Provider Incentive Program Guidebook 2024

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Dear Provider,

Meridian, MeridianComplete (Medicare-Medicaid Plan), Ambetter from Meridian, and Wellcare are pleased to announce our 2024 Provider Incentive Programs, effective January 1, 2024. In 2024, 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.

As the largest and longest standing Medicaid health 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. Provider incentive programs are a key component in improving the quality of our members' lives and closing gaps in care throughout all our lines of business. Providers earn incentive payments for proactively coordinating preventive medicine and for thoroughly addressing patients' current conditions and needs.

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 members and look forward to partnering with you to provide the best care for our members.

Sincerely,

Christopher Priest
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 aimed at recognizing and rewarding Primary Care Physicians (PCPs) for improving healthcare quality and closing gaps in care. The program pays for specific HEDIS care gaps closed within the 2024 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
- Wellcare by Allwell

Program Measures	Amount Per
BCS – Breast Cancer Screening	$75
CBP – Controlling High Blood Pressure	$25
COA – Care for Older Adults – Pain Assessment*	$25
COA – Care for Older Adults – Review*	$25
COL – Colorectal Cancer Screen	$50
EED – Diabetes – Dilated Eye Exam	$25
FMC – F/U ED Multiple High Risk Chronic Conditions	$50
HBD – Diabetes HbA1c <=9	$75
Medication Adherence – Blood Pressure Medications	$50
Medication Adherence – Diabetes Medications	$75
Medication Adherence – Statins	$75
OMW – Osteoporosis Management in Women Who Had a Fracture	$50
SPC – Statin Therapy for Patients with CVD	$50
SUPD – Statin Use in Persons with Diabetes	$75
TRC – Medication Reconciliation Post Discharge	$50
TRC – Patient Engagement after Inpatient Discharge	$50

**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 2024 calendar year.

Measure	Members Compliant with Measure	Bonus Amount	Total
BCS – Breast Cancer Screening	20	$75	$1,500
CBP – Controlling High Blood Pressure	17	$25	$425
COL – Colorectal Cancer Screen	12	$50	$600
EED – Diabetes – Dilated Eye Exam	23	$25	$575
SPC – Statin Therapy for Patients with CVD	19	$50	$950
TRC – Medication Reconciliation Post Discharge	15	$50	$750

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

What is the CoC/Appointment Agenda Incentive?

The CoC program is designed to support your outreach to members for condition management. The Appointment Agenda is a guide to help providers review an eligible member's care gaps during an office visit. 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.

Providers are eligible for a bonus for each completed Appointment Agenda (Health Condition History only) with verified and documented diagnoses on qualified claims. Bonuses increase when Appointment Agendas are submitted electronically (i.e., completing checkboxes via the secure provider portal, RxEffect, etc).

The CoC/Appointment Agenda program went into effect February 1, 2024.

Threshold percentage of appointment agendas completed	Bonus paid per paper appointment agenda submission	Bonus paid per electronic appointment agenda	Additional medicare bonus paid per electronic
<50%	**$50**	**$100**	**$100**
>50% to <80%	**$100**	**$200**	**$100**
>80%	**$150**	**$300**	**$100**

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

Who is eligible for the Appointment Agenda Incentive?

Eligible Product Line:

- Wellcare
- Wellcare by Allwell
- 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. Wellcare providers can earn an average of $250 per completed agenda if they submit their completed agendas electronically. See below for examples of how much you can earn.

Provider Group A	**Provider Group B**	**Provider Group C**
Number of Completed: 85 Medicaid members **Rewards from Appointment Agendas: $12,750**	Number of Completed Agendas: 110 members (Medicare members, submitted electronically) **Rewards from Appointment Agendas: $27,500**	Number of Completed Agendas: 15 Ambetter members **Rewards from Completed Agendas: $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 (PMPM) rate paid annually at the PHO or CIN level for reaching set percentiles for specific HEDIS measures. See grid below for the percentage of eligible Meridian patients needed to successfully complete the measure to receive an incentive.

HEDIS® Measure	50th Percentile	75th Percentile	90th Percentile
Asthma Medication Ratio	65.61%	70.82%	75.92%
Breast Cancer Screening	52.20%	58.35%	63.37%
Controlling High Blood Pressure	61.31%	67.27%	72.22%
Cervical Cancer Screening	57.11%	61.80%	66.48%
Eye Exam for Patients with Diabetes	52.31%	59.37%	63.33%
Hemoglobin A1c Control for Patients with Diabetes	52.31%	57.18%	60.34%
Chlamydia Screening in Women (Total)	56.04%	62.90%	67.39%
Childhood Immunizations - Combo 10	30.90%	37.64%	45.26%
Immunizations for Adolescents - Combo 2	34.31%	40.88%	48.80%
Lead Screening in Children	62.79%	70.07%	79.26%
Prenatal and Postpartum Care - Postpartum Care	79.63%	84.23%	88.33%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	84.23%	88.33%	91.07%
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life	58.38%	63.34%	68.09%
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life	66.76%	71.35%	77.78%
Child and Adolescent Well-Care Visits	48.07%	55.08%	61.15%
Kidney Health Evaluation for Patients with Diabetes	31.89%	40.60%	46.76%

The table below shows the incentive amount you can earn PMPM based on the number of members and benchmarks the group is able to achieve. These amounts are cumulative so a provider group who achieves the 90th percentile for 13-16 measures can earn a maximum of $3.90 PMPM.

Measure Count	50th Percentile PMPM	75th Percentile PMPM	90th Percentile PMPM
5-8	$0.10	$0.25	$0.75
9-12	$0.20	$0.50	$1.25
13-16	$0.40	$1.00	$2.50

Who is eligible for the QBP Incentive?

- Eligible Productive Line: Meridian
- Must be in a value-based contract

How much can I earn?

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

- A total of 10 measures reached the 50th percentile
- Of those 10, 6 also reached the 75th percentile
- Of those 6, 5 also reached the 90th percentile

The table below shows the PMPM incentive amount this provider group would earn.

# of measures reaching percentile	50th percentile (PMPM)	75th percentile (PMPM)	90th percentile (PMPM)	Total (PMPM)
PMPM earned	$0.20	$0.25	$0.75	$1.20

This group earned $1.20 PMPM which equates to a total of $21,600 of potential earnings for the year ($1.20 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-$100 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 2024 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.

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Medicaid Incentive Amounts

HEDIS Measure	50th Percentile	75th Percentile	90th Percentile
Asthma Medication Ratio	$35	$70	$90
Breast Cancer Screening	$20	$40	$50
Controlling High Blood Pressure	$35	$70	$90
Cervical Cancer Screening	$10	$15	$30
Eye Exam for Patients with Diabetes	$35	$70	$90
Hemoglobin A1c Control for Patients with Diabetes	$35	$70	$90
Chlamydia Screening in Women (Total)	$20	$40	$50
Childhood Immunizations - Combo 10	$35	$70	$90
Immunizations for Adolescents - Combo 2	$35	$70	$90
Lead Screening in Children	$20	$40	$50
Prenatal and Postpartum Care - Postpartum Care	$35	$70	$90
Prenatal and Postpartum Care - Timeliness of Prenatal Care	$35	$70	$90
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life	$35	$70	$90
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life	$35	$70	$90
Child and Adolescent Well-Care Visits	$10	$15	$30
Kidney Health Evaluation for Patients with Diabetes	$20	$40	$50

Medicaid Target Compliance Percentage

HEDIS Measure	50h Percentile	75th Percentile	90th Percentile
Asthma Medication Ratio	65.61%	70.82%	75.92%
Breast Cancer Screening	52.20%	58.35%	63.37%
Controlling High Blood Pressure	61.31%	67.27%	72.22%
Cervical Cancer Screening	57.11%	61.80%	66.48%
Eye Exam for Patients with Diabetes	52.31%	59.37%	63.33%
Hemoglobin A1c Control for Patients with Diabetes	52.31%	57.18%	60.34%
Chlamydia Screening in Women (Total)	56.04%	62.90%	67.39%
Childhood Immunizations - Combo 10	30.90%	37.64%	45.26%
Immunizations for Adolescents - Combo 2	34.31%	40.88%	48.80%
Lead Screening in Children	62.79%	70.07%	79.26%
Prenatal and Postpartum Care - Postpartum Care	79.63%	84.23%	88.33%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	84.23%	88.33%	91.07%
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life	58.38%	63.34%	68.09%
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life	66.76%	71.35%	77.78%
Child and Adolescent Well-Care Visits	48.07%	55.08%	61.15%
Kidney Health Evaluation for Patients with Diabetes	31.89%	40.60%	46.76%

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
Controlling High Blood Pressure (CBP)	$40
Colorectal Cancer Screening (COL)	$30
Annual Dental Visit (ADV)	$50
Medication Adherence for Diabetes Medication (MAD)	$100
Antidepressant Medication Management (AMM)	$25
Follow Up After Hospitalization for Mental Illness – 30 days (FUH)	$60
Transitions of Care (TRC)	$40

Ambetter from Meridian Target Measures and Incentive Amounts

Measure	Incentive Amount	Target 1 Pays 75% of Incentive ($18.75)	Target 2 Pays 100% of Incentive ($25)
Asthma Medication Ratio (AMR)	$25	84.50%	89.20%
Chlamydia Screenings in Women (CHL): Total	$25	43.10%	51.10%
Controlling High Blood Pressure (CBP)	$25	64.30%	70.20%
Eye Exam for Patients with Diabetes (EED)	$25	44.00%	53.80%
Breast Cancer Screening (BCS)	$25	70.80%	74.60%
Hemoglobin A1c Control for Patients with Diabetes (HBD)	$25	72.26%	76.40%
PPC – Postpartum (PPC)	$25	81.60%	89.20%
Proportion of Days Covered (PDC) – Diabetes All Classes	$25	75.60%	79.60%
Cervical Cancer Screening (CCS)	$25	58.50%	65.10%
Antidepressant Medication Management (AMM)	$25	69.50%	74.90%

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	Payout Max
Asthma Medication Ratio	67	100	67%	50th	$2,345	$9,000
Breast Cancer Screening	10	50	20%	-	$0	$2,500
Controlling High Blood Pressure	15	30	50%	-	$0	$2,700
Cervical Cancer Screening	65	90	72.22%	90th	$1,950	$2,700
Eye Exam for Patients with Diabetes	70	100	70%	90th	$6,300	$9,000
Hemoglobin A1c Control for Patients with Diabetes	75	100	75%	90th	$6,750	$9,000
Chlamydia Screening in Women (Total)	65	100	65%	75th	$2,600	$5,000
Childhood Immunizations - Combo 10	20	80	25%	-	$0	$7,200
Immunizations for Adolescents - Combo 2	15	80	18.75%	-	$0	$7,200
Lead Screening in Children	20	80	25%	-	$0	$4,000
Prenatal and Postpartum Care - Postpartum Care	40	45		90th	$3,600	$4,050
Prenatal and Postpartum Care - Timeliness of Prenatal Care	20	45		-	$0	$4,050
Well-Child Visits in the First 30 Months of Life - 6+ visits in the first 15 months of life	78	100	78%	90th	$7,020	$9,000
Well-Child Visits in the First 30 Months of Life - 2 visits from 15-30 months of life	55	90	61.11%	50th	$1,925	$9,000
Child and Adolescent Well-Care Visits	49	100	49%	50th	$490	$3,000
Kidney Health Evaluation for Patients with Diabetes	12	42	28.57%	-	$0	$2,100
Total Earnings						**$89,500**

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Product Line: MeridianComplete

Measure	Member hits	Incentive Amount	Total
Controlling High Blood Pressure (CBP)	30	$40	$1,200
Colorectal Cancer Screening (COL)	22	$30	$660
Annual Dental Visit (ADV)	42	$50	$2,100
Medication Adherence for Diabetes Medication (MAD)	12	$100	$1,200
Antidepressant Medication Management (AMM)	7	$25	$175
Follow Up After Hospitalization for Mental Illness – 30 days (FUH)	36	$60	$2,160
Transitions of Care (TRC)	16	$40	$640
Total			$8,135

Product Line: Ambetter from Meridian

Measure	Hits	Population	Rate	Incentive Amount	Target 1 Pays 75% of Incentive ($18.75)	Target 2 Pays 100% of Incentive ($25)	Bonus Earned	Target Achieved
Asthma Medication Ratio (AMR)	81	87	93.10%	$25	84.50%	89.20%	$2,025	Target 2
Chlamydia Screenings in Women (Total) (CHL)	125	300	41.67%	$25	43.10%	51.10%	$0	n/a
Controlling High Blood Pressure (CBP)	60	110	54.54%	$25	64.30%	70.20%	$0	n/a
Eye Exam for Patients with Diabetes (EED)	45	85	52.94%	$25	44.00%	53.80%	$1,125	Target 2
Breast Cancer Screening (BCS)	60	110	54.54%	$25	70.80%	74.60%	$0	n/a
Hemoglobin A1c Control for Patients with Diabetes (HBD) <9%	50	85	58.82%	$25	72.26%	76.40%	$0	n/a
PPC – Postpartum (PPC)	40	45	88.89%	$25	81.60%	89.20%	$750	Target 1
Proportion of Days Covered (PDC)	15	25	60%	$25	75.60%	79.60%	$0	n/a
Cervical Cancer Screening (CCS)	132	225	58.67%	$25	58.50%	65.10%	$2,475	Target 1
Antidepressant Medication Management (AMM)	18	27	66.67%	$25	69.50%	74.90%	$0	n/a
Total							**$6,375**	

(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.

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, 2024, 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 (NCQA, PGIP, AAAHC, TJC, CARF, URAC)	$50 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	$25 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
Comprehensive Assessment	G9001
In-Person Encounter	G9002
Care Team Conference	G9007
Physician Coordinated Care Oversight Services	G9008
Telephone CC/CM Services	98966, 98967, 98968
Education/Training for Patient Self-Management	98961, 98962
Care Transition	99495, 99496
End of Life Counseling	S0257
Chronic Care Management for FQHCs	G0511
Psychiatric Collaborative Care Model for FQHCs	G0512
Advanced Care Planning	99497, 99498
Complex Chronic Care Management	99487
Chronic Care Management Services	99490

Additional Notes:

- PCMH designation status is identified at the office level in 2024.
- *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 2024 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.

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 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 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** 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.

HIE Initiative	Meridian Incentive for Contracted Provider Organizations	MiHIN Use Case Overview and Information
Active Care Relationship Service (ACRS)	**One-time incentive payment** for a fully implemented ACRS Use Case with MiHIN on or before **December 31, 2024.*** *To be eligible for this incentive, the provider organization must include specialists within their ACRS file submissions.	**ACRS**: mihin.org/active-care-relationship-service-use-case-2/ **Common Key Service**: mihin.org/common-key-service-use-case/ **Health Plan Directory:** mihin.org/health-directory/
Admission, Discharge, Transfer (ADT) Notification	One-time incentive payment after the organization successfully completes the ADT Sender Onboarding Process with MiHIN on or before December 31, 2024.	**ADT**: mihin.org/admission-discharge-transfer-notifications-use-case/
Quality Measure Information (QMI) formerly known as Physician-Payer Quality Collaborative (PPQC)	Eligible to receive higher incentive payments based on performance under Meridian's 2024 Pay-for-Performance (P4P) Provider Bonus Program.	**QMI**: mihin.org/physician-payer-quality-collaborative/

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

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, 2024, 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 structure:

- $0.50 per eligible Z-code billed
  - 100 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
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

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
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

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

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:

- 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 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 new Foster Care P4P 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, 2024, providers are eligible for additional incentive payments for providing services and closing care gaps for children and youth enrolled in foster care.

Effective January 1, 2024

In 2024, 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.

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.

**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.

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)

Additional Notes:

- Incentive is paid upon completion of all qualifying services in compliance with HEDIS® measurement year 2024 guidelines. Unless otherwise noted, one incentive is paid per member, per year. Incentives will begin being paid in 2024. Incentive is paid to the assigned PCP at the time of payment.
- 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.


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