

PCMH Initiative

Frequently Asked Questions

This document provides responses to inquiries received about the application and participation in the Patient-Centered Medical Homes (PCMH) Initiative, a Michigan Primary Care Transformation (MiPCT) partnership with the State Innovation Model. This document will be updated as necessary. General inquiries and additional Initiative questions can be sent to SIM@mail.mihealth.org.

Participant Eligibility

1. Why should I apply to participate in both the PCMH Initiative and CPC+?

Together, the PCMH Initiative and CPC+ provide a more comprehensive range of payer participation, including Medicaid managed care organizations (PCMH Initiative), Medicare (CPC+) and commercial plans (a combination of both programs).

2. What PCMH designations will qualify my practice to participate in the PCMH Initiative?

The following designation programs are accepted:

- a. National Committee for Quality and Assurance-PCMH (NCQA)
- b. Accreditation Association for Ambulatory Health Care-Medical Home (AAAHC)
- c. The Joint Commission-PCMH (TJC)
- d. Blue Cross Blue Shield of Michigan/Physician Group Incentive Program-PCMH (BCBSM/PGIP)
- e. Commission on Accreditation of Rehabilitation Facilities-Health Homes (CARF)
- f. Utilization Review Accreditation Commission-PCMH (URAC)

3. Are non-MiPCT practices eligible for PCMH Initiative?

Primary care practices located within Michigan's SIM test locations (eligible counties below) and current MiPCT practices (located inside or outside of a SIM test location) which meet PCMH Initiative requirements and completed the Intent to Participate (ITP) process are eligible to apply for the Initiative.

Jackson	Muskegon	Genesee	Washtenaw
Livingston	Emmet	Charlevoix	Antrim
Kalkaska	Missaukee	Wexford	Grand Traverse
Leelanau	Benzie	Manistee	

4. Are Accountable Care Organizations eligible for the PCMH Initiative?

Practices that participate in an Accountable Care Organization and meet PCMH Initiative Requirements are eligible to complete the application process and participate if selected.

5. Can I apply if my practice is located within one of the above counties and is an accredited PCMH, even though I wasn't a participant in the MiPCT program?

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Yes. As long as your practice or physician organization completed the Intent to Participate process in June 2016. If, due to an extenuating circumstance, the Intent to Participate process was not completed reasonable consideration will be given to the circumstances. Contact SIM@mail.mihealth.org for more information.

Legal Onboarding

6. Does each physician need to sign the Initiative participation agreement or is this done at the PO level?

An authorized official at either a physician organization or practice unit (depending on how the participant applies) will sign the PCMH Initiative participation agreement. Individual physicians will not need to sign the Initiative participation agreement unless they are the authorizing official for the practice (or PO).

Technical Use Cases

7. What if a practice can't do one of the MiHIN use cases?

If a practice is not able to participate in one or more of the MiHIN use cases as outlined in the PCMH Initiative participation agreement, Initiative payments may be suspended until the practice completes legal and technical onboarding to participate in the use case and/or corrective actions processes may be implemented. Practices that have concerns about use case participation should contact SIM@mail.mihealth.org.

8. Is QMI the same as CQM?

The Quality Measure Information (QMI) Use Case will enable providers and payers to consolidate and standardize the electronic exchange of quality-related data and performance results. Providers will gain the ability to send one supplemental clinical data file in one format to one location. The data is then separated and distributed to the appropriate payers based on attribution files provided by participating payers. The supplemental clinical data will also be distributed to the PCMH Initiative to calculate quality and utilization measures. Electronic Clinical Quality Measures (eCQMs) use data from electronic health records (EHR) and/or health information technology systems to measure health care quality. The QMI Use Case includes the use of eCQMs.

Applying & Selection

9. Is there a way to print out a blank application?

No, however the [PCMH Initiative Application Guide](#) includes screenshots of the full application along with instructions for completion and can be printed.

10. Who can submit applications to participate in the SIM PCMH Initiative?

Physician Organizations (POs) may apply on behalf of eligible practices, providing that the PO has practice consent. Alternatively, individual eligible practices may apply on their own but are then responsible for reporting and other requirements as outlined in

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the participation agreement. Initiative funding will follow the payment model as outlined in the [PCMH Initiative Payment Model Excerpt from Participation Agreement](#), and will be dependent upon how participants apply.

- 11. If a practice unit decides to apply as opposed to a PO applying, how do the PO responsibilities fit in?**

The Initiative will post an excerpt from the participation agreement that is specific to practice units that are applying individually (if they are not a member of a Physician Organization, or applying independent of their PO). This document will be posted on the [SIM Care Delivery webpage](#) by September 23, 2016.
- 12. If you submit an application as a Practice Unit, can you later move under the PO umbrella (or vice versa)?**

Not during the timeframe of the current participation agreement (calendar year 2017) as the Initiative will engage payment systems based on the mode of application. Changes such as a shift in participating entity may occur between participation agreement years (i.e. for the 2018 calendar year).
- 13. What is the minimum number of Medicaid members needed?**

The minimum number of beneficiaries will be set following the application process based on a review of patient panel data for all applicants.
- 14. How is the application process affected for those practices with multiple sites?**

Complete the practice unit application for each site (each physical location) using the same email address.
- 15. Will you limit number of practices that are accepted?**

Practice selection will be dependent on the number of Medicaid beneficiaries attributed cumulatively across the Initiative, which will be limited to correspond with the Initiative's budget. The total number of practices selected to participate in the 2017 Initiative will be determined after the application process.
- 16. PGIP has not released final updated PCMH designations for July 1, 2016 forward yet. If we complete the application before this data is available should we just use their current designation status?**

Applicants are encouraged to provide the most current information on their application. As applications are reviewed, the information will be verified by the Initiative.

[Attribution and Payment Rates/Model](#)

- 17. Have the PMPM rates been identified for both the Care Coordination and Practice Transformation payments?**

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Yes, the Initiative rates have been identified and can be reviewed in the [PCMH Initiative Payment Model Excerpt from Participation Agreement](#).

18. Will attribution numbers be provided to the POs?

Following the application and selection process, MDHHS will conduct a review of panel data for all applicants. Once that data is available, it will be shared with those that are selected to participate.

19. On Appendix A of the [PCMH Initiative Payment Model Excerpt from Participation Agreement](#), you reference three different rates for Care Management and Coordination. Is it possible a patient may fit in more than one bucket (TANF, HMP, ABD) and therefore qualify for more than one payment?

The design of the payment model ensures that no duplicative payments are made for any beneficiary, therefore, it is not possible that a patient would qualify for more than one payment within the PCMH Initiative.

Practice Transformation

20. What is the official list of Practice Transformation Objectives?

The Initiative will be supporting practice transformation through Practice Transformation payments as described in the [PCMH Initiative Payment Model Excerpt from Participation Agreement](#), the objectives tied to this payment model are outlined in the [PCMH Initiative Practice Transformation Objective Menu](#).

21. When completing the application as a PO on behalf of our participating practices, does each practice need to choose the same Practice Transformation Objective, or can each practice choose a unique objective?

All practices are required to work towards the Clinical-Community Linkages objective, in addition to selecting one of the objectives within the [PCMH Initiative Practice Transformation Objective Menu](#). Objectives are selected at the practice level, allowing it to be unique to each practice; however, it is the case that all practices within the PO could opt to select the same objective as well.

22. Can you choose a Practice Transformation Objective that you have already started, but want to enhance?

Applicants are encouraged to evaluate their current goals and efforts towards accomplishing the activities as listed in the [PCMH Initiative Practice Transformation Objective Menu](#). If a practice (or PO) has begun work on a particular activity that is in line with one of the listed objectives, but could benefit from additional resources and support to fully accomplish that objective, then they may select it. However, practices (or PO) are not able to select an objective that has been completed prior to the Initiative.

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Care Coordination and Management

23. What staffing requirements will be imposed in order to receive Care Coordination payments with the SIM PCMH Initiative?

The Care Management and Care Coordination staffing requirements can be found within the [PO and Practice Requirements Excerpt from Participation Agreement](#).

24. PCMHs may provide care management (typically provided by a MSW or RN) and care coordination (perhaps performed by a CHW). Will the "care management" PMPM payments cover both of these duties?

Yes, the Care Management and Coordination PMPM payment is being made to cover both Care Management and Care Coordination activities. These activities could include range of services provided by a number of care team members, such as:

- a. Comprehensive assessment of the patient's medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services;
- b. Medication reconciliation with review of adherence and potential interactions and oversight of patient self-management of medications;
- c. Management of care transitions between and among health care providers and settings, including referrals to other providers, follow-up after emergency department visits, and discharges from inpatient settings; and
- d. Coordination of care with home- and community-based clinical service providers. The level of intensity of care management will vary based on the needs of the patients, as to achieve an optimal level of wellness and improve coordination of care while providing cost effective, non-duplicative services.

25. What is the definition "embedded" as it relates to care management staff?

The use of the term "embedded" means that the care management and coordination staff spends some portion of their time in the physical participating practice location. Care management staff can be shared across practices, as long as the required ratio is maintained.

26. What codes will need to be billed for care managers/coordinators?

A subset of the G and CPT codes will be used. These codes are currently being evaluated for Initiative use and will be communicated once finalized.

27. What percentage of patients will need care management services in order to receive the Care Coordination payment?

A minimum threshold will be defined following the selection of participating practices and a review of current care management and coordination service levels within those practices is conducted.

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28. Will the percentage of included beneficiaries receiving Care Management and Coordination services be evaluated at the PO or the or at a practice level?

The required Care Management and Coordination staffing ratio will be measured based on how a participant applies for the initiative (i.e. If applying as a member of the PO the ratio will be measured at the PO level, if applying as a practice the ratio will be applied at the practice unit level), more details can be found in the [PO and Practice Requirements Excerpt from Participation Agreement](#). While the ratio for staffing is dependent on the mode of application; measurement of the percentage of beneficiaries receiving care management and coordination services (the metric tied to Care Management and Coordination PMPM payment) will be measured at the practice unit level.

29. If selected to participate in the Initiative, is the expectation that the required 2:5000 care coordination and management ratio is fulfilled on January 1, 2017?

While the Care Management and Care Coordination staffing ratio is an expectation for all times throughout the Initiative (see the [PO and Practice Requirements Excerpt from Participation Agreement](#) for more details), it is recognized that this may be a new staffing model for some participants. Therefore, the Initiative will work with selected participants to ensure they reach adequate staffing within a reasonable period of time. In general, participants will be expected to hire needed staff within three months of beginning participation in the Initiative and ensure those staff complete required training within 6 months of hire.

Contracting

30. How do I complete the contracting section of the application?

The contracts portion of the application is important in determining what agreements are currently in place and identifying where the Initiative may need to facilitate others in order to ensure appropriate mechanisms for the payment model detailed in the [PCMH Initiative Payment Model Excerpt from Participation Agreement](#).

To indicate a specific contract, the payer name should be entered into the first column within the table. The second column allows the applicant to indicate if the contract is executed as a joint contract with a Physician Organization on behalf of member practices, by selecting “Yes,” or if it is an individual contract with the payer and a single practice by selecting “No.”

If applying as a Physician Organization on behalf of member practices, and several member practices have individual contracts with a specific payer, then the payer only needs to be listed once, “No” should be selected in the second column, and the applicable practices with individual contracts selected from the dropdown list in the third column.

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In the event that the Physician Organization has entered into a joint contract with a payer and member practices also have individual contracts, the payer should be listed twice in two separate rows. For the joint contract with the PO, “joint” should be appended to the payer name (i.e. BCBSM joint).

31. Do I need to list every single payer and business line as a separate line item or can I group them?

Contracts do not need to be listed out by business line.

32. Should payers that are more of a network or repricer be included in the application?

No, applying Physician Organizations and practices do not need to include contract details for a rental networks, third party administrators, or silent PPOs.

CPC+, Medicare and Commercial Payers

33. Are Medicare Advantage plans participating in year one of the PCMH Initiative?

There are currently no Medicare Advantage populations included in the PCMH Initiative. However, but Medicare Advantage payers may choose to participate in future years.

34. Can a provider participate in SIM, CPC+, and MSSP Tracks 1-3 MSSP ACO?

CMS and MDHHS allow practices to participate simultaneously in the PCMH Initiative and the CPC+ program. The PCMH Initiative has no restrictions on practices participating in Medicare ACO programs, however the CPC+ program does. CPC+ participation restrictions can be located on the [Comprehensive Primary Care Plus webpage](#).

35. When we will know which commercial payers have committed and what their payment levels will be?

The Initiative is currently working with commercial partners to align and outline participation in the 2017 calendar year. When details are finalized, they will be released.

Technical Troubleshooting

36. What browsers are supported for the PCMH Initiative Application?

- a. Chrome 52: 250 or newer;
- b. Microsoft IE 11:54 or newer;
- c. Edge 20: 20.10240 or newer

37. Are there any specific browser settings I need to be aware of for completing the PCMH Initiative Application?

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The application site uses JavaScript and requires Active Scripting to be enabled to make use of all the sites features, and to display correctly. To enable Active Scripting, select the link which is appropriate to your browser type:

- a. Internet Explorer: <https://support.microsoft.com/en-us/kb/3135465>
- b. Chrome: <https://support.google.com/adsense/answer/12654?hl=en>