

2023

# GLOBAL QUALITY P4P (FOR PCPs)

Pay for Performance (P4P) Program Technical Guide



Contact: [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org)

Published: March 13, 2023



# TABLE OF CONTENTS

<b>Program Overview</b> .....	1
<b>Program Terms and Conditions</b> .....	4
<b>Performance Measures</b> .....	6
<b>Scoring Methodology</b> .....	8
<b>Payment Methodology</b> .....	9
<b>Reporting Timeline</b> .....	11
<b>Quality Incentive Payout Timeline</b> .....	12
<b>2023 PCP Global Quality P4P Program Measures- Appendix 1</b> .....	13
<b>Core Measures Overview- Appendix 2</b>	
• Asthma Medication Ratio (AMR).....	16
• Colorectal Cancer Screening (COL).....	18
• Controlling High Blood Pressure (CBP).....	23
• Diabetes Care- Blood Pressure Control <140/90 (BPD).....	32
• Diabetes Care- Hemoglobin A1c Control for Patients with Diabetes (HBD).....	34
• Diabetes Care- Kidney Health Evaluation (KED).....	35
• <b>Adult Influenza Vaccine</b> .....	<b>38</b>
• Post Discharge Follow-Up.....	40
• Statin Therapy Received for Patients with Cardiovascular Disease (SPC) .....	46
• Statin Therapy Received for Patients with Diabetes (SPD).....	47
• Substance Use Assessment in Primary Care.....	48
• Antidepressant Medication Management (AMM) .....	49
• Screening for Clinical Depression in Primary Care .....	51
• Social Determinants of Health Screening Rate .....	56
• Social Determinants of Health Identification Rate .....	58
• Breast Cancer Screening (BCS) .....	65
• Cervical Cancer Screening (CCS).....	66
• Chlamydia Screening in Women (CHL) .....	69
• Child and Adolescent Well-Care Visits (WCV) .....	71
• <b>Childhood Immunizations (CIS) – Combo 10</b> .....	<b>73</b>
• Developmental Screening.....	77
• <b>Immunizations for Adolescents (IMA) – Combo 2</b> .....	<b>78</b>



# TABLE OF CONTENTS (CONTINUED)

• Substance Use Assessment in Primary Care for Adolescents .....	80
• Well-Child Visits in the First 15 Months of Life (W30) .....	81
• Well-Child Visits in the First 30 Months of Life (W30).....	82
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) .....	84
• Initial Health Assessment (IHA) .....	86
• Availability On-Call Physician.....	92
• After Hours Availability Emergency Calls Access.....	92
• After Hours Appointment Availability- Urgent Visits.....	93
• Appointment Availability- Routine Visits.....	93
• Access to Care Needed Right Away .....	94
• Coordination of Care.....	94
• Medical Assistance with Smoking and Tobacco Use Cessation (MSC)- Advising Smokers to Quit .....	95
• Rating of Personal Doctor.....	95
• Potentially Avoidable Emergency Department (ED) Visits.....	96
<b>2023 PCP Global Quality P4P Process Measures – Appendix 3.....</b>	<b>98</b>
<b>Process Measure Overview – Appendix 4</b>	
• Manifest MedEx (MX) Connectivity .....	99
• Timely Response to Provider Directory.....	101
<b>2023 PCP Global Quality Bonus Bundles – Appendix 5.....</b>	<b>102</b>
<b>2023 PCP Global Quality P4P Quality Bonus Services – Appendix 6 .....</b>	<b>105</b>
<b>Quality Bonus Services Overview – Appendix 7 .....</b>	<b>105</b>
<b>2023 PCP Global Quality P4P Penalty Measures – Appendix 8.....</b>	<b>113</b>
<b>Penalty Measures Overview – Appendix 9</b>	
• PCP Encounter Data Rate .....	114
• Provider Grievance Response Rate .....	114
<b>Historical Data Form – Appendix 10.....</b>	<b>115</b>
<b>Member Satisfaction Survey – Appendix 11.....</b>	<b>116</b>



# PROGRAM OVERVIEW

This program guide provides an overview of the 2023 Global Quality Pay for Performance (GQ P4P) Program for Primary Care Providers (PCPs). In this eighth year of the program, IEHP has made enhancements based on feedback from Providers in an effort to continually improve program effectiveness. The IEHP GQ P4P Program for PCPs is designed to reward PCPs for high performance and year-over-year improvement in key quality performance measures. This program guide is designed as an easy reference for Physicians and their staff to understand the GQ P4P Program.

This year's GQ P4P Program continues to provide financial rewards to PCPs for improving health care quality across multiple domains and measures. The 2023 Global Quality P4P Program includes core measures, process measures and penalty "risk" measures.

IEHP also encourages all PCPs to attend IEHP Provider P4P meetings that are held throughout the year to support your efforts to maximize earnings in this program.

If you would like more information about IEHP's GQ P4P Program or best practices to help improve quality scores and outcomes, visit our Secure Provider Portal at [www.iehp.org](http://www.iehp.org), email the Quality Team at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org) or call the IEHP Provider Relations Team at (909) 890-2054.

## What's New?

### Two measures were revised

- Adult Influenza Vaccine
- Colorectal Cancer Screening

## Eligibility and Participation

To be eligible for incentive payments in the 2023 GQ P4P Program, PCPs must meet the following criteria:

- Have at least 200 Medi-Cal Members assigned as of January 2023.
- Have at least 20 Members in the denominator as of December 2023 for each quality measure to qualify for scoring.
- Have at least three quality measures that meet minimum denominator requirements in order for a global quality score to be calculated.
- Provider must be connected to CAIR2 (must enter immunizations into the registry and use to look up prior immunizations given to assigned patients) by July 1, 2023.

PCP enrollment into the GQ P4P program is automatic once the four criteria above have been met.

## Minimum Data Requirements

### Encounter Data

Encounter data is foundational to performance measurement and is essential to success in the GQ P4P Program. Complete, timely and accurate encounter data should be submitted through normal reporting channels for all services rendered to IEHP Members. Please use the appropriate codes listed in [Appendix 2](#) to meet measure requirements.

---

### Lab Results

Data from lab results data is also foundational to Program performance measurement. Providers should ensure they submit complete lab results data for services rendered to IEHP Members. Work with your IPA to ensure you are using the appropriate lab vendors for IEHP Members, and submitting lab results data to IEHP.

Lab results that are performed in the office (e.g., point of care HbA1c testing, urine tests, etc.) should be coded and submitted through your encounter data.

---

### Immunizations

To maximize performance in immunization-based measures, **IEHP requires all Providers to report all immunizations via the California Immunization Registry (CAIR2)**. For more information on how to register for CAIR2, please visit <http://cairweb.org/>. IEHP works closely with CAIR to ensure data sharing to support the GQ P4P program.



## Program Terms and Conditions

- **Good Standing:** A Provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in IEHP's GQ P4P Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers or IPAs, whether that agreement is entered into prior to or subsequent to the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The IEHP GQ P4P Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP GQ P4P Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP GQ P4P Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP GQ P4P Program is final.
- As a condition of receiving payment under the IEHP GQ P4P Program, Providers and IPAs must be active and contracted with IEHP and have active assigned Members at the time of payment.



## Financial Overview

Providers are eligible to receive financial rewards for performance excellence and for performance improvement. Financial rewards are based on a tiered system, providing increasing financial rewards as Providers reach each level of higher performance. The 2023 GQ P4P Program incentive pool is \$148 million for PCPs. Incentive dollars for the 2023 performance period will be distributed via a monthly Per Member Per Month (PMPM) Quality Payment beginning in July 2024 and continuing through June 2025. Based on PCP performance, payment methodologies may be adjusted to ensure that the 2023 program year costs do not exceed this \$148 million pool for the PCP Program.

## Performance Measures

Appendix 1 provides a list of the 37 measures in the 2023 GQ P4P Core Program and includes thresholds and benchmarks associated with respective Tier Goals. These measures are categorized into four domains: *Access, Clinical Quality, Behavioral Health Integration, Patient Experience*.

Most measures included in the *Clinical Quality Domain* primarily use standard Healthcare Effectiveness Data and Information Set (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA). Non-HEDIS® measures that are included in the program come from the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Quality Program and the Pharmacy Quality Alliance (PQA).

---

### Clinical Quality Domain Measures:

- Asthma Medication Ratio
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visits
- Childhood Immunization – Combo 10
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Diabetes Care – Blood Pressure Control <140/90
- Diabetes Care – Hemoglobin A1c Control Patients with Diabetes
- Diabetes Care – Kidney Health Evaluation
- Developmental Screening
- Adult Influenza Vaccine
- Immunizations for Adolescents – Combo 2
- Initial Health Assessment
- Post Discharge Follow-Up
- Statin Therapy Received in Patients with Cardiovascular Disease and Diabetes
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
  - o Counseling for Physical Activity
  - o Counseling for Nutrition
  - o BMI Percentile
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the First 30 Months of Life



IEHP's HEDIS® measurement year 2023 data set and Managed Care Accountability Set (MCAS) will be used to evaluate Providers' year-end performance. These measure sets undergo an independent audit review prior to rate finalization.

The Initial Health Assessment (IHA) measure follows IEHP's IHA internal compliance monitoring methodology and is not a HEDIS® measure.

The Post Discharge Follow-Up measure is an IEHP-defined measure developed to support transitions of care needs of IEHP Members.

---

## **Access Domain Measures:**

- After Hours Availability - On-Call Physician Access
- After Hours Availability - Life-Threatening Emergency Calls
- Appointment Availability - Urgent
- Appointment Availability - Routine
- Potentially Avoidable Emergency Department (ED) Visits

The *Access* measures are based on the Department of Managed Health Care (DMHC) and NCQA requirements for monitoring access to care across the network. See [Appendix 2](#) for measure details.

---

## **Behavioral Health Integration Domain Measures:**

Measures in this domain come from various measure stewards including: the National Quality Forum (NQF), HEDIS®, and the Department of Health Care Services (DHCS).

- Antidepressant Medication Management
- Screening for Clinical Depression in Primary Care
- Substance Use Assessment in Primary Care for Adolescents
- Substance Use Assessment in Primary Care
- Social Determinants of Health Screening
- Social Determinants of Health Identification Rate

## Patient Experience Domain Measures:

*Patient Experience Domain* measures include Member Satisfaction Survey questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey that is published by the Agency for Healthcare Research and Quality (AHRQ). IEHP conducts a Member Satisfaction Survey that is a modified CAHPS survey and is the sole data source used for this measure domain. The IEHP Member Satisfaction Survey is conducted between June and December of each year. Surveys received from the 2023 Member Satisfaction Survey will be used to calculate the Patient Experience Domain measures. Below are the four areas included in the Patient Experience Domain for the 2023 program.

- Access to Care Needed Right Away
- Coordination of Care
- Medical Assistance with Smoking Cessation – Advising Smokers to Quit
- Rating of Personal Doctor

## Scoring Methodology

Payments within the core program will be awarded to PCPs based on individual performance in reaching established Quality Goals (e.g., Tier Goals for each measure).

In the *Clinical Quality Domain*, HEDIS® measure results are based on each measure's total eligible population assigned to the PCP. The eligible population is defined as the set of Members who meet the denominator criteria specified in each measure by NCQA. Members in the eligible population are attributed to the assigned PCP on each measure's anchor date, as defined within each measure. Members contribute to a PCP's measure denominator if continuous enrollment criteria are met at the health plan level. For each measure, the measure score reflects the proportion of the eligible population that complies with the numerator criteria. For measures that are based on the HEDIS methodology, IEHP will adhere to the most current HEDIS technical specifications (Volume 2) for determining both numerators and denominators.

In the Clinical Quality Domain, non-HEDIS measures include the Initial Health Assessment and the Post Discharge Follow-Up measure. Each measure was designed by IEHP using validated coding and technical specifications. The Initial Health Assessment Measure is based on DHCS requirements and includes new health plan Members who are assigned to the PCP during the measurement year and who remain enrolled with IEHP and the PCP through the end of the 120 day post-enrollment period. The Post Discharge Follow-Up measure is described in detail in Appendix 2.

In the *Access Domain*, PCP telephone handling for appointments and after hours access is assessed via Plan-conducted phone surveys. IEHP follows the DMHC Timely Access Standards Provider Appointment Availability Study methodology to assess PCP adherence to Appointment Availability Standards. IEHP follows the NCQA standards of assessing PCP adherence to After Hours access to care and call handling protocols.

In the *Patient Experience Domain*, monthly Member Satisfaction Survey measures are based on Members who meet eligibility criteria to receive a mailed survey between June and December of the measurement year. Members eligible to receive a Member Satisfaction Survey must have been continuously enrolled with IEHP for at least six months in the measurement year (2023) and must have had an office visit in the prior six months based on encounter data submitted to IEHP. Members who meet the survey eligibility criteria are randomly sampled to receive a survey. Survey measure results are attributed to the Member's assigned PCP based on the most recent encounter that qualified the Member to be eligible for the survey. A Member is eligible to receive only one survey per calendar year.

## Payment Methodology

PCP performance for each quality measure will be given a point value (i.e., a Quality Score). Points are assigned based on the Tier Goal achieved (i.e., Tier 1 = one point, Tier 2 = two points, Tier 3 = three points) for each measure.

Providers who have at least three quality measures that meet the minimum denominator size (n = 20) will be considered for payment calculations. An overall weighted average of all eligible Quality Scores will determine the overall GQ Performance Score. Individual measure weights will be assigned as follows:

- Process measures (such as screenings) are given a weight of 1
- Patient experience measures are given a weight of 1.5
- Outcome and intermediate outcome measures (e.g., HbA1c, blood pressure control, and childhood immunizations) are given a weight of 3

Please reference Appendix 1 for a list of individual measure weights for the 2023 GQP4P measure set.

The following formula will be used to calculate the overall **GQ Performance Score**:

**GQ Performance Score** (i.e. overall weighted average) =  $\frac{\text{Sum (measure tier}^* \text{ measure weight)}}{\text{Sum of measure weights}}$

GQ P4P Program payments will be awarded according to the following formula:

$$([\text{Global Quality Performance Score}] \times [\text{\# Medi-Cal Average Member Months}] \times [\text{GQ P4P Payment Multiplier}] / [\text{Total Medi-Cal Member Months}]) + \text{Bonus Bundles} + \text{Process Measures} - \text{Penalty Measures} = \text{GQ P4P PMPM Bonus}$$

The GQ P4P payment multiplier will be determined based on Network performance and budget limits. The GQ P4P payment multiplier value displayed in the Interim Reports may not be the final value used in determining final Quality PMPM payment amounts.

## PCP PMPM Quality Payment Methodology

From July 2024 – June 2025, PCPs will receive a monthly Quality PMPM payment based on their 2023 GQ P4P performance using the following formula:

The diagram illustrates the formula for calculating the Quality PMPM Payment Amount. It consists of two blue rounded rectangular boxes on the left, separated by a horizontal line. The top box contains the text "2023 Global Quality P4P Incentive Payout Total". The bottom box contains the text "Total Medi-Cal Member Months". To the right of these boxes is a green rounded rectangular box containing the text "Quality PMPM Payment Amount". Two blue horizontal lines connect the two blue boxes to the green box, indicating a division operation.

PCP payment example: PCP with monthly average of 2,500 Members (30,000 Member Months) and 2.0 GQ Quality Score

The diagram illustrates a PCP payment example. It consists of two blue rounded rectangular boxes on the left, separated by a horizontal line. The top box contains the text "(A) 2023 Global Quality P4P Incentive Payout Total: \$250,000". The bottom box contains the text "Total Member Months: 30,000". To the right of these boxes is a green rounded rectangular box containing the text "Quality PMPM Payment Amount: \$8.33". Below this green box is another green rounded rectangular box containing the text "~ \$20,825 monthly payment\*" and "~ \$249,900 annual payment\*". Two blue horizontal lines connect the two blue boxes to the green box, indicating a division operation.

\*Assuming stable membership volume and there is additional incentive for bonus bundles, or process measures, and no PCP penalty to be deducted from the Quality PMPM bonus.

Note: Members with Open Access and Other Health Coverage will be removed from the measure denominators prior to the final payment calculation.

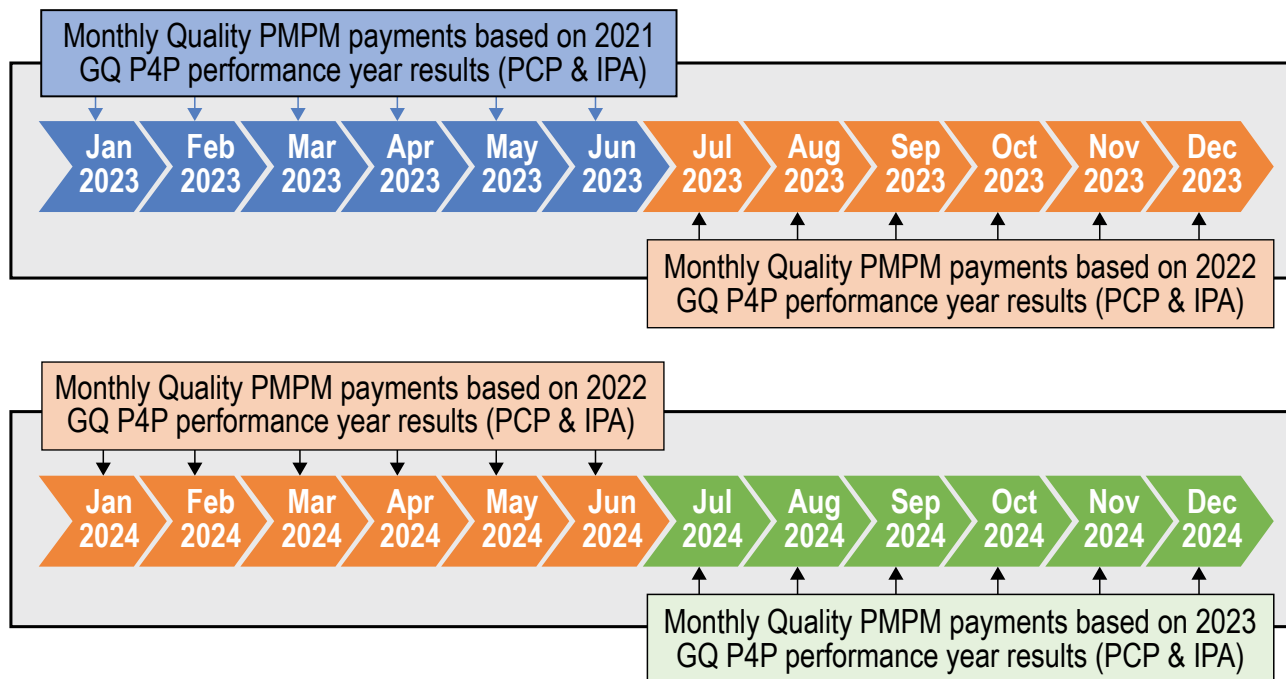
## Reporting Timeline

Below is a table describing the flow of encounter data to IEHP in support of the GQ P4P Program reporting.

P4P ENCOUNTER DATA REPORTING TIMELINE:					
Month of Service	Provider Encounters Due to IPA	IPA Encounters Due to IEHP	P4P Data Freeze	Dates of Service Assessed	Rosters Updated
Jan-23	Feb-23	5/1/23	5/1/23	Jan 2023	5/15/23
Feb-23	Mar-23	6/1/23	6/1/23	Jan - Feb 2023	6/15/23
Mar-23	Apr-23	7/1/23	7/1/23	Jan - March 2023	7/15/23
Apr-23	May-23	8/1/23	8/1/23	Jan - April 2023	8/15/23
May-23	Jun-23	9/1/23	9/1/23	Jan - May 2023	9/15/23
Jun-23	Jul-23	10/1/23	10/1/23	Jan - June 2023	10/15/23
Jul-23	Aug-23	11/1/23	11/1/23	Jan - July 2023	11/15/23
Aug-23	Sep-23	12/1/23	12/1/23	Jan - Aug 2023	12/15/23
Sep-23	Oct-23	1/1/24	1/1/24	Jan - Sept 2023	1/15/24
Oct-23	Nov-23	2/1/24	2/1/24	Jan - Oct 2023	2/15/24
Nov-23	Dec-23	3/1/24	3/1/24	Jan - Nov 2023	3/15/24
Dec-23	Jan-24	4/1/24	4/1/24	Jan - Dec 2023	4/15/24

*This timeline depicts the latest reporting dates based on IEHP's policies and procedures. However, Providers and IPAs are encouraged to report their encounter data as soon as possible to IEHP. All encounters received by IEHP are considered when calculating updated reports and rosters including those encounters that are reported earlier than the encounter data due date.*

## ✓ Quality Incentive Payout Timeline: Provider Communication Timeline



### Getting Help

Please direct questions and/or comments related to this program to the IEHP Provider Relations Team at (909) 890-2054 or IEHP's Quality Department at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org).



# APPENDIX 1: 2023 PCP Global Quality P4P Program Measures

## 2023 GQ P4P PROGRAM MEASURE LIST:

Domain	Measure Name	Population	Tier 1	Tier 2	Tier 3 <sup>1</sup>	Tier 4 <sup>2</sup>	Measure Weight
Clinical Quality	Asthma Medication Ratio	Adult	Improvement demonstrated by meeting the following 2 conditions:  10% reduction in non-compliance  <b>AND</b>  Improvement of at least 2% points	If baseline is below 50th percentile: 20% reduction in non-compliance AND must meet the 50th percentile  If baseline is at or above 50th percentile: Improvement of at least 2% points	70%	74%	3.0
Clinical Quality	Colorectal Cancer Screening	Adult			77%	82%	1.0
Clinical Quality	Controlling Blood Pressure	Adult			65%	69%	3.0
Clinical Quality	Diabetes Care- Blood Pressure Control <140/90	Adult			67%	73%	3.0
Clinical Quality	Diabetes Care - Hemoglobin A1c Control for Patients with Diabetes	Adult			54%	58%	3.0
Clinical Quality	Diabetes Care- Kidney Health Evaluation	Adult			41%	47%	1.0
Clinical Quality	Adult Influenza Vaccine	Adult			45%	51%	1.0
Clinical Quality	Post Discharge Follow-Up	Adult			70%	80%	1.0
Clinical Quality	Statin Therapy Received for Patients with Cardiovascular Disease and Diabetes <sup>3</sup>	Adult			76%	79%	1.0
Behavioral Health Integration	Substance Use in Primary Care Adolescents	Child			15%	25%	1.0
Behavioral Health Integration	Antidepressant Medication Management	Adult and Adolescent	56%	64%	1.0		
Behavioral Health Integration	Social Determinants of Health Screening <sup>4</sup>	Adult and Adolescent	Monitoring Only				NA
Behavioral Health Integration	Social Determinants of Health Identification Rate	Adult and Adolescent	10%	15%	20%	25%	1.0
Behavioral Health Integration	Screening for Clinical Depression in Primary Care	Adult and Adolescent	Improvement demonstrated by meeting the following 2 conditions:  10% reduction in non-compliance  <b>AND</b>  Improvement of at least 2% points	If baseline is below 50th percentile: 20% reduction in non-compliance AND must meet the 50th percentile  If baseline is at or above 50th percentile: Improvement of at least 2% points	56%	72%	1.0
Behavioral Health Integration	Substance Use Assessment in Primary Care	Adult			17%	32%	1.0
Clinical Quality	Breast Cancer Screening	Women			57%	61%	1.0
Clinical Quality	Cervical Cancer Screening	Women			63%	67%	1.0
Clinical Quality	Chlamydia Screening in Women	Women			63%	68%	1.0
Clinical Quality	Child and Adolescent Well-Care Visits	Child			57%	63%	1.0
Clinical Quality	Childhood Immunizations - Combo 10 <sup>†</sup>	Child			46%	54%	3.0
Clinical Quality	Developmental Screening	Child			39%	46%	1.0
Clinical Quality	Immunizations for Adolescents - Combo 2	Child			41%	48%	3.0
Clinical Quality	Well-Child Visits First 15 Months of Life	Child			61%	68%	1.0
Clinical Quality	Well-Child Visits First 30 Months of Life	Child	72%	78%	1.0		

## 2023 GQ P4P PROGRAM MEASURE LIST:

Domain	Measure Name	Population	Tier 1	Tier 2	Tier 3 <sup>1</sup>	Tier 4 <sup>2</sup>	Measure Weight
Clinical Quality	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Counseling for Physical Activity	Child	Improvement demonstrated by meeting the following 2 conditions:  10% reduction in non-compliance  <b>AND</b>  Improvement of at least 2% points	<b>If baseline is below 50th percentile:</b> 20% reduction in non-compliance AND must meet the 50th percentile  <b>If baseline is at or above 50th percentile:</b> Improvement of at least 2% points	78%	81%	1.0
Clinical Quality	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Counseling for Nutrition	Child			81%	84%	1.0
Clinical Quality	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI Percentile	Child			84%	88%	1.0
Clinical Quality	Initial Health Assessment	All			65%	75%	1.0
Access	After Hours Availability - On-Call Physician Access	All	NA	Pass 2 Access Measures	Pass 3 Access Measures	Pass 4 Access Measures	1.0
Access	After Hours Availability - Life-Threatening Emergency Calls	All					
Access	Appointment Availability-Urgent	All					
Access	Appointment Availability-Routine	All					
Access	Potentially Avoidable ED Visits	All	≤11.19%	NA	NA	NA	1.0
Patient Experience	Member Satisfaction Survey - Access to Care Needed Right Away	All	83%*	84%**	85%***	NA	1.5
Patient Experience	Member Satisfaction Survey - Coordination of Care	All	84%*	86%**	87%***	NA	1.5
Patient Experience	Member Satisfaction Survey – Medical Assistance with Smoking Cessation Advising Smokers to Quit	All	73%*	75%**	77%***	NA	1.0
Patient Experience	Member Satisfaction Survey - Rating of Personal Doctor	All	83%*	84%**	85%***	NA	1.5

\* Tier 1 goals set at the 50th percentile as published in the 2022 (MY 2021) NCQA Quality Compass

\*\* Tier 2 goals set at the 66th percentile as published in the 2022 (MY 2021) NCQA Quality Compass

\*\*\* Tier 3 goals set at the 75th percentile as published in the 2022 (MY 2021) NCQA Quality Compass

<sup>1</sup> Tier 3 goals set at the 75th percentile as published in the 2022 (MY 2021) NCQA Quality Compass, Colorectal Cancer Screening set as 75th percentile as published in the 2022 (MY 2021) NCQA Medicare Quality Compass

<sup>2</sup> Tier 4 goals set at the 90th percentile as published in the 2022 (MY 2021) NCQA Quality Compass, Colorectal Cancer Screening set as 90th percentile as published in the 2022 (MY 2021) NCQA Medicare Quality Compass

<sup>3</sup> The Statin Therapy Received for Patients with Cardiovascular Disease and Diabetes measure is a combination of two measures (Statin Therapy Received for Patients with Cardiovascular Disease and Statin Therapy Received for Patients with Diabetes). The denominators and numerators for this combined measure will be calculated to produce one rate for this measure. The minimum denominator requirement for this measure is 10 eligible Members.

<sup>4</sup> Reporting Only Measure. Not eligible for incentive dollars

<sup>†</sup> Tier 1: If baseline is at or above 50th percentile: Goal is the 50th percentile, Tier 2: If baseline is at or above 50th percentile: Goal is the 50th percentile plus 1%.



## Adult Influenza Vaccine

**Methodology:** IEHP – HEDIS Modified Measure

**Measure Description:** The percentage of Members 19 years of age and older, who received an influenza vaccine between July 1 of the year prior to the measurement year (2022) and June 30 of the measurement year (2023).

**Denominator:** Members 19 years of age or older who meet all criteria for the eligible population.

- Anchor Date: June 30, 2023

**Numerator:** Members in the denominator who received an influenza vaccine between July 1, 2022–June 30, 2023.

ADULT INFLUENZA VACCINE CODE SET:			
Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90630	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, For Intradermal Use
Flu Vaccine	CPT	90653	Influenza Vaccine, Inactivated (Iiv), Subunit, Adjuvanted, For Intramuscular Use
Flu Vaccine	CPT	90654	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, For Intradermal Use
Flu Vaccine	CPT	90656	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90658	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use
Flu Vaccine	CPT	90661	Influenza Virus Vaccine, Trivalent (Cciiv3), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90662	Influenza Virus Vaccine (Iiv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, For Intramuscular Use
Flu Vaccine	CPT	90672	Influenza Virus Vaccine, Quadrivalent, Live (Laiv4), For Intranasal Use
Flu Vaccine	CPT	90673	Influenza Virus Vaccine, Trivalent (Riv3), Derived From Recombinant Dna, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use

## ADULT INFLUENZA VACCINE CODE SET:

Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90674	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90682	Influenza Virus Vaccine, Quadrivalent (RIV4), Derived From Recombinant DNA, Hemagglutinin (HA) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use
Flu Vaccine	CPT	90686	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90688	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90689	Influenza Virus Vaccine Quadrivalent (Iiv4), Inactivated, Adjuvanted, Preservative Free, 0.25 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90694	Influenza Virus Vaccine, Quadrivalent (aIIV4), Inactivated, Adjuvanted, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90756	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Antibiotic Free, 0.5Ml Dosage, For Intramuscular Use

**Denominator:** The eligible population.

- Anchor Date December 31, 2023

**Numerator:** Members in the denominator who had one or more well-care visits with a PCP or an OB/GYN during the measurement year (2023).



## Childhood Immunizations (CIS) – Combo 10

### Summary of Changes to the Global Quality P4P Program Guide:

- Update to the exclusions

**Methodology:** HEDIS®

**Measure Description:** The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); three haemophilus influenza type B (HiB); three hepatitis B (HepB); four pneumococcal conjugate (PCV); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The percentage of children 2 years of age who had one measles, mumps and rubella (MMR); one chicken pox (VZV); and one hepatitis A (HepA) vaccines on or between the child's first and second birthdays. The measure calculates a rate for each vaccine and one combination rate.

- Combo 10 includes the timely completion of the following antigens:
  - DTaP; IPV; MMR; HiB; HepB; VZV; PCV; HepA; Rotavirus; Flu
- The eligible population in this measure meets all of the following criteria:
  1. Children who turn 2 during the measurement year (2023).
  2. Continuous enrollment with IEHP 12 months prior to the child's second birthday with no more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.

### CHILDHOOD IMMUNIZATION CODE SET:

Antigen	Code Type	Code	Code Description
DTaP	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
DTaP	CPT	90698	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine And Hemophilus Influenza B Vaccine And Activated Poliovirus Vaccine, (DTaP-IPV/Hib), For Intramuscular Use
DTaP	CPT	90700	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine (DTaP) For Intramuscular Use

## CHILDHOOD IMMUNIZATION CODE SET:

Antigen	Code Type	Code	Code Description
DTaP	CPT	90723	Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular Use
IPV	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
IPV	CPT	90698	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine And Hemophilus Influenza B Vaccine and activated poliovirus vaccine, (DTaP-IPV/HiB), For Intramuscular Use
IPV	CPT	90713	Poliovirus Vaccine Inactivated (IPV) For Subcutaneous Use
IPV	CPT	90723	Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular Use
MMR	CPT	90707	Measles Mumps And Rubella Virus Vaccine (MMR) Live For Subcutaneous Use
MMR	CPT	90710	Measles Mumps Rubella And Varicella Vaccine (MMRV) Live For Subcutaneous Use
HiB	CPT	90644	Meningococcal Conjugate Vaccine, Serogroups C & Y And Hemophilus Influenzae Type B Vaccine (HiB-mency), four dose schedule, when administered to children six weeks-18 months of age, for intramuscular use
HiB	CPT	90647	Hemophilus Influenza B Vaccine (HiB) Prp-omp Conjugate (Three Dose Schedule) For Intramuscular Use
HiB	CPT	90648	Hemophilus Influenza B Vaccine (HiB) prp-t Conjugate (Four Dose Schedule) For Intramuscular Use
HiB	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
HiB	CPT	90698	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine And Hemophilus Influenza B Vaccine and activated poliovirus vaccine, (DTaP-IPV/HiB), for intramuscular use
HiB	CPT	90748	Hepatitis B And Hemophilus Influenza B Vaccine (HepB-HiB) For Intramuscular Use
HepB	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
HepB	CPT	90723	Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular use
HepB	CPT	90740	Hepatitis B Vaccine Dialysis Or Immunosuppressed Patient Dosage (Three Dose Schedule) For Intramuscular Use
HepB	CPT	90744	Hepatitis B Vaccine Pediatric/adolescent Dosage (Three Dose Schedule) For Intramuscular Use
HepB	CPT	90747	Hepatitis B Vaccine Dialysis Or Immunosuppressed Patient Dosage (Four Dose Schedule) For Intramuscular Use

## CHILDHOOD IMMUNIZATION CODE SET:

Antigen	Code Type	Code	Code Description
HepB	CPT	90748	Hepatitis B And Hemophilus Influenza B Vaccine (HepB-HiB) For Intramuscular Use
HepB	HCPCS	G0010	Administration Of Hepatitis B Vaccine
VZV	CPT	90710	Measles Mumps Rubella And Varicella Vaccine (MMRV) Live For Subcutaneous Use
VZV	CPT	90716	Varicella Virus Vaccine Live For Subcutaneous Use
PCV	CPT	90670	Pneumococcal Conjugate Vaccine 13 Valent For Intramuscular Use
PCV	HCPCS	G0009	Administration Of Pneumococcal Vaccine
HepA	CPT	90633	Hepatitis A Vaccine Pediatric/adolescent Dosage-2 Dose Schedule For Intramuscular Use
Rotavirus - Two Dose*	CPT	90681	Rotavirus Vaccine Human Attenuated Two Dose Schedule Live For Oral Use.
Rotavirus - Three Dose**	CPT	90680	Rotavirus Vaccine Tetravalent Live For Oral Use
Flu	CPT	90655	Influenza Virus Vaccine, Trivalent (IIV3), Split Virus, Preservative Free, 0.25ml Dosage, For Intramuscular Use
Flu	CPT	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
Flu	CPT	90660	Influenza virus vaccine, trivalent, live (LAIV3) for intranasal use
Flu	CPT	90661	Influenza Virus Vaccine Derived From Cell Cultures Subunit Preservative And Antibiotic Free For Intramuscular Use
Flu	CPT	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
Flu	CPT	90673	Influenza Virus Vaccine Trivalent Derived From Recombinant DNA (RIV3) Hemagglutinin (HA) Protein Only Preservative And Antibiotic
Flu	CPT	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
Flu	CPT	90685	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus Preservative Free, 0.25 mL dosage, for Intramuscular Use
Flu	CPT	90686	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus Preservative Free, 0.5 mL dosage, for Intramuscular Use
Flu	CPT	90687	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus, 0.25 mL dosage, for Intramuscular Use
Flu	CPT	90688	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus, 0.5 mL dosage, for Intramuscular Use
Flu	CPT	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
Flu	CPT	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
Flu	HCPCS	G0008	Administration Of Influenza Virus Vaccine

\*Rotavirus - Two Dose: At least two doses of the two-dose rotavirus vaccine on different dates of services.

\*\*Rotavirus - Three Dose: At least three doses of the three-dose rotavirus vaccine on different dates of service.

- Members who meet any of the following criteria are excluded:
  1. Members in hospice.
  2. Members who had any of the following on or before their second birthday:
    - Severe combine immunodeficiency
    - Immunodeficiency
    - HIV
    - Lymphoreticular cancer, multiple myeloma or leukemia
    - Intussusception
  3. Members who expired at any time during the measurement year (2023).

**Denominator:** Children 2 years of age in the eligible population.

- Anchor Date: Child's 2nd birthday

**Numerator:** Members in denominator who show timely completion of all antigens in Combo10.

# Developmental Screening

**Methodology:** CMS Child Core Set

**Measure Description:** The percentage of children who are screened for the risk of developmental, behavioral and social delays using a standardized screening tool, in the 12 months before or on their first, second or third birthday in the measurement year (2023).

- Eligible population in this measure meets all of the following criteria:
  1. Children turning ages 1-3 as of December 31 of the measurement year (2023).
  2. Continuous enrollment with IEHP for 12 months prior to the child’s first, second or third birthday with no more than one gap in enrollment of up to 45 days during the 12 months prior to the child’s first, second or third birthday.

**Denominator:** Children who turn ages 1, 2 or 3 by December 31 of the measurement year (2023).

- Anchor Date: Child’s birthday in the measurement year

**Numerator:** Children who were screened for risk of developmental, behavioral and social delays on or before the child’s first, second or third birthday.

Examples of developmental screening tools include but are not limited to:

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Parents’ Evaluation of Developmental Status (PEDS)
- Parents’ Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

## CODES TO IDENTIFY DEVELOPMENTAL SCREENING:

Antigen	Code Type	Code	Code Description
Developmental Screening	CPT	96110	Developmental screening (e.g. developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument



## Immunizations for Adolescents (IMA) – Combo 2

### Summary of Changes to the Global Quality P4P Program Guide:

- Update to the exclusions

**Methodology:** HEDIS®

**Measure Description:** The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate; one tetanus, diphtheria toxoids and acellular pertussis (Tdap); and two or three doses of the human papillomavirus (HPV) vaccine on or before their 13th birthday. The measure calculates a rate for each vaccine and a combination rate.

- At least one dose of meningococcal conjugate vaccine on or between the Member's 11th and 13th birthdays.
- At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the Member's 10th and 13th birthdays.
- At least two HPV vaccines, with different dates of service on or between the Member's 9th and 13th birthdays.
  - There must be at least 146 days between the first and second dose of the HPV vaccine. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be on or after July 25.

OR

At least three HPV vaccines, with different dates of service on or between the Member's 9th and 13th birthdays.

- The eligible population in this measure meets all of the following criteria:
  1. Adolescents who turn 13 years of age during the measurement year (2023).
  2. Continuous enrollment with IEHP 12 months prior to the Member's 13th birthday with no more than one gap in enrollment of up to 45 days during the 12 months prior to the 13th birthdays.



CODES TO IDENTIFY MENINGOCOCCAL:			
Antigen	Code Type	Code	Code Description
Meningococcal Conjugate	CPT	90619	Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, quadrivalent tetanus toxoid carrier (MenACWY-TT), For Intramuscular Use
Meningococcal Conjugate	CPT	90733	Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, quadrivalent (MPSV4), For Subcutaneous Use
Meningococcal Conjugate	CPT	90734	Meningococcal Conjugate Vaccine Serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), For Intramuscular Use

CODE TO IDENTIFY TDAP:			
Antigen	Code Type	Code	Code Description
Tdap	CPT	90715	Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals Seven Years Or Older For Intramuscular Use

CODES TO IDENTIFY HPV:			
Antigen	Code Type	Code	Code Description
HPV	CPT	90649	Human Papilloma Virus (HPV) Vaccine Types 6 11 16 18 Quadrivalent (4vHPV), two or three Dose Schedule, For Intramuscular Use
HPV	CPT	90650	Human Papilloma Virus (HPV) Vaccine Types 16, 18 bivalent (2vHPV) two or three Dose Schedule, For Intramuscular Use
HPV	CPT	90651	Human Papilloma Virus Vaccine 6 11 16 18 31 33 45 52 58, nonavalent (9vHPV) two or three Dose Schedule, For Intramuscular Use

- Members who meet the following criteria are excluded:
  - Members in hospice.
  - Members who expired at any time during the measurement year (2023).

**Denominator:** Adolescents 13 years of age who meet all the criteria for eligible population.

- Anchor Date: Child's 13th birthday

**Numerator:** Members in the denominator who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday during the measurement year (2023).

## Bonus Bundles

The bonus bundle measures allow Providers the opportunity to obtain additional P4P incentive earnings towards their monthly Quality PMPM. Providers can earn up to two (2) bonus bundles! All goals within the bundle must be met in order to earn. Providers can earn up to an additional \$1.00 PMPM per bonus bundle for meeting all the bonus bundle goals.



## APPENDIX 5: 2023 PCP Global Quality Bonus Bundles

2023 GLOBAL QUALITY PCP BONUS BUNDLES :			
Bundle Name	Includes	Goal	Value
Adolescent	1) Well-Care Visits – Ages 12-17 2) Immunizations for Adolescents Combo 2 3) Depression Screening and Follow-Up Plan – Ages 12-17 4) Chlamydia Screening – Ages 16-20	51% 41% 56% 62%	\$1.00 PMPM
Cancer Screening	1) Breast Cancer Screening 2) Cervical Cancer Screening 3) Colorectal Cancer Screening	59% 64% 46%	\$1.00 PMPM
Cardiovascular	1) Controlling High Blood Pressure 2) Statin Therapy for Patients with Cardiovascular Disease – Received 3) Statin Therapy for Patients with Cardiovascular Disease – Adherence	42% 83% 86%	\$1.00 PMPM
Diabetes	1) Diabetes Care – HbA1c Control <8 2) Diabetes Care – Blood Pressure Control <140/90 3) Diabetes Care – Kidney Health Evaluation 4) Statin Therapy for Patients with Diabetes – Received	51% 40% 47% 72%	\$1.00 PMPM
Early Childhood	1) Childhood Immunizations Combo 10 2) Well-Child Visits First 15 Months of Life 3) Well-Child Visits First 15-30 Months of Life 4) Developmental Screening in the First 3 years of Life	28% 36% 63% 44%	\$1.00 PMPM
Patient Experience	1) Rating of Personal Doctor 2) After Hours Availability – On-Call Physician Access 3) Appointment Availability – Urgent 4) Provider Grievance Response Rate	85% Pass Pass 81%	\$1.00 PMPM

## ✓ Global Quality P4P Quality Bonus Services (for PCPs)

The 2023 Global Quality P4P (GQ P4P) Program includes the Quality Bonus Services. The services included in this domain are linked to key quality measures that are low performing and were previously covered under the DHCS Value-Based Payments Program. Appendix 6 references the payment amounts per Quality Bonus Service, and Appendix 7 provides service details, including service requirements for payment.

## ✓ Eligibility and Participation

To be eligible for the Quality Bonus Services, Providers must be contracted with IEHP as a Medi-Cal Primary Care Physician (PCP) participating in the 2023 Global Quality P4P Program. NOTE: Federally Qualified Health Centers (FQHCs), Indian Health Facilities (IHF) and Rural Health Clinics (RHCs) are not eligible to receive the Quality Bonus Service payments.

## ✓ Financial Overview

All quality bonus services must be captured through normal reporting channels with the Providers assigned IPA. The quality bonus services will be paid following the Quality Bonus Payment Schedule.

2023 GLOBAL QUALITY P4P – QUALITY BONUS SERVICES PAYMENT SCHEDULE		
Date of Service:	Encounter Received:	Payment Date:
1/1/2023 – 1/31/2023	2/15/2023	3/20/2023
1/1/2023 – 2/28/2023	3/15/2023	4/20/2023
1/1/2023 – 3/31/2023	4/15/2023	5/20/2023
1/1/2023 – 4/30/2023	5/15/2023	6/20/2023
1/1/2023 – 5/31/2023	6/15/2023	7/20/2023
1/1/2023 – 6/30/2023	7/15/2023	8/20/2023
1/1/2023 – 7/31/2023	8/15/2023	9/20/2023
1/1/2023 – 8/31/2023	9/15/2023	10/20/2023
1/1/2023 – 9/30/2023	10/15/2023	11/20/2023
1/1/2023 – 10/31/2023	11/15/2023	12/20/2023
1/1/2023 – 11/30/2023	12/15/2023	1/20/2024
1/1/2023 – 12/31/2023	1/15/2024	2/20/2024
1/1/2023 – 12/31/2023	2/15/2024	3/20/2024



## APPENDIX 6: 2023 PCP Global Quality P4P Quality Bonus Services

QUALITY BONUS SERVICE – PAYMENT PER SERVICE	
Service	Amount
Pediatric Immunizations Administration	\$18.00
Adult Influenza Vaccine Administration	\$25.00
Lead Screening	\$25.00
Dental Fluoride Varnish	\$25.00
Tobacco Use Screening	\$25.00



## APPENDIX 7: Quality Bonus Services Overview

### Pediatric Immunizations Administration (\$18)

**Service Description:** Quality bonus payment to a Provider for each pediatric immunization administered for Members 0-18 years of age for antigens included in the Childhood Immunization Combo 10 (CIS) or Immunizations for Adolescents (IMA) measure.

- Payment based on antigen administered
- Payment to each rendering Provider who administered the pediatric immunization
- Effective for dates of service 1/1/2023-12/31/2023
- Payment eligible for all antigens included in the CIS or IMA measures
- One payment per Member per antigen per date of service allowed
- Members must be between ages 0-18 at the time of the shot administration
- Provider must bill the antigen code for the antigen being administered

PEDIATRIC IMMUNIZATION CODE SET:			
Service	Code Type	Code	Code Description
DTaP	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
DTaP	CPT	90698	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine And Hemophilus Influenza B Vaccine And Activated Poliovirus Vaccine, (DTaP-IPV/Hib), For Intramuscular Use DTaP CPT 90700 Diphtheria Tetanus Toxoids And Acellular

## PEDIATRIC IMMUNIZATION CODE SET:

Service	Code Type	Code	Code Description
DTaP	CPT	90700	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine (DTaP) For Intramuscular Use
DTaP	CPT	90723	Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular Use
IPV	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
IPV	CPT	90698	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine And Hemophilus Influenza B Vaccine and activated poliovirus vaccine, (DTaP-IPV/HiB), For Intramuscular Use
IPV	CPT	90713	Poliovirus Vaccine Inactivated (IPV) For Subcutaneous Use
IPV	CPT	90723	Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular Use
MMR	CPT	90707	Measles Mumps And Rubella Virus Vaccine (MMR) Live For Subcutaneous Use
MMR	CPT	90710	Measles Mumps Rubella And Varicella Vaccine (MMRV) Live For Subcutaneous Use
HiB	CPT	90644	Meningococcal Conjugate Vaccine, Serogroups C & Y And Hemophilus Influenzae Type B Vaccine (HiB-mency), four dose schedule, when administered to children six weeks-18 months of age, for intramuscular use
HiB	CPT	90647	Hemophilus Influenza B Vaccine (HiB) Prp-omp Conjugate (Three Dose Schedule) For Intramuscular Use
HiB	CPT	90648	Hemophilus Influenza B Vaccine (HiB) prp-t Conjugate (Four Dose Schedule) For Intramuscular Use
HiB	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
HiB	CPT	90698	Diphtheria Tetanus Toxoids And Acellular Pertussis Vaccine And Hemophilus Influenza B Vaccine and activated poliovirus vaccine, (DTaP-IPV/HiB), for intramuscular use
HiB	CPT	90748	Hepatitis B And Hemophilus Influenza B Vaccine (HepB-HiB) For Intramuscular Use
HepB	CPT	90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
HepB	CPT	90723	Diphtheria Tetanus Toxoids Acellular Pertussis Vaccine Hepatitis B, and Inactivated poliovirus vaccine (DTaP-HepB-IPV), For Intramuscular use

## PEDIATRIC IMMUNIZATION CODE SET:

Service	Code Type	Code	Code Description
HepB	CPT	90740	Hepatitis B Vaccine Dialysis Or Immunosuppressed Patient Dosage (Three Dose Schedule) For Intramuscular Use
HepB	CPT	90744	Hepatitis B Vaccine Pediatric/adolescent Dosage (Three Dose Schedule) For Intramuscular Use
HepB	CPT	90747	Hepatitis B Vaccine Dialysis Or Immunosuppressed Patient Dosage (Four Dose Schedule) For Intramuscular Use
HepB	CPT	90748	Hepatitis B And Hemophilus Influenza B Vaccine (HepB-HiB) For Intramuscular Use
HepB	HCPCS	G0010	Administration Of Hepatitis B Vaccine
VZV	CPT	90710	Measles Mumps Rubella And Varicella Vaccine (MMRV) Live For Subcutaneous Use
VZV	CPT	90716	Varicella Virus Vaccine Live For Subcutaneous Use
PCV	CPT	90670	Pneumococcal Conjugate Vaccine 13 Valent For Intramuscular Use
PCV	HCPCS	G0009	Administration Of Pneumococcal Vaccine
HepA	CPT	90633	Hepatitis A Vaccine Pediatric/adolescent Dosage-2 Dose Schedule For Intramuscular Use
Rotavirus - Two Dose	CPT	90681	Rotavirus Vaccine Human Attenuated Two Dose Schedule Live For Oral Use.
Rotavirus - Three Dose	CPT	90680	Rotavirus Vaccine Tetravalent Live For Oral Use
Flu	CPT	90655	Influenza Virus Vaccine, Trivalent (IIV3), Split Virus, Preservative Free, 0.25ml Dosage, For Intramuscular Use
Flu	CPT	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
Flu	CPT	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
Flu	CPT	90661	Influenza Virus Vaccine Derived From Cell Cultures Subunit Preservative And Antibiotic Free For Intramuscular Use
Flu	CPT	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
Flu	CPT	90673	Influenza Virus Vaccine Trivalent Derived From Recombinant DNA (RIV3) Hemagglutinin (HA) Protein Only Preservative And Antibiotic
Flu	CPT	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
Flu	CPT	90685	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus Preservative Free, 0.25 mL dosage, for Intramuscular Use
Flu	CPT	90686	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus Preservative Free, 0.5 mL dosage, for Intramuscular Use
Flu	CPT	90687	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus, 0.25 mL dosage, for Intramuscular Use
Flu	CPT	90688	Influenza Virus Vaccine Quadrivalent (II4V) Split Virus, 0.5 mL dosage, for Intramuscular Use

## PEDIATRIC IMMUNIZATION CODE SET:

Service	Code Type	Code	Code Description
Flu	CPT	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use
Flu	CPT	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
Flu	HCPCS	G0008	Administration Of Influenza Virus Vaccine
Meningococcal Conjugate	CPT	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent tetanus toxoid carrier (MenACWY-TT), for intramuscular use
Meningococcal Conjugate	CPT	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
Meningococcal Conjugate	CPT	90734	Meningococcal Conjugate Vaccine Serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), For Intramuscular Use
Tdap	CPT	90715	Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals 7 Years Or Older For Intramuscular Use
HPV	CPT	90649	Human Papilloma Virus (HPV) Vaccine Types 6 11 16 18 Quadrivalent (4vHPV), two or three Dose Schedule, For Intramuscular Use
HPV	CPT	90650	Human Papilloma Virus (HPV) Vaccine Types 16, 18 bivalent (2vHPV) two or three Dose Schedule, For Intramuscular Use
HPV	CPT	90651	Human Papilloma Virus Vaccine 6 11 16 18 31 33 45 52 58, nonavalent (9vHPV) two or three Dose Schedule, For Intramuscular Use

## Adult Influenza Vaccine Administration (\$25)

**Service Description:** Quality bonus payment to a Provider for each adult influenza vaccine administered for Members 19 years of age and older.

- Payment based on antigen administered
- Payment to each rendering Provider who administered the adult influenza vaccine
- Effective dates of service 1/1/2023-12/31/2023
- One payment per Member per flu season (January through June and July through December)
- One payment per Member per date of service allowed
- Provider must bill the antigen code for the antigen being administered

## ADULT INFLUENZA VACCINE CODE SET:

Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90630	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, For Intradermal Use
Flu Vaccine	CPT	90653	Influenza Vaccine, Inactivated (Iiv), Subunit, Adjuvanted, For Intramuscular Use
Flu Vaccine	CPT	90654	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative-Free, For Intradermal Use
Flu Vaccine	CPT	90656	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, 0.5 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90658	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, 0.5 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use
Flu Vaccine	CPT	90661	Influenza Virus Vaccine, Trivalent (Cciiv3), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90662	Influenza Virus Vaccine (Iiv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, For Intramuscular Use
Flu Vaccine	CPT	90672	Influenza Virus Vaccine, Quadrivalent, Live (Laiv4), For Intranasal Use
Flu Vaccine	CPT	90673	Influenza Virus Vaccine, Trivalent (Riv3), Derived From Recombinant Dna, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use
Flu Vaccine	CPT	90674	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
Flu Vaccine	CPT	90686	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, 0.5 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90688	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, 0.5 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90689	Influenza Virus Vaccine Quadrivalent (Iiv4), Inactivated, Adjuvanted, Preservative Free, 0.25 ML Dosage, For Intramuscular Use
Flu Vaccine	CPT	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
Flu Vaccine	CPT	90756	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Antibiotic Free, 0.5ml Dosage, For Intramuscular Use



## Penalty Measures

Provider payment models have been evolving away from traditional fee-for-service and moving toward payments for quality and value. Frameworks supporting alternative payment models have been developed by the Centers for Medicare and Medicaid Services (CMS) and the Department of Healthcare Services (DHCS). IEHP is committed to investing in alternative payment models that pay for quality and provide value. In the spirit of evolving our alternative payment models, IEHP is introducing “risk” as a component in the Global Quality P4P Program. This movement will focus on measures that:

- Are within a Provider’s scope of care and influence
- Are within a Provider’s control and influence
- Bring value to the organization

IEHP will be including two penalty measures in the Global Quality P4P Program for 2023:

- Provider Grievance Response Rate
- PCP Encounter Data Rate

Both measures represent processes within the PCP practice that are within the control of the Provider. These measures will be structured in a way that a Provider’s performance will be compared to a pre-determined target for the measurement period. Provider performance that meets or exceeds the target will result in no penalty or “risk”. Alternatively, Provider performance that falls below the established target will result in a financial penalty. The financial penalty will be taken from the Provider’s incentive earnings for the same measurement period. Financial penalties will not exceed the value of the incentive earnings within the measurement period.

Financial penalties for the 2023 program year will be capped at no more than \$0.50 PMPM. Please see Appendix 8 for penalty details.



## **APPENDIX 8:** 2023 PCP Global Quality P4P Quality Penalty Measures

2023 GQ P4P PCP PENALTY MEASURE LIST		
Measure Name	Population	Goal
PCP Encounter Data Rate - SPD*	All	3
PCP Encounter Data Rate - Non-SPD*	All	2.5
Provider Grievance Response Rate	All	80%

\*SPD: Seniors and Persons with Disabilities; Non-SPD: Non-Seniors and Persons with Disabilities