

2024 HEDIS[®] Incentive Crosswalk



	HEDIS ¹ Improvement Program (HIP)	Clinic HEDIS Improvement Program (C-HIP)	HEDIS Quality Improvement Program (HQIP)
Who	Individual primary care physicians (PCPs) and non-safety net clinics	Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)/Indian Health Service (IHS)-safety net clinics or look-alike clinics	Participating physician groups (PPGs)
Counties	Imperial	Imperial	Imperial
Program description	PCPs are awarded for care gaps closed in 16 Healthcare Effectiveness Data and Information Set (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 16 HEDIS measures.	PPGs are awarded for meeting goals and surpassing prior year performance on encounter submissions, in 15 HEDIS measures, and membership access to care (timely available appointments).
Max PMPM Potential earnings assuming the provider meets all program requirements	Incentive payout by closing care gaps per measure BCS – \$25.00 IHA – \$30.00 CBP – \$100.00 IMA-2 – \$100.00 CCS – \$25.00 LSC – \$25.00 CIS-10 – \$200.00 TFL-CH – \$20.00 COL – \$20.00 W30-6+ – \$50.00 DEV – \$50.00 W30-2+ – \$50.00 HBD – \$120.00 W30 REL Bonus – \$25.00 Confirmation of Pregnancy – \$75.00 WCV – \$50.00	15 measures X \$0.22 + 0.11 (W30 Bonus) = \$3.41 Max Per Member Per Month (PMPM) <ul style="list-style-type: none"> \$0.11 PMPM/measure for improvement. \$0.11 PMPM/measure for meeting MPL. A provider equal to or above the MPL: Earns \$0.11. A provider equal to or above the MPL and improves 1% or higher: Earns \$0.22. A provider below the MPL and improves 2% or higher: Earns \$0.11. A provider below the MPL and has no improvement: Earns zero. W30 REL Cohort Bonus payment methodology <ul style="list-style-type: none"> \$0.11 PMPM/measure for improvement ONLY. Improvement rate for IHA must be > 25% to qualify for payment. 	\$1.75 Max PMPM <ul style="list-style-type: none"> \$1.25 maximum PMPM for HEDIS. \$0.50 maximum PMPM for Access to Care.
Payments	<ul style="list-style-type: none"> Interim payment: September 30, 2024 (based on June 2024 data). Final payment: July 31, 2025 (based on December 2024 data). Data submission closes: March 31, 2025. 	<ul style="list-style-type: none"> Advance payment: March 31, 2024 (based on MY2022 data against 2024 criteria). Interim payment: October 31, 2024 (based on June 2024 data) captures MPL only. Final payment for improvement made on July 31, 2025 (based on December 2024 data) and captures MPL + improvement. Data submission closes: March 31, 2025. <p><i>Provider receives incentive if they improve over last year and receives a separate incentive if they meet or exceed NCQA 50th percentile benchmark.</i></p>	Payments will be included with the October 2024 capitated payment as an adjustment.
HEDIS measures	WOMEN’S HEALTH: BCS, CCS, IHA, Confirmation of Pregnancy PEDIATRIC VISITS: CIS-10, DEV, IHA, IMA-2, LSC, TFL-CH, W30-15, W30-30, WCV CHRONIC CARE: CBP, COL, HBD, IHA	WOMEN’S HEALTH: BCS, CCS, IHA PEDIATRIC VISITS: CIS-10, DEV, IHA, IMA-2, LSC, PPC, TFL-CH, W30-15, W30-30, WCV, WCV REL Bonus CHRONIC CARE: CBP, COL, HBD, IHA	WOMEN’S HEALTH: BCS, CCS, PPC-Pre, PPC-Pst PEDIATRIC VISITS: CIS-10, DEV, IMA-2, LSC, TFL-CH, W30-15+, W30-30+, WCV CHRONIC CARE: CBP, COL, HBD
Program eligibility requirements	<ul style="list-style-type: none"> Contracted with the health plan and in good standing. Be open to accepting new enrollees (open panel). Does not apply to PCPs at maximum capacity. 	<ul style="list-style-type: none"> Contracted with the health plan and in good standing. Be open to accepting new enrollees (open panel). Does not apply to clinics at maximum capacity. Be an FQHC, RHC or IHS provider. 	<ul style="list-style-type: none"> Contracted with the health plan and in good standing January 1, 2024–December 31, 2024. Medi-Cal member threshold ≥ 1,000. Average of ≥ 85% PCP open panel throughout the year. Does not apply to PCPs at maximum capacity. No performance-based compensation (PBC) incentive program in contract. Not on HIP and C-HIP incentive programs. Score four points out of six in encounter performance improvement. Not subject to a corrective action plan (CAP) (severity of CAP will be a consideration). Not be a federally qualified health center, rural health clinic or Indian Health Service provider.
2024 Cozeva[®]	<ul style="list-style-type: none"> Qtr 1 payment: June 30, 2024 (data through March 2024). Qtr 2 payment: September 15, 2024 (data through June 2024). Qtr 3 payment: December 15, 2024 (data through September 2024). Qtr 4 payment: March 15, 2025 (data through December 2024). Final payment: July 15, 2025 (reconciled data through December 2024). 	No Cozeva incentive payment option in 2024.	Not administered through Cozeva.

¹Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Community Health Plan of Imperial Valley (“CHPIV”) is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members.

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