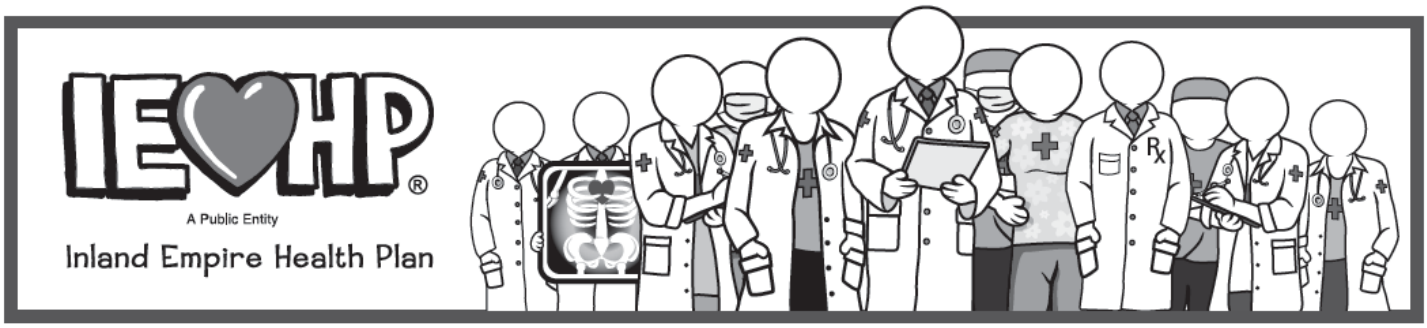

To: All IPAs

From: IEHP – Provider Relations

Date: October 5, 2022

Subject: **FAQs Regarding Changes to Quarterly Workplan Requirements**

Inland Empire Health Plan (IEHP) received several questions from our IPAs following the announcement of the utilization measures we will begin monitoring. To provide clear and helpful direction, the Plan has included the following attachments to address frequently asked questions:

ATTACHMENTS:

- Q&A – Delegate Monitoring of Utilization Measures
- Under Utilization Metric Reference Page

Additionally, IEHP would like to issue a **CORRECTION** to the description of previously shared measures. As noted in the updated table below, the methodology used to monitor Colon Cancer Screenings/Colonoscopies is NOT HEDIS-based. Please review the Q&A attachment for details.

Lastly, IEHP has updated the name of the measures for clarity.

Utilization Measure	Medi-Cal Util. Target	Medicare Util. Target	Target Criteria
Comprehensive Diabetes Care-HbA1C Testing	82.97%	92.46%	Targets adopted to align with 50% percentile of HEDIS Medi-Cal and Medicare targets
Comprehensive Diabetes Care-Eye Exam	51.36%	69.34%	
Breast Cancer Screening	53.93%	70.34%	
Congestive Heart Failure with decreased ejection fraction	35.00%	35.00%	Target selected based on average IEHP delegate utilization levels
Use of Colonoscopy for Colorectal Cancer Screenings	50%	50%	Targets selected based on Colorectal Cancer Screening - Cancer Trends Progress Report. See Q&A Question 5.
Psychiatry visits for patients with Schizophrenia (CMC line of business only)	Plan only benefit	70%	Target selected based on average IEHP delegate utilization levels

If you have any additional questions, please contact Juan Ortega, Director of Delegation Oversight at Ortega-J2@iehp.org.

FAQs For Delegate Monitoring of Utilization Measures

October 5, 2022

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1. **Question: Behavioral Health services for Cal MediConnect are IEHP's responsibility. What does IEHP expect of IPAs for the Measure, "Schizophrenia (IEHP Direct)?"**

   Response: IEHP expects its delegated IPAs to identify any coordination of care needs and monitor for BH referrals through its care coordination and case management activities, including the referral of Members diagnosed with Schizophrenia, to a psychiatrist when the need is identified. To ensure that a Member's Behavioral Health care coordination needs are met, IEHP coordinates requests for Behavioral Health services for its Cal MediConnect (CMC) Members. The IEHP Behavioral Health and Care Management (BH & CM) Department can assist in the referral process. Members may be directed to the IEHP BH & CM Department through the following avenues:

   IEHP BH & CM Department Contact Information:
   Monday-Friday 8:00am-5:00pm
   Provider Relations Team: (909) 890-2054
   Member Line: (877) 273-4347
   24 Hour Fax: (909) 890-5763

   Please refer to the *IEHP Provider Policy and Procedure Manual – Medicare DualChoice – Chapter 14.D.1.* for additional information.

2. **Question: What methodology is IEHP using to calculate the volume of the Utilization measures (numerator and denominator for each measure)?**

   Response: The eligible population included in this report is *all active Members for the current month* who are assigned to the respective Independent Physician Association. Each metric, however, may consist of a subset of this active Member population, based on demographic requirements, e.g., gender or age range, pertinent to each respective clinical metric.

   Each measure has specific numerator and denominator based on the measure's target criteria. For example, Comprehensive Diabetes Care-HbA1C Testing, Comprehensive Diabetes Care – Eye Exam, and Breast Cancer Screening measures are aligned with HEDIS methodology, while the methodology for Use of Colonoscopy for Colorectal Cancer Screenings was developed to identify the population utilizing colonoscopies to carry out colorectal cancer screenings (other screening types are still accepted). Please refer to Question 4 for details regarding methodology for Use of Colonoscopy for Colorectal Cancer Screenings.

   Most metrics have a one (1) year look-back period, except for colon cancer screenings, which has a five (5) year look-back, since this type of screening is recommended only once every ten (10) years. Please see underutilization metric reference page attached to the end of this document for detailed descriptions of the numerator and denominator of each measure.

3. **Question: How is the look-back period determined for measure *Comprehensive Diabetes Care – Eye Exam*? How is this reflected in the monthly report? For example, for the measures in which an annual screening is typically recommended, will the report reflect the screening as past due on the 13th month?**

   Response: Due to the allowable billing timeframe of administrative claims, there is a four (4)-month claim-lag before data for a specific time-period is considered complete. IEHP takes this into account when pulling the monthly IPA utilization reports. This report is based on the most recent 12-month period with complete claims. For example, the report provided on September 15th will reflect data from May 2021 – May 2022 to ensure reporting is based on complete claims. The only exception to this methodology is the *Use of Colonoscopy for Colorectal Cancer Screenings* metric, which pulls the last five (5) years of administrative claims.

FAQs For Delegate Monitoring of Utilization Measures, continued

Response 3 Continued: For annual measures, the plan expects to see progress toward the goal throughout the year, to make sure the goal will be met for the calendar year. For example, in the case of a Comprehensive Diabetes Care – Eye Exam (via ophthalmology or optometry services as appropriate), the Member would still have their annual visit at their normally scheduled time and would be reflected in the report once IEHP received the data. IEHP expects IPAs to identify overall gaps in care for this measure and put interventions in place to help meet the measure's utilization target. For example, if a Member was due for an exam in January, but there is no record of the service being rendered, then we would expect that the IPA find ways to assist the Member in closing that care gap before the end of the year.

4. **Question: The recommended screening frequency for colorectal cancer is once every ten (10) years. If the Member was new to IEHP or the group and had a colonoscopy several years ago without any positive findings, there is no reason for the Member to have another screening sooner than 10 years. How does the report reflect this situation?**

   Response: IEHP understands the difficulty in monitoring the utilization of a health screening that is typically conducted once every ten (10) years. Therefore, rather than monitoring the total/timely utilization of colon cancer screenings, IEHP is only monitoring the use of colonoscopies among those Members who were screened for colon cancer. In other words, the numerator = Members who had a colonoscopy/flex sig, the denominator = Members who were screened for colon cancer (all types of screening procedures). Therefore, we are measuring the method of screening that is being used. Additionally, the report looks at the last five (5) years of administrative claims for this measure, instead of annually.

5. **Question: Colorectal cancer screenings are not limited to colonoscopies only. If other tests, such as a Fecal Occult Blood Test (FOBT) is considered an acceptable screening, why does IEHP only use colonoscopies as a means for having met the measure?**

   Response: IEHP understands that colonoscopies are only one of various types of acceptable procedures to carry out colorectal cancer screenings. However, given the challenges with measuring the use of a screening conducted once every 10 years, we chose to review colonoscopies as the utilization method.

   The Colorectal Cancer Screening - Cancer Trends Progress Report (national report) identifies the average use of colonoscopies for colon cancer screenings is roughly 60%, compared to other types of tests (data as of April 2022). Based on this progress report, IEHP selected 50% to be the utilization's target. We would like to stress that we are **not** asking delegates to carry out unnecessary colonoscopies, as we trust our delegates to determine the best method of screening for colon cancer.

6. **Question: Could you please send us the patient details on these reports?**

   Response: For any IEHP defined measure, results are collected from claims data submitted by you, the delegate. IEHP data will not include patient level details. Rather, we recommend that you refer to your historical encounter data to reconcile against your own records.

   For HEDIS Measures, please refer to the IEHP provider portal for rosters pertaining to each measure.

7. **Question: For the measures that cross over into the GQ P4P program, how is IEHP identifying the eligible population? The population reported by IEHP on the Underutilization Report does not match the eligible population identified in the GQ P4P Reports.**

   Response: After some review, we found an opportunity to better align the HEDIS underutilization reports with GQ P4P, so the difference in populations should be minimal beginning September 2022. Any difference in population is small and usually due to timing and eligibility changes related to IPA assignment.

FAQs For Delegate Monitoring of Utilization Measures, continued

8. **Question: How is IEHP capturing utilization for the Congestive Heart Failure measure (via lab, echo, cardio eval, etc.)?**

   Response: Please see the Underutilization Metric reference page attached, for detailed descriptions of the numerator and denominator of each measure.

9. **Question: As the measures and reports involve participation from both our UM and Quality teams, can IEHP please confirm whether our responses are meant to incorporate both the UM and Quality perspective in order to provide an informed response?**

   Response: We expect this to impact both your UM and Quality teams, so you should work together to collaborate on your response.

Underutilization Metric Reference Page

Metric	Numerator	Denominator
Comprehensive Diabetes Care-HbA1C Testing (HEDIS measure)	Members who had an HbA1c test within the measurement year	Members between the ages of 18-75 who have diabetes.
Comprehensive Diabetes Care-Eye Exam (HEDIS measure)	Screening for diabetic retinal disease as identified by health plan data. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year. • A negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in the year prior to the measurement year. • Bilateral eye enucleation any time during the Member's history through December 31 of the measurement year.	Members between the ages of 18-75 who have diabetes.
Breast Cancer Screening (HEDIS measure)	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer on or between October 1, two years prior to the measurement year (2020) and December 31 of the measurement year (2022).	The eligible population in the measure meets all the following criteria: 1. Women 52-74 years as of December 31 of the measurement year (2022). 2. Continuous enrollment with IEHP from October 1 two years prior to the measurement year (2020) through December 31 of the measurement year (2022), with no more than one gap in enrollment of up to 45 days, for each calendar year of continuous enrollment with IEHP. No gaps in enrollment are allowed from October 1, two years prior to the measurement year (2020), through December

		31 two years prior to the measurement year (2020).
Congestive Heart Failure with decreased ejection fraction (IEHP-Defined measure)	Members from the denominator who had a visit with an electrophysiologist in the past 12 months.	Unique count of Members assigned to the IPA who had at least 1 encounter with a diagnosis of congestive heart failure, with decreased ejection fraction, in the last 12 months. Diagnoses used to identify congestive heart failure include: • I50.22 Chronic systolic (congestive) heart failure • I50.23 Acute on chronic systolic (congestive) heart failure • I50.32 Chronic diastolic (congestive) heart failure • I50.33 Acute on chronic diastolic (congestive) heart failure
Psychiatry visits for patients with Schizophrenia (only for CMC line of business only) (IEHP-Defined measure)	Number of Members diagnosed with Schizophrenia who had a visit with a psychiatrist within the last 12 months.	Number of unique Members diagnosed with Schizophrenia in the last 2 years.
Use of Colorectal for Colon Cancer Screening (IEHP-Defined measure)	Unique number of Members who had a colonoscopy/flex sig.	Number of unique Members who were screened for colon cancer (all types of screening procedures) in the last 5 years.