

**AMENDMENT TO THE MEMORANDUM OF AGREEMENT
BETWEEN
THE COUNTY OF VENTURA
AND
THE UNION OF AMERICAN PHYSICIANS AND DENTISTS**

The County of Ventura ("County") and the Union of American Physicians and Dentists (UAPD) have agreed to the following:

- Amend the 2021-2024 Memorandum of Agreement ("MOA") as follows:
 - Revise Section 403, "Pay for Performance," as follows:

- C. Annual Quality of Care Incentive: Employees covered by this Agreement shall be eligible to receive an Annual Quality of Care Incentive based on the number of quality benchmarks met, as listed in the ~~below charts below~~. ~~The Annual Quality of Care Incentive shall be paid as a percentage of base pay earned during the measurement period and is payable within two (2) pay periods following the last day of the applicable annual measurement period. Payments are subject to payroll taxes as required by the IRS and will be pensionable as determined by VCERA.~~

~~Employees must be employed by the County at the beginning and end of each~~ **who are hired or promote into the unit before October 1st of the annual measurement period and are still employed by the County at the end of the performance metric period** ~~in order to be eligible for the~~ **will, if eligible, be paid a Quality of Care Incentive payment on a pro-rata basis for the annual measurement period in which they were employed. Employees hired on or after October 1st will not be eligible for the Quality of Care Incentive payment until the subsequent performance period.** Employees who are absent, regardless whether time off is paid or unpaid, for greater than fifty percent (50%) of their regularly scheduled work schedule over the course of the applicable measurement period will not be eligible for any Quality of Care Incentive Payment for that year.

1. The initial metric measurement period for the Quality of Care Incentive Payment shall be the second half of the 2021 calendar year. Performance will be assessed from July 1, 2021, through December 31, 2021. ~~If each individual clinic site meets the quality benchmarks, all eligible employees covered by this Agreement of each respective clinic shall earn the Quality of Care Incentive. The Quality of Care Incentive Payment shall be calculated on the eligible employee's actual base wage earnings during the initial measurement period.~~

The provision of Section 402-C(1) shall sunset on December 31, 2021.

At least one measure will reflect patient satisfaction.

# of Measures Passed	Bonus Earned (per year)
7	5% of Base Salary
6	4% of Base Salary
5	3% of Base Salary
4	2% of Base Salary
<4	Not eligible for payment

2. **Effective January 1, 2022, each calendar year shall be a new metric measurement period for the purposes of the Quality of Care Incentive payment. Each measurement period shall be January 1st through December 31st. The metrics used for these measurements are defined under Appendix D of this MOA.**

For any individual clinic site that meets the quality benchmarks in any prospective performance metric period, all eligible employees covered by this Agreement of that respective clinic shall earn the Quality of Care Incentive. The Quality of Care Incentive Payment shall be calculated on the eligible employee's actual base wage earnings during the measurement period. Payment of the Quality of Care Incentive shall be within four (4) pay periods following the final day of the applicable annual measurement period. Payments are subject to payroll taxes as required by the IRS and will be includable as compensation earnable if so determined by VCERA.

In addition to the 50%+ attendance requirement, employees covered by this agreement must also meet an individual productivity standard of at least seven and seven-tenths (7.7) patients, on average, per half day for family medicine, pediatrics, internal medicine physicians and twenty (20) patients, on average, per day for urgent care physicians, in order to be eligible for the Quality of Care Incentive Payment. If a physician does not meet this requirement, they shall not be eligible for the incentive.

For employees who are regularly assigned to more than one clinic, the number of quality measures passed shall be determined by the clinic for which the employee was regularly assigned most during the measurement period.

- a. **For the measurement period beginning January 1, 2022 through December 31, 2022, and each measurement period thereafter, the Quality of Care Incentive earned by employees covered by this agreement shall be as follows:**

<u># of Measures Passed</u>	<u>Bonus Earned (per year)</u>
<u>8 or More</u>	<u>6% of Base Salary</u>
<u>7</u>	<u>5% of Base Salary</u>
<u>6</u>	<u>4% of Base Salary</u>
<u>5</u>	<u>3% of Base Salary</u>
<u>4 or fewer</u>	<u>Not eligible for payment</u>

- b. If 10 or more out of the current 13 clinics pass 5 or more quality measures eligible for incentive pay in the measurement period of January 1, 2022 through December 31, 2022, the Quality of Care Incentive earned by employees covered by this agreement in the subsequent measurement periods of January 1, 2023 to December 31, 2023 and January 1, 2024 to December 31, 2024, shall be as follows:

<u># of Measures Passed</u>	<u>Bonus Earned (per year)</u>
<u>9 or more</u>	<u>6% of Base Salary</u>
<u>8</u>	<u>5% of Base Salary</u>
<u>7</u>	<u>4% of Base Salary</u>
<u>6</u>	<u>3% of Base Salary</u>
<u>5</u>	<u>2% of Base Salary</u>
<u>4 or fewer</u>	<u>Not eligible for payment</u>

- c. If less than 10 out of the current 13 clinics do not pass 5 or more quality measures eligible for incentive pay in the measurement period of January 1, 2022 through December 31, 2022, the Quality of Care Incentive earned by employees covered by this agreement in the subsequent measurement periods of January 1, 2023 to December 31, 2023 and January 1, 2024 to December 31, 2024, shall be as follows:

<u># of Measures Passed</u>	<u>Bonus Earned (per year)</u>
<u>8 or More</u>	<u>6% of Base Salary</u>
<u>7</u>	<u>5% of Base Salary</u>
<u>6</u>	<u>4% of Base Salary</u>
<u>5</u>	<u>3% of Base Salary</u>
<u>4 or fewer</u>	<u>Not eligible for payment</u>

3. During the term of this Agreement, either party may compel the other to meet in order to discuss transitioning the Quality of Care Incentive from clinic-based to individual-based performance. Said meeting shall be subject to the provisions of Article 24, "Full Understanding, Modification Waiver," of this Agreement.
4. For the purposes of the Annual Quality of Care Incentive, the clinics shall be

defined as follows:

- **Conejo**
- **Santa Paula West**
- **Santa Paula Medical**
- **Fillmore**
- **Las Islas (North, South, and Mobile)**
- **Las Posas**
- **Magnolia (East, West, and John Flynn)**
- **Mandalay Bay**
- **Moorpark**
- **Pediatric Diagnostic Center**
- **Sierra Vista**
- **West Ventura**
- **Santa Paula Hospital Clinic**

~~D. Performance Incentive Committee: In an effort to develop the metrics for the Quality of Care Incentive Payment for calendar year 2022, a Performance Incentive Committee ("PIC") will be established to provide a forum for communication, information-gathering, research, debate, and joint problem-solving. The PIC shall be comprised of four (4) UAPD-appointed unit members, not more than one from each clinic site, and two (2) County Ambulatory Care management representatives. County and UAPD labor negotiators will also attend PIC meetings. The PIC shall meet monthly, or on a more frequent basis as mutually agreed upon. The first PIC meeting shall take place no later than 30 days from adoption of this Agreement by the Board of Supervisors and shall be formally dissolved not later than December 31, 2021, unless there is mutual agreement to extend beyond that date.~~

~~The purpose of the PIC will be to develop a recommendation for eligibility requirements for a Quality of Care Incentive Payment for calendar year 2022 and beyond; and eligibility being on individual physician performance, not clinic site. The Quality of Care Incentive Payment shall be up to six percent (6%) of base salary based on meeting ten (10) quality measures developed by the PIC. The Quality of Care Incentive Payment shall be paid as a percentage of base pay earned during the measurement period and is payable within two (2) pay periods following the final day of the applicable annual measurement period. Payments are subject to payroll taxes as required by the IRS and will be includable as compensation earnable if so determined by VCERA. The implementation date of the Quality of Care Incentive Payment shall not be later than January 1, 2022.~~

~~In addition, the PIC will develop a recommendation for a minimum patients per half day (productivity) requirement that must be met for eligibility for the Annual Quality Incentive Payment set forth in Section 403-C. The implementation date of the recommendation for a minimum patients per half day (productivity) shall not be later than January 1, 2022.~~

- Revise Article 28, "Patient Care Committee," as follows:

At the request of either the County or UAPD, a meeting of the Patient Care Committee (PCC) may convene once per quarter for a duration not to exceed three (3) hours. **The frequency and duration of meetings may be increased by mutual agreement between the parties.**

The party initiating the meeting shall be responsible for developing the agenda inclusive of the proposed meeting date, meeting duration, and items proposed to be discussed. PCC meetings will generally be used for the purpose of providing a forum to review and discuss subjects of mutual concern, or as appropriate to develop plans of action on subjects which include, but are not limited to:

- Assurance of professional standards
- Scope of practice
- Staffing
- Scheduling
- Productivity
- Quality Metrics **and Quality of Care Incentive**
- Optimum patient care
- Other topics where there is a recognized joint responsibility to provide quality medical care

The party to whom the request for a meeting is made will acknowledge and respond to the request as soon as possible, but not later than two (2) weeks from the date the request was received. Agenda items are subject to the mutual agreement of both parties. The parties agree that the **PPC PCC** meetings as described in this section are not intended as a forum to discuss grievable ~~or negotiable~~ issues.

Up to four UAPD-represented members and four County representatives shall be authorized to attend the **PPC PCC** meeting. At the time that any **PPC PCC** meeting is requested, UAPD and the County will identify to each other who will be attending to represent their respective sides.

In the event Quality Metrics and/or Quality of Care Incentive items will be discussed during a PPC PCC meeting, the County shall be allowed two additional representatives to attend for the sole purposes of speaking to these items.

- Add Section 708, "Loan Repayment Programs," as follows:
 1. For Physicians covered by this MOA, who were hired pursuant to the Clinic Integration Plan Agreement as of June 27, 2021, who were participating in the California State Loan Repayment Program (SLRP) at that time and continue to participate in the program, the County will comply with all terms and conditions of the SLRP, to include making any required matching contribution.

For loan repayment programs for which no dollar match is required of the County, the County shall verify employment as required.

2. The parties shall continue to negotiate over prospective provisions concerning loan repayment programs, including the issue of matching contributions by the County. The parties agree to committing themselves to reaching an agreement that can be implemented by no later than June 1, 2022.

Agreed to this 28th day of January 2022

For the County:



Mike Curnow
Labor Relations Manager

For UAPD:



Bryan Toledano
Labor Representative/Organizer

Digitally signed by Bryan
Toledano
Date: 2022.01.28 16:15:48
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APPENDIX D

Quality of Care Incentive Program & Metrics

Incentive Program Structure

The UAPD quality of care incentive mirrors the state of California's Quality Incentive Pool (QIP) for Medi-Cal program. To align with QIP, the incentive will operate as described below from January 1, 2022 through December 31, 2024. All metrics and targets will be drawn from the QIP program. Performance will be assessed from January 1st through December 31st of each year. Metric achievement for an individual physician will be assessed at the clinic level. Clinic assignment is determined by Gold Coast Health Plan. If an individual clinic site meets the quality benchmarks, all eligible employees of that site covered by this Agreement shall earn the Quality of Care Incentive.

The Quality of Care Incentive Payment shall be paid as a percentage of base pay earned during the measurement period and is payable within four (4) pay periods following the final day of the applicable annual measurement period.

Included metrics

The incentive program will consist of 10 metrics. 5 "core" metrics will be shared between the family medicine clinics and the pediatric clinics. 5 "focus" metrics will differ between the two pediatric clinics (Pediatric Diagnostic Center and Mandalay Bay Women and Children) as compared to the clinics that care for a family medicine population. For example, Mandalay Bay physicians will have included in their quality of care incentive measure set all 5 Core metrics and all 5 pediatrics focus metrics. Magnolia physicians will be eligible to earn a bonus based on their performance on the 5 Core metrics and the 5 primary care focus metrics. All metrics are defined in accordance with the Department of Healthcare Services (DHCS) Quality Incentive Program. Full metric specifications can be found here:

<https://www.dhcs.ca.gov/services/Pages/DP-DPH-QIP.aspx>

The brief descriptions below are for reference only and do not describe all metrics comprehensively.

Core metrics

- QIP CIS: Childhood Immunization Status Combination 10
- QIP IMA: Immunizations for Adolescents Combination 2
- QIP W-15: Well-child visits in the first 15 months of life

- QIP QCMS-2: Depression screening and follow-up
- Q-CMS147: Influenza Immunization

Primary Care focus metrics

- QIP BCS: Breast Cancer Screening
- QIP-CCS: Cervical Cancer Screening
- QIP-CMS130: Colorectal cancer screening
- QIP-CBP: Controlling High Blood Pressure
- QIP-CDC-H9: HbA1c Poor Control (>9.0%)

Pediatrics focus metrics

- QIP WCV: Child and Adolescent Well Care Visits
- QIP Q-CHL: Chlamydia Screening in Women (age 16-24)
- QIP Q-DEV: Developmental Screening in the First Three years of life
- QIP Q-LSC: Lead Screening in Children
- QIP W30: Well-child 15 to 30 months of life

Assignment Criteria

Metric achievement for each individual physician will be assessed at the clinic level. Clinic assignment is determined by Gold Coast Health Plan.

Documentation

Metric achievement is dependent on proper documentation in the EHR. Providers are responsible for maintaining up-to-date problem lists for all assigned patients.

Metrics

Core Metrics

QIP CIS: Childhood Immunization Status Combination 10

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); one chicken pox (VZ); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

- Denominator: Children who turn 2 years of age during the measurement year.
- Numerator: Individuals from the denominator who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); one chicken pox (VZ); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
- Visit Required: No, all assigned lives are included.

QIP IMA: Immunizations for Adolescents Combination 2

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their thirteenth birthday.

- Denominator: Adolescents who turn 13 years of age during the measurement year.
- Numerator: Individuals from the denominator who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday
- Visit Required: No, all assigned lives are included.

QIP W15: Well-Child Visits in the First 15 Months of Life

The percentage of individuals who turned 15 months old during the measurement period and who had six or more well-child visits with a PCP during their first 15 months of life.

- Denominator: Children who turn 15 months old during the measurement period with continuous assignment from 31 days to 15 months of age with only 1 allowable gap of 45 days or less.
- Numerator: The number of individuals who received 6 or more well-child visits with a PCP, on different dates of service, on or before the child's 15-month birthday.

- Visit Required: No, all assigned lives included.

QIP CMS2: Preventative Care and Screening: Screening for Depression and Follow-up Plan

The percentage of patients 12 years and older who were screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized tool and, if screening was positive, had a follow-up plan documented on the date of the visit.

- Denominator: All patients aged 12 years and older on the date of the visit.
- Numerator: Patients screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, had a follow-up plan documented on the date of the visit.
- Visit Required: Yes.

QIP CMS147: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and December 31st who received an influenza immunization or who reported previous receipt of an influenza immunization.

- Denominator: All patients aged 6 months and older seen for a visit between October 1 and March 31 of the measurement period.
- Numerator: Patients who received an influenza immunization or who reported previous receipt of an influenza immunization
- Visit Required: Yes.

Primary Care Metrics

QIP BCS: Breast Cancer Screening

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

- Denominator: Women 52–74 years as of December 31 of the measurement year with continuous assignment from October 1 two years prior to the measurement year through December 31 of the measurement year with no more than one 45-day gap in enrollment during each calendar year.
- Numerator: One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

- Visit Required: No, all assigned lives included.

QIP CCS: Cervical Cancer Screening

The percentage of women 21–64 years of age who were screened for cervical cancer.

- Denominator: Women 24–64 years of age as of the end of the measurement year.
- Numerator: Women 21–64 years of age who were screened for cervical cancer using any of the following criteria: women 21–64 years of age who had cervical cytology performed within the measurement year or the two years prior, women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the measurement year or the 4 years prior and who were 30 years or older on the date of the testing, or women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting testing performed within the measurement year or the 4 years prior and who were 30 years or older on the date of the testing.
- Visit Required: No, all assigned lives are included.

QIP CMS130: Colorectal Cancer Screening

Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer.

- Denominator: Patients 50–75 years of age with a visit during the measurement period
- Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 - FIT during the measurement period
 - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
 - Colonoscopy during the measurement period or the nine years prior to the measurement period
 - FIT-DNA during the measurement period or the two years prior to the measurement period
 - CT Colonography during the measurement period or the four years prior to the measurement period
- Visit Required: Yes.

QIP CBP: Controlling High Blood Pressure

The percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year (MY).

- Denominator: Patients 18 to 85 years of age by the end of the MY with at least two visits on different dates of service with a diagnosis of hypertension during the first 6 months of the MY or the year prior (count services that occur over both years). Visit types need not be the same for the two visits. Any of the following code combinations meet criteria: outpatient visit with any diagnosis of hypertension, a telephone visit with any diagnosis of hypertension, or an online assessment with any diagnosis of hypertension. Either or both of the two visits may be an outpatient telehealth visit, telephone visit, e-visit or virtual check-in.
- Numerator: The number of individuals in the denominator whose blood pressure was adequately controlled (<140/90 mm Hg) on the most recent reading during the measurement period. Note, the blood pressure reading must occur on or after the date of the second HTN diagnosis.
- Visit Required: Yes, two visits required. Visits may occur in the first six months of the performance year or the year prior.

QIP CDC-H9: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)

The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had a poorly controlled HbA1c level (>9.0%) during the measurement year.

- Denominator: Individuals 18–75 years old by the end of the measurement year who meet one of the following criteria in the measurement year or year prior: at least two outpatient visits, observation visits, ED visits, or nonacute inpatient encounters on different dates of service with a diagnosis of diabetes, at least one acute inpatient encounter with a diagnosis of diabetes, or a dispensed medication for diabetes.
- Numerator: Patients whose most recent HbA1c level is greater than 9.0%, is missing a result, or for whom an HbA1c test was not done during the measurement period.
- Visit Required: No, visits in the performance year or year prior with a diagnosis of diabetes or a prescription for a diabetes medication will put the patient in the population.

Pediatric Metrics

QIP WCV: Child and Adolescent Well Care Visits

The percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

- Denominator: Patients ages 3-21 by the end of the measurement year.
- Numerator: Patients with 1 or more well care visits with a PCP or OB/GYN during the measurement year.
- Visit Required: No, all assigned lives included.

QIP CHL: Chlamydia Screening

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

- Denominator: Women 16-24 years who had a claim or encounter indicating sexual activity during the measurement year.
- Numerator: Denominator women who were tested for chlamydia during the measurement year.
- Visit Required: No, either a visit including a diagnosis of pregnancy or sexual activity, a pregnancy test, or a prescription for contraceptives will put the patient in the population.

QIP DEV: Developmental Screening in the First Three Years of Life

Percentage of children screened for risk of developmental, behavioral, and social delays, using a standardized screening tool on or in the 12 months preceding their first, second, or third birthday.

- Denominator: Children who turned 1, 2, or 3 years old during the measurement year.
- Numerator: Children who were screened for risk of developmental, behavioral, and social delays using a standardized tool.
- Visit Required: No, all assigned lives included.

QIP LSC: Lead Screening in Children

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

- Denominator: Children who turn 2 years old during the measurement year.
- Numerator: At least one lead capillary or venous blood test on or before the child's second birthday.
- Visit Required: No, all assigned lives included.

QIP W30: Well-Child Visits 15-30 Months of Life

The percentage of individuals who turned 30 months old during the measurement period and who had two or more well-child visits with a PCP between 15 and 30 months of age.

- Denominator: Children who turn 30 months old during the measurement period with continuous assignment from 15 months to 30 months of age with only 1 allowable gap of 45 days or less.
- Numerator: The number of individuals who received 2 or more well-child visits with a PCP, on different dates of service, after the child's 15-month birthday and on or before the child's 30-month birthday.
- Visit Required: No, all assigned lives included

Performance Targets

2020 Targets:

Metrics	Family Medicine	Pediatrics	Target
Chlamydia Screening	X	X	50.26%
Cervical Cancer Screening	X		51.89%
Childhood Immunization Status (Combination 10)	X	X	42.85%
Immunizations for Adolescents (Combination 2)	X	X	43.43%
Comprehensive Diabetes Care: Eye Exam	X		50.77%
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	X		32.24%
Controlling High Blood Pressure	X		55.81%
Well-Child Visits in the First 15 Months of Life		X	68.33%
Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life		X	67.15%

Children and Adolescents' Access to PCP			
Rate 1: 12-24 Months		X	1: 93.64%
Rate 2: 7-11 Years			2: 89.34%
Rate 3: 12-19 Years			3: 86.41%
Screening for Depression and Follow-up Plan		X	59.00%

New targets will be set in January of 2022 and each subsequent year based on performance on each metric in the prior calendar year. They will be set using the QIP target setting methodology which is described in more detail below.

Target Setting Methodology

Performance targets were calculated according to the Quality Incentive Pool (QIP) program 10% gap closure methodology. The ambulatory quality team will set annual performance targets in January of each measurement year following the guidelines set forth by the State of California. Below is an overview of how this methodology works.

The gap is defined as the difference between the baseline performance and the 90th percentile benchmark. In the event that the baseline performance is less than the 25th percentile or minimum benchmark, then the target will be the 25th percentile. In the event that the baseline performance is at or above the 90th percentile benchmark, then the target will be to maintain at or above the 90th percentile.

Calculation Example:

- Baseline performance: 55.00%
- 90th percentile benchmark: 70.00%
 - Gap: 70% - 55% = 15%
 - 10% of 15% = 1.5%
 - 55% + 1.5% = 56.5%

- Target: 56.5%

Reports

Providers and clinic staff have the ability to monitor performance on demand via reports and dashboards in the Data Warehouse. Please refer to the Quality Measures Dashboard and Reports Release Notes for the specific details. Final performance reports will be generated by Ambulatory Care Quality at least 15 days after the close of the performance period. Starting January of 2022, physicians may also review their individual performance using the Cerner HealthRegistries tool. This is available in Cerner Millennium for all VCHCA primary care providers.

Program Adjustments

Rarely, the Department of Healthcare Services, which administers the QIP program, has made unexpected programmatic changes such as removing metrics, changing targets, or altering payment structure. Ambulatory Care administration reserves the right to revise the Quality of Care Incentive to align with any changes to QIP.

For example, to reduce the impact of COVID-19, in 2020 DHCS adjusted the targets for QIP to the minimum benchmark. Ambulatory Care Administration subsequently adjusted the Quality of Care Incentive targets in each clinic contract to match the mitigation received as a system.