Contract Entity: ABC Medical Group
TIN(s): 123456789
Product: TANF, SSI Non-Dual
Printed: 10/1/2014

2014 Provider Incentive Program

LOUISIANA HEALTHCARE CONNECTIONS™

MEMBER PANEL

Member Panel As of June, 2014:		
	TANF	408
	SSI-Non Dual	35
	Total Member Panel:	443

METRIC SCORECARD

CLINICAL QUALITY MEASURES - (7/1/2013 - 6/30/2014)

PMPM Oportunity: $0.50

	Qualified	Compliant	Score	Target	Min Mbr Threshold	Meets Min Mbr Threshold	Target Achieved	$Bonus Amount	$Maximum Incentive Amount
Prevention and Screening									
Chlamydia Screening	12	5	41.67%	59.25%	10	Y	N	$0	$74
Diabetes									
Comprehensive Diabetes Care - HbA1c	0	0	0.00%	80.37%	10	N	NA	NA	NA
Utilization and Relative Resource Use									
Well-Child Visits 3-6 Yr.	114	79	69.30%	64.41%	25	Y	Y	$74	$74
Adolescent Well-Care Visits	102	59	57.84%	42.36%	25	Y	Y	$74	$74
Access/Availability of Care									
Adult Access to Preventive/AMB Health S	0	0	0.00%	82.95%	25	N	NA	NA	NA
	228	**143**						**$148**	**$222**

Of the 5 HEDIS Measures, this Provider qualifies for:

3 HEDIS Measures

UTILIZATION - (7/1/2013 - 6/30/2014)

PMPM Oportunity: $0.50

	Current Month	Monthly Target	Target Achieved	$Bonus Amount	$Maximum Incentive Amount
ER Utilization per 1,000	96.77	58	N	**$0**	**$222**

ADMINISTRATIVE MEASURES - (6/1/2014 - 6/30/2014)

PMPM Oportunity: $0.50

	Current Month	Monthly Target	Target Achieved	$Bonus Amount	$Maximum Incentive Amount
Extended Hours	Y	Y	Y	**$222**	**$222**

SSI MEMBERSHIP - As of June, 2014

PMPM Oportunity: $0.50

	Current Month	$Bonus Amount
SSI Members	35	**$18**

PROVIDER PERFORMANCE SUMMARY

	$Bonus Amount	$Maximum Incentive Amount
HEDIS QUALITY MEASURES	$148	$222
ER UTILIZATION	$0	$222
EXTENDED HOURS	$222	$222
SUBTOTAL	**$369**	**$666**
SSI MEMBERS	$18	$18
TOTAL	**$387**	**$683**

MEMBER LEVEL PMPM AMOUNTS

	Member Information					PMPM	
	Medicaid ID	**Name**	**DOB**		**Product**	**Month**	**Rate**
1					SSI	June	$2.00
2					TANF	June	$1.50
3							
4							
5							
6							
7							
8							
9							
						Check Amount:	**$683**

GAPS IN CARE

Clinical Quality Measures	Member ID	Member Name	Phone Number	Address	Non Compliant	Qualified	% Non-Compliant	% Non-Compliant
Prevention and Screening								
Chlamydia Screening								
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
				Chlamydia Screening	5	5	100.00%	100.00%
Diabetes								
Comprehensive Diabetes Care - HbA1c								
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	0	1	0.00%	0.00%
	ID # here	Member Name	Phone Numbe	Address	0	1	0.00%	0.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
				Comprehensive Diabetes Care - HbA1c	10	14	71.43%	71.43%
Utilization and Relative Resource Use								
Well-Child Visits 3-6 Yr.								
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	0	1	0.00%	0.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
				Well-Child Visits 3-6 Yr.				
Adolescent Well-Care Visits								
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	0	1	0.00%	0.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
				Adolescent Well-Care Visits				
Access/Availability of Care								
Adult Access to Preventive/AMB Health Services								
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
	ID # here	Member Name	Phone Numbe	Address	1	1	100.00%	100.00%
				Adult Access to Preventive/AMB Health Services				

ER UTILIZATION

Member Information		Claim Information				
ID	Name	DOS	Diagnosis Code/Desc		ER Level/Desc	
Medicaid ID	Full Name of Member	3/2/2014	466.0	Acute Bronchitis	99283	Emer Dept Moderate Severity