



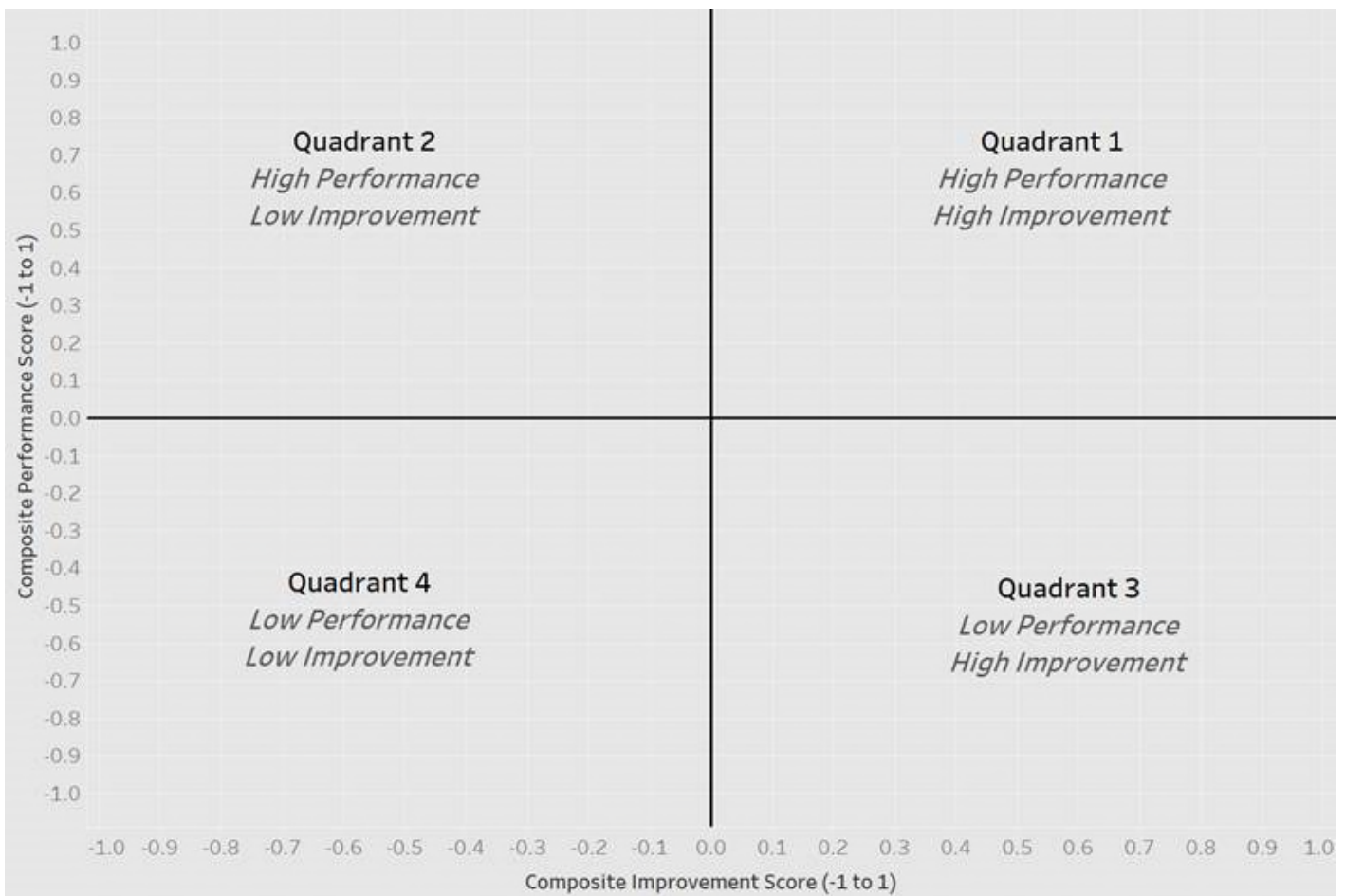
## PCMH Performance Payment Program – Methodology

As a benefit of your participation as a Person-Centered Medical Home (PCMH), your practice is eligible for participation in the annual **PCMH Performance-Based Payment Program**. There are two components of this program used to determine your payment amount. The first is based on your practice's performance compared to Connecticut Medical Assistance Program (CMAP) primary care practices. The second is based on improvement compared to your practice's previous year results. The methodology for determining the level of performance or improvement changed in 2021. The new methodology provides a better representation of practices that are showing high levels of performance and/or improvement on health measures, and does not reward practices with low levels of performance and/or showing no improvement. The minimum denominator to qualify for a measure has been reduced from 30 to 10, allowing greater opportunity for smaller practices to qualify for the selected measures. Practices with high levels of improvement or performance may potentially receive higher incentives.

The Department of Social Services (DSS) and Community Health Network of Connecticut, Inc.<sup>®</sup> (CHNCT) recommend that practices focus at least some of their quality interventions on these measures. The 2022 combined Performance & Improvement payments use measurement year MY 2021 and MY 2020 rates. Results are scheduled to be sent to practices in the fourth quarter of 2022.

### Methodology

The calculation lends itself to a graphical representation of performance using a performance component and an improvement component. The performance component compares measure results against all other qualified CMAP practices and places those results into percentiles. The percentiles of each measure are converted into points and calculated into the composite score. The improvement component is also calculated into the composite score and is based on the earned points for a practice's improvement for each measure compared to the practice's rates from the previous year. As a result, each qualified practice will receive both the performance and improvement composite scores that range from -1 to 1. Those with the higher overall performance or high improvement receive higher scores (close to 1). Low performers and practices with no improvement receive lower scores (close to -1). The scored practices are plotted on a four-quadrant graph with performance on the Y-axis and improvement on the X-axis, as shown below:



Each quadrant will be assigned a “per member per month” (PMPM) dollar amount. Practices will receive the incentive based upon the PMPM amount determined for each quadrant by DSS. Therefore, practices in quadrant 1 will receive the highest PMPM amount, while practices in quadrant 4 will not receive a PMPM incentive. Total member months is determined from the continuously enrolled, attributed members for each practice as of January 1<sup>st</sup> following the measurement year. Each member equals 12 member months. Members with Medicare or a commercial payer as their primary carrier are excluded. The measure list has been reduced and focuses on those with high clinical value.

**Pediatric Measures**

- Asthma Emergency Room (Ages 2-20)
- Behavioral Health Screening (Ages 1-18)
- Child and Adolescent Well-Care Visits (Ages 12-21) (WCV)\*
- Developmental Screening in the First Three Years of Life
- Immunizations for Adolescents (IMA)\* - HPV

### Adult Measures

- Breast Cancer Screening (BCS) \*
- Chlamydia Screening in Women (CHL)\*
- Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing (CDC)\*
- Post-Admission Follow-Up Within Seven Days of an Inpatient Discharge
- Use of Imaging Studies for Low Back Pain (LBP)\*

### Challenge Pool Measures

An additional incentive payment is based on two specific measures. It is available to practices with the highest percentile or greatest improvement (greater or equal to 90<sup>th</sup> percentile). The challenge pool measures are:

- Pediatric - Behavioral Health Screening (Ages 1-18)
- Adult - Comprehensive Diabetes Care - Eye Exam (CDC)\*

If you have any questions regarding the PCMH Performance-Based Payment Program, please contact your Community Practice Transformation Specialist or the PCMH Program Administrator at 203.626.7142 or [pcmhapplication@chnct.org](mailto:pcmhapplication@chnct.org).

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