

To achieve the highest levels of quality for its members, Molina Healthcare of Illinois (Molina) offers the Quality Incentive Program (QIP), which rewards providers with bonus payments after they successfully complete The Healthcare Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA).

Bonus payments are calculated per roster member, per month on an annualized basis when provider groups achieve goals across the program measures. Bonus payments are made to the group practice as a whole, after the measurement year. Bonus payments will be made in accordance with strict HEDIS® guidelines. Eligible members are individuals enrolled in Molina's HealthChoice Illinois Medicaid product, and the populations for each measure are those who meet the NCQA criteria. The population column describes requirements for measure eligibility, but all eligibility requirements will be governed by NCQA HEDIS® specifications.

To assist providers with determining eligible members, Molina will make reasonable efforts to ensure accurate member rosters and provide regular Missing Services Reports. Member rosters and members who need HEDIS® services are also available on the Molina Provider Portal. For information on how to access the Provider Portal, view our Quick Reference Guide or sign up for a portal overview presentation by visiting www.MolinaHealthcare.com. Here are the 2020 QIP measurement details:

Area	Measure	Population	Measurable Criteria	Low	Performance Med	High
Adult Wellness	Adults' Access to Preventive/ Ambulatory Health Services	Adults 20y +	At least 1 annual visit	<u><</u> 83.06%	83.07% - 85.72%	<u>></u> 85.73%
	Adult BMI Assessment	Adults 18-74y	BMI assessed during visit	<u><</u> 91.62%	91.63% - 94.40%	<u>></u> 94.41%
ED Utilization	Emergency Department Visits/1000	All members	Count of ED visits per 1,000 member months	<u>></u> 54.68	54.67 – 46.95	<u><</u> 46.94
Comprehensive Diabetes Care	HbA1c Testing	Diabetic	At least 1 annual test	<u><</u> 89.32%	89.33% - 91.31%	<u>></u> 91.32%
	Monitoring for Nephropathy	members	Microalbumin nephropathy screening	<u><</u> 90.82%	90.83% - 92.37%	<u>></u> 92.38%
	Eye Exam	18-75y	At least one annual dilated retinal exam with optometrist or ophthalmologist	<u><</u> 61.21%	61.22% - 66.31%	<u>></u> 66.32%
Prenatal and Postpartum Care	Timeliness of Prenatal Care	Expectant	Prenatal visit in 1st trimester or within 42 days of enrolling with Molina	<u><</u> 85.28%	85.29% - 88.71%	<u>></u> 88.72%
	Postpartum Care	Mothers	Postpartum visit between 7-84 days after delivery	<u><</u> 67.34%	67.35% - 71.33%	<u>></u> 71.34%
Well Baby	Well-Child Visits in the First 15 Months of Life	Infants 0-15m	6 or more well-child visits	<u><</u> 67.42%	67.43% - 70.96%	<u>></u> 70.97%
	Childhood Immunization Status	Infants 0-2y	DTaP (4), IPV (3), MMR, HiB (3), HepB (3), VZV, PCV (4)	<u><</u> 72.18%	72.19% - 75.82%	<u>></u> 75.83%
Well Child	Well-Child Visits in the 3 rd , 4 th , 5 th , and 6th Years of Life	Children 3-6y	At least 1 annual well-child visit	<u><</u> 75.10%	75.11% - 80.25%	<u>></u> 80.26%
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Children 3-17y	BMI percentile assessed during visit	≤ 81.51%	81.52% - 86.90%	<u>></u> 86.91%
Women's Preventive Health	Breast Cancer Screening	Women 50-74y	At least 1 mammogram every 2 years	<u><</u> 60.78%	60.79% - 65.72%	<u>></u> 65.73%



How to Earn Bonus Payments

The incentive program includes 13 measures with each measure worth a maximum of four points. Providers can earn a total of up to 52 points (13 x 4). Provider groups earn points by achieving Medium and High performance thresholds.* Points are then summed across all measures for a total score which is then translated into a per-member-per-month (PMPM) value according to the number of measures the group is eligible for.

Performance Score							
Low	Medium	High					
0	2	4					

^{*}Low, Medium, and High performance thresholds are based on NCQA Quality Compass 60th and 80th percentiles.

In addition, if Molina earns back its full quality withhold from the state, it will provide a **Bonus \$1.50 PMPM** to our 2020 top three performing provider groups.

Program Parameters

- For performance measurement, a minimum of 10 eligible members are required to be considered for scoring in each measure.
- Member months will be based on members who are continuously enrolled throughout the 2020 measurement year, with only one-month gap of enrollment allowed per NCQA HEDIS® specifications.
- Performance rate and bonus payment is calculated based on membership assigned as of December 31, 2020.
- Payout is based on the provider group's total score (sum of all measure scores).
- For top three performing provider groups bonus:
 - Molina must earn back 100% of its state quality withhold
 - o Provider groups must have at least 2,000 average monthly members.
 - Provider groups under a value-based agreement are not eligible for this additional bonus.
 - o If there are multiple groups with the same score, the group with the largest volume of gaps closed with be awarded the bonus.

# Eligible	Total Score to PMPM Values					
Measures	\$0.50 PMPM	\$1 PMPM	\$3.50 PMPM			
1			4			
2		4	6-8			
3		4-6	8-12			
4	-	4-8	10-16			
5		4-10	12-20			
6	4	6-12	14-24			
7	4	6-14	16-28			
8	4-6	8-16	18-32			
9	4-8	10-18	20-36			
10	4-10	12-22	24-40			
11	4-12	14-26	28-44			
12	4-14	16-30	32-48			
13	4-16	18-34	36-52			

2020 QIP Bonus Payment Schedule

- April 2021 determination of earned bonus occurs
- May 2021 annual payout occurs

Claims received for services rendered through December 31, 2020 will be considered for bonus payment. All claims for the 2020 Quality Incentive Program measures must be received by **February 24, 2021**. Providers must be in compliance with timely filing guidelines, all terms of the provider contract with Molina, strict NCQA HEDIS® and State of Illinois guidelines, and must bill using the appropriate CPT, HCPCS and diagnosis codes in order to qualify for payment.

Results for the Quality Incentive Program which are not captured on submitted claims must be submitted as an electronic data transmission via secure shell file transfer protocol (SFTP). Supplemental data in the form of charts/medical records will NOT be accepted for this program. Providers wishing to setup electronic data transmissions must work with Molina to complete the setup and validation process by **August 31, 2020**. Final supplemental data files must be received by **January 25, 2021**.

Molina reserves the right to alter or discontinue the Quality Incentive Program at any time. For additional information or for any questions, please contact your assigned Quality Interventions Specialist or email us at Quality-HealthCampaigns@MolinaHealthcare.Com.