

2023 Primary Care Provider Incentive Program

UnitedHealthcare Community Plan of Michigan

We appreciate the care you provide to our members and want to help support you and your practice as you provide this care. The following sections shows extra payments you can earn in addition to the fee-for-service payments you receive for services tendered.

Patient-centered medical home providers

UnitedHealthcare pays the following per-member-per-month amounts each month to patient-centered medical home (PCMH) providers who are accredited/certified and meet the following criteria:

Care coordination incentive payments		
Criteria	Tier 1	Tier 2
Panel status	Open	Closed
Membership threshold	25+ members	500+ members
PCMH	Yes	Yes
Monthly per-member-per-month (PMPM) incentive payment	\$3.00 PMPM	\$3.00 PMPM

We accept the following PCMH designations:

- National Committee for Quality Assurance (NCQA®)
- Blue Cross Blue Shield of Michigan Primary Group Incentive Program (PGIP)
- Utilization Review Accreditation Commission (URAC®)
- Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home
- The Joint Commission® Primary Medical Home
- Commission on Accreditation of Rehabilitation Facilities – Health Home (CARF)
- Other MDHHS-approved certifications

To receive PMPM incentive payments, you must fax a copy of the practice's PCMH certification from the accrediting body to UnitedHealthcare Community Plan at 844-304-2840. We update PCMH status for payments in January and July each year. Payments exclude treatment for Children's Special Health Care Services and Medicaid Secondary members.

Quality incentive payments

You can earn extra for addressing each of the care opportunities tied to the HEDIS® quality measures in the following tables. The tables show the measure name, applicable age range, the required codes for claims and the amount you'll receive for successful completion of the services. UnitedHealthcare pays all incentives quarterly, once per HEDIS measure period, unless otherwise indicated in the sections below.*

To qualify for a quality incentive payment, the service must be delivered in strict accordance with HEDIS guidelines. Time frames and enrollment criteria for each measure must be met. All quality incentive earning potential is dependent on the timely receipt of claims billed with the appropriate codes.

Please note:

- UnitedHealthcare Community Plan will pay for a well visit in conjunction with a sick visit 1 time per year for members ages 2 and older when billed on the same claim. For children ages 24 months and younger, UnitedHealthcare Community Plan will pay up to 9 sick and well visits when billed on the same claim.
- Immunizations should be administered based on Centers for Disease Control and Prevention (CDC) guidelines
- Only covered services as defined by this agreement are eligible for reimbursement at 100% of prevailing Michigan Medicaid rates, regardless of the codes submitted
- Procedure codes are derived from MDHHS Practitioner Database. Outpatient Prospective Payment System (OPPS) codes may not be listed.

Individual immunization series completion before 2nd birthday

Administer immunizations based on Centers for Disease Control and Prevention guidelines.



Immunization	Criteria for series	Incentive amount	CPT® codes
DTaP	4	\$40	90697-90698; 90700; 90723
IPV	3	\$30	90697-90698; 90713, 90723
MMR	1	\$10	90707; 90710
HIB	3	\$30	90644; 90647-90648; 90697-90698; 90748
Hepatitis B	3	\$30	90697; 90723, 90740; 90744; 90747-90748
VZV	1	\$10	90710; 90716
PCV	4	\$40	90670
Hepatitis A	1	\$10	90633
Rotavirus	2 or 3	\$30	90680-90681
Influenza	2	\$20	90655; 90657; 90661; 90673; 90685-90689

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Lead screening



Criteria	Incentive amount	CPT® code
Member must have at least 1 capillary or venous lead screening on or before 2nd birthday.	\$40	83655

Appropriate testing for pharyngitis



Criteria	Diagnosis codes	Incentive amount	CPT® codes
Members between ages of 3 and 65+ who are diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	J02.0; J02.8; J02.9; J03.00-01; J03.80-81; J03.90-91	\$10	87070-87071; 87081; 87430; 87650-87652; 87880

Antibiotics for pharyngitis

Amoxicillin	Cefazolin	Ceftibuten	Clindamycin	Erythromycin stearate	Penicillin G potassium
Amoxicillin-clavulanate	Cefdinir	Ceftriaxone	Dicloxacillin	Levofloxacin	Penicillin G sodium
Ampicillin	Cefditoren	Cefuroxime	Doxycycline	Minocycline	Penicillin V potassium
Azithromycin	Cefixime	Cephalexin	Erythromycin	Moxifloxacin	Sulfamethoxazole-trimethoprim
Cefaclor	Cefpodoxime	Ciprofloxacin	Erythromycin ethylsuccinate	Ofloxacin	Tetracycline
Cefadroxil	Cefprozil	Clarithromycin	Erythromycin lactobionate	Penicillin G benzathine	Trimethoprim

Antipsychotic medication adherence for individuals with schizophrenia



Criteria	Incentive amount
Members ages 8 and older who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	\$15

Asthma medication ratio



Criteria	Incentive amount
Members between ages of 5 and 64 who are diagnosed as having persistent asthma and have a ratio of controller medications to total asthma medications.	\$25

Women's measures



Preventive care	Criteria	Incentive amount	CPT® codes
Cervical cancer screening	Women between ages of 21 and 64 who are screened for cervical cancer.	\$40	88141-88143; 88147-88148; 88150; 88152-88153; 88164-88167; 88174-88175; 87624-87625; G0123-G0124; G0141; G0143-G0145; G0147-G0148; G0476; P3000; P3001; Q0091
Breast cancer screening	Women between ages of 50 and 74 who had a mammogram to screen for breast cancer.	\$40	77061-77063; 77065-77067
Chlamydia screening	Women between ages of 16 and 24 who had a chlamydia screening (urine or culture).	\$40	87110; 87270; 87320; 87490-87492; 87810
Prenatal care	Exception to the 1 payment-per-quality measurement period, per-plan member requirement.*	\$100	Multiple qualifying CPT codes as defined by HEDIS specs.
Postpartum care	Exception to the 1 payment-per-quality measurement period, per-plan member requirement.*	\$75	Multiple qualifying CPT codes as defined by HEDIS specs.

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Diabetic measures

Preventive care	Criteria	Incentive amount	CPT® codes
HbA1c control (<8.0%)	<ul style="list-style-type: none"> Members must have at least 2 face-to-face (i.e., E&M) claims in a 2-year period with a diagnosis of diabetes Members between ages of 18 and 75 whose most recent HbA1c level is <8.0% 	\$30	Category II: 3044F; 3051F
Completion of diabetic eye exam. Services include: <ul style="list-style-type: none"> A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year, or a retinal or dilated eye exam by an optometrist or ophthalmologist that is negative for retinopathy within the past 2 years Bilateral eye enucleation at any time during the member's history through Dec. 31 of the measurement year 	<ul style="list-style-type: none"> Members must have at least 2 face-to-face (i.e., E&M) claims in a 2-year period, with a diagnosis of diabetes Members between ages of 18 and 75 who have been screened or are being monitored for diabetic retinal disease 	\$50	Category II: 2022F-2026F; 2033F
Kidney evaluation for diabetes	<ul style="list-style-type: none"> Members must have at least 2 face-to-face (i.e., E&M) claims in a 2-year period, with a diagnosis of diabetes Members between ages of 18 and 85 who have been given both the serum estimated glomerular filtration rate and urine albumin creatinine ratio lab tests 	\$50	80047; 80048; 80050; 80053; 80069; 82565; 82570; 82043-82044; 84156



Tobacco cessation counseling



Criteria	Incentive amount	CPT® codes
Members ages 14 and older who had a smoking and tobacco use cessation visit.	\$15	99406; 99407

Healthy Michigan Plan – completion of Health Risk Assessment form



Criteria	Incentive amount	Information processing
Health Risk Assessment (HRA) incentives are limited to 1 per member per measurement year. Member must maintain or select a healthy behavior.	\$25	Sent HRA form via fax to 1 of the following: <ul style="list-style-type: none"> • UnitedHealthcare at 855-740-0941 • Michigan Department of Health & Human Services at 517-763-0200
	\$50	Entered HRA information into CHAMPS

Children and adolescent well-care visits

UnitedHealthcare will pay for a well-care visit 2 times per year for members who are older than age 2, and 1 additional visit for female members when billed by an obstetrics and gynecology physician. We will pay for up to 9 well-care visits for children until they reach the age of 24 months. Well-care visits and sick visits can be billed on the same claim.



Preventive care	Diagnosis codes	Criteria	Incentive amount	CPT® codes
Well-child visits in the first 30 months of life	Z00.110 Z00.111 Z00.121 Z00.129	<ul style="list-style-type: none"> • Children who turned 15 months old must have 6 or more well-child visits • Children who turned 30 months old must have 2 or more well-child visits 	\$75	99381-99382; 99391-99392
Child and adolescent well-care visits for members between ages of 3 and 11	Z00.121 Z00.129	Members who have had at least 1 comprehensive well-care visit with their primary care provider (PCP).	\$50	99382-99383; 99392-99393

Children and adolescent well-care visits



Preventive care	Diagnosis codes	Criteria	Incentive amount	CPT® codes
Child and adolescent well-care visits for members between ages of 12 and 17	Z00.121 Z00.129	Members who have had at least 1 comprehensive well-care visit with their PCP.	\$50	999384; 99394
Child and adolescent well-care visits for members between ages of 18 and 21	Z00.121 Z00.129	Members who have had at least 1 comprehensive well-care visit with their PCP.	\$75	99385; 99395

Adult well-care visits



Preventive care	Incentive amount	CPT® codes
Access to preventive and ambulatory services for adults between ages of 20 and 44	\$50	99385-99386; 99395-99396



We're here to help

If you have questions, please contact your Provider Advocate or call Provider Services at **800-903-5253**. Thank you.

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