



## 6. Diabetes Component

### PROGRAM GOAL

To ensure that all IEHP Members with diabetes receive appropriate assessments and treatment to improve their health status.

### PROGRAM OVERVIEW

Participating PCPs are incentivized \$25 for each measure completed for an eligible IEHP Member within specified time frames. Physicians can earn up to \$350 per Member per year for total compliance with the program.

### WHO CAN PARTICIPATE

Any credentialed IEHP Primary Care Physician.

### WHICH MEMBERS ARE ELIGIBLE

Any IEHP Member enrolled in one of these programs: Medi-Cal, Healthy Families, Healthy Kids or Medicare DualChoice. Plus, the Member must be:

- Identified as a Member with diabetes (name is on roster)
- Active on date of service (DOS) the diabetes measure is performed
- Assigned to participating PCP when diabetes measure is performed

Every IEHP PCP will be able to review online a roster of active IEHP Members identified as having diabetes. PCPs who do not receive a roster – but are treating Members with diabetes – can add these Members to the program by completing a Diabetes Form and confirming both date of diagnosis and ICD-9 code.

### INCENTIVES

- \$25 for each measure completed within the specified time frames:

- Hb A1c\*
- Ldl\*
- Microalbumin\*\*
- Diabetic Retinopathy exam\*\*

\* Hb A1c and Ldl can be submitted up to four times a year until desired result is achieved (as noted below), then can be submitted once a year \*\* Microalbumin and Diabetic Retinopathy can be submitted once a year

- \$50 Quality bonus if a Diabetic Member achieves a Hb A1c result of 7.0 or less
- \$50 Quality bonus if a Diabetic Member achieves a Ldl result of 100 or less

Incentives are paid within 30 working days of receipt of a complete Diabetes form submitted online.

### HOW TO REPORT DIABETES MEASURES

Complete the Diabetes Form online at [www.iehp.org](http://www.iehp.org) and indicate appropriate ICD 9 code, collection date and result for appropriate visit. The Diabetes form must be submitted online to IEHP **within 2 months from the date of service** and meet IEHP's submission standards to qualify for incentive. Copies of lab results must be retained in Member's chart.

### WHERE TO SUBMIT THE FORMS

Submit online at [www.iehp.org](http://www.iehp.org). Log into the Provider Secure Site and click on the P4P button. **Need help?** Refer to the online P4P Submission Training Manual or call the Provider Relations Team at (909) 890-2054.

### FOR CORRECTIVE RESUBMISSIONS ONLY:

IEHP will only accept corrective resubmissions in paper. Submit corrections to IEHP **within 60 days** of initial electronic submission date. Mail your Diabetes corrections to:

IEHP – Healthcare Analytics Department (HAR)

P.O. Box 19026

San Bernardino, CA 92423-9026



Inland Empire Health Plan

