PCMH Webinars Questions and Answers

On January 12 and 19, the Maryland Health Care Commission hosted webinars for primary care practices that have been invited to participate in the Maryland Multi-payer Patient Centered Medical Home Program. The questions received and answers provided during those webinars are summarized below. An additional webinar will be held on January 25, and new questions and answers will be added to this document.

Note: Throughout the document, "MHCC" refers to the Maryland Health Care Commission. "MMPP" refers to the Maryland Multi-payer Patient Centered Medical Home Program.

Program Scope

Q: Will Medicare/Medicaid dual-eligible patients be covered under the PCMH payment model?

A: To be determined - MHCC is going to raise this issue with CMS. The goal is to include dual-eligibles in the MMPP.

Q: How will the 30,000 patient cap on Medicaid enrollment affect the MMPP?

A: Based on data supplied by the practices selected for the PCMH pilot, the MHCC does not believe that the 30,000 patient/$1.5 million cap will be reached, so it should not be a factor.

Q: Will Medicaid MCOs participate in the MMPP?

A: Yes (except in rare cases where the MCO has a very low number of eligible enrollees in a practice).

Coverage and Payment Issues

Q: How can a primary care practice determine which of its patients are self-insured vs. fully-insured?

A: The MHCC can determine that using its claims database, and will supply the results to the individual primary care practices.

Q: How will the MHCC count how many patients are attributed to a primary care practice?

A: For a single site practice, all the patients are eligible for inclusion in the MMPP. For a multi-site practice, the MHCC determine eligible patients using the provider ID numbers of those individual providers covered under NCQA PCMH recognition.

Q: How much fixed payment can each participating practice expect to receive under the program?

A: Fixed payments will vary by practice size, number of eligible patients, and NCQA recognition level. The MHCC will develop and share payment estimates for each of the individual practices invited to participate in the MMPP.

Q: Will patients need to opt in to the MMPP before the practice can receive fixed payments for that patient?

A: No - patients must be given the opportunity to opt out of the program. If no response is received within 30 days, they will be considered to be covered under the MMPP.

Q: July 1 is the start date for fixed payments - does the patient opt-out process need to be completed by then?

A: MHCC will issue a final timeline for the MMPP soon. It is likely that the patient attribution process will occur in April and May, and patients can be given their opt-out notice in early June.

Process of Care Issues

Q: What proof will the MHCC require that care managers do not provide services to non-participating patients?

A: The MHCC does not prohibit care managers from also providing services to non-participating patients. Therefore, no proof is required.

Q: Can current physicians and nurses take on care management activities, or does the practice need to hire a separate employee?

A: A new employee is not mandatory, but the practice must document who is doing care management. This may be difficult if care management activities are spread over many different individuals.

Q: What are the minimum qualifications for a care manager?

A: There are no minimum qualifications. Each practice should understand the functions included in care management and population management in the NCQA standards, and should decide what qualifications it requires in order to perform those functions within its own practice organization. Different practices will have different needs to augment their existing staff to perform these functions.

Q: Will health plans share data that will help practices identify those patients in need of outreach and management?

A: Health plans are not required to do so, but are encouraged to share information to the extent permitted by state and federal privacy laws. Practices can also look to their electronic medical records systems for data to identify complex patients.

Other Issues

Q: Is a CCHIT-certified electronic medical record equivalent to an ONC-certified electronic medical record?

A: Yes.

Q: Will the MHCC share the identities of the participating primary care practices in order to facilitate sharing and networking?

A: Yes. Creating a learning network among participating providers is an important goal of the MMPP. The MHCC will share this information and help to coordinate the learning network once the participation contracts have been signed.

Q: Will practices have the opportunity to participate in solving problems or challenges that arise during the MMPP implementation?

A: Yes, the MHCC plans to develop several processes for practices to help resolve implementation issues, including the learning collaborative program.

Q: How should we address the requirement from CareFirst for their PCMH program that all practice sites under a single tax ID must either be in or out of their program?

A: CareFirst has advised MHCC that if a single site of a multi-site practice participates in the MMPP, the other sites in that practice may still participate in the CareFirst PCMH program.

Q: When will the 2011 NCQA PCMH standards and application be available?

A: The standards will be available online January 31, and the application will be posted on March 28. Both can be pre-ordered on the NCQA web site - www.ncqa.org. The standards are free.

Q: Will the adult or pediatric quality measures apply to a primary care practice that treats both adults and children?

A: MHCC will make this determination on a case-by-case basis, depending on the patient mix for the particular practice.