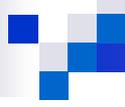


# PCMH Performance-Based Payment Program Enhancements

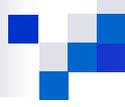
November 3, 2021





# Introduction

The Performance-Based Payment program for Person-Centered Medical Home (PCMH) practices is based on annual outcomes of select quality measures chosen by the Department of Social Services (DSS).

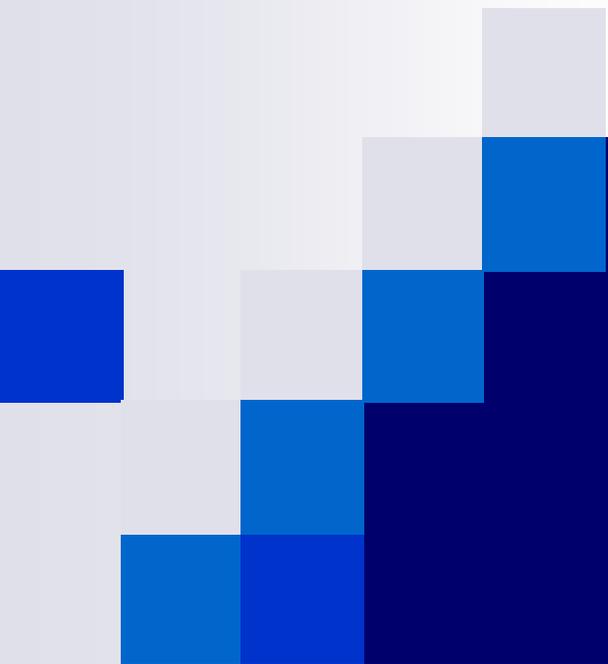


# Webinar Overview

- Detailed review of the previous performance payment program methodology and an introduction to the new methodology, highlighting the changes
- Educate practice staff, including those who are responsible for quality improvement and PCMH
- Gain a better understanding of the performance payment program and how the calculations for the payments are determined

# Financial Incentives

- DSS offers financial incentives to qualifying community-based primary care practices that are participating in the PCMH program
- The incentives are to support the cost of operating a PCMH practice as well as drive quality improvement efforts at the practice level
- There are two types of financial incentives:
  - Enhanced Reimbursement rates of 24% on select primary care services supplemental to the current Medicaid fee schedule
  - Per Member Per Month (PMPM) Performance-Based Payments



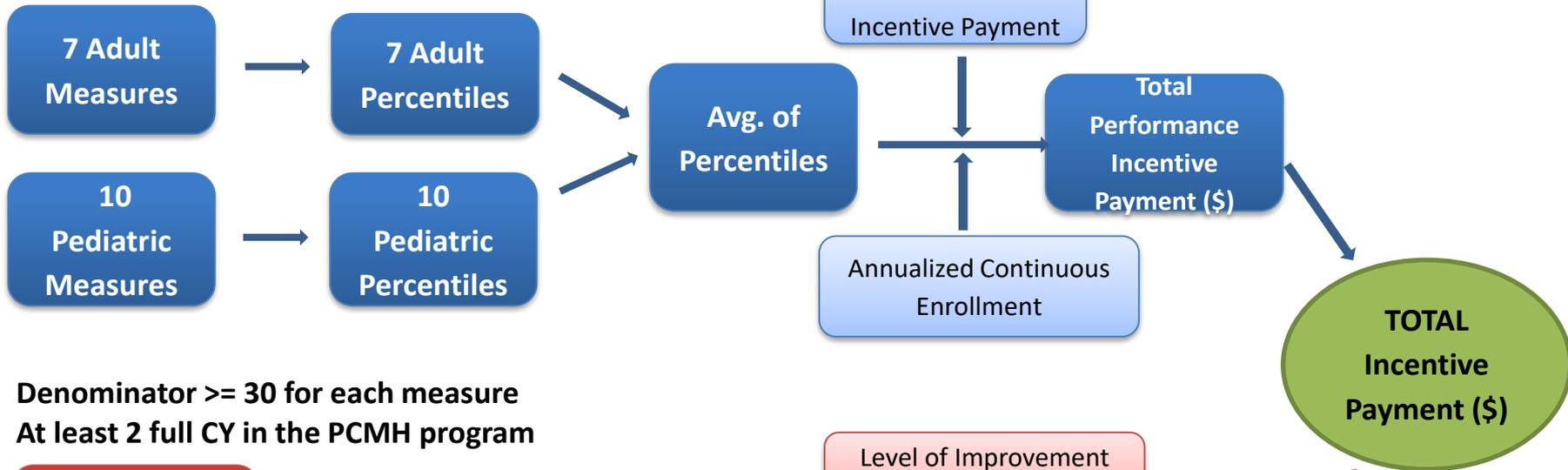
# Previous Performance Payment Model

# Previous Performance Payment Model

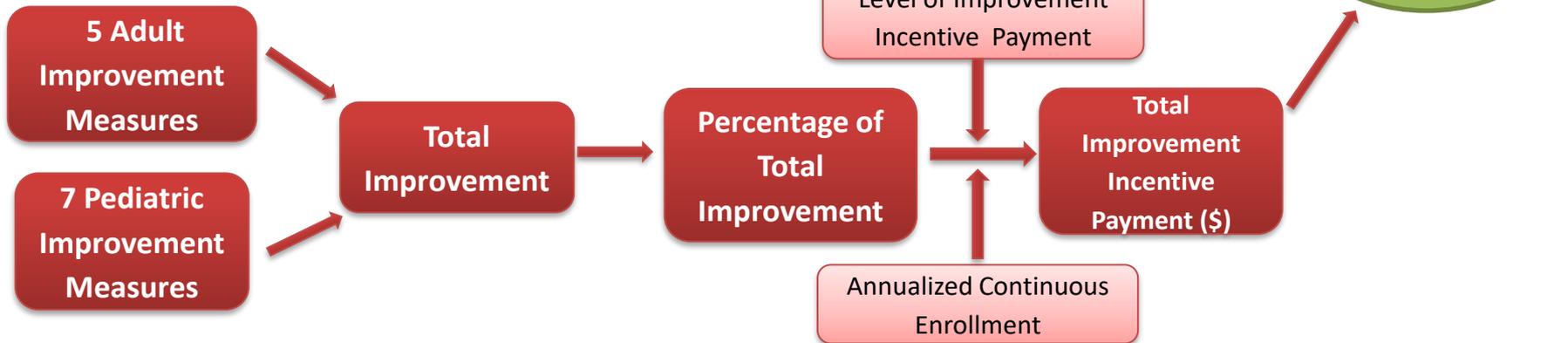
- The previous payment model provided an opportunity to obtain incentive payments for performance and improvement on **17 selected quality measures**
- To qualify to participate, practices must have PCMH recognition and have been enrolled in the DSS PCMH program for a full calendar year
- Practices must have a **minimum of 30 members** in the denominator to qualify for the measure
- Payment was based on:
  - Five different PMPM payment bands based on level of performance
  - Five different PMPM payment bands based on improvement (practice measurement year over previous year of program participation)
- Performance was evaluated against **qualifying PCMH practices only**

# Previous PCMH Incentive Payment Model

- Denominator  $\geq 30$  for each measure
- At least 1 full CY in the PCMH program



- Denominator  $\geq 30$  for each measure
- At least 2 full CY in the PCMH program

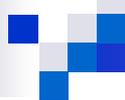


# Previous PCMH Incentive Payment Process

Performance Payment bands	# of practices	PMPM
91 <sup>st</sup> - 100 <sup>th</sup>	0	\$0.60
76 <sup>th</sup> - 90 <sup>th</sup>	0	\$0.45
51 <sup>st</sup> - 75 <sup>th</sup>	28	\$0.30
25 <sup>th</sup> - 50 <sup>th</sup>	39	\$0.15
<25 <sup>th</sup> or DNQ	18	\$0.00
	<b>85</b>	

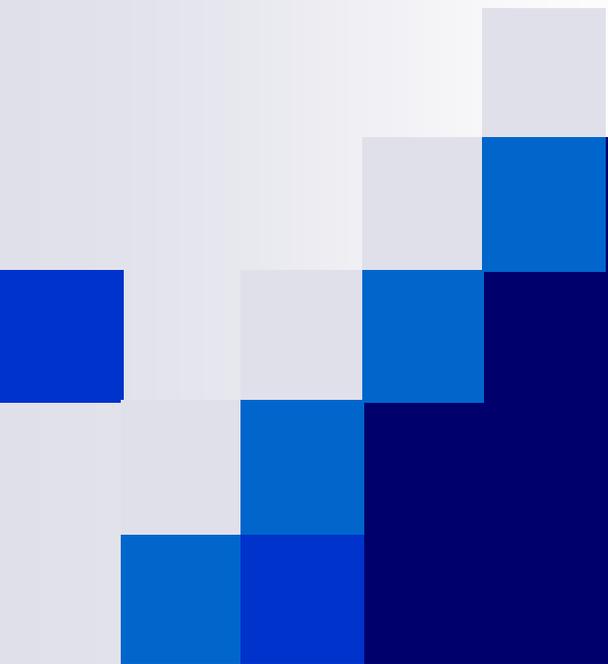
Improvement Payment bands	# of practices	PMPM
>35%	1	\$0.68
25 - 35%	0	\$0.51
10 - 25%	4	\$0.34
1 - 10%	24	\$0.17
<1%	32	\$0.00
	<b>61</b>	

- 17 Measures
- 30 minimum denominator
- Performance Payment - 85 qualified practices
- Improvement Payment (two years needed) - 76 Qualified practices



# Limitations to Previous Model

- Payments were made to consistently poor performing practices
- Smaller practices were unable to participate, despite their level of performance
- Performance measures that were chosen had mixed value/impact on member outcomes



# New Payment Model

**Four Quadrant & Challenge Pool**

# Changes

- Reduced number of measures and those selected to focus on high clinical value **(17 to 10)**
  - Five Pediatric measures
  - Five Adult measures
- Revised the performance and improvement payment calculation methodology
  - Qualified PCMH practices' performance will be evaluated against the **reference group of all other qualified Connecticut Medical Assistance Program (CMAP) practices**
  - Applied **new methodology (Four Quadrant)** that evaluates both performance and improvement together

## Changes (cont.)

- Reduced the **minimum denominator** to qualify for a measure **from 30 to 10** allowing greater opportunity for smaller practices to qualify for the selected measures
- New additional payment based on two selected measures **creating a challenge pool** for the highest performing practices for those measures
- Practices in Quadrant Four would be required to work with the Community Practice Transformation team to improve their results and provide DSS with their quality improvement plan

# Previous and New Measures

Previous 10 Pediatric Measures	New 5 Pediatric Measures
Adolescent Well-Care Visits*	<b>Child and Adolescent Well-Care Visits (WCV)*</b>
Ambulatory Care - ED Visits per 1,000 MM (Ages 0-19)*	<b>Immunizations for Adolescents (IMA) - HPV*</b>
Annual Dental Visit*	<b>Asthma Emergency Room (Age 2-20)</b>
Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20)	<b>Behavioral Health Screening (Ages 1-18)</b>
Developmental Screening In the First Three Years of Life	<b>Developmental Screening in the First Three Years of Life (DEV-CH)</b>
Medication Management for People with Asthma (Ages 5-18)*	
Metabolic Monitoring for Children and Adolescents on Antipsychotics*	
Readmissions within 30 Days - Physical and Behavioral Health (Ages 0-20)	
Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life*	
Well-Child Visits in the First 15 Months of Life - 6 or More Visits*	
Previous 7 Adult Measures	New 5 Adult Measures
Ambulatory Care - ED Visits per 1,000 MM (Ages 20+)*	<b>Breast Cancer Screening (BCS)*</b>
Comprehensive Diabetes Care - Eye Exam*	<b>Chlamydia Screening in Women (CHL)*</b>
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing*	<b>Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing (CDC)*</b>
Medication Management for People with Asthma*	<b>Use of Imaging Studies for Low Back Pain (LBP)*</b>
Post Admission Follow-up Within seven days of an inpatient discharge (Physical & Behavioral Health)	<b>Post-Admission Follow-up Within Seven Days of an Inpatient Discharge</b>
Psychiatric Medication Management	
Readmissions within 30 Days - Physical and Behavioral Health (Ages 21+)	

Measures marked with an \* are HEDIS measures.

\*The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

# New Pediatric Measure Descriptions, 1

## ■ *HEDIS® MY 2020*

- **Child and Adolescent Well-Care Visits (WCV)** – The percentage of members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
- **Immunizations for Adolescents (IMA) - HPV** – The percentage of adolescents 13 years of age who have completed the human papillomavirus (HPV) vaccine series by their 13<sup>th</sup> birthday

# New Pediatric Measure Descriptions, 2

## ■ *CUSTOM*

- **Asthma Emergency Room** – The percentage of members 2-20 years of age diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits
- **Behavioral Health Screening (Ages 1-18)** – The percentage of members 1-18 years of age who received an annual behavioral health screen within the 12 months prior to their birthday
- **Developmental Screening in the First Three Years of Life (DEV-CH)** – The percentage of members screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday

# New Adult Measure Descriptions, 1

## ■ HEDIS<sup>®</sup> MY 2020

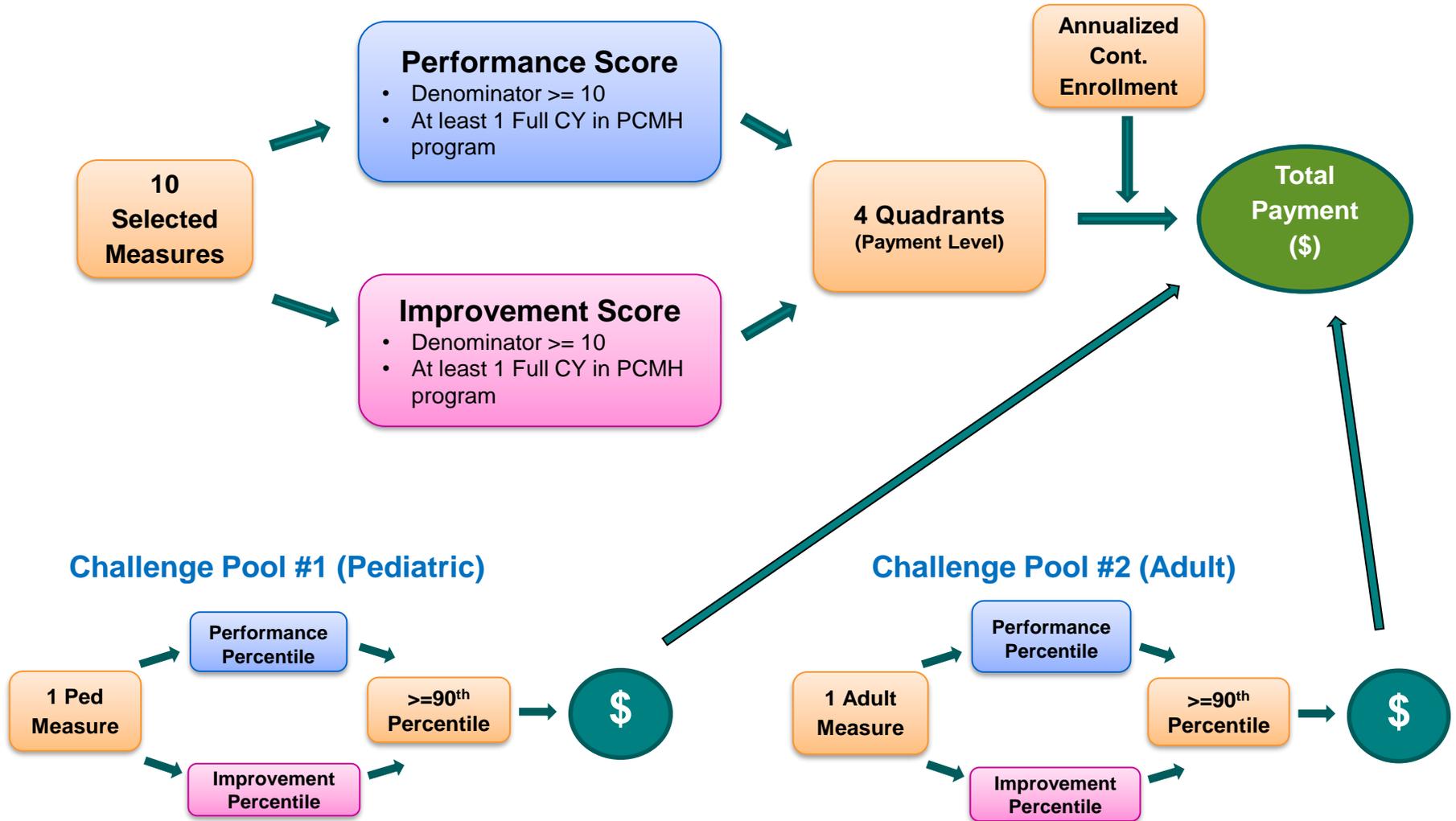
- **Breast Cancer Screening (BCS)** – The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.  
*Note: Eligible population is women 52-74 years of age as of December 31<sup>st</sup> of the measurement year*
- **Chlamydia Screening in Women (CHL)** – The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year
- **Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing (CDC)** – The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an HbA1c test performed during the measurement year
- **Use of Imaging Studies for Low Back Pain (LBP)** – The percentage of members 18-50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis

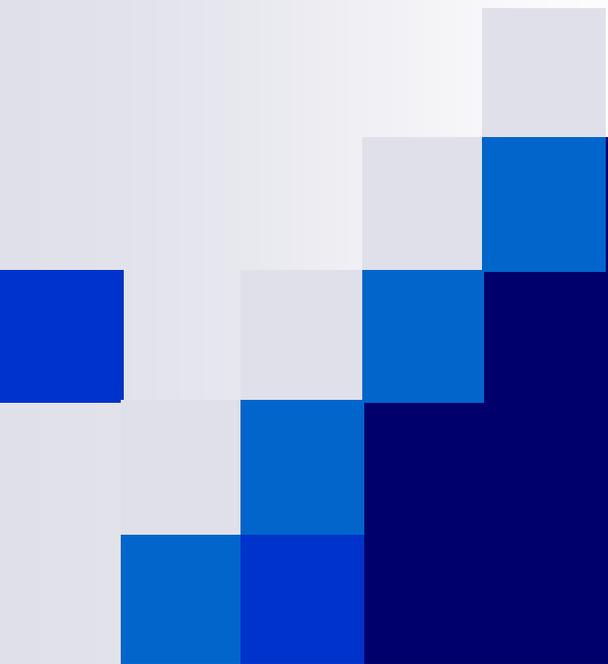
# New Adult Measure Descriptions, 2

- *CUSTOM*

- **Post-Admission Follow-up Within Seven Days of an Inpatient Discharge** – Percentage of inpatient medical or behavioral health admissions for members 21-75 years of age with a claim for post-admission follow-up with a physician, PA, or APRN within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery-related

# New Payment Model Process





# Four Quadrant Calculation

## **Methodology & Payments**

# Performance & Improvement Score Calculations

## ■ Performance Score (PS) (-1 to 1 scale)

- Practices' percentile relative to all qualifying CMAP practices for each measure result will be calculated
- **One point** will be earned for each measure result above the 75<sup>th</sup> percentile
- **A negative point** will be given for each measure result below the 25<sup>th</sup> percentile
- $$PS = \frac{\sum \text{Earned Points}}{\text{Possible Max Earned Points}}$$

## ■ Improvement Score (IS) (-1 to 1 scale)

- Compare measurement year to prior year performance on each measure
- **One point** will be earned for improvement of results for each measure
- **A negative point** will be given for each measure that shows no improvement
- $$IS = \frac{\sum \text{Earned Points}}{\text{Possible Max Earned Points}}$$

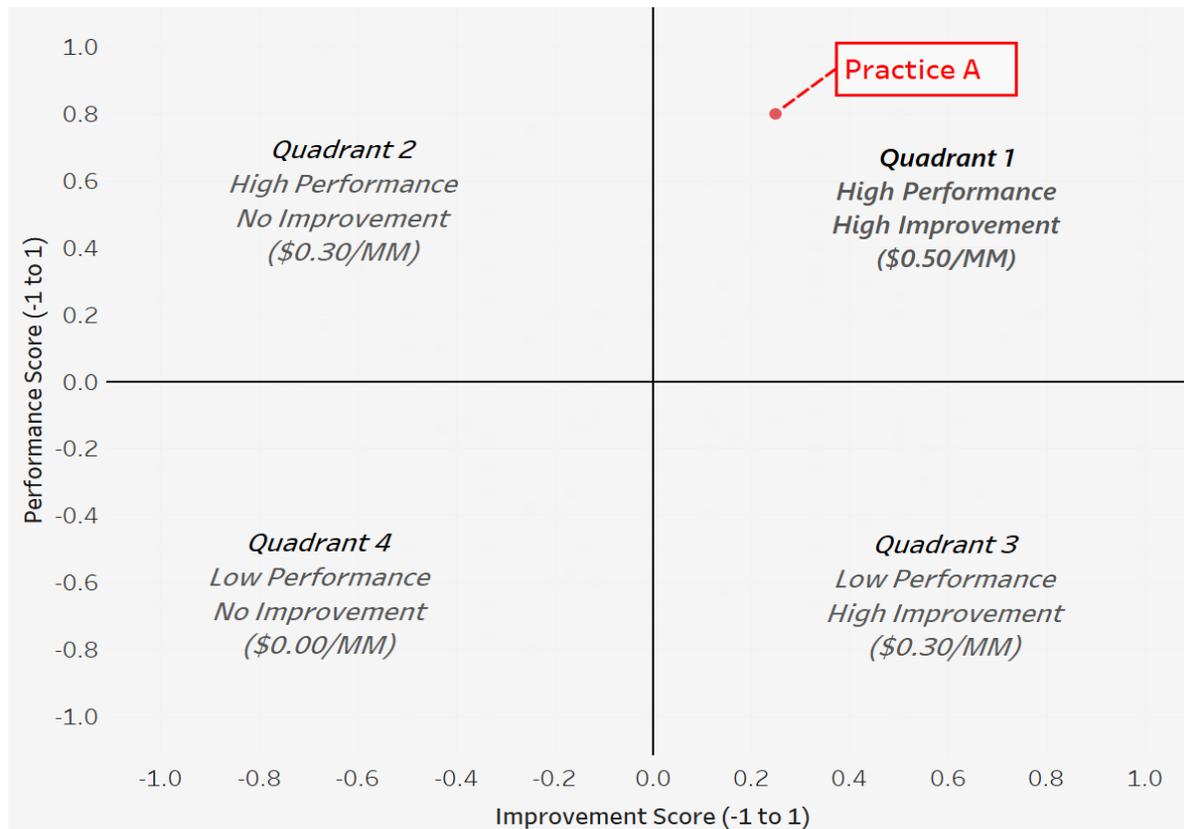
## ■ Four Quadrant Graph

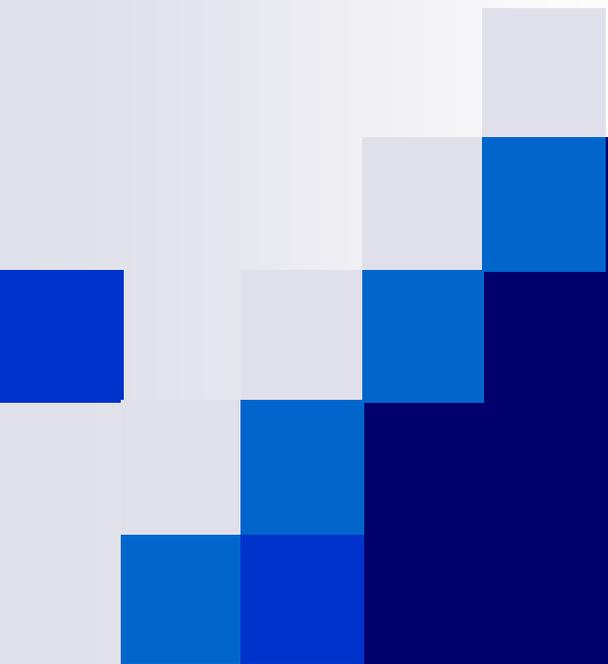
- Performance Score (PS) on the Y-axis
- Improvement Score (IS) on the X-axis
- Every practice with PS and IS results will be shown on the four quadrant graph

# Four Quadrant Graph

(Visualization of Practices' Overall Performance and Improvement)

- Practices' performance/improvement can be visualized in one graph
- Each practice will be identified in the quadrant that correlates with their combined performance & improvement scores
- Each quadrant is assigned a PMPM value





# Practice Calculation Examples

# Quiz 1

## Practice A

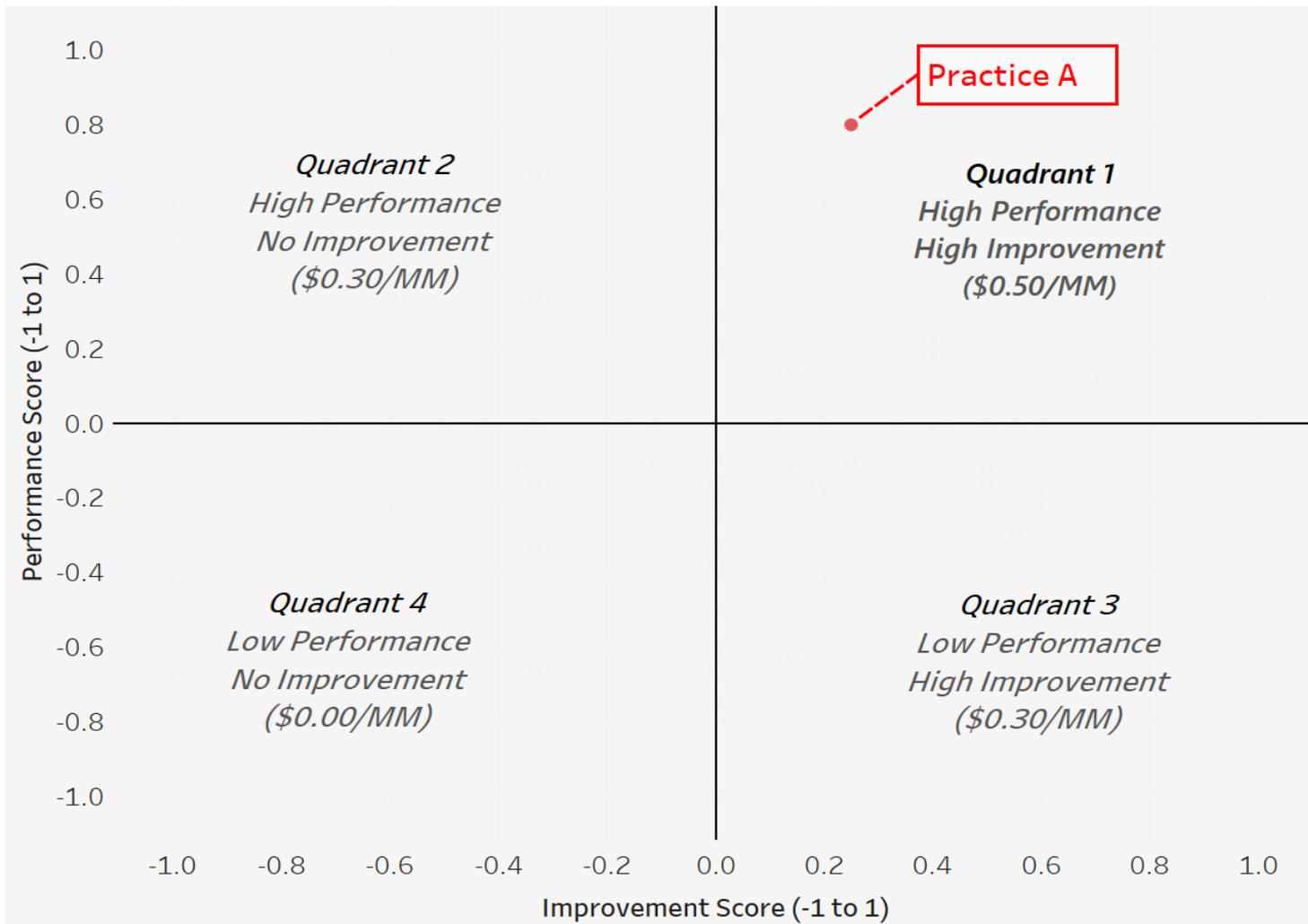
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	Points
PS	Performance	90 <sup>th</sup>	76 <sup>th</sup>	81 <sup>st</sup>	46 <sup>th</sup>	77 <sup>th</sup>	99 <sup>th</sup>	92 <sup>nd</sup>	88 <sup>th</sup>	17 <sup>th</sup>	79 <sup>th</sup>	10
	Performance Point	1	1	1	0	1	1	1	1	-1	1	7
IS	Improvement	↑	↑	↓	↔	↑	↑	↓	↔	↑	↓	10
	Improvement Point	1	1	-1	0	1	1	-1	0	1	-1	2

- $PS = \frac{\sum \text{Earned Points}}{\text{Possible Max Earned Points}} = \frac{7}{10} = 0.7$

- $IS = \frac{\sum \text{Earned Points}}{\text{Possible Max Earned Points}} = \frac{2}{10} = 0.2$

- Which Quadrants? = Quadrant 1!!! (High Performer & High Improvement)

# Plotting the PS & IS Scores



# Quiz 2

## Practice B

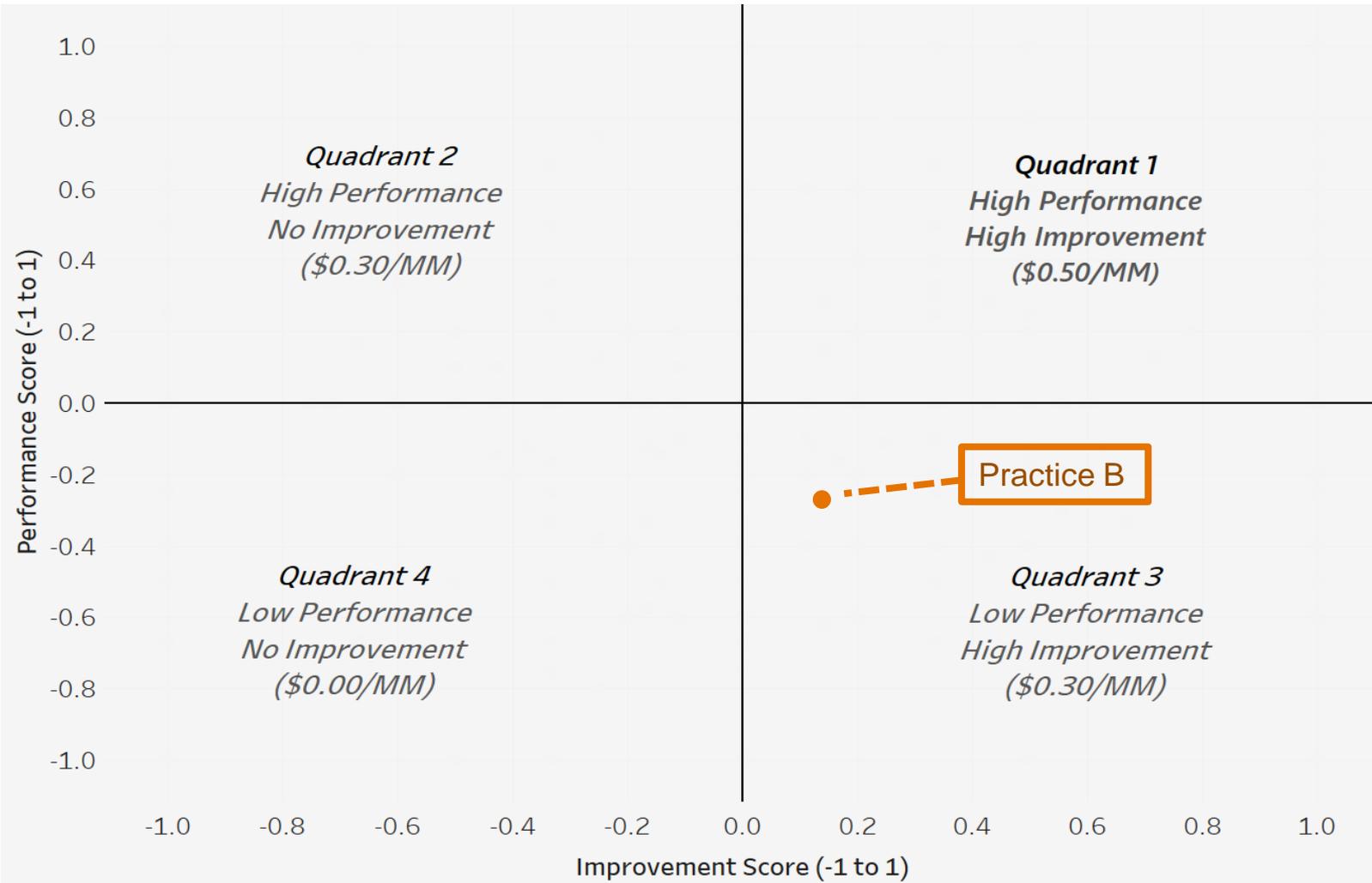
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	Points
PS	Performance	23 <sup>rd</sup>	76 <sup>th</sup>	21 <sup>st</sup>		14 <sup>th</sup>	66 <sup>th</sup>		87 <sup>th</sup>	37 <sup>th</sup>	9 <sup>th</sup>	8
	Performance Point	-1	1	-1		-1	0		1	0	-1	-2
IS	Improvement	↑		↓		↓	↑		↓	↑	↑	7
	Improvement Point	1		-1		-1	1		-1	1	1	1

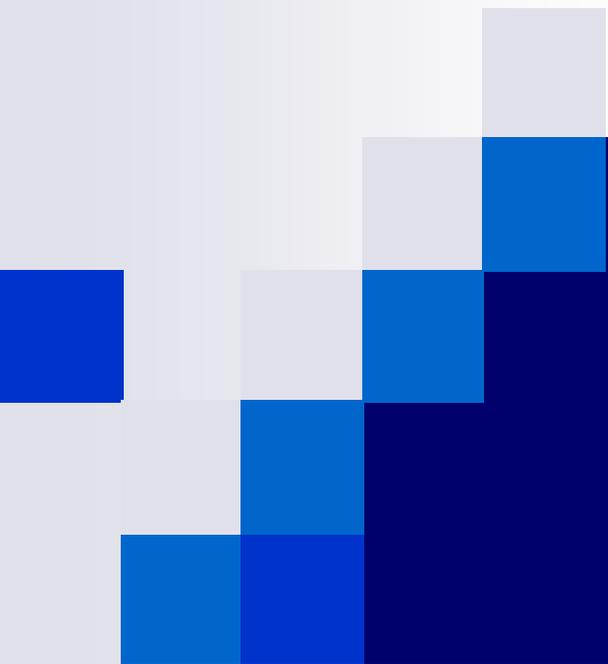
- $$PS = \frac{\sum \text{Earned Points}}{\text{Possible Max Earned Points}} = \frac{-2}{8} = -0.25$$

- $$IS = \frac{\sum \text{Earned Points}}{\text{Possible Max Earned Points}} = \frac{1}{7} = 0.14$$

- Which Quadrants? = Quadrant 3! (Low Performer & High Improvement)**

# Plotting the PS & IS Scores





# Challenge Pool Calculation

## Measures & Payments

# Challenge Pool

- Two measures have been identified as challenge measures

## Two Challenge Pool Measures

**Pediatric - Behavioral Health Screening (Ages 1-18)**

**Adult - Comprehensive Diabetes Care - Eye Exam (CDC)\***

- Practices will be awarded the challenge pool payment if either their measure rate is above the 90<sup>th</sup> percentile (performance) **or** the percentage point difference between the rate for the measurement year and the prior year is above the 90<sup>th</sup> percentile (improvement)
- Challenge pool dollars will be paid at \$0.20/PMPM

# Challenge Measure Descriptions

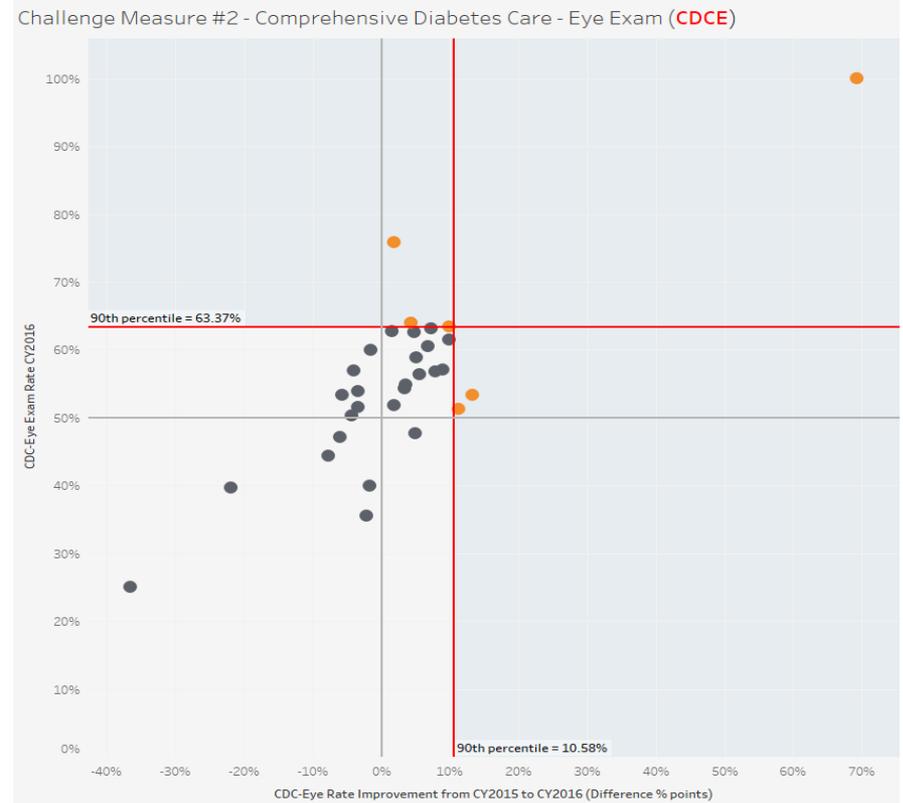
- **Pediatric - Behavioral Health Screening (Ages 1-18)** – The percentage of members 1-18 years of age who received an annual behavioral health screen within the 12 months prior to their birthday
- **Adult - Comprehensive Diabetes Care -Eye Exam (CDC)** – The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye screening or monitoring for diabetic retinal disease. This includes individuals with diabetes who had one of the following: a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year, or a bilateral eye enucleation anytime during the member's history through December 31<sup>st</sup> of the measurement year

# Challenge Measures Graph

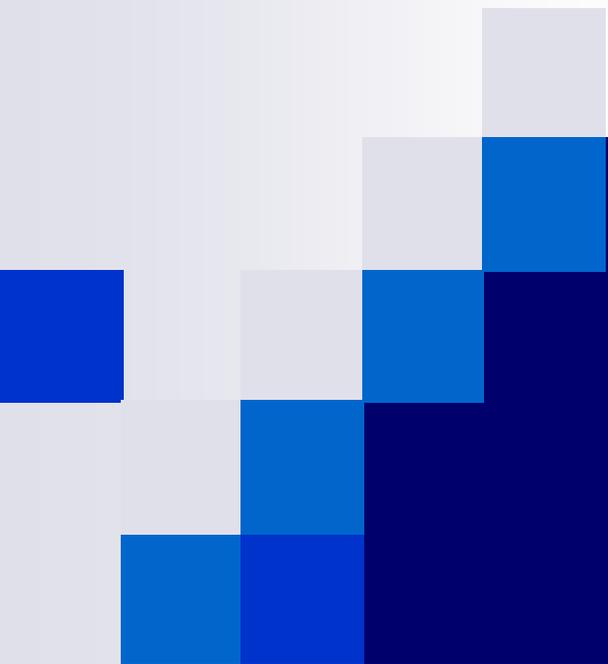
## Pediatric Challenge Measure Example



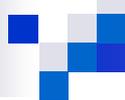
## Adult Challenge Measure Example



- Performance Percentile on Y-axis, and Improvement Percentile on X-axis
- This graph is different from the four quadrant graph



# Benefits & Results



# Benefits of New Incentive Payment Program

- Easily interpretable composite scores, IS and PS, to evaluate the overall performance/improvement for each practice
- Effective visualization tool, “Four Quadrants” to compare practices against all other CMAP practices
- Results are compared to a reference group, not just to PCMH practices
- Focuses on quality measures that are meaningful and have opportunity for improvement
- No longer rewarding underperforming practices

# Practice Results Format



## MY2020 PCMH Performance-Based Payment Calculation Summary & Result for XYZ Medical Group

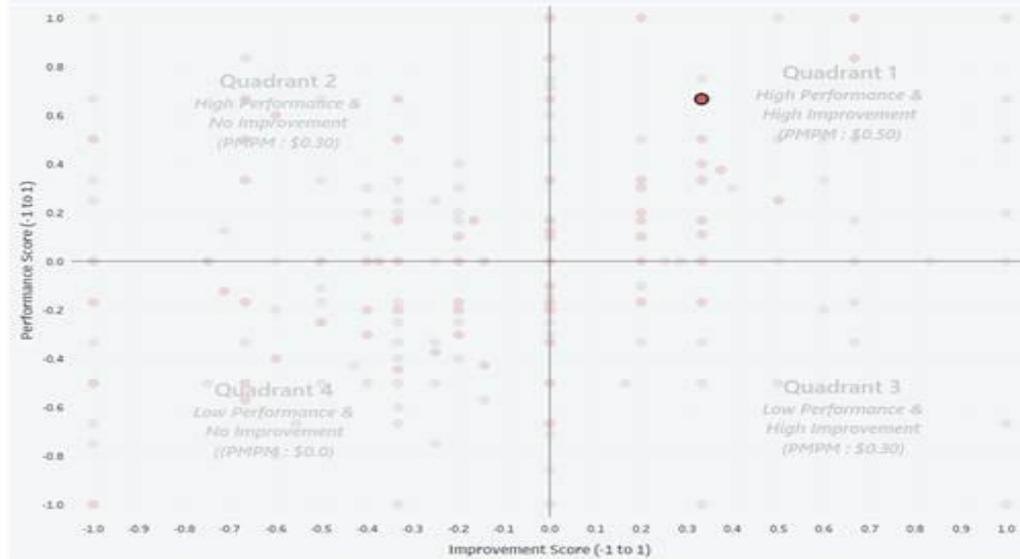
NOTE: Please Use Landscape Print Mode

### SECTION 1: SUMMARY

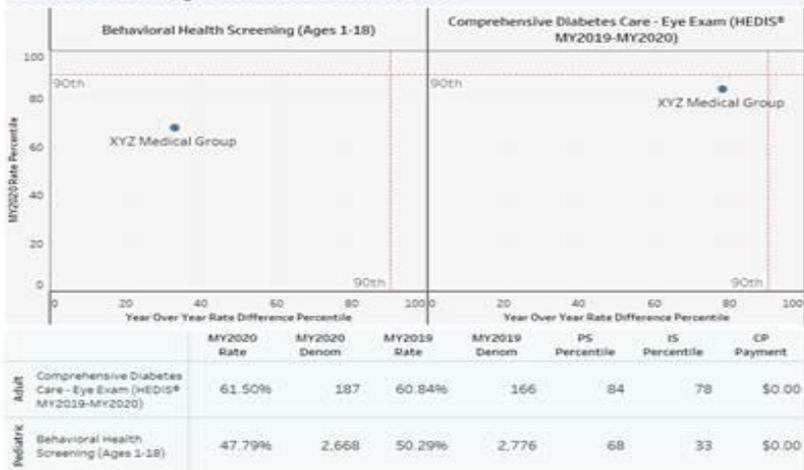
Based on 10 qualified measures out of 10 measures, the Performance Score (PS) of 0.30 and Improvement Score (IS) of 0.20 places your practice in Quadrant 1. XYZ Medical Group meets 0 Challenge Pool measures. This earns XYZ Medical Group a Performance Payment of \$12,468.00.

PMPM Member	2,078
Quadrant	1
Total Payment	\$12,468.00
Payment from Quadrant	\$12,468.00
Payment from Challenge Pool	\$0.00
Performance Score (PS)	0.30
PS Maximum Possible Points	10
Total PS Earned Points	3
Count of Measures with -1 PS Point	0
Count of Measures with 0 PS Point	7
Count of Measures with +1 PS Point	3
Improvement Score (IS)	0.20
IS Maximum Possible Points	10
Total IS Earned Points	2
Count of Measures with -1 IS Point	4
Count of Measures with 0 IS Point	0
Count of Measures with +1 IS Point	6
Count of Challenge Pool (CP) Met Measures	0

### SECTION 2: Quadrant Plot



### SECTION 3: Challenge Pool Measure Results & Plot



### SECTION 4: Individual Measure Results

	MY2020 Rate	MY2020 Denom	MY2019 Rate	MY2019 Denom	PS Percentile	IS Point	IS Percentile	IS Point
Adult Breast Cancer Screening (HEDIS® MY2019-MY2020)	71.52%	151	70.92%	141	79	1	70	1
Adult Chlamydia Screening in Women (HEDIS® MY2019-MY2020)	71.61%	236	65.11%	235	79	1	79	1
Adult Comprehensive Diabetes Care - HbA1c Testing (HEDIS® MY2019-MY2020)	88.24%	187	90.36%	166	75	1	65	-1
Adult Post-Admission Follow-up Within Seven Days of an Inpatient Discharge - PH & BH	48.08%	104	38.05%	113	52	0	76	1
Adult Use of Imaging Studies for Low Back Pain (HEDIS® MY2019-MY2020)	75.51%	49	79.31%	58	36	0	20	-1
Child and Adolescent Well-Care Visits - ages 12-21 (HEDIS® MY2019-MY2020)	69.88%	1,212	74.88%	1,031	48	0	51	-1
Immunizations for Adolescents - HPV (HEDIS® MY2019-MY2020)	33.09%	139	29.80%	151	56	0	62	1
Pediatric Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20)	5.17%	387	11.07%	524	39	0	84	1
Pediatric Behavioral Health Screening (Ages 1-18)	47.79%	2,668	50.29%	2,776	68	0	33	-1
Pediatric Developmental Screening in the First Three Years of Life	78.10%	452	77.65%	452	56	0	55	1

# Practice Results Format Summary

Practice results are provided in a document with four sections:

- Section 1 provides a summary of the performance and improvement scores and points, count of challenge pool measures, and the total payment(s)
- Section 2 is the Scatter Plot of your practice results highlighting the practice's quadrant placement and PMPM amount
- Section 3 provides Challenge Pool Measure results, both numerically and plotted graphically
- Section 4 shows the individual measurement rates, percentiles, and points

# Practice Results Timeline

- Rates for the previous year's measures are released by the National Committee for Quality Assurance (NCQA) in July
- Community Health Network of Connecticut, Inc.<sup>®</sup> (CHNCT) calculates the performance and improvement rates in August
- All practice results are provided to DSS on September 1<sup>st</sup>
- DSS reviews and approves the results
- CHNCT provides the results to the practices via email in November
- Payments are determined by DSS and usually processed in December

# Contact Information & Disclosure

## Performance-Based Payment program:

- Laura Demeyer, PCMH Program Administrator,  
[ldemeyer@chnct.org](mailto:ldemeyer@chnct.org)

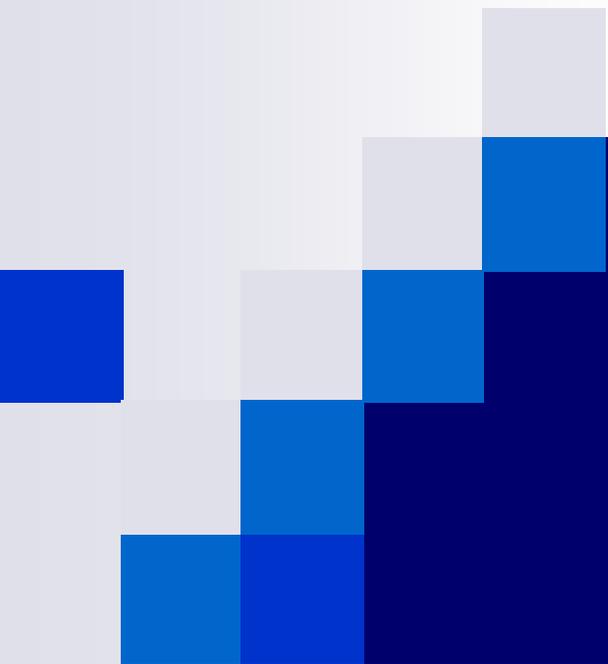
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Code sets are routinely updated. Please reference the current year's manuals when billing for services. Not all codes listed above are reimbursable. For a list of codes reimbursed by DSS, please refer to the Physician Office and Outpatient Services Fee Schedule on the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com).



# Questions/Comments