

# 2020 Pay For Performance Program

Primary Care Provider

# PCP Pay For Performance Adds Up In Three Ways!

$$\begin{array}{c} \text{Care Coordination Fee} \\ + \\ \text{Quality Incentive Bonus Payment} \\ + \\ \text{Fee For Service Payment} \\ \hline \text{Total Payment} \end{array}$$



# Pay For Performance Care Coordination Fee

## Care Coordination Fee (CCF) Calculation:

- Open Panel
- Panel Size
- HEDIS Percentile Score
- PCMH Designation
- Applies to the Medicaid population as well as Healthy Michigan Plan population. *CSHCS & Medicaid secondary members are excluded from this model*
- Providers with 500+ assigned United members do not have to maintain an open panel to receive the CCF

## Important change for 2020

- \$10,000 CCF limit has been removed



# Care Coordination Fee, cont.

The Care Coordination Fee calculation will include the following HEDIS measures:

Well Child Visits in First 15 Months of Life (6+ Visits)	Well Child Visits in Third, Fourth, Fifth and Sixth Years of Life
Children and Adolescent Access to Primary Care	Adolescent Well Care Visits
Adult Access to Preventive/Ambulatory Health Services	<i>Please note: Care Coordination Fees exclude CSHCS &amp; Medicaid Secondary Members</i>



# Care Coordination Fee, cont.

The Care Management and Care Coordination Codes required for submission in the PCMH Model are:

- G9001 Comprehensive Assessment
- G9002 In-Person Care Management/Care Coordination Encounter
- G9007 Care Team Conferences
- G9008 Provider Oversight
- 98966 Telephone Care Management/Care Coordination Services
- 98967 Telephone Care Management/Care Coordination Services
- 98968 Telephone Care Management/Care Coordination Services
- 98961 Education/Training for Patient Self-Management
- 98962 Education/Training for Patient Self-Management
- 99495 Care Transitions (*also receives fee-for-service payment*)
- 99496 Care Transitions (*also receives fee-for-service payment*)
- S0257 End of Life Counseling

*Must submit care coordination & care management codes at an annual rate of 5% of total members or payments are reduced by 50%*



# Care Coordination Fee Biannual Calculations

The CCF is calculated twice a year:

<u>Effective Date</u>	<u>Applicable for Payment</u>	<u>Date Timeframe</u>
January 1 <sup>st</sup>	January – June	Status as of 1/1
July 1 <sup>st</sup>	July – December	Status as of 7/1

- Any questions regarding changes to your Care Coordination Fee should be directed to your Provider Advocate

*The Care Coordination Fees will be calculated at the individual provider level. The Care Coordination Fee quality tier is calculated using annual results on a subset of HEDIS measures.*

*Points are awarded based on HEDIS percentile performance on each measure, with performance at or above the 95th percentile earning three points, performance between the 90th and 95th percentile earning two points and performance between the 75th and 90th percentile earning one point.*

*Points for each measure are multiplied by the denominator for that measure. The denominator weighted points are summed across all measures and then divided by the total denominator across all measures to calculate the final quality tier score.*



# Pay For Performance Payment Criteria



	State Preferred PCMH	United Model: PCMH	United Model: Non-PCMH	Quality Incentives & FFS payments only
<b>Panel Status</b>	Open or 500+ assigned members per provider	Open or 500+ assigned members per provider	Open or 500+ assigned members per provider	Does not apply
<b>Membership Threshold</b>	50+ members per provider	50+ members per provider	50+ members per provider	Does not apply
<b>Quality Performance</b>	N/A	Minimum 75th percentile per Provider ID for Access to Care & Well Child measures	Minimum 75th Percentile per Provider ID	Does not apply
<b>PCMH Designation</b>	Must meet State criteria for preferred PCMH model	Must submit documentation of PCMH certification at practice level	N/A	Does not apply
<b>Other Requirements for Monthly PMPM</b>	Must submit care coordination & care management codes at the annual rate of 5% of total members or payments reduced by 50%	Must submit care coordination & care management codes at the annual rate of 5% of total members or payments reduced by 50%	N/A	Does not apply
<b>Monthly PMPM</b>	\$2.75 TANF \$5 HMP \$7 ABAD	At or above 75 <sup>th</sup> percentile: \$2 TANF \$4 HMP \$6 ABAD  \$1 Below 75 <sup>th</sup> percentile	\$2 at 75th percentile and \$3 at 90th percentile	Does not apply
<b>Annual Bonus for Access to Care &amp; Well Child Measure Performance</b>	\$6 PMPY 75th percentile \$12 PMPY 90th percentile	\$6 PMPY 75th percentile \$12 PMPY 90th percentile	N/A	Does not apply

# Pay For Performance Quality Incentive Bonus Program

**Focus on Early Childhood, Well Child, Well Woman, Pregnancy Care & Diabetic Measures – *see handout for the complete list***

## Reports to help meet Quality targets:

- Patient Care Opportunity Report (PCOR)
- Quality Incentive Earning Potential or “Money Left on the Table” Report

## Dedicated Clinical Practice Consultant

## HEDIS rate improvement initiatives

- Member Incentive Campaigns
- Supplemental data
  - Michigan Health Information Network (MiHIN)

*All incentives are paid annually*





# Healthy Michigan Plan Health Risk Assessment



## HRA Incentives

- For the first year HRA, PCPs earn a \$25 incentive for new members if UnitedHealthcare receives a completed HRA within 150 days of their enrollment
- For existing members who previously completed an HRA, PCPs may earn a \$25 incentive if the HRA is received within 150 days of their annual eligibility date
  - The eligibility date begins 11 months after their last HRA
  - For example, if the member's last HRA attestation date is April 2, 2019, incentives would be paid for a 2020 HRA completed between March 2, 2020 and July 30, 2020
- HRA "Due Date" Reports are available
  - The HRA report includes your HMP patients' demographics, PCP assignment and the date a timely HRA must be completed

