

## Section 4: When are QIPS payments reimbursed and scheduled?

QIPS program payments will be reimbursed on HMO/POS/PPO membership in one program payment, via electronic funds transfer (EFT), once a year after the measurement year is completed, except for the Engagement Incentive program.

Example: Measurement year 2023 will be paid in August 2024.

Incentive Program	Payment Cycle	Notified of Results	Payment Determination
<b>QIPS program components</b> (All PCPs)	Annually	August 2024	PAMPY/PMPY* (based on each provider's band earning for each quality measure or percentile rank) multiplied by the current month's membership <sup>†</sup>
<b>Engagement Incentive</b> (Adult practices)	Monthly	January 2023	PAMPY/PMPY (based on meeting engagement criteria) multiplied by the current month's membership

*Note: These dates are targets and may vary depending on availability of data and other factors.*

*\*Per attributed member per year/per member per year*

*†Addition of an improvement PAMPY/PMPY if applicable (adult practices only)*

Retroactivity will NOT apply to payments. Payment is based on panel size at the time of payment. A practice must be participating with Independence at the time of payment to be eligible to receive payment. If a practice merges with or is acquired by another practice, the surviving/acquiring practice will be eligible to receive the merged/acquired practice's QIPS program payment.

### How do changes to your practice composition affect your QIPS program eligibility and payment? ‡

Review the scenarios below that describe how each would affect your QIPS program eligibility and payments.

Practice scenario	Description	Scoring impact
<b>Provider number transfer</b>	A participating practice has a change to its tax ID or ownership. The practice requires a new provider number.	The practice's percentile rank and/or qualifying level will transfer with it to the new provider number.

Practice scenario	Description	Scoring impact
<b>Merge</b>	Two practices merge or combine during the measurement year (2023) or after the measurement year.	<p>If practices merge during the measurement year (2023) or after, and individual program scores have not been finalized, and it is prior to the payment month (e.g., August 2024), then the information from the individual practices will be combined to create each measure target/percentile rank for the merged practice. The new targets/percentile rank will be used for the 2024 payment year.</p> <p>Before the incentive payment has been issued, if practices merge after the measurement year (2023) and individual program scores have been finalized and applied to the pre-merged practices, then the targets for the newly formed practice will be based on combining the numerator/denominator of the two practices to determine the band level achieved for each measure. For those measures that are percentile ranked, the newly formed practice will acquire a new score by determining the percentage of membership each practice contributed to the total combined membership and applying that percentage to the scores that were created pre-merge. If practices merge after the payment is made, then payments will remain with the pre-merged entities.</p> <p>If a band level/percentile rank was not available to one of the two practices because that practice did not meet the eligibility requirements, the merged practice will be given the band level/percentile rank of the scored practice only.</p>
<b>Providers leave a practice</b>	A physician or physicians leave a practice. The original practice remains active.	Performance scoring (i.e., band level/percentile rank) will remain with the original practice and will not migrate with the departing physician(s).

Practice scenario	Description	Scoring impact
<b>Practice dissolution</b>	Practices terminate out of the network; all providers in the practice retire and cease practicing immediately; or a sole practitioner is deceased and the practice dissolves.	If a practice is terminated or is otherwise dissolved, it will not qualify for the QIPS program payment. If a new practice is formed, it will qualify for the QIPS program once it meets the participation and eligibility requirements, but any payment eligible to the old practice will not transfer to the new practice.

*†This information is intended as a guideline to be used when certain practice composition changes occur. Each practice's situation will be reviewed on an individual basis, and these guidelines will assist us in determining the impact to each QIPS program component.*

**Note:** Any changes in practice composition must comply with the practice's Independence provider participation agreement and Independence's policies and procedures to remain eligible for payment. A change in practice composition could result in a delay of payment (eligibility requirements and opt-in requirements still apply), and appropriate adjustments will need to be manually calculated.