



PCMH Performance-Based Payment Program

Qualifying practices can earn performance-based payments for their participation in the HUSKY Health Person-Centered Medical Home (PCMH) program based on results of select PCMH health measures. There are two components to the Performance-Based Payment program: the performance payment and the improvement payment.

PCMH practices that receive National Committee for Quality Assurance (NCQA) PCMH recognition status and provide services for a full calendar year may qualify to receive a retrospective lump sum Per Member Per Month (PMPM) payment. Payment amounts are based on performance results of select PCMH pediatric and adult health measures. PCMH health measures are reviewed and updated periodically. As a result, health measures may be retired, and new measures may be added. To see a current list of these measures, view the [PCMH Health Measures](#) document on the “*Person-Centered Medical Home*” section of our website.

Performance Payment

PMPM performance-based payments are calculated by measuring your practice’s actual performance against other PCMH practices. Payment is awarded for the annualized number of continuously attributed members, excluding members dually eligible for Medicare and Medicaid and those with other commercial insurance. A practice’s attribution for performance-based payments may differ somewhat from the attribution established in the monthly roster.

Each health measure has a set of specifications that comprise, but are not limited to, meeting certain criteria for the numerator and denominator. The methodology for calculating the performance payment results include a raw score (or measure result) for each health measure. The raw score is calculated by determining the number of attributed members that meet the conditions for the numerator and the denominator. Raw scores are not calculated for measures with a denominator of less than 30. Practices must have at least one health measure result to qualify for performance payments.

The raw score is converted to a percentile relative to the other PCMH practices’ scores. The “Mean Performance Percentile” is calculated by totaling the percentiles of each qualifying measure and dividing by the total number of qualifying measures. The performance payment is awarded for the annualized number of continuously attributed members for practices determined by the level of mean performance percentile depicted in Table A below.

TABLE A – PERFORMANCE PAYMENT

Mean Performance Percentile	Level of Incentive Payment	PMPM Amount
<25th percentile	No Payment	\$0
25th – 50th percentile	25% of possible payment	\$0.15
51st – 75th percentile	50% of possible payment	\$0.30
76th – 90th percentile	75% of possible payment	\$0.45
91st – 100th percentile	100% of possible payment	\$0.60



Improvement Payment

PCMH practices that receive NCQA PCMH recognition status and provide services for the full current and previous calendar year may qualify to receive an additional retrospective lump sum PMPM payment based on their improved performance results of PCMH pediatric and adult health measures.

To determine the improvement payment, the raw scores for each measure with a valid result are totaled for the current and previous measurement year. If the total raw score for the current measurement year is more than the total raw score for the previous measurement year, then the percentage of improvement is calculated.

Performance improvement payment is awarded for the annualized number of continuously attributed members for practices determined by the level of improvement percentage depicted in Table B below.

TABLE B – IMPROVEMENT PAYMENT

Improvement Percentage	Level of Improvement Payment	PMPM Amount
1 – 10%	25% of possible payment	\$0.17
>10 – 25%	50% of possible payment	\$0.34
>25 – 35%	75% of possible payment	\$0.51
>35% or more	100% of possible payment	\$0.68

Each qualifying practice will receive a notification letter in the fourth quarter of the payment year, detailing annual performance results for services provided in the previous year. Practices will have 15 days after the date of the notification letter to submit a written request with supporting documentation to DSS should a practice question their performance results. DSS will complete all reviews within 15 days after receipt. Once all reviews are completed, the performance pool allocation will be finalized. Final payment will be issued during the fourth quarter of the year by way of a remittance advice to all practices.

ATTENTION

- The current program explained above will be effective for the 2020 payments based on the practice’s performance during calendar year 2019.
- New methodology for the PCMH Performance-Based Payment program will change with payments in 2021 based on the practice’s performance during calendar year 2020.
- For more information on the changes and the new methodology, review the [PCMH Performance-Based Payment Program Changes in 2020 document](#).