



# 2026 P4P/P4Q Program Booklet

*Pay for Performance and  
Partnership for Quality Programs*

Medicaid (Buckeye Health Plan)  
866.296.8731

Medicare (Wellcare)  
855.766.1851

Marketplace (Ambetter)  
877.687.1189

[buckeyehealthplan.com/providers.html](https://buckeyehealthplan.com/providers.html)

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# To Our Valued Provider Network Partners,

We are happy to deliver our 2026 Quality Incentive Program to our Primary Care Physicians. This program supports closing HEDIS-based care gaps for our members. Closing these care gaps can improve the overall health and wellness of our members — your patients — and we appreciate your active participation in the program.

The quality program has been designed for each Line of Business (LOB). There are separate Medicaid, Marketplace and Medicare programs, which will allow the programs to be based on the LOB's own population. Separating out the programs allows you to focus on measures that matter most for each LOB.

All Primary Care Physicians, who have at least one Buckeye member that qualifies for a measure, are eligible. Please see detailed information in the 2026 Quality Performance Measures document for each LOB.

We appreciate the care you provide our members and look forward to strengthening our partnership with you to close care gaps and further improve health outcomes for your Buckeye Health Plan patients.

If you have questions, please reach out to your Provider Engagement Administrator or call Provider Services.

Thank you for being our partner in care.



Natalie Lukaszewicz  
Vice President, Network Development & Contracting  
Buckeye Health Plan



# Medicaid Program

## Overview

### Eligible Members:

Buckeye members who have formally been assigned to a Contracted Buckeye Provider.

### P4P population includes:

- Medicaid
- NextGen MyCare members who have Wellcare by Buckeye Health Plan, a 2026 Dual Aligned plan that aligns Medicare and Medicaid coverage

### Performance Incentive:

Each measure has its own incentive amount paid after achieving the minimum target score

### Measurement Period

- Measurement period is Jan. 1 - Dec. 31, 2026
- All claims and encounters must be received by March 31, 2027

### Date of Service:

Retroactive to January 1st to allow for full credit of all gaps closed during the measurement time period

### Reports and Payment:

- Three payouts per year (Q1-2/Q3/Q4-Final Reconciliation 2027)
- Monthly reporting gaps in care
- Performance scorecard payment level: Paid at the TIN levels

## How Does the P4P Work?

- The P4P measures are based on Buckeye Medicaid State P4P measures and are consistent with NCQA and HEDIS quality performance standards
- Each measure is assigned an incentive dollar amount and target percentage
- Tier targets based on HEDIS and ODM percentiles
  - Target 1: 50% of incentive dollar amount
  - Target 2: 100% of incentive dollar amount
- Each measure is evaluated independently and can qualify and receive an incentive payment for one, multiple or all of the measures
- Measures are intended to be closed with claims data, although supplemental data is accepted
- Payments are made via paper checks, based on TAX ID

### Requirements for Payout:

- Payout 50% of measure incentive amount for reaching Target 1
- Payout 100% of measure incentive amount for reaching Target 2

## Medicaid 2026 Measure and Incentive Summary

Healthcare Effectiveness Data and Information Set (HEDIS) measures included in the 2026 Medicaid P4P (P4P) program are represented in the following table. National benchmark targets are based on those established by the National Committee for Quality Assurance (NCQA). The financial incentives are paid by Buckeye according to the target met for each measure.

<b>HEDIS® MEASURES</b>	Target 1 (Payout 50%)	Target 2 (Payout 100%)	Incentive Amount
Adults' Access to Preventive/Ambulatory Health Services (AAP) - Total	82.1%	83.34%	\$10.00
Breast Cancer Screening (BCS-E)	58.93%	61.43%	\$15.00
Cervical Cancer Screening (CCS-E)	57.83%	64.21%	\$15.00
Chlamydia Screening in Women (CHL)	62.81%	65.47%	\$10.00
Controlling High Blood Pressure (CBP)	67.88%	70.35%	\$10.00
Follow-Up After Emergency Department Visit for Mental Illness (FUM) – Total Follow-up within 7 Days	50.88%	62.06%	\$10.00
Glycemic Status Assessment for Patients with Diabetes (GSD) - Glycemic Status >9.0%	26.52%	23.6%	\$15.00
Prenatal and Postpartum Care (PPC) - Postpartum Care	82.48%	83.94%	\$20.00
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	86.37%	88.56%	\$20.00
Statin Therapy for Patients with Cardiovascular Disease (SPC-E) - Total	84.02%	86.40%	\$20.00
Well-Child Visits 3-11 (WCV)	67.98%	73.4%	\$15.00

*Note: P4P population includes Medicaid and NextGen MyCare members who have Wellcare by Buckeye Health Plan, a 2026 Dual Aligned plan that aligns Medicare and Medicaid coverage (unaligned members are excluded from this program).*

*For questions, please contact Provider Services at: 866.296.8731*

## Frequently Asked Questions and Resources

### How does the program work?

Buckeye is focusing on measures that have the greatest potential to positively impact the health and wellness of your Buckeye patients, and potentially avoid future health issues, preventable hospitalizations and emergency room visits. The most important step you can take to improve the health of your patients is to engage with them and encourage they visit you for regular care.

Each quality measure is evaluated independently, and providers can qualify to receive an incentive payment for achieving one, multiple or all of the measures. In addition, only one (1) qualified member is needed per measure to be eligible for the incentive payment.

### Who is eligible to participate in the program?

The program is available to all Buckeye network Primary Care Physician (PCP) partners.

### Who is considered a qualifying member?

A qualifying member is someone who meets the criteria to be included in the denominator for the measure as defined by HEDIS technical specifications. This may be a combination of age, gender or diagnosis identified on a claim.

### Who is considered a compliant member?

A patient who is a Buckeye member and receives a prescribed service based on the HEDIS technical specifications for that measure is considered a compliant member. This is determined based on claims paid by Buckeye.

### When will these measures go into effect?

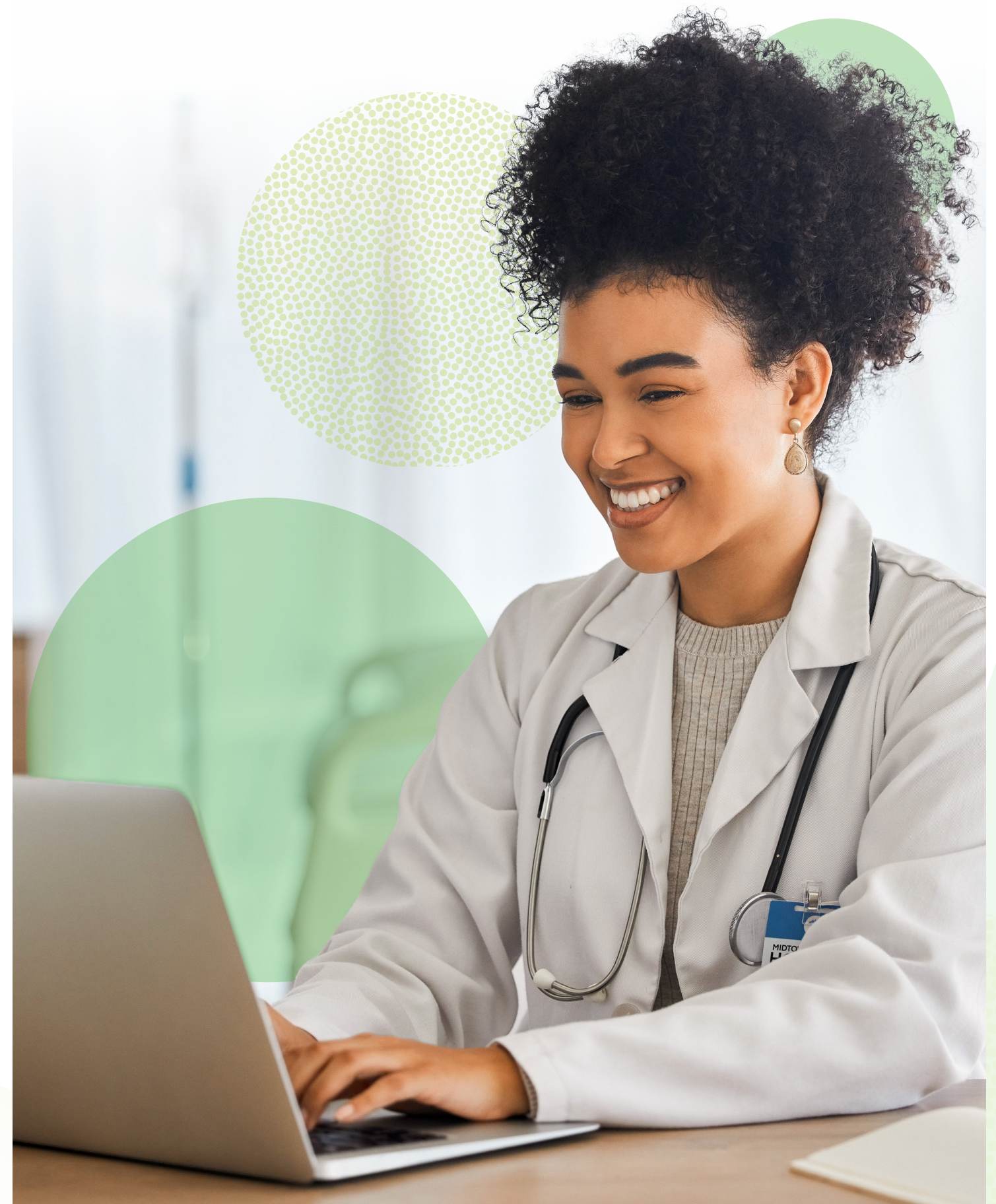
Providers are given credit for any and all applicable services that their assigned Buckeye members receive, beginning Jan. 1, 2026. This aligns with the HEDIS measurement year. Incentive calculations begin Jan. 1, 2026.

### What is the best source of care gap information for my patients?

The Provider Analytics Dashboard provides performance insights, with member-level drill-down and export available. Provider Analytics prioritizes measures based on providers' performance to help identify where to focus clinical efforts in order to optimize P4P payouts. The dashboards are refreshed monthly. Access this tool on the Buckeye Provider Portal.

### How is my performance tracked?

Your performance on these measures is based on claims data you submit. Please make sure to include all applicable codes and documentation. You can track your pay-for-performance earnings in the Provider Analytics Dashboard on our secure Provider Portal at Buckeye providers.





# Wellcare Medicare Program

Wellcare understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because we recognize these important partnerships, we are pleased to offer the 2026 Partnership for Quality (P4Q) Program. In addition, providers can earn even more by caring for our Clinical Priority Members.

## Medicare Partnership for Quality (P4Q) Program Overview

### Measurement Period

- Measurement period is Jan. 1 - Dec. 31, 2026
- All claims and encounters must be received by Jan. 31, 2027

### Members assigned to the physician based on the following:

- If the anchor date is prior to the payment date, it is the provider assigned as of the anchor date
- If the anchor date is after the payment date, the current provider is assigned

### Description

- Consistent program for all Medicare providers
- Bonus amounts are based on measure weight and complexity

### Program Requirements

- Program is open to all PCPs
- Claims based program – members need to be seen and claims must be submitted

### Reporting and Payouts

- Care gap reports available in late Q1
- Three quarterly payments and a final true-up payment
- Payments for Xcelys are made at the vendor level, while payments for AMISYS are made at the TIN level

*H contract – CMS contract number for our agreement to provide Medicare services*

## Program Measure and Incentive Summary

The program consists of 14 measures.

- Base payments are the minimum amount that a provider will receive per member for closing program measures

- Measures are calculated and rewarded individually
- Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in Gap in Care Reports beginning in March 2026.

HEDIS® MEASURE	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Annual Preventive Visit (APV)	\$25	\$25	\$50	Annual wellness visit and/or routine physical exam
Breast Cancer Screening (BCS)	\$50	\$10	\$60	Mammogram
Controlling High Blood Pressure (CBP)	\$100	\$25	\$125	Documented blood pressure reading
Colorectal Cancer Screen (COL)	\$50	\$10	\$60	Fit kit, colonoscopy, CT colonography
Diabetes – Dilated Eye Exam (EED)	\$25	\$10	\$35	Comprehensive eye exam or retinal screening with proper diagnosis codes
Diabetes HbA1C ≤ 9 (GSD)	\$100	\$25	\$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	\$50	\$10	\$60	Urine screening and blood test
Medication Adherence – Blood Pressure Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Diabetes Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Statins	\$35	N/A	\$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	\$50	\$10	\$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Therapy for Patients with CVD (SPC)	\$35	\$10	\$45	Medication regimen
Statin Use in Persons with Diabetes (SUPD)	\$35	\$10	\$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	\$50	\$10	\$60	Medication reconciliation encounter/intervention: 99483, CPT II Code 1111F

### How is my performance tracked?

Your performance on these measures is based on claims data you submit. Please make sure to include all applicable codes and documentation. You can track your pay-for-performance earnings in the Provider Analytics Dashboard on our secure Provider Portal at Buckeye providers.

## Payment Information

The 2026 P4Q program has 4 payment cycles. Earnings in cycles 1 through 3 less than \$100 will automatically be rolled to the next payment cycle. Any balance under \$100 will be disbursed in cycle 4, subject to the conditions below. Payments for Medication Adherence measures, CBP - Controlling High Blood Pressure, GSD - Diabetes HBA1c  $\leq 9$  and APV - Annual Preventative Visit will only be included in the final payment.

### Provider Minimum Performance Requirement

Wellcare reserves the right to withhold the final payment of this P4Q program if the provider's Measurement Period MY2026 final Quality Score is 2.5 or less. Quality Score is a standardized composite metric that evaluates provider performance for paneled patients during the Measurement Period. Quality Scores are not rounds.

### Quality Score Definition

Quality Score is a standardized composite metric that evaluates provider performance for paneled patients during the Measurement Period. Quality Scores are not rounded. Final Quality Score will follow CMS final cut points, except medication adherence measures will use a non-risk adjusted benchmark. Wellcare may exclude any measure(s) that cannot be calculated during the Measurement Period using claims or encounter data or that Health Plan cannot otherwise reasonably determine at the provider level.

### APV Definition

Annual Preventive Visit (APV) is a Wellcare custom care gap identified in Wellcare Gap in Care reporting that may be closed by a Medicare Annual Wellness Visit and/or a Routine Physical Examination. Completion of either service must meet CMS documentation and coding standards to satisfy preventive care compliance requirements and be completed by the member's paneled provider.

## Additional Conditions

- The measurement period is Jan 1 to Dec 31, 2026. Wellcare must receive all claims/encounters by January 31, 2027.
- All P4Q Providers must: (a) be in a Participating Provider Agreement with Wellcare, either directly or indirectly through a vendor, from the Effective Date and continually through the Measurement Period; and (b) be compliant with the Participating Provider Agreement, including the timely completion of required training or education as requested or required by Wellcare.
- Additional compensation is paid to the eligible member's provider of record at the end of the applicable Measurement Period, as defined by this P4Q Program.

- Any additional compensation earned through this P4Q Program is in addition to the compensation arrangement set forth in your Participating Provider Agreement and is intended to cover additional patient outreach, scheduling and documentation. At Wellcare's discretion, P4Q Providers with a contractual or other quality compensation arrangement with Wellcare, either directly or through an Independent Practice Association (IPA) or vendor, may be excluded from participating in this Wellcare P4Q Program.
- The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including without limitation, all audit rights of Wellcare and the P4Q Provider agrees that Wellcare or any state or federal agency may audit their/its records and information.
- The program is discretionary and subject to modification due to changes in government healthcare program requirements, or otherwise. Wellcare will determine if the requirements are satisfied and payments will be made solely at Wellcare's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, the Plan will send a notice to the P4Q Provider by email or other means of notice permitted under the participation agreement.
- Wellcare reserves the right to withhold the payment of any bonus that may have otherwise been paid to a P4Q Provider to the extent that such P4Q Provider has received or retained an overpayment (any money to which the P4Q Provider is not entitled, including, but not limited to, Fraud, Waste or Abuse) from the Plan, or Plan's Eligible Member. If Wellcare determines a P4Q Provider has been overpaid, Wellcare may offset any bonus payment that may have otherwise been paid to the P4Q Provider against overpayment.
- Only one payment will be made for specific HEDIS and Medication Adherence patient-measure combinations. The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of the National Committee for Quality Assurance (NCQA).
- The Plan shall make no specific payment, directly or indirectly under a provider incentive program, to a P4Q Provider as an inducement to reduce or limit medically necessary services to an enrollee, and this P4Q program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.
- Wellcare reserves the right to withhold the final payment of this P4Q program if the provider's Measurement Period MY2026 final Quality Score is 2.5 or less. Quality Score is a standardized composite metric that evaluates provider performance for paneled patients during the Measurement Period. Quality Scores are not rounded. Final Quality Score will follow CMS final cut points, except medication adherence measures will use a non-risk adjusted benchmark. Wellcare may exclude any measure(s) that cannot be calculated during the Measurement Period using claims or encounter data or that Health Plan cannot otherwise reasonably determine at the Provider level.
- If you have questions about the P4Q program, please contact your Provider Engagement Account Manager, Quality Practice Advisor, Provider Quality Liaison or call Provider Services.

## P4Q Program Instructions

- 1 Contact members to schedule an appointment to see you. At the visit, order appropriate tests and preventive screenings, as applicable. Take action to help members complete all preventive care and close care gaps by December 31, 2026.
- 2 Upon completion of the examination, document care and treatment (not diagnosis) in the patient's medical record and submit all applicable diagnoses codes on claims, encounter files and/or approved by NCQA supplemental electronic flat files containing all relevant ICD-10, CPT and CPT II codes by January 31, 2027.
- 3 Review and counsel on results of tests and screenings with patients.

## Definitions

**Eligible Member** is a member who meets the age, sex and/or disease-specific criteria, and the enrollment and other technical criteria, set forth in the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D STAR Rating Technical Notes document for the Program Measures.

**P4Q Provider** means a Primary Care Physician (PCP), vendor or independent practice association (IPA) who has a contract with Wellcare and receives this Program Information Guide.

**HEDIS** means Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

**HEDIS Technical Specifications** means the HEDIS 2026, Technical Specifications as published by the National Committee for Quality Assurance (NCQA) or any applicable successor specifications.

**Medication Adherence Measures** are the three Medication Adherence Measures published in the most recent CMS Medicare Part C&D STAR Rating Technical Notes document:

- Medication Adherence – Diabetes Medications
- Medication Adherence – Blood Pressure Medications
- Medication Adherence – Statins

**Program Measures** are the HEDIS and Medication Adherence Measures that are included in the bonus amounts table. Program Measures are defined according to the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D STAR Rating Technical Notes document.



# Ambetter Program



FROM  buckeye health plan.

## Overview

### Eligible Members:

Buckeye members who have formally been assigned to a Contracted Buckeye Provider

### Performance Incentive:

Each measure has its own incentive amount paid after achieving the minimum target score

### Requirements for Payout:

- Payout 75% of measure incentive amount for reaching Target 1
- Payout 100% of measure incentive amount for reaching Target 2

### Measurement Period

- Measurement period is Jan. 1 - Dec. 31, 2026
- All claims and encounters must be received by March 31, 2027

### Date of Service:

Retroactive to January 1st to allow for full credit of all gaps closed during the measurement time period

### Reports and Payment:

- Three payouts per year (Q2/Q3/Q4-Final Reconciliation 2027)
- Monthly reporting gaps in care
- Monthly performance scorecards

## How is the P4P Program Structured?

- Each measure is assigned an incentive dollar amount and target percentage.
- Incentives paid on each compliant member once 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 3-STAR target and Target 2 is set at the QRS 4-STAR target.
- 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-2027) 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 put 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.

## How the Math Works

(Incentive Amount) x (Number Compliant) x (75% for reaching Target 1 or 100% for reaching Target 2).

## Program Definitions

- **Qualified** – members who are eligible for the service.
- **Compliant** – members who 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.

## 2026 Ambetter P4P Program - FAQs

### How were the measures identified?

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

### 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 notice of 30 days in case we plan to change any of the measured services.

### 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.

### 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 scorecards and member level quality gaps-in-care reports.

**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.

**How is my performance tracked?**

Your performance on these measures is based on claims data you submit. Please make sure to include all applicable codes and documentation. You can track your pay-for-performance earnings in the Provider Analytics Dashboard on our Secure Provider Portal at Buckeye providers.

**Ambetter - 2026 Measure and Incentive Summary**

Quality Rating System (QRS) Healthcare Effectiveness Data and Information Set (HEDIS) measures are included in the 2026 Ambetter P4P (P4P) program on the table below. National benchmark targets are based on those established by the National Committee for Quality Assurance (NCQA). The financial incentives are paid by Buckeye according to the target met for each measure.

<b>HEDIS® MEASURES</b>	<b>Target 1 (Payout 75%)</b>	<b>Target 2 (Payout 100%)</b>	<b>Incentive Amount</b>
Breast Cancer Screening (BCS-E)	73.2%	77.1%	\$25.00
Cervical Cancer Screening (CCS-E)	47.3%	57.5%	\$25.00
Child and Adolescent Well-Care Visits (WCV)	49.5%	60.3%	\$25.00
Chlamydia Screening in Women (CHL)	45.7%	52.8%	\$25.00
Colorectal Cancer Screening (COL-E)	54.1%	60.8%	\$25.00
Blood Pressure Control for Patients with Hypertension (BPC-E)	68.1%	73.8%	\$25.00
Eye Exam for Patients with Diabetes (EED)	44.6%	53.3%	\$25.00
Glycemic Status Assessment for Patients with Diabetes <9 (GSD)	73.5%	79.1%	\$25.00
Kidney Health Evaluation for Patients with Diabetes (KED)	49.9%	56.9%	\$25.00
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	42.3%	50.4%	\$25.00

**2026 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](http://buckeyehealthplan.com/providers.html)  
Coding tip sheets are available to assist with clinical documentation of HEDIS measures.



[\*buckeyehealthplan.com/providers.html\*](https://buckeyehealthplan.com/providers.html)

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