Michigan Multipayer HIE Incentives Table - February 2024

Payer HIE incentives encourage providers to participate in use cases to support clinical decision-making and the management of population health. Michigan Multipayer Initiatives (MMI) and MiHIN jointly work to support collaboration among Payers to better prioritize and align provider incentives related to Health Information Exchange (HIE), use case participation, and data-sharing. This table will also contribute to MDHHS HIT 2023 Recommendation #2 (create multipayer HIE incentive inventory) aligned with the MI HIT Roadmap. Annual updating will occur each December.

Payer			Case (if applicable)	Eligible (e.g., POs, Physicians, Hospitals, SNFs,	What do providers need to do to earn incentive? (i.e., Send, Receive, Sign Legal Stack, etc.)	incentive threshold is	Applicable products/plan types
Medicare	e-Prescribing	e-Prescribing and		Hospitals (incl.	Requirement; Send	Hospitals can earn 10	Traditional
Promoting		Query PDMP		Critical Access	prescriptions	points for each (e-	Medicare
Interoperability				Hospitals)	electronically via CEHRT	Prescribing and Query	
Program					for at least one patient	PDMP)	
	Health Information	Health Information	Admission, Discharge,	Hospitals (incl.	Hospital must engage in	Hospitals can earn 30	Traditional
	Exchange	Exchange	Transfer (ADT), Exchange	Critical Access	secure, bi-directional	points for sending,	Medicare
			CCDA; etc.	Hospitals)	exchange of	receiving and	
					information with an HIE	reconciling health	
					for all patients	information; or for	
					discharged or seen in	bidirectional HIE data	
					their Emergency Room	exchange; or for	
						exchange under	
						TEFCA)	

Payer	Incentive Program Name	Incentive Element (list each separately)	Associated MiHIN Use Case (if applicable)	Provider Types Eligible (e.g., POs, Physicians, Hospitals, SNFs, etc.)	need to do to earn incentive? (i.e., Send,	incentive threshold is	Applicable products/plan types
Medicare Promoting Interoperability Program continued	Provider to Patient Exchange	Provider to Patient Exchange		Hospitals (incl. Critical Access Hospitals)	Hospitals must permit patients (or their auth. rep.) timely access to view online, download, and transmit health information and ensure that the patient's health information is available via an app of the patient's choice that is configured to meet the technical specifs of the API in the eligible hospital's CEHRT	Hospitals can earn 25 points	Traditional Medicare
	Public Health and Clinical Data Exchange	Public Health and Clinical Data Exchange	Health Information for State; Electronic Case Reporting; Death Notifications; Electronic Consent Management, Immunization History Forecast; Syndromic Surveillance	Hospitals (incl. Critical Access Hospitals)	Case Reporting are required (public health	Hospitals can earn 25 points for required elements; with an optional bonus 5 points for public health or clinical data registry	Traditional Medicare
Aetna (All product lines)	None						

		separately)	Case (if applicable)	Physicians, Hospitals, SNFs, etc.)	need to do to earn incentive? (i.e., Send, Receive, Sign Legal Stack, etc.)	met measured? (i.e., self attested, MiHIN report, # of files sent, conformance, etc.)	products/plan types
BCBSM (Commercial,	Hospital P4P	ADT	Admission, Discharge, Transfer (ADT)	Hospitals	Send data to MiHIN	Conformance of data	All
Medicare	Hospital P4P	CCDA	Exchange C-CDA	Hospitals	Send data to MiHIN	Conformance of data	All
Advantage)	Hospital P4P	Ambulatory CCDA	Exchange C-CDA	Hospitals	Send data to MiHIN	Send data to MiHIN	All
	Hospital P4P	Lab Data	Statewide Labs	Hospitals	Send data to MiHIN	Conformance of data	All
	SNF P4P	ADT	Admission, Discharge, Transfer (ADT)	SNFs	Send data to MiHIN	Send data to MiHIN	All
	ADT Usage	ADT	Admission, Discharge, Transfer (ADT)	POs	Receive data from MiHIN	Practices receive and utilize ADTs	All
	CCDA Usage	CCDA	Exchange C-CDA	POs	Receive data from MiHIN	Practices receive and utilize CCDAs	All
	PPQC	PPQC	QMI/PPQC	POs	Send data to MiHIN	Volume of data sent	All
	SDOH	SDOH	SDOH	POs	Send data to MiHIN	Volume of data sent	All
	BH Screenings	BH Screenings	QMI/PPQC	POs	Send data to MiHIN or BCBSM direct	Volume of data sent	All
	TOC Med Rec	Sending Med Rec Data	QMI/PPQC	POs	Send data to MiHIN or BCBSM direct	Sending data, performance on metric, and improvement	All
	Specialist ACRS	Including Specialists and their Patients in ACRS Submissions	ACRS	POs	Send data to MiHIN	Volume of data sent	All

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HAP (Commercial, Medicare Advantage) NOTE: PPQC and QMI not incented but highly encouraged	Best Practice Incentive Program	ADT	Admission, Discharge, Transfer (ADT)	Alternative Payment Model Entities (APMEs)(POs, PHOs, IPAs)	Active participation with listed use cases		HAP Commercial, HAP Medicare Advantage
	Best Practice Incentive Program	ACRS	Active Care Relations Services (ACRS)	Alternative Payment Model Entities (APMEs)(POs, PHOs, IPAs)	Active participation with listed use cases	·	HAP Commercial, HAP Medicare Advantage
	Best Practice Incentive Program	CCDA	Exchange C-CDA	Alternative Payment Model Entities (APMEs)(POs, PHOs, IPAs)	Active participation with listed use cases	•	HAP Commercial, HAP Medicare Advantage
	Best Practice Incentive Program	Health Provider Directory	Health Provider Directory (HPD)	Alternative Payment Model Entities (APMEs)(POs, PHOs, IPAs)	Active participation with listed use cases		HAP Commercial, HAP Medicare Advantage
HAP CareSource (Medicaid) NOTE: PPQC and QMI not incented but highly encouraged	Best Practice Incentive Program	SDoH	N/A – not participating in the SDoH Use Case currently	Alternative Payment Model Entities (APMEs)(POs, PHOs, IPAs)	Submit SDoH z-codes for 1.5% of the assigned population	_	HAP CareSource Medicaid

	Incentive Program Name	Incentive Element (list each separately)		Provider Types Eligible (e.g., POs, Physicians, Hospitals, SNFs, etc.)	What do providers need to do to earn incentive? (i.e., Send, Receive, Sign Legal Stack, etc.)	How is whether the incentive threshold is met measured? (i.e., self attested, MiHIN report, # of files sent, conformance, etc.)	Applicable products/plan types
Plan (Medicaid,	Health Information Exchange (HIE) Initiative	Active Care Relationship Service (ACRS)	Active Care Relations Services (ACRS), Common Key Service (CKS), and Health Plan Directory (HPD)	All	Fully implemented ACRS use case with MiHIN on or before December 31 of the measurement year	Report from MiHIN	Medicaid, Dual, Individual
	Health Information Exchange (HIE) Initiative	Admit, Discharge, Transfer (ADT) Notification	Admit, Discharge, Transfer Notification (ADT)	All	Succesfully complete the ADT Sender Onboarding process with MiHIN on or before December 31 of the measurement year	Report from MiHIN	Medicaid, Dual, Individual
	Pay For Transformation	Active participation in an HIE	Active particiaption in at least one use case	Primary Care Providers	Attest to participation	Attest to participation	Medicaid/ HealthLink
McLaren Medicare Advantage	None						
McLaren Commercial	Pay For Transformation	Active participation in an HIE	Active particiaption in at least one use case	Primary Care Providers	Attest to participation	Attest to participation	Commercial
	PMPM for Administrative and Care Management	Global PMPM payment	Discretion of provider organization	POs, Physicians, Hospital Systems	Participate	Varies	Medicaid/MI Health Link/Medicare (dependent on provider contract)

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Priority Health	PCP Incentive Program	Use case participation	Admission, Discharge, Transfer (ADT) Active Care Relations Services (ACRS) Exchange C-CDA (formerly Medication Reconciliation) Quality Measure Information (QMI) Health Provider Directory (HPD) Common Key Service (CKS) Social Determinants of Health (SDOH)	Accountable Care Networks	Active participation with 5 out 7 use cases	Report from MiHIN	
UPHP	Hospital Payment Program Hospital Payment Program	ADT	Admission, Discharge, Transfer (ADT) Exchange C-CDA	Hospitals (incl. Critical Access Hospitals) Hospitals (incl. Critical Access Hospitals)	Data quality conformance specifications met with partcipation in workshop for data integrity improvement Data quality conformance specifications met with partcipation in	Report from MiHIN Report from MiHIN	Medicaid Medicaid
	Hospital Payment Program	Lab Data Submission	Lab Orders Results	Hospitals (incl. Critical Access Hospitals)	workshop for data integrity improvement Data quality conformance specifications met	Report from MiHIN	Medicaid

Payer	Incentive Program Name	Incentive Element (list each separately)	Associated MiHIN Use Case (if applicable)	Provider Types Eligible (e.g., POs, Physicians, Hospitals, SNFs, etc.)	need to do to earn incentive? (i.e., Send,	How is whether the incentive threshold is met measured? (i.e., self attested, MiHIN report, # of files sent, conformance, etc.)	Applicable products/plan types
UPHP continued	Hospital Payment Program	Radiology Data Submission	Radiology Studies	Hospitals (incl. Critical Access Hospitals)	Data quality conformance specifications	Report from MiHIN	Medicaid
	Provider/Clinic Incentive Program	Active Care Relations Services (ACRS), Common Key Service (CKS)	Active Care Relations Services (ACRS), Common Key Service (CKS)	Provider/Clinics - primary care, specialists and SNFs	New adopters: Attest to beginning development. Additional payment opportunity for existing to show utilization in workflow	· · ·	Medicaid
	Provider/Clinic Incentive Program	ADT Alerting and C- CDA Discharge Summaries (Data Retrieval)	Admit, Discharge, Transfer Notification (ADT), Exchange C-CDA	Provider/Clinics - primary care, specialists and SNFs	New adopters: Attest to beginning development. Additional payment opportunity for existing to show utilization in workflow	· · ·	Medicaid
	Provider/Clinic Incentive Program	C-CDA Summary of Care & Physician Payer Quality Collaborative (PPQC) (Data Submission)	Exchange C-CDA, QMI/PPQC	Provider/Clinics - primary care, specialists and SNFs	Attest to participation. Additional payment opportunity for existing to show timely submissions	Attest to participation	Medicaid