



INLAND EMPIRE HEALTH PLAN

June 4, 2007

TO: Participating P4P Primary Care Providers

RE: PAY FOR PERFORMANCE (P4P) PM160 UPDATES/CHANGES

Dear Participating Practitioner:

Inland Empire Health Plan (IEHP) continuously strives to provide practitioners with useful tools that will assist your office and IEHP in our joint goal of delivering the highest quality health care services to our Members.

As you are aware, IEHP has developed a web-based option to eliminate the paper submissions of P4P documentation. Our online PM160 submission is simple, fast and user friendly.

After review of our program and to help reduce the administrative cost, IEHP has determined that participating P4P providers submitting 25 or more PM160s per month **are required** to submit electronically. Providers who submit 25 or more PM160s per vendor group per month **will not be paid** unless all PM160s are submitted electronically. This change is effective after dates of service **July 31, 2007**.

This **penalty can be avoided** if providers who submit 25 or more PM160's to IEHP utilize the electronic submission process. Access to IEHP's Secure Provider Website requires your IEHP Provider ID and a password. To register now or if you would like an in-service on how to submit PM160's online, please call your Provider Services Representative or call (909) 890-2054.

In addition to this change IEHP will also be **adding "Weight" as a mandatory field** to the PM160 submission for Well Child Visits effective after dates of service **July 31, 2007**

We will also be **expanding the reimbursement for Varicella to include ages 7 to 10 years** old. Therefore for Varicella:

1. PM160 code is "46"
2. Age Range is 1 through 13 years
3. Number of Series: 2
4. Administration Fee: \$7.00
5. Please replace your P4P packet with the enclosed updated PM160 Reimbursable Code Schedule.

COMING SOON is the release of the yellow card online this summer! Look for further announcement on the web of when it is effective.

For more information or questions on how the new program rules apply, please call our Provider Relations Team at (909) 890-2054.

Sincerely,

Susie White
Provider Relations Manager, IEHP

cc: Bradley P. Gilbert, MD, Executive Officer/Chief Medical Officer, IEHP
Eric Haden, Chief Network Officer, IEHP
Jane Maass, Sr. Director of Operations, IEHP
Jacob Diekmann, Director of Healthcare Analytics, IEHP

enclosure: Reimbursable PM160 Immunization Code Schedule



INLAND EMPIRE HEALTH PLAN

Pay For Performance (P4P)
Reimbursable PM160 Immunization Codes

Vaccine	PM160 Code	Age Range	Number in Series	Reimbursement Rate
MMR	33	1-6 th birthday 11 th -13 th birthday	1-2	\$7.00
Measles	34	0-6 th birthday 11 th -13 th birthday	1-2	\$7.00
Rubella	36	0-6 th birthday 11 th -13 th birthday	1-2	\$7.00
Hib	38	0-6 th birthday	1-4	\$7.00
Polio-Inactivated	39	0-6 th birthday 11 th -13 th birthday	1-4	\$7.00
Hepatitis B (5 mcg dose)	40	0-6 th birthday 11 th -13 th birthday	1-3	\$7.00
Hepatitis B (10 mcg dose)	42	11 th -13 th birthday	1-2	\$7.00
DTaP	45	0-6 th birthday	1-5	\$7.00
*****Varicella	46	1-13 th birthday	2	\$7.00
*Influenza	53	6 months thru 18 years	1-2	\$7.00
Pneumococcal Polysaccharide (23PS)	55	2 years thru 18 years	1-2	\$7.00
Hep B/Hib Combination	56	0-6 th birthday 11 th -13 th birthday	HepB/1-3 Hib/1-4	\$14.00
***Td Adult - DECAVAC	58	7 years thru 18 years	2	\$7.00
DT Pediatric	59	0-6 th birthday	1-5	\$21.00
**Td Adult	60	7 years thru 18 years	2	\$14.00
*****Hep A	65	1 year thru 18 years	1-2	\$7.00
TB Mantoux	TB	Under 19 years	1-3	\$10.00
DTaP/HepB/IPV - PEDIARIX	68	0-6 th birthday	1-3	\$21.00
Pneumococcal Heptavalent - PREVNAR	67	Under 6 years	4	\$7.00
***MCV4 (Meningococcal Conjugate)-MENACTRA	69	11 years thru 18 years	1	\$7.00
**** Influenza Virus Vaccine Live, Intranasal - FLUMIST	71	5 years thru 18 years	2	\$7.00
***Tdap (Tetanus Diptheria Acellular Pertussis) -BOOSTRIX/ADACEL	72	7 years thru 18 years	2	\$7.00
*****MMR/Varicella - PROQUAD	74	12 months thru 18 years	2	\$14.00
*****Rotavirus Vaccine (RV) - ROTATEQ	75	0 thru 8 mos	3	\$7.00

*Influenza-Children 6 mos to <9 yrs who are receiving the vaccine for the first time should receive the 2 doses at least 4 wks apart, with the second dose given before December if possible.

**Td Adult is paid for 2 series effective 7/1/04

***MCV4 , Tdap & Td Adult (DECAVAC) -Reimbursement effective 08/01/2005

****FluMist –Reimbursement effective 11/15/2005

***** Hep A (new age range) Reimbursement effective 3/01/06

*****MMR/Varicella (PROQUAD) Reimbursement effective 05/01/06

*****ROTATEQ Reimbursement effective 07/01/06

*****Varicella Reimbursement effective 08/01/07

NOTE: Although the Mantoux TB test is not an immunization, it is paid out of the immunization fund and will be reimbursed at \$10 each test up to three times per year.

REVISED DATE: August 2007