



2020 Global Quality Enhancer Value-Based Reimbursement Program

CareSource rewards you for excellence. We recognize the outstanding work you are doing to improve your patients' health and quality outcomes every day.

Our Quality Enhancer program rewards you for prioritizing high-value services in your practice.

About the Program

With the Quality Enhancer program, you will receive enhanced reimbursement on selected quality-tied services. To earn an enhanced payment, submit a claim with a qualifying code or code combination as outlined in the program details. This program will be in effect for dates of services beginning January 1, 2020 and will end December 31, 2020. Please submit corrected claims for dates of service back to January 1, 2020 to take advantage of this program. **This program is subject to change if a measure is retired by the National Committee for Quality Assurance (NCQA) prior to the end of calendar year 2020.**

Getting Started With Value-Based Reimbursement

The Quality Enhancer program is a member-centric rewards program for our participating Primary Care Providers (PCP) and Federally Qualified Health Centers (FQHC) that focuses on driving quality in the day-to-day operations. You can get started on the journey to value-based payments through our Quality Enhancer program. Please access the Clinical Practice Registry at **CareSource.com** > Providers > [Provider Portal Login](#) for a list of members that are due for necessary services and currently showing as non-compliant.

Program Details

Eligibility

This program is available to participating CareSource PCPs and FQHCs who submit claims with the qualifying codes linked to specific quality-tied services. *This program is open for all lines of business for which a provider is contracted. Providers must submit claims per the schedule below to receive the enhanced payment. Laboratories are not eligible for enhanced payment.

Payment

Payment will be included with PCP providers' normal check writes. The enhanced payment will in addition to any FFS payment.

****FQHCs ONLY** will receive a separate check at the end of each quarter. Example: (Codes will be reimbursed in accordance with each provider's contract).

CPT 99215 - \$89.63

3074F and 3078F - \$10.00

Total Payment - \$99.63



Dates of Service	Claim Submission Due Date	PCP Payment Date	FQHC Payment Date
January –March 2020	September 30, 2020	Included with Fee for Service Payment	Check issued in Q4 2020
April-June 2020	September 30, 2020	Included with Fee for Service Payment	Check issued in Q4 2020
July-September 2020	October 31, 2020	Included with Fee for Service Payment	Check issued in Q4 2020
October-December 2020	January 31, 2021	Included with Fee for Service Payment	Check issued in Q1 2021

Quality Measures

The Quality Enhancer Program drives high-value services in your practice by focusing on four target quality measures. Completing services that help meet the following measures will initiate your Quality Enhancer payment:

- Diabetes Blood Sugar Control
- Controlling Blood Pressure
- Annual Exam (BMI) – Pediatric

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Reimbursement and Coding

When you participate in the Quality Enhancer program, your reimbursement will be based on your submission of claims containing codes and code combinations for each target quality measure. The following services and codes qualify for reimbursement in this program:

Measure	Qualifying Service CPT	Enhancer Trigger Code	Reimbursement	Requirement
Diabetes Blood Sugar Control-hgbA1c with documented results	Diagnosis of diabetes required to trigger enhanced payment.	3044F 3046F 3051F 3052F	\$10.00 Payable once per quarter per patient for reporting hgbA1c results	\$10 charge amount required on CPTII codes to allow enhanced payment
Controlling Blood Pressure	Diagnosis of hypertension required to trigger enhanced payment. Outpatient visit: CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483	Systolic 3074F 3075F 3077F Diastolic 3078F 3079F 3080F	\$10.00 Payable once per quarter per patient in outpatient setting.	\$5 charge amount required on each the Diastolic and Systolic CPT II Codes to allow enhanced payment



Measure	Qualifying Service CPT	Enhancer Trigger Code	Reimbursement	Requirement
	Or HCPCS: G0402, G0438, G0439, G0463, T1015 Systolic and Diastolic codes must be submitted to trigger enhanced payment			
Pediatric BMI (Ages 3-17)	Dx: Z68.51 Z68.52 Z68.53 Z68.54 CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015	3008F	\$10.00 Payable once per calendar year per patient	\$10 charge amount required on CPTII codes to allow enhanced payment

***Although the codes above are applicable for HEDIS® measures, billing codes should always be validated per federal and state requirements.**

Disclaimer: CareSource will only pay providers for one quality program per measure.

Get Engaged Today

Getting started with CareSource's Quality Enhancer program is the next step towards earning the rewards you deserve. Contact your local Health Partner Manager for more information.

*Providers may join additional lines of business by visiting:

<https://workflow.caresource.com/Appnet/UnityForm.aspx?key=UFKey>

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