



Value Based Payment Program Performance Measures June 2019



The Department of Health Care Services (DHCS) is releasing, as described below, the Value-Based Payment (VBP) Program measures. Additional details about the measure specifications will follow. The final measure set is subject to federal approvals.

- 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. At May Revision, a total of \$544.2M (\$250M Proposition 56 funds) in 2019-20 is proposed for this program, of which \$140M (\$70M in Proposition 56 funds) is specifically for Behavioral Health Integration. The program will be implemented for at least three years in the managed care delivery system, subject to funding approved in the final 2019 Budget. The implementation date will be July 1, 2019 for all measures including behavioral health integration measures; and January 1, 2020 for the Behavioral Health Integration Project Plan component.
- When determining these measures, DHCS took into consideration several factors including: stakeholder and advocate comments, whether or not a measure aligned with other Department quality efforts; the number of impacted beneficiaries; and whether or not the measure could be run administratively, among others.
- To address and consider health disparities, DHCS will 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.

Domain Category	Measure	Measure Payment Method	Measure Purpose
Prenatal/Postpartum Care	Prenatal Pertussis ('Whooping Cough') Vaccine	Incentive payment to the provider for the administration of the pertussis vaccination to women who are pregnant.	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.
	Prenatal Care Visit	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.
	Postpartum Care Visits	Incentive payment for completion of recommended postpartum care visits after a woman gives birth. Separate incentive payment for early and late visit	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.
	Postpartum Birth Control	Incentive payment to provider for provision of most effective method, moderately effective method, or long-acting reversible method of contraception within 60 days of 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	Well Child Visits in first 15 months of life (8 visits are recommended between birth and 15 months)	Separate incentive payment to a provider for each of the last three well child visits out of eight total - 6th, 7th and 8th visits. (8 visits are recommended between birth and 15 months)	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.

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Early Childhood	Well Child Visits in 3rd – 6th years of life	Separate incentive payment to provider for each of the well child visits during the 3rd – 6th years of life.	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.
	All childhood vaccines for two year olds	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 2nd 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.
	Blood Lead Screening	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.
	Dental Fluoride Varnish	Incentive payment to provider if provides oral fluoride varnish application for children 6 months through 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	Controlling High Blood Pressure	Incentive payment to provider for each event of adequately controlled blood pressure for members 18 to 85 years	Improve the management and outcome of members with high blood pressure, a

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Chronic Disease Management		being seen by the provider for their diagnosis of high blood pressure.	chronic disease that affects numerous adult managed care members.
	Diabetes Care	Incentive payment to provider for each event of diabetes (HbA1c) testing that shows the results of the test for members 18 to 75 years of age.	Improve the management and outcome of members with diabetes, a chronic disease that affects numerous adult managed care members.
	Control of Persistent Asthma	Incentive payment to provider for each beneficiary between the ages of 5 and 64 years with a diagnosis of asthma who has prescribed controller medications.	Improve the management of persistent asthma for both children and adults by incentivizing better asthma control and the prevention of acute asthma attacks.
	Tobacco Use Screening	Incentive payment to provider for tobacco use screening provided to members 12 years and older.	Improve tobacco screening, and ultimately tobacco cessation efforts, by incentivizing providers to identify their members who are current smokers.
	Adult Influenza ('Flu') Vaccine	Incentive payment to a provider for ensuring influenza vaccine administered to members 19 years and older	Increase the provision of the flu vaccine to adults, particularly those with a chronic disease diagnosis in order to prevent flu-related complications from these chronic conditions.
	Screening for Clinical Depression	Incentive payment to provider for conducting screening for clinical depression (using 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.

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Behavioral Health Integration	Management of Depression Medication	Incentive payment to provider for beneficiaries 18 years and older with a diagnosis of major depression and treated with an anti-depressant medication who 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.
	Screening for Unhealthy Alcohol Use	Incentive payment to 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.
	Provide funds to entities with an approved three-year Behavioral Health Integration Project Plan (see attached for details).	Applicant shall submit to DHCS a three-year Behavioral Health Integration Project Plan that demonstrates how they will meet various behavioral health integration projects, as approved by DHCS.	To integrate primary care, mental health and substance abuse and ensure coordination of care for all services in order to identify behavioral health diagnoses early, allowing rapid treatment and improve medical and behavioral health outcomes for those with co-occurring physical and behavioral health conditions.