

2023

D-SNP MODEL OF CARE

Incentive Program



IE  **HP**

DualChoice

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PROGRAM OVERVIEW

This program guide provides an overview of the 2023 Dual Eligible Special Needs Plan (D-SNP) Model of Care Incentive Program for Independent Physician Associations (IPAs). The 2023 D-SNP Model of Care Incentive Program has been created to reward IPAs who provide high-quality care to IEHP's D-SNP Members.

If you would like more information about IEHP's 2023 D-SNP Model of Care Incentive Program, email the Quality Team at QualityPrograms@iehp.org or call the IEHP Provider Relations Team at (909) 890-2054.

✓ Eligibility and Participation

Eligibility

To be eligible for incentive payments in the 2023 D-SNP Model of Care Incentive Program, IPAs must meet the following criteria:

- IPA must have a Medicare D-SNP contract with IEHP.
- IPA must be in good standing with IEHP.
- IPA must actively participate in a Chronic Care Improvement Program (CCIP) Activity.
 - IPAs must comply with all Chronic Care Improvement Program reporting deliverables.
 - **IPAs who fail to submit the CCIP Activity timely will not be eligible for the 2023 D-SNP Model of Care Incentive Program dollars.**

✓ Minimum Data Requirements

Encounter Data and Submission Logs

IPA care management logs, outreach logs and transition of care logs will be used to assess the IPA's performance in the 2023 D-SNP Model of Care Incentive Program measure. Data reported by the IPA to IEHP will be used to determine measure compliance in the 2023 D-SNP Model of Care Incentive Program. Specifically, care management logs, outreach logs, transition of care logs, and encounter data will be used as data sources to determine measure compliance. Timely and accurate submissions of each of these data sources are critical for participation in this incentive program. Please reference the Measures Overview section of this guide for measure details and the specific data sources used for each measure.



Program Terms and Conditions

- **Good Standing:** An IPA currently contracted with the Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against the Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in the Plan's sole determination, to continue to work together with the Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, the Plan may determine that an IPA is not in good standing based on relevant quality, payment or other business concerns.
- Participation in IEHP's D-SNP Model of Care Incentive Program and acceptance of incentive payments do not modify or supersede any terms or conditions of any agreement between IEHP and the IPAs, whether that agreement is entered into before or after the date of this communication.
- There is no guarantee that future funding for, or payment under, any IEHP IPA will be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP D-SNP Model of Care Incentive Program, participants agree to fully and forever release and discharge IEHP from all claims, demands, causes of action and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP D-SNP Model of Care Incentive Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP D-SNP Model of Care Incentive Program is final.
- As a condition of receiving payment under the IEHP D-SNP Model of Care Incentive Program, IPAs must be active and contracted with IEHP and have active assigned Members at the time of payment.

✓ Financial Overview

The annual budget for the 2023 D-SNP Model of Care Incentive Program is \$1.1 million. IPAs are eligible to receive financial rewards for meeting the performance metrics goals. Financial rewards will be distributed via a quarterly incentive payment.

2023 D-SNP MODEL OF CARE INCENTIVE PROGRAM – FINANCIAL ALLOCATION:		
Measures	Quarterly Dollars Per Measure	Annual Budget
Chronic Care Improvement Program (CCIP)*	\$55,000 (semi-annual payment)	\$110,000
Care Management Log Submission Timeliness	\$27,500	\$110,000
Care Management Data Validation	\$27,500	\$110,000
Outreach Log Submission Timeliness	\$27,500	\$110,000
Outreach Data Validation	\$27,500	\$110,000
Transitions of Care (TOC) Log Submission Timeliness	\$27,500	\$110,000
Transitions of Care (TOC) Data Validation	\$27,500	\$110,000
Individualized Care Plan (ICP) Completion Rate	\$27,500	\$110,000
Interdisciplinary Care Team (ICT) Completion Rate	\$27,500	\$110,000
Face-to-Face Visit Completion Rate	\$110,000 (annually)	\$110,000
Annual Budget		\$ 1,100,000

**Program requirement to be considered for incentive payment. If IPA does not meet this requirement, the IPA will not be eligible for any other incentive payments in the program, even if metric goals are met.*

Performance Measures

The 2023 D-SNP Model of Care Incentive Program includes 10 measures listed below. All measures are assessed using the schedule outlined in the IEHP 2023 D-SNP Model of Care Incentive Program payment schedule.

Measure List:

- Chronic Care Improvement Program (CCIP) Activity
- Care Management Log Submission Timeliness
- Care Management Data Validation
- Outreach Log Submission Timeliness
- Outreach Data Validation
- Transitions of Care (TOC) Log Submission Timeliness
- Transitions of Care (TOC) Data Validation
- Individualized Care Plan (ICP) Completion Rate
- Interdisciplinary Care Team (ICT) Completion Rate
- Face-to-Face Visit Completion Rate

✓ Payment Methodology

Payments will be awarded to IPAs based on individual performance in reaching established goals set for each measure in the program.

IEHP will use the following methodology to determine the quarterly pool of dollars available for earning:

Step 1: Determine the percentage of total IEHP D-SNP Membership assignment per IPA:

Total IPA IEHP D-SNP Membership

Total IEHP D-SNP Membership (per quarter) * *

***IEHP Direct D-SNP Membership will be excluded.*

Step 2: Determine the amount of incentive dollars available per IPA.

**Percentage
of Total IPA
IEHP D-SNP
Membership***



**Total Quarterly
incentive dollars**



**Total Stars
incentive dollars
available per
IPA per quarter**

**The percentage of total IPA IEHP D-SNP Membership will be the average Membership per quarter.*

IPA Payment Example:

Step 1:

600 (Total IPA IEHP D-SNP Membership)

11,000 (Total IEHP D-SNP Membership [per quarter])



5.45% of
IEHP Medicare
Membership

Step 2:

\$275,000
(Total quarterly
incentive dollars)



5.45%
(Percentage of
total IPA IEHP
D-SNP Membership)



**Quarterly Incentive
Dollars Available
for IPA = \$14,987**



Incentive Program Reporting Timeline

2023 D-SNP MODEL OF CARE INCENTIVE PROGRAM – REPORTING TIMELINE:		
Measure Name	Measurement Period	Data Due By
Chronic Care Improvement Program Activity (CCIP)*	Jan. – Feb 2023 (QI plan) March – Aug. 2023 (progress update)	March 15, 2023 Sept. 15, 2023
Care Management Log Submission Timeliness	Monthly January 2023 February 2023 March 2023 April 2023 May 2023 June 2023 July 2023 August 2023 September 2023 October 2023 November 2023 December 2023	Feb. 15, 2023
Care Management Data Validation		Mar. 15, 2023
Outreach Log Submission Timeliness		Apr. 15, 2023
Outreach Data Validation		May 15, 2023
Transitions of Care (TOC) Log Submission Timeliness		Jun. 15, 2023
Transitions of Care (TOC) Data Validation		Jul. 15, 2023
Individualized Care Plan (ICP) Completion Rate		Aug. 15, 2023
Interdisciplinary Care Team (ICT) Completion Rate		Sept. 15, 2023
Face-to-Face Visit Completion Rate		Oct. 15, 2023
Face-to-Face Visit Completion Rate		Nov. 15, 2023
Face-to-Face Visit Completion Rate	Dec. 15, 2023	
Face-to-Face Visit Completion Rate	Jan. – Dec.	Jan. 15, 2024
Face-to-Face Visit Completion Rate	Jan. – Dec.	March 1, 2024

**IPAs are expected to continue the assessment and analysis of the CCIP activities conducted in the 2023 performance year through December 2023. This assessment will be due March 15, 2024 (the following performance year).*

Reporting Timeline

The quality incentive payment structure is a lump sum quarterly payment based on IPA performance on program metrics.

2023 IEHP D-SNP MODEL OF CARE INCENTIVE PROGRAM – PAYMENT SCHEDULE:			
Measure Name	Source	Performance Period	Payment Period
Chronic Care Improvement Program Activity	QI Template	Jan. – Feb 2023 March – Aug. 2023	July 2023 Jan 2024
Care Management, Outreach and Transition of Care Logs (six measures)	IPA Logs	Jan. – March 2023 April – June 2023 July – Sept. 2023 Oct. – Dec. 2023	July 2023 Oct. 2023 Jan. 2024 April 2024
ICP Completion Rate	IPA CM Logs	Jan. – March 2023 April – June 2023 July – Sept. 2023 Oct. – Dec. 2023	July 2023 Oct. 2023 Jan. 2024 April 2024
ICT Completion Rate	IPA CM Logs	Jan. – March 2023 April – June 2023 July – Sept. 2023 Oct. – Dec. 2023	July 2023 Oct. 2023 Jan. 2024 April 2024
Face-to-Face Visit Completion Rate	Encounters & IPA Outreach Log	Jan. – Dec. 2023	April 2024

Getting Help

Any questions related to this program can be sent to the IEHP Provider Relations Team at (909) 890-2054 or IEHP’s Quality Department at QualityPrograms@iehp.org.

Performance Goals

IPAs are evaluated quarterly on their performance in the incentive measures listed below. Each measure is calculated following the measure specifications found in the 2023 D-SNP Model of Care Incentive Program measures overview. Below is a chart of the D-SNP Model of Care Program measures and their performance goals. For measures that have two-tier performance goals, 50 percent of the available measure dollars are rewarded for reaching Tier 1 level performance and 100 percent of the available measure dollars are rewarded for Tier 2 level performance, unless otherwise specified. For measures that have only one performance goal, 100 percent of the available measure dollars are rewarded for meeting the goal rate.

2023 D-SNP MODEL OF CARE INCENTIVE PROGRAM GOALS:	
Measure Name	Goal
Chronic Care Improvement Program (CCIP) Activity	<ul style="list-style-type: none"> • QI Plan due to IEHP by March 15, 2023 • Progress update due to IEHP by September 15, 2023
Care Management Log Submission Timeliness	100% timeliness on care management log submissions.
Care Management Data Validation	Tier 1: Greater than or equal to 90% data accuracy Tier 2: 100% data accuracy
Outreach Log Submission Timeliness	100% timeliness on outreach log submissions.
Outreach Data Validation	Tier 1: Greater than or equal to 90% data accuracy Tier 2: 100% data accuracy
Transitions of Care (TOC) Log Submission Timeliness	100% timeliness on transitions of care log submissions.
Transitions of Care (TOC) Data Validation	Tier 1: Greater than or equal to 90% data accuracy Tier 2: 100% data accuracy
Individualized Care Plans (ICP) Completion Rate	Tier 1: 80% - 84.9% Tier 2: Greater than or equal to 85%
Interdisciplinary Care Team (ICT) Completion Rate	Tier 1: 80% - 84.9% Tier 2: Greater than or equal to 85%
Face-to-Face Visit Completion Rate	Tier 1: 80% - 84.9% Tier 2: Greater than or equal to 85%



2023 D-SNP MODEL OF CARE INCENTIVE PROGRAM MEASURES OVERVIEW

Chronic Care Improvement Program (CCIP) Activity

Methodology: IEHP-Defined Measure

Measure Description: In support of the IEHP's D-SNP Model of Care, IEHP requires its delegates to participate in a three-year Chronic Care Improvement Program (CCIP) focused on improving the health of IEHP's most vulnerable Members. This program intends to improve Member's health outcomes within the specified focus areas of diabetes management and cardiovascular conditions.

IPAs will be measured on the completeness of all required fields within the Chronic Care Improvement Program Planning & Reporting Document and timeliness of submissions based on established due dates as outlined in the Incentive Program Reporting Timeline on page 6.

Goal: IPA engagement in quality improvement work focused on improving health outcomes for Members diagnosed with diabetes or cardiovascular conditions.

1. Develop a CCIP to improve health outcomes, including the program aim, identified focus population, and intervention strategy.
 - Establish program overview and cycle 1 plan, in agreed upon format, and report both to IEHP by 3/15/2023.
2. Provide progress updates to IEHP with a summary of the status, barriers and mitigation plans.
 - Share progress updates with IEHP in agreed upon format by 9/15/2023

Care Management Log Submission Timeliness

Methodology: IEHP-Defined Measure

Measure Description: IPA care management logs submitted monthly to IEHP by the established deliverable date.

Denominator: Total number of expected Medicare IPA care management logs due to IEHP in the measurement period.

Numerator: Number of Medicare IPA care management logs submitted by the due date.

Care Management Log Data Validation

Methodology: IEHP-Defined Measure

Measure Description: IPA care management logs will undergo data validation for a sample of records selected directly from the log. IEHP will conduct a series of data completeness and accuracy checks on all IPA care management log submissions by comparing the log contents to the IPA's care management system to validate the accuracy of IPA data reported on the log.

- Sample review elements:
 1. All D-SNP Members assigned to IPA should be represented at least once in the measurement period (i.e., each quarter) in the IPA log.
 2. All columns are populated with valid values following IEHP's formatting instructions.
 3. Dates provided in the log match dates in the IPA's system.
 4. Members with a contact date have documentation demonstrating successful contact with the Member or their authorized representative.
 5. Members with care plan development for any Member with a reported ICP.

Denominator: Total number of record elements under review for the targeted sample.

Numerator: The number of validated (accurate) data elements from the targeted sample, as determined by primary source, or logic review.

Outreach Log Submission Timeliness

Methodology: IEHP-Defined Measure

Measure Description: IPA outreach log is submitted monthly to IEHP by the 15th of the following month as required by IEHP's Provider policy.

Denominator: Total number of expected Medicare IPA outreach logs due to IEHP in the measurement period.

Numerator: Number of Medicare IPA outreach logs submitted by the due date.

Outreach Log Data Validation

Methodology: IEHP-Defined Measure

Measure Description: IPA outreach logs will undergo data validation of a sample of records directly from the log. IEHP will conduct a series of data completeness and accuracy checks on all IPA outreach log submissions by comparing the log contents to the IPA's care management system to validate the accuracy of IPA data.

- Sample review elements:
 1. All D-SNP Members assigned to the IPA should be represented at least once in the measurement period (i.e., each quarter) in the IPA log.
 2. All columns are populated with valid values following IEHP's formatting instructions.
 3. Dates provided in the log match dates in the IPA's system.
 4. Records with a successful contact show documentation demonstrating successful contact with the Member or their authorized representative.

Denominator: Total number of record elements under review for the targeted sample.

Numerator: The number of validated (accurate) data elements from the targeted sample, as determined by primary source, or logic review.

Transitions of Care (TOC) Log Submission Timeliness

Methodology: IEHP-Defined Measure

Measure Description: IPA care transition logs are submitted monthly to IEHP by the 15th of the following month as required by IEHP's Provider policy.

Denominator: Total number of expected Medicare IPA care transition logs due to IEHP in the measurement period.

Numerator: Number of Medicare IPA care transition logs submitted by the due date.

Transitions of Care (TOC) Data Validation

Methodology: IEHP-Defined Measure

Measure Description: IPA care transition logs will undergo data validation of a sample of records directly from the log. IEHP will compare the log contents to the IPA's care management system to validate the accuracy of IPA data.

- Sample review elements:
 1. All D-SNP Members discharged from an inpatient setting within the measurement period.
 2. All columns are populated with valid values following IEHP's formatting instructions.
 3. Dates provided in the log match dates in the IPA's system.

Denominator: Total number of record elements under review for the targeted sample.

Numerator: The number of validated (accurate) data elements from the targeted sample, as determined by primary source, or logic review.

Individualized Care Plan (ICP) Completion Rate

Methodology: IEHP-Defined Measure

Measure Description: The percentage of D-SNP Members with a completed ICP within 90 days of enrollment.

- Members who have had a break in coverage and return to the Plan are considered newly enrolled.

Denominator: All newly assigned IPA Members assigned to the IPA for at least 90 days.

Numerator: Members with a care plan documented within 90 days of enrollment.

Interdisciplinary Care Team (ICT) Completion Rate

Methodology: IEHP-Defined Measure

Measure Description: The percentage of D-SNP Members with an established ICT after 90 days of enrollment.

- Members who have had a break in coverage and return to the Plan are considered newly enrolled.

Denominator: All newly assigned IPA Members assigned to the IPA for at least 90 days.

Numerator: For Members in the denominator, total count of Members with an ICT defined and linked to Member within 90 days of enrollment.

Face-to-Face Visit Completion Rate

Methodology: IEHP-Defined Measure

Measure Description: The percentage of D-SNP Members with a completed qualifying face-to-face visit with a Member of their care team at least once within a calendar year. The visit must be documented within a claim/encounter or as an “in-person” visit on the IPA outreach log.

Denominator: All Members assigned to the IPA for at least six months during the measurement period (annual).

Numerator: Members who have a qualifying face-to-face visit during the calendar year.



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PROVIDER RELATIONS TEAM

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