

Meridian Partnership for Quality (P4Q) Program

It is my pleasure to introduce you to the Meridian Partnership for Quality (P4Q) program, formally known as the Healthcare Effectiveness Data and Information Set (HEDIS®) Bonus Program. As one of the fastest growing Medicaid 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.

Our P4Q 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. Unless otherwise noted, payments are made annually and will be paid in 2021 for the 2020 measurement year.

Programs like this have made Meridian an industry leader and align with our mission to help those eligible for government-sponsored healthcare plans live better, healthier lives. We thank you for your continued support and dedication to our members.

Sincerely,



Sean Kendall
President/COO
Meridian



Meridian Partnership for Quality (P4Q) Program

Effective 1/1/2020

Comprehensive Child and Adolescent Care			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Childhood Immunizations Status – Combination 10	4 Diphtheria, Tetanus and Acellular Pertussis (DTaP)	Medicaid: \$100	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.
	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)		
Immunizations for Adolescents – Combination 2	1 Meningococcal	Medicaid: \$50	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.
	1 Tetanus, Diphtheria Toxoids and Acellular Pertussis (Tdap)		
	Human Papillomavirus Series (HPV)		
Well-Child Visits in the First 15 Months of Life	Six or More Well-Child Visits in the First 15 Months of Life	Medicaid: \$20	Children who turned 15 months old during the measurement year and who had the six or more well-child visits with a Primary Care Provider (PCP) during their first 15 months of life.
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	One or More Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Medicaid: \$20	Children three to six years of age who had one or more well-child visits with a PCP during the measurement year.

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Service	Procedure	Plan†/Incentive	Performance Criteria*
Adolescent Well-Care Visits	Well-Care Visit	Medicaid: \$30	Members 12 – 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	Medicaid: \$10	Children two years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. <i>Incentive exception: Incentive will not be paid to the PCP if the servicing provider is a health department.</i>
Children and Adolescents' Access to Primary Care Practitioners	PCP Visit(s)	Medicaid: \$10	Children seven to 11 years of age who had a visit with a PCP during the measurement year.
Prevention and Screening			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Breast Cancer Screening	Mammogram	Medicaid: \$50	Women 50 – 74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
		Marketplace: \$100	
Cervical Cancer Screening	Cervical Cytology/Testing	Medicaid: \$30	Women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> Women 21 – 64 years of age who had cervical cytology performed within the last three years Women 30 – 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years Women 30 – 64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last five years
		Marketplace: \$25	
Chlamydia Screening in Women	Screening for Chlamydia	Medicaid: \$40	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.
		Marketplace: \$100	
Colorectal Cancer Screening	Screening for Colorectal Cancer	Marketplace: \$75	Members 50 – 75 years of age who had appropriate screening for colorectal cancer.
Adults' Access to Preventive/Ambulatory Health Services	Ambulatory or Preventive Care Visit	Medicaid: \$10	Members 20 – 64 years of age who had an ambulatory or preventive care visit during the measurement year.
Comprehensive Diabetes			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Comprehensive Diabetes Care	HbA1c Testing	Medicaid: \$20	Members 18 – 75 years of age with diabetes (type 1 and type 2) that had Hemoglobin A1c (HbA1c) testing performed during the measurement year.
	Eye Exam	Medicaid: \$20	Members 18 – 75 years of age with diabetes (type 1 and type 2) that had a retinal eye exam performed during the measurement year.
	Medical Attention for Nephropathy, Blood Pressure Control (<140/90 mm Hg) and HbA1c Control (<8.0%)	Medicaid: \$40	Members 18 – 75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year: <ul style="list-style-type: none"> Medical attention for nephropathy Blood pressure control (<140/90 mm Hg) HbA1c control (<8.0%)
	Eye Exam, HbA1c Testing, Medical Attention for		Members 18 – 75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year: <ul style="list-style-type: none"> Eye exam

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	Nephropathy, Blood Pressure Control (<140/90 mm Hg) and HbA1c Control (<8.0%)	Marketplace: \$50	<ul style="list-style-type: none"> HbA1c testing Medical attention for nephropathy Blood pressure control (<140/90 mm Hg) HbA1c control (<8.0%)
Provider Centric			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Appropriate Testing for Pharyngitis	Pharyngitis Testing	Medicaid: \$20	Episodes for members three years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.
Obstetrical Care			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Prenatal and Postpartum Care	Timeliness of Prenatal Care Visit	Medicaid: \$70	Women who delivered that received a prenatal care visit in the first trimester (280 – 176 days prior to delivery or estimated date of delivery).
	Postpartum Care Visit	Medicaid: \$60	Women who had a postpartum visit on or between seven and 84 days after delivery.
Mental Health			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Initiation and Engagement of Treatment for Alcohol and Other Drug (AOD) Dependence	Initiation of AOD Treatment within 14 Days of the Index Episode Start Date	Marketplace: \$100	Adolescent and adult members 13 years of age and older with a new episode of AOD abuse or dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.
	Two Engagement Visits within 34 Days of the Initiation Event	Marketplace: \$100	Adolescent and adult members 13 years of age and older with a new episode of AOD abuse or dependence who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
Follow-Up Care for Children Prescribed ADHD Medication	Follow-Up Visit During Initiation Phase	Medicaid: \$20	Children six to 12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the Initiation Phase (30 days following the IPSD).
Medication Management			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Medication Management for People with Asthma	Remain on Asthma Medication for 75% of Treatment Period	Medicaid: \$10	Members five to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications and remained on an asthma controller medication for at least 75 percent of their treatment period.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Avoidance of Antibiotic Treatment	Medicaid: \$20	Episodes for members three months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.
Antidepressant Medication Management	Effective Acute Phase Treatment	Marketplace: \$100	Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 84 days (12 weeks).
	Effective Continuation Phase Treatment	Marketplace: \$100	Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 180 days (six months).
International Normalized Ratio (INR) Monitoring for Individuals on Warfarin	INR Monitoring	Marketplace: \$100	Members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy.
Proportion of Days Covered (PDC)	Diabetes All Class	Marketplace: \$75	Members 18 years and older who met the PDC threshold of 80 percent during the measurement period who filled at least two prescriptions for any of the diabetes medications listed in Medication Tables PDC-DR-A: Biguanides; PDC-DR-B: Sulfonylureas; PDC-DR-C: Thiazolidinediones;

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			PDC-DR-D: DPP-4 Inhibitors; PDC-DR-E: Incretin Mimetics; PDC-DR-F: Meglitinides; or PDC-DR-G: SGLT2 Inhibitors on different dates of service in the treatment period.
Proportion of Days Covered (PDC)	Renin Angiotensin System (RAS) Antagonists	Marketplace: \$50	Members 18 years and older who met the PDC threshold of 80 percent during the measurement period who filled at least two prescriptions for any RAS Antagonist: ACEI/ARB/Direct Renin Inhibitor or ACEI/ARB/Direct Renin Inhibitor Combination (see Table PDC-RASA-A: RAS Antagonists) on different dates of service during the treatment period.
	Statins	Marketplace: \$50	Members 18 years and older who met the PDC threshold of 80 percent during the measurement period who filled at least two prescriptions for any statin or statin combination product (Table PDC-STA-A: Statins) on different dates of service in the treatment period.
Healthy Michigan Plan (HMP) [^]			
Service	Procedure	Plan/Incentive	Performance Criteria
Annual Health Risk Assessment (HRA)	Completion of Annual HRA	Healthy Michigan: \$20	<p>Healthy Michigan Plan members 19 – 64 years of age who completed the Healthy Michigan Plan Health Risk Assessment during the calendar year and had an ambulatory or preventive care visit during the measurement year.</p> <p>One incentive paid per member, per year. Incentive is paid quarterly to the in-network provider NPI listed in the Healthy MI HRA. For HRAs completed by health plan staff, the incentive will pay to the member's assigned PCP.</p>
<i>Blank HRAs can be downloaded from www.mhplan.com/hmp. Completed HRAs may be faxed to Meridian at 313-324-9120.</i>			

Program Information:

Results may be faxed to **313-202-0006**. 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 www.mhplan.com. For more information, contact your local Provider Network Management Representative or the Provider Services department at **888-773-2647**.

† Plan Definitions:

Medicaid	Meridian Medicaid members
Healthy Michigan Plan	Meridian Medicaid Expansion members
Marketplace	Meridian members enrolled through the Health Insurance Marketplace

* Incentive is paid upon completion of all qualifying services in compliance with HEDIS® 2021 guidelines. Unless otherwise noted, one incentive is paid per member, per year. Incentive is paid annually and will be paid in 2021 for the 2020 measurement year. Incentive is paid to the assigned PCP at the time of service.

[^] Healthy Michigan members are eligible to qualify for a 50 percent premium reduction dependent on their income/Federal Poverty level. Qualification is as follows: The member must attest to a healthy behavior (at the bottom of the HRA) and the provider bills appropriately. Members can complete one HRA every eleven months to qualify.

***Meridian maintains the right to modify or discontinue the P4Q Program at any time.
Meridian will notify providers of any changes or incentive program alterations.***

Please note: The Annual Healthy Michigan HRA Service is the only P4Q service in which providers in value-based arrangements will receive P4Q incentives.