

Provider Incentive Program Guidebook 2026



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Meridian, MeridianComplete, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members respectively. The information presented here is representative of our network of products. If you have any questions, please contact Quality Improvement.



Dear Provider,

Meridian is the largest and longest existing Medicaid health plan in Michigan, we recognize our success stems from the relationships we have with you, our providers. Here at Meridian, we also want to recognize your efforts are more than standard testing and treatments impacting our members' health and well-being but each members whole health going beyond the scope. One of the ways Meridian can assist in our continued growth in provider and member satisfaction is offering several distinct incentive programs for all our lines of business. Providers earn incentive payments for proactively coordinating preventive medicine and for thoroughly addressing members' current conditions and needs. Here in our incentive guidebook, you will find the information you need.

Programs like these have made Meridian a leader in healthcare innovation, driven by our partnerships to provide whole-person care and transform the health of the community, one person at a time. We thank you for your continued support and dedication to our shared members and look forward to partnering with you to provide the best care for our members.

Sincerely,

Patricia Graham
President, CEO



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Partnership for Quality Program

Wellcare is pleased to announce the launch of the 2026 Partnership for Quality (P4Q) Program.

Primary care providers can earn additional compensation by addressing preventive care activities and closing care gaps for our members. In addition, providers can earn even more by caring for our Clinical Priority Members.

P4Q Program Measures

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical	Common Ways to Close the Gap
Annual Preventive Visit (APV)	\$25	\$25	\$50	Annual Wellness Visit and/or Routine Physical Exam
Breast Cancer Screening (BCS)	\$50	\$10	\$60	Mammogram
Controlling High Blood Pressure (CBP)	\$100	\$25	\$125	Documented blood pressure reading
Colorectal Cancer, Screen (COL)	\$50	\$10	\$60	Fit kit, colonoscopy, CT colonography
Diabetes - Dilated Eye Exam (EED)	\$25	\$10	\$35	Comprehensive eye exam or retinal screening ≤with proper diagnosis codes
Diabetes HbA1C ≤ 9 (GSD)	\$100	\$25	\$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	\$50	\$10	\$60	Urine screening and blood test
Medication Adherence - Blood Pressure Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence - Diabetes Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence - Statins	\$35	N/A	\$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	\$50	\$10	\$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Therapy for Patients with CVD (SPC)	\$35	\$10	\$45	Medication regimen
Statin Use in Persons with Diabetes (SUPD)	\$50	\$10	\$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	\$50	\$10	\$60	Medication reconciliation encounter/intervention: 99483, CPT II Code IIIIF

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Clinical Priority Members

Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age, or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in Gap in Care Reports beginning in March 2026. For questions, please reach out to your Provider Representative.

P4Q Program Instructions

- Contact patients to schedule an appointment. 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, 2026.
- Upon completion of the examination, document care, treatment and diagnosis in the patient's medical record. 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, 2027.
- Review and counsel on results of tests and screenings with patients.



How much can I earn through the P4Q incentive?

Below are some examples of how much a provider can earn for specific care gaps closed within the 2026 measurement year.

Measure	Members Complaint	Bonus Amount	Total for P4Q Members Complaint	Clinical Priority Members Complaint	Bonus Amount	Combined P4Q & Clinical Priority Member Bonus Amount	Total for Clinical Priority Members Compliant	Total
Annual Preventive Visit (APV)	10	\$25	\$250	5	\$25	\$50	\$250	\$500
Breast Cancer Screening (BCS)	20	\$50	\$1,000	15	\$10	\$60	\$900	\$1,900
Controlling High Blood Pressure (CBP)	25	\$100	\$2,500	30	\$25	\$125	\$3,750	\$6,250
Diabetes HbA1C </=9 (GSD)	125	\$100	\$12,500	95	\$25	\$125	\$11,875	\$24,375



Continuity of Care Plus

We are pleased to announce the 2026 Continuity of Care Plus (CoC+) Program.

The CoC+ program supports providers in delivering high-quality care by using the Appointment Agenda to guide patient visits. This tool consolidates key insights, including health history, HEDIS® measures, pharmacy data, high-risk indicators, clinical information, and social determinants of health into a single, comprehensive view.

Providers can earn additional compensation by submitting completed Appointment Agendas with verified, documented diagnoses on qualified claims. Providers should ensure that the medical record accurately reflects all active conditions and, when relevant, includes resolved or historical conditions. However, medical records are not accepted as a form of submission.

Earning Opportunities

The 2026 Continuity of Care Plus (CoC+) Program offers two distinct opportunities for primary care providers to earn additional compensation:

Risk Adjustment Completion

Earn compensation by completing the Risk Adjustment section of the Appointment Agenda. This involves reviewing and updating the patient's active/suspected conditions to ensure accurate and complete documentation.

Meridian		
Threshold Percentage of Appointment Agendas Completed	Paper Rate	Electronic Rate
Less than 50%	\$50	\$100
50% to less than 80%	\$100	\$200
80% or more	\$150	\$300

Wellcare/Wellcare By Meridian		
Threshold Percentage of Appointment Agendas Completed	Paper Rate	Electronic Rate
Less than 50%	\$50	\$100
50% to less than 80%	\$100	\$200
80% or more	\$150	\$300

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Ambetter From Meridian		
Threshold Percentage of Appointment Agendas Completed	Paper Rate	Electronic Rate
Less than 50%	\$50	\$100
50% to less than 80%	\$100	\$200
80% or more	\$150	\$300

NOTE: Additional compensation is provided for Appointment Agendas submitted electronically. Thresholds are calculated at the company, line of business, and provider levels.

Comprehensive Insight Completion

Earn additional compensation by completing all other insights presented on the Appointment Agenda. These include:

- High Complexity
- Quality (Care Guidance)
- Clinical
- Drivers of Health (Social Determinants)

Meridian	Wellcare/Wellcare By Meridian	Ambetter From Meridian
\$100	\$150	\$100

To maximize your compensation, all sections of the Appointment Agenda must be fully completed, with every box checked. Additionally, a corresponding claim must be submitted with verified diagnoses. All diagnoses must be supported by corresponding medical record documentation.

Meridian	Wellcare/Wellcare By Meridian	Ambetter From Meridian
Up to \$400	Up to \$450	Up to \$400

NOTE: The CoC+ program is in addition to our health plan's other provider compensation programs and does not replace them.

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How to Participate

■ Conduct the Visit

Schedule and complete an exam with the eligible member using the Appointment Agenda to guide the encounter. Assess the accuracy of listed clinical conditions, insights, and any care gaps.

■ Complete and Submit the Appointment Agenda

Fill out and submit the Appointment Agenda directly in the Secure Provider Portal.

- > Meridian: **mimeridian.com/providers.html**
- > Wellcare/Wellcare By Meridian: **wellcare.com/michigan/providers**
- > Ambetter from Meridian: **AmbetterHealth.com/en/MI**

Refer to the CoC+ FAQ for a list of other approved submission methods.

■ Submit a Corresponding Claim or Encounter

Document all active conditions and care gaps on a claim using the appropriate coding standards (ICD-10, CPT®, CPT II, HCPCS, or NDC).

NOTE: All Appointment Agendas must be submitted by **January 31, 2027** to qualify.

Speak to your Health Plan Provider Engagement Representative for more information.

Provider Contact Information

Meridian

1-888-773-2647 (TTY: 711)

mimeridian.com/providers.html

Wellcare/Wellcare By Meridian

1-855-538-0454 (TTY: 711)

wellcare.com/michigan/providers

Ambetter From Meridian

1-833-993-2426 (TTY: 711)

AmbetterHealth.com/en/MI



How much can I earn through the CoC Plus incentive?

You could earn up to **\$400 for Meridian and Ambetter members** and up to **\$450 for Wellcare/Wellcare by Meridian members** based on program specific requirements. Providers can earn **an average of \$300 per Meridian and Ambetter member** and \$350 per Medicare member by electronically completing the Risk Adjustment, High Complexity, Clinical, Quality (Care Guidance), and Drivers of Health (Social Determinants) sections presented on the Appointment Agenda during member visits and submitting completed Appointment Agendas with corresponding verified and documented diagnoses on qualified claims. See below for examples of how much you can earn.

Provider Group A	Provider Group B	Provider Group C
Number of Completed Agendas (Risk Adjustment + Comprehensive Insight Completion): Medicaid: 15 Medicare: 25 Total Reward: \$13,250	Number of Completed Agendas (Risk Adjustment + Comprehensive Insight Completion): Medicaid: 80 Ambetter: 42 Total Reward: \$54,600	Number of Completed Agendas (Risk Adjustment + Comprehensive Insight Completion): Ambetter: 25 Medicare: 95 Total Reward: \$40,750



Pay for Performance (P4P)

What is the Objective of the P4P Incentive Program?

The P4P Program is a pay-for-performance incentive that rewards providers for delivering quality preventive healthcare services. Incentives range from \$25-\$120 for services such as immunizations, well-child visits, prenatal and postpartum care, management of chronic conditions, and more.

Who is Eligible for the P4P Incentive Program?

Eligible Product Lines:

- Meridian
- Ambetter from Meridian

The Meridian and Ambetter from Meridian P4P Program rewards providers on a tiered basis for achieving target completion rates for Medicaid and Ambetter members.

Medicaid Target Measures and Incentive Amounts

The grid on the next page outlines the benchmarks to meet the 50th, 75th, and 90th percentiles and the applicable incentive amounts for each measure included in the 2026 program. Provider's assigned membership must meet the 50th percentile to begin earning incentives. The incentive amounts increase once the provider hits the 75th or 90th percentile.

Medicaid Incentive Amounts

HEDIS® Measure	Abbreviation	50 th Percentile	75 th Percentile	90 th Percentile
Breast Cancer Screening	BCS	\$50	\$75	\$120
Controlling High Blood Pressure	CBP	\$50	\$75	\$120
Glycemic Status Assessment	GSD	\$50	\$75	\$120
Chlamydia Screening in Women (Total)	CHL Total	\$50	\$75	\$120
Childhood Immunizations - Combo 10	CIS 10	\$50	\$75	\$120
Immunizations for Adolescents - Combo 2	IMA 2	\$50	\$75	\$120
Kidney Health Evaluation for Patients with Diabetes	KED	\$50	\$75	\$120
Lead Screening in Children	LSC	\$50	\$75	\$120
Well-Child Visits in the First 15 Months of Life	W30 Rate 1	\$50	\$75	\$120

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Medicaid Target Compliance Percentage

HEDIS® Measure	Abbreviation	50 th Percentile	75 th Percentile	90 th Percentile
Breast Cancer Screening	BCS	55.87%	61.43%	66.31%
Controlling High Blood Pressure	CBP	67.88%	71.34%	75.43%
Glycemic Status Assessment	GSD	60.58%	64.69%	67.40%
Chlamydia Screening in Women (Total)	CHL Total	56.30%	65.47%	70.67%
Childhood Immunizations - Combo 10	CIS 10	23.89%	28.86%	34.79%
Immunizations for Adolescents - Combo 2	IMA 2	34.14%	40.19%	47.16%
Kidney Health Evaluation for Patients with	KED	42.13%	48.71%	54.15%
Lead Screening in Children	LSC	69.96%	76.34%	82.86%
Well-Child Visits in the First 30 Months of Life	W30 Rate 1	63.38%	67.49%	71.71%

Ambetter from Meridian Target Measures and Incentive Amounts

The grid below shows the HEDIS measures and corresponding incentive amounts paid to providers for every care gap closed for eligible Ambetter members.

HEDIS® Measure	Abbreviation	Incentive Amount	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Cervical Cancer Screening	CCS-E	\$25	47.30%	57.50%
Colorectal Cancer Screening	COL-E	\$25	54.10%	60.80%
Child and Adolescent Well-Care Visits	WCV	\$25	49.50%	60.30%
Blood Pressure Control for Patients with Hypertension	BPC-E	\$25	68.10%	73.80%
Glycemic Status Assessment for Patients with Diabetes <9	GSD	\$25	73.50%	79.10%
Eye Exam for Patients with Diabetes	EED	\$25	44.60%	53.30%
Kidney Health Evaluation for Patients with Diabetes	KED	\$25	49.90%	56.90%
Breast Cancer Screening	BCS-E	\$25	73.20%	77.10%
Chlamydia Screening in Women	CHL	\$25	45.70%	52.80%
Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	\$25	42.30%	50.40%

(Incentive Amount) x (Number Compliant) x (75% for reaching Target 1 or 100% for reaching Target 2).

No bonus is earned if the minimum Target is not achieved.

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How Much Can I Earn?

Below are examples of a provider group highlighting how much they can earn from the incentive program.

Product Line: Meridian

Measure	Hits	Population	Rate	Percentile Achieved	Payout	Max Payout
BCS	50	100	50%	-	\$0	\$12,000
CBP	20	80	25%	-	\$0	\$9,600
GSD	75	100	75%	90th	\$9,000	\$12,000
CHL Total	22	58	37.93%	-	\$0	\$6,960
CIS 10	22	56	39.29%	90th	\$2,640	\$6,720
IMA 2	35	100	35%	50th	\$1,750	\$12,000
KED	49	100	49%	75th	\$3,675	\$12,000
LSC	39	50	78%	75th	\$2,925	\$6,000
W30 Rate 1	64	100	64%	50th	\$3,200	\$12,000
Total					\$23,190	\$89,280

Product Line: Ambetter

Measure	Hits	Population	Rate	Percentile Achieved	Payout	Max Payout
BCS-E	10	20	50%	-	\$0	\$500
CCS-E	25	50	50%	Target 1	\$468.75	\$1,250
WCV	32	50	64%	Target 2	\$800	\$1,250
CHL	22	49	44.90%	-	\$0	\$1,225
COL-E	12	25	48%	-	\$0	\$625
BPC-E	70	100	70%	Target 1	\$1,312.50	\$2,500
EED	85	110	77.27%	Target 2	\$2,125	\$2,750
GSD	90	115	78.26%	Target 1	\$1,687.50	\$2,875
KED	62	110	56.36%	Target 1	\$1,162.50	\$2,750
DSF-E	25	70	35.71%	-	\$0	\$1,750
Total					\$7,556.25	\$17,475

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Additional Notes:

Results may be faxed to **1-833-667-1532** or sent to our secure email **MIHEDIS@mhplan.com**. All procedures must be completed within strict HEDIS® and Michigan Department of Health and Human Services (MDHHS) guidelines. For a complete list of covered CPT codes for these measures or to view the Drug Formulary for a list of covered drugs, visit **mimeridian.com**.

*Incentive is paid if the member is adherent to their medications or blood pressure or HbA1c level is controlled as of December 31, 2026.

- Incentives are paid annually upon completion of all qualifying services in compliance with HEDIS® measurement year 2026 guidelines. Unless otherwise noted, one incentive is paid per member per year. Meridian and MeridianComplete incentives will begin being paid in 2027 after MY25 HEDIS® performance is finalized. Ambetter incentives may be paid via interim payments throughout 2026 with a final reconciliation payment in 2027. Incentive is paid to the assigned PCP at the time of payment.
- Measures are subject to change based on HEDIS® adjustments.
- Meridian maintains the right to modify or discontinue the P4P Program at any time. Program funding for all lines of business is subject to change and updating at any time during the program year. Payments will not exceed budgeted amounts. Payments will be indexed as needed.
- For more information, contact Quality Improvement at 1-888-773-2647.



Meridian Medicaid Jump Start Incentive Program

Meridian recognizes the unique challenges that can come with coordinating early care for members. To reward providers for taking early action to close care gaps, Meridian is pleased to announce our Medicaid Jump Start Incentive Program.

Effective January 1, 2026 through June 30, 2026

The Medicaid Jump Start Incentive Program will follow a threshold model in which the increased incentive amount per gap closure will be paid to in-network Medicaid primary care providers (PCP) after their assigned membership reaches set completion rates by June 30, 2026.

The grids below outline the applicable measures included in the 2026 Jump Start Program and the benchmarks for the 50th, 75th, and 90th percentiles that must be met. Each measure will be calculated and rewarded individually.

If providers do not reach the benchmarks for the 50th, 75th, or 90th percentile by June 30, 2026, they will still be eligible to earn the Medicaid Pay for Performance (P4P) incentives for the measures included in the Jump Start Program. If a provider reaches the benchmark for the 50th, 75th, or 90th percentile by June 30, 2026 and earns the Jump Start incentive, they will be eligible to participate in the Medicaid P4P incentive program for any gaps closed after June 30, 2026 through December 31, 2026.

Medicaid Incentive Amounts

HEDIS® Measure	Abbreviation	50th Percentile	75th Percentile	90th Percentile
Chlamydia Screening in Women (Total)	CHL Total	\$100	\$150	\$240
Kidney Health Evaluation for Patients with Diabetes	KED	\$100	\$150	\$240

Medicaid Target Compliance Percentage

HEDIS® Measure	Abbreviation	50th Percentile	75th Percentile	90th Percentile
Chlamydia Screening in Women (Total)	CHL Total	56.30%	65.47%	70.67%
Kidney Health Evaluation for Patients with Diabetes	KED	42.13%	48.71%	54.15%

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**Program Information:**

Results may be faxed to 1-833-667-1532 or sent to our secure email MIHEDIS@mhplan.com. All procedures must be completed within strict HEDIS® and Michigan Department of Health and Human Services (MDHHS) guidelines. For a complete list of covered CPT codes for these measures or to view the Drug Formulary for a list of covered drugs, visit mimeridian.com. For more information on the Meridian Provider Incentive Programs, please contact Quality Improvement or your Provider Network Management Representative.

Additional Notes:

- Claims must be received by July 31, 2026 to be eligible for this incentive program.
- Incentives for this program will be paid in August 2026 in compliance with HEDIS® measurement year 2026 guidelines. Unless otherwise noted, one incentive is paid per member per year. Incentive is paid to the assigned PCP at the time of payment.
- Measures are subject to change based on HEDIS® adjustments.
- Incentives for this program include Meridian and Healthy Michigan Plan members only. This program excludes Ambetter from Meridian, Wellcare, and Wellcare By Meridian members.

For more information on the Meridian Provider Incentive Programs, please contact Quality Improvement or your Provider Network Management Representative.



Patient-Centered Medical Home (PCMH)

Meridian recognizes that health care goes beyond screenings and treatments and includes continuous and coordinated patient-first health care to empower patients to become active in their health care management. To reward forward-thinking clinicians like you, Meridian is pleased to share our revamped Patient-Centered Medical Home (PCMH) Incentive Program.

Effective January 1, 2026, providers seeking new PCMH designation may be eligible for a \$500 incentive to help offset the cost of pursuing the designation. An application process may be required to receive this incentive. In addition, if you're interested in becoming a PCMH provider through the National Committee for Quality Assurance (NCQA), Meridian has developed a partnership with NCQA that provides a 20 percent discount on initial recognition application fees to all our PCPs. Please contact Quality Improvement for more information.



Notification of Pregnancy (NOP)

What is the NOP Incentive?

In 2026, Meridian is offering a **\$50 incentive** for each notification of pregnancy (NOP) form submitted with required questions completed by a Doula*, Maternal Infant Health Program (MIHP), Community Based Organization (CBO), Obstetrician (OB)*, or Midwife*. We encourage providers to complete the **entire form** to better assist Meridian with identifying member needs. Incentive payments will occur on a quarterly basis and will be made directly to the provider submitting the NOP form. Provider must be a credentialed provider in network for Meridian Medicaid to be eligible for the incentive.

Where and how are the NOP forms submitted?

Provider NOP Form

- The provider NOP form can be found on our Provider Portal on provider.mimeridian.com. The assessment name is “SSFB WEB ONLY Provider NOP V2.”
- The form is available under “Manuals, Forms, and Resources” on mimeridian.com.
 - The completed form can be faxed to **1-833-341-2052**.
 - Maternal Infant Health Programs (MIHP) providers and CBOs must fax the NOP form and put “N/A-MIHP/CBO” for the TIN #.

Process following the notification

- NOP forms are combined with claims data to calculate a risk score.
- Each risk score will have an associated reason for the assigned risk level.
- A primary care manager will be determined based on the member’s risk factors.
- Meridian’s Medical Management team will prioritize members for outreach via phone, home visits, and member mailings.

For more information on these Provider Incentive Programs, please contact Quality Improvement.



Health Information Exchange (HIE) Initiative

The healthcare delivery system is quickly evolving as new technological advancements continue to yield improvements. Meridian recognizes the importance of this industry transformation as an opportunity to drive innovation and promote the highest quality of care for our members.

The Michigan Health Information Network (MiHIN) has been a leading force behind Michigan's statewide advancements in healthcare technology. MiHIN works with key Michigan stakeholders to offer a set of standardized services and resources aimed at streamlining the use and exchange of valuable health information.

How to Enroll and Partner with MiHIN

- Become a MiHIN HIE Qualified Organization by contacting MiHIN at mihin.org/requesthelp or emailing info@mihin.org
- Learn more about MiHIN Shared Services Use Cases at mihin.org/use-case-factory-v22/

Health Information Exchange (HIE) Engagement

The Health Information Exchange (HIE) Engagement incentive is designed to promote Meridian's provider participation in the statewide data sharing initiatives established through MiHIN.

Providers can earn a one-time **\$500 incentive** for setting up a new Use Case with MiHIN.

This incentive is not applicable to any use cases existing prior to January 1, 2026.

The feed would have to be live, in production, and actively submitting data to be eligible for this incentive.

For more information about this incentive program, please contact Quality Improvement.



Social Determinants of Health (SDoH) Incentive Program

Meridian recognizes that health care goes beyond standard testing and treatments and includes screening patients for social determinants that may be having a negative impact on their health. To reward providers for this work, Meridian is pleased to share our new SDoH incentive program.

Effective January 1, 2026, all providers are eligible for incentives for screening patients for SDoH needs. Screening for SDoH needs and providing resources and services to address them has been found to reduce health risks and decrease the cost of care leading to healthier patients overall. Meridian would like to reward our providers who are going above and beyond to care for their patients' whole health. We look forward to partnering with you to provide the best care for our members!

Qualifications for program:

- Contracted

Who is Eligible for the SDoH Incentive?

Eligible Product Line:

- Meridian
- Wellcare Dual Special Needs Program (D-SNP)
- Wellcare by Meridian

Incentive structure:

- \$5.00 per SDoH screening completed
 - > Eligible screening instruments and corresponding LOINC codes* are detailed on next page
 - > Incentive is limited to one screening per per adult member (18 years of age and up), per year
 - > SDoH assessments must be submitted via Michigan Health Information Network Shared Services (MiHIN) Quality Measure Information (QMI) use case or direct feed with Meridian

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Eligible SDoH screening instruments and correlating LOINC codes*:

Food Insecurity Instruments	Screening Item LOINC Codes*
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7*
	88123-5*
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7*
	88123-5*
Health Leads Screening Panel®	95251-5*
Hunger Vital Sign™ (HVS)	88124-3*
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®	93031-3*
Safe Environment for Every Kid (SEEK)®	95400-8*
	95399-2*
U.S. Household Food Security Survey [U.S. FSS]	95264-8*
U.S. Adult Food Security Survey [U.S. FSS]	95264-8*
U.S. Child Food Security Survey [U.S. FSS]	95264-8*
U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8*
We Care Survey	96434-6*
WellRx Questionnaire	93668-2*

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes*
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3*
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6*
Children's Health Watch Housing Stability Vital Signs™	98976-4*
	98977-2*
	98978-0*
Health Leads Screening Panel®	99550-6*
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®	93033-9*
	71802-3*
We Care Survey	96441-1*
WellRx Questionnaire	93669-0*

Housing Inadequacy Instruments	Screening Item LOINC Codes*
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6*
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6*

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Transportation Insecurity Instruments	Screening Item LOINC Codes*
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5*
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4*
Comprehensive Universal Behavior Screen (CUBS)	89569-8*
Health Leads Screening Panel®	99553-0*
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®	93030-5*
PROMIS®	92358-1*
WellRx Questionnaire	93671-6*

Additional Notes:

- *LOINC codes are generally submitted through HL7 messages and data feeds. If your organization is set up to transmit HL7 messages/data feeds to Meridian/Centene, you can begin transmitting LOINC codes now. Please reach out to your Quality Practice Advisor for more information.
- Incentives for this program include Meridian, Wellcare Dual Special Needs Program (D-SNP), and Wellcare by Meridian members only. This program excludes Ambetter from Meridian and Wellcare members not in a D-SNP plan.
- Payments will be made to the servicing provider, or the affiliated PHO group based on contract specifications.
 - Providers with a Community Health Worker (CHW) delegate contract in place will be excluded from this incentive for Meridian and Healthy Michigan Plan members only. These providers will still be eligible to receive an incentive for SDoH screenings completed for Wellcare Dual Special Needs Program (D-SNP), and Wellcare By Meridian members.
- For more information on the Meridian Provider Incentive Programs, please contact Quality Improvement.
- Meridian maintains the right to modify or discontinue the MiHIN Program at any time. Program funding for all lines of business is subject to change and updating at any time during the program year. Payments will not exceed budgeted amounts. Payments will be indexed as needed.



Meridian Foster Care Pay for Performance (P4P) Program

Meridian recognizes the unique challenges that can come with coordinating and providing care for children and youth enrolled in foster care. To reward providers for their work with this population of members, Meridian is pleased to announce our Foster Care Incentive Program.

As the largest and longest standing Medicaid plan in Michigan, we know our success is based on the relationships we have with our providers. One of the ways Meridian cultivates these relationships is by offering several distinct incentive programs. Effective January 1, 2026, providers are eligible for additional incentive payments for providing services and closing care gaps for children and youth enrolled in foster care.

In 2026, the Meridian Foster Care P4P program will pay an incentive amount per hit to in-network Medicaid primary care providers (PCP) for closing care gaps for children and youth enrolled in foster care.

The grid below outlines the measures included in the incentive and the correlating amounts.

Foster Care Incentive Amounts

HEDIS® Measure	Incentive
Chlamydia Screening in Women (Total)	\$50
Childhood Immunizations - Combo 10	\$50
Immunizations for Adolescents - Combo 2	\$50
Lead Screening in Children	\$50
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life	\$50
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life	\$50
Child and Adolescent Well-Care Visits	\$50

Continued on next page



Where and How is the Foster Care Program is submitted?

Results may be faxed to **1-833-667-1532** or **sent to our secure email MIHEDIS@mhplan.com**. All procedures must be completed within strict HEDIS® and Michigan Department of Health and Human Services (MDHHS) guidelines. For a complete list of covered CPT codes for these measures or to view the Drug Formulary for a list of covered drugs, visit mimeridian.com. For more information, contact your local Provider Network Management Representative or the Provider Services department at **1-888-773-2647**.

Additional Notes:

- Incentives are paid annually upon completion of all qualifying services in compliance with HEDIS® measurement year 2026 guidelines. Unless otherwise noted, one incentive is paid per member per year. Incentives will begin being paid in 2027 after MY26 HEDIS® performance is finalized. Incentive is paid to the assigned PCP at the time of payment.
- Measures are subject to change based on HEDIS® adjustments.
- Incentives for this program include Meridian and Healthy Michigan Plan members only. This program excludes Ambetter from Meridian, and Wellcare members.
- Incentive will be paid for services completed for members that meet the criteria to be included in each HEDIS measure based on the NCQA HEDIS Technical Specifications, regardless of continuous enrollment status. For more information about this, please reference Meridian's Quality Resource Guide or contact your quality provider representative.

