



INLAND EMPIRE HEALTH PLAN

September 28, 2009

Subject: P4P Program Updates

Dear IEHP Doctor,

Thank you for participating in IEHP's Pay For Performance (P4P) Program. We are grateful for your partnership in meeting the healthcare needs of our 420,000 Members. We have taken significant steps to ensure that our positive relationship with you continues to grow.

As a result of our annual review of the P4P program, we are pleased to announce some enhancements, including increased incentives for three existing P4P measures, and we have added a few additional reimbursable immunizations to the existing immunization list. These changes will go into effect **October 1, 2009**.

New Program Enhancements:



- Full Immunization compliance by age 2 (Yellow Card Submission Bonus): **\$150** (raised from \$100)
- Yellow Card Bonus submission requirement: changed from 2 months to 4 months from the date of service
- PAP Test: **\$50** (raised from \$25)
- Well Child Visit for 11 to 18 years old: **\$50** (raised from \$40)
- Reinstatement of Hib 3 or 4 vaccines due to sufficient availability of supply
- Administration Fee for additional childhood immunization such as Gardasil (See revised PM160 Reimbursable Immunization Codes Schedule)

Existing Components to be eliminated:

- Chlamydia and Asthma measures will be retiring from the P4P program effective January 1, 2010. Chlamydia was dropped by DHCS for HEDIS reporting while IEHP is already in the 90th percentile for HEDIS rates for Asthma.

2009 Influenza Vaccination Reimbursement:

- Annual Seasonal Influenza - \$4.50 Admin Fee payable through P4P for children only
- H1N1 - Admin Fee – see below

Children (PM160)

Vaccine:	H1N1
PM160 Code:	H1
Number in Series:	2 shots = 0 through 9 years (Note: children < 9 years should receive 2 doses, with a recommended interval of 21-28 days) 1 shot = 10 years through 18 years
Administration Fee:	\$9.00
Submit PM160 to:	Online only

Adults (EDI or CMS-1500)

Vaccine:	H1N1
HCPCS Code:	G9141
Number in Series:	1 shot = 19 years and over
Administration Fee :	\$9.00 for Medi-Cal & Medicare Fee Schedule for Medicare DualChoice
Submit ANSI-837 electronic claims to:	<i>Through your clearinghouse</i>
Submit CMS 1500 to:	<i>IEHP Claims Department P O Box 10129 San Bernardino, CA 92423</i>

As you can see, we are committed to improving the P4P Program by providing more incentives that help you give better care to your IEHP patients and keep them healthy.

We look forward to continuing our successful working relationship with you. If you have any questions, please feel free to call our Provider Relations Team at (909) 890-2054.

Sincerely,

Susie White
Director of Network Operations, IEHP

cc: IPAs
Bradley P. Gilbert, M.D., Chief Executive Officer, IEHP
William Henning, D.O., Chief Medical Officer, IEHP
Jacob Diekmann, Director of Healthcare Analytics & Reporting, IEHP
David Baray, Director of Claims, IEHP
PSRs

Enclosure: P4P Reimbursable PM160 Immunization Codes



INLAND EMPIRE HEALTH PLAN

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	\$4.50
Measles	34	0-6 th birthday 11 th -13 th birthday	1-2	\$4.50
Rubella	36	0-6 th birthday 11 th -13 th birthday	1-2	\$4.50
Hib³	38	0-6th birthday	1-4	\$4.50
Polio-Inactivated	39	0-6 th birthday 11 th -13 th birthday	1-4	\$4.50
Hepatitis B (5 mcg dose)	40	0-6 th birthday 11 th -13 th birthday	1-3	\$4.50
Hepatitis B (10 mcg dose)	42	11 th -13 th birthday	1-2	\$4.50
DTaP	45	0-6 th birthday	1-5	\$4.50
Varicella	46	1-13 th birthday	2	\$4.50
Influenza ²	53	6 months thru 18 years	1-2	\$4.50
Pneumococcal Polysaccharide (23PS)	55	2 years thru 18 years	1-2	\$4.50
Hep B/Hib Combination	56	0-6 th birthday 11 th -13 th birthday	HepB/1-3 Hib/1-4	\$9.00
Td Adult – (DECAVAC)	58	7 years thru 18 years	2	\$4.50
DT Pediatric	59	0-6 th birthday	1-5	\$13.50
Td Adult	60	7 years thru 18 years	2	\$9.00
Hep A	65	1 year thru 18 years	1-2	\$4.50
DTaP/HepB/IPV (PEDIARIX)	68	0-6 th birthday	1-3	\$13.50
Pneumococcal Heptavalent (PREVNAR)	67	Under 6 years	4	\$4.50
MCV4 (Meningococcal Conjugate)- MENACTRA ¹	69	2 years thru 18 years	1	\$4.50
Influenza Virus Vaccine Live, Intranasal – (FLUMIST) ²	71	2 years thru 18 years	2	\$4.50
Tdap (Tetanus Diptheria Acellular Pertussis) – (BOOSTRIX/ADACEL)	72	7 years thru 18 years	2	\$4.50
MMR/Varicella – (PROQUAD)	74	12 months thru 18 years	2	\$9.00
Rotavirus Vaccine (RV) – (ROTATEQ)	75	0 thru 8 mos	3	\$4.50
Human Papillomavirus (Gardasil)⁶	76	9 yrs thru 18 yrs, 11 mos	3	\$4.50
Influenza Preservative Free^{2,6}	80	6 months thru 3 years	2	\$4.50
Rotavirus Vaccine – (ROTARIX) ⁵	81	0 thru 8 mos	2	\$4.50
DTaP/Hib/IPV (PENTACEL) ⁴	82	2 mos thru 4 yrs, 11mos	4	\$13.50
DTaP/IPV (KINRIX) ⁴	83	4 years thru 6 years, 11 mos	1	\$9.00
H1N1 Vaccine^{2,6}	H1	0 through 9 years 10 years through 18 years	2 1	\$9.00
TB Mantoux	TB	Under 19 years	1-2	\$7.50

1. MCV4 - Menactra (Code 69) – Age range change from 11 years to 2 years effective 03/01/2008.

2. INFLUENZA Vaccine – Children < 9 years should receive 2 doses, with a recommended interval of 21-28 days.

3. Hib – reinstatement of 3 and/or 4 Hib shots effective 10/01/09.

4. DTaP/Hib/IPV (Pentacel) & DTaP/IPV (Kinrix) reimbursement effective for DOS 10/01/08.

5. ROTARIX - Reimbursement effective for DOS 05/01/2009

Effective 07/01/2008 - Reduction of reimbursement for vaccine administration from \$7 to \$4.50; Multiple antigen shots will be paid at \$9.00 for 2 antigen shots and \$13.50 for 3 antigen shots. TB Test reduced from \$10 to \$7.50.

6. Reimbursement effective 10/01/109.

NOTE: Although the Mantoux TB test is not an immunization, it is paid out of the immunization fund and will be reimbursed at \$7.50 each test up to 2 times/year with a minimum of 30 days in between each TB test retro effective to 01/01/2009.