

2022 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 13 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 2021 National Medicaid HEDIS 50 th and 75 th percentiles or Plan custom targets where 2021 National Medicaid HEDIS benchmarks were not available.		
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 Availity (www.availity.com).		
	Reports include gaps in care		
	The first performance report will be available in March 2022.		
Management Process	Provider performance reviews as needed.		
	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.	75.23	79.37
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.	83.16	86.09
Asthma Medication Ratio (AMR): Total	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the year.	64.84	70.90
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.	53.93	58.70
Cervical Cancer Screening (CCS)	The percentage of women 21-64 years of age who were screened for cervical cancer.	59.12	63.93
Child & Adolescent Well-Care Visits (WCV): Total	The percentage of members 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.	45.56	54.02

Measure	Description	T1	T2
Childhood Immunization Status (CIS): Combo 3	The percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP), 3 polio (IPV), 1 measles, mumps and rubella (MMR), 3 haemophilus influenza type B (HiB), 3 hepatitis B (Hep B), 1 chicken pox (VZV), 4 pneumococcal conjugate (PCV) by their second birthday.	67.98	72.75
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.	54.91	61.75
Comprehensive Diabetes Care (CDC): Eye Exam)	Members 18 to 75 years of age with diabetes (type 1 and type 2) who had a dilated retinal eye exam in the measurement year or a dilated retinal eye exam that was negative for retinopathy in the year prior to the measurement year. Bilateral eye enucleation any time during the member's history also meets compliance.	51.32	57.91
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.	82.97	86.13
Lead Screening in Children (LSC)	The percentage of children turning 2 years of age in the measurement year who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	71.53	77.86
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.	54.77	59.78
Well Child Visit 0-30 months (W30): 0-15 months, 6+ visits	The percentage of members who had the following number of well-child visits with a PCP during the last 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.	54.96	61.50

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 2023.

QUARTERLY P4Q QUALITY MEASURES

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.

Service	Measure	Incentive Basis	Rate
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.	Provider will be paid for each HEDIS eligible member that has received at least one (1) mammogram during the measurement year. Payment is limited to one (1) per year.	\$50.00
Cervical Cancer Screening (CCS)	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	\$25.00

		measurement year. Payment is limited to one (1) per year.	
Childhood Immunization Status (CIS): Combo 3	The percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP), 3 polio (IPV), 1 measles, mumps and rubella (MRR), 3 haemophilus influenza type B (HiB), 3 hepatitis B (Hep B), 1 chicken pox (VZV), 4 pneumococcal conjugate (PCV) by their second birthday.	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 in Combo 3 plus \$100 bonus for completion of Combo 3
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.	Provider will be paid for each HEDIS eligible member that has received at least one (1) test for chlamydia during the measurement year. Payment is limited to one (1) per year.	\$25.00
Comprehensive Diabetes Care (CDC): Eye Exam	Members 18 to 75 years of age with diabetes (type 1 and type 2) who had a dilated retinal eye exam in the measurement year or a dilated retinal eye exam that was negative in the year prior to 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 (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.	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
Lead Screening in Children (LSC)	The percentage of children turning 2 years of age in the measurement year who had one or more capillary or venous lead blood tests for lead poisoning by their second 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
Prenatal and Postpartum Care (PPC): Postpartum Care	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 7 to 84 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
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.	OB/GYN's, Midwives and Family Practitioners can earn an incentive for Antepartum care examinations performed in accordance with HEDIS guidelines.	\$100.00
Care Management/Care Coordination Services	Code	Provider will be paid for each eligible Care Management/Care Coordination Service appropriately rendered and billed during the measurement period.	\$25.00
	Description		
	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	ICD-10 CM Codes Z68*	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, 2022	July, 2022
April 1 to June 30, 2022	October, 2022
July 1 to September 30, 2022	January, 2023
October 1 to December 31, 2022	June, 2023

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