



Pay for Performance(P4P) Medicaid 2025

CCH Standard P4P Program Overview - Medicaid

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
Child & Adolescent Well Care Visit
Childhood Immunization Status (Combo 10)
Chlamydia Screening
Controlling High Blood Pressure
Immunizations for Adolescents (Combo 2)
Glycemic Status Assessment for Patients with Diabetes < 8%
Well Child Visits (15-30 months)
Well Child Visits (0-15 months)
Timeliness of Prenatal Care
Postpartum Care
Colorectal Cancer Screening

Reporting and Payout

Monthly summary scorecard & gap reports; 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 the measures
- ❑ Measures are intended to be closed with claims data and augmented with supplemental data whenever possible
- ❑ 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.*

	Adult			Pediatric		
MY 2025 - Standard Plan P4P Measures	(50%) Target 1	(100%) Target 2	Weight	(50%) Target 1	(100%) Target 2	Weight
Cervical Cancer Screening	53.48%	56.85%	10%			
Child & Adolescent Well-Care Visits	56.73%	59.57%	8%	56.73%	59.57%	20.0%
Childhood Immunization Status (Combo 10)	24.39%	28.41%	8%	24.39%	28.41%	15.0%
Chlamydia Screening	55.95%	58.75%	8%	55.95%	58.75%	15.0%
Controlling High Blood Pressure	25.99%	27.29%	8%			
Immunizations for Adolescents (Combo 2)	32.28%	33.89%	10%	33.89%	35.58%	15.0%
Glycemic Status Assessment for Patients With Dia	27.18%	28.54%	8%			
Well Child Visits (15-30 Months)	69.43%	73.42%	5%	69.43%	73.42%	17.5%
Well Child Visits (0-15 Months)	70.47%	73.99%	5%	70.47%	73.99%	17.5%
Timeliness of Prenatal Care	57.89%	60.78%	10%			
Postpartum Care	68.86%	72.30%	10%			
Colorectal Cancer Screening	34.30%	36.02%	10%			

Scorecard 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:
 - 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 4 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 NC DHHS AMH Priority Measure guidance which is in alignment with HEDIS Technical Specifications.
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.
3. How often would I receive a payment?
 - › Incentive payments are scheduled twice annually based on YTD performance. The Final payout is reconciled with any previous payments and will be made ~August of subsequent year. This allows for sufficient time to capture any claims run out and supplemental data collected. 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 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

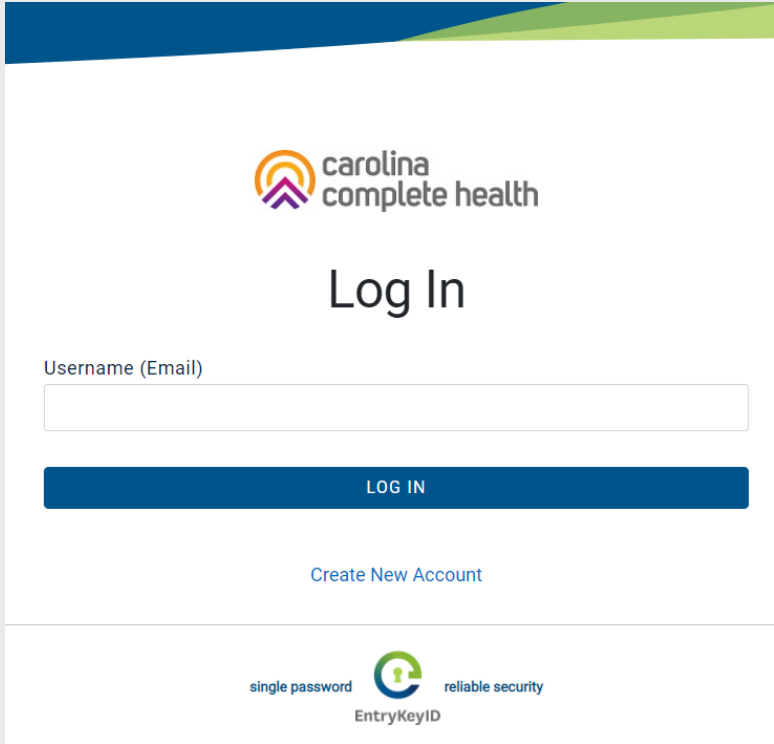
Provider Resources

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 interface for the Carolina Complete Health Secure Provider Web Portal. At the top, there is a blue and green header. Below it, the Carolina Complete Health logo is displayed. The main heading is "Log In". There is a text input field for "Username (Email)". Below the input field is a blue "LOG IN" button. Underneath the button is a link that says "Create New Account". At the bottom of the login section, there is a section for "EntryKeyID" with the text "single password" and "reliable security" flanking a circular icon with a keyhole.

[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

Supplemental Reports		P4P and Quality Reporting	Dashboards
COVID-19 Detail	08-26-2024	Quality	Summary
Daily IP & Discharge	No Report ...	Medicaid Core Measure Set 2024	Cost Utilization/Services
Notice of Pregnancy	No Report	P4P Payment and Member History	CoC - Appointment Agenda - 2025
Weekly Med Claims	03-16-2025 ...	NC Medicaid 2024	
Weekly Rx Claims	03-16-2025 ...		
Reference Materials			
Data Dictionary			

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)

Questions?

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