

## Primary Care Provider Incentive Payment (PCPIP) Overview

The Primary Care Provider Incentive Payment (PCPIP) pays additional compensation to providers who deliver high quality healthcare to their patients and who rank above the 20<sup>th</sup> percentile for certain measures compared to other providers within their specialty.

The PCPIP goals used as ranked measures for children and adults are:

1. Increase Access of MaineCare members to providers - 40% of bi-annual reimbursement
2. Reduce unnecessary/inappropriate ER utilization - 30% of bi-annual reimbursement
3. Increase utilization of preventive/quality services - 30% of bi-annual reimbursement

Incentives are paid to providers who are practicing primary care and whose primary specialty is Family Practice, General Practice, Pediatrics, Obstetrics/Gynecology, or Internal Medicine. PCPIP was developed by the Office of MaineCare Services for Primary Care Providers (PCPs) participating in MaineCare's Primary Care Case Management (PCCM).

## PCPIP MIHMS Algorithm – as of PCPIP 45

Following MIHMS implementation, there have been changes to PCPIP beginning with PCPIP 45:

1. As a result of provider practice changes, fewer practice sites qualified to participate in the PCPIP program. Office-based primary care provider practices that are not an FQHC, RHC or affiliated with a hospital qualify for the PCPIP.
2. Many members were assigned to a rendering provider as their primary care provider (PCP), rather than a practice site (service location). To assign these members to a PCP site (service location), PCPs were attributed to the site where most of their MaineCare services were performed during the reporting period. All the members assigned to those PCPs are then attributed to that site.

### Site Exclusions

A site is excluded from the PCPIP if one of the following is true:

- The site is not an office-based PCP site. FQHC, RHC, IHS and hospital-based sites are excluded.
- The site is not active on the last day of the month preceding the PCPIP run date.
- The site did not have any paid claims in the final quarter of the measurement year with the following MIHMS service location provider types:
  - 01-Group of Providers
  - 02-Advanced Practice Registered Nurse
  - 03-Advanced Practice Registered Nursing Group
  - 51-Physician
  - 54-Physician Group
- There were less than 20 total members assigned to the site. This includes the sum of both adults and child members, if the site is a mixed site.
- The site is also excluded if there is more than one pay-to provider assigned to the site, or if the site has no rendering providers assigned.
- A site may also be excluded if it is determined, for whatever reason, the site should not be included in the PCPIP.

### **Member Exclusions**

Members are excluded from the PCPIP if the member had no PCCM months during the measurement year.

### **Mixed Sites Exclusions**

Some sites have both adult and child members. These sites will receive both an Adult and Child report. However, if the site has less than five members in either, they will NOT receive a report for that group. For instance, if a site has 17 adults and 4 children, that site will receive an Adult report, but not a Child report. Note that the total number of members is greater than 20, so the site is still included in the PCPIP, but since there are less than 5 children, they are not included in the Child report. This only applies to mixed sites.

### **PCCM Months Requirement**

To be included in the Quality Measures ranking, a member must have six or more months of managed care with some PCCM provider during the measurement year. This does not have to be with their assigned PCP. Access and ER Utilization require only one month of managed care.

### **Site Type**

A site is determined to be either an Adult Site, Child Site, or Mixed Site (both adult and child) based on the ages of the members assigned to the site.

- Children are defined as ages 0-20 during the reporting period
- Adults are defined as ages 21+ during the reporting period

### **Payment Calculation**

The total yearly PCPIP distribution (\$2,600,000) is split into two distributions, each totaling \$1,300,000. Sites receive a portion of those dollars based on the sites ranking in three areas: Access, ER Utilization and Quality.

The total distribution is first split into an Adult and a Child pool. This is done by allocating an equal amount for each member, then summing that amount based on the number of adults or children. For instance, if the total distribution is \$100, and there are 6 adults and 4 children, \$60 is allocated for the Adult pool, and \$40 for the Child pool.

Within each of these pools, the dollars are further split between Access, ER Utilization and Quality measures. 40% of the pool goes to Access, 30% to ER Utilization, and 30% to Quality Measures. Continuing with the example above, we would now have:

- |                              |                              |
|------------------------------|------------------------------|
| • Adult Access: \$24         | • Child Access: \$16         |
| • Adult ER Utilization: \$18 | • Child ER Utilization: \$12 |
| • Adult Quality: \$18        | • Child Quality: \$12        |

Within each of these six areas, a site is ranked against all other sites. A site qualifies for a portion of the areas pool if the site scored in the top 80%. The total site payment is the sum of the amounts in each of the six areas.

Payment is sent to a pay-to provider, not a site. Therefore, all amounts for all sites with the same pay-to provider are summed up to the pay-to provider level and a payment file is generated. However, the site receives the site specific report.

Note: PCPIP Overview and Quality Indicators documents can be found online at <http://www.maine.gov/dhhs/oms/provider/pccm.html>.