

September 2023 Update

Dear Valued Molina Primary Care Provider,

Molina Healthcare is on a continuing mission 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, dental services, social determinants of health, and more.

**This September 2023 update to the Molina P4P program greatly enhances the incentives available to PCPs who see Medicare members. Molina has increased these incentives to support the unique challenges faced by providers who see our dual-eligible Medicare members. These enhanced incentives will apply to services provided between 09/01/2023 and 12/31/2023 and to annual performance measures.**

As a reminder, Molina has added an incentive for adult Medicaid members who receive dental services. In accordance with a strong belief that oral health and physical health go together, Molina is promoting a new dental benefit for ALL adult Medicaid members beginning April 1, 2023. Molina will collaborate with our new vendor, DentaQuest, to provide an expanded list of dental benefits through its network of dentists and dental specialists. We ask that you encourage your adult Molina Medicaid members to seek dental services.

The attached document describes Molina's complete 2023 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 members. Thank you for your continued care of Molina members.



Terrisca Des Jardins  
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                   |
| <b>Breast Cancer Screening</b><br>(50-74 years)                     | Mammogram   |              | 61.27%             | \$50 per member in the measure | Medicaid<br>Marketplace |
|   |   |              | 56.52%             | \$25 per member in the measure |                         |
| <b>Cervical Cancer Screening</b><br>(21-64 years)                   | Pap every 3 years;<br>(ages 21-64); HPV or<br>Pap/HPV every 5 years<br>(ages 30-64) |              | 66.88%             | \$50 per member in the measure | Medicaid<br>Marketplace |
|   |   |              | 62.53%             | \$25 per member in the measure |                         |
| <b>Controlling Blood Pressure</b><br>(18-85 years)                  | Compliant BP ( $\leq 139/89$ )  |              | 69.19%             | \$50 per member in the measure | Medicaid<br>Marketplace |
|   |   |              | 65.10%             | \$25 per member in the measure |                         |
| <b>Tobacco Cessation Counseling</b>                                 | Counseling for Tobacco Cessation  | \$5          |                    |                                | Medicaid<br>Marketplace |
| Pediatric Measures  |   |              |                    |                                |                         |
| Service   | Procedure   | Report Bonus | Performance Target | Year End Performance Bonus     | Plans                   |
| <b>Childhood Immunization Status, Combo 3</b><br>(by 2nd birthdate) | 4 DTaP, 3 IPV/OPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV                               | \$200        |                    |                                | Medicaid<br>Marketplace |
| <b>Blood Lead Testing</b><br>(by 2nd birthdate)                     | Blood Lead Test before the 2nd Birthdate  | \$50         |                    |                                | Medicaid<br>Marketplace |
| <b>Well-Child Visit</b><br>(3-21 years)                             | Annual Well-Child Visit   | \$25         | 62.70%             | \$50 per member in the measure | Medicaid<br>Marketplace |
|   |   |              | 57.44%             | \$25 per member in the measure |                         |
| <b>Well-Child Visits:</b><br>(by 15 months of age)                  | 6 or more Well-Visits   |              | 67.56%             | \$50 per member in the measure | Medicaid<br>Marketplace |
|   |   |              | 61.19%             | \$25 per member in the measure |                         |
| Other Incentive Programs  |   |              |                    |                                |                         |
| Service   | Procedure   | Report Bonus | Performance Target | Year End Performance Bonus     | Plans                   |
| <b>Asthma Medication Ratio</b><br>(5-64 years)                      | Ratio of at least 1:2 controller medications to total asthma medications            | \$25         |                    |                                | Medicaid<br>Marketplace |
| <b>Kidney Health Evaluation</b><br>(18-85 years)                    | Serum eGFR and a urine ACR  | \$25         |                    |                                | Medicaid<br>Marketplace |
| <b>Dental Visit</b><br>Effective 4/1/2023<br>(21+ years or HMP)     | Preventive dental visit   | \$25         |                    |                                | Medicaid                |
| <b>Social Determinants of Health (SDoH) Screening</b>               | Submit SDoH Z-codes for screened Medicaid Members                                   |              | 5.00%              | \$1.00 Per Member Per Month    | Medicaid<br>Only        |
|   |   |              | 2.50%              | \$0.50 Per Member Per Month    |                         |

| Medicare Measures  |   |              |                    |                                 |                            |
|--|---|--------------|--------------------|---------------------------------|----------------------------|
| Service  | Procedure   | Report Bonus | Performance Target | Year End Performance Bonus      | Plans                      |
| <b>Breast Cancer Screening</b><br>(50-74 years)  | Mammogram   | \$50         | 77.00%             | \$50 per member in the measure  | Medicare<br>MI Health Link |
|  |   |              | 70.00%             | \$25 per member in the measure  |                            |
| <b>Care of Older Adults</b><br>(66 years and older)  | Medication Review   | \$50         |                    |                                 | Medicare<br>MI Health Link |
|  | Functional Status Assessment  | \$50         |                    |                                 |                            |
|  | Pain Assessment   | \$50         |                    |                                 |                            |
| <b>Colorectal Cancer Screening</b><br>(50-75 years)  | Colonoscopy,<br>Sigmoidoscopy,<br>FIT-DNA, FIT, FOBT,   | \$50         | 79.00%             | \$50 per member in the measure  | Medicare<br>MI Health Link |
|  |   |              | 71.00%             | \$25 per member in the measure  |                            |
| <b>Diabetes Care—Blood Sugar Controlled</b><br>(18-75 years)                               | HBA1C ≤9 %  |              | 83.00%             | \$100 per member in the measure | Medicare<br>MI Health Link |
|  |   |              | 75.00%             | \$50 per member in the measure  |                            |
| <b>Diabetes Care—Eye Exam</b><br>(18-75 years)   | Retinal Eye Exam  |              | 79.00%             | \$100 per member in the measure |                            |
|  |   |              | 71.00%             | \$50 per member in the measure  |                            |
| <b>Diabetes Measures—Full Completion</b>   | Additional Bonus for completion of above measures and renal health evaluation with a serum eGFR and a urine ACR | \$200        |                    |                                 |                            |
| <b>Controlling High Blood Pressure</b> (18-85 years)                                       | Compliant BP (≤139/89)  |              | 80.00%             | \$100 per member in the measure |                            |
|  |   |              | 73.00%             | \$50 per member in the measure  |                            |
| <b>Statin Therapy for Patients with Cardiovascular Disease</b><br>(Men 21-75; Women 40-75) | Members receive at least 1 high or moderate intensity statin during the year                                    | \$100        |                    |                                 | Medicare<br>MI Health Link |
| <b>Statin Therapy for Persons with Diabetes</b><br>(40-75 years)                           | Members dispensed at least 2 diabetes medications and received a statin fill during the year                    | \$100        |                    |                                 | Medicare<br>MI Health Link |
| <b>Medication Adherence: 90-day Prescriptions</b>  | Members dispensed a 90-day fill of a statin, diabetes medication, and/or RAS antagonist                         | \$75         |                    |                                 | Medicare<br>MI Health Link |
|  |   | \$75         |                    |                                 |                            |
|  |   | \$75         |                    |                                 |                            |

| Healthy Michigan Plan HRA Program |                               |              |  |                            |                      |
|-----------------------------------|-------------------------------|--------------|--|----------------------------|----------------------|
| Service                           | Procedure                     | Report Bonus | Performance Target   | Year End Performance Bonus | Plans                |
| <b>HRA Completion</b>             | PCP visit and HRA completion  | \$25         | Please fax completed HRAs to <b>(855) 671-1283</b> . Blank HRA forms can be found at:<br><a href="http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx">http://www.molinahealthcare.com/providers/mi/medicaid/forms/Pages/fuf.aspx</a> |                            | Medicaid Marketplace |
| <b>Timely Initial HRA</b>         | Within 150 days of enrollment | \$25         |  |                            |                      |

**Incentives for members in Region 10**

| Adult Measures  |                                 |              |                    |                                |                      |
|---|---------------------------------|--------------|--------------------|--------------------------------|----------------------|
| Service   | Procedure                       | Report Bonus | Performance Target | Year End Performance Bonus     | Plans                |
| <b>Adult Access to Care</b><br>(20+ years)                  | Any preventive/ambulatory visit |              | 84.53%             | \$20                           | Medicaid Marketplace |
|   |                                 |              | 80.86%             | \$10                           |                      |
| <b>Chlamydia Screening</b><br>(16-24 years)                 | Urine or Swab Specimen          | \$25         |                    |                                | Medicaid Marketplace |
| <b>Eye Exam for Patients with Diabetes</b><br>(18-75 years) | Retinal Eye Exam                |              | 63.75%             | \$40 per member in the measure | Medicaid Marketplace |
|   |                                 |              | 56.51%             | \$20 per member in the measure |                      |

**Incentives for members in Regions 2-9**

| Adult Measures  |                                 |              |                    |                                |                      |
|---|---------------------------------|--------------|--------------------|--------------------------------|----------------------|
| Service   | Procedure                       | Report Bonus | Performance Target | Year End Performance Bonus     | Plans                |
| <b>Adult Access to Care</b><br>(20+ years)                  | Any preventive/ambulatory visit |              | 84.53%             | \$10 per member in the measure | Medicaid Marketplace |
|   |                                 |              | 80.86%             | \$5 per member in the measure  |                      |
| <b>Chlamydia Screening</b><br>(16-24 years)                 | Urine or Swab Specimen          | \$25         | 67.84%             | \$50 per member in the measure | Medicaid Marketplace |
|   |                                 |              | 62.65%             | \$25 per member in the measure |                      |
| <b>Eye Exam for Patients with Diabetes</b><br>(18-75 years) | Retinal Eye Exam                |              | 63.75%             | \$20 per member in the measure | Medicaid Marketplace |
|   |                                 |              | 56.51%             | \$10 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 (e.g. PHO, Physician Organization). NCQA benchmarks are updated in October of the measurement year.

## **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 2024. Payouts will be determined by assigned membership as of the anchor date of 12/31/2023. 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.

## **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.

## **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 2024.

## **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.

## **Dental Incentive:**

For this program, effective 4/1/2023, providers will be rewarded for assigned members who receive a preventive dental service. Incentive is limited to one preventive visit in 2023.

## **Program Changes:**

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