

2025 PIP

PIP 2025



CATEGORIES



Preventive health

HEDIS screening measures



Chronic disease management

Controlling high-blood pressure, diabetes care, kidney health



Transformation of care

Care management, social determinants of health, behavioral health collaborative care, MiHIN HIE participation

Settled at the practice level using PRA subgroups

Expense item in our APM contracts

HEDIS metrics make up APM Quality Gate Care gaps no longer support self-reporting

Preventive Health & Chronic Disease Mgt

HEDIS & Medicare 5-Star Measures

- National benchmarks used for Medicare and Commercial lines of business
- Medicaid benchmarks set by SOM
- Standard HEDIS and Medicare guidelines

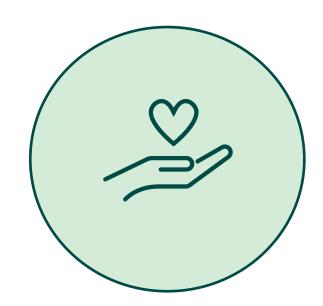
| | 90 th percentile performance | | | | | |
|---|--|---|---|--------------------------|---|--|
| *Commercial HMO / POS and commercial ASO / PPO are measured independently but | Payout PCM (commercial* & Medicare) | Commercial 90 th percentile target | Medicare 90 th percentile target | Payout PCM (Medicaid) | Medicaid 90 th percentile target | |
| have the same target. | HEDIS PREVENTIVE HEALTH | | | | | |
| Lead Screening (LSC) | | | | \$50 | 66% | |
| Childhood Immunizations: Combo 3 (CIS) | \$100 | 87% | | \$100 | 68% | |
| Immunizations for Adolescents (IMA) | \$100 | 53% | | \$100 | 36% | |
| Well Child Visits: First 15 Mo (W30) | \$100 | 90% | | \$100 | 73% | |
| Well Child Visits: 15-30 Mo (W30) | \$80 | 92% | | \$80 | 72% | |
| Well Child Visits: 3-21 Yrs (WCV) | \$100 | 69% | | \$100 | 55% | |
| Chlamydia Screening (CHL) | | | | \$20 | 69% | |
| Cervical Cancer Screenings (CCS) | \$30 | 82% | | \$30 | 64% | |
| Breast Cancer Screening (BCS-E) | \$30 | 83% | 83% | \$30 | 60% | |
| Colorectal Cancer Screening (COL-E) | \$30 | 71% | 83% | | | |
| Social Needs Screening & Intervention (SNS-E) | Report only HEDIS CHRONIC DISEASE MANAGEMENT | | | | | |
| | | | | | | |
| Controlling High Blood Pressure (CBP) | \$110 | 78% | 86% | \$110 | 78% | |
| Glycemic Status Assessment for Patients with Diabetes HbAlc ≤ 9.0% (GSD) | \$110 | 77% | 90% | \$110 | 63% | |
| Eye Exam for Patients with Diabetes (EED) | \$70 | 74% | 84% | \$70 | 62% | |
| Kidney Health Evaluation (KED) | \$20 | 73% | 70% | \$20 | 40% | |

| | 5-Star cut point performance | | |
|---|--|---------------------------|--|
| | Payout PCM | Medicare cut point target | |
| | MEDICARE 5-STAR CHRONIC DISEASE MANAGEMENT | | |
| Statin Use for Patients w/Diabetes (SUPD) | \$25 | 92% | |
| Statin Therapy for Patients w/CVD (SPC) | \$25 | 93% | |
| Medication Adherence - Diabetes | \$25 | 91% | |
| Medication Adherence - Hypertension | \$25 | 92% | |
| Medication Adherence – Cholesterol | \$25 | 93% | |



Care Management

- ACN must meet or exceed a 2% target of unique Priority Health members receiving care management services
- Care management can be performed for HMO/POS, Medicaid and Medicare members; ASO/PPO will be excluded from CM incentive in 2025
- Member must have two CM interactions on separate dates of service where only one telephone-only code (including 98966, 98967, 98968) will count toward the required incentive touchpoints
- \$1.35 PMPM will be paid at year-end settlement
- See PIP manual for eligible codes





Behavioral Health Collaborative Care (BHCC)

Component 1

PCMH Recognition

Component 2

Provide BHCC services

| Code type | Codes |
|-----------|--------------|
| CPT | 99492, 99493 |
| HCPCS | G0512, G2214 |

| Product lines | Target / payout | Eligible population |
|-------------------------------------|--------------------------|--|
| HMO / POS Medicare Medicaid | \$100 per eligible claim | Patients 12 years of age and older with at least three BHCC services billed and adjudicated in six consecutive months in the calendar year. |
| Payout frequency | Level of measurement | Collecting & reporting method |
| Annual (June 2026) | ACN | Claims data only. No supplemental data accepted. |

Disparity of Care Measures

- Addressing differences and/or gaps in the quality of health care across racial, ethnic and socio-economic groups, based on MDHHS guidelines
- A 75th percentile award is available for the disparity population within the identified Disparity of Care measures only. No disparity reward is given if the score is below the 75th percentile.

| | Medicaid | Medicare | Reward per |
|--|---------------------------------------|---------------------------------------|------------|
| Measure | 75 th percentile target | 75 th percentile target | member |
| Glycemic Status Assessment for Patients with Diabetes HbAlc ≤ 9.0% | 60% | 88% | \$50 |
| Controlling High Blood Pressure (CBP) | 69% | 81% | \$50 |
| Childhood Immunizations Status: Combo 3 (CIS) | 60% | | \$50 |
| Immunizations for Adolescents: Combo 2 (IMA) | 34% | | \$50 |
| Well Child Visits: First 15 Mo (W30) | 66% | | \$50 |
| Well Child Visits: 15-30 Mo (W30) | 68% | | \$50 |
| Well Child Visits: 3-21 Yrs (WCV) | 54% | | \$50 |
| Breast Cancer Screening (BCS-E) | 56% | 80% | \$15 |

