OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

2019 **Patient-Centered Medical Homes (PCMHs)**
Frequently Asked Questions

1. **Why is the Health Insurance Commissioner promoting primary care Patient-Centered Medical Homes (PCMHs)?**
    a. The Health Insurance Commissioner is charged by the legislature to address the affordability of health care in Rhode Island and OHIC's initiatives have emphasized the need for a strong primary care infrastructure. Since 2010, OHIC directed health plans to increase and then sustain the proportion of total medical spending dedicated to primary care, without adding to the overall cost of health insurance premiums. Since 2011, OHIC has been promoting PCMH transformation through the multi-payer supported Care Transformation Collaborative-RI (CTC-RI) initiative.[1]
    b. There is substantial evidence that primary care practices that function as PCMHs reduce total health care costs by improving the quality of care provided and by better coordinating and managing care[2]
    c. To expand the PCMH transformation process in the state, OHIC is now requiring commercial health plans to contract with more PCMHs each year.

2. **What are the commercial health plans' targets for PCMH expansion?**
    a. Health plans subject to the Office's Affordability Standards are required to have 80% of their contracted clinicians operating in a PCMH by the end of 2019.

3. **What is the OHIC definition of a PCMH?**
    a. OHIC, with physician and insurer guidance, has developed a three-part definition of PCMH that requires demonstration of practice transformation, cost management initiatives and clinical improvement.
    b. <u>For recognition in 2019, to be considered a PCMH, a practice must:</u>
        i. Achieve NCQA PCMH Recognition or be participating in a formal transformation initiative[3] (e.g., CTC-RI, PCMH-Kids, TCPI, or an approved payer- or ACO-sponsored transformation program).

[1] See: www.ctc-ri.org/
[2] See: www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality-2014-2015
[3] A formal PCMH transformation initiative is a structured training program for primary care providers and support staff with a pre-defined curriculum and technical assistance based on an evidence-based PCMH transformation model and designed to systematically build the skills within the practice to function as a PCMH.

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1. A practice **does not** need to verify and submit NCQA PCMH Recognition status because OHIC is getting all information it needs from NCQA and OHIC recognized formal transformation initiatives.

ii. Submit quality performance measures data via a web survey for all OHIC PCMH measures by **October 15, 2019** and demonstrate the required level of improvement or performance achievement.
   1. Report period will cover 10/1/2018 – 9/30/2019.
   2. First time reporting practices will report baseline data only.
   3. New measures will be report-only.

iii. For 2019 reporting and beyond, practices will have to meet the new Cost Management Requirement, which builds upon NCQA quality improvement elements. This requirement is described in more detail below, under question 3a.

4. What are the performance improvement measures?

a. Practice has demonstrated meaningful performance improvement. The measures for assessing performance are as follows:

Adult practices

- Colorectal Cancer Screening (NCQA HEDIS, modified by CTC-RI)
- Comprehensive Diabetes Care: Eye Exam (NCQA HEDIS, modified by CTC-RI)
- Comprehensive Diabetes Care: HbA1c Control (<8) (NCQA HEDIS, modified by CTC-RI)
- Screening for Clinical Depression and Follow-up Plan (CMS, modified by CTC-RI)
- Controlling High Blood Pressure (NCQA HEDIS, modified by CTC-RI)[4]

Pediatric practices

- Adolescent Well-Care Visits (NCQA HEDIS, modified by CTC-RI)
- Weight Assessment and Counseling for Nutrition and Physical Activity (NCQA HEDIS, modified by CTC-RI to be an all-or-nothing measure including 3 sub-measures)
- Developmental Screening in the First Three Years of Life (OHSU, modified by CTC-RI)

b. Measure specifications can be found on OHIC's website. Each year there will be a process to review the quality measures for continued alignment with other relevant

[4] In 2019, Controlling High Blood Pressure (NCQA HEDIS, modified by CTC-RI) will be a report-only measure due to the significant changes in this measure's specifications.

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programs, practice experience, set the Rhode Island benchmark if a national benchmark is not available, and adjust as needed.

5. **What are the performance improvement requirements?**
    a. For 2019 reporting, meaningful performance improvement is defined as:
        i. A 3-percentage point improvement over one or two years (if applicable); **or**
        ii. Performance at or above:
            1. The national commercial 75th percentile for Comprehensive Diabetes Care: HbA1c Control;
            2. The New England commercial 90th percentile for commercial practices and the national Medicaid 75th percentile for Medicaid practices for Adolescent Well-Care Visits;
            3. The New England commercial 90th percentile for commercial practices, less 5 percentage points, and the New England Medicaid 90th percentile for Medicaid practices, less 5 percentage points, for Controlling High Blood Pressure. These benchmarks will be re-assessed and finalized during CY2019 following consideration of CTC-RI practice quarterly submissions.
            4. The national 66th percentile for the remaining measures; [5] or
            5. Performance at or above the state 25th percentile in the absence of an NCQA HEDIS benchmark rate.;[6] or
            6. First-time reporting practices: For practices submitting data for the first time, data will be recorded as baseline. Performance improvement in future years will be assessed against these first-year baseline rates.
        iii. Adult practices must achieve the above stated level of improvement on at least 3 of the 5 measures to achieve "meaningful performance improvement." Pediatric practices must achieve the above stated level of improvement on at least 2 of the 3 measures to achieve "meaningful performance improvement."

[5] For Colorectal Cancer Screening (HEDIS) and Comprehensive Diabetes Care: Eye Exam (HEDIS), all practices will be scored against the Commercial 66th percentile. All HEDIS benchmark rates will be from the version of Quality Compass for two years prior to the measurement period (e.g., Quality Compass 2018 with CY 2017 data for the 10/1/18 – 9/30/19 measurement period).

[6] This includes Screening for Clinical Depression and Follow-up Plan, Developmental Screening, and Weight Assessment and Counseling for Nutrition and Physical Activity (HEDIS - all-or-nothing measure including 3 sub- measures). For the 10/1/18 – 9/30/19 performance period, all practices will be scored against the 25th percentile for the state from the prior performance period (10/1/17 – 9/30/18).

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Practices that report on both adult and pediatric measures must achieve the above stated level of improvement on at least 3 of the 5 adult measures *and* at least 2 of the 3 pediatric measures to achieve "meaningful performance improvement."

b. Measure benchmarks for 2019 reporting are posted on OHIC's website.

6. What is the cost management requirement?

a. Practice meets the following Cost Management requirement. This requirement places parameters around existing NCQA PCMH (2017 Edition) reporting requirements.

i. In meeting NCQA Element QI 09, practice develops and implements a quality improvement strategy that addresses one of the following menu items, from either the Care Coordination or Cost-Effective Use of Services categories:

Care Coordination:

- Care coordination between facilities (including safe and effective care transitions)
- Care coordination with specialists/other providers
- Care coordination with patient[7]

Cost-Effective Use of Services:

- ED utilization
- Inpatient hospital utilization
- Overuse/appropriateness of care (low-value care)
- Pharmaceutical costs (including volume and/or use of high-value pharmaceuticals)
- Specialist referral costs (including volume of referrals and/or referrals to high-value specialists)

ii. Practices that are NCQA-recognized PCMHs using the 2017 NCQA standards will be evaluated on this requirement during their annual NCQA reporting. Practices will be expected to specify the measure of resource stewardship they will track to monitor performance improvement in the

[7] Care coordination with patient refers to measures of successful coordination or communication between members of the care team and the patient. Examples can include, but are not limited to: follow up to ensure ordered lab or imaging tests were completed, follow up to ensure referral has been completed, follow up after patient receipt of abnormal test results, outreach to patients not recently seen that results in an appointment, discussion to reduce % of patients seeing multiple providers (3 or more), follow-up phone calls to check on the patient after an ER visit (or hospitalization), or following up on pediatric visits to after-hours care.

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selected menu item. All other practices will be evaluated based on responses to an OHIC-administered survey.

7. How do practices submit the required information?

a. Each year, OHIC will create a web-based process on its website for practices to submit the required information. Surveys are distributed and posted on the OHIC website in July and must be completed by October 15th (or the closest business day) of each year.

8. How will practices know if they have met the requirements?

a. OHIC will post on its website a list of practices and which elements of the PCMH definition they have met.
b. Information will be available the second week in November of each year.
c. Insurers may elect to audit practice submissions.

9. What help is available to practices to become PCMHs?

a. There are currently two state-wide programs available. One is the Care Transformation Collaborative (CTC-RI) which includes adult practices and pediatric practices though a PCMH-Kids contract, which is supported by all major RI health plans. CTC-RI has been operating since 2008 and currently supports 69 active sites and 42 alumni practices that have graduated from the program. These figures represent 525 primary care providers that serve approximately 340,000 Rhode Islanders. For more information contact: CTC-RI@ctc-ri.org.
b. The Rhode Island Quality Institute (RIQI) received a multi-million dollar federal grant to help practices (both primary care and specialty) learn to implement quality improvement initiatives, which is foundational to being a PCMH. For more information contact: info@riqi.org.
c. Some health plans and ACOs also provide care transformation support.

10. If a practice meets the definition of PCMH, when will it get Support Payments?

a. Commercial health plans are obligated to pay practices Support Payments when the health plan includes the practice in its OHIC PCMH target count. Plans may make the payments directly to the practice or to the contracting entity with which the practice is affiliated. Plans are not obligated to pay Support Payments to practices that meet the OHIC PCMH definition but are not included in the health plan's PCMH target count.
b. The health plan must make payments every year that the practice is included in the PCMH target count. OHIC will be assessing practice achievement in October of each year. A practice that newly meets the definition can expect to receive

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payment during the next calendar year following OHIC PCMH recognition if the practice is to be included in the health plan's PCMH target count for OHIC.

11. How much will the Support Payment be to practices?

a. The level of Support Payments will be negotiated between the practice and the health plans. OHIC is not setting a payment level but has told health plans that the levels must be meaningful to the practices.

12. Do the payments apply to all my patients, or only certain ones?

a. OHIC has regulatory authority only over fully insured commercial health plans. Therefore, payments must apply to your patients who are covered by fully insured benefits. The OHIC regulations also require that fully insured accounts not shoulder more than their fair share of the costs of the PCMH recognition program.

b. Historically, the health plans have also made payments for patients covered by self-insured accounts for practices participating in CTC-RI. OHIC anticipates, but cannot require, that they will continue to do so.

13. What happens if the practice does not meet the definition of PCMH?

a. If the practice does not meet the PCMH definition, the health plans will not be able to include them in their PCMH target count.

b. While under OHIC regulations the health plan will no longer be obligated to make Support Payments if the practice does not meet the PCMH definition, the health plan will not be precluded from doing so. Final decisions on whether a practice that doesn't meet the definition shall receive support payments is the responsibility of the payer. Payers reserve the right to do review the accuracy of practice self-attestation for the purposes of determining payments.

14. Can practices resubmit data to meet the PCMH definition?

a. Practices may submit data annually to OHIC, as described in the response to question 3, above. Any questions about reporting or resubmitting data can be directed to cory.king@ohic.ri.gov

15. Once a practice is recognized as a PCMH, will it always be recognized as a PCMH by OHIC?

a. No. A practice must meet each element of the definition of PCMH annually.

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16. **Will OHIC be evaluating whether this PCMH initiative reduces health care costs and is beneficial to practices, health plans and residents of Rhode Island?**
    a. Yes, OHIC, along with other stakeholders, will be conducting an ongoing evaluation of this PCMH initiative. The standards and definition of a PCMH will be examined and revisited each year in a committee process.

17. **Why should practices try to meet the OHIC definition of PCMH?**
    a. Commercial insurers, Medicaid, and Medicare are all moving away from fee-for- service payments to more value-based payments that reward improved quality and reduced costs.
    b. Primary care practices continue to serve a vital function in Rhode Island. These new payment models aim to help and support providers in delivering more coordinated care to their patients, while rewarding quality of care and efficiency.
    c. The support programs currently available to practices offer practices an opportunity to get expert assistance to learn how to transform. The Support Payment rewards practices for their efforts.

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