

2025

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# Marketplace P4P Program

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Dear Valued Participating Provider:

Ambetter of Alabama 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 preventative and screening services while promoting engagement with our members. Based on program performance, providers are eligible to earn additional compensation beyond what you are paid through your Participating Provider Agreement. The P4P program is “upside only” and involves no risk to you. Furthermore, contract document is not required to participate in this program.

The P4P program provides financial incentives for engaging with our members and closing care gaps based on NCQA and HEDIS quality performance standards. Each care gap has its own incentive amount, and payment is rendered 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 (TINs) 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.

Please see the enclosed presentation materials for full program details. Thank you for continuing to provide high quality care to our members.

# Pay for Performance (P4P) Program Overview

## Objective

- Enhance quality of care through a PCP-driven pay-for-performance program with a focus on preventative and screening services

## Member Attribution

- Members who have been formally assigned to a provider's Tax ID Number (TIN)

## Targeted Services

- Selected measures are focused on PCP engagement, screening services, and medication adherence which align with QRS HEDIS tech specs
  1. Cervical Cancer Screening (CCS)
  2. Colorectal Cancer Screening (COL)
  3. Child and Adolescent Well-Care Visits (WCV)
  4. Controlling High Blood Pressure (CBP)
  5. Glycemic Status Assessment for Patients with Diabetes <9 (GSD)
  6. Eye Exam for Patients with Diabetes (EED)
  7. Patients with Diabetes Kidney Health Evaluation (KED)
  8. Breast Cancer Screening (BCS)
  9. Chlamydia Screening in Women (CHL)
  10. Plan All-Cause Readmissions (PCR)

## Performance Incentive

- Each measure has its own incentive amount paid after achieving its own 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

## Payout

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

# \_\_\_\_\_ 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 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
- 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 the measures
- Target 1 is set at the Quality Rating System 3-Star target and Target 2 is set at the Quality Rating System 4-Star target

# 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-2026), with 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 secure provider portal via Provider Analytics
- There is no claw-back provision for this program. We will not recoup funds if a provider terms mid-year or no longer has assigned membership

# Pay-for-Performance (P4P) - Measures

2025 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Cervical Cancer Screening (CCS)	\$25	56.90%	65.00%
Colorectal Cancer Screening (COL)	\$25	56.90%	62.80%
Child and Adolescent Well-Care Visits (WCV)	\$25	50.50%	59.60%
Controlling High Blood Pressure (CBP)	\$25	67.80%	72.90%
Glycemic Status Assessment for Patients with Diabetes <9 (GSD)	\$25	72.50%	77.40%
Eye Exam for Patients with Diabetes (EED)	\$25	42.40%	52.90%
Patients with Diabetes Kidney Health Evaluation (KED)	\$25	46.70%	55.40%
Breast Cancer Screening (BCS)	\$25	71.50%	75.70%
Chlamydia Screening in Women (CHL)	\$25	43.80%	51.50%
Plan All-Cause Readmissions (PCR)	\$25	64.00%	55.50%

# 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
Chlamydia Screening in Women	\$25	87	81	93.10%	43.80%	51.50%	\$2,025.00	Target 2
Cervical Cancer Screening	\$25	100	59	59.00%	56.90%	65.00%	\$1,106.25	Target 1
Breast Cancer Screening	\$25	110	50	45.45%	71.50%	75.70%	\$0.00	None

# 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



# P4P Program - FAQs

## 1. How were the measures identified?

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

## 2. How often will 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 before changing any of the measured services.

## 3. Can I get any interim payments 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 with a more accurate view of a provider's performance on a quality metric.

## 4. What will the monthly report contain?

- The monthly report 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 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.

# THANK YOU



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