

PARTICIPATION OF NON-DSS PCMH PRIMARY CARE PRACTICES IN MQISSP ADVANCED NETWORKS

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This paper summarizes the working assumptions related to participation of non-Department of Social Services' (DSS) Person-Centered Medical Home (PCMH) primary care practices in the Medicaid Quality Improvement and Shared Savings Program (MQISSP).

The working assumptions are:

1. Only DSS PCMH-attributed members will be assigned to an Advanced Network, and only these members' data will be included in the Advanced Network's shared savings calculation.
2. All primary care practices that are affiliated with an Advanced Network must become recognized as a DSS PCMH within 18 months from the start of the first MQISSP performance year.
3. Non-DSS PCMH primary care practices cannot receive a portion of the shared savings achieved by the Advanced Network until the practice becomes a recognized DSS PCMH.
4. If an Advanced Network's primary care practices are not all PCMH-recognized within 18 months, DSS will work with the Advanced Network to develop a corrective action plan with the non-compliant practice(s). The corrective action plan will establish timeframes for the practice(s) to address gaps in order to become a DSS PCMH. DSS will monitor compliance with the corrective action plan until DSS PCMH status has been reached.