

Primary Care Physicians (PCP) of Physicians Health Network (PHN) may be eligible for an incentive payment in accordance with this PHP PCP Incentive (hereinafter referred to as the “PCP Incentive”). As described below, eligibility for an incentive payment shall be based on quality and health management factors and not referral services. This PCP Incentive applies to PHP HMO Members in the Physicians Health Plan Commercial HMO Product only.

I. Incentive Fund

The incentive fund shall be annual funds available for distribution to eligible Physicians in accordance with the terms of this PCP Incentive. The amount of funding for the PCP Incentive shall be determined annually at the sole discretion of the PHN Board of Directors. Budgeted monies in the incentive fund shall be distributed to eligible Physicians, as an incentive payment, based on thresholds and measurements met using claims data as outlined in the incentive criteria. Monies that are not earned and distributed as an incentive payment, as described in the plan, shall be reallocated to PHN reserves.

II. General Terms of the PHP PCP Incentive

- A. **Eligibility**: Only those Physicians/Practitioners who 1) have a current PHN Participating Provider Agreement for the entire calendar year, and 2) who practice in the fields of Primary Care, Family Practice, Internal Medicine, Pediatrics, or Nurse Practitioner - PCP (collectively “Primary Care”) are eligible to earn an incentive payment for the applicable product under the incentive plan. Any otherwise eligible Physician/Practitioner who has not returned re-credentialing materials within 34 months after the effective date of the Physician’s/Practitioner’s last prior credentialing or re-credentialing determination shall be ineligible to earn an incentive payment. Any otherwise eligible Primary Care Physician with significant, unresolved credentialing, re-credentialing, quality, member complaint or grievance issues, as determined by PHP HMO’s Compliance Council, shall also be ineligible to earn an incentive payment.
- B. **Effective Date**: This PCP Incentive shall be effective Jan. 1, 2019.
- C. **Payment**: PCP Incentive payments shall be made annually on or about June 15, following the end of the measurement year. The total PCP Incentive payment may not exceed 25 percent of the total net payments made to Physician or Physician groups during the measurement year. No bonus shall be paid if PHN or the PHP HMO determines that the Provider denied, reduced, limited or delayed medically necessary services.
- D. **Reporting**: Reports for the PCP Incentive will be provided, at a minimum, quarterly during the measurement year and then, a final report, on or about June 15, 2020.
- E. **Member Eligibility/Assignment**: PHP HMO Members must be active as of Dec. 31 of the measurement year to be eligible for the measurement rewards. PHP HMO will make available membership rosters to eligible PCPs for review. PHP HMO Member rosters are provided to assist Primary Care Physicians in identifying those Patients assigned during the year, for the purpose of tracking and reporting the PCP Incentive results.

Physicians/Practitioners shall notify PHP HMO no later than Nov. 1 of the measurement year of any changes to their membership roster assignments.

- F. **Annual Changes**: Annual changes to the PCP Incentive categories and measures shall be distributed to Physician/Practitioner through written correspondence within 30 days before the effective date of the applicable PCP Incentive year. Any changes are considered an amendment to this PCP Incentive without signature or other action required of Physician/Practitioner.
- G. **Medical Record Documentation**: All diagnoses and procedures must be completely documented and supported in the Patient's medical record to be submitted to PHP for claims payment or to be considered eligible for this incentive plan. Any changes submitted without the appropriate supporting documentation are subject to adjustment and immediate removal from the PCP Incentive measurement and subject to actions as defined by PHP.
- H. **Submission of Claims**: All claims for services rendered must be billed in accordance with the current PHN Participating Provider Agreement requirements, PHP Provider Manual and in compliance with Current Procedural Terminology (CPT), HCPC and ICD-10 coding requirements.
- I. **Reward Criteria Percentage Achieved**: The "Percentage Achieved" is calculated by taking the total number of eligible members in the population and dividing them by the total number of visits billed. This indicates the overall performance of the office. For example, if there are 100 members eligible for the measure and 25 have met the criteria for the measure then the "Percentage Achieved" would be 25%.

III. **Reward Point System**

- A. **Incentive Methodology**: An incentive payment may be earned by an eligible Physician/Practitioner based on the accumulation of reward points in accordance with this PCP Incentive. Reward Points are earned based on the achievement of the performance measures described in the Measurement Criteria below. These criteria are based on HEDIS measurements and may be changed by PHN on an annual basis, if HEDIS measurements change.
 1. The PCP must be eligible for at least two measures in the PCP Incentive payment pool.
 2. The PCP receives a score from 0 – 3 based on their performance within each measurement.
 3. Average points are calculated over all eligible measures to create a composite reward score (0-3).
 4. The reward is a Per Member/Per Month (PMPM) based payment system.

5. Composite reward scores are stratified into three PMPM Reward brackets as identified in the Reward Criteria.
6. The reward = *PMPM value * Total Member Months*

B. Measurement Criteria

The performance categories and measurements for the Commercial HMO Product are as follows:

1. **Extended Office Hours**, which means evidence of participation by PCP’s PHP HMO Member population as defined below:

The measurement is calculated from those Commercial Practices showing evidence that the PCP has appointment access for routine care or urgently needed care after normal office hours or on weekends and sees Patients during these extended hours as evidenced by claims submitted to PHP with CPT codes 99050 or 99051. The calculation is done using the total number of office visits billed within the measurement year for the eligible population and dividing it by the number of visits billed with the appropriate coding for extended office hours.

For example: The office is open from 9 a.m. to 5 p.m. M, T, W, F and on Thursday, has extended office hours until 7 p.m. The claims submitted for services after 5 p.m. on Thursday should include the extended hour code and would qualify for the PCP incentive.

Point Threshold:

Percentage Achieved	Points
0% - 0.09%	0 points
0.1% - 6.9%	1 point
7% - 14.9%	2 points
15% or greater	3 points

2. **Human Papillomavirus Vaccine for Adolescents (HPV)**, which means evidence of participation by PCP’s PHP HMO Member population as defined below:

The measure is calculated from those Commercial Members who were aged 11 to 13 years, who received both HPV vaccines with different dates of service, at least 146 days apart. The second dose must be during the measurement year. HPV vaccines are defined by submission of the appropriate CPT codes 90649, 90650 or 90651, or as identified in the Michigan Care Improvement Registry (MCIR) data file.

Point Threshold:

Percentage Achieved	Points
0-20.33%	0 points
20.34 – 25.29%	1 point
25.30% - 29.71%	2 points
29.72% or greater	3 points

- 3. Appropriate Testing for Children with Pharyngitis (CWP)**, which means evidence of participation by PCP's PHP HMO Member population as defined below:

The measure is calculated by the percentage of children three to 18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A Streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Pharyngitis is defined as submission of a claim with appropriate ICD-10 Codes: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 and Group A Streptococcus test is defined as submission of codes: 87070, 87071, 87081, 87430, 87650, 87651, 87652, or 87880. Pharmacy data is used to verify prescription fill history of antibiotics as identified in Appendix A.

Point Threshold:

Percentage Achieved	Points
0 - 88.81%	0 Points
88.82 – 92.81%	1 Point
92.82% - 94.68%	2 Points
94.69% or greater	3 Points

- 4. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)**, which means evidence of participation by PCP's PHP HMO Member population as defined below:

The measure is calculated by the percentage of adults 18 to 64 years of age, with the diagnosis of acute bronchitis, who were not dispensed an antibiotic prescription 30 days prior to the visit and through seven days after the visit. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

Acute bronchitis is defined as submission of claim with appropriate ICD-10 Codes: J20.3 – J20.9. Pharmacy data is used to verify prescription fill history.

Point Threshold:

Percentage Achieved	Points
0 – 29.93%	0 Points
29.94 – 40.33%	1 Point
40.34 – 46.96%	2 Points
46.97% or greater	3 Points

- 5. Avoidance of Antibiotic Treatment for Children with Upper Respiratory Infection (URI)**, means evidence of participation by PCP's PHP HMO Member population as defined below:

The measure is calculated by the percentage of children three months to 18 years of age, with only the diagnosis of an upper respiratory infection (URI) and were not dispensed an antibiotic prescription 30 days prior to the visit through three days after the visit. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

URI is defined as submission of claim with appropriate ICD-10 Codes: J00, J06.0 and J06.9. Pharmacy data is used to verify prescription fill history.

Point Threshold:

Percentage Achieved	Points
0 – 92.90%	0 Points
92.91 – 95.62%	1 Point
95.63 – 96.97%	2 Points
96.98% or greater	3 Points

- 6. Well Child Visits 3 to 6 years old**, which means evidence of participation by PCP's PHP HMO Member population as defined below:

The measure is calculated from those Commercial Members who were three, four, five or six years old at any time during the measurement year and received one well-child visit with a Primary Care Practitioner during the measurement year. Well-Child Visits are defined by submission of appropriate CPT codes 99382, 99383, 99392 or 99393 with ICD10 diagnosis codes Z00.121, Z00.129, Z00.5, Z00.8, and Z02.0 through Z02.6, Z02.71, Z02.79, and Z02.81 through Z02.83, Z02.89 and Z02.9.

Point Threshold:

Percentage Achieved	Points
0 – 82.03%	0 Points
83.04 – 86.04%	1 Point
86.05 – 90.16%	2 Points
90.17% or greater	3 Points

7. Adolescent Well-Care Visits, which means evidence of participation by PCP’s PHP HMO Member population as defined below:

The measure is calculated from those Commercial Members who were 12 through 21 years of age at any time during the measurement year and received one (1) comprehensive well-care visit with a Primary Care Practitioner or Obstetrics and Gynecology Practitioner during the measurement year. Adolescent Well-Care visits are defined by submission of appropriate CPT codes 99383-99385 or 99393-99395 with ICD10 diagnosis codes Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 through Z02.6, Z02.71, Z02.79, Z02.81 through Z02.83, Z02.89 and Z02.9.

Point Threshold:

Percentage Achieved	Points
0 – 51.75%	0 Points
51.76 – 61.20%	1 Point
61.21 – 68.64%	2 Points
68.65% or greater	3 Points

8. Chlamydia Screening in Women, which means evidence of participation by PCP’s PHP HMO Member population as defined below.

The measure is calculated from those Commercial Members who were 16 through 24 years of age at any time during the measurement year, who were identified as sexually active, and received at least one chlamydia screening during the measurement year. Reward is made on one screening per measurement year. The claims for Chlamydia screenings are defined by the submission of appropriate CPT codes: 87110, 87270, 87320, 87490, 87491, 87492, 87810. Sexually active are identified through either claims encounter data or pharmacy data as defined in Appendix A.

Point Threshold:

Percentage Achieved	Points
0 – 51.08%	0 Points
51.09 – 61.11%	1 Point
61.12 – 66.62%	2 Points
66.63% or greater	3 Points

Reward Criteria

Composite reward scores, as defined in Section III, are stratified into three PMPM Reward Brackets:

Reward PMPM Brackets	PMPM
0 to 0.9 Points	\$0.00
1 to 1.5 Points	\$5.00
1.6 to 2 Points	\$10.00
2.1 to 3 Points	\$15.00

2019 PCP Incentive Summary

HEDIS	Expectation	Method of Data Collection
1) Extended Office Hours	After hours or weekend appointments	Claims Data
2) HPV Vaccine	Two doses of HPV	Claims Data, or as identified MCIR data file.
3) Appropriate Testing for Children with Pharyngitis	Testing prior to diagnosis	Claims Data
4) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Patient was diagnosed but not prescribed an antibiotic	Claims Data
5) Avoidance of Antibiotic Treatment for Children with Upper Respiratory Infection	Patient diagnosed but not prescribed an antibiotic	Claims Data
6) Well Child Visits Three to Six years	One Well Child Exam	Claims Data
7) Adolescent Well-Child Visits	One Well Child exam	Claims Data
8) Chlamydia Screening	One screening	Claims Data

APPENDIX A

Chlamydia Screening	
Identification of Sexual Activity	Codes to define "Sexually Active"
<p><i><u>*Pharmacy data will be identified by dispensed prescription contraceptives during the measurement year</u></i></p>	<p>ICD10: A34-A60.00, A60.03-A64, B20, B97.33-B97.7, F52.6, F53, G44.82, N70.01-N71.9, N71.0-N71.9, N93.0, N94.1, N94.10 – N94.19, N96-N97.9, O94, T38.4X1A-T38.4X6S, T83.31XA-T83.39XS, Z20.2, Z21, Z22.4, Z30.011-Z30.49, Z30.8-Z36, Z37.0-Z39.2, Z64.1, Z72.51-Z72.53, Z79.3, Z92.0, Z97.5, Z98.51</p>
	<p>HCPCS: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0475, G0476, H1000, H1001, H1003, H1004, H1005, P3000, P3001, Q0091, S0199, S4981, S8055</p>
	<p>CPT: 11976, 57022, 57170, 58300, 58301, 58600, 58605, 58615, 58970, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 76941, 76945, 76946, 80055, 80081, 82105, 82106, 82143, 82731, 83632, 83661, 83662, 83663, 83664, 84163, 84704, 86592, 86593, 86631, 86632, 87110, 87164, 87166, 87270, 87320, 87490, 87491, 87492, 87590, 87591, 87592, 87620, 87621, 87622, 87624, 87660, 87661, 87808, 87810, 87850, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, 88235, 88267, 88269</p>

CWP/URI Antibiotic Medications	
Description	Prescription
Aminopenicillins	Amoxicillin, Ampicillin
Beta-Lactamase Inhibitors	Amoxicillin-Clavulanate
First-Generation Cephalosporins	Cefadroxil, Cephalexin, Cefazolin
Folate Derivatives	Trimethoprim
Lincomycin Derivatives	Clindamycin
Macrolides	Azithromycin, Erythromycin Ethylsuccinate, Clarithromycin, Erythromycin Lactobionate, Erythromycin, Erythromycin Stearate
Miscellaneous Antibiotics	Erythromycin-Sulfisoxazole
Natural Penicillin	Penicillin G Potassium, Penicillin V Potassium, Penicillin G Sodium
Penicillinate-Resistant Penicillin	Dicloxacillin
Quinolones	Ciprofloxacin, Moxifloxacin, Levofloxacin, Ofloxacin
Second-Generation Cephalosporins	Cefaclor, Cefuroxime, Cefprozil
Sulfonamides	Sulfamethoxazole-Trimethoprim
Tetracyclines	Doxycycline, Tetracycline, Minocycline
Third-Generation Cephalosporins	Cefdinir, Cefibuten, Cefixime, Cefditoren, Cefpodoxime, Ceftriaxone

2019 PHP PRIMARY CARE INCENTIVE

AAB Antibiotic Medications	
Description	Prescription
Aminoglycosides	Amikacin, Kanamycin, Tobramycin, Gentamicin, Streptomycin
Aminopenicillins	Amoxicillin, Ampicillin
Antipseudomonal Penicillin's	Piperacillin
Beta-Lactamase Inhibitors	Amoxicillin-clavulanate, Piperacillin-tazobactam, Ampicillin-Sulbactam, Ticarcillin-Clavulanate
First-Generation Cephalosporins	Cefadroxil, Cephalexin, Cefazolin
Fourth-Generation Cephalosporins	Cefepime
Ketolides	Telithromycin
Lincomycin Derivatives	Clindamycin
Macrolides	Azithromycin, Erythromycin, Erythromycin Lactobionate, Clarithromycin, Erythromycin Ethylsuccinate, Erythromycin Stearate
Natural Penicillin	Penicillin G Benzathine-procaine, Penicillin G procaine, Penicillin V potassium, Penicillin G potassium, Penicillin G sodium, Penicillin G benzathine
Penicillinase Resistant Penicillin's	Dicloxacillin, Oxacillin, Nafcillin
Quinolones	Ciprofloxacin, Levofloxacin, Norfloxacin, Gemifloxacin, Moxifloxacin, Ofloxacin
Rifamycin derivatives	Rifampin
Second-Generation Cephalosporin	Cefaclor, Cefotaxime, Cefibuten, Cefotetan, Cefpodoxime, Ceftriaxone, Cefixime, Ceftazidime
Sulfonamides	Sulfadiazine, Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline
Third-Generation Cephalosporins	Cefdinir, Cefotaxime, Cefibuten, Cefditoren, Cefpodoxime, Ceftriaxone, Cefixime, Ceftazidime
Urinary Anti-Infectives	Fosfomycin, Nitrofurantin macrocrystals-monohydrate, Nitrofurantoin, Trimethoprim, Nitrofurantoin macrocrystals