

Moda Health

Medicare Advantage Primary Care Incentive Program (MAPCIP)

Program Guidelines and Structure

Plan Year 2023

Provider Eligibility & Payment

To be eligible for participation in the MAPCIP program, providers will:

- Be certified by the Oregon Health Authority as a PCPCH Tier 1-5.
- Perform one of the two required data submission activities. Further details are included below.
- Have a Medicare Advantage contract through **Moda Health** that is active and in good standing at the time incentives are disbursed. Note: “Good standing” includes participating in required compliance or Quality Program activities (e.g., timely submission of requested medical records for HEDIS risk adjustment reviews). If we receive any notification of a provider group's intent to terminate the agreement, that provider group will be ineligible to receive any incentive payment.

Incentive Categories

The Medicare Advantage Primary Care Incentive Program (MAPCIP) payment components include:

- **Care Gap Incentive Payment (CGIP)** - performance based payment made to Provider, based on annual performance on quality measures, patient experience of care measures and/or utilization measures, as further defined below.
- **Access to Care Incentive Payment (ACIP)** - performance based payment made to Provider, based on annual performance of MAPCIP members having completed an annual physical and/or annual wellness visit during the Settlement Period, as further defined below.

Additional MAPCIP payment principles may be added in subsequent program years.

Member Eligibility and Attribution

Moda Health eligible members who select or are attributed to a Participating MAPCIP Provider as their primary care provider will be automatically included in the MAPCIP program.

Membership for Medicare Advantage Care Gap Incentive Payments-

Participating primary care providers will be paid incentives for providing care for MAPCIP members. Calculations for attributed members will be based on Moda Health defined attribution methodologies. Details on our attribution methodology are available upon request.

Payment Model Specifications

1. Care Gap Incentive Payment (CGIP)

Moda Health shall pay a Care Gap Incentive Payment (CGIP) to Provider to reward performance for quality care. The incentive will be based on the total number of members who meet the numerator criteria for each of the quality measures below (all numerators summed together), divided by the total number of members in the denominators (all denominators summed together). This calculation shall be the ‘Gap Closure Percentage’. Measurement will be based on a calendar year, beginning with January 1, 2023. Moda Health will provide a quality measure reporting package, including attributed members, identified care gaps and progress toward gap closure.

The quality measures set is as follows:

Quality Measure	Measure Requires Clinical Data
Breast Cancer Screening (BCS)	N
Colorectal Cancer Screening (COL)	Y
Controlling High Blood Pressure (CBP)	Y
Diabetes care – HbA1c poor control (>=9)	Y
Statin Therapy for Patients with Diabetes - Received Therapy	N
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Received Therapy	N
Transitions of Care – Patient Engagement after Inpatient Discharge (TRC-Patient Engagement within 30 days)	N

The quality measures in the table above follow the Healthcare Effectiveness Data and Information Set (HEDIS) Technical Specifications. Quality measures with historic lookback periods may be met by submitting data through the defined Provider Data Exchange (PDE), Arcadia population health

management tool, Novillus Care Gap Management Application (CGMA), and/or supplemental data file source as defined by Moda Health.

The CGIP amount per member will be based upon total Gap Closure Percentage at the end of each calendar year for all measures.

Incentive level	Gap closure %		PMPM Bonus
	Greater than or equal to...	But less than...	
1		50%	\$0.00
2	50%	60%	\$3.00
3	60%	70%	\$8.00
4	70%	80%	\$15.00
5	80%		\$20.00

2. Access to Care Incentive Payment (ACIP)

Provider may earn an incentive of up to \$3.00 PMPM for primary care visits with appropriate HCC. The ACIP incentive shall be as follows.

Annual physical and wellness visit codes include the following:

G0402, G0403, G0404, G0405, G0438, G0439, G0468, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99397

Incentive Amount	Benchmark to Earn Incentive
\$1.00 PMPM	If, 25% or greater of MAPCIP members have an annual physical or annual wellness visit with any of the above codes during the Settlement Period.
Plus, an additional	
\$2.00 PMPM	If, 50% or greater of MAPCIP members have an annual physical or annual wellness visit with any of the above codes during the Settlement Period.

Note that exclusion criteria have been factored into the establishment of the benchmarks and targets for the ACIP. Annual physical and wellness visits are not recommended for every patient and the benchmarks have been set to account for some patients not needing an annual visit.

Data Sharing Options for Eligibility

Provider will be inferred as participating in the MAPCIP programs when one of the following actions is undertaken:

- Connection with Moda Health Provider Data Exchange (PDE) where clinical data files extracted from EHR are transferred monthly. Please contact ValueBasedDataSharing@modahealth.com for instructions on connecting with the Provider Data Exchange as well as the current file layout details.
- Submission of clinical quality measures data through other methods, as approved in advance by Moda Health
- Utilization of Care Gap Management Application (CGMA) by Novillus

Provider shall comply with requests to share clinical, quality, EMR and other data to facilitate care coordination. Information that will be shared may include, but is not limited to, medical records, investigation of complaints, utilization review, quality assessment, preventive health care, outcome studies and data collection from monitoring and evaluation of health care service and delivery for MAPCIP members. Data sharing will be handled in accordance with all federal and state requirements regarding security for personal health information, pricing, and other confidential business information.

Accurate coding of member conditions on claims and documentation within medical records is imperative to ensure appropriate funding from CMS to account for individual member risk based on their medical conditions. Periodically, medical records will be requested for patients seen in Provider's office to perform risk adjustment reviews to confirm documented member conditions. Providers participating in the MAPCIP program shall timely respond to medical record requests from Moda Health for risk adjustment reviews or provide remote EMR access to Moda Health staff.

Reporting

Moda Health will provide a reporting package to assist Participating Providers in managing MAPCIP members' care. Participating Provider will identify and provide to Moda Health point(s) of contact for delivery of the reporting package and are required to notify Moda Health of any modifications to reporting point(s) of contact or point(s) of contact information. Participating Provider will make best efforts to use Moda Health's electronic report delivery system and to access reports electronically where possible.

If clinics report monthly or quarterly to Moda Health, the data can be included in the provider reporting package to track measure performance. This includes data files, direct EHR access, or HIE connector.

Term and Payment

The program period will be the calendar year 2023. The CGIP and ACIP amounts will be calculated three months after the Settlement Period ends to allow for claims run out. Payments will be made by June 30 of each year for the prior year's Settlement Period

Program Changes

Moda Health retain the right to make program changes with 30-day notice.

Example Calculations

A provider has 49 attributed Medicare members and submits data through an approved method. Performance on the quality measure set is as follows:

Quality Measure	Reported Rate	Numerator	Denominator
Breast Cancer Screening (BCS)	78%	18	23
Colorectal Cancer Screening (COL)	75%	6	8
Controlling High Blood Pressure (CBP)	57%	4	7
Diabetes care – HbA1c poor control (>=9)	67%	4	6
Statin Therapy for Patients with Diabetes - Received Therapy	67%	4	6
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Received Therapy	80%	8	10
Transitions of Care – Patient Engagement after Inpatient Discharge (TRC-Patient Engagement within 30	80%	4	5
Total	73.8%	45	65

Following the chart above, 73.8% gap closure % equates to a \$15 PMPM bonus. Assuming the provider had all 49 members assigned for a full 12 months they would be awarded a payment based on the following calculation:

49 members * \$15 PMPM * 12 months = \$8,820 bonus