



# 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?**

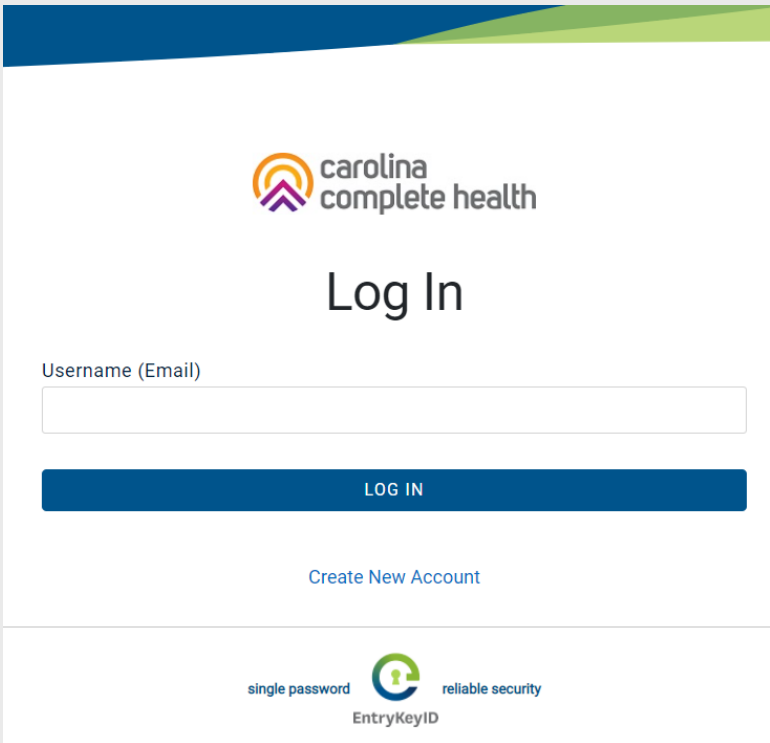
The monthly reports will include a scorecard on the measured service including projected incentive amounts when available. It will also include detailed provider-level scorecards and member-level quality gaps-in-care reports.

# 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.



The screenshot shows the login interface for the Carolina Complete Health Secure Provider Web Portal. At the top, there is a blue and green header bar. Below it, the Carolina Complete Health logo is displayed. The main heading is "Log In". Underneath, there is a label "Username (Email)" followed by a text input field. Below the input field is a blue button labeled "LOG IN". Under the button is a link "Create New Account". At the bottom of the login section, there is a logo for "single password" and "EntryKeyID" with the text "reliable security". Below the login section, there is a heading "Secure Provider Web Portal:" followed by the URL <https://provider.carolinacompletehealth.com>.



# P4P and Quality Reporting

The screenshot shows the 'Provider Analytics' dashboard. At the top right is a bell icon. Below it is a 'Resources' section with links: 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'. The main content area is divided into three columns. The left column, 'Supplemental Reports', lists: 'COVID-19 Detail' (12-06-2021), 'Daily IP & Discharge' (No Report), 'Weekly Med Claims' (12-05-2021), and 'Weekly Rx Claims' (12-05-2021). The middle column, 'P4P and Quality Reporting', is highlighted with a red box and contains 'Quality', '2021 NC Med (Adults)', and '2021 NC Medicaid (Peds)'. The right column, 'Dashboards', shows a message: 'No data returned for this view. This might be because the applied filter excludes all data'. At the bottom left is a 'Reference Materials' section with a link to 'Data Dictionary'. Two red lines with arrows point from text boxes on the right to the 'Quality' and '2021 NC Medicaid (Peds)' links in the middle column.

Provider Analytics

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

Supplemental Reports

|                      |                |
|----------------------|----------------|
| COVID-19 Detail      | 12-06-2021     |
| Daily IP & Discharge | No Report ...  |
| Weekly Med Claims    | 12-05-2021 ... |
| Weekly Rx Claims     | 12-05-2021 ... |

Reference Materials

[Data Dictionary](#)

P4P and Quality Reporting

- Quality
- 2021 NC Med (Adults)
- 2021 NC Medicaid (Peds)

Dashboards

No data returned for this view. This might be because the applied filter excludes all data.

**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)

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# Thank You

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