SIM PCMH Initiative

SUPPLEMENTAL OFFICE HOURS: 2019 PAYMENT MODEL

FEBRUARY 21, 2019 | 1:00 – 2:00 PM

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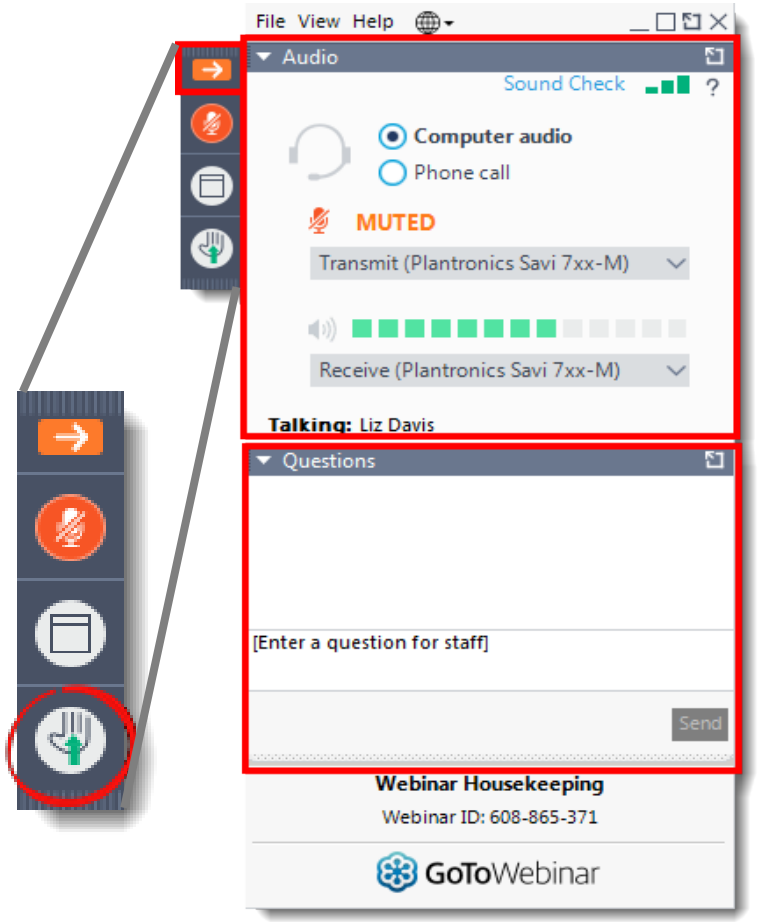
Webinar Toolbar Features



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Note: If time allows, we will unmute participants to ask questions verbally.

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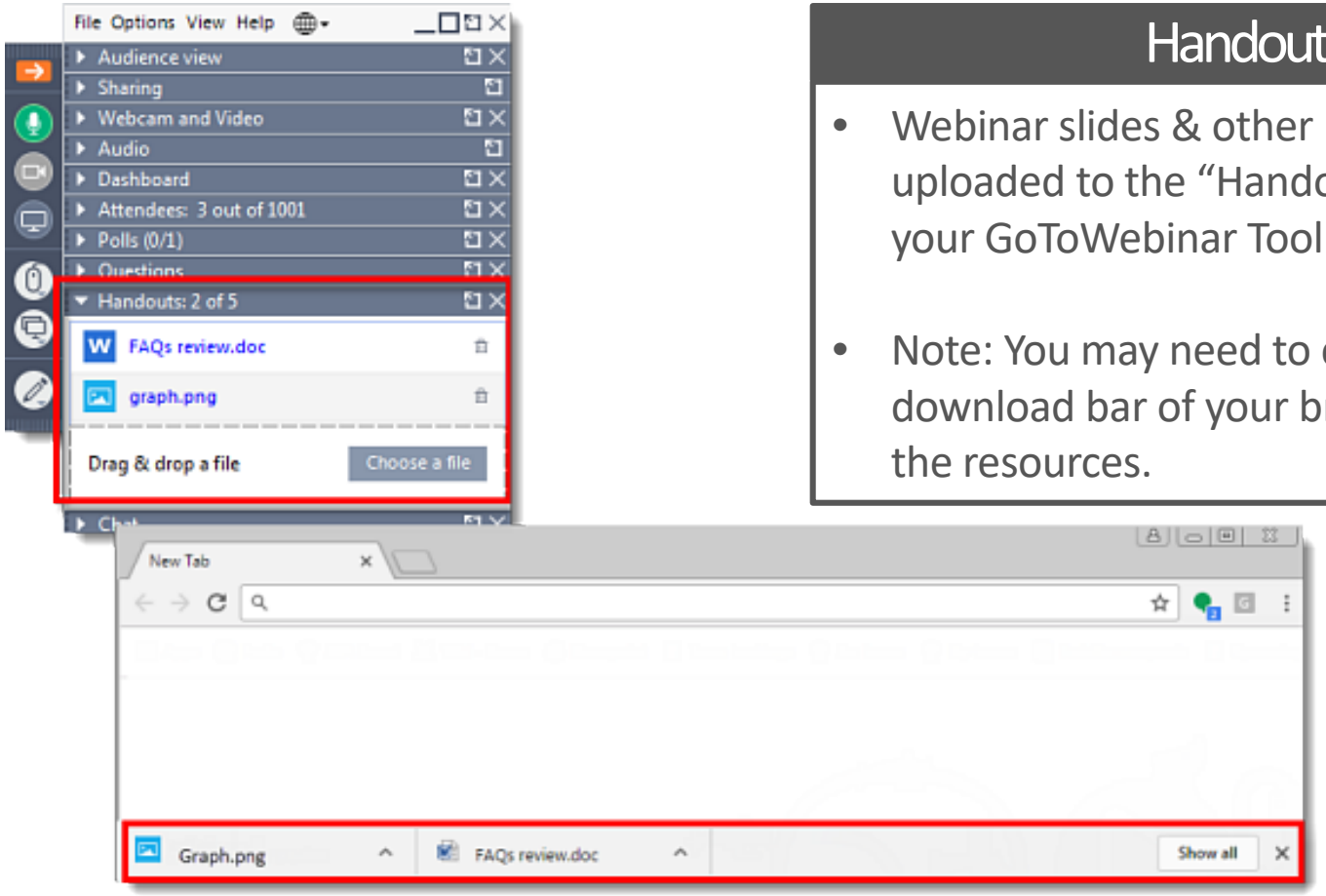


Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.

2019 Payment Model

OVERVIEW

SIM Care Delivery Component: *Big Picture Goals*

SIM Care Delivery goals of:

1. Championing models of care that engage patients using comprehensive, whole-person-oriented, coordinated, accessible and high-quality services centered on an individual's health and social well-being.
2. Supporting and creating clear accountability for quantifiable improvements in care processes and quality, as well as health outcomes.
3. Creating opportunities for Michigan primary care providers to participate in increasingly advanced APMs.

Overview: 2019 Payment Model Update

There are two categories of payment within the 2019 payment model

- Both are performance based, measured at the participating organization (the organization that signed the participation agreement) level
- Payment categories calculated independently (i.e. you do not need to reach specific performance thresholds in one category to receive payment in the other category)

Care Management and Coordination	Performance Incentive Program

• Retrospective Per Member Per Month Payment
• Paid Quarterly
• Performance Based - 2 measurement periods
• Improvement Opportunity
  • Care Management Improvement Reserve
	• Retrospective Payments, calculated on average annual membership
	• Paid Annually
	• Performance Based - One measurement period
	• Two Payment Opportunities
	  • Base Incentive Payment
	  • Bonus Incentive Payment

Care Management and Coordination

SCHEDULE, METHODOLOGY, AND RESOURCES

Care Management and Coordination:
Payment Background

2019 Participation Agreement:

- PCMH Initiative Participants will receive care management and coordination payment to support embedded care coordination services as a PMPM rate according to their performance during the 4Q17-2Q18 performance period.

- PCMH Initiative Participants will have their performance related to care management and coordination services assessed 4Q18-2Q19 to inform final PCMH Initiative CM/CC payment

Performance Monitoring Schedule:
Percentage of Patients with a Care Management Claim

Dates of Service	Report Delivered on MDC PCMH Portal	
Oct. – Dec. 2017	April 2018	2018 (Initial) Measurement Period
Jan. – Mar. 2018	July 2018	
Apr. –Jun. 2018	Oct. 2018	
Jul. – Sept. 2018	Jan. 2019	
Oct. – Dec. 2018	April 2019	2019 (Final) Measurement Period
Jan. – Mar. 2019	July 2019	
Apr. – Jun. 2019	Oct. 2019	
Jul. – Sept. 2019	Jan. 2020	
Oct. – Dec. 2019	Apr. 2020	

- Two Measurement Periods:
  - Initial (4Q17 – 2Q18 Dates of Service)
  - Final (4Q18 – 2Q19 Dates of Service)
- The report from each of the three quarters within the Measurement Period will be aggregated to generate the Performance Rate for each PCMH Initiative Participant
- Each Measurement Period will have a distinct impact on 2019 Payments

Performance Monitoring Method:
Participants with multiple practices/sites

Example: April 2018 Report Results

PCMH Initiative Participant Organization	# Claims	SIM Population	Percent
Practice A	13	391	3.32%
Practice B	0	2323	0.00%
Practice C	17	933	1.82%
Practice D	7	91	7.69%
Practice E	6	1319	0.45%
Practice F	33	775	4.26%
Practice G	78	987	7.90%
Practice H	15	999	1.50%
Practice I	6	655	0.92%
Practice J	13	304	4.28%
Practice K	33	906	3.64%
Practice L	1	269	0.37%
Practice M	152	4213	3.61%
Practice N	32	560	5.71%
Practice O	70	1170	5.98%
Practice P	3	2880	0.10%
Practice Q	4	243	1.65%
Practice R	124	7441	1.67%
Practice S	4	484	0.83%
Practice T	77	3222	2.39%
Practice U	24	404	5.94%
Practice V	57	917	6.22%
Practice W	23	328	7.01%
Total	**790**	**31587**	**2.50%**

Calculating Participant Performance

$$\frac{\text{Sum of claims from each Participating Practice}}{\text{Sum of SIM Population from each Participating Practice}}$$

While individual practice performance varies across this participating organization, the overall performance for this Participating Organization would be 2.5% during this quarterly report.

Performance Monitoring Method:
Calculating Performance Rate

$$\frac{\text{Claims from April + July + October Reports}}{\text{AVERAGE Population (April, July, October Reports)}} \times 100 = \textbf{Performance Rate}$$

EXAMPLE:

Participant Organization	April 2018	July 2018	Oct. 2018	Aggregate Performance	Initial Performance Rate
Participant 1	173 / 35,051	201 / 35,419	222 / 34,426	596 / 34,965	1.70%
Participant 2	81 / 4,891	83 / 5,196	61 / 5,348	225 / 5,145	4.37%
Participant 3	62 / 1,444	37 / 1,460	39 / 1,489	138 / 1,464	9.43%
Participant 4	7 / 4,439	16 / 4,656	39 / 4,967	62 / 4,687	1.32%

BENCHMARK

2.5%

Initial Performance Impacts:
Care Management Improvement Reserve (CMIR)

Care Management Improvement Reserve: A reserved portion of the SIM PCMH Initiative Care Management and Coordination Per Member Per Month (PMPM) payment, due to Participant poor performance on established Initiative metric during the initial performance period in 2018.

Initial Participant Performance Impact

Initial Performance Rate	Initiative Action	Impact on 2019 Payments
2.50% or above	None	None
2.49% or below	Impose Care Management Improvement Reserve	Reduce all 2019 CMCC PMPMs by $0.15

PCMH Initiative Participants will have the opportunity to “earn back” the Care Management Improvement Reserve based on performance during the final performance period in 2019.

Care Management Improvement Reserve
Implementation Example

EXAMPLE: Initial Performance Period, application of Care Management Improvement Reserve

Participant Organization	April 2018 Report Release	July 2018 Report Release	Oct. 2018 Report Release	Aggregate Performance	Initial (2018) Performance Rate	Action Related to CMCC PMPM Payments*
Participant 1	173 35,051	201 35,419	222 34,426	596 34,965	**1.70%**	**Reduced by $0.15**
Participant 2	81 4,891	83 5,196	61 5,348	225 5,145	**4.37%**	**NO Change**
Participant 3	62 1,444	37 1,460	39 1,489	138 1,464	**9.43%**	**NO Change**
Participant 4	7 4,439	16 4,656	39 4,967	62 4,687	**1.32%**	**Reduced by $0.15**

Care Management & Coordination:
Application of the CMIR across 2019 Payments

Met/Exceeded 2018 CMCC Benchmark	Below 2018 CMCC Benchmark
Adult Beneficiaries (19 years and above) • **$3.00** for Adult General Low Income Beneficiaries (TANF) • **$5.00** for Healthy Michigan Plan Beneficiaries (HMP) • **$7.00** for Aged, Blind and Disabled Beneficiaries (ABD) Pediatric Beneficiaries (18 years and under) • **$2.75** for Pediatric General Low Income Beneficiaries (TANF) • **$7.00** for Aged, Blind and Disabled Beneficiaries (ABD)	Adult Beneficiaries (19 years and above) • **$2.85** for Adult General Low Income Beneficiaries (TANF) • **$4.85** for Healthy Michigan Plan Beneficiaries (HMP) • **$6.85** for Aged, Blind and Disabled Beneficiaries (ABD) Pediatric Beneficiaries (18 years and under) • **$2.60** for Pediatric General Low Income Beneficiaries (TANF) • **$6.85** for Aged, Blind and Disabled Beneficiaries (ABD)

*All Care Management and Coordination rates are paid as a Per Member Per Month payment

Final Performance Impacts: *Implementation Example*

EXAMPLE: Final Performance Period, Payment Impacts

Participant Organization	2018 Aggregate Performance	2018 Performance Rate	2019 PMPM Payments	2019 Aggregate Performance	2019 Performance Rate	Action Related to Final Initiative Payment
Participant 1	596 / 34,965	1.70%	Reduced by $0.15	3,568 / 35,381	10.08%	CMIR Returned, Q4 Paid at full CMCC rate
Participant 2	225 / 5,145	4.37%	NO Change	422 / 5,102	8.27%	None (Final Payment Paid at full CMCC rate)
Participant 3	138 / 1,464	9.43%	NO Change	24 / 1,536	1.56%	Final Initiative Payment Reduced by $0.05 PMPM*
Participant 4	62 / 4,687	1.32%	Reduced by $0.15	84 / 4,698	1.79%	CMIR Retained, Final Initiative Payment Reduced by $0.05 PMPM*

Rolling Quarter Care Management Reports

Reporting Period	Reporting Cycle 1	Reporting Cycle 2	Reporting Cycle 3	Reporting Cycle 4
	CY 3Q18 (Jul – Sept 18)	**CY 4Q18 (Oct – Dec 18)**	**CY1Q19 (Jan – Mar 19)**	**CY2Q19 (Apr – Jun 19)**
	Aug 18 – Oct 18	Nov 18 – Jan 19	Feb – April 19	May – Jul 19
	Sept 18 – Nov 18	Dec 18 – Feb 19	Mar – May 19	Jun – Aug 19

Each report contains 3 months worth of data and is available on a monthly frequency

Three quarters (in bold green) are used for CMIR

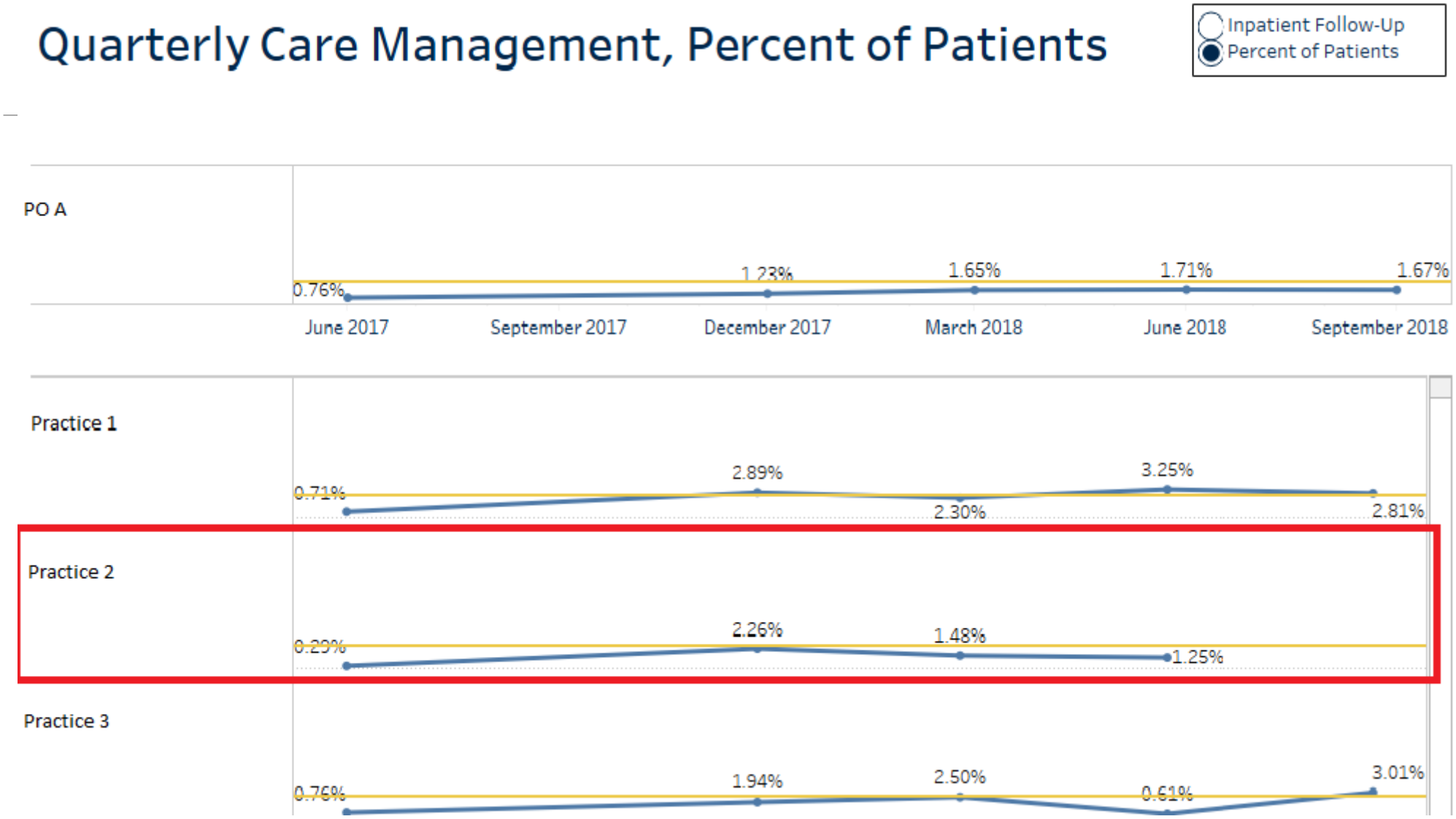
At least two reporting periods between each report used for CMIR:

- **3Q18 posted early January**
- **Aug – Oct 18 posted early February**
- **Sept 18 – Nov 18 due in early March**
- **4Q18 due in early April**

Better assess how your organization is performing ahead of the calendar quarter reports that are used for CMIR

Reminder: scores are recalculated by PCMH leadership to sum numerators and average population across three quarterly periods

New Dashboard Page – Care Management Trends



Performance Incentive Program

SCHEDULE, METHODOLOGY, RESOURCES

Performance Incentive Program:
Program Components

2019 Participation Agreement:

- PCMH Initiative Participants may receive a year end performance incentive payment relative to their performance on Initiative defined benchmarks for a specified set of quality and utilization measures

Base Incentive Payment	Bonus Incentive Payment

• All participants are eligible
• Payment is calculated using performance on included measures (Incentive Score)
  • Participants either meet, or fail to meet benchmark on included measures they are eligible for
  • $1.75 PMPM* x Incentive Score x 12 mos.
	• Participants that meet or exceed the benchmark for at least **75%** of the measures they are eligible for will receive a bonus incentive payment
	• Bonus payment amount depends on Initiative performance as a whole

Performance Incentive Program:
Benchmark and Measurement Schedule

Reporting Period (Dates of Service)	Dashboard Release on MDC PCMH Portal*
Jul. '17 – June '18	October 2018
Oct. '17 – Sept. '18	February 2019
Jan. '18 – Dec. '18	April 2019
Apr. '18 – Mar. '19	July 2019
Jul. '18 – June '19	October 2019

* Dashboard released at end of the month

Performance Incentive Program Benchmarking Period

Performance Incentive Program Measurement Period

Performance Incentive Program:
Program Measure Set

MEASURE TYPE	AGE GROUP	MEASURE NAME	BENCHMARK*
QUALITY	Pediatric	Adolescent Well-Care Visits	48.54
		Childhood Immunization Status	45.00
		Lead Screening	78.67
	Adult	Diabetes Nephropathy	86.67
		Diabetes HbA1c Testing	85.63
		Cervical Cancer Screening	59.61
UTILIZATION	Adult	ACSC Adult Composite – Chronic (Prevention Quality Indicator 92)	8.77
	Both	Acute Hospital Admissions	67.78
		Emergency Department Visits	606.01

*Quality Measures are calculated as a percentage, Utilization Measures are calculated as a rate per 1,000

Performance Incentive Program:
Calculating Incentive Score

$$\frac{\text{\# Measures in which benchmark is met/exceeded}}{\text{\# Measures that meet sample size requirements*}} \times 100 = \textbf{Incentive Score}$$

* Numerator must be greater than 5, and Denominator must be greater than 30

Performance Incentive Program:
Incentive Score Example

EXAMPLE:

MEASURE NAME	BENCHMARK	Sample Size Met	Benchmark Met
Adolescent Well-Care Visits	48.54	YES	YES
Childhood Immunization Status	45.00	YES	YES
Lead Screening	78.67	YES	NO
Diabetes Nephropathy	86.67	YES	NO
Diabetes HbA1c Testing	85.63	YES	YES
Cervical Cancer Screening	59.61	NO	--
ACSC Adult Composite – Chronic	8.77	YES	YES
Acute Hospital Admissions	67.78	YES	YES
Emergency Department Visits	606.01	NO	--

$$\frac{5}{7} \times 100 = 71\%$$

Performance Incentive Program:
Incentive Score Applied to Payment

EXAMPLE:

Participant Organization	Performance	Incentive Score	Base Payment Rate	Average Population	Total Base Payment	Missed Opportunity	Bonus Eligible?
Participant 1	9/9	100%	$1.75 PMPM	15,485	**$382,185.00**	**0**	**YES**
Participant 2	5/6	83%	$1.45 PMPM	2,782	**$48,406.80**	**$10,015.20**	**YES**
Participant 3	4/8	50%	$0.88 PMPM	3,521	**$37,181.76**	**$36,759.24**	**NO**
Participant 4	5/7	71%	$1.24 PMPM	786	**$11,695.68**	**$4,810.32**	**NO**
Participant 5	6/9	67%	$1.17 PMPM	9,875	**$131,645.00**	**$68,730.00**	**NO**
Participant 6	7/7	100%	$1.75 PMPM	6,389	**$134,169.00**	**0**	**YES**
Participant 7	6/8	75%	$1.31 PMPM	562	**$8,834.64**	**$2,967.36**	**YES**

Performance Incentive Program:
Bonus Incentive Payment Pool

EXAMPLE:

Bonus Pool = $123,282.12

Participant Organization	Performance	Incentive Score	Base Payment Rate	Average Population	Total Base Payment	Missed Opportunity	Bonus Eligible?
Participant 1	9/9	100%	$1.75 PMPM	15,485	**$382,185.00**	**0**	**YES**
Participant 2	5/6	83%	$1.45 PMPM	2,782	**$48,406.80**	**$10,015.20**	**YES**
Participant 3	4/8	50%	$0.88 PMPM	3,521	**$37,181.76**	**$36,759.24**	**NO**
Participant 4	5/7	71%	$1.24 PMPM	786	**$11,695.68**	**$4,810.32**	**NO**
Participant 5	6/9	67%	$1.17 PMPM	9,875	**$131,645.00**	**$68,730.00**	**NO**
Participant 6	7/7	100%	$1.75 PMPM	6,389	**$134,169.00**	**0**	**YES**
Participant 7	6/8	75%	$1.31 PMPM	562	**$8,834.64**	**$2,967.36**	**YES**

Performance Incentive Program:
Bonus Incentive Payment Calculation

$$\frac{\text{Available Bonus Pool Amount}}{\text{(Total Bonus Eligible Population x 12)}} = \textbf{Bonus Incentive Payment PMPM}$$

EXAMPLE:

$$\frac{\$123{,}282.12}{306{,}216} = \textbf{\$0.40}$$

Performance Incentive Program:
Bonus Incentive Payment Applied

EXAMPLE:

Participant Organization	Performance	Incentive Score	Base Payment Rate	Average Population	Total Base Payment	Missed Opportunity	Bonus Eligible?	Bonus Payment
Participant 1	9/9	100%	$1.75 PMPM	15,485	**$382,185.00**	**0**	**YES**	**$74,792.55**
Participant 2	5/6	83%	$1.45 PMPM	2,782	**$48,406.80**	**$10,015.20**	**YES**	**$13,437.06**
Participant 3	4/8	50%	$0.88 PMPM	3,521	**$37,181.76**	**$36,759.24**	**NO**	**--**
Participant 4	5/7	71%	$1.24 PMPM	786	**$11,695.68**	**$4,810.32**	**NO**	**--**
Participant 5	6/9	67%	$1.17 PMPM	9,875	**$131,645.00**	**$68,730.00**	**NO**	**--**
Participant 6	7/7	100%	$1.75 PMPM	6,389	**$134,169.00**	**0**	**YES**	**$30,858.87**
Participant 7	6/8	75%	$1.31 PMPM	562	**$8,834.64**	**$2,967.36**	**YES**	**$2,714.46**

New Dashboard Page for Performance Incentive Program (PIP) Measures

Limited to the measures included in PIP

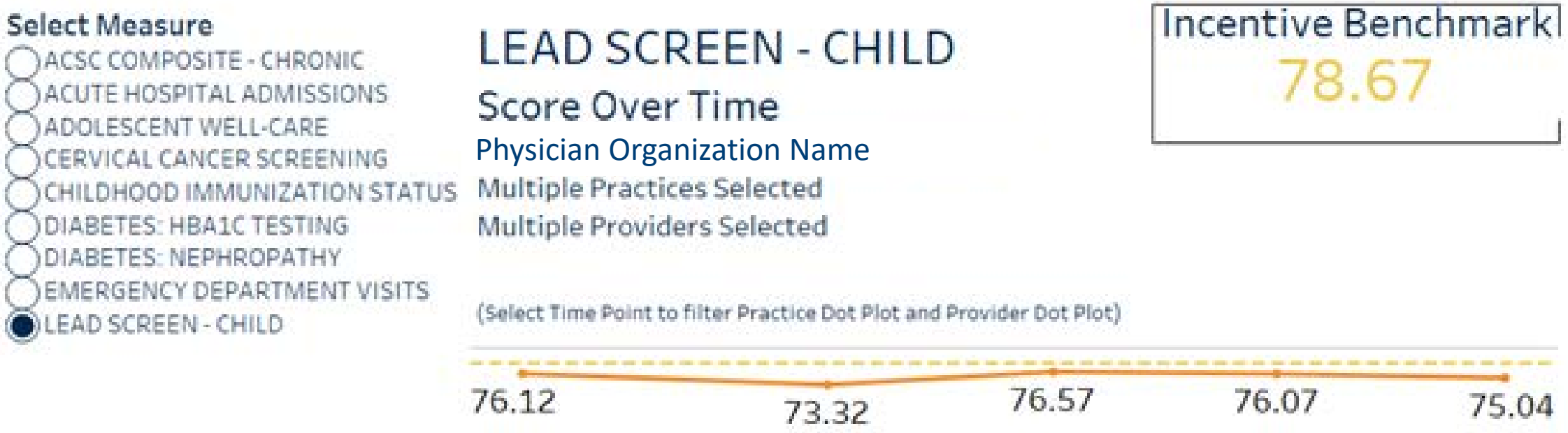
Organizations can see how they are performing against the benchmarks over time

Identify Practices and/or Providers that are not meeting the benchmark and which ones are furthest away from the benchmark

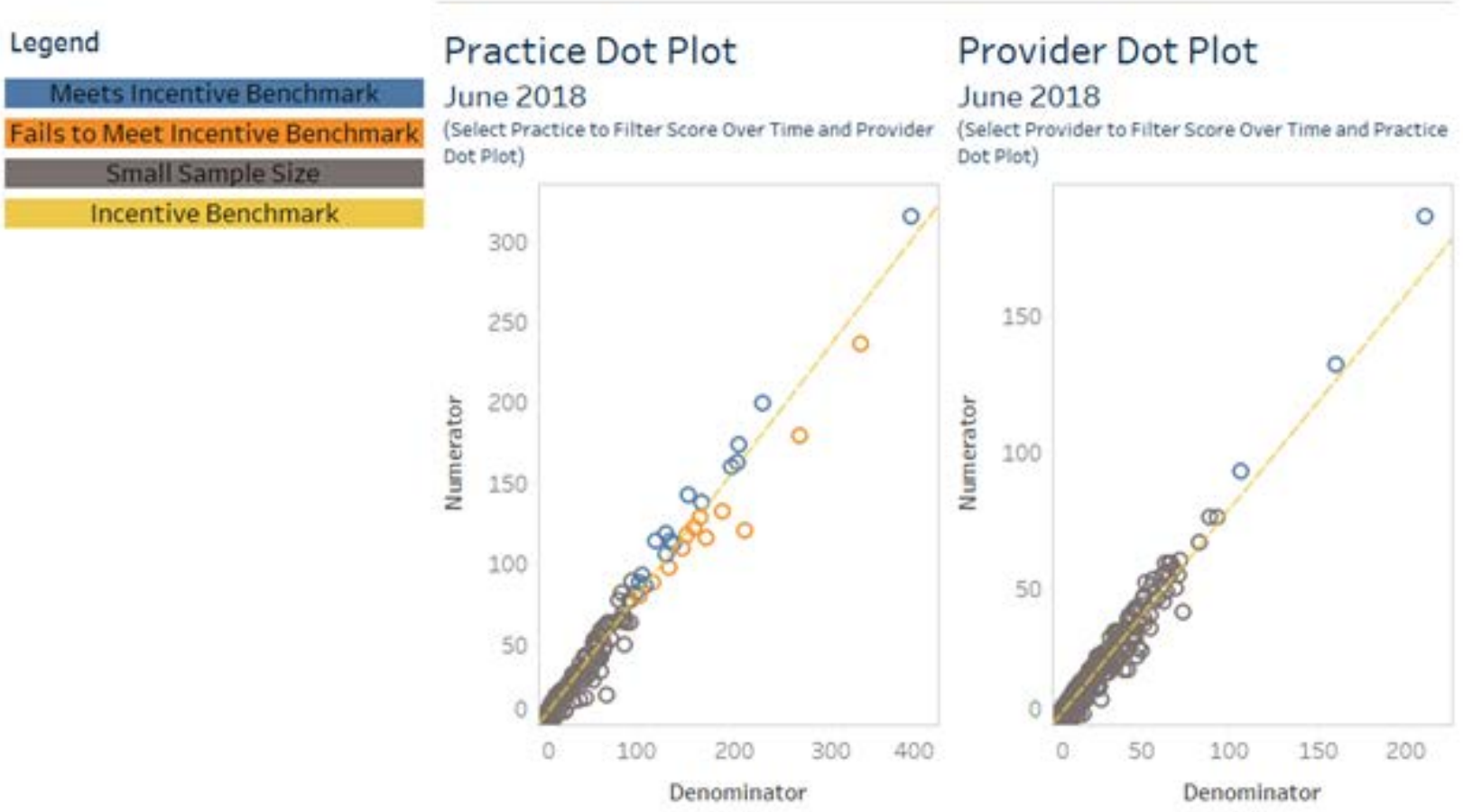
If you see results in the trend line, the population is large enough to qualify for incentives

Incentives are based on how your organization participates in SIM PMCH (as part of the Managing Organization or as an Independent Practice)

Dashboard – Incentive Page



Incentive Dashboard – Dot Plots



Report Availability and Content

Care Management reports for CMIR and dashboard measures for PIP are both generated on a quarterly basis but contain different reporting periods

Deliverable	Target Date for Posting	Reporting Period
Calendar Quarter CM/CC Reports	Mid January 2019	Jul 18 - Sept 18
Dashboard Release 7	End of February 2019	Oct 17 - Sept 18
Calendar Quarter CM/CC Reports	Early April 2019	Oct 18 - Dec 18
Dashboard Release 8	Late April 2019	Jan 18 - Dec 18
Calendar Quarter CM/CC Reports	Early July 2019	Jan 19 - Mar 19
Dashboard Release 9	End July 2019	Apr 18 - Mar 19
Calendar Quarter CM/CC Reports	Early October 2019	Apr 19 - June 19
Dashboard Release 10	End October 2019	Jul 18 - June 19

Questions

Appendix

TRACKING CODES

2019 Tracking Codes

CARE MANAGEMENT AND COORDINATION

HCP LAN APM Framework:
Application to the SIM PCMH Initiative

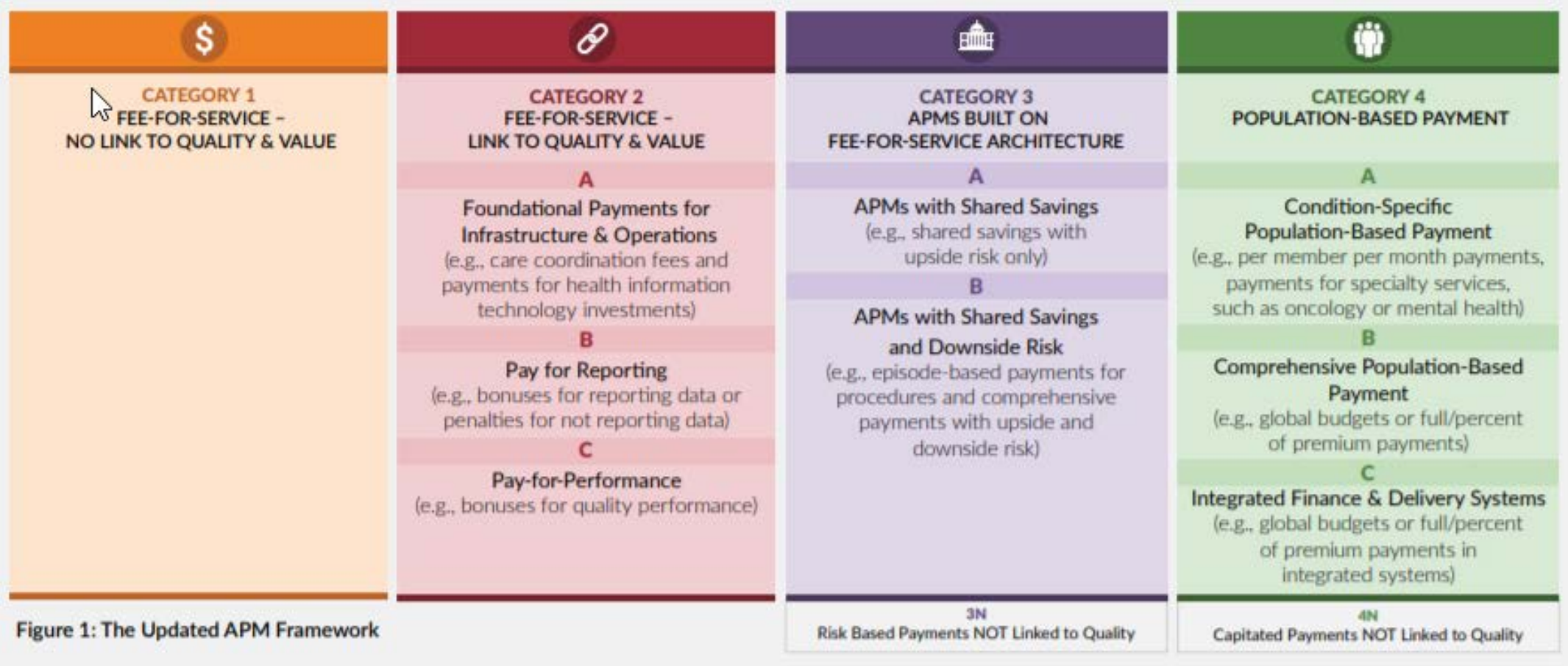


Figure 1: The Updated APM Framework

Care Management and Coordination: *2019 Tracking Codes*

- The PCMH Initiative requires all participating practices to track Care Management and Coordination Service provision using a designated set of Healthcare Common Procedure Coding System (HCPCS) and the American Medical Association's Current Procedural Terminology (CPT) codes.

Code	Quick Description
G9001	Comprehensive Assessment
G9002	In-person Encounter
98966, 98967, 98968	Telephone Services
99485, 99496	Care Transition
G9007	Team Conference
G9008	Physician Coordinated Care Oversight Services
98961, 98962	Group Education and Training
S0257	End of Life Counseling

New codes added in 2018

See Appendix C: Care Management and Coordination Tracking Quick Reference in the 2019 Participant Guide for more complete details on each code

Care Management and Coordination: *Service Documentation*

All Services rendered should be documented in electronic Care Management and Coordination Documentations Tools (either a stand alone product or component of EHR), with information accessible to all care team members at the point of care.

Documentation should, at a minimum, include the following:

- Date of Contact*
- Duration of Contact
- Method of Contact
- Name(s) of Care Team Member(s) Involved in Service
- Nature of Discussion and Pertinent Details
- For G9001- Comprehensive assessment results and detailed, individualized care plan
- For G9007- Update(s) and/or additions made to individualized care plan

** Date of service reported should be the date the care management and coordination service took place. In some cases, a service may take place over the course of more than one day, in such an event the date of service reported should be the date the service was completed*

Care Management and Coordination:
Claims Submission Guidelines

Submission of the Care Management and Coordination claims supports one of the SIM PCMH Initiative Care Management and Coordination Metrics:

$$\frac{\text{Any patient who has had a claim with one of the applicable codes during the reporting period}}{\text{Eligible Population}}$$

All claims must be formally submitted to the appropriate payer (Medicaid Health Plan) directly at the practice's customary charge to be included as a part of service provision tracking

- The Care Management and Coordination services outlined by the HCPCS and CPT codes must be provided under the general supervision of a primary care provider.
- Many of the services themselves or activities to support the service can be accomplished through coordinated team efforts, maximizing Care Manager and Coordinator skills to engage patients efficiently. While many team members may be involved in the provision of a single service (such as a care transition), the service may only be billed using the National Provider Identifier (NPI) of the primary care provider