HEDIS® Incentive Program

Keystone First VIP Choice

Keystone First VIP Choice would like to introduce our Healthcare Effectiveness Data and Information Set (HEDIS) Provider Incentive Program. This program provides compensation for reporting nonpayable CPT II codes, which help to satisfy HEDIS measures. Keystone First VIP Choice is excited about our provider incentive program and will work with your practice so you can maximize your revenue while providing quality and cost-effective care to our members.

Thank you for your continued participation in our network and your commitment to our members. If you have any questions, please contact your Provider Network Management Account Executive or our Quality department at **VIPQuality@amerihealthcaritas.com**.

HEDIS measure — Care for Older Adults (COA) limit one per year, per member

- Medication review
- Functional status assessment

Code	Type	Description	Payment
1159F **1160F**	CPT II	Medication listed documented in medical record + (must be billed together) Review of all medications by a prescribing practitioner or clinical pharmacist and documented in the medical record	$25.00
1170F	CPT II	Functional status assessed	$25.00

HEDIS measure — Controlling Blood Pressure (Must select two, one systolic and one diastolic.)

Code	Type	Description	Payment
3074F	CPT II	Most recent systolic blood pressure less than 130 mm Hg	$25.00
3075F	CPT II	Most recent systolic blood pressure 130 – 139 mm Hg	$25.00
3077F	CPT II	Most recent systolic blood pressure greater than or equal to 140 mm Hg	$25.00
		+	
3078F	CPT II	Most recent diastolic blood pressure less than 80 mm Hg	$25.00
3079F	CPT II	Most recent diastolic blood pressure 80-89 mm Hg	$25.00
3080F	CPT II	Most recent diastolic blood pressure greater than or equal to 90 mm Hg	$25.00

HEDIS measure — Hemoglobin A1c Control for Patients with Diabetes

Code	Type	Description	Payment
3044F	CPT II	Most recent HbA1c is less than 7.0	$25.00
3046F	CPT II	Most recent HbA1c is greater than 9.0	$25.00
3051F	CPT II	Most recent HbA1c is equal to 7.0 – 7.9 (less than 8.0)	$25.00
3052F	CPT II	Most recent HbA1c is 8.0 – less than or equal to 9.0	$25.00

HEDIS measure — Medication Reconciliation Post-Discharge (within 30 days of any inpatient discharge)

Code	Type	Description	Payment
1111F	CPT II	Discharge medications reconciled with the current medication list in outpatient medical record.	$25.00

How do I participate?

Provide the qualifying services to eligible members during regularly scheduled office visits.

Or identify Keystone First VIP Choice members on your panel who require one or more of the eligible services. See "How can I identify eligible members?" below for instructions on completing this step. Schedule appointments with the identified members and provide the required eligible services.

Then submit a claim for the eligible services you provided with the appropriate CPT II codes (must bill a minimum of $0.01) by following your normal claim submission process. **It is that easy!**

How can I identify eligible members?

Eligible members are easy to identify. Members due for eligible services may be identified in NaviNet by going to **www.navinet.net** and following the steps below:

Primary care providers (PCPs)

- Care gap reports: Highlight the Report Inquiry option, then choose "Clinical Reports." Select the care gap report option available in the drop-down menu that best suits your needs.
- PCP performance report card: Highlight the Report Inquiry option, then choose "Administrative Reports." Select "PCP Performance Report Card" from the drop-down menu.

PCPs and other providers

- Member clinical summary: Highlight the Report Inquiry option, then choose "Member Clinical Summary Reports." Select "Member Clinical Summary."
- Under the Eligibility and Benefits option, search for a member. If the member has a missing care gap, you will get a pop-up alert. The member's clinical summary report is also accessible here.

Alternatively, PCPs may receive monthly quality score cards in the mail, or providers can request by fax at **1-855-396-5760** or a list from our Quality Improvement department by email at **VIPQuality@amerihealthcaritas.com**.

How are the supplements paid out?

Incentive payments are based on each eligible service submitted on a claim. Payments will be remitted just like any other claim you submit.

Are there other benefits?

Yes! Submitting the correct CPT II code helps inform us that you have provided the service, and may decrease the need for us to request medical records to review for this information to satisfy HEDIS measures.

How are members engaged to seek these services?

Keystone First VIP Choice members who need one or more of the eligible services may receive letters, recorded and live phone calls, and text reminders from the health plan encouraging them to contact their provider offices and schedule needed services.

Questions

If you have questions about this program, please contact your Provider Network Management Account Executive, Provider Services at **1-800-521-6007**, or Quality Improvement by email at **VIPQuality@amerihealthcaritas.com**.

Correct coding and submission of claims is the responsibility of the submitting provider. Keystone First VIP Choice reserves the right to make changes to this program at any time and shall provide written notification of any changes.