EXPIRED - Department of Defense (DoD) Enhanced Access to Patient-Centered Medical Home (PCMH): Demonstration Project for Participation in the Maryland Multi-Payer Patient-Centered Medical Home Program (MMPCMHP)

1.0 PURPOSE

1.1 The goal of TRICARE participation in the MMPCMHP, administered by the Maryland Health Care Commission (MHCC), is to test if the PCMH model, in qualified primary care practices: (1) provides higher quality, and less costly care for TRICARE beneficiaries who receive care in Maryland; and (2) leads to higher satisfaction for patients, Nurse Practitioners (NPs), and Primary Care Physicians (PCPs). The demonstration seeks to reward medical homes for the additional services while creating a viable economic model for health care purchasers and maintaining administrative simplicity.

1.2 TRICARE will pay claims using the traditional fee for service schedule and a fixed transformation, per TRICARE beneficiary per month, payment for enhanced care coordination and practice transformation, as defined herein. Additional incentive payments, expected to be budget neutral, will be made based upon calculated shared savings and measured quality improvements. The demonstration will be conducted under statutory authority provided in 10 United States Code (USC) 1092 and will continue for two years.

1.3 Existing claims payment methodology for health care claims, whether non-underwritten or underwritten, is unchanged by TRICARE beneficiary participation in the MMPCMHP Demonstration. Claims for underwritten beneficiaries enrolled in the MMPCMHP Demonstration will be paid from the applicable underwritten Contract Line Item Number (CLIN) and submitted through normal TRICARE Encounter Data (TED) system processing as required in the TRICARE Systems Manual (TSM) with the applicable special processing code (MM) indicating participation in the MMPCMHP Demonstration. All existing TRICARE eligibility, reimbursement, co-payments, cost-shares and deductible rules apply for all beneficiaries enrolled in the MMPCMHP Demonstration.

1.4 Shared Savings and Fixed Transformation payments shall be paid from non-financially underwritten funds.

1.5 TRICARE for Life (TFL), Dual Eligible and beneficiaries with Other Health Insurance (OHI) are excluded from participation in the MMPCMHP.

2.0 BACKGROUND

The Military Health System (MHS) defines the PCMH as a model of care adopted by the American Academy of Family Physicians, the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA) that seeks to strengthen the provider-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship. TRICARE participation in the MMPCMHP offers a vehicle for TRICARE to participate in a state-wide initiative, share in PCMH project cost with other payers, promote enhanced provider practice education and training in PCMH concepts funded through Maryland state legislative initiatives as well as evaluate alternatives to current reimbursement methodologies. Additional information is available at http://mhcc.maryland.gov/pcmh/.

3.0 DEFINITIONS

The following definitions are applicable to terms used in the demonstration.

3.1 Maryland Health Care Commission (MHCC)

An independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers, and the public. The Commission's vision for Maryland is to ensure that informed consumers hold the health care system accountable and have access to affordable and appropriate health care services through programs that serve as models for the nation.

3.2 Fixed Transformation Payment

The semi-annual lump sum payment made by the Defense Health Agency (DHA) through the Managed Care Support Contractor (MCSC) to a practice.

3.3 Shared Savings or Incentive Payment

The payment a practice receives which is derived from the difference between a practice's historical medical expenses and the total medical expenses per patient in the current year, adjusted for inflation. Incentive payments are subject to further revision by TRICARE.

3.4 Medical Expenses

Carrier reimbursements and patient liabilities for hospital inpatient services, hospital outpatient services, freestanding medical facility services, health care professional services, nursing homes care, Skilled Nursing Facility (SNF) care, Home Health Care (HHC), hospice services, and Durable Medical Equipment (DME). TRICARE expects to include pharmacy costs as part of "medical expenses" and will be using pharmacy costs as part of the shared savings calculation for analysis purposes.

3.5 Physician Practice Connections Patient-Centered Medical Home (PPC-PCMH)

The PPC-PCMH program operated by the National Committee for Quality Assurance (NCQA) in accordance with standards published at: http://www.ncqa.org.

3.6 Participating Patient

A qualifying individual who is a person covered under TRICARE and is a patient of a participating practice.

3.7 Patient Enrollment List/File

The list of all of a practice's participating patients who have been attributed to the Program. TRICARE's MCSC will generate this list and provide it to the relevant participating practice.

3.8 Practice

A primary care practice or federally qualified health center organized by or including pediatricians, general internal medicine physicians, family medicine physicians, or NPs.

4.0 MCSC ROLE

The MCSC shall attribute/assign patients to the demonstration, make fixed transformation payments and make shared savings or incentive payments to the participating practices based on guidance in paragraph 5.0.

5.0 DEADLINES AND MILESTONES

Within 30 business days after the **Federal Register** notice period ends and every six months thereafter for the duration of the demonstration, MHCC will provide DHA a National Provider ID (NPI) List (Figure 18.14-1) of MMPCMHP participating providers. DHA will convey the NPI List to the MCSC. At a minimum, the NPI List will contain the individual NPI, the organizational NPI, the provider's name, the practice size, practice location, practice address, and NCQA Recognition Level.

5.1 Within 20 business days of receipt of the NPI List or 20 business days after the beginning of the current attribution cycle, whichever is later, the MCSC will verify eligibility, attribute/assign TRICARE Prime and TRICARE Standard beneficiaries (effective January 1, 2018, TRICARE Select enrollees) to the PCMH Demonstration project, calculate fixed transformation payments, and submit completed Figure 18.14-2 and Figure 18.14-3 to DHA for approval.

5.1.1 Attribution and Assignment

To attribute TRICARE Prime and TRICARE Standard beneficiaries to the PCMH Demonstration project.

5.1.1.1 For TRICARE Prime Enrollees

The MCSC will assign/attribute beneficiaries to the PCMH Demonstration project based on current TRICARE Prime enrollment with the participating practices on the NPI List.

5.1.1.2 For TRICARE Standard Beneficiaries (Effective January 1, 2018, TRICARE Select Enrollees)

The MCSC will assign/attribute beneficiaries based on evidence of Evaluation & Management (E&M) services provided by participating practices/providers on the NPI List during the previous year.

The MCSC shall:

- Count the number of visits (all same day services count as one) for the E&M codes (Current Procedural Terminology (CPT)[1] codes 99201 - 99205; 99211 - 99215; 99381 - 99387; 99391 - 99397; Office Consult 99241 - 99245) for patients using each MMPCMHP practice or practice site.
- Select the practice with the highest number of visits in the year as the attributed practice.
- In the event of a tie, the MCSC shall attribute the beneficiary to the practice with the most recent visit.

5.1.1.3 The MCSC shall complete Figure 18.14-2 for each attributed patient.

5.1.2 Fixed Transformation Payment Calculation

To calculate the fixed transformation payment:

- For each fixed transformation payment, the MCSC will use Figure 18.14-1 and Figure 18.14-4 to determine the specific payment for each practice.
- The MCSC will select the Physician Practice Site Size, NCQA Recognition Level and determine the per patient transformation payment.
- The MCSC will multiply the payment listed by the number of TRICARE Prime and TRICARE Standard beneficiaries who are attributed to the practice. Information from this process and Figure 18.14-1 will be used to create the Patient Enrollment File (Figure 18.14-3).
- The MCSC will contact the Contracting Officer's Representative (COR) or designee should issues arise that require clarification, e.g., non-matching NPIs, address discrepancies, duplicate records for beneficiaries, etc.

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- Beneficiaries over the age of 65, as of the first day of the six month period for which fixed transformation payments are being made, shall be excluded from participation.

- Beneficiaries whose address is other than Maryland, Delaware, District Of Columbia, Pennsylvania, Virginia or West Virginia shall be excluded from participation.

- If a beneficiary is found to be listed in Defense Enrollment Eligibility Reporting System (DEERS) more than once (i.e., listed under more than one person ID), include the beneficiary only once for attribution. Duplicative information (i.e., all Social Security Number (SSN) and/or person ID combinations) should be included in Figure 18.14-2.

- The MCSC will submit completed Figure 18.14-2 and Figure 18.14-3 through the Performance Assessment Tracking (PAT) database for COR's review and approval. After COR review, the MCSC will be notified of approval or of requested changes.

- Within two business days of notification of approval by the COR, the MCSC will submit a voucher to the Contract Resource Management (CRM) office, with a copy to the COR, for approval to release payments (follow standard manual approval process).

- Within two business days after DHA notification of COR/CRM approval to release payments, the MCSC will send Figure 18.14-2 and the fixed transformation payment to each practice. Each practice shall only receive information pertaining to their patients and/or practice.

5.1.3 Within two business days of payment, the MCSC will advise the COR or designee of the amount and date that the fixed transformation payments were sent to the practices. Every six months thereafter, for the duration of the PCMH Demonstration, the MCSC will repeat steps in paragraphs 5.0 through 5.1.3.

5.2 Shared Savings or Incentive Payments

5.2.1 Shared savings or incentive payments can be earned by participating practices and are calculated as listed below. Practices that meet the annual performance criteria specified by MHCC will be qualified to receive the defined percent of any savings generated by the Practice during TRICARE Demonstration Years 1 and 2.

5.2.2 Practices shall report the criteria defined in Figure 18.14-4 to MHCC. DHA will calculate the difference between a practice's historical medical expenses and the total medical expenses per patient in the current year, adjusted for inflation. This difference will serve as the basis of the shared savings or incentive payment calculation. Should there be no savings, the practice will not be eligible for an incentive payment, nor will it be required to repay the fixed transformation payments.

5.2.3 Shared Savings or Incentive Payment Calculation

To calculate the shared savings or incentive payment:

- DHA will notify the MCSC of the shared savings achieved for each practice. DHA will provide the MCSC information (Items #1 through 4) in Figure 18.14-5.
- Within 10 business days of notification of the shared savings achieved, the MCSC will prepare the incentive payments for eligible practices, and will submit a voucher to the COR for acceptance of service and to DHA CRM for approval to release payments (follow standard manual voucher approval process). Within two business days after notification of DHA approval of shared savings payment release, the MCSC will send the shared saving payments to each practice.
- Within five business days of payment, the MCSC will submit a copy of Figure 18.14-5 (Items #1 through 5 completed) to the COR or designee.

5.2.4 Every year thereafter, for the duration of the PCMH Demonstration, the MCSC will repeat steps in paragraph 5.2.

FIGURE 18.14-1 NPI LIST - SUBMITTED BY MHCC TO THE MCSC

1.	Individual NPI
2.	Organization NPI
3.	Federal Tax ID
4.	Practice Registration Number
5.	Practice Size (S=< 10,000 Patients, M=10,001-<=20,000, L=+20,001 and above)
6.	NCQA Recognition Level
7.	Provider First and Last Name
8.	Practice Site Name
9.	MMPCMHP Practice Location/Address

FIGURE 18.14-2 PATIENT ENROLLMENT FILE - SUBMITTED BY THE MCSC TO EACH PRACTICE

1. Sponsor's Social Security Number
2. Alternate Sponsor's Social Security Number
3. DEERS Person ID
4. DEERS Duplicate Person ID
5. Beneficiary Type
6. Patient Date of Birth
7. Patient Last Name
8. Patient First Name
9. Patient Middle Initial
10. Patient Street Address
11. Patient City
12. Patient State
13. Patient ZIP Code
14. Federal Tax ID
15. Organizational TIN
16. Individual NPI
17. Organization NPI
18. Provider First Name
19. Provider Last Name
20. Network/Non-Network
21. Practice Site Name
22. Fixed Transformation Amount (semi-annual)

- Figure 18.14-3 Patient Enrollment File: For each attribution cycle, the file name shall include the attribution cycle number, and the beginning date of the cycle in the name of the file (ex: Patient Enrollment File: Figure 18.14-3 Cycle1_20130701).

FIGURE 18.14-3 PRACTICE ENROLLMENT FILE

ORGANIZATION NPI	REGISTRATION NUMBER	SITE NAME	ORGANIZATION EIN	REMIT ADDRESS	REMIT CITY	REMIT STATE	REMIT ZIP	PATIENT COUNT	NUMBER OF MONTHS COVERED	PAYMENT (OR RECOMMENDED TO BE SENT TO PRACTICES)

- Figure 18.14-3 Practice Enrollment File: For each attribution cycle, the file name shall include the attribution cycle number, and the beginning date of the cycle in the name of the file (ex: Practice Enrollment File: Figure 18.14-3 Cycle1_20130701).

FIGURE 18.14-4 LEVEL OF PCMH RECOGNITION

PHYSICIAN PRACTICE SITE SIZE (NUMBER OF PATIENTS)	NCQA RECOGNITION		
	LEVEL 1+ (1)	LEVEL 2+ (2)	LEVEL 3+ (3)
1. Small or S = < 10,000	$28.08	$32.04	$36.06
2. Medium or M = 10,001 - 20,000	$23.40	$26.70	$30.06
3. Large or L = > 20,001	$21.06	$24.06	$27.06

FIGURE 18.14-5 SHARED SAVINGS OR INCENTIVE CALCULATIONS/PAYMENTS

#1	#2	#3	#4	#5
PRACTICE NAME	NUMBER OF BENEFICIARIES ENROLLED	CALCULATED COST SAVINGS	PAYMENT TO BE SENT TO MMPP PRACTICES	PAYMENT SENT TO MMPCMHP PRACTICES

- END -