

McLaren Health Plan Primary Care 2027 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 healthcare outcomes.

II. General Terms

A PCP can receive up to \$2 per member per month (pmpm). This is awarded based on Medicaid 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. PCPs in a provider group or Physician Organization alternative payment methodology arrangement with MHP do not qualify for P4T.
- F. The PCP must participate in all PPO and HMO products.
- G. 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.

McLaren Health Plan

2027 Pay for Transformation

Program Quick Reference Guide

Measures	Specifications	Goal	Award Per Assigned Medicaid Member
Medicaid Care Management and Care Coordination Activities	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; G0511; G0512; 99497; 99498; 99487; 99490 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.	PCP Office with embedded Care Managers provide services for: I. At a minimum, 2% of assigned membership receive care management and care coordination services AND/OR II. At a minimum, 3 codes per 100 member months	\$0.25 = Achieving or exceeding the 2% of membership receiving care management and care coordination services AND/OR \$0.25 = Achieving or exceeding the 3 codes submitted per 100 member months
Health Information Exchange/Health Information Technology Participation	Work with McLaren Health Plan's Quality team to set up a new supplemental data feed using directly shared CCDAs. Please coordinate data feed discussions through your assigned Provider Relations Representative.	Establish a new CCDAs connection for HEDIS care gap closure directly with McLaren Health Plan	\$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 and patient disease registry.	Provide evidence of recognition and program/activity details if appropriate	\$0.25
VFC Provider	Registered as a Vaccine for Children provider and maintain vaccines in office	Registered and documented as VFC Providers with the state of MI	\$0.25
Child and Adolescent Well-Care Visits (WCV) - Total	Achieve NCQA 50 th percentile for assigned Medicaid membership in the measure	Pending	\$0.25
Adults' Access to Preventive/ Ambulatory Health Services (AAP) - Total	Achieve NCQA 75 th percentile for assigned Medicaid membership in the measures	Pending	\$0.50

Total Award Possible	Award based on pmpm at the end of calendar year Medicaid membership, if all qualifying requirements per program detail are met by PCP	\$2
-----------------------------	---	-----

III. 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 Medicaid membership (Medicaid) 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.

McLaren Health Plan retains the right to audit any of their providers at any time. Failure to comply with these audit requests, including any adverse audit findings, may impact the provider's ability to earn provider incentive payments.

McLaren Health Plan reserves the right to change or modify Provider Incentive Programs without notice.

IV. Contact Information

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