Division of TennCare

STATE OF TENNESSEE

PCMH Provider Information Presentation

1/8/2020

Presentation Overview

Today's presentation will mirror the Table of Contents of the Provider Operating Manual

1. Tennessee's Three Strategies
2. General Information
3. Which Members are in a PCMH?
4. What Services Will a PCMH Provide?
5. National Committee on Quality Assurance (NCQA) PCMH Requirement
6. How Will a PCMH Be Paid?
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The PCMH Provider Operating Manual 2020 v1.0 can be found on our website here:
https://www.tn.gov/content/dam/tn/tenncare/documents2/2020PCMHProviderOperatingManual.pdf

Tennessee's Three Strategies

	Source of value	Strategy elements	Examples
 **Primary Care Transformation**	• Maintaining a person's health overtime • Coordinating care by specialists • Avoiding episode events when appropriate	• Patient Centered Medical Homes • Tennessee Health Link for people with the highest behavioral health needs • Care coordination tool with Hospital and ED admission provider alerts	• Encouraging primary prevention for healthy consumers and coordinated care for the chronically ill • Coordinating primary and behavioral health care for those with the highest BH needs
 **Episodes of Care**	• Episodes of Care for acute and specialist-driven health care delivered during a specific time period to treat a physical or behavioral condition	• Retrospective Episodes of Care • 48 episodes designed	• Perinatal • Total joint replacement • Acute asthma exacerbation • Colonoscopy • ADHD
 **Long Term Services & Supports**	• Provide long-term services and supports (LTSS) that are high quality in the areas that matter most to members	• Quality and acuity adjusted payments for NF services • Quality and acuity adjusted payments for HCBS • Workforce development	• New NF reimbursement methodology • Value-based payment for enhanced respiratory care • Workforce investments and incentives

1 General Information- TennCare PCMH Program Overview

PCMH Organizations commit to:

- Patient-centered access
- Team-based care
- Population health management
- Care management support
- Care coordination and care transitions
- Performance measurement and quality improvement

PCMH Providers receive:

- Ongoing financial support as well as financial rewards for high performance
- Training and custom curriculum
- Actionable quarterly reports on organization performance
- Access to a Care Coordination Tool with member level detail

Benefits to patients, providers, and the health care system:

- Increased quality of care for Medicaid members throughout Tennessee
- Deep collaboration between providers and health plans
- Support and learning opportunities for primary care providers
- Appropriateness of care setting and forms of delivery
- Enhanced chronic condition management
- Referrals to high-value medical and behavioral health care providers
- Reduced readmissions through effective follow-up and transition management

3 Which Members are in a PCMH?

- The intent of the PCMH program is to be as broad and inclusive as possible. As a result, all TennCare members enrolled with the MCO are eligible for the PCMH program, including adults and children. CoverKids members are not included at this time.

- All TennCare eligible members attributed to a PCMH are included in the calculation for the monthly activity per member per month (PMPM) payment.

- The Care Coordination Tool will enable organizations to see which patients are attributed and included on their panel.

- Providers are not held accountable for the quality and efficiency outcomes of some members (such as those with third party liability or those with extended nursing home stays). Those members are not included in the outcome payment calculation.

4 What Services Will a PCMH Provide?

- **Participating PCMH organizations will be expected to provide the following services to members:**
  - Team-based care and practice organization
  - Knowing and managing your patients
  - Patient-centered access and continuity
  - Care management and support
  - Care coordination and transitions
  - Performance measurement and quality improvement

- To ensure that these principles are being achieved, each PCMH organization is required to maintain or achieve NCQA recognition for all of their sites.

5 National Committee for Quality Assurance (NCQA) PCMH Requirement

All PCMHs must meet the NCQA Recognition Requirement for all sites:

- Maintain Level 2 or 3 PCMH Recognition from the National Committee for Quality Assurance (NCQA). When recognition expires, PCMHs must transition to NCQA's 2017 standards.

OR

- Begin working towards meeting NCQA's 2017[1] PCMH Recognition

Wave 4 PCMH organizations that need NCQA 2017 recognition for their sites must complete the following items:

- At least one user from each PCMH organization must create an account at qpass.ncqa.org and **enroll in QPASS by May 31, 2020**
  - Each user will have their own login but will be able to view their organization and applicable practice sites

[1]NCQA's 2017 standards are available here: http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/

5 National Committee for Quality Assurance (NCQA) PCMH Requirement Continued

Wave 4 PCMH organizations that need NCQA 2017 recognition for their sites must complete the following items:

- **Submit "payment"** for the NCQA process using the state discount code **by June 30, 2020**

- **Receive recognition for all sites within 12 months by June 30, 2021**
  - Or submit a request for extension to the State by April 30, 2021
    - Requests for extension will require proof that coaching sessions have been utilized and an explanation from the practice and the coach for the delayed recognition.

[1]NCQA's 2017 standards are available here: http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/

6 How Will PCMH Organizations Be Paid?

	Objective	Payment
Organization Transformation Payment	• Support initial investment in organization transformation	• $1 per member per month (PMPM) payment • Not risk adjusted • Each organization will receive this payment for their first year of participation
Activity Payment	• Support organizations for the labor and time required to evolve their care delivery models. Organizations may hire new staff (e.g., care coordinators) or change responsibilities for existing staff to support organization transformation. • Incentivize ongoing activity requirements	• Risk-adjusted PMPM payment • Each PCMH will be assigned to a risk band based on the acuity of their membership • MCOs will set payment levels for these bands, but average payment across all organizations will be $4 PMPM
Outcome Payment	• Encourage improvements in total-cost-of care and clinical outcomes • Reward high quality providers	• Annual bonus payment available to high performing PCMHs • High-volume (5,000+ member) PCMH organizations: Shared savings based on total cost of care and quality metrics • Low-volume (<5,000 member) PCMH practices: Bonus payment based on efficiency and quality metrics

Payments in addition to the base primary care payments such as FFS

6 How Will PCMH Organizations Be Paid?
PCMH Outcome Payment

The outcome payment is meant to reward high quality providers in shared savings opportunities. This outcome payment is based on performance throughout a full calendar year. The way this payment is calculated varies by panel size:

- **Low volume providers**: PCMHs with less than 5,000 members in a given MCO panel
- **High volume providers**: PCMHs with 5,000 or more members in a given MCO
- It is possible that one PCMH may generate outcome payments as a low volume provider under one MCO and a high volume provider with another MCO. It depends on the panel size with each distinct MCO.
- The following slides depict the step by step calculation for outcome payments for low volume and high volume providers.

6 How Will PCMH Organizations Be Paid?

PCMH Outcome Payment

Step 1:

Measure Quality

State set thresholds are set. Low volume and high volume providers are measured in the same way.

Step 2:

Measure Efficiency Performance

Low Volume: Measure efficiency metrics against thresholds

High volume: Measure total cost of care compared to other PCPs

Step 3:

Measure Efficiency Improvement

Low Volume: Measure improvement in efficiency metrics compared to your past performance

High volume: Measure actual savings to total cost of care

Step 4:

Calculate Payment

Low volume: Eligible for up to 25% of shared savings

High volume: Eligible for up to 50% of shared savings

6 How Will Low Volume (less than 5,000 members) PCMH Organizations Be Paid?

Step 1: Measure PCMH quality performance (relative to State set threshold)

Sample Adult Practice Provider

Quality Metric	Threshold	Denominator	Performance	Star
Quality Measure 1	≥ 45%	60	55%	★
Quality Measure 2	≥ 60%	50	60%	★
Quality Measure 3	≥ 55%	65	60%	★
Quality Measure 4	≥ 50%	80	20%	☆
Quality Measure 5	≥ 85%	35	50%	☆

Quality stars: ★★★☆☆

At least 2 stars earned? ✓ → Outcome payment eligible ✓

In this example, each Quality Star is worth 10%. See Step 2.

6 How Will Low Volume PCMH Organizations Be Paid?

Step 2: Measure efficiency performance for low volume PCMH organization (relative to MCO set thresholds)

Efficiency metric	Threshold	Performance	Star
ED/ 1000 MM	≤ 70	60	★
Inpatient discharges/ 1000 MM	≤ 15	10	★

Efficiency stars: ★★

Quality and efficiency stars earned:

3 Quality stars at 10% 3*10% = 30%

2 Efficiency stars at 15% 2*15% = 30%

6 How Will Low Volume PCMH Organizations Be Paid?

Step 3: Measure efficiency improvement percentage for low volume PCMH organization (relative to self)

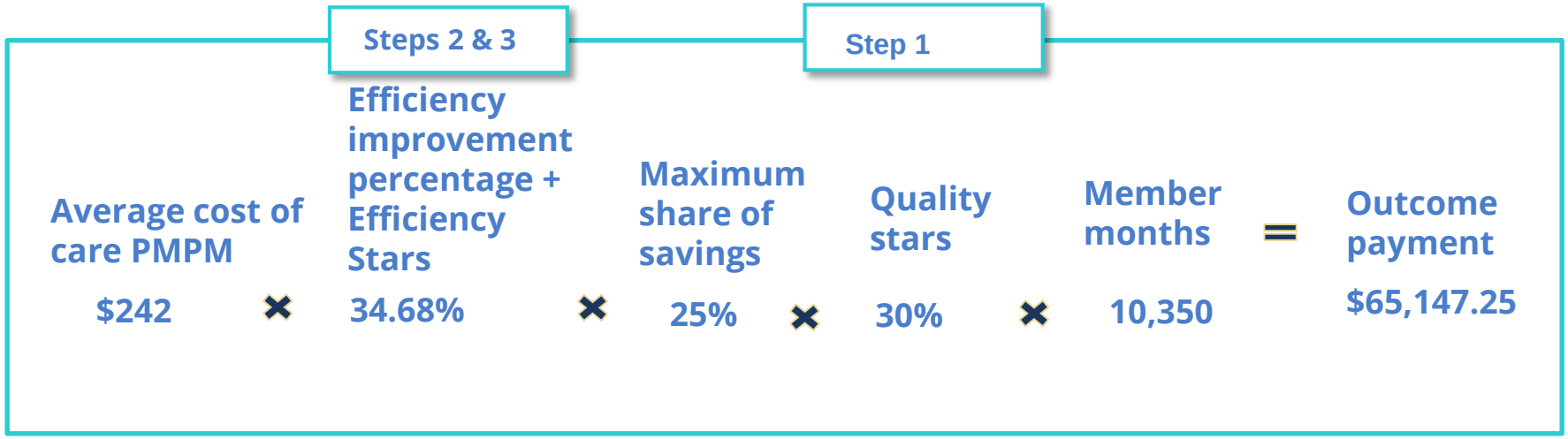
Efficiency metric	Year over Year performance
ED utilization /1000 MM	+2.69%
Inpatient discharges/1000 MM	+6.67%
Average efficiency improvement percentage:	**4.68%**

Efficiency performance

2 Efficiency stars at 15%	2*15%= 30.00%
Efficiency improvement percentage	=4.68%
Efficiency performance	**34.68%**

6 How Will Low Volume PCMH Organizations Be Paid?

Step 4: Calculate payment for low volume PCMH



Set by TennCare; represents average PMPM for PCMH eligible members across all 3 MCOs

Represents provider's efficiency performance relative to self last year and set thresholds on efficiency; 0-50% efficiency performance range

Set by TennCare; represents the maximum percent of the shared savings pool that can be shared with a PCMH

Represents percent of shared savings unlocked by a provider by passing set thresholds on quality; 0-50% range

Represents members on outcome panel

Outcome payment paid to high performing providers after one full year of data and claims run out

*** Illustrative example, not based on real data ***

6 How Will High Volume PCMH Organizations Be Paid?
PCMH Outcome Payment

Step 1: Measure quality performance for PCMH (relative to State set threshold)

Sample Adult Practice Provider

Quality metric	Threshold	Deno-minator	Performance	Star
Quality Measure 1	≥ 45%	60	55%	★
Quality Measure 2	≥ 60%	50	60%	★
Quality Measure 3	≥ 55%	65	52%	☆
Quality Measure 4	≥ 50%	80	20%	☆
Quality Measure 5	≥ 85%	55	30%	☆

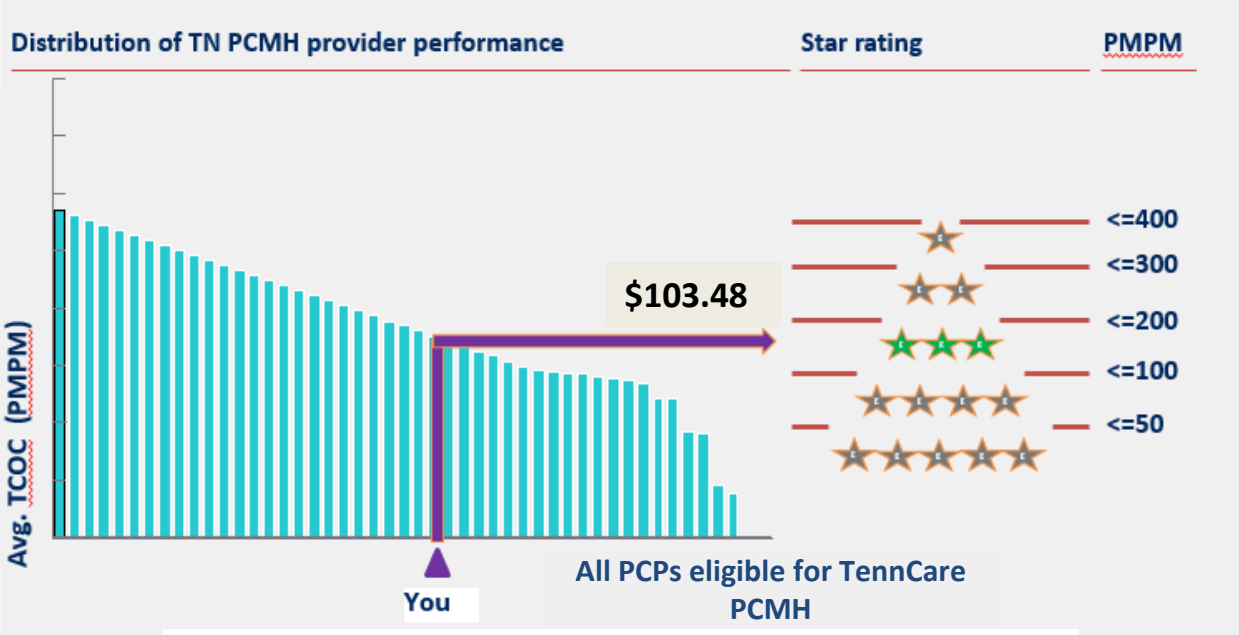
Quality stars: ★★☆☆☆

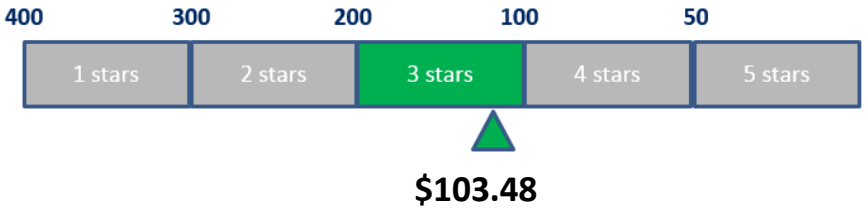
At least 2 stars earned? ✓ → Outcome payment eligible ✓

In this example each Quality Star is worth 10%. See Step 2.

6 How Will High Volume PCMH Organizations Be Paid?

Step 2: Measure Total Cost of Care for PCMH organization (relative to other PCPs)





Efficiency stars: ★★★☆☆

Outcome savings percentage:

2 Quality stars at 10% 2*10% = 20%
3 Efficiency stars at 10% 3*10% = 30%

Outcome savings percentage: **50%**

6 How Will High Volume PCMH Organizations Be Paid?

Step 3: Measure Total Cost of Care Savings for PCMH organization

Risk adjusted baseline	2020 Benchmark (Baseline at 1% growth rate)	Your Actual 2020 TCOC	TCOC Savings Amount
$107.41	$108.48	$103.48	**$5.00**

The baseline is the 3 year risk adjusted average total cost of care.

3 years are used to account for potential year to year variation.

The benchmark is the baseline TCOC adjusted with the annual compound growth rate of 1%

107.41 * (1.01)= 108.48

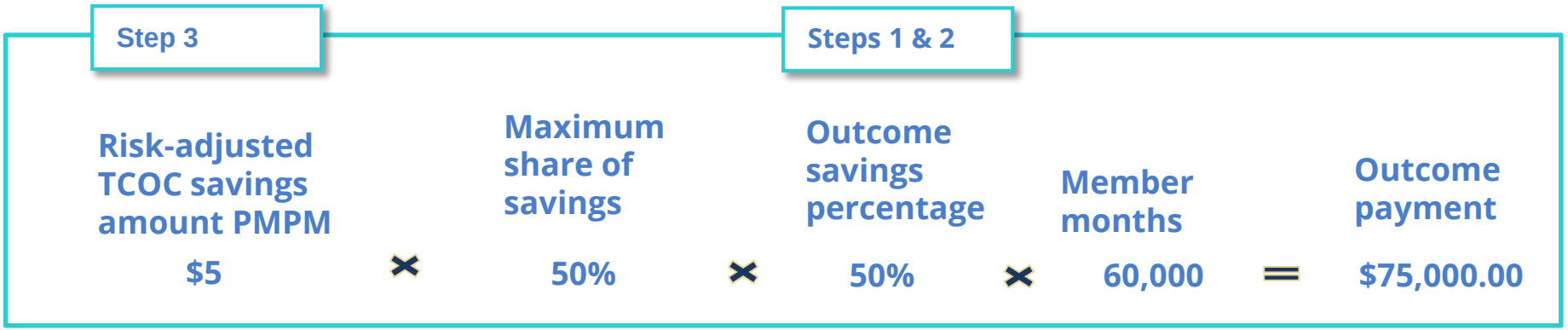
Risk adjusted TCOC is calculated by summing all included spend, capped at $100k and dividing by the number of months each member was enrolled

The savings amount is the benchmark minus the actual TCOC.

If costs increase, this value is set to zero.

6 How Will High Volume PCMH Organizations Be Paid?

Step 4: Calculate payment for high volume PCMH



Represents actual TCOC PMPM savings by provider; replaces efficiency improvement percentage

Set by TennCare; represents maximum percent of the shared savings pool that may be shared with a PCMH. Practices that are evaluated on TCOC are given access to a larger pool of shared savings

Represents percent of shared savings unlocked by provider by passing set thresholds on quality and efficiency;
0-100% range

Represents members on outcome panel

Outcome payment paid to high performing providers after one full year of data and claims run out

*** Illustrative example, not based on real data ***

7 PCMH Remediation Process

The remediation process is initiated when a PCMH organization fails to meet deadlines and/or performance targets on required program activities. A PCMH may trigger probation, remediation and/or removal under any of the following circumstances, at the discretion of each MCO:

1. Not meeting program requirements (e.g. NCQA recognition requirements)
2. Failure to respond and meet with MCO and/or TennCare
3. Poor quality and or efficiency performance as determined by the MCO

8 How Will Quality and Efficiency be Measured?

CY2020 Adult PCMH core quality metrics

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

CY2020 Pediatric PCMH core quality metrics

Metric	Threshold
1. Asthma medication ratio (AMR)	≥ 81%
2. Childhood immunizations (CIS)- Combination 10	≥ 42%
3. ESPDT (Composite for older kids) -Well-child visits ages 7-11 years (custom) -Adolescent well-care visits ages 12-21 years (AWC)	≥ 55% ≥ 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)	≥ 61% ≥ 34% ≥ 69%
5. Immunizations for adolescents- Combination 2	≥ 26%

8 How Will Quality and Efficiency be Measured?

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: BP control < 140/90	≥ 56%
6. Comprehensive diabetes care: Eye exam (retinal) performed	≥ 51%
7. Comprehensive diabetes care: 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- Combination 2	≥ 26%

8 How Will Quality and Efficiency be Measured? Continued

Low Volume PCMH Efficiency Measures

1. Ambulatory care ED visits per 1,000 member months
2. Inpatient discharges per 1,000 member months

- Each MCO sets efficiency metric thresholds with guidance from the State.
- Pediatric organizations will be held to separate thresholds than family and adult practice PCMHs.

9 Risk Adjustment

Risk adjustment is an essential analytic element of the PCMH program. Risk adjustment will be used in the Tennessee PCMH program in 2 ways:

- Risk adjustment of the activity payments PMPM; and
- Risk adjustment of total cost of care

The Tennessee PCMH program utilizes the Combined Chronic Illness and Pharmacy Payment System (CDPS+Rx) version 6.4 for risk adjustment.

The Chronic Illness and Disability Payment System (CDPS) is a diagnostic classification system that Medicaid programs can use to make health-based capitated payments for TANF and disabled Medicaid beneficiaries. The CDPS code is provided under license and at a reduced rate to qualified public agencies, educational institutions, and researchers.

For Additional Information:

- *CDPS Webinar Recording: https://www.youtube.com/watch?v=yMkHmOOpH9A&feature=youtu.be*
- *CDPS Webinar Slides: https://www.tn.gov/content/dam/tn/tenncare/documents2/CDPSTennCareProvidersWebinar.pdf*

10 Reporting

- Each MCO will send providers reports quarterly, detailing their efficiency and quality stars, total cost of care, and potential payments for the relevant performance period.

- These quarterly reports aim to provide PCMHs an interim view of the member panels that they will be held accountable for during the performance period.

- Below is a timeline of when you can expect to receive these reports:
  - End of February 2020
    - Preview Report displaying some 2019 data
  - End of May 2020
    - Preview Report displaying full year of 2019 data
  - End of August 2020
    - 1st Performance Report showing early 2020 data
  - End of November 2020
    - 2nd Performance Report displaying some 2020 data

- Your first performance period for PCMH is January 1 - December 31, 2020.

11 Provider Training

Each MCO will deliver provider training and technical assistance services to PCMH providers across the State.

An MCO will conduct an **initial assessment** of each PCMH organization that identifies current capabilities. The results of this assessment will allow the trainer to create a **custom curriculum** for each organization to help in meeting transformation milestones and achieve their NCQA recognition. The custom plan will be refined periodically.

Providers will be encouraged to access the following learning opportunities:

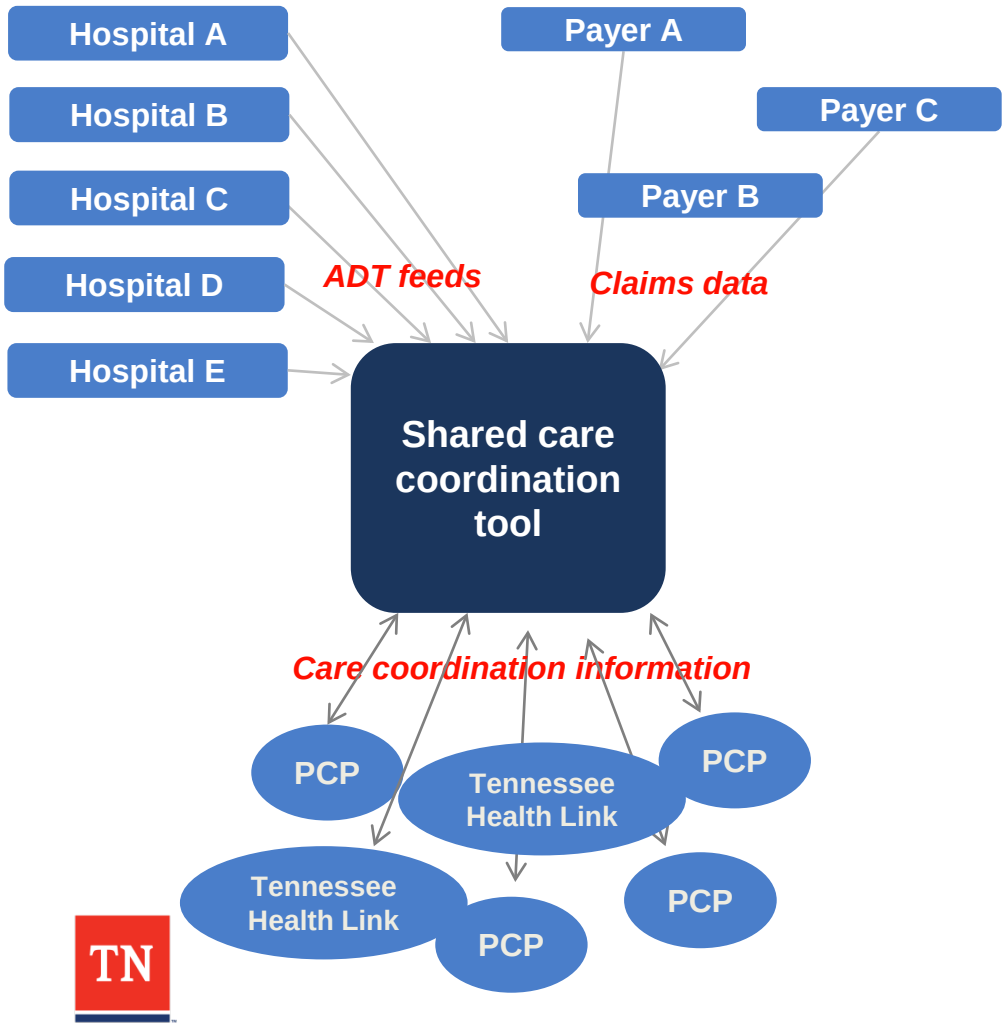
- On-site coaching
- Large format conferences
- Live webinars
- Recorded trainings
- Compendium of resources

Dates for 2020 large format Conferences:

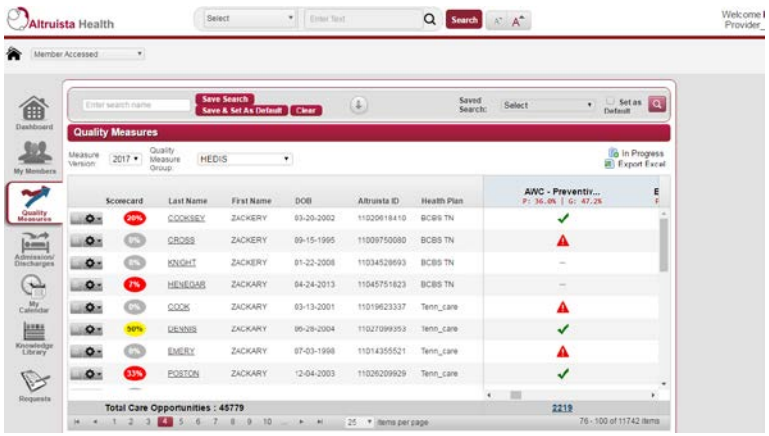
- February 18th, 19th & 20th (West, Middle, East)
- June 9th, 10th & 11th (West, Middle, East)
- October 20th, 21st & 22nd (West, Middle, East)

Care Coordination Tool

A multi-payer shared care coordination tool will allow primary care providers to implement better care coordination in their offices.



- Identifies a provider's attributed patients' risk scores
- Generates and displays gaps-in-care and creates prioritized workflows for the care team
- Maintains, executes and tracks activities against patient-specific care plans
- Alerts providers of any of their attributed patients' hospital admissions, discharges, and transfers (ADT feeds)



12 Care Coordination Tool: Next Steps

- PCMH site staff will be provided with a training on how to use the Care Coordination Tool (CCT) in early February 2020.
  - The date and other details for the training will be shared via an email from HCFA.SPIGCCT@tn.gov.
- The State uses an automated process for staff to get login credentials to the CCT.
  - Instructions to access tool will be sent via an email from HCFA.SPIGCCT@tn.gov close to the date of the CCT training.
- For more information:
  - Email HCFA.SPIGCCT@tn.gov with questions and look for future correspondence related to the CCT from this address.

13 Quality & Efficiency Metrics Appendix

- This appendix provides short descriptions of each of the quality and efficiency measures.
- Many of the measures are HEDIS and will follow the most up to date HEDIS specifications available.
- Providers will be measured against State set thresholds for quality, as listed in the Appendix.
- Providers will be measured against MCO thresholds for efficiency. These thresholds will be provided during contracting.

Medication Therapy Management (MTM) Pilot Program

- The Medication Therapy Management (MTM) pilot program launched in **January 2018**
- It is a **voluntary** program that reimburses pharmacists for providing MTM to eligible members in the PCMH and Health Link programs
  - Pharmacists work directly with members to identify, prevent, and resolve medication related problems and collaborate with other healthcare professionals to resolve any identified problems.
- Members who have multiple chronic illnesses and medications with a risk stratification of **Medium-High**, **High**, or **Critical** or members who have pediatric asthma or pediatric diabetes are eligible for MTM
- MTM website: http://www.tn.gov/tenncare/article/medication-therapy-management-pilot-program
- Questions? Email TennCare.MTMpilot@tn.gov

Thank You!

- Questions?

  Email Rachel Hauber at Rachel.E.Hauber@tn.gov

- More information & Important documents: https://www.tn.gov/tenncare/health-care-innovation/primary-care-transformation/patient-centered-medical-homes-pcmh.html