Quality Improvement Incentive Program: 2021 Medicaid HEDIS® Quality Program

Health Plan is implementing the 2021 Medicaid HEDIS® Quality Program ("Bonus Program"), in accordance with the provision in your Provider Services Agreement ("Agreement") titled "Participating in Quality Improvement Program." This Bonus Program is being offered by Health Plan to contracted Primary Care Providers who are Participating Provider. The Bonus Program is a quality bonus payment program that recognizes Participating Providers for closing Health Plan identified HEDIS® Gaps in Care for Health Plan Medicaid and CHIP Members ("Medicaid and CHIP Members"). The objective of this Bonus Program is to incentivize physicians to spend additional time with the patient to conduct preventive screenings and immunizations, which will enable the physicians and Health Plan to detect Medicaid and CHIP Members' health conditions earlier, thereby helping to improve the quality of care Medicaid and CHIP Members receive, improving health outcomes, and reducing overall health care costs through earlier interventions and management. In the event of a conflict between the Bonus Program and any other provision in the Agreement, the provisions in the Bonus Program will control.

I. General Guidelines

A. Capitalized terms used in this Bonus Program will have the same meaning ascribed to them in the Agreement unless otherwise set forth in this Bonus Program.

1. **HEDIS® Performance Metric Bonus** is the bonus Provider will receive if it satisfies the terms of this Bonus Program.
2. **Measurement Period** means August 1, 2021, through December 31, 2021.
3. **Measurement Year** means August 1, 2021, through December 31, 2021.
4. **Missing Service** means only those Covered Services that an Eligible Member receives with a Date of Service between August 1, 2021-December 31, 2021, as identified by Health Plan that satisfies a HEDIS® measure or a medication adherence measure in the Measurement Year as set forth in Table 1.
5. **Eligible Members** means those Medicaid and CHIP Members, who have a Missing Service and are assigned to Primary Care Providers that are Participating Providers. For certain HEDIS® measurements, Eligible Members may be limited based on the nature of the specific procedure or service being measured.

B. To remain eligible for any payment under the Bonus Program, Provider must have an active agreement and be a Participating Provider with Health Plan at the time payment under the Bonus Program is issued to qualifying Providers as determined by Health Plan. Additionally, the patient must remain enrolled with Health Plan as a Member. The parties recognize that payments may be subject to adjustments due to retroactive changes in Members enrollment with Health Plan.

C. This Bonus Program is being implemented under the Participation in Quality Improvement Program provision in the Provider Services Agreement that Provider has with Health Plan. All terms and conditions in the Provider Services Agreement are applicable to the Bonus Program. In the event there is a conflict between the Provider Services Agreement and this Bonus Program, the terms of this Bonus Program will control as they relate to the Bonus Program.

D. Notwithstanding any other provision of this Bonus Program or the Agreement, at Health Plan's sole discretion this Bonus Program can be cancelled or modified at any time.

II. Health Plan HEDIS® Performance Metrics

A. Health Plan and Provider Obligations for Bonus Program.

1. Provider will conduct telephonic outreach to the identified Eligible Members and schedule appointments to occur no later than December 31, 2021, to address the Missing Services. Provider understands that Health Plan is providing information to Provider so that Provider can appropriately conduct their activities. Provider will comply with all applicable laws and regulations in contacting Eligible Members, including but not limited to HIPAA, the Telephone Consumer Protection Act (TCPA) and implementing regulations, the CAN-SPAM Act and all other applicable federal, state, and local laws. Provider will indemnify, defend, and hold harmless Health Plan and its officers, directors, shareholders, affiliates, employees, agents, and representatives from any and all liabilities, losses, damages, claims, and expenses of any kind, including costs and attorneys' fees, which arise from a Provider's representations or obligations under this Section.
2. Health Plan will provide necessary information related to HEDIS® measure technical specifications and associated codes from NCQA Value Sets.
3. If applicable, Provider agrees to establish direct access to Provider Electronic Medical Records (EMR) and/or a supplemental data feed with Health Plan no later than six months after the Effective Date of this Bonus Program (August 1, 2021).
4. Reporting Obligations and Quality Program Settlement Timing
   a. Health Plan Reporting Obligations
      i. Health Plan will make reasonable efforts to supply Provider with a Quality Program Summary Report on or before the fifteenth (15th) of each month. The report will include the following elements:
         1) Provider's Assigned Medicaid and CHIP Member Roster
         2) Performance report and Missing Services list for Provider's Eligible Members

B. Compensation for the HEDIS® Performance Metrics Bonus.

1. Only those Providers identified by Health Plan as an Eligible Member's Primary Care Provider will be eligible to participate and receive the HEDIS® Performance Metric Bonus.
2. Provider is eligible to receive a one-time HEDIS® Performance Metric Bonus for each Missing Service it completes for an identified Eligible Member during the Measurement Period, if Provider meets each of the requirements indicated immediately below as determined by Health Plan and the other terms outlined in this Bonus Program. The reimbursement amount for each Missing Service is identified in Table 1.
   a. Provider must submit all claims and encounter data to Health Plan with valid HEDIS® billing codes as outlined in Table 2 by January 31, 2022. The claims and encounter data must use the appropriate billing and service codes noted in the HEDIS® Technical Specifications from the National Committee for Quality Assurance (NCQA).
   b. If applicable, Provider will submit supplemental data for hybrid HEDIS® measures to the Health Plan on a monthly basis, and in no event later than January 31, 2022. The supplemental data will be submitted through a mutually agreed upon Standard HEDIS® Supplemental Data template; this template will be provided by Health Plan. Health Plan will not accept supplemental data in a non-standard HEDIS® format.
   c. Health Plan will not accept Medical records as evidence of Missing Service gap closure for purposes of HEDIS Metric Performance Bonus payment.
3. Health Plan will make reasonable efforts to issue the HEDIS® Performance Metric Bonus payment to Provider in the first quarter of 2022 for Missing Services provided, in accordance with the terms of this Bonus Program and as determined by Health Plan. However, Health Plan may alter the payment schedule at its own discretion to make interim payments in the event sufficient services have been completed and data has been submitted to Health Plan.
4. Payments will be made at the Provider's group practice or "Pay To" level.

C. Measures for Tracking Purposes only.

1. In addition, Provider and Health Plan have jointly selected quality measures for data tracking purposes only. These are displayed in Table 3, below. Provider and Health Plan agree that these quality measures are not a part of the Bonus Program incentive. These measures for tracking purposes only are identified in Table 3: Measures for Tracking Purposes only.
2. Measures indicated in Table 3 have no associated bonus payment.

Table 1: Measures and Incentives

HEDIS® Measure ID	HEDIS® Measure Name	HEDIS Measure Descriptions	HEDIS® Performance Metric Bonus
BCS	Breast Cancer Screening	The percentage of women 50-74 years of age who had 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.	$50
CBP	Controlling Blood Pressure	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year	$25
CCS	Cervical Cancer Screening	The percentage of women 21-64 years of age who were screened for cervical cancer using any of the following: • Women 21-64 years of age who had cervical cytology performed within the last 3 years. • Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.	$25
CDC Eye	Diabetes Retinal Eye Exam	• Eye exam (retinal or dilated) performed	$25
CDC A1C <8%	HbA1c <8%	• HbA1c control <8.0%	$25
CIS Combo 3	Childhood Immunizations Combination 3	• Four diphtheria, tetanus and acellular pertussis (DTaP); • Three polio vaccine (IPV); • One measles, mumps, and rubella (MMR) any time on or before the child's second birthday or any combination of codes that document the vaccines and/or history of disease; • Three H influenza type B (HiB); • Three hepatitis B (Hep B); one of three vaccinations can be a newborn hepatitis B vaccination; • One chicken pox (VZV) or history of varicella zoster illness on or before the child's second birthday; • Four pneumococcal conjugate (PCV);	$10 per Immunization

IMA Combo 2	Adolescent Immunizations Combination 2	The percentage of adolescents 13 years of age who received the following vaccines **on or before the 13th birthday**: • One dose of meningococcal conjugate vaccine of serogroups A, C, W, Y (must be completed on or between the 11th and 13th birthdays). • One Tdap or one tetanus, diphtheria toxoids and acellular pertussis (Tdap) (must be completed on or between the 10th and 13th birthdays). • At least two Human Papillomavirus (HPV) vaccines with dates of services at least 146 days apart or three HPV vaccines with different dates of service on or between the 9th and 13th birthdays.	$10 per Immunization
PPC	Postpartum Care	The percentage of deliveries that had a postpartum visit with an OB/GYN practitioner or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Any of the following meet criteria: • A postpartum visit • Cervical cytology	$25
TOPC	Timeliness of Prenatal Care	The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date *or* within 42 days of enrollment. *Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these* * For visits to a PCP, a diagnosis of pregnancy must be present.	$25
W15 (W30A)	Well Child Visits between 0-15 months	*Well-Child Visits in the First 15 Months*. Children who turned 15 months old during the measurement year: Six or more well-child visits.	$15 per qualifying visit
W30 (W30B)	Well Child Visits between 15-30 months	*Well-Child Visits for Age 15 Months-30 Months*. Children who turned 30 months old during the measurement year: Two or more well-child visits.	$15 per qualifying visit

WCV	Well Care Visit	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 practitioner during the measurement year. **BMI percentile** coding must be included. **Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*	$25*
* Must include BMI Percentile Code.			

Table 2: Applicable HEDIS Coding Requirements

Health Plan HEDIS® Coding via CPT, CPT II, G codes and ICD-10 codes.

Measure	Billing Codes

BCS: Mammograms

Description	Codes
Mammography	**CPT®:** 77055-77057, 77061-77063, 77065-77067
	HCPCS: G0202, G0204, G0206
Measure Exclusions:	**Codes:**
Bilateral Mastectomy	**ICD-10:** 0HTV0ZZ
Unilateral Right Mastectomy Or Unilateral Left Mastectomy	**ICD-10:** OHTT0ZZ **or** OHTU0ZZ
Unilateral Mastectomy **with** a Bilateral Modifier **or** Two Unilateral Mastectomy Codes 14 days or more apart	**Unilateral Mastectomy:** **CPT®:** 19180, 19200, 19220, 19240, 19303-19307 **Bilateral Modifier:** **CPT®:** 50

CBP: Controlling High Blood Pressure

Essential Hypertension
ICD10: I10
Hypertension
ICD10CM: I10, I11.9, I12.9, I13.10, I16.0, I16.1, I16.9

Systolic Reading	CPT® II Code	Diastolic Reading	CPT® II Code
Less than 130 mm Hg	3074F	Less than 80 mm Hg	3078F
Between 130-139 mm Hg	3075F	Between 80-89 mm Hg	3079F
Greater than/equal to 140 mm Hg	3077F	Greater than/equal to 90 mm Hg	3080F
Remote Blood Pressure Monitoring	**CPT®:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474		
Codes to Identify Telephone, Telehealth, and E-Visit or Virtual Check-In Appointments	**CPT®:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474		
	CPT®: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474	Remote Blood Pressure Monitoring	**CPT®:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

CCS Cervical Cancer Screening (Pap Smear)

Cervical Cytology	**CPT®:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
High-Risk HPV Tests	**CPT®:** 87620-87622, 87624, 87625
	HCPCS: G0476
Measure Exclusion Codes	
Absence of Cervix	**CPT®:** 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135

		ICD-10: Q51.5, Z90.710, Z90.712, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
CDC: Eye Exams:	**CPT**: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **HCPC**: S0620, S0621, S3000 **CPTII**: 2022F, 2024F, 2026F, 3072F	
CDC: A1c <8%	Codes to Identify HbA1c Tests	**CPT®:** 83036, 83037 **CPT®II: 3044F (if HbA1c<7%)** **3046F (if HbA1c>9%)** **3051F if HbA1c 7%-<8%)** **3052F (if HbA1c 8% - 9%)**

CIS: Combo 3 Childhood Immunizations

Description	Codes
DTaP	**CPT®:** 90698, 90700, 90723
	CVX: 20, 50, 106, 107, 110, 120
IPV	**CPT®:** 90698, 90713, 90723
	CVX: 10, 89, 110, 120
MMR	**CPT®:** 90707, 90710 **CVX:** 03, 94
Measles and rubella	**CPT®:** 90708 **CVX:** 04
Measles	**CPT®:** 90705 **CVX:** 05
Mumps	**CPT®:** 90704 **CVX:** 07
Rubella	**CPT®:** 90706 **CVX:** 06
HiB	**CPT®:** 90644, 90647, 90648, 90698, 90748
	CVX: 17, 46-51, 120, 148
Hepatitis B	**CPT®:** 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010
	CVX: 08, 44, 45 51, 110
Newborn Hepatitis B	**ICD-10:** 3E0234Z
VZV	**CPT®:** 90710, 90716 **CVX:** 21, 94
Pneumococcal conjugate	**CPT®:** 90670 **CVX:**133,152
	HCPCS: G0009

IMA: Combo 2 Adolescent Immunizations

Description	Codes
Meningococcal	**CPT®:** 90734
	CVX: 108,114,136,147,167
Tdap	**CPT®:** 90715
	CVX: 115
HPV	**CPT®:** 90649, 90650, 90651
	CVX: 62,118, 137,165

PPC: Post Partum Exam	Postpartum Visit	**CPT®**: 57170, 58300, 59400*, 59410*, 59430, 59510*, 59515, 59610*, 59614*, 59618*, 59622*, 99501
		CPT®II: 0503F
		HCPCS: G0101

		ICD-10-CM Diagnosis: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2		
	Cervical Cytology	**CPT®:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175		
		HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091		
TOPC: Timeliness of Prenatal Care	Prenatal Care Visits	**CPT®**: 99201-99205, 99211-99215, 99241-99245, 99500, 99483		
		CPT II®: 0500F, 0501F, 0502F		
		HCPCS: H1000-H1004, T1015, G0463		
	Prenatal Bundled Services	**CPT®**: 59400, 59425, 59426, 59510, 59610, 59618		
		HCPCS: H1005		
	Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	**ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z34, Z36		
	Telehealth Modifier	95, GT		
	Telephone Visits	**CPT®:** 98966-98968, 99441-99443		
	Online Assessments (E-visits or Virtual check-in)	**CPT®:** 98969-98972, 99421-99423, 99444, 99457		
		HCPCS: G0071, G2010, G2012, G2061-G2063		
W30A: W15 – 6 well child visit 0-15 months W30B: W30 – 2 well child visits 15-30 months	Well-Care Visits	CPT®: 99381-99385, 99391-99395, 99461		
		HCPCS: G0438, G0439, S0302		
		ICD-10CM: Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2		
	Telehealth Modifier	95, GT	***WITH***	**POS:** 02
WCV: Child and Adolescent well care visit with BMI percentile coded	Well-Care Visits	CPT®: 99381-99385, 99391-99395, 99461		
		HCPCS: G0438, G0439, S0302		
		ICD-10CM: Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2		
	Telehealth Modifier	95, GT	***WITH***	**POS:** 02
	BMI Percentile <5% for age	**ICD-10:** Z68.51		
	BMI Percentile 5% to <85% for age	**ICD-10:** Z68.52		
	BMI Percentile 85% to <95% for age	**ICD-10:** Z68.53		
	BMI Percentile ≥95% for age	**ICD-10:** Z68.54		
	Online Assessments (E-visits and Virtual check-in)	**CPT®:** 98969-98972, 99421-99423, 99444, 99457		
		HCPCS: G0071, G2010, G2012, G2061-G2063		
	Telephone Visits	**CPT®:** 98966-98968, 99441-99443		
	Telehealth Modifier	95, GT	***WITH***	**POS:** 02

Table 3: Quality measures for data tracking purposes only

HEDIS® Measure ID	Data Tracking Only Measure Descriptions	HEDIS 50th Percentile	HEDIS 75th Percentile
LBP	Imaging for Low Back Pain	71.56%	76.02%
AMM	Antidepressant Medication Management – Effective Continuation Phase Treatment	36.51%	40.95%
URI	Appropriate treatment for children with upper respiratory infection	91.85%	94.88%
AAP	Access to Ambulatory Care	81.81%	84.97%