Provider Bulletin

Molina Healthcare of California
https://www.molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx

March 25, 2024

☐ Imperial
☐ Riverside
☐ San Bernardino
☒ Los Angeles
☐ Orange
☐ Sacramento
☐ San Diego

2024 Pay-For-Performance / HEDIS Performance Bonus Program

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business. This notice is intended to update providers on the 2024 Medi-Cal Pay-For-Performance Bonus Program (P4P Program).

What you need to know:

- Continuing for 2024, MHC will be issuing HEDIS P4P payments following biannual schedule.
- Continuing for 2024, MHC has added additional incentive opportunities to the highest performing providers of each county is select measures.
- Continuing for 2024 MHC is continuing Medi-Cal OBGYN Partner Bonus Program.
- New for 2024, Enhanced Care Management (ECM) providers are eligible to participate in this program.
- New for 2024, Pregnancy Notification Form Incentive has been removed from the program.

When this is happening:

- 2024 Medi-Cal Pay-For-Performance Bonus Program is effective for services rendered between 1/1/2024 through 12/31/2024.

Reminders:

- Continuing for 2024, Federally Qualified Health Centers and Rural Health Centers are not eligible for this program (please inquire about the 2024 Partner Award Program.)
- Continuing for 2024, PCP must have at least 200 Medi-Cal members assigned at the close of the measurement period to qualify for: Cervical Cancer Screening and A1C Control performance bonus.

Provider Action

- Confirm you are enrolled in our P4P program and that your information is up to date.
- Please complete the Provider Acknowledgement Form and submit along with current W-9 form. Submit completed documents to MHC_PracticeTransformation_LosAngeles@MolinaHealthCare.Com
- Please reach out to your County's assigned Practice Transformation Specialist to coordinate a meeting on P4P.
- If any questions, please contact MHC_PracticeTransformation_LosAngeles@MolinaHealthCare.Com

Please review the updated Medi-Cal P4P HEDIS Metrics and Bonus Amounts below:

Measure	Performance Bonus	Panel Requirement/ Provider Type	Bonus Frequency	End of Year Add-On
Blood Lead Screening	$25 for blood lead screening (0-6 years)/ up to two payments per eligible member (1st at 12 months, 2nd at 24 months) If member has not received blood lead screening, $25 for completing between 2 and 6 years	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Cervical Cancer Screening	$50 per screening/ up to one payment per eligible member per year	Minimum 200 Medi-Cal Members/PCP/OBGYN/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	2024 Top 10 Providers will receive additional $5,000 in 2nd Reporting Period. Provider must have a minimum of 500 Medi-Cal members assigned and a minimum of 10 members in the measure denominator to qualify.
Childhood Immunizations Status - Combination 10	$25 for timely completion of a vaccine series timely (8 series) $50 for timely completion of rotavirus and flu series $50 for timely compliance of Combo 10 *Must be completed by 2nd birthday to be considered timely	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	2024 Top 10 Providers will receive additional $5,000 in 2nd Reporting Period. Provider must have a minimum of 500 Medi-Cal members assigned and a minimum of 10 members in the measure denominator to qualify.
Chlamydia Screening	$25 per test/ up to one payment per year	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Comprehensive Diabetes Care: HbA1c Control	$100 per HbA1c control test result less than 8.0/one time payment in Q4 reporting period per member per year	Minimum 200 Medi-Cal Members/PCP/ECM	2024 annual bonus will be issued in 2nd Reporting Period.	2024 Top 10 Providers will receive additional $5,000 in 2nd Reporting Period. Provider must have a minimum of 500 Medi-Cal members assigned and a minimum of 10 members in the measure denominator to qualify.
Depression Remission or Response for Adolescents and Adults	$25 per visit/ up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Depression Screening and Follow-Up for Adolescents and Adults	$25 per visit/ up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A

Developmental Screening in the First Three Years of Life	$25 per screening/ up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Immunizations for Adolescents - Combo 2	$100 for timely completion of HPV vaccine series $25 for timely Tdap $25 for timely Meningococcal *must be completed by 13th birthday to be considered timely	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Prenatal and Postpartum Care: Timeliness of Prenatal Care	$150 per visit/up to one payment per member per year	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Prenatal Depression Screening and follow Up	$40 per screening/ up to one payment per member per year	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Prenatal and Postpartum Care: Postpartum Care	$150 per visit/ up to one payment per member per year	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Postpartum Depression Screening and Follow Up	$40 per screening/ up to one payment per member per year	No minimum panel requirement/PCP /ECM and OBGYN	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Topical Fluoride for Children	$25 per application of fluoride varnish (1-21 years)/ up to 2 payments per year per eligible member. Must be rendering provider to qualify.	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A
Well Child Visits	$50 for well child visit (3-21 years)/ up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	2024 Top 10 Providers will receive additional $5,000 in 2nd Reporting Period. Provider must have a minimum of 500 Medi-Cal members assigned and a minimum of 10 members in the measure denominator to qualify.
Well Child 30 Months	$35 for well child visits (0-15 months)/ up to 6 payments per eligible member $35 for well child visits (15-30 months)/up to 2 payments per eligible member	No minimum panel requirement/PCP/ECM	All qualifying 2024 dates of service will be paid out following bi-annual payment cycle below.	N/A

Payments will be made directly to rendering, credentialed PCPs and/or OBGYNs. FQHCs and Rural Health Centers are not eligible for this incentive program. Selected services require a minimum of 200 assigned Medi-Cal members to qualify.

Please review the Medi-Cal P4P HEDIS Bonus Payout Timeline Below:

Reporting Period	Months Under Evaluation	Payment Type	Payment Dates
1st Reporting Period	January 1 - June 30	Per Service	December
2nd Reporting Period	July 1 - December 31	Per Service	June

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems (SNFs, LTSS, ICF/DD)	Teresa Suarez Laura Gonzalez	562-549-3782 562-549-4887	Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles County	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts Anita White	562-517-1014 562-549-3550 562-549-4809 562-549-4069 562-980-3947	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com Princess.White@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi Marina Higby	279-895-9354 916-561-8550	Johonna.Eshalomi@molinahealthcare.com Marina.Higby@molinahealthcare.com
San Bernardino County	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos Lincoln Watkins	562-549-4403 562-549-3825 562-549-4900 858-300-7722	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email mhcproviderbulletin@molinahealthcare.com. Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Pay-For-Performance
Medi-Cal Program

MOLINA HEALTHCARE
Your Extended Family

Medi-Cal Pay-For-Performance Enrollment Forms

Medi-Cal HEDIS® Performance Bonus Enrollment Forms - Provider Acknowledgement Form

This Provider Acknowledgement Form serves as documentation that you have reviewed all enclosures regarding the Molina's Pay-For-Performance Program which consists of the following:

Medi-Cal HEDIS® Performance Bonus
Medi-Cal OBGYN Partner Bonus

Acknowledgment **MUST** be received in order to participate in the program.

Physican Name (Please Print)	Rendering Provider Title
Physican NPI Number	Pay-To Group Name (Please Print)
Physican License Number	Pay-To Tax ID

Select all programs you will be participating in:	
Medi-Cal PCP HEDIS® P4P Program	Medi-Cal OBGYN Partner Bonus Program
Required forms for participation: ☐ **Provider Acknowledgement Form** ☐ **IRS W-9 Form** (One W-9 per TIN is required)*	Required forms for participation: ☐ **Provider Acknowledgement Form** ☐ **IRS W-9 Form** (One W-9 per TIN is required)*

By signing below, I further acknowledge that I am aware of the eligibility requirements and proper submission procedures to participate in this program. In the event encounters and/or claims are submitted incorrectly, all corrections must be resubmitted within sixty (60) days from the date of service to be eligible for bonus reimbursement. Please be aware that Molina has the right to discontinue or modify the bonus program at any time

Provider Signature	**Date**

* One (1) W-9 form is required per individual Tax Identification Number (TIN). For example, if a same TIN is used for more than one service site, please complete and submit one (1) W-9 form. Please identify one mailing address for each TIN.

Please submit completed forms to: MHCP4P@MolinaHealthCare.Com with Attention: P4P Enrollment

Pay-For-Performance Medi-Cal Program

MOLINA HEALTHCARE
Your Extended Family.

Medi-Cal HEDIS® Performance Bonus – Participating Provider Sites

Site 1	**Site 2**
Site Name:_____	Site Name:_____
Address: _____	Address: _____
City:_____ St:_____ Zip:_____	City:_____ St:_____ Zip:_____
Phone:_____	Phone:_____
Site 3	**Site 4**
Site Name:_____	Site Name:_____
Address: _____	Address: _____
City:_____ St:_____ Zip:_____	City:_____ St:_____ Zip:_____
Phone:_____	Phone:_____
Site 5	**Site 6**
Site Name:_____	Site Name:_____
Address: _____	Address: _____
City:_____ St:_____ Zip:_____	City:_____ St:_____ Zip:_____
Phone:_____	Phone:_____

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) © .....
☐ Other (see instructions) ©

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** © **Date** ©

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,