

GEISINGER HEALTH PLAN FAMILY



Geisinger
HEALTH PLAN

Pay-for-Quality
CY 2026
Program Manual

Introduction

The goal of the Pay-for-Quality (P4Q) payment is to encourage providers to exceed the quality-of-care standards for GHP Family members. The P4Q program is available to physicians and advanced-level practitioners in primary care (i.e., family practice, internal medicine/pediatrics, internal medicine, pediatrics, dentistry and obstetrics and gynecology). Each specialty in primary care is considered separately. The P4Q program was designed to help GHP Family monitor the accessibility and performance of the identified providers in the provider network. Physicians are rewarded for scoring well on the measures outlined in this program. The P4Q program is not meant to be a static measurement system, but flexible enough to meet changing clinical practices and quality requirements. P4Q payments are based on administrative data including claims for services rendered, or a result electronically submitted to Geisinger Health Plan.

Measurement periods for 2026

Quarter 1	Jan. 1 – March 31
Quarter 2	April 1 – June 30
Quarter 3	July 1 – Sept. 30
Quarter 4	Oct. 1 – Dec. 31

Utilization of minimum panel size/MCO enrollment

All primary care provider specialties, excluding OB/GYN clinicians, must average a panel size of 50 GHP Family members or more over the quarterly measurement period to be eligible for the P4Q payout. To be eligible, the providers must accept Medicaid products and have an active PROMISe ID.

Provider education

All providers are notified of the P4Q program via orientation within 20 days of becoming a participating provider with GHP Family. This manual explains each of the measures and their associated payout, and is available on Availity by calling customer service and requesting it, or by requesting a visit from their provider engagement liaison, who will deliver a copy and review it with the provider/office.

Evaluation of provider P4Q effectiveness

Evaluating provider effectiveness is done multiple ways:

- Identifying areas for new and continuing education of current P4Q program
- Reviewing policies, procedures and workflows that can help clinicians improve care while improving incentive payouts
- Monitoring claims issues and resubmissions and providing education on claims best practices
- Measuring the usage of online submission tools and reeducating low utilizers
- Reviewing/evaluating processes used to verify and audit data accuracy and completeness from the time the claim/encounter is submitted until the provider payout is made
- Measuring payments for continual growth and improvement
- Measuring of HEDIS® and Pennsylvania Performance Measures (PAPM) rates to analyze the improvement of care gaps completed

Health equity measures

Aimed at removing health disparities and improving health equity for our African American population.

- Prenatal Care in the First Trimester
- Postpartum Care
- Well-Child Visits in the First 30 Months of Life
- Controlling High Blood Pressure
- Glycemic Status Assessment for Patients with Diabetes (poor control > 9.0%)

Understanding social determinants of health

Social determinants of health (SDOH) — the conditions in which people live, learn, work and play — have a profound impact on health outcomes, also referred to as social needs. We're committed to addressing key social needs such as food, housing, transportation, education, employment, internet access and overall safety.

Why it matters

Research shows that connecting people to social resources can reduce emergency room visits, hospital admissions and readmissions. That's why Geisinger partners with a network of 100 trusted community-based organizations (CBOs) across Pennsylvania through the Neighborly platform. These organizations are deeply embedded in their communities and offer programs and services that integrate medical and social care while addressing disparities.

Introducing Neighborly

Neighborly is a free, public-facing online platform that connects people to low-cost or no-cost social services. Whether you're a provider, a community member or someone seeking help for a loved one, Neighborly makes it easy to find and refer to resources.

Key features

- Over 11,000 local resources in Pennsylvania
- No login or special access required
- HIPAA & FERPA compliant, HITRUST certified
- Multilingual flyers, postcards and info sheets available
- Includes CBO/Geisinger-specific programs

Get started today

Visit neighborlypa.com or download the Neighborly app from the App Store or Google Play. You can also refer patients directly to nearby resources using the platform.

Training & support

Download the Neighborly app via the App store or Google Play. We also offer virtual Neighborly trainings via Zoom. Visit neighborlypa.com for the schedule and choose the date that works best for you and register.

Provider incentives

Certain value-based care programs offer opportunities to earn bonus dollars by proactively addressing patients' unmet social needs. For more information, contact your provider engagement liaison.

If you have questions or would like to request Neighborly materials (postcards, flyers), reach out to our Neighborly team at neighborly@neighborlypa.com.

Payment schedule

At the end of each measurement period, a roll-up of each participating provider's success with the measures will be completed with a total payout calculated.

Quarterly payouts will be made to the provider to which the member is attributed as of the most recent period available at the time of payout. Payment amounts will be based on the grid below.

Quick reference guide

Refer to the [HEDIS Guide](#) for measure details

Measure	Description	Payment amount
Child and Adolescent Well-Care Visits	One payment per member per year for valid visit based on claims submitted.	\$30 paid quarterly.
Oral Evaluation, Dental Services	One payment per member per year (Under 21 years of age) for a valid dental visit (D0120, D0145, D0150) based on claims submitted.	\$20 paid quarterly for returning patients. \$35 paid quarterly for new patients.
Adult Annual Dental Visit	One payment per member per year (Adults age 21 and older) for a valid dental visit based on claims submitted.	\$5 paid quarterly.
Well-Child Visits in the First 30 Months of Life (6+ visits in the first 15 months or 2+ visits from 15 months to 30 months)	One payment per member per year for 6+ visits in the first 15 months based on claims submitted.	\$25 paid quarterly.
	One payment per member per year for 2+ visits from 15 months to 30 months based on claims submitted.	\$25 paid quarterly.
Prenatal Care in the 1 st Trimester	One payment per member per pregnancy per year for valid prenatal care visit based on claims submitted.	\$25 paid quarterly.
Postpartum Care	One payment per member per pregnancy per year for valid postpartum care visit based on claims submitted.	\$25 paid quarterly.

Measure	Description	Payment amount
Lead Screening for Children	One payment per member per year for one lead capillary or venous lead blood test on or before the child's second birthday.	\$25 paid quarterly.
Asthma Medication Ratio	Members 5–64 years of age identified as having persistent asthma and a ratio of controller medications to total asthma medications (reliever and controller) of 0.50 or greater at the completion of the measurement period.	\$10 per compliant member. Paid in 4 th quarter only.
Glycemic Status Assessment for Patients with Diabetes (poor control) (> 9.0%) (electronic submission)	Up to 2 payments per member per year for electronic submission of glycemic status assessment with a result (HbA1c or GMI) of $\leq 9.0\%$ on file by Thursday, Jan. 15, 2027.	\$25 paid quarterly.
Electronic Submission of Controlled High Blood Pressure	One payment per member per year based on last blood pressure reading that is in control of the year on file by Thursday, Jan. 15, 2027.	\$15 paid in 4 th quarter only.
Developmental Screening in the First 3 Years of Life	One payment per member per year for children screened with CPT code 96110 on or by their first, second or third birthday.	\$25 paid quarterly.
Plan All Cause Readmissions	Payment for discharges without readmissions based on claims submitted. Readmissions/admissions is used to calculate rate.	\$20 per admission. Paid in 4 th quarter only. Payments are divided equally among all eligible providers if the office level rate is < 8.5.

Measure	Description	Payment amount
Health Equity: Glycemic Status Assessment for Patients with Diabetes (poor control) (> 9.0%)	Up to 2 payments per African American member per year for a glycemic status assessment with a result (HbA1c or GMI) of $\leq 9.0\%$ on file by Thursday, Jan. 15, 2027.	\$25 paid quarterly.
Health Equity: Controlling High Blood Pressure	One payment per African American member per year based on last blood pressure reading that is in control of the year on file by Thursday, Jan. 15, 2027.	\$15 paid in 4 th quarter only.
Health Equity: Well-Child Visits in the First 30 Months of Life (6+ visits in the first 15 months and 2+ visits from 15 months to 30 months)	One payment per African American member per year for 6+ visits in the first 15 months based on claims submitted. One payment per African American member per year for 2+ visits from 15 months to 30 months based on claims submitted.	\$25 paid quarterly. \$25 paid quarterly.
Health Equity: Prenatal Care in the 1 st Trimester	One payment per African American member per pregnancy per year for valid prenatal care visit based on claims submitted.	\$25 paid quarterly.
Health Equity: Postpartum Care	One payment per African American member per pregnancy per year for valid postpartum care visit based on claims submitted.	\$25 paid quarterly.

MedInsight PCP attribution

MedInsight's standard attribution algorithm reviews 24 months of data. Each member is attributed to the PCP with the most visits and, in the case of a tie, to the PCP with the most recent visit. Note that urgent care services are excluded from consideration.

View our [attribution guide](#) for additional details, including a list of applicable Evaluation and Management (E&M) codes and taxonomy codes, used in our standard PCP attribution algorithm.

Appeal process

The results of GHP's incentive programs are final. In 2026, we are instituting a formal appeal process for specific scenarios in which a payment amount is in dispute. One of the 2 following criteria must be met to file an appeal for the amounts paid as part of a GHP incentive program: GHP makes an error in calculating the payment, or payment is based on data that is incorrect.

To appeal the program, documentation of the error must be submitted to GHP within 60 days of the program results distribution. Contact your provider engagement liaison to begin the appeal process once the data error or omission is discovered. Once received, our quality and accreditation and/or data team will review the information to determine whether the documentation meets the criteria for closing the HEDIS care gap. If documentation is sufficient for closure of the care gap or resolution of the data, the additional payment will be included in the next quarterly payout. Once 60 days has elapsed, no appeals will be accepted for that timeframe.