 HSC Clinic Deliverables and Reimbursement Table FY21 :

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| Activity | Payment Rate | Performance Pay | Quality Measures | | Required Documentation | | Program Audit |
| **Annual Clinic Readiness Assessment Completed.** | **$3,000** | **20% for timely submission of data.** | **Quality measures identified, screening goals set. CDC clinic assessment complete and comprehensive** | | **Annual Clinic Readiness Assessment-Quality Improvement Plan** | | **PHL Summary Report** |
| 1. Breast and Cervical | $750 | $200 | Due-11/15/20 | |
| 1. Colorectal Cancer | $1,500 | $200 | Due-12/31/20 | |
| 1. Hypertension Management Survey | $750 | $200 | Due-12/31/20 | |
| **Data Extraction/ Quality Improvement Screening Rate**  **Screening Rates Captured from EHR**   * **Screening rates based on rolling 24 month calculation.** * **Screening rates based on 12 month calendar calculation** | $3000 Rolling 24  $1000 for 12 month period  Annual screening Breast, Cervical, CRC Cancer Screening Rates, and  Hypertension Control based on UDS calendar year | %20  Based on ability to provide a specific set of data by the due date. | Screening rates  Progress report complete and comprehensive | | Updated Quality  Improvement Plan  Progress report complete and comprehensive | | PHL Summary Report |
| 1. Rolling 24 month calculation screening rates | $3000 per time period | $600 | By 10/30/20 for 9/30/18-9/29/20  By 12/31/20 for 11/30/18-11/29/20  By 03/31/21 for 2/28/19-02/27/21 | | | | |
| 1. 12 month calculation all screenings 2. One time Baseline calculation for CRC (UDS Reporting Timelines) | $1000 per time period  $1000 per time period | $200 | By 06/30/21 for Calendar Year ending 12/31/20  By 01/30/21 for Calendar year ending 12/31/20 | | | | |
| Verification of screening rates Chart audit/EHR  Summary Outcomes: Recommendation and plan for quality improvement: Submission of budget for implementation of recommendations  Integrated Audit; breast, cervical, and colon screening, WW  Inclusive of Retrospective UDS Reporting periods for previous screening rate calculations by clinic. | $30/hour Chart Audit and EHR assessment.  Implementation of recommendations with approved budget. | 0 | EHR screening rate comparison to Chart Audit. | Summary of Findings and recommendations  Progress Report | | Verification of screening rates by PHL | |
| Planning and Implementing Evidence Based Interventions for Health Systems Change. Must select 2 EBIs for colorectal cancer and at least one for Breast and Cervical Cancer | | | | | | | |
| Evidence Based Interventions for Health Systems Change to Increase Breast, Cervical, or Colon Cancer Cancer Screening  Selection, planning and implementation of EBIs for systems change to increase breast and cervical cancer preventive screening  \*\*\* If navigation costs are included in EBI budget additional funds cannot be received for same service. | Approved budget for staff time to implement EBI and calculated costs per client | 0 | Copies of end products (provider feedback reports, client reminder cards, provider reminders, clinic team minutes) Workflow process Map required | | Completed Progress and reporting on EBI template | | Core components of  EBI met.  Checklist for Chart audit protocol completed |

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| Breast and Cervical Cancer navigation | Follow up of abnormal pap or mammogram $208 per patient | 20% for those navigated to final diagnosis | Age/gender requirements  Definitive Diagnosis and Treatment completion rates | Completed HSC Navigation Card | | Completeness of data string  De-identified clinic record |
| Supports for Structural Barrier Reduction to increase breast and cervical cancer screening. | Limited up to $100/client based on need. | 0 | Actual costs- based on receipts approved by Nursing TA | Completed HSC Navigation card | | Comparison of assessment of barriers and purchase of structural barrier reduction supports. |
| Colorectal Cancer Navigation  For follow up of positive screening FOBT/FIT only. | Limited up to $100/client based on need inclusive of cost for prep. | 0 | Actual costs- based on receipts approved by Nursing TA | Completed HSC  Navigation Card | | Comparison of assessment of barriers and purchase of structural barrier reduction supports. |
| Hypertension Control Implementation – Max Expenditures- $10,000 | | | | | | |
| Evidence Based Interventions for Health Systems Change to identify women with hypertension and Increase controlled hypertension rates.  Implementation of EBIs for team based care and referral to healthy supports. | Approved budget for staff time to implement EBI and calculated costs per client | 0 | Copies of end products (provider feedback reports, client reminder cards, provider reminders, clinic team minutes) Workflow process Map required | | Completed Progress and reporting on EBI template | Core components of  EBI met. |
| Navigation and Health coaching to Healthy Support. | $100 per client | 20% for clients completing HC | Age/gender requirements  Pre and post biometrics | | Completed HSC Navigation Card | Attendance Roster or  Chart audit or patient survey |

Max expenditures: Breast and Cervical - $40,000; Colorectal Cancer $10,000, WISEWOMAN $10,000 Any deviations in spending amounts must be approved in email correspondence.