

**McLaren Health Plan
Primary Care
2023 Pay for Transformation Program**

I. Introduction

McLaren Health Plan (MHP) is committed to providing high quality, cost effective health care to our membership. By establishing a Pay for Transformation (P4T) program, MHP builds a strong partnership with our contracted Primary Care Providers (PCPs) which results in improved access and care coordination of health care services for our members. The P4T 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 to be included in the P4T program.
- 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. Ninety percent of all claims during the measurement year must be submitted electronically.

III. Measures, Specifications, Performance Goals and Award

The following table describes the program's measures, specifications, goals and awards. Measures and awards are reviewed 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 P4T program. The *Quick Reference Guide* displays the key elements of the program and is separate from this program description.

McLaren Health Plan
2023 Pay for Transformation Program
Quick Reference Guide

Measures (2022)	Specifications	2022 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; G9002; G9007; G9008; 98966; 98967; 98968; 98961; 98962; 99495; 99496; S0257 Services must be billed in accordance with CPT guidelines and limitations.</p> <p>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: 1. At a minimum, 2% of assigned membership receive care management and care coordination services <u>AND/OR</u> 2. At a minimum, 3 codes per 100 member months</p>	<p>\$0.25 = Achieving or exceeding the 2% of membership receiving care management and care coordination services <u>AND/OR</u> \$0.25 = 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 above 90% and sample E-Portal	\$0.25
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	\$0.25
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	\$0.40
HEDIS Measure: Asthma Medication Ratio (AMR)	Achieve NCQA 75 th percentile for assigned membership in the measure	70.67%	\$0.30
HEDIS Measure: Controlling High Blood Pressure (CBP)	Achieve NCQA 75 th percentile for assigned membership in the measure	62.53%	\$0.30
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 primary care provider, or as the physician group directs.

V. Contact Information

Please contact your Provider Relations Representative at **888-327-0671 (TTY: 711)** for full program details, including qualifying requirements and payment distribution.