



IHC 2009 Bonus Payment for High Performance

The Illinois Department of Healthcare and Family Services (HFS) is proud to announce its Illinois Health Connect Bonus Payment program for 2009. Under this program, qualifying Illinois Health Connect Primary Care Providers (PCPs) are eligible to receive annual bonus payments for each qualifying service under a bonus measurement.

What are the Bonus Measurements?

- **Immunization Combo 3:** Children who receive designated immunizations by age 24 months (benchmark 68.6%).
- **Developmental Screening:** Children who receive at least one objective screening by the age of 12 months (benchmark 50%), between the ages of 12 and 24 months (benchmark 40%), and between the ages of 24 and 36 months (benchmark 35%). A bonus will be available for each separate age group.
- **Asthma management:** Patients with persistent asthma, ages 5-9 years (benchmark 91.8%), ages 10-17 years (benchmark 89.5%) and ages 18-56 years (benchmark 85.8%) who fill an asthma controller medication prescription.
- **Diabetes Management:** Patients with diabetes, ages 18 to 65 years who receive at least one HbA1c test annually (benchmark 79.6%).
- **Breast Cancer Screening:** Women ages between ages 40 and 69 who have had a mammogram in the last two years (benchmark 50.1%).

Who is a qualifying PCP?

A qualifying PCP is an Illinois Health Connect PCP who meets or exceeds the 2008 HEDIS 50th percentile benchmark collectively for all the Illinois Health Connect enrollees on their panel roster for a particular measure, or, in the case of developmental screening, the benchmark target set forth above. A PCP may be a qualifying PCP for one or more measurement.

What is HEDIS?

HEDIS is the Healthcare Effectiveness Data and Information Set, which is a national reporting system administered by the National Committee for Quality Assurance (NCQA) to measure performance on a number of important measures of care and service. Most commercial health plans and state Medicaid programs utilize these measures. National benchmarks are reported annually which provide a summary of the various metrics. HFS is using the 50th percentile (meaning half of all Medicaid plans performs better than and half perform worse than the benchmark) as a minimal threshold of performance.

How will we measure whether you met the benchmark?

HFS will count the number of qualifying patients for each measure enrolled on each PCP's Illinois Health Connect panel roster on December 1, 2009. We will then look to see which of those patients received the measured service during the measurement period. HFS claims data will be used to determine whether a service was rendered (for immunizations, Cornerstone data will also be used). Although providers have 12 months from the date of service to bill in order to be paid for the service, the bonus payment will be based on measurement year 2009 claims, after a three month run out (January through March of 2010). This means all claims for measurement year 2009 services must be submitted to HFS prior to April 1, 2010 to be counted. We will then determine and pay the bonus payments by June 2010.

PCPs do not have to report any special information to earn a bonus payment; they just need to submit a detailed claim for the services that are rendered as usual. A measured service is counted whether or not it was the current PCP or another provider who rendered the service during the measurement period. We will use the date of service for the measured service to determine if it was rendered in the measurement period. Ordering a service for a patient does not qualify for a bonus payment, the service must actually be received by the patient. A sheet is attached for each bonus measurement giving details on the billing codes measured, the time period measured and other details to maximize the opportunity for bonus payments.

For which services will bonus payments be made?

If a PCP meets or exceeds the benchmark for a particular measured service, a bonus payment will be made for each patient that received the measured service. If the PCP does not meet the benchmark, there will be no bonus payment made for any patients, whether they received the service or not.

For example, for the diabetes measurement, the HEDIS 50th percentile is 79.6% (meaning that half of the nation's Medicaid programs had achieved a rate of 79.6% or higher for diabetic patients receiving at least one HcA1c test) then a PCP would need 79.6% or more of their Illinois Health Connect diabetic patients to have received at least one HbA1c test in the past 12 months to qualify for the incentive payment. The PCP would receive the incentive payment for each patient that met the criteria. If less than 79.6% of the Illinois Health Connect diabetic patients on the PCP's panel roster did not have the test then no bonus would be available for any of their diabetic patients.

How much are the bonus payments?

The 2009 bonus payments will be at least \$20 per patient. They may be higher depending on the number of qualifying PCPs and the number of patients receiving a measured service from those PCPs. For the 2008 bonus payments, PCPs received \$25.00 for each qualifying patient for the bonus measurements that were met or exceeded.