

Primary Care Transformation: Patient Centered Medical Homes for the TennCare population

Partnering to improve care in Tennessee

TennCare is committed to delivering the best care possible to all of its members. Patients with complex medical conditions can be a particularly high risk population. For example, the top 5% of TennCare members based on cost are over 15 times more likely to be hospitalized and 4 times more likely to present in an emergency room setting.

These statistics point to an opportunity to better serve members by increasing the focus on primary care with the goal of preventing unnecessary hospitalizations and emergency room visits. Patient-centered medical home (PCMH) programs are designed to make primary care providers (PCPs) the center of their patients' medical networks. From this central position, providers can ensure that their patients are receiving integrated and seamless care across the entire health care system.

Many states have introduced some type of accountable care program resembling PCMH. A number of programs, including those in Pennsylvania and Oregon, have shown substantial improvement in patient outcomes and reduced the total cost of care. TennCare is building upon this foundation to scale a common PCMH program statewide across multiple health insurance companies.

What is a PCMH?

With the primary care provider at the center of patient care, the PCMH model of care coordination should provide all members access to the full spectrum of medical care. Relationships are developed and a team of providers is accountable for a patients' physical and behavioral health care needs. There is a focus on wellness and appropriate acute and chronic care. Comprehensive care is organized across the healthcare system with clinicians and staff seeking to enhance the

quality of care provided while also instructing patients and families in how to actively engage in self-management.

PCMH providers commit to various evidenced based transformational standards and activities, including:

- **Patient-centered access** (e.g., providing same-day appointments for routine and urgent care)
- **Team-based care** (e.g., holding scheduled patient care team meetings or a structured communication process focused on individual patient care)
- **Population health management** (e.g., using data for population management to address chronic and acute care services)
- **Care management support** (e.g., identifying high-risk patients for care management and care plans with self-care support recommendations for each of them)
- **Care coordination and care transitions** (e.g., referral tracking and follow up and coordinating care transitions)
- **Performance measurement and quality improvement** (e.g., measuring and tracking performance on quality and efficiency measures)

In Tennessee's new PCMH program, providers will be compensated for supporting the initial start-up requirements of becoming a PCMH and for performing the required new activities. In addition, providers will be eligible for bonus payments for improvements in the quality and efficiency of the care they provide. These new payment streams will support and incentivize the transformational goals of the PCMH program.

How can Tennessee providers participate?

Tennessee is working with primary care providers and TennCare health plans to create a program that incentivizes provider participation and aligns incentives to address quality, access, and cost.

Providers must meet the following minimum criteria to apply for the Tennessee PCMH program:

- **Commitment:** Stated commitment to the program by attesting that the practice will meet all PCMH requirements, share learnings, and support future PCMH waves

- **Minimum panel size:** Requirement of 500 patients with a single TennCare health plan to enter the program
- **Practice type:** Must be an eligible primary care TennCare practice type (i.e., family practice, general practice, pediatrics, internal medicine, geriatrics, FQHC) with one or more PCPs, including nurse practitioners
- **Tools:** Commitment to use the State's care coordination tool
- **Personnel:** Designation of a PCMH Director (no licensure requirement, though ongoing physical presence is required) and employ care coordinators to work with high risk members and their treatment network
- **Training:** All practices will have access to 2 years of practice transformation training and support through the State's provider training vendor, Navigant. Practices are required to participate in trainings, including learning collaboratives and conferences

As providers begin operating as PCMHs, they will be expected to perform all required PCMH activities for their members. To meet activity requirements, practices may either:

- ✓ Maintain Level 2 or 3 PCMH accreditation from the National Committee for Quality Assurance (NCQA)

OR

- ✓ Meet Tennessee's specific activity requirements and begin working towards meeting NCQA's 2017 PCMH accreditation, once standards are finalized (expected in March 2017)

How will providers be compensated?

Providers who are selected to become a PCMH in Tennessee will be assigned a panel of identified TennCare members for whom they will be provided a set of resources to manage their care. These resources will be provided in addition to the continued fee-for-service reimbursement for providing primary medical care:

- **Practice transformation support:** Providers will receive two types of support to make the clinical and organizational changes required to perform as successful PCMHs:
 - **Financial support:** Practices will be paid direct financial support for their first year in the program

- **In-kind support:** Practices will receive practice transformation training from a State funded vendor for their first two years in the program
- **Activity payment:** Providers will receive a risk-adjusted per member per month payment to cover the costs of support activities for their panels of assigned members.
- **Outcomes payment:** Outcomes-based payments are intended to provide financial rewards for practices that succeed in increasing both efficiency and quality. Acceptable quality outcomes must be achieved in order to receive bonus payments.
 - **Large panel providers:** Practices with greater than 5,000 members with a single TennCare health plan will be evaluated for shared savings on total cost of care.
 - **Small panel providers:** Practices with 500 to 5,000 members will have their efficiency metrics performance translated into implied savings based on utilization.

A commitment to increased information sharing

Providers will have access to real-time patient information through the State's Care Coordination Tool. This web-based tool will allow providers to access information on when their patients have been admitted or discharged from a hospital or emergency room. Primary care and behavioral health providers will also be able to see if their patients need a preventive service, which patients may be at high risk in their current condition, and what other services and prescriptions their patients have received from other providers.

PCMH providers will also receive detailed quality and efficiency reports from TennCare health plans on a quarterly basis so that they can track their performance. These reports will be similar to the type of information currently included in Episodes of Care provider reports. Core quality metrics will be measured to ensure that PCMHs are meeting specified quality performance levels and to provide information practices can use to improve the quality of care they provide. In order to qualify for outcomes-based payments, practices must meet acceptable quality levels.

Timeline

Providers who are interested in being considered for PCMH status in Tennessee should be aware of the following timeline:

- **July 1, 2016 – August 1, 2016:** Complete the PCMH provider application for consideration to become a PCMH provider in the State. The application will be released on the TennCare website.
- **September 1, 2016:** PCMH application decisions released by the State. All providers who apply will receive notification about the status of their application decision.
- **January 1, 2017:** PCMH program go-live for 20-30 practices
- **Fall 2017:** Application process for new practices interested in joining for 2018
- **January 1, 2018:** PCMH program go-live for additional 50-60 practices

Frequently Asked Questions (FAQs)

Is the PCMH program mandatory for primary care providers in Tennessee?

No. Providers' participation in PCMH is voluntary. However, we expect many primary care providers will see this as a great opportunity to improve care delivery for their Medicaid patients.

How will the NCQA requirements work?

Practices with NCQA Level 2 or 3 accreditation automatically meet the minimum requirements for Tennessee's PCMH until their accreditation expires. When that accreditation expires, these practices must transition to NCQA's 2017 standards to maintain eligibility for the Tennessee PCMH program.

Practices without NCQA level 2 or 3 accreditation will be expected to meet technical advisory group (TAG) recommended Tennessee specific activities (extended office hours, care team meetings, etc.) that will prepare them for NCQA accreditation in 2017.

NCQA's 2017 recommended standards are expected to be finalized in March 2017. The recommended standards are available here:

<http://www.ncqa.org/Portals/0/PublicComment/PCMH%202017%20Recommendations%20Table.pdf?ver=2016-06-13-094129-053>

TAG recommended Tennessee specific activities are available here:

<https://www.tn.gov/hcfa/article/patient-centered-medical-homes>

Will the program requirements be different for pediatric and adult populations?

No. The eligibility and activity requirements will be the same for both pediatric and adult populations, though specific quality measures will be different for pediatric and adult populations.

How does this program fit with Medicare's Comprehensive Primary Care Plus (CPC+) model?

The Centers for Medicare & Medicaid Services (CMS) selected the State of Tennessee as one of 14 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. The mission and goals of the CPC+ program are aligned with the TennCare PCMH. Tennessee providers participating in the CPC+ initiative will receive an enhanced per-member-per-month (PMPM) payment for their Medicare fee-for-service (FFS) patients.

CMS has notified the providers which were selected to participate in this 5-year program. CPC+ does not impact participation in the TennCare Patient-Centered Medical Home program. However, providers participating in both PCMH and CPC+ will have additional resources to achieve practice transformation.

Can practices with lower volume pool together to access the 5,000 member requirement for Total Cost of Care savings?

Pooling will not be available for the first year of the program, however, the State plans to offer this option in future years. During the PCMH application process, practices will have the opportunity to indicate that they are interested in pooling with other practices to reach the 5,000 member requirement. By pooling, practices voluntarily agree to have their performance measured together by aggregating performance (both per beneficiary cost of care and quality metrics tracked for shared savings incentive payments) across the practices.