

Molina Healthcare of Michigan is pleased to announce our 2022 Quality Incentive Pay-for-Performance program!

February 14, 2022

Dear Provider,

Molina Healthcare's mission is to improve the health and lives of our members by delivering high-quality healthcare. We know that the success of our mission is based on the relationships we have with our providers. One of the ways Molina cultivates these relationships is by offering our robust Quality Incentive Pay-for-Performance (P4P) program.

Molina's P4P program aligns with our mission by rewarding our valued providers for high-quality preventive healthcare. Incentivized services include: access to care, well care visits, cancer screenings, diabetic services, immunizations, and more.

Based on some of the unique challenges faced by Molina members in different geographic locations, Molina has continued our regional model in the 2022 program. Because of performance differences across Regions, some measures will be eligible for different incentives based on the Region in which the member lives. It is Molina's intent that the additional funding will help to alleviate some of the Provider challenges in performing in these measures. Molina has added payments for important work in social determinants of health, COVID vaccine rate improvement, and tobacco cessation counseling. Furthermore, Molina offers enhanced rewards to providers who achieve performance targets with their attributed member panels. Additionally, this will serve as notice that Molina has removed the Emergency Room performance bonus in the 2022 P4P program.

The attached document describes Molina's complete 2022 Quality Incentive/Pay for Performance program for Medicaid, Medicare, and Marketplace for your reference. The Molina team looks forward to partnering with you for your success in the program and improving quality care and outcomes for Molina member. Thank you for your continued care to Molina members.



Christine Surdock
Plan President
Molina Healthcare of Michigan



David Donigian, MD
Chief Medical Officer
Molina Healthcare of Michigan

Adult Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Adult Access to Care (20+ years)	Any preventive/ambulatory visit		84.78%	\$20 per member in the measure	Medicaid Marketplace
			81.97%	\$10 per member in the measure	
Cervical Cancer Screening (21-64 years)	Pap every 3 years; HPV or Pap/HPV every 5 years	\$25	67.99%	\$50 per member in the measure	Medicaid Marketplace
			63.66%	\$25 per member in the measure	
Tobacco Cessation Counseling	Counseling for Tobacco Cessation	\$5			Medicaid Marketplace
Pediatric Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Immunizations for Adolescents: Combination 2 (By 13th birthdate)	Meningococcal, Tdap, and HPV	\$25			Medicaid Marketplace
Well-Care Visit (3-21 years)	Annual Well-child Visit	\$25	61.97%	\$50 per member in the measure	Medicaid Marketplace
			53.83%	\$25 per member in the measure	
Other Incentive Programs					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Asthma Medication Ratio (5-64 years)	Ratio of at least 0.5 controller medications to total asthma medications	\$25			Medicaid Marketplace
COVID-19 Vaccination (12+ years)	First dose shot of any FDA-approved COVID-19 vaccine by 09/30/2022		100% Increase or total rate of 85%	\$50 per Newly Vaccinated Member	Medicaid Only
			80% Increase	\$25 per Newly Vaccinated Member	
			60% Increase	\$15 per Newly Vaccinated Member	
Social Determinants of Health (SDoH) Screening	Submit SDoH Z-codes for screened Medicaid members		5.00%	\$1.00 per Member Per Month	Medicaid Only
			2.50%	\$0.50 per Member Per Month	
Healthy Michigan Plan HRA Program					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
HRA Completion	PCP visit and HRA completion	\$25			Healthy MI Plan ONLY
Timely Initial HRA	Within 150 days of enrollment	\$25			

Please fax completed HRAs to (855) 671-1283. Blank HRA forms can be found at:
<http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx>

Effective 1/1/2022

Medicare Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Breast Cancer Screening (50-74 years)	Mammogram	\$25	76.00%	\$50 per member in the measure	Medicare MI Health Link
			69.00%	\$25 per member in the measure	
Care of Older Adults (66 years and older)	Medication Review	\$50			Medicare MI Health Link
	Functional Status Assessment	\$50			
	Pain Assessment	\$50			
Colorectal Cancer Screening (50-75 years)	Colonoscopy, Sigmoidoscopy, FIT-DNA, FIT, FOBT, CT Colonography	\$25	80.00%	\$50 per member in the measure	Medicare MI Health Link
			71.00%	\$25 per member in the measure	
Diabetes Care—Blood Sugar Controlled (18-75 years)	Poor Control >9%		81.00%	\$100 per member in the measure	Medicare MI Health Link
			72.00%	\$50 per member in the measure	
Diabetes Care—Eye Exam (18-75 years)	Retinal Eye Exam		79.00%	\$40 per member in the measure	
			71.00%	\$20 per member in the measure	
Diabetes Care—Kidney Disease Monitoring (18-75 year)	Kidney Function Testing		97.00%	\$20 per member in the measure	
			94.00%	\$10 per member in the measure	
Diabetes Measures—Full Completion	Additional Bonus for completion of above measures	\$200			
Controlling High Blood Pressure (18-85 years)	Compliant BP (≤139/89)		TBD	\$50 per member in the measure	
			TBD	\$25 per member in the measure	
Statin Therapy for Cardiovascular Disease (Men 21-75; Women 40-75)	Member dispensed at least 1 high or moderate intensity statin during the year	\$50			Medicare MI Health Link
Statin Use in Persons with Diabetes (40-75 years)	Members dispensed at least 2 diabetes medications and received a statin fill during the year	\$50			Medicare MI Health Link

Adult Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Breast Cancer Screening (50-74 years)	Mammogram	\$50	63.77%	\$50 per member in the measure	Medicaid Marketplace
			58.70%	\$25 per member in the measure	
Chlamydia Screening (16-24 years)		\$25			Medicaid Marketplace
Controlling High Blood Pressure (18-85 years)	Compliant BP (\leq 139/89)		66.79%	\$75 per member in the measure	Medicaid Marketplace
			62.53%	\$50 per member in the measure	
Eye Exam for Patients with Diabetes (18-75 years)	Retinal Eye Exam		63.02%	\$40 per member in the measure	Medicaid Marketplace
			57.91%	\$20 per member in the measure	
Pediatric Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Blood Lead Testing (by 2nd birthdate)	Blood Lead Test	\$50			Medicaid Marketplace
Childhood Immunizations: Combination 3 (by 2nd birthdate)	4 DTaP, 3 IPV/OPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV	\$200			Medicaid Marketplace
Well Child Visits: First 15 months of life (by 15 months of age)	6 or more well-visits		68.33%	\$100 per member in the measure	Medicaid Marketplace
			61.25%	\$50 per member in the measure	

Adult Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Breast Cancer Screening (50-74 years)	Mammogram	\$25	63.77%	\$50 per member in the measure	Medicaid Marketplace
			58.70%	\$25 per member in the measure	
Chlamydia Screening (16-24 years)		\$50	66.15%	\$50 per member in the measure	Medicaid Marketplace
			61.75%	\$25 per member in the measure	
Controlling High Blood Pressure (18-85 years)	Compliant BP (≤139/89)		66.79%	\$50 per member in the measure	Medicaid Marketplace
			62.53%	\$25 per member in the measure	
Eye Exam for Patients with Diabetes (18-75 years)	Retinal Eye Exam		63.02%	\$20 per member in the measure	Medicaid Marketplace
			57.91%	\$10 per member in the measure	
Pediatric Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Blood Lead Testing (by 2nd birthdate)	Blood Lead Test before the 2nd Birthdate	\$25			Medicaid Marketplace
Childhood Immunizations: Combination 3 (by 2nd birthdate)	4 DTaP, 3 IPV/OPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV	\$100			Medicaid Marketplace
Well Child Visits: First 15 months of life (by 15 months of age)	6 or more well-visits		68.33%	\$50 per member in the measure	Medicaid Marketplace
			61.25%	\$25 per member in the measure	



Molina Healthcare’s Lines of Business (Plans):

Medicaid	Molina Medicaid, including Healthy Michigan Plan members
Medicare	Molina Medicare Complete Care (D-SNP) members, Molina Medicare Choice Care
MI Health Link	Dual-eligible Medicare-Medicaid Plan (MMP) members
Marketplace	Health Insurance Marketplace members

Measure Specifications:

Many quality measures are based on strict HEDIS® specifications. Qualifying services must follow NCQA guidelines in order to be eligible for bonus payments. Bonuses are calculated based on the PCP group (Tax ID) to which members are assigned. Quality incentive payments may be made and distributed to your affiliated provider network (PHO, Physician Organization). NCQA benchmarks are updated in October of the measurement year. Performance Targets TBD (to be determined) will be updated as soon as information is available.

Reporting Bonus Eligibility:

Reporting bonuses are paid quarterly. Both the PCP and the member must be enrolled with Molina Healthcare when bonus checks are issued and must meet continuous enrollment criteria. All contracted PCPs regardless of panel size are eligible for reporting bonuses.

Performance Bonus Eligibility:

Performance bonuses, including the SDoH incentive, will be paid annually in Q2 of 2023. Payouts will be determined by assigned membership as of the anchor date of 12/31/2022. PCP Groups must have ≥100 members attributed to their panel as of the anchor date to be eligible for all performance bonuses and must be contracted with Molina at the time of payment. SDoH Z-codes must be submitted on clean claims to be eligible for bonuses.

Tobacco Cessation

The Tobacco Cessation Counseling incentive is limited to Medicaid members who have a history of tobacco use or abuse. Providers must submit tobacco cessation counseling codes on a claim to be eligible for incentive. Providers will receive the incentive only once for each eligible member. Payment for Tobacco Cessation Counseling will be made in Q2 of 2023.

COVID –19 Vaccination

The COVID Vaccination incentive is limited to Medicaid members 12 years or older who have not received any vaccination before 1/1/2022. Eligible PCPs include those with a minimum of 100 assigned members. Payment will be made for a first-dose vaccination rate increase of at least 60% (or a minimum of 85% of assigned members with first dose). Health plan will use MCIR data to identify newly vaccinated members, supplemented by Claims and Rx data. The PCPs’ base rate will be determined on data as of 1/1/22. Vaccination incentive measurement period is 1/1/22 – 9/30/22, with payouts made in November 2022.

Performance Bonus Methodology:

Measure performance and member panel requirement will be assessed at the level of the pay-to group/Tax ID. The performance bonus targets are aligned to NCQA HEDIS percentiles and CMS STAR cut points at Molina Healthcare’s discretion. Molina reserves the right to alter the targets as they are updated or at its discretion.

Regional Methodology:

For this program, member region is determined by the member’s mailing address. The sole source determining member region will be the enrollment information Molina receives from MDHHS. Region 10 refers to members’ mailing address in Wayne, Oakland and Macomb counties. Regions 2-9 will include all other counties in which Molina operates.

Program Changes:

Molina Healthcare reserves the right to modify the bonus program at any time. Providers will receive notification if changes are made.

Effective 1/1/2022