

Medicaid Pediatric Primary Care Rate Supplement Measure Description

Measure Overview

As part of the Medicaid Pediatric Primary Care Rate Supplement program, payments will be contingent upon providers demonstrating measurable improvement in access to care. Providers will report performance data using the HEDIS "Children and Adolescents' Access to Primary Care Practitioners" measure each month to earn payment. The first month will be paid out on a pay-for-reporting basis.

Performance calculation:

Providers will be asked to use the <u>NCQA HEDIS measure</u>¹ for "Children and Adolescents' Access to Primary Care Practitioners," reporting numerators and denominators for the four age group categories on a year-to-date basis according to the table below. EOHHS will calculate a weighted percentage based on each practice's age distribution. Targets have been calculated to put practices on a trajectory to achieve 70% on this measure by the end of calendar year 2020. The benchmark for each practice will either be the specified year-to-date performance target <u>or</u> a 5% improvement from the preceding month, as shown below.

Reporting schedule and monthly targets:

Reporting Deadline	Reporting Period	Target	Payment Basis
9/8/20	1/1/2020-7/31/2020	NA	Pay for Reporting
10/1/20	1/1/2020-8/31/2020	47% or 5% increase from previous month	Pay for Performance
11/1/20	1/1/2020-9/30/2020	52% or 5% increase from previous month	Pay for Performance
12/1/20	1/1/2020-10/31/2020	58% or 5% increase from previous month	Pay for Performance

¹ Detailed measure specifications can be downloaded here: https://cmit.cms.gov/CMIT_public/ReportMeasure?measureRevisionId=2120



Measure Instructions

The measure is broken into four age groups, and calculated on a year-to-date basis, meaning that we are tracking progress through calendar year 2020, rather than comparing to a prior year. We want to see that practices are on track to see most of their Medicaid patients by the end of the year.

Age Group 1: 12 - 24 months (DOBs will range from 1/1/19-12/31/19)

a. Numerator 1: Enter the number of RI Medicaid covered children aged 12-24 months who have had a PCP visit (inclusive of well-child visits, sick visits, telehealth visits, or any other visit with the PCP) within this calendar year. Reporting period:

Application: 1/1/20-7/31/20 Report 1: 1/1/20-8/31/20 Report 2: 1/1/20-9/30/20 Report 3: 1/1/20-10/31/20

b. Denominator 1: Enter the total number of RI Medicaid covered children who will be aged 12-24 months as of 12/31/20.

Age Group 2: 25 months – 6 years (DOBs will range from 1/1/14-12/31/18)

c. Numerator 2: Enter the number of RI Medicaid covered children aged 25 months to 6 years who have had a PCP visit (inclusive of well-child visits, sick visits, telehealth visits, or any other visit with the PCP) within this calendar year. Reporting period:

Application: 1/1/20-7/31/20 Report 1: 1/1/20-8/31/20 Report 2: 1/1/20-9/30/20 Report 3: 1/1/20-10/31/20

d. Denominator 2: Enter the total number of RI Medicaid covered children who will be aged 12-24 months as of 12/31/20.

Age Group 3: 7 - 11 years (DOBs will range from 1/1/09-12/31/13)

e. Numerator 3: Enter the number of RI Medicaid covered children aged 7 to 11 years who have had a PCP visit (inclusive of well-child visits, sick visits, telehealth visits, or any other visit with the PCP) within the last two years. Reporting period:

Application: 1/1/19-7/31/20 Report 1: 1/1/19-8/31/20 Report 2: 1/1/19-9/30/20 Report 3: 1/1/19-10/31/20

f. Denominator 3: Enter the number of RI Medicaid covered children who will be aged 7 to 11 years as of 12/31/20.



Age Group 4: 12 - 19 years (DOBs will range from 1/1/01-12/31/08)

g. Numerator 3: Enter the number of RI Medicaid covered children aged 12 - 19 years who have had a PCP visit (inclusive of well-child visits, sick visits, telehealth visits, or any other visit with the PCP) within the last two years. Reporting period:

Application: 1/1/19-7/31/20 Report 1: 1/1/19-8/31/20 Report 2: 1/1/19-9/30/20 Report 3: 1/1/19-10/31/20

h. Denominator 3: Enter the number of RI Medicaid covered children who will be aged 12 to 19 years as of 12/31/20.

Composite Rate

EOHHS will calculate a composite rate by taking the ratio of the summed numerators and denominators.

If you suspect that you submitted any data for this measure incorrectly, please reach out to OHHS.PediRelief@ohhs.ri.gov to provide updated data.

Any questions can be directed to <a>OHHS.PediRelief@ohhs.ri.gov.