Molina Healthcare 2026 PCP Pay for Quality Bonus Program

A Letter from the Molina Healthcare of New York Chief Medical Officer

Dear Molina Provider:

We value your role in providing the highest quality care to your patients. We also understand that improving the health outcomes of our members requires collaboration between you, the care provider, and Molina, the health plan.

To demonstrate our deep commitment to working with you, we have developed a pay-for-quality (P4Q) program to capture measures that speak directly to the New York State Department of Health's goals for improving the care of our members, and to reward primary care providers (PCPs) for their continued efforts in ensuring access to quality, affordable health care is preserved for all.

The P4Q program rewards PCPs for providing high quality care to members by:

- ✓ Increasing PCP visibility into assigned members' existing medical conditions;
- ✓ Ensuring members receive needed preventive services, and;
- ✓ Rewarding PCPs based on quality performance results.

You and your office team will be supported by the expertise and guidance of the knowledgeable Quality Improvement Provider Engagement staff.

We thank you for your continued role in providing the highest quality care to your patients and for your continued participation in our network. We personally welcome your thoughts on ongoing quality improvements. Together, we can make Molina Healthcare of New York the Plan of choice among local community health plans for our members and providers.

Please submit your counter-executed program description no later than **December 31, 2025,** to NY_Pay_for_Quality_Program@MolinaHealthCare.com.

If you have any questions or need assistance, feel free to contact us at the same email address.

Sincerely,

Jack D'Angelo, MD, MBA, FAAP
Chief Medical Officer
Molina Healthcare of New York, Inc.

Molina Healthcare 2026 PCP Pay for Quality Bonus Program

Pay for Care Gap Closure – Providers/Provider Groups with 150+ Combined Members

Incentives for Medicaid Adult Primary Care Measures							
Measure Type	**Measure Code**	**Measure Description**	**# of Eligible Members required**	**P4P/ P4R**	**Performance Target Health Plan 90th Percentile***	**Incentive Award per Target Achieved**	**Supplemental Data Required**
QARR/ HEDIS®	AIS-E	Adult Immunizations Status - Influenza (Ages 19-65 years)	10	P4P	90th Percentile	$50	X
QARR/ HEDIS®	AMR	Asthma Medication Ratio (Ages 19-64)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	BCS-E	Breast Cancer Screening	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	CBP	Controlling High Blood Pressure	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	CCS-E	Cervical Cancer Screening	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	CHL	Chlamydia Screening (Ages 21-24)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	COL-E	Colorectal Cancer Screening (Ages 45-75 years)	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	DSF-E	Depression Screening and Follow-Up for Adolescents & Adults, Ages 18-64 (Screening)	N/A	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	X
QARR/ HEDIS®	EED	Eye Exam for Diabetes	10	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	
QARR/ HEDIS®	GSD	Glycemic Status Assessment for Patients With Diabetes (Poor Control)**	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	KED	Kidney Health Evaluation for Patients With Diabetes	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	10	P4P	90th Percentile	$125	

* Performance Target Methodology: The Health Plan derives the target by calculating the average performance trend across the last three years of published NYS DOH benchmarks. The performance trend is applied to the current year's NYS DOH 90th percentile to establish a prospective target for the subsequent measurement year. The performance target will be available in SpectraMedix Provider Collaboration Portal.

** GSD is an inverse measure. The lower the rate, the better the performance.

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Incentives for Medicaid Child/ Adolescent Primary Care Measures							
Measure Type	**Measure Code**	**Measure Description**	**# of Eligible Members required**	**P4P/ P4R**	**Performance Target Health Plan 90th Percentile***	**Incentive Award per Target Achieved**	**Supplemental Data Required**
QARR/ HEDIS®	ADD-E	Follow-Up Care For Children Prescribed ADHD Medication	N/A	P4R	P4R + 90th Percentile Add On	$50 + $75 Add On	X
QARR/ HEDIS®	AMR	Asthma Medication Ratio (Ages 5-18)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	DEVN	Developmental Screening in the First Three Years of Life	N/A	P4R	P4R + 90th Percentile Add On	$50 + $75 Add On	
QARR/ HEDIS®	IMA-E	Immunizations for Adolescents - Combo 2	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	CHL	Chlamydia Screening (Ages 16-20)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	CIS-E	Childhood Immunizations Status - Combo 3	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	DSF-E	Depression Screening and Follow-Up for Adolescents & Adults, Ages 12-17 (Screening)	10	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	X
QARR/ HEDIS®	W30	Well-Child Visits in the First 30 Months of Life	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	WCV	Child and Adolescent Well-Care Visits (Ages 3-21)	10	P4P	90th Percentile	$125	X

* Performance Target Methodology: The Health Plan derives the target by calculating the average performance trend across the last three years of published NYS DOH benchmarks. The performance trend is applied to the current year's NYS DOH 90th percentile to establish a prospective target for the subsequent measurement year. The performance target will be available in SpectraMedix Provider Collaboration Portal.

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Incentives for HARP Adult Primary Care Measures							
Measure Type	**Measure Code**	**Measure Description**	**# of Eligible Members required**	**P4P/ P4R**	**Performance Target Health Plan 90th Percentile***	**Incentive Award per Target Achieved**	**Supplemental Data Required**
QARR/ HEDIS®	AIS-E	Adult Immunizations Status - Influenza	10	P4P	90th Percentile	$50	X
QARR/ HEDIS®	AMR	Asthma Medication Ratio (Ages 19-64)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	BCS-E	Breast Cancer Screening	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	CBP	Controlling High Blood Pressure	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	CCS-E	Cervical Cancer Screening (Ages 21-64 years)	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	CHL	Chlamydia Screening (Ages 21-24)	10	P4p	90th Percentile	$125	
QARR/ HEDIS®	COL-E	Colorectal Cancer Screening (Ages 45-75 years)	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	EED	Eye Exam for Diabetes	10	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	
QARR/ HEDIS®	GSD	Glycemic Status Assessment for Patients With Diabetes, Poor Control >9**	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	KED	Kidney Health Evaluation for Patients With Diabetes	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	SPC	Statin Therapy for Patients with Cardiovascular Disease – 80% Adherence	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	10	P4P	90th Percentile	$125	

* Performance Target Methodology: The Health Plan derives the target by calculating the average performance trend across the last three years of published NYS DOH benchmarks. The performance trend is applied to the current year's NYS DOH 90th percentile to establish a prospective target for the subsequent measurement year. The performance target will be available in SpectraMedix Provider Collaboration Portal.

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Molina Healthcare 2026 PCP Pay for Quality Bonus Program

Pay for Care Gap Closure – Groups with more than 150 members

Incentives for Essential Plan Adult Primary Care Measures							
Measure Type	**Measure Code**	**Measure Description**	**# of Eligible Members required**	**P4P/ P4R**	**Performance Target Health Plan 90th Percentile***	**Incentive Award per Target Achieved**	**Supplemental Data Required**
QARR/ HEDIS®	AIS-E	Adult Immunizations Status - Influenza	10	P4P	90th Percentile	$50	X
QARR/ HEDIS®	AMR	Asthma Medication Ratio (Ages 19-64)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	BCS-E	Breast Cancer Screening (Ages 40-74 years)	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	CCS-E	Cervical Cancer Screening (Ages 21-64 years)	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	CBP	Controlling High Blood Pressure	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	CHL	Chlamydia Screening (Ages 21-24)	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	COL-E	Colorectal Cancer Screening (Ages 45-75 years)	10	P4P	90th Percentile	$125	X
QARR/ HEDIS®	EED	Eye Exam for Diabetes	10	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	
QARR/ HEDIS®	DSF-E	Depression Screening and Follow-Up for Adolescents & Adults	10	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	X
QARR/ HEDIS®	GSD	Glycemic Status Assessment for Patients With Diabetes, Poor Control >9**	10	P4P	90th Percentile	$125	
QARR/ HEDIS®	SNS-E	Social Needs Screening and Intervention (Screening)	10	P4R	P4R + 90th Percentile Add-On	$50 + $75 Add On	X

* Performance Target Methodology: The Health Plan derives the target by calculating the average performance trend across the last three years of published NYS DOH benchmarks. The performance trend is applied to the current year's NYS DOH 90th percentile to establish a prospective target for the subsequent measurement year. The performance target will be available in SpectraMedix Provider Collaboration Portal.

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Molina Healthcare 2026 PCP Pay for Quality Bonus Program

Signature Authorization

In consideration of the promises and representations stated, the Parties agree as set forth in this Amendment. The Authorized Representative acknowledges, warrants, and represents that the Authorized Representative has the authority and authorization to act on behalf of their Party. The Authorized Representative further acknowledges and represents that they received and reviewed this Amendment in its entirety.

The Authorized Representative for each Party executes this Amendment with the intent to bind the Parties in accordance with this Amendment.

Provider Signature and Information.

Provider's Legal Name ("Provider") – as listed on applicable tax form (i.e., W-9) and Tax ID number:	
Authorized Representative's Signature:	Authorized Representative's Name – Printed:
Authorized Representative's Title:	Authorized Representative's Signature Date:

Health Plan Signature and Information.

Molina Healthcare of New York, Inc. ("Health Plan")	
Authorized Representative's Signature:	Authorized Representative's Name – Printed:
Authorized Representative's Title:	Authorized Representative's Countersignature Date:

Molina Healthcare 2026 PCP Pay for Quality Bonus Program

This 2026 Pay for Quality Bonus Program (the "2026 P4Q Program") is subject to the terms and conditions of and is an amendment to your Provider Services Agreement. This 2026 P4Q Program supersedes the terms and conditions of any prior Molina Healthcare pay for quality) bonus incentive program.

Performance Period: January 1, 2026 – December 31, 2026

Pay for Quality Programs Allocation. To meet any government reporting requirements, Health Plan will allocate the incentive payments computed under the Quality Bonus Programs to the calendar year quarters/MLR reporting periods they relate to on an effective date prospective basis only as required by 42 CFR §438.3(i)(3)(i-iv), and consistent with reasonable accounting principles.

Eligible provider's agreement or amendment incorporating this P4Q Program with Health Plan must be signed and countersigned by both Parties, have a prospective effective date for the Performance Period, and remain active as of the completion of the Performance Period and at the time any earned Bonus is distributed.

Molina Healthcare of New York Lines of Business

Medicaid	Molina Medicaid
HARP	Molina HARP
Essential Plan	Molina Essential Plan members

IPA Responsibilities:

The 2026 P4Q Program shall l be shared with all downstream IPA Providers prior to the effective date of the 2026 P4Q Program. Molina Healthcare reserves the right to issue payments from this 2026 P4Q Program directly to IPA affiliated Providers.

Measure Specifications:

The measures in Molina's 2026 P4Q Program are based on QARR, HEDIS®, PQA®, and/or CMS measure specifications. Qualifying services must follow QARR, HEDIS®, PQA®, and/or CMS guidelines to be eligible for bonus payments. Bonuses are calculated based on the Provider/Provider group (Tax ID) to which members are assigned or attributed. Quality incentive payments may be made and distributed to your affiliated provider network (e.g., PHO, Physician Organization).

Reporting Bonus Eligibility:

Pay for reporting (P4R) are paid for completed services. Pay for performance (P4P) are paid per target achieved.

Performance Bonus Eligibility:

Performance will be calculated in Q2 following the Performance Period using an anchor date of December 31st of the Performance Period to determine member eligibility and assigned provider of record. Provider groups must have ≥150 members assigned or attributed to their panel as of the anchor date to be eligible for the pay for performance bonus. Health Plan will use reasonable efforts to distribute the final earned bonus to eligible providers within nine (9) months following the completion of the Performance Period.
Provider must submit administrative and supplemental data no later than one (1) month following the completion of the Performance Period.

General guidelines and conditions:
Provider and Health Plan will meet at least quarterly to review performance and collaborate on actions to improve documentation, and close quality care gaps.

Health Plan will have sole discretion in determining whether the 2026 P4Q Program requirements are satisfied, and any earned Bonus will be made solely at Health Plan discretion. There is no right to appeal any decision in connection with this P4Q Bonus Program. Health Plan reserves the right to modify the 2026P4Q Program to comply with regulatory and Government Program requirements and will send notice to provider by email or other means of notice permitted under the Agreement.

No incentives or payment of any kind will be made directly or indirectly to Eligible Provider as an inducement to reduce or limit Medically Necessary health care services or supplies furnished to a 2026 P4Q Program Member.
Provider may not seek additional reimbursement from a federal or State government-sponsored health program for the quality incentives covered in this attachment. No compensation is available under this 2026 P4Q Program for services that are not Medically Necessary or appropriate for a 2026 P4Q Program Member.

Data Sharing:

i. Eligible Provider shall deliver all relevant clinical documents electronically in a format stated in the Provider Manual or otherwise agreed to by Health Plan. This includes but is not limited to: Direct Remote EMR access, Supplemental Data, medical records, or other data sharing methods for clinical quality information, as agreed to by Health Plan.
ii. Eligible Provider will participate in Health Plan's program to communicate clinical information using the format stated in the Provider Manual or otherwise agreed to by Health Plan.
iii. Eligible Provider's mechanism for exchanging health information will comply with the Health Insurance Portability and Accountability Act ("HIPAA") and will be approved by the Office of the National Coordination of Health Information Technology ("ONC").

Performance Bonus Methodology:

Measure performance and member panel requirement will be assessed at the level of the pay-to group/Tax ID. The performance bonus targets are generally aligned to QARR, HEDIS®, PQA®, and/or CMS measure specifications.

Term:

The 2026 P4Q Program will commence either on January 1, 2026, or if later, on the effective date of the fully executed amendment to the parties agreement, and continue through December 31, 2026, ("P4Q Program Initial Performance Period"). Under no circumstance, can the Molina 2026 P4Q Program apply retroactive to January 1, 2026 if the parties fail to fully execute the governing amendment to the Agreement that relates to the 2026 P4Q Program prior to December 31, 2025. Amendments entered into after January 1, 2026 shall result in a pro-rata reporting, payment and performance period between Molina Healthcare and the eligible provider.

At the expiration of the 2026 PCP P4Q Program Initial Performance Period, the 2026 P4Q Program, including its quality metrics and awards will automatically renew for successive one year Performance Periods unless this 2026 P4Q Program is terminated by either Party in accordance with the provisions in this attachment. If required by Health Plan, to participate in the P4Q Program for a subsequent Performance Period, the Parties must execute a new amendment providing updated quality metrics and related financial awards prior to the commencement of each subsequent Performance Period.

Termination:

This 2026 P4Q Program may be terminated without cause by either Party if the terminating Party gives the other Party written notice of its intent to terminate at least ninety (90) days before the expiration of the 2026 P4Q Program Initial Performance Period or a subsequent Performance Period, which will be effective at the end of the 2026 P4Q Program Initial Performance Period or the subsequent Performance Period, as applicable.

This 2026 P4Q Program can be terminated pursuant to the terms stated herein without terminating the underlying Agreement. This P4Q Program will terminate concurrently with the underlying Agreement should the Agreement terminate for any reason specified therein.

Effect of Termination:

Except as otherwise required by Law, no 2026 P4Q Program Bonus will be due or owing when the P4Q Program is terminated during the Performance Period.

All terms of the underlying Agreement, as may be amended, apply to this2026 P4Q Program unless expressly modified herein.

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