

**PRIMARY CARE PROVIDER QUALITY RECOGNITION PROGRAM  
TERMS AND CONDITIONS  
MEASUREMENT YEAR 2024 (JANUARY 1, 2024 THROUGH DECEMBER 31, 2024)**

These Primary Care Provider Quality Recognition Program Terms and Conditions (“Terms and Conditions”) govern the Primary Care Provider Quality Recognition Program (PCP-QRP) for Measurement Year 2024. Provider must have acknowledged participation or executed and timely returned an amendment to participate in this Program or be a party to a group participation amendment that was executed on Provider’s behalf. A Provider must adhere to these Terms and Conditions to be eligible for bonus payments under the PCP-QRP.

**ARTICLE 1  
Quality Bonus Opportunity**

1. **Average Star Rating Bonus:** A Provider will be eligible for the Average Star Rating Bonus if the Provider achieves an Average Star Rating of 3.50 or greater across all eligible PCP-QRP Measures (See Table 1).
  - a. **Identification of PCP-QRP Measure Data**
    - i. CNC will use claims and encounter data to generate a Provider’s Average Star Rating. Claims and encounter data must be received and processed and/or paid by March 31<sup>st</sup> following the end of the applicable PCP-QRP Term; and
    - ii. Other supplemental data sources that meet CMS and/or HEDIS documentation requirements received no later than February 1<sup>st</sup> following the end of the applicable PCP-QRP Term.
  - b. **Provider’s Quality Rating**
    - i. CNC will calculate a Provider’s PCP-QRP Measure STAR rating from received measure data. Each resulting Measure’s STAR will be weighted as defined in Table 1 and averaged to calculate the Provider’s Average STAR Rating. Measures without eligible member data will be excluded from the Average STAR Rating calculation. Average STAR Ratings will be reported to the second decimal place and not rounded to the nearest half-STAR.
    - ii. CNC defines PCP-QRP measures from published CMS Part C & D STAR Rating Technical Notes and HEDIS guidelines for Measurement Year 2024 (MY2024).
    - iii. CNC lists Predicted STAR Thresholds in Table 1 based off internal predictive calculations. CNC will use the most recently published STAR cutpoints provided by CMS when calculating the year-end Provider’s Average STAR Rating.

**TABLE 1. PCP-QRP Measures and STAR Thresholds**

PCP-QRP Measure Definitions					Predicted STAR Thresholds				
2024 Star ID*	CMS STAR Weight*	Measure Name*	Description*	Period*	1 STAR	2 STAR	3 STAR	4 STAR	5 STAR
BCS-E	1	Breast Cancer Screening	Percentage of female plan members aged 50-74 who had a mammogram during the past two years	October 1, 2022 through December 31, 2024”	<56%	56%	67%	75%	83%
COL	1	Colorectal Cancer Screening	Percentage of members 45-75 years of age who had one or more appropriate screenings for colon cancer	FOBT: Current calendar year FIT-DNA: During the measurement period or the two years prior to the measurement period Flex Sig: Current calendar year to previous 4 calendar years Colonoscopy: Current calendar year to previous 9 calendar years	<54%	54%	65%	73%	82%
OMW	1	Osteoporosis Management in Women who had a Fracture	The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.	July 1, 2023 through December 31, 2024	<31%	31%	44%	57%	73%
EED	1	Eye Exam for Patients with Diabetes	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam	January 1, 2023 through December 31, 2024	<56%	56%	69%	77%	85%
KED	1	Kidney Health Evaluation for Patients with Diabetes	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	Current calendar year	<54%	54%	58%	68%	73%

2024 Star ID*	CMS STAR Weight*	Measure Name*	Description*	Period*	1 STAR	2 STAR	3 STAR	4 STAR	5 STAR
HBD	3	Hemoglobin A1c Control for Patients with Diabetes	Percentage of members 18-75 years of age with diabetes who had HbA1c control ( $\leq 9.0\%$ ) based on LAST documented measurement of the year.	Current calendar year	<62%	62%	77%	85%	90%
CBP	3	Controlling High Blood Pressure	Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90mm Hg).	Current calendar year	<62%	62%	73%	77%	84%
MAD	3	Medication Adherence for Diabetes Medications	Percentage of members 18 years of age or older with at least 2+ prescription fill for diabetes medication (excluding insulin) who fill their prescription often enough to cover having diabetes medication(s) on hand at least 80% of the time during the measurement period.	Current calendar year	<82%	82%	86%	89%	92%
MAH	3	Medication Adherence for Hypertension (RAS antagonists)	Percentage of members 18 years of age or older with at least 2+ prescription fills for RAS Antagonist who fill often enough to cover having their blood pressure medication on hand often enough to cover at least 80% of the time during the measurement period.	Current calendar year	<86%	86%	88%	91%	93%
MAC	3	Medication Adherence for Cholesterol (Statins)	Percentage of members 18 years of age or older with at least 2+ prescription fills for Statin medication who fill often enough to cover having their Statin medication on hand often enough to cover at least 80% of the time during the measurement period.	Current calendar year	<84%	84%	88%	90%	92%
MRP	1	Medication Reconciliation Post-Discharge	The percentage of discharges for members 18 years of age and older who had the following reported: Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days)	January 1, 2024 through December 1, 2024	<40%	40%	56%	70%	84%

\* The information in this table is subject to change periodically to align with CMS' Part C and D Star Ratings Technical Notes. The PCP-QRP measures listed are for the Measurement Year 2024 STAR ratings effective January 1, 2024. CNC sets the Predicted STAR Thresholds through internal predictive analyses. CNC will use the most recently published STAR cutpoints provided by CMS when calculating the year-end Provider's Average STAR Rating. The Provider's Average STAR Rating will be used to calculate the Average Star Rating Bonus.

- c. **Payment for Average Star Rating Bonus:** Providers meeting the minimum Average STAR Rating of 3.50 and Eligibility requirements in Article 2 will qualify for the Average STAR Rating Bonus. Average STAR Rating Bonus will be calculated as defined in Table 2. Final Provider reports and bonus payments will be provided no later than 120 days after the end of the PCP-QRP term.

**TABLE 2. Payment for Average STAR Rating Bonus**

Provider Average STAR Rating		Payment for Average STAR Rating Bonus (PMPM: Based on the total attributed members per month)
Low	High	PMPM
4.75	5.00	\$12.50
≥ 4.50	< 4.75	\$10.00
≥ 4.25	< 4.50	\$7.50
≥ 4.00	< 4.25	\$5.00
≥ 3.50	< 4.00	\$2.50
1.00	< 3.50	\$0.00

- d. **Reconsideration:** Average STAR Rating Bonus payment reconsiderations should be submitted in writing within 30 days after receiving the final reports for the PCP-QRP Term. Provider reconsiderations should include detailed reason for submitting the reconsideration and supporting material. Reconsiderations that, if approved, will not result in meeting or exceeding a Provider Average STAR Rating of 3.50 will not be accepted. CNC will process and respond to a reconsideration within 60 days. The reconsideration decision will be final and cannot be submitted as a second level reconsideration. If CNC does not receive a reconsideration request within the 30-day period following receipt of the final report, CNC will consider the Average STAR Rating Bonus payment as uncontested and final.

## ARTICLE 2

### General Provisions that Apply to the PCP-QRP

- Reporting:** The final Provider report and bonus payment will be provided no later than 120 days after the end of the PCP-QRP term. CNC will produce reporting during the Measurement Year for a Provider to track his/her Average STAR Rating Performance.
- Eligibility for Bonus Payments:** A Provider must be a participating provider in good standing (fully credentialed) as of 12/31/24 to be eligible to receive payment.
- Medical Record, Chart Request and Provider Data Attestation:** Without limiting any other data access rights set forth elsewhere in the Agreement, Provider will permit CNC or its designee to conduct chart reviews of Provider's records, specifically for the CMS required data submission, for any or all members within PCP-QRP measures. If charts or records are not furnished within the timeframe specified, CNC reserves the right to reduce or withhold payment under the PCP-QRP Program.
- Provider Demographic Information Update:** On a quarterly basis, Providers are highly encouraged to confirm the accuracy of their demographic data. Demographic information can be updated electronically under the Provider's page on the CNC website or by calling Provider Services. Please note, Providers contracted through an Independent Practice Association (IPA) or similar group must contact their IPA representative to submit updates.

5. **Overpayments:** If an overpayment is found by either CNC or the Provider, the Provider shall repay the amount overpaid within 30 days of discovery or within 30 days of receiving written or electronic notification from CNC. CNC may withhold future payments to offset owed overpayments.
6. **Termination:**
- a. Provider has the right to terminate Provider's participation in the PCP-QRP Program, effective for the next PCP-QRP Term, by giving notice electronically or in writing within 60 days after the Terms & Conditions for the next PCP-QRP Term have been communicated. Such termination will not affect the PCP-QRP Program payment determination for the PCP-QRP Term in effect prior to such termination.
  - b. CNC has the right to terminate Provider's participation in the PCP-QRP Program, effective for the next PCP-QRP Term, by giving notice electronically or in writing at least 30 days prior to the start of the next Term. Such termination will not affect the PCP-QRP Program payment determination for the PCP-QRP Term in effect prior to such termination.
  - c. CNC and Provider each have the right to terminate Provider's participation in the PCP-QRP Program immediately upon notice electronically or in writing to the other if the other party fails to comply with any requirement of these Terms and Conditions.
  - d. CNC has the right to terminate Provider's participation in the PCP-QRP Program immediately upon notice electronically or in writing if Provider no longer meets CNC's requirements to participate in the Program.
  - e. Unless otherwise authorized by CNC, if Provider participates in any other incentive program with CNC or CNC's Affiliates that are within the scope of this PCP-QRP Program, Provider's participation in PCP-QRP will continue at CNC's sole discretion. If CNC terminates PCP-QRP during a PCP-QRP Term under this Article, Provider will not be entitled to payment under PCP-QRP for that Term.
  - f. CNC shall have the right to terminate the PCP-QRP Program, effective immediately, if termination is necessary, in the good faith belief of CNC's legal counsel, to prevent exposing CNC to civil or criminal penalties or to comply with applicable state or federal laws and regulations.
7. **Amendment of the PCP-QRP Terms and Conditions:** CNC reserves the right, in its sole discretion, to amend the Terms and Conditions of the PCP-QRP Program. If Provider does not wish to continue participation in the PCP-QRP Program after review of the new Terms and Conditions, Provider has the option to terminate participation in the PCP-QRP Program as set forth in this Article.
8. **Agreement:** When Provider and CNC are parties to an Agreement, none of the rights and obligations of Provider and of CNC under the Agreement will be modified or impaired by these Terms and Conditions, except in the event of a conflict between these Terms and Conditions and the Agreement, in which case the specific conflicting term(s) of these Terms and Conditions will govern with respect to the PCP-QRP Program.

### **ARTICLE 3 Defined Terms**

As used in these Terms and Conditions, these capitalized terms have the following meanings:

**Agreement:** The participation agreement or provider contract to which Provider and CNC are parties and under which Provider has agreed to participate in CNC's provider network.

**Average Star Rating:** During the PCP-QRP Term, CNC will calculate a Quality Rating for each Measure based on the Predicted STAR Thresholds in the PCP-QRP Measures and STAR Thresholds Table. CNC will calculate final performance based on the 2025 CMS Star Year Thresholds and not Predicted STAR Thresholds.

**CMS STAR Measures:** The Centers for Medicare and Medicaid Services (CMS) Part C & D STAR ratings program provides quality and performance measure information to Medicare beneficiaries to assist them in choosing their health and drug services during enrollment.

**HEDIS Measures:** Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures and specifications created by the National Committee for Quality Assurance (NCQA) to allow consumers to compare quality performance across health plans.

**Member:** A person eligible for and enrolled in a CNC plan.

**PCP-QRP Member:** Each member eligible for and enrolled in a CNC plan who is assigned and/or attributed for a given PCP-QRP Term by CNC to a Provider Physician and identified by CNC as eligible for the Program described in these Terms and Conditions.

**PCP-QRP Measures:** The specific CMS STAR or HEDIS measures that will be evaluated with respect to a given PCP-QRP Term to determine Provider's Average STAR Rating Bonus, as set forth in the PCP-QRP Measures and STAR Thresholds Table.

**PCP-QRP Term:** A calendar year during which Provider is eligible to participate in the PCP-QRP Program described in these Terms and Conditions (for example, January 1, 2024 through December 31, 2024).

**Predicted STAR Threshold:** The PCP-QRP Measure Thresholds determined by CNC based on publicly available data on quality performance for all Medicare and Medicare Advantage members.

**Provider:** Either (i) a physician, medical group, clinic, or IPA that is a party to an Agreement and has met the requirements in the opening paragraph of these Terms and Conditions, or (ii) a medical group or clinic that is not a party to an Agreement, but employs or contracts with Provider Physicians and has met the requirements in the opening paragraph of these Terms and Conditions.

**Provider Physician:** A physician who is a doctor of medicine or osteopathy, duly licensed and qualified under the laws of the jurisdiction in which he/she provides health services to members, or a registered nurse practitioner or physician assistant as permitted by CNC's credentialing plan and state law, who meets one of the following: (i) is a Provider who is a party to an Agreement, or (ii) practices as a shareholder, partner, employee, or subcontractor of a Provider that is a party to an Agreement, or (iii) where the Provider is not a party to an Agreement, is a party to a CNC participation agreement or provider contract under which he/she participates in CNC's network and is a practicing shareholder, partner, employee, or subcontractor of that Provider. Each Provider Physician is assigned to a specific Provider based on the criteria above.

**Quality Rating:** A rating which is calculated by comparing the measure's percentage of PCP-QRP members who are adherent against the current thresholds.