

Earn 2024 Incentives With C-HIP

GET PAID WHEN YOU IMPROVE QUALITY OUTCOMES

The Clinic HEDIS^{®1} Quality Improvement Program (C-HIP) is a financial incentive program that recognizes Medi-Cal primary care clinics for their efforts to:

- Maintain open primary care physician panels (does not apply to clinics at maximum capacity),
- Submit accurate and timely encounters, and
- Demonstrate improvement of selected HEDIS measures.



What are the eligibility criteria?

To take part in C-HIP, you must be:

- A clinic in Imperial County.
- Directly contracting with Health Net* and Community Health Plan of Imperial Valley (CHPIV) as a participating Medi-Cal provider, or indirectly participating through a contracted participating physician group (PPG).
- In good standing with Health Net and CHPIV.
- A Federally Qualified Health Center (FQHC), FQHC look-alike clinic, Rural Health Clinic (RHC) or Indian Health Service (IHS) provider.
- Open to accepting new CHPIV. Medi-Cal enrollees (does not apply to clinics at maximum capacity).

These measures are derived from the Managed Care Accountability Set from the Department of Health Care Services (DHCS). The conditions and data requirements of the incentive program are subject to change at the Plan's discretion if DHCS guidelines change during the term of the incentive.

Please note, if your contract includes a performance-based incentive, you will not be eligible for the 2024 C-HIP payment.

How performance is measured and rewarded

Health Net measures HEDIS performance by:

- **Using encounter data and lab results** that the primary care physician submits to their PPG, which then submits to Health Net.
- **Assessing and rewarding clinics' efforts to improve quality of care** as quantified by HEDIS measures improvement and performance against the National Council on Quality Assurance's national average.

(continued)

¹Healthcare Effectiveness Data and Information Set (HEDIS). National Committee for Quality Assurance (NCQA). HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2023.

Details on payment amount and improvement goals are available in the program letter mailed to you and will be provided in the C-HIP provider training.

For purposes of this program, Health Net also includes data from lab result files submitted to Health Net, as well as California Immunization Registry (CAIR) data.

Health Net and CHPIV adhere to DHCS criteria to determine performance for all HEDIS measures. (Refer to the incentive measures chart on the next page.)

Calculation methodology

The goal for year-over-year improvement depends on whether the 50th percentile is met. See below for details.

| Performance measure | Greater than or equal to 2% improvement | Greater than or equal to 1% improvement |
|---|--|--|
| Meeting or exceeding 50th percentile | N/A (providers with performance greater than or equal to the 50th percentile need a minimum of 1% improvement). | \$0.11 PMPM² /measure for improvement + \$0.11 PMPM /measure for meeting or exceeding 50th percentile. |
| Below 50th percentile | \$0.11 PMPM /measure for improvement. | N/A (providers with performance below 50th percentile need a minimum of 2% improvement). |

²Per member per month.

Payment advance for historically high performers

Providers with measures that meet the incentive criteria for 2024 (based on 2022 performance) will receive a payment advance early in 2024 (30% of the calculated incentive amount).

REL Cohort component

Payment methodology:

- Providers who close WCV care gaps for Black or White eligible members will receive payment.
- **ONLY** directional improvement criteria will be used to calculate payments.
- Improvement rate must be greater than or equal to 25% to earn a \$0.11 PMPM payment.

(continued)



Webinars to help answer your questions

We understand that this is a busy time of year. To allow for maximum flexibility, we are transitioning from live webinars to on-demand Incentive Training Webinars. Email notifications will be sent once the classes are available. To ensure you are on our email distribution, please contact your Plan representative.

Care gap lists are available by request

The care gap list is a list of Medi-Cal-eligible members who currently do not have evidence of service but may be eligible. This list is based on the encounter and claims data submitted. Health Net will provide this list on a monthly basis.

Care gap lists will also include an estimated year-to-date performance and earnings potential.

Contact all members on the care gap list who have not had the appropriate services rendered and make plans to care for them as soon as possible. Provide all services by December 31, 2024, to count.

If you would like to receive an enhanced care gap list, please contact your Plan representative or email **HN_Provider_Relations@healthnet.com**.

2024 incentivized HEDIS measures

| Measure abbreviation | Measure description |
|----------------------|--|
| BCS | Breast Cancer Screening |
| CCS | Cervical Cancer Screening |
| WCV | Child and Adolescent Well-Care Visits |
| CIS-10 | Childhood Immunization Status – Combination 10 |
| COL-E | Colorectal Cancer Screening |
| CBP | Controlling High Blood Pressure |
| DEV | Developmental Screening in the First Three Years of Life |
| HBD | Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9.0%) |
| IMA-2 | Immunizations for Adolescents – Combination 2 |
| IHA | Initial Health Appointment |
| LSC | Lead Screening in Children |
| TFL | Topical Fluoride for Children |
| W30-6+ | Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits |
| W30-2+ | Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits |
| | Prenatal and Postpartum Care- Timeliness of Prenatal Care |
| | Child and Adolescent Well- care visits (Black or White REL Cohort) |