



Molina Healthcare of Illinois 2021 Pay-for-Performance (P4P) Program

I am pleased to share with you the 2021 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. If you choose to participate, you will earn a per-member, per-month bonus payout based on your completion of services tied to key HEDIS metrics, such as follow-up visits in the days following inpatient admission or emergency room visit for mental illness, annual well visits, childhood immunizations, and postpartum care.

Through last year's program, we were proud to award top-performing provider groups up to \$450,000 for their successes in closing member care gaps; each of those dollars represents a collaborative effort to improve member lives. In 2021, we hope not only to repeat that success but to build upon it, and we have increased the incentive payments to reflect our commitment. Like the members we serve, Molina thrives only through the strength of its providers. This year's Quality Incentive Program represents Molina's significant investment in our continued partnership and in our shared work to improve member and community health.

I invite you to read more about the 2021 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".

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 the Quality Incentive Program (QIP), which rewards providers with bonus payments for successfully completing the Healthcare Effectiveness Data and Information Set (HEDIS®) developed by the National Committee for Quality Assurance (NCQA).

Adult Health					
Service	Procedure	Eligible Population	Low <60 th	Med	High ≥80 th
ED Utilization Reduction	Count of ED Visits/1,000 Member Months	All Members	≥ 58.46%	58.45%–49.91%	≤ 49.90%
Adult Wellness	Adults' Access to Preventive/Ambulatory Health Services	Adults 20y+	≤ 83.07%	83.08%–86.75%	≥ 86.76%
Mental Health					
Service	Procedure	Eligible Population	Low	Med	High
Follow-Up Visit after ED Visit for Mental Illness	One Follow-up appointment within 7 days of ED discharge	Members 6y+	≤ 43.34%	43.35%–59.85%	≥ 59.86%
	One Follow-up appointment within 30 days of ED discharge		≤ 59.27%	59.28%–72.17%	≥ 72.18%
Follow-Up Visit after ED Visit for Alcohol and Other Drug Abuse or Dependence	One Follow-up appointment within 7 days of ED discharge	Members 13y+	≤ 14.72%	14.73%–21.89%	≥ 21.90%
	One Follow-up appointment within 30 days of ED discharge		≤ 22.66%	22.67%–31.22%	≥ 31.23%
Women's Health					
Service	Procedure	Eligible Population	Low	Med	High
Maternal Health	Postpartum Care Visit 7-84 days post delivery	New Mothers	≤ 78.19 %	78.20%–83.07%	≥ 83.08%
Cervical Cancer Screening	Cervical Cytology	Women 21–64y	≤ 63.74%	63.75%–70.91%	≥ 70.92%
Breast Cancer Screening	Mammogram	Women 52–74y	≤ 60.91%	60.92%–67.49%	≥ 67.50%



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Cardiac Care					
Service	Procedure	Eligible Population	Low	Med	High
Controlling High Blood Pressure	Blood Pressure Measurement (<140/90mm Hg)	Adults 18–85y with a hypertension diagnosis	≤ 64.13%	64.14%–71.04%	≥ 71.05%
Child Wellness					
Service	Procedure	Eligible Population	Low	Med	High
Childhood Immunization Status–Combination 10	4 Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	Children who turn two (2) during calendar year 2021	≤ 40.38%	40.39%–49.63%	≥ 49.64%
	3 Polio (IPV)				
	1 Measles, Mumps, and Rubella (MMR)				
	3 Haemophilus Influenzae Type B (HiB)				
	3 Hepatitis B (HepB)				
	1 Varicella Zoster vaccination (VZV)				
	4 Pneumococcal Conjugate (PCV)				
	1 Hepatitis A (HepA)				
	2 Rotavirus (RV)				
	2 Influenza				
	1 Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Tdap)				
	Human Papillomavirus (HPV) vaccine series				



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Bonus payments are calculated per roster member, per month on an annualized basis when provider groups achieve goals across the program measures. Bonus payments are made to the group practice as a whole, after the measurement year. 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.

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 Quality Incentive Program at any time. Molina will notify providers of any changes or program modifications.

Program Information

For performance measurement, a minimum of 10 eligible members are required to be considered for scoring in each measure.

- Member months will be based on members who are continuously enrolled throughout the 2021 measurement year, with only a one-month gap of enrollment allowed, per NCQA HEDIS® specifications.
- Performance rate and bonus payment is calculated based on membership assigned as of December 31, 2021.
- Payout is based on the provider group's total score (sum of all measure scores).



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How to Earn Bonus Payments

The incentive program includes 11 measures, with each measure worth a maximum of four points. Providers can earn a total of up to 44 points (11 x 4). Provider groups earn points by achieving Medium- and High-performance thresholds.* Points are then summed across all measures for a total score, which is then translated into a per-member-per-month (PMPM) value according to the number of measures the group is eligible for.

Performance Score		
Low	Medium	High
0	2	4

*Low-, Medium-, and High-performance thresholds are based on NCQA Quality Compass 60th and 80th percentiles.

Claims received for services rendered through December 31, 2021, will be considered for bonus payment. All claims for the 2021 Quality Incentive Program measures must be received by **February 24, 2022**. Providers must be in compliance 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 in order to qualify for payment.

Quality Incentive Program 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 **August 31, 2021**. Final supplemental data files must be received by **January 25, 2022**.

Questions

Providers who have questions regarding the incentive program may email us at Quality-HealthCampaigns@MolinaHealthcare.com. Providers may also call our Provider Network Management department at **(855) 866-5462** for assistance or contact their Provider Network Manager.

No. of Eligible Measures	Total Score to PMPM Values		
	\$1 PMPM	\$1.50 PMPM	\$4.00 PMPM
1			4
2		4	6–8
3		4–6	8–12
4		4–8	10–16
5		4–10	12–20
6	4	6–12	14–24
7	4	6–14	16–28
8	4–6	8–16	18–32
9	4–8	10–18	20–36
10	4–10	12–22	24–40
11	4–12	14–26	28–44

2021 QIP Bonus Payment Schedule
<ul style="list-style-type: none"> • April 2022—determination of earned bonus • May 2022—annual payout