Division of TennCare

# STATE OF TENNESSEE

## PCMH Provider Information Presentation

February 2024

# 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?
7. PCMH Remediation Process
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10. Reporting
11. Provider Training
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**The PCMH Provider Operating Manual 2024 can be found on our website here:**
TennCare Patient Centered Medical Home: Provider Operating Manual (tn.gov)

# Tennessee's Three Strategies

**Primary Care Transformation**

| Source of value | Strategy elements | Examples |
|---|---|---|
| • Maintaining a person's health overtime<br>• Coordinating care by specialists<br>• Avoiding episode events when appropriate | • Patient Centered Medical Homes<br>• Tennessee Health Link for people with the highest behavioral health needs<br>• Care coordination tool with Hospital and ED admission provider alerts | • Encouraging primary prevention for healthy consumers and coordinated care for the chronically ill<br>• 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<br>• 48 episodes designed | • Perinatal<br>• Total joint replacement<br>• Acute asthma exacerbation<br>• Colonoscopy<br>• 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<br>• Quality and acuity adjusted payments for HCBS<br>• Workforce development | • New NF reimbursement methodology<br>• Value-based payment for enhanced respiratory care<br>• Workforce investments and incentives |

# 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 MCO Coaching
- Actionable quarterly reports on organization performance

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

- Increased quality of care for Medicaid members throughout Tennessee
- Support and learning opportunities for primary care providers
- Enhanced chronic condition management
- Reduced readmissions through effective follow-up and transition management

# 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 also included.
  - Approximately 40% of members are assigned to a PCMH
- All TennCare eligible members attributed to a PCMH are included in the calculation for the monthly activity per member per month (PMPM) payment.
- The Attribution reports will enable organizations to see which patients are assigned 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.

# 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 their sites.*

# National Committee for Quality Assurance (NCQA) PCMH Requirement

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

- If an organization does not have current NCQA PCMH recognition, it must begin working towards achieving recognition.
- If an organization has current NCQA PCMH recognition, the PCMH must maintain recognition through annual reporting.
- *For information about the NCQA PCMH recognition process, visit https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/.*

# NCQA PCMH Requirement Continued

- Wave 8 organizations that need initial NCQA PCMH 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, 2025.
    - Each user will have their own login but will be able to view their organization and applicable practice sites.
  - Submit "payment" for the NCQA process using the State discount code by June 30, 2025.
  - Receive recognition for all sites within 12 months by June 30, 2025.
    - Or submit a request for extension to the State by April 30, 2025.
    - 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.

# How Will PCMH Organizations Be Paid?

| | Objective | Payment |
|---|---|---|
| **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.<br>• Incentivize ongoing activity requirements | • Risk-adjusted PMPM payment<br>• Each PCMH will be assigned to a risk band based on the acuity of their membership<br>• 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<br>• Reward high quality providers | • Annual bonus payment available to high performing PCMHs<br>• High-volume (5,000+ member) PCMH organizations: Shared savings based on total cost of care and quality metrics<br>• 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**

# 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 MCO panel
- **High volume providers**: PCMHs with 5,000 or more members in a MCO panel
- 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.

# How Will PCMH Organizations Be Paid?
## *PCMH Outcome Payment*

### Low Volume Practice Formula:


### High Volume Practice Formula:

# 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

# 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 | Deno-minator | Performance | Star |
|---|---|---|---|---|
| Quality Measure 1 | ≥ 40% | 60 | 55% | ★ |
| Quality Measure 2 | ≥ 62% | 50 | 60% | ★ |
| Quality Measure 3 | ≥ 51% | 65 | 52% | ★ |
| Quality Measure 4 | ≥ 47% | 80 | 20% | ☆ |
| Quality Measure 5 | ≥ 57%<br>≥ 39% | 55<br>42 | 30%<br>32% | ☆ |

**Quality stars:** ★★★☆☆

At least 2 stars earned? → Outcome payment eligible

✓ ✓

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

# 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 | ★ |

**Quality and efficiency stars earned:**

3 Quality stars at 10% 3*10% = 30%
2 Efficiency stars at 15% 2*15% = 30%

**Efficiency stars:** ★★

At least **1** star earned? Or efficiency improvement? → Outcome payment eligible

✓ ✓

In this example, each Efficiency Star is worth 15%.

# How Will Low Volume PCMH Organizations Be Paid?

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

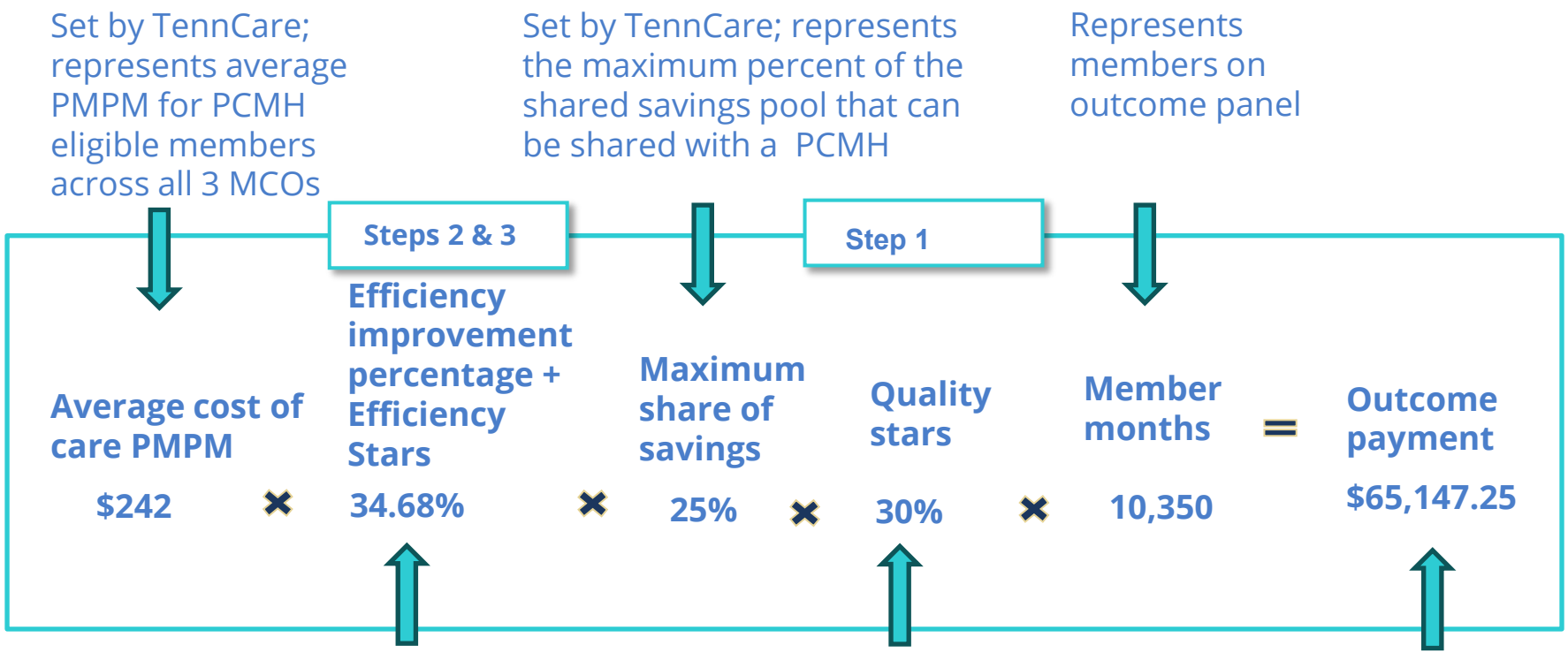
| Efficiency metric | Year over Year performance |
|---|---|
| ED utilization /1000 MM | +2.69% |
| Inpatient discharges/1000 MM | +6.67% |
| **Average efficiency improvement percentage:** | **4.68%** |

**Efficiency performance**

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

# How Will Low Volume PCMH Organizations Be Paid?

## Step 4: Calculate payment for low volume PCMH




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

# 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 | ≥ 40% | 60 | 55% | ★ |
| Quality Measure 2 | ≥ 62% | 50 | 60% | ★ |
| Quality Measure 3 | ≥ 51% | 65 | 50% | ☆ |
| Quality Measure 4 | ≥ 47% | 80 | 20% | ☆ |
| Quality Measure 5 | ≥ 57%<br>≥ 39% | 55<br>42 | 30%<br>32% | ☆ |

**Quality stars:** ★★☆☆☆

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

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

# How Will High Volume PCMH Organizations Be Paid?

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

| Risk adjusted baseline | 2022 Benchmark (Baseline at 1% growth rate) | Your Actual 2022 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

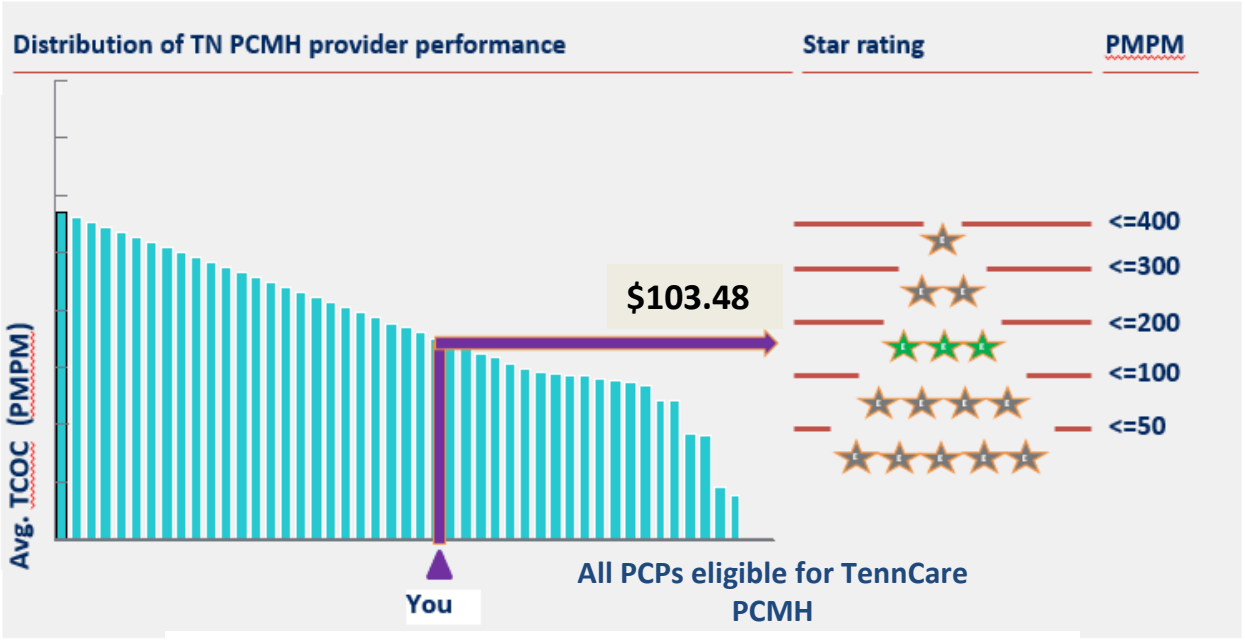
Risk adjusted TCOC is calculated by summing all included spend, capped at $100k and dividing by the number of months each member was enrolled

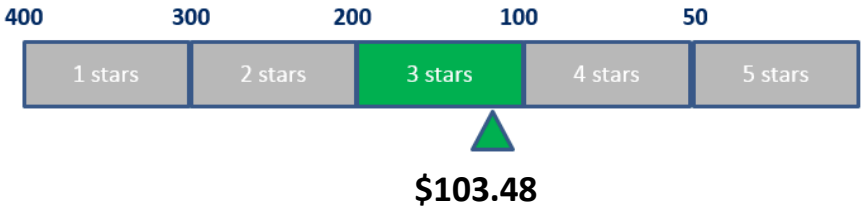
The savings amount is the benchmark minus the actual TCOC.

If costs increase, this value is set to zero.

# How Will High Volume PCMH Organizations Be Paid?

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




**Efficiency stars:** ★★★☆☆

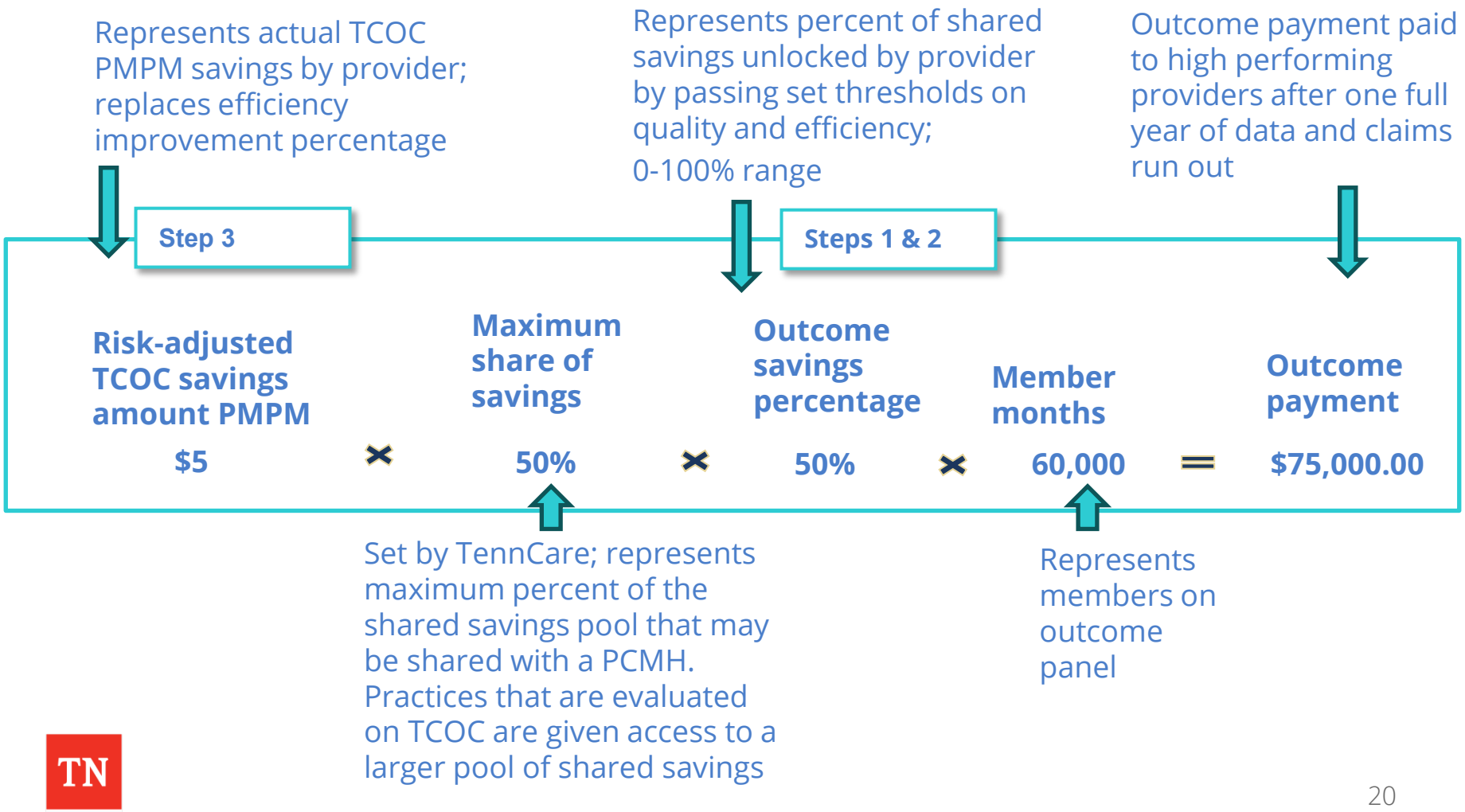
**Outcome savings percentage:**

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

**Outcome savings percentage:** **50%**

# How Will High Volume PCMH Organizations Be Paid?

## Step 4: Calculate payment for high volume PCMH






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

# 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 or the State:**

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

# How Will Quality and Efficiency be Measured?

## CY 2024 PCMH Adult Core Quality Measures

| Core Measures PY 2024 | Threshold |
|---|---|
| **1. Antidepressant Medication Management (AMM) - Continuation phase** | ≥ 40.00% |
| **2. Blood Pressure Control for Patients With Diabetes (BPD)** | ≥ 62.00% |
| **3. Eye Exam for Patients With Diabetes (EED)** | ≥ 51.00% |
| **4. Glycemic Status Assessment for Patients with Diabetes (GSD)**<br>• Glycemic Status <8.0% | ≥ 47.00% |
| **5. Child and Adolescent Well-Care Visits (WCV)**<br>• Ages 12 – 17 years<br>• Ages 18 – 21 years | ≥ 57.00%<br>≥ 39.00% |

# How Will Quality and Efficiency be Measured?

## CY 2024 PCMH Pediatric Core Quality Measures

| Core Measures PY 2024 | Threshold |
|---|---|
| **1. Upper Respiratory Infection (URI)**<br>• 3 months – 17 years | ≥ 93.00% |
| **2. Childhood Immunizations (CIS) - Combination 10** | ≥ 42.00% |
| **3. Child and Adolescent Well-Care Visits (WCV)**<br>• Ages 3 – 11 years<br>• Ages 12 – 17 years<br>• Ages 18 – 21 years | ≥ 65.00%<br>≥ 57.00%<br>≥ 39.00% |
| **4. Well-Child Visits in the First 30 Months of Life (W30)**<br>• Well-Child Visits in the First 15 Months<br>• Well-Child Visits for Age 15 Months – 30 Months | ≥ 61.00%<br>≥ 71.00% |
| **5. Immunizations for Adolescents (IMA) - Combination 2** | ≥ 26.00% |

# CY 2024 Family PCMH Core Quality Measures

| Core Measures PY 2024 | Threshold |
|---|---|
| **1. Antidepressant Medication Management (AMM) - Effective Continuation Phase** | ≥ 40.00% |
| **2. Breast Cancer Screening- Electronic (BCS-E)** | ≥ 47.00% |
| **3. Controlling High Blood Pressure (CBP)** | ≥ 60.00% |
| **4. Childhood Immunization Status (CIS) - Combination 10** | ≥ 42.00% |
| **5. Blood Pressure Control for Patients With Diabetes (BPD)** | ≥ 62.00% |
| **6. Eye Exam for Patients With Diabetes (EED)** | ≥ 51.00% |
| **7. Glycemic Status Assessment for Patients with Diabetes (GSD)**<br>• Glycemic Status <8.0% | ≥ 47.00% |
| **8. Child and Adolescent Well-Care Visits (WCV)**<br>• Ages 3 – 11 years<br>• Ages 12 – 17 years<br>• Ages 18 – 21 years | <br>≥ 65.00%<br>≥ 57.00%<br>≥ 39.00% |
| **9. Well-Child Visits in the First 30 Months of Life (W30)**<br>• Well-Child Visits in the First 15 Months<br>• Well-Child Visits for Age 15 Months – 30 Months | <br>≥ 61.00%<br>≥ 71.00% |
| **10. Immunizations for Adolescents (IMA) - Combination 2** | ≥ 26.00% |

# 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.

# 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 7.0 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*

# Quarterly Provider Reports

- 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:

| Report Distributed | Timeframe of Data |
|---|---|
| End of February 2024 | Preview Report displaying some 2023 data |
| End of May 2024 | Preview Report displaying full year of 2023 data |
| End of August 2024 | 1st Performance Report showing early 2024 data |
| End of November 2024 | 2nd Performance Report displaying some 2024 data |

- Your first performance period for PCMH is January 1 - December 31, 2024.

# 2024 PCMH Quarterly Report Data Timeframes

- 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.
- Below is a timeline of when you can expect to receive these reports:

| 2024 PCMH Quarterly Report Data Timeframes | | | | | |
|---|---|---|---|---|---|
| **Release Date** | **Q1 February** | **Q2 May** | **Q3 August** | | **Q4 November** |
| **Performance Year** | **PY2023 Report 3** | **PY2023 Report 4** | **PY2023 Final Report 5** | **PY2024 Report 1** | **PY2024 Report 2** |
| **TCOC Data** | **Jan 1 – Sep 30, 2023** | **Jan 1 – Dec 31, 2023 + Runout** | **Jan 1 – Dec 31, 2023 + Runout** | **Jan 1 – Mar 31, 2024** | **Jan 1 – Jun 30, 2024** |
| **Quality & Efficiency Data** | **Jan 1 – Dec 31, 2023** | **Jan 1 – Dec 31, 2023** | **Jan 1 – Dec 31, 2023** | **Jan 1 – Jun 31, 2024** | **Jan 1 – Sep 30, 2024** |

# Provider Training

Each MCO will deliver coaching, education 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
- Small format collaboratives
- Live webinars
- Recorded trainings
- Compendium of resources

Dates for 2024 collaboratives:

- April 2024 (Knoxville & Cookeville)
- May 2024 (Jackson) August 2024 (Murfreesboro)
- October (Memphis & Chattanooga)

# Care Coordination Tool

- The Care Coordination Tool is not active currently
- Data breach occurred in July of 2023
- For more information, see the breach website and FAQ
  Care Coordination Tool (tn.gov)
- TennCare is working with the MCOs to create interim solution
- Will include ADT, Gaps, and Attribution file in the same format

# Thank You!

- Questions?

  Email: Shana.R.Atkins@tn.gov

  Call: 615-507-6480

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