

Provider Incentive Program Guidebook 2022



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Dear Provider,

Meridian, MeridianComplete (Medicare-Medicaid Plan), Ambetter from Meridian, and Wellcare are pleased to announce our 2022 Provider Incentive Programs, effective January 1, 2022. In 2022, we will be offering a variety of incentive programs to reward providers for delivering quality preventive healthcare services to members. This guidebook serves as an overview of the programs offered, the eligible product lines, and hypothetical examples of how much providers can earn by participating in the programs.

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As one of the fastest growing managed care organizations, 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 that differentiate us from other plans. Provider incentive programs are a key component in improving the quality of our members’ lives and closing gaps in care. Providers earn incentive payments for proactively coordinating preventive medicine and for thoroughly addressing patients’ current conditions.

Provider incentive programs have made us an industry leader and aligned with our mission to help our members live better, healthier lives. We thank you for your continued support and dedication to our members and look forward to partnering with you to provide the best care for our members.

Sincerely,

Sean Kendall
President, CEO
Meridian



Partnership for Quality (P4Q) – Healthcare Effectiveness Data and Information Set (HEDIS®)

What is the P4Q HEDIS® Incentive?

This program is an incentive strategy to better align payment with quality. The program pays for specific HEDIS® care gaps closed within the 2022 calendar year. The list of eligible care gaps can be found on the table below. Providers can earn incentives at multiple levels based upon Star score achievement for each measure.

Who is eligible for the P4Q HEDIS® Incentive?

Eligible Product Line:

- Wellcare

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$25	\$35	\$45
Care of Older Adult – Medication List and Review*	\$5	\$15	\$25	\$35
Care of Older Adult – Pain Screening*	\$5	\$15	\$25	\$35
Colorectal Cancer Screen	\$10	\$25	\$35	\$45
Diabetes – Dilated Eye Exam	\$10	\$25	\$35	\$45
Diabetes HbA1c < 9	\$10	\$30	\$45	\$60
Follow-Up After ED Visit for People With High-Risk Multiple Chronic Conditions	\$10	\$15	\$25	\$35
Hypertension	\$10	\$30	\$45	\$60
Mammogram	\$10	\$25	\$35	\$45
Medication Adherence – Blood Pressure Medications	\$10	\$30	\$45	\$60
Medication Adherence – Diabetes Medications	\$10	\$30	\$45	\$60
Medication Adherence – Statins	\$10	\$30	\$45	\$60
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$25	\$35	\$45
Statin Use in Persons with Diabetes	\$10	\$25	\$35	\$45
Transitions of Care – Medication Reconciliation Post Discharge	\$10	\$15	\$25	\$35
Transitions of Care – Patient Engagement after Discharge	\$10	\$15	\$25	\$35

**Dual Eligible Special Needs Plan (DSNP) members only*



How do I know which STAR Score I have achieved for each measure?

STAR performance is determined by comparing a provider's compliance percentage for a measure to established benchmarks in the STAR target table. Benchmarks are based on expected industry performance in 2022. See table below for benchmarks. Monthly care gap reports are provided by your Wellcare Quality Improvement or Provider Network Management Representative and show progress to STAR score achievement.

Program Measures	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	46%	57%	75%
Care of Older Adult – Medication List and Review*	79%	92%	98%
Care of Older Adult – Pain Screening*	84%	95%	98%
Colorectal Cancer Screen	69%	79%	88%
Diabetes – Dilated Eye Exam	69%	79%	87%
Diabetes HbA1c < 9	67%	80%	89%
Follow-Up After ED Visit for People With High-Risk Multiple Chronic Conditions	64%	67%	69%
Hypertension	71%	79%	90%
Mammogram	68%	76%	84%
Medication Adherence – Blood Pressure Medications	86%	91%	95%
Medication Adherence – Diabetes Medications	89%	91%	96%
Medication Adherence – Statins	87%	91%	96%
Statin Therapy for Patients with Cardiovascular Disease	89%	92%	97%
Statin Use in Persons with Diabetes	84%	88%	92%
Transitions of Care – Medication Reconciliation Post Discharge	90%	94%	98%
Transitions of Care – Patient Engagement after Discharge	63%	76%	90%



How much can I earn through the P4Q Program?

Below is a hypothetical example of how much a provider earned at the end of the year.

Measure	Hits	Eligible Population	Rate	Star Achieved	Incentive Achieved	Payout
Bone Mineral Density Testing	21	31	68%	5-star	\$45	\$945
COA – Med List and Review	10	38	26%	Base	\$5	\$50
COA – Pain Screening	9	38	24%	Base	\$5	\$45
Colorectal Cancer Screening	15	60	25%	Base	\$10	\$150
Diabetes – Dilated Eye Exam	17	40	43%	Base	\$10	\$170
Diabetes – HbA1c < 9	35	40	85%	4-star	\$45	\$1,575
F/U ED Multiple High-Risk Chronic Conditions	12	16	75%	5-star	\$35	\$420
Hypertension	42	58	72%	3-star	\$30	\$1,260
Mammogram	20	28	71%	3-star	\$25	\$500
Med Adherence – Blood Pressure	22	30	73%	Base	\$10	\$220
Med Adherence – Diabetes	19	23	83%	Base	\$10	\$190
Med Adherence – Statins	48	59	81%	Base	\$10	\$480
Statin Therapy for Patients with Cardiovascular Disease	5	6	83%	Base	\$10	\$50
Statin Use in Patients with Diabetes	28	31	90%	4-star	\$35	\$980
TRC – Med Reconciliation Post-discharge	9	12	75%	3-star	\$15	\$135
TRC – Engagement After Discharge	6	12	50%	Base	\$10	\$60
Total						\$7,230



RxEffect®

What is the RxEffect® Incentive?

Wellcare incentivizes providers for utilizing RxEffect® to increase patient adherence to specific medication-based measures. Providers use RxEffect® to identify and take action for their patients with diabetes, blood pressure, or cholesterol medication. Providers are rewarded for eligible patients who are adherent when they obtain a final fill of their medication by December 31, 2022.

Who is eligible for the RxEffect® Incentive?

Eligible Product Line:

- Wellcare

How much can I earn through the RxEffect® Incentive?

Providers can earn \$50 for eligible patients who are adherent for obtaining a final fill of their medication. See below for examples of how much a provider could earn in the program by the end of the year.

Provider Group A	Provider Group B	Provider Group C
Adherent Members: 500 Rewards from RxEffect®: \$25,000	Adherent Members: 250 Rewards from RxEffect®: \$12,500	Adherent Members: 50 Rewards from RxEffect®: \$2,500



Continuity of Care Bonus Program (Appointment Agenda)

What is the Appointment Agenda Incentive?

An appointment agenda is a guide to help providers review an eligible member’s care gaps during an office visit. This document contains care gaps and health conditions derived from reviewing the member’s historical claims data and identifies chronic conditions for which data indicates documentation and care are required.

Providers are eligible for a bonus for each completed Appointment Agenda (disease conditions/continuity of care portion only) with verified/documented diagnoses. Providers earn bonus payment by updating eligible members’ health history and addressing and billing appropriately for chronic conditions. The table below shows how much a provider could earn for each Appointment Agenda completed.

The Continuity of Care Program went into effect February 1, 2022.

Percent of Appointment Agendas Completed	Bonus Amount Paid Per Appointment Agenda
<50%	\$100
>50% to <80%	\$200
>80%	\$300



Who is eligible for the Appointment Agenda Incentive?

Eligible Product Line:

- Wellcare
- Meridian
- MeridianComplete
- Ambetter from Meridian

What is the Early Submitter Bonus for Appointment Agendas?

The Early Submitted Bonus is an additional \$50 incentive for appointment agenda completion. To be eligible for this program, provider groups must be contracted with Wellcare, MeridianComplete, or Ambetter from Meridian. To qualify for the bonus incentive, visits must be completed by June 30, 2022 and appointment agendas must be submitted prior to July 31, 2022 to be eligible for an additional \$50 per appointment agenda. The Meridian product line is excluded from this bonus.

How much can I earn through the Appointment Agenda Incentive?

Providers can earn an average of \$150 per agenda and an average of \$200 per early submitted bonus agendas. See below for examples of how much you can earn.

Provider Group A	Provider Group B	Provider Group C
Number of Agendas Completed: 85 members + 30 early submitted bonuses	Number of Agendas Completed: 110 members + 45 early submitted bonuses	Number of Agendas Completed: 15 members + 0 early submitted bonuses
Rewards from Appointment Agenda: \$18,750	Rewards from Appointment Agenda: \$25,500	Rewards from Appointment Agenda: \$2,250



Quality Bonus Program (QBP)

What is the Quality Bonus Incentive Program?

Medicaid provider groups engaged in a value-based contract are eligible to earn a per member per month rate paid annually at the PHO or CIN level for reaching set percentiles for specific HEDIS measures. See grid below for percentage of eligible Meridian patients needed to successfully complete the measure to receive an incentive reward. Provider groups will either be eligible for the adult or pediatrics measures based on contract.

Measure	Adult	Pediatrics	50 th Percentile	75 th Percentile	90 th Percentile
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	x	x	54.06%	61.90%	70.39%
Adults' Access to Preventative Ambulatory Health Services (AAP 20-44)	x		75.32%	79.39%	83.21%
Adults' Access to Preventative Ambulatory Health Services (AAP 45-64)	x		83.18%	86.09%	88.39%
Asthma Medication Ratio (AMR)	x	x	64.78%	70.67%	75.32%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		x	30.58%	36.84%	44.58%
Breast Cancer Screening (BCS)	x		53.93%	58.70%	63.77%
Controlling High Blood Pressure (CBP)	x		55.35%	62.53%	66.79%
Cervical Cancer Screening (CCS)	x		59.12%	63.66%	67.99%
Blood Pressure Control for Patients with Diabetes (CDC BP)	x		58.52%	65.69%	71.23%
Hemoglobin A1c Control for Patients with Diabetes (CDC Control -HBD)	x		46.83%	51.34%	55.23%
Eye Exam for Patients with Diabetes (CDC Eye Exam)	x		51.36%	57.91%	63.02%
Chlamydia Screening in Women (CHL)	x	x	54.91%	61.75%	66.15%
Childhood Immunizations - Combo 10 (CIS - Combo 10)		x	38.20%	45.50%	53.66%
Appropriate Testing for Pharyngitis (CWP)	x	x	76.44%	82.20%	85.77%
Immunizations for Adolescents (IMA - Combo 2)		x	36.74%	43.55%	50.61%
Lead Screening in Children (LSC)		x	71.53%	77.86%	83.94%
Postpartum Care (PPC)	x		76.40%	79.56%	83.70%
Timeliness of Prenatal Care (PPC)	x		85.89%	89.29%	92.21%
Appropriate Treatment for Upper Respiratory Infection (URI)	x	x	88.86%	92.11%	94.34%

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Measure	Adult	Pediatrics	50 th Percentile	75 th Percentile	90 th Percentile
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life (W30 Rate 1)		x	54.92%	61.25%	68.33%
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life (W30 Rate 2)		x	70.67%	76.12%	82.82%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents - BMI percentile (WCC BMI)		x	76.64%	82.73%	87.18%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents - Counseling for Nutrition (WCC Nutrition)		x	70.11%	76.64%	82.48%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents - Counseling for Physical Activity (WCC Physical Activity)		x	66.18%	72.81%	79.32%
Child and Adolescent Well-Care Visits (WCV)		x	45.31%	53.83%	61.97%
Total Measures	15	15			

The table below shows the incentive amount you can earn per member/per month (PMPM) based on the number of measures and benchmarks the group is able to achieve. These amounts are cumulative so a provider group who achieves the 90th percentile for 12 – 15 measures can earn a maximum \$7.50 PMPM.

Measure Count	50 th Percentile PMPM	75 th Percentile PMPM	90 th Percentile PMPM
1–3	\$.75	\$1.25	\$1.75
4–7	\$1.00	\$1.50	\$2.25
8–11	\$1.25	\$2.25	\$2.75
12–15	\$1.50	\$2.75	\$3.25

Who is eligible for the QBP Incentive?

Eligible Product Line:

- Meridian



How much can I earn?

The example below is of a provider group with a membership size of 1,500 members per month and achieved the following benchmarks:

- A total of 11 measures reached the 50th percentile
- Out of those 11 measures, 7 measures also reached the 75th percentile
- Out of those 7 measures, 5 measures also reached the 90th percentile

The table below shows the PMPM incentive amount this provider earned based on the number of measures and benchmarks the group achieved.

	50th Percentile		75th Percentile		90th Percentile		Total
Measures Reaching Percentile	11		7		5		
		+		+		=	
PMPM Achieved	\$1.25		\$1.50		\$2.25		\$5

This provider earned \$5 PMPM which equates to a total of \$90,000 of potential earnings in the year (\$5 PMPM x 1,500 members x 12 months).



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 \$10 – \$125 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
- MeridianComplete
- Ambetter from Meridian

The Meridian and Ambetter from Meridian P4P Program rewards providers on a tiered basis for achieving target completion rates for Medicaid members. The MeridianComplete P4P Program is a pay-for-performance incentive that rewards providers for closing members' gaps in care.

Medicaid Target Measures and Incentive Amounts

The grids below outline the benchmarks to meet for the 75th and 90th percentile and applicable incentive amounts for each measure included in the 2022 program. Provider's assigned membership must hit the 75th percentile to begin earning incentives. The incentive amount increases once the provider hits the 90th percentile.

For example, to earn the \$40 per hit for Breast Cancer Screening:

- Providers must have at least 58.70% of their assigned membership eligible for a breast cancer screening to complete the screening

To earn the \$50 per hit for Breast Cancer Screening:

- Providers must have more than 63.77% of their assigned membership eligible for a breast cancer screening to complete the screening



HEDIS Measure	75 th Percentile Incentive	90 th Percentile Incentive	75 th Percentile Target	90 th Percentile Target
Adults' Access to Preventative Ambulatory Health Services (AAP 20-44)	\$35	\$45	79.39%	83.21%
Adults' Access to Preventative Ambulatory Health Services (AAP 45-64)	\$10	\$15	86.09%	88.39%
Asthma Medication Ratio (AMR)	\$25	\$40	70.67%	75.32%
Breast Cancer Screening (BCS)	\$40	\$50	58.70%	63.77%
Controlling High Blood Pressure (CBP)	\$30	\$50	62.53%	66.79%
Cervical Cancer Screening (CCS)	\$40	\$50	63.66%	67.99%
Blood Pressure Control for Patients with Diabetes (CDC Blood Pressure)	\$25	\$40	65.69%	71.23%
Eye Exam for Patients with Diabetes (CDC Eye Exam)	\$50	\$75	57.91%	63.02%
Hemoglobin A1c Control for Patients with Diabetes (CDC A1c <8)	\$30	\$50	51.34%	55.23%
Chlamydia Screening in Women ages 16-20 (CHL 16-20)	\$40	\$50	58.90%	65.30%
Chlamydia Screening in Women ages 21-24 (CHL 21-24)	\$30	\$40	65.52%	70.66%
Childhood Immunizations - Combo 10 (CIS Combo 10)	\$50	\$75	45.50%	53.66%
Health Risk Assessment Completion (HRA Completion)	\$25	\$50	12%	15%
Immunizations for Adolescents (IMA Combo 2)	\$50	\$75	43.55%	50.61%
Lead Screening in Children (LSC)	\$30	\$50	77.86%	83.94%
Postpartum Care (PPC)	\$75	\$125	79.56%	83.70%
Timeliness of Prenatal Care (PPC)	\$75	\$125	89.29%	92.21%
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life (W30 Rate 1)	\$30	\$50	61.25%	68.33%
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life (W30 Rate 2)	\$10	\$15	76.12%	82.82%
Child and Adolescent Well-Care Visits (WCV)	\$10	\$15	53.83%	61.97%



MeridianComplete 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 MeridianComplete members.

Measure	Incentive Amount
Medication Adherence for Diabetes Medications	\$100
Controlling Blood Pressure (CBP)	\$40
Colorectal Cancer Screening (COL)	\$30
TRC – Medication Reconciliation Post-Discharge (65+)	\$40
Follow-Up After Hospitalization (FUH) – 30 days	\$60
Annual Dentist Visit (ADV)	\$50
Antidepressant Medication Management – Acute Phase (AMM)	\$25

Ambetter from Meridian Target Measures and Incentive Amounts

2022 Target Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Antidepressant Medication Management (AMM): Effective Acute Phase Treatment	\$25	72.74%	76.05%
Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment	\$25	72.74%	76.05%
Appropriate Treatment for Children with Pharyngitis (CWP)	\$25	76.83%	80.95%
Asthma Medication Ratio (AMR)	\$25	75%	90%
Cervical Cancer Screening (CCS)	\$25	64.97%	71.47%
Chlamydia Screening in Women (CHL): Ages 16-20	\$25	52.96%	58.95%
Chlamydia Screening in Women (CHL): Ages 21-24	\$25	52.96%	58.95%
Comprehensive Diabetes Care- Eye Exam (CDC-DRE)	\$25	52.80%	59.45%
Monitoring for Warfarin (INR)	\$25	75%	90%
Proportion of Days Covered (PDC)- Diabetes All Classes	\$25	80.23%	83.13%



How much can I earn?

Below are examples of a provider group highlighting how much they can earn from the incentive program, and how much they would earn if all members in each measure's eligible population became a hit.

• Product Line: Meridian

Measure	Hits	Population	Rate	Percentile Achieved	Payout	Max Payout
Adults' Access to Preventative Ambulatory Health Services (AAP 20-44)	1,710	1,992	85.84%	90th	\$76,950	\$89,640
Adults' Access to Preventative Ambulatory Health Services (AAP 45-64)	949	1,071	88.61%	90th	\$14,235	\$16,065
Breast Cancer Screening (BCS)	218	318	68.55%	90th	\$10,900	\$15,900
Cervical Cancer Screening (CCS)	1,355	1,927	70.32%	90th	\$67,750	\$96,350
Blood Pressure Control for Patients with Diabetes (CDC BP)	29	274	10.58%	-	\$0	\$10,960
Eye Exam for Patients with Diabetes (CDC Eye Exam)	146	274	53.28%	-	\$0	\$20,550
Hemoglobin A1c Control for Patients with Diabetes (CDC A1c <8)	102	274	37.23%	-	\$0	\$13,700
Childhood Immunizations - Combo 10 (CIS - Combo 10)	27	92	29.35%	-	\$0	\$6,900
Health Risk Assessment Completion (HRA Completion)	91	1,728	5.27%	-	\$0	\$86,400
Immunizations for Adolescents (IMA - Combo 2)	14	54	25.93%	-	\$0	\$4,050
Lead Screening in Children (LSC)	59	92	64.13%	-	\$0	\$4,600
Postpartum Care (PPC)	103	135	76.30%	-	\$0	\$16,875
Timeliness of Prenatal Care (PPC)	105	135	77.78%	-	\$0	\$16,875
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life (W30 Rate 1)	53	82	64.63%	75th	\$1,590	\$4,100
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life (W30 Rate 2)	56	97	57.73%	-	\$0	\$1,455
Child and Adolescent Well-Care Visits (WCV)	618	1,466	42.16%	-	\$0	\$21,990

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Measure	Hits	Population	Rate	Percentile Achieved	Payout	Max Payout	
Chlamydia Screening in Women ages 16-20 (CHL 16-20)	57	87	65.52%	90th	\$2,850	\$4,350	
Chlamydia Screening in Women ages 21-24 (CHL 21-24)	88	133	66.17%	75th	\$2,640	\$5,320	
Asthma Medication Ratio (AMR)	48	79	60.76%	-	\$0	\$3,160	
Controlling High Blood Pressure (CBP)	40	496	8.06%	-	\$0	\$24,800	
					Total	\$176,915	\$464,040

• Product Line: MeridianComplete

Measure	Member hits	Incentive Amount	Total
Medication Adherence for Diabetes Medications	30	\$100	\$3,000
Controlling High Blood Pressure (CBP)	22	\$40	\$880
Colorectal Cancer Screen (COL)	42	\$30	\$1,260
Medication Reconciliation Post-Discharge (TRC)	12	\$40	\$480
Follow-Up After Hospitalization (FUH)	7	\$60	\$420
Annual Dental Visit (ADV)	36	\$50	\$1,800
Antidepressant Medication Management – Acute Phase (AMM)	16	\$25	\$400
Total			\$8,240

• Product Line: Ambetter from Meridian

Measure	Hits	Population	Rate	Incentive Amount	Target 1	Target 2	Bonus Earned	Target Achieved
Asthma Medication Ratio	81	87	93.10%	\$25	75%	90%	\$2,025	Target 2
Cervical Cancer Screening	433	645	67.13%	\$25	64.97%	71.47%	\$8,188.75	Target 1
Monitoring for Warfarin	80	110	72.73%	\$25	75%	90%	\$0	None
Total Earned							\$10,213.75	

(Incentive Amount) x (Number of Hits) x (75% for reaching Target 1 or 100% for reaching Target 2). No bonus is earned if the minimum target is not achieved.

The hypothetical example of the provider who is contracted with Meridian, MeridianComplete, and Ambetter from Meridian could earn a total of \$195,368.75 through the P4P programs.



Patient-Centered Medical Home (PCMH)

What is the Meridian PCMH Incentive Program?

The PCMH incentive program rewards PCMH Designated Providers a per member/per month (PMPM) payment. The program also rewards all providers for Care Coordinating patients and appropriately billing Care Coordination/Case Management codes which are found to reduce health risks and decrease cost of care leading to healthier patients. Higher incentive amounts are available to PCMH designated offices for utilizing Care Coordination/Care Management Codes.

Who is eligible for the PCMH Incentive Program?

All Medicaid providers are rewarded for Care Coordination/Case Management and billing appropriate codes. However, PCMH designated offices earn a higher amount. Only PCMH Certified Provider Groups are eligible for earning the per member, per month reward.

Incentive Program for PCMH designated offices:

Qualifications for program:

- Contracted
- NCQA, PGIP, URAC, AAAHC, TJC, or CARF recognition

Incentive Program Payment Structure		
	Per Member, Per Month (PMPM) [†]	Care Coordination/ Case Management
PCMH Certified Provider Groups (NCQA, PGIP, AAAHC, TJC, CARF, URAC)	\$0.50 paid monthly to the assigned PCP's primary tax ID number or PHO group*	\$50 per code paid quarterly to the servicing provider and \$50 per code paid quarterly to the servicing provider's primary tax ID number or PHO group*

Incentive Program for non-PCMH designated offices:

Qualifications for program:

- Contracted

Incentive Program Payment Structure		
	Per Member, Per Month (PMPM) [†]	Care Coordination/ Case Management
Non-PCMH Certified Provider Groups	N/A	\$25 per code paid quarterly to the servicing provider



Additional Notes:

- ✓ PCMH designation status is identified at the office level in 2022
- ✓ *Payments will be made to the PCP's primary tax ID number or affiliated PHO group based on contract specifications
- ✓ †PMPM payments are made to tax IDs with a minimum Meridian membership of 100+
- ✓ †\$40,000 annual PMPM limit per tax ID number
- ✓ Providers can be incentivized for up to 60 CC/CM codes per NPI per year
- ✓ Incentives for this program include Meridian and Healthy Michigan Plan members only. This program excludes MeridianComplete, Ambetter from Meridian, and Wellcare members
- ✓ Any member who is enrolled in the Michigan Care Team Program will be excluded from the CC/CM incentive portion of the 2022 program

How much can I earn?

The examples below show what you could earn depending on your membership size, eligible CC/CM codes submitted year-to-date and office size.

Example 1:

- CC/CM Codes Submitted YTD: 325
- Average group membership: 1,821
- 73 providers total; 72 providers with an average panel size less than 100

2022 Program	PMPM	CC/CM	Total
Servicing Providers*	\$ -	\$16,250	\$16,250
PHO/TIN	\$10,926	\$16,250	\$27,176
Total	\$10,926	\$32,500	\$43,426

Example 2:

- CC/CM Codes Submitted YTD: 62
- Average group membership: 89
- Three providers total with an average panel size less than 100

2022 Program	PMPM	CC/CM	Total
Servicing Providers*	\$ -	\$3,100	\$3,100
PHO/TIN	\$ -	\$3,100	\$3,100
Total	\$ -	\$6,200	\$6,200



Example 3:

- CC/CM Codes Submitted YTD: 117
- Average group membership: 5,797
- 79 providers total; 61 providers with an average panel size less than 100

2022 Program	PMPM	CC/CM	Total
Servicing Providers*	\$ -	\$5,850	\$5,850
PHO/TIN	\$34,782	\$5,850	\$40,632
Total	\$34,782	\$11,700	\$46,482

*Sum of earnings by eligible providers.



Medicaid - Healthy Michigan Plan Health Risk Assessments (HMP HRAs)

What is the Health Risk Assessment (HRA) Incentive

The HRA is used to help identify members' high-risk conditions and to assist Meridian in understanding which programs members would benefit from. Meridian is incentivizing providers for completing the HRA. Your local Provider Network Management Representative will provide you with paper HRAs and postage-paid envelopes. Meridian asks that you provide the HRA to any Meridian member that visits you once and request that they complete the HRA while they wait for their appointment. Once the HRA is completed, you can simply mail it to Meridian in the envelopes provided or contact your local Provider Network Management Representative to pick them up. HMP HRAs can also be faxed to Meridian at **833-341-2052**.

- Providers can earn \$25* or \$50** for each member with a completed HRA
 - > *Must meet the 12th target benchmark of your HRA membership completion
 - > **Must be above the 15th target benchmark of your HRA membership completion

Who is eligible for the Health Risk Assessment (HRA) Incentive?

Eligible Product Line:

- Meridian's Medicaid Expansion – HMP



How much can I earn?

The table below is a hypothetical examples of how much you can earn through the HMP HRA bonus program.

Example 1:

Measure	Hits	Population	Rate	Benchmark Achieved	Payout	Max Payout
HMP HRA	225	1,728	13%	12th	\$5,625	\$86,400

Example 2:

Measure	Hits	Population	Rate	Benchmark Achieved	Payout	Max Payout
HMP HRA	552	1,728	32%	15th	\$27,600	\$86,400

Example 3:

Measure	Hits	Population	Rate	Benchmark Achieved	Payout	Max Payout
HMP HRA	1,036	1,728	60%	15th	\$51,800	\$86,400

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

