

HSC Clinic Deliverables and Reimbursement Table FY 2022-2023

Activity	Payment Rate	Performance Pay	Quality Measures	Required Documentation	Program Audit
<b>Annual Clinic Readiness Assessment Completed.</b>	<b>\$3,000</b>	<b>20% for timely submission of data.</b>	<b>Quality measures identified; screening goals set. Clinic assessment complete and comprehensive.</b>	<b>Annual Clinic Readiness Assessment-Quality Improvement Plan</b>	<b>PHL Summary Report</b>
1. Annual Breast and Cervical	\$750	\$200			
2. Annual Colorectal Cancer	\$1,500	\$200			
3. Annual Hypertension Management Survey	\$750	\$200			
<b>Data Extraction/ Quality Improvement Screening Rate</b> <b>Screening Rates Captured from EHR</b> <ul style="list-style-type: none"> <li>• Screening rates based on rolling 24-month calculation.</li> <li>• Screening rates based on 12-month calendar calculation</li> </ul>	Data extraction screening rates to include Breast, Cervical and Colorectal Cancer Screening Rates. Hypertension Rates.	%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 inclusive of initial SWOT due 12/31/22.	\$3000 per time period	\$600	<b>Due: 12/31/22 for 9/30/20-9/30/22</b> <b>Due: 3/15/23 for 10/01/20-9/30/22</b> <b>Due: 4/30/23 for 1/1/21-12/31/22</b> <b>Due: 6/30/23 for 4/1/21-3/31/23</b>		

2. 12-month calculation for all screenings-UDS calendar year.	\$1000 per time period	\$200	DUE: 3/15/23 for Calendar Year 2022 (January 2022-December, 2022)
3. Baseline CRC data for eligible screening population-men/women ages 45-49.	\$1,000 per time	\$0	DUE: 3/15/23 for Calendar Year 2022 (January 2022- December 2022)

**Verification of Screening Rates: Chart Audit/EMR:** Utilization of best-practice methodology to verify screening rates across clinic collection points; primarily patient charts and electronic health record system.

<p>Summary outcomes of verification audit.  Recommendation and plan for quality improvement.  Submission of budget for implementation of recommendations  Integrated Audit: breast, cervical, and colon screening, hypertension.  Inclusive of retrospective reporting periods for previous screening rate calculations by clinic.</p>	<p>\$30/hour Chart Audit and EHR assessment.  Implementation of recommendations with approved budget.</p>	<p>0</p>	<p>EHR screening rate comparison to Chart Audit.</p>	<p>Summary of Findings and recommendations  Progress Report</p>	<p>Verification of screening rates by PHL</p>
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**Planning and Implementing Evidence Based Interventions for Health Systems Change:** Evidence Based Interventions (EBI's) are those strategic and sustainable activities that support quality/process improvement within clinic with the goal of increasing cancer screening rates. Tailored clinic assistance to be provided to support clinics with the identification of their EBI's. Selection of Evidence Based Interventions must include one for Breast and Cervical and two for colorectal cancer.

<p>Evidence Based Interventions for Health Systems Change to increase Breast, Cervical, or Colon Cancer Screening.</p> <p>Selection, planning and implementation of EBIs for systems change to increase preventive screenings.</p>	<p>Submitted and approval of EBI specific budget.</p> <p>Allowable costs include staff time and clinic costs related to planning and implementation of EBI's.</p> <p>Calculated patient navigation/reminder costs affiliated with the EBI may be included.</p>	<p>0</p>	<p>Copies of end products (provider feedback reports, client reminder cards, provider reminders, and clinic team minutes)</p> <p>Clinic workflow process map/ or narrative required.</p>	<p>Completed Data Extractions and progress reporting on EBI template.</p> <p>Clinic attendance in Quarterly HSC Collaborative Calls and Team Technical Assistance Calls.</p>	<p>Core components of EBI met.</p> <p>Checklist for Chart audit protocol completed</p>
<p>Staffing Fee Schedule (Rate per hour)</p>	<p>Program Director/Director \$45  Program Coordinator \$40  Health Info/EMR Software Engineer-\$50  Nurse Practitioner-\$60  Public Health Nurse \$40  Resident/Physician- \$150  Fiscal Manager \$40  Community Health Educator \$35  Community Health Worker \$30  Administrative Assistant \$25  Certified Medical Assistant-\$17  Clinic Office Staff- \$15</p>	<p>Staffing hours support work reported</p>	<p>Approved Budget and invoices for Evidence Based Interventions plans and updates</p>	<p>Staffing hours reported on all EBI budget invoices.</p>	
<p><b>Patient Navigation Activities and Structural Barrier Reduction:</b> 1:1 Patient Navigation Activities are those that help link patients, after abnormal screening exams, with further follow-up services and support. Assessment of barriers to follow-up services and support must be assessed and reduced/removed as a part of patient navigation activities and documentation. *Patient Navigation reimbursed through current provider agreements.</p>					
<p>Breast and Cervical Cancer Patient Navigation</p>	<p>\$208 per patient to provide 1:1 follow up of abnormal pap or suspicious mammogram.</p>	<p>20% for those navigated to</p>	<p>Age/gender requirements</p>	<p>Completed HSC Navigation Form</p>	<p>Completeness of HSC Navigation Form. De-identified clinic record.</p>

		final diagnosis	Definitive Diagnosis and Treatment completion rates		
Supports for Structural Barrier Reduction to increase breast and cervical cancer screenings and follow-up.	Limited up to \$100/client based on assessed need.	0	Actual costs- based on receipts approved by Nursing TA	Completed HSC Navigation Form	Comparison of assessment of barriers and purchase of structural barrier reduction supports.
Supports for Structural Barrier Reduction to increase colorectal cancer screenings and follow-up. Client must have positive screening FOBT/FIT.	Limited up to \$100/client based on assessed need. May include cost for prep.	0	Actual costs- based on receipts approved by Nursing TA	Completed HSC Navigation Form	Comparison of assessment of barriers and purchase of structural barrier reduction supports.
<b>Strategies to Reduce Uncontrolled Hypertension:</b> Strategic and sustainable activities within clinic to reduce number of clients, particularly women over the age of 40, with undiagnosed or uncontrolled hypertension. May include development and implementation of Team Based care approaches to referral, tracking, reporting, and follow-up of self-monitoring blood pressure linkages, medication-therapy-management linkages and healthy behavior supports.					
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.
Patient Navigation and Health coaching to Healthy Behavior Support.	\$100 per client	20% for clients completing HC	Age/gender requirements Pre and post biometrics	Completed HSC Navigation Card or Red Cap client entry	Attendance Roster or Chart audit or patient survey