



PATIENT CENTERED
MEDICAL HOMES

Maryland's Patient Centered Medical Home Program

Presentation to Invited Practices
January 19, 2011

Presentation Outline

- Review of questions we have received
- Follow-up questions
- Questions for NCQA or Carriers

Profile of the Invited Practices

Region	Number of Physicians	Average # Clinicians	Practice Sites
CENTRAL MARYLAND	179	7	26
EASTERN SHORE	20	4	5
MONTGOMERY COUNTY and PRINCE GEORGE's COUNTY	45	4	12
SOUTHERN MARYLAND	41	7	6
WESTERN MARYLAND (including Frederick and Carroll)	58	5	12
Grand Total	343	6	61

- Practices include – physicians and nurse practitioner-led pediatric, family practice, internal medicine and geriatric practices; and,
- 340 providers serving over 250,000 patients.
- Practices are geographically diverse and include large and small private practices, hospital-owned practices, FQHCs and clinics.
- “Wait-listed” practices may be added if practices decline.

PCMH Model will be tested in a range of Practices Types

Types of Practices	Total Number of Practices	No. of Clinicians that Could Seek NCQA Recognition	Eligible Patients
FQHC	5	35	6,000
Multi Spec	18	134	99,000
Single Spec	31	167	155,000
Solo	7	7	9,000
Grand Total	61	343	269,000

- FQHCs are invited to participate, under Medicaid it will be under a full shared savings model – no fixed payments
- Some practices will participate in Maryland and CareFirst programs, no practice location can participate in both.

Questions

What patients will be included in the MMPP?

- All fully insured patients from the Aetna, CIGNA, CareFirst, Coventry, and United can participate.
- In the pilot, MHCC has found that slightly more than 50% are fully insured. We will provide practices with an estimate of the break-out of self-insured and fully-insured patients that we estimate could be attributed to MMPP.
- Self-insured employers and other participants will be engaged on an employer-by-employer basis. The State has outreach efforts to employers underway.
- The State employee health plan and MHIP have committed to participate.

Can a single Practice Organization participate in the CareFirst single carrier program and the MMPP?

- Yes, a single organization can participate in both programs, BUT each practice site must designate either the MMPP or the CareFirst single carrier program. The State is examining whether to permit a small practice organization to participate at several of its locations, if the practice falls below a certain size threshold and the same providers operate at several sites.

We have been invited to join the MMPP and have signed a contract with CareFirst, can I defer MMPP selection?

- No, a practice will be given an invitation to participate, if the practice declines, another practice location in the same general area of the State will be added.
- If the initial phase of this program is successful, a subsequent phase may be added. First priority in the second phase will be given to practice sites that are part of practices that are already performing well under the MMPP. Other practices would also be invited.
- Practices are encouraged to check with CareFirst regarding participation requirements.

Can the same Practice Site be paid under CareFirst single carrier rules for CareFirst patients and MMPP rules for all others?

- The MMPP program was developed in consultation with a large work group convened by the Governor's Council on Quality and Cost. The Work Group agreed to construct a program on nationally-recognized PCMH principles that would apply to all carriers. During those discussions, carriers and practices compromised on key elements. The CareFirst program is a single-carrier program that was developed internally over the past 2 years. Allowing each carrier this much flexibility conflicts with a key element of the multi-payer program.
- MHCC will allow practices and carriers some flexibility in meeting some of the MMPP requirements. For example the carriers have flexibility in defining how shared savings could be delivered. We encourage any carrier that wishes some variance to submit a proposal. Changes in patient attribution, performance reporting, and the shared savings methodology to name three areas will be studied carefully before any changes are accepted. In considering any change, the State will look at the fairness of a change to all MMPP participants and implications for the evolution of the program.

How will patients be attributed to a Practice?

- A carrier (including self-insured employers) will provide the following information to MHCC every 6 months.
 - Current enrollee eligibility file for participating plan sponsors
 - Claim history of all E&M Services provided by a primary care providers (for past 2 years and for the last 6 months, thereafter).
- MHCC would attribute patients to a practice site if that practice site accounted for the majority of primary care visits in the past year. If none existed, MHCC will look back a second year.
- MHCC will flag a person on the eligibility file as a participant and assign the practice site ID (regnum) to that patient if that patient is attributed to the practice using the rule.
- The eligibility file will be returned to carrier and the amount owed to each practice will be tabulated.
- Each carrier will supply a practice with a list of attributed patients.
- A MMPP practice will inform attributed patients that they are in the MMPP and allow those patients to opt out by responding in a specific time period. A practice will return the list of patients to the carrier, with patients that opted out flagged for deletion from participation.

How will patients be attributed to a Practice? (Continued)

Details of the attribution

- On the eligibility and claim files, no patient names will be required, carriers will supply encrypted patients IDs consistently coded across all carriers.
- Attribution file = claims with E&M codes for selected specialties:
 - Office Visit E&M New & Established (99201 – 99205; 99211 – 99215),
 - Office Visit Preventive New & Established 99381 – 99387; 99391 – 99397,
 - Office Consult (99241 – 99245).
 - Services must have been provided by a PCP (Family Practice - FP, General Practice - GP, Internal medicine - IM, pediatrics - PD).
- For attribution purposes: a practice site will be defined as: (1) the tax ID used by the practice if the entire practice is admitted or (2) if a practice site is admitted, all services provided by the PCPs that will obtain or hold NCQA recognition. Over time we will work with practices to establish organizational site NPIs.
- A carrier may forgo attribution and propose an alternative assignment method, such as using the patient's designated PCP, on request to the MMPP.

Will a Carrier be required to share patient-identifiable information with a Practice?

- No a carrier is not required to share any additional information with a practice that is in the MMPP, except for the list of patients attributed to that practice.
- If a carrier and a practice share information, the practice and/or the carrier must obtain consent consistent with Maryland and federal law.
- Aggregate quality report will be required of practices. If MHCC requires practices to submit patient-level performance measures directly, that information will be collected consistent with Maryland and federal law. That decision will be dependent on the information that CMS will share with Maryland.
- Check with CareFirst on the requirements under their single carrier program.

Once patients are attributed, when will practices receive the fixed payments?

- Practices will receive a payment for patients attributed to the carrier and to the practice on July 1, 2011.
- The July 1 payment will represent the fixed transformation payment for that practice site for the period from July 1 2011 through December 31, 2011
- Once a payment has been made it will NOT be adjusted, except in the following circumstances:
 - Errors by carriers in reporting claims or eligibility
 - Errors by the practice in allowing patients to opt-out.
- If a patient disenrolls from a plan or leaves a practice, no adjustments will be made to the fixed payments.
- A patient that joins a practice will not be attributed to the practice until MHCC conducts the next attribution.

How will the State confirm the accuracy of the aggregate quality reporting completed by a practice?

- All incentive payments will be calculated by MHCC during the first 2 years of the program.
- All utilization measures will be calculated by MHCC from carrier claims.
- When a practice submits its practice performance measures, it will attest to the accuracy of those measures.
- The MHCC will audit a sample of aggregate quality reports using an external auditor to confirm the accuracy of the reports.

When will the NCQA PPC-PCMH 2011 Standards be available and does NCQA require that a staff member have certain credentials to act as a care coordinator?

- NCQA 2011 standards will be posted on the NCQA site (www.ncqa.org) by the end of January. The 2011 PPC-PCMH application tool will be available in March.
- NCQA is not prescriptive about how the practice is organized and which staff perform different care management functions. The State will examine different implementations for care coordination as part of the evaluation.

We have been told that MMPP is too small, we are worried about not participating with CareFirst?

- The MMPP was designed with input from the Governor's Quality Council. Legislation to establish the program was sponsored by the O'Malley Administration. All large commercial carriers and Medicaid will participate. A learning collaborative funded by the Community Health Resources Administration and supported by the 2 schools of medicine and experienced practice coaches will assist the practices.
- MHCC has engaged outside experts to assist in payment methodology development, practice engagement, PPC-PCMH recognition, and program evaluation.
- We are confident that the State has made sufficient resources available to enable practices to be succeed.
- CareFirst is required to participate in the State program and CareFirst has been unequivocal about participating.

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