

2021 Medicare Continuity of Care (CoC) Quality Program Announcement

(Formerly known as P4Q)



2021 Medicare Quality Continuity of Care (COC) Program Announcement



Allwell from Buckeye Health Plan understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because we recognize these important partnerships, we are pleased to offer the 2021 Continuity of Care (CoC) Quality Bonus Program, which rewards PCPs for improving quality and closing gaps in care.

New in 2021, the CoC program includes an incentive enhancement to better align payment with quality. Providers can now earn incentives at multiple levels based upon Medicare Star Rating achievement for each measure.



CoC Bonus Instructions



- Measurement period is Jan. 1, 2021, to Dec. 31, 2021
- All claims/encounters must be received by Jan. 31, 2022
- Schedule and conduct an exam with the eligible member using HEDIS® reports as guides to close care gaps and update diagnoses
 - Additional Star measures may become applicable to eligible members as claims/data received throughout 2021
- Provide appropriate medications to your members and encourage them to fill their prescriptions; consider 90-day supplies for members stable on therapy.
- Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD 10, CPT and/or CPT II codes by Jan. 31, 2022.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2021 Medicare CoC Details

- The program consists of 15 measures. Each measure has a Base amount and three targets - 3, 4 and 5 STAR performance
- Base payments are the minimum amount that a provider will receive for closing program measures
- STAR performance incentives include the Base amount
- STAR target benchmarks are used to determine if STAR performance incentives will be paid out in the true-up payment
- Measures are calculated and rewarded individually

Each measure will be calculated and rewarded individually. Star Rating is determined by comparing a CoC provider's compliance percentage for a given program measure to established benchmarks.

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$20	\$30	\$40
Care of Older Adult - Medication List and Review*	\$5	\$10	\$20	\$30
Care of Older Adult - Pain Screening*	\$5	\$10	\$20	\$30
Colorectal Cancer Screen	\$10	\$20	\$30	\$40
Diabetes - Dilated Eye Exam	\$10	\$20	\$30	\$40
Diabetes HbA1c ≤ 9	\$10	\$25	\$40	\$55
Diabetes Monitor Nephropathy	\$5	\$10	\$20	\$30
Hypertension 5 10 20 30	\$5	\$10	\$20	\$30
Mammogram	\$10	\$20	\$30	\$40
Medication Adherence – Blood Pressure Medications	\$10	\$25	\$40	\$55
Medication Adherence – Diabetes Medications	\$10	\$25	\$40	\$55
Medication Adherence – Statins	\$10	\$25	\$40	\$55
Medication Reconciliation Post-discharge	\$10	\$20	\$30	\$40
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$20	\$30	\$40
Statin Use in Persons With Diabetes	\$10	\$20	\$30	\$40
*Dual Eligible Special Needs Plan (DSNP) members only				



Payment Timeline

- Payments will begin after processing claims/encounters for the first quarter of 2021.
- Payments will continue through 2022.

Payment Structure

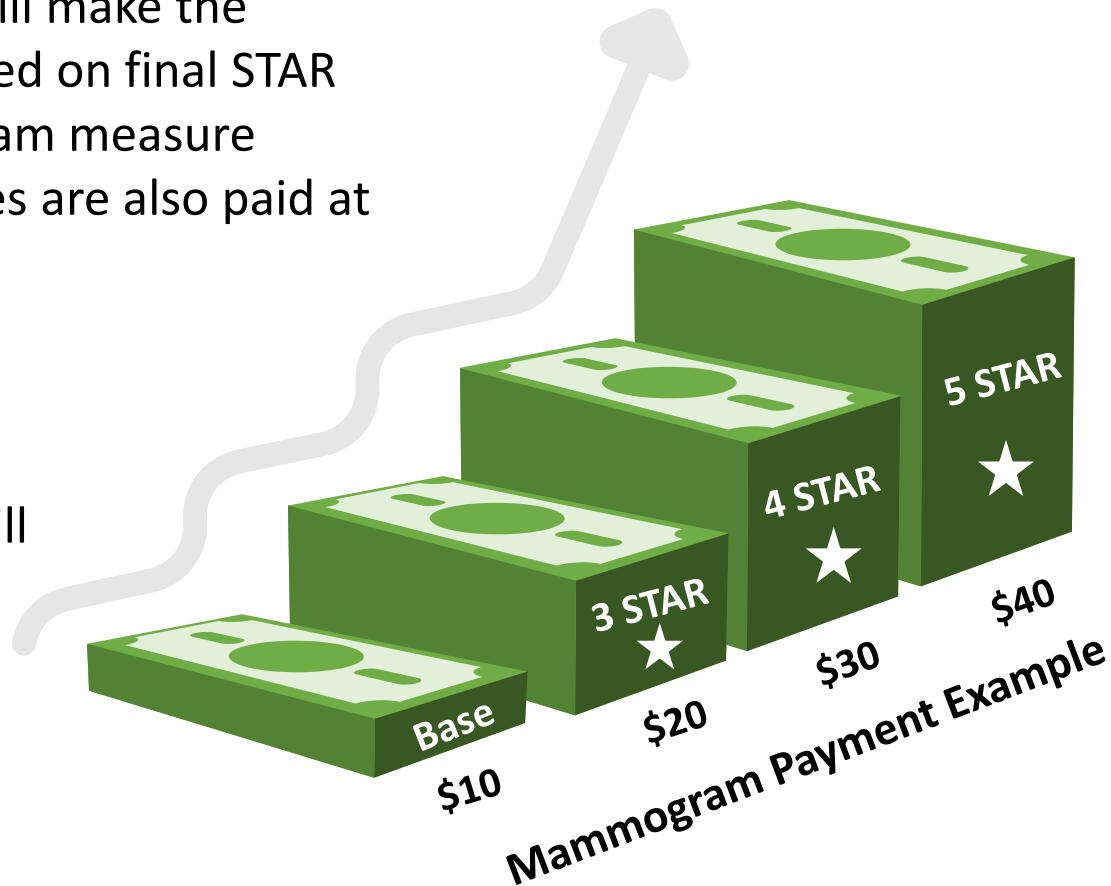
Payment #4 – True-up

True-up payment will make the provider whole based on final STAR rating for the program measure

- Control measures are also paid at this time

Payments #1, #2 & #3

First three payments will pay a measure closure at Base level



Payment Example:

A physician achieves a 5 STAR for Mammogram at the end of the program and receives a total of \$40 per compliant member

- \$10 for the Base payment
- \$30 additional for 5 STAR achievement

CoC Bonus Instructions

- The measurement period is Jan. 1, 2021, to Dec. 31, 2021. Allwell from Buckeye Health Plan (aka Allwell) must receive all claims/ encounters by Jan. 31, 2022.
- Schedule and conduct an exam with the eligible member using HEDIS® reports as guides to close care gaps and update diagnoses. Note: Additional Star measures may become applicable to eligible members as claims and data are received throughout 2021.
- Provide appropriate medications to your members and encourage them to fill their prescriptions; consider 90-day supplies for members stable on therapy.
- Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD 10, CPT and/or CPT II codes by Jan. 31, 2022.

Payment Timeline

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Additional Conditions

- All CoC Providers must: (a) be in a participation agreement with Allwell from Buckeye Health Plan either directly or indirectly through a vendor, from the effective date and continually through the dates the bonus payments are made, and (b) be in compliance with their participation agreement including the timely completion of required training or education as requested or required by the Plan.
- Bonuses are paid to the eligible member's Provider of record at the end of the applicable measurement periods as defined by the CoC program.
- Any bonus payments earned through this CoC program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other Allwell incentive program in which you may participate. At Allwells's discretion, CoC Providers who have a contractual or other quality incentive arrangement with Allwell either directly or through an IPA/vendor may be excluded from participation in this CoC 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 Allwell from Buckeye Health Plan and the CoC Provider agrees that Allwell or any state or federal agency may audit their/its records and information.

- The Program is discretionary and subject to modification due to changes in government healthcare program requirements, or otherwise. Allwell will determine if the requirements are satisfied and payments will be made solely at Allwell's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, the Plan will send a notice to the CoC Provider by email or other means of notice permitted under the participation agreement.
- Allwell reserves the right to withhold the payment of any bonus that may have otherwise been paid to a CoC Provider to the extent that such CoC Provider has received or retained an overpayment (any money to which the CoC Provider is not entitled, including, but not limited to, Fraud, Waste or Abuse) from the Plan, or Plan's Eligible Member. If Allwell determines a CoC Provider has been overpaid, WellCare may offset any bonus payment that may have otherwise been paid to the CoC Provider against overpayment.
- Only one bonus payment will be made for a specific HEDIS and medication adherence member-measure combination.
- The Plan shall make no specific payment, directly or indirectly under a provider incentive program, to a CoC Provider as an inducement to reduce or limit medically necessary services to an enrollee, and this CoC program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.
- If you have questions about the CoC program, please contact your Provider Relations representative, Quality Practice advisor, or call Provider Services.

Quality care is a team effort. Thank you for playing a starring role!

Confidential and Proprietary Information