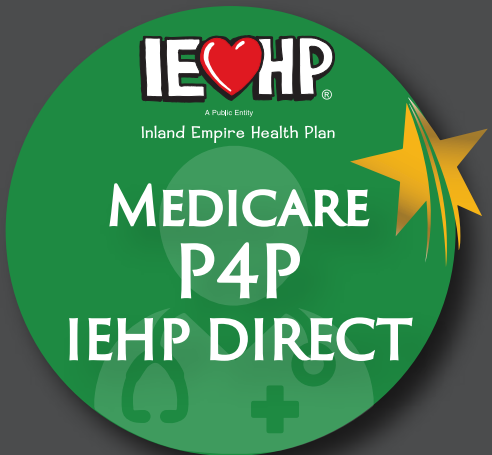


PRIMARY CARE
PHYSICIANS



2022

Medicare P4P IEHP Direct Program Guide

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PROGRAM OVERVIEW

This program guide provides an overview of the Inland Empire Health Plan (IEHP) Medicare Pay for Performance (P4P) Program for IEHP Direct Primary Care Providers (PCPs). The purpose of this program aims to improve quality of care for IEHP Direct DualChoice Members.

For more information on the Medicare P4P IEHP Direct Program, visit the IEHP website at www.iehp.org, or email the Quality Team at QualityPrograms@iehp.org or call the IEHP Provider Relations Team at (909) 890-2054.



Provider Eligibility and Participation

IEHP Direct contracted PCPs who provide service to IEHP Direct DualChoice Members.



Eligible Members

The population for this P4P program includes IEHP Direct DualChoice Members. Note, the Member must be active with IEHP Direct on the date the services are performed.

P4P SERVICES



Program Services

There are five services eligible for a financial incentive. IEHP has identified these services as an opportunity to improve the care and outcome of IEHP Direct DualChoice Members.

The P4P services are listed below. The technical specifications and details for each P4P service are included in the Appendix.

- Blood Pressure Control
- Colorectal Cancer Screening
- Flu Vaccine
- HbA1c Control
- Post Discharge Follow-Up



Quality Incentive Payments

Eligible Providers will receive a payment for each targeted service rendered to an IEHP Member who meets the criteria to be included in the Medicare P4P IEHP Direct Program. The table below indicates the amount a Provider will receive per service delivered to a qualifying Member.

PAYMENT PER SERVICE	
P4P Service	Financial Incentive*
1. Blood Pressure Control	\$ 50
2. Colorectal Cancer Screening	\$ 50
3. Flu Vaccine	\$ 25
4. HbA1c Control	\$ 50
5. Post Discharge Follow-Up	\$ 50

**Members must be active with IEHP on the date the service was completed.*

Maximum payments per Member per year are detailed in Appendix 1.



Payment Timeline

IEHP will issue incentive payments to Providers through the standard claims' process. Providers will receive payment for P4P claims submitted following IEHP's standard claims' timeliness requirements.



Reporting of Services Performed

Providers must complete and submit codes with required P4P modifiers for P4P services by the means of electronic claim submission (CMS-1500) to IEHP via their clearinghouse.

All services for this program must be billed within 30 days of the service rendered. This P4P incentive applies to services starting June 1, 2021.

To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive. Failure to follow this billing guidance will result in your office not receiving full P4P incentive payments.

Any claims denial disputes should be submitted to IEHP Claims Appeal Resolution Unit:

**Inland Empire Health Plan
ATTN: Claims Appeal Resolution Unit
P.O. Box 4319
Rancho Cucamonga, CA 91729-4319**



P4P Service Specifications and Codes

Appendix 1 includes P4P service specifications and the codes Providers must submit to be eligible for incentive payments. It is important to note that all required codes are included in the original claims submission to ensure proper P4P payment.



Getting Help

Any questions related to this program can be sent to IEHP's Provider Relations at **(909) 890-2054** or to IEHP's Quality Department at **QualityPrograms@iehp.org**.



Program Terms and Conditions

- A provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in the Medicare P4P IEHP Direct Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers, whether that agreement is entered into prior or subsequent to the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The Medicare P4P IEHP Direct Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the Medicare P4P IEHP Direct Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, relating to or arising from the offering by IEHP of the Medicare P4P IEHP Direct Program.
- The determination of IEHP regarding performance scoring and payments under the Medicare P4P IEHP Direct Program is final.
- As a condition of receiving payment under the Medicare P4P IEHP Direct Program, Providers must be credentialed and contracted with IEHP Direct.
- Validation: P4P data is subject to retrospective data validation and must pass all quality assurance checks. Recoupment of incentive payments may occur if retrospective review of submitted claims fail medical record validation.



Appendix 1: Service Specifications and Codes

1. Blood Pressure Control (\$50)

IEHP seeks to ensure that IEHP Direct DualChoice Members, who are 18 to 85 years of age, and have a previous diagnosis of hypertension, control their blood pressure levels. Providers must complete a blood pressure screening and can report those screenings that meet the controlled levels (<140/90 mm Hg) for this incentive.

To qualify for the P4P financial incentive, three codes must be billed and submitted on the same CMS-1500 form to be eligible for the incentive payment:

- One code billed for systolic blood pressure level with the “ZZ” modifier
- One code billed for a diastolic blood pressure level with the “ZZ” modifier
- One code for hypertension diagnosis

Systolic Blood Pressure Level Codes

Service	Code Type	Code	Code Description	Modifier
Blood Pressure Screening	CPT-CAT-II	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	ZZ
Blood Pressure Screening	CPT-CAT-II	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)	ZZ

Diastolic Blood Pressure Level Codes

Service	Code Type	Code	Code Description	Modifier
Blood Pressure Screening	CPT-CAT-II	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	ZZ
Blood Pressure Screening	CPT-CAT-II	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	ZZ

Hypertension Diagnosis

Service	Code Type	Code	Code Description
Blood Pressure Screening	ICD-10	I10	Essential (primary) hypertension

- This P4P incentive applies to services beginning June 1, 2021
- Maximum incentive is one per Member per year
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**
- The \$50 incentive payment will only pay on the systolic blood pressure level code line. Providers should expect to see the diastolic blood pressure level code line pay zero as the full incentive payment of \$50 has been paid.

2. Colorectal Cancer Screening (\$50)

IEHP seeks to ensure that IEHP Direct DualChoice Members, who are 45 to 75 years of age, complete a test for colorectal cancer screening following the U.S. Preventive Services Task Force (USPSTF) recommendations and time frames. The colorectal cancer screening can include one of the following:

- Fecal Occult Blood Test (FOBT Test)
- Flexible Sigmoidoscopy
- CT Colonography
- FIT- DNA Test
- Colonoscopy

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code Type	Code	Code Description	Modifier
Colorectal Cancer Screening	CPT-CAT-II	3017F	Colorectal cancer screening results documented and reviewed (PV)	ZZ

- This P4P incentive applies to services beginning June 1, 2021
- The colorectal cancer screening review code must be submitted with the “ZZ” modifier
- Maximum incentive is one per Member per year
- Member must be 45-75 years of age at the time of the screening
 - o Provider can submit code 3017F only after the test results of the colorectal cancer screening have been reviewed and documented in the medical record.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

3. Flu Vaccine (\$25)

IEHP seeks to ensure that IEHP Direct DualChoice Members, who are 18 years of age and older, receive a flu vaccination.

- This incentive is for Providers who administer the flu vaccine during the flu season
- This incentive is in addition to any fee-for-service (ffs) payment the Provider already receives from IEHP

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code Type	Code	Code Description	Modifier
Flu Vaccine	CPT	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	ZZ

- This P4P incentive applies to services beginning September 1, 2021
- The flu vaccine code must be submitted with the “ZZ” modifier
- Maximum incentive is one per Member per flu season (twice per year)
- Incentive only eligible for Provider office administering the flu vaccine. Flu shots given by a different Provider or Pharmacy are not eligible.
- In order to receive the P4P incentive payment, a separate claim must be submitted with the CPT flu vaccine code and the “ZZ” modifier. This P4P incentive payment is separate from the ffs payment Providers already receive from IEHP for this service.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

4. HbA1c Control (\$50)

IEHP seeks to ensure that IEHP Direct DualChoice Members, who are 18 to 75 years of age, who have diabetes, achieve HbA1c control ($\leq 9.0\%$).

To qualify for the P4P financial incentive, two codes must be billed and submitted on the same CMS-1500 form to be eligible for the incentive payment:

- One CPT Category II code for HbA1c result with “ZZ” modifier
- One ICD-10 code for diabetes (Type 1 Diabetes E10 series or Type 2 Diabetes E11 series)

HbA1c Result

Service	Code Type	Code	Code Description	Modifier
HbA1c Result	CPT-CAT II	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	ZZ
HbA1c Result	CPT-CAT-II	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	ZZ
HbA1c Result	CPT-CAT-II	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	ZZ

- This P4P incentive applies to services beginning June 1, 2021
- Maximum incentive is one per Member per year
- HbA1c testing can be completed by laboratory or point of care testing
- Member must have a diagnosis of diabetes
- Member’s HbA1c results must be $\leq 9.0\%$
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

5. Post Discharge Follow-Up (\$50)

IEHP seeks to ensure that IEHP Direct DualChoice Members, who are 18 years of age and older, and have been discharged from an acute or nonacute inpatient hospital, receive a follow-up visit with their PCP within seven days of hospital discharge.

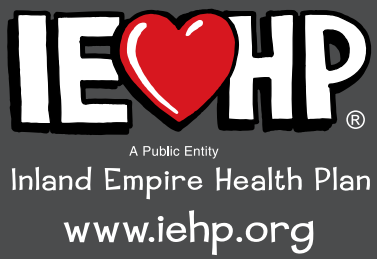
In order to be billed, the office visit must include the following:

- Initial outreach to patient and/or caregiver within two business days of discharge
- Face-to-face visit, within seven calendar days of discharge
- Visit must include a comprehensive medication reconciliation (reconcile inpatient and outpatient medications)

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code Type	Code	Code Description	Modifier
Office Visit	CPT	99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within seven calendar days of discharge	ZZ

- The office visit code must be submitted with a “ZZ” modifier
- Maximum incentive is two per Member per year. Each hospital discharge must be at least 30 days apart.
- This P4P incentive applies to services beginning June 1, 2021
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**



Provider Relations Team
(909) 890-2054
Monday-Friday, 8am-5pm

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