

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

- **Provider with member panel size** of 200 or more.
- **Only Quality measures that have a HEDIS population of 30 or more** are eligible for incentive.
- **Quality Contact:** Provider must designate a quality contact person who will be responsible for routinely speaking and meeting with Plan Quality and Provider Relations 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 MetroPlus'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, in the fall of the year following the measurement year. For example, incentive awards for 2020 will be distributed in the fall of 2021. **Reports, including the member non-compliant lists, will be available on the MetroPlusHealth Provider Portal. Select "Reports" to view performance.** Your Provider Relations Representative or QM Coordinator will be available to review these reports with you, if needed.

**Questions and Comments:
Please contact your Provider
Relations Representative.**



**Hours of Operation:
Monday-Saturday,
8 a.m. - 8 p.m**

DISCLAIMER: Funding to providers under the P4P program is separate from, and not subject to, any existing contracts between a provider and MetroPlus Health Plan (MetroPlus), including but not limited to the contract executed between the parties for participation in MetroPlus' network. Because payment under the P4P program is separate from payment pursuant to the provider contract, payment under the P4P program is solely within MetroPlus's discretion. Payment to a provider under this program may be withdrawn or discontinued at any time for any reason. Further, in order 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. In order to participate in this program, providers must provide data and medical records for the MetroPlus HEDIS supplemental data and hybrid medical record collection processes.

PRV 20.034



**WE'RE METROPLUSHEALTH.
WE'RE NEW YORK CITY.**

WHAT IS THE PAY FOR PERFORMANCE (P4P) PROGRAM?

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

The program includes preventive, medication and outcome quality measures.

Quality measure results are based on rates reported to NYSDOH in 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.

Calculating the Award - The dollar awarded 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 (\$)*		
	50 th percentile	75 th percentile	90 th 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 (\$)
			50 th	75 th	90 th		
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

MEASURE DESCRIPTION GRID

Measure	Brief Description
Quality Measures	
Antidepressant Medication Management – Continuation Phase	Adults 18 years of age and older treated with antidepressant medication for a diagnosis of major depression should remain on antidepressant medication treatment for at least 180 days (6 months).
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 of age should be screened for cervical cancer within 3 years or 5 years with HPV cotesting.
Chlamydia Screening	Women (16-24 years) identified as sexually active should be screened annually for chlamydia.
Colorectal Cancer Screening**	Adults age 50-75 years who received a colorectal cancer screening exam.
HbA1c Control <=9%**	Adults 18-75 years of age with diabetes whose most recent HbA1c level in the measurement year is <=9%
Initiation & Engagement of AOD Treatment	Adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence should initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. Members also need to be in ongoing care for AOD at least 34 days after the initial diagnosis.

Measure	Brief Description
Quality Measures (Continued)	
Proportion of Days Covered RAS Medications	Adults 18 years and older who filled at least two prescriptions for any RAS Antagonist on different dates of service during the treatment period should meet the Proportion of Days Covered (PDC) threshold of 80 percent.
Well-Child (3-6 Years)	Children (3-6 Years) should have one well-child visit annually.
Viral Load Suppression***	Members 2 years and older confirmed HIV-positive should have a HIV viral load less than 200 copies / mL at last HIV viral load test during the measurement year.
Weight Assessment & Counseling - Physical Activity**	Members 3-17 years who had an outpatient visit with a PCP or Ob/GYN and who had counseling for physical activity.
Weight Assessment & Counseling - Nutrition**	3-17 years who had an outpatient visit with a PCP or Ob/GYN and who had counseling for nutrition.
Weight Assessment & Counseling - Body Mass Index**	Members 3-17 years who had an outpatient visit with a PCP or Ob/GYN and who have a BMI percentile.

* 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.

*** Viral Load Suppression reported rates are calculated by NYSDOH and details are not shared with Plans. As a result, the MetroPlus internal registry based on the CD4 reports and record collection will be used as a proxy.