

Managed Care Operations Memorandum
General Operations
MCOPS Memo # 09/2018-016

Date: September 25, 2018

Subject: Provider Pay for Performance (P4P) Program Reports

To: Physical Health HealthChoices Managed Care Organizations (PH-MCOs) -
Statewide

From: Laurie Rock, Director, Bureau of Managed Care Operations, Office of Medical
Assistance Programs

Purpose:

Notification to PH-MCOs of the reporting requirements of the Provider P4P program.

Background:

All Provider P4P programs must target improvements in the quality of or access to health care services for HealthChoices members and must not limit the appropriate use of services by members.

Discussion:

All PH-MCOs must complete and submit their Provider P4P program proposals using the Provider Pay for Performance Proposal Template found in DocuShare. Proposals are due no later than October 1, of the year prior to the begin date of the program effective date. The Provider P4P proposal must be submitted to the appropriate folder on DocuShare.

Requirements:

The Provider P4P proposal must include:

1. A detailed description of the program, including the mandatory HEDIS[®] Quality Measures, electronic quality measures and Pennsylvania Performance Measures (PAPM);
2. Targeted providers for each measure;

3. Proposed payout amount and payout schedule to provider(s) for each specific measure;
4. Description of the specific requirements the provider(s) must complete to receive the incentive;
5. How Provider(s) success or compliance will be measured;
6. Concise description of the roll-out strategy to notify and educate providers about the Provider P4P program;
7. How the PH-MCO will evaluate the effectiveness of its Provider P4P program;
8. PH-MCO single point of contact name, email and phone number responsible for the Provider P4P Program and the Provider P4P program Change Form;
9. Attestation from the Medical Director.

The PH-MCO may submit one change form per quarter with revisions **only** to the provider payout amounts for the Department's review and approval. Payout revisions must be submitted on the Provider P4P Submission Change Form. The change form must be received no later than close of business on the last day of each calendar quarter.

Quarterly Process:

The PH-MCO must submit a Provider P4P Quarterly Report and provide an update at the Quarterly Quality Review Meetings (QORM).

The quarterly report must include at a minimum the following:

- A description of the provider education completed on the Provider P4P program.
- Challenges the PH-MCO encountered and what strategies the PH-MCO implemented to overcome them.

Annual Process Analysis:

On an annual basis, the PH-MCO must provide a one (1) to four (4) page overall analysis of their approved Provider P4P program.

The annual process analysis should include at a minimum:

- An overall description of the accomplishments of the PH-MCO's approved Provider P4P program
- Challenges encountered during the calendar year
- Improvements implemented based on the challenges identified in the previous calendar year

The annual process analysis report is due April 15 for the previous calendar year's approved Provider P4P program.

Annual Data Outcomes Analysis:

The PH-MCO must provide:

- A separate list of the top twenty-five (25) providers for each zone in which the PH-MCO operates with the highest dollar payout for each incentive offered
- A list of how many Gap in Care (GIC) closures were achieved for each measure.

The annual Data Outcomes report is due July 31st for the previous calendar year's approved Provider P4P program.

Next Steps:

The Department will provide notification of changes as they occur. Questions should be directed to Gloria Borges, Office of Medical Assistance Programs, at (717) 772-6300.

Obsolete:

This MCOPS memo remains in effect until it is superseded.

Attachment:

N/A