WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR THE PAY FOR PERFORMANCE (P4P) PROGRAM?

- **Provider with member panel size of 200 or more. Additionally, a panel size of 500 or more is required to be eligible for the Member Experience measure.**
- **Only measures that have a population of 20 or more are eligible for incentive, including Member Experience measures.**
- **Value Based Payment (VBP) Contracts:** Providers with an active VBP contract are not eligible for this 2023 Pay for Performance program.
- **Quality Contact:** Provider must designate a Quality Contact who will be responsible for routinely speaking and meeting with Plan Quality Contacts. Quality Contact must be responsible to act as liaison/coordinator for the transmission of all communications regarding the quality program including data transmission, EMR access set-up & ongoing support, quality improvement interventions, quality incentive program, etc.
- **Access to Medical Records:** Provider must fulfill medical record requests in a timely manner to support MetroPlusHealth's HEDIS / QARR reporting requirements. Failure to do so will result in ineligibility in the Pay for Performance Program.
- **Access to Web-Based Quality Reports:** Log on to the MetroPlusHealth Provider Portal to get detailed information on current performance and incentive detail by measure. Data is updated monthly. Provider agrees to use / access electronic quality reports through MetroPlusHealth. Additionally, Providers must designate at least 2 people (as appropriate for office size) to have access and supply the Plan with the designees' contact information. The Plan must be notified within 15 days of any office contact changes. This information must be relayed in writing to your Provider Relations Representative.
- **Incentive distribution will occur once a year, after MetroPlusHealth has received New York State QARR benchmarks for the P4P program performance year. Reports, including member non-compliant lists, monthly and final site performance summaries will be available on the MetroPlusHealth Provider Portal.** Your QM Coordinator will be available to review these reports with you, if needed.

[+]Includes Medicaid, CHP, HIV SNP, HARP and Essential Plan lines of business.

Metro Plus **Health**

Questions and Comments:

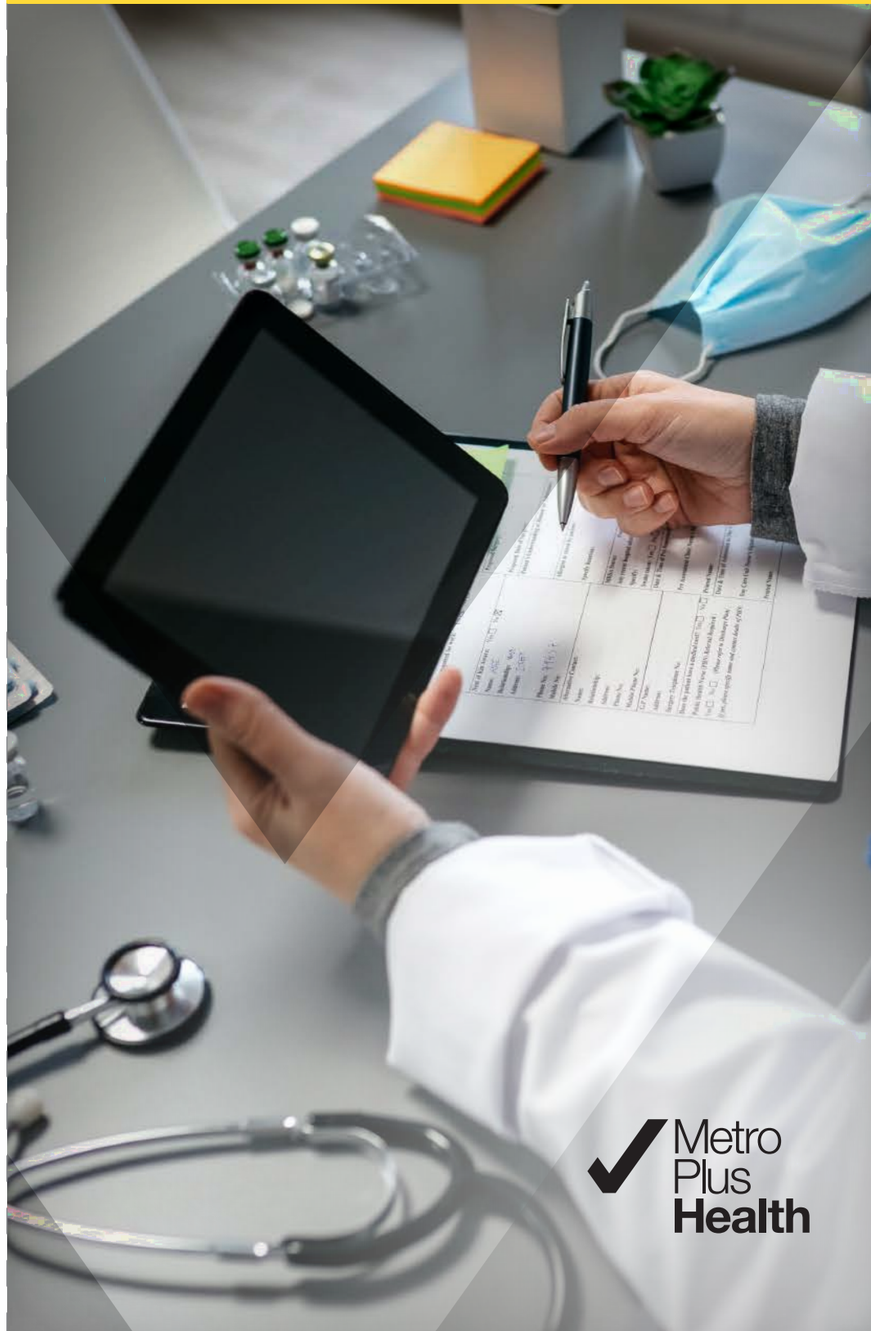
CALL
Provider Services
1.800.303.9626

Monday - Saturday, 8 am - 8 pm

DISCLAIMER: Funding to providers under the P4P program is separate from, and not subject to, existing contracts between a provider and MetroPlus Health Plan (MetroPlusHealth), including the network participation agreement between MetroPlusHealth and the provider. Because payment under the P4P program is separate from payment pursuant to the provider contract, payment under the P4P program is within MetroPlusHealth's sole discretion and may be withdrawn or discontinued or capped at any time for any reason, including loss of available state funding. To participate in the P4P program, a provider must possess a valid, unencumbered license and be in good standing with all applicable government agencies, including those charged with evaluating possible fraud, waste and abuse. To participate in this program, providers must provide data and medical records for MetroPlusHealth HEDIS supplemental data and hybrid medical record collection.

PRV 23.045

PAY FOR PERFORMANCE PROGRAM 2023



WHAT IS THE PAY FOR PERFORMANCE (P4P) PROGRAM?

The P4P is an incentive program that rewards providers for meeting targeted performance metrics for the delivery of quality and efficient health care services. The goals of this program are to be able to be transparent, competetive and to improve the delivery of important health care services to our members - *your patients.*

The program includes QARR preventive, medication and quality outcome measures, as well as internal MetroPlusHealth measures.

Quality measure results are based on rates reported to New York State Department Of Health (NYSDOH) in June of the reporting year. Internal measures (chronic fall out, nonuser, getting routine care quickly) which are based on MetroPlusHealths' survey and/or claims data through June of the reporting year.

How does P4P work? Each measure will have a "base award". This will be the amount awarded to the provider if he/she exceeds the 50th percentile. If the provider exceeds the 75th or 90th percentile, the award increases at each performance level.

How are members attributed to each site? Members will be attributed based on the member's PCP assignment. Members must have been assigned to the PCP for a minimum of three months for attribution in the non-user and chronic fall out population measures.

Calculating the award - The dollar award is based on whether the site's measure results exceeded either the 50th, 75th or 90th percentile. For example, the table below illustrates the award amount differences based on performance:

MEASURE	AWARD AMOUNT ($)*		
	50TH PERCENTILE	75TH PERCENTILE	90TH PERCENTILE
Breast Cancer Screening	**$20**	**$26**	**$40**

Below is an example of how different sites performed on breast cancer screening and their award amount.

SITE	COMPLIANT POPULATION	PERFORMANCE RATE FOR SITE	NYS PERCENTILE BENCHMARKS FOR BREAST CANCER SCREENING			AWARD AMOUNT CALCULATION	AWARD AMOUNT ($)
			50TH	75TH	90TH		
A	100	50%	69%	71%	73%	0 x $0	**$0**
B	100	70%	69%	71%	73%	100 x $20	**$2,000**
C	100	72%	69%	71%	73%	100 x $26	**$2,600**
D	100	75%	69%	71%	73%	100 x $40	**$4,000**

Calculating the award for survey measures -
The dollar award is based on whether the site's survey results significantly exceeded the NYS QARR statewide average (SWA).
The table below illustrates the award amount providers will receive when their rate is significantly above the SWA.

MEASURE	AWARD AMOUNT ($) Above SWA
Received Care Quickly When Needed	**$20,000**

MEASURE DESCRIPTION GRID

QUALITY MEASURES	
MEASURE	BRIEF DESCRIPTION
Asthma Medication Ratio	Members (5-64 years) diagnosed with persistent asthma should have a ratio of controller medications to total asthma medications of 0.50 or greater.
Breast Cancer Screening	Women (50-74 years) should have a mammogram every 1-2 years.
Cervical Cancer Screening**	Women (21–64 years) should be screened for cervical cancer within the last 3 years or 5 years with HPV cotesting.
Chlamydia Screening	Women (16-24 years) identified as sexually active should be screened annually for chlamydia.
Chronic Fall Out Population***	Medicaid and CHP Members (all ages) diagnosed with a chronic illness in 2021 should be diagnosed with the same chronic illness in 2022.
Colorectal Cancer Screening**	Members (45-75 years) should receive a colorectal cancer screening exam.
Diabetic Retinal Eye Exam**	The percentage of members 18-75 years of age with diabetes who had a retinal eye exam.
Non-User Population***	Medicaid and CHP Members (all ages) should have at least one medical service provided during 2022.

QUALITY MEASURES (Continued)	
MEASURE	BRIEF DESCRIPTION
Kidney Health Evaluation	Adults (18-85 years) with diabetes who received a kidney health evaluation, defined by an eGFR and a uACR.
Well-Child (15 Months)	Children who turn 15 months of age during the measurement year should have 6 or more well-child visits from birth through 15 months old (visits must be at least 14 days apart).
Well-Child (30 Months)	Children who turn 30 months of age during the measurement year should have 2 or more well-child visits between 15 months plus 1 day and 30 months of age.
Well Visit with Weight Assessment & Counseling - Nutrition***	Members (3-17 years) who had an outpatient visit with a PCP or Ob/GYN and have counseling for nutrition.

MEMBER EXPERIENCE SURVEY MEASURES	
MEASURE	BRIEF DESCRIPTION
Received Care Quickly When Needed****	The percentage of members who were seen in your office in /during the measurement period and responded that they "Usually"or "Always" received care quickly when needed.

** Dollar amounts are for example purposes only and may not be the dollar amounts used in the actual program.*

*** Administrative rate will be used exclusively to calculate compliance for hybrid measures.*

**** Non-user, Chronic Fall Out Population and Well Visit with Nutrition Counseling measures and benchmarks are developed and maintained internally.*

*****For survey measures, the "Compliant Population" is based on aggregated results of the Getting Care Quickly question from MetroPlusHealths' rolling surveys throughout 2023. Members who answer "Usually" or "Always" are considered compliant.*

MetroPlusHealth