

PCMH Initiative Attribution Methodology for Medicaid

The following section describes the process required to determine the population of Medicaid beneficiaries considered eligible and participating in the Patient Centered Medical Home Initiative (PCMH Initiative), a State Innovation Model (SIM) collaboration with Michigan Primary Care Transformation (MiPCT), through the Relationship & Attribution Management Platform (RAMP).

Overview

A Medicaid beneficiary must be both eligible to be attributed and have a selected/assigned primary care provider (PCP) that is participating in the PCMH Initiative to be considered part of the PCMH Initiative population. Care Coordination and/or Practice Transformation payment(s) made as part of the PCMH Initiative payment model will be made based on this attribution process.

1. The State of Michigan has identified exclusion criteria to determine beneficiaries eligible to be attributed in the PCMH Initiative. In general, beneficiaries must be enrolled in a Medicaid Health Plan, receive the full scope of Medicaid services and not be attributed to another Medicaid program/initiative which possess a potentially duplicative service set or payment model. (See detailed exclusion criteria for more information.)
2. The beneficiary's attributed provider is determined based on the selected/assigned primary care provider (PCP) reported to the State of Michigan by each Medicaid Health Plan.
3. Beneficiaries are considered part of the PCMH Initiative population if the selected/assigned PCP is a PCMH Initiative participating practice (participating practices are selected by MDHHS and execute a formal Participation Agreement).
4. The PCMH Initiative Operations Contractor is responsible for maintaining participating practice information within the Statewide Health Provider Directory for the PCMH Initiative.
5. All eligible Medicaid Health Plan members whose PCP is a participating practice will be considered a part of the PCMH Initiative population.

Detail

PCMH Initiative Provider Participation Determination

Practice participation is determined through the PCMH Initiative application process.

1. Practices (or their Physician Organization) complete an intent to participate process which is evaluated against baseline eligibility criteria and requirements by the PCMH Initiative Operations Contractor. Practices meeting baseline eligibility criteria and requirements are invited to complete a full application for participation.
2. Practices invited to apply must complete (or direct their Physician Organization to complete) the PCMH Initiative application in the Statewide Healthcare Provider Directory (HPD). During this process practice unit and PCP details including applicable Tax Identification Numbers (TIN) and National Provider Identifiers (NPI) are collected by the PCMH Initiative.
3. Upon acceptance of a practice's application (see PCMH Participant Guide for approval process

details) the PCMH Initiative Operations Contractor will update the HPD portal to indicate which practices are participating in the PCMH Initiative. This determination will be noted at the each of the following levels:

- a. Provider Organization (PO)
- b. Practice Unit (PU)
- c. National Provider Identifier (NPI)

PCMH Initiative Population Determination, Payment and Communication

1. The State of Michigan will:
 - a. Generate an ACRS 2.1 file containing the full Medicaid population and associated Medicaid Health Plan and PCP attributes.
 - b. Populate the SIM eligibility fields in the Medicaid beneficiary weekly ACRS file generated the first Monday of each month.
 - c. Determination will be based on eligibility at the point in time the report is generated.
 - d. Set "SIM Eligible Flag" (Y/N) based on approved exclusion criteria
 - i. Beneficiaries in only the following Medicaid plan types shall be considered SIM eligible:
 1. MA-HMP-MC
 2. MA-MC
 - ii. Beneficiaries in the following Medicaid plan types shall be explicitly excluded from SIM eligibility, even if they are also in another eligible plan type.
 1. HHMICARE
 2. HHBH
 - iii. Beneficiaries with an "OtherInsuranceCode" of "89" or above shall be excluded from SIM eligibility, regardless of any other eligible criteria.
 - e. Populate "SIM Program Code" (e.g., TANF, ABAD, HMP) conveying the type of beneficiary eligibility, which corresponds with PCMH Initiative payment model rates.
 - f. Transmit the ACRS 2.1 file to MiHIN
2. MiHIN will:
 - a. Determine the Medicaid PCMH Initiative population:
 - i. Based on the information contained in the ACRS 2.1 file from the State of Michigan and the HPD portal (maintained by the PCMH Initiative Operations Contractor), MiHIN will identify which PCPs are associated with PCMH Initiative participating practices and denote them as PCMH Initiative participating PCPs.
 - ii. Beneficiaries attributed to PCMH Initiative participating PCPs will be identified as part of the PCMH Initiative attributed population.
 1. SIM Participating Flay set to Y
 - iii. PCMH Initiative participating practices will be eligible for Care Coordination and/or Practice Transformation payment(s) based on their attributed beneficiary population.
 1. PCMH Payment Type – CC, PT, Both or None

- b. Generate an ACRS 2.1 file populating the following information:
 - i. SIM Program Code – returning the values from the State ACRS 2.1 file.
 - ii. SIM Participant – indicating participation at the beneficiary level.
 - iii. PCMH Payment Type - indicating payment type (CC - Care Coordination, PT - Practice Transformation, Both, None) at the beneficiary level.
 - iv. PCP NPI - returning the values from the State ACRS 2.1 file.
 - v. Tax Id Number – Will be used for determining where to send payment
 - vi. Payment Name – Name associated with the Tax ID Number for Payment
 - vii. Payment Address – Address associated with the Tax ID Number for Payment
 - c. Transmit the full Medicaid ACRS 2.1 to the State of Michigan
 - d. Transmit the provider specific ACRS 2.1 Patients to the appropriate provider organization as identified in the HPD.
 - e. Transmit the full Medicaid ACRS 2.1 to the SIM Data Aggregator
3. The State of Michigan will:
- a. Receive the ACRS 2.1 file from MiHIN and store in the Data Warehouse.
 - b. Transmit a monthly SIM participation report to each Medicaid Health Plan. The report will minimally include:
 - 1. Month of Eligibility
 - 2. Beneficiary ID
 - 3. Beneficiary First Name
 - 4. Beneficiary Last Name
 - 5. Beneficiary Program Code
 - 6. PCMH Payment Type {CC | PT | Both}
 - 7. Provider NPI
 - 8. Provider First Name
 - 9. Provider Last Name
 - c. Initiate SIM payment process.
 - i. Payments will be made to Medicaid Health Plans on a quarterly basis through a Gross Adjustment.
 - ii. A quarterly reconciliation report will be provided to the Medicaid Health Plans to facilitate the disbursement of funds.
 - iii. The quarterly report will include the following information for each month of the quarter.
 - 1. Month of Eligibility
 - 2. Beneficiary ID
 - 3. Beneficiary First Name
 - 4. Beneficiary Last Name
 - 5. Beneficiary Program Code
 - 6. PCMH Payment Type {CC | PT | Both}
 - 7. CC Payment Amount
 - 8. PT Payment Amount
 - 9. Provider NPI

10. Provider First Name
11. Provider Last Name
12. Tax ID Number
13. Payment Name
14. Payment Address

Note:

The State of Michigan and MiHIN will perform reconciliation testing with the Medicaid Health Plan specific ACRS 2.1 and the monthly SIM participation file. Upon successful completion of testing and Medicaid Health Plan onboarding, the continued use of the monthly SIM participation report will be reevaluated.