



Los Angeles County
Board of Supervisors

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February 02, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

John F. Schunhoff, Ph.D.
Interim Director

Robert G. Splawn, M.D.
Interim Chief Medical Officer

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

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ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

14 February 2, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**APPROVAL OF PAY-FOR-PERFORMANCE PROGRAM
FOR COMMUNITY HEALTH PLAN
(ALL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to implement a Pay-for-Performance incentive program for Community Health Plan's Medi-Cal Managed Care product line with various contracted participating physician groups and Department of Health Services clinics.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Interim Director of Health Services (Interim Director), or his designee, to execute amendments to Agreements with Medi-Cal Managed Care Program (MMCP) providers, effective upon date of Board approval, to implement a Pay-for-Performance program with contracted physician groups and Department of Health Services' (DHS) clinics participating in the Community Health Plan's (CHP) MMCP, at an estimated annual maximum cost of \$1.7 million, fully offset by funds received from the Local Initiative Health Authority for Los Angeles County d.b.a. L.A. Care Health Plan (L.A. Care), and to add provisions for automatic annual renewal of the term of the Agreements up to a maximum term of ten years from the date of this action by your Board.

2. Delegate authority to the Interim Director, or his designee, to execute amendments to the MMCP Agreements to amend the Pay-for-Performance

incentives to add, delete, revise and modify performance metrics, contingent upon availability of funds and mutual agreement by the parties, and subject to review and approval by the Chief Executive Office and County Counsel, with notification to your Board.

3. Delegate authority to the Interim Director, or his designee, to execute Amendments to the Healthy Families and In-Home Supportive Services Workers Agreements, to implement, and amend as appropriate, the Pay-for-Performance Program, contingent upon availability of funds and mutual agreement by both parties, and subject to review and approval by the Chief Executive Office and County Counsel, with notification to your Board.

4. Delegate authority to the Interim Director, or his designee, to execute Amendments to the Agreements with contracted providers participating in CHP's Healthy Families and In-Home Supportive Services Workers program, to add provisions for automatic annual renewal of the terms of the Agreements up to a maximum term of ten years from the date of this action by your Board, contingent upon availability of funds and mutual agreement by the parties, and subject to review and approval by the Chief Executive Office and County Counsel, with notification to your Board.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the first recommendation will enable the Interim Director, or his designee, to execute Amendment No. 1, substantially similar to Exhibit I, to implement a Pay-for-Performance program for MMCP providers allowing individual primary care physicians to participate in the program, and allow for automatic renewal of the Agreements, on an annual basis up to ten years, as a condition for contracted providers to participate in the Pay-for Performance program.

Pay-for-Performance is a widely recognized industry program supported by State funding agencies, health plans and providers that incentivizes providers for meeting certain quality outcomes and promotes preventive care services. CHP's Pay-for-Performance program will provide financial incentives to eligible DHS and contracted providers meeting certain Healthcare Effectiveness Data and Information Set (HEDIS) performance targets and receiving certification as a Child Health and Disability Prevention (CHDP) provider.

Revenue funding and enrollment are now tied to CHP's ability to demonstrate access to care and quality of services as measured by HEDIS, which is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance. It is therefore essential that CHP continues to identify groups with sub-par HEDIS scores and collaborate with these groups to improve their quality scores. Pay-for-Performance is one important tool to achieve improved HEDIS scores.

Pay-for-Performance supports the efforts of CHP's contracted physician groups and DHS clinics for improvements in efficiently managing and reporting the care of the underserved MMCP population in Los Angeles County. Through the program, CHP will be able to distinguish behaviors that merit the distribution of agreed upon incentives to those providers that are capable of increasing health service delivery efficiencies.

Approval of the first recommendation will also allow for automatic renewal, on an annual basis, of the MMCP Agreements up to a maximum term of ten years from the date of this Board action, while

providing both parties with the right to terminate the Agreement with prior notice. Currently, CHP's MMCP agreements are for a fixed term with various expiration dates up to March 31, 2012. Under State regulations, CHP is required to provide the Department of Managed Health Care (DMHC) with a transition plan 75 days prior to the expiration date of each agreement in the event that both parties are unable to negotiate the renewal of the agreement. The preparation of such transition plan is administratively burdensome and costly to CHP due to DMHC's extensive reporting requirements for data and other patient-related information to ensure continuity of care.

In addition, the expiration of a contract usually prompts contractors to re-negotiate terms and seek higher reimbursement rates. Past experience has shown that contracted providers whose Agreements expire at the same time are willing to use their combined service capacity as leverage during contract re-negotiations. The request for flexibility up to ten years will also enable CHP to stagger renewal dates and negotiate for longer term Agreements under all of its product lines in order to avoid being put at a disadvantage during contract renegotiations.

The inclusion of automatic annual renewals with an extended maximum contract term, while providing both parties with the right to terminate the Agreement with prior notice, will mitigate the aforementioned issues.

Finally, your Board's approval of the Pay-for-Performance program will provide CHP with the leverage to negotiate automatic annual renewals with contracted providers.

The maximum term of ten years acknowledges compliance with the County's general policy prohibiting contracts of indefinite terms. Extensions beyond these timeframes will be brought back to your Board for consideration.

Approval of the second recommendation will allow the Interim Director, or his designee, to amend the MMCP Agreements to make changes to the Pay-for-Performance incentives, as needed, to improve HEDIS scores within groups identified by CHP.

Approval of the third recommendation will allow CHP to expand the Pay-for-Performance program to all of its product lines.

Approval of the fourth recommendation will allow the Interim Director, or his designee, to extend the term of Agreements with contracted providers under all of CHP's other product lines to help mitigate the issues described above.

Implementation of Strategic Plan Goals

The recommended actions support Goal 4, Health and Mental Health of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total funding for these Amendments is estimated at a maximum of \$1.7 million annually, offset 100 percent through quality improvement funds paid to CHP under its Medi-Cal contract with L.A. Care. Sufficient appropriation is included in the Office of Managed Care's Fiscal Year (FY) 2009-10 Final Budget, and will be requested in subsequent FYs. The payment for Pay-for-Performance is separate from all capitation funding.

Payouts for the first program year, Calendar Year 2010, will not be made until July 2011 due to the time required to assess the actual performance against target goals under the program.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Currently, CHP has a contractual obligation to L.A. Care to implement quality improvement projects, which may include a Pay-for-Performance program. Through L.A. Care, \$600,000 of seed money was paid to CHP to establish the initial program. Additional incentives will be paid with funds earned by CHP through the Quality Improvement Fee initiative sponsored and paid for by L.A. Care. Going forward, the Pay-for-Performance program will be incorporated into CHP's operational budget and payments will be allocated on an annual basis.

The voluntary program is designed to improve access to care for members. For the period effective upon date of Board approval through December 31, 2010, the program will measure breast cancer screenings, adolescent well-child visits, postpartum follow-up care, and Child Health and Disability Prevention certification status of eligible physicians. The metrics will change on an annual basis based on CHP's needed improvement for quality initiatives and access to care. Additionally, an extensive communication campaign coupled with a robust provider dispute process will support an effective program implementation.

CHP will file the appropriate program amendment with the Department of Managed Health Care and obtain their approval.

Exhibit I has been approved as to form by County Counsel. This Amendment includes the recently Board-adopted Defaulted Property Tax Reduction Program Ordinance language, and State-required Language Assistance Program pursuant to Knox-Keene Act, Section 1367.04 and Title 28, Section 1300.67.04.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Not applicable.

The Honorable Board of Supervisors

2/2/2010

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Respectfully submitted,

A handwritten signature in black ink, appearing to read "John Schunhoff". The signature is fluid and cursive, with the first name "John" written in a larger, more prominent script than the last name "Schunhoff".

JOHN F. SCHUNHOFF, Ph.D.

Interim Director

JFS:ck

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Contract No. H-_____-__

COUNTY OF LOS ANGELES - COMMUNITY HEALTH PLAN

MEDI-CAL MANAGED CARE PROGRAM
AND
COUNTY TEMPORARY EMPLOYEES PROGRAM

Primary and Specialty Services

AMENDMENT NO. __

THIS AMENDMENT is made and entered into this _____ day
of _____, 2010,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

(hereafter Contractor").

WHEREAS, reference is made to that certain document
entitled "COMMUNITY HEALTH PLAN MEDI-CAL MANAGED CARE PROGRAM
AND COUNTY TEMPORARY EMPLOYEES PROGRAM SERVICES AGREEMENT",
dated _____, __, and any amendments thereto, all further
identified as Agreement No. H-_____ (hereafter "Agreement");

WHEREAS, on _____, _____, the Los Angeles County
Board of Supervisors delegated authority to the Director of
Health Services or his designee to incorporate provisions
consistent with the Medi-Cal Managed Care Services Agreement
between the Community Health Plan (CHP) and L.A. Care Health
Plan;

WHEREAS, the Medi-Cal Managed Care Services Agreement
enables CHP to offer a Pay-for-Performance ("P4P") program to

eligible Contractors and its participating physicians meeting certain Healthcare Effectiveness Data and Information Set (HEDIS®) performance targets, receiving certification as a Child Health and Disability Prevention (CHDP) provider, and submitting complete, accurate, and timely PM-160 report forms for adolescent well child visits;

WHEREAS, it is the desire of both parties to incorporate the P4P program provisions therein;

WHEREAS, the Agreement provides that changes may be made in the form of written amendment which is formally approved and executed by both parties.

NOW, THEREFORE, in consideration of the foregoing and the terms and conditions set forth herein, the parties agree to amend the Agreement as follows:

1. The Amendment shall become effective upon Board approval.

2. Subparagraph A of Agreement Paragraph 2, TERM, TERMINATION RE-NEGOTIATION, AND SUSPENSION, shall be replaced in its entirety to read as follows:

"A. This Agreement shall become effective on the first day of a calendar month following its approval by the Board of Supervisors, or following execution by the parties, and shall continue in full force and effect to and including _____,

200__ (Initial Term). Thereafter, this Agreement shall automatically renew for successive one-year periods under the same terms and conditions, up to and including _____, 20____, unless either party gives the other party at least one hundred twenty (120) calendar days written notice prior to the end date of the "Initial Term" or any successive renewal period, of its intent to terminate the performance of services under this Agreement, with or without cause, in whole or in part.

In any event, it is understood that this Agreement shall be co-terminus with the L.A. Care/County Agreement. Thus, on the date such separate agreement expires, is cancelled, or is terminated, this Agreement shall also terminate.

After receipt of a Notice of Termination and except as otherwise directed by County, Contractor shall:

(1) Stop services under this Agreement on the date and to the extent specified in such Notice of Termination; and

(2) Complete performance of such part of the services as shall not have been terminated by such Notice of Termination.

After receipt of a Notice of Termination, Contractor shall submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice shall be submitted promptly, but not later than sixty (60) calendar days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if any, due to Contractor in respect to the termination, and such determination shall be final. After such determination is made, County shall pay Contractor the amount so determined.

Contractor, for a period of five (5) years after final settlement under this Agreement, shall make available to County, at all reasonable times, all its books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Agreement in respect to the termination of services hereunder. All such-books, records, documents, or other evidence shall be retained by Contractor at a location in Southern California and shall be made available within ten (10) calendar days of prior

written notice during County's normal business hours to representatives of County for purposes of inspection or audit.

3. Agreement Paragraph 10, BILLING AND PAYMENT, shall be re-titled to read "COMPENSATION", and shall be replaced in its entirety to read as follows:

"10. COMPENSATION

A. Billing and Payment

(1) County agrees to compensate Contractor for Services rendered pursuant to this Agreement in accordance with the procedures described in Exhibit "B", BILLING AND PAYMENT, attached hereto and incorporated herein by reference. Notwithstanding any provision to the contrary in this Agreement, County's obligation to pay Contractor any payment amount hereunder shall be subject to County's receipt of funding for Agreement services from L.A. Care.

(2) County or Director may adjust the rates payable to Contractor at any time during the term of this Agreement to reflect implementation of State or federal laws or regulations, changes in the State budget or changes in SDHCS policies,

changes in Covered Services, or changes in rates implemented by the SDHCS under the State/L.A. Care Medi-Cal Agreement that results in increases or decreases to the rates paid by the SDHCS to L.A. Care, and by L.A. Care to County.

All rate increases shall be made only if Contractor is in compliance with the utilization management, financial reporting, and encounter/visit data capture and reporting requirements of this Agreement.

All other rate changes or adjustments shall be made only if the parties have executed a formal amendment to Agreement to provide for same.

B. Pay-for-Performance Program [applies only to Agreements with Independent Practice Associates (IPAs)/Medical Groups (MGs)]

(1) CHP has determined to implement a Pay-for-Performance (P4P) Program providing for additional payments to Contractor, in addition to the capitation payment amount paid to Contractor herein. CHP's goal in establishing the P4P Program is to provide additional payments to Contractor to undertake various quality improvement activities, including but not

limited to activities to improve access to care, enhance the quality of clinical care, and enhance Member satisfaction.

(2) The specific details of the P4P Program, including the specific quality goals, measures and related payments, are set forth in Schedule B, COMMUNITY HEALTH PLAN -Calendar Year (CY) 2010 PAY-FOR-PERFORMANCE PROGRAM, attached hereto and incorporated herein by reference.

(3) Any payment due Contractor under the P4P Program, subject to all the limitations and exceptions noted herein, shall be paid to Contractor as delineated in Schedule B.

(4) Contractor understands and agrees that the provision set forth for the P4P Program under this Agreement may be modified or terminated by County, with or without cause, at County's reasonable discretion upon ninety (90) calendar days' prior written notice to Contractor. In the event the terms and conditions of the P4P Program are modified by County or the P4P Program is terminated by County, County's payment obligation hereunder shall be limited to the amount previously earned by or accrued to the benefit of Contractor. In the event that Contractor

terminates this Agreement, Contractor understands and agrees that it shall immediately forfeit all amounts previously earned by or accrued to the benefit of Contractor. For purposes of this Agreement, "earned by or accrued to the benefit of Contractor" shall mean the total unpaid incentive amounts earned by Contractor during the term of P4P Program for meeting all applicable performance criteria set forth in Schedule B.

(5) The P4P Program shall terminate immediately upon termination or non-renewal of this Agreement.

(6) At CHP's reasonable discretion, CHP may determine that Contractor is not eligible to participate in the P4P Program if Contractor does not meet certain criteria set forth in Schedule B or is operating under any sanctions or material noncompliance as provided under this Agreement.

(7) Notwithstanding the foregoing, the performance or non-performance by Contractor under the P4P Program shall not be used as the basis for termination of this Agreement by County. In that regard, the parties, hereto, intend that the P4P Program merely establishes a basis to supplement

Contractor's capitation payment, and does not alter the performance standards of this Agreement.

(8) Both parties shall not use the incentives earned under the P4P Program as an inducement to deny, reduce, limit, or delay specific, medically necessary, and appropriate services provided to CHP Members as set forth in Health and Safety Code Section 1348.6.

(9) Both parties, including Contractor's participating health care providers in the P4P Program, shall provide a written summary to any person who requests it that includes all of the following:

(a) A general description of the incentive arrangements under this Agreement. Nothing in this Sub-paragraph shall be construed to require disclosure of trade secrets or commercial or financial information that is privileged or confidential, such as payment rates.

(b) A description regarding whether, and in what manner, the incentives are related to a provider's use of referral services.

(c) The statements and written information provided pursuant to (a) and (b) immediately above shall be communicated in clear and simple

language that enables consumers to evaluate and compare health care service plans.

4. Schedule B, COMMUNITY HEALTH PLAN - CY 2010 PAY-FOR-PERFORMANCE PROGRAM, attached hereto and incorporated herein by reference, shall be added to the Agreement.

5. Additional Provisions, Paragraph 42, CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM shall be added and shall read as follows:

"42. CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206."

6. Additional Provisions, Paragraph 43, TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED

PROPERTY TAX REDUCTION PROGRAM shall be added and shall read as follows:

"43. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Failure of Contractor to maintain compliance with the requirements set forth in Sub-paragraph 42 - Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206."

7. Additional Provisions, Paragraph 44, LANGUAGE ASSISTANCE PROGRAM, shall be added and shall read as follows:

"44. LANGUAGE ASSISTANCE PROGRAM

Contractor shall comply with the CHP's Language Assistance Program pursuant to the Knox Keene Act, Section 1367.04, California Code of Regulations, Title 28, Section 1300.67.04, and as set forth in the CHP Provider Manual and CHP Policies and Procedures. Contractor's language assistance plan shall include,

but not limited to, determining points of contact where Subscribers' need for language assistance can be reasonably anticipated, informing Subscribers about the language assistance program and mechanism for providing language assistance at no charge to the Subscribers, providing vital document translation, timely access to interpreter service, staff training, and conducting quality assessment of interpretation and translation services."

8. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County Of Los Angeles has caused this Amendment to be subscribed by its

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Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officers, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
John F. Schunhoff, Ph.D.
Interim Director

CONTRACTOR

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF HEALTH SERVICES
CONTRACTS AND GRANTS DIVISION

SCHEDULE B

COMMUNITY HEALTH PLAN - CY 2010 PAY-FOR-PERFORMANCE PROGRAM

1. DESCRIPTION: CHP's Pay-for-Performance Program is an opportunity to reward Contractors and its participating providers for quality outcomes by providing additional payment to capitation received under this Agreement, promoting enhanced HEDIS® outcomes, and increasing compliance for administrative activities such as submission of complete and accurate encounter data in a timely manner.

2. GENERAL ELIGIBILITY CRITERIA: Notwithstanding Paragraph 10, Sub-paragraph B of this Agreement, Contractor shall meet all of the following criteria prior to receiving incentives under the P4P Program:

A. The minimum threshold for the Contractor's encounter data submission is 2.8 encounters during the term of the P4P Program; and

B. Contractor meets the criteria set forth under any P4P Program described here-in-below under Paragraph 3, HEDIS® P4P PROGRAM, Paragraph 4, CHDP CERTIFICATION P4P PROGRAM, or Paragraph 5, "PM-160 SUBMISSIONS FOR ADOLESCENT WELL CHILD VISITS" P4P PROGRAM.

3. HEDIS® P4P PROGRAM: The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool created by the National Committee for Quality Assurance (NCQA) to collect data about the quality of care and services provided by health plans. HEDIS® consists of a set of performance measures to compare how well health plans perform in key areas of quality of care, access to care, and member satisfaction with health plan and physicians.

The HEDIS® P4P Program is designed to reward the Contractor and its participating providers meeting certain HEDIS® performance targets for Breast Cancer Screening and Postpartum Follow-Up.

A. Breast Cancer Screening

(1) Goal: Contractor shall achieve a HEDIS® score of at least _____% for Breast Cancer Screening provided to eligible CHP Members during the term of the P4P Program to earn the Breast Cancer Screening incentive. County shall pay a prorated incentive share of 60% to Contractor and 40% to Contractor's participating providers.

(2) Incentive per Encounter: If the Breast Cancer Screening goal is met, Contractor and its participating providers shall receive their prorated share of \$25.00 for each complete and accurate claim or encounter data submitted to CHP, provided that such claim or encounter

data is submitted to CHP within 60 days of the date of the Breast Cancer Screening provided to an eligible CHP Member, and is properly coded for Breast Cancer Screening in accordance with HEDIS® criteria. A Breast Cancer Screening shall be valid if Contractor submits a claim or encounter data containing any one of the codes below, including all other qualifying codes as may be required in accordance with HEDIS® criteria:

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
76083, 76090-76092, 77055-77057	G0202	V76.11, V76.12	87.36, 87.37	0403

(3) Eligible CHP Member: An eligible CHP Member must be assigned to Contractor, and meet all of the criteria set forth in HEDIS® 2010 technical specifications for physician measurement.

B. Postpartum Follow-up

1) Goal: Contractor shall achieve a HEDIS® score of at least _____% for Postpartum Follow-up provided to eligible CHP Members during the term of the P4P Program to earn the Postpartum Follow-up incentive. County shall pay a prorated incentive share of 60% to Contractor and 40% to Contractor's participating providers.

(2) Incentive per Encounter: If the Postpartum Follow-up goal is met, Contractor and its participating providers shall receive their prorated share of \$200.00 for each complete and accurate claim or encounter data, provided that such claim or encounter data submitted to CHP within 60 days of the date of the Postpartum Follow-up provided to an eligible CHP Member, and is properly coded for Postpartum Follow-up in accordance with HEDIS® criteria. Postpartum Follow-up shall be valid if Contractor submits a claim or encounter data containing any one of the codes below, including all other qualifying codes as may be required in accordance with HEDIS® criteria:

CPT	CPT Category II	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	LOINC
57170, 58300, 59400*, 59410*, 59430, 59510*, 59515*, 59610*, 59614*, 59618*, 59622*, 88141-88145, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	0503F	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	V24.1, V24.2, V25.1, V72.3, V76.2	89.26, 91.46	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0

* Generally, these codes are used on the date of delivery, not on the date of the postpartum visit, so this code may be used only if the claim form indicates when postpartum care was rendered.

(3) Eligible CHP Member: An eligible CHP Member must be assigned to Contractor, and meet all of the criteria set forth in HEDIS® 2010 technical specifications for physician measurement.

4. CHDP CERTIFICATION P4P PROGRAM: The Child Health and Disability Prevention (CHDP) is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

The CHDP Certification P4P Program is designed to reward the Contractor and its eligible participating providers obtaining CHDP certification.

A. Goal: Contractor's eligible CHP Providers obtain CHDP Certification by June 20, 2010, whereby County shall pay a prorated incentive share of 60% to Contractor and 40% to Contractor's participating providers.

B. Incentive per Encounter: Contractor and its participating providers shall receive their prorated share of \$25.00 for each eligible CHP Provider requiring CHDP certification by June 30, 2010.

C. Eligible Provider: An eligible CHP Provider is a physician who is a pediatrician, family practitioner, or internist who serves youth 14 years of age and older or independent certified family or pediatric nurse practitioner, whereby all such providers have not received CHDP certification prior to January 1, 2010, and is a CHP

provider under Contractor for at least a continuous 12 months or longer.

5. "PM-160 SUBMISSIONS FOR ADOLESCENT WELL CHILD VISITS"

P4P PROGRAM: Medi-Cal recipients younger than 21 years of age are eligible to receive initial and periodic CHDP health assessments according to their age, gender, and health history, provided that such persons are eligible for full-scope Medi-Cal during the month in which services are rendered.

The "PM-160 Submissions for Adolescent Well Child Visits" P4P Program is designed to reward Contractor and its participating CHDP providers for submitting PM-160 forms for eligible CHP Members receiving an annual Adolescent Well Child Visit.

A. Goal: Contractor shall submit a complete and timely PM-160 form for each eligible CHP Member receiving an annual Adolescent Well Child Visit during CY 2010.

B. Incentive per PM-160 Form: Contractor and its participating providers shall receive their prorated share of \$40 for each complete and accurate PM-160 form submitted to CHP, provided that such form is submitted to CHP within 60 days of the date of the Adolescent Well Child Visit provided to an eligible CHP Member, and is properly coded for the Adolescent Well Child Visit in accordance with HEDIS® criteria. The Adolescent Well Child Visit shall be

valid if Contractor submits a PM-160 form containing any one of the codes below, including all other qualifying codes as may be required in accordance with HEDIS® criteria:

CPT	ICD-9-CM Diagnosis
99383-99385	V20.2, V70.0, V70.3, V70.5, V70.6, V70.9, V70.9

C. Eligible Member: An eligible CHP Member must be assigned to Contractor, and meet all of the criteria set forth in HEDIS® 2010 technical specifications for physician measurement.

6. PROGRAM REPORT DATES:

A. CHP shall use its best efforts to provide on a quarterly basis a report to Contractor to assist Contractor with evaluating their progress in meeting the P4P Program goals. The reports may include, but not be limited to, the following information:

(1) Demographics

- CHP Medi-Cal Managed Care total membership
- Encounter data submission rate

(2) HEDIS® Metrics

- HEDIS metrics from most recently completed HEDIS report period
- Percentage needed to earn the incentive
- List of eligible members

(3) CHDP Certification

- Number of CHDP eligible providers requiring certification
- Names of CHDP eligible providers

(4) PM-160 Submissions for Adolescent Well Child Visits

- Total number of eligible members
- Percentage needed to earn the incentive

7. PAYMENT TERMS: County shall use its best efforts to make payment to Contractors and participating providers no later than July 31, 2011.