



The 2019 HealthCare Partners Quality Incentive Program (QIP)

HealthCare Partners is pleased to announce the 2019 Quality Incentive Program (QIP).

The purpose of these incentives is to reward providers for excellence in providing high-quality healthcare, for properly documenting that care in their patients' medical records, and for submitting the associated claim and encounter data.

QIP Medicare Advantage Incentive Program Eligibility

To Qualify

Providers must have a minimum of 10 HCP Medicare Advantage members (averaged over the 2019 calendar year) to participate.

To Earn Incentive Bonus

Providers must have ≥ 10 HCP Medicare Advantage members with an average 2019 per member risk adjustment score of ≥ 1.10 .

Providers with less than 10 members (averaged over the 2019 calendar year) will not be eligible for the 2019 HCP QIP Medicare Advantage Risk Adjustment and Quality associated bonus.

QIP Medicaid Incentive Program Eligibility

To Qualify

Eligible members include all panel HCP Medicaid members enrolled in an Emblem Medicaid Managed Care product.

To Earn Incentive Bonus

Providers must reach the 75th percentile benchmark for a minimum of 90% of the 16 QARR/HEDIS measures.

QIP Medicare Advantage Incentive Measures

The 2019 HCP QIP Medicare Advantage Risk Adjustment and Quality associated bonus consists of a per eligible member per year (PEMPY) bonus stratified by the average annual per member risk score, and will be adjusted by the 2019 average Medicare Advantage Star provider rating based upon the measures below.

Component A: PEMPY Payment Stratified by Risk Score

A minimum average per member risk score for calendar year 2019 of 1.10 is required to qualify for the bonus. The PEMPY bonus amount is increased for every 0.01 increase in the 2019 average per member risk score as reported by CMS.

Component B: PEMPY Payment Adjustment for the Respective Risk Score

This average per member risk score payment is then adjusted for the 2019 average cumulative Star rating for the provider for the measures listed below.

Star Quality Measures

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| 1. Breast Cancer Screening |
| 2. Colorectal Cancer Screening |
| 3. Adult BMI Assessment |
| 4. Care for Older Adults (COA): Medication Review |
| 5. COA: Functional Status Assessment |
| 6. COA: Pain Assessment |
| 7. Osteoporosis Management in Women with Fracture |
| 8. Diabetes Care: Eye Exam |
| 9. Diabetes Care: Kidney Disease Monitoring |
| 10. Diabetes Care: Blood Sugar Controlled |
| 11. Controlling Blood Pressure |
| 12. Rheumatoid Arthritis Management |
| 13. Statin Therapy for Patients with Cardiovascular Disease |

QIP Medicaid Incentive Criteria

The 2019 HCP QIP Medicaid incentive is based on the provider's ability to reach the 75th percentile benchmark for a minimum of 90% of the 16 QARR/HEDIS measures. The incentive bonus earned increases when you have more than 50 HCP Medicaid members on your panel.

QARR/ HEDIS Measures

1. Adolescent Well-Care Visits
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Chlamydia Screening in Women
5. Colorectal Cancer Screening
6. Comprehensive Diabetes Care: Eye Exams
7. Comprehensive Diabetes Care: HbA1c Control (<8.0%)
8. Comprehensive Diabetes Care: HbA1c Testing
9. Comprehensive Diabetes Care: Medical Attention for Nephropathy
10. Depression Screening and Follow-Up for Adolescents and Adults
11. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications
12. Medication Management for People with Asthma - 75% adherence
13. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile
14. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Nutrition Counseling
15. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Physical Activity Counseling
16. Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life