



# 4. Medicare DualChoice Annual Visit Component

## PROGRAM GOAL

To ensure that all IEHP DualChoice Members have timely annual visits – with an emphasis on evaluating chronic illness. PCPs must record significant chronic diagnoses and document the history and physical findings related to these diagnoses in the medical record.

## PROGRAM OVERVIEW

Participating IEHP Direct PCPs are incentivized \$200 and non-IEHP Direct PCPs are incentivized \$100 for each Annual Visit they provide to an eligible IEHP DualChoice Member. The incentive is paid in addition to your Fee-for-Service (FFS) visit reimbursement or your capitated PCP agreement. Only one exam per year qualifies for this incentive, even if an IEHP DualChoice Member has had several PCPs and multiple exams.

## WHO CAN PARTICIPATE

Any credentialed PCP participating in IEHP DualChoice.

## WHICH MEMBERS ARE ELIGIBLE

Any Member enrolled in the IEHP DualChoice program. Plus, the IEHP DualChoice Member must be:

- Active on the date of service (DOS) when the Annual Visit is performed
- Assigned to participating PCP when the Annual Visit is performed

## INCENTIVE

- **\$200** for IEHP Direct PCPs for each Annual Visit administered by the assigned PCP
- **\$100** for non-IEHP Direct PCPs for each Annual Visit administered by the assigned PCP
- Incentives are paid within 30 working days of receipt of a complete an IEHP DualChoice Annual Visit form submitted online

## HOW TO REPORT ANNUAL VISITS

Complete an IEHP DualChoice Annual Visit form online at [www.iehp.org](http://www.iehp.org) and indicate appropriate ICD codes for the visit. Annual Visit forms must be submitted online to IEHP **within two months from the date of service** and must meet IEHP submission standards to qualify for incentive. Remember, IEHP will not accept paper submissions by mail or fax.

## WHERE TO SUBMIT THE FORMS

Submit online at [www.iehp.org](http://www.iehp.org). Log in to the IEHP Secure Provider Portal and click on the P4P button.

**Need help?** Refer to the online P4P Submission Manual or call the Provider Relations Team at (909) 890-2054.

## FOR CORRECTIVE RESUBMISSIONS ONLY:

**IEHP will only accept corrective resubmissions on paper.** Submit corrections to IEHP **within 60 days** of the initial electronic submission date.

Mail your IEHP DualChoice corrections to:

Inland Empire Health Plan  
Attention: Quality Informatics  
P.O. Box 1800  
Rancho Cucamonga, CA 91729-1800

