

2020 PAY-FOR-QUALITY (P4Q) PROGRAM

ANNUAL P4Q PROGRAM MODEL			
Standardized, market-based programs where performance can be accurately tracked on a monthly basis.			
Provider Eligibility	No less than 150+ Aetna members per practice (average over the performance period)		
	Must have "open" panel		
Performance Measurement	Selected measures – Up to 5 of 12 HEDIS measures; bonus will be based upon the 5 measures most relevant to provider's member panel determined by denominator size		
	Applicable measure must have at least ten (10) members in the denominator to be eligible for payment		
	Two targets are set based on the 2019 National Medicaid HEDIS 50th, 75th, or 90th percentile.		
Payment Model	Annual payment if quality targets achieved		
	\$5 PMPM is the maximum payout. Each selected measure has a maximum payout \$1 PMPM		
	A PCP Practice is either rewarded \$0.50 PMPM for their entire assigned Aetna Better Health Medicaid membership panel for each eligible measure for which they meet or exceed target 1 (T1) or a \$1.00 PMPM incentive for each eligible measure that meets or exceeds target 2 (T2).		
Data & Reporting	Standardized, centralized, actionable monthly group report available to providers through Aetna Medicaid Web Portal.		
	Reports include gaps in care		
	The first performance report will be available in April, 2020		
Management Process	Quarterly review of performance with providers		
	Annual determination of provider readiness to move to more advanced APM.		
ANNUAL P4Q QUALITY MEASURES			
Measure	Description	T1	T2
Adults Access to Preventive/Ambulatory Health Services (AAP): Members Age 20-44	The percentage of members 20-44 years of age who had an ambulatory or preventive care visit.	78.63	82.36
Adults Access to Preventive/Ambulatory Health Services (AAP): Members Age 45-64	The percentage of members 45-64 years of age who had an ambulatory or preventive care visit.	86.32	88.84
Adolescent Well Care (AWC)	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner in the measurement year.	54.26	62.77
Breast Cancer Screening (BCS)	The percentage of women 50-74 years of age in the measurement year who had a mammogram to screen for breast cancer from October 1 two years prior to the measurement year through December 31 of the measurement year.	58.67	63.98
Children's Access (CAP) Members: 12-24 Months of Age	The percentage of members 12 months-24 months of age who had a visit with a PCP in the measurement year.	95.62	97.04
Children's Access (CAP) Members: 25 Months - 6 Years of Age	The percentage of members 25 months-6 years of age who had a visit with a PCP in the measurement year.	87.87	90.32

Measure	Description	T1	T2
Children's Access (CAP) Members: 7-11 Years of Age	The percentage of members 7-11 years of age who had a visit with a PCP in the measurement year or year prior to the measurement year.	91.08	93.41
Cervical Cancer Screening (CCS)	The percentage of women 21-64 years of age who were screened for cervical cancer.	60.65	66.49
Comprehensive Diabetes Care (CDC): HbA1c Adequate Control (<8)	Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test in the measurement year and the HbA1c < 8%.	50.97	55.96
Comprehensive Diabetes Care (CDC): HBA1C Testing	Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test in the measurement year.	88.55	90.51
Well Child Visits First 15 Months of Life (W15): 6 Visits	The percentage of members who turned 15 months old in the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	65.83	69.83
Chlamydia Screening in Women (CHL): Total	The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in the measurement year.	66.24	71.58

Annual Pay-for-Quality incentive payments will be paid based upon administrative data with 90 days run-out to ensure data completion. Expected payout will be June 2021.

In addition to the reimbursement described above, Provider shall be eligible for additional incentive reimbursement for the services as described in the chart directly below ("Eligible Services") that meet the corresponding measure for a member. Payment will be made on a quarterly basis for Eligible Services rendered.

QUARTERLY P4Q QUALITY MEASURES			
Service	Measure	Incentive Basis	Rate
Cervical Cancer Screening – Q0091	Women ages 21-64 who received 1 or more pap tests to screen for cervical cancer during the measurement year.	Provider will be paid for each HEDIS eligible Member that receives one (1) Cervical Cancer Screening per measurement year.	\$25.00
Antepartum Care	Women who receive a prenatal care visit within 90 days of their last menstrual cycle.	OB/GYN's, Midwives and Family Practitioners can earn an incentive for Antepartum care examinations performed in accordance with HEDIS guidelines.	\$100.00
Post-Partum Care	Women who had post-partum care on or between 21 & 56 days after delivery.	OB/GYN's, Midwives and Family Practitioners can earn an incentive for Postpartum care examinations performed in accordance with HEDIS guidelines.	\$100.00
Childhood Immunizations Combo 3	Children that received the following immunizations by their 2 nd birthday: (4) DtaP/DT; (3) IPV; (1) MMR; (3) Hib; (3) Hep B; (1) VZV; and (4) Pneumococcal conjugate.	Provider will be paid for each HEDIS eligible member who completes a series or receives all Combo 3 immunizations by their 2 nd birthday.	\$25 per completion of each series, plus \$100 bonus for completion of Combo 3
Service	Measure	Incentive Basis	Rate

Adolescent Immunizations Combo 2	Adolescents turning 13 during the measurement year that receive the following immunization prior to their 13 th birthday: 1 Meningococcal & 1 Tetanus, or (Tdap). HPV	Provider will be paid for each HEDIS eligible Member that receives both Combo 2 immunizations between their 11 th and 13 th birthday.	\$50.00
Mammogram	Women ages 50-74 years who had a mammogram to screen for breast cancer during the measurement year.	Provider will be paid for each HEDIS eligible member that has received at least one (1) mammogram during the measurement year.	\$50.00
Blood Lead Testing	Children that received 1 or more capillary or venous lead blood lead tests for lead poisoning by their 2 nd birthday.	Provider will be paid for each HEDIS eligible Member that receives one (1) blood lead screening prior to their 2 nd birthday.	\$25.00
Comprehensive Diabetes Care Dilated Eye Exams	Members 18-75 years of age with diabetes (type 1 or type 2) that have had a retinal or dilated eye exam by an eye care professional during the measurement year.	Provider will be paid for each HEDIS eligible diabetic member that has received a dilated eye exam during the measurement year. Payment is limited to one (1) per year.	\$25.00
Comprehensive Diabetes Care HbA1C Testing	Members 18-75 years of age with diabetes (type 1 or type 2) that have had an HbA1c test during the measurement year.	Provider will be paid for each HEDIS eligible diabetic member that receives HbA1c test per measurement year. Payment is limited to one (1) per year.	\$25.00
Well Child Visits – First 15 months of life	Members 0-15 months that have received well-child visits with a PCP during their first 15 months of life.	Provider will be paid for each eligible member having a comprehensive well-child visit, up to six (6) per HEDIS eligible member per measurement year, performed within their first 15 months of life.	\$25 per service up to 5 with bonus of \$125 at service 6
Well Child Visits – Third, Fourth, Fifth and Sixth years of life	Member 3-6 years of age that have received one or more well-child visits with a PCP during the measurement year.	Provider will be paid for each eligible member having one (1) comprehensive well-child visit per HEDIS eligible member per year.	\$50.00
Well Child Visits – Adolescent	Members 12-21 years of age that have received at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Provider will be paid for each eligible member having one (1) comprehensive well-care visit per HEDIS eligible member per year.	\$50.00
Care Management/Care Coordination Services	Code	Description	Provider will be paid for each eligible Care Management/Care Coordination Service appropriately rendered and billed during the measurement period, in accordance with State guidelines.
	G9001	Comprehensive Assessment	
	G9002	In-person CM/CC Encounters	
	G9007	Care Team Conferences	
	G9008	Provider Oversight	
	98966, 98967, 98968	Telephone CM/CC Services	
	98961, 98962	Education/Training for Patient Self-Management	
	99495, 99496	Care Transitions	
S0257	End of Life Counseling		

Michigan 4 x 4 Plan Health Screening – Provider shall be eligible for additional incentive reimbursement for the Eligible Services, described in the chart directly below, that comply with the Michigan 4 x 4 Plan. Payment will be made on a quarterly basis for Eligible Services rendered.

Health Screen/Required Billing Codes	Payable Codes	Incentive Basis
Body Mass Index (BMI) Diagnosis Codes	Diagnoses Codes V85.0-V85.5x	Provider will be paid \$5.00 one (1) time per eligible member per year
Blood Pressure Screening	CPT Codes 93770	Provider will be paid \$5.00 one (1) time per eligible member per year
Cholesterol Level (LDL-C)	CPT Codes 80061, 83700, 83701, 83704, 83721	Provider will be paid \$5.00 one (1) time per eligible member per year
Blood Glucose Level	CPT Codes 82947-82962	Provider will be paid \$5.00 one (1) time per eligible member per year

All P4Q Quarterly and Michigan 4 x 4 Plan Health Screening incentives earned for Eligible Services will be calculated and paid quarterly. Incentives will be paid in accordance with the following schedule:

Claim Service Date	Incentive Payment Date
January 1 to March 31, 2020	July, 2020
April 1 to June 30, 2020	October, 2020
July 1 to September 30, 2020	January, 2021
October 1 to December 31, 2020	June, 2021

After Hours – Provider shall be eligible for additional incentive reimbursement for the Eligible Services, described in the chart directly below. Services will be paid at the rate below, based on billed claims.

Service	Measure	Incentive Basis	Rate
After Hours (99050 & 99051)	Services provided in the office at times other than regularly scheduled office hours must be billed with appropriate E & M Code to be paid.	Provider will be paid for services provided in the office Monday through Friday after 5:00 p.m. and on weekends.	\$25.00