**PCMH Kids January 2019 Rate Sheet and Incentive Payment**

**Measurement Period and Care Management Payment Rate**. The applicable Measurement Period and Care Management Payment Rates for this Appendix are described in the Measurement Period Table:

**Measurement Period Table:**

|  |  |  |
| --- | --- | --- |
| **Measurement Period** | **Measurement Period** | **Care Management Base Payment Rate**  |
| MP 1 | 1-1-2019 through 12-31-19 | $ 3.50 |
| MP 2  | 1-1-2020 through 12-31-2020 | $ 3.00 |
| MP 3  | 1-1-2021 through 12-31-21 | $ 3.00 |

The Program Provider agrees to fulfill CTC’s Performance Measures and Performance Score requirements, as described online at CTC’s Program care delivery requirements, as described online at www.ctc-ri.org.

Program Provider must achieve the Performance Measures and Performance Scores in order to earn a Performance Incentive Bonus PMPM for each Performance Measure as outlined in the Performance Incentive Table below. HEALTHPLAN will use the Performance Measure results provided by either CTC to determine Program Provider’s Performance Score.

**Performance Payment Incentive Table**

PCMH Kids practices will be eligible for incentive payments based on meeting Performance Standards as defined annually by the Data and Evaluation Committee.

|  |  |  |
| --- | --- | --- |
| **Measurement Period** | **Performance Measure** | **Performance Incentive Bonus PMPM** |
| **MP2** | Reducing ED visits/ meeting quality benchmarks | **$0.50** |
| **MP3** | Reducing ED visits/ meeting quality benchmarks | **$0.50** |