



2024 Quality Incentive Program

ConnectiCare[®]

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Message From Our Senior Vice President, Medical Management

Dear Colleagues:

I am proud to share that 2023 was a great year of achievements for ConnectiCare that wouldn't be possible without your partnership, so thank you. We look forward to working with you in 2024.

We are excited to extend to you the opportunity to participate in our Quality Incentive Program. Our commitment to this program and our ongoing efforts to strengthen the partnership with our network providers continues to be at the center of our provider network & population health strategy. In 2023, the initiation of our program has resulted in projected payout of \$1.5 million to our ConnectiCare Providers, constituting 31% of the total potential incentive.

We continue to simplify, streamline, and listen to our providers to help bring forward the most robust quality incentive program on the market. Our Quality Incentive Program is built on the following guiding principles:

- **Recognize and reward providers** with a highly competitive payout structure for exceptional care and improved health outcomes of their patients.
- **Shared Commitment to help your patients get well, stay healthy, and live better lives.** By rewarding providers who prioritize preventive care, chronic disease health outcomes, and health equity, we collectively contribute to a healthier, more resilient population. Your dedication to deliver exceptional care remains the foundation of our vision for a robust and sustainable health care system.

Collaboration is pivotal to achieve our shared goals of delivering exceptional health care outcomes and improving the quality of care. This guide includes information on tools to help support you, including:

- Actionable data and reports such as member-level gaps in care reports, utilization data summary, medication adherence, and pharmacy reports.
- Dedicated support from our Provider Network team.
- Committed Quality Team to assist you.

We continue to work hard to provide exceptional quality health care for our members. However, there's still work that needs to be done to increase overall member satisfaction with ConnectiCare and our providers. As a team, we can make it a priority to provide our members with the highest level of care and customer service.

Thank you for your continued commitment to your patients and to ConnectiCare.

Sincerely,

A handwritten signature in black ink that reads "Abdou Bah". The signature is written in a cursive, flowing style.

Abdou Bah

Senior Vice President, Medical Management & Chief Health Equity Officer



Program Overview

Eligibility and program requirements

Participation in the Quality Incentive Program (QIP) is extended to primary care providers at the group level (indicated as a Medical Center for ConnectiCare providers). Providers engaged in a delegated risk arrangement with ConnectiCare are ineligible for the QIP. Other value-based arrangements may restrict participation.

To confirm eligibility for the QIP and clarify existing contracts, we encourage you to talk with your Provider Network Manager. ConnectiCare, in its sole discretion, will determine eligibility and payout considerations including timing and amount to be paid, if any.

Other qualifications for the QIP include:

1. **Open panel**

You must accept new ConnectiCare membership across your participating lines of business.

2. **Membership eligibility criteria**

Line of business eligibility: Providers at the group level (indicated as a Medical Center by ConnectiCare) must have at least 50 members in Medicare to be eligible. Providers must meet this membership threshold to be eligible for each respective QIP. Panel sizes as of **Dec. 31, 2024**, will be used to determine program eligibility and payout. Only panels that meet the membership threshold will be eligible for payout.

Measure eligibility: The denominator for each measure has a minimum size requirement of 15 members.

3. **Medical record access/supplemental data**

Supplemental data: We understand you are committed to submitting accurate claims for your patients. However, there are instances when essential documentation is missing which leads to quality gaps. We encourage you to grant ConnectiCare authorization to view your patients' medical records, provide supplemental data, and share nonstandard data to ensure we capture all required patient information.

Medical records: Authorization to view medical records must be provided to ConnectiCare, at no charge, for quality reviews related to this QIP, as well as for Healthcare Effectiveness Data and Information Set (HEDIS®) and other regulatory initiatives. Failure to do so will render you ineligible for the program.



Supplemental data files for 2024 dates of service will be accepted according to the table below:

| Data Type | Standard Supplemental Data* | Non-Standard Data* (Medical Records) |
|----------------------------|--|---|
| Description | <p>Aggregated patient data from a provider’s electronic health records/electronic medical records (EHR/EMR) system in a required format.</p> <p>Supplemental data should be submitted monthly using the required format.</p> | <p>All other data which requires physical inspection such as patient charts and clinical summaries.</p> <p>May be submitted as proof of historical services, or services rendered by partnering or specialty providers only, to supplement compliance outside of claims and the standard supplemental file.</p> |
| Submit To | <p>quality_data@emblemhealth.com and copy your Provider Network Manager</p> | <p>HEDISGroup@emblemhealth.com and copy your Provider Network Manager</p> |
| Submission Deadline | <p>Standard – first file: Dec. 27, 2024</p> <p>Standard – other files: Feb. 28, 2025 (First file must be received by Dec. 27, 2024)</p> | <p>Dec. 27, 2024</p> |

**Records only accepted starting April 1, 2024 for measurement year 2024.*

Resubmitted or corrected records will not be accepted for files sent after Dec. 20, 2024. See additional training material from your ConnectiCare Provider Network Manager on supplemental data templates and accepted measures.

Measures

Providers will be evaluated on quality measures that are consistent with those published by the Centers for Medicare & Medicaid Services (CMS) and the Department of Public Health (DOH). For a comprehensive list of measures included in the QIP and associated payment tiers, please refer to the **chart included in this brochure** on page 8.

Measurement Period and Payment

Incentive payments will be made one time between April and June 2025.

- Payment is based on each eligible patient who receives services, or claims we receive for services rendered.
- Provider groups will be paid based on **membership as of Dec. 31, 2024.**
- Payments will be sent to the Independent Physician Association (IPA) or managing entity to disburse to individual providers.

Benchmark Targets

ConnectiCare's commitment to quality care is evident in our annual evaluation and updates of our program, methodology, measurement sets, and benchmarks. We align our programs with quality of care standards set by the National Committee for Quality Assurance (NCQA), CMS, DOH, and ConnectiCare's quality improvement priorities.

Benchmark methodology:

- ConnectiCare employs a robust methodology combining industry-standard criteria with our plan's historical performance and network provider track record.
- To set benchmark rates, we may adjust our QIP target based on our current standing. For example, if we fall below the 50th percentile or a Medicare Star Rating of 3, we may slightly reduce the benchmark. Similarly, if we go above the 75th benchmark or 4-star Medicare rating, we raise the benchmark to support continuous quality improvement.

We make our targets challenging and achievable, ensuring that our members receive the highest quality of care. This commitment drives us to exceed industry standards and continuously enhance the effectiveness of our programs.



Additional Incentive Opportunities

1. Authorization to electronic medical records (EMRs)

ConnectiCare will provide an additional incentive to provider groups that grant us remote authorization to view their EMRs. This allows us to increase your rates, because it lets us capture services that may not be conventionally billed or have historically had claims processing issues. For every granted EMR system authorization, we will issue a \$2,000 payment. This incentive is only available to new authorization arrangements.

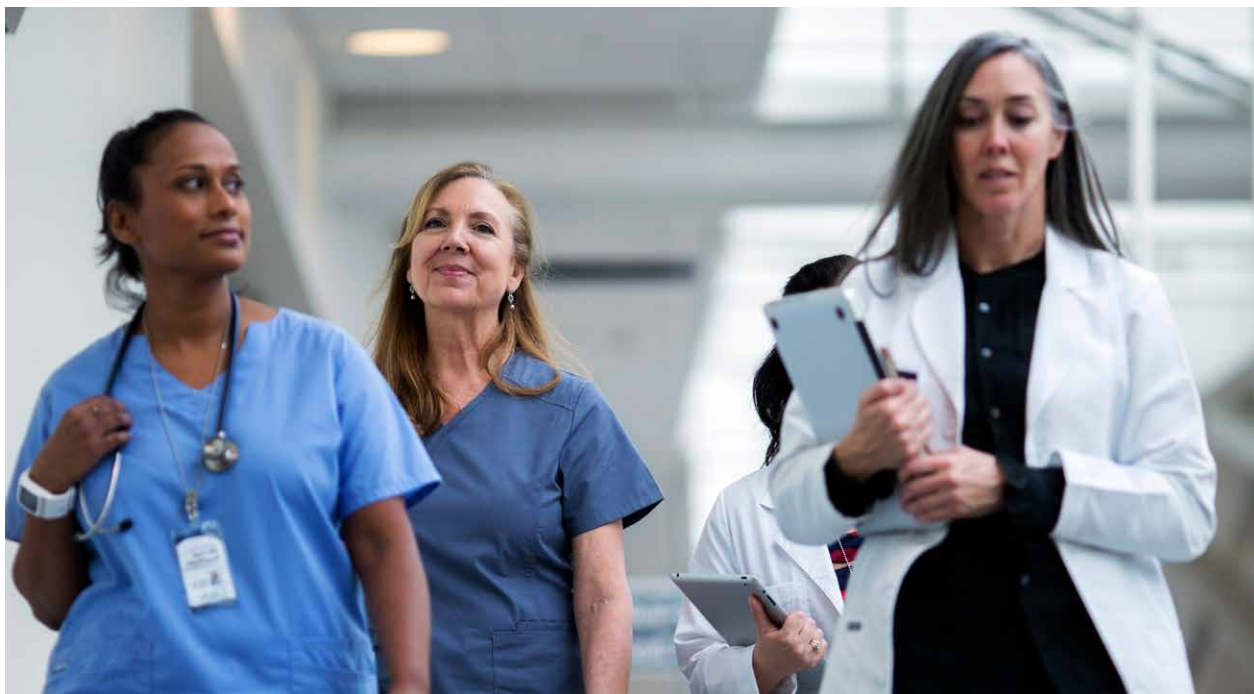
2. Risk adjustment reimbursements

ConnectiCare is committed to support our providers in identifying and managing our members' chronic conditions. This presents an opportunity for providers to earn additional reimbursements.

Using our portal, providers can easily view member alerts that highlight emerging chronic conditions and existing conditions in need of attention. Responding to these alerts is streamlined through this online system, and allows providers to attach the necessary progress notes and documentation. Providers who actively engage in this process become eligible for reimbursement for each successfully completed alert. Additional reimbursements are offered for alerts completed in compliance with the program before July 1, 2024.

Reimbursement details:

- **\$150** for each completed alert pertaining to a **Medicare** member
- **\$150** for each completed alert pertaining to a **commercial** member



Summary of Changes From 2023 Program

ConnectiCare has made adjustments for 2024 to better align with our overarching objectives. We continue our commitment and remain dedicated partners to our health care providers. This involves continuous reporting, strategic targeting of quality improvement efforts, and expanding opportunities for incentives.

1. Enhancements to incentive payments

Medicare — Increased Tier 3 payments from \$100 in 2023 to \$125 in 2024 and increased Tier 2 payment for plan all-cause readmission from \$75 to \$100.

2. Health disparity measures

In 2024, ConnectiCare is committed to further advancing health equity, with a dedicated emphasis on reducing health disparities prevalent among African American members.

- **Control high blood pressure in African American population:** Building on the impact we made in 2023, when measures such as diabetes A1C control using the Healthcare Effectiveness Data and Information Set (HEDIS) were introduced to address health disparities, we are expanding our efforts by adding a metric focused on the African American population: controlling high blood pressure.
- **Extension of diabetes A1C control measure to Medicare business:** Recognizing the importance of our impact, the diabetes A1C control measure — African American population — has been extended to the Medicare line of business. This increases our reach and effectiveness in promoting health and well-being across diverse populations.

3. Measure Updates

Below is a summary of the measures we removed and those we added for 2024.

| Population | Removed Measures | Added Measures |
|------------|--------------------|---|
| Medicare | Transition of Care | <ul style="list-style-type: none"> • Kidney health evaluation for patients with diabetes. • Statin therapy for patients with cardiovascular disease. • Follow-up after emergency department visit for people with multiple high-risk chronic conditions. • Health disparity measures. <ul style="list-style-type: none"> — Controlling High Blood Pressure – Health Disparity – African American population. — Blood Sugar Control – Health Disparity – African American population. |

2024 Measures and Targets

Medicare

| MEASURES | INCENTIVE TARGETS* | | | INCENTIVE PAYMENT** | | |
|--|--------------------|--------|--------|---------------------|--------|--------|
| | TIER 1 | TIER 2 | TIER 3 | TIER 1 | TIER 2 | TIER 3 |
| Prevention | | | | | | |
| Annual wellness visit | 69% | 75% | 79% | \$50 | \$75 | \$125 |
| Breast cancer screening | 69% | 74% | 82% | \$50 | \$75 | \$125 |
| Colorectal cancer screening | 61% | 71% | 80% | \$50 | \$75 | \$125 |
| Social determinant of health screening | 10% | 15% | 20% | \$50 | \$75 | \$125 |
| Controlling high blood pressure | 65% | 69% | 72% | \$50 | \$75 | \$125 |
| Eye exam for patients with diabetes | 64% | 68% | 75% | \$50 | \$75 | \$125 |
| Blood sugar control for patients with diabetes | 65% | 74% | 77% | \$50 | \$75 | \$125 |
| Kidney health evaluation for patients with diabetes | 43% | 48% | 56% | \$50 | \$75 | \$125 |
| Diabetes medication adherence | 86% | 89% | 92% | \$50 | \$75 | \$125 |
| Hypertension medication adherence | 86% | 89% | 92% | \$50 | \$75 | \$125 |
| Cholesterol medication adherence | 86% | 89% | 92% | \$50 | \$75 | \$125 |
| Statin therapy for patients with cardiovascular disease | 84% | 87% | 92% | \$50 | \$75 | \$125 |
| Plan all-cause readmission | 10% | 8% | 6% | \$50 | \$100 | \$125 |
| Follow-up after emergency department visit for people with multiple high-risk chronic conditions | 55% | 60% | 70% | \$50 | \$75 | \$125 |
| Health disparity – blood sugar control African American population | 65% | 72% | 77% | \$50 | \$75 | \$125 |
| Health disparity – controlling high blood pressure in African American population | 65% | 69% | 72% | \$50 | \$75 | \$125 |

* Targets are based on Medicare Cut Points published by CMS, historical performance data, and additional industry-standard benchmarks.

** Once the Tier 1, Tier 2, or Tier 3 target is achieved, the provider will earn the respective incentive payment for each eligible member who received appropriate treatment.

Program Resources

1. ConnectiCare provider portal and reporting

Tableau Tools: QIP is supported by real-time data reporting, providing a dynamic tool to monitor performance, identify opportunities for quality gap closure, and keep track of incentives earned. This resource is found in the provider portal and includes:

- **Performance by line of business:** Includes the number of patients required to move to the next tier and current rate.
- **Outreach list:** Patient-level detail data to act on care gaps.
- **Snapshot of financial impact:** Summaries of total achieved incentive, total remaining incentive, and payment ratio.
- **Primary care provider (PCP) and Provider Views:** Different views to support patient engagement which includes groupings by provider, PCP name, product line and incentive measure.

If you do not have a portal account, you may apply for one at [ConnectiCare.com/providers/resources/provider-sign-in](https://connecticare.com/providers/resources/provider-sign-in). Look for the box labeled "Request Provider Portal Account."

Gaps-in-care report/utilization reports: We also provide you comprehensive gaps-in-care and utilization reports. This data can help you identify patients who may benefit from proactive outreach and intervention. Contact your Provider Network Manager for more information.

2. In-home screening partners/vendors/partners

We recognize your commitment to our members' well-being and understand that treating patients in your office isn't always feasible. To complement your care, we've collaborated with in-home health care providers including DocGo, MyLaurel, and Matrix Medical. These providers offer an additional choice for patients to receive care in their homes at no extra cost. Our home care partners can do well-visits, post-hospital/care coordination check-ins, and screenings like lab tests or eye exams. Additionally, your patients can get home screenings such as A1C and FOBT/FIT kits through our vendor LetsGetChecked. All results from completed home visits and screenings will be promptly communicated to you by fax or letter.

3. Rewards program for your patients

The ConnectiCare Medicare Member Rewards Program is designed to be sure patients get the medical care they need, including annual well-visits and preventive screenings. Members are rewarded for taking good care of their health. Your role remains unchanged — continue providing care including sending patients to receive important screenings such as mammograms.

- To participate, Medicare members must sign-up for the ConnectiCare member portal at my.connecticare.com. They can also call Medicare Connect Concierge at **877-344-7364** (TTY: **711**).
- **ConnectiCare Medicare Member Rewards website:** connecticare.com/resources/medicare-member-resources-center/medicare-wellness-rewards.

With the ConnectiCare Medicare Member Rewards Program, members can receive rewards for eligible services like:

| | Reward | Member Type | Trigger for Reward | Value |
|----------------------|---|------------------|---|--------------|
| ALL Medicare Members | Initial medicare annual well visit (90 days) | New | Completion of an Initial Medicare Annual Well Visit within 90 days of enrolling in Medicare | \$50 |
| | Initial health assessment (90 days) | New | Completion of Health Assessment (HA) within 90 days of enrollment | \$50 |
| | Bone mineral density (BMD) test | New and existing | Complete a BMD test to check for osteoporosis within six months after fracture. | \$100 |
| | Colorectal cancer screening | New and existing | Complete a fecal occult blood test (FOBT), flexible sigmoidoscopy, colonoscopy, fecal immunochemical test (FIT), DNA test, or colonography within the calendar year | \$25 |
| | Diabetes A1C test | New and existing | Complete one A1C blood test within the calendar year | \$25 |
| | Diabetes eye exam | New and existing | Complete a retinal or dilated eye exam by an eye care professional within the calendar year | \$25 |
| | Diabetes kidney health evaluation | New and existing | Complete an estimated glomerular filtration rate (eGFR) test and a urine albumin-creative ratio within the calendar year | \$25 |
| | Mammogram exam | New and existing | Complete a mammogram within the calendar year | \$50 |
| | EmblemHealth or ConnectiCare member portal registration | New and existing | Registration in the EmblemHealth or ConnectiCare Member portal in the calendar year | \$25 |
| | Sign-Up for Paperless | New and existing | Completion of sign-up for paperless | \$25 |
| DSNP Members | Annual health assessment | Existing | Completion of an HRA within the calendar year by a D-SNP Member | \$50 |
| | Comprehensive medication review (CMR)* | New and existing | Complete a CMR with ConnectiCare's medication therapy management (MTM) vendor | \$10 |
| | Cholesterol medication refill* | New and existing | Fill a 30-day, 60-day, or 90-day supply of a prescribed cholesterol medicine and complete a CMR. | \$10 - 100** |
| | Diabetes medication refill* | New and existing | Fill a 30-day, 60-day, or 90-day supply of a prescribed oral diabetes medicine and complete a CMR. | \$10 - 100** |
| | Hypertension medication refill* | New and existing | Fill a 30-day, 60-day, or 90-day supply of a prescribed blood pressure medicine and complete a CMR. | \$10 - 100** |

*Members in these contracts eligible for an CMR: H5991-010-000, H5991-012-001, H5991-012-002, H3276-001-000, H3276-003-000.

**Members earn \$10 for a 30-day fill (monthly; maximum 10 times per year), \$20 for a 60-day fill (bi-monthly; maximum five times per year), or \$30 for a 90-day fill (quarterly; maximum three times per year).

Members are eligible to earn a reward after the provider completes a CMR.

4. Care Management

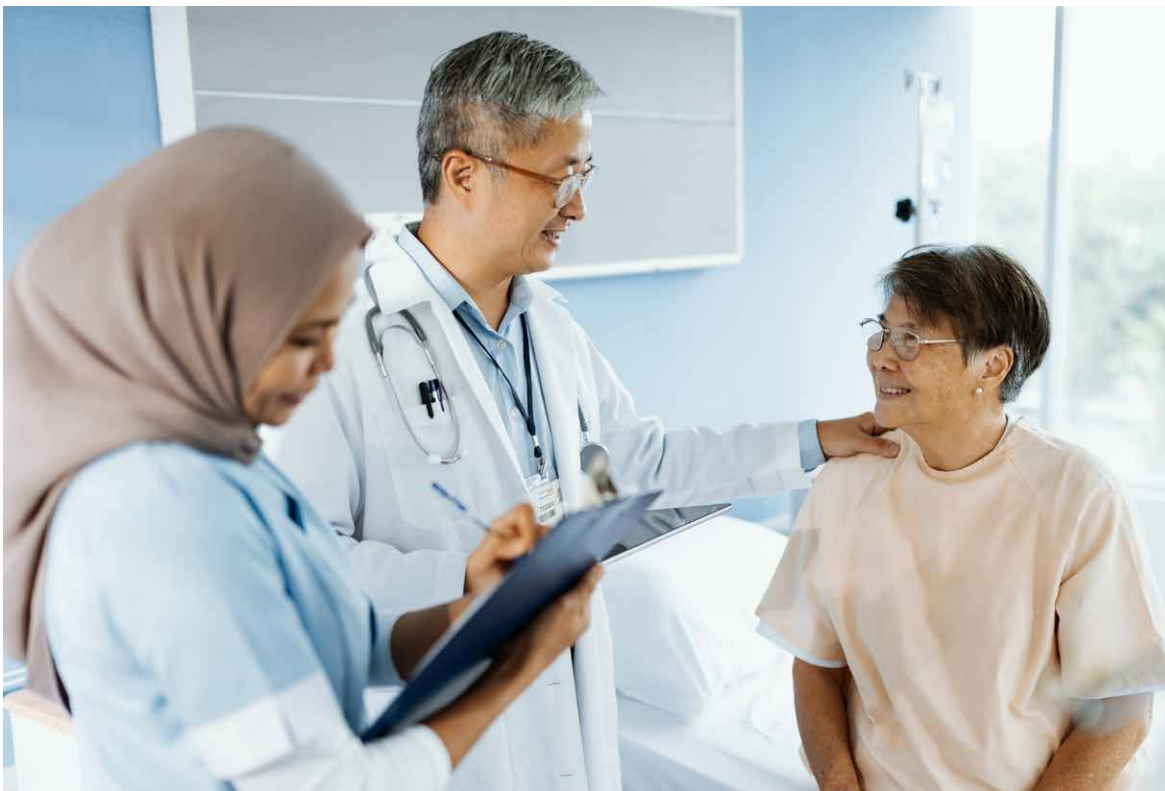
ConnectiCare provides a dedicated Care Management team comprised of Nurses, Social Workers and Community Health Workers to ensure continuous support for your patients' health care needs between doctor visits. This program is offered to your patient at no additional cost. Our team collaborates directly with you to develop a personalized care plan for each patient, tailoring our services to their unique needs. To learn more about the program:

Connecticare Providers:

- Email us at hmpreferrals@connecticare.com.
- Call us at **800-390-3522** (TTY: **711**):
 - Monday, Thursday, and Friday 8 a.m. to 4 p.m. or
 - Tuesday and Wednesday 8 a.m. to 7:30 p.m. at **800-390-3522** (TTY: **711**)
- Visit our Website: connecticare.com/providers/resources/news/refer-patients-to-our-care-management-team.

5. Quality Measure Resource Guide

Utilize the Quality Measure Resource guide as a valuable reference tool. This guide equips you with detailed measure information, including codes and actionable steps to effectively close gaps in care. Access the guide directly by following this link: connecticare.com/providers/resources/clinical-information/quality-improvement or request a copy from your Provider Network Manager.



For quick reference, here are brief descriptions of each measure you will find in the guide:

Annual wellness visit (AWV): An annual wellness visit or annual physical visit in the measurement year for patients 18 years and older. Visit includes physical assessment/physical exam, laboratory tests, immunizations, preventive screenings, and referrals.

Breast cancer screening (BCS): Mammogram screening that looks for signs of disease such as breast cancer before a person has symptoms; recommended for women 50-74 years old.

Colorectal cancer screening (COL): Colorectal cancer screening recommended for patients 45 – 75 years old, to detect early signs of colorectal cancer.

Social need screening and intervention (SNS-E): Screening to assess members social needs that may be affecting management of their health conditions.

Eye exam for patients with diabetes (EED): Retinal or dilated eye screening for diabetic retinal disease recommended for patients 18 – 75 years old with diabetes (type 1 or type 2).

Controlling blood pressure (CBP): Blood pressure management for patients 18 - 85 years old with a hypertension diagnosis of recommended pressure should be less than 140/90 mm Hg.

Blood sugar control for patients with diabetes (HBD): Appropriate hemoglobin A1C rate for patients 18 – 75 years old with diabetes (type 1 or type 2). *A lower rate indicates better performance for this indicator (i.e., low rates of poor control indicate better care).*

Kidney evaluation for patients with diabetes (KED): A kidney health evaluation for a diabetic patient that includes both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

Plan all-cause readmission (PCR): Ensuring lower or no readmissions after acute inpatient and observation stays during the measurement year for patients 18 and older.

Medication adherence measures: Ensuring Diabetes/Hypertension/Cholesterol medicine adherence; enough to cover 80% or more of the time the patient is supposed to be taking the medication; measurement used for Medicare members.

Statin therapy for patients with cardiovascular disease (SPC): Prescribing and ensuring patients diagnosed with clinical atherosclerotic cardiovascular disease remain on at least one high-intensity or moderate-intensity statin medication for at least 80% of the treatment period during the measurement year.

Follow-up after emergency department visit for people with multiple high-risk chronic conditions (FMC): Follow-up within seven days of a patient's emergency department (ED) visit to avoid future ED visits: for patients 18 and older with two or more different high-risk chronic conditions.

Health disparities: Identifying conditions among the African American population that may be prevalent to improve health equity.



For more information about the ConnectiCare Quality Incentive Program, please contact your provider account manager or visit the provider portal at connecticare.com/providers.

Delivering excellence
to your patients