



**NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID CARE MANAGEMENT PROGRAM**

Reference Number	22-0011-R1
Authorized by	Henry Lipman, Medicaid Director
Division/Office/Bureau	Division of Medicaid Services
Issue Date	February 22, 2023
Effective Date	January 1, 2023
Subject	SFY 2023 Withhold and Incentive Program Guidance
Description	Guidance for Medicaid Care Management (MCM) Withhold and Incentive Program Services in the MCM Contract (RFP-2019-OMS-02-MANAG-02) approved by the Governor and Executive Council in March 2019, and subsequent Amendments. (<i>MCM Services Agreement, Exhibit A, Section 5.4</i>)

1. Background

- 1.1 This Withhold and Incentive Program Policy (or, “Policy”) applies to all Managed Care Organizations (MCOs) participating in the Medicaid Care Management (MCM) program as of September 1, 2019, consistent with the requirements outlined in Section 5.4 (MCM Withhold and Incentive Program) of the MCM Agreement.
- 1.2 After the completion of each Agreement year ending June 30th, an actuarially sound withhold¹ percentage of each MCO’s risk adjusted capitation payment net of directed payments to the MCO shall be calculated as having been withheld by DHHS. On the basis of the MCO’s performance, as determined under this policy, unearned Withhold in full or in part is subject to recoupment by DHHS to be used to finance an Incentive Pool.
- 1.3 As required by federal regulations, this Policy and all Minimum Performance Standards are subject to review by DHHS’s actuaries.
- 1.4 Final decisions regarding the MCM Withhold and Incentive Program will be made exclusively by DHHS. Which shall include but not be limited to selecting Performance Measures and Performance Categories, setting Annual Goals and Minimum Performance Standards, and determining the Earned Withholds, Incentive Pool, and Incentive Payments.
- 1.5 The MCM Withhold and Incentive Program is based on a Withhold applied to the capitation payments made by DHHS to MCOs participating in the MCM program. The goal of the MCM Withhold and Incentive Program is to establish incentives in addition to those outlined in the MCM Agreement for meeting performance requirements and

¹ DHHS will pay to MCOs participating in the MCM program the full Capitation Payment, as described in the MCM Agreement, without withholding any dollars from the premium during the agreement year.

priorities established by DHHS.

- 1.6 The MCM Withhold and Incentive Program requires MCOs to meet a minimum performance standard for measures within a variety of categories. Upon satisfying the minimum performance standard, MCOs will become eligible to earn back withheld capitation payments based on their performance against DHHS Annual Goals in each of the Performance Categories. In addition, if one or more MCO fails to earn back its full withhold, those unearned dollars will be used to finance an Incentive Pool that is available for additional incentive payments to be made to high-performing MCO(s).
- 1.7 The Department may offer opportunities for MCOs to earn a withhold credit, which will reduce the total percentage of the MCOs' risk adjusted capitation payments that are withheld for the Withhold and Incentive Program.
- 1.8 At the sole discretion of DHHS, DHHS may evaluate the impact of national or local events that impact performance associated with the MCM Withhold and Incentive Program and make such changes as required.

2. Definitions

2.1 Annual Goal

Annual Goal means a standard determined for each performance measure that exceeds the Minimum Performance Standard, and represents the Department's target level of performance for each measure for earning the entire withhold amount available for the measure when all criteria are met. Unless otherwise indicated the annual goal will be set at the 75th percentile of National Medicaid health plans.

2.2 Earned Withhold

Earned Withhold means the amount of the Withhold returned to the MCO. The amount is determined based on (1) the MCO achieving Minimum Performance Standards, and (2) the MCO's gap between Minimum Performance Standards and Annual Goals. The Earned Withhold will not exceed 100% of the MCO's withheld risk-adjusted capitation payment amount. The Earned Withhold excludes Performance Incentive Payments.

2.3 Earned Withhold Performance Point Scale

Earned Withhold Performance Point Scale means the scale used to quantify the MCO's gap between Minimum Performance Standards and Annual Goals.

2.4 Incentive Payment

Incentive Payment means the amount of an Incentive Pool awarded to the MCO based on the MCO exceeding Annual Goals described in this Policy (not to exceed 5% of the MCO's qualifying capitation revenue) or through other incentives issued by DHHS.

2.5 Incentive Pool

Incentive Pool means the total amount available for an Incentive Payment for each Performance Category resulting from at least one other MCO not earning the maximum Earned Withhold from that Performance Category.

2.6 Minimum Performance Standard

Minimum Performance Standard means a standard determined for each Performance Measure that represents the minimum performance result allowed to still be eligible for an Earned Withhold. Unless otherwise noted, the Minimum Performance Standard will be set at the MCO’s prior year performance.

2.7 Performance Category

Performance Category means a grouping of Performance Measures.

2.8 Performance Measure

Performance Measure means the indicators selected for use in determining the Earned Withhold and/or Incentive Payment to be made to each MCO.

2.9 Withhold

Withhold means a specified percentage of an MCO’s gross capitation payments, excluding directed payments (as identified by DHHS).

2.10 Withhold Credit

Withhold Credit means an incentive offered by DHHS for eligible MCOs to reduce the total percentage of an MCO’s Withhold.

3. Determining the Withhold

- 3.1 The total Withhold amount to be recouped by DHHS is equal to two percent (2%) of the risk adjusted capitation payments made by DHHS for enrollees in the MCM Program for the capitation service periods during the primary measurement period, net of directed payments that are approved by the Centers for Medicare and Medicaid Services.
- 3.2 Withhold percentages will not be applied to directed payments, including directed payments to Community Mental Health Programs (CMHPs), and any other payments otherwise identified by DHHS as a directed payment.
- 3.3 Withhold Credits offered by the Department will reduce the overall percentage of Withhold amounts described in 3.1 above. See Appendix B. for current Withhold Credit Opportunities.

4. Performance Measures and Performance Categories.

- 4.1 The current categories are listed in Figure A below.

Figure A. Performance Categories

Performance Category
Perinatal
Children and Adolescents
Behavioral Health
Adult Physical Health

- 4.2 DHHS will annually select Performance Measures, Performance Categories, and Performance Standards.

- 4.3 DHHS reserves the right to eliminate a particular Performance Measure for use in this Policy.
- 4.4 DHHS reserves the right to exclude a particular MCO from one or more Performance Measure(s) used in this Policy based on the MCO having a denominator of less than 100² for the measure, or other reasons determined by DHHS.
- 4.5 In the event that the MCO is excluded from all performance measures in a Performance Category, DHHS will remove the MCO's Withhold amount for that Performance Category.
- 4.6 The general methods and procedures used for data sources, validation, and tabulation of results are described in Appendix A. The Department will produce detailed specifications for each withhold measure calculated by the MCOs. Risk adjustment methods for specific Performance Measures will be considered and utilized, if deemed appropriate by DHHS.
- 4.7 Performance measures will include the eligible populations of Standard Medicaid Managed Care and Granite Advantage Health Plan Members.

5. Earned Withhold

- 5.1 MCOs are able to earn a portion or all of the Withhold back based on performance in each of the Performance Categories. The maximum Earned Withhold in each category is outlined in Figure B below.

Figure B. Performance Category Percentage of Total Withhold

Performance Category	Percentage of Maximum Withhold to be Earned Back
Perinatal	25%
Children and Adolescents	25%
Behavioral Health	25%
Adult Physical Health	25%
Total	100%

5.2 Qualifying for an Earned Withhold Payment

- 5.2.1 To qualify for an Earned Withhold in each Performance Category, the MCO shall meet the Minimum Performance Standard for each measure within the corresponding Performance Category. See Appendix A for specific Minimum Performance Standards.
- 5.2.2 Minimum Performance Standards are calculated based on the individual MCO's prior year performance when available.
- 5.2.3 Failure to meet the Minimum Performance Standard for a Performance Measure will disqualify the MCO from receiving any Earned Withhold in the corresponding Performance Category.

² The denominator unit will be variable depending on the Performance Measure. It may include, but not be limited to, Members or events such as utilization of a service.

5.3 Earned Withhold Calculations

- 5.3.1 Earned Withhold amounts will be determined for each Performance Category in which the MCO qualifies to receive an Earned Withhold.
- 5.3.2 The Earned Withhold amount for each Performance Category will be determined by assigning points to each Performance Measure.
- 5.3.3 Each Performance Measure will be scored from 0 to 3 as determined by the gap between the corresponding Minimum Performance Standard and the Annual Goal. See Figure C below for the point scale.

Figure C. Earned Withhold Performance Point Scale

Range	Points
Minimum Performance Standard to Less Than 1/3 of Filled Gap to Annual Goal	0
1/3 to Less Than 2/3 of Gap to Annual Goal	1
2/3 to Less Than Annual Goal	2
Annual Goal or Greater	3

- 5.3.4 A total score for each Performance Category will be calculated by totaling the points of the corresponding Performance Measures.
- 5.3.5 The maximum point total for each Performance Category will be divided by the MCO's total points for the corresponding Performance Category to determine the percent of total possible points for each Performance Category.
- 5.3.6 The Earned Withhold for each Performance Category will be calculated as the total maximum withhold amount in dollars for each Performance Category times the percent of total possible points in each Performance Category.
- 5.3.7 DHHS will have the sole discretion about whether an MCO has met the Minimum Performance Standard or Annual Goal on a Performance Measure.

6. Incentive Payment Performance Bonus

- 6.1 In the event that any MCO does not reach the maximum Earned Withhold payment described in Section 5 of this Policy, DHHS shall use the unearned Withhold funds to fund an Incentive Pool through which high performing MCOs may earn an Incentive Payment.
- 6.2 The Total Incentive Pool will be calculated at the Performance Category level so that unearned Withhold funds from a Performance Category can only be used for Incentive Payments for the same Performance Category.
- 6.3 Qualifying for Incentive Payment Performance Bonus
 - 6.3.1 To qualify for an Incentive Payment in a Performance Category:
 - 6.3.1.1 An MCO must meet the Annual Goals for all Performance Measures within the Performance Category;
 - 6.3.1.2 An MCO must meet the Minimum Performance Standard in ALL measures; and

6.3.1.3 There must be Incentive Pool funding available for the Performance Category.

6.4 Calculating the Incentive Payment Performance Bonus

- 6.4.1 DHHS will calculate an Incentive Payment for the MCOs meeting the conditions of 6.3 above for each Performance Category in which Incentive Pool funding is available.
- 6.4.2 For each Performance Category where an MCO qualifies for an incentive, DHHS will separately assess each Performance Measure within the category. Where MCO performance for any of the Performance Measures examined exceeds the Annual Goal, the MCO will be eligible for an Incentive Payment for that Performance Measure.
- 6.4.3 Total available Incentive Payment funds will be equally allocated between each Performance Measure in a Performance Category that has Incentive Pool funding available.
- 6.4.4 The payment will be calculated by multiplying five times the MCO's relative performance above the Annual Goal, times the available Incentive Pool for the Performance Category.
- 6.4.5 When more than one MCO is eligible for an Incentive Payment for the same Performance Category, DHHS may adjust the multiplier in 6.4.4 above to prevent the total Performance Incentive payments from exceeding the Incentive Pool for the category.

6.5 In the event that the Incentive Pool funds are not fully expended, the balance in each category will roll over to the Incentive Pool in the following year.

6.6 To the extent Incentive Pool funds are available and at the discretion of DHHS, incentive funds for special program activities are also available in accordance with Appendix C.

7. DHHS Payment Mechanics

- 7.1 DHHS will pay to MCOs participating in the MCM Program the full Capitation Payment, as described in the MCM Agreement, without withholding any dollars from the premium during the contract year.
- 7.2 The Withhold amount may be adjusted by DHHS, if necessary, for the elimination of a particular measure or the elimination of an MCO from a particular measure as indicated in Section 4.4 of this Policy.
- 7.3 An MCO may earn less than, equal to, or more than the MCO's contribution to the Withhold, provided that no MCO's total revenue is greater than 105% of the MCO's qualifying capitation revenue in accordance with federal regulation.
- 7.4 DHHS will issue a Withhold Performance Measure Report after collecting all performance rates, Minimum Performance Standards, and Annual Goals.
- 7.5 DHHS shall tabulate and report to each MCO its performance and the dollar amount of the Earned Withhold and Incentive Payment. DHHS will recoup from or make payment to the MCO as follows:

- 7.5.1 If DHHS determines that the MCO has achieved the maximum Earned Withhold, the MCO will not owe payment to DHHS and may retain the Withhold (there is no financial exchange).
- 7.5.2 If DHHS determines that the MCO has earned less than 100% of the Earned Withhold, the MCO will owe to DHHS the dollar amount of the Withhold less the value of the Earned Withhold.
- 7.5.3 If DHHS determines that the MCO has earned an Incentive Payment that, when combined with the MCO's Earned Withhold payment is greater than the value of the Withhold, DHHS will owe to the MCO the sum of the Earned Withhold and Incentive Payment, less the value of the Withhold.
- 7.5.4 If the MCO's performance results in the MCO owing payment to DHHS, the MCO shall make during the subsequent contract year a lump sum payment in the amount of the Withhold, less the value of the Earned Withhold. If the MCO's performance results in an Incentive Payment that is greater than the value of the Withhold, DHHS shall make during the subsequent contract year a lump sum payment that is the sum of the Earned Withhold and Incentive Payment, less the value of the Withhold (provided that no MCO's total revenue is greater than 105% of the MCO's qualifying capitation revenue).

7.6 Included in DHHS's report to each MCO regarding its performance and the dollar amount of the Earned Withhold and Incentive Payment, DHHS will provide a written deadline for the MCO's review and comment. Upon completion of the review period, DHHS will evaluate all MCO comments and address any issues as warranted as determined by DHHS.

8. Revision History

Activity Date	Version	Description of Activity	Author	Approved By
7/20/2022	20220708vF	Release unchanged as final; Full replacement of Guidance #21-0011 for SFY 2023 period; Base document unchanged; Appendix A updated performance periods; Appendix B full replacement to reflect optional redetermination withhold credit	A. Chalsma	H. Lipman
2/22/2023		Updates made to withhold credit Appendix B and added Appendix C for unwind related incentive activities and to correct typo in Appendix A	A. Chalsma, A. Cohen, E. Metcalf	H. Lipman

Appendix A. Performance Categories, Performance Measures, and Standards.

Table A-1 below describes the performance categories and the performance measures associated with each category. All performance measures are NCQA HEDIS Metrics.

Performance standards in the table below include the Minimum Performance Standard and Annual Goal.

Performance Category	Performance Measure ³	Minimum Performance Standard	Annual Goal
Perinatal	Prenatal and Postpartum Care (PPC) – Prenatal Care	Individual MCO 2022 Calendar Year Performance ⁴	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance ⁵
	Prenatal and Postpartum Care (PPC) – Postpartum Care	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance
Children and Adolescents	Lead Screening in Children (LSC)	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance
	Child and Adolescent Well-Care Visits (WCV) 12-17 Years	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance
Behavioral Health	Pharmacotherapy for Opioid Use Disorder (POD)	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance

³ Data Source: Unless otherwise noted, HEDIS.02 *HEDIS Filled Workbook* due on 6/30/2024

⁴ Data Source: HEDIS.02 *HEDIS Filled Workbook* due on 6/30/2024.

⁵ Data Source: NCQA Quality Compass scheduled for release September 2023

Performance Category	Performance Measure³	Minimum Performance Standard	Annual Goal
	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance
Adult Physical Health	Controlling High Blood Pressure (CBP)	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance
	Hemoglobin A1c Control for Patients With Diabetes (HBD) – Control <8.0%	Individual MCO 2022 Calendar Year Performance	National Medicaid HMO 75 th Percentile 2022 Calendar Year Performance

Appendix B. Withhold Credit Incentive Payment (SFY 2023)

For the SFY 2023 withhold and incentive period, MCOs shall be eligible for up to one-half percent (0.5%) reduction of the total withhold amount for the year for performance results related to eligibility processing of MCO members. The credit may be received for performance in reducing the volume of the Department's protected list in two periods: from July 2022 to January 2023 and from January 2023 to June 2023. A maximum of a 0.5% credit may be received for SFY 2023 between the two programs. When earning credits in both programs the credits are summed and if the sum exceeds 0.5%, the actual credit will be 0.5%.

Overview

The withhold credit will incentivize MCOs to assist in New Hampshire's efforts to unwind and return to regular Medicaid operations regarding eligibility determination leading up to and after the end of restrictions on case closures on April 1, 2023 (previously tied to the end of the COVID-19 Public Health Emergency (PHE)). To support the Department's efforts the MCOs will be eligible for a withhold credit based on percent improvement (reduction) from July 1, 2022 to on or about January 1, 2023 in the number of Medicaid managed care members who are protected from termination (e.g., due to missing eligibility paperwork) and from January 2023 to July 2023 for - members who are either overdue with their redeterminations and/or failed to provide requested information needed to determine eligibility. Improvement made during these periods will be a combination of the efforts of DHHS, the MCOs, the members and other stakeholders. The withhold credit program will not attempt to distinguish credit for improvement and will only measure the totality of improvement.

Program 1

Program 1 Population: All Protected Members

The starting number of protected members will be determined by DHHS on or about July 1, 2022 for each MCO. Final performance will be measured comparing summary counts from July 1, 2022 to summary counts of the data generated by New HEIGHTS shortly after January 1, 2023. Performance is based on reduction in total numbers, not on clearance of members specific to the July 1 data (i.e., new members added to the member list will be included in measurement).

Program 1: Reporting

Data will be based on the MCO monthly detailed reporting from DHHS on the members with eligibility issues sent to the MCOs. A final adjudication report with withhold credit calculated will be provided by DHHS after the end of the measurement period.

Program 1: Determining the Withhold Credit

The Department will determine the count of members meeting the above criteria for each MCO based on the New HEIGHTS list that is generated shortly after January 1, 2023. The total will be used to determine the percentage reduction from the list as of July 1, 2022. After determining the percentage of members cleared, use the table below to determine the withhold credit. Percentage rates will not be rounded up when determining the withhold credit.

Example: An MCO had 12,564 protected members listed as of July 1, 2022. On January 1, 2023 the MCO had 9,546 protected members listed, a reduction of 3,018. As a result the MCO had a

24.0% reduction in the absolute number of members cleared. In the event that 24% of the MCOs members were cleared, the withhold credit would be 0.20%.

Percentage of Members Cleared	Withhold Credit
30%	0.50%
29%	0.45%
28%	0.40%
27%	0.35%
26%	0.30%
25%	0.25%
24%	0.20%
23%	0.15%
22%	0.10%
21%	0.05%
20%	0.01%

Program 1: Minimum Threshold

The Department has set a minimum threshold of 20% reduction in the number of individuals cleared before an MCO can receive a withhold credit.

Program 2

Program 2 Population: Protected Members Whose Case has Overdue Redeterminations and/or Failed to Provide Requested Information

Program 2 will be made up of multiple monthly cycles using different member lists. For all sets of members, measurement will be based on cases that take action to provide missing information to allow eligibility determination (e.g., submit redetermination information) to provide information out of the monthly group that needs to provide information. Cases that are automatically processed and do not need members to provide information are excluded from the measurement (i.e., Pending Ineligible tab on lists provided to MCOs). (Note: while this population is not included in the credit calculations, DHHS may have elected to include them in unwind related incentive payments. See Appendix C.)

For each time period, the MCOs may earn a portion of the total available credit up to the 0.5% maximum. An MCO that performs above the minimum threshold for any time period will earn a credit regardless of performance on other time periods.

The time periods, measurement, available credit for the period will be as indicated in the below table. Maximum credit available for each period is based on the Department’s projected schedule for renewals. At the end of the program if the pace deviates significantly the Department may modify the maximum credits. Except for the first time period, measurement will conclude at the end of the month roughly 90 days *after* the potential termination date for the period to incentive MCOs to continue to follow-up with members who do lose coverage yet may

be able to regain it (these members that regain their coverage will be counted in the calculations to determine MCO performance).

Time Period #	Time Period	Measurement of Percent of Members Cleared	Maximum Credit
1	January 2023 list of all members whose case has overdue redeterminations and/or failed to provide requested information.	Percent reduction of members on the list through the generation date of the initial February 2023 list (note, this is not extended an additional 90 days since all of the outstanding protected members will have their redetermination date reset and will be included in future lists (i.e., included in below time periods)	0.0333%
2	Members in February 2023 list generated after February 10, 2023 whose case has overdue redeterminations and/or who have failed to provide requested information who are able to act on that information in February and March or have eligibility closed on March 31, 2023.	Percent of members whose case provided information through June 30, 2023	0.0333%
3	Members in March 2023 list whose case has overdue redeterminations and/or who have failed to provide requested information who are able to act on that information in February and March or have eligibility closed on April 30, 2023.	Percent of members whose case provided information through July 31, 2023	0.1500%
4	Members in April 2023 list whose case has overdue redeterminations and/or who have failed to provide requested information who are able to act on that information in February and March or have eligibility closed on May 31, 2023.	Percent of members whose case provided information through August 30, 2023	0.1500%

Time Period #	Time Period	Measurement of Percent of Members Cleared	Maximum Credit
5	Members in May 2023 list whose case has overdue redeterminations and/or who have failed to provide requested information who are able to act on that information in February and March or have eligibility closed on June 30, 2023.	Percent of members whose case provided information through September 30, 2023	0.0667%
6	Members in June 2023 list whose case has overdue redeterminations and/or who have failed to provide requested information who are able to act on that information in February and March or have eligibility closed on July 31, 2023.	Percent of members whose case provided information through October 31, 2023	0.0667%

Program 2: Determining the Withhold Credit

For each time period the Department will determine the count and percent of members meeting the above criteria and provide detailed and summary information to the MCOs. After determining the percentage of members cleared, the Department will use the table below to determine the share of the maximum credit the MCO will earn by multiplying the maximum credit in the table above by the credit percentage in the table below. Percentage of members cleared is a threshold that will not be rounded up.

As an example, if the MCO has a list of 2,000 members in Time Period 3 that need to provide information, and clears 800 of the members or 40%, that will represent a withhold credit share of 56%. Because Time Period 3 has a maximum credit of 0.15%, the MCO will receive a withhold credit of 0.084% for the time period (56% of 0.15%).

Percentage of Members Cleared	Withhold Credit Share
51%	100%
50%	96%
49%	92%
48%	88%
47%	84%
46%	80%
45%	76%
44%	72%
43%	68%
42%	64%
41%	60%

Percentage of Members Cleared	Withhold Credit Share
40%	56%
39%	52%
38%	48%
37%	44%
36%	40%
35%	36%
34%	32%
33%	28%
32%	24%
31%	20%
30%	16%
29%	12%
28%	8%
27%	4%

Program 2: Minimum Threshold

The Department has set a minimum threshold of 27% of the number of individuals who submitted required information to DHHS before an MCO will receive a withhold credit.

Program 2: Reporting

MCO monthly detailed reporting from DHHS on the members with eligibility issues will continue to be sent to the MCOs. The reports provide information to indicate member eligibility issues. Summary reports will also be provided within 30 days after the end of each time period with the calculation of the performance for that period.

Appendix C. Incentive Payment (SFY 2023)

The MCOs shall be eligible for incentive payments for performance of certain activities related to eligibility processing of protected MCO members from January 1, 2023 to June 30, 2023. Payment will be calculated within two months of the end of the period.

All incentive payments in the below programs are subject to availability in the incentive pool after the SFY 2022 Withhold and Incentive Program (CY 2022 measurement period) has been adjudicated and any additions or subtractions from the incentive pool are made from the main withhold and incentive quality programs. If there are not enough incentive pool funds available to pay out all credits related to Appendix C, payments will be made proportionally (e.g., if half the needed funds are available, the per unit payment amounts will be halved). No payments will be made once the incentive pool is expended.

Incentive Payment Program 1: MCO Provision of Actionable Information on Medicaid Members

For every member where the MCO provides DHHS with verified information, from January 1, 2023 to June 30, 2023, that can be used to update that member's case information for one of the following designated pieces of information, the MCO will be paid an incentive payment of \$100. Information must be provided by the MCOs to DHHS in a useable electronic format that includes member Medicaid IDs.

- Updated address of protected members, who the Department has lost contact with, obtained through direct contact with case head or authorized representative as attested by the MCO to DHHS that are new addresses (providing the list to DHHS will indicate MCO attestation the address is new and valid according to MCO's best information) and used by DHHS to update the case information (payment per case).
- Information that is confirmed by DHHS concerning a member's desire to end Medicaid eligibility (payment per member).
- Information that is confirmed by DHHS concerning a member with other insurance coverage in the case of CHIP funded members (payment per member).
- Information that is confirmed by DHHS concerning a member who has died (payment per member).
- Information on the outcome of successful intensive outreach by the MCO to limited lists of cases with specific members as determined by the Department where MCO was able to contact member, document member needs, provide member assistance and report the information as specified to the Department (payment per member). These lists will contain members who potentially could retain coverage by providing missing information but they could also contain members who are pending ineligible (e.g., over income) and require assistance obtaining and transitioning to other sources of coverage. Lists of these members will be provided by DHHS to MCOs with needed instructions for what MCO is expected to do to assist DHHS and what information the MCO will need to track and provide to DHHS to receive payment.

- Any other activity determined by DHHS and indicated in updated guidance.

DHHS will provide monthly progress reports to the MCOs on the success of each of the programs. If deemed mutually beneficially individual case results may be shared by DHHS. The MCO shall respond to all feedback from DHHS and take corrective action as needed if DHHS determines the MCO is providing insufficiently useful data. At its discretion, DHHS may end a MCOs participation in one or more of the incentive programs due to continued submission of low quality data by an MCO as determined by DHHS.

All activities may be ended by DHHS if it determines the incentive is not in the best interests of the department. In such event MCOs will be provided one week notice of the cancellation.

Incentive Payment Program 2: Special Population Incentives

For all cases removed from the protected list from January 1, 2023 to June 30, 2023 where one or more members in the case meet all the following criteria: 1) member of a designated special population, 2) where the case is included on an unwind list provided by the Department who has information needed for eligibility determination and processing that is missing, and 3) the member is removed from the protected list due to action taken by the member/case head (e.g., submit redetermination information), the MCO will be paid an incentive payment of \$200 per case. Where cases contain more than one member meeting the criteria, only one payment will be made. Reports for this incentive program will be provided to the MCOs by DHHS. The special populations are as follows:

- Cases with any children under the age of 18 as of January 1, 2023.
- Cases with members engaged in substance use disorder Medication Assisted Treatment (pharmacy and opioid treatment program based) as determined by a three month lookback for any one pharmacy or OTP claim.
- Cases with members receiving Community Mental Health Program eligible services at Community Mental Health Centers as determined by a three month lookback for any one claim at a CMHC provider that has a HW procedure code modifier.
- Any other population determined by DHHS and indicated in updated guidance.

Incentives will be paid regardless of whether members maintain or lose eligibility, so long as the member/case provided DHHS the missing information needed for determining eligibility.

DHHS will provide monthly reports summarizing MCO performance for the prior month on each program. If deemed mutually beneficially individual case results may be shared by DHHS.