



## 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 from PCMH Health Quality Measures. There are two components to the Performance-Based Payment program: the Incentive Payment and the Improvement Payment.

PCMH practices that have received 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 based on their performance results of PCMH pediatric and adult health quality measures.

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

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

Each health 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 health quality measure. This 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 quality measure result 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**

<b>Mean Performance Percentile</b>	<b>Level of Incentive Payment</b>	<b>PMPM Amount</b>
<25th percentile	No Payment	\$0 / \$0
25th – 50th percentile	25% of possible payment	\$0.15 / \$0.24
51st – 75th percentile	50% of possible payment	\$0.30 / \$0.49
76th – 90th percentile	75% of possible payment	\$0.45 / \$0.73
91st – 100th percentile	100% of possible payment	\$0.60 / \$0.97



### **Performance Improvement Payment**

PCMH practices that have received NCQA PCMH recognition 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 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**

<b>Improvement Percentage</b>	<b>Level of Improvement Payment</b>	<b>PMPM Amount</b>
1 – 10%	25% of possible payment	\$0.17 / \$0.20
>10 – 25%	50% of possible payment	\$0.34 / \$0.41
>25 – 35%	75% of possible payment	\$0.51 / \$0.61
>35% or more	100% of possible payment	\$0.68 / \$0.81

For each qualifying practice, a notification letter is sent 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 then be issued by way of a remittance advice to all practices.