

McLaren Health Plan Primary Care 2020 Pay for Transformation Program

I. Introduction

McLaren Health Plan (MHP) is committed to providing high quality, cost effective health care to our membership. Beginning in calendar year 2020, the previous Pay for Performance program is being transitioned into a *Pay for Transformation* (P4T) program. By establishing a Pay for Transformation program, MHP builds a strong partnership with our contracted Primary Care Providers (PCPs), resulting in improved access and care coordination of health care services for our members. The Pay for Transformation program provides incentives that optimize transformation activities, care coordination and quality by recognizing the outstanding efforts of our PCPs. The ultimate goal of the program is to improve health care outcomes.

II. General Terms

A PCP can receive up to \$2 per member per month (pmpm). This is awarded based on HMO membership as of the end of the calendar year. The actual award is subject to the following conditions for the measurement year:

- A. The PCP must be contracted with MHP for at least six months of the measurement year and be contracted at the time of the payment.
- B. The PCP must have an annual average of 50 members per month.
- C. The PCP must be in an open acceptance status throughout the measurement year.
- D. To be eligible, members must be assigned with the PCP for six months of the year.
- E. The PCP must participate in all PPO and HMO products.
- F. 90% of all claims during the measurement year must be submitted electronically.

III. Measures, Specifications, Performance Goals and Award

Measures and awards are reviewed periodically, and goals are adjusted annually or sooner if warranted. Random audits of acceptance status will be performed throughout the measurement year.

A *Quick Reference Guide* is available that briefly explains the Pay for Transformation program in an easily presented format. The *Quick Reference Guide* displays the key elements of the program and is separate from this program description.

**McLaren Health Plan
2020 Pay for Transformation Program
Quick Reference Guide**

Measures (2020)	Specifications	2020 Goal	Award Per Member
Care Management and Care Coordination Activities	<p>Reporting of care management and care coordination services provided through embedded Care Managers by submitting claims with the appropriate codes listed below: G9001 – Comprehensive Assessment G9002 – In-person CM/CC Encounter G9007 – Care Team Conference G9008 – Provider Oversight 98966 – Telephone CM/CC Services 98967 – Telephone CM/CC Services 98968 – Telephone CM/CC Services 98961 – Education/Training for Patient Self-Management 98962 – Education/Training for Patient Self-Management 99495 – Care Transitions 99496 – Care Transitions S0257 – End of Life Counseling Services must be billed in accordance with CPT guidelines and limitations. This component has a two-part scoring system. Each measure will be scored and awarded separately. You do not need to achieve both components to receive an award for this measure.</p>	<p>PCP office with embedded Care Managers provide services for:</p> <p>1. At a minimum, 2% of assigned membership receive care management and care coordination services</p> <p>AND/OR</p> <p>2. At a minimum, 3 codes per 100 member months</p>	<p>\$.50 = Achieving or exceeding the 2% of membership receiving care management and care coordination services</p> <p>AND/OR</p> <p>\$.50 = Achieving or exceeding the 3 codes submitted per 100 member months</p>
E-prescriber and E-Portal	Evidence of E-prescribing and E-Portal availability for patients in accordance with national and state laws and Office of the National Coordinator for Health Information Technology (ONC) regulations and standards for meaningful use	E-prescribing rate of 90% and sample E-Portal screen shots	\$.25
Health Information Exchange/Health Information Technology Participation	Evidence of active participation in an HIE QO and provider's capability to receive admission, discharge and transfer (ADT) messages; Active Care Relationship Service (ACRS) enabling access to the Common Key Service; MiHIN Medication Reconciliation for the purpose of sharing patient medication information at multiple points of care; Quality Measure Information (QMI); and Health Provider Directory (HPD)	Documentation of the 5 key components of statewide use cases	\$.25
Achieved Primary Care Medical Home (PCMH) recognition	Through Physician Group Incentive Program (PGIP) or the National Committee for Quality Assurance (NCQA) or a like industry standard activity defined as extended hours <u>and</u> patient disease registry	Provide evidence of recognition and program/activity details if appropriate	\$.50
Total Award Possible	Award based on pmpm at the end of calendar year membership, if all qualifying requirements per program detail are met by PCP		\$2

IV. Program Payment and Distribution

The program calculation and payments will be made as follows:

- A. Determine the score for each measure based on MHP specifications
- B. Compare against set goal for measurement year
- C. Calculate award pmpm for membership (Medicaid and Community) as of Dec. 31 of the measurement year

The payment schedule will be within six months of the end of the next measurement year. Payments will be made to the individual PCP or as the physician group directs.

V. Contact Information

Please contact your Network Development Coordinator at **888-327-0671** for full program details, including qualifying requirements and payment distribution.