

2020

PARTNERSHIP FOR QUALITY (P4Q) BONUS PROGRAM



EFFECTIVE JUNE 1, 2020, FOR:

- Medicaid
- Ambetter (Marketplace)
- Allwell (Medicare)



LOOK INSIDE TO FIND:



Program Overview



Comprehensive Exam Requirements
(For Ambetter and Allwell)



Program Information Guide



We're Here to Help
Call Provider Services at **1-866-296-8731**
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Partnership for Quality (P4Q) Bonus Program Overview

Buckeye Health Plan is committed to supporting your efforts to provide the highest quality of care for our members. We are excited to announce that effective June 1, 2020, *Buckeye Health Plan* will be partnering with WellCare, which is now owned by our parent company Centene Corporation, to adopt the Partnership for Quality (P4Q) program.

The P4Q program is designed to support your outreach to members for annual visits and condition management, which helps us identify members who could benefit from case management programs. The program achieves this goal by increasing PCP visibility into members' existing medical conditions for better quality of care for chronic condition management and prevention. It rewards providers for assessing members for pre-existing or suspected chronic conditions. Our members benefit from this program by receiving more regular and proactive assessments and chronic condition care. **Please note, the P4Q program is in addition to your current *Buckeye Health Plan* Provider Quality Incentive Program (P4P). The P4Q program replaces the IMPACT program.**

A provider is eligible for a bonus for each completed Appointment Agenda (Disease Conditions/Continuity of Care portion only) with verified/documented diagnoses. This program includes our Medicaid, Ambetter (Marketplace) and Allwell (Medicare) members.

Please note there is an additional requirement of completing a Comprehensive Exam for our Ambetter and Allwell members.

2020 PROGRAM YEAR: DATES OF SERVICE JUNE 1, 2020 - DEC. 31, 2020

Percent of Appointment Agendas Completed	Bonus Amount Per Paid Appointment Agenda
<50%	\$100
>50% to <80%	\$200
>80%	\$300

Ambetter and Allwell Requirements

- Schedule and conduct a Comprehensive Exam with the patient using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.
- Documentation of the Comprehensive Exam should include:
 - Patient name, date of birth and date of service (DOS) on each page
 - History
 - Physical examination
 - All active and co-existing conditions should be assessed and documented
 - Treatment
 - Provider name, signature, credentials and date signed must be present.

For the full list of criteria, please see the 2020 Comprehensive Exam Requirements document included in this communication.

Medicaid Requirements

- Schedule and conduct a Comprehensive Exam with the patient using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.

Submit Documentation

There are two ways to submit the documentation for the P4Q bonus:

- Log into the P4Q dashboard through our Secure Provider Portal at buckeyehealthplan.com
- Assess as many members as possible for their disease conditions during the performance year, correctly code confirmed conditions on claims and specify the conditions that do not exist, using the check-box function on the dashboard.
- Members included in the program are those with disease conditions that need to be addressed year over year.
- Members are selected at the beginning of the program and are subject to change in future programs.
- Members are listed under their assigned provider's P4Q dashboard. Please contact your Provider Relations Representative or Provider Performance Specialist with any questions.
- Assessed member is defined as 100% of the gaps are addressed.
 - Gap addressed by submitting diagnosis code on medical claim OR
 - Gap addressed by checked exclusion box in dashboard.
 - The health plan will monitor provider exclusion boxes that are checked on a consistent basis.
 - The provider has submitted a state acceptable paid claim demonstrating that an assessment in a provider's office was performed.

OR

- Print the Appointment Agenda from the P4Q dashboard on the Secure Provider Portal.
- Sign, date and submit the completed Appointment Agenda for all products, and a Comprehensive Exam Medical Record for Ambetter and Allwell via fax to 1-813-464-8879 or securely email to agenda@centene.com, and submit a claim/encounter containing all relevant diagnosis codes.
- Upon receipt of the signed and completed Appointment Agenda, diagnoses submitted will be verified for appropriateness of documentation.

Buckeye Health Plan will manage the bonus calculation, reconciliation and payment processing.

Thank you for being our partner in our members' care. If you have additional questions, please contact *Buckeye Health Plan* Provider Services at 1-866-296-8731.



Summary

Partnership for Quality (P4Q) providers can potentially earn bonus payments in the 2020 calendar year by updating eligible members' health history. Bonus payments are triggered through the normal Buckeye Health Plan provider claim administration process. The measurement period is June 1, 2020, to Dec. 31, 2020.

Instructions

1 SCHEDULE AND CONDUCT AN EXAM with the eligible member(s) using the Appointment Agenda as a guide, assessing the validity of each condition on the Appointment Agenda.

2 LOGIN TO THE P4Q DASHBOARD through the Secure Provider Portal, complete the check boxes and submit the claims.

- You can also print the Appointment Agenda from the dashboard. Sign, date and submit the completed Appointment Agenda for all products.
- For Ambetter and Allwell, you must also sign, date and submit a Comprehensive Exam Medical Record.
- Fax completed forms to 1-813-464-8879 or securely email to agenda@centene.com.

3 SUBMIT A CLAIM/ ENCOUNTER containing the correct ICD 10, CPT, CPT II or NDC codes. Upon receipt of the completed documentation, Buckeye Health Plan will verify diagnoses were submitted and documented appropriately.

Payment Process & Timelines



Payments will begin after the third quarter of 2020 is completed and processed and will continue throughout 2021.

- All claims/encounters must be submitted by Jan. 31, 2021, to be used in calculating the final payment.
- Buckeye Health Plan may request medical records if unable to verify information using claim/encounter data.

Additional Conditions

Additional conditions for eligibility to receive a bonus under the P4Q program are:

- All P4Q providers must: (a) be in a participation agreement with Buckeye Health Plan, either directly or indirectly through a group, from the effective date and continually through the dates the bonus payments are made, and (b) be in compliance with their participation agreement including timely completion of required training or education as requested or required by Buckeye Health Plan
- Bonuses are paid to the eligible member's P4Q provider of record.
- Any bonus payments earned through this P4Q program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other Buckeye Health Plan bonus program in which you may participate. At Buckeye Health Plan's discretion, P4Q providers who have a contractual or other bonus arrangement with Buckeye Health Plan, either directly or through an IPA/group, may be excluded from participation in the P4Q program.
- The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including without limitation, all audit rights of Buckeye Health Plan. The P4Q provider agrees that Buckeye Health Plan or any state or federal agency may audit the records and information.
- The program is discretionary and subject to modification because of changes in government healthcare programs or otherwise. Buckeye Health Plan will determine whether the requirements are satisfied and payments will be made solely at Buckeye Health Plan's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, Buckeye Health Plan will send a notice to the P4Q provider by email or other means of notice permitted under the participation agreement.
- Buckeye Health Plan reserves the right to withhold the payment of any bonus that may have otherwise been paid to a P4Q provider to the extent that such P4Q provider has received or retained an overpayment, including any money to which the P4Q provider is not entitled, including but not limited to fraud, waste or abuse. In the event Buckeye Health Plan determines a P4Q provider has an overpayment, Buckeye Health Plan may offset any bonus payment that may have otherwise been paid to the P4Q provider against overpayment.
- Buckeye Health Plan shall make no specific payment, directly or indirectly, under a provider bonus program to a P4Q provider as an inducement to reduce or limit medically necessary services to an enrollee. This P4Q program does not contain provisions that provide bonuses, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.





Definitions



APPOINTMENT AGENDA

A guide to help providers review gaps in an eligible member’s care during an office visit. The document contains care gaps and health conditions derived from reviewing the member’s historical claims data and identifying chronic conditions for which data indicates documentation and care are required.



BONUS

The additional reimbursement beyond the contracted rates in the participation agreement a P4Q provider may receive if P4Q requirements are met.



EFFECTIVE DATE

June 1, 2020



ELIGIBLE MEMBER

A member specifically identified by Buckeye Health Plan as having a health condition(s) or care gap(s) for which Buckeye Health Plan is seeking validation via claims/encounter submissions and/or electronic medial record (EMR) feeds.



P4Q PROVIDER

A primary care physician (PCP), group or Independent Practice Association (IPA) who has a contract with Buckeye Health Plan and receives this program information guide.

For *Ambetter* and *Allwell* Only

The items below must be part of the medical record to meet the requirements:



Use the Appointment Agenda as a reference to ensure active and coexisting conditions are documented and assessed.



Patient’s name and date of birth must be on all pages.



Date of service must be on all pages.



History

- Chief complaint
- History of present illness
- Review of Systems (ROS)
- Past medical, family and social history



Physical examination

- Height, weight, BMI, blood pressure
- Amputations, ulcers, dialysis shunt, temporary/permanent stomas, abnormal findings and/or functional deficits should be noted on the physical exam.



Assessment

- Assess all known conditions, including chronic conditions, which affect the care and treatment of the patient.



Treatment

- Document the initiation of or changes in treatment, which can include:
 - Medication: statins, insulin, chemo, radiation, ACE/ARBs, DMARD for RA, etc., linked to diagnoses
 - Patient instructions
 - Therapy
 - Referral: specialist, mammogram, eye exam, colonoscopy, etc.
 - Review and summarize
 - Diagnostic, radiology, pathology results, etc.



Provider name, signature, credentials and date signed must be present.



2020 Comprehensive Exam Requirements (continued)

Please address the following with members as needed:



Quality measures

- Diabetic patients:
 - Calculated HbA1C (value and date).
 - Monitoring for nephropathy
 - Dilated retinal eye exam
- Depression screening
- Colorectal cancer screening
- Breast cancer screening
- Functional status assessment – review of ADL and IADL; cognitive status, ambulation status, hearing/vision/speech or other functional independence (exercise, ability to perform job, etc.)

IMPORTANT CONTACT INFORMATION

Submit Appointment Agenda (for all products) and Comprehensive Exam Medical Record (Ambetter and Allwell) for a member that had an Appointment Agenda created by:



FAX 1-813-464-8879



OR SECURE EMAIL agenda@centene.com