



2025 P4P/P4Q Program Booklet

Pay for Performance and Partnership for Quality Programs

Medicaid
(Delaware First Health)
[delawarefirsthealth.com](https://www.delawarefirsthealth.com)
1-877-236-1341

Health Insurance Marketplace
(Ambetter Health of Delaware)
[ambetterhealthofdelaware.com](https://www.ambetterhealthofdelaware.com)
1-833-919-3214

Medicare (Wellcare DE)
[wellcarede.com](https://www.wellcarede.com)
NON-DUALS/C-SNP PLANS:
1-855-766-1851
DUALS/D-SNP PLANS:
1-844-796-6811

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To Our Valued Provider Network Partners,

We are happy to deliver our 2025 Quality Incentive Program to our Primary Care Physicians. This program supports closing HEDIS-based care gaps for our members. Closing these care gaps can improve the overall health and wellness of our members, your patients, and we appreciate your active participation in the program.

The Quality program has been designed for each individual Line of Business (LOB). There are separate Medicaid, Marketplace and Medicare programs, which will allow the programs to be based on the LOB's own population. Separating out the programs allows you to focus on measures that matter most for each LOB.

All Primary Care Physicians, who have at least one member that qualifies for a measure, are eligible. Please see detailed information in the 2025 Quality Performance Measures document for each LOB.

We appreciate the care you provide our members and look forward to strengthening our partnership with you to close care gaps and further improve health outcomes for your patients.

If you have questions, please reach out to your Provider Engagement Administrator or call Provider Services.

Thank you for being our partner in care.



Delaware First Health /Medicaid Program

Pay for Performance (P4P) Overview

Eligible Members:

Delaware First Health (DFH) members who have formally been assigned to a contracted Provider's Tax ID Number (TIN).

Reports and Payment:

- Three payouts per year
- Monthly reporting gaps in care
- Monthly performance scorecards

Performance Target:

- Each measure is evaluated independently allowing Providers to earn an incentive payment for one, multiple, or all the measures.
- Target pays 100% of the incentive dollar amount.

Measurement Period and Payout

- Measurement period is Jan. 1 - Dec. 31, 2025, unless otherwise stated in the HEDIS technical specifications for a particular measure.
- Measures and targets are based on current NCQA technical specifications and Quality Compass 33.33rd, 50th, 66.67th and percentiles or State Quality Performance Program (QPP), as noted on the schedule of measures.
- Three payouts made each report netting any prior payouts against total earned.

How is the P4P program structured?

- HEDIS measures are evaluated using NCQA HEDIS established guidelines, except minimum qualified members per event is not thirty (30), it is one (1).
- 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.
- There is no claw back provision for this program so if a provider terms mid year or no longer has assigned membership we will not recoup funds.

How the Math Works

(Incentive Amount for Target Earned x Number Compliant = **Bonus Earned**)

No bonus is earned if minimum target is not achieved

Program Definitions

- **Qualified** – members who are eligible for the service.
- **Compliant** – members who actually 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.

2025 P4P Program - FAQs

How were the measures identified?

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

How often would 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 notice of 30 days' in case we plan to change any of the measured services.

Can I get any interim payment 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 a more accurate view of a provider's performance on a quality metric.

What will the monthly report contain?

The monthly reports 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.

Given the contract is established mid-year, how will it be measured?

For the quality program the providers will be given credit for any and 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.

Program Measures and Incentive Summary

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, you are eligible to earn additional compensation beyond what you are paid through your Participating Provider Agreement. The Pay for Performance (P4P) program involves no risk to you and 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.

HEDIS® MEASURES	Target Percentile	Target Pays 100% Incentive
Diabetes HbA1c <8 (GSD)	50th	\$35
Prenatal Visit (Timliness) (PPC)	66.67th	\$50
Cervical Cancer Screening (CCS-E)	50th	\$25
Breast Cancer Screening (BCS-E)	50th	\$25
Colorectal Cancer Screening 51-75yrs (COL-E)	50th	\$25
Controllong High Blood Pressure (CBP)	33rd	\$25
Childhood Immunization Status Combo 10 (CIS-E)	50th	\$30
Adult Access to Preventative Visit (AAP)	50th	\$50
Immunizations for Adolescents Combo 2 (IMA-E)	50th	\$30
Child and Adolescent Well Visit (WCV)	50th	\$30
Asthma Medication Ratio 5-64yrs (AMR)	33rd	\$25

2025 Provider Resources

Get the tools you need to manage your administrative needs and keep your focus on the health of your patients in the Provider Portal at delawarefirsthealth.com/forproviders. Coding tip sheets are available to assist with clinical documentation of HEDIS measures. If you have questions about the P4P program, please contact your [Provider Engagement Administrator](#), Quality Practice Advisor, or call Provider Services at 1-877-236-1341.



Wellcare /Medicare Program



Wellcare understands that the provider-member relationship is a key component in ensuring superior health care and the satisfaction of our members. Because we recognize these important partnerships, we are pleased to announce the launch of the 2025 Partnership for Quality (P4Q) Bonus Program. Primary Care Providers (PCP) have the opportunity to earn a bonus by addressing preventative care and closing care gaps

Partnership for Quality (P4Q) Program Overview

Measurement Period

- Measurement period is Jan. 1, 2025 - Dec. 31, 2025
- All claims and encounters must be received by Jan. 31, 2026

Program Requirements

- Program is open to all contracted PCPs
- Claims based program – members need to be seen and claims must be submitted

Quality Bonus Instructions

- 1 Contact patients to schedule an appointment to see you. At the visit, order appropriate tests and preventive screenings, as applicable. Take action to help patients complete all preventive care and close care gaps by December 31, 2025.
- 2 Upon completion of the examination, document care and treatment (not diagnosis) in the patient's medical record and submit all applicable diagnoses codes on claims, encounter files and/or approved NCQA supplemental electronic flat files containing all relevant ICD-10, CPT and CPT II codes by January 31, 2026.
- 3 Review and counsel on results of tests and screening with patients.

Program Measures and Incentive Summary

The program consists of 15 measures.

PROGRAM MEASURES	Amount Per
BCS – Breast Cancer Screening	\$50
CBP – Controlling High Blood Pressure	\$75
EED – Diabetes – Dilated Eye Exam	\$25
GSD – Diabetes HbA1c <= 9	\$75
COA – Care for Older Adults – Functional Status*	\$25
KED – Kidney Health Evaluation for Patients with Diabetes	\$50
COL – Colorectal Cancer Screen	\$50
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
Medication Adherence – Blood Pressure Medications	\$50
Medication Adherence – Diabetes Medications	\$50
Medication Adherence – Statins	\$50
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
SPC – Statin Therapy for Patients with CVD	\$25
SUPD – Statin Use in Persons With Diabetes	\$25
TRC – Medication Reconciliation Post Discharge	\$25

**Special Needs Plan (SNP) members only*

Payment Information

The 2025 P4Q program has 4 payment cycles. Earnings in cycles 1 through 3 less than \$100 will automatically be rolled to the next payment cycle. Any balances under \$100 will be disbursed in cycle 4. Payments for Medication Adherence measures, CBP – Controlling High Blood Pressure, GSD – Diabetes HbA1c ≤ 9 will only be included in cycle 4.

Earn more with Continuity of Care (CoC) & CoC Plus (CoC+)

You may be eligible for additional bonuses through the Continuity of Care (CoC) program. During your patient visits, use the Appointment Agenda and assess the validity of each gap/ insight listed in the CoC and CoC+ sections. Providers can earn up to \$450 per patient based on program specific requirements. For more information on participating in Continuity of Care (CoC)/CoC+, please reach out to your Health Plan Provider Representative.



Additional Conditions

- All P4Q Providers must: (a) be in a participation agreement with Wellcare either directly or indirectly through a vendor, from the effective date and continually through the dates the bonus payments are made, and (b) be in compliance with their participation agreement including the timely completion of required training or education as requested or required by the Plan.
- Bonuses are paid to the eligible patient's Provider of record at the end of the applicable measurement periods as defined by the P4Q program.
- Any bonus payments earned through this P4Q program will be in addition to the compensation arrangement set forth in your participation agreement, as well as any other Wellcare incentive program in which you may participate. At Wellcare's discretion, P4Q Providers who have a contractual or other quality incentive arrangement with Wellcare either directly or through an IPA/vendor may be excluded from participation in this P4Q program.
- The terms and conditions of the participation agreement, except for appeal and dispute rights and processes, are incorporated into this program, including without limitation, all audit rights of Wellcare and the P4Q Provider agrees that or any state or federal agency may audit his/her/its records and information.

- The program is discretionary and subject to modification due to changes in government healthcare program requirements, or otherwise. Wellcare will determine if the requirements are satisfied and payments will be made solely at Wellcare's discretion. There is no right to appeal any decision made in connection with the program. If the program is revised, the Plan will send a notice to the P4Q Provider by email or other means of notice permitted under the participation agreement.
- Wellcare reserves the right to withhold the payment of any bonus that may have otherwise been paid to a P4Q Provider to the extent that such P4Q Provider has received or retained an overpayment (any money to which the P4Q Provider is not entitled, including, but not limited to, Fraud, Waste or Abuse) and payments for ineligible members. In the event Wellcare determines a P4Q Provider has been overpaid, Wellcare may offset any Bonus Payment that may have otherwise been paid to the P4Q Provider against overpayment.
- Only one Bonus Payment will be made for a specific HEDIS® and Medication Adherence patient-measure combination.
- The Plan shall make no specific payment, directly or indirectly under a provider incentive program, to a P4Q Provider as an inducement to reduce or limit medically necessary services to an enrollee, and this P4Q program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.
- If you have questions about the P4Q program, please contact your [Provider Engagement Administrator](#), Quality Practice Advisor, or call Provider Services at 1-844-796-6811.

2025 Provider Resources

Get the tools you need to manage your administrative needs and keep your focus on the health of your patients in the Provider Portal at wellcarede.com/forproviders. Coding tip sheets are available to assist with clinical documentation of HEDIS measures.

Ambetter /Marketplace Program



Pay for Performance (P4P) Overview

Eligible Members:

Ambetter of DE members who have been formally assigned to a contracted Provider's Tax ID Number (TIN).

Performance Incentive:

Each measure has its own incentive amount paid after achieving the minimum target score.

Reports and Payment:

- Three payouts per year (Q2/Q3/Q4-Final Reconciliation mid 2026)
Each report netting any prior payouts against total earned
- Monthly reporting gaps in care
- Monthly performance scorecards

Requirements for Payout:

- Payout 75% of measure incentive amount for reaching Target 1
- Payout 100% of measure incentive amount for reaching Target 2

Measurement Period

- Measurement period is Jan. 1 - Dec. 31, 2025

How is the P4P program structured?

- Each measure is assigned an incentive dollar amount and target percentage.
- Incentives paid on each compliant member once target has been met for that particular 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.
- Each measure is evaluated 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 of the measures.
- Target 1 is set at the Quality Rating System (QRS) 3-STAR target and Target 2 is set at the Quality Rating System (QRS) 4-STAR target.
- 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) 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 so if a provider terms mid year or no longer has assigned membership we will not recoup funds.

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

Program Definitions

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2025 Ambetter P4P Program - FAQs

How were the measures identified?

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

How often would measures change?

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Can I get any interim payment 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 a more accurate view of a provider's performance on a quality metric.

What will the monthly report contain?

The monthly reports 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.

Given the contract is established mid-year, how will it be measured?

For the quality program the providers will be given credit for any and 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.

How is my performance tracked?

Your performance on these measures is based on claims data you submit. Please make sure to include all applicable codes and documentation. You can track your pay-for-performance earnings in the Provider Analytics Dashboard on our Secure Provider Portal at Ambetter Health Plan/providers

Program Measures and Incentive Summary

Quality Rating System (QRS) Healthcare Effectiveness Data and Information Set (HEDIS) measures are included in the 2025 Ambetter Health of Delaware Pay for Performance (P4P) program on the table below. National benchmark targets are based on those established by the National Committee for Quality Assurance (NCQA™). The financial incentives are paid by the health plan according to the target met for each measure.

HEDIS® MEASURES	Target 1 (Payout 75%)	Target 2 (Payout 100%)	Incentive Amount
Colorectal Cancer Screening (COL)	56.90%	62.80%	\$25.00
Cervical Cancer Screening (CCS)	56.90%	65.00%	\$25.00
Child and Adolescent Well-Care Visits (WCV)	50.50%	59.60%	\$25.00
Chlamydia Screening in Women (CHL)	43.80%	51.50%	\$25.00
Controlling High Blood Pressure (CBP)	67.80%	72.90%	\$25.00
Eye Exam for Patients with Diabetes (EED)	42.40%	52.90%	\$25.00
Glycemic Status Assessment for Patients with Diabetes <9 (GSD)	72.50%	77.40%	\$25.00
Patients with Diabetes Kidney Health Evaluation (KED)	46.70%	55.40%	\$25.00
Breast Cancer Screening (BCS)	71.50%	75.70%	\$25.00
Plan All-Cause Readmissions (PCR)	64.00%	55.50%	\$25.00

2025 Provider Resources

Get the tools you need to manage your administrative needs and keep your focus on the health of your patients in the Provider Portal at ambetterhealth.com/en/de/forproviders. Coding tip sheets are available to assist with clinical documentation of HEDIS measures. If you have questions about the P4Q program, please contact your [Provider Engagement Administrator](#), Quality Practice Advisor, or call Provider Services at 1-844-796-6811.



