

# 2024 Pay-for-Performance (P4P) Program

Molina Healthcare of Illinois



I am pleased to share with you the 2024 Molina Illinois Quality Incentive Program. As a top-performing Medicaid Managed Care Organizations in Illinois, we know our success is rooted in our strong relationships with the provider community. We offer a robust Pay-for-Performance program to acknowledge those relationships and to reward high-quality care for our shared members. For the upcoming year, we have revamped our incentive program in three different ways:

- We have reduced the number of measures to direct focus toward key areas of health outcomes for our shared members.
- We have simplified the incentive structure. In place of prior years' improvement and performance-based blended methodology, we have created a three clear benchmarks for each targeted HEDIS® measure.
- We have expanded the performance benchmarks to allow for continued improvement as well as high performance. We created three benchmark thresholds available to earn a payment for eligible members.

In prior years, we were proud to award the top-performing provider groups a total of more than \$2.8 million for their successes in closing member care gaps; each of those dollars represents a collaborative effort to improve members' lives. In 2024, we hope not only to continue that success but to build upon it, and we have enhanced our program structure to reflect our commitment to quality improvement. Like the members we serve, Molina thrives only through the strength of its providers. This year's Quality Incentive Program represents Molina's investment in our continued partnership and in our shared work to improve member and community health.

I invite you to read more about the 2024 Molina Quality Incentive Program in the attached materials, and I hope that you will choose to participate.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Wolf", written over a light blue rectangular background.

Matt Wolf

President, Molina Healthcare of Illinois

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To achieve the highest levels of quality for its members, Molina Healthcare of Illinois (Molina) offers Network Providers the Quality Incentive Program, which rewards providers with bonus payments for successfully completing needed care as measured through the Healthcare Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA).

Adult Health					
Service	Procedure	Eligible Population	50 <sup>th</sup> Percentile: \$36 per member	75 <sup>th</sup> Percentile: \$48 per member	90 <sup>th</sup> Percentile: \$60 per member
Adult Wellness	Annual Adult Wellness Exam	Adults 20y+	72.91%	78.08%	82.17%
Women's Health					
Service	Procedure	Eligible Population	50 <sup>th</sup> Percentile: \$36 per member	75 <sup>th</sup> Percentile: \$48 per member	90 <sup>th</sup> Percentile: \$60 per member
Cervical Cancer Screening	Cervical Cytology/Pap Smear	Women 21–64y	57.11%	61.80%	66.48%
Breast Cancer Screening	Mammogram	Women 52–74y	52.20%	58.35%	63.37%
Children's Health					
Service	Procedure	Eligible Population	50 <sup>th</sup> Percentile: \$36 per member	75 <sup>th</sup> Percentile: \$48 per member	90 <sup>th</sup> Percentile: \$60 per member
Childhood Immunizations-Combo 10	4 DTaP; 3 IPV; 1 MMR; 3 HiB; 3 HepB; 1 VZV; 4 PCV; 1 HepA; 2 or 3 RV; 2 Influenza	Children 0–24m	30.90%	37.64%	45.26%

**Performance rate and bonus payment is calculated based on measure eligible population (denominator).** The payment value is based on the benchmark achieved and the total eligible members in the measure. Payments will be made based on provider's rates on each of the program measures. Bonus payments are made to the group's practice (not individual providers), after the measurement year.

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Bonus payments are made in accordance with strict HEDIS® guidelines. Eligible members are individuals enrolled in Molina's HealthChoice Illinois Medicaid product, and the populations for each measure are those who meet the NCQA criteria. The population column describes requirements for measuring eligibility, but all eligibility requirements are governed by NCQA HEDIS® specifications. Tip Sheets for individual HEDIS® measures can be found on the [Avality Essentials Portal](#).

To assist providers with determining eligible members, Molina will make reasonable efforts to ensure accurate member rosters and provide regular Missing Services Reports. Member rosters and members who need HEDIS® services are also available on the Molina Provider Portal. For information on how to access the Provider Portal, view our Quick Reference Guide or sign up for a portal overview presentation by visiting [MolinaHealthcare.com](#).

**Molina reserves the right to alter or discontinue the Provider Quality Incentive Program at any time. Molina will notify providers of any changes or program modifications.**

## Program Information

- For performance measurement, a minimum of 30 eligible members are required to be considered for scoring in each measure.
- Eligible members will be based on members who are continuously enrolled throughout the 2024 measurement year, with only a one-month gap of enrollment allowed, per NCQA HEDIS® specifications.
- **Performance rate and bonus payment is calculated based on measure eligible population (denominator) as of December 31, 2024.**
- Payout is based on the provider group's score for each measure's earned benchmark performance.

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## How to Earn Bonus Payments

The incentive program includes four (4) measures, with each measure scored on performance with a bonus up to \$60 per member per measure. Providers can earn a portion of the available bonus when other benchmarks are achieved. Maximum payout potential is capped at 100% of the bonus, or \$60 per member per measure.

The payout is calculated as: **Payout = [Measure Denominator] \* [Benchmark value either \$60, \$48, or \$36]**

Performance Score*	
Percentile Benchmark	Per Member
≥90 <sup>th</sup> Percentile	\$60
≥75 <sup>th</sup> Percentile	\$48
≥ 50 <sup>th</sup> percentile	\$36
<50 <sup>th</sup>	\$0

\*Percentile threshold is calculated using the 2022 National HMO Benchmark in the NCQA Quality Compass.

Claims received for services rendered through December 31, 2024, will be considered for bonus payment. All claims for the 2024 Quality Incentive Program measures must be received by **February 24, 2025**. Providers must adhere with timely filing guidelines, all terms of the provider contract with Molina, strict NCQA HEDIS® and State of Illinois guidelines, and must bill using the appropriate CPT, HCPCS, and diagnosis codes to qualify for payment.

Pay for Performance results that are not captured on submitted claims must be submitted as an electronic data transmission via secure shell file transfer protocol (SFTP). Supplemental data in the form of charts/medical records will NOT be accepted for this program. Providers wishing to set up electronic data transmissions must work with Molina to complete the setup and validation process by **July 31, 2024**. Final supplemental data files must be received by **January 15, 2025**.

## Questions

Providers who have questions regarding the incentive program may email us at [Quality-HealthCampaigns@MolinaHealthcare.com](mailto:Quality-HealthCampaigns@MolinaHealthcare.com) or contact the assigned Provider Quality Specialist. To find the assigned Provider Quality Specialist, visit [MolinaHealthcare.com](http://MolinaHealthcare.com). Providers may also call us at **(855) 866-5462** for assistance or contact their Provider Relations Manager directly.

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