



## Recommendation for Linking P4P Payment to Data Sharing

**Background:** Physician organizations (PO) have put a lot of effort and resources into collecting supplemental clinical data, i.e., lab results, services rendered outside the PO, historical services that would qualify for measure exclusions, etc. However, this data is not yet being shared consistently with the health plans in a way they can use it for their performance measurement activities. The lack of complete data at the health plan level has three basic results: (1) California health plans do not perform well compared to the nation in HEDIS, (2) plans spend unnecessary resources on doing chart audits to collect information for HEDIS measurement, and (3) purchasers can not get accurate data from plans and are becoming less supportive of the delegated, HMO product.

The P4P Payment Committee has been working over the last six months to develop a recommendation that would have broad stakeholder support and would incentivize the sharing of supplemental clinical data. The modified recommendation below is the result of their work, and encourages the bi-directional flow of data between POs and plans.

### Modified Recommendation:

- There will be two data sharing levels, as defined below.
- The payment potential differential between these two categories will be a two-fold difference in the first year (MY 2009), increasing to a three-fold difference starting in the second year.
- Health plans should continue to pay out their full budgeted amount; any money the plan “saves” due to lower payments to non-sharing POs should be redistributed to the POs that did share data.
- This payment differential will only apply if the plan is sharing with the PO the following data types outlined in the CAPG Code of Conduct: pharmacy, facility, and other paid claims (POS, OOA/OON) that are electronically available. Otherwise, all POs are eligible for the full payout amount.

### Data Sharing Definitions

**“Meets Target”** – qualifies for maximum payment potential

1. Share all P4P and HEDIS-related lab results and other supplemental clinical data electronically available
2. Share complete data for all members and lab providers (not just for Quest and LabCorp)
3. Provide data in agreed upon standard format
  - a. CALINX for lab results
  - b. Standard IHA/CCHRI format for other data
4. Transmit data quarterly (due dates to be determined by health plan work group)
5. Provide required documentation with the last file annually

**“Does Not Meet Target”** – qualifies for only 50% of maximum payment potential for MY 2009, and 33% of maximum payment for MY 2010 and beyond, for no or partial data sharing that does not meet above criteria

Notes:

- POs may choose to use any transmission route as long as they meet all the criteria
- POs are only held accountable for sharing the clinical information they have available electronically
- POs that don’t collect or store clinical information electronically can meet the criteria by requesting their lab provider to send results on their behalf
- For MY 2009, quarterly submissions will not be required to meet target. One file by the fourth quarter 2009 and a refresh file during first quarter 2010 will qualify.

Arbitration of Data Sharing Status

1. Health plans will determine whether each PO meets their data sharing requirements. Plan requirements can not exceed P4P requirement, but can be less stringent. This allows some plan flexibility and accounts for plans that are not yet able to receive data.
2. CAPG will determine whether plans are sharing the required data, as agreed by the P4P Steering Committee
3. Validation/preliminary reports distributed by NCQA will include data sharing status
4. Any disagreements on the reported status would be handled through the P4P appeals process

Example #1

Assumes plan is **not** sharing with POs the data types specified in CAPG Code of Conduct.

	<b>PO #1</b>	<b>PO #2</b>
Performance score	50%	50%
Data sharing status	Meets target	Does not meet target
MY 2009 payment	\$0.60 PMPM	\$0.60 PMPM
MY 2010 payment	\$0.60 PMPM	\$0.60 PMPM

Example #2

Assumes plan is sharing with POs the data types specified in CAPG Code of Conduct.

	<b>PO #1</b>	<b>PO #2</b>
Performance score	50%	50%
Data sharing status	Meets target	Does not meet target
MY 2009 payment	\$0.70 PMPM	\$0.30 PMPM
MY 2010 payment	\$0.75 PMPM	\$0.20 PMPM