| **Measure** | **Procedure Code (CPT) I****Diagnosis Code (ICD-10) I Description** | **Age** | **Incentive** |
| --- | --- | --- | --- |
| **Asthma** | Member that remained on an asthma control medication for at least 75% of their treatment period during the measurement year (must be from the UHC formulary) | 5-64 years | **$50**One per quality measure period. |
| **Immunizations** (Administration fee is paid in addition to incentive on FFS basis via claim payment.)  | 1 per Quality Measurement Period Per Program Customer |
| DTaP |

|  |  |  |
| --- | --- | --- |
| 90698 | 90700  | 90723 |
| (Up to 4 in a series) |

 | On or before 2nd birthday | **$20** |
| IPV |

|  |  |  |
| --- | --- | --- |
| 90698 | 90713 | 90723 |
| (Up to 3 in a series) |

 | On or before 2nd birthday | **$20** |
| MMR |

|  |  |
| --- | --- |
| 90707 | 90710 |
| (1 in a series) |

 | On or before 2nd birthday | **$20** |
| HiB |

|  |  |
| --- | --- |
| 90647 | 90648 |
| 90698 | 90721 | 90748 |
| (Up to 3 in a series) |

  | On or before 2nd birthday | **$20** |
| Hepatitis B |

|  |  |  |  |
| --- | --- | --- | --- |
| 90723 | 90740 | 90744 | 90747 |
| 90748 |  |  |
| (Up to 3 in a series) |

 | On or before 2nd birthday | **$20** |
| VZV |

|  |  |
| --- | --- |
| 90710 | 90716 |
| (1 in a series) |

 | On or before 2nd birthday | **$20** |
| Pneumococcal conjugate |

|  |
| --- |
| 90670 |
| (Up to 4 in a series) |

 | On or before 2nd birthday | **$20** |
| Combo 3 Completion |

|  |  |  |  |
| --- | --- | --- | --- |
| 4 DTaP | 3 IPV | 1 MMR | 3 HIB |
| 3 HepB | 1 VZV | and Pneumococcal conjugate |

 | On or before 2nd birthday | **$100** for complete series |
| Combo 10 Completion | 4 DTap, 3 IPV, 1 MMR, 3 HiB, 3 Hepatitis B, 1 VZV, 4 PCV, 1 Hepatitis A, 2 or 3 RV (2 or 3 dose schedule), Influenza | On or before 2nd birthday | **$100** for complete series |
| **Lead Screening** |

|  |
| --- |
| 83655 |

 | Before 2nd birthday | **$50**One per quality measure period. |
| **Well Child Care** |
| Early Childhood 1-5 visits |

|  |
| --- |
| 99381-99382 |
| 99391-99392 |

 | 0-15 Months | **$25** per service;one per quality measurement period |
| Early Childhood 6 or more visits |

|  |
| --- |
| 99381-99382 |
| 99391-99392 |

 | 0-15 Months | **$100** per completion of 6 visits; one per quality measurement period |
| Childhood |

|  |
| --- |
| 99382-99385 |
| 99392-99395 |

 | 3-6 Years | **$25** per service;one per quality measurement period |
| Adolescent |

|  |
| --- |
| 99384-99385 |
| 99394-99395 |

 | 12-21 Years | **$25** per service;one per quality measurement period |
| **Breast Cancer Screening** |

|  |  |  |  |
| --- | --- | --- | --- |
| 77065-77067 | G0202 | G0204 | G0206 |
|  |

 | 50-74 Years | **$50** one per quality measurement period |
| **Measure** | **Procedure Code (CPT) I****Diagnosis Code (ICD-10) I Description** | **Age** | **Incentive** |
| **Cervical Cancer Screening** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 88141-88143 | 88147 | 88148 |  |  |
| 88164-88167 | 88174-88175 | G0101 | Q0091 |
|  |

 | 21-64 Years | **$30** one per quality measurement period |
| **Chlamydia Screening** |

|  |  |  |  |
| --- | --- | --- | --- |
| 87110 | 87270 | 87320 | 87490 |
| 87491 | 87492 | 87810 |

 | 16-24 Years | **$40** one per quality measurement period |
| **Prenatal Care** | Multiple qualifying CPT codes as defined by HEDIS specifications for the applicable Quality Measurement Period | Any | **$50** |
| **Postnatal Care** | Multiple qualifying CPT codes as defined by HEDIS specifications for the applicable Quality Measurement Period | Any | **$50** |
| **Diabetic Measures:**  Diabetic members must have at least 2 face-to-face (i.e. E&M) claims in a 2 year period with a diagnosis of 250-250.93 = E10.10-E13.9357.2 = E10.40-E10.42, E11.40-E11.42, E13.40-E13.42362.01-362.02 = E10.311, E10.319, E13.311, E13.319648.00-648.04 = O24.019, O24.119, O24.319, O24.819, O24.011-O24.013, O24.02, O24.111-O24.113, O24.12, O24.311-O24.313, O24.32, O24.811-O24.813, O24.82, O24.911-O24.913, O24.92-O24.93, O24.03, O24.13, O24.33, O24.83 | All Incentives: One per quality measurement year |
| Diabetic Eye Exam (by an eye care professional) |

|  |  |
| --- | --- |
| 92002-92004 | HCPCS S0620-S0621 |

 | 18-75 Years | **$25** |
| HbA1c Testing |

|  |  |
| --- | --- |
| 83036 | 83037 |

 | 18-75 Years | **$25** |
| Nephropathy |

|  |  |  |  |
| --- | --- | --- | --- |
| 82042 | 82043 | 82044 | 84156 |

 | 18-75 Years | **$25** |
| Completion of all Diabetic Screenings Above (Eye Exam, HbAIc & Nephropathy) | 18-75 Years | **$100** |
| Developmental Screening | 96110 96111 |  | **$10** |
| Tobacco Cessation Counseling | 99406 99407 |  | **$5** |

* *Only covered services as defined by this Agreement are eligible for reimbursement, regardless of coding submitted at 100% of Prevailing Michigan Medicaid Rates.*
* *UnitedHealthcare Community Plan will pay for a well visit in conjunction with a sick visit one time per year for members over 2 years old when billed on the same claim.   UnitedHealthcare Community Plan will pay up to* ***nine*** *sick and well visits for children until age 24 months when billed on the same claim.*
* *To qualify for a Quality Incentive Fee payment, the service must be delivered in strict accordance to HEDIS® guidelines. Timeframes and enrollment criteria for each measure must be met.*
* *Immunization(s) should be administered based on CDC guidelines.*
* *Procedure codes are derived from MDCH Practitioner database: OPPS codes may not be listed.*