

# 2020 HEDIS<sup>®</sup> Incentive Crosswalk

	HEDIS Improvement Program (HIP) Individual PCPs and clinics	HEDIS Clinic (C-HIP) FQHC/RHC/IHS provider	HEDIS Quality Improvement (HQIP)						
	• Health Net • CalViva	• Health Net • CalViva	• Health Net PPGs • CalViva Health PPGs						
<b>Where</b>	All 12 counties statewide with active W-9 on file	All 12 counties statewide with active W-9 on file	Counties: • Los Angeles (excluding Molina and DHS) • Sacramento • Stanislaus • San Joaquin • Tulare • Kern • San Diego • Fresno • Kings • Madera • San Bernardino • Riverside						
<b>Program description</b>	PCPs are awarded for care gaps closed in 18 different HEDIS measures.	FQHC/RHC/IHS providers are awarded for meeting the minimum performance level (MPL) and having a certain % of improvement (1% for providers meeting MPL and 2% for providers below MPL) in 18 different HEDIS measures.	PPGs are awarded for meeting goals and surpassing prior year performance on encounter submissions, in 18 different HEDIS measures, and provide membership access to care (timely available appointments).						
<b>Max PMPM</b> <i>What is the max PMPM potential assuming the provider meets all program requirements?</i>	<b>Incentive payout by closing care gaps per measure</b> \$200.00.....CIS-10                      \$5.00...WCC-BMI \$100.00.....PPC2_Postpartum            \$5.00...WCC-N \$100.00.....PPC1_Prenatal                \$5.00...WCC-PA \$75.00.....AMM3-Acute \$75.00.....AMM-Cont6 \$75.00.....BCS                                \$22.50...AWC \$75.00.....CCS                                \$25.00...CHL \$75.00.....W15                                \$25.00...W34 \$50.00.....CBP                                \$50.00...IMA-2 \$50.00.....CDC-Hba1c<9% \$12.50.....CDC-Test-A1c	<b>\$3.24 Max PMPM</b> 18 measures X \$0.18 = \$3.24 • \$0.09 PMPM/measure for improvement. • \$0.09 PMPM/measure for meeting MPL. • A provider is equal to or above the MPL: Earns \$0.09. • A provider is equal to or above the MPL and improves 1% or higher: Earns \$0.09. • A provider is below the MPL and improves 2% or higher: Earns \$0.09. • A provider is below the MPL and has no improvement: Earns zero.	<table border="0"> <tr> <td>HEDIS</td> <td>\$1.25</td> </tr> <tr> <td>Access to Care</td> <td>\$0.50</td> </tr> <tr> <td><b>Max PMPM</b></td> <td><b>\$1.75</b></td> </tr> </table>	HEDIS	\$1.25	Access to Care	\$0.50	<b>Max PMPM</b>	<b>\$1.75</b>
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<b>Max PMPM</b>	<b>\$1.75</b>								
<b>Payments</b>	<ul style="list-style-type: none"> <li>Interim payment: September 30, 2020 (June 2020 data)</li> <li>Final payment: June 30, 2021 (December 2020 data)</li> <li>Submission closes: March 31, 2021</li> </ul>	<ul style="list-style-type: none"> <li>Interim payment: October 31, 2020 (June 2020 Data) captures MPL only.</li> <li>Final payment for improvement made in June 30, 2021 (December 2020 Data) and captures MPL + improvement.</li> <li>Submission closes: March 31, 2021</li> </ul> <p><i>Provider receives incentive if they improve over last year and receives a separate incentive if they meet or exceed NCQA 50th benchmark.</i></p>	Payments will be included with the October 2021 capitated payment as an adjustment.						
<b>HEDIS measures</b>	<b>WOMEN'S HEALTH</b> – BCS, CCS, CHL, PPC1_Pre, PPC2_Post <b>PEDIATRIC VISITS</b> – AWC, CIS-10, IMA-2, W15, W34, WCC_BMI, WCC – N (nutrition), WCC - PA (physical activity) <b>CHRONIC CARE</b> – CBP, CDC-Hba1c < 9%, CDC-Test-A1c <b>BEHAVIORAL HEALTH</b> – AMM3 (Acute 12 weeks), AMM6 (continuation 6 months)	<b>WOMEN'S HEALTH</b> – BCS, CCS, CHL, PPC1_Pre, PPC2_Post <b>PEDIATRIC VISITS</b> – AWC, CIS-10, IMA-2, W15, W34, WCC_BMI, WCC – N (nutrition), WCC - PA (physical activity) <b>CHRONIC CARE</b> – CBP, CDC-Hba1c < 9%, CDC-Test-A1c <b>BEHAVIORAL HEALTH</b> – AMM3 (Acute 12 weeks), AMM6 (continuation 6 months)	<b>WOMEN'S HEALTH</b> – BCS, CCS, CHL, PPC1_Pre, PPC2_Post <b>PEDIATRIC VISITS</b> – AWC, CIS-10, IMA-2, W15, W34, WCC_BMI, WCC – N (nutrition), WCC - PA (physical activity) <b>CHRONIC CARE</b> – CBP, CDC-Hba1c < 9%, CDC-Test-A1c <b>BEHAVIORAL HEALTH</b> – AMM3 (Acute 12 weeks), AMM6 (continuation 6 months)						
<b>Program eligibility requirements</b>	<ul style="list-style-type: none"> <li>Contracted with the health plan and in good standing.</li> <li>Per practice site – have an annual average of 50 enrollees assigned to the PCP (20 for IE).</li> <li>Be open to accepting new enrollees and to increasing their plan membership.</li> </ul>	<ul style="list-style-type: none"> <li>Contracted with the health plan and in good standing.</li> <li>REMOVED membership threshold = 50 (20 for IE).</li> <li>REMOVED 1% membership loss clause.</li> <li>Be open to accepting new enrollees and to increasing their plan membership.</li> </ul>	<ul style="list-style-type: none"> <li>Contracted 01/01/2020–12/31/2020</li> <li>Medi-Cal member threshold = &gt; 1,000</li> <li>Average of an 85% open PCP panel throughout the year.</li> <li>No incentive program in contract</li> <li>Score 4 points out of 6 in encounter performance improvement.</li> <li>Not subject to a corrective action plan (severity of CAP will be a consideration).</li> </ul>						
<b>2020 Cozeva</b>	<ul style="list-style-type: none"> <li>Qtr 1 payment: July 31, 2020 (Data through April 2020)</li> <li>Qtr 2 payment: Sept 15, 2020 (Data through June 2020)</li> <li>Qtr 3 payment: Dec 15, 2020 (Data through Sept 2020)</li> <li>Qtr 4 payment: March 15, 2021 (Data through Dec 2020)</li> <li>Final payment: June 15, 2021 (Reconciled data through December 2020)</li> </ul>	No Cozeva incentive payment option in 2020	Not administered through Cozeva						