

PRIORITIES & SUPPORTS MATRIX

	MEDI-CAL MANAGED CARE PLANS		PHYSICIAN ORGANIZATIONS ¹ , CLINICS	
	CURRENT STATUS	POTENTIAL OPPORTUNITIES	CURRENT STATUS	POTENTIAL OPPORTUNITIES
MEASUREMENT	<ul style="list-style-type: none"> DHCS sets requirements annually (with the Centers for Medicare & Medicaid Services) DHCS does not risk adjust measures in external accountability data set DHCS uses NCQA (national) percentiles for benchmarks Plans with Pay-for-Performance (P4P) programs create their own requirements for providers Hybrid measures costly due to chart review Limited RU, no TCC measurement 	<ul style="list-style-type: none"> Stable core measure set by California’s Department of Health Care Services (DHCS) over time, with allowance for plan flexibility beyond core set Expand Appropriate Resource Use (ARU) measurement; incorporate risk adjustment Total Cost of Care (TCC) measurement Consistency across payers, products, and lines of business Measure social determinants of health Regional HEDIS benchmarks in Medi-Cal 	<p>Physician Organization-level</p> <ul style="list-style-type: none"> IHA’s Medi-Cal Physician Organization (PO) Performance Measurement Pilot <p>Clinic/practice-level</p> <ul style="list-style-type: none"> Uniform Data System (UDS) requirements for providers No incentive for providers paid under Prospective Payment Systems (PPS) to submit complete clinical data per encounter 	<p>Physician Organization-level</p> <ul style="list-style-type: none"> Core measure set that is consistent across products (Commercial, Medicare, Covered California) Measurement on quality, ARU, and/or TCC Standardize patient experience measurement <p>Clinic/practice-level</p> <ul style="list-style-type: none"> Measurement on quality, ARU, TCC, patient experience
QUALITY IMPROVEMENT	<ul style="list-style-type: none"> Varies among plans and providers Flexibility to adapt to own population Reduction in variation in provider performance Support for low performers identified through measurement 	<ul style="list-style-type: none"> Use IHA’s portal to share measure results for plan and provider quality improvement, incentive programs Support plan, provider data capture and reporting capabilities, including provider self-reporting through IHA’s portal 	<ul style="list-style-type: none"> Varies among plans and providers Center for Care Innovations provides QI and innovation programs Building Clinic Capacity for Quality, a project of Community Partners focused on improving capacity of community clinics in Southern California Center for Excellence in Primary Care provides practice facilitation and health home support California Improvement Network (CIN) established by California HealthCare Foundation (CHCF) 	<ul style="list-style-type: none"> Learning collaborative - document and share information about existing models, best practices

¹ Includes both Independent Practice Associations (IPAs) and medical groups

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PUBLIC REPORTING & AWARDS	<ul style="list-style-type: none"> • NCQA’s Quality Compass/DHCS’s Medi-Cal Managed Care Performance Measurement (HEDIS) reports: quality, ambulatory care, and All-Cause Readmissions (a statewide collaborative quality improvement project measure) • DHCS has annual awards for high performing plans 	<ul style="list-style-type: none"> • Expand ARU reporting • TCC reporting 	<p>Physician Organization-level</p> <ul style="list-style-type: none"> • IHA’s Medi-Cal Physician Organization Performance Measurement Pilot <p>Clinic/practice-level</p> <ul style="list-style-type: none"> • UDS data publicly reported by Health Resources and Services Administration (HRSA) • Network of community clinics reporting – e.g. The Health Alliance of Northern California (HANC) 	<p>Physician Organization-level</p> <ul style="list-style-type: none"> • Reporting on quality, ARU, and/or TCC • Awards for top performers <p>Clinic/practice-level</p> <ul style="list-style-type: none"> • Reporting on quality, ARU, TCC, and/or patient experience
DATA	<ul style="list-style-type: none"> • Plans pay professional capitation, little incentive for providers to submit timely and complete data • DHCS’ Encounter Data Improvement Project • Some Medi-Cal managed care plans use encounter data measures in their P4P programs. 	<ul style="list-style-type: none"> • Use standard encounter rate measure and statewide benchmarks • Use of encounter data to risk-adjust capitation payments (similar to Medicare Advantage) • Use portal to facilitate data sharing – both clinical and claims data • Develop health-information exchange (HIE) for Medi-Cal patients 	<ul style="list-style-type: none"> • Increased investment in infrastructure (e.g., electronic medical records (EMR), registries) • Safety Net Analytics Program (SNAP) – CHCF & CCI partnership; latest of several CHCF investments in clinic data capabilities • Blue Shield of California Foundation funded i2i systems, part of pilot development of state-wide approach for aggregating health center data and providing systems-level analytic tools 	<ul style="list-style-type: none"> • Use portal to facilitate data sharing – both clinical and claims data • Develop health information exchange (HIE) for Medi-Cal patients • Use national standard EHR data extract formats (Quality Reporting Document Architecture (QRDA), Continuity of Care Document (CCD)) for data sharing with plans