

JUST THE FAX

www.molinahealthcare.com

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Page 1 of 2

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- Imperial
- □ Riverside/San Bernardino
- Los Angeles
- □ Orange
- □ Sacramento
- 🗆 San Diego

LINES OF BUSINESS:

- Molina Medi-CalManaged Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

Medical Group/ IPA/MSO

Primary Care

IPA/MSODirects

Specialists

□ Directs

🗆 IPA

□ Hospitals

- Ancillary
- \Box CBAS
- □ SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange

Counties X111113 X123071 X127657 X123007

Riverside/San

Bernardino Counties X127684 X128010 X120618

Sacramento County X126232 X121360

San Diego County

| X121805 | X121401 |
|---------|---------|
| X127709 | X121413 |
| X123006 | X121599 |

Imperial County

X125682 X125666

UPDATE

PAY-FOR-PERFORMANCE/HEDIS® PERFORMANCE BONUS PROGRAM

This is an advisory notification to inform our Molina Healthcare of California (MHC) network providers of updates to the Medi-Cal Pay-For-Performance/ HEDIS® Performance Bonus Program (P4P Program).

Effective immediately the Annual Monitoring for Patients on Persistent Medications (MPM) for ACE/ARB and Diuretics HEDIS measure will no longer be incentivized and has been removed from the 2019 P4P HEDIS program.

Please review the updated Medi-Cal and Marketplace HEDIS Metrics and Bonus Amounts on the following page:

| Los Angeles | | |
|---|--|--|
| Measure | Bonus | |
| Breast Cancer Screening | \$25 per procedure /up to one screening per member per year | |
| Comprehensive Diabetes Care: Retinal Eye Exam HbA1C Control Blood Pressure Control | \$25 per procedure (retinal eye exam) /up to one payment per member per year \$75 per HbA1c control test result less than 8.0 /one-time payment in Q4 per member per year \$25 per last controlled BP reading of the year less than 140/90 /one-time payment in Q4 per member per year | |
| Timeliness of Prenatal Care-First Trimester Visit | \$200 per visit /up to one payment per member per year | |
| Timeliness of Post-Partum Care (21-56 days post- delivery) | \$150 per visit /up to one payment per member per year | |
| Childhood Immunization Status – Combination 3 Includes: 4 DTap, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV | \$100 for the completion of combination 3 immunizations before two years of age | |
| Well Child Visits 3/4 | \$50 per visit /up to one payment per member per year for children ages 3-6 years old | |

| Marketplace HEDIS [®] Metrics and Bonus Amounts | | |
|--|---------|--|
| Measure | Bonus | |
| Comprehensive Diabetes Care (CDC – A1c <8.0%) | \$25.00 | |
| Comprehensive Diabetes Care – Eye Exam | \$25.00 | |

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.