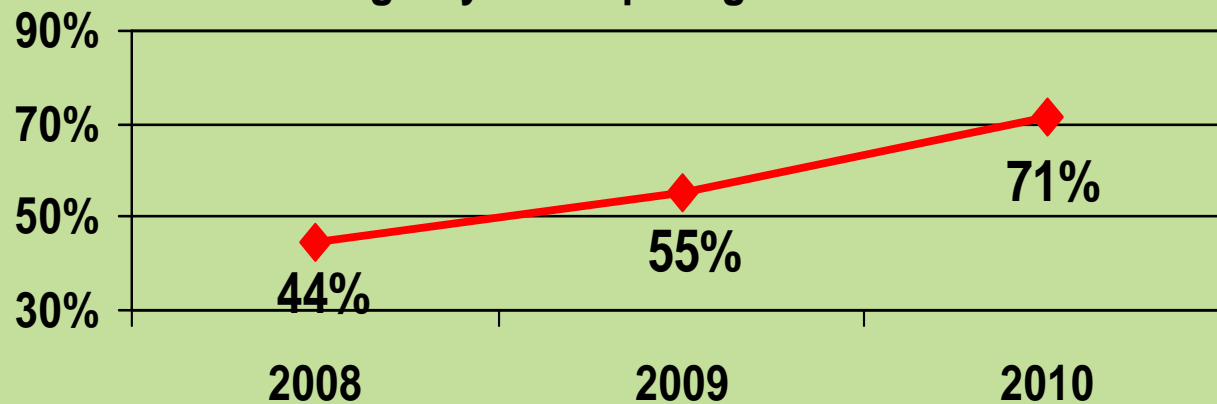
Pay For Performance Summary								
		Paid Mbrs	Amount Pd Thru Claims	Amount Pd Thru Cap	Earned Amount	Total Paid/ Earned	Eligible Mbrs	Annual Potential Amount
Baseline Capitation (YTD)		0	0	31,053	0	31,053	0	0
Encounter Submissions *								
Paper	\$3.00 Per Enctr	146	438	0	0	438	0	0
Electronic	\$5.00 Per Enctr	166	830	0	0	830	0	4,590
Additional Capitation Payment								
Extended Hours	10% Capitation	0	0	0	0	0	0	4,130
Accepting Auto-Assignment	20% Capitation	0	0	0	0	0	0	8,260
Immunization Registry	\$1.00 PMPM	0	0	0	0	0	0	13
New Members w/in 120 Days	\$90.00 Each Mbr	0	0	0	0	0	5	450
Child Well Care Visit**	\$90.00 Each Mbr	2	180	0	0	180	35	3,150
Adolescent Visits	\$90.00 Each Mbr	1	90	0	0	90	20	1,800
Women's Health Exam *	\$90.00 Each Mbr	0	0	0	0	0	51	4,590
Obesity Screening (BMI)	\$25.00 Each Mbr	21	525	0	0	525	324	8,100
Asthma Action Plan	\$25.00 Each Mbr	0	0	0	0	0	19	475
Pre-natal Care								
OB Referral - 1st Trimester	\$50.00 Each Mbr	0	0	0	0	0	0	0
OB Visit - 1st Trimester	\$100.00 Each Mb	0	0	0	0	0	0	0
Diabetes Care								
HbA1c	\$30.00 Each Mbr	80	1,920	0	480	2,400	19	570
HbA1C Level	\$65.00 Each Mbr	18	910	0	260	1,170	78	5,070
LDL-C	\$30.00 Each Mbr	74	1,830	0	390	2,220	25	750
LDL-C Level	\$65.00 Each Mbr	22	1,040	0	390	1,430	77	5,005
Eye Exam	\$30.00 Each Mbr	57	1,350	0	360	1,710	43	1,290
Nephropathy Screening	\$30.00 Each Mbr	77	2,070	0	240	2,310	23	690
Total		0	11,183	31,053	2,120	44,356	0	48,933

*Measure introduced 9/1/09; **Measure introduced 1/1/10

Outcomes: Increase in Immunization Registry Use

- P4P incentives made it financially viable for our private providers to participate in the registry
- PCPs receive monthly IZ registry reports detailing their assigned members who are due and also past due for immunizations as they continue to use the registry
- Increased use of the registry led to more IZ administrative data for HPSM and fewer missed immunizations

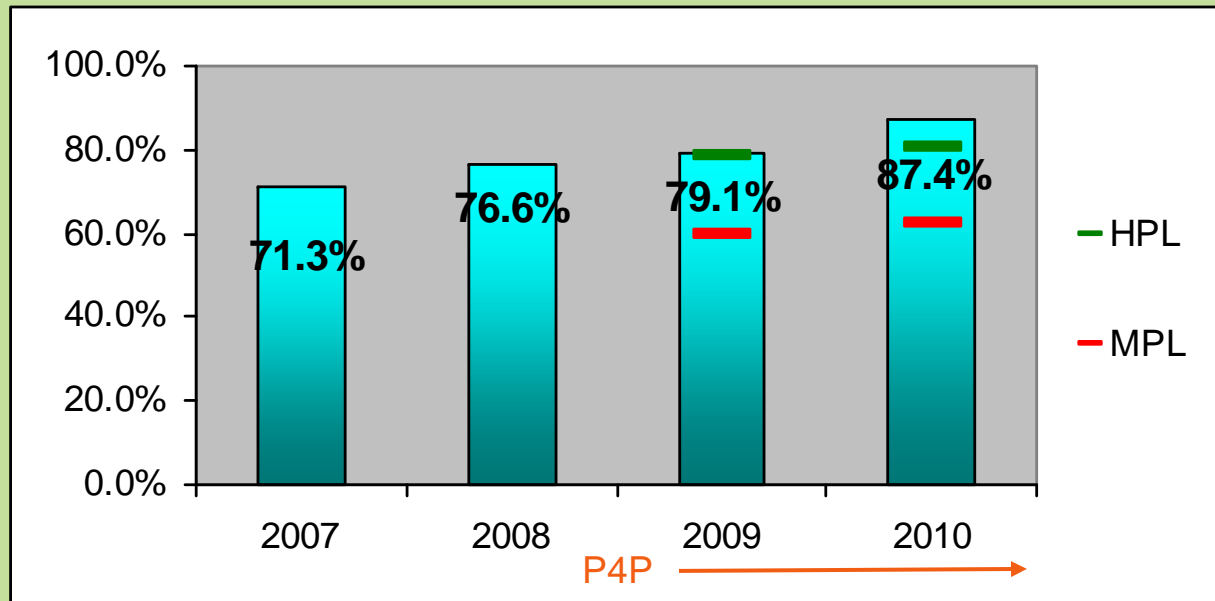
**Percentage of MC Peds Mrbs Assigned to IZ
Registry Participating Providers**



Outcomes: Improved HEDIS Rates

CHILDHOOD IMMUNIZATIONS, Combo 3

HPSM's percentage of children fully immunized by the age of 2



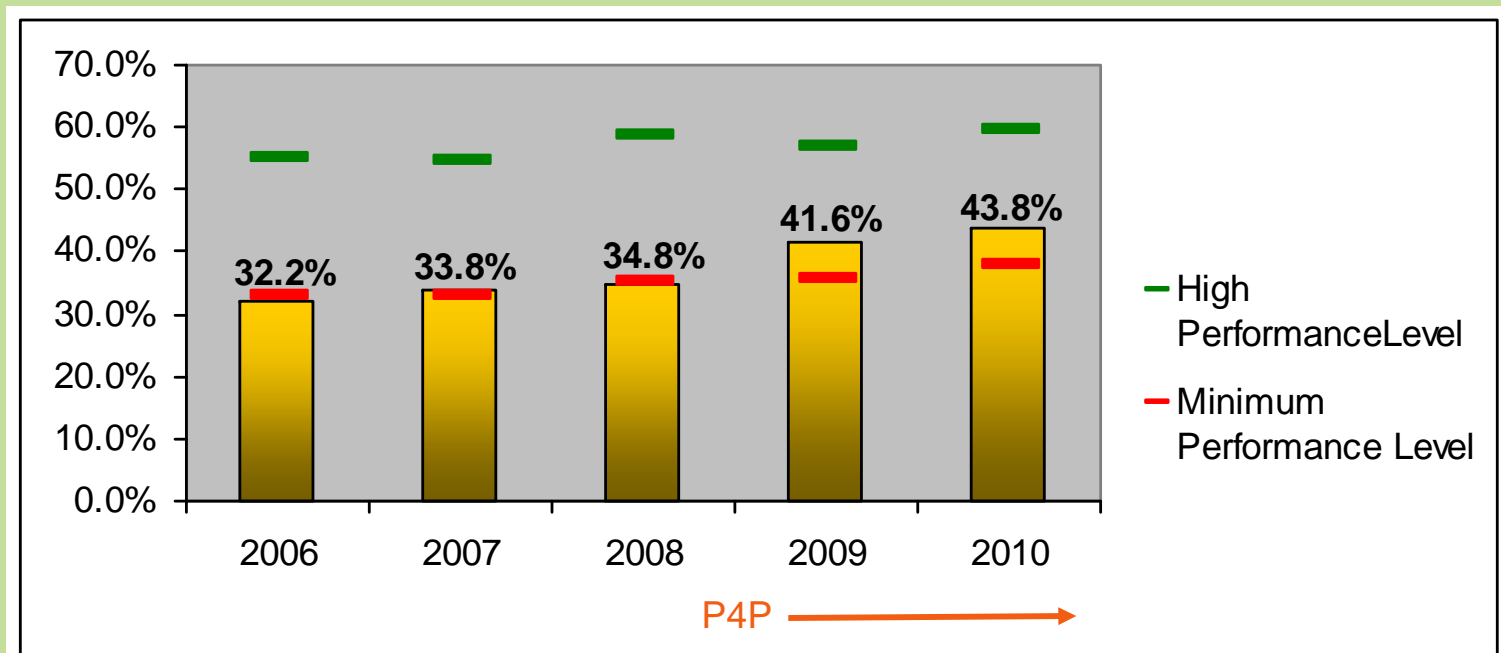
In addition to our overall improvement in HEDIS immunization rates, increased provider participation in the registry led to HPSM being the **Number 1 Medicaid plan in the nation** for immunizations in 2010

Outcomes: Improved HEDIS Rates

ADOLESCENT WELL-CARE

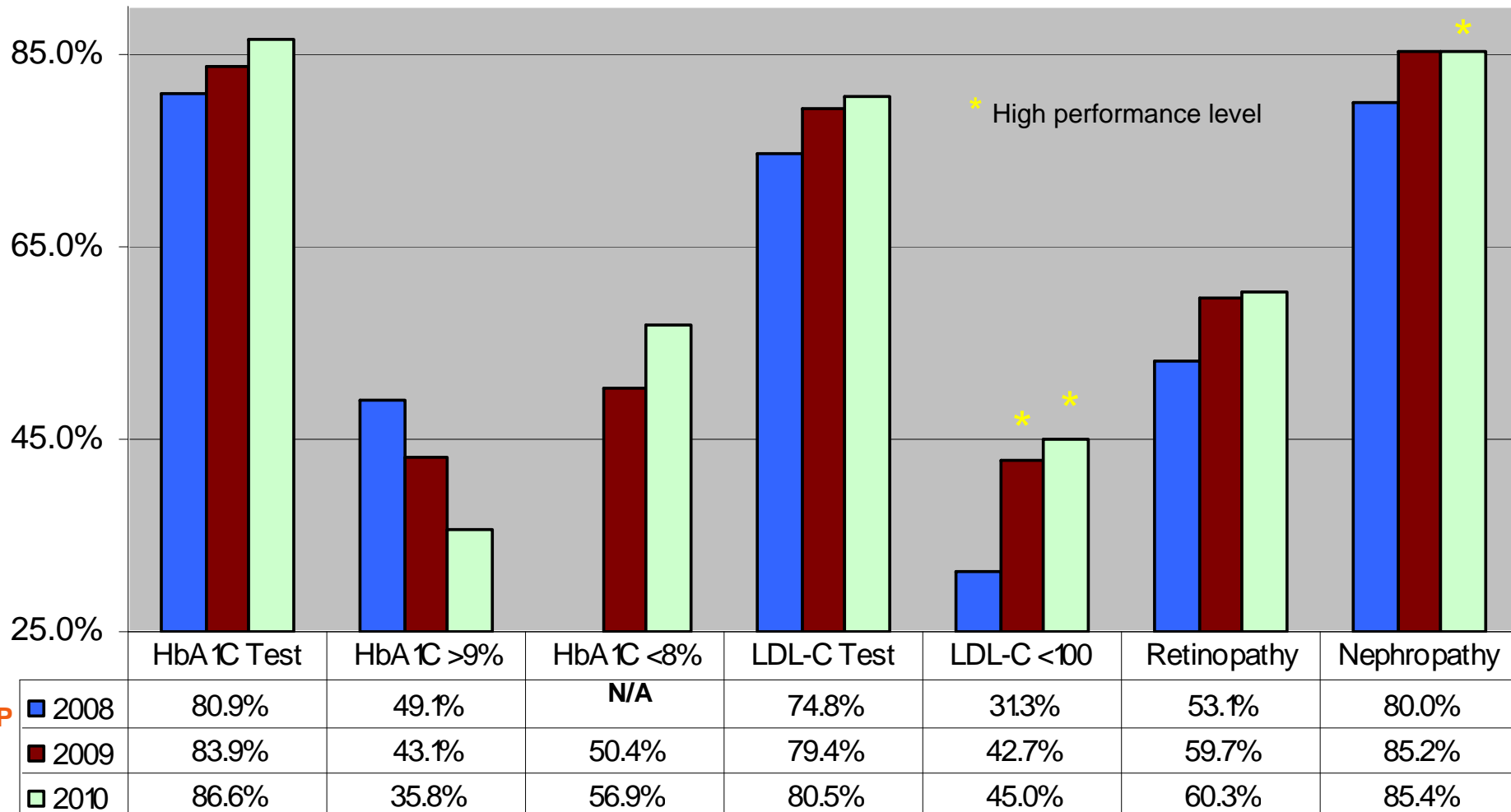
HPSM's percentage of adolescents with annual well care visits

\$90 reimbursement rate implemented in 2000, but promotion and feedback with P4P led to provider response



Outcomes: Improved HEDIS Rates

Comprehensive Diabetes Care measures



P4P
↓

Lessons Learned

- Process matters
 - We chose our P4P measures and methods after active outreach to our Medi-Cal PCPs and consideration of their input
 - This was critical in gaining acceptance and subsequent participation in the program
- Our program is straightforward and transparent
 - This was also important in gaining acceptance
 - Our PCPs had complained that “other plans” had P4P programs that are complex, and thus difficult to perform well in
 - These responses directed us to create a program that was clear and easy to follow, and led to our success with our PCPs
- Ongoing PCP feedback and ideas are key to buy-in and acceptance vs. frustration and complaints

On the Horizon

P4P projects currently in the works:

- BMI web-based submission
- Diabetes comparison reports
- Monthly online P4P reports

There may be more development of outcome-based incentives as our providers continue to become comfortable that P4P is here to stay

Questions?

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HPSM P4P Materials on the web:

<http://www.hpsm.org/providers/provider-resources/medi-cal-p4p.aspx>