2024

Clinical Integration Program Scoring and Funds Flow for Adult Primary Care Providers

Mount Sinai Health Partners

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2024

Introduction

Mount Sinai Health Partners' (MSHP) 2024 Clinical Integration Program (CI Program) is a provider-driven program, and our network of providers works collaboratively to share data and hold each other accountable for performance against provider-developed and agreed upon clinical performance standards. As a network, we develop and maintain active, ongoing clinical initiatives focused on improving the quality of patient care while also controlling costs.

This year's program was developed by MSHP's Clinical Integration Oversight Committee and approved by the MSHP Board of Managers. Under the CI Program, primary care providers (PCPs) receive scores for Quality Performance Metrics (up to 40 points), Clinical Documentation Metrics (up to 30 points), Efficiency Performance Metrics (up to 30 points). For 2024, we have added an In-Network Integration Metric (up to 6 bonus points) that rewards driving specialty care to in-network (CIN) specialists. These scores are added together to determine your Clinical Integration (CI) Index score.

The 2024 CI Program comprises five components:

Clinical Integration Participation Requirements	Quality Performance Metric (QPM) Program	Clinical Documentation Metric (CDM) Program	Efficiency Performance Metric (EPM) Program	New! In-Network Integration Metric (Bonus Points Only)
Five mandatory requirements No points are awarded for completion of CI Program participation requirements. All five requirements must be met in order to qualify for payments under the 2024 PCP Funds Flow Program.	Eight quality metrics for Adult Internal Medicine calculated on an individual provider level Up to 40 points	Three measures comprised of two clinical diagnosis group metrics and one composite measure calculated on an individual provider level Up to 30 points	Three risk-adjusted efficiency metrics calculated on a **practice level** Up to 30 points	Points awarded for year-over-year improvement measured at the practice level Up to 6 bonus points

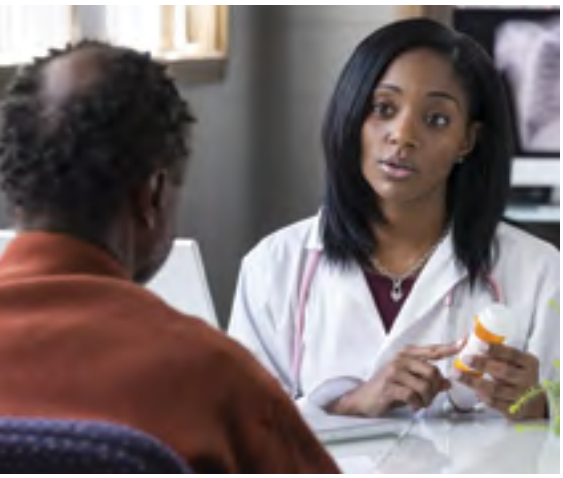
This program is designed to adapt over time to drive continuous improvement.

CI Program Participation Requirements Must be Met to Qualify for Payments

- You **must complete the five mandatory participation requirements** to receive your quarterly care coordination base payments and to be eligible for an annual incentive payment.

Quality Performance Metrics (QPM)

- As in previous years, MSHP will be using claims data to measure quality. However, MSHP may request supplemental data from you to support quality measurement both as it relates to QPM and/or for contract performance.
- You can earn a maximum of 40 QPM points towards your CI Index score.



Clinical Documentation Metrics (CDM) for Medicare Advantage Patients

- As with quality measures, clinical documentation measurement will be derived from claims. Attributed Aetna Medicare Advantage, Empire Medicare Advantage and Humana Medicare Advantage patients whose claims documentation for the prior two years show the following conditions are evaluated to identify whether the diagnoses were submitted on claims in 2024.
  - Heart Failure: Pulmonary HTN or Cardiomyopathy
  - Diabetes with Complications
  - Composite Measure: CKD, Vascular Disease, Specified Arrhythmias, COPD, Dementia/Alzheimer's Disease, Morbid Obesity
- You can earn a maximum of 30 CDM points toward your CI Index score.

Efficiency Performance Metrics (EPM)

- As in 2023, you will be evaluated on a practice level for efficiency performance and it will be part of the CI Index calculation.
- Measures include:
  - Inpatient Admissions O:E (Observed/Expected)
  - ED Visits O:E
  - Total Cost of Care O:E
- You can earn a maximum of 30 EPM points toward your CI Index score.

Bonus Metric: In-Network Integration

- In-Network Integration will be assessed on a practice level, whereby all PCPs in a practice will be awarded 3 or 6 bonus points if thresholds are met.
- Lines of business included: Commercial and Medicare Advantage
- Measure numerator: New office visits to CIN specialists in the following specialties, including subspecialties
  - Cardiology, gastroenterology, ophthalmology, otolaryngology, urology, pulmonary medicine, orthopedics
- Measure denominator: New office visits to all specialists in these seven specialties
- Benchmark: Prior year's practice performance
- Scoring:
  - 1% to <5% improvement = 3 bonus points
  - ≥5% improvement = 6 bonus points
- **Note:** if specialist availability in a county is low, that specialty will be excluded from the in-network integration metric for that county.

Calculating Overall Clinical Integration Index

MSHP developed the CI Index to measure how clinically integrated a provider is, as defined by MSHP's CI Program. The CI Index is determined by adding together the Quality Performance Metric score, the Clinical Documentation Metric score, and the Efficiency Performance Metric score. Bonus points up to 6 points from the In-Network Integration Metric will be added to the final CI Index score. The CI Index is a value on a continuous scale from 0 to 106 (including bonus points), with 106 being the highest possible score, indicating the provider achieved the maximum result in all categories.

CI Program Participation Requirements Must be Met to Qualify for Payments

PCPs **must complete the five mandatory participation requirements** to receive their quarterly care coordination base payments and to be eligible for an annual incentive payment. **In 2024, your CI Index score is entirely based on your performance on quality, clinical documentation, efficiency metrics and possible bonus points from the in-network integration metric.** Additionally, you must complete all of these requirements in order to remain a member of the MSHP Clinically Integrated Network (CIN).

2024 CI Program Participation Requirements for PCPs

1. **Practice Communication:** Provide up-to-date contact information and demographic information through the MSHP provider portal. Required information includes but is not limited to: actively used email addresses for physician and office manager, EMR direct address, service locations, telehealth services offered, active TINs, NPIs, and other identifiers for payer credentialing and enrollment, as applicable.
2. **Program Engagement:** (A) Meet with a provider engagement team member either in person or via phone or videoconference as requested, at least ten times per year for PCPs. (B) Attend at least one in-person or virtual meeting/training per year including but not limited to Town Halls, MSHP-sponsored CME events, Mind Matters Project ECHO Meetings, or a Population Health Pod/Practice Meeting.
3. **Quality Performance & EMR Clinical Data Aggregation:** Comply with requests for clinical data aggregation for performance tracking and value-based contract (VBC) payer submission and Point of Care Reminders with patient EMR. This will include remote EMR access, facilitating contact with your EMR vendor to establish linkage with the aggregation process, and troubleshooting challenges to ongoing linkage and aggregation.
4. **EMR Usage: Consistently utilize a MIPS-Certified EMR system.** Utilizing your EMR implies: (A) Documenting clinical data in appropriate searchable fields in EMR, (B) Capturing laboratory feeds into EMR, (C) Ensuring EMR platform is connected to billing platform capabilities.
5. **Privacy Training:** Complete the Mount Sinai Health System online 2024 Health Insurance Portability and Accountability Act (HIPAA) privacy training module on the Mount Sinai Clinical Integration Learning Center or through a Mount Sinai-approved attestation process.

Note: MSHP may perform audits of EMR usage to ensure requirements are met. MSHP may also perform chart audits to ensure accurate documentation.

Calculating Quality Performance Metric Score

You have the potential to earn up to 40 points of your CI Index score from the QPM. QPM scores are calculated based on your quality performance results. If benchmarks are met, you can earn 3 points per quality measure, with the PCP visit measure double-weighted at 6 points.

See below for the 2024 Quality Performance Metrics.

2024 Adult Quality Measures

Quality Measure	CIN Benchmark 2024 (HEDIS 4 star)*	QPM Points**
Breast Cancer Screening	71%	3
Colorectal Cancer Screening	71%	3
Diabetic Eye Exam	73%	3
Diabetic Kidney Health Evaluation	50%	3
Medication Adherence – Oral Diabetes Medications (MA)	89%	3
Medication Adherence – ACE/ARBs for HTN (MA)	89%	3
Medication Adherence – Statins (MA)	89%	3
Percent of panel with PCP visit (seen anytime within the calendar year 2024)	70%	6

*** Target Rate = 2024 CMS HEDIS 4-star rating**

**** Total Available QPM Points = 27**

- Patient panels may vary throughout the year based on payer PCP attribution.
- Denominators will not be locked in Q4, meaning that if a patient joins your panel in October through December, they will be included in your denominator. This will more closely align your rolling 12-month reports to your current attribution and performance.
- Benchmarks may be adjusted downward if Health Plans and/or CMS adjust quality measures, or at the discretion of MSHP Leadership.
- Medication Adherence is calculated for members in VBCs where medication adherence data is provided, but CI Index payment is across your total CIN panel.
- If you have no patients that qualify for a measure denominator, the measure and associated points will be removed from the calculation. The remaining measures will be weighted more heavily in your total QPM score.

Please Note:

- MSHP reserves the right to audit provider charts to ensure accurate documentation.
- MSHP monitors your attributed patients through claims files we receive from payers.
- MSHP will add newly attributed patients to your Patient Opportunity Report if they have open care gaps.

How QPM Score is Calculated

MSHP uses a claims-based approach to calculate quality performance. MSHP receives medical and pharmacy claims for attributed patients as part of our value-based contracts (VBCs) with payers. Payers assign their members to a PCP and we use this payer PCP assignment to determine which patients to include in your QPM measurement. Patient attribution methodology differs by payer and line of business (see list of CIN value-based contracts at the end of this guide).

Providing Supplemental Data for Quality Reporting

Although MSHP uses claims data to evaluate quality performance, we acknowledge that no data collection method is perfect. That's why we may ask you to supply supplemental data to support payer contract performance. As specified in the Clinical Integration Program requirements, this information must be provided within the requested timeframe.

Please Note: MSHP reserves the right to audit provider charts to ensure accurate documentation.

> **For more information on the QPM Program, please visit the Clinical Integration webpage at https://mshp.mountsinai.org/web/mshp/login**

2024 Clinical Documentation Metrics

Clinical Documentation Metrics are derived from claims. Attributed 2024 Medicare Advantage patients whose claims documentation for the prior two years show the following conditions are measured to identify whether these diagnoses were submitted on claims in 2024. In 2024, MSHP will measure diagnosis recapture metrics and one composite recapture metric:

- Heart Failure (HF):
  - Pulmonary hypertension
  - Cardiomyopathy
- Diabetes Mellitus (DM) with Complications
- Composite Measure:
  - CKD
  - Specified arrhythmias
  - Dementia/Alzheimer's disease
  - Vascular disease
  - COPD
  - Morbid obesity
- You will receive reports of patients that have suspected and recapture suggested conditions.
- **You will be asked to evaluate the patient and determine whether the condition is active.** If active, the diagnosis should be submitted on a claim for a face-to-face encounter (office visit, home visit, or video visit) and supporting documentation included in the progress note. This metric is intended to reflect the patient's medical complexity. Please ensure that you always document and code on claims only what is monitored, evaluated, assessed, or treated during the encounter.
- **If conflicting information is available** (e.g, records from a cardiologist that prove a condition is present), **MSHP will send you that information.**

Clinical Domain	Target Diagnosis Completion Rate	CDM Points
Congestive Heart Failure	70%	3
Diabetes Mellitus with Complications	80%	3
Composite Measure	80%	6

For 2024 attributed Medicare Advantage patients, MSHP will identify Hierarchical Condition Category (HCC) codes for heart failure, DM with complications, or the composite measure as coded on claims for the past two years (2022 and 2023).

- **Who's Included:** Your CIN Medicare Advantage Attribution (Aetna, Empire, and Humana patients)
- **Two-Year Claims Lookback for Medicare Advantage patients with conditions outlined and coded on a claim** (2022 and 2023).
- **Numerator:** Sum of confirmed HCC diagnosis codes for conditions that are confirmed and successfully submitted on a claim in 2024.
- **Denominator:** Sum of chronic HCC diagnosis codes for condition as coded on claims in 2022 and 2023 for patients attributed to the provider in 2024.

Calculation is as follows:

Numerator: Sum of confirmed HCC diagnosis codes for conditions that are confirmed and successfully submitted on a 2024 claim

Denominator: Sum of chronic HCC diagnosis codes for condition as coded on claims in 2022 and 2023 for patients attributed to the provider in 2024.

For CDM, if you have no patients that qualify for a measure denominator, the measure and associated points will be removed from the calculation. The remaining measures will be weighted more heavily in your total CDM score. Additionally, if you have 0 denominator for ALL CDM measures, then the CDM calculation will not apply. The weighting of the CDM score will be moved to the QPM score, thus having QPM weighted more heavily in your CI Index calculation.

Note: MSHP provided practices with a report of attributed patients with these diagnoses in January 2024 and will provide updates as appropriate throughout the year in April 2024 and October 2024.

> **For more information on the CDM Program, please visit the Clinical Integration webpage at https://mshp.mountsinai.org/web/mshp/login**

2024 Efficiency Performance Metrics

In 2024, the Efficiency Performance Metrics Program will account for 30% of your CI Index score. MSHP will be measuring the following utilization metrics on a practice level:

- Inpatient Admissions O:E (Observed/Expected)
- ED Visits O:E
- Total Cost of Care O:E

Johns Hopkins' ACG Software is used to calculate these metrics, which are then applied to your patient population to derive the expected utilization for your practice. MSHP compares these expected values with the actual costs and utilization of your practice. The observed to expected (O:E) rates determine the number of EPM points that your practice is eligible to receive.

A **maximum of 3 EPM points** is available per O:E measure, for a total of 9 EPM points. MSHP compares your performance in each measure during the current program year to aggregate 2023 performance percentiles across the network. These percentiles are calculated in June 2024, when complete claims for 2023 are available. **If your practice performs below the 40th percentile in a measure, you are not eligible for any EPM points in that measure.** In order to earn 3 points, your practice's performance must be greater than the 75th percentile for that measure.

Efficiency Performance Metric Calculated on a Practice Level	<40th Percentile	40th – 60th Percentile	61st – 75th Percentile	>75th Percentile
Inpatient Admits O:E	0 points	1 point	2 points	3 points
ED Visits O:E	0 points	1 point	2 points	3 points
Total Cost of Care O:E	0 points	1 point	2 points	3 points

- **Who's Included:**
  All patients in CIN VBC contracts
- **Targets by measure:**
  - >40th percentile of historical CIN 2023 performance: earn 1 point
  - >60th percentile of historical CIN 2023 performance: earn 2 points
  - >75th percentile of historical CIN 2023 performance: earn 3 points
- 2024 performance is assessed in late summer 2025, due to claims lag
- Depending on network performance, benchmarks may be shifted downward.
- As in previous years, patients with end-stage renal disease will be excluded. Although patients with COVID-19 hospital admissions were excluded in previous years, patients with COVID-19 hospital admissions will now be included in calculations.

> **For more information on the EPM Program, please visit the Clinical Integration webpage at https://mshp.mountsinai.org/web/mshp/login**

Reports You Will Receive from MSHP

Performance Reports

In January (week of January 22, 2024), April (week of April 1, 2024), and October (week of October 1, 2024), you will receive reports to help you track your performance and identify patients to target for needed care.

- In January 2024, PCPs received a **full panel report** that included 2023 attribution for all Commercial and Medicare Advantage payers. The report includes 2024 attribution for Mount Sinai's Medicare ACOs.
- The **Value-Based Care (VBC) Performance Profile Report** (April and October) includes metrics on the percentage of patients who have been seen, quality gaps, accurate coding and documentation opportunities, and risk-adjusted cost and utilization information.
- The **Patient Opportunity Report (POR)** (April and October) identifies patients who have not been seen in the last 12 months. This report identifies open care gaps and patients with chronic diseases to help you target and manage your value-based care panel.
- In-Network Integration Performance Bonus Opportunity Report (April and October) includes practice-level measures on new office visits to CIN specialists.

Frequently Asked Questions

Which patients are included in my reports?

All VBC patients will be included in your performance reports. This includes patients insured by Healthfirst Medicaid, Healthfirst Medicare, and Empire Medicaid, as well as those participating with Mount Sinai's Medicare ACOs.

While we will include all VBC patients in these performance reports, your final CI Index measurement will only include patients from MSHP's Clinically Integrated Network (CIN) value-based contracts. *See appendix, "CIN VBC Contracts" for a listing of payers included in the denominator.*

What is the timing of the report lookbacks?

Metrics are based on rolling 12-month data, with the exception of medication adherence and clinical documentation, which report year-to-date information.

How will reports be distributed?

Reports are delivered to your OneDrive account. Please review these reports and schedule your patients for an appointment or necessary services to close care gaps.

What should I do if I have reviewed my report and it shows care gaps as open that I know are closed?

If you have proof that a care gap is closed, you will need to attest to the closure by uploading a historical report (such as cancer screenings or diabetic eye exam for adult patients) to your OneDrive account during the discrepancy review period in early Q3 2025. Please be aware that it may take at least 3-4 months for MSHP to receive claims data from payers, so patients who have recently closed a care gap may still appear on your report as non-compliant.

2024 PCP Funds Flow Program

The **2024 PCP Funds Flow Program**, as developed by the MSHP Compensation and Funds Flow Committee and approved by the MSHP Board of Managers, rewards compliance with and performance under the 2024 CI Program. **Providers must fulfill all CI participation requirements in order to receive any payments.**

The traditional total funds flow allocation remains the same as in previous years (up to $5 PMPM), with the distribution of funds as follows:

- **Quarterly care coordination base payments are $2 PMPM.**
- **The annual incentive payment pool is $2 PMPM**, adjusted based on CI Index performance. You must achieve a CI Index score of 25 or greater to receive an incentive payment.
- **$1 PMPM of the incentive payment pool is reserved in an Additional Incentive Fund** to be used for targeted, strategic payments to providers to drive specific contract year-end performance or to pilot new initiatives. Any additional incentive funds that are not distributed will roll over into the CI Incentive pool for distribution.

Note: Payment for quarters 1, 2, 3, and 4 are for the base payment only and the annual incentive payment/ reconciliation is distributed in late summer 2025.

Value-Based Payers and Funds Flow Allocation

In 2024, your performance will be measured on patients covered by the following value-based contracts, and there will be two methods for awarding funds:

- Traditional MSHP CI Program, where up to $5PMPM is allocated in quarterly care coordination and incentive payments.
- Earned incentive distribution, where if shared savings are earned for that payer, a portion of earned shared savings will be distributed to PCPs. The methodology for earned incentive allocation is currently in development and will be communicated once approved by MSHP's Board of Managers.

This change to payment allocation is determined by value-based contract type. While some payers contribute funds to distribute to providers for care coordination and incentives, other payers do not, or can reduce or require repayment of funds if contract performance requirements are not met. Thus, funds will flow to PCPs in two ways for the 2024 performance year.

Funds will flow to PCPs in 2 ways:

1. **Contracts with minimal risk to care coordination payments**
   - Providers earn quarterly care coordination and CI Index incentive according to traditional **MSHP CI Program structure**
   - 2024 Contracts include:
     – Empire Commercial
     – Empire MA
     – Cigna Commercial
     – Humana MA
2. **Contracts with either high-risk or no care coordination payments**
   - Providers earn incentive payments according to new **Payer-Earned Incentive Distribution**
   - May be available for all VBC contracts

Annual Incentive Payment Allocation and Methodology

The CI Program incentive payment amount is dependent on three factors:

- Board-determined funding based on payer contract terms and network performance
- Your CI Index
- The distribution of CI Index performance amongst the program's PCPs

The annual incentive payment amount is a PMPM payment that is in addition to the **quarterly 2024 care coordination payment**. The actual incentive payment amount is based on your attributed membership and CI Index score performance along with available funds in the distribution pool.

MSHP calculates CI Index score using a continuous scale model with an established inflection point of 25 or greater. **Note that this inflection point may be adjusted at MSHP leadership's discretion.** PCPs with a CI Index score of 25 or above who have met their mandatory CI participation requirements are eligible to receive an annual incentive payment.

Notes:

- Quarterly base payments may be withheld (and retroactive final reconciliation payment for the affected quarter(s) will not be made) if you do not meet program requirements on a timely basis. MSHP has the right to seek reimbursement for care coordination payment(s) awarded to you in the earlier quarter(s) by request or offset of the overpayment against future care coordination payments.
- Refer to the Clinical Integration Program Requirements and Timeline Checklist for more information on when program requirements are due.
- Payments under this PCP Funds Flow Program are issued directly to PCPs who are not employed by Mount Sinai Health System, while providers employed by Mount Sinai Health System are compensated by their respective academic departments.

Updated Annual Incentive Payment Methodology

Similar to 2023, MSHP is applying **network performance threshold measures** to the annual incentive payment methodology. The combined performance of the MSHP PCP network **as a whole** impacts incentive payout as follows:

1. If CIN PCPs (as a network) meet the threshold for the three CI Program measures detailed on the next page, then qualifying PCPs will receive 100% of the incentive pool funds.
2. If CIN PCPs (as a network) do not meet the threshold targets, 80% of the incentive pool will be distributed to qualifying PCPs, with 20% of that pool reserved for reinvestment in activities to drive performance.

The purpose of this methodology is to improve network performance so that MSHP is successful in its value-based contracts. As value-based contract performance improves, MSHP's future goal is to generate larger distributions to our community-based network providers.

Network Performance Threshold Measures

Adult Measures	2024 Threshold
Medicare Advantage patients seen	70%
CDM Composite Measure	65%
Med Adherence – Statins	87%

- Payout (% of earned incentive paid out if the threshold is met): 100%
- Payout (% of earned incentive paid out if the threshold is not met): 80%

2024 CI Program Payment Timeframes	
Q1 Care Coordination	**July 2024**
Q2 Care Coordination	**September 2024**
Q3 Care Coordination	**December 2024**
Q4 Care Coordination	**April 2025**
Annual 2024 CI Incentive Distribution	**Late summer 2025**

Notes:

Adult Medicine PCPs and Pediatricians have separate incentive payment pools and separate measures.

- If MSHP does not provide reports in a regular (three times annually) and timely manner, the network performance threshold will not be enforced. Reports will be delivered in January (week of January 22), April (week of April 1) and October (week of October 1).

CIN VBC Contracts

- Aetna Commercial and Aetna Medicare Advantage
- Cigna Commercial
- Empire Commercial and Empire Medicare Advantage
- Humana Medicare Advantage

Appendix — Sample CI Index Calculation

See below for an example of how CI Index is calculated.

Calculating Overall QPM

Example: Dr. Smith's Quality Performance Measure Scores

Example for demonstration purposes only:

Measure	CIN Benchmark 2024 (HEDIS 4 Star)	Possible Scoring	Provider Score	QPM Points Earned
Breast Cancer Screening	71%	3 QPM points (maximum)	85%	3
Colorectal Cancer Screening	71%	3 QPM points (maximum)	80%	3
Diabetic Eye Exam	73%	3 QPM points (maximum)	75%	3
Diabetic Kidney Health Evaluation	50%	3 QPM points (maximum)	45%	0
Medication Adherence – Oral Diabetes Medications	89%	3 QPM points (maximum)	90%	3
Medication Adherence – ACE/ARBs for HTN	89%	3 QPM points (maximum)	90%	3
Medication Adherence – Statins	89%	3 QPM points (maximum)	90%	3
Percent of panel with PCP visit (seen anytime within the calendar year 2024)	70%	6 QPM points (maximum)	80%	6

In this example, the provider scored 24 out of a possible 27 points.

QPM points earned are is divided by 27 x 0 .4 x 100 for a score of **35.6** out of a possible 40 points.

$$\frac{\text{24 (total \# of points earned)}}{\text{27 (total possible points)}} \text{ X 0.4 X 100}$$

= **Quality Performance Metric Score:**

35.6

Appendix — Sample CI Index Calculation (continued)

Calculating Overall CDM

Example: Dr. Smith's Diagnosis Completion Rates

Example for demonstration purposes only:

Clinical Domain	Target Diagnosis Completion Rate	CDM Points	Provider Diagnosis Completion Rate	Provider CDM Points
Heart Failure	70%	3	75%	3
Diabetes with Complications	80%	3	74%	0
Composite Measure	80%	6	82%	6

$$\frac{\text{9 (total \# of points earned)}}{\text{12 (total possible points)}} \text{ X 0.3 X 100}$$

= **Clinical Documentation Metric Score:**

22.5

Appendix — Sample CI Index Calculation (continued)

Calculating Overall EPM

Example: Dr. Smith's Diagnosis Completion Rates

Example for demonstration purposes only:

Efficiency Performance Metric	<40th Percentile	40th – 60th Percentile	61st – 75th Percentile	>75th Percentile	Provider Completion Rate	EPM Points
Inpatient Admits O:E	0 points	1 point	2 points	3 points	87th percentile	3
ED Visits O:E	0 points	1 point	2 points	3 points	62nd percentile	2
Total Cost of Care O:E	0 points	1 point	2 points	3 points	79th percentile	3

In this example: Dr. Smith's practice-level 2023 O:E performance exceeds the 2022 75th percentile in the Inpatient and Total Cost of Care measures, earning 3 EPM points for each. Dr. Smith's practice-level performance in the ED Visit O:E measure is at the 62nd percentile, earning 2 EPM points. Dr. Smith earns a total of 8 EPM points for 2024. Dr. Smith's EPM score of 8 is divided by the 9 total possible EPM points, and then multiplied by 0.3 and 100. Dr. Smith's EPM score is 26 .7 out of the total available 30 points.

$$\frac{\text{8 (total \# of points earned)}}{\text{9 (total possible points)}} \text{ X 0.3 X 100}$$

= **Efficiency Performance Metric Score:**

26.7

Appendix — Sample CI Index Calculation (continued)

Calculating In-Network Integration Metric Bonus Points

- Practice A has a value-based panel size of 500 patients
- In the prior year (2023) for the target specialties:
  - Value-based patients had a total of 400 new office visits to all specialists
  - Of these, 200 new office visits were with a CIN specialist
  - In-network utilization rate = 50.0%
- In the performance year (2024) for the target specialties:
  - Value-based patients had a total of 375 new office visits to all specialists
  - Of these, 204 new office visits were with a CIN specialist
  - In-network utilization rate = 52.5%
- Improvement = 2.5%
- All PCP providers in this practice would receive 3 additional points to their 2024 CI Score

In-Network Integration Metric Bonus Points

3

Calculating Overall Clinical Integration (CI) Index

MSHP developed the CI Index to measure how clinically integrated a provider is, as defined by MSHP's CI Program. The CI Index is determined by adding the Quality Performance Metric score (up to 40 points), the Clinical Documentation Metric score (up to 30 points), and the Efficiency Performance Metric score (30 points). The CI Index is a value on a continuous scale from 0 to 106 with 106 being the highest possible score, indicating the provider achieved the maximum result in all categories.

In the example below, the provider met five of the mandatory requirements. Based on the example on the previous page, the provider scored 35.6 on their QPM score. Additionally, based on the example the provider scored 22.5 on their CDM score and 26.7 on their EPM score, and the provider also earned 3 In-Network Integration bonus points. These results are added together to give a final Clinical Integration Index of **87.8.**

QPM Score	+	CDM Score	+	EPM Score	+	In-Network Integration Bonus Points
35.6	+	22.5	+	26.7	+	3

Total CI Index Score

87.8

Notes

WE FIND A WAY

Mount Sinai Health Partners

Mount Sinai Health Partners
150 East 42nd Street
New York, NY 10017

Have questions? We are here to help you.

You may:

- Contact your Population Health Manager and/or Population Health Specialist
- Email us at MSHP@mountsinai.org
- Call us at 877-234-6667