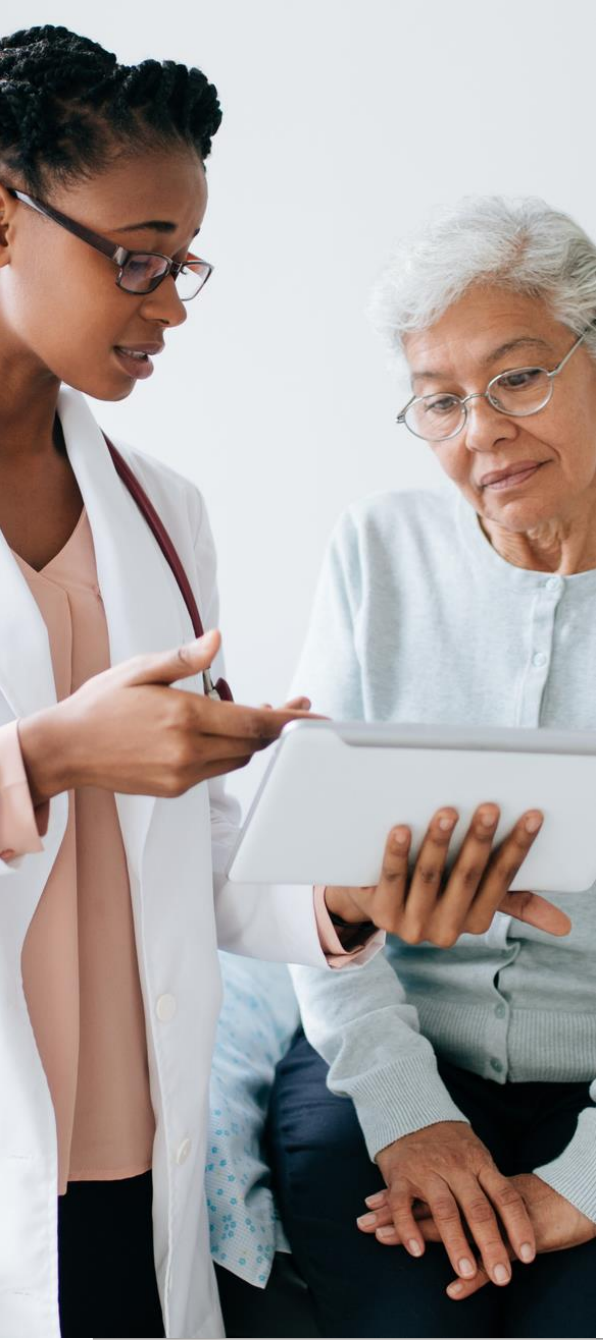
carolina complete health™

Pay for Performance (P4P) Medicaid 2023

Updated February 2023

Medicaid P4P Program Overview

Objective	Enhance quality of care through a PCP-driven program with a focus on preventative and screening services which align with Healthcare Effectiveness Data and Information Set (HEDIS) guidelines, while promoting engagement with our members
Member Attribution	Carolina Complete Health members who have been formally assigned to a Provider TIN
Performance Measures	Cervical Cancer Screening Controlling High Blood Pressure Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) Immunizations for Adolescents (Combo 2) W30: Well Child 30 months - Well Child Visits 0-15 months > 6 visits W30: Well Child 30 months - Well Child Visits 15-30 months – two visits Childhood Immunizations Status (Combo 10) Well Care Visits - WCV (3-21) Chlamydia Screening in Women - Total
CY 2022 Reporting and Payout	Monthly member level care gap reporting and scorecard reporting Two interim payments per year, plus final reconciliation payment



How does the Medicaid P4P program work?

- Each measure is assigned an incentive dollar amount and target percentage
- 2 tier targets based on historic performance and national benchmarks
  - **High tier:** 100% of incentive dollar amount
  - **Low tier:** 50% of incentive dollar amount
- Measures are evaluated using NCQA HEDIS established guidelines
- Each measure is evaluated independently and can qualify and receive an incentive payment for one, multiple, or all the measures
- Gap closure rates/scores are accumulated based upon member assigned PCP. The assigned PCP receives credit for gaps closed
- Measures are intended to be closed with claims data, although supplemental data is accepted
- Payments paid via paper checks, based on TAX ID. Roll-up to one TAX ID (“parent”) is available

Measures and Targets

Models for Practices with Pediatric and Adult Members

**These targets are based on a standard contract and may vary based on participation in a Clinically Integrated Network or other value-based contracting arrangement. Refer to your specific agreement terms for more information.*

MY 2023 Targets				
Ages	**Primary Care Measures**	**DHHS Standard Measure (AMH Measure)**	**Target 1**	**Target 2**
24-64	Cervical Cancer Screening	Cervical Cancer Screening	55.00%	57.64%
18-85	Controlling high blood pressure	Controlling high blood pressure	25.70%	26.99%
18-75	Comprehensive Diabetes Care: HbA1c poor control (>9.0%)*	Comprehensive Diabetes Care: HbA1c poor control (>9.0%)	44.53%	46.76%
13	Immunizations for Adolescents (Combo 2)	Immunizations for Adolescents (Combo 2)	31.40%	35.04%
0-15 months	W30: Well Child 30 months - Well Child Visits 0-15 months > 6 visits	Well Child Visits in the first 30 months of life (W30)	65.30%	68.57%
15 - 30 months	W30: Well Child 30 months - Well Child Visits 15-30 months – two visits		69.40%	72.24%
0-2 yrs	Childhood Immunization Status (Combo 10)	Childhood Immunization Status (Combo 10)	35.90%	37.70%
3-21 yrs	Well Care Visits - WCV (3-21)	WCV	50.90%	53.45%
16-24	Chlamydia Screening in Women - Total	Chlamydia Screening in Women	60.60%	62.65%

*__Inverted Targets (for inverse measure):__ The Diabetes HgBA1C>9 measures (poor control) is an inverse measure. The compliant count is also inverse indicating the number of members out of compliance (controlled) rather than in compliance (poor control) for this measure. Adjustments to the target have also been made in accurately reflect if the target is achieved. In this case, higher percentage is better.

Reports and Payments

- All reports and payouts will be based on year to date (YTD) results. If prior YTD payments have been made for the year, they will be deducted from the amount due.
- Gap closure rates/scores are accumulated based upon member assigned PCP. The assigned PCP receives credit for gaps closed
- Calendar Year 2023 Payout Schedule (estimated and may vary):
  - The first payout will be for **January – June** (Payment made in August*)
  - The second payout will be for **January – September** (Payment made in November*)
  - The third payout will be for **January – December** (Payment made in July following year*)
- Payouts will be determined using the amounts noted on slide 6 for the measures meeting one of two targets. Of the dollar amount, Target 1 pays 50% and Target 2 pays 100%.

* *Estimated payment schedule*

P4P Program – Frequently Asked Questions

How were the measures identified?
The measures are consistent with NCQA and HEDIS quality performance standards.

How often would measures change?
We continue to monitor all quality metrics and relative performance across the network. We refine our focus on an annual basis. We will provide a minimum of 30 days notice in case we plan to change any of the measured services.

Can I get any interim payment on the quality program?
YES, we do support interim payments on our quality programs. The final payout will be reconciled with any previous payments and will allow for sufficient time to look at chart reviews and medical records to supplement the quality scorecard. This process provides us a more accurate view of a provider's performance on a quality metric.

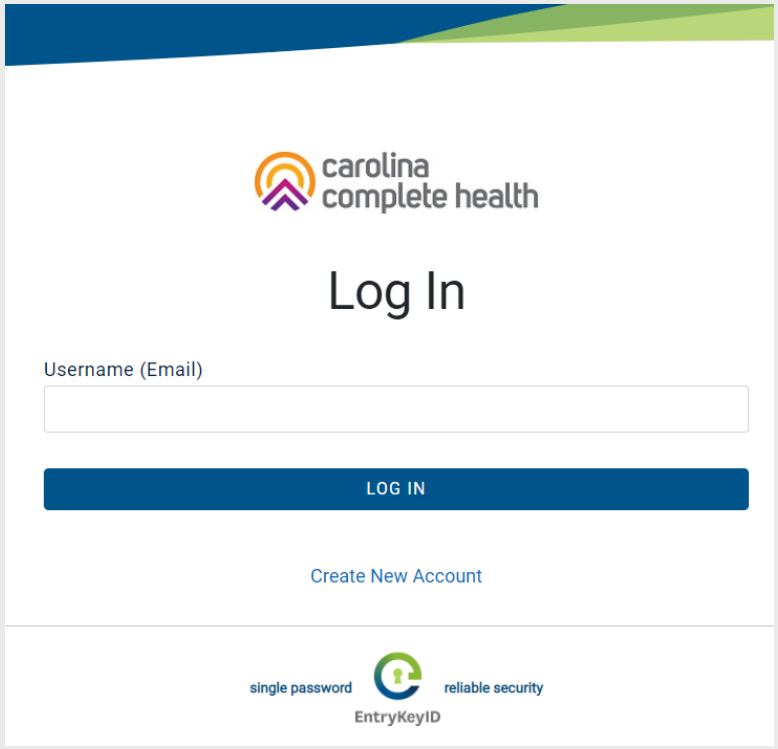
What will the monthly report contain?
The monthly reports will include a scorecard on the measured service including projected incentive amounts when available. It will also include detailed provider-level scorecards and member-level quality gaps-in-care reports.

Definitions

- **Qualified** – members who are eligible for the service
- **Compliant** – members who received the service
- **Score** – per measure, the percentage of compliant members to qualified members (sum of compliant divided by qualified, also known as rate)
- **Targets** – set by plan, the percentile target that the Provider is striving to reach per measure
- **Maximum Incentive** – amount the provider is eligible to receive based on their quality if all the eligibility requirements are met.
- **Bonus earned** – payment the provider will actually receive this period.
- **Next Target Gap** – number of additional compliant events needed to get to the next target
- **Target Achieved** – Current performance
- **Measure** – HEDIS measures in P4P

Provider Resources

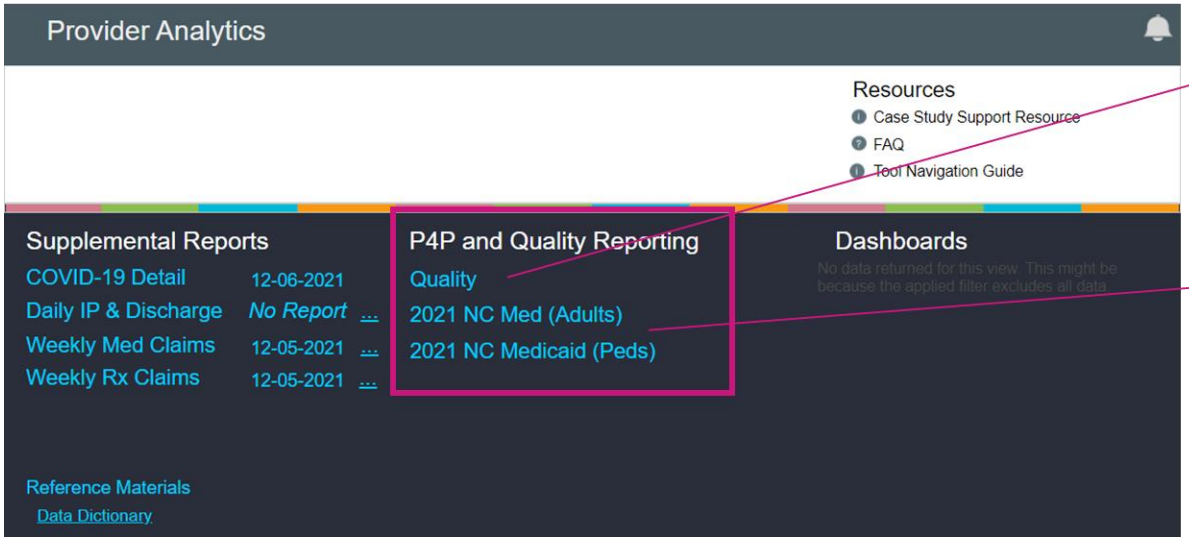
- Get the tools you need to manage your administrative needs and keep your focus on the health of your patients by using our Secure Provider Web Portal
- On this web-based resource, you will find:
  - Provider Panel (Member List)
  - Provider Analytics Tools
  - Patient Analytics Tools
- Please contact your Provider Engagement Coordinator if you have questions regarding the web portal.



Secure Provider Web Portal:

https://provider.carolinacompletehealth.com

P4P and Quality Reporting



Quality: All AMHs have Quality care gap and measure report available that includes all priority measures.

P4P: All AMHs have a standard P4P available except those within practice entities that are involved in a broad value-based payment arrangement, such as through a Clinically Integrated Network (CIN)

Thank You