

FY25 PIHP Performance Bonus Incentive Program

1. Contractor-only Pay for Performance (P4P) Measures (45% of total withhold)

Measure	Description	Deliverables
P.1. Implement data driven outcomes measurement to address social determinants of health (40 points)	Analyze and monitor BH-TEDS records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BH-TEDS record during the measurement period, look back to most recent prior update or admission record. MDHHS specifications published at Reporting Requirements (michigan.gov)	Contractor will conduct an analysis and submit a narrative report of findings and project plans aimed at improving outcomes, no longer than two pages, by July 31. Narrative (based on guidance provided by MDHHS during FY25) must address beneficiary changes in employment and housing and actions taken to improve housing and employment outcomes. 20 points awarded for Employment and 20 points awarded for Housing.
P.2. Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD) (20 points)	Percentage of Adults Aged 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period	The Contractor will be measured against a minimum standard of 62%. Measurement period will be calendar year 2024.
P.3. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) (40 points)	The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	1. Contractor will be measured against a minimum of 40% at initiation and 14% at engagement. Points will be divided evenly between Initiation and Engagement measures. Measurement period will be calendar year 2024.
P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes (25% of total withhold)	Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15 th . The Contractor will have until January 31 st to reply to the State with information.	The Contractor must submit a narrative report of no more than 10 pages by November 15 th summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety

2. MHP/Contractor Joint Metrics (30% of total withhold)

Joint Metrics for the Integration of Behavioral Health and Physical Health Services

To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Contractor, the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified in the grid below. Care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

For J.2.2 and J.3.2 listed below, the PIHP metric scoring will be aggregate of/for all their MHPs combined, not each individual MHP-PIHP dyad.

Category	Description	Deliverables
J.1. Implementation of Joint Care Management Processes (30 points)	Collaboration between entities for the ongoing coordination and integration of services.	Each MHP and PIHP will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the Contractor-MHP Collaboration Work Group in consultation with the State. Contractor must demonstrate joint care planning specific to child and adult populations. The Contractor must document joint care plans in CC360 for at least 25% of qualified adult Enrollees. Adult Enrollees qualify for the denominator based on eligibility criteria outlined in the CC360: Risk Stratification – Easy Tab Job Aid.
J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (30 points)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	<p>1. The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older). The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 79%. Measurement period will be calendar year 2024. The points will be awarded based on MHP/Contractor combination performance measure rates. (20 points)</p> <p>2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024. The points will be awarded based on Contractor performance measure rates. (20 points)</p> <p>The points for overall standard (item 1 above) will be awarded based on MHP/PIHP combination performance measure rates. The points for reducing racial/ethnic disparities (item 2 above) will be awarded based on individual MHP or PIHP performance over time. The total potential points will be the same regardless of the number of MHP/PIHP combinations for a given entity or number of racial/ethnic comparisons.</p> <p>See MDHHS reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at MDHHS - Reporting Requirements (michigan.gov)</p>
J.3 Initiation and Engagement of Alcohol and Other	Adult members who had new substance use disorder (SUD) episodes that result in	1. The Contractor will be measured against an initiation (IET 14) minimum standard of 40% (5 points) and an

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Drug Dependence Treatment (20 points)	<p>treatment initiation and engagement.</p> <ol style="list-style-type: none"> 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. 	<p>engagement (IET 34) minimum standard of 14% (5 points). Measurement period will be calendar year 2024.</p> <ol style="list-style-type: none"> 2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least on minority group (if necessary, minority groups will be combined to achieve a sufficient numerator/denominator). Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024. Addressing disparities for initiation (IET 14) is worth 5 points and addressing disparities for engagement (IET 34) is worth 5 points. <p>The points for the overall standard (item 1 above) will be awarded based on MHP/PIHP combination performance measure rates. The points for reducing racial/ethnic disparities (item 2 above) will be awarded based on individual MHP or PIHP performance over time. The total potential points will be the same regardless of the number of MHP/PIHP combinations for a given entity or number of racial/ethnic comparisons.</p>
J.4. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (20 points)	<p>Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.</p>	<p>Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with Calendar year 2024. The points will be awarded based on Contractor performance measure rates.</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP.</p> <p>See MDHHS reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at MDHHS - Reporting Requirements (michigan.gov)</p>