

Revised March 2024

# 2024 Quality Incentive Program (QIP)



# Quality Incentive Program

The Quality Incentive Program (QIP) is designed to reward primary care providers (PCPs) who provide timely, evidence-based preventive care to patients resulting in improved health outcomes for our members in 2024.

# A note to our provider partners

## Simplification is our theme for our 2024 QIP

- Your feedback is very important to us. We have responded to your desire for a streamlined program.
- Each year, we carefully consider our incentives and their structure. We reallocate the dollars within the program and focus them on many important initiatives.
- A decrease in the incentive amount for a particular measure should not be interpreted as a devaluing of that activity, but rather a necessary action to focus dollars on other equally important measures or activities.
- **THANK YOU!** For your continued dedication to our members and your tireless efforts to make their lives better.

Five incentive categories in 2024:

Chronic disease management

Preventive screenings

Pharmacy

Pediatric care

Supplemental data submission

New for  
2024!

# To know and do

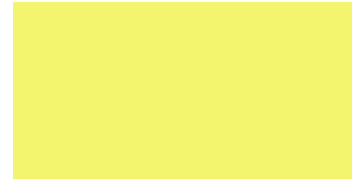
View complete program guidelines and requirements on our provider website, [bridgespanhealth.com](https://bridgespanhealth.com): [Programs>Quality Incentive](#).

Key to finding updates and changes from the 2023 program in this presentation:



**New for  
2024!**

Look for this symbol to identify changes or additions for the 2024 program.



Text highlighted in yellow indicates a new value for 2024.

# 2024 QIP program structure



# Provider opt-in

## QIP primary contact

Log into the Care Gap Management Application (CGMA) as soon as we go live with the 2024 program in early March to opt-in to QIP for 2024\*.

We will also collect the name of your QIP primary contact.

### **The QIP primary contact is the person who can:**

- Opt-in for the TIN or roll-up group
- Approve CGMA access for other users associated with the TIN or roll-up group
- Verify or provide the QIP payout address

\*Groups must opt-in for the 2024 program before October 1, 2024

# 2024 QIP structure

## Target members

- QIP only includes Individual on-exchange members.

## Provider participation

- Currently, there is no membership threshold to participate in the program.
- Providers will need to opt-in to participate in QIP.

## Incentives

- Incentives are paid on a per gap basis for designated clinical quality QRS (Quality Rating System) measures.

# 2024 QIP changes

## 1. Introducing a requirement to opt-in to participate in QIP

- To streamline and simplify your QIP experience, and to ensure only those who wish to participate are earning incentives, our 2024 program will require you to opt-in. To do this, you must sign in to the Care Gap Management Application (CGMA) by October 1, 2024, and indicate that you wish to participate in the 2024 program.

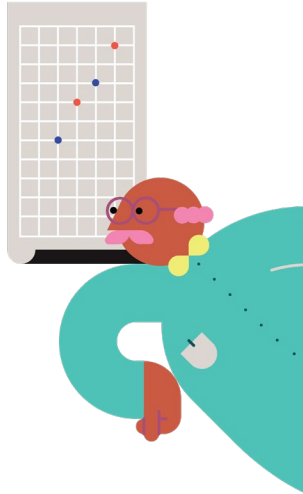
## 2. Adding Childhood Immunization Status (CIS) hepatitis (HEP A), rotavirus (RV) and influenza (flu) measures with a \$20 incentive

- Including these measures aligns CQIP with Healthcare Effectiveness Data and Information Set (HEDIS) Childhood Immunization Status Combination 10.

## 3. Adding kidney health evaluation for patients with Diabetes (KED) measure with a \$20 incentive

## 4. Increasing provider incentives for CIS and Immunizations for Adolescents (IMA) from \$10 to \$20, Cervical Cancer Screening (CCS) and Chlamydia Screening in Women (CHL) from \$20 to \$30 and Diabetes: Diabetic Eye Exam (DEE) from \$10 to \$20.

## 5. Introducing a new \$20 per attributed member incentive for Structured Supplemental Data Submission (SDS)





# 2024 complete list of QIP measures

## 35 QRS measures and incentives

Chronic disease management	Incentive
Asthma Medication Ratio (AMR)	\$10
Controlling Blood Pressure (CBP)	\$40
Eye Exam for Patients with Diabetes (EED)	\$20
Hemoglobin A1c control for patients with diabetes (HBD)	\$50
Kidney Health Evaluation for Patients with Diabetes (KED)	\$20

Preventive screenings	Incentive
Breast Cancer Screening (BCS)	\$20
Cervical Cancer Screening (CCS)	\$30
Chlamydia Screening in Women (CHL)	\$30
Colorectal Cancer Screening (COL)	\$20

Pharmacy	Incentive
Antidepressant Medication Management: Effective Acute Phase Treatment (AMM)	\$10
Antidepressant Medication Management: Effective Continuation Phase Treatment (AMM)	\$10
Proportion of Days Covered: Diabetes All Class	\$20
Proportion of Days Covered: Renin Angiotensin System Antagonists	\$20
Medication adherence: proportion of days covered for diabetes, renin angiotensin system antagonists and statins	\$20

# 2024 complete list of QIP measures

## 35 QRS measures and incentives

Pediatric care	Incentive
Immunizations for Adolescents (IMA) Meningococcal	\$20
Immunizations for Adolescents (IMA) TDAP	\$20
Immunizations for Adolescents (IMA) HPV	\$20
Well-Child Visits in the First 15 Months of Life (W15)	\$60
Well-Child Visits in the First 30 Months of Life (W30)	\$60
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) BMI	\$10
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Nutrition	\$10
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Physical	\$10
Child and Adolescent Well-Care Visits (WCV) 3-11 Years Old	\$60
Child and Adolescent Well-Care Visits (WCV) 12-17 Years Old	\$60
Child and Adolescent Well-Care Visits (WCV) 18-21 Years Old	\$60

Pediatric care	Incentive
Childhood Immunization Status (CIS) HEP A	\$20
Childhood Immunization Status (CIS) RV	\$20
Childhood Immunization Status (CIS) FLU	\$20
Childhood Immunization Status (CIS) DTaP	\$20
Childhood Immunization Status (CIS) IPV	\$20
Childhood Immunization Status (CIS) MMR	\$20
Childhood Immunization Status (CIS) HIB	\$20
Childhood Immunization Status (CIS) HEP B	\$20
Childhood Immunization Status (CIS) Chicken Pox	\$20
Childhood Immunization Status (CIS) PCV	\$20

# QIP incentives

## QIP gap closure

- Member gaps can be closed through claims as well as through structured SDS.  
**Note:** Gaps are not eligible for closure through the Care Gap Management Application (CGMA)
- Gaps will be closed in the CGMA approximately two months after the claim paid date or supplemental data submission.
- Data submitted may be subject to audit. If audit results indicate that documentation does not meet consistent, current and complete standards to support members' clinical picture, any incentive will be forfeited and must be returned if already paid.

## Quality gap incentives

- QIP quality gap incentives are paid on a per-gap basis.
- Measure compliance is determined using the QRS and HEDIS® 2024 criteria. We may adjust guidelines in accordance with the CMS and National Committee for Quality Assurance (NCQA) changes to measure specifications during the measurement year.

# 2024 QIP payout

## Payout

- The QIP payout amount is calculated at the TIN level.
- The provider group's contract must be in good standing at the time incentives are disbursed. Providers should contact their provider relations executive if they have questions.
- Final QIP payout amounts are based on attribution and member eligibility as of December 2024.
- All services used to close gaps for the 2024 program year must have been performed in calendar year 2024.

## Payout disputes

- QIP operations accepts and addresses performance disputes only during the dispute period after reconciliation and final payout.

# Structured supplemental data submission (SDS)



# Structured SDS in QIP

Electronic health care data ensures the patient information is accurate, up-to-date and complete

New for  
2024!

- QIP is now rewarding providers who submit high-quality, structured data on a regular, timely basis.
- HEDIS quality measures reported using Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care. Organizations that use ECDS to report HEDIS encourage the exchange of information needed to provide high-quality services. This ensures that the information reaches the right people at the right time.
- Submitting supplemental data:
  - Reduces or eliminates submission of charts during busy HEDIS cycle
  - Creates fewer human errors in data submission
  - Supports the future of the health care industry
  - Closes QIP gaps

# Structured supplemental data submission (SDS) incentive

New for  
2024!

Your SDS score is based on a combination of your performance on the three Ms. If your score meets our performance thresholds, you can earn \$20 per member.

## Members

- You must submit data for at least 80% of your attributed members by the end of the program year.

## Measures

- Submit data on all listed measures to earn incentives.

## Months

- You must submit data for at least 10 out of 12 program year months to earn any incentive.

# SDS measures

Submit data on all listed measures to earn incentives:  
\$20 per member

Providers without pediatric members
1. Breast Cancer Screening (BCS)
2. Colorectal Cancer Screening (COL)
3. Controlling Blood Pressure (CBP)
4. Hemoglobin A1c control for patients with diabetes (HBD)
5. Diabetic Eye Exam (DEE)

Providers with pediatric members
1. Childhood Immunization Status (CIS)
2. Immunization for Adolescents (IMA)
3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Nutrition
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Physical
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) BMI

Providers with both pediatric and adult members
1. Breast Cancer Screening (BCS)
2. Colorectal Cancer Screening (COL)
3. Controlling Blood Pressure (CBP)
4. Hemoglobin A1c control for patients with diabetes (HBD)
5. Diabetic Eye Exam (DEE)
6. Childhood Immunization Status (CIS)
7. Immunization for Adolescents (IMA)
8. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Nutrition
9. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Physical
10. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) BMI

New for 2024!



# QIP attribution



# QIP attribution frequently asked questions

**If a member's attribution changes during the program year, which provider is credited for that member's gap closures?**

Gaps follow the member. Gap closure credit goes to the final attributed provider, regardless of any previous attribution. Credit is not split between multiple providers if the member's attribution changes during the program year.

**If a gap is closed by a provider who is not a member's attributed provider, does it still count as a closed gap?**

Yes, gap closure credit goes to the final attributed provider, no matter who closed the gap.

New for  
2024!

# Risk adjustment – *new!*



# Risk adjustment in QIP

Risk adjustment excellence is our goal, and you are the key to achieving it.

Our QIP asks you to prioritize accurate claims coding to communicate patient condition complexity and illustrate a holistic view of a patient's health. Complete and accurate coding empowers each member's care team with the up-to-date information they need to provide the best quality care.

## How does it work?

We partner with a vendor to determine a list of categories in which your patients may have active conditions. We present this list to you on the CGMA as a separate downloadable report and each category on your member's list is called a "gap."

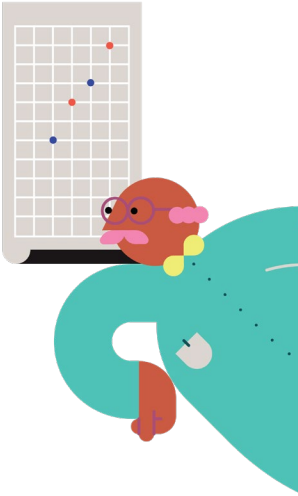
Gaps are categorized as persistent or suspected.

- If a gap is labeled **persistent**, the vendor has identified that the member has a condition based on claim(s) with a previous diagnosis on it.
- If a gap is labeled as **suspected**, a claim pattern suggests that the patient *could have* the condition.
- Factors that go into projecting a suspected condition:
  - Prior medical record history
  - Lab results
  - Past diagnoses
  - Pharmacy records
  - Claims history



**Reports highlighting risk adjustment care gaps** are now available. Risk adjustment gaps are available as a separate monthly downloadable report in CGMA. This report enhances your overall understanding of each member to ensure all health conditions are being addressed during their visit.

**Note:** Risk adjustment care gaps are accessible to offer additional insights to a patient's health and wellbeing. We do not currently offer an incentive for closing risk adjustment care gaps.



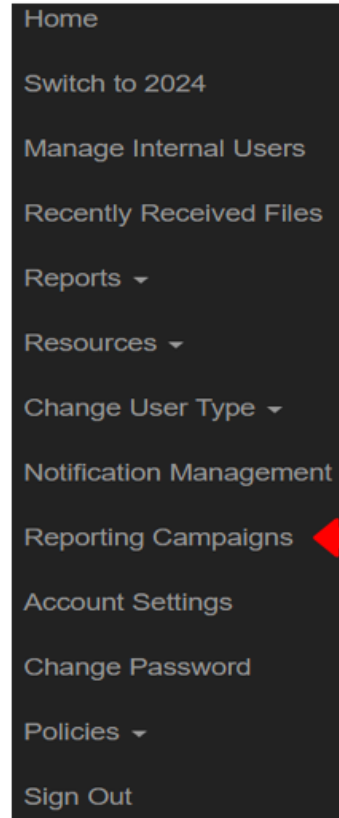
# Risk adjustment care gap campaigns

Reporting campaigns are now available through the CGMA

- Once logged into the CGMA, click the **Main Menu** in the top right-hand corner.



## Select Reporting Campaigns.



- Click the blue **Download Report** button on the right-hand side.
- A file will download with a complete list of risk adjustment care gaps.



# Key measure-specific campaigns and resources



# Chronic disease management

## Campaigns

- Home kits for HbA1c screening
- Home visits by nurse practitioners
- Outbound calls by care advocates
- Member outreach: Mailing, email, website
- Medication compliance calls

## Resources

- Provider education: Newsletter, email, website
- Case management
- Provider gap closure incentives



# Preventive screenings

## Campaigns

- Home screening kits for colorectal cancer screening
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening
- Member outreach: Text, email, website, newsletter, outbound calls

## Resources

- Clinical/behavioral health care management
- Case management
- Provider education: Newsletter, email, website
- Provider gap closure incentives

# Pharmacy

## Campaigns

- Outbound calls: Care advocates
- Member Education: Website
- Member outreach: Text

## Resources

- Clinical/behavioral health care management
- Provider education: Newsletter, email, website
- Reliant Individual Assistance Program (IAP), including behavioral health services

# Pediatric care

## Campaigns

- Member outreach: Mailing
- Member education: Website

## Resources

- Clinical/behavioral health care management
- Provider gap closure incentives
- Provider education: Newsletter, email, website
- Case management

# Questions?

Email [QIPQuestions@bridgespanhealth.com](mailto:QIPQuestions@bridgespanhealth.com)

View complete program guidelines and requirements on our provider website, [bridgespanhealth.com: Programs>Quality Incentive](https://bridgespanhealth.com/Programs/Quality-Incentive).



