



**carolina
complete health™**

**Pay for Performance (P4P)
Medicaid 2024**

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 HEDIS guidelines, while promoting engagement with our members.

Member Attribution

Carolina Complete Care members who have been formally assigned to a Provider TIN

Performance Incentive

For the standard P4P program, total eligible bonus is \$4.00 Per Member per Month.
Payout is based on meeting designated target for selected measures

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
Timeliness of Prenatal Care (New)
Postpartum Care (New)

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 NC DHHS targets and goals
 - Low tier 50% of incentive dollar amount
 - High tier: 100% 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 of the measures
- Measures are intended to be closed with claims data, although supplemental data is accepted
- Payments via ACH, based on TAX ID. Rollup to one TAX ID (“parent”) is available



Measures, Targets, Weights, & Incentives

Models for Practices with Pediatric and Adult members

**These measures and 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.*

AMH Priority Measures	Pediatrics Practices			Adult Practices		
	Target 1	Target 2	Weights	Target 1	Target 2	Weights
Cervical Cancer Screening				53.48%	56.15%	5.0%
Well Care Visits - WCV (3-21)	52.85%	55.49%	20.0%	52.85%	55.49%	10.0%
Childhood Immunization Status (Combo 10)	28.41%	30.03%	40.0%	28.41%	30.03%	30.0%
Chlamydia Screening in Women - Total				64.12%	67.33%	5.0%
Comprehensive Diabetes Care: HbA1c poor control (>9.0%)				28.52%	29.95%	8.0%
Controlling high blood pressure				24.75%	25.99%	8.0%
Immunizations for Adolescents (Combo 2)	33.18%	34.84%	15.0%	N/A	N/A	N/A
W30: Well Child 30 months - Well Child Visits 15-30 months – two visits	72.07%	75.67%	10.0%	72.07%	75.67%	5.0%
W30: Well Child 30 months - Well Child Visits 0-15 months > 6 visits	67.85%	71.24%	15.0%	67.85%	71.24%	5.0%
Timeliness of Prenatal Care				54.47%	58.44%	12.0%
Postpartum Care				66.50%	71.11%	12.0%

* Inverted Targets (for inverse measure): The Diabetes HgbA1C>9 measure (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 targets have also been made to accurately reflect if target achieved. In this case, higher percentage is better.

Scorecard Example: “Example” based on 1000 assigned members (for illustrative purposes only)

Incentive Amount * Member Months (12,000) * Payout percentage based on target achieved

Measure	Incentive Amount	Qualified	Compliant	Score	Target 1 Pays 50%	Target 2 Pays 100%	Maximum Bonus	Bonus Earned
Cervical Cancer Screening	\$0.20	325	159	48.92%	53.48%	56.15%	\$2,400	\$0
Controlling Blood Pressure	\$0.32	450	122	27.11%	24.75%	25.99%	\$3,840	\$3,840
CDC – HbA1c poor control (> 9.0%)	\$0.32	300	89	29.67%	28.52%	29.95%	\$3,840	\$1,920
W30: Well Child 30 months - Well Child Visits 0-15 months > 6 visits	\$0.20	430	300	69.77%	67.85%	71.24%	\$2,400	\$1,200
W30: Well Child 30 months - Well Child Visits 15-30 months – two visits	\$0.20	333	295	88.59%	72.07%	75.67%	\$2,400	\$2,400
Childhood Immun Status (Combo 10)	\$1.20	476	199	41.81%	28.41%	30.03%	\$14,400	\$14,400
Well Care Visits - WCV (3-21)	\$0.40	250	195	78.00%	52.85%	55.49%	\$4,800	\$4,800
Chlamydia Screening in Women - Total	\$0.20	700	420	60.00%	61.13%	64.12%	\$2,400	\$0
Timeliness of Prenatal Care	\$0.48	400	275	68.75%	54.47%	58.44%	\$5,760	\$5,760
Postpartum Care	\$0.48	400	312	78.00%	66.50%	71.11%	\$5,760	\$5,760
Total	\$4.00						\$48,000	\$40,080

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.
- The first payout will be for January –June
- The second payout will be for January –September
- The third payout will be for January –December
- Payouts will be based 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%

P4P program - FAQs

1. How were the measures identified?

- › The measures are consistent with NCQA and HEDIS quality performance standards.

2. 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

3. 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.

4. What will the monthly report contain?

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

5. Given the contract is established mid-year, how will it be measured?

- › For the quality program the providers will be given credit for any and all services that they have performed for members in this calendar year. Providers will also have an opportunity to improve their scores through the remainder of the year to maximize their bonus.

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

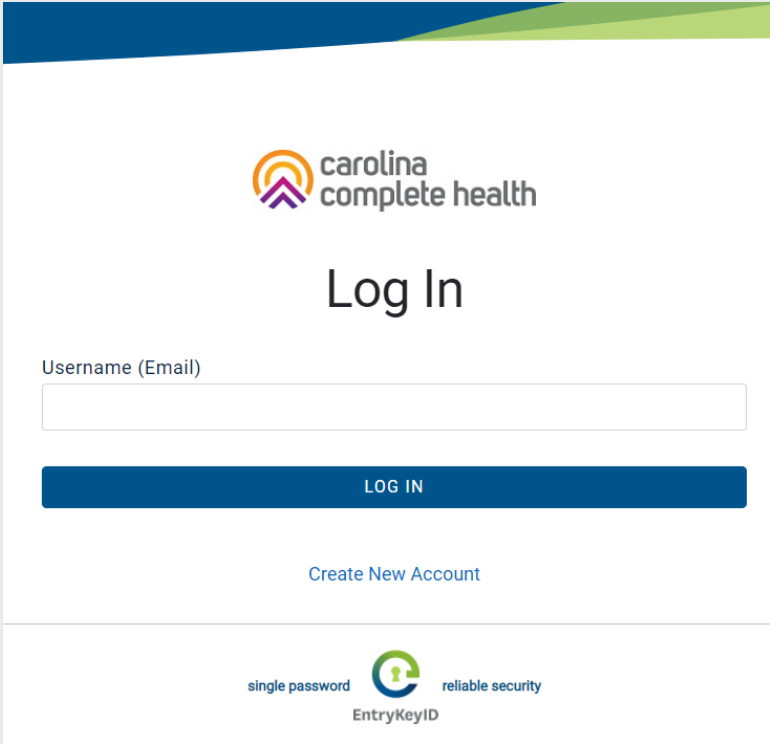
Provider Resources

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 Administrator](#) if you have questions regarding the web portal.



The screenshot shows the login page for the Carolina Complete Health Secure Provider Web Portal. At the top, there is a blue and green header. Below it is the Carolina Complete Health logo, which consists of a stylized 'C' made of three curved lines in orange, yellow, and green, followed by the text 'carolina complete health'. The main heading is 'Log In'. Below this is a text input field labeled 'Username (Email)'. Underneath the input field is a blue button with the text 'LOG IN'. Below the button is a link that says 'Create New Account'. At the bottom of the page, there is a logo for 'EntryKeyID' which includes a green circular icon with a white keyhole, and the text 'single password' on the left and 'reliable security' on the right.

[Secure Provider Web Portal:](#)

<https://provider.carolinacompletehealth.com>

Portal Navigation

After logging into the Provider Portal, scroll down to Useful Links

1. Click on Provider Analytics
2. Agree to HIPAA Terms in the pop-up window

Useful Links

Reports

This repository contains reports that are uploaded and maintained by the health plan.

Patient Analytics - Coming Soon

This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.

Provider Analytics

Used by PCP groups to access data/reports/dashboard that assist in providing better health outcomes and lower cost.

Provider Resources

Supplies you with tools and resources that are easy to find and supportive to your work

Provider Educational Materials

To assist you in improving the healthcare outcomes of our members and your patients, we offer a variety of trainings to take.

Healthy Opportunities

... because the opportunity for health begins where we live, learn, work and play.

P4P and Quality Reporting

The screenshot shows the 'Provider Analytics' dashboard. At the top right, there is a 'Resources' section with links for 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'. Below this, the dashboard is divided into three main sections: 'Supplemental Reports', 'P4P and Quality Reporting', and 'Dashboards'. The 'Supplemental Reports' section includes '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 'P4P and Quality Reporting' section is highlighted with a pink box and contains 'Quality', '2021 NC Med (Adults)', and '2021 NC Medicaid (Peds)'. The 'Dashboards' section shows a message: 'No data returned for this view. This might be because the applied filter excludes all data.' At the bottom left, there are 'Reference Materials' including a 'Data Dictionary' link.

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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