

Medi-Cal Managed Care Pay for Performance Health Plan Preliminary Survey Results

PROJECT SUMMARY

In Fall 2014, the Integrated Healthcare Association (IHA) conducted a survey of Medi-Cal managed care health plans to assess their current pay for performance (P4P) activities, with funding from the Blue Shield of California Foundation. To obtain this information, IHA contracted with Margie Powers Consulting to perform telephone interviews with Medi-Cal managed care representatives. IHA plans to follow up with selected Medi-Cal managed care plans to obtain additional information regarding specific aspects of P4P programs and their impact. The results will be published by IHA in an issue brief in early 2015.

STATUS

Of the 22 Medi-Cal managed care plans, 18 have participated in telephone interviews to date. The interviews were conducted between September and November 2014. Through the interviews, information was collected regarding each plan's past and present efforts in pay for performance, including: measures used, measurement level, provider participation and engagement, and incentive design (including eligible providers and payment amounts).

Plan	Type	P4P Program?
1. Alameda Alliance for Health	Two- Plan	In Development
2. Anthem Blue Cross	Two-Plan, Regional Model, GMC	Yes
3. California Health & Wellness	Two-Plan, Regional Model	Yes
4. CalOptima	COHS	Yes
5. CalViva Health	Two-Plan	Yes
6. Care 1 st Health Plan	GMC	Working to schedule interview
7. CenCal	COHS	Yes
8. Central California Alliance for Health	COHS	Yes
9. Community Health Group	GMC	Phasing Out
10. Contra Costa Health Plan	Two-Plan	Yes
11. Gold Coast Health Plan	COHS	Under consideration
12. Health Net	Two-Plan, GMC	Yes
13. Health Plan of San Joaquin	Two-Plan	Yes
14. Health Plan of San Mateo	COHS	Yes
15. Inland Empire Health Plan	Two-Plan	Yes
16. Kaiser Foundation	GMC, Regional Model, Two-Plan	No
17. Kern Family Health	Two-Plan	Yes
18. LA Care	Two-Plan	Yes
19. Molina Healthcare	Two-Plan, GMC	Yes
20. Partnership Health Plan of CA	COHS	Yes
21. San Francisco Health Plan	Two-Plan	Yes
22. Santa Clara Family Health	Two-Plan	Staff not available to complete interview

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KEY THEMES TO EMERGE FROM INTERVIEWS:

Measurement Areas – domains included in P4P programs include clinical, utilization, encounter submission, access, and patient experience; the two most frequently cited domains were clinical and utilization. In addition, some plans measure and reward specific activities, such as completion of the PM 160 form to document well-child visits and immunizations.

Incentive Targets – most of the plans pay incentives based on both attainment (meeting specific targets or benchmarks set in advance of the measurement year) and improvement. As noted above, several programs include an additional component that provides a per-event incentive.

Provider Engagement Strategies – all programs featured provider engagement activities. Most commonly mentioned were regular feedback reports to providers on their performance throughout the year, and meetings between the plan and the providers to discuss the results. Plans also mentioned using provider portals, trainings, and including an orientation to the P4P program for new providers in the provider contracts.

Data Sources – to gather the data used to pay incentives to providers, plans mentioned using claims data (including encounter, pharmacy, and lab), registry data, and other data supplied by providers such as EMR data or PM 160 forms (for well-child visits and immunizations).

Reporting Tools and Processes – to deliver information to providers on their performance, plans mentioned using custom tools, HEDIS software, and web-based portals. Most plans reported to their providers on a quarterly basis, though some report monthly or with frequencies that vary with the type of data provided (e.g. monthly for some performance information, annually for other information).

Additional Supports Needed – to better understand what plans might find most helpful in increasing the effectiveness of their P4P programs, we asked about their priorities for additional support. Most frequently cited responses were: 1) learning about best practices and what works, convening experts and stakeholders, sharing information about what peers in other plans are doing; 2) standardization of measures, creation of shared benchmarks and targets; 3) better (and better use of) data, including real-time data, training for providers on how to use data for improvement, increased understanding of measures.

NEXT STEPS

IHA and Margie Powers Consulting are working on developing a comparative matrix that summarizes the key features of the Medi-Cal P4P programs, as well as an issue brief that presents the results of the inventory and implications for the Medi-Cal program. We anticipate that the comparative matrix will be available by the end of 2014, and the issue brief by February 2015.

CONTACT

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