

The County of Santa Cruz
Integrated Community Health Center Commission
AGENDA

March 8th 2018 @ 12:30 pm

Meeting Location: 1080 Emeline Avenue, DOC Conference Room (Second Floor), Santa Cruz, CA 95060
1500 Capitol Ave, Sacramento, CA 95814

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda, and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented, but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. February 8th 2018 Meeting Minutes – Recommend for Approval
4. Quality Management Committee Update
5. Budget/Financial Update
6. CEO Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
Action Item #1: Rahn requested a breakdown of the results per job and per site for the QM Employee Satisfaction Survey	Raquel Ramirez Ruiz		

Next meeting: April 12th, 2018 12:30 pm-2:30 pm (1080 Emeline Ave, Building D (DOC Conference Room, Second Floor) Santa Cruz, CA)

ALLIANCE CARE BASED INCENTIVES

Quick Reference Guide



WHAT IS **CBI** AND HOW DOES IT WORK?

The Alliance Care Based Incentives (CBI) program is an **incentive program for Alliance Primary Care Providers.**

This document summarizes the Care Based Incentive Program. To access this document online, go to <http://www.ccah-alliance.org/cbi-resources.html>. For more detailed information, see the [CBI Incentive Summary](#). Please note that to be eligible for the CBI program, a provider must sign the CBI Addendum.

Purpose of CBI

CBI establishes a comprehensive range of **quality measures** which help us to:



- Reward preventive care and health education.
- Encourage a shift to a patient-centered medical home model.
- Encourage physicians to continually seek improvement.
- Promote information technologies.

Types of CBI Incentives

A variety of incentives allow us to reward our contracted providers for increasing quality of care and decreasing costs:

PROGRAMMATIC MEASURES

- Paid to providers annually based on the rate of success in each measure.
- Programmatic measures include:
 - › **Care Coordination** - related to hospital and emergency department
 - › **Quality of Care** - preventative care
 - › **Performance Target** - formulary measure and Performance Improvement
 - › **Provisionary Measures** - measures being considered for CBI 2019

FEE-FOR-SERVICE INCENTIVES

- Paid to providers quarterly each time you complete the delivery of a specific CBI eligible health care service.

MEMBER INCENTIVES

- Paid to members quarterly each time you complete the delivery of a specific CBI eligible health care service.

These incentives will help us reach our shared goals: access to quality care, better health outcomes, and greater patient satisfaction – all at a lower cost.

PROGRAMMATIC MEASURES

Incentive	Alliance Provider Action Required
Care Coordination - Access Measures	
Initial Health Assessment (IHA)***	
Post-Discharge Care**	
Screening, Brief Intervention and Referral to Treatment - SBIRT***	
Care Coordination - Hospital Measures	
30 Day Readmissions**	
Ambulatory Care Sensitive Admissions	
Preventable Emergency Visits	
Quality of Care Measures	
Annual Monitoring for Patients on Persistent Medications: ACE/ARB**	
Asthma Medication Ratio	
Cervical Cancer Screening	
Childhood Immunizations (Combo 3)***	
Diabetic HbA1c Good Control <8.0%	
Diabetic Retinal Exam***	
Diabetic Testing for HbA1c***	
Maternity Care -- Postpartum Visit***	
Well Adolescent Visit (12-21)	
Well Child Visit (3-6 Years)	
Performance Target Measures	
Formulary Adherence*	
Performance Improvement	Meet or exceed Plan Goal or show 5% improvement in any Care Coordination, or Quality of Care measure.
Provisionary Measures	
Clinical Depression Screening*	
Clinical Depression Follow-up Care*	
Formulary Medication Utilization: AirDuo*	
Formulary Medication Utilization: Basaglar*	
Immunizations for Adolescents (IMA)*	

Data for the program measures listed at left is gathered automatically from submitted claims. The correct diagnosis code (CPT, HCPCS, or ICD-10 diagnosis code) must be used in order to qualify for a given incentive. See the [CBI Technical Specifications](#).

Check the [Provider Portal](#) for quality reports identifying members for follow-up from claims submitted. Use clinical judgment to verify the quality reports.

These measures are included in the CBI Program to monitor for possible inclusion in the upcoming CBI year. There is no payment associated with these measures for 2018

FEE-FOR-SERVICE INCENTIVES * New for 2018

Incentive	Alliance Provider Action Required
Preventive Care	
Healthy Weight for Life Program (HWL) Form**	Submit Healthy Weight for Life form .
Maternity Care – Early Prenatal Care Form	Submit Early Prenatal Care form .
Practice Management	
Buprenorphine License*	Fax proof of license to CCAH Credentialing: (831) 430-5857.
Patient Centered Medical Home (PCMH) Recognition	Fax proof of certification to CCAH Credentialing: (831) 430-5857.
Member Incentives - Paid to Alliance Members	
Chronic Disease Self-Management-Healthier Living Program (CDSMP)	After completion of 6 week CDSMP workshops.
Early Prenatal Care	Early Prenatal Care: Available in the Provider Form Library - Member 2017 CBI Forms .
Healthy Weight for Life (HWL) Program Form	Healthy Weight for Life form
Nurse Advice Line	Collected automatically via Nurse Advice Line data.
Postpartum Care	Collected automatically via claims data.



* New measures in 2018

**Measure Change in 2018

***Measures moved from Fee-For-Service to Programmatic

	A	B	C	D	E	F
1		County of Santa Cruz (HSA)				
2		FY 17/18 CLINIC SERVICES DIVISION				
3			As of 02/28/18			
4						
5		Sum of Budget	Sum of Actual	Sum of Estimated Actuals	Sum of EA Var to Bud	67% YTD
6	EXPENDITURE	39,762,824	16,856,307	35,369,848	(4,392,976)	42%
7	CLINIC ADMINISTRATION	5,272,758	2,042,470	5,072,758	(200,000)	39%
8	CORAL STREET CLINIC (HPHP)	3,827,756	2,041,699	3,527,756	(300,000)	53%
9	EMELINE CLINIC	8,444,059	4,584,351	8,044,059	(400,000)	54%
10	FORENSIC SERVICES		55,501	-	-	
11	MENTAL HEALTH FQHC	13,436,639	3,533,515	10,343,663	(3,092,976)	26%
12	WATSONVILLE CLINIC	7,181,612	4,085,650	6,981,612	(200,000)	57%
13	WATSONVILLE DENTAL	1,600,000	513,121	1,400,000	(200,000)	32%
14						
15	REVENUE	(37,415,165)	(15,448,081)	(33,022,189)	(4,392,976)	41%
16	CLINIC ADMINISTRATION	(1,600,000)	(525,988)	(1,600,000)	-	33%
17	CORAL STREET CLINIC (HPHP)	(2,741,051)	(354,212)	(2,741,051)	-	13%
18	EMELINE CLINIC	(8,622,825)	(3,429,130)	(7,122,825)	(1,500,000)	40%
19	MENTAL HEALTH FQHC	(14,536,639)	(5,600,103)	(11,443,663)	(3,092,976)	39%
20	WATSONVILLE CLINIC	(7,714,650)	(4,503,446)	(7,914,650)	200,000	58%
21	WATSONVILLE DENTAL	(2,200,000)	(1,035,202)	(2,200,000)	-	47%
22	Grand Total/Net County Cost	2,347,659	1,408,226	2,347,659	-	