



Social Care/SDoH Michigan Payer Incentives Comparative Table

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

Plan	Incentive Program	Lines of Business for Incentive	Z-Code Based Incentive			HIE Use Case Based-Incentive
			Z Codes Applicable	Min.% of Unique Seen Members Required	Other Requirements	Program Design
Blue Cross and Blue Shield of Michigan	Value Partnership's Social Determinants of Health initiative design	Commercial, Medicare Advantage PPO	Z 55-65 (paid via VBR)	5% of preventive well visits (measured per calendar year)		<p>Three pathways:</p> <p><i>Pathway 1. SDoH Use Case Submission – Version 3.0 Specification</i></p> <ul style="list-style-type: none"> • Startup –Prospective payment made after PO returns opt-in form. • Participation – Additional payment made after PO submits first files to MiHIN that meets updated specifications and file is loaded into MiHIN data. • Continued submission and maintenance – Additional payment after 6 consecutive months of file submissions. <p><i>Pathway 2. SDOH use case submission – Version 2 specification (only available to POs in progress)</i></p> <ul style="list-style-type: none"> • Participation –Payment made after PO returns opt-in form and at least one valid data submission has been loaded into MiHIN data. • Continued submission and maintenance –

Social Care/SDoH Michigan Payer Incentives Comparative Table

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

Plan	Incentive Program	Lines of Business for Incentive	Z-Code Based Incentive			HIE Use Case Based-Incentive
			Z Codes Applicable	Min.% of Unique Seen Members Required	Other Requirements	Program Design
						<p>Additional payment after 6 consecutive months of file submissions.</p> <p><i>Pathway 3. Infrastructure development and SDOH use case submission – Version 3.0 specification.</i></p> <ul style="list-style-type: none"> • Prospective payment after PO returns opt-in form, design plan and project timeline. • Additional payment after PO can demonstrate that all data elements required to participate in MiHIN’s SDOH use case – Version 3.0 specification are stored digitally and able to be extracted and PO has completed the legal requirements to participate in MiHIN’s SDOH use case. • Additional payment made after PO submits first file to MiHIN that meets updated specifications and file is loaded into MiHIN data. • Additional payment paid after 6 consecutive months of file submissions.

Social Care/SDoH Michigan Payer Incentives Comparative Table

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

Plan	Incentive Program	Lines of Business for Incentive	Z-Code Based Incentive			HIE Use Case Based-Incentive
			Z Codes Applicable	Min.% of Unique Seen Members Required	Other Requirements	Program Design
HAP	Best Practice Incentive Program	Commercial and Medicare Advantage	Z 55-65 and Z75	1.5% at PO level for Commercial; 2% for Medicare Advantage	Paid annually, incentive is based on submission of z-codes for the assigned patient population	N/A
Priority Health	Performance Improvement Plan (PIP)	Medicaid, Medicare Advantage	Z 55-65 (paid via PMPM)	5% of preventive well visits	<ul style="list-style-type: none"> • Be recognized as a Patient-Centered Medical Home • Use an approved tool • Complete the SDoH survey attestation • Paid at annual settlement 	Considering an HIE-Based program in future years
Blue Cross Complete (MHP)	Perform PLUS value-based model offering	Medicaid	Z 55-65 (paid via PMPM)	No minimum %	Paid annually, incentive is based on submission of z-codes for the assigned patient population	N/A

Social Care/SDoH Michigan Payer Incentives Comparative Table

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

Plan	Incentive Program	Lines of Business for Incentive	Z-Code Based Incentive			HIE Use Case Based-Incentive
			Z Codes Applicable	Min.% of Unique Seen Members Required	Other Requirements	Program Design
Molina Medicaid*	Quality Incentive Pay for Performance Program			5% (higher reward) or 2.5% (lower reward)	PCP groups must have over 100 members	
United Health Care MHP	Z Code Submission Incentive (part of Care Mgt. and Quality Incentive Program)	Medicaid	Z 55-65 and Z 75 (paid via PMPM)	5% with higher PMPM for 10%	Paid annually; Incentive based on provider's entire assigned membership for year; Must be PCMH-certified; Minimum of 50 UHC members	N/A
HAP Empowered	Best Practice Incentive Program	Medicaid and Medicaid/Medicare (dual eligible)	Z 55-65 and Z75	1.5% at PO level	Paid annually, incentive is based on submission of z-codes for the assigned patient population	N/A
Aetna Better Health of Michigan	None					

Social Care/SDoH Michigan Payer Incentives Comparative Table

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

Plan	Incentive Program	Lines of Business for Incentive	Z-Code Based Incentive			HIE Use Case Based-Incentive
			Z Codes Applicable	Min.% of Unique Seen Members Required	Other Requirements	Program Design
McLaren Medicaid Health Plan*	None					
Meridian Medicaid*	None					
UPHP Medicaid*	None					

** These Michigan Medicaid Health Plans permit Z code submission by providers, but do not offer specific social care incentives to providers.*

If you represent a payer and have additional information to share about updates, please contact multipayerprimcare@med.umich.edu.