

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 53.00: PAYMENT FOR PRIMARY CARE CLINICIAN PLAN SERVICES INCLUDING
PAY FOR PERFORMANCE PROGRAM

Section

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53.01: General Provisions

(1) Scope and Purpose. 114.3 CMR 53.00 governs certain payments to Primary Care Clinicians (PCCs) for Primary Care Clinician (PCC) services provided to MassHealth members as part of MassHealth PCC Plan, including the PCC Plan Pay for Performance Program. 114.3 CMR 53.00 is effective September 1, 2009. The incentive payments described in 114.3 CMR 53.00 are in addition to payments under the Acute Hospital Request for Applications, and Division of Health Care Finance and Policy Regulations at 114.3 CMR 4.00: *Rates for Community Health Centers*; 114.3 CMR 16.00: *Surgery and Anesthesia Services*; 114.3 CMR 17.00: *Medicine*; and 114.3 CMR 18.00: *Radiology*.

(2) Disclaimer of Authorization of Services. 114.3 CMR 53.00 is not authorization for or approval of the procedures for which payments are determined pursuant to 114.3 CMR 53.00. Purchasing agencies and insurers are responsible for the definition, authorization, and approval of care and services extended to publicly-aided individuals.

(3) Administrative Bulletins. The Division may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 53.00.

(4) Authority. 114.3 CMR 53.00 is adopted pursuant to M.G.L. c. 118G.

53.02: General Definitions

Meaning of Terms. Terms used in 114.3 CMR 53.00 shall have the meaning ascribed in 114.3 CMR 53.02.

Clinical Indicators. A set of quality measures selected by the MassHealth agency for performance measurement for use in the PCC Plan Pay for Performance Program.

Division. The Division of Health Care Finance and Policy.

PCC Panel. All MassHealth PCC Plan members enrolled with a particular PCC.

Pay for Performance. A value-based purchasing program implemented by the MassHealth agency to pay providers to perform activities related to improving the quality of care delivered to MassHealth members.

Practice Infrastructure Survey. A survey administered by the MassHealth agency to PCCs to assess practice infrastructure for each Service Location associated with the PCC.

Primary Care Clinician (PCC). Any MassHealth provider that participates as a primary care provider for MassHealth members enrolled in the PCC Plan, as described in MassHealth regulation 130 CMR 450.118.

Publicly-aided Individual. A person whose medical and other services is paid for in whole or in part by the Commonwealth of Massachusetts or any of its departments, agencies, boards, commissions or political subdivisions.

Service Location. The physical site(s) at which the PCC delivers care to PCC Plan-enrolled members.

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53.03: General Payment Provisions

(1) PCC Plan Enhanced Fee. Primary Care Clinicians (PCCs) receive an enhanced rate for certain types of primary and preventive care visits provided to PCC Plan members enrolled with the PCC on the date of service. Ten dollars is added to the rate for the procedure code billed. The MassHealth agency pays PCCs an enhanced fee for delivering primary care services in accordance with the terms of the PCC provider contract.

(2) PCC Plan Pay for Performance (P4P) Incentive Payments. Subject to MassHealth's determination of the availability of funds, PCCs receive incentive payments through the PCC Plan Pay for Performance (P4P) Program as described in MassHealth regulation at 130 CMR 450.118 and as follows:

(a) Practice Infrastructure Survey. The MassHealth agency pays PCCs a \$2,000 Practice Infrastructure incentive payment. The MassHealth agency pays PCCs for each of their Service Locations that returns a completed Practice Infrastructure Survey within the time specified by the MassHealth agency.

Payment Eligibility. To be eligible for a payment for the Practice Infrastructure Survey, a PCC must be enrolled as a MassHealth PCC as of a certain date, the date to be established by MassHealth agency on an annual basis.

(b) Clinical Indicators.

1. Each clinical indicator is calculated to produce aggregate numbers that will be used to establish baseline information, attainment thresholds and performance benchmarks, relative to the distribution of PCCs. Clinical indicator rates are calculated by dividing the numerator by the denominator for each measure to obtain a percentage. A measure's denominator is the number of members in a PCC's panel who are eligible for the clinical measure and the numerator is the subset of the denominator who meets the measure's specific clinical criteria.

2. Payment Eligibility. To be eligible for payment for a Clinical Indicator a PCC must:

- a. be enrolled as a MassHealth PCC as of a certain date, the date to be established by MassHealth agency on an annual basis; and
- b. have a minimum number (minimum to be established by the MassHealth agency) of enrolled PCC Panel members who must meet specific Clinical Indicator criteria during the date range for which performance is being measured.

3. Performance Score. For each Clinical Indicator for which the PCC is eligible per 114.3 CMR 53.03 (2)(b)2., PCCs will earn points for either achieving a benchmark or for improving their performance over their previous year's performance. Points will be awarded to a PCC for each indicator, according to the methodologies noted in 114.3 CMR 53.03(2)(b)3.a. through e.:

a. Attainment Points. PCCs may earn points based on where the PCC's performance falls, relative to the attainment threshold and to the benchmark set for each Clinical Indicator. The attainment threshold is set at the median of all PCCs' performance rates. The benchmark is set at the 75th percentile of all PCC's performance rates. PCCs will receive attainment points between the range of zero and ten for each Clinical Indicator, as noted below:

- i. If a PCC's performance rate is below the attainment threshold, it will receive zero attainment points.
- ii. If a PCC's performance rate is greater than or equal to the benchmark it will receive ten attainment points.

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iii. If a PCC's performance rate is below the benchmark, but at or above the attainment threshold, the PCC will receive anywhere from one to ten attainment points, as calculated using the following formula:

PCC's Attainment Points =

$$\left(\frac{(\text{PCC's Performance Rate}) - (\text{Attainment Threshold})}{(\text{Benchmark Rate}) - (\text{Attainment Threshold})} \times 9 \right) + 1$$

b. Improvement Points. PCCs may earn improvement points if the PCC has demonstrated improvement from their previous year's performance rate. The PCC's improvement points will be calculated based on the following formula:

PCC's Improvement Points =

$$\left(\frac{(\text{PCC's Performance Rate}) - (\text{PCC's Previous Year Performance Rate})}{(\text{Benchmark Rate}) - (\text{PCC's Previous Year Performance Rate})} \right) \times 10$$

c. PCC Awarded Points. For each Clinical Indicator, the awarded points is the higher of the attainment or improvement points earned by the PCC. In no event will the number of points awarded exceed ten for each Clinical Indicator. Each Clinical Indicator's awarded points are then summed across all the indicators a PCC is eligible for to determine the total awarded points for a PCC.

$$\text{PCC Awarded Points} = (\text{Points Awarded Indicator 1}) + (\text{Points Awarded Indicator 2}) + \dots + (\text{Points Awarded Indicator N})$$

d. PCC Potential Points. The total potential points for a PCC is determined by multiplying the number of Clinical Indicators the PCC is eligible for (*see* 114.3 CMR 53.03(2)(b)2.) by the maximum number of points per Clinical Indicator (ten).

$$\text{Potential Points} = (\text{Number of Clinical Indicators for which a PCC is Eligible}) \times 10$$

e. PCC Performance Score. The PCC's performance score reflects a percentage between 0% to 100%. The PCC awarded points is divided by the PCC potential points to obtain the PCC performance score based on the following formula:

$$\text{PCC Performance Score} = (\text{PCC Awarded Points}) / (\text{PCC Potential Points})$$

4. Per Member Payment Amount. The per member payment amount is determined as follows:

a. The aggregate dollar figure for Practice Infrastructure incentive payments made under 114.3 CMR 53.03(2)(a) is subtracted from the total dollar amount MassHealth determines annually is available for the P4P program, to determine the aggregate dollar figure available for Clinical Indicator incentive payments.

b. The per member payment amount is determined by dividing the aggregate dollar figure for Clinical Indicator incentive payments by the statewide adjusted members calculated as described below.

$$\text{Per Member Payment Amount} = \frac{\text{Aggregate Dollar Amount for Clinical Indicators}}{\text{Statewide Adjusted Members}}$$

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i. Statewide Adjusted Members. The statewide adjusted members figure is calculated by summing over all PCCs, each PCC's adjusted members number.

Statewide Adjusted Members = (PCC 1 Adjusted Members) + (PCC 2 Adjusted Members) +
(PCC N Adjusted Members)

ii. PCC Adjusted Members. Each PCC's Panel Size is multiplied by the PCC's Performance Score to derive the "adjusted members" figure.

PCC Adjusted Members = (PCC Panel Size) x (PCC Performance Score)

iii. PCC Panel Size. The PCC Panel Size is determined as the number of MassHealth members enrolled with the PCC as of the last day of the measurement period.

5. PCC Total Clinical Indicator Payment Amount. A PCC's Clinical Indicator incentive payment is calculated as the product of:

- a. the PCC's Performance Score calculated as per 114 CMR 53.03(2)(b)3.;
- b. the number of PCC Panel members as of the end of the measurement period; and
- c. the per member amount that is calculated as per 114 CMR 53.03(2)(b)4.

PCC Total Clinical Indicator Payment Amount = (PCC Performance Score) x (PCC Panel Size) x
(Per Member Payment Amount)

53.04: Severability of the Provisions of 114.3 CMR 53.00

The provisions of 114.3 CMR 53.00 are severable, and if any provision of 114.3 CMR 53.00 or application of such provision to any community service agency or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 53.00 or application of such provisions to community service agencies or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 53.00: M.G.L. c. 118G.