United Healthcare Community Plan

Fax Alert

Important Information "You Need to Know!"

2022 Pay for Performance Primary Care Providers Care Coordination Codes and Quality Incentive Program

We've updated our 2022 Care Management and Quality Incentive Program starting Jan. 1, 2022. The program was designed with the goal of helping your patients, who are UnitedHealthcare Community Plan members, become more engaged with their preventive health care.

What's new for 2022?

For 2022, care coordination fees will be paid to providers who have current Patient Centered Medical Home status. As with the 2021 program, there is no annual maximum limit for the care coordination fee payments. We have also increased the incentive payment for care management code submission for all primary care providers from $10 to $50. Providers also have the opportunity to earn additional new incentives for submitting ICD-10 Z codes based on the results of social determinants of health assessments.

Care Coordination and Quality Incentive Program: What You Need to Know

We're excited to offer you the opportunity to participate in our Care Coordination and Quality Incentive Program.

The program provides you with:

- An opportunity to earn a monthly care coordination fee
- Multiple incentive opportunities for addressing care opportunities tied to HEDIS® and state quality measures
- Fee-for-service payments for all covered services

Earning Your Incentive – Care Coordination Fee

Monthly care coordination fee payments are available to primary care providers with current Patient Centered Medical Home accreditation/certification status who meet the following criteria:

The following table outlines the requirements to receive Care Coordination Fees in 2022:

	Tier 1	Tier 2
Panel Status	Open	Closed
Membership Threshold	50+ members	500+ members
PCMH	Yes	Yes
Monthly PMPM	$1.25 pmpm	$1.25 pmpm

Please Note: Care Coordination Fees are recalculated in January and July and exclude CSHCS and Medicaid Secondary members.

The following PCMH designations will be accepted:

- National Committee for Quality Assurance (NCQA®)
- Blue Cross Blue Shield of Michigan Primary Group Incentive Program (PGIP)
- Utilization Review Accreditation Commission (URAC®)
- Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home
- The Joint Commission® Primary Medical Home
- Commission on Accreditation of Rehabilitation Facilities – Health Home (CARF)
- Other MDHHS approved certifications

Earning Your Incentive – Quality Bonus

For this part of your incentive, you can earn a bonus for addressing each of the care opportunities tied to the quality measures in the following table. The table shows the measure name, the applicable age range, the required codes for claims and the amount you will receive for successful completion.

Please see following pages for 2022 Quality Bonus

2022 Quality Incentives

Immunizations:

Combo 10 Completion: $100 for complete series

Criteria: Must be completed on or before 2nd birthday and consist of the following: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hepatitis B, 1 VZV, 4 PCV, 1 Hepatitis A, 2 or 3 RV (2 or 3 dose schedule), 2 Influenza

Administration Fee is paid in addition to incentive on FFS basis via claim payment.

Lead Screening:

Lead Screening Completion: $25

Criteria: Member must have at least one capillary or venous lead screening on or before 2nd birthday.

CPT Code: 83655

Appropriate Testing for Pharyngitis:

Appropriate Testing for Pharyngitis: $10

Criteria: Members between the ages of 3-65+ who are diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Diagnosis Codes: J02.0; J02.8; J02.9; J03.00-01; J03.80-81; J03.90-91
Group A Strep Tests: 87070-87071; 87081; 84730; 87650-87652; 87880
Antibiotics: Amoxicillin; Amoxicillin-clavulanate; Ampicillin; Azithromycin; Cefaclor; Cefadroxil; Cefazolin; Cefdinir; Cefditoren; Cefixime; Cefpodoxime; Cefprozil; Ceftibuten; Ceftriaxone; Cefuroxime; Cephalexin; Ciprofloxacin; Clarithromycin; Clindamycin; Dicloxacillin; Doxycycline; Erythromycin; Erythromycin ethylsuccinate; Erythromycin lactobionate; Erythromycin stearate; Levofloxacin; Minocycline; Moxifloxacin; Ofloxacin; Penicillin G benzathine; Penicillin G potassium; Penicillin G sodium; Penicillin V potassium; Sulfamethoxazole-trimethoprim; Tetracycline; Trimethoprim

Women's Measures:

Cervical Cancer Screening: $20

Criteria: Women between the ages of 21-64 who are screened for cervical cancer.

CPT Code: 88141-88143; 88147-88148; 88150; 88152-88154; 88164-88167; 88174-88175; 87620-87622; 87624-87625; G0123-G0124; G0141; G0143-G0145; G0147-G0148; G0476; P3000; P3001; Q0091

Breast Cancer Screening: $20

Criteria: Women between the ages of 50-74 who had a mammogram to screen for breast cancer.

CPT Code: 77055-77057; 77061-77063; 77065-77067; G0202; G0204; G0206

Chlamydia Screening: $20

Criteria: Women between the ages of 16-24 who had a chlamydia screening (urine or culture).

CPT Code: 87110; 87270; 87320; 87490-87492; 87810

Prenatal Care: $20

Criteria: Multiple qualifying CPT codes as defined by HEDIS specifications

Postnatal Care: $20

Criteria: Multiple qualifying CPT codes as defined by HEDIS specifications

Tobacco Cessation Counseling:

Tobacco Cessation Counseling: $5

Criteria: Members age 14 and over in which had a smoking and tobacco use cessation visit.

CPT Code: 99406; 99407

Diabetic Measures: *Members must have at least 2 face-to-face (i.e. E&M) claims in a 2 year period with a diagnosis of Diabetes*

HbA1c Control (<8.0%): $15

Criteria: Members between the ages of 18-75 whose most recent HbA1c level is <8.0%

CPT Codes: 83036; 83037 / CPT Category II: 3044F; 3051F

Completion of Diabetic Eye Exam: $15

Criteria: Members between the ages of 18-75 who have been screened or being monitored for diabetic retinal disease.

Services Include: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year ***or*** a retinal or dilated eye exam which is negative for retinopathy by an eye care professional within the past 2 years; Bilateral eye enucleation any time during the member's history through December 31

CPT Category II: 2022F-2026F; 2033F

Kidney Evaluation for Diabetes: $15

Criteria: Members between the ages of 18-85 who must have both the serum eGFR (estimated glomerular filtration rate) and a urine ACR (albumin creatinine ratio) lab tests.

CPT Codes: 80047; 80048; 80050; 80053; 80069; 82565; 82570; 82042-82044; 84156
CPT Category II: 3060F; 3061F; 3062F

Antipsychotic Medication Adherence for Individuals with Schizophrenia:

Antipsychotic Medication Adherence: $25

Criteria: Members 18 years and older who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Asthma Medication Ratio:

Asthma Medication Ratio: $25

Criteria: Members between the ages of 5-64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications.

Well Child Visits:

Well-Child Visits in the First 30 Months of Life: $75

Criteria: Children who turned 15 months old must have six or more well-child visits. Children who turned 30 months old must have two or more well-child visits.

Diagnosis Codes: Z00.110; Z00.111; Z00.121; Z00.129

CPT Codes: 99381-99382; 99391-99392

Child and Adolescent Well-Care visits: $15

Criteria: Members between the ages of 3-21 who had at least one comprehensive well-care visit with their PCP

Diagnosis Codes: Z00.121; Z00.129

CPT Codes: 99382-99385; 99392-99395

Healthy Michigan Health Risk Assessment:

Completion of Healthy Michigan Health Risk Assessment:

$25 received via **FAX** $50 entered into **CHAMPS**

Criteria: One per member per measurement year

Members must maintain or select a healthy behavior.

All incentives are paid once per HEDIS quality measure period / UHC will pay for a well visit along with a sick visit one time per year for members over 2 years old when billed on the same claim. UHC will pay up to nine sick and well visits for children until age 24 months when billed on the same claim. / To qualify for a Quality Incentive payment, the service must be delivered in strict accordance to HEDIS® guidelines. Timeframes and enrollment criteria for each measure must be met. / All Quality Incentive earning potential is dependent on the timely receipt of claims billed with the appropriate codes.

Care Management Incentives: $50 for each of these CM/CC codes that does not have a state assigned Medicaid rate.

- G9001 Comprehensive Assessment
- G9002 In-Person Care Management/Care Coordination Encounter
- G9007 Care Team Conferences
- G9008 Provider Oversight
- 98966 Telephone Care Management/Care Coordination Services
- 98967 Telephone Care Management/Care Coordination Services
- 98968 Telephone Care Management/Care Coordination Services
- 98961 Education/Training for Patient Self-Management
- 98962 Education/Training for Patient Self-Management
- S0257 End of Life Counseling

Z Code Submission:

Primary care providers have a new opportunity to earn incentives for the submission of Social Determinant of Health (SDoH) ICD-10 Z codes (Z55-Z65 and Z75) based on the results of SDoH assessments. Providers who submit SDoH-related Z codes for 5% of their seen members will earn a $0.50 pmpm payment while providers who submit these codes for 10% of their seen members will earn a $1.00 pmpm payment. Membership for the pmpm payment will be based on the provider's entire assigned membership for the year. Z code incentives will be paid annually at the time of quality incentive payments.

All incentives are paid once per HEDIS quality measure period / UHC will pay for a well visit along with a sick visit one time per year for members over 2 years old when billed on the same claim. UHC will pay up to nine sick and well visits for children until age 24 months when billed on the same claim. / To qualify for a Quality Incentive payment, the service must be delivered in strict accordance to HEDIS® guidelines. Timeframes and enrollment criteria for each measure must be met. / All Quality Incentive earning potential is dependent on the timely receipt of claims billed with the appropriate codes.

To qualify for a Quality Incentive payment, the service must be delivered in strict accordance with HEDIS® guidelines. Timeframes and enrollment criteria for each measure must be met. All Quality Incentive earning potential is dependent on the timely receipt of claims billed with the appropriate codes.

- UnitedHealthcare Community Plan will pay for a well visit in conjunction with a sick visit one time per year for members ages 2 and older when billed on the same claim. For children ages 24 months and younger, UnitedHealthcare Community Plan will pay up to nine sick and well visits when billed on the same claim.
- Immunizations should be administered based on Centers for Disease Control and Prevention (CDC) guidelines.
- Only covered services as defined by this agreement are eligible for reimbursement at 100% of prevailing Michigan Medicaid rates, regardless of the codes submitted.
- Procedure codes are derived from MDHHS Practitioner database: OPPS codes may not be listed.

Care Management and Care Coordination Codes

As a reminder, we still require practices to submit care management and care coordination codes. The care management and care coordination codes required for submission are:

- G9001 Comprehensive Assessment
- G9002 In-Person Care Management/Care Coordination Encounter
- G9007 Care Team Conferences
- G9008 Provider Oversight
- 98966 Telephone Care Management/Care Coordination Services
- 98967 Telephone Care Management/Care Coordination Services
- 98968 Telephone Care Management/Care Coordination Services
- 98961 Education/Training for Patient Self-Management
- 98962 Education/Training for Patient Self-Management
- S0257 End of Life Counseling

As part of our quality incentive program, we will reimburse $50 for each of these CM/CC codes that does not have a state assigned Medicaid rate. This incentive will be paid at the same time as the quality incentives based on claims data.

Z Code Submissions

Primary care providers have a new opportunity to earn incentives for the submission of Social Determinant of Health (SDoH) ICD-10 Z codes (Z55-Z65 and Z75) based on the results of SDoH assessments. Providers who submit SDoH-related Z codes for 5% of their seen members will earn a $0.50 pmpm payment while providers who submit these codes for 10% of their seen members will earn a $1.00 pmpm payment. Membership for the pmpm payment will be based on the provider's entire assigned membership for the year. Z code incentives will be paid annually at the time of quality incentive payments.

We're Here to Help

If you have any questions, please contact your Provider Advocate or Provider Services at **800-903-5253.**

Thank you!