

Cumberland Pediatric Foundation's Quality Improvement Pilot Program Agreement

Purpose

As part of Cumberland Pediatric Foundation's ("CPF") non-profit mission to improve health care services for children, CPF is implementing a Quality Improvement Pilot Program ("QIP") to collect data on immunization rates among its members and encourage optimal vaccination rates as set forth by state and federal guidelines.



The purpose of this QIP agreement is to outline the roles and responsibilities of your practice and Cumberland Pediatric Foundation as participants in the QIP.

The QIP Program is available to all members of CPF currently in good standing during the pilot program. The program shall run from September 1, 2014 to August 31, 2015 (the "Reporting Period"). Payments shall be distributed no later than January 31, 2015, for enrolling and submitting baseline data. Payments to be made for achieving incentive benchmarks will be paid no later than January 31, 2016.

Practice Responsibilities:

1. Commitment to educating your patient community on immunizations as outlined in the Quality Measures identified in the CPF QIP.
2. Provide staff and patient education regarding the benefits of vaccinating at the recommended age, and implement call back processes and other work flow redesigns to ensure eligible patients return to practice for the age appropriate vaccines they need.
3. Identify a physician champion or lead staff member for your practice.
4. Provide the requested reporting documentation to assist in determining reporting levels indicated below (the "Baseline Data"):
 - a. Baseline measure performance for each Identified quality measure for your practice under the following timeline: July 1, 2012 through June 30, 2013
The practice is required to report by December 31, 2014.
 - Report the total number of active*patients both male and female who turn age 13 between July 1st 2012 and June 30th 2013.
 - Of the total number of active* patients' both male and female who turn age 13 between July 1st 2012 and June 30th 2013 report the number of patients that received their first HPV injection and Tdap injection.
 - Report the total number of active patients between July 1st 2012 and June 30th 2013. both male and female who turn the age 18 and received the meningococcal vaccine on or after their 16th birthday

*An active patient is defined as any patient that has had an office visit in the past 3 years and has not been terminated in the past 3 years.
5. Provide the reporting documentation during the Reporting Period using Electronic Health Record or Practice Management System generated data and supplemented information provided by each practice for each Quality measures specification, State level reporting from TWIS that applies to each Quality measures specification and VFC reporting for each Quality measures specification.
6. Provide signed attestation at the end of the Reporting Period that data submitted to CPF for consideration of payment under the program is accurate and complete
7. Complete an annual evaluation of CPF's Quality Improvement Pilot Program.
8. Individual physicians may opt out of reporting specific measures if they so choose, but CPF will only pay the fees below for measures supported by data submitted to CPF by physicians.

Cumberland Pediatric Foundation's Responsibilities

1. CPF to communicate with the practice leader to support and assist the practice through all phases of the Quality Improvement Pilot Program.
2. CPF to review and evaluate Reporting Documentation provided with practice lead.
3. CPF to pay a one-time QIP enrollment payment to the practice or directly to the physician (practice determines) within 30 days of CPF receiving this signed agreement AND upon successfully providing CPF with the Baseline Data for: July 1, 2012 through June 30, 2013 (the "Enrollment Payment").

The Enrollment Payment will be as follows:

- \$75.00 per QIP participating physician payable to physician or practice. Practice determines if payment will be made to practice or made directly to the physicians.
4. CPF to pay the associated fees for the corresponding reporting level that a physician reaches during the Reporting Period. The fees are intended to offset the cost associated with the added time investment by the practice and physician's to provide the requested data and documents, and to cover time spent on education of both staff and patients. Payments for reaching the Quality Measures are as follows:

Reporting Level One-

- \$50 per physician for achieving HPV Reporting Level One as set forth below
- \$50 per physician for achieving TdaP Reporting Level One as set forth below
- \$50 per physician for achieving Meningococcal Reporting Level One as set forth below

Reporting Level Two-

- \$100 per physician for achieving HPV Reporting Level Two as set forth below
- \$100 per physician for achieving TdaP Reporting Level Two as set forth below
- \$100 per physician for achieving Meningococcal Reporting Level Two as set forth below

Reporting Level Three-

\$450 per each physician that achieves Reporting Level Two for HPV, TdaP, and Meningococcal as set forth below:

- Maximum total payment a physician may achieve under the QIP is \$450 plus the one-time \$75 Enrollment Payment.

Physicians may only receive one payment for each vaccine category (HPV, TdaP, and Meningococcal). Payments may not be "stacked" within each vaccine category. For example, if a physician achieves Level Two Quality Measures for HPV, he or she will be paid \$100 (Level Two Quality Measure payment), not \$150 (Level One Quality Measure payment + Level Two Quality Measure payment).

2014 Quality Measures and Thresholds

The QIP includes the following quality measures for physicians and focuses on conditions and processes of care that have been identified as priority areas by CPF. The measures identified for this program were selected from those included for public reporting purposes in State and Federal Programs. The measures used in the QIP are focused on improving immunization rates where current reported levels fall below recommended benchmarks.

2014 HPV Quality Measures:

- **HPV Reporting Level One:** \$50 per physician
Documented 60% vaccination rate of first dose of HPV (first dose) who turned age 13 during the reporting period. This measure will include rates for all children, both male and female
HPV documentation will be reviewed for months September 1, 2014– August 31, 2015 for the initial evaluation and distribution will occur by January 2016.

- **HPV Reporting Level Two:** \$100 per physician
Documented 65% vaccination rate of first does HPV (first dose) who turned age 13 during the reporting period. This measure will include rates for all children, both male and female
HPV documentation will be reviewed for months September 1, 2014– August 31, 2015 for the initial evaluation and distribution will occur by January 2016.

2014 Quality Measure

- **TdaP Reporting Level One:** \$50 per physician
Documented 85% Tetanus-diphtheria-pertussis booster (TdaP) vaccination rate in all patients who turned age 13 during the reporting period. This measure will include rates for all children, both male and female.
TdaP documentation will be reviewed for months September 1, 2014– August 31, 2015 for the initial evaluation and distribution will occur by January 2016.
- **TdaP Reporting Level Two:** \$100 per physician
Documented 90% Tetanus-diphtheria-pertussis booster (TdaP) vaccination rate in all patients who turned age 13 during the reporting period. This measure will include rates for all children, both male and female.
TdaP documentation will be reviewed for months September 1, 2014– August 31, 2015 for the initial evaluation and distribution will occur by January 2016.

2014 Meningococcal Quality Measures:

- **Meningococcal Reporting Level One:** \$50 per physician
Documented 60% administration of Meningococcal to all active patients, male and female, who turned age 18 during the reporting period. (Any dose after age 16 counts as second dose)
Meningococcal documentation will be reviewed for months September 1, 2014– August 31, 2015 for the initial evaluation and distribution will occur by January 2016.
- **Meningococcal Reporting Level Two:** \$100 per physician
Documented 65% administration of Meningococcal to all active patients, male and female, who turned age 18 during the reporting period. (Any dose after age 16 counts as second dose)
Meningococcal documentation will be reviewed for months September 1, 2014– August 31, 2015 for the initial evaluation and distribution will occur by January 2016.
- **2014 Quality Measure Reporting Level Three:** \$450 per physician

Reporting Level 3 payout is the maximum payout reached when a practice meets reporting Level Two for all three vaccine categories (HPV, TdaP, and Meningococcal). This is the maximum payment a physician may receive under the QIP.

Reporting Timeframe

Baseline performance measure data will be collected for each participating practice using data for reporting time period of July 1, 2012 through June 30, 2013. Performance review for each identified quality measure will be collected for the initial evaluation reporting time period of, September 1, 2014- August 31, 2015. Data analysis, improvement qualification, and QIP reporting will be conducted over the three months following the reporting period end date and a payment distribution for performance during the Reporting Period will occur by January 2016.

Evaluation

Survey(s) will be conducted on an annual basis to determine the effectiveness of CPF's Quality Improvement Pilot Program.