



McLaren Health Plan Primary Care 2019 Pay for Performance 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 Performance (P4P) program, MHP builds a strong partnership with our contracted primary care providers (PCPs), resulting in improved access and care coordination to health care services for our members. The P4P 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 P4P 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. 90 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 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 P4P program. The *Quick Reference Guide* displays the key elements of the program and is separate from this program description.

**McLaren Health Plan
2019 Pay for Performance Program
Quick Reference Guide**

Measures (2019)	Specifications	2019 Goal	Award Per Member Per Month
Well-Child Visit	Per HEDIS® specifications*, one well-child visit for members turning 3 years and 4 years old during the measurement year	72% of eligible members will have a well child visit	Pediatric PCP \$0.50 Family Practice PCP \$0.25
Mammogram Screening	Per HEDIS® specifications*, an annual mammogram screening for women greater than 50 years of age and less than 70 years of age during the measurement year	72% of eligible members will have a mammogram	Family Practice PCP \$0.25 Internal Medicine PCP \$0.50
Chlamydia Screening	Per HEDIS® specifications*, a Chlamydia screening for female members ages 16-24 years during the measurement year	67% of eligible members will have a Chlamydia screening	\$0.25
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	\$0.25
Expanded Access	Evidence of established extended hours and availability in an extended capacity – services provided in the office during regularly scheduled evening, weekend or holiday hours	Documentation of extended hours	\$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	\$0.50
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 *Exception: HEDIS® requires 12 months of enrollment; MHP is only requiring six (6) continuous months of enrollment		\$2 pmpm

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 PCPs, or as the physician group directs.

V. Contact Information

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