

# Provider Incentive Program Guidebook 2023



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Dear Provider,

Meridian, MeridianComplete (Medicare-Medicaid Plan), Ambetter from Meridian, and Wellcare are pleased to announce our 2023 Provider Incentive Programs, effective January 1, 2023. In 2023, 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,

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 2023 calendar year. The list of eligible care gaps can be found on the table below. The P4Q Program includes a bonus enhancement to better align payment with quality. Providers can now potentially earn a 50% bonus increase by achieving an aggregate STAR Rating of 4.0 or higher across HEDIS® and Pharmacy measures.

## Who is eligible for the P4Q HEDIS® Incentive?

Eligible Product Line:

- Wellcare

| Program Measures                                   | Amount Per |
|--|------------|
| BCS – Breast Cancer Screening                      | \$50       |
| CBP – Controlling High Blood Pressure              | \$50       |
| Diabetes – Dilated Eye Exam                        | \$40       |
| Diabetes HbA1c <= 9                                | \$50       |
| COA – Care for Older Adults – Pain Assessment*     | \$25       |
| COA – Care for Older Adults – Review*              | \$25       |
| COL – Colorectal Cancer Screen                     | \$50       |
| FMC – F/U ED Multiple High Risk Chronic Conditions | \$40       |
| Medication Adherence – Blood Pressure Medications  | \$50       |
| Medication Adherence – Diabetes Medications        | \$50       |
| Medication Adherence – Statins                     | \$50       |
| OMW – Osteoporosis Management in Women Who Had     | \$50       |
| SPC – Statin Therapy for Patients with CVD         | \$50       |
| SUPD – Statin Use in Persons With Diabetes         | \$50       |
| TRC – Medication Reconciliation Post Discharge     | \$25       |
| TRC – Patient Engagement after Inpatient Discharge | \$25       |

\*Special Needs Plan (SNP) members only



## How much can I earn from the P4Q HEDIS incentive?

Below are examples of how much a provider can earn for specific care gaps closed within the 2023 calendar year, including examples of how much a provider can earn with the 50% bonus increase for achieving an aggregate STAR Rating of 4.0 or higher across HEDIS and Pharmacy measures.

| Measure   | Members Compliant with Measure | Bonus Amount | Bonus Increase Amount* | Total   |
|---|--------------------------------|--------------|------------------------|---------|
| <b>BCS – Breast Cancer Screening</b>                  | 10                             | \$50         | \$75                   | \$750   |
| <b>Diabetes HbA1C <math>\leq</math> 9</b>             | 25                             | \$50         | N/A                    | \$1,250 |
| <b>TRC – Medication Reconciliation Post Discharge</b> | 30                             | \$25         | \$37.50                | \$1,125 |
| <b>CBP – Controlling High Blood Pressure</b>          | 50                             | \$50         | N/A                    | \$2,500 |
| <b>COL – Colorectal Cancer Screen</b>                 | 17                             | \$50         | \$75                   | \$1,275 |
| <b>Medication Adherence – Statins</b>                 | 28                             | \$50         | N/A                    | \$1,400 |

\*Providers can earn a 50% bonus increase by achieving an aggregate STAR Rating of 4.0 or higher across HEDIS® and Pharmacy measures.



# 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, 2023.

| 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

## How much can I earn through the Appointment Agenda Incentive?

Providers can earn an average of \$150 per completed agenda. 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          | Number of Agendas Completed: 110 members         | Number of Agendas Completed: 15 members         |
| <b>Rewards from Appointment Agenda: \$12,750</b> | <b>Rewards from Appointment Agenda: \$16,500</b> | <b>Rewards from Appointment Agenda: \$2,250</b> |



Providers can earn an extra \$100 per agenda completed for Wellcare Medicare members for an average of \$250 per agenda. See below for examples of how much you can earn.

| <b>Provider Group A</b>                          | <b>Provider Group B</b>                          | <b>Provider Group C</b>                         |
|--|--|---|
| Number of Medicare Agendas Completed: 50         | Number of Medicare Agendas Completed: 50         | Number of Medicare Agendas Completed: 10        |
| Number of Medicaid Agendas Completed: 25         | Number of Medicaid Agendas Completed: 50         | Number of Medicaid Agendas Completed: 5         |
| Total Number of Agendas Completed: 85            | Number of Marketplace Agendas Completed: 10      | Total Number of Agendas Completed: 15           |
| <b>Rewards from Appointment Agenda: \$16,250</b> | Total Number of Agendas Completed: 110           | <b>Rewards from Appointment Agenda: \$3,250</b> |
|  | <b>Rewards from Appointment Agenda: \$21,500</b> |   |



# 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 | 25 <sup>th</sup> Percentile | 50 <sup>th</sup> Percentile | 75 <sup>th</sup> Percentile | 90 <sup>th</sup> Percentile |
|---|-------|------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Avoidance of Antibiotic Treatment for Acute Bronchitis          | x     | x          | 48.85%                      | 54.70%                      | 61.64%                      | 70.79%                      |
| Adults' Access to Preventative Ambulatory Health Services 20-44 | x     |            | 67.30%                      | 73.61%                      | 77.97%                      | 81.85%                      |
| Adults' Access to Preventative Ambulatory Health Services 45-64 | x     |            | 76.90%                      | 82.30%                      | 85.72%                      | 88.04%                      |
| Asthma Medication Ratio   | x     | x          | 59.94%                      | 64.26%                      | 69.67%                      | 74.21%                      |
| Breast Cancer Screening   | x     |            | 45.23%                      | 50.95%                      | 56.52%                      | 61.27%                      |
| Controlling High Blood Pressure                                 | x     |            | 54.50%                      | 59.85%                      | 65.10%                      | 69.19%                      |
| Cervical Cancer Screening                                       | x     |            | 52.39%                      | 57.64%                      | 62.53%                      | 66.88%                      |
| Blood Pressure Control for Patients With Diabetes               | x     |            | 55.47%                      | 60.83%                      | 67.40%                      | 72.75%                      |
| Hemoglobin A1c Control for Patients With Diabetes               | x     |            | 43.80%                      | 50.12%                      | 54.26%                      | 58.39%                      |
| Eye Exam for Patients With Diabetes                             | x     |            | 45.01%                      | 51.09%                      | 56.51%                      | 63.75%                      |
| Chlamydia Screening in Women                                    | x     | x          | 48.67%                      | 55.32%                      | 62.65%                      | 67.84%                      |
| Appropriate Testing for Pharyngitis                             | x     | x          | 63.44%                      | 70.63%                      | 76.30%                      | 79.40%                      |
| Prenatal and Postpartum Care - Postpartum Care                  | x     |            | 72.87%                      | 77.37%                      | 81.27%                      | 84.18%                      |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care      | x     |            | 81.27%                      | 85.40%                      | 88.86%                      | 91.89%                      |
| Appropriate Treatment for Upper Respiratory Infection           | x     | x          | 87.80%                      | 90.32%                      | 93.85%                      | 96.23%                      |



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 \$8.75 PMPM.

| Measure Count | 25 <sup>th</sup> Percentile PMPM | 50 <sup>th</sup> Percentile PMPM | 75 <sup>th</sup> Percentile PMPM | 90 <sup>th</sup> Percentile PMPM |
|---------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 1-3           | \$0.50                           | \$0.75                           | \$1.25                           | \$1.75                           |
| 4-7           | \$0.75                           | \$1.00                           | \$1.50                           | \$2.25                           |
| 8-11          | \$1.00                           | \$1.25                           | \$2.25                           | \$2.75                           |
| 12-15         | \$1.25                           | \$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 25th percentile
- Out of those 11 measures, 7 measures also reached the 50th percentile
- Out of those 7 measures, 5 measures also reached the 75th percentile

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

|                                     | 25th Percentile |   | 50th Percentile |   | 75th Percentile |   | Total         |
|-------------------------------------|-----------------|---|-----------------|---|-----------------|---|---------------|
| <b>Measures Reaching Percentile</b> | 11              |   | 7               |   | 5               |   |               |
|                                     |                 | + |                 | + |                 | = |               |
| <b>PMPM Achieved</b>                | <b>\$1.00</b>   |   | <b>\$1.00</b>   |   | <b>\$1.50</b>   |   | <b>\$3.50</b> |

This provider earned \$3.5 PMPM which equates to a total of \$63,000 of potential earnings in the year (\$3.50 PMPM x 1,500 members x 12 months).





# Pediatric Quality Bonus Program (QBP)

Effective January 1, 2023

In 2023, the Meridian Pediatric QBP will follow a threshold model in which the incentive amount per hit will be paid to in-network Medicaid primary care providers (PCP) after their assigned membership reaches set completion rates. We believe that our new incentive structure will better support you and your healthcare team in caring for our members.

The grids below outline the benchmarks to meet for the 25th, 50th, and 75th percentile and applicable incentive amounts for each measure included in the 2023 program. Each measure will be calculated and rewarded individually. Additional details on the measures included in the program can be found starting on page 3.

## Medicaid Incentive Amounts

| HEDIS® Measure   | 25th Percentile | 50th Percentile | 75th Percentile |
|--|-----------------|-----------------|-----------------|
| <b>Childhood Immunizations - Combo 10</b>  | \$40            | \$55            | \$70            |
| <b>Immunizations for Adolescents - Combo 2</b>   | \$25            | \$30            | \$40            |
| <b>Lead Screening in Children</b>  | \$25            | \$30            | \$40            |
| <b>Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life</b> | \$40            | \$55            | \$70            |
| <b>Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life</b>       | \$25            | \$30            | \$40            |
| <b>Child and Adolescent Well-Care Visits</b>   | \$25            | \$30            | \$40            |

## Medicaid Target Compliance Percentage

| HEDIS® Measure   | 25th Percentile | 50th Percentile | 75th Percentile |
|--|-----------------|-----------------|-----------------|
| <b>Childhood Immunization Status- Combo 10</b>                 | 28.95%          | 34.79%          | 42.09%          |
| <b>Immunizations for Adolescents - Combo 2</b>                 | 30.41%          | 35.04%          | 41.12%          |
| <b>Lead Screening in Children</b>                              | 53.28%          | 63.99%          | 72.67%          |
| <b>Well-Child Visits in the First 30 Months of Life Rate 1</b> | 49.88%          | 55.72%          | 61.19%          |
| <b>Well-Child Visits in the First 30 Months of Life Rate 2</b> | 60.53%          | 65.83%          | 72.24%          |
| <b>Child and Adolescent Well-Care Visits</b>                   | 43.50%          | 48.93%          | 57.44%          |



## 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, contact your local Provider Network Management Representative or the Provider Services department at **1-888-773-2647**.

† Plan Definitions:

Medicaid      Meridian Medicaid members

\* Incentive is paid upon completion of all qualifying services in compliance with HEDIS® measurement year 2023 guidelines. Unless otherwise noted, one incentive is paid per member, per year. Incentives will begin being paid in 2023. Incentive is paid to the assigned PCP at the time of payment.

\*\*The Childhood Measures for Value Based Providers will not be treated as an expense of the medical expense pool similar to the Quality Bonus Program.



## 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 \$5 – \$200 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 grid below outlines the benchmarks to meet the 25th, 50th, and 75th percentiles and applicable incentive amounts for each measure included in the 2023 program. Provider's assigned membership must hit the 25th percentile to begin earning incentives. The incentive amount increases once the provider hits the 75th percentile.

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

- Providers must have at least 56.52% of their assigned membership eligible for a breast cancer screening to complete the screening

*continued on next page*



## Medicaid Incentive Amounts

| HEDIS Measure   | 25 <sup>th</sup> Percentile | 50 <sup>th</sup> Percentile | 75 <sup>th</sup> Percentile |
|---|-----------------------------|-----------------------------|-----------------------------|
| Adults' Access to Preventative Ambulatory Health Services (20-44 years)                     | \$5                         | \$10                        | \$15                        |
| Adults' Access to Preventative Ambulatory Health Services (45-64 years)                     | \$5                         | \$10                        | \$15                        |
| Asthma Medication Ratio   | \$25                        | \$30                        | \$40                        |
| Breast Cancer Screening   | \$25                        | \$30                        | \$40                        |
| Controlling High Blood Pressure   | \$30                        | \$40                        | \$50                        |
| Cervical Cancer Screening   | \$40                        | \$55                        | \$70                        |
| Blood Pressure Control for Patients with Diabetes   | \$30                        | \$40                        | \$50                        |
| Eye Exam for Patients with Diabetes   | \$40                        | \$55                        | \$70                        |
| Hemoglobin A1c Control for Patients with Diabetes   | \$30                        | \$40                        | \$50                        |
| Chlamydia Screening in Women (16-20 years)  | \$40                        | \$55                        | \$70                        |
| Chlamydia Screening in Women (21-24 years)  | \$40                        | \$55                        | \$70                        |
| Childhood Immunizations - Combo 10  | \$40                        | \$55                        | \$70                        |
| Healthy Michigan Plan Health Risk Assessment Annual Completion                              | \$25                        | \$30                        | \$40                        |
| Immunizations for Adolescents - Combo 2   | \$25                        | \$30                        | \$40                        |
| Lead Screening in Children  | \$25                        | \$30                        | \$40                        |
| Prenatal and Postpartum Care - Postpartum Care  | \$100                       | \$150                       | \$200                       |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care                                  | \$100                       | \$150                       | \$200                       |
| Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life | \$40                        | \$55                        | \$70                        |
| Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life       | \$25                        | \$30                        | \$40                        |
| Child and Adolescent Well-Care Visits   | \$25                        | \$30                        | \$40                        |
| Kidney Health Evaluation for Patients with Diabetes   | \$5                         | \$10                        | \$15                        |



## Medicaid Target Compliance Percentage

| HEDIS Measure   | 25 <sup>th</sup> Percentile | 50 <sup>th</sup> Percentile | 75 <sup>th</sup> Percentile |
|---|-----------------------------|-----------------------------|-----------------------------|
| Adults' Access to Preventative Ambulatory Health Services (20-44 years)                     | 67.30%                      | 73.61%                      | 77.97%                      |
| Adults' Access to Preventative Ambulatory Health Services (45-64 years)                     | 76.90%                      | 82.30%                      | 85.72%                      |
| Asthma Medication Ratio   | 59.94%                      | 64.26%                      | 69.67%                      |
| Breast Cancer Screening   | 45.23%                      | 50.95%                      | 56.52%                      |
| Controlling High Blood Pressure   | 54.50%                      | 59.85%                      | 65.10%                      |
| Cervical Cancer Screening   | 52.39%                      | 57.64%                      | 62.53%                      |
| Blood Pressure Control for Patients with Diabetes   | 55.47%                      | 60.83%                      | 67.40%                      |
| Eye Exam for Patients with Diabetes   | 45.01%                      | 51.09%                      | 56.51%                      |
| Hemoglobin A1c Control for Patients with Diabetes   | 43.80%                      | 50.12%                      | 54.26%                      |
| Chlamydia Screening in Women (16-20 years)  | 44.53%                      | 50.14%                      | 59.61%                      |
| Chlamydia Screening in Women (21-24 years)  | 55.96%                      | 61.34%                      | 66.59%                      |
| Childhood Immunizations - Combo 10  | 28.95%                      | 34.79%                      | 42.09%                      |
| Healthy Michigan Plan Health Risk Assessment Annual Completion                              | 8.00%                       | 10.00%                      | 12.00%                      |
| Immunizations for Adolescents - Combo 2   | 30.41%                      | 35.04%                      | 41.12%                      |
| Lead Screening in Children  | 53.28%                      | 63.99%                      | 72.67%                      |
| Prenatal and Postpartum Care - Postpartum Care  | 72.87%                      | 77.37%                      | 81.27%                      |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care                                  | 81.27%                      | 85.40%                      | 88.86%                      |
| Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life | 49.88%                      | 55.72%                      | 61.19%                      |
| Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life       | 60.53%                      | 65.83%                      | 72.24%                      |
| Child and Adolescent Well-Care Visits   | 43.50%                      | 48.93%                      | 57.44%                      |
| Kidney Health Evaluation for Patients with Diabetes   | 45.01%                      | 51.09%                      | 56.51%                      |



### 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

| 2023 Target Measure List                                | Measure Incentive | Target 1 Pays 75% of Incentive | Target 2 Pays 100% of Incentive |
|---|-------------------|--------------------------------|---------------------------------|
| Asthma Medication Ratio (AMR)                           | \$25              | 80.40%                         | 86.00%                          |
| Cervical Cancer Screening (CCS)                         | \$25              | 57.30%                         | 66.20%                          |
| Child and Adolescent Well-Care Visits (WCV)             | \$25              | 49.90%                         | 59.70%                          |
| Chlamydia Screening in Women (CHL): Total (16-24)       | \$25              | 43.00%                         | 53.60%                          |
| Controlling High Blood Pressure (CBP)                   | \$25              | 61.10%                         | 68.60%                          |
| Eye Exam for Patients with Diabetes (EED)               | \$25              | 43.80%                         | 53.30%                          |
| Monitoring for Warfarin (INR)                           | \$25              | 56.50%                         | 66.00%                          |
| PPC - Postpartum (PPC)                                  | \$25              | 81.90%                         | 88.80%                          |
| Proportion of Days Covered (PDC) - Diabetes All Classes | \$25              | 76.20%                         | 80.10%                          |
| Use of Imaging for Low Back Pain (LBP)                  | \$25              | 76.80%                         | 81.60%                          |



## How much can I earn?

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

| Measure   | Hits  | Population | Rate   |      | Payout   | Payout Max |
|---|-------|------------|--------|------|----------|------------|
| Adults' Access to Preventative Ambulatory Health Services (20-44 years) | 1,710 | 1,992      | 85.84% | 75th | \$25,650 | \$29,880   |
| Adults' Access to Preventative Ambulatory Health Services (45-64 years) | 949   | 1,071      | 88.61% | 75th | \$14,235 | \$16,065   |
| Asthma Medication Ratio   | 48    | 79         | 60.76% | 25th | \$1,200  | \$3,160    |
| Breast Cancer Screening   | 218   | 318        | 68.55% | 75th | \$8,720  | \$12,720   |
| Controlling High Blood Pressure   | 40    | 496        | 8.06%  | -    | \$0      | \$24,800   |
| Cervical Cancer Screening   | 1,355 | 1,927      | 70.32% | 75th | \$94,850 | \$134,890  |
| Blood Pressure Control for Patients with Diabetes                       | 29    | 274        | 10.58% | -    | \$0      | \$13,700   |
| Eye Exam for Patients with Diabetes                                     | 146   | 274        | 53.28% | 25th | \$5,840  | \$19,180   |
| Hemoglobin A1c Control for Patients with Diabetes                       | 102   | 274        | 37.23% | -    | \$0      | \$13,700   |
| Chlamydia Screening in Women (16-20 years)                              | 57    | 87         | 65.52% | 75th | \$3,990  | \$6,090    |
| Chlamydia Screening in Women (21-24 years)                              | 88    | 133        | 66.17% | 50th | \$4,840  | \$9,310    |
| Childhood Immunizations - Combo 10                                      | 27    | 92         | 29.35% | 25th | \$1,080  | \$6,440    |
| Healthy Michigan Plan Health Risk Assessment                            | 91    | 1,728      | 5.27%  | -    | \$0      | \$69,120   |
| Immunizations for Adolescents - Combo 2                                 | 14    | 54         | 25.93% | -    | \$0      | \$2,160    |
| Lead Screening in Children  | 59    | 92         | 64.13% | 50th | \$1,770  | \$3,680    |
| Prenatal and Postpartum Care - Postpartum Care                          | 103   | 135        | 76.30% | 25th | \$10,300 | \$27,000   |
| Prenatal and Postpartum Care - Timeliness of Prenatal Care              | 105   | 135        | 77.78% | -    | \$0      | \$27,000   |

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| Measure   | Hits | Population | Rate   |      | Payout           | Payout Max       |
|---|------|------------|--------|------|------------------|------------------|
| Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life | 53   | 82         | 64.63% | 75th | \$3,710          | \$5,740          |
| Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life       | 56   | 97         | 57.73% | -    | \$0              | \$3,880          |
| Child and Adolescent Well-Care Visits   | 618  | 1,466      | 42.16% | -    | \$0              | \$58,640         |
| Kidney Health Evaluation for Patients with Diabetes   | 100  | 274        | 36.50% | -    | \$0              | \$4,110          |
| <b>Total</b>  |      |            |        |      | <b>\$176,185</b> | <b>\$491,265</b> |

• 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          |
| <b>Total</b>   |             |                  | <b>\$8,240</b> |

• 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             | 80.40%   | 86.00%   | \$2,025      | Target 2        |
| Cervical Cancer Screening | 433  | 645        | 67.13% | \$25             | 57.30%   | 66.20%   | \$8,188.75   | Target 1        |
| Monitoring for Warfarin   | 60   | 110        | 54.54% | \$25             | 56.50%   | 66.00%   | \$0          | None            |
| <b>Total Earned</b>       |      |            |        |                  |          |          |              | \$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 \$194,638.75 through the P4P programs.





## 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, 2023, all providers are eligible for incentives for managing and coordinating care for their patients. Higher incentive amounts will be available to PCMH designated offices to further reward groups for achieving this recognition. Care Management and Care Coordination has been found to reduce health risks and decrease the cost of care leading to healthier patients. Meridian would like to reward our providers who are going above and beyond to manage and coordinate the care of their patients. We look forward to partnering with you to provide the best care for our members!

### Incentive Program for PCMH designated offices:

Qualifications for program:

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

| Incentive Program Payment Structure                                    |   |
|--|---|
| Care Coordination/Case Management                                      |   |
| PCMH Certified Provider Groups<br>(NCQA, PGIP, AAAHC, TJC, CARF, URAC) | \$150 per code paid to the servicing provider |

### Incentive Program for non-PCMH designated offices:

Qualifications for program:

- Contracted

| Incentive Program Payment Structure |  |
|-------------------------------------|--|
|                                     | Care Coordination/Case Management            |
| Non-PCMH Certified Provider Groups  | \$50 per code paid to the servicing provider |



## Care Coordination/Case Management Codes

Primary Care Providers (PCP) are encouraged to continue to utilize the CC/CM code sets when seeing patients to demonstrate and promote coordinated care. Meridian recommends alignment of the extra incentive dollars with embedded case managers in an effort to reduce barriers to quality health care. The eligible codes and descriptions are displayed in the table below.

| Code Description                                      | Code                |
|---|---------------------|
| <b>Comprehensive Assessment</b>                       | G9001               |
| <b>In-Person Encounter</b>                            | G9002               |
| <b>Care Team Conference</b>                           | G9007               |
| <b>Physician Coordinated Care Oversight Services</b>  | G9008               |
| <b>Telephone CC/CM Services</b>                       | 98966, 98967, 98968 |
| <b>Education/Training for Patient Self-Management</b> | 98961, 98962        |
| <b>Care Transition</b>                                | 99495, 99496        |
| <b>End of Life Counseling</b>                         | S0257               |
| <b>Chronic Care Management for FQHCs</b>              | G0511               |
| <b>Psychiatric Collaborative Care Model for FQHCs</b> | G0512               |
| <b>Advanced Care Planning</b>                         | 99497, 99498        |
| <b>*Complex Chronic Care Management</b>               | *99487              |
| <b>*Chronic Care Management Services</b>              | *99490              |

\*New for 2023

### Additional Notes:

- PCMH designation status is identified at the office level in 2023.
- \*Payments will be made to the PCP's primary tax ID number or affiliated PHO group based on contract specifications.
- Providers can be incentivized for up to 100 CC/CM codes per NPI per year.
- Incentives for this program include Meridian and Healthy Michigan Plan members only. This program excludes MeridianComplete (Medicare-Medicaid Plan), 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 2023 program.

### Seeking PCMH Designation? We can help!

Care Management and Care Coordination are key components of PCMH designation. Meridian encourages non-PCMH providers to take the next step toward becoming PCMH-designated. If you are interested in becoming a PCMH 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 your local Network Management Representative for more information.



# 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\*, \$30\*\* or \$40\*\*\* for each member with a completed HRA
  - > \*Must meet the 8th target benchmark of your HRA membership completion
  - > \*\*Must be above the 10th target benchmark of your HRA membership completion
  - > \*\*\*Must be above the 12th 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 (members age 19-64 years)



## 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               | \$9,000 | \$69,120   |

### Example 2:

| Measure | Hits | Population | Rate | Benchmark Achieved | Payout   | Max Payout |
|---------|------|------------|------|--------------------|----------|------------|
| HMP HRA | 552  | 1,728      | 32%  | 12th               | \$22,080 | \$69,120   |

### Example 3:

| Measure | Hits  | Population | Rate | Benchmark Achieved | Payout   | Max Payout |
|---------|-------|------------|------|--------------------|----------|------------|
| HMP HRA | 1,036 | 1,728      | 60%  | 12th               | \$41,440 | \$69,120   |



# Notification of Pregnancy (NOP)

## What is the NOP Incentive?

Early identification of pregnant members and their risk factors is key to better birth outcomes. Meridian is now offering a \$50 incentive for each notice of pregnancy (NOP) form that providers submit with all required questions answered.

## Who is eligible for the P4Q HEDIS® Incentive?

Eligible Product Line:

- Meridian

## 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 must fax the NOP form and put “N/A-MIHP” for the TIN #.

### Member NOP Form

- Members can call **1-888-437-0606** to complete the form via phone.
- Members can also find the form on the member portal at **support.mimeridian.com**.
- The form is available under “Member Resources” and “Member Handbooks and Forms” on **mimeridian.com**.
  - > The form can be faxed to **1-833-341-2052**.
  - > The form can also be mailed to Meridian, P.O. Box 2010, Farmington, MO 63640-8080.

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



# Health Information Exchange (HIE) Initiative

The healthcare delivery system is quickly evolving as new technological advancements continue to yield improvements. MeridianHealth (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](https://mihin.org/requesthelp) or emailing [info@mihin.org](mailto:info@mihin.org)
- Learn more about MiHIN Shared Services Use Cases at [mihin.org/use-case-factory-v22/](https://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.

| HIE Initiative  | Meridian Incentive for Contracted Provider Organizations   | MiHIN Use Case Overview and Information  |
|---|--|--|
| <b>Active Care Relationship Service (ACRS)</b>  | <p><b>One-time incentive payment</b> for a fully implemented ACRS Use Case with MiHIN on or before <b>December 31, 2023.*</b></p> <p><small>*To be eligible for this incentive, the provider organization must include specialists within their ACRS file submissions.</small></p> | <p><b>ACRS:</b><br/><a href="https://mihin.org/active-care-relationship-service-use-case-2/">mihin.org/active-care-relationship-service-use-case-2/</a></p> <p><b>Common Key Service:</b><br/><a href="https://mihin.org/common-key-service-use-case/">mihin.org/common-key-service-use-case/</a></p> <p><b>Health Plan Directory:</b><br/><a href="https://mihin.org/health-directory/">mihin.org/health-directory/</a></p> |
| <b>Admission, Discharge, Transfer (ADT) Notification</b>  | One-time incentive payment after the organization successfully completes the ADT Sender Onboarding Process with MiHIN on or before December 31, 2023.  | <b>ADT:</b><br><a href="https://mihin.org/admission-discharge-transfer-notifications-use-case/">mihin.org/admission-discharge-transfer-notifications-use-case/</a>   |
| <b>Quality Measure Information (QMI) formerly known as Physician-Payer Quality Collaborative (PPQC)</b> | Eligible to receive higher incentive payments based on performance under Meridian’s 2023 Pay-for-Performance (P4P) Provider Bonus Program.   | <b>QMI:</b><br><a href="https://mihin.org/physician-payer-quality-collaborative/">mihin.org/physician-payer-quality-collaborative/</a>   |

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



# Z-Code 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 Z-Code SDoH incentive program.

Effective June 1, 2023, 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

| Incentive Program Payment Structure   |            |  |
|---|------------|--|
| \$10 per unique member with at least one Z-Code billed from June 1, 2023 to December 31, 2023 | <b>AND</b> | \$0.75 per Z-Code billed from June 1, 2023 - December 31, 2023 |

Eligible Codes:

| Code | Description   |
|------|---|
| Z55  | Problems related to education and literacy                                      |
| Z56  | Problems related to employment/unemployment                                     |
| Z57  | Occupational exposure to risk factors   |
| Z58  | Problems related to physical environment  |
| Z59  | Problems related to housing and economic circumstances                          |
| Z60  | Problems related to social environment  |
| Z62  | Problems related to upbringing  |
| Z63  | Other problems related to primary support group, including family circumstances |
| Z64  | Problems related to certain psychosocial circumstances                          |
| Z65  | Problems related to other psychosocial circumstances                            |



Additional Notes:

- Incentives for this program include Meridian and Healthy Michigan Plan members only. This program excludes MeridianComplete (Medicare-Medicaid Plan), Ambetter from Meridian, and WellCare members.
- Payments will be made to the servicing provider or the affiliated PHO group based on contract specifications.

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

***Meridian maintains the right to modify or discontinue the Z-Code SDoH Program at any time. Meridian will notify providers of any changes or incentive program alterations.***



