SANTÉ

Pay for Performance Guide

Incentive Quality Measures
Measurement Year 2021

Quality Management

May 2021

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SANTÉ PHYSICIANS

Quality Pays!

Introducing Measurement Year 2021 Pay for Performance Program!

As we launch the Pay for Performance 2021 measurement year, I am very excited to share some new program enhancements designed to better support you and your clinic team and provide the opportunity to increase your scores. I'm confident these new enhancements combined with existing program elements will offer you the opportunity to maximize your incentive opportunities.

Our Quality team has developed a more focused communication approach which includes the development of this resource guide designed to provide key details of the Pay for Performance program as well as reduce the volume of paper touches throughout the year. This new resource tool is also available electronically on the Santé website provider portal and the intranet page within the Quality tabs.

Other planned enhancements include:

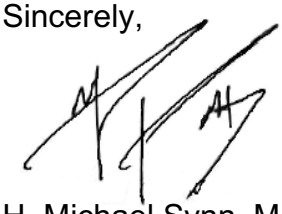
- Focused outreach – we will monitor activity and proactively reach out to providers in need of assistance.
- Clinic independence with care gap reports – no more mailers, clinic staff can easily obtain their care gap reports on their own schedule.
- Health plan alignment – the health plans play a central role in our incentive program and we plan to tap into their resources to support your efforts.

I encourage you to explore other detailed program information available on the following pages:

- Program Description – *if you need a refresher* page 2
- 2021 Schedule page 4
- Clinical Measures – Family Practice & Internal Medicine page 5 & 6
- Clinical Measures – Pediatric page 7

I'm looking forward to our focused partnership and in your renewed engagement with a greater level of measured success for our patients and ourselves! Again, thank you for making quality care a priority in your clinic.

Sincerely,



H. Michael Synn, M.D.
Chief Medical Officer
Santé Health System

Program Description

The Santé Pay for Performance program is designed to ensure and assist all IPA providers in the delivery of quality care. Quality care is defined as patients receiving the services that their health status dictates. Quality care is not accomplished independently but instead involves a partnership among patients, providers, health plans and Santé's Quality department.

The quality measures used in the program are designed to:

- Quantify performance in a value-based health care environment
- Standardize a way to monitor how providers and patients are managing their health
  - Measures preventative health services
  - Monitors management of chronic illness, utilization of services, access to care, demographics, etc.

Santé's Pay for Performance program is part of California's Align.Measure.Perform. (AMP) initiative created by Integrated Healthcare Association (IHA) which sets the program criteria in alignment with National Committee for Quality Assurance (NCQA) standards. Santé's AMP participation generates incentives from the health plans which are passed on to participating providers as well as benchmarking the publicly-reported results.

Eligibility Criteria	Pay for Performance (P4P)	STARS
Patient Population	Commercial	Medicare
Provider Status	Capitated ▪ Family Practice ▪ Internal Medicine ▪ Pediatrics	Capitated or Fee-for-Service ▪ Family Practice ▪ Internal Medicine
	Must be an active IPA provider at time of bonus distribution	
Patient Assignment	At least one assigned patient that meets a quality measure's eligibility requirements (i.e., age, diagnosis, etc.)	
Bonus Ranking Qualifiers	▪ First Quartile ▪ Second Quartile ▪ Third Quartile	▪ First Quartile ▪ Second Quartile ▪ Third Quartile
Bonus Amount	Percentage of previous quarter's capitation ▪ 20% - first quartile ▪ 10% - second quartile ▪ 5% - third quartile	▪ Per Member Per Month based on membership ▪ RAF-adjusted ○ $37.50 – first quartile ○ $25.00 – second quartile ○ $18.75 – third quartile

Score Calculations:

Each quality measure is calculated as a percentage of compliant patients (numerator) within the total eligible patient population (denominator).

Compliant Patients ÷ Eligible Patient Population = Measure Score

In addition to the individual measure score, a composite score is also calculated.

Total Compliant Events ÷ Total Eligible Patient Population = Composite Score

Score Calculations (continued):

Measure	Compliant Events	Eligible Population	Calculation	Score
Breast Cancer Screening	1	2	1/2	50.0%
Colorectal Cancer Screening	2	5	2/5	40.0%
Controlling Blood Pressure	5	8	5/8	62.5%
Total	**8**	**15**	**8/15**	**53.3%**

Measure score

Composite score

Providers are encouraged to address the measures early in the year as scoring is aggregated. While all activity is recorded and scored during the measurement year, a gap closed early in the year (i.e., March) will influence scores throughout the measurement year. However, a gap closed later in the year (i.e., November) will only apply and impact the score in the final cycle.

Rankings:

The bonus structure considers the provider's assigned patient volume and equalizes the variance by setting a patient threshold for each specialty type as well as designating the provider to a ranked or unranked listing. This structure prevents providers with a low patient population to skew the results upwards thus making it more difficult for high volume providers to qualify for incentive pay. Ranked providers must meet the following minimum patient assignment threshold:

	P4P	STARS
▪ Family Practice	50 patients	25 patients
▪ Internal Medicine	50 patients	25 patients
▪ Pediatrics	10 patients	

Providers above the threshold are listed in descending order of their scores. Then the list is divided into four equal-sized groups, called quartiles. For those providers below the threshold, a quartile is assigned depending on where their composite score falls when compared to the scores of the ranked providers.

Bonus Calculations:

Incentive bonuses are calculated and paid quarterly. The earned bonus amount depends on the assigned quartile. For Commercial HMO, the bonus is calculated by multiplying the quartile coefficient to the sum of all capitated payments made to that provider. For Medicare Advantage, the bonus is calculated by multiplying a fixed quartile amount to the provider's average RAF and the number of assigned patients.

Measurement Year (MY) 2021 Schedule

Cycle 1

- **May 2021** MY2021 Kickoff
- **June 14, 2021** Data Entry Due Date
- **July 2021** Ranking & Scorecard Distribution

Cycle 2

- **September 14, 2021** Data Entry Due Date
- **October 2021** Ranking & Scordecard Distribution

Cycle 3

- **December 14, 2021** Data Entry Due Date
- **January 2022** Ranking & Scorecard Distribution

Cycle 4

- **December 31, 2021** **FINAL** Data Entry Due Date
- **April 2022** Ranking & Scorecard Distribution

The monthly data entry deadline is the 14th calendar day. The system will refresh data by the first calendar day of each month (approximately).

Summary: Commercial HMO Measures

2021 Measure	Demographic	Compliance Components
BCS- Breast Cancer Screening	Female Age: 50 - 74	Evidence of: • One or more mammograms between 2020 – 2021.
CCS- Cervical Cancer Screening	Female Age: 21 - 64	Age: 21 – 64: • Cervical cytology between 2019 – 2021. Age: 30 – 64: • Cervical high-risk human papillomavirus (hrHPV) testing between 2017 – 2021.
CHL- Chlamydia Screening	Female Age: 16 - 24	Following a pregnancy test *or* dispensed prescription for contraceptive medication: • One chlamydia test during 2021.
COL- Colorectal Cancer Screening	Age: 50 - 75	Most recent evidence of: • FOBT- lab result during 2021. • FIT-DNA test result between 2019 – 2021. • Colonoscopy report between 2012 – 2021. • Flexible sigmoidoscopy report between 2017– 2021. • CT colonography report between 2017 – 2021.
CBP- Controlling High Blood Pressure	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2021: • BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021.
CDC- Diabetic Blood Pressure Control	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2021: • BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in.
CDC- Diabetic Eye Exam	Age: 18 - 75	Evidence of Retinal Eye Exam: • Retinal/dilated eye exam by an eye care professional during 2021. • Negative retinal/dilated eye exam by an eye care professional between 2020 – 2021.
CDC- Diabetic HbA1c Control <8%	Age: 18 - 75	Evidence of during 2021: • Most recent HbA1c result with a value less than 8.0.
CDC- Diabetic HbA1c Poor Control >9%	Age: 18 - 75	Evidence of during 2021: • Most recent HbA1c result with a value less than 9.0. • This is an inverse measure. Patients are identified as having a value that is greater than 9.0, or missing a result value, or a HbA1c test was not completed.
CDC- Diabetic Medical Attention for Nephropathy	Age: 18 - 75	Evidence of during 2021: • Urine protein test- Micro/Macro Albumin lab. • ACE/ARB therapy with one dispensing event. • Nephropathy treatment. • Visit with a nephrologist.

REQUIRED:

- All entries require a date that is equal to the labs result date, procedure report date, radiology report date, cytology result date, and/or eye exam date.
- Blood Pressure values must be entered separately, 1) Systolic and 2) Diastolic

Summary: Medicare STARS Measures

2021 Measure	Demographic	Compliance Components
BCS- Breast Cancer Screening	Female Age: 50 - 74	Evidence of: • One or more mammograms between 2020 – 2021.
COL- Colorectal Cancer Screening	Age: 50 - 75	Most recent evidence of: • FOBT- lab result during 2021. • FIT-DNA test result between 2019 – 2021. • Colonoscopy report between 2012 – 2021. • Flexible sigmoidoscopy report between 2017 – 2021. • CT colonography between 2017 – 2021.
OMW- Osteoporosis Management	Female Age: 67 - 85	Within 6-months of a fracture evidence of: • BMD test. • Received osteoporosis therapy. • A dispensed prescription to treat osteoporosis (see medication table).
ART- DMARD Rheumatoid Arthritis	Age: 18+	Evidence of during 2021: • At least one ambulatory prescription dispensed for a DMARD (see medication table).
CBP- Controlling High Blood Pressure	Age: 18 - 75	Evidence of the most recent blood pressure (BP) during 2021: • BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021.
CDC- Diabetic Eye Exam	Age: 18 - 75	Evidence of: • Retinal/dilated eye exam by an eye care professional during 2021. • Negative retinal/dilated eye exam by an eye care professional between 2020 – 2021.
CDC- Diabetic HbA1c Poor Control >9%	Age: 18 - 75	Evidence of during 2021: • Most recent HbA1c test with a value less than 9.0 (this is an inverse measure).
CDC- Diabetic Medical Attention for Nephropathy	Age: 18 - 75	Evidence of during 2021: • Urine protein test- Micro/Macro Albumin lab. • ACE/ARB therapy with one dispensing event. • Nephropathy treatment. • Visit with a nephrologist.

REQUIRED:

- All entries require a date that is equal to the labs result date, procedure report date, radiology report date, and/or eye exam date.
- Blood Pressure values must be entered separately, 1) Systolic and 2) Diastolic

Summary: Pediatric Measures

2021 Measure	Compliance Components		
	Vaccine	**Dose Count**	**Age Range**
CIS- Childhood Immunization Status	DTaP Diphtheria, Tetanus, Acellular Pertussis	4	Birth – 2nd birthday
	HepB Hepatitis B	3	
	HiB Hemophilus influenza type B	3	
	Influenza Flu	2	
	IPV Inactivated Poliovirus	3	
	PCV Pneumococcal Conjugate	4	
	Rotavirus	2 *or* 3	
	HepA Hepatitis A	1	1st – 2nd birthday
	MMR Measles, Mumps, Rubella	1	
	VZV Varicella Zoster	1	
IMA- Immunizations for Adolescents	Meningococcal	1	11th – 13th birthday
	Tdap Tetanus, Diphtheria, Acellular Pertussis	1	10th – 13th birthday

REQUIRED:

All entries require a date that equals the date of administration for each dose of a vaccine.

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Risk Manager Data Entry Portal Instructions

Risk Manager is the data entry portal used by providers and clinic staff to identify gaps in care and close some of those gaps through a manual entry process for eligible patient populations.

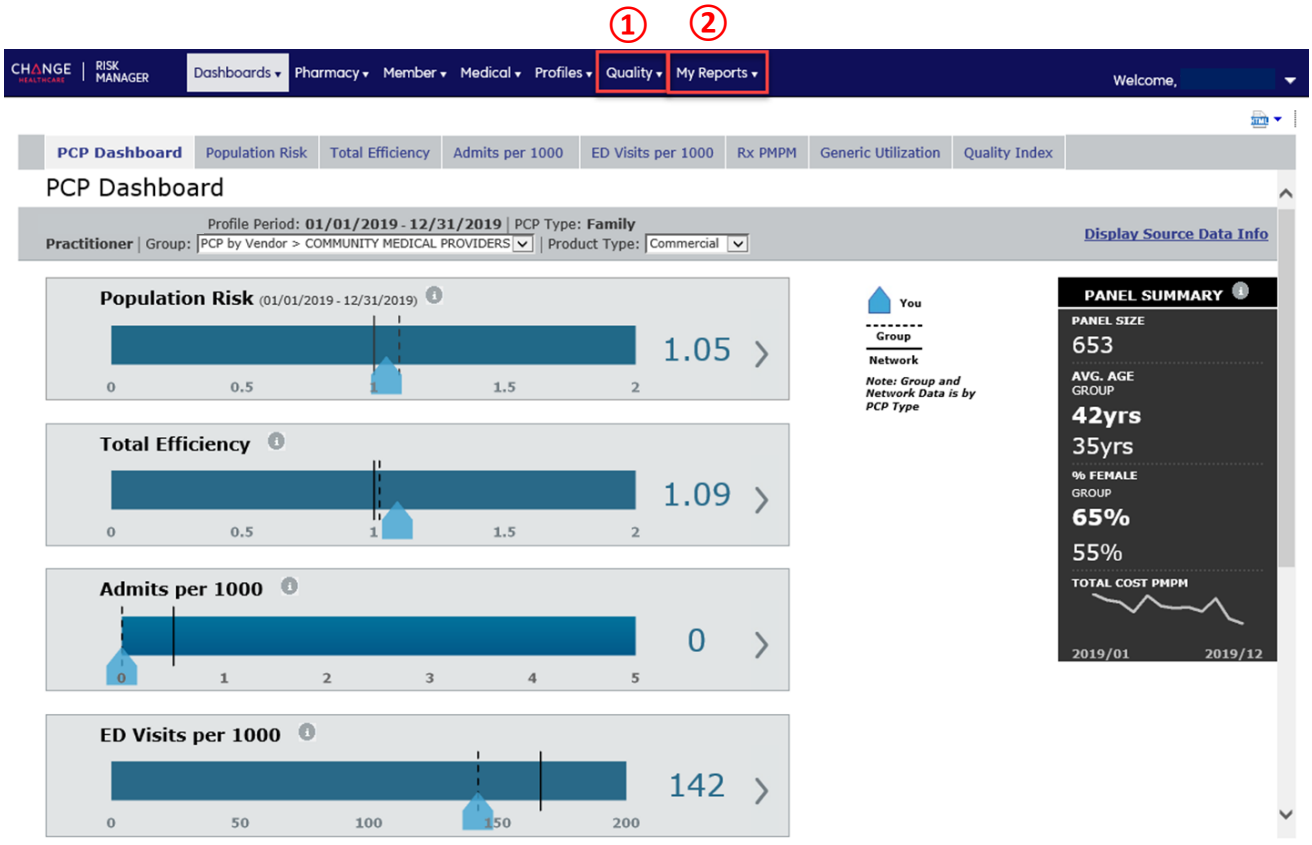
These instructions will show you how to perform the following functions:

- How to run and print a care gap report
- How to close gaps in care by entering events in Risk Manager
- How to enter Exclusions in Risk Manager

When you first log into Risk Manager you will see a PCP Dashboard for the physician. This dashboard provides insight into pre-defined metrics, as well as a measurement of how the physician is doing compared to his/her group and the overall network performance for these metrics.

In the top blue banner of Risk Manager, you will see multiple reporting tabs (Dashboards, Pharmacy, Member, Medical, Profiles, Quality, My Reports).

Your data entry will be focused on two tabs ① **Quality** and ② **My Reports**.

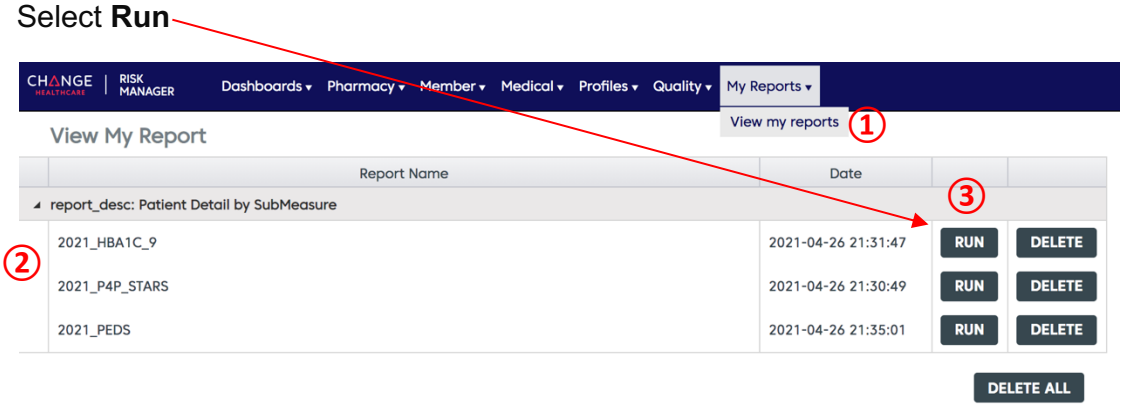


The workflow for finding and closing care gaps follows

Information displayed in this section are for illustrative purposes only, and all provider/patient information and/or values are fictitious.

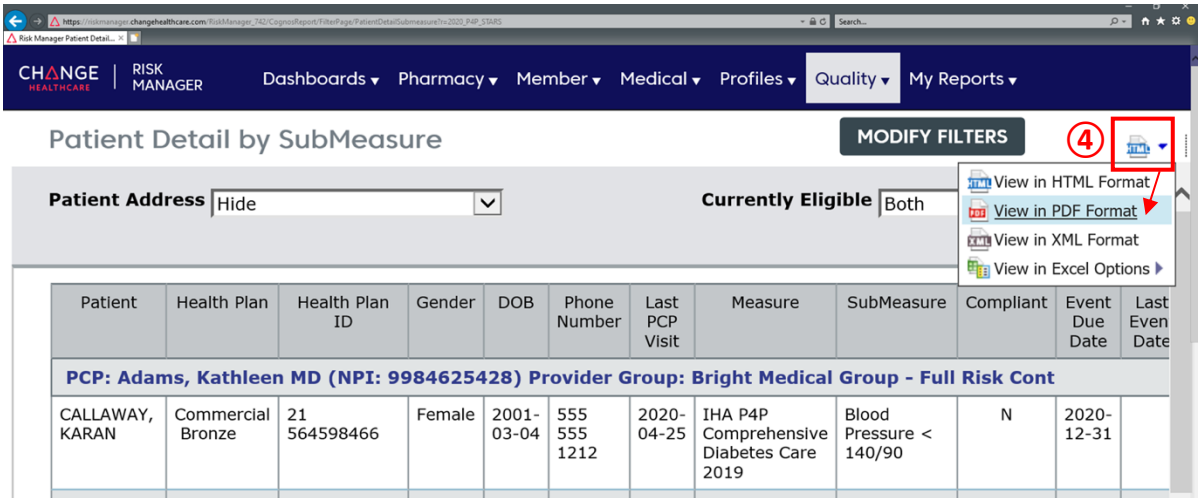
How to Run and Print a Care Gap Report:

1. Go to **My Reports** then select **View my reports**
2. Family Practice/Internal Medicine two reports are named: **2021_P4P_STARS** and **2021_HBA1C_9**
   Pedicatrics report is named: **2021_PEDS**
3. Select **Run**

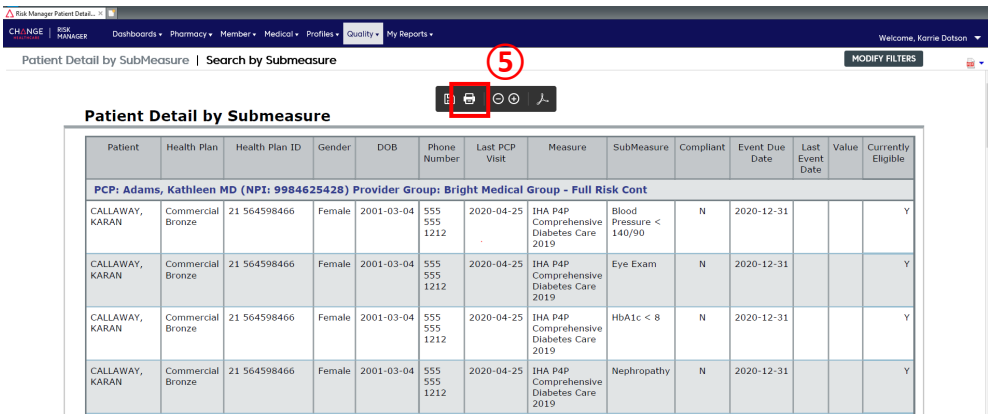


The results will display a list of all non-compliant or all compliant patients and the care gap measure(s).

4. To print report, **export to PDF**



5. Select the **print** icon



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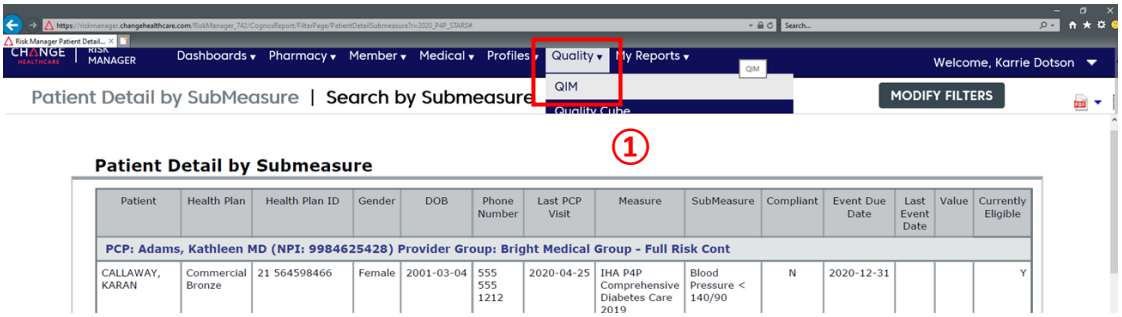
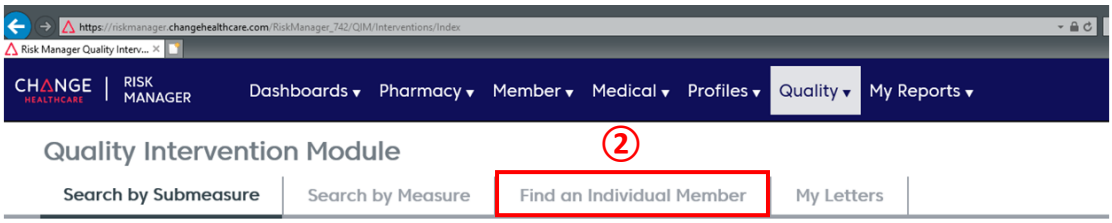
Entering Manual Events into Risk Manager

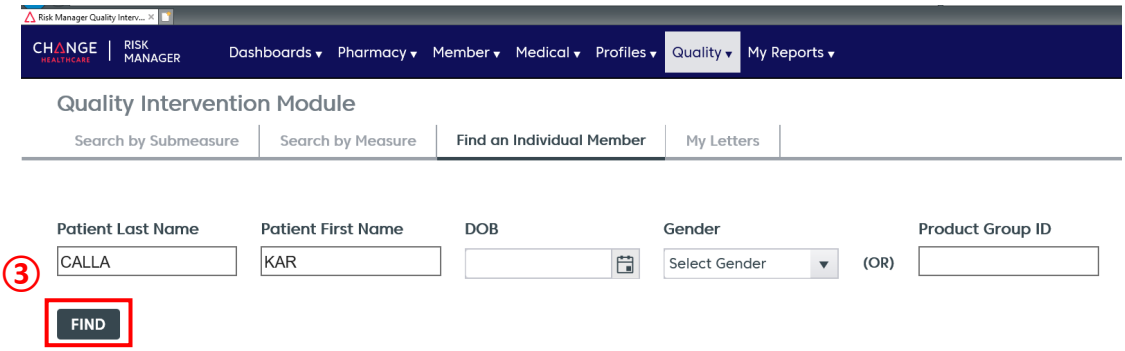
1. Go to **Quality** tab and select **QIM**



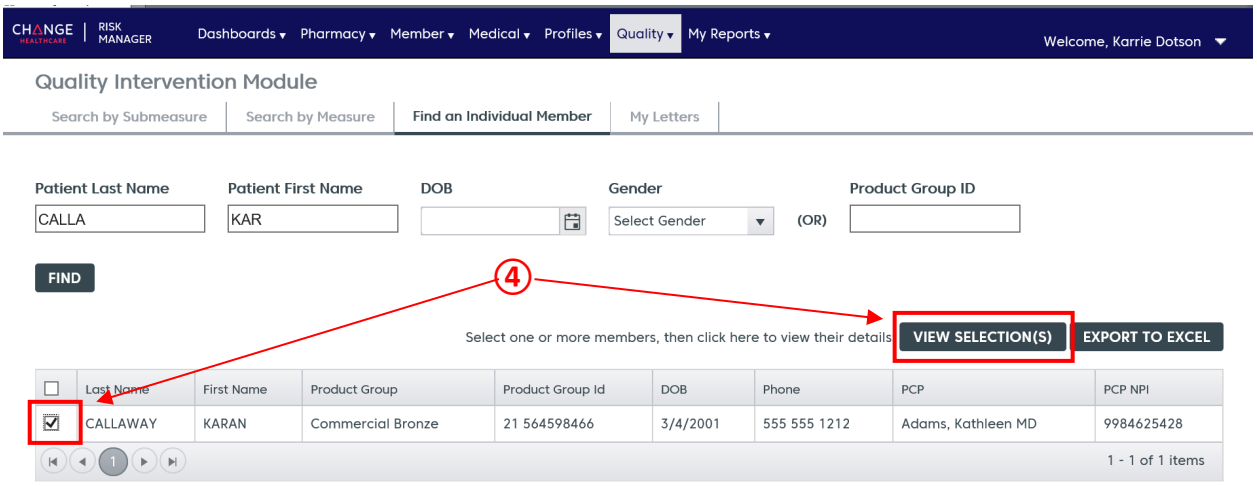
2. Select **Find an Individual Member**



3. Enter patient name and select **Find**



4. Select the **check box** next to patient name then select **View Selection(s)**



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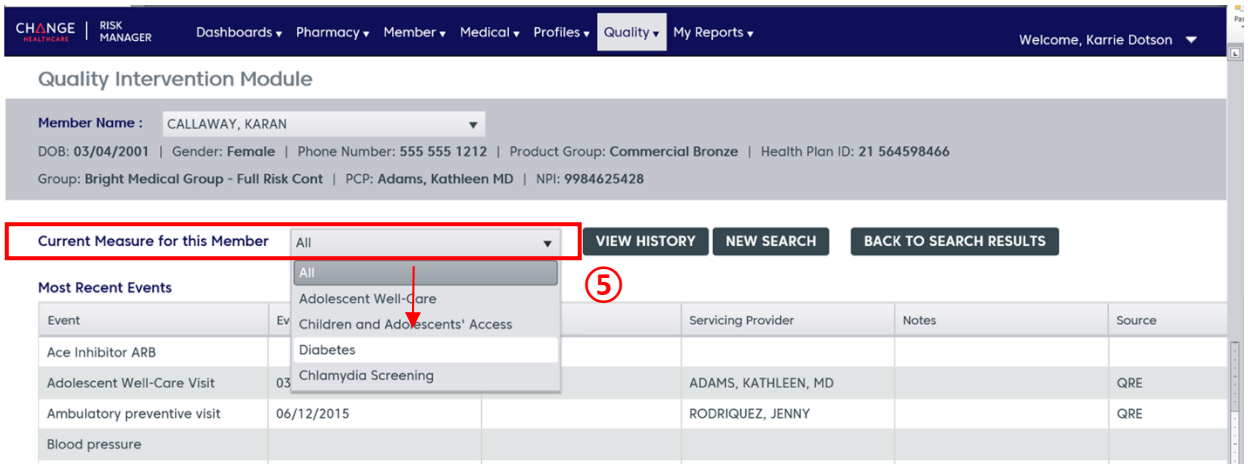
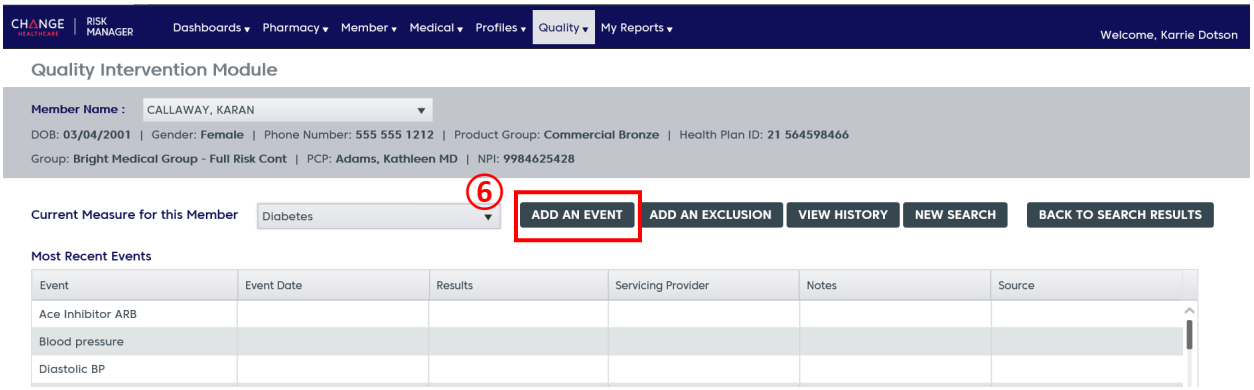
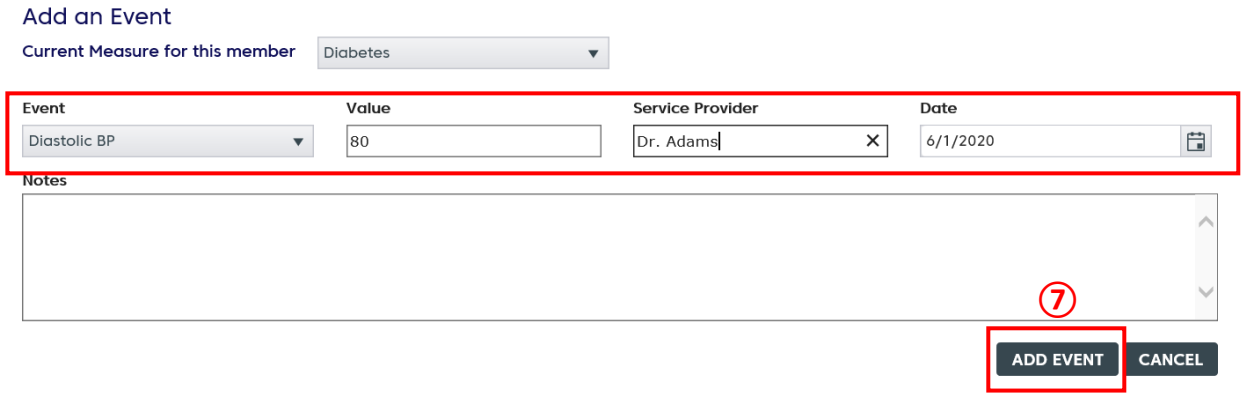
5. Select from the drop down for **Current Measure for this Member** and select the measure for entry



6. Select **Add An Event**



7. Select the measure you want to add a medical event for. In this example we are making a Blood Pressure entry. Systolic and Diastolic values must be entered seperately as two separate medical events. Select **Add Event** once you are done.
(Systolic blood pressure is the top number of the reading and Diastolic blood pressure is the bottom number of the reading.)



8. Repeat for each entry

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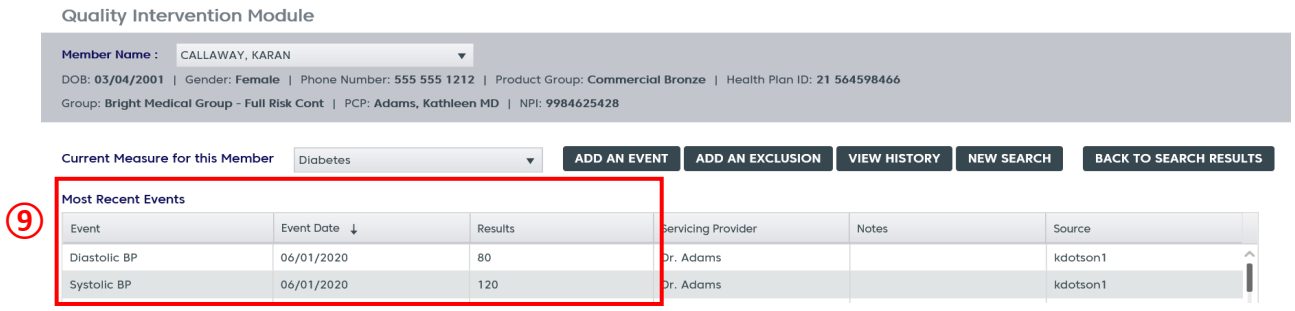
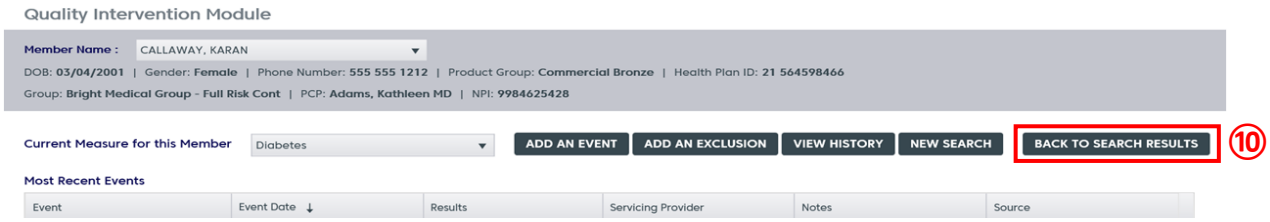
9. Once enteries are entered and saved, you can view the entries in the **Most Recent Events**



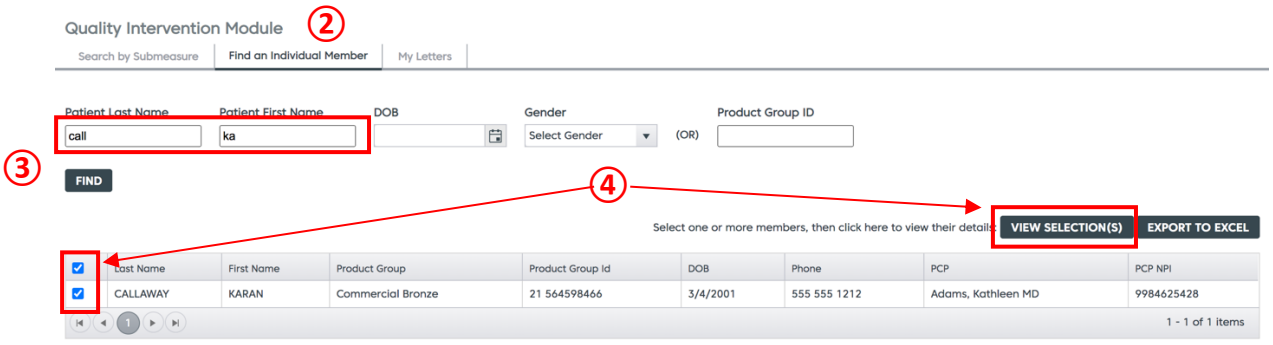
10. Select **Back to Search Results** to enter data for a different patient or a different measure.



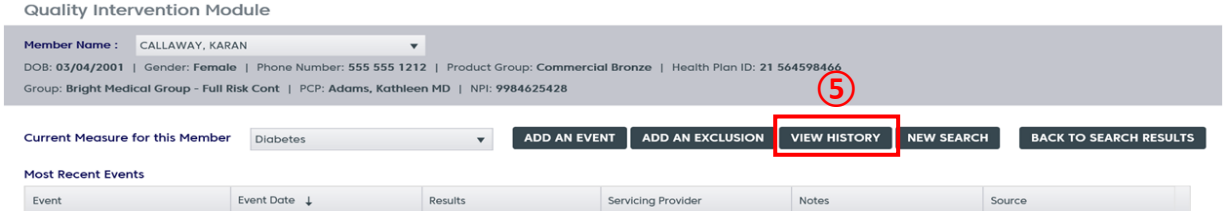
Deleting an Incorrect Entry

1. Go to **Quality** tab and select **QIM**

2. Select **Find an Individual Member**
3. Enter patient name and select **Find**
4. Select the **check box** and select **View Selection(s)**



5. Select **View History**



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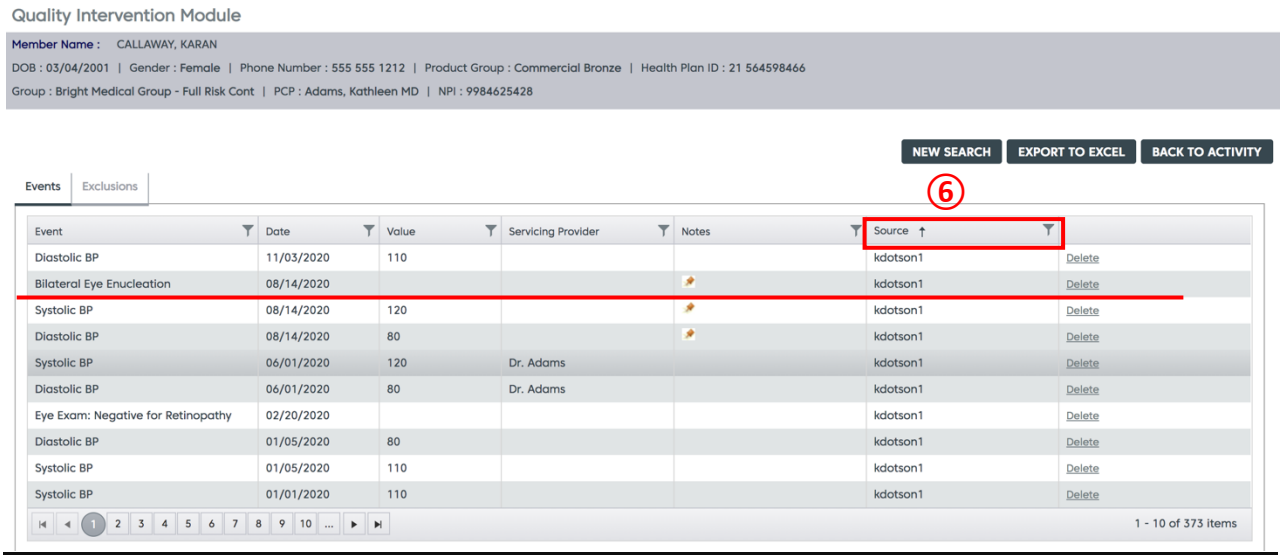
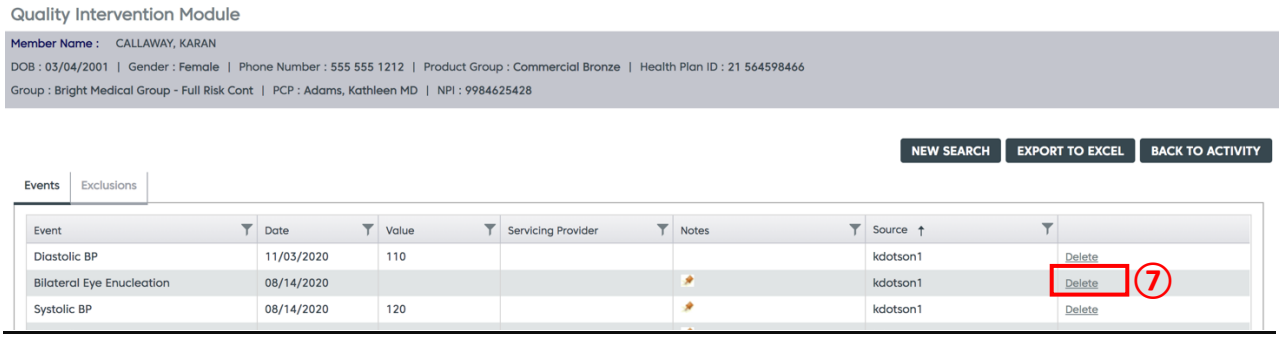
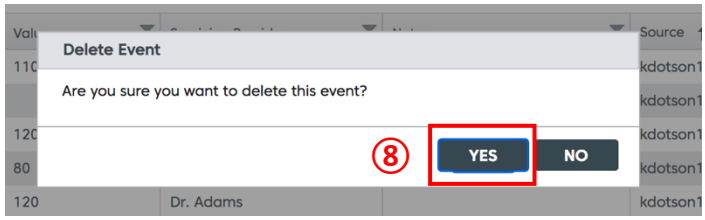
6. Select **Source** to sort entries by user. Find the incorrect entry.



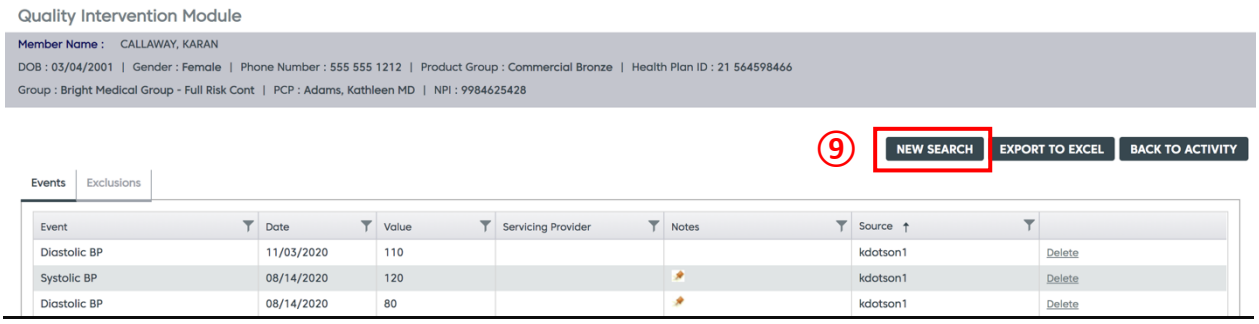
7. Select **Delete** in the last column



8. Confirm deletion. Select **Yes**.



9. Select **New Search** to look up a different patient or a different measure.



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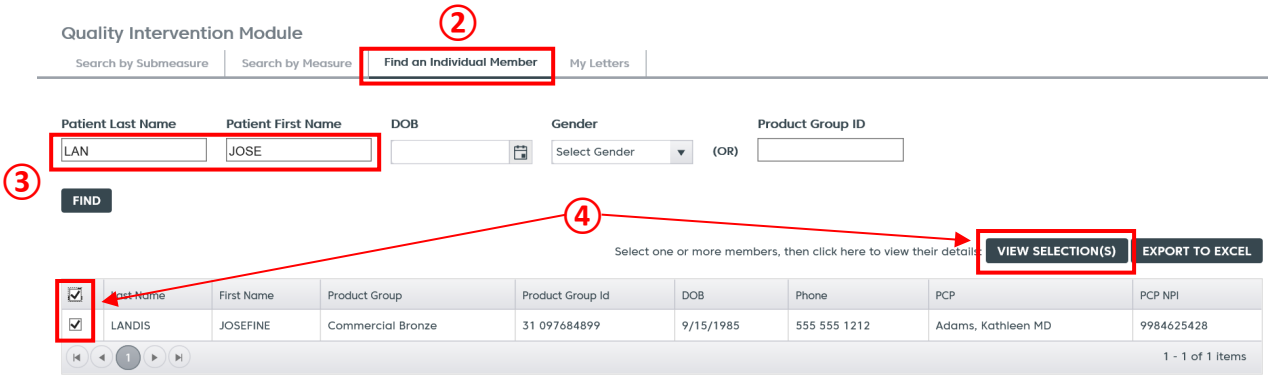
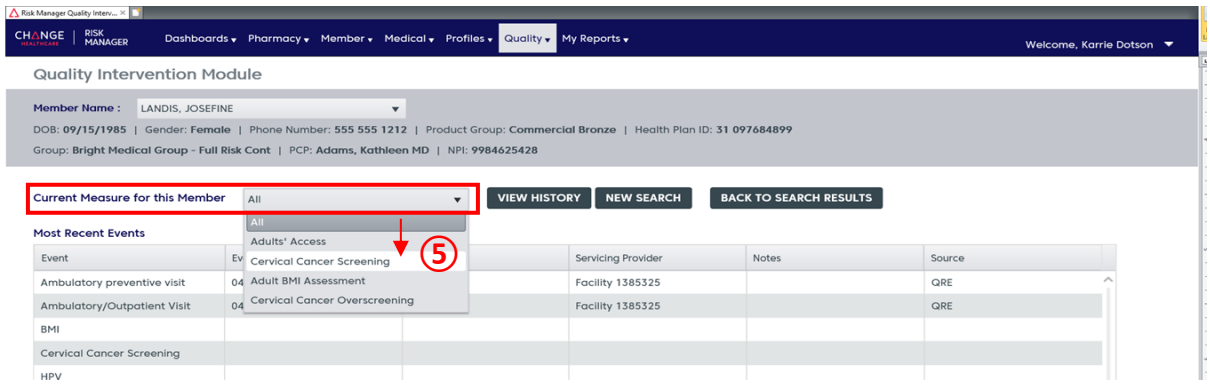
Entering Exclusions into Risk Manager

1. Go to **Quality** tab and select **QIM**

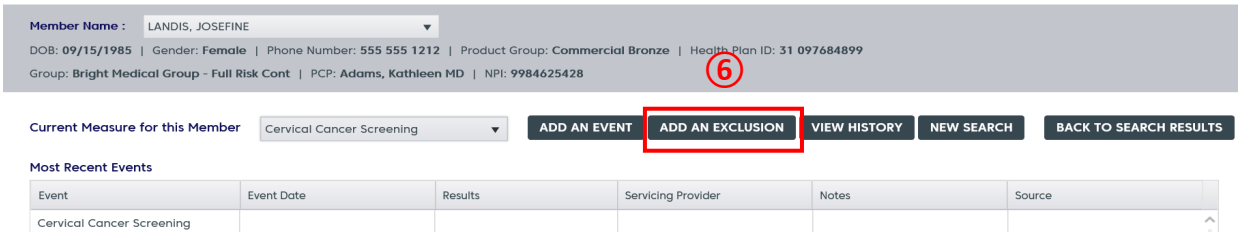
2. Select **Find an Individual Member**
3. Enter patient name and select **Find**
4. Select the **check box** and select **View Selection(s)**



5. Select the measure in the drop down next to **Current Measure for this Member**



6. Select **Add an Exclusion**



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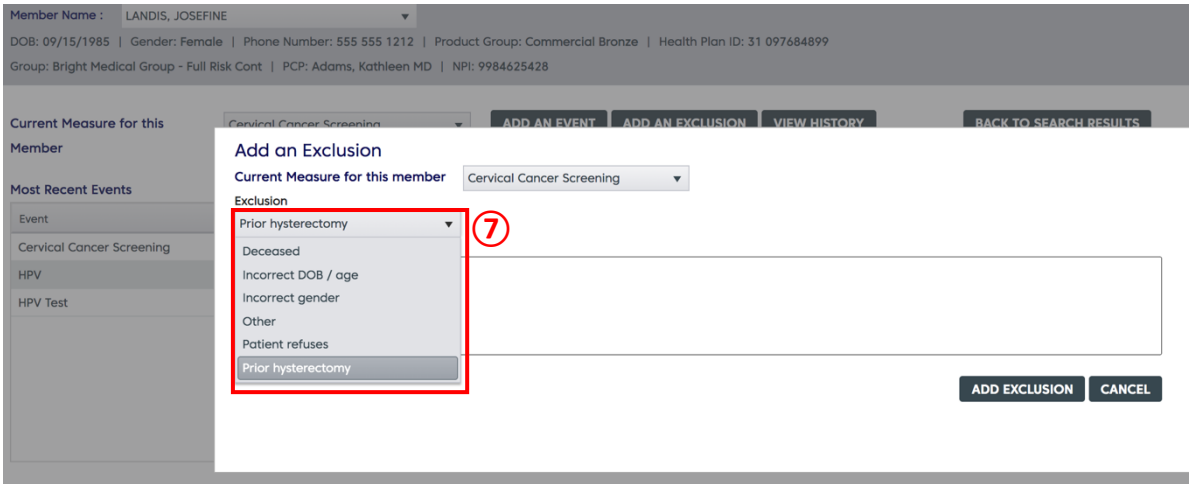
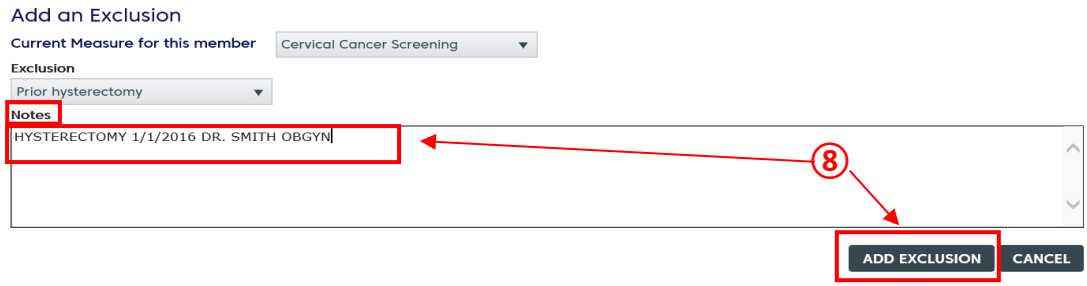
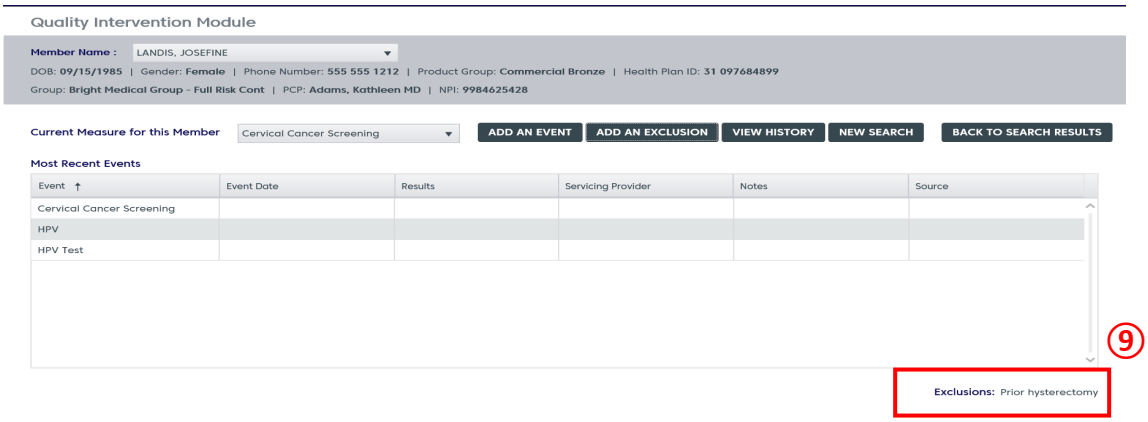
7. Select the exclusion reason from the drop down menu. The example, shows an exclusion for Cervical Cancer Screening because the patient has a prior hysterectomy.



8. Enter the details (i.e., DOS and provider name) of the Hysterectomy in the **Notes**. Select **Add Exclusion**



9. The exclusion shows on the bottom right of the of **Most Recent Events**



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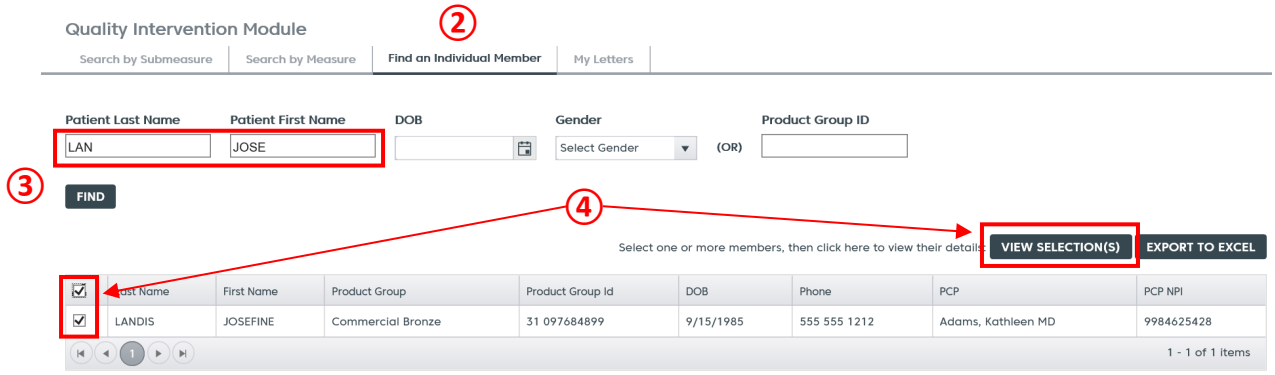
Deleteing an Incorrect Exclusion

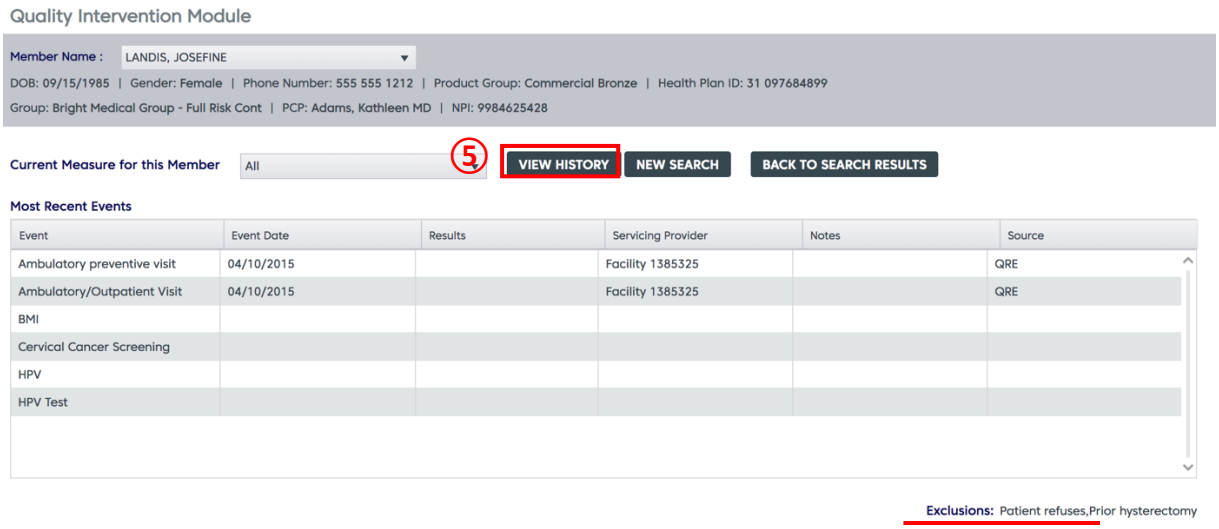
See page 18 for Exclusion Guideline details

1. Go to **Quality** tab and select **QIM**

2. Select **Find an Individual Member**
3. Enter patient name and select **Find**
4. Select the **check box** and select **View Selection(s)**

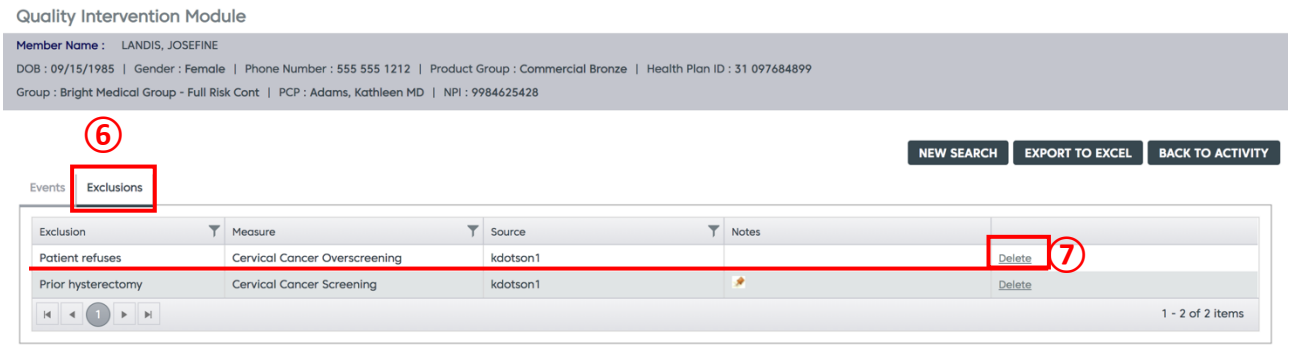


5. Select **View History**. In this example two exclusions were entered, the inappropriate exclusion “Patient Refuses” needs to be removed. See Exclusions listed in the bottom right corner of Most Recent Activity screen.

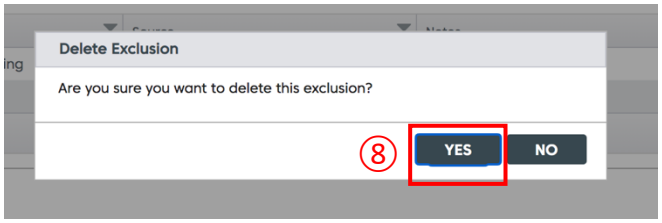


Information displayed in this section are for illustrative purposes only, and all provider/patient information and/or values are fictitious.

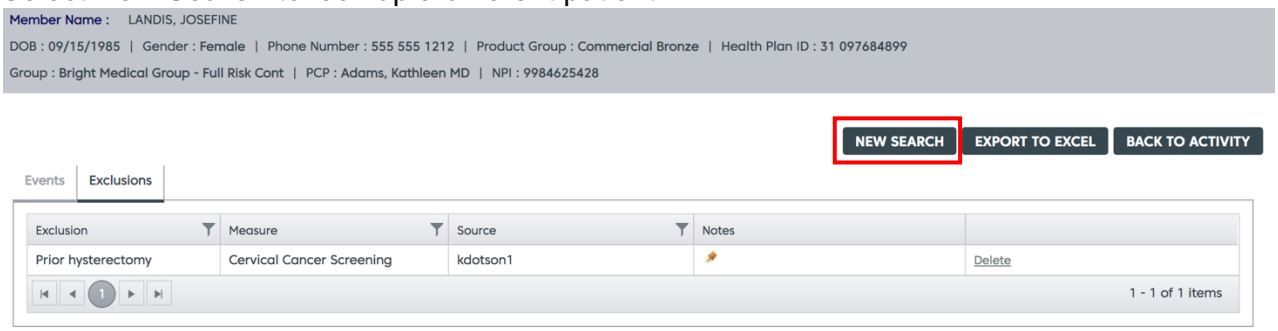
6. Select the **Exclusions tab** to display all entered exclusions. Find exclusion to be deleted.
7. Select **Delete** in the last column



8. Confirm deleteion. Select **Yes**.



9. Select **New Search** to look up a different patient.

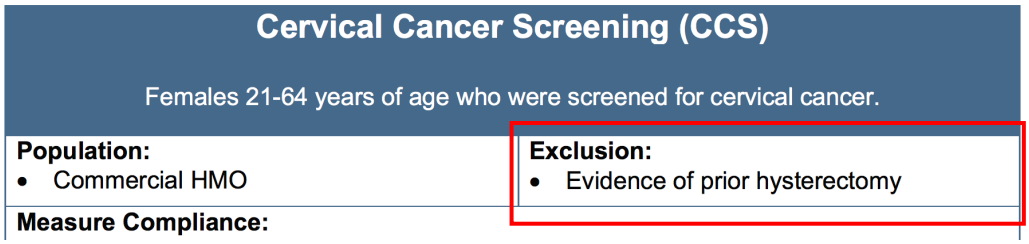


Information displayed in this section are for illustrative purposes only, and all provider/patient information and/or values are fictitious.

Exclusion Guidelines

In certain circumstances, Exclusions can be used to remove patients from the measure or population. Some measures allow patients to be excluded if they are identified as having evidence of certain procedures or diagnoses (e.g., exclude a patient from the Cervical Cancer Screening measure who had evidence of a prior hysterectomy).

Each measure will have the valid exclusion noted in the Exclusion section of the measure's description page.



Cervical Cancer Screening (CCS) Females 21-64 years of age who were screened for cervical cancer.	
Population: • Commercial HMO	**Exclusion:** • Evidence of prior hysterectomy
Measure Compliance:	

In order to exclude a patient, only valid exclusions will apply. The valid exclusions are defined by the State's AMP program. Santé does not establish the exclusion criteria. Qualifying exclusions are listed on each of the measure's description page, beginning on page 19.

Please note the following situations do not qualify as valid exclusions, per program guidelines:

1. Patients who refuse services
2. Patient assignment – *Not our patient*
3. Referral sent
4. Other

All Exclusions will be reviewed by the Quality Department for final approval in accordance with regulatory program guidelines. Any exclusions that do not meet program guidelines will be deleted and you will be notified.

MY2021 Clinical Measures

Breast Cancer Screening (BCS)

Females 50–74 years of age who had a mammogram to screen for breast cancer.

Population:	**Exclusion:**
• Commercial HMO • Medicare Advantage HMO	• Evidence of prior bilateral mastectomy • Unilateral mastectomy with bilateral modifier as bilateral mastectomy

Measure Compliance:

- Preventive screening to detect breast cancer in women within the last 2 years between 2020 – 2021.

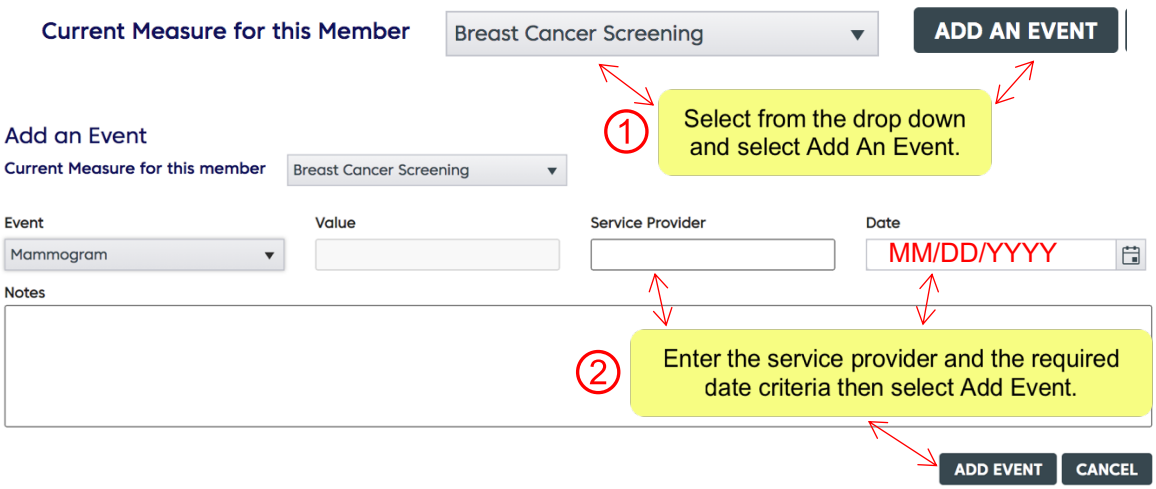
REQUIRED:

Data entry date **MUST** be the radiology report date and not the date of service, unless they are the same date.

Helpful Tips:

- All methods of mammograms qualify (screening, diagnostic, film, digital, or digital breast tomosynthesis).
- **Do not** use MRIs, ultrasounds, or biopsies, these are performed in addition to mammogram.
- **Do not** use the order or scanned date.
- For incorrect gender and/or date of birth contact Quality.

Risk Manager Entry



Colorectal Cancer Screening (COL)

Adults 50–75 years of age who had appropriate screening for colorectal cancer.

Population:	**Exclusion:**
• Commercial HMO • Medicare Advantage HMO	• Current diagnosis of colorectal cancer • Evidence of prior total colectomy

Measure Compliance:

One of the following screenings:

- **FOBT** Fecal occult blood test resulted in 2021.
- **FIT-DNA** test resulted within the last 3 years between 2019 - 2021.
- **Colonoscopy** within the last 10 years between 2012 - 2021.
- **Flexible sigmoidoscopy** within the last 5 years between 2017 - 2021.
- **CT colonography** within the last 5 years between 2017 - 2021.

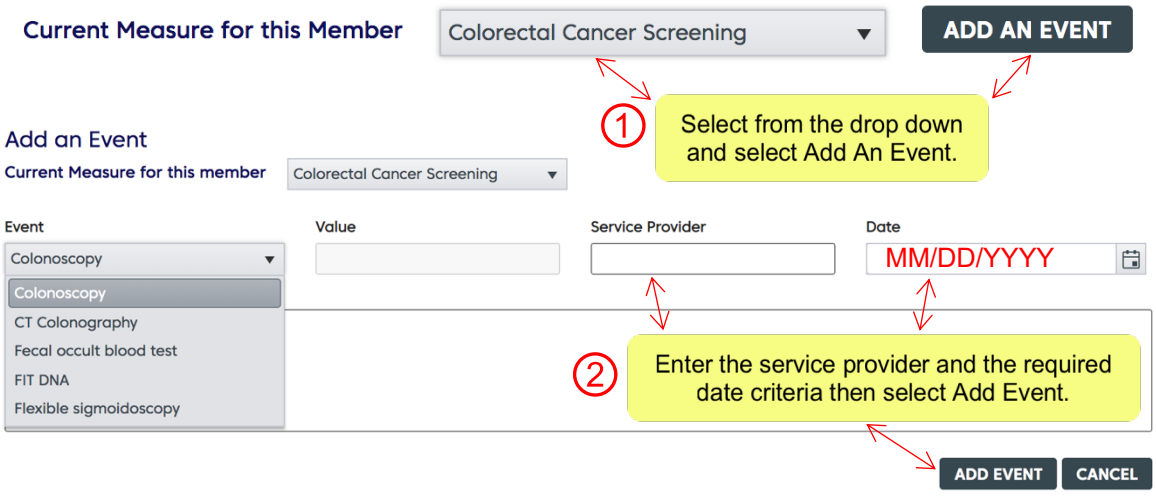
REQUIRED:

Data entry date **MUST** be the lab result date *or* procedure report date and not the date of service or collection date, unless they are the same date.

Helpful Tips:

- Select appropriate dropdown event to close correct gap (i.e. fecal occult blood test will close gap for one year).
- **Do not** use the order or scanned date.

Risk Manager Entry



Controlling High Blood Pressure (CBP)

Members 18–85 years of age who had a diagnosis of hypertension and whose Blood Pressure (BP) was adequately controlled, < 140/90, during 2021.

Population:

- Commercial HMO
- Medicare Advantage HMO

Measure Compliance:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021.
- Blood pressure reading of less than 140/90.

REQUIRED:

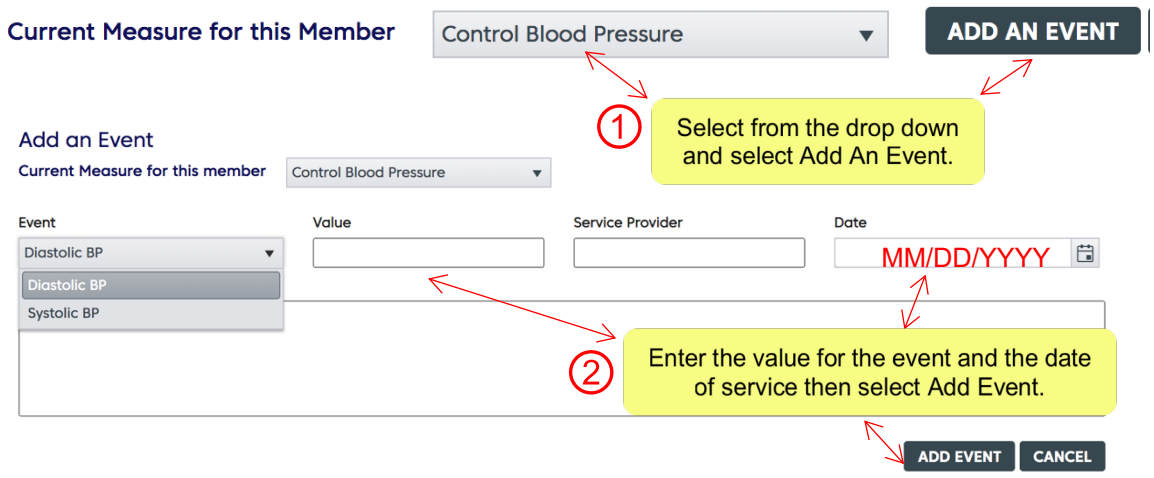
Two separate entries: BP= Systolic / Diastolic

1. Systolic = entry one
2. Diastolic = entry two

Helpful Tips:

- BP reading must occur *on or after* the date of the second diagnosis of hypertension.
- BP must have a corresponding outpatient claim to close care gap.

Risk Manager Entry



Cervical Cancer Screening (CCS)

Females 21-64 years of age who were screened for cervical cancer.

Population:	**Exclusion:**
• Commercial HMO	• Evidence of prior hysterectomy

Measure Compliance:

- 21-64 years of age who had cervical cytology performed within the last 3 years between 2019 - 2021.
- 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years and were 30 years or older on the date of the test, between 2017 – 2021.

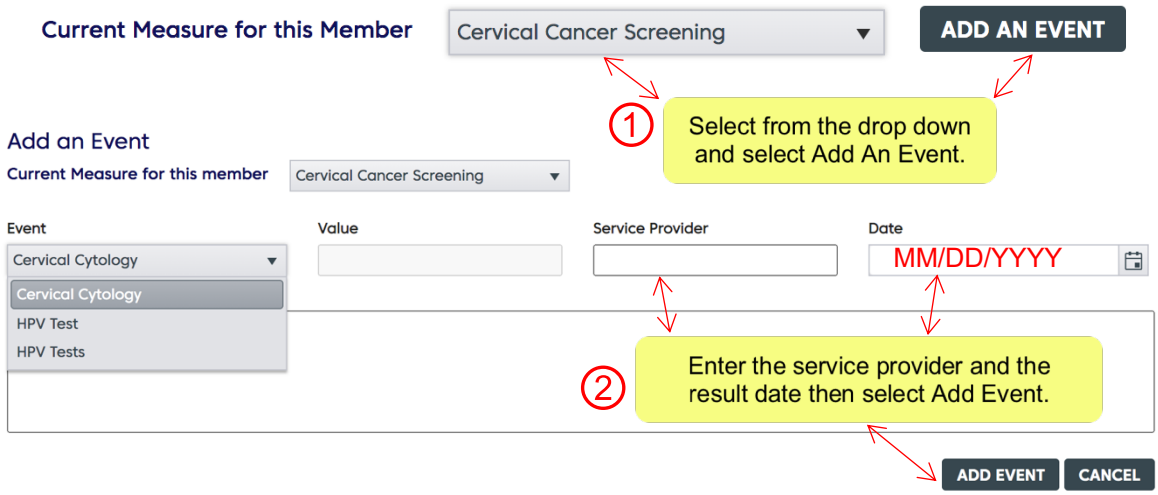
REQUIRED:

Data entry date **MUST** be the lab/cytology result date and not the collection date.

Helpful Tips:

- Enter each testing event separately.
- **Do not** use the order or scanned date.
- For incorrect gender and/or date of birth contact Quality.

Risk Manager Entry



Chlamydia Screening in Women (CHL)

Females 16–24 years of age who were identified as sexually active by claims, laboratory, or pharmacy data and who had at least one test for chlamydia during 2021.

Population:

- Commercial HMO

Measure Compliance:

Following a pregnancy test or dispensed prescription for contraceptive medication:

- One chlamydia test during 2021.

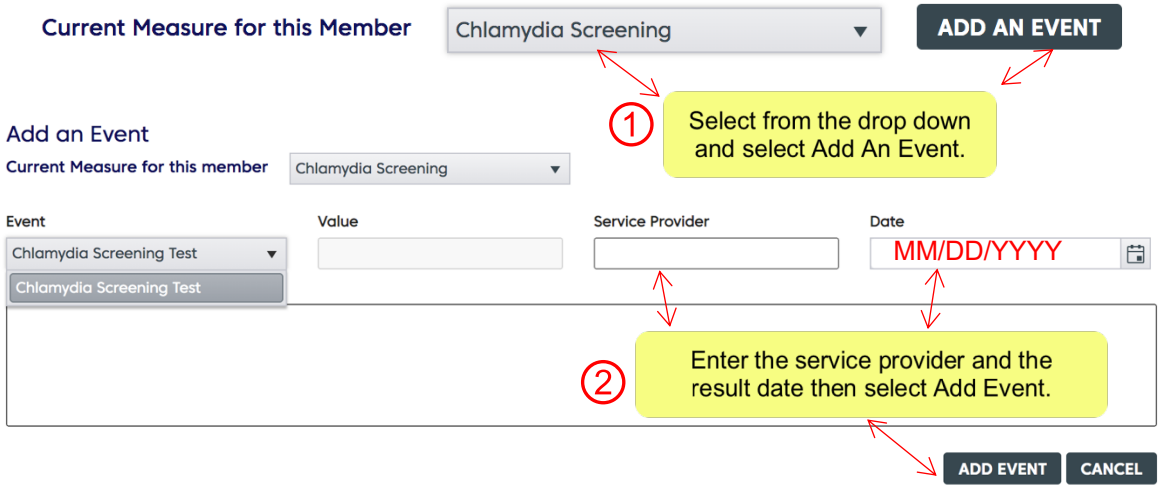
REQUIRED:

Data entry date **MUST** be the lab/cytology result date and not the collection date.

Helpful Tips:

- Urine test results may be used.
- For incorrect gender and/or date of birth contact Quality.

Risk Manager Entry



Comprehensive Diabetes Care (CDC)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following: HbA1c <8% and/or >9%, eye exam, medical attention for nephropathy during the 2021 year.

Population:	**Exclusion:**
• Commercial HMO	• No diabetes diagnosis within 2020 - 2021

Measure Compliance:

HbA1c Poor Control >9%:
- HbA1c test during 2021 with a value less than 9.0 (this is an inverse measure).
- Patients identified on the care gap report are due to having a value that is greater than 9.0, or missing a result value, or a HbA1c test that was not completed.

HbA1c Control <8%:
- HbA1c test during 2021 with a value that is less than 8.0.

Diabetic Eye Exam:
- Retinal/dilated eye exam by an eye care professional in 2021.
- Negative retinal/dilated eye exam by eye care professional within the last 2 years between 2020 – 2021.

Medical Attention for Nephropathy:
- Urine protein test- Micro/Macro Albumin lab test during 2021.
- Evidence of ACE/ARB therapy with at least one dispensing event in 2021.
- Nephropathy treatment in 2021.
- Visit with a nephrologist in 2021.

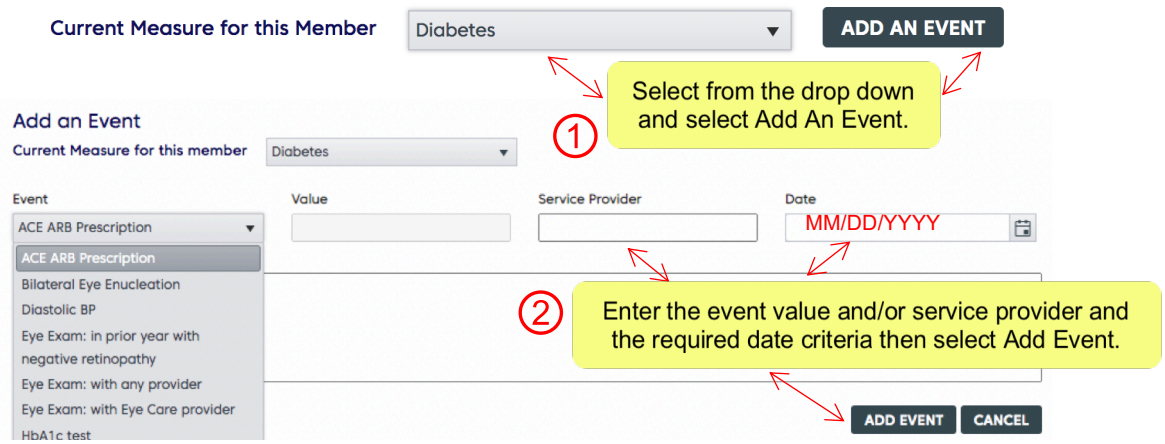
BP Control <140/90:
- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021. The patient is compliant if BP is less than 140/90.

REQUIRED:

- Data entry date **MUST** be the lab result date *and/or* eye exam date and not the date of service or collection date, unless they are the same date.
- Two separate entries: BP= Systolic / Diastolic
  1. Systolic = entry one
  2. Diastolic = entry two

Helpful Tips:
- **Do not** use the order or scanned date.

Risk Manager Entry



Comprehensive Diabetes Care (CDC)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following: HbA1c >9%, eye exam, medical attention for nephropathy during the 2021 year.

Population:	**Exclusion:**
• Medicare Advantage HMO	• No diabetes diagnosis within 2020 - 2021

Measure Compliance:

HbA1c Poor Control >9%:

- HbA1c test during 2021 with a value less than 9.0 (this is an inverse measure).
- Patients identified on the care gap report are due to having a value that is greater than 9.0, or missing a result value, or a HbA1c test that was not completed.

Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2021.
- Negative retinal/dilated eye exam by eye care professional within the last 2 years, between 2020 – 2021.

Medical Attention for Nephropathy:

- Urine protein test- Micro/Macro Albumin lab test in 2021.
- Evidence of ACE/ARB therapy with at least one dispensing event in 2021.
- Nephropathy treatment in 2021.
- Visit with a nephrologist in 2021.

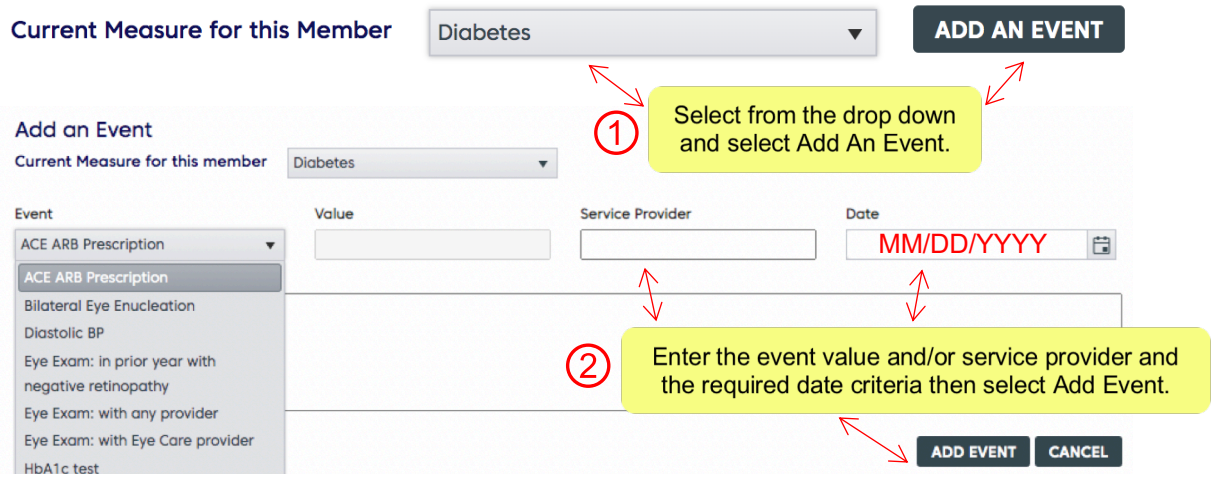
REQUIRED:

Data entry date **MUST** be the lab result date *and/or* eye exam date and not the date of service or collection date, unless they are the same date.

Helpful Tips:

- Santé Care Center eye exam can be used to close Diabetic Eye Exam gap.
- **Do not** use the order or scanned date.

Risk Manager Entry



Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Medicare Advantage members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

Population:

- Medicare Advantage HMO

Measure Compliance:

At least one ambulatory prescription dispensed for a DMARD during 2021.

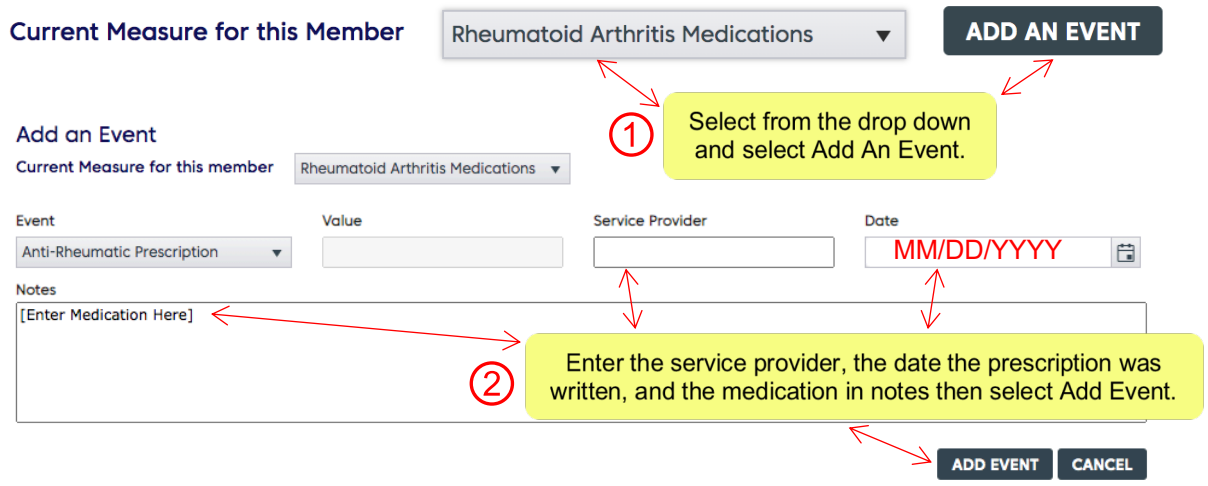
DMARD Medication List

Category	Therapy/Medication		
5-Aminosalicylates	• Sulfasalazine		
Alkylating agents	• Cyclophosphamide		
Aminoquinolines	• Hydroxychloroquine		
Anti-rheumatics	• Auranofin • Methotrexate	• Leflunomide • Penicillamine	
Immunomodulators	• Abatacept • Adalimumab • Anakinra • Certolizumab pegol	• Etanercept • Golimumab • Infliximab • Rituximab	• Sarilumab • Tocilizumab
Immunosuppressive agents	• Azathioprine • Cyclosporine	• Mycophenolate mofetil • Mycophenolic acid	
Janus kinase (JAK) inhibitor	• Baricitinib	• Tofacitinib	• Upadacitinib
Tetracyclines	• Minocycline		

REQUIRED:

Data entry date **MUST** be the date the prescription was written.

Risk Manager Entry



Osteoporosis Management in Women Who Had a Fracture (OMW)

Females 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Population:

- Medicare Advantage HMO

Measure Compliance:

Appropriate testing or treatment for osteoporosis after the fracture.

- A Bone Mineral Density test within the 6-month period after the fracture.
- Osteoporosis therapy/medication within the 6-month period after the fracture.

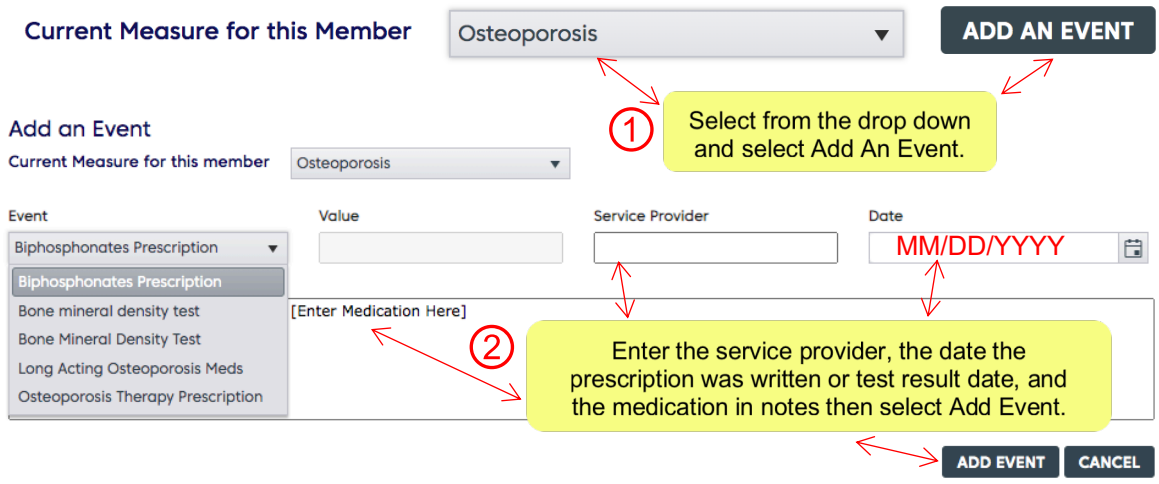
Osteoporosis Medication List

Category	Therapy/Medication	
Bisphosphonates	• Alendronate • Ibandronate • Risedronate	• Alendronate-cholecalciferol • Zoledronic acid
Other agents	• Abaloparatide • Denosumab • Raloxifene	• Romosozumab • Teriparatide

REQUIRED:

Data entry date **MUST** be the date the prescription was written or test result date.

Risk Manager Entry



Childhood Immunization Status (CIS)

Children 2 years of age who were identified as having completed the following antigen series by their second birthday.

Population:

- Pediatric Commercial HMO

Measure Compliance:

Completion of the following vaccinations ***on or before*** the child's second birthday.

Vaccine	Dose Count	Age Range
DTaP	4	Birth – 2nd birthday
HepB	3	
HiB	3	
Influenza Flu	2	
IPV	3	
PCV	4	
Rotavirus	2 *or* 3	
HepA	1	1st – 2nd birthday
MMR	1	
VZV	1	
Combo 10	Completion of all listed vaccine doses on or before the second birthday.	

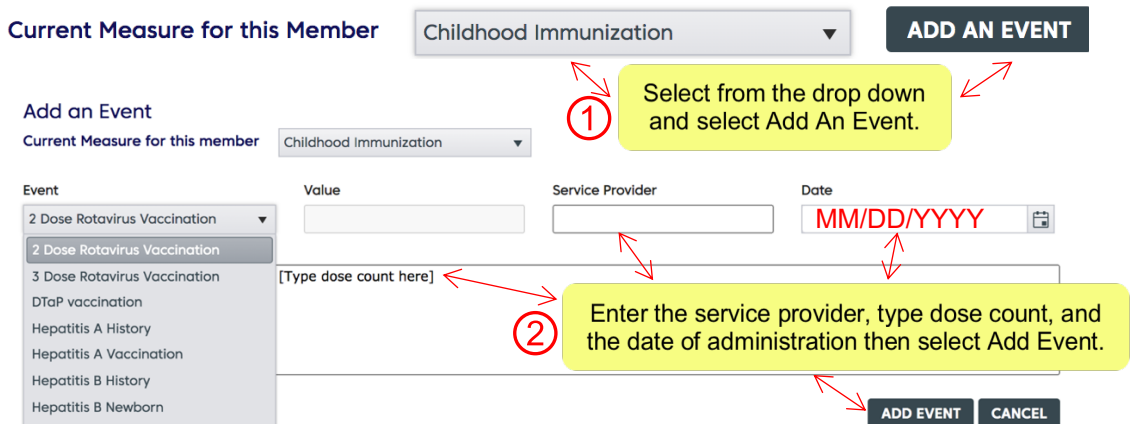
REQUIRED:

- Data entry date **MUST** be the date of administration for each dose of a vaccine.
- Each dose **MUST** be entered separately.

Helpful Tips:

- Utilize vaccination records in the California Immunization Registry (CAIR2) to close gaps.
- Immunizations that are not billed directly to Santé will require entry into Risk Manager.

Risk Manager Entry



Immunizations for Adolescents (IMA)

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) by their 13th birthday.

Population:

- Pediatric Commercial HMO

Measure Compliance:

Completion of the following antigen or combination vaccine ***on or before*** the adolescent's 13th birthday.

Vaccine	Dose Count	Age Range
Meningococcal	1	11th – 13th birthday
Tdap	1	10th – 13th birthday

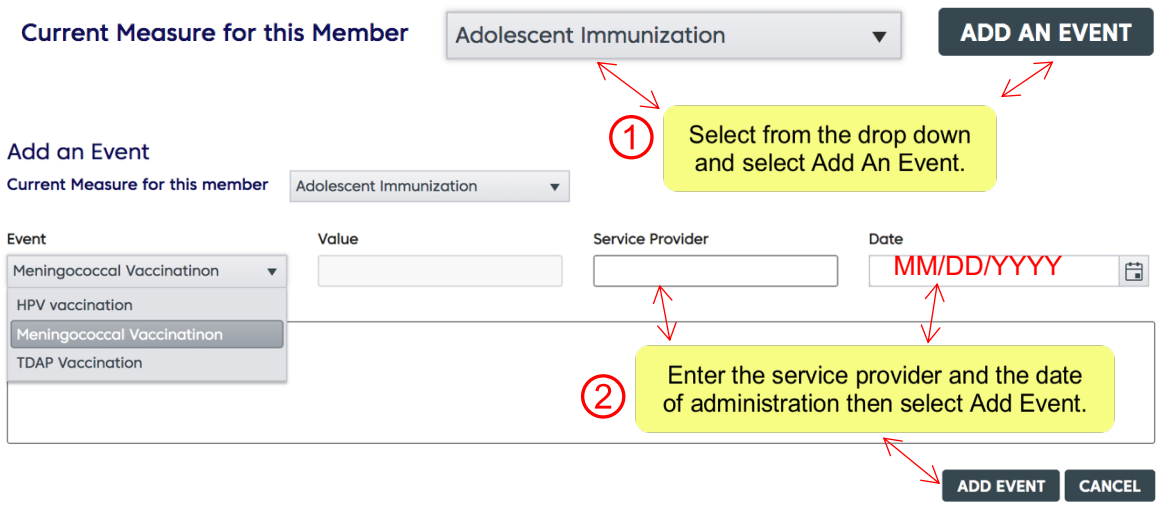
REQUIRED:

Data entry date **MUST** be the date of administration for each dose of a vaccine.

Helpful Tips:

- Utilize vaccination records in the California Immunization Registry (CAIR2) to close gaps.
- Immunizations that are not billed directly to Santé will require entry into Risk Manager.

Risk Manager Entry



Non-Incentive Medication Measures

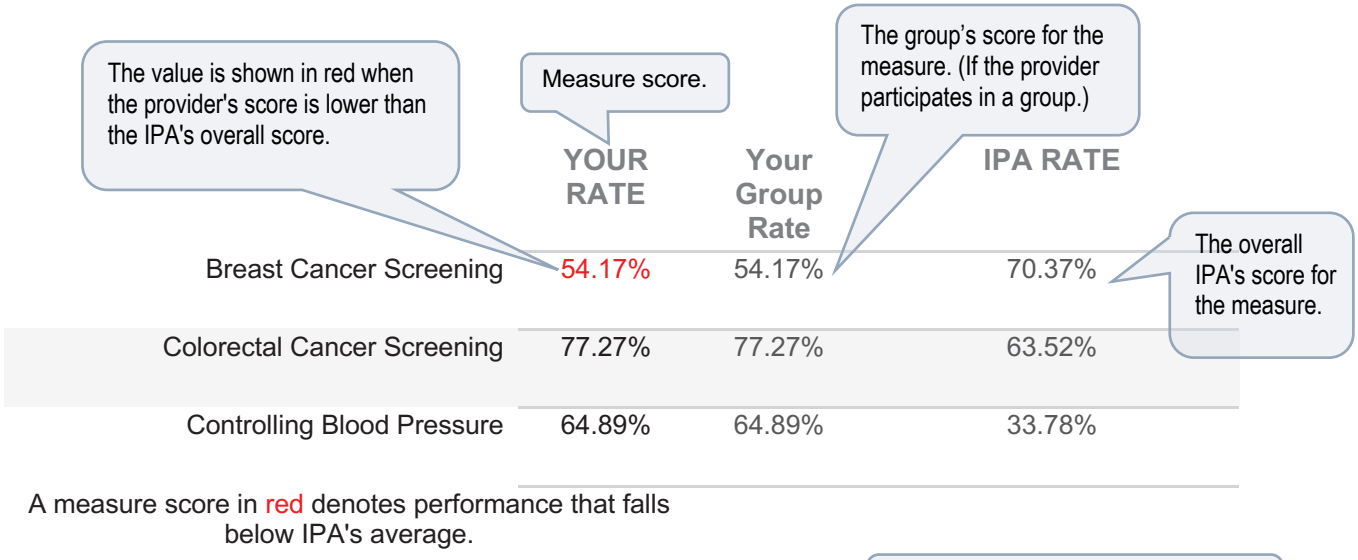
In addition to the incentivized measures identified for Measurement Year 2021 there are also several medication measures that will need to be addressed to ensure your patient is receiving quality care. Provider rankings are not impacted by the medication measures below. Santé will distribute medication adherence reports throughout the year identifying care gaps.

Medication Measure	Demographic	Components
SPC- Statin Therapy for Patients with Cardiovascular Disease	• Males- Age: 21–75 • Females- Age: 40–75 • Identified as having atherosclerotic cardiovascular disease (ASCVD)	During 2021: 1. **Received Statin Therapy**. Patients who were dispensed at least one high-intensity or moderate-intensity statin medication. **AND** 2. **Statin Adherence 80%.** Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
SPD- Statin Therapy for Patients with Diabetes	• Age: 40–75 • Identified as having atherosclerotic cardiovascular disease (ASCVD)	During 2021: 1. **Received Statin Therapy**. Patients who were dispensed at least one statin medication of any intensity during the measurement year. **AND** 2. **Statin Adherence 80%.** Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.
SUPD- Statin Use in Persons with Diabetes	• Age: 40–75	During 2021: Dispensed at least one medication for diabetes and received a statin medication or statin combination.
PDC- Proportion of Days Covered by Medications	• Age: 18+ • Met the proportion of days covered threshold of 80% for medications	1. Renin Angiotensin System (RAS) Antagonists 2. Statin Medications 3. Diabetes All-Class Medications
AMR- Asthma Medication Ratio	• Age: 5–64 • Patients identified as having persistent asthma	During 2021: Had a ratio of controller medications to total asthma medications of 0.50 or greater.
CWP- Appropriate testing for Pharyngitis	• Age: 3+ • Diagnosed with pharyngitis	During 2021: 1. A strep test. **AND** 2. Dispensed antibiotic prescription.

Medication measures are closed with pharmacy claims data. For these measures no entries can be made in the Risk Manager data entry portal.

Scorecard Tutorial

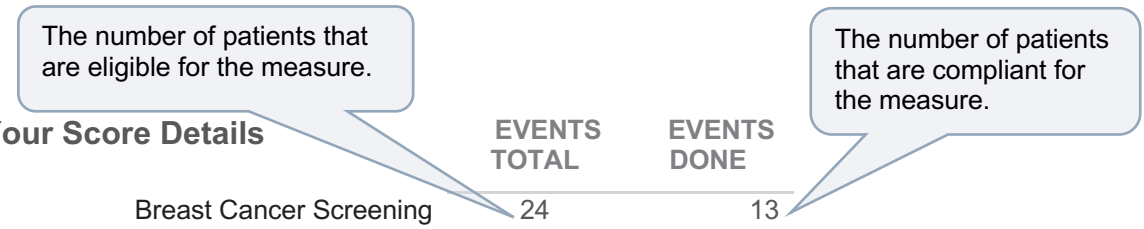
Each cycle ranked physicians, that meet the patient threshold in their specialty, receive a scorecard that reflects their individual measure compliance scores and composite score. Below is an example of the scorecard.



	YOUR RATE	Your Group Rate	IPA RATE
Breast Cancer Screening	54.17%	54.17%	70.37%
Colorectal Cancer Screening	77.27%	77.27%	63.52%
Controlling Blood Pressure	64.89%	64.89%	33.78%

A measure score in red denotes performance that falls below IPA's average.

Your composite score is 74.68%, which places you at Rank 9 among your specialty Internal Medicine.



Your Score Details	EVENTS TOTAL	EVENTS DONE
Breast Cancer Screening	24	13
Colorectal Cancer Screening	66	51
Controlling Blood Pressure	94	61

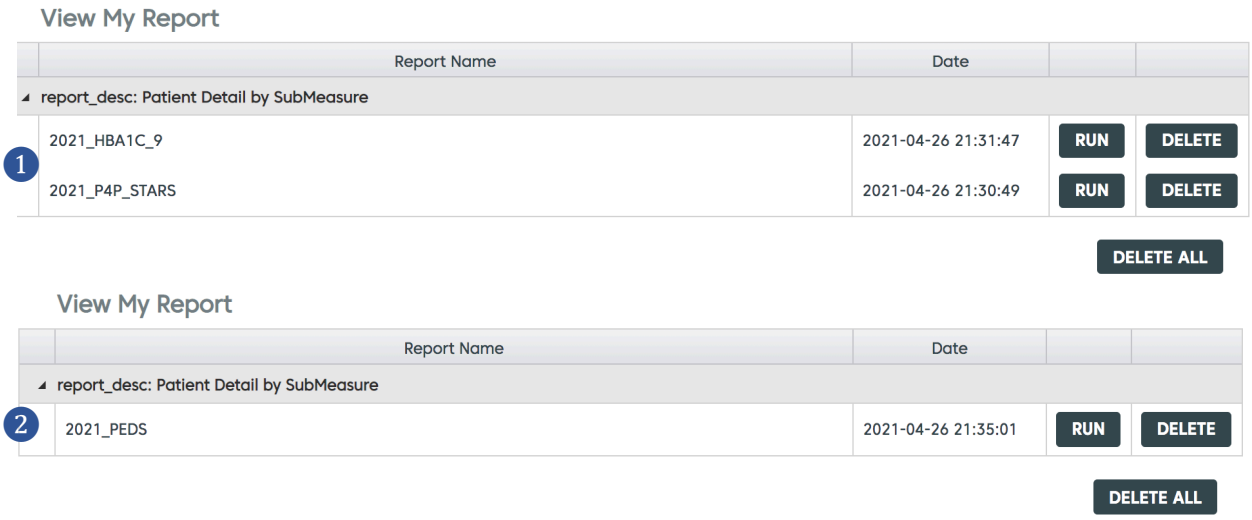
Your Rate is calculated as follows:

Events Done (compliant patients) ÷ **Events Total** (eligible patients) = **Your Rate** (measure score)

EVENTS DONE		EVENTS TOTAL		YOUR RATE
51	÷	66	=	Colorectal Cancer Screening 77.27%

Care Gap Report Sample

Care Gap Report Names:



1 **Family Practice/Internal Medicine will have two reports:**

1) 2021_P4P_STARS
2) 2021_HBA1C_9

2 **Pedicatrics will have one report:**

1) 2021_PEDS

Care Gap Sample Report:

Patient Detail by Submeasure

Patient	Health Plan	Health Plan ID	Gender	DOB	Phone Number	Last PCP Visit	Measure ❶	SubMeasure ❶	Compliant ❷	Event Due Date ❸	Last Event Date ❹	Value ❺	Currently Eligible ❻
PCP: Adams, Kathleen MD (NPI: 9984625428) Provider Group: Bright Medical Group - Full Risk Cont													
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Chlamydia Screening 2019	Total (16 to 24)	N	2020-12-31			Y
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	Blood Pressure < 140/90	N	2020-12-31			Y
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	HbA1c < 8	N	2020-12-31			Y
TRUITT, NOMA	Commercial Bronze	21 602902999	Female	1998-10-06	555 555 1212	2020-04-18	IHA P4P Chlamydia Screening 2019	Total (16 to 24)	N	2020-12-31			Y
BRAUN, DANIELA	Commercial Gold	10132897298	Female	2000-06-22	555 555 1212	2020-05-02	IHA P4P Chlamydia Screening 2019	Total (16 to 24)	N	2020-12-31			Y
CASKEY,	Commercial	00113931598	Female	2002-04-28	555	2020-01-09	IHA P4P	Total (16 to	N	2020-12-31			Y

❶ These columns list the various measures and submeasures.
❷ Indicates if patient is compliant for the measure: Y=Yes, N=No.
❸ Indicates measure due date.
❹ The last medical event that occurred for the patient.
❺ The value of the pervious medical event.
❻ Currently eligible reflects the patient's health plan eligibility: Y=Yes, N=No.

Auditing Entries

Data Entry:
In order to ensure the quality and accuracy of data being reported on the physician scorecard, as well as to the health plans, all entries made into Risk Manager data entry portal are subject to audit on a monthly basis by the Quality Department.

When your site is selected for audit:
1. You will be contacted by the Quality staff to inform you of the audit.
2. You will be required to provide the specific supporting patient documentation to validate the Risk Manager entry.
3. All requested information will have a specific due date.

All Risk Manager entries must be substantiated by proof of service documentation from the legal health record. Accepted proof of service documentation:
- A copy of the clinic report must be in the patient's chart (i.e. a mammogram result)
- All evidence that tests or services were performed, not just ordered.
- All dates of service for tests and services must be entered as the **RESULT** date.
- A copy of the information must be in the patient's chart from the servicing providers or PCP (i.e. a consult scanned into the chart)

If your entries fail an audit:
- Entries will be deleted from Risk Manager.
- No further Risk Manager entries can be made until corrective action is completed.
- Staff may be required to attend a refresher training session as part of a corrective action.

Audit Impact:
- Any measure which fails the audit will be removed/deleted from Risk Manager
- Provider will lose credit for measure on scorecard until entry is corrected.
- Clinic staff will need to re-enter information with correct data.
- Provider will remain on audit *watch list* and will be re-audited the following month.

Exclusions:
In order to ensure the quality and accuracy of data being reported on the physician scorecard all Exclusions are subject to validation. Exclusions should be used for patients identified as having evidence of certain procedures or diagnoses. Only valid exclusions should be manually entered. (See page 18 for Exclusion Guidelines.)
The following situations do not qualify as valid exclusions, per program guidelines:
1. Patients who refuse services
2. Patient assignment - *Not our patient*
3. Referral sent
4. Other

All Exclusions will be reviewed by the Quality Department for final approval in accordance with regulatory program guidelines. Any exclusions that do not meet program guidelines will be deleted and you will be notified.

Frequently Asked Questions

Risk Manager Data Entry Portal

Q. How do I access the Risk Manager website to make manual entries?
A. http://riskmanageranalytics.changehealthcare.com/

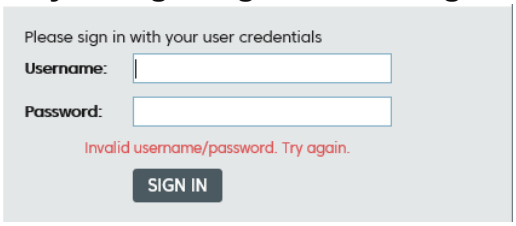
Q. How do I get a Risk Manager account?
A. Contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2.

Q. How do I and/or my staff receive Risk Manager training?
A. Contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2.

Q. Why am I getting the following error?

A. This means that no one has logged into the account within the pervious 30 days. To correct this issue contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2.

Q. Why am I getting the following error?



A. This means that either the entered User Name and/or Password is incorrect. To reset the password contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2.

Care Gap Reports

Q. How do I run a care gap report(s)?

A. Log into Risk Manager and go to **My Reports** → **View my reports**. Report options will be listed. Select the proper report name and select **Run**. (See page 9 for detailed instructions.)

Q. How do I print my care gap report(s)?

A. Once you run your report, select the format icon and select **View in PDF format**. Once the PDF document is generated then select the print icon. (See page 9 for detailed instructions.)

Q. What if there are no reports under the My Reports tab?

A. Contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2.

Q. Why am I seeing two reports under the My Reports tab?

A. The report **2021_P4P_STARS** contains all P4P/STARS measures with the exception of HbA1c > 9. This is because HbA1c > 9 is an inverse measure,therefore you will need to run this report seperately. The report **2021_HBA1C_9** will contain all your patients that either do not have a value entered in Risk Manager or their HbA1c is greater than 9.0.

Q. Why am I not seeing a change in my care gap report after making manual entries?

A. Entries will not drop off your report immediately. Risk Manager refreshes once a month, typically by the first calendar day. All enteries made before the 14th calendar day will be included in the refresh. All entries made after the 14th calendar day will be processed in the following month's refresh cycle.

Q. Why does the care gap report include patients that have never been seen in our office?

A. Patients that are assigned to you, by the health plan, will appear on your list whether or not the patient has been seen in your office. It is reccommended to reach out to the patient to either ask them to make an appointment to establish care or to contact their health plan to be assigned to a new PCP. Until this is done patients will continue to appear on your care gap report .

Q. How do I remove a patient from my care gap report that has been dismissed from our practice?

A. Patients will remain assigned to a PCP until the patient contacts their health plan to be reassigned to a different PCP.

Q. What if a patient is on the care gap report with the wrong gender?

A. Contact Santé Quality department by email at Quality@santehealth.net or call 559-228-4499, Option 2 to verify the health plan's data.

Q. What if a patient is deceased and listed on the care gap report?

A. Log into Risk Manager and enter an Exclusion to remove the patient from the care gap list. (See page 14 for detailed instructions.) Your entry will be subject to audit to ensure data accuracy.

Q. What do I do if a patient has an incorrect diagnosis on my care gap report?

A. Enter the Exclusion for the specified measure by going to QIM and selecting the measure you need to exclude the patient from. Your entry will be subject to audit.

Q. Why do I need to add a value for a HBA1c that is already in Risk Manager?

A. All testing done through a point of care or outside of Quest require a manual entry in order to capture the data

Q. When looking up a patient, why do I get "No Data Found! Please refine your search criteria" in Risk Manager for a patient on my Care Gap report?

A. Due to the lag period between data refreshes, any patient changes, such as PCP reassignment or eligibility status may remove the patient from your Risk Manager population after the monthly data refresh.

Q. Why doesn't a patient have a measure drop down?

A. The patient may not have a drop-down option if they are no longer eligible for that measure population.

Resources

Santé Quality Management
- E-mail: quality@santehealth.net
- Phone: 559-228-4499, Option 2

Website Provider Portal:
https://www.santehealth.net/Physicians.Asp

Quality tab on the Santé intranet (applies to Foundation providers only)

Risk Manager:

CHANGE HEALTHCARE | RISK MANAGER

http://riskmanageranalytics.changehealthcare.com/

IHA Manual:

Integrated Healthcare ASSOCIATION

https://www.iha.org/performance-measurement/amp-program/amp-participant-resources/

SANTÉ PHYSICIANS

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