



## State Medicaid or CHIP Improvement Projects, Performance Measures & Incentives Promoting Children’s Preventive Services

### Acronym Key

<b>ACO</b> - Accountable Care Organization	<b>PCMH</b> - Patient Centered Medical Home
<b>ASO</b> - Administrative Services Organization	<b>PCP</b> - Primary Care Provider
<b>CCO</b> - Coordinated Care Organization	<b>PIP</b> - Performance Improvement Project
<b>CHIP</b> - Children’s Health Insurance Program	<b>QIP</b> – Quality Improvement Project
<b>HEDIS</b> - The Healthcare Effectiveness Data and Information Set Measures	<b>RAPID PIP</b> - Rapid Cycle Performance Improvement Project; A Performance Improvement Project on an accelerated timeline
<b>HMO</b> - Health Maintenance Organization	<b>RCCO</b> - Regional Care Collaborative Organization
<b>MCO</b> - Managed Care Organization	<b>SIM</b> - State Innovation Model
<b>P4P</b> - Pay for Performance	
<b>PCCM</b> – Primary Care Case Management	

State	Behavioral Health (Autism, behavioral/ social-emotional, depression, or substance use screening)	Weight (BMI screening)	Lead Screening	Immunizations	Oral Health (PCP dental home referral, caries risk assessment, or fluoride provision)	Well Child/ Adolescent Care
<b>Alabama</b>	MCO Metric (2) <sup>i</sup>	MCO Metric (1) <sup>ii</sup>		MCO Metric (2)	MCO Metric (1)	MCO Metric (2)
<b>Alaska</b> <sup>iii</sup>						
<b>Arizona</b> <sup>*</sup>	MCO Mandated PIP					
<b>Arkansas</b> <sup>*</sup>		SIM PCMH Metric <sup>iv</sup>				SIM PCMH Metric
<b>California</b> <sup>v</sup>	MCO PIP <sup>vi</sup>	MCO PIP <sup>vii</sup>	<sup>viii</sup>		MCO PIP <sup>ix</sup>	MCO PIP
<b>Colorado</b>	MCO PIPs			MCO PIP		MCO PIP
						RCCO and PCMP P4P <sup>x</sup>
<b>Connecticut</b> <sup>xi</sup>	ASO performance bonus		ASO performance bonus	ASO performance bonus	PCMH Incentive Payments <sup>xii</sup>	ASO performance bonus
	PCMH Incentive Payments					PCMH Incentive Payments
	SIM Shared Savings Program Measure				SIM Shared Savings Program Measure	SIM Shared Savings Program Measure
<b>Delaware</b> <sup>*</sup>						Auto-Assign MCO contracts based on performance <sup>xiii</sup>
<b>District of Columbia</b> <sup>xiv</sup>						

State	Behavioral Health (Autism, behavioral/ social-emotional, depression, or substance use screening)	Weight (BMI screening)	Lead Screening	Immunizations	Oral Health (PCP dental home referral, caries risk assessment, or fluoride provision)	Well Child/ Adolescent Care
Florida	MCO Mandated PIPs	MCO PIP	MCO PIP	MCO PIP	MCO PIPs	MCO PIPs
	MCO PIPs					
Georgia	<sup>xv</sup>	MCO Performance Metric	MCO Performance Metric	MCO Performance Metric	MCO PIP <sup>xvi</sup>	MCO Performance Metric
						Quality based Auto-Assignment Algorithm Metric
Hawaii	MCO PIPs	MCO PIPs		Medicaid P4P <sup>xvii</sup>		Medicaid P4P
Idaho		<sup>xviii</sup>				CHIP Quality Measure (reported annually)
Illinois <sup>xix</sup>	MCO Incentive Payment <sup>xx</sup>	<sup>xxi</sup>	PCCM Bonus Payment <sup>xxii</sup>	PCCM Bonus Payment		Mandated MCO PIPs
						Annual Incentive Payment <sup>xxiii</sup>
Indiana	MCO QIP (1)					MCO Performance Incentive Payments (3)
Iowa		MCO PIP	MCO PIP			MCO PIP <sup>xxiv</sup>
						ACO Quality Incentive Measures <sup>xxv</sup>
Kansas				Medicaid P4P Measures <sup>xxvi</sup>	Medicaid P4P Measure <sup>xxvii</sup>	
Kentucky <sup>xxviii</sup>	MCOs – required HEDIS Measure Reporting <sup>xxix</sup>	MCOs – required HEDIS Measure Reporting <sup>xxx</sup>	MCOs – required HEDIS Measure Reporting <sup>xxxi</sup>	MCOs – required HEDIS Measure Reporting <sup>xxxii</sup>	MCOs – required HEDIS Measure Reporting <sup>xxxiii</sup>	MCOs – required HEDIS Measure Reporting <sup>xxxiv</sup>
	MCOs – required State Specific Measure Reporting <sup>xxxv</sup>	MCOs – required State Specific Measure Reporting <sup>xxxvi</sup>			MCOs – required state Specific Measure Reporting <sup>xxxvii</sup>	

State	Behavioral Health (Autism, behavioral/ social-emotional, depression, or substance use screening)	Weight (BMI screening)	Lead Screening	Immunizations	Oral Health (PCP dental home referral, caries risk assessment, or fluoride provision)	Well Child/ Adolescent Care
					MCO PIPs <sup>xxxviii</sup>	
<b>Louisiana*</b>				MCO PIP		
<b>Maine</b>	PCP Incentive Payment <sup>xxxix</sup>		PCP Incentive Payment <sup>xi</sup>		PCP Incentive Payment	PCP Incentive Payment
					P4P Incentive Payment <sup>xii</sup>	P4P Incentive Payment
<b>Maryland</b>			MCO value-based purchasing measure <sup>xlii</sup>	MCO value-based purchasing measures <sup>xliii</sup>		MCO value based purchasing measure & provider incentives <sup>xliv</sup>
						Mandated MCO PIPs <sup>xlv</sup>
<b>Massachusetts <sup>xlvi</sup>, <sup>xlvii</sup></b>	Primary Care Payment Reform- incentive payments (for depression screening) <sup>xlviii</sup>	Primary Care Payment Reform- incentive payments		Primary Care Payment Reform- incentive payments	<sup>xlix</sup>	Primary Care Payment Reform- incentive payments
	Mandated MCO PIP <sup>i</sup>	MCO Quality Improvement Goal <sup>li</sup>				
<b>Michigan</b>		Managed Care Incentive	Managed Care Incentive	Managed Care Incentive		Managed Care Incentive
				MCO PIP		MCO PIPs
<b>Minnesota</b>			MCO Payment Incentive <sup>lii</sup>	MCO PIP <sup>liii</sup>	MCO PIP	MCO PIPs
				MCO Payment Incentive	MCO Payment Incentive	MCO Payment Incentive
<b>Mississippi <sup>liv</sup></b>		MCO PIPs				
<b>Missouri</b>		MCO Provider Incentive Program	Performance Withhold Program <sup>lv</sup>	Mandated MCO PIP <sup>lvi</sup>	Mandated MCO PIP	Performance Withhold program
<b>Montana*</b>						
<b>Nebraska*</b>	MCO PIPs	MCO PIP		MCO PIP		

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Nevada	MCO Performance Improvement Measure	MCO RAPID- PIPs	<sup>lvii</sup>	MCO Performance Improvement Measure		MCO Performance Improvement Measure
	MCO RAPID PIPs – Behavioral Health					
New Hampshire		MCO PIP				MCO PIPs
New Jersey*		MCO PIPs	MCO PIPs		MCO PIPs	MCO PIPs
			Reduction in MCO Capitation Rates if fail to meet performance standards <sup>lviii</sup>			
New Mexico*				MCO PIP	MCO PIP	
New York*		PCMH Payment Incentive <sup>lix</sup>	P4P Metric <sup>lx</sup>	PCMH Payment Incentive		PCMH Payment Incentive
				P4P Metric		P4P Metric
						Auto-assign algorithm for MCO enrollees based on performance <sup>lxi</sup>
North Carolina <sup>lxii</sup>	MCO PIPs					
North Dakota*				MCO PIP	MCO PIP	MCO PIP
Ohio		MCO Metric		MCO Metric	MCO Metric	MCO Incentive Metric
						MCO Auto-assign based on performance
Oklahoma	PCMH Incentive Payment <sup>lxiii</sup>			Incentive Payment <sup>lxiv</sup>	<sup>lxv</sup>	PCP Incentive Payments <sup>lxvi</sup>

State	Behavioral Health (Autism, behavioral/ social-emotional, depression, or substance use screening)	Weight (BMI screening)	Lead Screening	Immunizations	Oral Health (PCP dental home referral, caries risk assessment, or fluoride provision)	Well Child/ Adolescent Care
Oregon	CCO PIP - Depression Screening			CCO Financial Incentive Metric	CCO Financial Incentive Metrics <sup>lxvii</sup>	CCO PIPs CCO Financial Incentive Metric <sup>lxviii</sup>
	COO Financial Incentive Metric – Depression Screening <sup>lxix</sup>			State Performance Measure		State Performance Measures <sup>lxx</sup>
Pennsylvania	Mandated MCO PIPs	Mandated MCO PIPs	CHIP MCO PIP		CHIP Performance Measure	
	CHIP Performance Measure					
Rhode Island		MCO P4P Incentive Payment <sup>lxxi</sup>	P4P Incentive Payment	MCO P4P Incentive Payment		MCO P4P Incentive Payment
South Carolina*						MCO PIP
South Dakota*						
Tennessee	MCO PIPs	MCO PIP P4P Incentive Payment <sup>lxxiii</sup>	P4P Incentive Payment	P4P Incentive Payment	P4P Incentive Payment <sup>lxxii</sup>	P4P Incentive Payment
Texas					<sup>lxxiv</sup>	MCO Financial Incentive/ Disincentive Program based on Performance on Quality Measures <sup>lxxv</sup>
Utah	MCO PIPs			MCO PIP		MCO PIPs
Vermont		Medicaid Shared Savings Performance Reporting Measure		Medicaid Shared Savings Performance Reporting Measure		ACO Bundled Payment ACO P4P <sup>lxxvi</sup>
						Medicaid Shared Savings Program <sup>lxxvii</sup>
Virginia*	Mandated MCO PIPs					Mandated MCO PIPs

State	Behavioral Health (Autism, behavioral/ social-emotional, depression, or substance use screening)	Weight (BMI screening)	Lead Screening	Immunizations	Oral Health (PCP dental home referral, caries risk assessment, or fluoride provision)	Well Child/ Adolescent Care
Washington*	MCO PIPs	MCO PIP				MCO P4P <sup>lxxviii</sup> MCO PIPs
West Virginia*		MCO PIP		MCO PIP		MCO PIP
Wisconsin	MCO PIP <sup>lxxix</sup>			HMO P4P Measure <sup>lxxx</sup> MCO PIPs	HMO PIPs	
Wyoming					MCO PIP	

\* The information NASHP compiled about this state has not yet been confirmed by the state's Medicaid agency.

**Notes on the Sources used:**

- Information on Performance Improvement Projects was taken from The Department of Health and Human Services *2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP* (Specifically the Table located on pages 29-32): <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf>

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<sup>i</sup> RCOs will be financially incentivized to improve health outcomes through a Quality Withhold program. RCOs were initially expected to be implemented in October 1, 2016 but implementation has been postponed due to budget issue, with no start date decided as of August 2016. The number in parentheses is the number of measures per category.

<sup>ii</sup> "Alabama," Bright Futures, 2016, <https://brightfutures.aap.org/states-and-communities/Pages/Alabama.aspx>.

<sup>iii</sup> Alaska has adopted the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care in state regulation, the Alaska Administrative Code. With the passage of SB 74, the AK Health Care Reform Bill, in the 2016 Legislative Session, there will be opportunity to incorporate some of the CMS CHIPRA children's quality measures that AK currently reports to CMS at the state level into some of the proposed alternative payment models outlined in this legislation at the practice/system level.

<sup>iv</sup> Arkansas PCMH 2016 Metrics

<sup>v</sup> Medi-Cal managed care plans use the AAP Bright Futures periodicity schedule. Medi-Cal fee-for-service providers are currently transitioning from Child Health and Disability Prevention Program periodicity schedule to the AAP Bright Futures periodicity schedule.

<sup>vi</sup> Medical Managed Care Quality Strategy Annual Assessment November 2015, California Department of Health Care Services, Revised 02/11/2016, [http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/Studies\\_Quality\\_Strategy/MgdCareQualityStrategy2016.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/MgdCareQualityStrategy2016.pdf)

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- vii 2015 HEDIS® Aggregate Report for Medi-Cal Managed Care, January 2016, California Department of Health Care Services, Revised March 2016, [http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/HEDIS\\_Reports/CA2015\\_HEDIS.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/CA2015_HEDIS.pdf)
- viii CDPH Provider Incentives exist for Lead Screening. The California Department of Public Health (CDPH) is the primary agency for lead screening and treatment for children. The California Department of Health Care Service (DCHS), which administers Medi-Cal, actively works with CDPH to increase awareness and is currently amending the State Plan to increase the quality of care and expand access to services, in accordance with Centers for Disease Control and Prevention recommendations. See CDPH webpage, Childhood Lead Poisoning Prevention Branch, <https://www.cdph.ca.gov/programs/CLPPB/Pages/default.aspx>
- ix “DHCS Dental Transformative Initiative (DTI),” California Department of Health Care Services, 2016, <http://www.dhcs.ca.gov/provgovpart/Pages/DTI.aspx>
- x “ACC Incentive Payments Fact Sheet,” Colorado Department of Health Care Policy and Financing, April, 2, 2015, <https://www.colorado.gov/pacific/sites/default/files/KPI%20Incentive%20Fact%20Sheet.pdf>
- xi Connecticut’s Unique ASO Arrangement - In contrast to most other Medicaid programs, Connecticut Medicaid is not using any managed care arrangements and is structured as a managed, fee-for-service program. The Department of Social Services contracts with ASOs to administer medical, behavioral health, dental and non-emergency medical transportation services. ASOs administer the PCMH and quality improvement program and are paid an incentive to create improvements in service that include continuously improved provider adherence to expectations such as Bright Futures.
- xii “Connecticut – Medical Homes,” National Academy for State Health Policy, April 1, 2014, <http://www.nashp.org/connecticut-811/>
- xiii Quality Management Strategy 2014, State of Delaware, Delaware Health and Social Services (DHSS), Division of Medicaid and Medical Assistance [http://dhss.delaware.gov/dhss/dmma/files/draft\\_gms\\_20140401.pdf](http://dhss.delaware.gov/dhss/dmma/files/draft_gms_20140401.pdf)
- xiv DC offers Enhanced Primary Care Reimbursement for behavioral health screenings, and well child/adolescent care. For more information, see DHCF Transmittals sent to providers in FY15: <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/11536> and FY16: <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/13871>.
- xv Autism and substance use screening are required components of the EPSDT visit per the Bright Futures periodicity schedule. Evidence of this screening is noted during the quarterly EPSDT medical record reviews.
- xvi At least one MCO has a performance improvement project to increase preventive dental services inclusive of the provision of fluoride varnish during CY 16.
- xvii Hawaii QUEST Expanded Section 1115 Demonstration Waiver: Interim Demonstration Evaluation Report, Hawaii Department of Health and Human Services, September 5, 2012, <http://humanservices.hawaii.gov/wp-content/uploads/2013/01/Att-B-Interim-Evaluation-Report.pdf>
- xviii Measurement included in SIM grant- set to incorporate into PCCM program in 2017
- xix The *Handbook for Providers of Healthy Kids Services* (2015) adopts the Bright Futures periodicity schedule. This periodicity schedule is used by IL for CMS-416 calculations of the Line 10 participation ratio, as well as other lines, per CMS’ guidance document. The handbook is incorporated by reference into MCO contracts. So, in addition to FFS providers, MCOs must follow the Bright Futures periodicity schedule as well as other handbook policies. Access the handbook here: [http://www.illinoishealthconnect.com/files/downloads/IHC\\_PCP\\_Handbook.pdf](http://www.illinoishealthconnect.com/files/downloads/IHC_PCP_Handbook.pdf)
- xx FUH is an annual incentive payment for MCOs; IET becomes an annual incentive payment for MCOs beginning CY2016
- xxi Becomes an annual incentive payment for MCOs beginning CY2016
- xxii Illinois Department of Healthcare and Family Services Annual Report: Medical Assistance Program Fiscal Years 2013, 2014, and 2015, Illinois Department of Healthcare and Family Services, April 1, 2016, [http://www.illinois.gov/hfs/SiteCollectionDocuments/FY2015\\_Annual\\_Report\\_3-31-16\\_final.pdf](http://www.illinois.gov/hfs/SiteCollectionDocuments/FY2015_Annual_Report_3-31-16_final.pdf)
- xxiii MCOs, Illinois Health Connect (PCCM providers), and other providers receive an incentive payment when they render all recommended services.
- xxiv Iowa uses Bright Futures periodicity schedule for measures related to Well-Child visits
- xxv “Summary of Proposed Initiatives Impacting Pediatrics Populations and Providers in Iowa’s State Innovation Model Test Application,” National Center for Medical Home Implementation, <https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/IA%20SIM%20profile.pdf>
- xxvi KanCare (Kansas Medicaid) Pay for Performance Measure include both Child and Adolescent Immunizations
- xxvii KanCare (Kansas Medicaid) Pay for Performance Measure for Annual Dental Visits

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xxviii KY has an incentive payment plan for MCOs. It is based on HEDIS and CAHPS scores. The first part is a Performance Plan that pays for MCO scores being at least in the 50<sup>th</sup> percentile when compared to national NCQA averages. The second part pays MCO incentives for improvement over their last year's HEDIS scores by at least 2% points.

xxix MCOs required to report on the following HEDIS measures: ADD & IET

xxx MCOs required to Report the following HEDIS measures: WCC

xxxi MCOs required to Report the following HEDIS measures: LSC

xxxii MCOs required to Report the following HEDIS measures: CIS, IMA, & HPV

xxxiii MCOs required to Report the following HEDIS measures: ADV

xxxiv MCOs required to Report the following HEDIS measures: W15, W34, & AWC

xxxv MCOs required to report KY Specific Measures: a) Adolescent Preventive Screening /Counseling for Tobacco, alcohol, substance use and sexual activity

xxxvi MCOs required to report on KY specific measure: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

xxxvii MCOs required to report on KY specific measure: a)CMS-416 EPSDT Dental Services

xxxviii 3 MCO PIPs for dental: a) Increasing Annual Dental Visits, b) 2016 Healthy Smiles, and c) Pediatric Oral Health

xxxix Pediatric Preventative Health Screening, Maine Department of Health and Human Services, MaineCare Services Office, May, 27, 2015, [https://www.mainequalitycounts.org/image\\_upload/MaineCare%20Pediatric%20Preventive%20Health%20Screenings%2005292015.pdf](https://www.mainequalitycounts.org/image_upload/MaineCare%20Pediatric%20Preventive%20Health%20Screenings%2005292015.pdf)

xl Pediatric Preventative Health Screening, Maine Department of Health and Human Services, MaineCare Services Office, May, 27, 2015, [https://www.mainequalitycounts.org/image\\_upload/MaineCare%20Pediatric%20Preventive%20Health%20Screenings%2005292015.pdf](https://www.mainequalitycounts.org/image_upload/MaineCare%20Pediatric%20Preventive%20Health%20Screenings%2005292015.pdf)

xli P4P Incentive Measures are based on CHIPRA and IHOC Measures (Improving Health Outcomes for Children (IHOC) – Summary of Pediatric Quality Measures for Children Enrolled in MaineCare FFY2009-FFY2014, University of Southern Maine, Muskie School of Public Services, August, 2015, [http://www.maine.gov/dhhs/oms/pdfs\\_doc/ihoc/Measures\\_Summary\\_Report\\_final.pdf](http://www.maine.gov/dhhs/oms/pdfs_doc/ihoc/Measures_Summary_Report_final.pdf))

xliv Measure: Lead Screenings for Children Ages 12-23 Months

xlvi Measures: CIS Combo 3 and Immunization for Adolescents Combo 1

xlvii Measure: Adolescent Well-Care and Well-Child Visits for Children ages 3-6)

xlviii Sylvia Mathews Burwell, 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP, February 2016, <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf>

xlvi Massachusetts uses its own periodicity schedule, which is updated periodically by the Executive Office of Health and Human Services in collaboration with the Massachusetts Chapter of the American Academy of Pediatrics, Massachusetts Department of Public Health, dental professionals, the Massachusetts Health Quality Partners, and other organizations concerned with children's health.

xlvii Massachusetts anticipates that full ACO program quality measures will include: Developmental and behavioral health needs screening; BMI screening and counseling for nutrition and physical activity; Well Child Visit Measures; Measures related to Oral evaluation and dental services; Multiple current antipsychotics in children, and follow up care for children prescribed with ADHD medication

xlviii "PCPR YR 1 (2014) Summary of Practice Performance," Presentation, Mass Health, 2014

xlvi PCP reimbursement for fluoride varnish application for providers that complete a MassHealth approved training. Find more information here

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/fluoride-varnish-training-for-health-care.html> and here <http://www.mass.gov/eohhs/docs/masshealth/transletters-2015/phy-144.pdf>

<sup>i</sup> All 5 MCOs serving children must implement a PIP to improve Antidepressant Medication Management

<sup>ii</sup> Both BMI Screening AND counseling for nutrition and physical activity

<sup>iii</sup> "Minnesota," National Academy for State Health Policy, November, 4, 2013, <http://newnashp.org.php53-18.ord1-1.websitetestlink.com/minnesota-508/>

<sup>iiii</sup> MCO PIP for HPV for female adolescents

<sup>lv</sup> Effective November 1, 2015, the Mississippi Division of Medicaid (DOM) adopted the Bright Futures periodicity schedule and recommendations for physical, mental, psychosocial and/or behavioral health, vision, lead, hearing, adolescent, and developmental screenings as well as well-child/adolescent care, and the American Academy of



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Pediatric Dentistry (AAPD) for dental screenings. CMS approved the State Plan Amendment (SPA) on February 26, 2016 with an effective date of November 1, 2015. The SPA can be found at <https://medicaid.ms.gov/wp-content/uploads/2016/04/MS-SPA-15-0017-EPSDT-Approved.pdf>. DOM is currently updating the MS Administrative Code Title 23: Part 223 EPSDT Services. The CMS 416 report, which includes dates of service on or after 11/1/15, when Bright Futures was approved as the DOM periodicity by CMS, is not yet available. Based on the Advisory Committee on Immunization Practices, MS recommends providers provide immunization.

<sup>lv</sup> Release of withheld capitation payment if MCO meets the Measure

<sup>lvi</sup> Mandated MCO PIP for number of 2 year olds immunized

<sup>lvii</sup> MCO Performance Improvement Measure (Stopped as of 2016)

<sup>lviii</sup> Contract Between State of New Jersey Department of Human Services Division of Medical Assistance and Health Services and HMO Contractor, July 2015, <http://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>

<sup>lix</sup> “New York State Profile,” National Center for Medical Home Implementation, <https://medicalhomeinfo.aap.org/national-state-initiatives/State-Profiles/Pages/New-York-State-Profile.aspx>

<sup>lx</sup> New York Delivery System Reform Incentive Payment (DSRIP) Strategies Menu and Metrics, New York State Department of Health, April 14, 2014 [https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/strategies\\_and\\_metrics\\_menu.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/strategies_and_metrics_menu.pdf)

<sup>lxi</sup> “Child/Teen Health Plan Services (EPSDT),” New York State Department of Health, June 2007, [http://www.health.ny.gov/health\\_care/managed\\_care/partner/operatio/docs/chapter\\_6.pdf](http://www.health.ny.gov/health_care/managed_care/partner/operatio/docs/chapter_6.pdf)

<sup>lxii</sup> North Carolina Medicaid operates today in a FFS and Pediatric Medical Home environment. NC has implemented the federal EPSDT medical necessity definition. Lead testing screens, autism screens, emotional/behavioral screens and health risk screens (including BMI screening) are reimbursed in addition to the core reimbursement for the periodic visit. This includes maternal depression screens on or about 7/1/16. Additional payments are also offered for vaccine administration, fluoride applications, and adolescent health risk screens.

<sup>lxiii</sup> Behavioral health screening is a mandated service in PCMHs for ages 5 and above (Payment methodology- quarterly incentive payment)

<sup>lxiv</sup> The 4th DTaP incentive’s purpose is to improve the health of children by promoting immunization prior to the second birthday.

<sup>lxv</sup> Oklahoma offers a reimbursement incentive for oral health services (i.e., Utilize caries risk assessment form; reimburse medical providers to apply fluoride varnish to children under 60 months of age)

<sup>lxvi</sup> Oklahoma Health Care Authority uses the Bright Futures periodicity schedule. There are Incentive payment to PCPs that meet or exceed the compliance rate for EPSDT screenings and incentives for PCPs to perform more initial and periodic screening services.

<sup>lxvii</sup> Dental Sealants on permanent molars for children; Mental, physical, and dental health assessments within 60 days for children in DHS custody

<sup>lxviii</sup> Mental, physical, and dental health assessments within 60 days for children in DHS custody; Developmental Screening in first 36 months; Adolescent well –care visits

<sup>lxix</sup> Mental, physical, and dental health assessments within 60 days for children in DHS custody

<sup>lxx</sup> Appropriate testing for children with pharyngitis; Child and adolescent access to primary care practitioners; Well-child visits in the first 15 months of life

<sup>lxxi</sup> All of Rhode Island’s Pay for Performance incentives (both MCO and non MCO) are based on HEDIS Measures

<sup>lxxii</sup> “Managed Care in Tennessee,” Centers for Medicare and Medicaid Services, August 2014, <https://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/downloads/tennessee-mcp.pdf>

<sup>lxxiii</sup> Tennessee’s Pay for Performance Incentive Payments are based on HEDIS Measures (View the 2015 Annual HEDIS/CAHPS Report here: <https://www.tn.gov/assets/entities/tenncare/attachments/hedis15.pdf>)

<sup>lxxiv</sup> Dental Maintenance Organization (DMO) PIPs (8). DMOs have PIPs that are focused on prevention including fluoride

<sup>lxxv</sup> 2015 Pay for Quality (P4Q) Measures, Texas Health and Human Services Commission, November 9, 2015 [http://www.hhsc.state.tx.us/hhsc\\_projects/ECI/docs/020615/Table-of-Measures-for-All-Quality-Initiatives-020215.pdf](http://www.hhsc.state.tx.us/hhsc_projects/ECI/docs/020615/Table-of-Measures-for-All-Quality-Initiatives-020215.pdf)

<sup>lxxvi</sup> CMS SIM Information Vermont, National Center for Medical Home Implementation, <https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/CMS%20SIM%20Information%20Vermont.pdf>

<sup>lxxvii</sup> “Shared Savings Program,” Vermont Health Care Innovation Project, State of Vermont, 2016, <http://healthcareinnovation.vermont.gov/node/860>

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<sup>lxxviii</sup> Kathryn Kuhmerker and Thomas Hartman, Pay-for Performance in State Medicaid Programs: A Survey of State Medicaid Directors and Programs, The Commonwealth Fund, April 2007, [http://www.commonwealthfund.org/usr\\_doc/Kuhmerker\\_P4PstateMedicaidprogsappendixB.pdf?section=4039](http://www.commonwealthfund.org/usr_doc/Kuhmerker_P4PstateMedicaidprogsappendixB.pdf?section=4039)

<sup>lxxix</sup> 2016 PIPs include (grouped by service category): a) MCO PIPs for Behavioral Health: Tobacco Cessation (counseling); b) MCO PIPs for Immunizations for Children and Adolescents: Childhood Immunizations (CIS), Immunizations for Adolescents (IMA), Human Papillomavirus Vaccine for Female Adolescents (HPV); c) HMO PIP for Childhood Dental: Annual Dental Visit – Children. There were no PIP topics on Lead Testing in MY 2015 or 2016.

<sup>lxxx</sup> This program withholds 2.5% of the monthly capitation rates, which is distributed to HMOs that meet performance targets on key measures. One of the P4P measures is the HEDIS Childhood Immunizations (CIS-Combination 2) measure.