

Provider Incentive Program Guidebook 2025



mimeridian.com

 meridian wellcare™ ambetter.

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

What is the P4Q HEDIS® Incentive?

This program is an incentive strategy aimed at recognizing and rewarding Primary Care Physicians (PCPs) by addressing preventive care improving the healthcare quality and closing gaps in care. The program pays for specific HEDIS care gaps closed within the 2025 calendar year. The list of eligible gaps and their correlating incentive amounts can be found below

Who is eligible for the P4Q HEDIS® Incentive?

Eligible Product Line:

- Wellcare

Program Measures	Amount Per
COA – Care for Older Adults – Functional Status*	\$25
SPC – Statin Therapy for Patients with CVD	\$25
SUPD – Statin Use in Persons with Diabetes	\$25
TRC – Medication Reconciliation Post Discharge	\$25
EED – Diabetes – Dilated Eye Exam	\$25
BCS – Breast Cancer Screening	\$50
COL – Colorectal Cancer Screen	\$50
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
KED – Kidney Health Evaluation for Patients with Diabetes	\$50
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
Medication Adherence – Blood Pressure Medications	\$50
Medication Adherence – Diabetes Medications	\$50
Medication Adherence – Statins	\$50
CBP – Controlling High Blood Pressure	\$75
GSD – Diabetes HbA1c ≤ 9	\$75

*Special Needs Plan (SNP) Members only.

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Quality Bonus Instructions

1. Contact patients to schedule an appointment to see you. At the visit, order applicable tests and preventative screenings, and help patients complete all preventative care and close care gaps.
2. Upon completion of the exam, document care and treatment (not diagnosis) in the patient's medical record, and submit all applicable diagnoses codes on claims, encounter files, and/or approved NCQA supplemental electronic flat files containing all relevant ICD-10, CPT, CPT II codes by January 31, 2026.
3. Review and counsel on results of tests and screening with patients.

Payment Information

The 2025 P4Q program has 4 payment cycles. Earnings in cycles 1 through 3 less than \$100 will automatically be rolled to the next payment cycle. Please see our flyer for more details and conditions.

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 2025 measurement year.

Measure	Members Compliant with Measure	Bonus Amount	Total
BCS – Breast Cancer Screening	20	\$50	\$1,000
CBP – Controlling High Blood Pressure	17	\$75	\$1,275
Medication Adherence - Blood Pressure Medications	14	\$50	\$700
EED – Diabetes – Dilated Eye Exam	23	\$25	\$575
SPC – Statin Therapy for Patients with CVD	19	\$25	\$475
TRC – Medication Reconciliation Post Discharge	22	\$25	\$550



Continuity of Care (CoC) Bonus Program (Appointment Agenda)

What is the CoC/Appointment Agenda Incentive?

The CoC/Appointment Agenda program went into effect February 1, 2025. The measurement period is the calendar year of 2025. All claims or encounters must be submitted by Jan. 31, 2026, to be used for final payment calculations. Please see the 2025 Continuity of Care Program flyer for more payment and claims details.

The CoC program is designed to support your outreach to members as a tool guide our patient encounters with our plan members. The Appointment Agenda is a guide to help providers review an eligible member’s care gaps during an office visit combining health condition history, HEDIS measures, pharmacy, high risk, clinical, and drivers of health (aka social determinants of health) in sights, if applicable into one comprehensive view. The 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. Please make sure your medical record documentation supports your diagnosis submitted on the claim.

Who is Eligible for the Appointment Agenda Incentive?

Eligible Product Line:

- Meridian
- MeridianComplete
- Wellcare
- Ambetter from Meridian

Bonuses increase when Appointment Agendas are submitted electronically (i.e., completing checkboxes via the secure provider portal, RxEffect, etc).

Threshold Percentage of Appointment Agendas Completed	Bonus Paid Per Paper Appointment Agenda Submission	Bonus Paid Per Electronic Appointment Agenda
<50%	\$50	\$100
>50% to <80%	\$100	\$200
>80%	\$150	\$300

Thresholds are calculated at the Company, Line of Business, and Provider level. Comprehensive medical record **(CPE)** submissions are **not eligible** for CoC additional compensation.

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(NEW): CoC Plus (CoC +) Earning Opportunities for 2025

Providers can earn an additional **\$150 for Medicare** members and **\$100 for Medicaid and Marketplace** members for completing the **High Risk, Care Guidance, Clinical,** and/or **Drivers of Health** portions of the appointment agenda **submitted by July 1, 2025**, if applicable. All boxes in the selected category must have **all boxes checked** and verified to be eligible for the additional earning opportunities recognizing the time it takes for verification and documentation in the medical record for the clinical conditions.

We also encourage you to complete an annual preventative visit (APV) with your patients:

Health Plan members are covered for:		Codes	
Annual Wellness Visit (AWV)	This unique-to-Medicare visit allows you and your patient to meet and discuss their health to create a personalized prevention plan.	One per calendar year.	G0438, G0439*
Routine Physical Ex-am (RPE)	This Medicare Advantage supplemental benefit is a comprehensive physical examination to screen for disease and promote preventative care.	One per calendar year.	99381-99387* (new patient) 99391-99397** (established patient)

*Contracted Federally Qualified Health Centers (FQHC) must include G0486 when billing AWV.

**Can be billed with the AWV with a modifier 25.

Thresholds are calculated at the Company, Line of Business, and Provider level.

Line of Business	Additional Bonus Additional Portions by July 1st, 2025
Medicare	\$150
Medicaid	\$100
Marketplace	\$100

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How much can I earn through the Appointment Agenda incentive?

By participating in the program, you could earn up to **\$450 for Medicaid Members** and up to **\$400 for Medicaid and Marketplace members** based on program-specific requirements. Providers can earn an average of **\$320 for Medicare, \$270 for Medicaid and Marketplace per completed agenda** when completing Appointment Agendas electronically and completing a portion of the “Health History” during member visits and submitting completed Appointment Agendas with corresponding verified and documented diagnoses on qualified claims that is supported. See below for examples of how much you can earn. Payments begin the second quarter of 2025, continuing through the second quarter of 2026.

Provider Group A	Provider Group B	Provider Group C
Number of Completed: 85 Medicaid members	Number of Completed Agendas: 110 members (Medicare, completed Health History, & submitted electronically)	Number of Completed Agendas: 15 Ambetter members & submitted electronically
Rewards from Appointment Agendas: \$22,950	Rewards from Appointment Agendas: \$35,200	Rewards from Completed Agendas: \$4,050

Quality Bonus Instructions:

- Schedule and conduct an exam** with eligible members using the Appointment Agenda as a guide, assessing the validity of the clinical conditions and/or gaps in care on the Appointment Agenda.
- Submit the completed appointment agenda.**
 - Electronically: Log on to the CoC dashboard through our Secure Provider Portal at: **provider.wellcare.com**.
 - Paper: Print the Appointment Agenda from the dashboard. Sign and date the completed Appointment Agenda. Submit the completed form via fax to **1-813-464-8879** or secure email to **agenda@wellcare.com** or **agenda@centene.com**.

***Note:** Each gap/insight must have a box checked to be eligible for additional compensation, recognizing the time it takes to assess the patient’s current condition. Please make sure the medical record documentation supports diagnoses, gap closures, screenings/tests and update conditions that are no longer acute, including the use of “history of.”*
- Submit a claim or encounter** containing the correct International Classification of Diseases 10th Edition ICD-10, CPT, CPT II, Healthcare Common Procedure Coding System (HCPCS) and/or National Drug Codes (NDC). Upon receipt of the completed documentation, the health plan will verify the corresponding claim information to validate payment eligibility. Please make sure your patient chart documentation supports the diagnosis and ICD-10 codes that are on a claim or encounter.

Additional Notes:

- Member are selected at the beginning of the program and are subject to change in future programs. Please see our flyer for more details.
- For frequently asked questions please visit our URL to access the CoC Program Frequently Asked Questions at <https://www.centene.com/content/dam/corporate/educational-resources/CoC-Program-FAQ.pdf>
- Meridian maintains the right to modify or discontinue the CoC 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.



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
- 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 and Ambetter 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 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 2025 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
Asthma Medication Ratio	AMR	\$50	\$75	\$120
Breast Cancer Screening	BCS	\$50	\$75	\$120
Controlling High Blood Pressure	CBP	\$50	\$75	\$120
Hemoglobin A1c Control for Patients with Diabetes	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
Asthma Medication Ratio	AMR	66.24%	72.22%	76.65%
Breast Cancer Screening	BCS	52.68%	59.51%	63.48%
Controlling High Blood Pressure	CBP	64.48%	69.37%	72.75%
Hemoglobin A1c Control for Patients with Diabetes	GSD	57.42%	60.83%	63.50%
Chlamydia Screening in Women (Total)	CHL Total	55.95%	64.37%	69.07%
Childhood Immunizations - Combo 10	CIS 10	27.49%	34.79%	42.34%
Immunizations for Adolescents - Combo 2	IMA 2	34.30%	41.61%	48.66%
Kidney Health Evaluation for Patients with	KED	36.46%	45.11%	49.72%
Lead Screening in Children	LSC	63.84%	71.11%	79.51%
Well-Child Visits in the First 15 Months of Life	W30 Rate 1	60.38%	64.99%	69.67%

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	Procedure	Incentive
Controlling High Blood Pressure	Screening for High Blood Pressure**	\$45
Colorectal Cancer Screening	Screening for Colorectal Cancer	\$45
Annual Dental Visit	Dental Screening	\$45
Breast Cancer Screening	Screening for Breast Cancer	\$45
Medication Adherence for Diabetes Medications	Prescription Refill**	\$45
Glycemic Status Assessment for Patients with Diabetes	HbA1c Test	\$45
Follow-Up After Hospitalization for Mental Illness - 30	Inpatient Discharge Follow-Up	\$45
Transitions of Care - Medication Reconciliation Post-	Medication Reconciliation	\$45

** Incentive is paid if the member is adherent to their medications or blood pressure or HbA1c level is controlled as of December 31st, 2025.

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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	\$25	56.90%	65.00%
Colorectal Cancer Screening	COL	\$25	56.90%	62.80%
Child and Adolescent Well-Care Visits	WCV	\$25	50.50%	59.60%
Controlling High Blood Pressure	CBP	\$25	67.80%	72.90%
Glycemic Status Assessment for Patients with Diabetes <9	GSD	\$25	72.50%	77.40%
Eye Exam for Patients with Diabetes	EED	\$25	42.40%	52.90%
Patients with Diabetes Kidney Health Evaluation	KED	\$25	46.70%	55.40%
Breast Cancer Screening	BCS	\$25	71.50%	75.70%
Chlamydia Screening in Women	CHL	\$25	43.80%	51.50%
Plan All-Cause Readmissions	PCR	\$25	64.00%	55.50%

(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	Payout	Max Payout
Asthma Medication Ratio	67	100	67%	50th	\$3,350	\$12,000
Breast Cancer Screening	28	50	56%	50th	\$1,400	\$6,000
Controlling High Blood Pressure	15	30	50%	-	\$0	\$3,600
Hemoglobin A1c Control for Patients with Diabetes	75	100	75%	90th	\$9,000	\$12,000
Chlamydia Screening in Women (Total)	65	100	65%	75th	\$4,875	\$12,000
Childhood Immunizations - Combo 10	20	80	25%	-	\$0	\$9,600
Immunizations for Adolescents - Combo 2	28	80	35%	50th	\$1,400	\$9,600
Kidney Health Evaluation for Patients with Diabetes	12	42	29%	-	\$0	\$5,040
Lead Screening in Children	20	80	25%	-	\$0	\$9,600
Well-Child Visits in the First 30 Months of Life	78	100	78%	90th	\$9,360	\$12,000
Total					\$29,385	\$91,440

Product Line: MeridianComplete

Measure	Member hits	Incentive Amount	Total
Controlling High Blood Pressure (CBP)	30	\$45	\$1,350
Breast Cancer Screening	21	\$45	\$945
Medication Adherence for Diabetes Medications*	48	\$45	\$2,160
Annual Dental Visit	41	\$45	\$1,845
Total	140	\$45	\$6,300

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Product Line: Ambetter from Meridian

Measure	Hits	Population	Rate	Incentive Amount	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive	Total	Target Achieved
Chlamydia Screening in Women	81	87	93.10%	\$25	43.80%	51.50%	\$2,025.00	Target 2
Cervical Cancer Screening	59	100	59.00%	\$25	56.90%	65.00%	\$1,106.25	Target 1
Breast Cancer Screening	50	110	45.45%	\$25	71.50%	75.70%	\$0.00	None

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, 2025.

- Incentives are paid annually upon completion of all qualifying services in compliance with HEDIS® measurement year 2025 guidelines. Unless otherwise noted, one incentive is paid per member per year. Meridian and MeridianComplete incentives will begin being paid in 2026 after MY25 HEDIS® performance is finalized. Ambetter incentives may be paid via interim payments throughout 2025 with a final reconciliation payment in 2026. 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.

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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, 2025, 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?

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. Incentive payments will occur on a quarterly basis and will be made out directly to the provider submitting the NOP form.

Who is eligible for the NOP 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.



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 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, 2025.

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 Z-Code SDoH incentive program.

Effective January 1, 2025, 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

Incentive structure:

- \$1.00 per eligible Z-code billed
 - > 200 code annual limit per NPI
- \$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 member, per year

Eligible Z-codes include all the ICD-10 codes in the range of Z55-Z65 (persons with potential health hazards related to socioeconomic and psychosocial circumstances). Please see category descriptions below:

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

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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 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.
- 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, 2025, providers are eligible for additional incentive payments for providing services and closing care gaps for children and youth enrolled in foster care.

In 2025, 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*

*If well-child/adolescent well-care visit is completed for a member within 30 days of entering foster care, the incentive amount will increase to \$100.

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The Meridian Foster Care P4P program will also pay an incentive of \$5 per immunization for the following immunizations:

- Diphtheria, Tetanus and Acellular Pertussis (DTaP)
- Polio (IPV/OPV)
- Measles, Mumps, and Rubella (MMR)
- Haemophilus Influenza Type B (HiB)
- Hepatitis B (HepB)
- Chicken Pox (VZV)
- Pneumococcal Conjugate (PCV)
- Hepatitis A (HepA)
- Rotavirus (RV)
- Influenza (Flu)
- Meningococcal
- Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Tdap)
- Human Papillomavirus Series (HPV)

Comprehensive Child and Adolescent Care		
Service	Procedure	Performance Criteria*
Childhood Immunizations Status – Combination 10	<ul style="list-style-type: none"> ■ 4 Diphtheria, Tetanus and Acellular Pertussis (DTaP) ■ 3 Polio (IPV/OPV) ■ 1 Measles, Mumps and Rubella (MMR) ■ 3 Haemophilus Influenza Type B (HiB) ■ 3 Hepatitis B (HepB) ■ 1 Chicken Pox (VZV) ■ 4 Pneumococcal Conjugate (PCV) ■ 1 Hepatitis A (HepA) ■ 2 or 3 Rotavirus (RV) ■ 2 Influenza (Flu) 	Children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
Immunizations for Adolescents – Combination 2	<ul style="list-style-type: none"> ■ 1 Meningococcal ■ 1 Tetanus, Diphtheria Toxoids and Acellular Pertussis (Tdap) ■ Human Papillomavirus Series (HPV) 	Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their thirteenth birthday.
Well-Child Visits in the First 15 Months of Life	Six or more Well-Child Visits in the First 15 Months of Life	Children who turned 15 months old during the measurement year and had six or more well-child visits with a primary care provider (PCP) during their first 15 months of life.



Comprehensive Child and Adolescent Care

Service	Procedure	Performance Criteria*
Well Child Visits for Age 15-30 Months	Two or More Well-Child Visits between 15-30 Months of Life	Children who turned 30 months old during the measurement year and had two or more well-child visits with a PCP between their 15-month birthday and 30-month birthday.
Child and Adolescent Well-Care Visits	Well-Care Visit	Members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Lead Screening in Children	Lead Capillary or Venous Blood Test	Children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Chlamydia Screening in Women Ages 16-24 Years Old	Screening for Chlamydia	Women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

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 2025 guidelines. Unless otherwise noted, one incentive is paid per member per year. Incentives will begin being paid in 2026 after MY25 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.
- **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.
- *If well-child/adolescent well-care visit is completed for a member within 30 days of entering foster care, the incentive amount will increase to \$100.
- 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.
- Meridian maintains the right to modify or discontinue the Foster Care Incentive 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.

