



Employer Factsheet

Background on Maryland's PCMH

Maryland's Patient Centered Medical Home Program reflects decisions made over a one and a half year period by the Maryland Health Quality and Cost Council's PCMH workgroup which includes stakeholders from various sectors and industries.

PCMH legislation (SB855/HB929) passed this past session as an administration bill. The legislation includes the following aspects:

- Three-year Program
- Launches in January 2011
- Targets:
 - 50 practices;
 - 200 primary care providers (physicians and nurse practitioners); and,
 - 200,000 covered lives in the participating practices.
- Multi-payer:
 - Requires participation of five major carriers (Aetna, CareFirst, CIGNA, Coventry, United HealthCare) and Medicaid MCOs, if funds are available.
 - Maryland is seeking Medicare participation via the MAPCP CMS grant solicitation.
- Self-insured employers and small carriers will be engaged to expand participation in the Program.

Key Characteristics of the PCMH Model

1. Increased Access to Care
 - Convenient appointments with shorter wait times
 - Email and telephone consultations
 - Off hours service available
2. Improved Patient Engagement and Satisfaction with Healthcare
 - Option to be informed and engaged in care
 - Information on treatment plans, preventive and follow-up care, reminders, medical records access, assistance with self care and counseling
3. Utilization of Clinical Information Systems
 - Patient registries and electronic health records (EHR required by the end of Program year 2) which provide adherence to treatment monitoring, easy access to test results, decision support and information on recommended treatments
 - Systems support high quality care, practice-based learning and quality improvement
4. Enhanced Care Coordination
 - Coordinated specialist care; systems prevent errors
 - Follow-up systems to prevent errors and provide support
5. Use of a Team Care Model
 - Integrated and coordinated team care among physicians, nurses, case managers and other health professionals
 - No duplication of tests and procedures
6. Encouraged Patient Feedback
 - Routinely provided through low cost internet based patient surveys

Reward Structure

In addition to the fee-for-service payments primary care providers are currently receiving, the PCMH Program will also give participating providers:

1. Semi-annual fixed payments
 - PPPM to cover services not reimbursed under current arrangements.
 - Funding for innovation of care provision & transformation costs ,e.g., Care coordination, advanced access, registries, EHR.
 - Payments will vary based on practice size, NCQA recognition, and patient demographics—mainly age and payer type.
2. Incentive payments – 50% of net savings goes to Practices and the remaining 50% of savings goes to carriers and/or self-insured employers.
 - Year 1 – Shared savings & quality measures reported. Nominal shared savings are expected in year 1. Savings will be based on a reduction in non-urgent emergency room visits and hospitalizations. Practices must also report on baseline quality measures to receive incentive payments.
 - Year 2 & 3 – Shared savings & quality measure thresholds met. Practices’ shared savings will be tied to meeting quality measure thresholds as well as a reduction in total patient costs.

Advantages of PCMH for Self-Insured Employers

- Employees/patients with chronic conditions receive ongoing care management from providers that are affiliated with the PCMH practice.
- Reduced costs associated with coverage through:
 - Lowered hospitalization costs; and,
 - Fewer ER visits.
- Patients are empowered to play a role in their own care.
- Employers will be recognized as participants in an initiative aimed to reform the health care delivery system, improve care quality, and bend the cost curve.

Overall lower cost of care for enrollees = Benefit savings

PCMH Program Timeline

June 2010	Outreach symposia for providers began.
July 2010	MHCC released reward structure and practice performance requirements.
August 31, 2010	Over 170 practices have submitted expressions of interest.
<u>October 21, 2010</u>	Deadline for practices to submit application to participate.
January 4, 2011 January 2011	Launch of practice transformation and learning collaborative. Carriers provide enrollee rosters for attribution.
February 2011	MHCC releases patient attribution results.
March 2011	Private carriers and Medicare* begin paying PPPM fixed payments to practices that attest to meeting NCQA criteria. (* Provided that Maryland is selected to participate in the CMS Multi-payer Advanced Primary Care Practice [MAPCP] Demonstration.)
<u>June 30, 2011</u>	Deadline to submit applications to NCQA’s Physician Practice Connections– Patient-Centered Medical Home for recognition.
July 2011	PCMH practices begin receiving payments from Medicaid MCOs.

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