TN Division of
TennCare

STATE OF TENNESSEE

**2020 PCMH Program Enhancements**

12/16/2020

Agenda

- Primary Care Quality Team
- PCMH Stats and Analytics
- 2020 PCMH Quality Metric Sets
- Reporting Timeframes
- Other Program Updates
  - Onsite support and educational offerings
  - Remediation process due to lapse of site recognition
  - FQHC/RHC memo on activity and outcome payments
- Conclusion
  - Dates and announcements
  - Questions

Interactive Webinar

Communicating during the webinar:

- For questions or comments during the presentation, please click on the **chat box** function

- Select "Everyone" and enter your question or comment

- This will also be used during all Q&A portions of the presentation
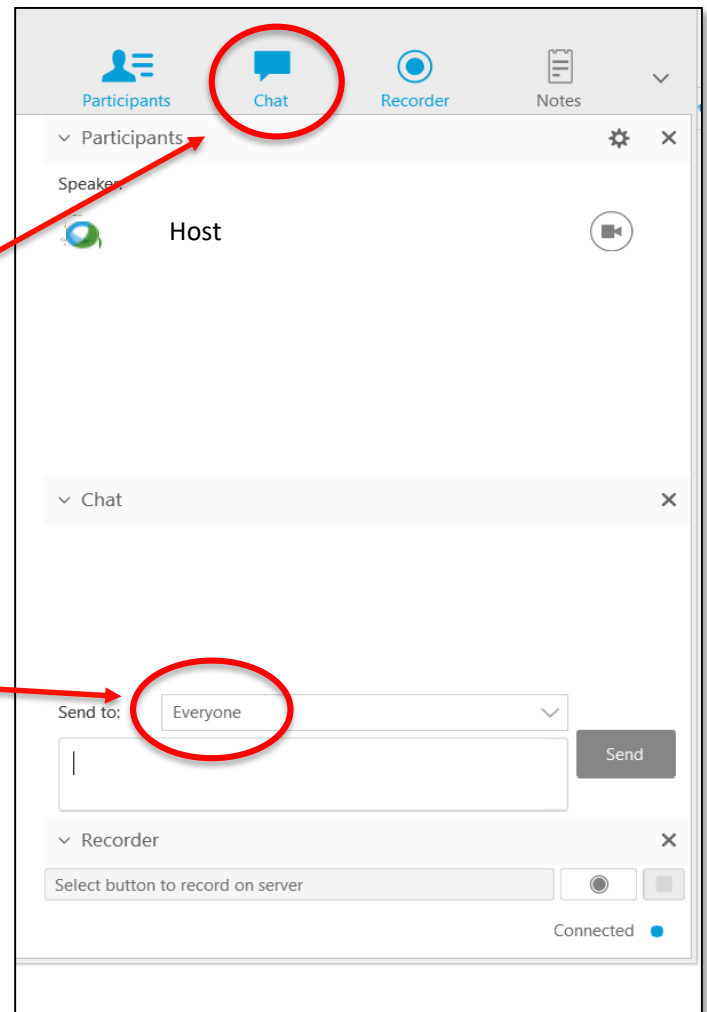
Primary Care Quality Team

- We're excited to announce the Primary Care Quality Team!! Our PCMH team and work was previously housed under the TennCare Kids Quality team in the Quality Improvement department.

- The team was renamed to better reflect the nature and scope of the team's work. The team will continue to lead TennCare Kids and PCMH initiatives.

- The team now includes the following people:
  - **Rebecca Robinson**, Primary Care Quality Director
    - Rebecca.n.robinson@tn.gov
  - **Meredith Gonsahn**, Primary Care Quality Deputy Director
    - Meredith.Gonsahn@tn.gov
  - **Rachel Hauber,** Primary Care Quality PCMH Lead
    - Rachel.e.hauber@tn.gov
  - **Michelle Bryant**, Primary Care Quality Provider Outreach & Engagement Coordinator
    - Michelle.a.Bryant@tn.gov
  - **Ginny Cooper**, Primary Care Quality Program Coordinator
    - Virginia.e.cooper@tn.gov

PCMH Stats and Analytics

2019 statistics for wave 1, 2 & 3 organizations

	Wave 1	Wave 2	Wave 3	Total
Number of PCMHs	28	37	20	85
Total number of members	248, 241	244, 046	71, 813	564, 100
Number of sites	170	238	64	472
Number of site with NCQA PCMH recognition	168	164	18	350

The MCOs are expected to have all contracting completed by the end of December 2019. A full list of organizations will be released after all contracting has been completed.

PCMH Analytics: Key Findings

Finding 1	Quality has improved across 16 of 18 core quality measures
Finding 2	Total cost of care decreased by 3% in the second year of the program relative to the control group, offsetting $40M of initial program investment in the first year
Finding 3	Office and clinic care increased, as did home and community-based services, while emergency department visits and outpatient services decreased, when PCMH members are compared to the control group
Finding 4	The PCMH program appears to be motivating non-engagers (vs. the control group) to obtain preventive services, and encouraging members to follow-up with primary care providers after an inpatient hospital admission or emergency department visit
Finding 5	Providers report being better able to improve care for their patients

Full PCMH, THL & EOC analytics reports may be found here: https://www.tn.gov/tenncare/health-care-innovation/primary-care-transformation.html

2020 PCMH Quality Metric Sets and Reporting
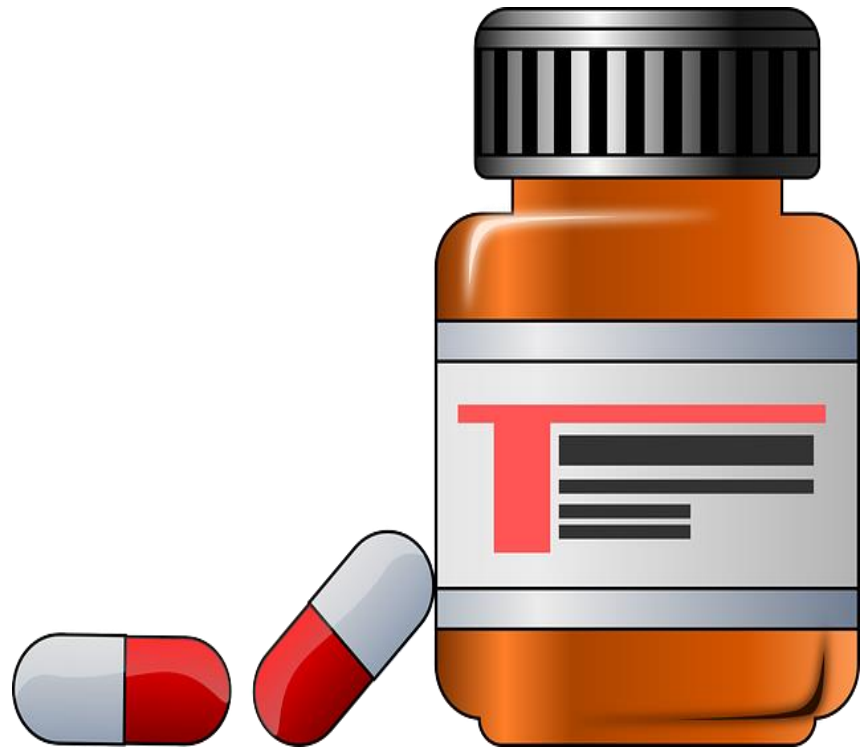
CY2020 Family PCMH Core Quality Metrics

Metric	Threshold
1. Antidepressant medication management (AMM)- continuation phase	≥ 40%
2. Asthma medication ratio (AMR)	≥ 81%
3. Controlling High Blood Pressure (CBP)	≥ 49%
4. Childhood immunizations (CIS) - Combination 10	≥ 42%
5. Comprehensive diabetes care (CDC): BP control < 140/90	≥ 56%
6. Comprehensive diabetes care (CDC): Eye exam (retinal) performed	≥ 51%
7. Comprehensive diabetes care (CDC): HbA1c poor control (>9.0%)	≤ 47%
8. ESPDT (Composite for older kids) -Well-child visits ages 7-11 years (custom) -Adolescent well-care visits ages 12-21 years (AWC)	≥ 55% ≥ 47%
9. EPSDT screening rate (Composite for younger kids) -Well-child visits first 15 months (W15) -Well-child visits at 18, 24, & 30 months (custom) -Well-child visits ages 3-6 years (W34)	≥ 61% ≥ 34% ≥ 69%
10. Immunizations for adolescents (IMA)- Combination 2	≥ 26%

Controlling High Blood Pressure (CBP)

Description

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year

Threshold: >49% (National 25th Percentile)

CY2020 Adult PCMH Core Quality Metrics

Metric	Threshold
1. Antidepressant medication management (AMM) - continuation phase	$\geq$ 40%
2. Comprehensive diabetes care (CDC): BP control < 140/90	$\geq$ 56%
3. Comprehensive diabetes care (CDC): Eye exam (retinal) performed	$\geq$ 51%
4. Comprehensive diabetes care (CDC): HbA1c poor control (>9.0%)	$\leq$ 47%
5. EPSDT: Adolescent well-care visits ages 12-21 years	$\geq$ 47%

CY2020 Pediatric PCMH Core Quality Metrics

Metric	Threshold
1. Asthma medication ratio (AMR)	$\geq$ 81%
2. Childhood immunizations (CIS) - Combination 10	$\geq$ 42%
3. ESPDT (Composite for older kids) -Well-child visits ages 7-11 years (custom) -Adolescent well-care visits ages 12-21 years (AWC)	$\geq$ 55% $\geq$ 47%
4. EPSDT screening rate (Composite for younger kids) -Well-child visits first 15 months (W15) -Well-child visits at 18, 24, & 30 months (custom) -Well-child visits ages 3-6 years (W34)	$\geq$ 61% $\geq$ 34% $\geq$ 69%
5. Immunizations for adolescents (IMA) - Combination 2	$\geq$ 26%

CY2020 Reporting-only Quality Metrics

Metric
1. Avoidance of antibiotics in adults with acute bronchitis (AAB)
2. Appropriate treatment for children with upper respiratory infection (URI)
3. Statin therapy for patients with cardiovascular disease (SPC)- Received statin therapy
4. Statin therapy for patients with cardiovascular disease (SPC)- Statin adherence 80%
5. Comprehensive diabetes care (CDC): HbA1c <8.0%
6. Comprehensive diabetes care (CDC): Nephropathy
7. Cervical cancer screening (CCS)
8. Breast cancer screening (BCS)
9. Medication management for people with asthma (MMA)

Reporting Timeframe- PCMH Wave 1,2,3 and Health Link

Reporting period DOS ▬

Report release ▲

Activity	2019 (PY3/2/1)				2020 (PY4/3/2)				2021 (PY5/4/3)		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3

Performance report #1
Cost — ▲ Aug 2019
Quality/Efficiency metrics —

Performance report #2
Cost — ▲ Nov 2019
Quality/Efficiency metrics —

Performance report #3
Cost — ▲ Feb 2020
Quality/Efficiency metrics —

Performance report #4
Cost — ▲ May 2020
Quality/Efficiency metrics —

Performance report #5
Cost — ▲ Aug 2020
Quality/Efficiency metrics —

Performance report #1
Cost — ▲ Aug 2020
Quality/Efficiency metrics —

Performance report #2
Cost — ▲ Nov 2020
Quality/Efficiency metrics —

Performance report #3
Cost — ▲ Feb 2021
Quality/Efficiency metrics —

In August, providers will receive two reports: the last performance report for PY3 and the first report for PY4.

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Questions?

Other Program Updates

Remediation Process Update for Site Lapse of NCQA Recognition

- As part of participation in the PCMH program, organizations are required to maintain NCQA PCMH recognition at all sites.

- **Remediation policies have been updated to provide guidance on expectations for organizations with site(s) that fail to renew recognition. The following policies are effective January 1, 2020:**

  - A site is considered no longer in compliance with program requirements if it fails to renew recognition by its annual reporting date (i.e. 30 days prior to the recognition expiration date)
  - The site's recognition is then suspended
  - The organization has up to ninety (90) calendar days to pay reinstatement fees and submit requirements for annual reporting
  - If reinstatement activities are completed for site(s) the organization may move out of remediation

Please note: An organization that is in remediation will be responsible for paying all fees to NCQA associated with reinstatement, and full transform recognition.

Remediation Process Update for Site Lapse of NCQA Recognition (continued)

- If reinstatement payment and annual reporting submission are not met, then the site's recognition will be cancelled
- The organization then has 6 months to achieve recognition for the site by submitting for recognition under the accelerated renewal process and paying the full transform fees per the NCQA schedule
- If recognition activities are completed for site(s) before the 6-month period, the organization may move out of remediation
- If recognition is not timely obtained , the organization will be removed from the program

- The remediation process has been revised to reflect these changes in the 2020 PCMH provider operating manual.

Please note: An organization that is in remediation will be responsible for paying all fees to NCQA associated with reinstatement, and full transform recognition.

Onsite Support and Educational Offerings

- Navigant's support **will end for both PCMH and THL January 31, 2020**
- **Training support will be led by the MCOs starting February 1, 2020:**
  - An MCO primary coach has been assigned to each PCMH organizations. Please reach out to your Navigant coach and/or MCO representative if you need more information
  - MCOs will host conferences in each grand region three times per
  - MCOs will also begin hosting the webinars
  - Beginning in 2020, the Regional Collaboratives will no longer be offered

- The PCMH curriculum will no longer be offered via the Navigant SharePoint site
  - The main curriculum document has been uploaded to the PCMH website under *Additional Resources*
  - The Compendium of Resources will be available upon request from the MCOs

- Conference ideas? Email Michelle.A.Bryant@tn.gov or contact your MCO representative

FQHC/RHC PPS Reimbursement System and PCMH Activity Memo

- In 2018, TennCare released a memo with guidance on FQHC and RHC reporting of PCMH related payments for the purposes of the PPS reimbursement system.
- The memos instructs that payments related to Patient Centered Medical Home (PCMH) and Health Link should not be reported when submitting to the Comptroller
- The full memo may be found in section 14 of the 2020 Provider Operating Manual

Dates & Announcements

- **December 24-25 & 31st**: State offices closed
- **January 1st**: Sate offices closed
- **February conferences**: February 18th (West), 19th (Middle) and 20th (East)

Division of TennCare

THANK YOU

Questions?