



Patient-Centered Medical Home Initiative Breakout Session

Michigan State Innovation Model Kick-Off Summit
August 10-11, 2016
Kellogg Hotel Conference Center

This Session

- Will be focused on the operational details of the 2017 PCMH Initiative, a Michigan Primary Care Transformation (MiPCT) partnership with the MDHHS State Innovation Model
 - The 2017 PCMH Initiative begins January 1, 2017



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- We will continue the focus and dialogue related to future PCMH transformation and payment reform opportunities later this afternoon

Context for the Role of the PMCH Initiative

- In the short term, the PCMH Initiative serves as a compliment to CPC+ for Medicaid engagement and aligned care transformation
- Long term, the PCMH Initiative (through the Custom Option) provides a mechanism to expand provider engagement and advance alternative payment methods in addition to CPC+

Program	Potential Roles and Contributions
PCMH Initiative (including Custom Option)	<ul style="list-style-type: none"> • Provide a near term (2017) mechanism to ensure Medicaid engagement and payment participation for CPC+ selected practices <ul style="list-style-type: none"> • This will require an effort on the part of all stakeholders to match participating providers across programs • Through the custom option: <ul style="list-style-type: none"> • Provide an “on ramp” to PCMH transformation for practices that were not ready to participate when the CPC+ program began • Engage providers excluded from CPC+ in PCMH transformation efforts and payment models • Advanced alternative payment models for providers interested in and prepared for further payment reform
CPC+	<ul style="list-style-type: none"> • Sustain the multi-payer payment (including Medicare) model collaboration needed to build on MiPCT’s PCMH transformation without interruption • Continue advancement in comprehensive primary care functions

Reminder: PCMH Initiative Strategy Overview

Strategy Component	Motivation
Achieving Statewide Scale	Spread PCMH support infrastructure and payment reform across Michigan
Inclusive Accreditation Approach	Provide flexibility to leverage a variety of PCMH accreditation programs as a foundation
Broad Attributed Population	Reflect the diversity of practice patient populations through attribution methodology
Participation Requirements	Ensure needed capabilities for practice success and advance those capabilities over time
Advanced Care Management	Extend care management, coordination and community linkages capabilities
Multi-Payer Participation	Grow alternative payment model scale within practices to drive transformation
Performance-Driven Payment	Create clear rewards for implementing impactful processes and achieving outcomes
Consistent Metrics	Leverage metrics utilized by other programs where possible to simplify measurement
Sustainable Financing	Position Michigan's PCMH infrastructure for lasting innovation and financial stability
PCMH Support and Learning	Provide a collaborative learning context for expert/peer connection and support

Reminder: PCMH Initiative Focus Areas

- Development of personalized, patient-centered care plans
- Team-based delivery of comprehensive, highly accessible healthcare and care management services
- Coordination and support for effective transitions of care
- Provision of referral decision support, scheduling and follow-up
- Collaboration and intentional interfacing with other providers to promote an integrated treatment approach
- Engagement of supportive services through community-clinical linkages
- Leadership in patient education, self-care and caregiver engagement
- Utilization of registry functionality and technology-enabled quality improvement strategies to support population health

Potentially Eligible Providers

- PCMHs located within SIM's 5 regional test locations **and** existing MiPCT practices across Michigan (including those outside SIM test locations) are potentially eligible to participate in the Initiative
- SIM regional test locations, for PCMH, include the following counties:

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

Potentially Eligible Providers

- The following provider types are potentially eligible to participate in the Initiative:
 - Family Physicians / General Practitioners
 - Pediatricians
 - Geriatricians
 - Internal Medicine Physicians
 - Obstetricians
 - Gynecologists
 - Advanced Practice Registered Nurses
 - Physician Assistants
 - Federally Qualified Health Centers
 - Rural Health Clinics
 - Child and Adolescent Health Centers
 - Local Public Health Departments
 - Indian Health Services Providers
 - Community Mental Health Service Providers

Note on CPC+ Eligible Providers

- BPCI, Million Hearts, Accountable Health Communities and SIM can coexist with CPC+
- A subset of MSSP ACO Track 1, 2 or 3 participants will accepted in CPC+ (1,500 of 5,000 total practices)
- ACO Investment Model and Next Gen ACO participants may not participate
- Concierge practices, Rural Health Clinics, and Federally Qualified Health Centers are excluded from CPC+
- Current TCPI/PTN participants must exit TCPI to participate in CPC+
- Practices must have a minimum of 150 attributed Medicare beneficiaries to participate in CPC+

Intent to Participate and Application Process

- MDHHS completed an Intent to Participate (ITP) Process during the month of June to better understand the potential scope of the Initiative in 2017
- MDHHS received over 700 practice responses to the ITP process, however numerous responses were from ineligible providers
- The Department anticipates the total number of participating practices in 2017 will be approximately 450-500, based on data collected to-date
- MDHHS will open the full application process for the Initiative later this month through the Michigan Health Information Network (MiHIN) Health Provider Directory (HPD)
 - The next summit session will provide additional details about the application process and participation agreement

Participation Requirements: PCMH Accreditation

- Practices wishing to participate in the Initiative will be required to possess PCMH accreditation from one of the following approved programs:
 - National Committee for Quality and Assurance- PCMH (NCQA)
 - Accreditation Association for Ambulatory Health Care- Medical Home (AAAHC)
 - The Joint Commission- PCMH (TJC)
 - Blue Cross Blue Shield of Michigan/Physician Group Incentive Program- PCMH (BCBSM)
 - Utilization Review Accreditation Commission- PCMH (URAC)
 - Commission on Accreditation of Rehabilitation Facilities- Health Home (CARF)
- MDHHS' PCMH Initiative operations contractor will verify the accreditation of all practices upon application and maintain verified PCMH status on an ongoing basis

Participation Requirements: Practice Activities

- The following practice requirements will be needed for PCMH participation in the Initiative:
 - PCMH accreditation
 - An Electronic Health Record (EHR)
 - Cooperative relationships with other providers for PCMH coordination activities
 - Registry functionality
 - Electronic decision support and/or care alert functionality
 - Electronic care management documentation
 - 24-hour patient access
 - Clinical care outside normal business hours
 - Availability of same-day care
- Participation requirements will be attested to as part of the application process and documented in a formal participation agreement

Participation Requirements: Practice Activities

- Practices will commit to the following activities to participate in the Initiative:
 - Embed care management and care coordination staff members
 - Maintain a ratio of at least 2 care management and coordination team members per 5,000 attributed patients
 - Complete care management and coordination training provided and/or approved by the Initiative as well as take part in continuing education
 - Comply with care management and coordination payer collaboration roles and responsibilities defined by the Initiative
 - Bill applicable codes for care management and coordination services as defined by the Initiative
 - Participate in Initiative-sponsored practice learning opportunities
- Practices will agree to these activities as part of the application process and participation agreement

Participation Requirements: Phased In Practice

Characteristics

- The following practice requirements will be needed for PCMH participation in the Initiative, however the Initiative will provide a transition period after selection for practices to become compliant:
 - Brief Transition: Connection to Michigan's Health Information Exchange (HIE) network
 - Near Term Transition: Active participation (beyond connection) in MiHIN use cases applicable to SIM
 - Long Term Transition: Stage 1 / Modified Stage 2 Meaningful Use
- Participation requirement timelines will be documented in the participation agreement

Attributed Population

- Patients included in the PCMH Initiative represent a broad array of individuals including healthy patients and those with single or multiple chronic diseases
- MDHHS has defined both eligible and ineligible Medicaid managed care beneficiaries by scope of coverage, benefit plan and third party liability circumstance
- Medicaid managed care beneficiaries will be attributed to PCMHs based on the selected/assigned Medicaid health plan primary care provider
- The attribution process will be facilitated through MiHIN
 - MiHIN will utilize the ACRS, HPD and CKS to link eligible beneficiaries with participating PCMHs and return the attributed patient population (refreshed monthly) in an ACRS format to participants and payers

Attributed Population

- The following Medicaid beneficiaries will be excluded from the PCMH Initiative (not an exhaustive list):
 - Fee-for-Service
 - Primary Care Health Homes (MI Care Team)
 - Integrated Care Demonstration (MI Health Link)
 - Incarceration
 - Emergency Services Only
 - Maternity Outpatient Medical Services
 - Nursing Home
 - Program of All-Inclusive Care for the Elderly (PACE)
 - Plan First!
 - Spenddown
 - State Psychiatric Hospital
 - Care Facilities for Intellectual Disabilities

To be eligible for CPC+ and attributed to a practice, Medicare beneficiaries must:

- Have both Medicare Parts A and B
- Have Medicare as primary payer
- Not have end stage renal disease (ESRD) or be enrolled in hospice
- Not be covered under a Medicare Advantage or other Medicare plan
- Not be institutionalized
- Not be incarcerated
- Not be enrolled in any other program or model that includes a shared savings opportunity with Medicare FFS initiative (note some MSSP allowed)
- Reside in one of the regions selected for this model

Medicaid Payment Model: Practice Transformation

- PCMHs will receive practice transformation payments to support needed investment in practice infrastructure and capabilities
- Practice transformation payments will be made on a per member per month (PMPM) basis
 - PCMH Initiative payments will be made by Medicaid health plans rather than MDHHS directly (which is currently the practice for MiPCT)
 - MDHHS, in partnership with Milliman, will define a minimum PMPM practice transformation payment rate
- The Initiative will provide a menu of practice transformation objectives
 - One practice transformation objective, community-clinical linkages, will be required and participating practices will choose one other objective from the menu
 - PCMHs will select the practice transformation objective they pursue as part of the application process

Practice Transformation Objectives

- Telehealth Adoption
- Improvement Plans from Patient Feedback
- Medication Management
- Population Health Management
- Self-Management Monitoring and Support
- Care Team Review of Patient Reported Outcomes
- Integrated Peer Support
- Group Visit Implementation
- Patient Portal Access
- Cost of Care Analysis
- Integrated Clinical Decision Making

Medicaid Payment Model: Care Management

- PCMHs will receive care management payments to support embedded care coordination staffing
- Care management payments will be made on a per member per month (PMPM) basis
 - PCMH Initiative payments will be made by Medicaid health plans rather than MDHHS directly (which is currently the practice for MiPCT)
 - MDHHS, in partnership with Milliman, will define a minimum PMPM care management payment rate
 - MDHHS is currently reviewing data to determine potential rate variation for beneficiary complexity (likely determined by eligibility type)
 - Care coordination payments will be linked to two performance metrics which reflect the provision of care coordination activities
 - All PCMHs will receive care coordination payments for a set period of time beginning when they are engaged in the Initiative
 - PCMHs will be required to demonstrate performance on both care coordination linked metrics and meet care coordination requirements to continue to receive care coordination payments in subsequent periods

Payment Model: Funding Flow

- Medicaid health plans will be asked to make both PMPM payments no less often than quarterly
 - Health plans may choose a more frequent interval if it is operationally more efficient or consistent with current processes (e.g. monthly)
- Medicaid health plans will be asked to make payments in a manner that reflects the preference / operations of participating practices
 - The Initiative will not mandate that PMPM payments flow through a Physician Organization (PO) or similar integrator as there will be participating practices which are not currently a member of a PO
 - However, MDHHS anticipates that many (if not most) participating practices will prefer their payments be paid to a PO and Medicaid health plans will be asked to make payment in accordance with practice preference
 - MDHHS will collect practice PO affiliation and payment preference as part of the application process

Payment Model: Medicare / CPC+

- MDHHS anticipates many (if not most) participating practices in 2017 will simultaneously participate in CPC+, receiving Medicare payment through the CPC+ payment model:
 - Risk-adjusted care management fee
 - Performance-based incentive payment (prospectively paid / retrospectively reconciled)
 - Comprehensive Primary Care Payment (Track 2 Only)
- Practices participating in the PCMH Initiative that are not simultaneously participating in CPC+ have numerous Medicare fee schedule opportunities for Medicare revenue, including:
 - Chronic Care Management (99490)
 - Complex care management (*99487/99489 Proposed for 2017*)
 - Transitional Care Management (99495/99496)
 - Non-face-to-face Prolonged Evaluation and Management Services (*Proposed for 2017*)
 - Behavioral Health Collaborative Care Model (*Proposed for 2017*)

Initiative Metrics

- PCMH practice transformation performance will be measured based on whether or not a PCMH is making progress toward and ultimately meets its identified practice transformation objectives
 - Performance monitoring will be based upon twice yearly, brief self-reporting by PCMHs
 - MDHHS' PCMH Initiative operations contractor will facilitate the reporting and tracking process for all participating practices

Initiative Metrics

- Two metrics reflecting care coordination will be used to assess PCMH care coordination performance
 - **Metric 1:** Percentage of a PCMH's attributed patient population receiving care management and coordination services
 - **Metric 2:** Timely follow-up after discharge- PCP follow-up visit within 14 days
 - Baselines will be established and both metrics will be maintained on an ongoing basis by MDHHS' contractual partner Michigan Data Collaborative (MDC)
 - MDC will utilize claims data / health plan encounter reporting from the Medicaid data warehouse (and other payer sources) to calculate the metric
 - Participating practices will be required to bill care management and coordination codes identified by the Initiative for documentation purposes
 - Health plans will be asked to process claims containing these codes

Initiative Metrics

- The Initiative will monitor performance on quality and utilization metrics on a consistent basis
 - Quality metrics were adopted from the [Physician Payer Quality Collaborative](#) core measure set, which was developed using practice, payer and PO feedback
 - MDHHS is currently in the process of analyzing further alignment with CPC+ measures

Adult BMI Assessment	Childhood Immunization Status	Well Child Visits 15 month	Well Child Visits 3-6 years
Colorectal Cancer Screening	Immunizations for Adolescents	Adolescent Well Care Visits	Follow-up for ADHD
Appropriate Treatment for URI	Appropriate testing for pharyngitis	Lead Screening	Imaging Studies for Low Back Pain
CDC: Hemoglobin A1c Testing	CDC: Hemoglobin A1c Poor Control	CDC: Eye Exam Performed	CDC: Medical Attention for Nephropathy
CDC: Blood Pressure Control	Controlling High Blood Pressure	Weight Assessment and Counseling	Tobacco Use Screening and Cessation
Screening for Depression and Follow-Up	Anti-depression Medication Management	Avoidance of Antibiotics for Bronchitis	Prenatal & Postpartum Care
Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	

Sustainable Funding

- Funding available through the SIM cooperative agreement with CMS is being utilized to make investments in infrastructure, model development and payment reform acceleration
- MDHHS will use an administrative fee to ensure sustainable infrastructure financing on an ongoing basis, including after the SIM grant period
- Revenue associated with this administrative payment component (a PMPM admin fee for each attributed patient) will grow over time as the number of participating practices/patients expands

PCMH Support, Learning, and Engagement

- All PCMHs participating in the Initiative will complete a standardized self-assessment process on an annual basis to measure PCMH implementation maturity over time and guide support activities
 - The initial self assessment will be completed as part of the application process
- PCMHs participating in the Initiative will be invited to join peer practices in a set of Initiative-sponsored collaborative learning network (CLN) activities
 - MDHHS is partnering with the Institute for Healthcare Improvement to facilitate the CLN
- The PCMH Initiative will also work to generate multi-stakeholder (payers, provider associations, continuing education providers, etc.) collaboration surrounding the types of practice support provided to stimulate alignment
 - MDHHS intends to contract with several key provider groups and coordinate with Medicaid health plans when pursuing learning and support activities

Items for Future Engagement and Implementation

- Application Process Opening and Timeline
- HIE Onboarding Process
- Final Participation Agreement
- Participating Provider PMPM Rates
- Administrative Fee Setting
- Participating Practice Selection
- Final Practice Transformation Objectives (Feedback Being Accepted)
- Care Management and Coordination Performance Specifications (including Applicable Billing Codes)
- Care Management and Coordination Collaboration Roles and Responsibilities Definition
- Quality and Utilization Metric Calculation / MDC Participant-Facing Dashboards and Data
- Quality and Utilization Performance Review and Improvement Processes
- Collaborative Learning Network
- Practice Support and Training Mechanisms