<Fax Date>

### Dear MetroPlusHealth Provider:

**We are proud to announce our 2024 MetroPlusHealth Provider Pay for Performance (P4P) program.** This programrewards providers who meet specific goals for delivering quality and efficient care goals to MetroPlusHealth members. This includes members enrolled in the Medicaid, CHP, HIV SNP, HARP and Essential Plans. Our goal is to offer the best possible care to our members — your patients.

**Eligibility Rules**

You are **automatically** enrolled and earning in the program when you meet the eligibility rules below.

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| **Minimum Panel Size[[1]](#footnote-1)** | * 200 or more to obtain 100% of the program earnings. * 150 –199 to earn 50% of the program earnings. (*Access, Availability & Accuracy measures do not apply.*) |
| **Measure Minimum1** | Each measure must have 20 or more members in the denominator. |
| **Benchmark Tiers1,[[2]](#footnote-2)** | 2023 New York State Medicaid benchmarks will be used to tier award amounts earned. |
| **Provider Attribution[[3]](#footnote-3)** | Provider overall and measure panels are based on PCP assignment on 12/31 of the program year. Members are assigned to their PCP's site. |
| **Medical Record Requests** | You must provide requested data and medical records to us in a timely manner. This supports our HEDIS® / QARR reporting requirements. |
| **Compliance** | Providers must not have Fraud, Waste & Abuse issues, as determined by MetroPlusHealth. This will be assessed at time of payment disbursement. |

**How to Obtain Quality Reports**

Our Quality Reports include member gap in care lists and monthly performance summaries. For copies of your site’s reports, please:

* Send an email to Quality Management at qmophedis4@metroplus.org, or
* Visit the MetroPlusHealth Provider Portal (metroplushealth.my.site.com/Providers/s/login/). Select **Resources**, **P4P Performance** and then click **Quality Report Request**.

For quality measure details, helpful intervention tips, and code requirements, visit [metroplus.org/providers/hedis-qarr-materials/](https://metroplus.org/providers/hedis-qarr-materials/).

**How Payment is Calculated**

Final performance is derived from the total measure award amounts earned across all eligible measures. Measure award amounts are set according to Benchmark Tiers, Per-Member Amount, PMPM or a Quarterly Bonus Amount. See the tables below for details.

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| **Measure Award Payment Descriptions** |

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| **Benchmark Tier** | Each year, we determine the 50th, 75th and 90th percentiles based on the NYS Medicaid QARR benchmarks from the year before. It is applied once a year. |
| **Per-Member Amount** | This is the award amount per eligible member who receives the required service(s). It is applied once a year. |
| **PMPM** | This is the award amount per member per month. It is applied once a year when measure rate requirements are met. |
| **Quarterly Bonus Amount** | This is the bonus amount paid when measure requirements are met. It is applied once per quarter. |

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| **P4P Measure Awards** | | | | |
| **P4P Quality Measures** | **50th** | **75th** | **90th** | **Payment Type** |
| Asthma Medication Ratio | $180 | $280 | $380 | Benchmark Tier |
| Breast Cancer Screening | $40 | $60 | $120 | Benchmark Tier |
| Cervical Cancer Screening | $40 | $60 | $120 | Benchmark Tier |
| Chlamydia Screening | $20 | $30 | $50 | Benchmark Tier |
| Colorectal Screening | $40 | $60 | $120 | Benchmark Tier |
| Diabetes Care Eye Exam | $40 | $60 | $120 | Benchmark Tier |
| Diabetes Kidney Health Evaluation | $20 | $30 | $50 | Benchmark Tier |
| Non-User Population | $3 | $6 | $9 | Benchmark Tier |
| Well Child 15 months – 6 visits | $150 | $250 | $350 | Benchmark Tier |
| Well Child 30 months – 2 visits | $100 | $150 | $200 | Benchmark Tier |
| Well Child & Adolescent Visit | $50 | $70 | $130 | Benchmark Tier |
| New Member PCP Visit w/in 60 days |  | | $50 | Per Member |
| Social Needs – Screening & Follow-Up – 18+ | $15 | Per Member |
| **HIV SNP PCP Incentives** | | | | |
| Chlamydia/Gonorrhea Testing |  | | $50 | Per Member |
| Flu Shot | $25 | Per Member |
| Syphilis Testing | $50 | Per Member |
| Viral Load Suppression | $500 | Per Member |
| **Access, Availability and Accuracy** | | | | |
| Access & Availability Survey Response |  | | Up to $3 | PMPM |
| Provider Roster Submission |  | | Up to $500 | Quarterly Bonus |

# Questions? We’re here to help.

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| **For Provider Support:**  Call Provider Services  1.800.303.9626  Monday – Saturday, 8am – 6pm | **For Quality Incentive Program &**  **Specifications Support:**  Email Quality Management  [qmophedis4@metroplus.org](mailto:qmophedis4@metroplus.org) |

Sincerely,

A close-up of a signature

Description automatically generated

Sanjiv Shah, MD

Chief Medical Officer

1. New Member PCP Visit, Social Needs Screening & Follow-Up and HIV SNP PCP specific rewards do not have benchmark tiers or panel/measure minimum requirements. [↑](#footnote-ref-1)
2. Nonuser measure benchmarks will be based on 2023 MetroPlus provider performance. [↑](#footnote-ref-2)
3. HIV SNP PCP specific measure panel attribution is based on the last PCP seen in the past two years. [↑](#footnote-ref-3)