

April 2023

Dear Molina Valued Primary Care 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, dental services, social determinants of health, and more.

Based on some of the unique challenges faced by Molina members in different geographic locations, Molina is continuing our regional model in the 2023 program. Due to these 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. Further, in 2023, Molina is continuing its incentive for important work in social determinants of health and tobacco cessation counseling. We have removed the COVID vaccination incentive, but still encourage vaccination.

For 2023, Molina has added a reward if your adult Medicaid patient receives 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.

A handwritten signature in black ink, appearing to read "Terrisca".

Terrisca Des Jardins
Plan President
Molina Healthcare of Michigan

A handwritten signature in black ink, appearing to read "David Donigian MD".

David Donigian, MD
Chief Medical Officer
Molina Healthcare of Michigan

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

Medicare Measures					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
Breast Cancer Screening (50-74 years)	Mammogram	\$25	77.00%	\$50 per member in the measure	Medicare MI Health Link
			70.00%	\$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	79.00%	\$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)	HBA1C ≤9 %		83.00%	\$100 per member in the measure	Medicare MI Health Link
			75.00%	\$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 Measures—Full Completion	Additional Bonus for completion of above measures and renal health evaluation with a serum eGFR and a urine ACR	\$200			
Controlling High Blood Pressure (18-85 years)	Compliant BP (≤139/89)		80.00%	\$50 per member in the measure	
			73.00%	\$25 per member in the measure	
Statin Therapy for Patients with Cardiovascular Disease (Men 21-75; Women 40-75)	Members receive at least 1 high or moderate intensity statin during the year	\$50			
Statin Therapy for Persons with Diabetes (40-75 years)	Members dispensed at least 2 diabetes medications and received a statin fill during the year	\$50			

Healthy Michigan Plan HRA Program					
Service	Procedure	Report Bonus	Performance Target	Year End Performance Bonus	Plans
HRA Completion	PCP visit and HRA completion	\$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		Medicaid Marketplace
Timely Initial HRA	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
Adult Access to Care (20+ years)	Any preventive/ambulatory visit		84.53%	\$20	Medicaid Marketplace
			80.86%	\$10	
Chlamydia Screening (16-24 years)	Urine or Swab Specimen	\$25			Medicaid Marketplace
Eye Exam for Patients with Diabetes (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
Adult Access to Care (20+ years)	Any preventive/ambulatory visit		84.53%	\$10 per member in the measure	Medicaid Marketplace
			80.86%	\$5 per member in the measure	
Chlamydia Screening (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	
Eye Exam for Patients with Diabetes (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.