

Meridian Partnership for Quality (P4Q) Program

It is my pleasure to introduce you to the Meridian Partnership for Quality (P4Q) Program, formerly known as the Meridian Incentive Program. As one of the fastest growing Medicaid managed care organizations, we know our success is based on the relationships we have with our providers. One of the ways Meridian cultivates those relationships is by offering several distinct incentive programs that differentiate us from others.

Meridian has developed an incentive program for our contracted providers to align our goal of delivering the highest quality of care to your patients and our members. This is not done through any withhold program.

Our P4Q program is a pay-for-performance incentive program that rewards providers for delivering quality preventive healthcare services. Incentives range from \$20–\$100 for services such as immunizations, well-child visits, prenatal care, and many more. Payments are made in four installments, unless noted otherwise.

Programs like this have made Meridian an industry leader and align with our mission to help those eligible for government-sponsored healthcare plans live better, healthier lives. We thank you for your continued support and dedication to our members.

Sincerely,



Karen Brach
President
Meridian



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EFFECTIVE 1/1/2020

Comprehensive Child and Adolescent Care			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Childhood Immunizations – Combination 3	4 Diphtheria, Tetanus and Acellular Pertussis (DTaP)	Medicaid: \$100	<p>Children who turn two years of age during the measurement year who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.</p> <p>One incentive paid per member, per year. Incentive is paid quarterly for services completed in the preceding quarter. Incentive is paid to the assigned Primary Care Provider (PCP) at the time of service.</p>
	3 Polio (IPV)		
	1 Measles, Mumps and Rubella (MMR)		
	3 Haemophilus Influenzae Type B (HiB)		
	3 Hepatitis B (HepB)		
	1 Chicken Pox (VZV)		
	4 Pneumococcal Conjugate (PCV)		
Well-Child Visits in the First 15 Months of Life	Six or More Well-Child Visits in the First 15 Months of Life	Medicaid: \$75	<p>Children who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p> <p>One incentive paid per member, per year. Incentive is paid quarterly for services completed in the preceding quarter. Incentive is paid to the assigned PCP at the time of service.</p>
Well-Child Visit in the Third, Fourth, Fifth and Sixth Years of Life	One or More Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Medicaid: \$50	<p>Children three to six years of age who had one or more well-child visits with a PCP during the measurement year.</p> <p>One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.</p>
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Metabolic Testing	Medicaid: \$20	<p>Children and adolescents one to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year.</p> <p>One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.</p>
Cardiovascular Care			
Service	Procedure	Plan †/Incentive	Performance Criteria*
Controlling Blood Pressure	Blood Pressure Measurement <140/90 mm Hg	MMAI: \$30	<p>Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <p>One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.</p>

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Comprehensive Diabetes Care			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Comprehensive Diabetes Care	HbA1c Testing	Medicaid: \$25	Members 18 – 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing performed during the measurement year. One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.
	Eye Exam	Medicaid: \$25	Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam performed during the measurement year. One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.
	Medical Attention for Nephropathy	Medicaid: \$25	Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test during the measurement year. One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.
Medication Adherence for Diabetes Management [^]	Diabetes Medication Adherence	MMAI: \$30	Members 18 years of age and older with a prescription for diabetes medication and a proportion of days covered (PDC) at 80 percent or higher across the classes of diabetes medications as of December 31 of the measurement year. One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP as of December 31 of the measurement year.
Prevention and Screening			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Breast Cancer Screening	Mammogram	Medicaid: \$50	Women 50 – 74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. One incentive paid once per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of service.
Care for Older Adults	Advance Care Planning, Medication Review, Functional Status Assessment and Pain Assessment	MMAI: \$60	Adults 66 years of age and older who had each of the following during the measurement year: <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain assessment One incentive paid per member, per year. Incentive is paid annually in the final incentive payment. Incentive is paid to the assigned PCP at the time of the most recent service of the four components.
Mental Health			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Initiation and Engagement of Treatment for Alcohol and Other Drug (AOD) Dependence	Initiation of AOD treatment within 14 Days of the Index Episode Start Date	Medicaid: \$50	Adolescent and adult members 13 years of age and older with a new episode of AOD abuse or dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. One incentive paid per member, per year. Incentive is paid quarterly for services completed in preceding quarter. Incentive is paid to the in-network servicing provider.
		MMAI: \$30	

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Mental Health			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Initiation and Engagement of Treatment for Alcohol and Other Drug (AOD) Dependence	Two Engagement Visits within 34 Days of the Initiation Event	Medicaid: \$50	Adolescent and adult members 13 years of age and older with a new episode of AOD abuse or dependence who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
		MMAI: \$30	One incentive paid per member, per year. Incentive is paid quarterly for services completed in preceding quarter. Incentive is paid to the in-network servicing provider.
Follow-Up After Hospitalization for Mental Illness	One Follow-Up Visit within Seven Days of Discharge	Medicaid: \$50	Adolescent and adult members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within seven days after discharge.
		MMAI: \$30	One incentive paid per member, per year. Incentive is paid quarterly for services completed in preceding quarter. Incentive is paid to the in-network servicing provider.
	One Follow-Up Visit within 30 Days of Discharge	Medicaid: \$25	Adolescent and adult members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge. One incentive paid per member, per year. Incentive is paid quarterly for services completed in preceding quarter. Incentive is paid to the in-network servicing provider.
Obstetrical Care			
Service	Procedure	Plan†/Incentive	Performance Criteria*
Prenatal and Postpartum Care	Timeliness of Prenatal Care Visit	Medicaid: \$50	Women who delivered that received a prenatal care visit in the first trimester (280 – 176 days prior to delivery or estimated date of delivery). One incentive paid per member, per year. Incentive is paid quarterly for services completed in preceding quarter. Incentive is paid to the in-network servicing provider.
	Postpartum Care Visit	Medicaid: \$50	Women who had a postpartum visit on or between seven and 84 days after delivery. One incentive paid per member, per year. Incentive is paid quarterly for services completed in preceding quarter. Incentive is paid to the in-network servicing provider.

Program Information:

Results may be faxed to **312-508-7213**. All procedures must be completed within strict HEDIS® guidelines. For a complete list of covered CPT codes for these measures or to view the Drug Formulary for a list of covered drugs, visit www.mhplan.com. For more information, contact your local Network Management Representative or the Provider Services department at **866-606-3700**.

† Plan Definitions:

Medicaid	Meridian HealthChoice members
MMAI	Meridian Medicare-Medicaid Plan to integrate care for individuals who are eligible for both Medicare and Medicaid under one plan

* Incentive is paid upon completion of all qualifying services in compliance with HEDIS® 2021 guidelines.

^ Adherence rates are adapted from the Pharmacy Quality Alliance (PQA) Proportion of Days Covered (PDC) measure and assess the extent to which members were adherent to the specific drug classes during the calendar year. Higher rates represent better performance.

**Meridian maintains the right to modify or discontinue the P4Q Program at any time.
Meridian will notify providers of any changes or incentive program alterations.**