

# 2025 Partnership for Quality (P4Q)




Wellcare is pleased to announce the launch of the 2025 Partnership for Quality (P4Q) Bonus Program. Primary care providers have the opportunity to earn a bonus by addressing preventive care and closing care gaps.

Program Measures	Amount Per
BCS – Breast Cancer Screening	\$50
CBP – Controlling High Blood Pressure	\$75
COA – Care for Older Adults – Functional Status*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
GSD – Diabetes HbA1c <= 9	\$75
KED – Kidney Health Evaluation for Patients with Diabetes	\$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.

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For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Trillium Advantage, 'Ohana Health Plan, and Fidelis Care transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.



- By Allwell
- By Fidelis Care
- By Health Net
- By 'Ohana Health Plan
- By Trillium Advantage



## 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.



## 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  $\leq 9$  will only be included in cycle 4.



## Additional Conditions

Additional conditions for eligibility to receive a Bonus under the P4Q Program are:

- ✓ The measurement period is Jan. 1 to Dec. 31, 2025. Wellcare must receive all claims/encounters by January 31, 2026.
- ✓ 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 Wellcare 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 Wellcare or any state or federal agency may audit his/her/its records and information.

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- ✓ 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, Plan will send a notice to 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 improper payments due to fraud, waste and abuse, and payments for ineligible patients. 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.
- ✓ 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.



### **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.