

## **CCN-S Instructions for completing the Provider Incentive Payments Template for Provider Incentives and Enhanced Payments**

The template (Appendix FF) is to be completed if the CCN would like for provider incentive payments and/or payments above the required Medicaid primary care physician (PCP) case management rates to be considered in the evaluation of its response. As such information may be considered proprietary or confidential, submission is voluntary, as all information included in the responses will be considered public. Respondents will not be penalized for failing to complete this section; however, they may earn extra credit if they do so.

Responses to this section will be evaluated based solely on the quantified payment amounts reported herein, based on projected utilization, and within the guidelines of the CCN program. Any health benefits or cost savings associated with any quality or incentive program should not be included in this section and will not be considered in the evaluation of this section; such benefits may be evaluated in §20 of the RFP.

This section of the RFP seeks information on all circumstances where you propose any additional payment mechanism. If you are a selected vendor, your answers to this section will become part of your contract with DHH and DHH will confirm your compliance. The incentives and payments proposed herein may be revised downward during the term of your contract only with the written approval of DHH; as such programs were considered in the evaluation of the response. Increases in payments during the term of the contract may be implemented without such approval.

For such payments to be considered in the evaluation, they must be the minimum payment rates associated with the plan's operating policies and not negotiated rates for a subset of the providers. As an example, if the plan's physician payment policy includes an additional case management payment, then the difference between the minimum Medicaid PCP payment and the additional amount would be the quantifiable variance to be reported in this section; if the Medicaid PCP payment was the base rate and anything above that amount subject to negotiation, then such amounts would not qualify for inclusion herein.

If you propose to contract with any providers using methodologies or rates that differ from the applicable Medicaid requirement, include such arrangements. By provider type, describe the proposed payment methodologies/rates and quantify the projected per member per month benefit as requested in the attached.

The quantified incentives and enhanced payments reported should only represent the value exceeding the minimum Medicaid payment equivalent. If any proposals are not explicitly above the Medicaid minimum, include a detailed calculation documenting how the minimum Medicaid equivalent was considered in the determination of the incentive/enhanced amount. For example, if higher PMPM payments are proposed, the equivalent value of Medicaid PCP case management fee payments based on projected utilization would be removed in the determination of the enhanced value.

Do not include payments for services where Federal or State requirements are currently scheduled to increase payments at a future date. In such circumstances, maintenance of effort will be expected of the CCN.

During the evaluation of the proposals, preferences will be given to plans based upon the cumulative amount of quantified provider benefit associated with the following:

- bonus payments
- pay for performance incentive payments
- other payment arrangements

Payments for case management services may be included if paid to unrelated practitioners, e.g., physicians, clinics, etc. Do not include any primary care case management payment meeting the requirements of Section § 4.2 of the Request for Proposals, e.g., those amounts required to be paid to primary care physicians. Amounts greater than the required PCP amounts, may be included.

For bonus pools or Pay for Performance (P4P) programs, describe the eligible categories of provider, the basis for paying the applicable bonus pools and the proposed terms and conditions in the template. You may attach additional information, as appropriate. If such payments are contingent upon any shared savings calculation, include all assumptions pertaining to how such savings were estimated.

Indicate if any bonus pool is to be held in escrow, and if so who will be the escrow agent.

The attached template and all additional documentation and calculations should be accompanied by a statement from the preparing/consulting actuary certifying the accuracy of the information.