

Health Care Innovation Initiative

Provider Stakeholder Group August 24, 2016



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#### • Updates

- Comprehensive Primary Care Plus (CPC+) Initiative
- Wave 6 Episodes of Care
- PCMH Program



## Health Link Program launch update

# We will be delaying the launch of the Health Link program until December 1<sup>st</sup>, 2016

- Gives providers additional time to configure and test their billing systems
- Allows additional time for the provider training and technical assistance vendor to begin their work
- For a complete list of the participating Health Link providers, please visit our website at <u>http://www.tn.gov/assets/entities/hcfa/attachments/HealthLinkOrgani</u> <u>zationList.pdf</u>



## **Episodes Update**

# Final Reports to providers on Wave 1 calendar year 2015 will be available by the end of the month

• Amerigroup and United are revising a small portion of total joint episodes. The changes will all be in the providers' favor, as services that should not have been considered in the pre-trigger window will be removed.



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### Comprehensive Primary Care Plus (CPC+) Initiative announcement

- The Centers for Medicare & Medicaid Services (CMS) has selected the state of Tennessee as one of fourteen markets for Comprehensive Primary Care Plus (CPC+).
- Under CPC+, Medicare will invest in Tennessee primary care providers through a new voluntary value based payment program. Tennessee practices participating in the CPC+ initiative will receive an average of \$15 to \$28 per month for their Medicare fee-for-service patients.
- Tennessee was selected for CPC+ because TennCare's managed care organizations--Amerigroup, BlueCare and UnitedHealthcare-submitted applications on behalf of Tennessee primary care providers that led to Tennessee being selected.
- CPC+ is a Medicare program. It does not impact Medicaid in any way, and it does not impact participation in the TennCare PCMH program.



### Comprehensive Primary Care Plus (CPC+) Initiative announcement

- Interested practices in Tennessee must submit an application to CMS by September 15, 2016, via the online portal at <u>https://app1.innovation.cms.gov/cpcplus</u> to be considered for participation in CPC+.
- For questions about the model or the application process, visit <u>http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus</u> or email <u>CPCplus@cms.hhs.gov</u>.



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### Wave 6 Episodes of Care

- Over 65 nominations were received to serve on the three Wave 6 TAGs.
- Seven episodes included in Wave 6: Neonatal (*expected 3 separate episodes*), HIV, Outpatient Skin and Soft Tissue Infection, Pancreatitis, Acute Diabetes Exacerbation.
- Wave 6 episodes will begin reporting in May 2017.



Neonatal	TAG 1	TAG 2	TAG 3	TAG 4
Neonatai	Sept 6 <sup>th</sup> 9AM-12PM (CT)	Sept 27 <sup>th</sup> 9AM-12PM (CT)	Oct 18 <sup>th</sup> 9AM-12PM (CT)	Nov 8 <sup>th</sup> 9AM-12PM (CT)

Name	Affiliation		
David Adair, MD	UT-Chattanooga, Regional Obstetrical Consultants		
Esmond L. Arrindell Sr., MD	Baptist Memorial Hospital for Women		
Lou Arrindell Jr., MD	Baptist Memorial Hospital for Women		
John Buchheit, MD	East Tennessee Children's Hospital		
Michael DeRoche, MD	Greater Nashville Perinatology, PLC		
W. Michael DeVoe, MD	East Tennessee State University Pediatrics Niswonger Children's Hospital		
R. Dhanireddy, MD	Le Bonheur Children's Hospital Regional Medical Center		
Mark Gaylord, MD	University of Tennessee Medical Center, Knoxville		
Peter Grubb, MD	Tennessee Initiative for Perinatal Quality Care (TIPQC)		
Bruce Jenkins, MD	Methodist Health System		
Grover May, MD, FACOG	State of Franklin OB/GYN Specialists		
Andrew McCormick, MD	Sapling Grove Family Medicine		
Morgan McDonald, MD	Tennessee Department of Health		
Sherrie McHolland, BBA	Greater Nashville Perinatology, PLC		
Fabian Ngido, MD, FAAP	Cookeville Regional Medical Center		
Marta Papp, MD	Saint Thomas Midtown Hospital		
Stephen W. Patrick, MD, MPH, MS	Monroe Carell Jr Children's Hospital at Vanderbilt		
Ted Taylor, MD	State of Franklin Healthcare Associates		
Craig V. Towers, MD, FACOG	University of Tennessee Medical Center, Knoxville		
Bill Walsh, MD	Monroe Carell Jr Children's Hospital	10	

### Pancreatitis and Acute Diabetes Exacerbation

	TAG 1	TAG 2	TAG 3	
Pancreatitis and Acute Diabetes Exacerbation	September 13 <sup>th</sup> 9:30AM-12PM (CT) Tuesday	October 4 <sup>th</sup> 9AM-12PM (CT) Tuesday	October 25 <sup>th</sup> 9AM-12PM (CT) Tuesday	
Name		Affiliation		
Pamela A. Clark, MD	Erlanger Hea	alth System		
Michael Fowler, MD	Vanderbilt U	Vanderbilt University Medical Center		
Jennifer C. Kelley, MD	Vanderbilt U	Vanderbilt University Medical Center		
Amit Lahoti, MD	Le Bonheur	Le Bonheur Children's Hospital		
Cindie Mick, MS, RD, LDN, CDE, G	CPT Centennial N	Centennial Medical Center		
David Moulton, MD	State of Fran	State of Franklin Healthcare Associates		
Richard Pembridge, ACNP BC-AD	DM Saint Thoma	Saint Thomas Health Diabetes Center		
Kathy White, FNP	CareMore	CareMore		
Theresa Woodard, MD	TWMed Con	TWMed Consulting		
Syeda S. Zaidi, MD	Vanderbilt U	Vanderbilt University Medical Center		



#### HIV and Outpatient Skin and Soft Tissue Infection

	TAG 1	TAG 2	TAG 3	
HIV and Outpatient Skin and Soft Tissue Infection	September 20 <sup>th</sup> 9AM-12PM (CT) Tuesday	October 11 <sup>th</sup> 9AM-12PM (CT) Tuesday	November 1 <sup>st</sup> 9AM-12PM (CT) Tuesday	
Name		Affiliation		
Donald J. Alcendor, PhD	Meharry	Meharry Medical College		
Vladimir Berthaud, MD, MPH		Meharry Wellness Center		
C. Buddy Creech, MD, MPH		Vanderbilt Medical Group		
Amen Eguakun, FNP		Vanderbilt Comprehensive Care Clinic		
Joseph Interrante, PhD		Nashville CARES		
Marion Kainer, MD		Tennessee Department of Health		
Dante Pappano, MD		East Tennessee Children's Hospital		
Nehali Patel, MD		St. Jude Children's Research Hospital		
Anna K. Person, MD		Vanderbilt University Medical Center		
Mark A. Pierce, MD		Cookeville Regional Medical Center		
Stephen Raffanti, MD, MPH		Vanderbilt School of Medicine		
Pam Sylakowski, MPH		Metro Public Health Department		
Carolyn Wester, MD, MPH		Robertson County Health Department		



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### **PCMH timeline**

PCMH applications due back to State	Selection of Wave 1 practices	Wave 1 practices Activities begin	Applications open For Wave 2 of PCMH
uly 1 – August 1, 2016	September 1, 2016	January 1, 2017	Fall 2017
Practices to submit applications, with State fielding questions as needed	<ul> <li>State to announce Wave 1 PCMHs to applicants</li> </ul>	<ul> <li>20 – 30 practices begin Wave 1 of the TennCare PCMH Program</li> </ul>	<ul> <li>Additional practices may submit an application to participate in PCMH</li> </ul>
P	CMH will begin with 20-3 and will add pr	30 practices in January actices each year	2017

More information about the TennCare PCMH Program can be found on our website: <u>https://www.tn.gov/hcfa/article/patient-centered-medical-homes</u>



## **TennCare PCMH Program Overview**

Aligned PCMH program design among all TN Medicaid managed care organizations

#### **PCMH Practices commit to:**

- Patient-centered access
- Team-based care
- Population health management
- Care management support
- Care coordination and care transitions
- Performance measurement and quality improvement

#### **PCMH Providers receive:**

- Ongoing financial support as well as financial rewards for high performance
- Training and custom curriculum
- Actionable quarterly reports on practice performance
- Access to a Care Coordination Tool with member level detail

Benefits to patients, providers, and the health care system:

- Increased quality of care for Medicaid members throughout Tennessee
- Deep collaboration between providers and health plans
- Support and learning opportunities for primary care providers
- Appropriateness of care setting and forms of delivery
- Enhanced chronic condition management
- Referrals to high-value medical and behavioral health care providers
- Reduced readmissions through effective follow-up and transition management



### PCMH Payment Model Overview

#### Direct financial investments

	Objective	Payment
Practice Transformation Payment	• Support initial investment in practice transformation	<ul> <li>\$1 per member per month (PMPM) payment</li> <li>Not risk adjusted</li> <li>Each practice will receive this payment for their first year of participation</li> </ul>
Activity Payment	<ul> <li>Support practices for the labor and time required to evolve their care delivery models. Practices may hire new staff (e.g., care coordinators) or change responsibilities for existing staff to support practice transformation.</li> <li>Incentivize ongoing activity requirements</li> </ul>	<ul> <li>Risk-adjusted PMPM payment</li> <li>Each PCMH will be assigned to a risk band based on the acuity of their membership</li> <li>MCOs will set payment levels for these bands, but average payment across all practices will be \$4 PMPM</li> <li>Starting in Year 3, a portion of activity payments will be at-risk based on performance on quality and efficiency metrics.</li> </ul>
Outcome Payment	<ul> <li>Encourage improvements in total- cost-of care and clinical outcomes</li> <li>Reward high quality providers</li> </ul>	<ul> <li>Annual bonus payment available to high performing PCMHs</li> <li>High-volume (5,000+ member) PCMH practices: Shared savings based on total cost of care and quality metrics</li> <li>Low-volume (&lt;5,000 member) PCMH practices: Bonus payment based on efficiency and quality metrics</li> </ul>

### **PCMH Resource Investments**

- **Training Vendor**: HCFA will contract with one provider training vendor on behalf of all participating providers. The vendor will provide training and technical assistance for each site while also facilitating collaboration between providers.
- **Quarterly reports**: Quarterly provider reports will include cost and quality data aggregated at the practice level. Each MCO will send reports to participating providers.
- **Care Coordination Tool**: A multi-payer shared care coordination tool (CCT) will allow PCMH practices to implement better care coordination. The tool is designed to offer useful information to PCMH practices.

