

CCHP PAY FOR PERFORMANCE (P4P) PROVIDER INCENTIVE PROGRAM: 2025



CONTRA COSTA
HEALTH





Dear Providers,

I'm excited to announce the launch of our new Pay-for-Performance (P4P) incentive program at Contra Costa Health Plan. This program is designed to directly support and reward providers who deliver high-quality care and improve patient outcomes.

The P4P program will focus on key areas such as preventive care, chronic disease management, and maternal and child health. By aligning incentives with specific quality measures, we aim to enhance the overall care our members receive and ensure that we're meeting the highest standards.

This new program will replace the current case management incentive as part of our alignment with the new DHCS contract, which focuses on tying payment to quality. This change and new P4P program will offer more opportunities for financial achievement for providers, reflecting our commitment to rewarding high-quality care.

This guide provides details about the program, including the specific metrics and goals. In the coming weeks, we also want to meet with you to discuss the program in depth, answer any questions you may have, and ensure that everyone is aligned. We'll be working on contract amendments to formalize these new incentives and measures. Please share this guide with key people at your organization and we will be in touch to schedule a meeting to discuss this new incentive program.

We are committed to supporting our providers through this initiative with the resources and tools needed to succeed. This program is not just about financial incentives—it's about driving meaningful change and providing high quality care to our members.

Thank you for your dedication to serving our CCHP members. I am confident that through our collective efforts we will make a lasting impact on the health and lives of those we serve.

Warm regards,

Sharron Mackey
Chief Executive Officer
Contra Costa Health Plan



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PROGRAM OVERVIEW

The Pay-for-Performance (P4P) incentive program at Contra Costa Health Plan (CCHP) offers incentive payments to Medi-Cal providers for targeted quality measures designed to drive improvements in quality and health outcomes for CCHP members. This program aims to align provider incentives with high-quality care by rewarding those who meet or exceed established performance benchmarks. By linking financial incentives to the achievement of quality measures, CCHP seeks to enhance patient outcomes, promote efficient care delivery, and foster a culture of continuous improvement. The program supports CCHP's commitment to delivering exceptional healthcare by rewarding provider groups that excel in their performance and achieve superior results for their patients.

Provider Eligibility

Primary care provider groups are defined as solo practitioners, multi-provider group practices, or federally qualified community health centers (FQHC) that have CCHP members assigned for primary care. Providers are eligible for the P4P program if they meet the following criteria.

- In Measurement Year 2025, provider groups with more than 2,000 members assigned as of January 1, 2025, will be eligible for incentive payments.

Quality Measures and Methodology

Incentives will be earned based on the provider group's performance on a set of quality measures.

- **Measure Inclusion:** Measures for inclusion will be those in the Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) that are part of the Minimum Performance Level (MPL) value set for the measurement year.
- **Rate Calculation:** Rates are calculated based on the specifications outlined by the measure steward, the National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), Center for Medicaid and Medicare Services (CMS) Core Set, or as otherwise specified by DHCS. Rates are calculated using a certified HEDIS engine and audited by an NCQA approved auditor. Rates are finalized on June 15th on the year after the measurement year. Attribution will be determined based on member assignment at the end of the measurement period.
- **Data Collection Methodology:** Incentives will be available for measures collected using the Administrative or Electronic Clinical Data Systems (ECDS) methodology.
- **Denominator Size:** For each provider group, incentives will be available for measures where the provider group has 30 or more members in the denominator as of the end of the measurement period.
- **Measure Weighting Points:** The point allocation for each individual measure is determined based on the overall quality strategy for CCHP. Differential weighting points

will be applied for measures of clinical importance or those considered "at risk" for being under DHCS targets.

- **Performance Targets:** Performance targets will be determined based on achieving pre-determined benchmarks. Benchmarks will reflect the benchmarks DHCS utilizes, NCQA's Quality Compass, as determined in the prior year, or CMS Core Measure benchmarks. Achieving the 50th percentile NCQA benchmark (for HEDIS measures) or state median (for CMS Core Measures) will result in partial points – half of available points for a given measure. Achieving the 90th percentile NCQA benchmark (for HEDIS measure) or the upper quartile (for CMS Core Measures) will result in full points for a given measure. Benchmarks will be available by October 1 of the current measurement year, or as provided by the DHCS to CCHP.

Payment Methodology

On an annual basis, the CCHP Chief Executive Officer (CEO) and Chief Financial Officer (CFO) will determine the total value of the Pay-for-Performance incentive pool. Incentives are available to be earned at the provider group level for primary care providers with assigned members. The share of the amount from the incentive pool available to be earned by a primary care provider group is based on the percentage of assigned members to the provider group. The maximum amount a provider can earn will be specified in the provider contract.

Incentives will be earned by attaining performance benchmarks in a set of quality measures. Points are attributed to each quality measure. The aggregate total of all earned points divided by the total points available will create a percentage. This percentage will be applied to the provider groups' available incentive amount.

Timeline

Below are key program dates of the 2025 P4P Incentive program.

- **Measurement Period/Program Year:** January 1, 2025 – December 31, 2025
- **Claims Submission Deadline:** 2/28/26
- **Supplemental Data Submission Deadline:** 2/28/26
- **Official Rates Reported:** 7/1/26
- **Payment Date:** Q3 2026



PERFORMANCE MEASURES AND BENCHMARKS

Providers earn points by achieving specific benchmarks for quality measures, with different numbers of points available for each measure, based on CCHP's overall quality strategy. Full points are awarded for reaching high performance, defined as meeting the NCQA 90th percentile benchmark for HEDIS measures and the upper quartile benchmark for the two CMS Core Measures. Alternatively, 50% of the points are awarded for meeting the NCQA 50th percentile benchmark or the state median benchmark for the CMS Core Measures. The total points achieved will be summed, divided by the total number of points available, and this ratio will determine the total amount the provider can earn.

CCHP will use the benchmarks that are used by DHCS for the measurement year, which are the most up to date NCQA and CMS thresholds. Thresholds are released by NCQA in the Fall of 2025. This guide will be updated by November 1, 2025 when the new benchmarks become available. The 2024 benchmarks are below and will be updated to 2025 benchmarks when they become available.

Measure Name	Measure Weight Points	NCQA Benchmark: 50 th Percentile (partial points)	NCQA Benchmark: High Performance (90 th percentile (full points))
Asthma Medication Ratio	4	66.24%	76.65%
Breast Cancer Screening	4	52.68%	63.48%
Cervical Cancer Screening	4	57.18%	67.46%
Child and Adolescent Well-Care Visits	12	51.81%	64.74%
Childhood Immunizations	4	27.49%	42.34%
Chlamydia Screening in Women	4	55.95%	69.07%
Controlling High Blood Pressure	4	64.48%	72.75%
Developmental Screening in the First Three Years of Life	4	35.70%	51.60%
Glycemic Status Assessment for Diabetic Patients*	4	33.33%	27.01%
Immunizations for Adolescents	4	34.30%	48.66%
Lead Screening in Children	20	63.84%	79.51%
Postpartum Visits	4	80.23%	86.62%
Prenatal Visits	4	84.55%	91.85%
Topical Fluoride for Children	12	19.00%	23.30%
Well-Child Visits in the First 30 Months of Life (0-15 Months)	4	60.38%	69.67%
Well-Child Visits in the First 30 Months of Life (15-30 Months)	4	69.43%	79.94%
Submission of Supplemental Data & attendance at quality meetings	4	-	-
Total	100	-	-

- 100% of points are awarded for high performance. For HEDIS measures, high performance is defined as the NCQA 90th percentile benchmark. For the two CMS Core Measures, high performance is defined as the CMS state performance upper quartile benchmark.
- 50% of points are awarded for meeting if the NCQA 50th percentile benchmark is met. For the two CMS Core Measures, this is defined as the state median benchmark.

*Lower rate indicates higher performance


Payment Calculation Example

To illustrate how a provider earns points based on performance benchmarks, consider the following example. Each quality measure has specific benchmarks that determine the number of points awarded: full points for achieving the 90th percentile, 50% of the points for reaching the 50th percentile, and no points for falling below these thresholds. The below example demonstrates how a provider's performance across several measures translates into the total points earned. By calculating the points achieved for each measure and summing these results, we will show how the provider's total points are divided by the total possible points to determine the overall percentage of points earned.

Total P4P Incentive Pool: \$500,000

Measure Name	Measure Weight	Performance Achievement	Pts Earned	Amount Earned
Asthma Medication Ratio	4	50th percentile	2	\$10,000.00
Breast Cancer Screening	4	90th percentile	4	\$20,000
Cervical Cancer Screening	4	90th percentile	4	\$20,000
Child and Adolescent Well-Care Visits	12	50th percentile	6	\$30,000.00
Childhood Immunizations	4	90th percentile	4	\$20,000
Chlamydia Screening in Women	4	50th percentile	2	\$10,000.00
Controlling High Blood Pressure	4	50th percentile	2	\$10,000.00
Developmental Screening in the First Three Years of Life	4	90th percentile	4	\$20,000
Hemoglobin A1C Poor Control	4	50th percentile	2	\$10,000.00
Immunizations for Adolescents	4	90th percentile	4	\$20,000
Lead Screening in Children	20	50th percentile	10	\$50,000.00
Postpartum Visits	4	50th percentile	2	\$10,000.00
Prenatal Visits	4	90th percentile	4	\$20,000
Topical Fluoride for Children	12	Did not meet benchmark	0	\$0
Well-Child Visits in the First 30 Months of Life (15-30 Months)	4	90th percentile	4	\$20,000
Well-Child Visits in the First 30 Months of Life (30 days - 15 Months)	4	90th percentile	4	\$20,000
Submission of Supplemental Data & attendance at quality meetings	4		4	\$20,000
Total	100 \$500,000	-	62 (62%)	\$310,000

If a measure does not meet the minimum denominator size of 30, that measure will be removed from the total possible points available to a provider. For instance, in the above example, if there were not enough members in the Well-Child visits in the first 30 months of



life (30 days-15 months), the total points available would be 96 and the points earned would be 58. 58 points over 96 available points would equal 60.4%. Applied to the \$500,000 incentive amount would mean total earnings would be \$302,083.33.

ADDITIONAL RESOURCES

To support providers in enhancing their performance and achieving quality measure goals, CCHP offers provider quality resources through its Quality Department. These tools and services are designed to assist providers in identifying gaps in care, improving data exchange, and developing targeted strategies for improvement. By leveraging these resources, providers can better manage their quality measures and optimize their overall performance.

- **Gap-in-Care Lists:** Available on the CCHP Provider Portal, these lists help identify individuals needing services to meet measures. It can also identify areas where there are gaps in data exchange between the plan and provider.
- **Performance Tracking:** CCHP provides estimates of provider quality measures through rolling twelve-month measures to assist provider in tracking their progress against benchmarks and identifying areas needing improvement.
- **Patient Outreach Tools:** CCHP has tools and resources for patient engagement and outreach to ensure that patients receive necessary services and follow-up care.
- **Supplemental Data Submission:** Providers can submit supplemental data using standard templates provided by CCHP, facilitating more accurate reporting and measurement.
- **Health Information Exchange:** Utilizing Epic CareEverywhere, CCHP gathers and integrates data from various sources to inform quality measures.
- **Collaborative Strategy Development:** CCHP regularly meets with providers' quality teams to develop customized strategies aimed at improving performance rates. CCHP quality team can provide technical assistance on performance improvement, outreach, and quality analytics data capture. CCHP can offer quality data analytics services to help providers interpret data trends, understand patient populations, and make data-driven decisions for target populations. CCHP can also offer quality improvement advisors and health outreach resources to assist with defined quality projects.

FREQUENTLY ASKED QUESTIONS

What is the purpose of the Pay-for-Performance (P4P) program at CCHP?

The P4P program is designed to drive improvements in quality and performance among primary care provider groups. By linking financial incentives to the achievement of quality benchmarks, the program encourages providers to enhance patient care, improve health outcomes, and promote efficient service delivery.

How is the total value of the incentive pool determined?

Each year, the total value of the incentive pool is determined by the CCHP Chief Executive Officer (CEO) and Chief Financial Officer (CFO). This pool is then distributed among provider groups based on their performance and the percentage of assigned members they serve.

How are incentives calculated for provider groups?

Incentives are based on performance against a set of quality measures. Points are awarded for each measure, and the percentage of total points earned is calculated. This percentage is then applied to the provider group's share of the total incentive pool to determine the amount earned.

How are measures for the P4P program determined?

Quality measures are selected from the Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) and the Minimum Performance Level (MPL) value set for the measurement year. These measures are used to evaluate provider performance and determine incentive eligibility.

Why are points weighted differently for different quality measures?


Points are weighted based on the clinical importance of the measure and its risk of falling below DHCS targets. Weights are adjusted annually based on CCHP's quality strategy.

Why are the benchmarks for full points set so high?

The high benchmarks ensure transparency and fairness in the incentive program by providing a clear, predictable incentive amount without relying on a high-performance pool awarded retrospectively. This approach drives high performance and aligns with CCHP's commitment to maintaining exceptional quality measures. Setting these benchmarks encourages providers to aim for excellence and improves patient outcomes.

Is the Pay-for-Performance (P4P) program replacing the Case Management Incentive Program?

Yes, the P4P program is replacing the Case Management Incentive Program. This new program aligns with CCHP and DHCS goals by linking incentives directly to quality measures, rather than distributing funds without performance criteria. The previous case management program provided incentives without a clear connection to measurable



outcomes, while the P4P program ensures that rewards are based on achieving specific, quality care benchmarks.

Will providers lose money with the transition from the Case Management (CM) Incentive Program to the Pay-for-Performance (P4P) program?

No, providers should not lose money with this transition. The P4P program is designed to ensure that achieving 50% of the performance targets will be equivalent to the current case management incentive amounts. Additionally, providers have the opportunity to earn up to double their current case management incentive amounts by exceeding these performance targets. This design aims to maintain the current incentive level while offering potential for greater rewards based on performance improvements. The goal is to keep the incentive value consistent with current quality performance and incentivize higher achievement.

How can providers get additional support or resources?

Providers can access support through CCHP's Quality Department, which offers gap-in-care lists, supplemental data submission options, health information exchange through Epic CareEverywhere, and collaborative strategy development with quality teams. For specific assistance, providers can reach out to cchp.quality@cchealth.org.



CONTACT INFORMATION

If you have any questions or need assistance related to our P4P incentive program or quality programs, please feel free to reach out. We are here to support you in providing the best care and ensuring high standards across all our services.

Quality Director:

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Contra Costa Health Plan

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For additional quality-related inquiries, you can also contact our team at cchp.quality@cchealth.org.