



## Michigan Medicaid Care Management Comparative Payer Policy Grid

**NOTE: This comparative guide is meant as a resource to practices regarding the general framework of Medicaid plan care management payer policies. It is not a substitute for detailed payer coding and billing requirements. The guide will be updated on an annual basis.**

	Medicaid Plan								
	Aetna Better Health	Blue Cross Complete	HAP CareSource	McLaren Medicaid	Meridian Medicaid	Molina Medicaid	Priority Medicaid	United Health Care Medicaid	UPHP Medicaid
Policy Source Hyperlinks and Resources	<a href="#">Pay-for-Quality Program</a>	Outlined in contact	Request from provider network consultant	<a href="#">Pay for Transformation Program</a>	Outlined in contract	Varies by contract and provider group	<a href="#">Care Management - Priority Health</a>	<a href="#">UnitedHealthcare Community Plan of Michigan Homepage   UHCprovider.com</a>	<a href="#">UPHP Provider Manual</a>
PMPM or FFS approach?	FFS	Both	FFS and part of P4P for Medicaid. There are also fees associated with value-based contracts.	Both	PMPM	Varies by contract and provider group	Both	FFS	Quarterly PMPM for the first three quarters of the year; Fourth quarter payment is contingent on achieving targets.

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Target or Percent of Population Required to Earn Incentive?	Medicaid members only	Both	2% of population billed	Set # of codes per 1,000 MM and/or 2% unique members serviced	Varies by contract	Varies by contract and provider group	2% of population with a minimum of 2 CM visits	No	4% cumulative member engagement measured by 2 unique dates of service per member: Additional bonus for achieving 6%
Cap or Maximum?	No cap or maximum	Both	N/A	No	Varies by contract	Varies by contract and provider group	None	G9001 one per member per year; no cap on other codes	None
Provider requirements (e.g., minimum population for eligibility, etc.)	PCP providers with assigned Medicaid members	Practice must be located in Michigan and meet the following requirements' designation; 24/7 access;	Minimum population requirement for value-based contract	Contracted PCP with 50 or more members and open accepting status OR Participatio	Varies by contract	Varies by contract and provider group	PCMH practice	Paid to PCP; must be contracted as pay-for-performance	Practices are selected by UPHP for participation; Practice must have at least one trained

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		Alternative to traditional visits (e.g., e-visits, phone visits, group visits, home visits, alternate location visits; additional hours; etc.); Same day appointments; Care management embedment; Longitudinal and Episodic care management; Electronic Health Record		n in a McLaren Health Plan APM/VBP					care manager.