

2024

URGENT CARE + WELLNESS

Quality Incentive Program



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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.

✓ 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.

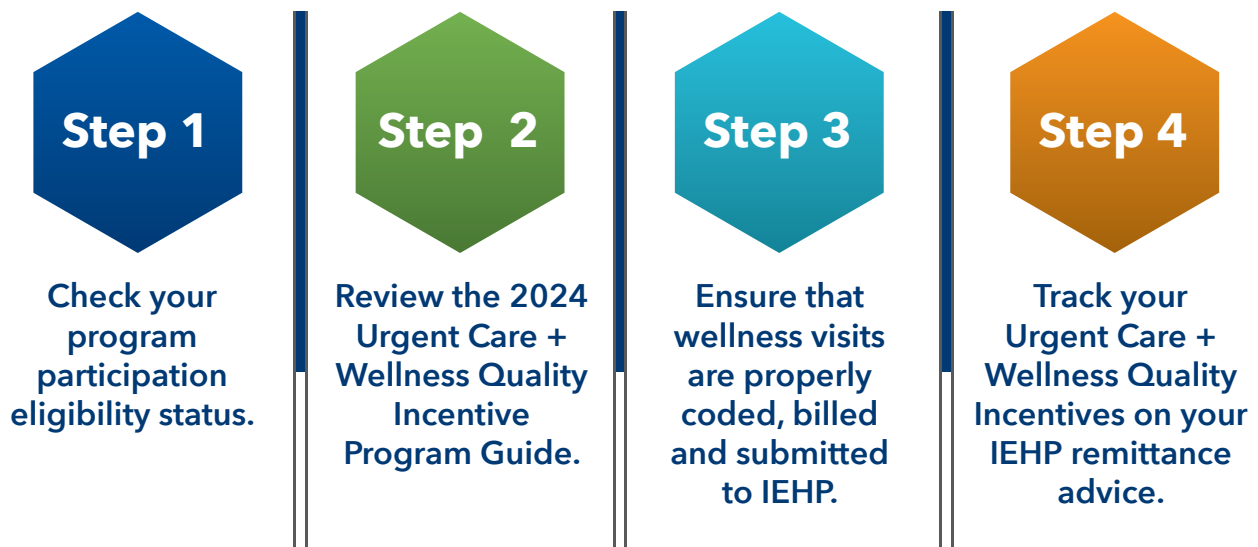
Member Eligibility

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	Please see Table 2	
	90733			
	90734			
Adolescent Immunizations - Tdap^	90715			
Adolescent Immunizations - HPV^	90649			
	90650			
	90651			
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.

^ IEHP will reimburse for identified adolescent immunization serums. Please see Table 2 for adolescent immunization serum reimbursement amounts. The dollar amounts in Table 2 include the incentive amount for administration.

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- \$50.00**
	D1206		\$25.00- \$50.00**
	D1208		\$25.00- \$50.00**
Lead Screening	83655		\$25.00

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

Table 2, below, indicates the additional amount a Provider will receive for the serum used to administer adolescent immunizations.

NOTE: IEHP will reimburse eligible Urgent Care Providers for the serum used to administer adolescent immunizations for dates of services January 2024 through December 2024. The Urgent Care facility must have administered the immunization to be eligible for the reimbursement of the serum. Please see Table 2 below for reimbursement payment amounts. The dollar amounts in Table 2 include the incentive amount for administration.

TABLE 2: ADOLESCENT IMMUNIZATION REIMBURSEMENT AMOUNTS

Immunization	Code	Code Description	P4P Reimbursement
Meningococcal Conjugate	90619	Meningococcal Conjugate Vaccine, Serogroups A, C, W, Y, quadrivalent tetanus toxoid carrier (MenACWY-TT), For Intramuscular Use	\$176
Meningococcal Conjugate	90733	Meningococcal Polysaccharide Vaccine, Serogroups A, C, Y, W-135, quadrivalent (MPSV4), For Subcutaneous Use	\$132
Meningococcal Conjugate	90734	Meningococcal Conjugate Vaccine Serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), For Intramuscular Use	\$157
Tdap	90715	Tetanus Diphtheria Toxoids And Acellular Pertussis Vaccine (Tdap) When Administered To Individuals Seven Years Or Older For Intramuscular Use	\$48
HPV	90649	Human Papilloma Virus (HPV) Vaccine Types 6 11 16 18 Quadrivalent (4vHPV), two or three Dose Schedule, For Intramuscular Use	\$170
HPV	90650	"Human Papilloma Virus (HPV) Vaccine Types 16, 18 bivalent (2vHPV) two or three Dose Schedule, For Intramuscular Use	\$138
HPV	90651	Human Papilloma Virus Vaccine 6 11 16 18 31 33 45 52 58, nonavalent For Intramuscular Use	\$296

Payment Timeline

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

2024 URGENT CARE + WELLNESS QUALITY INCENTIVE PROGRAM PAYMENT SCHEDULE:		
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 (See Table 2 for incentive amount)

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 will be reimbursed for the serum used to administer adolescent immunizations for dates of services January 2024 through December 2024. Please refer to Table 2 for reimbursement payment amounts.
- 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.
- The intent of the Urgent Care + Wellness Incentive Program is to promote preventive care services and not re-route Members to the Urgent Care. IEHP will retrospectively monitor claims submitted to ensure PCPs are not diverting Members to urgent care.

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

CODES TO IDENTIFY IMMUNIZATION FOR ADOLESCENTS:

Service	Code Type	Code	Code Description
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
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, new patient; early childhood (age 1 through 4 years)
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, new patient; late childhood (age 5 through 11 years)

CODES TO IDENTIFY WELL-CARE VISITS:

Service	Code Type	Code	Code Description
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, new patient; adolescent (age 12 through 17 years)
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, new patient (age 18-39 years)
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, established patient; early childhood (age 1 through 4 years)
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, established patient; late childhood (age 5 through 11 years)
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, established patient; adolescent (age 12 through 17 years)
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, established patient; (age 18-39 years)

**See Table 1 for payment details*

Fluoride Varnish (\$25- \$50*)

Service Description: Incentive payment to an Urgent Care Provider when fluoride varnish application is rendered to members ages 1 year through 20 years of age (1 year - 20.99 years of age).

- 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 two 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.
- *Effective for dates of service 8/1/2024 - 12/31/2024:
 - \$25 for the first application
 - \$50 for the second application

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

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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