

On April 13, 2010, Governor O'Malley signed into law the Patient Centered Medical Home Program. The statute authorizes the Maryland Health Care Commission (MHCC, Commission) to approve single carrier patient centered medical home (PCMH) programs. This document briefly describes the provisions of the law, outlines an administrative timeline for publicizing the single carrier PCMH review process and approving applications, and describes the standards for single carrier PCMH programs.

## **RELEVANT PROVISIONS OF THE LAW**

The Maryland Health Care Commission is given broad authority to authorize single carrier PCMH programs that pay providers and share patient medical information in accordance with §15-1802 of the Maryland Insurance Article. The only PCMH programs requiring approval by the Commission are those proposing provider payments or information sharing that rely on the special provisions §15-1802 of the Maryland Insurance Article. This section permits an approved single carrier PCMH program to:

- (1) Pay PCMH practices for services associated with coordination of medical services for patients;
- (2) Pay PCMH practices a bonus, fee based incentive, or other incentive approved by MHCC; and
- (3) Share medical information about a patient who has elected to participate in the program with other treating providers.

The law also requires a single carrier PCMH program to conform with the principles of the PCMH as adopted by a multi-stakeholder national coalition. The review criteria below that will be used to help determine whether a program conforms to PCMH principles are based on the "Guidelines for PCMH Demonstration Programs," a set of guidelines endorsed by the Patient Centered Primary Care Collaborative, a multi-stakeholder national coalition.<sup>1</sup>

## **TIMELINE**

- Tuesday, August 3: MHCC posted the single carrier PCMH program standards on its website (<http://www.mhcc.maryland.gov>) under "Latebreaking Items" and by email to known interested parties. MHCC accepted comments to improve the single carrier PCMH program standards through Friday, August 13.
- Thursday, August 19: Staff presented standards to the Commission for approval. Commission voted to approve standards.

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<sup>1</sup> Guidelines for PCMH Demonstration Programs, Patient-Centered Primary Care Collaborative, March 2009. Available at: [http://www.acponline.org/running\\_practice/pcmh/demonstrations/guidedemo.pdf](http://www.acponline.org/running_practice/pcmh/demonstrations/guidedemo.pdf).

- Monday, August 23: MHCC will post final single carrier PCMH program standards on its website under “Latebreaking Items.”
- Monday, August 23: MHCC will begin accepting single carrier PCMH program applications. Applications will be accepted on a rolling basis.
- Thursday, September 16: The Commissioners will take action on single carrier PCMH program applications submitted by September 1.

## **REVIEW PROCESS**

Applications will first be reviewed by MHCC staff. Commission staff will assess the single carrier PCMH program against the standards adopted by the Commission, prepare a report that summarizes the proposed single carrier PCMH program, and provide a recommendation to the Commission. MHCC staff will inform the Carrier during the assessment if the program may not meet all MHCC standards and allow the Carrier to provide additional materials or clarification prior to the Commission’s review. The Commission will consider the staff recommendation and vote to approve or disapprove each single carrier PCMH program. MHCC staff will strive to assess applications in a timely manner (ideally, within 10 days of receipt of an application with all required elements) and if possible, present the report to the Commission at its next regularly scheduled meeting.

## **APPLICATION REQUIREMENTS**

The Application must include a cover letter from an officer of the corporation designated to bind the organization to the program.

The Application contains 36 requirements broken out as follows:

- Required: Required at time of submission. (27 Elements)
- Required\*: These criteria need not be met before action by the Commission, but any approval by the Commission will include conditions requiring that the information be submitted to the MHCC and accepted as fulfilling the requirement before the program begins. (9 Elements)

The Carrier must include written responses to the 27 “Required” elements in the application. If the Carrier cannot document a “Required\*” item, provide a statement affirming that the requirement will be met and specify when the supporting document will be submitted.

Category	Source	Standard	Single Carrier Application Criteria	Status of the Element
<b>Collaboration and Leadership</b>	PCPCC	1. Program ensures that the leaders of local/regional primary care professional organizations are adequately briefed.	a. The Carrier provides a list of briefing dates with members of local/regional primary care professional organizations and meeting agendas.	Required*
	PCPCC	2. Program identifies an individual and department within the carrier responsible for convening participants and coordinating PCMH program activities.	a. The Carrier identifies the individual(s) within the carrier's organization responsible for administering PCMH program.	Required
<b>Practice Recognition</b>	PCPCC	3. Program uses NCQA PPC PCMH tool or a similar consensus-based recognition process.	a. The Carrier's PCMH program requires participating practices to receive formal recognition as a PCMH within 12 months of onset of practice participation through NCQA recognition, URAC recognition, or a carrier-defined recognition process that minimally ensures practices meet the factors listed in Appendix A.	Required
			b. The Carrier adequately describes a process to ensure practices that fail recognition achieve recognition by a specified date do not receive additional payments until achieving recognition, or describes a process for dis-enrolling practices that fail to achieve PCMH recognition.	Required
	PCPCC	4. Program includes participation of a range of practice sizes, and is representative of the practices in the area.	a. The Carrier must describe the PCMH program practice eligibility criteria such as provider type, geographic area, panel size, and practice size.	Required
			b. The Carrier adequately describes its approach to accommodating small practices with respect to anticipated administrative burden for securing patient participation, care coordination staffing, and other program requirements that may discourage the involvement of small practices. c. The Carrier treats nurse practitioner-led practices and physician-led practices similarly for purposes of the PCMH program.	Required Required
<b>Stakeholder Engagement</b>	PCPCC	5. Program clearly outlines the responsibilities of all	a. The Carrier adequately describes the responsibilities of the carrier, the provider, and the patient.	Required

		participating parties, including providers, payers, and patients/families.	<p>b. The Carrier includes an adequate description of the responsibilities of relevant parties (e.g., carrier, provider, and patients) in program enrollment materials such as provider and patient contracts and program descriptions.</p> <p>c. Provider’s responsibilities include commitments to: accept the PCPCC Joint Principles of the Medical Home, transform practice into a patient centered medical home, and participate in the PCMH education program offered by the carrier.</p> <p>d. The Carrier’s responsibilities include organizing a PCMH education program for participating practices, providing patients with educational materials at the time the patient enrolls in the medical home, and reporting to the MHCC on program performance in an Annual Report.</p> <p>e. Patient/families responsibilities include agreeing to follow program guidelines.</p>	<p>Required*</p> <p>Required</p> <p>Required</p> <p>Required</p>
<b>Practice Support</b>	PCPCC	6. Program incorporates support for health information technology (HIT) consistent with requirements in HB 706, care management support, patient education, mechanism to support enhanced patient communication, and performance reporting.	<p>a. The Carrier adequately describes program goals and requirements for practices for using HIT in care management, patient education, patient communication, and performance reporting.</p> <p>b. The Carrier requires practices to comply with program goals and requirements for using HIT in care management including a disease registry within 12 months of program start date and e-prescribing within 24 months of program start date. The registry may be either a stand-alone tool or registry functionality in an electronic health record (EHR).</p>	<p>Required</p> <p>Required</p>
	PCPCC	7. Program provides practices with sufficient financial and non-financial resources to cover additional staff work and transformation activities	<p>a. The Carrier adequately describes its plan for assisting practices with PCMH transformation.</p>	<p>Required</p>
	PCPCC	8. Program design maximizes number of patients participating in the practice.	<p>a. The Carrier provides a grievance process for receiving, reviewing, and addressing patient complaints and disputes over coverage of medically necessary services. It is acceptable to describe the grievance process filed with the Maryland Insurance Administration in accordance with §15-10A of the Maryland Insurance Article.</p> <p>b. The program contract for providers documents a sufficient grievance process to resolve disputes.</p>	<p>Required</p> <p>Required*</p>

<b>Reimbursement Model</b>			c. The Carrier includes grievance process description and contact information in patient enrollment materials and in annual program renewal materials.	Required*	
			d. The Carrier adequately describes a plan for patients who desire to migrate to another PCMH if their practice leaves the PCMH program.	Required	
			e. The Carrier's enrollment materials and annual renewal materials for patients clearly explain the PCMH program's policy and process for patients who want to opt-out of the program or migrate to another PCMH. A patient is allowed to opt-out of the program at any time without leaving the practice.	Required*	
			f. The Carrier is responsible for fees associated with hiring a third-party expert to resolve disputes over whether care is medically necessary.	Required	
			g. The Carrier submits enrollment and program materials for patients in English and Spanish.	Required*	
		PCPCC	9. Prospective, bundled payment to cover PCMH-related practice expenses not covered by FFS.	a. The Carrier provides a clear explanation and adequate justification for its fixed reimbursement methodology.	Required
		PCPCC	10. Performance-based component based on achievement of defined quality and efficiency goals as reflected by evidence-based quality, cost of care, and patient experience measures.	a. The Carrier adequately describes its bonus, fee based incentive, or other incentive methodology and the eligibility criteria for the described bonus or incentive payment.	Required
				b. The Carrier describes an adequate appeals process for providers to challenge the Carrier's metrics and methodology with regard to performance measures.	Required
				c. The Carrier adequately explains additional reimbursement, including probable ranges, and expected services to be provided by participating practices in physician program enrollment materials.	Required*
				d. The Carrier adequately describes how it will ensure that practices will not risk select patients for the program.	Required
	e. The Carrier adequately describes its patient attribution model, including how frequently the Carrier will provide practices with patient attribution lists and an appeals process for providers to resolve attribution errors.			Required	

<b>Assessment and Reporting of Results</b>	PCPCC	11. Program contains a commitment to transparency of the data set, including selection of metrics.	a. The Carrier adequately describes and justifies quality metrics to be used in the PCMH program.	Required
			b. The Carrier includes the selected quality metrics in the program to participating providers and patients in program materials.	Required*
			c. The Carrier adequately addresses how quality measures and PCMH reimbursement methodology protect patients against inappropriate underutilization of services.	Required
			d. The Carrier agrees to provide an Annual Report to the Commission in the form and manner required by the Commission as a condition for continuing approval of the program. The report will include the average savings per practice, the number of practices that earned rewards, average reward payment, the total savings per practice that are retained by the carrier, and quality scores achieved by practices in the pilot.	Required
	PCPCC	12. Program includes a process to broadly disseminate performance results to participating practices and patients.	a. The Carrier agrees to make the PCMH program aggregate results available to participating practices and patients.	Required
<b>Patient Protections</b>	§19-1A-02(C)	13. Carrier will only share a qualifying individual's medical information in the PCMH program with other treating providers after the individual has received opt-out documents.	a. The Carrier adequately describes policies and systems in place for protecting patient medical information by only providing it to treating providers.	Required
			b. The Carrier's participation materials adequately inform patients about what medical information will be shared and how it will be shared. The carrier must specify how it will notify patients of the program each year and provide patients with the option of opting out of the program.	Required*
	§19-1A-03(F2)	14. Program shall ensure a participating practice provides culturally and linguistically appropriate care.	a. The Carrier adequately describes its approach to ensuring cultural competency and encouraging language translation services.	Required

## Appendix A.

<b>Key Patient Centered Medical Home Factors</b>		<b>NCQA PPC-PCMH Standard, Element(s) and Factor(s)</b>
1	24-7 phone response with clinician for urgent needs	PPC 1A Factor 8 (of 12); PPC 1B Factor 2 (of 5)
2	Registry and/or registry functionality in an electronic health record	PPC 2A factors 13 and 14 (of 18); PPC 2B factors 1-8 (of 11)
3	Summary of care record for transitions	PPC 3E factors 1, 3 and 4 (of 10)
4	Advanced access for appointments	PPC 1A factors 3, 4, 5, 6 (of 12); PPC 1B factor 2 (of 5)
5	Care management and coordination by specially trained team members	PPC 3C all 4 factors
6	Problem list for all patients	PPC 2D factor 1 (of 7)
7	Medication reconciliation every visit	PPC 3D factors 5 (of 11)
8	Pre-visit planning and after-visit follow-up for care management	PPC 3D factors 1, 11 (of 11)