



2021 Quality Ambetter P4P Program



Dear Valued Network Provider:

Ambetter is proud to invite you to participate in our pay-for-performance (P4P) program. The program is designed to enhance quality of care through a focus on preventive and screening services while promoting engagement with our members. Based on program performance, you are eligible to earn compensation in addition to that which you are paid through your Participating Provider Agreement. The P4P program is “upside only” and involves no risk to you. Further, contract document is not required to participate in this program.

The P4P program provides financial incentives for engaging your members and closing care gaps based on NCQA and HEDIS quality performance standards. Each care gap has its own incentive amount and is paid for each compliant member event once the target has been achieved for that specific measure.

Incentives are paid based on member primary care assignment. In other words, a closed care gap results in an incentive to the tax identification numbers for the primary care provider of record for that member. Incentives are paid three times per year and providers will receive credit for all care gaps closed during the calendar year.

Thank you for being our partner in care.

2021 Pay for Performance (P4P) Program Overview

Objective	<ul style="list-style-type: none">Enhance quality of care through a PCP driven pay for performance program with a focus on preventative and screening services
Member Attribution	<ul style="list-style-type: none">Members who have been formally assigned to a Provider Tax ID Number (TIN)
Targeted Services	<ul style="list-style-type: none">Selected measures are focused on PCP engagement, screening services, and medication adherence which align with QRS HEDIS tech specs<ol style="list-style-type: none">Antidepressant Medication Management- Acute PhaseAntidepressant Medication - Continuation PhaseAppropriate Treatment for Children with PharyngitisAsthma Medication RatioCervical Cancer ScreeningChlamydia Screening in Women- Ages 16-20Chlamydia Screening in Women- Ages 21-24Comprehensive Diabetes Care – Eye ExamMonitoring for WarfarinProportion of Days Covered- Diabetes All Classes
Performance Incentive	<ul style="list-style-type: none">Each measure has its own incentive amount paid after achieving its own target score.
Requirements for Payout	<ul style="list-style-type: none">Payout 75% of measure incentive amount for reaching Target 1Payout 100% of measure incentive amount for reaching Target 2
Payout	<ul style="list-style-type: none">Three payouts per year (Q2/Q3/Q4 Final Reconciliation)Monthly reporting gaps in careMonthly performance scorecards



2021 Pay for Performance (P4P) Program Overview

How is the P4P program structured?

- Each measure is assigned an incentive dollar amount and target percentage.
- Incentives are paid on each compliant member once the target has been met for that particular measure.
- There are 10 measures in the program, each has two targets. If the provider reaches the first target the bonus is paid at 75% of the incentive amount for that measure, if the provider reaches the second target the bonus is then paid at 100% of the incentive amount.
- Each measure is evaluated if there is at least one (1) qualified event in the denominator, providers can qualify and receive an incentive payment for one, multiple or all of the measures.
- Target 1 is set at the QRS 4-Star target and Target 2 is set at the QRS 5-Star target.



2021 Pay for Performance (P4P) Program Overview

- HEDIS Measures are evaluated using NCQA HEDIS established guidelines, except minimum qualified members per event is not thirty (30), it is one (1).
- Three payouts made (Expected after Q2/ Q3 /Q4 with Final Reconciliation mid 2022) each report netting any prior payouts against total earned.
- Gap closure rates/scores are accumulated based upon member assigned PCP. The assigned PCP receives credit for gaps closed.
- Monthly performance reports and care gaps will be placed on the providers portal via Provider Analytics.
- There is no claw back provision for this program so if a provider terms mid year or no longer has assigned membership we will not recoup funds.



2021 Pay for Performance (P4P) - Measures

2021 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Antidepressant Medication Management - <i>Effective Acute Phase Treatment</i>	\$25	73.8%	77.2%
Antidepressant Medication Management - <i>Continuation Phase Treatment</i>	\$25	57.4%	62.2%
Appropriate Testing for Pharyngitis - <i>Total</i>	\$25	92.3%	95.2%
Asthma Medication Ratio - <i>Total</i>	\$25	75.0%	90.0%
Cervical Cancer Screening - <i>Total</i>	\$25	65.2%	72.5%
Chlamydia Screening - <i>Total Ages 16-20</i>	\$25	47.3%	55.4%
Chlamydia Screening - <i>Total Ages 21-24</i>	\$25	47.3%	55.4%
Comprehensive Diabetes Care – <i>Eye Exam</i>	\$25	56.1%	66.4%
Monitoring for Individuals on Warfarin - <i>INR</i>	\$25	75.0%	90.0%
Proportion of Days Covered - <i>Diabetes All Classes</i>	\$25	77.5%	81.6%



2021 P4P – How the math works

Incentive Amount x Number Compliant
x

75% for reaching Target 1, or
100% for reaching Target 2

No bonus is earned if
minimum Target is not
achieved.

Measure	Incentive Amount	Qualified	Compliant	Score	Target 1	Target 2	Bonus Earned	Target Achieved
Asthma Medication Ratio	\$25	87	81	93.1%	75.0%	90.0%	\$2,025.00	Target 2
Cervical Cancer Screening	\$25	645	433	67.1%	65.2%	72.5%	\$8,118.75	Target 1
Monitoring for Warfarin	\$25	110	80	72.7%	75.0%	90.0%	\$0.00	None



2021 Program Definitions

- Qualified – members who are eligible for the service.
- Compliant – members who actually received the service.
- Quality Score – per measure, the percentage of compliant members to qualified members (sum of compliant divided by qualified).
- Target – set by plan, the percentile target that the Provider is striving to reach per measure.
- Maximum Bonus – amount the provider is eligible to receive based on their quality if all the eligibility requirements are met.
- Bonus earned – payment the provider will actually receive this period.



2021 P4P Program - FAQs

1. How were the measures identified?

- The measures are consistent with NCQA and HEDIS quality performance standards.

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. We will provide a minimum of 30-days' notice in case we plan to change any of the measured services.

3. Can I get any interim payment on the quality program?

- YES, we do support interim payments on our quality programs. The Final payout will be reconciled with any previous payments and will allow for sufficient time to look at chart reviews and medical records to supplement the quality scorecard. 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.



2021 Provider Resources

Get the tools you need to manage your administrative needs and keep your focus on the health of your patients in the Provider Portal at buckeyehealthplan.com/providers.html.

Coding tip sheets are available to assist with clinical documentation of HEDIS measures.

The screenshot shows the Provider Portal dashboard. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar labeled "Viewing Dashboard For:" with a dropdown menu and a "GO" button. The main content area is divided into two columns. The left column contains a "Quick Eligibility Check" section with input fields for "Member ID or Last Name" (containing "123456789 or Smith") and "Birthdate" (containing "mm/dd/yyyy"), and a "Check Eligibility" button. Below this is a "Recent Claims" section with a table. The table has four columns: "STATUS", "RECEIVED DATE", "MEMBER NAME", and "CLAIM NO.". There are five rows of claims, each with a status icon (a yellow circle with a white 'e') and a date of "03/20/2017". The right column contains a "Welcome" section with a list of links: "Add a TIN to My ACCOUNT", "Reports", "Patient Analytics", and "Provider Analytics" (which is highlighted with a red box). Below this is a "Recent Activity" section with columns for "Date" and "Activity". At the bottom of the dashboard, there is a footer with links for "Instruction Manual (PDF)", "Terms and Conditions", "Privacy Policy", and "Copyright © 2017, Centene Corporation".

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	03/20/2017		
	03/20/2017		
	03/20/2017		
	03/20/2017		
	03/20/2017		

