

Dear MetroPlusHealth Provider:

We are proud to announce our 2024 MetroPlusHealth Provider Pay for Performance (P4P) program. This program rewards 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.

Minimum Panel Size¹	<ul style="list-style-type: none"> • 200 or more to obtain 100% of the program earnings. • 150 –199 to earn 50% of the program earnings. (<i>Access, Availability & Accuracy measures do not apply.</i>)
Measure Minimum¹	Each measure must have 20 or more members in the denominator.
Benchmark Tiers^{1,2}	2023 New York State Medicaid benchmarks will be used to tier award amounts earned.
Provider Attribution³	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.

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.

² Nonuser measure benchmarks will be based on 2023 MetroPlus provider performance.

³ HIV SNP PCP specific measure panel attribution is based on the last PCP seen in the past two years.

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pursuant to the provider contract, payment under the P4P program is within MetroPlusHealth's sole discretion and may be withdrawn or discontinued or capped at any time for any reason, including reductions in state or federal funding or payments. 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 and including MetroPlusHealth for issues such as standard of care, inappropriate billing, coding, or medical documentation. To participate in this program, providers must provide data and medical records for MetroPlusHealth HEDIS supplemental data and hybrid medical record collection.

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/.

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.

Measure Award Payment Descriptions	
Benchmark Tier	Each year, we determine the 50 th , 75 th and 90 th 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.

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

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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.

For Provider Support:

Call Provider Services
1.800.303.9626
Monday – Saturday, 8am – 6pm

For Quality Incentive Program & Specifications Support:

Email Quality Management
gmophedis4@metroplus.org

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