



IEHP DualChoice Annual Visit Component

PROGRAM GOAL

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

PROGRAM OVERVIEW

Participating IEHP Direct DualChoice PCPs are incentivized \$200 for each Annual Visit they provide to an eligible IEHP Direct DualChoice Member. The incentive is paid in addition to your Fee-for-Service (FFS) visit reimbursement or your capitated PCP agreement. Only one exam per year qualifies for this incentive, even if an IEHP Direct DualChoice Member has had several PCPs and multiple exams.

WHO CAN PARTICIPATE

Any credentialed IEHP Direct DualChoice PCP participating in IEHP DualChoice.

WHICH MEMBERS ARE ELIGIBLE

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

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

INCENTIVE

- \$200 for IEHP Direct DualChoice PCPs for each Annual Visit administered by the assigned PCP
- Incentives are paid within 30 working days of receipt of a complete an IEHP DualChoice Annual Visit form submitted online

HOW TO REPORT ANNUAL VISITS

Complete an IEHP DualChoice Annual Visit form online at www.iehp.org and indicate appropriate ICD codes for the visit. Annual Visit forms must be submitted online to IEHP DualChoice **within 180 days from the date of service** and must meet IEHP submission standards to qualify for incentive. Remember, IEHP DualChoice will not accept paper submissions by mail or fax.

WHERE TO SUBMIT THE FORMS

Submit online at www.iehp.org. Log in to the IEHP DualChoice Secure Provider Portal 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, Mon-Fri, 8am-5pm.

To initiate appeals or corrections, please call Provider Relations at the number shown above or email ProviderServices@iehp.org.

FOR CORRECTIVE RESUBMISSIONS ONLY:

IEHP DualChoice will only accept corrective resubmissions on paper. Submit corrections to IEHP DualChoice **within 60 days** of the initial electronic submission date.

Mail your IEHP corrections to:

Inland Empire Health Plan

Attention: Quality Informatics

P.O. Box 1800

Rancho Cucamonga, CA 91729-1800

