



To: IEHP- Global Quality P4P PCP Participants
From: IEHP – Quality Programs
Date: July 18, 2022
Subject: 2022 Global Quality P4P PCP Program Guide- UPDATES

Inland Empire Health Plan (IEHP) would like to advise that important updates have been made to the **2022 Global Quality P4P (GQ P4P) PCP Program Guide**. An electronic version of the guide is available in the Provider section of the IEHP website at:

www.iehp.org >For Providers > P4P- Prop56-GEMT > Global Quality P4P Program.

The 2022 GQ P4P PCP Program Guide includes the following updates:

Measure	Impact on Measure
Antidepressant Medication Management (AMM)	<ul style="list-style-type: none"> Added new language to the continuous enrollment “105 days prior to the IPSD through 231 days after the IPSD.”
Asthma Medication Ratio (AMR)	<ul style="list-style-type: none"> Added new language to the continuous enrollment “Continuous enrollment with IEHP during the measurement year (2022) and the year prior to the measurement year (2021) with no more than one gap in continuous enrollment with IEHP of up to 45 days during the measurement year (2022).”
Blood Pressure Control for Patients with Diabetes (BPD)	<ul style="list-style-type: none"> Added new language to the measure description “at least two outpatient visits, observation visits, telephone visits, Emergency Department (ED) visits, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.” Removed “ambulatory basis” language from the measure description. Added new language to measure description “At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim.” Added “Members receiving palliative care” to the exclusions.
Breast Cancer Screening (BCS)	<ul style="list-style-type: none"> Added “Members receiving palliative care” to the exclusions. Removed codes G0202, G0204 and G0206

Controlling High Blood Pressure (CBP)	<ul style="list-style-type: none"> Removed “remote monitoring events” from the numerator. Removed code 99458 NEW code added G0071
Cervical Cancer Screening (CCS)	<ul style="list-style-type: none"> Added “Members receiving palliative care” to the exclusions. Removed code 88154
Chlamydia Screening in Women (CHL)	<ul style="list-style-type: none"> Removed “Ethinyl estradiol-folic acid-levonorgestrel” medication from the prescription list.”
Child and Adolescent Well-Care Visits (WCV)	<ul style="list-style-type: none"> NEW codes added S0610, S0612, S0613, Z01.411 and Z01.419
Childhood Immunizations Status (CIS)	<ul style="list-style-type: none"> NEW exclusions added: <ul style="list-style-type: none"> Severe combined immunodeficiency Immunodeficiency HIV Lymphoreticular cancer Intussusception NEW codes added: <ul style="list-style-type: none"> 90697 (DTaP, IPV, HiB, HepB) 90674 (Flu) 90756 (Flu)
Hemoglobin A1c Control for Patients with Diabetes (HBD)	<ul style="list-style-type: none"> Added new language to the measure description “at least two outpatient visits, observation visits, telephone visits, Emergency Department (ED) visits, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.” Removed “ambulatory basis” language from the measure description. Added “Members receiving palliative care” to the exclusions.
Initial Health Assessment (IHA)	<ul style="list-style-type: none"> Measure weight changed from a “3” to a “1.”
Immunizations for Adolescents (IMA)	<ul style="list-style-type: none"> NEW code added for meningococcal conjugate 90733 Updated language to the measure description “There must be at least 146 days between the first and second dose of the HPV vaccine. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be on or after July 25.”

<p>Kidney Health Evaluation for Patients with Diabetes (KED)</p>	<ul style="list-style-type: none"> • Added new language to the measure description “at least two outpatient visits, observation visits, telephone visits, Emergency Department (ED) visits, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.” • Removed “ambulatory basis” language from the measure description. • Added “Members receiving palliative care” to the exclusions.
<p>Post Discharge Follow-Up (PDFU)</p>	<ul style="list-style-type: none"> • Added a note “Visits with an Urgent Care will not be accepted for the Post Discharge Follow-Up measure.”
<p>Potentially Avoidable Emergency Department Visits (LANE)</p>	<ul style="list-style-type: none"> • Updated tier 1 goal to $\leq 11.19\%$

Please continue to leverage the 2022 GQ P4P PCP Program Guide to maximize your efforts in the 2022 program year.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > Providers > Plan Updates > Correspondence

Thank you for your continued partnership in providing quality healthcare to IEHP’s Members. Any questions related to this program can be sent to IEHP’s Provider Call Center at 909-890-2054, (866) 223-4347 or email ProviderServices@iehp.org or Quality Department at QualityPrograms@iehp.org.