

PCMH Financial Incentives Summary

The Department of Social Services (DSS) offers financial incentives to community-based primary care practices that qualify for Person-Centered Medical Home (PCMH) status to drive quality improvement efforts at the practice-level. There are two types of financial incentives:

1. Enhanced Reimbursement Rates
2. Per Member Per Month (PMPM) Performance-Based Payments

Enhanced Reimbursement

DSS PCMH providers that have attained National Committee for Quality Assurance (NCQA) PCMH recognition will receive an **enhanced reimbursement rate of 24%*** on primary care services supplemental to the current Medicaid fee schedule, while Glide Path practices will receive an **enhanced reimbursement rate of 14%***. If the practice continues along the Glide Path and achieves recognition as a PCMH, it will qualify for the full PCMH enhanced reimbursement rate. Payments will cease if the practice no longer meets the Department's requirements for continued Glide Path or PCMH participation.

The ***"PCMH Financial Incentives"*** page on our ***"Person-Centered Medical Home"*** website contains more information about attribution, the ***PCMH Codes for Enhanced Reimbursement***, and the ***new Performance-Based Payment*** program.

Performance-Based Payment

The PCMH Performance-Based Payment program consists of two components: a **performance component** and an **improvement component**. Qualified PCMH practices that have been in the program for a full calendar year are eligible for these payments.

** Enhanced reimbursement rates apply to the specific Person-Centered Medical Home (PCMH) primary care codes based on Connecticut Medicaid fee-for-service base rates.*



DSS offers Per Member Per Month (PMPM) performance-based payments on the aggregate performance of PCMH practices. Glide Path practices do not qualify for performance-based payments. These payments are on select adult and pediatric health measures of HUSKY Health members attributed to the practice during the performance period, usually a calendar year.

A practice's attribution for performance-based payments may differ somewhat from the attribution established in the monthly roster due to the exclusion of members dually eligible for Medicare and Medicaid and those with commercial insurance. The ***PMPM Performance-Based Payments*** document includes detailed information about the methodology for calculating the performance-based payments.

It is important that you maintain your provider roster by adding and removing practitioners in a timely manner using the ***PCMH and Glide Path Change Request*** form on our website, as this is crucial when attributing members to your practice. An incorrect provider roster will affect your enhanced reimbursement rates and performance-based payments.

To help you track the members attributed to your practice, you have access to a monthly Patient Panel report. The report includes a list of your attributed members and the names of their primary care practitioners. This report is one of many provider portal reports available to help you with the management of HUSKY Health members attributed to your practice. The tools that can help you improve your performance-based payments.

You can find all portal reports and an explanation of the attribution process on the HUSKY Health secure provider portal. Primary care practices must sign up for secure portal access to view these reports. [Visit our website](#) to set up your provider portal account and request report access.