



**oklahoma
complete health™**

**Medicaid SoonerSelect and
Children's Specialty Program
2026 P4P Program**

Dear Valued Primary Care, OB/GYN, and Behavioral Health Participating Provider:

Oklahoma Complete Health is proud to invite you to participate in our Pay-for-Performance (P4P) program. 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 P4P program is “upside only” and involves no risk to you. Furthermore, additional contract documentation is not required to participate in this program.

The P4P program provides financial incentives for engaging with our members and closing care gaps based on NCQA/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.

Primary Care incentives are paid based on members primary care assignment. In other words, a closed care gap results in an incentive to the tax identification number (TIN) for the primary care provider of record for that member. Incentives are paid three times a year, and providers will receive credit for all care gaps closed during the calendar year.

Please see the enclosed presentation materials for full program details. Thank you for continuing to provide high quality care to our members.

Pay for Performance (P4P) Program Overview

Objective

- Enhance quality of care through a pay-for-performance program with a focus on preventative and screening services. PCP's with assigned members, OB/GYN's and Behavioral Health providers are eligible to participate in this program.

Member Attribution

- Members who have been formally assigned to a primary care provider's Tax ID Number (TIN)
- Members visiting a OB/GYN for pregnancy related services
- Members receiving Behavioral Health Services

Targeted Services

- Selected measures are focused on engagement, screening, and preventative services which align with HEDIS tech specs

Performance Incentive

- Each measure has its own incentive amount paid after achieving its own rate/score

Requirements for Payout

- Must hit 50th percentile to receive minimum payout
- Incentive increase when you hit the 75th and 90th percentile
- Annual Preventive Visit (APV) does not have a percentile threshold.

Payout

- Three payouts per year Q3/Q3/Q4
- Monthly reporting gaps in care
- Monthly performance scorecards

What is NEW for 2026?

- Increased PCP incentive amounts
 - From \$10/\$20/\$30 to \$40/\$80/\$100
 - APV from \$20 to \$40
- Added measures for pregnancy and OB/GYN providers
- Added WCV measure with a \$40 payout after meeting 50th percentile
- Added measures for behavioral health providers
- CIS went from combo 10 to combo 3

Pay-for-Performance PCP – SoonerSelect Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Glycemic Status Assessment for Patients with Diabetes (GSD) <8% (18-75 yrs)	56.69%	\$40.00	63.75%	\$80.00	74.62%	\$100.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	63.87%	\$40.00	70.56%	\$80.00	74.62%	\$100.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three (3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 40.00

Pay-for-Performance PCP – Children’s Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three 3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
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Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 40.00

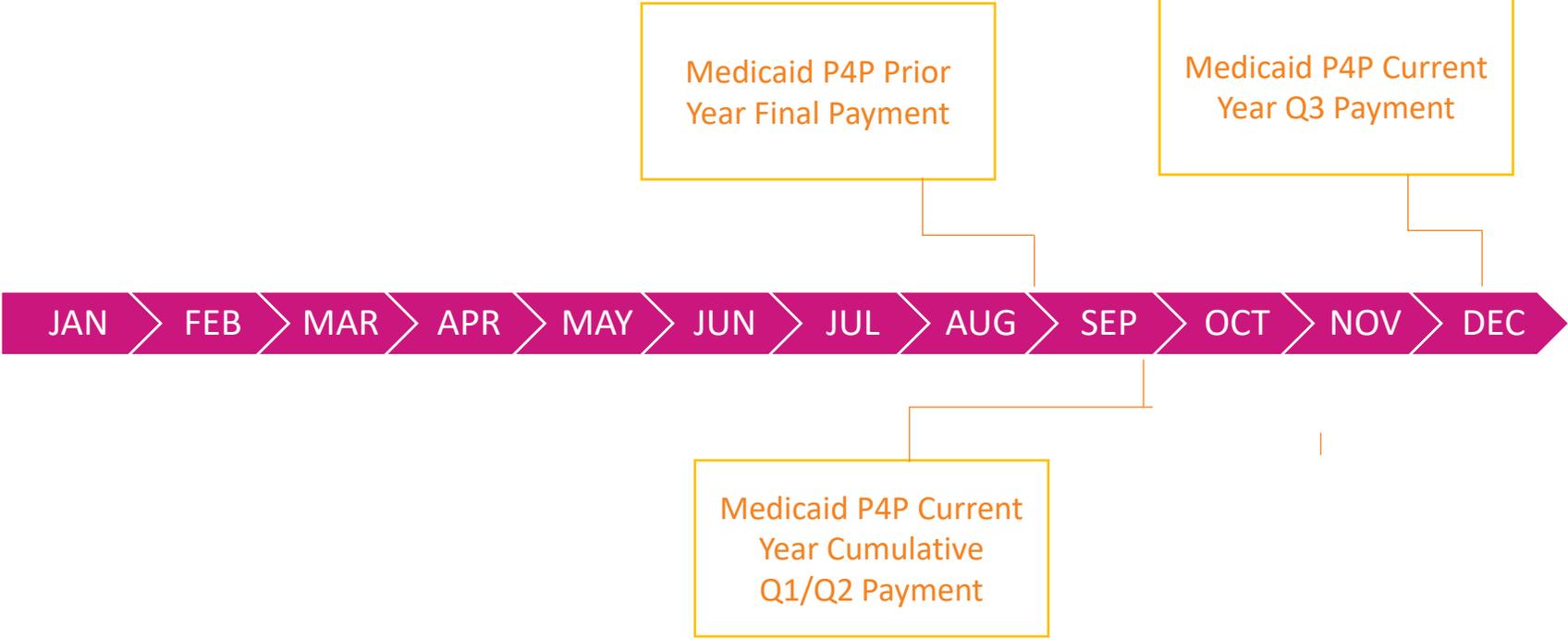
NEW 2026 PCP and OB/GYN Pay-for-Performance (P4P) Measure Incentives for SoonerSelect and Children's Specialty Program

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	77.83%	\$40.00	84.67%	\$80.00	88.85%	\$100.00
Prenatal and Postpartum Care (PPC) – Timeliness of Postpartum Care	75.99%	\$40.00	81.92%	\$80.00	86.10%	\$100.00

New 2026 Behavioral Health Provider P4P Incentives for SoonerSelect and Children's Specialty Program

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 7 Day	27.78%	\$40.00	36.64%	\$80.00	46.72%	\$100.00
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 30 Day	56.44%	\$40.00	67.18%	\$80.00	77.60%	\$100.00
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	43.54%	\$40.00	54.35%	\$80.00	60.22%	\$100.00
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	49.74%	\$40.00	58.97%	\$80.00	66.60%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 7 Day	26.98%	\$40.00	35.33%	\$80.00	45.54%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 30 Day	52.74%	\$40.00	52.91%	\$80.00	59.86%	\$100.00

P4P Medicaid Program Payout Timeline



2026

- August Payment
 - Prior Year (2025) Final Payment
 - Will include Q4 2025 data
- September Payment
 - Will include Q1/Q2 2026 data
- December Payment
 - Will include Q3 2026 data

2027

- August Payment
 - Prior Year (2026) Final Payment
 - Will include Q4 2026 data
- September Payment
 - Will include Q1/Q2 2027 data
- December Payment
 - Will include Q3 2027 data

*2025 final payment will be calculated using 2025 P4P incentive amounts

How the Math Works

(Incentive Amount) x (Number Compliant) x (Percentile Reached)

****No bonus is earned if minimum target is not achieved****

Example Measure	Incentive Amount	Qualified Members (Denom)	Completed Compliant Members (Num)	Score	50 th %tile	75 th %tile	90 th %tile	Bonus Earned	Target Achieved
Controlling Blood Pressure (CBP)	\$40, \$80, or \$100	87	60	69.25%	63.87%	70.56%	74.62%	\$2,400	50 th %tile
Immunizations for Adolescents (IMA) Combo 2	\$40, \$80, or \$100	100	42	42%	34.30%	41.61%	48.66%	\$3,360	75 th %tile
Annual Preventive Visit (APV)	\$40	274	211	N/A	N/A	N/A	N/A	\$8,440	N/A

Pay-for-Performance (P4P) Program Overview

How is the P4P program structured?

- Each measure is assigned three incentive dollar amounts based on Quality Compass. Incentive targets start at the 50th percentile.
- Incentives are paid on each compliant member once the percentile target has been met for that measure.
- There are up to 10 measures in the program, each has three target percentiles. If the provider reaches the first target, the bonus is paid at the 50th percentile incentive amount. If the provider reaches the second target, then the bonus is paid at the 75th percentile incentive amount. If the provider reaches the third target, then the bonus is paid at the 90th percentile incentive amount.
- Annual Preventive Visit does not have a percentile-based structure. It is paid out one time per annual preventive visit completed per assigned member each year.
- 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 the measures.
- Target one is set at the Quality Compass 2.5 STAR target, target two is set at the Quality Compass 3 STAR target, and target three is set at the Quality Compass 4 STAR target.

Pay-for-Performance (P4P) Program Overview

- Measures are evaluated using NCQA/HEDIS established guidelines, except minimum qualified members per event is not thirty (30), it is one (1)
- PCP gap closure rates/scores are accumulated based upon member's assigned PCP. The assigned PCP receives credit for gaps closed.
- PCP monthly performance reports and care gaps will be placed on the secure provider portal via Provider Analytics and/or emailed to providers.
- 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.

Program Definitions

- Qualified – members who are eligible for the service (denominator)
- Compliant – members who received the service per HEDIS tech specs (numerator)
- Quality Rate/Score – per measure, the percentage of compliant members to qualified members (sum of compliant divided by qualified)
- Target – set by OCH, the percentile threshold that the Provider is striving to reach per measure
- Payout – amount the provider is eligible to receive based on their quality rate/score, if all the eligibility requirements are met
- Bonus Earned – payment the Provider will actually receive during the given period

P4P Program - FAQs

1. How were the measures identified?

- Oklahoma Complete Health aligns with State priority/SoonerSelect Quality Strategy measures, Performance Improvement Project (PIP's), and our Quality Withhold Program measures.

2. 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 of 30-days' notice in case we plan to change any of the measured services.

3. Can I get any interim payment on the quality program?

- No, we do not support interim payments on our quality programs.

4. 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 scorecards and member-level quality gaps-in-care reports.
- Monthly reports available via the provider portal and/or sent via email.
- Monthly reports will be discussed during quality meetings.

5. 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.

P4P Program - FAQs

- 6. How will the payer, OCH, know when providers have completed care gaps that impact P4P metrics?**
 - Claims, Supplemental Data Feeds, Medical Records
- 7. Concern regarding children missing 1 or more WCC visit(s). Will missing visits impact providers performance?**
 - Yes. OCH will follow NCQA HEDIS Technical Specifications, which doesn't allow for missing visits.
- 8. Is the Blood Pressure measure 18 years old and older?**
 - Yes. All measures except the APV measure will follow NCQA HEDIS Technical Specifications, including ages.
- 9. Will patients/members who do not receive vaccinations (anti-vaxers, exempted, and/or missed deadline) negatively impact performance?**
 - Yes. OCH will follow NCQA Technical Specification, which doesn't allow for exclusions of this kind. The CIS and IMA measure benchmarks are low to allow for this. Ex: CIS 90th percentile (69.76%) allows for more than 1/4 patients/members to be non-compliant.
- 10. Are there codes that providers can use that show vaccinations were encouraged and/or discussed?**
 - No. OCH will follow NCQA Technical Specifications, which only capture vaccinations received.
- 11. Which GSD sub measure is being utilized, <8% or >9%?**
 - <8%

P4P Program - FAQs

- 12. Will there be an issue in the calculation with denied/rejected claims that get paid later than the original remit detail?**
- No, true-up payments are always issued with the final payment. That final payment will include any missed incentive amounts due to claim delays.
- 13. Where can providers get information regarding P4P?**
- We are emailing out the P4P training deck along with the HEDIS measure guides. These resources will also be posted to the Oklahoma Complete Health Website under provider training and education.
- 14. If a provider bills incorrectly for the WCC measure but all the necessary documentation can be found in the medical record, can the provider still get credit for closing that gap?**
- Yes, we will just need to see the entire medical record so we can enter it in as supplemental data. You can send that request to OCH_HEDIS@oklahomacompletehealth.com
- 15. Who can providers ask about getting supplemental data feeds and/or EMR access?**
- Julie Olsen, Manager HEDIS Ops Julie.Olsen@oklahomacompletehealth.com
- 16. Is OCH doing something for members who refuse care? Can providers have these members removed from their panel?**
- CEs have contractual restrictions of removing members from provider panels except under certain conditions.
- 17. Is OCH encouraging members to receive care?**
- Yes. OCH attempts to outreach to members and encourage them to see their PCPs. OCH also offers member incentives, My Health Pays, <https://www.oklahomacompletehealth.com/members/medicaid/benefits-services/healthy-rewards-program.html>.
- 18. What providers can participate in the P4P program?**
- Any primary care provider, behavioral health provider, and OB/GYN's