State Innovation Model grants have been awarded in two rounds

- CMS is testing the ability of **state governments to utilize policy and regulatory levers** to accelerate health care transformation

- Primary objectives include
  - Improving the **quality of care** delivered
  - Improving **population health**
  - Increasing **cost efficiency** and expand **value-based payment**

- Six round 1 model **test states**
- Eleven round 2 model **test states**
- Twenty one round 2 model **design awardees**
### PCMH enrollment status for Q4 2015 (as of 12/1)\(^1\),\(^2\),\(^4\)

#### PCMH/CPC enrollment

**Q4 2014**\(^1\)

<table>
<thead>
<tr>
<th>PCMH/CPCs/Practices</th>
<th>PCPs</th>
<th>Beneficiaries (1000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>1,074</td>
<td>386</td>
</tr>
<tr>
<td>142 (57%)</td>
<td>780 (73%)</td>
<td>780 (80%)</td>
</tr>
<tr>
<td>9</td>
<td>294 (70%)</td>
<td>286 (73%)</td>
</tr>
<tr>
<td>133</td>
<td>76</td>
<td>77</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Data pulled from PCMH Q4 reporting as of December 1, 2014; includes practices that enrolled for 1/1/15 start date in PCMH
2. Data pulled from PCMH Q4 reporting as of December 1, 2014 for PCPs enrolled in 2014, and from MMIS for PCPs new to 2015
3. Based on practices eligible for PCMH with at least 300 beneficiaries from Q3 2014 Reporting Period
4. Q1 2015 attribution algorithm has not been run at the time of creation of this report; these attribution numbers are based on Q3 & Q4 figures
Medicaid APII Progress to Date

• Engine has processed 1.4 Billion Claims
• 4.3 Million Episodes (before exclusions)
• 35,000 EOC Reports
  ▪ 18,600 EOC level payment or performance reports
  ▪ 4,000 EOC level reconciliation reports
  ▪ 2,333 distinct PAPs
• 2,250 PCMH Reports
What is “MACRA”? 

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015.

What does MACRA do?

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare pays physicians** and establishes a new framework to reward clinicians for **value** over volume
- **Streamlines** the new Merit-Based Incentive Payments System (MIPS) **Provides incentives** for participation in **certain alternative payment models (APMs)**
How much can MIPS adjust payments?

The potential adjustment % will increase each year from 2019 to 2022:

- 2019
- 2020
- 2021
- 2022

Final payment to provider

Merit-Based Incentive Payment System (MIPS)
Risk Score

• RUB scores for 2016
  – Comorbidities

• Psychopharmacology in 2017
  – Antidepressants, Anxiolytics
EMR Data Extraction

• March and 2017 Deadlines
• ONC Support
  – Local and National Troubleshooting Support
Policy Revisions

• Thresholds For Quality Metrics
  – Average Past Performance of Eligible PCMHs
• Pool Rules
  – Quality Metrics and Performance Metrics
• Providers That Drop Out of PCMH Mid-Year
• MMIS Freeze Until 2017
Enrollment Issues

• PCCM vs PCMH Enrollment
Reenrollment

• PCMHs That Fail Remediation
  – Can Reapply During Usual Fall Enrollment
  – Must Demonstrate Compliance With Practice Support Requirements
    • Be Up To Date Consistent With Months of PMPM
Program Issues

• Custom Data Reports
• Appeals, Reconsiderations
  – Payment Issues vs Program Design
  – Process For Resolution
• Quality Data Timeliness
• Shared Savings Run Out
  – Claims Submission Allowed for 1 Year After Service
• Promulgation Issues
• BC Provider Outreach
Data Transparency
SIM test states may submit Medicare participation ideas

CMS will rely on the following principles in assessing proposals for new and novel models that are:

- Patient centered
- Accountable for the total cost of care
- Transformative (*preponderance of payments*)
- Broad-based (*preponderance of providers*)
- Feasible to implement
- Feasible to evaluate
Maryland is testing an innovative All-Payer Payment Model

- Maryland is the nation’s only all-payer hospital rate regulation system
- Model will test whether effective accountability for both cost and quality can be achieved within all-payer system based upon per capita total hospital cost growth
- Quality of care will be measured through
  - Readmissions
  - Hospital Acquired Conditions
  - Population Health

- Maryland has ~6 million residents*
- Hospitals began moving into All-Payer Global Budgets in July 2014
  - 95% of Maryland hospital revenue will be in global budgets
  - All 46 MD hospitals have signed agreements
- Model was initiated in January 2014; Five year test period

* US census bureau estimate for 2013
2016 PCMH Remediation update

- Section 242.000 Accountability for Practice Support of the PCMH provider manual states:
  - If a PCMH does not meet deadlines and targets for activities tracked for practice support as described in Section 241.000, then the practice must remediate its performance to avoid suspension or termination of practice support.

- PCMHs which received a Notice of Attestation Failure and/or PCMHs which received a Notice of Validation Failure will have 15 calendar days to submit sufficient QIP.
  - Failure to submit sufficient QIP within 15 days of receiving a Notice of Attestation Failure and/or a Notice of Validation Failure will result in suspension or termination of practice support.

- PCMHs which receive a Notice of Attestation Failure will have 90 days to remediate their performance from the date of the Notice of Attestation Failure.

- PCMHs which received a Notice of Validation Failure will have 45 days to remediate their performance from the date of the Notice of Validation Failure.

- If a PCMH fails to meet the deadlines or targets for activities within the specified remediation time, then DMS will suspend or terminate practice support.
Updated Practice Support Activities

• Starting in Q1 2016, all enrolled PCMHs will be required to meet a new set of practice support activities

Removal of Practice Support Metrics

• In Q1 2016, the practice support metric section is no longer on the report

New Quality Metrics

• Five new quality metrics have been added to the Q1 2016 reports

New Informational metric

• One additional informational metric has been added to the Q1 2016 reports
Q1’16: Starting in Q1 2016, all enrolled PCMHs will be required to meet a new set of practice support activities (Slide 3 of the PCMH report)

– The PCMH program policy addendum manual provides a list, detailed description, and activity due dates for all 2016 activities:
  
  o  [http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx](http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx)
Removal of Practice Support Metrics

**Q1'16: The Practice support metric section has been removed from the Q1 2016 PCMH reports**

- ‘% of high priority beneficiaries that have a care plan in medical record’ has been transitioned to a practice support activity.
- ‘% of high priority beneficiaries seen by PCP at least twice in past 12 months’ and ‘% of beneficiaries who had an inpatient stay that saw a health provider within 10 days of discharge’ have transitioned to quality metrics.
- ‘% of time ED visits expected to be non-emergent (NYU Algorithm)’ has been retired from the 2016 program.
**Q1’16**: Five new quality metrics have been added to the 2016 reports:

- % of beneficiaries, age 1 year and older, events with a diagnosis of non-specified URI that had antibiotic treatment during the measurement period
- % of beneficiaries age 18 years and older who were prescribed chronic Alprazolam (Xanax) during the measurement period
Q1’16: Five new quality metrics have been added to the 2016 reports:

- % of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period (All payer source)
- % of patients 18-75 years of age with diabetes (type 1 or 2) whose most recent HbA1C level was greater than 9.0% (poor control) or was missing the most recent result or not done during the measurement period (All payer source)
- % of patients ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of height/weight/BMI percentile documentation during the measurement period (All payer source)
Q1’16: One new informational metric has been added to the 2016 reports:

- % of beneficiaries age 18 years and older who are on chronic Warfarin therapy and receive an INR test during each 12 week interval with Warfarin during the measurement period
Guide to Reading Your PCMH Report

This guide explains how to read your PCMH report and can help you:

- Find specific information in the report
- Understand the connection between sections of the report and program requirements

Things to know about your PCMH report:
- The report provides information based on historical data
  - Data is displayed in rolling one-year time periods; exact timeframes are noted on each page
- The report shows information about your PCMH practice
  - For pooled practices, the information for your shared savings entity will be provided in the Shared Savings Entity report (not provided in Q1 2016 only)
  - All PCMHs will receive a shared savings report, even though not all PCMHs are eligible for shared savings (not provided in Q1 2016 only)

Visit us online to login to the portal and access PCMH resources
Our website www.paymentinitiative.org has details on:
- PCMH program details including the PCMH Program Policy
- Addendum and methodology used to calculate metrics
- Archived webinars on the PCMH program, interpreting reports and understanding shared savings
- Frequently asked questions, where to direct your questions, and links to resources

The website also has a link to the online portal. Use a secure username and password to:
- View your full report
- Submit a required program data

Contact our knowledgeable provider support teams with questions and feedback
- Your Medicaid provider outreach specialist at Arkansas Foundation for Medical Care at 501-212-9602 or PCMH@afmc.org
- HP Enterprise Services Arkansas Health Care Payment Improvement Unit at 1-888-222-4986, locally at 1-501-201-8311, or via email at AR-PMI@how.com.

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**Report Guides:** A guide to reading your Q1 PCMH Report & a Q1 sample report will be available to all PCMH practices on the Arkansas Payment Improvement Initiative website:

- [http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx](http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx)
GENERAL DYNAMICS
Health Solutions