

April 1, 2024

Dear Valued Molina Primary Care Provider,

Molina Healthcare is on a continuing mission 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.

Molina has again enhanced incentives for many measures, offering robust rewards for high-quality performance in the new tiered structure.

The attached document describes Molina's complete 2024 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 "Martha Walsh, MD".

Martha Walsh, MD  
Chief Medical Officer  
Molina Healthcare of Michigan

Incentives for Medicaid & Marketplace			
Measure	Procedure	Incentive	Supplemental Data
<b>Adult Access to Care</b> (20+ years)	Any preventive/ambulatory visit	\$10	Accepted
<b>Asthma Medication Ratio</b> (5-64 years)	Ratio of at least 1:2 controller medications to total asthma medications	\$50	Not Accepted
<b>Breast Cancer Screening</b> (50-74 years)	Mammogram	\$50	Accepted
<b>Cervical Cancer Screening</b> (21-64 years)	Pap test, HPV screen, or Pap/HPV co-test	\$50	Accepted
<b>Childhood Immunization Status: Combo 3</b> (by 2nd birthday)	4 DTaP, 3 IPV/OPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV	\$300	MCIR Only
<b>Chlamydia Screening</b> (16-24 years)	Urine or Swab Specimen	\$50	Not Accepted
<b>Controlling Blood Pressure</b> (18-85 years)	Compliant BP ( $\leq 139/89$ )	\$50	Accepted
<b>Eye Exam for Patients with Diabetes</b> (18-75 years)	Retinal Eye Exam	\$50	Accepted
<b>Kidney Health Evaluation</b> (18-85 years)	Serum eGFR and a urine ACR	\$50	Accepted
<b>Lead Screening in Children</b> (by 2nd birthday)	Blood Lead Test before the 2nd Birthday	\$50	Not Accepted
<b>First Year Lead Screening</b> (by 1st birthday)	Blood Lead Test before the 1st Birthday	\$50	Not Accepted
<b>Tobacco Cessation Counseling</b>	Counseling for Tobacco Cessation	\$5	Not Accepted
<b>Well-Child Visit</b> (3-21 years)	Annual Well-Child Visit	\$50	Not Accepted
<b>Well-Child Visits:</b> (by 15 months of age)	6 or more Well-Visits by 15 months	\$150	Accepted
<b>Foster Care Visit*</b> (21 years and under)	EPSDT visit within 30 days of foster care entry	\$125	Not Accepted

\*Medicaid only

Incentives for Medicaid & Marketplace				
Measure	Procedure	Performance Target	Incentive	Supplemental Data
Adult Access to Care (20+ years)	Any preventive/ambulatory visit	90th Percentile	\$20 per eligible member	Accepted
		75th Percentile	\$10 per eligible member	
Asthma Medication Ratio (5-64 years)	Ratio of at least 1:2 controller medications to	90th Percentile	\$100 per eligible member	Not Accepted
		75th Percentile	\$50 per eligible member	
Breast Cancer Screening (50-74 years)	Mammogram	90th Percentile	\$50 per eligible member	Accepted
		75th Percentile	\$25 per eligible member	
Cervical Cancer Screening (21-64 years)	Pap test, HPV screen, or Pap/HPV co-test	90th Percentile	\$50 per eligible member	Accepted
		75th Percentile	\$25 per eligible member	
Childhood Immunization Status: Combo 3	4 DTaP, 3 IPV/OPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV	90th Percentile	\$500 per eligible member	MCIR only
		75th Percentile	\$250 per eligible member	
Chlamydia Screening (16-24 years)	Urine or Swab Specimen	90th Percentile	\$50 per eligible member	Not Accepted
		75th Percentile	\$25 per eligible member	
Controlling Blood Pressure (18-85 years)	Compliant BP (≤139/89)	90th Percentile	\$75 per eligible member	Accepted
		75th Percentile	\$50 per eligible member	
Eye Exam for Patients with Diabetes	Retinal Eye Exam	90th Percentile	\$50 per eligible member	Accepted
		75th Percentile	\$25 per eligible member	
Kidney Health Evaluation (18-85 years)	Serum eGFR and a urine ACR	90th Percentile	\$50 per eligible member	Accepted
		75th Percentile	\$25 per eligible member	
Lead Screening in Children (by 2nd birthday)	Blood Lead Test before the 2nd Birthday	90th Percentile	\$50 per eligible member	Not Accepted
		75th Percentile	\$25 per eligible member	
First Year Lead Screening (by 1st birthday)	Blood Lead Test before the 1st Birthday	90th Percentile	\$50 per eligible member	Not Accepted
		75th Percentile	\$25 per eligible member	
SDoH Screening*	SDoH screening & Z-codes billed	5.00%	\$1.00 per member month	Not Accepted
		2.50%	\$0.50 per member month	
Tobacco Cessation Counseling	Counseling for Tobacco Cessation	N/A	\$5 per eligible member	Not Accepted
Well-Child Visit (3-21 years)	Annual Well-Child Visit	90th Percentile	\$50 per eligible member	Not Accepted
		75th Percentile	\$25 per eligible member	
Well-Child Visits: (by 15 months of age)	6 or more Well-Visits by 15 months	90th Percentile	\$200 per eligible member	Accepted
		75th Percentile	\$100 per eligible member	
Foster Care Visit* (21 years and under)	EPSDT visit within 30 days of foster care entry	N/A	\$125 per eligible member	Not Accepted

\*Medicaid only

Incentives for Medicare			
Measure	Procedure	Incentive	Supplemental Data
<b>Antidepressant Medication Management—Effective Acute Phase</b> (18 years and older)	At least 84 days treatment with antidepressant medication	\$50	Not Accepted
<b>Breast Cancer Screening</b> (50-74 years)	Mammogram	\$50	Accepted
<b>Care for Older Adults—Medication Review</b> (66 years and older)	Medication Review	\$25	Accepted
<b>Care for Older Adults—Pain Assessment</b> (66 years and older)	Pain Assessment	\$25	Accepted
<b>Colorectal Cancer Screening</b> (45-75 years)	FOBT, FIT, FIT-DNA, Sigmoidoscopy, Colonoscopy	\$50	Accepted
<b>Controlling Blood Pressure</b> (18-85 years)	Compliant BP ( $\leq 139/89$ )	\$50	Accepted
<b>Eye Exam for Patients with Diabetes</b> (18-75 years)	Retinal Eye Exam	\$50	Accepted
<b>HbA1c Control for Patients with Diabetes</b> (18-75 years)	HbA1c control $\leq 9.0\%$	\$50	Accepted
<b>Kidney Health Evaluation</b> (18-85 years)	Serum eGFR and a urine ACR	\$50	Accepted
<b>Medication Adherence for Diabetes Medications</b> (18 years and older)	80% PDC	\$50	Not Accepted
<b>Medication Adherence for Hypertension (RAS Antagonists)</b> (18 years and older)	80% PDC	\$50	Not Accepted
<b>Medication Adherence for Cholesterol (Statins)</b> (18 years and older)	80% PDC	\$50	Not Accepted
<b>Statin Therapy for Patients with Cardiovascular Disease</b> (21-75 years)	Rx fill of at least 1 high/moderate intensity statin medication	\$50	Not Accepted
<b>Statin Use in Persons with Diabetes</b> (40-75 years)	Rx fill of at least 2 diabetic medications and at least 1 statin medication	\$50	Not Accepted

Incentives for Medicare				
Measure	Procedure	Performance Target	Incentive per eligible member	Supplemental Data
Breast Cancer Screening (50-74 years)	Mammogram	5 Star	\$75	Accepted
		4 Star	\$50	
		3 Star	\$25	
Care for Older Adults—Medication Review (66 years and older)	Medication Review	5 Star	\$50	Accepted
		4 Star	\$25	
		3 Star	\$10	
Care for Older Adults—Pain Assessment (66 years and older)	Pain Assessment	5 Star	\$50	Accepted
		4 Star	\$25	
		3 Star	\$10	
Colorectal Cancer Screening (45-75 years)	FOBT, FIT, FIT-DNA, Sigmoidoscopy, Colon- oscopy	5 Star	\$75	Accepted
		4 Star	\$50	
		3 Star	\$25	
Controlling Blood Pressure (18-85 years)	Compliant BP (≤139/89)	5 Star	\$75	Accepted
		4 Star	\$50	
		3 Star	\$25	
Eye Exam for Patients with Diabetes (18-75 years)	Retinal Eye Exam	5 Star	\$75	Accepted
		4 Star	\$50	
		3 Star	\$25	
HbA1c Control for Patients with Diabetes (18-75 years)	HbA1c control ≤9.0%	5 Star	\$75	Accepted
		4 Star	\$50	
		3 Star	\$25	
Kidney Health Evaluation (18-85 years)	Serum eGFR and a urine ACR	5 Star	\$75	Accepted
		4 Star	\$50	
		3 Star	\$25	

Incentives for Medicare				
Measure	Procedure	Performance Target	Incentive per eligible member	Supplemental Data
<b>Antidepressant Medication Management— Effective Acute Phase</b> (18 years and older)	At least 84 days treatment with antidepressant medication	N/A	\$50	Not Accepted
<b>Medication Adherence for Diabetes Medications</b> (18 years and older)	80% PDC	5 Star	\$75	Not Accepted
		4 Star	\$50	
		3 Star	\$25	
<b>Medication Adherence for Hypertension (RAS Antagonists)</b> (18 years and older)	80% PDC	5 Star	\$75	Not Accepted
		4 Star	\$50	
		3 Star	\$25	
<b>Medication Adherence for Cholesterol (Statins)</b> (18 years and older)	80% PDC	5 Star	\$75	Not Accepted
		4 Star	\$50	
		3 Star	\$25	
<b>Statin Therapy for Patients with Cardiovascular Disease</b> (21-75 years)	Rx fill of at least 1 high/moderate intensity statin medication	5 Star	\$75	Not Accepted
		4 Star	\$50	
		3 Star	\$25	
<b>Statin Use in Persons with Diabetes</b> (40-75 years)	Rx fill of at least 2 diabetic medications and at least 1 statin medication	5 Star	\$75	Not Accepted
		4 Star	\$50	
		3 Star	\$25	



## **Molina Healthcare's Lines of Business (Plans):**

<i>Medicaid</i>	Molina Medicaid, including Healthy Michigan Plan members
<i>Medicare</i>	Molina Medicare Complete Care (D-SNP) members, Molina Medicare Choice Care, Dual-eligible Medicare-Medicaid Plan (MMP) members
<i>Marketplace</i>	Health Insurance Marketplace members

## **Measure Specifications:**

Many quality measures are based on strict HEDIS® specifications. Qualifying services must follow NCQA guidelines, including continuous enrollment requirements, 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.

## **Tier 1 Bonus Eligibility:**

Tier 1 bonuses will be paid on an annual basis in Q2 2025. Payouts will be determined by assigned membership as of the anchor date of 12/31/2024 and members must meet continuous enrollment criteria. Contracted PCP groups with <100 Medicaid or Marketplace and <75 Medicare members are eligible for Tier 1 bonuses and must be contracted with Molina at the time of payment. Providers may be eligible for different tiers by Line of Business. All lines of business will be calculated independently of one another.

## **Tier 2 Bonus Eligibility:**

Tier 2 bonuses will be paid on an annual basis in Q2 of 2025. Payouts will be determined by assigned membership as of the anchor date of 12/31/2024 and members must meet continuous enrollment criteria. Contracted PCP Groups must have ≥100 Medicaid or Marketplace and ≥75 Medicare members attributed to their panel as of the anchor date to be eligible for Tier 2 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. Providers may be eligible for different tiers by Line of Business. All lines of business will be calculated independently of one another.

## **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 generally aligned to NCQA HEDIS percentiles and CMS STAR cut points at Molina'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 in the calendar year for each eligible member. Payment for Tobacco Cessation Counseling will be made in Q2 of 2025.

## **Foster Care Incentive**

All children and adolescents younger than 21 years old who enter foster care are required to have a full medical examination and screening for behavioral health disorders with a primary care provider within 30 days of entering foster care. Incentive is \$125 per examination completed within 30 days of entry into the foster program.

## **Program Changes:**

Molina Healthcare reserves the right to modify the bonus program at any time. Providers will receive notification if changes are made.