

Chronic Condition Management Bonus Program

Overview

The Select Health Chronic Condition Management bonus program is offered to eligible medical groups/providers. The program serves as a reward for meeting specific goals focused on improving health outcomes by promoting continuous care, attention to chronic conditions, and accurate documentation of patient health status. Beginning in 2024, eligible providers may earn bonuses for actively managing patient care.

General Eligibility

To be eligible for program participation, providers in the practice must be contracted with at least one network. Providers must currently see Select Health members or be interested in accepting new patients seeking to establish care with a primary care provider.

Program Requirements

- Completion of annual Risk Adjustment 101 training.
- Clinics must provide Select Health access to patient medical records as requested for auditing purposes. Access can be provided by a records request or limited EMR access. Record access is mandatory for auditing purposes to ensure the accuracy of ICD-10 code submissions.
- Clinic participation in regular strategy meetings which may include email, virtual, or periodic in-person meetings.
- Participating provider will submit supplemental claims file upon request.
- Must provide a current roster of providers and notify the sponsor of any changes to ensure the practice is paid accurately.

Program Measures & Payments

Measure		
Members with gap closure eligible measures are identified within the Select Health program patient list reporting		
Annual Wellness Visit (Medicare) Comprehensive Care Visit (ACA)	\$25	\$25
Applicable to all Medicare Members and Identified Select Health ACA Members		
Previously reported Chronic Condition Assessment	\$50 per condition	
Newly identified Chronic Condition Assessment	\$50 per condition	



Chronic Condition Management Bonus Program (Continued)

Annual Wellness Visits/Comprehensive Care Visits

Network Provider will be reimbursed for Annual Wellness visits performed according to contracted rates. The incentive payable service should be billed according to the following grid:

Annual Wellness Visit—Applicable to All Medicare Members and Identified Select Health ACA Members

Medicare	All eligible Medicare members	G0438-G0439 + 99381-99397 with modifiers 52,25 Or 99201-99205 -99212-99215 with modifier 25 (when documentation supports both services according to Select Health Policy)
Affordable Care Act (ACA)	Identified Select Health High-Risk members*	99381-99397 + 99212-99215 with modifier 25 (when documentation supports both services according to Select Health Policy)

*High-Risk members as identified on the PCP Provider Reports. It is the provider's responsibility to check ACA member eligibility for the incentive.

Chronic Condition Management Gaps

Payment for each chronic condition category assessed will only be allowed once per calendar year. For example, only one instance of diabetes mellitus will be eligible for payment per year. Bonus will be paid out on the first instance of the chronic condition category assessed. If the same chronic condition category is assessed in subsequent visits no additional payout will occur. The bonus payment does not apply to acute condition assessment. **Please note that chronic conditions are defined by CMS.**



Chronic Condition Management Bonus Program (Continued)

Chronic Condition Assessment Rate Bonus Payment

>75% Chronic Condition Assessment rate**

For all identified eligible members during the calendar year.

Once the threshold has been met \$50 bonus per member.***

**Chronic Conditions for assessment are identified on the PCP Reports. It is the provider's responsibility to monitor the identified conditions for confirmation.

*****MA:** All Medicare Members are considered eligible for bonus payment. **ACA:** High-Risk members as identified on the PCP Reports. It is the provider's responsibility to check ACA member eligibility for the incentive.

Quarter Gaps Closed	Measurement Period	Payout Dates
Quarter 1	January-March	May: Measurement year
Quarter 2	January-June	August: Measurement year
Quarter 3	January-September	November: Measurement year
Quarter 4	January-December	February: Year following measurement year
	Final Reconciliation (including): <ul style="list-style-type: none"> January through December with claims runout through March Applicable bonus payment 	Final Payment (June): Year following measurement year

Contact your local Select Health Account Manager with any questions:

Utah & Colorado	Idaho & Nevada
Aaron Christensen Strategic Account Manager Aaron.Christensen@selecthealth.org 801.455.4209	Barbara Moxley Strategic Account Manager Barbara.Moxley@selecthealth.org 208.573.9557



Chronic Condition Management Bonus Program (Continued)

If you are interested in participating in the program, please sign in the space indicated below and return this form to your local Select Health Account Manager.

Practice

Point of contact

Phone number

Email

Signature

Tax ID number _____

Date _____

Medical Director E-Signature _____

