



# 7. Medicare DualChoice Annual Visit Component

## PROGRAM GOAL

To ensure that all IEHP Medicare DualChoice Members receive timely annual visits – with an emphasis on evaluating chronic illness. PCPs must record significant chronic diagnoses, document history and physical findings related to these diagnoses in the medical record.

## PROGRAM OVERVIEW

Participating PCPs are incentivized \$300 for each Annual Visit they provide to an eligible IEHP Medicare DualChoice Member. The incentive is paid in addition to your FFS visit reimbursement or your capitated PCP agreement. Only one exam per year qualifies for this incentive, even if a Medicare DualChoice Member has had several PCPs and multiple exams.

## WHO CAN PARTICIPATE

Any credentialed IEHP PCP participating in IEHP Medicare DualChoice.

## WHICH MEMBERS ARE ELIGIBLE

Any IEHP Member enrolled in the Medicare DualChoice program. Plus, the Member must be:

- Active on the date of service (DOS) Annual Visit is performed
- Assigned to participating PCP when Annual Visit is performed

## INCENTIVE

- **\$300** for each Annual Visit administered by the assigned PCP
- Incentives are paid within 30 working days of receipt of a complete Medicare DualChoice Annual Visit form submitted online

## HOW TO REPORT ANNUAL VISITS

Complete a Medicare DualChoice Annual Visit form online at [www.iehp.org](http://www.iehp.org) and indicate appropriate ICD-9 codes for visit. Annual Visit forms must be submitted online to IEHP **within 2 months from the date of service** and meet IEHP submission standards to qualify for incentive. Remember, IEHP will not accept paper submissions by mail or fax.

## 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 Manual or call the Provider Relations Team at (909) 890-2054.

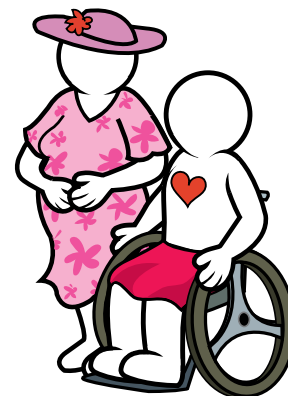
## FOR CORRECTIVE RESUBMISSIONS ONLY:

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

IEHP – Healthcare Analytics Department (HAR)

P.O. Box 19026

San Bernardino, CA 92423-9026.



Inland Empire Health Plan