



PCMH Performance-Based Payment Program

Qualifying practices can earn performance-based payments for their participation in the Department of Social Services (DSS) Person-Centered Medical Home (PCMH) program using results from the PCMH Quality Measures. There are two components to the Performance-Based payment program: the Incentive Payment and the Improvement Payment.

PCMH practices with National Committee for Quality Assurance (NCQA) Level 2 or 3 recognition, who have PCMH status and provide services for a full calendar year may qualify to receive a retrospective lump sum per member per month (PMPM) payment based on their performance results of PCMH pediatric and adult health quality measures.

The PCMH quality measures are reviewed and updated periodically. As a result, quality measures may be retired and new measures may be added.

[Click here](#) to view a list of the PCMH Quality Measures

Each quality measure has a set of specifications that comprise but is not limited to meeting certain criteria for the numerator and denominator. The methodology for calculating the Performance-Based Payment Program results includes a raw score or measure result for each quality measure which 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 quality health measure result in addition to the PCMH CAHPS Survey measure to qualify for performance payments.

Performance Incentive Payment

For the Incentive Payment, the raw score is converted to a percentile relative to the other PCMH practice 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 incentive 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 – INCENTIVE 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



Performance Improvement Payment

PCMH practices with NCQA Level 2 or 3 recognition, who have PCMH status and provide services for the full current and previous calendar years may qualify to receive an additional retrospective lump sum PMPM payment based on their improved performance results of PCMH pediatric and adult health quality measures.

For the Improvement Payment, the raw scores for each measure with a valid result are totaled for the current measurement year and the 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%	100% of possible payment	\$0.68

For each qualifying practice, a notification letter is sent detailing annual performance results during the quarter ending June 30th for services provided in the previous year. Practices 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 then be issued by way of a remittance advice to all practices.