

# Care Management PCMH Committee

Person-Centered Medical Home  
May 11, 2016



# PCMH Program Status Update

**\*106 PCMH Program Participants**  
376 Sites  
1,382 Providers

**70 PCMH  
Approved  
Practices**

Recognized at  
NCQA Level 2 or  
Level 3

**24 Glide Path  
Practices**

Working towards  
NCQA recognition

**1 Glide Path  
Renewal  
Practice**

Working towards  
NCQA renewal  
recognition

**15 PCMH  
Accredited  
Practices**

Includes FQHCs

**Please Note: 3 Practices have sites in both PCMH & Glide Path Programs**  
**1 Practice has sites in both Glide Path & Glide Path Renewal Programs**

# PCMH Program Status Update

## 70 PCMH Approved Practices

69 last reported – April 13, 2016

1 New Practice

## 234 PCMH Approved Sites

233 last reported

1 new site

## 860 PCMH Approved Providers

856 last reported

10 added

6 termed

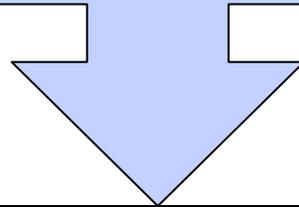
# PCMH Program Status Update

## 24 Glide Path Practices

22 last reported – April 13, 2016

2 New Glide Path Practices

## 1 Glide Path Renewal Practice



### 33 Glide Path Sites

31 last reported  
2 added

### 98 Glide Path Providers

95 last reported  
4 added  
1 termed

### 1 Glide Path Renewal Practice

5 Sites  
44 Providers  
No change

# PCMH Program Status Update

## 15 PCMH Accredited Practices

15 last report – April 13, 2016  
No change

## 104 PCMH Accredited Sites

104 last reported  
No change

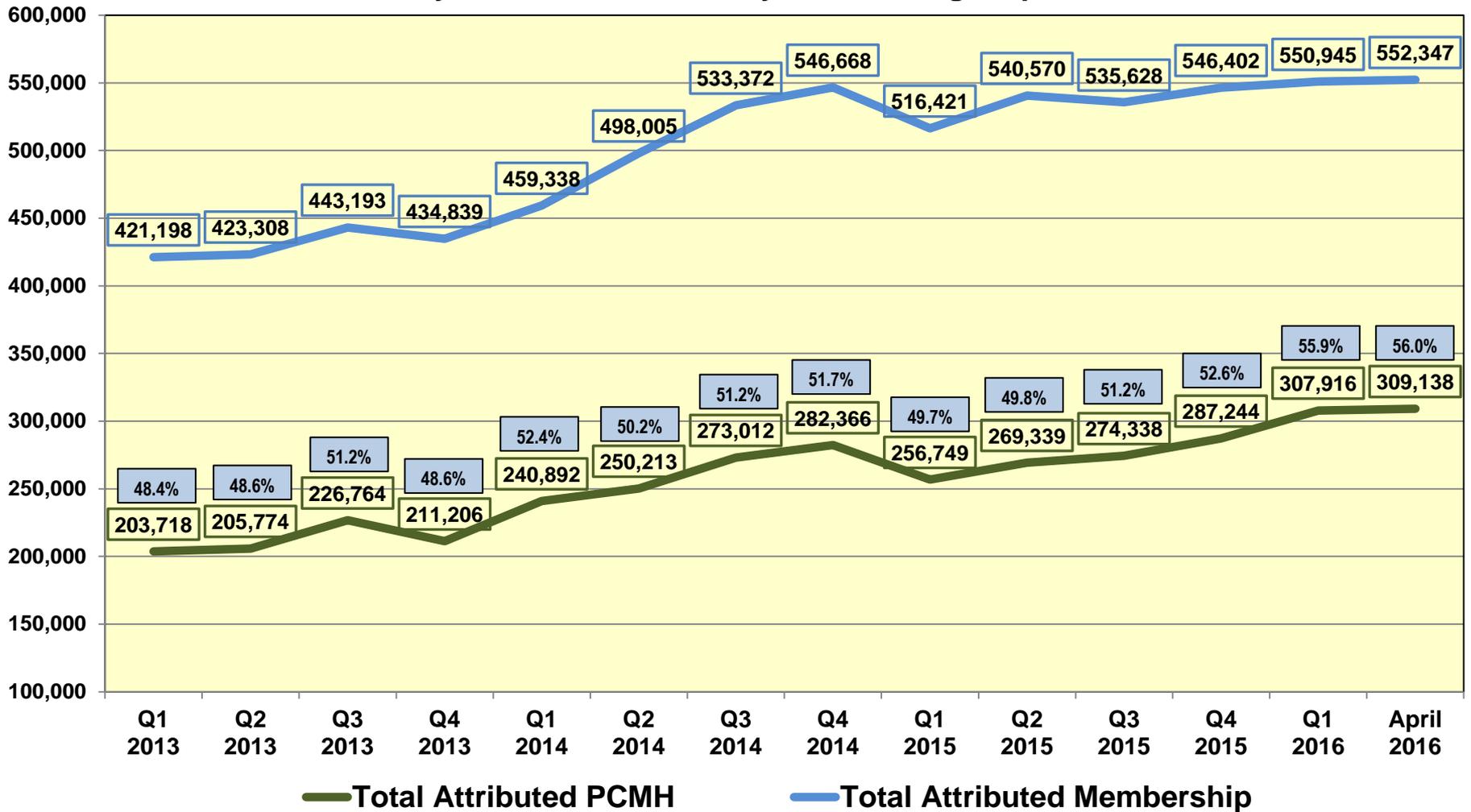
## 380 PCMH Accredited Providers

376 last reported  
6 added  
2 termed

Federally Qualified Health Centers (FQHCs) are PCMH program participants if they are pursuing and/or obtained the Joint Commission Ambulatory Care accreditation with or without the Primary Care Medical Home certification as well as NCQA recognition at Levels 1, 2, or 3.

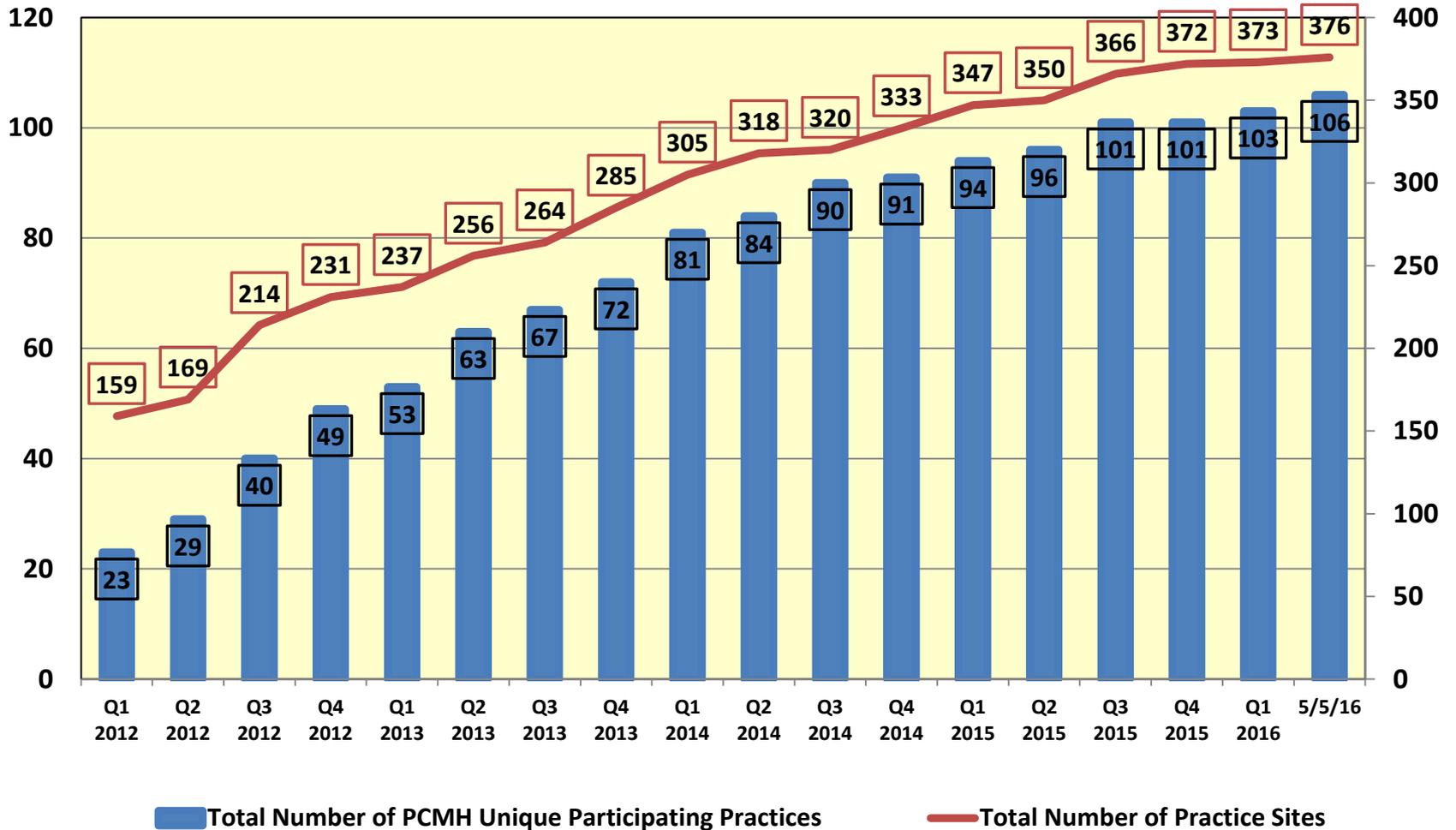
# PCMH Program Status Update

Total PCMH Attributed Members vs Overall Total Attributed Members  
By Quarter from January/2013 through April/2016

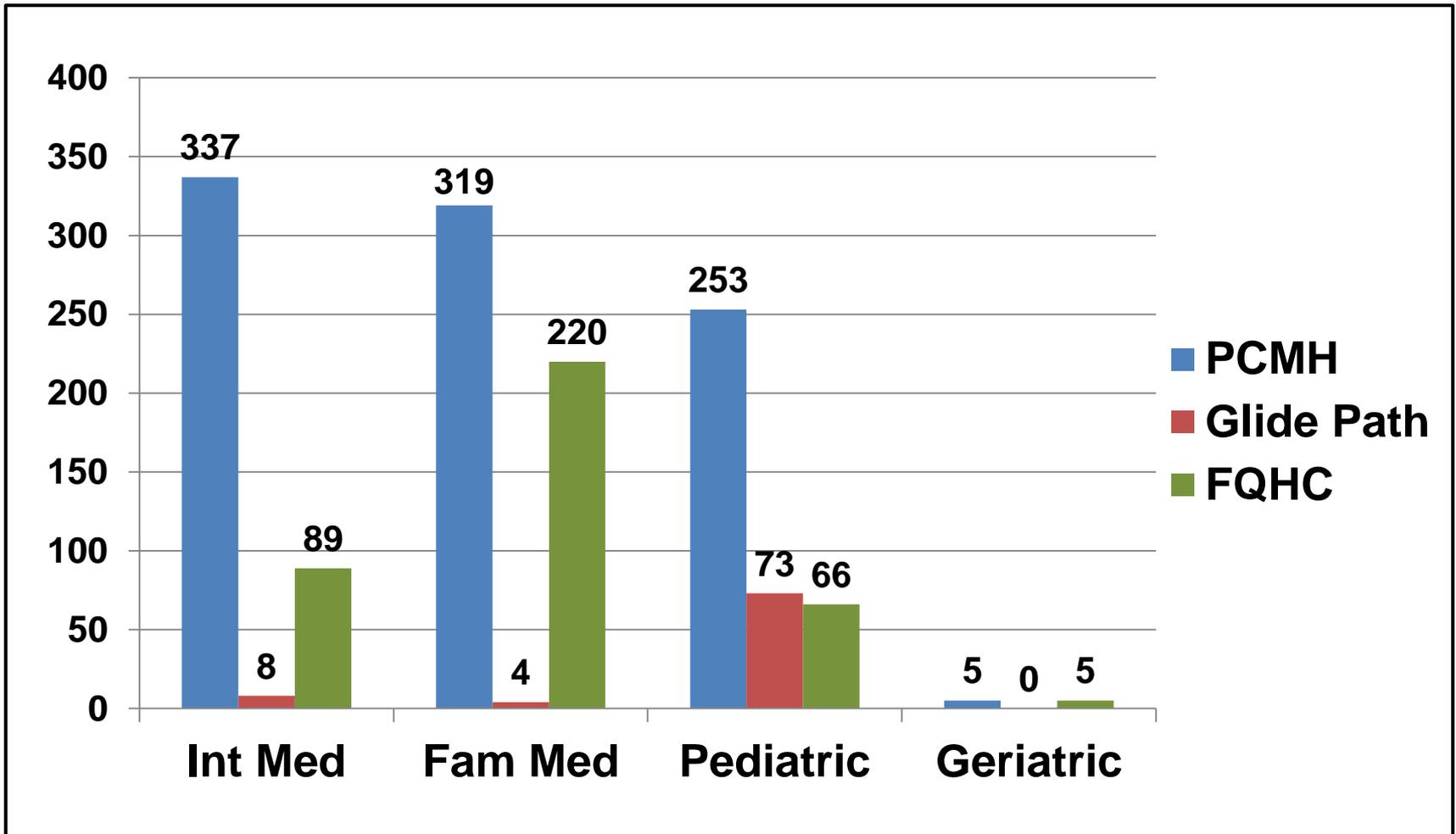


# PCMH Program Status Update

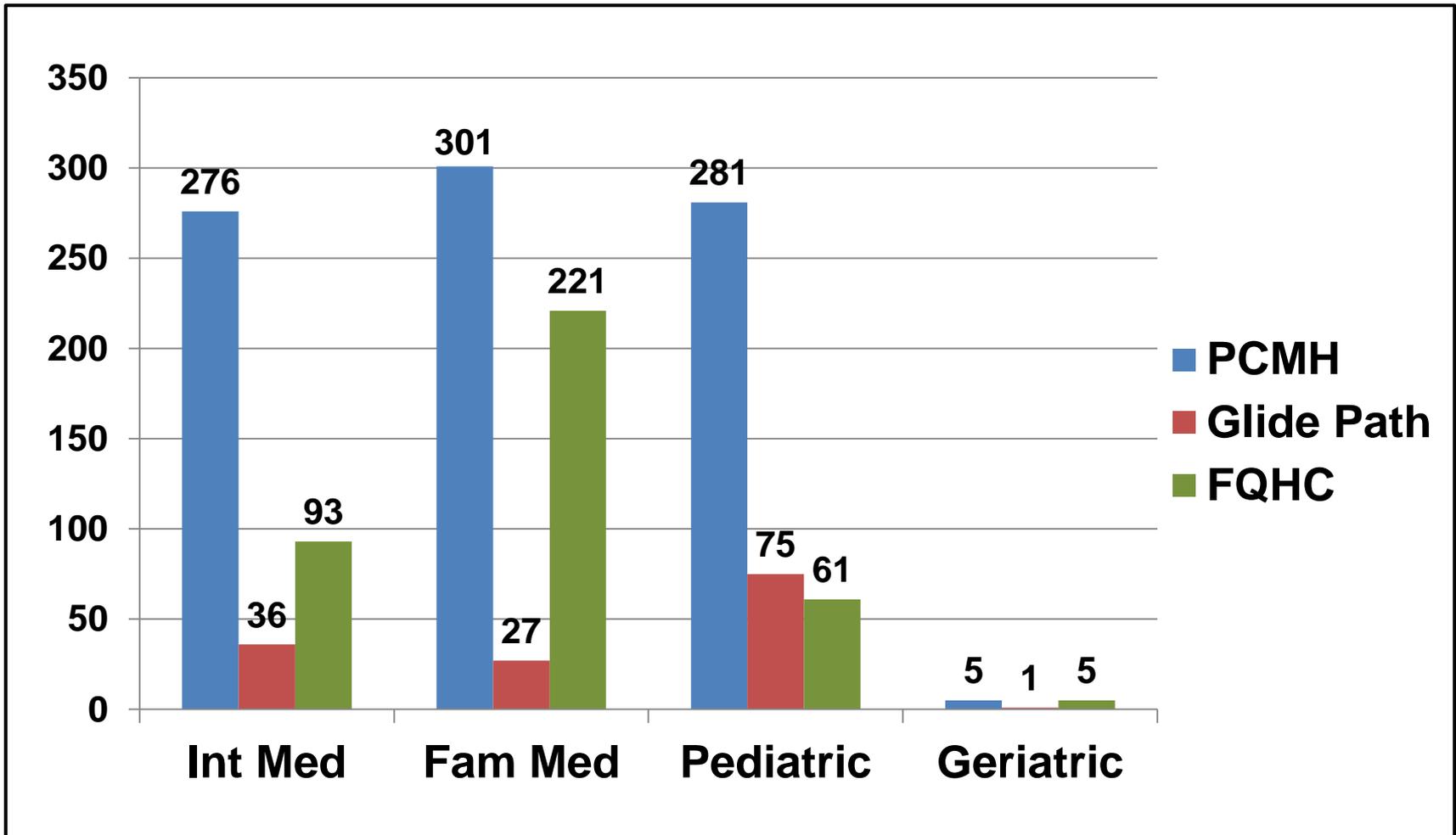
PCMH Participating Practices & Sites Growth by Quarter  
January 1, 2012 Through May 5, 2016



# Provider Specialty by PCMH Program As of 7/2/2015



# Provider Specialty by PCMH Program As of 5/5/2016



# PCMH Program Pediatric & Family Practices Since 7/2/2015

Practice Type & Practice Name	Number of Sites	Number of Providers	Date Entered PCMH Program
<b><i>Family Practices:</i></b>			
ConnCare	2	6	7/28/2015
Day Kimball Medical Group, Inc.	1	2	11/30/2015
Eastern Connecticut Physician Associates, LLC	1	1	3/24/2016
Family Medical Center, LLC	1	2	7/22/2015
Hervey A. Weitzman, MD	1	1	3/16/2016
Saint Francis Medical Group Family Medicine	1	2	9/1/2015
St Vincent's MultiSpeciality Group, Inc.	1 of 3 Sites	2	9/23/2015
<b><i>Family &amp; Internal Medicine Practices:</i></b>			
Stamford Health Medical Group, Inc.	2 of 4 Sites	7	9/23/2015
<b><i>Family &amp; Pediatric Practices:</i></b>			
NorthEast Medical Group 3 of 19 Sites (1 Pediatric & 2 Family Medicine)	3 of 19 Sites	7	7/30/2015 & 11/17/2015
<b><i>Pediatric Practices:</i></b>			
Complete Pediatrics, PC	1	3	4/21/2016
East Lyme Pediatric Clinic	1	3	11/16/2015
Pediatric Health Associates, PC	1	1	7/23/2015
Personal Care Pediatrics, LLC	1	2	7/7/2015
Summer Pediatrics	1	2	10/28/2015
The Pediatric Center	1	9	8/24/2015
Torrington-Winsted Pediatrics	1	1	12/7/2015
Western CT Medical Group - Southbury Pediatrics	1	3	4/29/2016
<b>Total Number of Practices = 17</b>	<b>Sites = 21</b>	<b>Providers = 54</b>	

# PCMH Program Recruitment Update

- Recruitment 2016 Summary
  - Contacted since 1/1/2012 = 334 practices
  - Newly enrolled since 1/1/2016 = 7 practices
  - Currently enrolled = 106 practices
  - 6 additional “Hot” recruitment opportunities for CY 2016 – practices that are expected to submit an application in 2016
    - 4 community based practices
    - 2 FQHCs (Wheeler Clinic and Family Centers, Inc.)



# **Featured Presentation**

## **Person-Centered Medical Home Performance Based Payments**

**Service Years:**

**2012, 2013 & 2014**

**Results and Payment Summary**

# PCMH Performance Based Payments

## Performance Incentive Payment

- PCMH Practices with NCQA Level 2 or 3, which provide services in one full calendar year receive a retrospective lump sum per member per month (PMPM) payment based on their performance results of PCMH Adult and Pediatric Quality measures
- Performance incentive payment for each practice is awarded based on the annualized number of continuously attributed members, determined by the level of the mean performance percentile shown in the table below:

Mean Performance Percentile	Level of Incentive Payment	PMPM Amount (Independent Practice/Hospital Clinic)
< 25 <sup>th</sup> percentile	No Payment	\$0 / \$0
25 <sup>th</sup> -50 <sup>th</sup> percentile	25% of possible payment	\$0.15 / \$0.24
51 <sup>st</sup> -75 <sup>th</sup> percentile	50% of possible payment	\$0.30 / \$0.49
76 <sup>th</sup> -90 <sup>th</sup> percentile	75% of possible payment	\$0.45 / \$0.73
91 <sup>st</sup> -100 <sup>th</sup> percentile	100% of possible payment	\$0.60 / \$0.97

# PCMH Performance Based Payments (cont.)

## Performance Improvement Payment

- PCMH Practices with NCQA Level 2 or 3, which provide services in two full consecutive calendar years receive an additional retrospective lump sum PMPM payment based on their improved performance results of PCMH Adult and Pediatric Quality measures compared with the prior year's results
- Performance improvement payment for each practice is awarded based on the annualized number of continuously attributed members, determined by the level of improvement percentage shown in the table below:

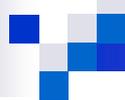
Improvement Percentage	Level of Improvement Payment	PMPM Amount (Independent Practice/Hospital Clinic)
1 – 10%	25% of possible payment	\$0.17 / \$0.20
> 10 – 25%	50% of possible payment	\$0.34 / \$0.41
> 25 – 35%	75% of possible payment	\$0.51 / \$0.61
> 35% or more	100% of possible payment	\$0.68 /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

# Performance Based Payments

## Calculation Methodology and Strategy

- For **Performance Incentive Payment**, each measure's raw score for each practice is converted to a percentile relative (using statistical Z-score) to the other PCMH practice scores
- “Mean Performance Percentile” is calculated for each practice by totaling the percentiles of their qualifying measures and dividing by the total number of qualifying measures
- Level of mean percentile determines the incentive PMPM amount for each practice and payment is awarded based on their annualized continuously enrolled members

*All PCMH Quality Measures (except PCMH CAHPS Survey) are claims based, and each measure receives a raw score rate for each practice*



# Performance Based Payments

## Calculation Methodology and Strategy (cont.)

- For **Performance Improvement Payment**, the raw scores for each measure with a valid result in the current year are totaled and compared to the previous measurement year's scores
- If the total raw score for the current measurement year improved over the prior year, the percentage of improvement is calculated
- The level of improvement percentage determines the improvement PMPM amount for each practice and payment is awarded based on their annualized continuously enrolled members

*All PCMH Quality Measures (except PCMH CAHPS Survey) are claims based, and each measure receives a raw score rate for each practice*

# PCMH Performance Payment Summary

## Practices, Members, & Payments

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
<b>Number of Practices</b>	<b>3</b>	<b>17</b>	<b>29</b>	<b>51</b>
Small Practices = members < 200	1 - Small	5 - Small	7 - Small	15 - Small
Medium Practices = members 201 to 5,000	1 - Medium	11 - Medium	21 - Medium	35 - Medium
Large Practices = 5,001 to 20,000	0 - Large	0 - Large	0 - Large	0 - Large
Extra Large Practices = members > 20,000	1 - Extra Large	1 - Extra Large	1 - Extra Large	1 - Extra Large
<b>Attributed Members</b>	<b>20,555</b>	<b>23,798</b>	<b>54,275</b>	<b>72,917</b>
<b>Performance Incentive Payments</b>	<b>\$71,250</b> (3 Practices)	<b>\$98,755</b> (17 Practices)	<b>\$192,899</b> (29 Practices)	Not Issued Yet*
<b>Performance Improvement Payments</b>	N/A	<b>\$41,551</b> (3 Practices)	<b>\$35,575</b> (10 Practices)	Not Issued Yet*

\*2015 Performance Based Incentive and Improvement Payments are not complete due to a lag in claims processing

# PCMH Performance Payment Practices

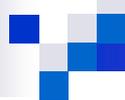
## Quality Measure Results Comparison to 2014 Statewide & National Rate

PCMH <u>Pediatric &amp; Adult</u> Quality Measures	2012	2013	2014	2014 Statewide	2014 Nat'l Medicaid
	Avg. Admin Rate	Avg. Admin Rate	Avg. Admin Rate	Admin (A) / Hybrid (H) Rate	Admin (A) / Hybrid (H) Rate
Well-Child Visits in the first 15 months of life	72%	76%	84%	71.7% (A) 76.1% (H)	58.9% (H)
Well-Child Visits 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> years of life	78%	84%	81%	78.6% (A) 85.0% (H)	71.9% (H)
Adolescent well-care visits (Ages 12-21)	58%	61%	63%	56.6% (A) 66.6% (H)	50.0% (H)
Annual Dental Visit (Ages 2-21)	73%	71%	70%	71.8% (A)	48.7% (A)
Developmental screening in the first three years of life	26%	36%	37%	32.1% (A)	n/a
Use of Appropriate Medications for People with Asthma (Ages 5-64)	81%	86%	85%	86.1% (A)	83.9% (A)
ED Visits per 1000 member months (All Ages) (Lower rate indicates a better result)	68.74	60.44	59.68	72.59 (A)	62.11 (A)
Asthma ED Visits (Ages 0-20) (Lower rate indicates a better result)	20%	8.1%	8.4%	12.2% (A)	n/a
Readmission rate within 30 days after discharge Medical & Behavioral Health (Ages 21-64) (Lower rate indicates a better result)	11%	12%	12%	15.4% (A)	n/a

# PCMH Performance Payment Practices(cont.)

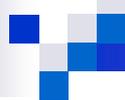
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<b><u>Diabetic LDL-C Screening:</u></b> Adults age 18-75 with a diagnosis of Type I or Type II diabetes who received at least one LDL-C screening during the measurement year	82%	70%	73%	67.49% (A) 69.22% (H)	n/a
<b><u>Diabetic Eye Screening:</u></b> Adults age 18-75 with a diagnosis of Type I or Type II diabetes who received at least one eye screening for diabetic retinal disease in a 2 year period	54%	54.2%	51.5%	50.5% (A) 64.9% (H)	54.3% (H)
<b><u>Cholesterol Management for Patients With Cardiovascular Conditions (CMC) – LDL Screening:</u></b> Adults age 18-75 who were discharged alive for AMI, coronary artery bypass graft, percutaneous coronary interventions or who had ischemic vascular disease diagnosis	85%	69%	72%	68.49% (A)	n/a
<b><u>Post-Admission Follow-up:</u></b> Percentage of adults age 21-75 with inpatient "medicine" or psychiatric admission with a claim for post-admission follow-up within 7 days after discharge	30%	24%	23%	17.1% (A)	n/a
<b><u>Psychiatric Medication Management by PCP:</u></b> Percentage of adults who were given a new psychiatric diagnoses and medication, by a PCP, who received a follow-up visit within 30 days	18%	22%	22%	30.6% (A)	n/a
<b><u>PCMH CAHPS Survey:</u></b> Pediatric and adult overall composite score for PCMH program participants	92%	94%	93%	93.8%	n/a



# PCMH Performance Based Payments Conclusion & Key Points

- The PCMH Performance Payment program incentivizes practices to improve and maintain high quality of care
- PCMH Performance Based Payment participants increased from 3 practices to 51 practices (17 times grown) from first year 2012 to 2015
- Attributed member growth rate increased three-fold for the PCMH Performance Payment program within the past 4 years
- PCMH Performance Payment participants' quality measure results trend shows improvement
- Emergency Department utilization reduction shows a significantly better outcome in PCMH Performance Payment participating practices



# PCMH Performance Based Payments Conclusion & Key Points (cont.)

- All PCMH Performance Payment program participants receive blinded measure results identifying benchmarks and areas in need of improvement among peer practices
- 2015 Quality Measures reflect the removal of retired measures
- 2016 Quality Measures include new measures and a risk score factor
- 2016 implementation of Ambulatory Payment Classification (APC) will align with physician payments
- Based on the trend, it is anticipated that, within the next two years, the PCMH Performance Based Payment program will reach about 100 practices serving more than 100,000 Medicaid members

# QUESTIONS

