United
Healthcare®
Community Plan

2024 Primary Care Provider Incentive Program
UnitedHealthcare Community Plan of Michigan

We appreciate the care you give to our members and want to help support you and your practice. You're invited to participate in our Primary Care Provider Incentive Program. Effective Jan. 1, 2024, you can earn additional incentives when you provide certain treatments to your patients who are UnitedHealthcare Community plan members

How the program works
As their health care professional, you can earn:
- Monthly payments for providing patient-centered medical home (PCMH) services
- Incentives for addressing care opportunities tied to HEDIS® and state quality measures
- Incremental payments for providing care management and care coordination services
- Payments for performing Social Determinant of Health (SDoH) services and submitting claims with specific Z diagnosis codes
- Fee-for-service payments for all covered services

You'll receive the incentives for qualifying services on a quarterly basis, with the first payments for 2024 made by the end of the second quarter.

What's new in 2024?
- Added incentives for providing social determinant of health (SDoH) services
- Increased care management and care coordination incentives
- Added incentives when a foster care child assigned to your practice attends a well visit within 30 days of being placed in foster care.
- Created tier 1 and 2 targets and incentive amounts for some categories
- Added incentives for providers participating in the Vaccine for Children Program

Patient-centered medical home providers

UnitedHealthcare pays the following per-member-per-month amounts each month to patient-centered medical home (PCMH) providers who are accredited/certified and meet the following criteria:

Criteria	Tier 1	Tier 2
Panel status	Open	Closed
Membership threshold	25+ members	500+ members
PCMH	Yes	Yes
Monthly per-member-per-month (PMPM) incentive payment	$2.50 PMPM	$2.50 PMPM

Vaccine for Children Program

If you participate in the Vaccine for Children Program, you'll receive a $0.50 PMPM. You don't have to meet the open panel status or membership thresholds. The MDHHS list for providers participating in the program is used for this bonus.

Criteria	Tier 1	Tier 2
Panel status	Not applicable	Not applicable
Membership threshold	Not applicable	Not applicable
PCMH	Yes	Yes
MDHHS list for participating providers	Yes	Yes
PMPM incentive payment	$0.50 PMPM	$0.50 PMPM

We accept the following PCMH designations:
- National Committee for Quality Assurance (NCQA®)
- Blue Cross Blue Shield of Michigan Primary Group Incentive Program (PGIP)
- Utilization Review Accreditation Commission (URAC®)
- Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home
- The Joint Commission® Primary Medical Home
- Commission on Accreditation of Rehabilitation Facilities — Health Home (CARF)
- Other certifications approved by the Michigan Department of Health & Human Services (MDHHS)

Note:
- To receive PCMH practice payments, you must fax a copy of the practice's PCMH certification from the accrediting body to UnitedHealthcare Community Plan at 844-304-2840.
- We update PCMH status for payments in January and July each year.
- Payments exclude treatment for Children's Special Health Care Services and Medicaid Secondary members.

Quality incentive payments

You can earn extra for addressing each of the care opportunities tied to the HEDIS® quality measures in the following tables. The tables show the measure name, applicable age range, the required codes for claims and the amount you'll receive for successful completion of the services. UnitedHealthcare pays all incentives once per HEDIS quality measure period, unless otherwise indicated in the sections below.*

To qualify for a quality incentive payment, the service must be delivered in strict accordance with HEDIS guidelines. Time frames and enrollment criteria for each measure must be met. All quality incentive earning

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potential is dependent on the timely receipt of claims billed with the appropriate codes. The quality incentive program is subject to change with 30 days' notice.

Note:

• UnitedHealthcare Community Plan will pay for a well visit in conjunction with a sick visit 1 time per year for members ages 2 and older when billed on the same claim. For children ages 24 months and younger, UnitedHealthcare Community Plan will pay up to 9 sick and well visits when billed on the same claim.

• Immunizations should be administered based on Centers for Disease Control and Prevention (CDC) guidelines

• Only covered services as defined by this agreement are eligible for reimbursement at 100% of prevailing Michigan Medicaid rates, regardless of the codes submitted

• Procedure codes are derived from MDHHS Practitioner Database. Outpatient Prospective Payment System (OPPS) codes may not be listed.

Child immunization series			
Complete the following series by the child's second birthday:			
Immunization	**Criteria for series**	**CPT codes**	**Gap closure incentive**
DTaP	4	90697–90698; 90700; 90723	$40
IPV	3	90697–90698; 90713, 90723	$30
MMR	1	90707; 90710	$10
HIB	3	90644; 90647–90648; 90697–90698; 90748	$30
Hepatitis B	3	90697; 90723, 90740; 90744; 90747–90748	$30
VZV	1	90710; 90716	$10
PCV	4	90670	$40
Hepatitis A	1	90633	$10

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Rotavirus	2 or 3	90680–90681	$30
Influenza	2	90655; 90657; 90661; 90673; 90685–90689	$20

Complete the following series by the child's 13th birthday:			
Immunization	**Criteria for series**	**CPT codes**	**Gap closure incentive**
Meningococcal vaccine	1	90619; 90733–90734; 90715; 90649–90651	$25
Tetanus, diptheria toxoid and acellular pertussis (Tdap) vaccine	1		
Human papillomavirus (HPV) vaccine series	1		

Foster child/adolescent well-care visit			
Criteria	**Diagnosis codes**	**CPT codes**	**Gap closure incentive**
Well-care visit within 30 days of child/adolescent being placed into foster care	Z00.110; Z00.111; Z00.121; Z00.129	99381–99384; 99391–99394	$75

Appropriate testing for pharyngitis			
Criteria	**Diagnosis codes**	**CPT codes**	**Gap closure incentive**
Members between the ages of 3 and 65+ who are diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	J02.0; J02.8; J02.9; J03.00–01; J03.80–81; J03.90-91	87070–87071; 87081; 87430; 87650–87652; 87880	$10
Antibiotics for pharyngitis			

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Amoxicillin	Cefazolin	Ceftibuten	Clindamycin	Erythromycin stearate	Penicillin G potassium
Amoxicillin-clavulanate	Cefdinir	Ceftriaxone	Dicloxacillin	Levofloxacin	Penicillin G sodium
Ampicillin	Cefditoren	Cefuroxime	Doxycycline	Minocycline	Penicillin V potassium
Azithromycin	Cefixime	Cephalexin	Erythromycin	Moxifloxacin	Sulfamethoxazole-trimethoprim
Cefaclor	Cefpodoxime	Ciprofloxacin	Erythromycin ethylsuccinate	Ofloxacin	Tetracycline
Cefadroxil	Cefprozil	Clarithromycin	Erythromycin lactobionate	Penicillin G benzathine	Trimethoprim

Asthma medication ratio

Criteria	Gap closure incentive
Members between the ages of 5 and 64 who are diagnosed as having persistent asthma and had a ratio of controller medications to total asthma medications of .50 or greater.	$25

Antipsychotic medication adherence for individuals with schizophrenia

Criteria	Gap closure incentive
Members ages 8 and older who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	$15

Tobacco cessation counseling

Criteria	CPT codes	Gap closure incentive
Members ages 14 and older who had a smoking and tobacco use cessation visit.	99406; 99407	$15

Adult immunization

Criteria	CPT codes	Gap closure incentive

Influenza	90630; 90653–90654; 90656; 90658, 90661–90662; 90673–90674; 90682; 90686; 90688–90689; 90694; 90756	$40

Diabetic measures			
Preventive care	**Criteria**	**CPT codes**	**Gap closure incentive**
HbA1c control (<8.0%)	• Members between the ages of 18 and 75 whose most recent HbA1c level is <8.0% • Members must have at least 2 face-to-face (i.e., E&M) claims in a 2-year period, with a diagnosis of diabetes	Category II: 3044F; 3051F	$30

Care management and care coordination		
When you submit claims with codes identified on the Michigan Medicaid fee schedule, you'll receive the fee schedule rate as part of normal claims processing. For codes that appear in the table below and are not on the Michigan Medicaid fee schedule, you'll receive $75 incentive for each service you provide. **Important:** You must include the code on submitted claims to receive the incentive.		
HCPCS and CPT code descriptions	**CPT codes**	**Gap closure incentive**
Comprehensive assessment	G9001	$75 (paid once per year)
In-person care management/care coordination	G9002	$75
Care team conference	G9007	$75
Provider oversight	G9008	$75
End-of-life counseling	S0257	$75
Telephone care management/care coordination	98966–98968	$75

Education/training for patient self-management	98961–98962	$75

Social determinants of health

As the member's assigned primary care provider (PCP) tax ID number (TIN), you can earn 1 incentive per unique member per year for SDOH services when submitting the following Z diagnosis codes.

HCPCS and CPT code descriptions	Z codes	Gap closure incentive
Employment	Z56.0–Z56.3, Z56.6, Z56.89, Z56.9	$75
Housing	Z59.00–Z59.02, Z59.1–Z59.3, Z59.811–Z59.812, Z59.819, Z59.89, Z59.9, Z59.10, Z59.12, Z59.19	$75
Food	Z59.41, Z59.48	$75
Education and literacy	Z55.0, Z55.1, Z55.3, Z55.4, Z55.5, Z55.8, Z55.9	$75
Utility	Z59.87	$75

Lead screening

Criteria	CPT code	Gap closure incentive
Member must have at least 1 capillary or venous lead screening on or before 2nd birthday.	83655	$40

Tier 1 target	Tier 1 incentive	Tier 2 target	Tier 2 incentive
62.8%	$75	70.1%	$100

Child and adolescent well-care visits

UnitedHealthcare will pay for a well-care visit 2 times per year for members who are older than age 2, and 1 additional visit for female members when billed by an obstetrics and gynecology physician. We will pay for up to 9 well-care visits for children until they reach the age of 24 months. Well-care visits and sick visits can be billed on the same claim.

Ages 0–15 months

Criteria	Diagnosis codes	CPT codes	Gap closure incentive
Children who turned 15-months old must have 6 or more well-care visits.	Z00.110 Z00.111 Z00.121 Z00.129	99381-99382 99391-99392	$75

Tier 1 target	Tier 1 incentive	Tier 2 target	Tier 2 incentive
63.3%	$100	68.1%	$125

Ages 15–30 months

Criteria	Diagnosis codes	CPT codes	Gap closure incentive
Members who turned 30-months old must have 2 or more well-care visits.	Z00.110 Z00.111 Z00.121 Z00.129	99381-99382 99391-99392	$75

Tier 1 target	Tier 1 incentive	Tier 2 target	Tier 2 incentive
62.1%	$100	66.8%	$125

Ages 3–11 years

Criteria	Diagnosis codes	CPT codes	Gap closure incentive
Members who have had at least 1 comprehensive well-care visit with their primary care provider (PCP).	Z00.121 Z00.129	99382-99383 99392-99393	$50

Tier 1 target	Tier 1 incentive	Tier 2 target	Tier 2 incentive
55.1%	$75	61.2%	$100

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Ages 12–17 years			
Criteria	**Diagnosis codes**	**CPT codes**	**Gap closure incentive**
Members who have had at least 1 comprehensive well-care visit with their PCP.	Z00.121 Z00.129	999384; 99394	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**
55.1%	$75	61.2%	$100

Ages 18–21 years			
Criteria	**Diagnosis codes**	**CPT codes**	**Gap closure incentive**
Members who have had at least 1 comprehensive well-care visit with their PCP.	Z00.121 Z00.129	99385; 99395	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**
55.1%	$75	61.2%	$100

Women's measures			
Preventive care	**Criteria**	**CPT codes**	**Gap closure incentive**
Chlamydia screening	Women between ages of 16 and 24 who had a chlamydia screening (urine or culture).	87110; 87270; 87320; 87490-87492; 87810	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**
62.9%	$75	67.4%	$100
Preventive care	**Criteria**	**CPT codes**	**Gap closure incentive**

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Cervical cancer screening	Women between ages of 21 and 64 who are screened for cervical cancer.	88141-88143; 88147-88148; 88164-88167; 88174-88175; 87624-87625; Q0091	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**
57.1%	$75	61.8%	$100

Preventive care	**Criteria**	**CPT codes**	**Gap closure incentive**
Breast cancer screening	Women between ages of 50 and 74 who had a mammogram to screen for breast cancer.	77061-77063; 77065-77067	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**
52.2%	$75	58.4%	$100

Diabetic measures			
Preventive care	**Criteria**	**CPT codes**	**Gap closure incentive**
Eye exam services for members with diabetes include: • A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year, or a retinal or dilated eye exam by an optometrist or ophthalmologist that is negative for retinopathy within the past 2 years • Bilateral eye enucleation at any time during the member's history through Dec. 31 of the measurement year	• Members between the ages of 18 and 75 who have been screened or are being monitored for diabetic retinal disease • Members must have at least 2 face-to-face (i.e., E&M) claims in a 2-year period, with a diagnosis of diabetes	Category II: 2022F-2026F; 2033F; 3072F	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**

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| 52.3% | $75 | 59.4% | $100 |

Preventive care	Criteria	CPT codes	Gap closure incentive
Kidney health evaluation for members with diabetes	• Members between ages of 18 and 85 who have been given both the serum estimated glomerular filtration rate and urine albumin creatinine ratio lab tests • Members must have at least 2 face-to-face (i.e., E&M) claims in a 2-year period, with a diagnosis of diabetes	80047; 80048; 80053; 80069; 82565; 82570; 82043 84156	$50

Tier 1 target	Tier 1 incentive	Tier 2 target	Tier 2 incentive
41.5%	$75	47.6%	$100

Adult well-care visits			
Preventive care	**Criteria**	**CPT codes**	**Gap closure incentive**
Access to preventive and ambulatory services	Members between ages of 20 and 44	99385-99386; 99395-99396	$50
Tier 1 target	**Tier 1 incentive**	**Tier 2 target**	**Tier 2 incentive**
74.7%	$75	79.4%	$100

We're here to help
If you have any questions, please contact your Provider Advocate or Provider Services at 800-903-5253.