



# **Proposition 56: Value Based Payment Program Performance Measures**

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# Background

- For FY 19-20 the Governor's Budget proposes a VBP through Medi-Cal managed care health plans (MCPs) that will provide incentive payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations.
- These risk-based incentive payments will be targeted at physicians that meet specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.
- This program is funded with \$180 M in Proposition 56 funds - estimated at \$360 M in total funds, annually.

# Background

- It will be implemented for at least three years in the managed care delivery system.
- When determining these draft measures, DHCS took into consideration several factors including: whether or not a measure aligned with other Department quality efforts; the number of impacted beneficiaries; and whether or not the measure could be measured adequately using available data, among others.
- To address and consider health disparities, DHCS proposes to pay an increased incentive amount for events tied to beneficiaries diagnosed as having a substance use disorder or serious mental illness, or who are homeless.

# Background

- DHCS has not proposed dollar values for each program or each measure as those will depend on the final measure set and projected achievement.

# Domain Categories

Prenatal/  
Post-Partum  
Care

Early  
Childhood

Chronic  
Disease  
Management

Behavioral  
Health  
Integration

# Prenatal/ Post-Partum Care

Proposed Measure	Measure Payment Method	Measure Purpose
<b>Prenatal Pertussis ('Whooping Cough') Vaccine</b>	Incentive payment to the provider for every pertussis vaccination for women between 27 and 36 weeks of pregnancy.	Improve the content and quality of prenatal care. Pertussis vaccination prevents pertussis or whooping cough, a potentially severe illness in young infants, but must be given during pregnancy to be effective.
<b>Prenatal Care Visit</b>	Incentive payment to the provider for ensuring that the woman comes in for her initial, first trimester prenatal visit.	Improve prenatal care by incentivizing it to start early in pregnancy.
<b>Postpartum Care Visits</b>	Incentive payment for completion of recommended postpartum care visits after a woman gives birth. Partial incentive payment if complete only one of the visits, full incentive payment for completing both visits.	Given the importance of the postpartum period to the health of mothers and infants, improve postpartum care by incentivizing providers to provide two postpartum visits.
<b>Postpartum Depression Screening</b>	Incentive payment for each screening for clinical depression using a standardized screening tool of postpartum women within 12 weeks after delivery.	Improve the content and quality of postpartum care. Depression screening is one of the recommended key components of postpartum care per the American College of Obstetricians and Gynecologists (ACOG).
<b>Postpartum Birth Control</b>	Incentive payment to provider when the provide either a moderately or more effective form of birth control (birth control pills, shot, patch, ring, diaphragm, intrauterine device, implant or sterilization) for postpartum women between 3 and 60 days after delivery.	Improve the content and quality of postpartum care. Birth control and birth spacing are one of the recommended key components of postpartum care per ACOG.

# Early Childhood

Proposed Measure	Measure Payment Method	Measure Purpose
<b>Well Child Visits in first 15 months of life (8 visits are recommended between birth and 15 months)</b>	Incentive payment to a provider for successfully completing the last three well child visits out of eight total - 6 <sup>th</sup> , 7 <sup>th</sup> and 8 <sup>th</sup> visits.	Increase the number of well child visits that infants and toddlers receive, as well as the preventive services associated with those visits, by incentivizing the latter visits in the series of well child visits recommended by the American Academy of Pediatrics (AAP) between birth and 15 months of life.
<b>Well Child Visits in 3<sup>rd</sup> – 6<sup>th</sup> years of life</b>	Incentive payment to provider for successfully completing all four well child visits during the 3 <sup>rd</sup> – 6 <sup>th</sup> years of life. Full incentive payment for all four visits, partial incentive payments if complete some but not all.	Increase the number of well child visits that young children receive, as well as the preventive services associated with those visits, by incentivizing the AAP recommended well child visits in the young childhood years.
<b>All childhood vaccines for two year olds</b>	For two year old children, pay an incentive payment to a provider when the last dose in any of the multiple dose vaccine series is given (e.g., the last dose of the diphtheria, tetanus and pertussis four vaccine series; the last dose of the three vaccine polio series; the 2 <sup>nd</sup> flu vaccine, etc.).	Improve vaccination rates in young children by incentivizing the last doses in the multi-dose vaccine series required by AAP to ensure that children two years of age are fully immunized.
<b>Blood Lead Screening</b>	Incentive payment to a provider for completing a blood lead screening in children up to two years of age.	Improve the rate of identification and treatment of elevated blood lead levels among young children.
<b>Dental Fluoride Varnish</b>	Incentive payment to provider if provides oral fluoride varnish application for children 6 months to 5 years.	Promote and improve on preventive dental care, specifically the prevention of dental caries (tooth decay) in young children by incentivizing a preventive dental service that managed care primary care providers perform.

# Chronic Disease Management

Proposed Measure	Measure Payment Method	Measure Purpose
<b>Controlling High Blood Pressure</b>	Incentive payment to provider for each event of adequately controlled blood pressure for members 18 to 85 years being seen by the provider for their diagnosis of high blood pressure.	Improve the management and outcome of members with high blood pressure, a chronic disease that affects numerous adult managed care members.
<b>Diabetes Care</b>	Incentive payment to provider for each event of diabetes (HbA1c) testing that shows better than poor control (a result of less than 9%) for members 18 to 75 years with a diagnosis of diabetes.	Improve the management and outcome of members with diabetes, a chronic disease that affects numerous adult managed care members.
<b>Control of Persistent Asthma</b>	Incentive payment to provider for each beneficiary between the ages of 5 and 64 years with a diagnosis of persistent asthma who has more controller medications prescribed than those for the treatment of acute asthma.	Improve the management of persistent asthma for both children and adults by incentivizing better asthma control and the prevention of acute asthma attacks.
<b>Tobacco Use Screening</b>	Incentive payment to provider for tobacco use screening provided to members 18 years and older.	Improve tobacco screening, and ultimately tobacco cessation efforts, by incentivizing providers to identify their members who are current smokers.
<b>Adult Influenza ('Flu') Vaccine</b>	Incentive payment to a provider for ensuring influenza vaccine administered to members 19 years and older for individuals with a chronic disease diagnosis (e.g., high blood pressure, atherosclerotic coronary artery disease, stroke, chronic obstructive pulmonary disease, asthma, chronic kidney disease, chronic liver disease, diabetes and dementia).	Increase the provision of the flu vaccine to adults with a chronic disease diagnosis in order to prevent flu-related complications from these chronic conditions.



# Behavioral Health Integration

Proposed Measure	Measure Payment Method	Measure Purpose
<b>Screening for Clinical Depression</b>	Incentive payment for provider for conducting screening for clinical depression (with a standardized screening tool) for beneficiaries 12 years and older	Increase screening for clinical depression which will lead to better identification and treatment of members suffering from depression, as well as promote the integration of behavioral health and primary care.
<b>Management of Depression Medication</b>	Incentive payment for provider if beneficiary 18 years and old with a diagnosis of major depression and treated with an anti-depressant medication has remained on the anti-depressant medication for at least 12 weeks.	Improve on the management and outcome of members who have been diagnosed with clinical depression.
<b>Screening for Unhealthy Alcohol Use</b>	Incentive payment for provider for screening for unhealthy alcohol use using a standardized screening tool for beneficiaries 18 years and older	Increase screening for unhealthy alcohol use which will lead to better identification and treatment of members with alcohol use disorders, as well as promote the integration of behavioral health and primary care.
<b>Co-location of primary care and behavioral health services</b>	Health plan to attest to co-location of the provider and the direct payments to those providers. Payment per visit at the provider level.	Incentivize an arrangement that promotes the most seamless integration of behavioral health and primary care. Given the relatively new nature of this measure, we specifically seek comment on best way to assess.

# Public Comments

Comments and questions should be submitted to [DHCS\\_PMMB@dhcs.ca.gov](mailto:DHCS_PMMB@dhcs.ca.gov) by March 22, 2019.

The VBP Proposal can be found here:

[https://www.dhcs.ca.gov/provgovpart/Pages/VBP\\_2019.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/VBP_2019.aspx)

Questions?