

FORM APPROVED COUNTY COUNSEL
BY: Gregory P. Priamos DATE 3/2/15

Departmental Concurrence

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

808



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
March 3, 2015

SUBJECT: Approval of the Participation Agreement with the Inland Empire Foundation for Medical Care

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Chairman to execute the attached Agreement with the Inland Empire Foundation for Medical Care

BACKGROUND:
Summary

Beginning January 2015 Riverside County Regional Medical Center has been asked to participate in a Dual Eligible Pilot Project for the improvement of quality and performance measures. The project will provide tools to support Primary Care Physician (PCP) practices to track their health challenged patients and to improve population health and outcomes.


Zareh Sarrafian
Chief Executive Officer

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100% Inland Empire Health Plan

Budget Adjustment: NO

For Fiscal Year: 2014/2015

C.E.O. RECOMMENDATION:

APPROVE

BY: 
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

☐ A-30
☐ Positions Added
☐ 4/5 Vote
☐ Change Order

Prev. Agn. Ref.:

District: All

Agenda Number:

3-52

Impact on Residents and Businesses

This service impacts the patients residing in Riverside County receiving care from Riverside County Regional Medical Center (RCRMC) outpatient clinics and the community health clinics.

Contract History and Price Reasonableness

Inland Empire Health Plan (IEHP) has agreed to establish a PCP pool for participating in the Dual Eligible Pilot Project and the use of its tools. PCP providers are asked to review five areas of the tool that include chronic medical conditions, preventive and health maintenance activities, prescription information, patterns for referrals for specialty care, radiology services, hospital admissions, and messages from care coordination and support staff. As the PCP reviews and confirms this information the PCP will be awarded Quality Value Points which will provide Quality Value Payments based on meeting the requirements of the program. The maximum amount payable per year for each member is \$48.00. The care coordination model is structured to assist providers to improve the health care management of the Dual-Eligible enrollees with chronic care conditions.

**Agreement
To Participate in Pilot for Enhanced Payment
to Manage Dual Choice Members
in Inland Empire Health Plan**

This Agreement ("Agreement") is by and between the participating physician signing below ("Provider") and the Inland Empire Foundation for Medical Care (IEFMC), effective as of January 1, 2015 (the "Effective Date").

RECITALS

The parties understand and agree that IEFMC is partnering with Health in Evolution, Inc. ("HIE Inc.") to participate in an ACO-like pilot with Inland Empire Health Plan ("IEHP") to provide enhanced payments to physicians for managing the care of Dual Choice Members ("Pilot"). This pilot to be known as the CareScreen™ Dual Eligibles Project; and

The Provider has an agreement to provide medical services to IEHP patients and wishes to participate in the Pilot through IEFMC under the terms and conditions set forth below.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual promises contained herein, the Physician and IEFMC agree as follows.

1. Participation and Physician Requirements. The Physician agrees to participate in the IEHP Pilot ("Participating Provider"). The Participating Provider will be required to use the population management tool, CareScreen™, to manage the Dual Choice Members assigned to the Pilot. The Participating Physician agrees to work with any case managers assigned to the Pilot and to provide any necessary clinical information required by the Pilot.

2. Compensation. For participating in the IEHP Pilot, HIE, Inc. shall provide a payment to each Participating Provider for earned Quality Value Unit™ ("QVU™") points and any shared savings as set forth in sections 3.C and 4 below.

3. HIE, Inc. agrees to pay Participating Providers (through their associated tax identification number) for the Quality Value Unit™ compensation points each Participating Provider has earned monthly, no later than the 75th calendar day following the Participating Provider's enrollment in the Pilot, and then no later than the 15th day of each subsequent month. Payment shall be in arrears for the QVU™ points earned during the prior month as follows:

- a. How a QVU™ point is earned. QVU™ points are earned for CareScreen™ use associated with assigned Dual Choice Members

in the Pilot. Participating Providers that attest to completion of the specified care management and coordination activities within CareScreen™ will earn QVU™ points as follows:

1. Sign on to CareScreen™ and review suggestions during each visit: 1 QVU™ point
2. Review priority diagnoses based on Member history and CareScreen™ analytics: 1 to 12 QVU™ points
3. Review the quality/P4P/disease-registry/prevention section of CareScreen™: 1 QVU™ point
4. Review prescription history in CareScreen™: 1 QVU™ point
5. Review Member patterns for: hospitals, specialists, radiology in CareScreen™: 1 QVU™ point

b. How the QVU™ pool is calculated. Under the agreement between IEHP and HIE Inc., IEHP will pay HIE Inc. \$4 per Dual Choice Member per month to be paid to Participating Providers as payment for QVU™ points.

c. How the monthly QVU™ payment is calculated. HIE, Inc. will calculate the payment value of each QVU™ point for each prior month as follow:

- i. Each participating provider will be assigned an individual pool equating to \$4 per member per month or \$48 per member per year for each of their assigned Dual Choice members.
- ii. Upon completing the quality and performance measures, participating provider will be paid out of his/her pool for those QVU points earned up to a maximum of \$48. There is a total of 16 QVU™ points with a value of \$3 per QVU™ point.
- iii. After the close of the year-end, any remaining individual pool dollars will be merged into a single pool and the remaining funds will be allocated to participating providers based on the number of QVU™ points earned and overall performance throughout the year, divided by the remaining funds.
- iv. In this Pilot, Participating Providers continue to be paid the full fee schedule payments from IEHP as before, and will also receive the additional payment for QVU™ points if they comply with the requirements set forth above.

d. Audits. HIE, Inc. will perform random audits of Participating Providers' medical records to confirm the accuracy of their attestations as to CareScreen™ use. If HIE, Inc. determines that any CareScreen™ attestation was inaccurate, that Participating Provider's future QVU™ payment will be reduced to offset the amount that was paid in error. Repeated failure to make accurate

attestations as to CareScreen™ shall result in sanctions, up to and including termination from participation in the Pilot.

4. In the event that the Pilot generates shared savings, as calculated on an agreed upon model between HIE Inc. and IEHP, Participating Providers shall be paid a portion of such shared savings payment that HIE, Inc. receives from IEHP no later than ninety (90) days after HIE, Inc. receives that shared savings payment as additional QVU™ payments and shared saving, as follows:

- a. Additional QVU™ Payment. In the event there are shared savings paid by IEHP to HIE Inc., HIE Inc. will provide Participating Providers additional payment for QVU™ points on a pro rata basis, up to an additional \$4 per Dual Choice member per month as determined by IEFMC for the prior months in the preceding calendar year.
- b. Shared Savings Payment. In the event there are shared savings paid by IEHP to HIE Inc., HIE, Inc. will pay 30% of such shared savings to IEMFC and it Participating Providers, and IEMFC will distribute to each Participating Provider based on the percentage of the total QVUs that were earned during the year by each participating provider.

5. Provider shall render all medical care services to patients in accordance with the terms and conditions of Provider's Agreement for professional services with IEHP.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their respective duly authorized representatives as of the Effective Date set forth above.

Inland Empire Foundation for Medical Care

By:



Print Name: Dolores L. Green, MBA

Title: Chief Executive Officer

Date: October 15, 2014

Participating Provider

Riverside County Regional Medical Center

By:

Print Name:

Title: Chair, Board of Supervisors

Date:

FORM APPROVED COUNTY COUNSEL

BY:

NEAL R. KIPNIS

DATE