

2024

# URGENT CARE + WELLNESS

Quality Incentive Program



**IE**  **HP**  
Inland Empire Health Plan

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## ✓ Introducing the 2024 Urgent Care + Wellness Quality Incentive Program

Inland Empire Health Plan (IEHP) is excited to announce the 2024 Urgent Care + Wellness Quality Incentive Program. This incentive program offers an opportunity for Urgent Care Providers to earn financial rewards for improving wellness service for IEHP Medi-Cal and Covered California Members.

This quality incentive program encourages Urgent Care Providers to render wellness services while the IEHP Member is at an urgent care for their health care matter.

The 2024 Urgent Care + Wellness Quality Incentive Program includes performance-based incentives for the rendered wellness services. Incentive payments will be made to eligible providers who meet the program criteria.

This technical guide is designed to help Urgent Care Providers understand how they can earn financial incentives for providing quality wellness service to IEHP Members.

Thank you for your continued partnership in providing quality health care to IEHP Members. If you have questions related to this program, please contact IEHP's Provider Relations at (909) 890-2054 or IEHP's Quality Department at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org).

## ✓ Incentive Program Service

There are four wellness services included in the 2024 Urgent Care + Wellness Quality Incentive Program, for which the Urgent Care Providers are eligible to receive a financial incentive:

- **Adolescent Immunizations**
- **Child and Adolescent Well Care Visits**
- **Fluoride Varnish**
- **Lead Screening**

IEHP identified this as a plan-wide area of opportunity to improve the wellness of IEHP Members. Technical specifications and details for the Quality Incentive wellness services are included in Appendix 1.

# ✓ Eligibility and Participation

## Provider Eligibility

Any IEHP Medi-Cal contracted Urgent Care Provider, with at least one Primary Care Physician (PCP) type practitioner.

**NOTE:** Federally Qualified Health Centers (FQHCs), Indian Health Facilities (IHF), and Rural Health Clinics (RHCs) are not eligible to receive payments for the 2024 Urgent Care + Wellness Quality Incentive Program.

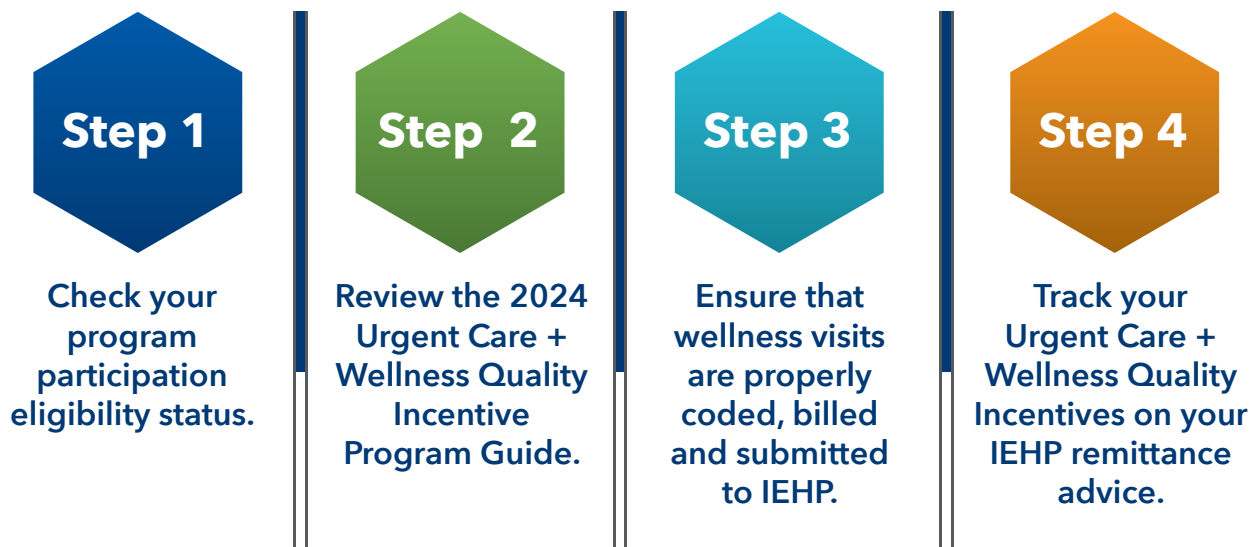
## Member Eligibility

The population for this Quality Incentive Program includes IEHP's Medi-Cal and Covered California Members.

**NOTE:** The Member must be active with IEHP on the date the services are performed.

## How to Participate

The urgent care facility will be automatically enrolled into the program, if eligible. If it's a Medi-Cal Urgent Care, with at least one Primary Care Physician (PCP) type practitioner, then the facility can participate.



# ✓ Minimum Data Requirements

## Claims Data

Claims data is foundational to performance measurement and is essential to success in the 2024 Urgent Care + Wellness Quality Incentive Program. Complete, timely and accurate claims data should be submitted through normal reporting channels for wellness services rendered to IEHP Members. Please use the appropriate codes listed in Appendix 1 to meet Quality Incentive service requirements.

## Quality Incentive Payment

Table 1, below, indicates the amount an Urgent Care Provider will receive per service delivered to a qualifying Member.

**NOTE:** Urgent Care Provider must bill one procedure code from Table 1, per eligible Member, for services that qualify for this program. Urgent Care Provider must bill one of the qualifying codes, in addition to Modifier 25, as appropriate, to ensure correct P4P payment distribution. Billing for the Child and Adolescent Well-Care Visits must include the supervising Primary Care Provider type (Family Practice, General Practitioner, Pediatrics, Internal Medicine, Obstetrical/ Gynecological) NPI in the rendering provider field on the claim submission in addition to the CPT and modifier 25. Please see Table 1 below for potential incentives related to the services in this program.

| TABLE 1: QUALITY INCENTIVE PAYMENT PER SERVICE:   |                         |  |   |
|---|-------------------------|--|---|
| Incentive Service*                                | Service Procedure Code* | Incentive Service Code Description       | Urgent Care + Wellness Financial Incentive Amount |
| Adolescent Immunizations- Meningococcal Conjugate | 90619                   | See Appendix 1 for CPT code descriptions | \$18.00   |
|   | 90733                   |  | \$18.00   |
|   | 90734                   |  | \$18.00   |
| Adolescent Immunizations - Tdap                   | 90715                   |  | \$18.00   |
| Adolescent Immunizations - HPV                    | 90649                   |  | \$18.00   |
|   | 90650                   |  | \$18.00   |
|   | 90651                   |  | \$18.00   |
| Child and Adolescent Well-Care Visit              | 99382                   |  | \$47.13   |
|   | 99383                   |  | \$54.83   |
|   | 99384                   |  | \$65.78   |
|   | 99385                   |  | \$114.10  |
|   | 99392                   | \$37.39                                  |   |
|   | 99393                   | \$43.85                                  |   |

\* Urgent Care Provider must include Modifier 25 when billing for the above services related to this incentive program.

**TABLE 1: QUALITY INCENTIVE PAYMENT PER SERVICE:**

| Incentive Service*                   | Service Procedure Code* | Incentive Service Code Description       | Urgent Care + Wellness Financial Incentive Amount |
|--------------------------------------|-------------------------|--|---|
| Child and Adolescent Well-Care Visit | 99394                   | See Appendix 1 for CPT code descriptions | \$54.83   |
|                                      | 99395                   |  | \$102.90  |
| Fluoride Varnish                     | 99188                   | See Appendix 1 for CPT code descriptions | \$25.00   |
|                                      | D1206                   |  | \$25.00   |
|                                      | D1208                   |  | \$25.00   |
| Lead Screening                       | 83655                   |  | \$25.00   |

\* Urgent Care Provider must include Modifier 25 when billing for the above services related to this incentive program.

## Payment Timeline

IEHP will issue incentive payments to qualified Urgent Care Provider following the schedule below:

| <b>2024 URGENT CARE + WELLNESS QUALITY INCENTIVE PROGRAM PAYMENT SCHEDULE:</b> |                 |               |
|--|-----------------|---------------|
| Date of Service:   | Claim Received: | Payment Date: |
| 1/1/2024 - 1/31/2024   | 2/15/24         | 3/20/24       |
| 1/1/2024 - 2/29/2024   | 3/15/24         | 4/20/24       |
| 1/1/2024 - 3/31/2024   | 4/15/24         | 5/20/24       |
| 1/1/2024 - 4/30/2024   | 5/15/24         | 6/20/24       |
| 1/1/2024 - 5/31/2024   | 6/15/24         | 7/20/24       |
| 1/1/2024 - 6/30/2024   | 7/15/24         | 8/20/24       |
| 1/1/2024 - 7/31/2024   | 8/15/24         | 9/20/24       |
| 1/1/2024 - 8/31/2024   | 9/15/24         | 10/20/24      |
| 1/1/2024 - 9/30/2024   | 10/15/24        | 11/20/24      |
| 1/1/2024 - 10/31/2024  | 11/15/24        | 12/20/24      |
| 1/1/2024 - 11/30/2024  | 12/15/24        | 1/20/25       |
| 1/1/2024 - 12/31/2024  | 1/15/25         | 2/20/25       |
| 1/1/2024 - 12/31/2024  | 2/15/25         | 3/20/25       |
| 1/1/2024 - 12/31/2024  | 3/15/25         | 4/20/25       |

## Program Terms and Conditions

- Good Standing: An Urgent Care currently contracted with IEHP (“Plan”) for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan’s sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in IEHP’s Urgent Care + Wellness Quality Incentive Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and providers, whether that agreement is entered into prior to or subsequent to the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP provider incentive program. The IEHP Urgent Care + Wellness Quality Incentive Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP’s sole discretion.
- In consideration of IEHP’s offering of the IEHP Urgent Care + Wellness Quality Incentive Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP Urgent Care + Wellness Quality Incentive Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP Urgent Care + Wellness Quality Incentive Program is final.
- As a condition of receiving payment under the IEHP Urgent Care + Wellness Quality Incentive Program, Urgent Care Providers must be active and contracted with IEHP at the time of payment.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment, and other health plan operational activities.



# ✓ Appendix 1: 2024 Urgent Care + Wellness Quality Incentive Service Overview

## Adolescent Immunizations (\$18)

**Service Description:** Incentive payment to an Urgent Care Provider for each adolescent immunization administered for Members, 9 to 13 years of age, for the following antigens:

- ❖ Meningococcal conjugate
  - ❖ Tetanus, diphtheria toxoids and acellular pertussis (Tdap)
  - ❖ Human papillomavirus (HPV) vaccine
- Member must be between the ages of 9 and 13 on the date of service. The date of service cannot surpass the member's 13th birthday.
  - Effective for dates of services 1/1/2024 - 12/31/2024
  - Payment based on antigen administered
  - One payment per Member, per antigen, per date of service allowed
  - Urgent Care Providers should follow all Advisory Committee on Immunization Practices (ACIP) vaccine guidelines.
  - Provider must submit all antigens given to Member through encounter data reporting AND into the California Immunization Registry (CAIR2). Determination of the series given will be based on the count of antigens submitted in encounter data and CAIR2 systems.
  - Urgent Care Provider must bill one code for the adolescent immunization from the table below along with Modifier 25, as appropriate.

### CODES TO IDENTIFY IMMUNIZATION FOR ADOLESCENTS:

| Service                 | Code Type | Code  | Code Description  |
|-------------------------|-----------|-------|---|
| Meningococcal Conjugate | CPT       | 90619 | Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, quadrivalent tetanus toxoid carrier (MenACWY-TT), For Intramuscular Use               |
| Meningococcal Conjugate | CPT       | 90733 | Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, quadrivalent (MPSV4), For Subcutaneous Use                                   |
| Meningococcal Conjugate | CPT       | 90734 | Meningococcal Conjugate Vaccine Serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), For Intramuscular Use                           |
| Tdap                    | CPT       | 90715 | Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals Seven Years Or Older For Intramuscular Use |
| HPV                     | CPT       | 90649 | Human Papilloma Virus (HPV) Vaccine Types 6 11 16 18 Quadrivalent (4vHPV), two or three Dose Schedule, For Intramuscular Use                  |

## CODES TO IDENTIFY IMMUNIZATION FOR ADOLESCENTS:

| Service | Code Type | Code  | Code Description  |
|---------|-----------|-------|---|
| HPV     | CPT       | 90650 | Human Papilloma Virus (HPV) Vaccine Types 16, 18 bivalent (2vHPV) two or three Dose Schedule, For Intramuscular Use |
| HPV     | CPT       | 90651 | Human Papilloma Virus Vaccine 6 11 16 18 31 33 45 52 58, nonavalent For Intramuscular Use                           |

## Child and Adolescent Well-Care Visits\*

**Service Description:** Incentive payment to the Urgent Care Provider for each comprehensive well-care visit completed for Members ages 3-21 years of age.

- Maximum incentive is one per Urgent Care Provider, per Member, per year.
- Effective for dates of services 1/1/2024 - 12/31/2024.
- Members must be between the ages 3-21 at the time of the well-care visit.
- Urgent Care Provider must bill one code for the well-care visit from the table below along with Modifier 25, as appropriate. Billing for Well-Care Visits must include the supervising Primary Care Provider type (Family Practice, General Practitioner, Pediatrics, Internal Medicine, Obstetrical/Gynecological) NPI in the rendering provider field on the claim submission in addition to the CPT and modifier 25.

## CODES TO IDENTIFY WELL-CARE VISITS:

| Service         | Code Type | Code  | Code Description   |
|-----------------|-----------|-------|--|
| Well-Care Visit | CPT       | 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>new patient; early childhood (age 1 through 4 years)</b> |
| Well-Care Visit | CPT       | 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>new patient; late childhood (age 5 through 11 years)</b> |
| Well-Care Visit | CPT       | 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/ anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/ diagnostic procedures, <b>new patient; adolescent (age 12 through 17 years)</b>  |

## CODES TO IDENTIFY WELL-CARE VISITS:

| Service         | Code Type | Code  | Code Description  |
|-----------------|-----------|-------|---|
| Well-Care Visit | CPT       | 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>new patient (age 18-39 years)</b>                                   |
| Well-Care Visit | CPT       | 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>established patient; early childhood (age 1 through 4 years)</b> |
| Well-Care Visit | CPT       | 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>established patient; late childhood (age 5 through 11 years)</b> |
| Well-Care Visit | CPT       | 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>established patient; adolescent (age 12 through 17 years)</b>    |
| Well-Care Visit | CPT       | 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>established patient; (age 18-39 years)</b>                       |

*\*See Table 1 for payment details*

## Fluoride Varnish (\$25)

**Service Description:** Incentive payment to an Urgent Care Provider when fluoride varnish application is rendered to members ages 1-20 years.

- Payment to each rendering Urgent Care Provider for each occurrence of dental fluoride varnish application
- Effective dates of service 1/1/2024-12/31/2024
- One payment per Member per date of service allowed
- Up to four payments per Member per Urgent Care Provider per year
- Urgent Care Provider must bill one code for the fluoride varnish application from the table below along with Modifier 25, as appropriate.

### CODES TO IDENTIFY TOPICAL FLUORIDE VARNISH:

| Service          | Code Type | Code  | Code Description   |
|------------------|-----------|-------|--|
| Fluoride Varnish | CPT       | 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional |
| Fluoride Varnish | CDT       | D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients        |
| Fluoride Varnish | CDT       | D1208 | Topical Application of fluoride – excluding varnish  |

## Lead Screening (\$25)

**Service Description:** Incentive payment to an Urgent Care Provider for completing a lead screening in their office for children up to 2 years of age.

- Payment to each rendering Urgent Care Provider for each lead screening on or before the Member's second birthday
- Effective dates of service 1/1/2024-12/31/2024
- One payment per Member per date of service allowed
- Lead tests will not be excluded if a child is diagnosed with lead toxicity
- Urgent Care Provider must bill one code for lead screening from the table below along with Modifier 25, as appropriate.

### CODES TO IDENTIFY LEAD SCREENING:

| Service        | Code Type | Code  | Code Description |
|----------------|-----------|-------|------------------|
| Lead Screening | CPT       | 83655 | Lead             |

## ✓ Appendix 2: Well-Care Visits Resource

| VISIT COMPONENT                                  | 3-11 YEARS   | 12-21 YEARS                                      | RESOURCES*  |
|--|--|--|---|
| Interval History                                 | Annually   | Annually   |   |
| Height, Weight, and BMI including BMI percentile | Annually   | Annually   |   |
| Blood pressure                                   | Annually   | Annually   |   |
| Vision Screening                                 | Annually   | Annually   | <a href="#">Visual Acuity Testing (Snellen Chart)</a>   |
| Hearing Screening                                | 4-6 years: Annually<br>6-10 years: Every 2 years                                     | Every 3 years                                    | <a href="#">Clinical Practice Guidelines: Childhood Hearing Screening - American Academy of Audiology</a>         |
| Immunizations                                    | Per Schedule   | Per Schedule                                     | <a href="#">CDC Schedule</a>  |
| Developmental Surveillance                       | 3-5 years: Annually  | --   | <a href="#">CDC's Developmental Milestones   CDC</a>  |
| Behavioral/Social/Emotional Screening            | Annually   | Annually   | <a href="#">Behavioral and Emotional Screening Tools for Primary Care</a>   |
| Assess for risk of Tuberculosis                  | Annually   | Annually   | <a href="#">California Pediatric Tuberculosis Risk Assessment and User Guide</a>                                  |
| Assess for risk of dyslipidemia                  | 9-11 years: Once   | 17-21 years: Once                                | <a href="#">Integrated Cardiovascular Health Schedule (Tab 3-1 page 8)</a>  |
| Assess for risk of STIs                          | --   | Annually   | <a href="#">The Five P's approach</a>   |
| Tobacco, Alcohol, or Drug Use Assessment         | --   | Annually   | <a href="#">Brief Screener for Tobacco, Alcohol, and other Drugs</a>  |
| Depression and Suicide Risk Screen               | --   | Annually   | <a href="#">PHQ-9</a>   |
| Physical exam appropriate for age                | Annually   | Annually   |   |
| Fluoride Varnish                                 | 3-5 years: every 6 months<br>6+ years: <a href="#">Refer to a Denti-Cal Provider</a> | <a href="#">Refer to a Denti-Cal Provider</a>    | <a href="#">Topical fluoride for caries prevention - The Journal of the American Dental Association (ada.org)</a> |
| Anticipatory Guidance                            | <a href="#">Information for Parents of Children</a>                                  | <a href="#">Information for Parents of Teens</a> |   |

Adopted from [American Academy of Pediatrics Periodicity Schedule](#)

\*The referenced materials provided in this resource are informational only. They are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by Practitioners, considering each Member's needs on an individual basis. Best practice guideline recommendations and assessment tools apply to populations of patients. Clinical judgment is necessary to appropriately assess and treat each individual Member.



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