# Exhibit 339

## Doctors in Kentucky, California, Received Millions in Bonus Payments for Vaccinating Medicaid Patients against COVID

https://childrenshealthdefense.org/defender/doctors-bonus-payments-covid-vaccine-medicaid/

Department of Health Care Services
Vaccination Incentive Program – Outcome Metrics
https://www.dhcs.ca.gov/Documents/COVID-19/APL-21-010-Attachment-A-Vaccination-Incentive-Program-Outcome-Metrics.pdf

Anthem COVID-19 Vaccine Provider Incentive Program
Ages 6 months+
Provider Bulletin July 2022
Information on Bonuses to guide patients toward COVID-19 vaccination
https://providers.anthem.com/docs/gpp/KY_CAID_PU_COVID19VaccineProviderIncentiveProgram.pdf

EN ES

the Defender®
CHILDREN'S HEALTH DEFENSE NEWS & VIEWS



04/11/23 • COVID › NEWS

# Doctors in Kentucky, California Received Millions in Bonus Payments for Vaccinating Medicaid Patients Against COVID

*Documents reveal that the federal government and insurers incentivized healthcare providers in Kentucky and California to vaccinate Medicaid patients against COVID-19 by offering bonuses based on the percentage of patients successfully vaccinated.*

**By Brenda Baletti, Ph.D.**

122

***Miss a day, miss a lot.*** *Subscribe to The Defender's Top News of the Day.* ***It's free.***

The federal government and insurers incentivized healthcare providers in Kentucky and California to vaccinate Medicaid patients against COVID-19 by offering bonuses based on the percentage of patients

successfully vaccinated.

"[This is] truly sickening and I am embarrassed for my profession by this," Dr. Meryl Nass, an internist and biological warfare epidemiologist, wrote on her Substack, where she posted several documents relating to the COVID-19 vaccine provider incentive programs. (See Nass' posts here, here, here and here.)

The documents help to draw a picture of the broader effort at the federal, state and local levels to unleash a range of strategies targeting low-income and people-of-color communities, which tended to have lower vaccination rates.

The strategies included providing hundreds of millions of dollars for the creation of "culturally tailored" pro-vaccine materials and for training "trusted" and "influential messengers" to promote COVID-19 and flu vaccines to communities of color in every state.

Nass' revelations showed these efforts went beyond advertising, fear campaigns, payments to patients and payments to trusted community actors and included, in some cases, direct financial incentives to healthcare providers.

**Kentucky: Medicaid paid doctors up to $250 per vaccinated Medicaid patient**

Anthem Blue Cross and Blue Shield Medicaid in Kentucky told physicians in 2021 it would "recognize your hard work by offering incentives for helping patients make the choice to become vaccinated."

The more people vaccinated, the higher the per-person incentive.

For physicians who treated an Anthem Medicaid cohort with a minimum of 25 patients in their practice, Anthem Medicaid offered incentives for vaccination by Sept. 1, 2021, that ranged from a $20 bonus per vaccinated person for physicians who vaccinated 30% of the cohort, to $125 per vaccinated person for those who vaccinated 75% of the cohort, with several incremental steps in between.

As time went on, the rates increased.

Between Sept. 1 to Dec. 31, 2021, physicians received payments ranging from $100 per newly vaccinated person for those who vaccinated 30% of their patient cohort, to $250 per newly vaccinated person for those who vaccinated 75% of their patient cohort.

In 2022, the Anthem provider incentive program changed to a flat rate. Providers received $50 per newly vaccinated Medicaid patient. This included children ages 6 months to 4 years and kids 12 and older vaccinated between Jan. 1 and Dec. 31, 2022, and children ages 5 to 11 vaccinated between June 1 and Dec. 31, 2022.

**Medi-Cal: $350 million in incentives to vaccinate low-income children, people of color**

The California Department of Health Care Services (DHCS) on Aug. 6, 2021, announced $350 million in incentive payments — $250 million to providers and $100 million for direct non-monetary payments, such as gift cards, to vaccine recipients — to encourage vaccination among Medi-Cal's 14 million beneficiaries.

Of the $350 million, $175 million came from state general funds and $175 million from federal funding. The funding period lasted from Sept. 2, 2021, through Feb. 29, 2022.

The program offered incentives to managed care plans in the name of "health equity." In the press release, DHCS Director Will Lightborne said that raising rates among Medi-Cal beneficiaries was essential

because "California will only be safe when everyone is safe."

Nass noted that this program was rolled out one day after Centers for Disease Control and Prevention Director Rochelle Walensky told CNN the vaccines don't prevent virus transmission. "That's clearly a contradiction," Nass told The Defender.

The funding targeted Medicaid recipients with low vaccine uptake — the homebound, communities of color, youth ages 12 to 25 and people ages 50 to 64 with multiple chronic conditions — and incentivized outreach and vaccination activities for providers and pharmacies.

At the time of the announcement, only 45.6% of Medi-Cal beneficiaries age 12 and over had received at least one dose of the COVID-19 vaccine, compared to over 76% of Californians overall.

The DHCS funding included payments to community-based organizations, food banks, advocacy groups and faith-based organizations. This key strategy of funding grassroots leaders to act as "grassroots" proxies spreading the federal government's vaccine message was widespread throughout the pandemic.

Providers could also couple this grant with a CAIRVaxGrant, which offered providers up to $10,000 to enter all of their historical electronic health record immunizations into the California Immunization Registry (CAIR).

The grant stipulated that after startup costs, payments would be directly tied to "meeting specific vaccination goals," similar to the Kentucky program.

The incentive payment structure under the California plan was complex, paying a financial reward to healthcare providers who met particular benchmarks that varied by county and demographic but overall increased the percentage of vaccinated patients among their Medicare beneficiaries.

Under this incentive structure, providers had to meet particular vaccination targets in order to get paid. Those who were especially successful in increasing vaccination rates in the target groups would be entered into a "high performance pool," receiving extra money for substantially moving the vaccination rates for Medicaid recipients 75% higher than baseline or within 10% of a given county's general rate.

In the equation that determined the incentive payment structure, different demographic groups were weighted differently. For example, vaccine recipients ages 12 to 25 were weighted more highly than older recipients and those in the two racial/ethnic groups with the lowest uptake were also given greater weight.

By Jan. 21 of this year, despite this $250 million push, Medi-Cal vaccination had only increased to 52.9%.

**Medicaid pays doctors more to administer COVID vaccines than other shots**

As part of the American Rescue Plan Act, the Biden administration fully funded the COVID-19 vaccination program, making vaccines free regardless of health insurance status.

To cover the costs of the uninsured and underinsured, the Health Resources and Services Administration (HRSA) paid provider costs of vaccine administration through an Uninsured Program and a COVID-19 Coverage Assistance Fund.

Reimbursements were based on national Medicare rates, but the Centers for Medicare & Medicaid Services (CMS), which sets those rates, increased the reimbursement rate over time. Through March 14, 2021, HRSA paid $28.93 for a single-dose vaccine or for the second dose in a series of 2, and $16.94 for the first dose in a series of two.

On March 15, 2021, those rates increased to $40 per dose and $75.50 for an "in-home" dose of the vaccine.

Nass said the initial payments were in line with Medicaid payments for other vaccines, but the increased payment marked a departure from the usual reimbursement structure.

Usually, all CMS changes to Medicare payments for specific services must go through notice and comment rulemaking, but "to save time during the COVID-19 pandemic, the agency bypassed that route before increasing payments for administering the vaccines," JAMA reported.

CMS said the higher payments were meant to help expand COVID-19 vaccination, supporting "actions taken by providers, such as growing existing vaccination sites, conducting patient outreach and education, and hiring additional staff," Healthcare Finance News reported.



## SUGGEST A CORRECTION


**Brenda Baletti, Ph.D.**

Brenda Baletti Ph.D. is a reporter for The Defender. She wrote and taught about capitalism and politics for 10 years in the writing program at Duke University. She holds a Ph.D. in human geography from the University of North Carolina at Chapel Hill and a master's from the University of Texas at Austin.


Sign up for free news and updates from Robert F. Kennedy, Jr. and Children's Health Defense. CHD is planning many strategies, including legal, in an effort to defend the health of our children and obtain justice for those already injured. Your support is essential to CHD's successful mission.

Republishing Guidelines

**Attachment A**
**Department of Health Care Services**
**Vaccination Incentive Program**
**Outcome Metrics**

<table>
<tr><th>Program component</th><th>Determination of incentive amount</th><th>Terms of incentive payment</th><th>Timing of baseline data and outcome ascertainment</th></tr>
<tr><td rowspan="2">Vaccine Outcome Achievement ($200M)</td><td>Initial determination of maximum Medi-Cal managed care health plan (MCP) incentive amount based on MCP proportion of total Medi-Cal managed care enrollment</td><td>Specified payment earned upon MCP achievement of specified outcome</td><td>Baseline: Vaccination rate as of August 29, 2021.<br>Outcome ascertainment: Vaccination rate as of:<br>• October 31, 2021<br>• January 2, 2022<br>• March 6, 2022</td></tr>
<tr><td colspan="3"><u>Proposed outcome measures (and weight)</u><br><br><u>Intermediate outcome measures</u><br>MCPs must choose two of the following three intermediate outcome measures to report for the full duration of the program:<br>1. Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine (5% weight).<br>2. Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases (as defined by the federal Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) who received at least one dose of a COVID-19 vaccine (5% weight).<br>3. Percent of primary care providers in the MCP's network providing COVID-19 vaccine in their office (5% weight).<br><br><u>Vaccine uptake outcome measures</u><br>Payment will be based on performance on all of the below vaccine uptake outcome measures, calculated by the Department of Health Care Services (DHCS) and weighted as indicated.<br>Overall vaccine uptake<br>4. Percent of Medi-Cal beneficiaries ages 12 years and older who received at least one dose of a COVID-19 vaccine (35% weight).<br>Age group<br>5. Percent of Medi-Cal beneficiaries ages 12-25 years who received at least one dose of a COVID-19 vaccine (10% weight).<br>6. Percent of Medi-Cal beneficiaries ages 26-49 years who received at least one dose of a COVID-19 vaccine (5% weight).<br>7. Percent of Medi-Cal beneficiaries ages 50-64 years who received at least one dose of a COVID-19 vaccine (5% weight).</td></tr>
</table>

| | |
|---|---|
| | 8. Percent of Medi-Cal beneficiaries ages 65+ years who received at least one dose of a COVID-19 vaccine (5% weight).<br>**Race/ethnicity**<br>9. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).<br>10. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the second-lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).<br>The race/ethnicity group*s* with the lowest *and second-lowest* baseline vaccination rate*s are* defined based on the MCP-specific baseline vaccination rate of persons of Hispanic, American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, and White race/ethnicity as identified using the below data sources. *In the event that one or both of the two lowest baseline rates are not below the measure 4 baseline rate, then DHCS at its sole discretion may redistribute funds for such measure(s) to all remaining measures.* |
| | <u>Data sources</u><br>**Intermediate outcome measures**:<br>MCP*s* must report these data to DHCS via secure file transfer protocol (SFTP) as follows:<br>• Rates as of August 29, 2021 (baseline) due October 30, 2021<br>• Rates as of October 31, 2021 due December 15, 2021<br>• Rates as of January 2, 2022 due February 16, 2022<br>• Rates as of March 6, 2022 due April 20, 2022<br>Measure specifications and SFTP instructions for MCP-reported data for these intermediate outcome measures were shared with the MCPs on September 15, 2021.<br><br>**Vaccine uptake outcome measures**:<br>*Data sources are as follows. 1) MCP numerator: DHCS-CAIR2 linked data, based on COVID-19 vaccine administration dates on or before ascertainment date, 2) MCP denominator: DHCS Medi-Cal Data Warehouse Enrollment (most recent available), 3) County/counties numerator: CAIR2 Statewide Vaccine Status as of the ascertainment date, and 4) County/counties denominator: population data from the California Department of Finance, July 2021. Enrollment* data from the Medi-Cal Data Warehouse *are* matched with COVID-19 vaccination data from the California Immunization Registry *based on a combination of name, date of birth, and address*. *Race/ethnicity is also collected from Medi-Cal enrollment data.* Data currently does not include doses administered by federal agencies who received vaccines allocated directly from CDC. DHCS will provide *vaccine uptake outcome measure* |

| | |
|---|---|
| | data *for baseline and each outcome ascertainment date* to MCPs via SFTP. |
| | **<u>Target setting, *achievement measurement,* and payment</u>**<br><br>*To earn payment for a given outcome measure (including High Performance Pool measures), the MCP must have a case count/denominator of at least 30 for that outcome measure. If a MCP does not meet this requirement for one or more measure(s), DHCS at its sole discretion may redistribute funds for such measure(s) to all remaining measures with a case count/denominator of at least 30.*<br><br><u>Intermediate outcome measures</u><br>**For measures 1-3**, the MCP-specific targets will be as follows:<br>• By October 31, 2021, a 10% increase over the MCP's baseline rate (worth 33.3% of funds allocated for the measure)<br>• By January 2, 2022, a 20% increase over the MCP's baseline rate (worth 33.3% of funds allocated for the measure)<br>• By March 6, 2022, a 30% increase over the MCP's baseline rate (worth 33.4% of funds allocated for the measure).<br>For the two measures chosen of Measures 1-3, MCPs that achieve a rate of 85% for a measure at any evaluation point in time will be considered to have met their target for that specific point in time.<br><br>Example:<br>• Acme MCP is allocated $100 for measure 1, which is split amongst the specific points in time as follows:<br>  ○ October 31, 2021: $33<br>  ○ January 2, 2022: $33<br>  ○ March 6, 2022: $34<br>• Acme has a baseline rate of 70% for measure 1<br>• Acme's target by October 31, 2021 = 70% x 1.1 = 77%<br>  ○ Acme achieves 75% and does not meet the target of 77%<br>  ○ Acme doesn't earn any funds ($0) for October 31, 2021.<br>• Acme's target by January 2, 2022 = 70% x 1.2 = 84%<br>  ○ Acme achieves 85% and slightly exceeds the target<br>  ○ Acme earns the 33% of funds ($33) allocated for the measure for January 2, 2022.<br>• Acme's target by March 6, 2022 = 70% x 1.3 = 91%<br>  ○ However, since 85% is considered full achievement, Acme's actual target is 85%.<br>  ○ Acme achieves 87% by March 6, 2022<br>  ○ Acme would be paid the 34% of funds ($34) allocated for the measure for March 6, 2022.<br>• In total, Acme earns $67 for measure 1 |

| | |
|---|---|
| | Vaccine uptake outcome measures<br>• **For measure 4**, gap closure from baseline to a target defined as *the lesser of either: 1)* the percent of persons 12 years of age and older who received at least one dose of a COVID-19 vaccine on or before the outcome ascertainment date in the county or counties served by the MCP*, or 2) 85%*. For MCPs that serve one county, this *target* would be the county rate. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served.<br>• **For measures 5-8**, gap closure from baseline to a target defined as *the lesser of either: 1)* the percent of persons in the same age group who received at least one dose of a COVID-19 vaccine on or before the outcome ascertainment date in the county or counties served by the MCP*, or 2) 85%*. For MCPs that serve one county, this *target* would be the county rate. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served.<br>• **For measures 9-10**, gap closure from baseline to a target defined as the *lesser of either: 1) the* percent of the MCP's members 12 years of age and older who received at least one dose of a COVID-19 vaccine on or before the outcome ascertainment date*, or 2) 85%*.<br><br>Gap closure for vaccine uptake outcome measures<br>To earn full payment for measures 4-10, MCPs would need to close 33.3% of the gap between their baseline rate and the target rate by October 31, 2021; 66.6% of the gap between their baseline rate and the target rate by January 2, 2022; and 100% of the gap between their baseline rate and the target rate by March 6, 2022. Partial payments are allowable for measures 4-10 (see section below).<br><br>For measures 4-10, MCPs that achieve a rate of 85% for a measure at any evaluation point in time will be considered to have met their target for that specific point in time.<br><br>Example:<br>Here is an example for vaccine uptake outcome measure 4. Assume 60% of MCP members aged 12+ had received at least one dose of the COVID vaccine as of August 29, 2021 (the baseline), and in the county served by the MCP, 80% of county residents age 12+ had received at least one dose as of August 29, 2021.<br><br>By October 31, 2021, 85% of county residents age 12+ had received at least one dose. In order to receive full payment at the October 31, 2021 time point, the MCP would need to have closed 33.3% of the gap between their baseline rate (60%) and the October 31st target rate (85%), which amounts to a MCP member vaccination rate of 68.3% by |

| | |
|---|---|
| | October 31, 2021. The MCP will receive up to a third of their allocation proportional to the amount of progress made toward that goal.<br><br>By January 2, 2022, 88% of county residents age 12+ had received at least one dose. In order to receive full payment at the Jan*uary* 2, 2022 time point, the MCP would need to *have* close*d* 66.6% of the gap between their baseline rate (60%) and *85%, which would be their target rate at January 2, 2022. This* amounts to a MCP member vaccination rate of 7*6.7*% by January 2, 2022*.* The MCP will receive up to a third of their allocation proportional to the amount of progress made toward that goal.<br><br>By March 6, 2022, 90% of county residents age 12+ had received at least one dose. *I*n order to receive full payment at the March 6, 2022*,* time point, the MCP would need to close 100% of the gap between their baseline rate (60%) and *85%*. The MCP will receive up to the final third of their allocation proportional to the amount of progress made toward that go*al*. |
| **Partial payment** | There are no partial payments for intermediate outcome measures 1-3. For vaccine uptake outcome measures 4-10, MCPs may earn partial payment in proportion to the gap closure they achieve between their baseline and target rate*s* and at each respective time point. MCPs must achieve gap closure of at least 5%, 10%, and 15% at each respective time point to qualify for any partial payment. The actual amount of any partial payment will be calculated as the actual gap closure divided by the targeted gap closure at each respective time point, multiplied by the measure's full payment amount. |
| **High Performance Pool** | Any *Vaccine Outcome Achievement funds not earned in accordance with the terms set forth above* will be pooled and placed into a High Performance Pool (HPP)*, which may be earned by MCPs that meet the Achievement Criteria set forth for HPP Measures*.<br><br>HPP funds will be distributed to MCPs *based on performance on the three measures described in the table below.*<br><br>*MCPs that meet the HPP Achievement Criteria will earn a pro-rata share of the HPP funds, which will be weighted based on the HPP measures achieved and each MCP's share of Medi-Cal membership relative to other MCPs meeting the Achievement Criteria.* The payment *for each* HPP *measure* will be proportionate to *the* MCP's Medi-Cal membership *relative to all MCPs that achieve* the HPP *m*easure*, but total HPP payments to the MCP may not exceed 60% of the MCP's initial Vaccine Outcome Achievement allocation*. |

| | |
|---|---|
| | *Example: The total available HPP funds are $60 million; thus, $20 million is available for each of the three HPP measures. The MCP achieves two of the three HPP measures. For the first measure, the MCP accounts for 10% of membership relative to all MCPs that achieved the measure and, therefore, may earn $2 million. For the second measure, the MCP accounts for 30% of membership relative to all MCPs that achieved the measure and, therefore, may earn $6 million. This brings the total calculated HPP payment for this MCP to $8 million. However, the MCP's initial Vaccine Outcome Achievement allocation was $12 million, 60% of which is $7.2 million—this is the MCP's cap on HPP payments. Therefore, the MCP will receive HPP payments of $7.2 million, not $8 million, across the two measures.*<br><br>*Due to the rapidly evolving nature of the COVID-19 PHE and the need for the State to respond accordingly, DHCS may amend the Vaccine Incentive Program APL and this Attachment to incorporate any updates to the program.* |

| ***High Performance Pool*** | |
|---|---|
| ***Measure*** | *Achievement Criteria* |
| ***% of Medi-Cal members ages 12 years and older who received at least one dose of a COVID-19 vaccine by March 6, 2022.*** | *Performance at 85% or higher OR relative improvement of plan vaccine uptake rate of 75% or greater from baseline on August 29, 2021 to March 6, 2022 (Measure weight: 33.3%)* |
| ***% of Medi-Cal members ages 5-11 years who received at least one dose of a COVID-19 vaccine by March 6, 2022.*** | *No more than 10% below the county rate by March 6, 2022. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served. (Measure weight: 33.3%)* |
| ***% of Medi-Cal members 12 years or older who are fully vaccinated and received a booster dose by March 6, 2022.*** | *No more than 10% below the county rate by March 6, 2022. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served (Measure weight: 33.4%)* |

# COVID-19 Vaccine Provider Incentive program

Getting vaccinated against COVID-19 is one of the best and safest ways people can protect themselves and their families against the virus. As a participating practice in the COVID-19 Provider Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated.

## Eligibility

The COVID-19 Vaccine Provider Incentive program is open to you if you are a participating Kentucky primary care provider with an Anthem Blue Cross and Blue Shield Medicaid (Anthem) panel size of 25 or more members. All Anthem members identified as receiving COVID-19 vaccination services are included in the methodology. Vaccine results will be determined by a COVID-19 vaccine claim or by confirmation from the Kentucky Vaccine Registry.

The results will be calculated for two time periods:

- September 1, 2021 – Initial incentive payment
- December 31, 2021 – Final incentive payment

## How you can qualify for a bonus

If your practice meets the below thresholds for vaccination with at least one dose by September 1, 2021, you will receive the initial incentive payment based on the following rates:

- 30% Anthem members vaccinated – $20 bonus per vaccinated member
- 40% Anthem members vaccinated – $45 bonus per vaccinated member
- 50% Anthem members vaccinated – $70 bonus per vaccinated member
- 60% Anthem members vaccinated – $100 bonus per vaccinated member
- 75% Anthem members vaccinated – $125 bonus per vaccinated member

The final incentive payment is calculated based on members who are newly vaccinated between September 1, 2021 and December 31, 2021 (see the *Appendix* for calculation examples). If your practice meets the below thresholds for vaccination with at least one dose by December 1, 2021, you will receive the final incentive payment based on the following rates:

- 30%Anthem members vaccinated – $100 bonus per newly vaccinated member
- 40% Anthem members vaccinated – $150 bonus per newly vaccinated member
- 50% Anthem members vaccinated – $175 bonus per newly vaccinated member
- 60% Anthem members vaccinated – $200 bonus per newly vaccinated member
- 75% Anthem members vaccinated – $250 bonus per newly vaccinated member





AKYPEC-2982-21 October 2021

## When you will receive your bonus

The first payment will be sent by electronic funds transfer or check based on the payment method used for claim reimbursement. Please allow 7 to 10 business days to receive payment. If you have not received it within that timeframe, reach out to a Provider Experience Consultant at 800-205-5870, option 3. The second payment will be generated on or before January 31, 2022.

Visit **https://providers.anthem.com/kentucky-provider/communications/covid-19-updates** for more information about the COVID-19 Vaccine Provider Incentive program. We greatly appreciate your partnership and look forward to working with you in the future.

# Appendix

Below are examples to help illustrate Anthem Blue Cross and Blue Shield Medicaid (Anthem) COVID-19 Provider Incentive program payments.

## Payment calculation examples

| Payment thresholds | | |
|---|---|---|
| Percent of Anthem Members Vaccinated | Initial Payment for Existing Vaccinated (Per Member) | Final Payment for Incremental Vaccinated (Per Member) |
| 30% | $20 | $100 |
| 40% | $45 | $150 |
| 50% | $70 | $175 |
| 60% | $100 | $200 |
| 75% | $125 | $250 |

| Example 1 – Change in threshold | | | |
|---|---|---|---|
| | September 1, 2021 | December 31, 2021 | Newly Vaccinated Members |
| Vaccinated Members | 78 | 105 | + 27 |
| Total Provider Panel | 250 | 251 | |
| Vaccination Rate | 31% | 42% | |
| | | | |
| | Initial Payment | Final Payment | Total |
| Original Members | $1,560 | – | $1,560 |
| Incremental Members | – | $4,050 | $4,050 |
| Total | $1,560 | $4,050 | $5,610 |

In this example, Provider A:

- Grew their vaccinated panel from 31% to 42% by adding 27 new members vaccinated between September 1, 2021 and December 31, 2021
- Earned $1,560 initial payment for reaching the 30% threshold on September 1, 2021 ($20 x 78 vaccinated members)
- Earned $4,050 final payment for reaching the 40% threshold on December 31, 2021 ($150 x 27 newly vaccinated members)





AKYPEC-2982-21 October 2021

| Example 2 – No change in threshold | | | |
|---|---|---|---|
| | September 1, 2021 | December 31, 2021 | Newly Vaccinated Members |
| Vaccinated Members | 78 | 83 | +5 |
| Total Provider Panel | 250 | 251 | |
| Vaccination Rate | 31% | 33% | |
| | | | |
| | Initial Payment | Final Payment | Total |
| Original Members | $1,560 | – | $1,560 |
| Incremental Members | – | $500 | $500 |
| Total | $1,560 | $500 | $2,060 |

In this example, Provider B:

- Grew their vaccinated panel from 31% to 33% by adding 5 new members vaccinated between September 1, 2021 and December 31, 2021
- Earned $1,560 initial payment for reaching the 30% threshold on September 1, 2021 ($20 x 78 vaccinated members)
- Earned $500 final payment for staying in the 30% threshold on December 31, 2021 ($100 x 5 newly vaccinated members)