



carolina
complete health™

Carolina Complete Health Pay for Performance (P4P)

Medicaid 2026



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FOR YOUR
HEALTH

Confidential and Proprietary Information

Carolina Complete Health 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	<ul style="list-style-type: none">Adult Access to Preventive VisitCervical Cancer ScreeningChild & Adolescent Well Care VisitColorectal Cancer ScreeningChlamydia ScreeningGlycemic Status Assessment for Patients with Diabetes < 8%Controlling High Blood PressureImmunizations for Adolescents (Combo 2): <i>Overall Rate & Priority Population Rate</i>Well Child Visits (15-30 months) – <i>Priority Population Rate</i>Well Child Visits (0-15 months) – <i>Priority Population Rate</i>Timeliness of Prenatal CarePostpartum Care
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 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 are issued via ACH at the Tax ID level. Providers may elect to roll payments up to a single parent Tax ID.



Measures, Targets, Weights, & Incentives

My 2026 Pay for Performance Models for Practices with Pediatric and Mixed-Age members

	Mixed Age Model			Pediatric Model		
	Target 1 50%	Target 2 100%	Weight	Target 1 50%	Target 2 100%	Weight
Adult Access To Preventive Visit (AAP)	65.02%	78.05%	6.00%	60.98%	78.05%	10.00%
Cervical Cancer Screening (CCS-E) - <i>Withhold</i>	49.83%	52.32%	8.75%			
Child & Adolescent Well-Care Visits (WCV) - - <i>Withhold</i>	57.72%	67.63%	8.75%	57.72%	67.63%	12.50%
Colorectal Cancer Screening (COL-E)	33.79%	41.39%	6.00%			
Chlamydia Screening in Women (CHL)	64.53%	70.67%	6.00%	62.73%	70.67%	10.00%
Glycemic Status Assessment for Patients With Diabetes <8.0% (GSD)	25.75%	60.58%	6.00%			
Controlling High Blood Pressure (CBP)	44.41%	67.88%	6.00%			
Immunizations for Adolescents (IMA Combo 2) - <i>Overall Rate - Withhold</i>	33.48%	36.48%	8.75%	33.48%	36.48%	12.50%
Immunizations for Adolescents (IMA Combo 2) - <i>Priority Pop.- Withhold</i>	30.48%	33.82%	8.75%	30.48%	33.82%	12.50%
Well Child Visits: 15-30 Months (W30) - <i>Overall Rate</i>				71.70%	82.12%	8.75%
Well Child Visits: 15-30 Months (W30) - <i>Priority Pop.- Withhold</i>	69.45%	76.29%	8.75%	69.45%	76.29%	12.50%
Well Child Visits: 0-15 Months (W30) - <i>Overall Rate</i>				70.81%	71.71%	8.75%
Well Child Visits: 0-15 Months (W30) - <i>Priority Pop.- Withhold</i>	65.33%	68.12%	8.75%	65.33%	68.12%	12.50%
Postpartum Care (PPC) - <i>Withhold</i>	74.07%	82.48%	8.75%			
Timeliness of Prenatal Care (PPC) - <i>Withhold</i>	64.13%	86.37%	8.75%			

**These measures and targets are for our standard incentive model available to our contracted Providers. These may vary for those participating in value-based arrangement. Refer to your specific agreement terms for more information*

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 1st payout will be for January-June
- The 2nd payout will be January-September
- The 3rd 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%.

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

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

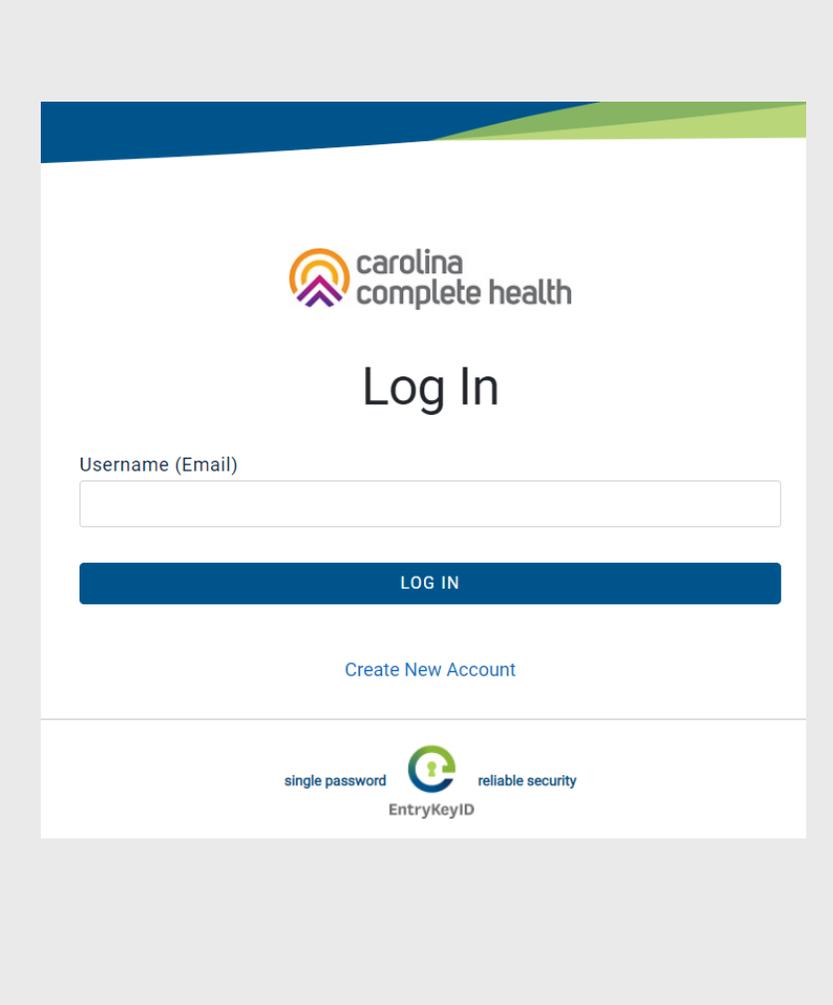
Provider Resources

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.



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Log In

Username (Email)

LOG IN

[Create New Account](#)

single password  reliable security
EntryKeyID

Portal Navigation: Provider Analytics

To view P4P Reports click:

1. Click **Provider Analytics**
2. **Agree to HIPAA terms**

Terms and Conditions

Provider agrees that all health information, including that related to patient conditions, medical utilization and pharmacy utilization, available through the portal or any other means, will be used exclusively for patient care and other related purposes as permitted by the HIPAA Privacy Rule.

[CANCEL](#) [AGREE TO TERMS](#)

Useful Links

Reports

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

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



... you in improving the outcomes of our members patients, we offer a variety of to take.

Healthy Opportunities

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

CDC's 6|18 Initiative

CDC and partners are targeting six common and costly health conditions with 18 proven interventions.

P4P & Quality Reporting

The screenshot shows a navigation menu with several sections. A red rectangular box highlights the 'P4P and Quality Reporting' section, which contains the following items: Quality, Medicaid Core Measure Set 2025, P4P Payment and Member History, NC Medicaid 2025, and NC Ambetter 2025. Other sections include 'Supplemental Reports' with items like COVID-19 Detail, Daily IP & Discharge, Notice of Pregnancy, Weekly Med Claims, and Weekly Rx Claims; 'Reference Materials' with a link to 'Data Dictionary'; 'Resources' with links to 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'; and 'Dashboards' with links to 'Summary', 'Cost Utilization/Services', and 'CoC - Appointment Agenda - 2025'.

Section	Item	Date	More
Supplemental Reports	COVID-19 Detail	08-26-2024	
	Daily IP & Discharge	01-27-2026	...
	Notice of Pregnancy	01-27-2026	
	Weekly Med Claims	01-25-2026	...
	Weekly Rx Claims	01-25-2026	...
Reference Materials	Data Dictionary		
P4P and Quality Reporting	Quality		
	Medicaid Core Measure Set 2025		
	P4P Payment and Member History		
	NC Medicaid 2025		
	NC Ambetter 2025		
Dashboards	Summary		
	Cost Utilization/Services		
	CoC - Appointment Agenda - 2025		

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

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.

Questions?

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