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**Call for Applications**

**CTC-RI Multi-Payer 2017 July Adult Expansion of the**

**Patient-Centered Medical Home Initiative**

The Rhode Island Care Transformation Collaborative (CTC-RI) is a multi-player, primary care payment and delivery system reform initiative for primary care practices working with patients across the life span.

**Vision of CTC-RI**

Rhode Islanders enjoy excellent health and quality of life.

**Mission of CTC-RI**

To lead the transformation of primary care in Rhode Island in the context of an integrated health care system.

To engage providers, payers, patients, parents, purchasers, and policy makers to develop high quality, family and patient-centered medical homes providing health care in an affordable, integrated healthcare system that promotes active participation, wellness, and delivers high quality comprehensive health care dedicated to data-driven system improvement.

**Role of CTC-RI**

Under the auspices of the Office of the Health Insurance Commissioner (OHIC) and the Executive Office of Health and Human Services (EOHHS), CTC-RI is a statewide, multi-payer program that provides a pathway for primary care practice transformation. CTC-RI provides technical assistance and training to promote integrated, patient andfamily centered care, data driven quality improvement, and prepares practices to perform successfully under alternative payment models. As a statewide learning collaborative, CTC-RI facilitates the sharing of best practices in primary care, integration with specialists/health systems, and provides a platform for testing and evaluating new models that improve population health. The CTC-RI strives to align its primary care program with state, federal, public, and private initiatives and inform health care system transformation.

**2017 Expansion Details**

We seek up to twenty-eight (28) new primary care practice sites (10 practices serving children under 18 years old and 18 adult medicine practices) of substantial payer and population diversity that are committed to transforming their practices to provide high-value patient-centered care. CTC-RI is looking for practices to be able to demonstrate working collaborative relationships with other healthcare organizations or systems that will be able to support the practice in coordination of care (e.g. hospitals, specialists, and community-based services).

This call is targeting practices with electronic medical record systems and an interest in the Patient Centered Medical Home (PCMH) model of care. Priority will be given to practices that require more practice transformation assistance and/or not part of an accountable care organization

Primary care practices that have various practice structures/affiliations and levels of practice transformation may apply. Contracting and financial support for practice transformation may vary depending on existing contracts, affiliations and financial arrangements. If your practice is already participating in a health plan funded PCMH initiative, the health plan may determine that participation in the CTC-RI Adult Initiative is duplicative or redundant and may choose to adjust payments to practices accordingly.

**CTC-RI Common Framework and Service Delivery Expectations**

Health plans execute addendums to existing contracts or separate contracts that incorporate common terms and expectations built around primary care practices progressively implementing Service Delivery Requirements, including: care management/coordination, planned care for population health, access and continuity, patient and family caregiver engagement, comprehensive medical home coordination, and quality reporting and improvement. Practices are additionally expected to develop and utilize a budget that uses enhanced payments to support the care delivery model. Requirements of the CTC-RI Adult PMCH Common Contract can be found as Appendix A.

Selected practices will be required to engage in health plan participation agreements (i.e. separate addendum to existing contracts or separate contract that incorporate common expectations) with all payers in Rhode Island: Neighborhood Health Plan, Blue Cross Blue Shield, United Health Care, and Tufts Health Plan with an effective date of July 1, 2017. ‘Per member per month’ (PMPM) payments will be made according to Appendix B.

Throughout the course of the contract, all practices will be supported by practice transformation learning network opportunities that will include: on-site practice facilitation support and coaching, and collaborative learning experiences including those offered through “best practice sharing” at committee meetings. Practice transformation support is intended to assist practices with transforming into patient centered medical homes and being prepared to enter into system of care arrangements.

**Primary Care Eligibility and Contracting Options:**

1. **Primary Care Practices that are not affiliated with a commercial ACO**

Unaffiliated primary care practices may apply and if accepted would be eligible for infrastructure payments from the participating Rhode Island health plans based on meeting program requirements (outlined in Appendix A). Non-ACO practices will receive a PMPM supplemental payment from those payers to support their efforts in medical home transformation. Non-ACO practices will additionally be eligible for performance improvement payments in Year 2 and Year 3 of the contract, based on performance (practice achievement of identified targets for selected metrics). Note: Some payers may require a 200 patient threshold.

1. **Primary Care Practices that are participating in a commercial ACO**

Primary care practices that are part of an ACO may apply in concert with the ACO. The ACO is responsible for providing the practice with a Letter of Support that details the support the ACO will provide to assist the practice with meeting the CTC-RI service delivery requirements such as but not limited to: hiring the Nurse Care Manager/Care Coordinator, assistance for meeting practice reporting requirements (example of letter can be found on page 4 of this document). If accepted, CTC-RI will supplement the ACO practice transformation support with additional learning opportunities. Payments will be made through the health plan ACO /AE contract for practice transformation services. The ACO is expected to account for the use of the practice transformation funds to assist practices at the site level with being able to meet Service Deliverable Requirements.

1. **Health Plan PMPM support in the event that the Health Plan does not have a current contract with an ACO that provides support for practice transformation services**

Primary care practices that are affiliated with an ACO that does not have a participating contract with United Health Plan, Blue Cross and Blue Shield of Rhode Island, Tufts Health Plan, or Neighborhood Health Plan of Rhode Island will enter into a Common Contract with that health plan and receive PMPM supplemental payments for practice transformation.

 **Benefits to the Selected Practices that successfully participate in the CTC-RI Common Contract**

Primary Care Voice

The CTC-RI initiative is designed to provide primary care practices with a mechanism for learning from others and being part of a primary care network that works together with the health plans that achieve better care, smarter spending, and healthier people. Participation will assist your practice with being ready to succeed in other quality payment programs including those offered by the Rhode Island OHIC, and Medicare Access and CHIP Re-authorization Act of 2015 (MACRA).

Obtain Infrastructure and Incentive Payments for Care Transformation

Receive supplemental payments for three years from health plans in the multi-payer initiative to transform your practice and be recognized as a patient centered medical home (PCMH) **$5.50** per member per month for adult practices in Year 1 with added incentives in Year 2 and 3 for achieving improvements in quality, customer experience and utilization thresholds; This financial support enables you to:

* Implement team based care and support the costs for adding a nurse care manager (NCM). CTC WILL ASSIST WITH TRAINING AND IN THE INTEGRATION OF THE NCM INTO YOUR PRACTICE
* Improve satisfaction for yourself, your patients and staff;
* Use EMR and data tools to enhance work flows, inform care coordination and meet reporting requirements;

Obtain practice facilitation to support your practice transformation efforts;

CTC will provide on-site practice facilitation support to assist you with achieving NCQA patient centered medical home recognition and meet other PCMH achievements and provide learning collaborative opportunities featuring national, regional and local talent.

Prepare your practice to join an accountable care organization, receive enhanced payments made available through the Office of the Health Insurance, CMS and Local Health Plans

OHIC

OHIC has required that commercial health insurance plans adopt a two-stage payment model to sustain primary care transformation provided the primary care practice meets the OHIC PCMH definition, has implemented OHIC cost containment strategies and has demonstrated performance improvement. Such primary care practices will receive a care management PMPM payment, and will have an opportunity to earn a performance bonus.



MACRA and Alternative Payment Models

CMS is increasingly paying for health care through alternative payment models (APMs) that reward value and quality.  The MACRA legislation contains payment incentives for practitioners who participate in APMs that meet certain criteria and also with payment adjustments over time based on performance in the MIPS program.  CMS proposed rule began with the first performance period on January 1, 2017 with payment adjustments taking effect in 2019. In partnership with Healthcentric Advisors, CTC participants will receive no cost support and education to successfully participate in the Quality Payment Program (QPP) either through MIPs or an APM. Examples of support include special topics presentations regarding: the QPP reporting requirements to MIPS, timelines, measures etc.; understanding MIPS feedback reports and improvement plans; evaluating practice readiness for participating in an APM.

Local Health Plans Fee for Service Incentives:

 Some local payer provide added fee for service payment with NCQA PCMH recognition.

**Adult Practices: Call for Applications**

**Prerequisites**

1. Practices must have a fully implemented and functional certified electronic health record (EHR)\*.

**Adult practices** must use the EHR to identify patients with diabetes, hypertension, depression, and high-risk patients.

1. At least one provider in the practice must have attested to Stage 1 Meaningful Use.
2. Practices must submit letter of support from at least on physician, nurse practitioner or physician assistant leader in the practice. This letter shall describe how the clinician intends to engage with the care team(s) to provide ongoing leadership including planned time commitment and ongoing strategies to share and address results, challenges, progress and successes with practice staff and the patient community (one page)\*.
3. Practices that are part of an ACO must submit a letter of support from the ACO/AE indicating that the ACO/AE will provide the practice with financial and technical support. A sample ACO letter of support can be found in attachment



**Conditions of Participation:**

Practices are expected to:

1. Meet all CTC-RI service deliverer requirements within designated time frames and work collaboratively with CTC-RI management to proactively address any barriers/solutions;
2. Achieve PCMH NCQA Recognition; specific requirements around National Committee for Quality Assurance (NCQA) recognition will be determined based on the OHIC 2017 Transformation Plan and the release of the NCQA PCMH 2017 program expectations;
3. Employ or contract for an on-site Nurse Care Manager (NCM);

The NCM is responsible for care coordination and management of high-risk patients; educating patients on disease self-management and disease prevention; coordinating care with specialists and behavioral health providers; following up on critical referrals, testing and other screening results; hospital and ED visits; engaging practice staff in the development and execution of team-based care; and participating in quality improvement and practice transformation activities. Practices will produce and submit reports that measure NCM activity in their work with high-risk/high-cost patients.

1. Work to improve quality at the organization and practice site level: produce and submit clinical quality reports at practice site level;
2. Work to improve patient and family/caregiver engagement and experience, and participate in the Consumer Assessment of Healthcare Providers and Systems survey;
3. Work to provide care at lower costs through effective implementation of OHIC cost management strategies and use of data provided through such vehicles as HealthFacts RI;
4. Work to achieve improved access and continuity of care;
5. Work to improve planned care for population health by implementing care management strategies;
6. Work to improve comprehensive and medical home coordination through development and implementation of compacts with community specialists, home care, behavioral health home care, and imaging services;
7. Work to address the CTC-RI strategic priorities including: addressing the needs of patients who are identified as high-risk/high-cost; improving communication and coordination with health plans; active participation in Community Health Team (CHT) as available within certain geographic areas and meeting the behavioral health needs of patient (e.g. mental health, addiction disorders, treatment, and support to address lifestyles that influence chronic conditions and quality of life);
8. Commit to using enhanced accountable payments to support care delivery model and submit annual budget inclusive of staffing plan to support care delivery model (i.e. resources for team at the site level to engage in transformation efforts, including regular team meetings and other practice based quality improvement activities; implementing practice wide process improvement and actively participating in learning network including working with practice facilitators; participating in learning opportunities; and sharing “best practices” with others);
9. Actively enroll patients in CurrentCare and use CurrentCare services, including CurrentCare Hospital Alerts and CurrentCare Viewer; and
10. Actively participate in learning opportunities including CTC-RI Committee participation, sharing of “best practice” and practice data with other practices and health plans, meeting with practice facilitators on a regular basis.

**Timeline for Selection Process:**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date**  |
| 1 | Release of request for interested applicants  | Tuesday , April 11, 2017  |
| 2 | Conference call with interested parties to answer any questions. \*Call-in number: 508-856-8222 code: 4614 | Friday, April 14, 2017 12 noon Wednesday, April 19, 2017 12 noon Friday, April 21, 2017 12 noon  |
| 3 | Submit letter of intent to apply electronically to:**CTC-RI@umassmed.edu**Letter to include: Practice name, practice address, provider champion, application key contact name, email address and phone. If a multisite practice, indicate provider champion at each site | Wednesday, May 3, 2017  |
| **4** | **Practices submit completed application package electronically to: CTC-RI@umassmed.edu** **Please include application checklist (page 7 of this document).**  | **Preferred Tuesday, May 23, 2017** **Extension granted until May 30, 2017**  |
| 5 | A Selection Committee will meet to review submitted applications against scoring criteria  | Tuesday, May 30, 2017-Tuesday, June 20, 2017  |
| 6 | Final recommendations to CTC-RI Board of Directors  | Wednesday, June 21 , 2017  |
| 8 | Notification will be sent to practices that have been chosen as new members of the CTC-RI community, as well as those who were not selected | Thursday, June 22, 2017  |
| 9 | Practices start contract  | July 1, 2017 |
| 10 | Orientation for newly selected practices | July 13, 2017 Health plans provide retroactive payment to practices to July 1, 2017 |
| 11 | Health Plans have fully executed contracts and loaded in system for payment  | August 31, 2017 |
| 12  | Practices receive payment retro to July 1, 2017 | March 1, 2017  |

*\*Due to space limitations, please plan to call in to one of the calls to save seats for everyone. Following the calls, a FAQ document will be posted on the website (*[*www.ctc-ri.org*](http://www.ctc-ri.org)*) that will include responses to questions from both calls.***For questions,** contact Michele Brown:

Email: Michele.Brown@umassmed.edu

Telephone: 508 421 5919

Fax: 508 856 6650

**Application Package Submission Checklist**

|  |  |  |
| --- | --- | --- |
| **Check if complete** | **Item** | **Due Date** |
|  | Submit letter of intent to apply electronically to:**CTCRI@umassmed.edu**Letter to include: Practice name, practice address, physician champion, application key contact name, email address and phone. If a multisite practice, indicate physician champion at each site  | Wednesday, May 3 2017  |
| Final Package for Submission |
|  | Submit a Letter of support\* from at least one physician, nurse practitioner or physician assistant leader in the practice **signed by all providers in the practice**  | Tuesday, May 23, 2017  |
|  | Practices that are part of an ACO must submit an ACO letter of support.  | Tuesday, May 23, 2017  |
|  | Completed Application Package Checklist | Tuesday, May 23, 2017  |
|  | Completed Application Form  | Tuesday, May 23, 2017 |
|  | Written response to essay questions | Tuesday, May 23, 2017  |
|  | Copy of sample standardized and a sample customized EHR report (if you have the capability)*Please remove any protected health information (PHI) before submitting sample reports* | Tuesday, May 23, 2017  |
|  | Copy of Meaningful Use attestation from one provider  | Tuesday, May 23, 2017  |

**Completed application packages – including completed checklist - should be received by 5:00 PM onTuesday May 23, 2017. Email application package to: CTCRI@umassmed.edu**

**For questions,** contact Michele Brown:

Email: Michele.Brown@umassmed.edu

Telephone: 508-421-5919

Fax: 508-856-6650

**Application**

**Section 1: Practice Information**Practice site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice “doing business as” name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Practice site phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice site fax: \_\_\_\_\_\_\_\_ Practice Tax ID number: \_\_\_\_\_\_\_\_\_\_\_\_

Practice type: FQHC \_\_\_\_Pediatric \_\_\_\_Family practice \_\_\_\_Internal Medicine \_\_\_\_Single site \_\_\_\_ Multi-site \_\_\_\_

(If multi-site: indicate other practice sites applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Primary Contact: (Person completing the application)** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension: \_\_\_\_\_\_\_\_

**Provider Champion Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IT contact: Person responsible for generating quality and care management reports:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Leadership Contact** (if applicable)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice intends to apply for CTC-RI as**: Pediatric site \_\_\_\_\_Adult site \_\_\_\_\_ Both Pediatric and Adult\_\_\_\_\_

|  |
| --- |
| **List name and NPI number for all Practitioners (MDs, DOs, NPs, and PAs):** |
| Name of Provider | MD/DO/NP/PA | NPI# | Specialty (Peds/IM/FM/Geri) | Board Certified (Yes/No/NA) | Hrs/per week | MU Attest |
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| **Adult Patient Population by Insurance Type (Adults 18 yo and over only)** |
| Payer | Number of Pts | % of Total Practice | Payer | Number of Pts | % of Total Practice |
| BCBS |  |  | Medicaid FFS  |  |  |
| Medical Adv |  |  | United Medicaid  |  |  |
| United Commercial |  |  | NHPRI  |  |  |
| Tufts  |  |  |  |  |  |
| Insured other  |  |  |  |  |  |
| Uninsured  |  |  |  |  |  |
| Total  |  |  | Total Medicaid |  |  |

**Section 2: Systems of Care/Support:** (Mark all that apply):

\_\_\_\_\_The practice is a single-site specialty primary care practice.

\_\_\_\_\_The practice is a primary care practice with other integrated practitioners, or a multi-specialty practice.

\_\_\_\_\_The practice participates in other lines of business besides primary care, such as urgent care on weekends and/or physical exams for an insurance company.

\_\_\_\_\_The practice participates in Transformation Clinical Practice Initiative (TCPI).

\_\_\_\_\_The practice participates in:

 Pioneer ACO Model \_\_\_\_\_ Next Generation ACO model \_\_\_\_\_

 Medicare Shared Savings Program (MSS ACO) \_\_\_\_\_

 Other Medicare ACO program (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_The practice participates in:

 Coastal Medical \_\_\_\_ RIPCPC \_\_\_\_\_ Charter Care \_\_\_\_\_ Lifespan\_\_\_\_\_

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A \_\_\_\_\_\_

Does your practice site belong to a larger health care organization, such as group practice, heath system or independent practice association? Yes\_\_\_\_ No\_\_\_\_ If yes, Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_None of the above

\_\_\_\_\_None of the above but practice is considering joining a program (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who owns the practice?** (Mark all that apply):

\_\_\_\_\_Physicians in practice

\_\_\_\_\_Physician organization

\_\_\_\_\_Public or private hospital, health system or foundation owned by a hospital

\_\_\_\_\_Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which system or systems of care does your practice affiliate with?

Please list the affiliations that your practice has with hospitals, specialists, and/or community-based services:

1.

2.

3.

Please describe in detail the nature of the affiliations, including communication with hospitals for patients using the emergency department/inpatient admissions, agreements with specialists, home care agencies, etc.

**Application**

**Section 3: Prerequisites**

1. Practice site has NCQA PCMH recognition Yes\_\_\_\_\_ No\_\_\_\_\_

**If yes:**

NCQA Standards: 2014\_\_\_\_ 2011\_\_\_\_\_ Expiration date: \_\_\_\_\_ Level: \_\_\_\_\_

2. Practices site has a fully implemented and functional certified electronic health record (EHR)

Electronic health record: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Version: \_\_\_\_\_\_\_\_\_

Does your practice currently have plans to purchase a new EHR in 2017 or a subsequent year? Yes\_\_\_\_\_ No\_\_\_\_\_

**For adult application: N/A\_\_\_\_\_**

Practice uses the electronic health record for population health management:

Does your practice have patient registries for?

Diabetes: Yes \_\_\_\_\_ No\_\_\_\_\_

Hypertension: Yes \_\_\_\_\_No\_\_\_\_\_

Depression: Yes \_\_\_\_\_No\_\_\_\_\_\_

Other: Yes \_\_\_\_\_ (Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_) No\_\_\_\_\_

Does your practice have the capability to generate customized reports? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

*Please provide a copy of a sample standardized and a sample customized report (if you have the capability).*

**Practices must remove all protected health information before submitting sample reports.**

Does your practice have designated staff/support person for generating reports and analysis? Yes \_\_\_\_No \_\_\_\_

3. At least one eligible provider (EP) in the practice must have attested to Stage 1 Meaningful Use:

Total number of eligible providers: \_\_\_\_\_

Provider in your practice has achieved Stage 1 Meaningful Use: Yes \_\_\_\_No\_\_\_\_

Total number of providers in your practice with Stage 1 Meaningful Use (MU): \_\_\_\_\_

*Please provide a copy of attestation for one provider that has achieved MU.*

*4. Practices must submit letter of support from at least one physician, nurse practitioner or physician assistant leader in the practice. This letter shall describe how the clinician intends to engage with the care team(s) to provide ongoing leadership including planned time commitment and ongoing strategies to share and address results, challenges, progress and successes with practice staff and the patient community (one page).*

*5. Practice must submit letter of support from ACO/AE (if applicable). This letter needs to address how the leadership commits to segregate funds that are paid in conjunction with CTC-RI and assuring that all funds flowing through this initiative will be used for infrastructure and/or salaries in the participating practices.*

**Section 4: Additional Application Information**

NCM/CC

Does your practice currently employee an on-site NCM? Yes\_\_\_\_\_ No\_\_\_\_\_\_

If yes,

Length of time practice has had NCM \_\_\_\_\_ years

Number of NCM FTEs: \_\_\_\_

NCM: Caseload \_\_\_\_

Please describe the role of the NCM(s)in your practice (e.g. care coordination):

Health Information Exchange: (HIE)

Practice enrolls patients in CurrentCare, the RI statewide Health Information Exchange (HIE)? Yes\_\_\_\_ No\_\_\_\_

**(If yes)** Percentage of practice site patients enrolled \_\_\_\_

Practice receives CurrentCare Hospital Alerts Yes \_\_\_\_ No\_\_\_\_

At least one provider in your practice use the CurrentCare Viewer: Yes\_\_\_\_ No\_\_\_\_

Practice has a direct account: Yes \_\_\_\_No\_\_\_\_

If not using Current Care, please explain why:

Comprehensive Care: Behavioral Health Integration

Does your practice currently provide on-site behavioral health (BH) services? Yes \_\_\_\_No\_\_\_\_\_

**If yes,** does the BH provider use the same EHR? Yes\_\_\_\_ No\_\_\_\_

Does the practice have a relationship (compact) with an outside BH provider that you use for care

coordination when patients have mental health/substance disorder needs that require additional level of

Intervention: Yes\_\_\_\_ No\_\_\_\_

Patient/Caregiver Family Engagement

Does your practice currently have an active patient advisory board and/or have patient representatives on your practice committees (e.g. quality improvement committee)? Yes\_\_\_\_\_ No\_\_\_\_\_

**If yes,** please describe the role of the patient advisory board and number of active participants and/or how patients participate in the practice quality initiatives. For family medicine practices, please specify the involvement of adult and pediatric patients on the advisory board.

**Application**

**Essay Questions:**

**Please provide a response to each question (limit responses to a maximum of 500 words per question)**

1. Organizational Support and Commitment for Patient Centered Care Delivery Model: Use of Enhanced Accountable Payments:

The goal of CTC -RI is to help practices transform into PCMHs

* 1. How do you intend to use the infrastructure funds in CTC-RI to transform your practice? (Examples may include staffing plan and use of funds to support care delivery model: training staff, improving reporting and analytic capacity, becoming recognized by NCQA as a PCMH, hiring additional care coordination staff, etc.)
	2. How will the organization ensure that financial support is provided at the practice level?
	3. How will the organization embrace a culture of change and improvement and devote resources for practice team to be involved with team meetings and performance improvement activities?
	4. How will you assist your staff with participating in CTC-RI transformation activities such as meeting with practice facilitators, attending best practice committee meetings, attending learning collaborative?
1. Clinical Support for Practice Transformation

One of the qualities of successful practices in the PCMH model is strong provider and organizational leadership with commitment to practice transformation and broad support from all providers in the practice.

* 1. Please describe the provider champion role and commitment to PCMH transformation in your practice.
	2. How has this individual demonstrated success in leading change initiatives?
	3. Is there broad support from all providers in the practice?
1. Care Management/Coordination through Team Based Care

Through CTC -RI, we expect practices to improve upon care coordination, particularly for management of high risk patients and move towards team-based care. Please describe:

* 1. Current care team: who is on the care team, and how they work together to improve patient care.
	2. How you anticipate identifying and reporting on high risk patients
	3. How do you anticipate your care management/coordination team meeting the needs of high risk patients?
1. Access and Continuity of Care

CTC-RI is looking for practices with capacity (or willingness to add capacity through team-based care) to expand access to care. For family medicine practices, please specify for adult and pediatric population.

* 1. Is your practice open to new patients?
	2. How many new patients did you accept last year?
	3. How would participation in CTC-RI enable your practice to increase access?
	4. How you assign patients to specific providers?
1. Quality Improvement

Please describe

* 1. A specific quality improvement initiative you have undertaken in your practice and how you have used Plan/Do/Study/Act (PDSA) within the team to improve care: clinical quality, customer experience or reducing utilization. Include measureable outcomes.
1. Patient/Family Centeredness

Patient/Family Centeredness means involving the patient *and* family and is a key value of CTC-RI. How do you define and demonstrate “patient/family-*centeredness” in your office? (Examples may include flow of office space, waiting rooms with family resources, patient advisory boards, staff communication styles, etc.).*

**Scoring Criteria**

**CTC-RI Selection Committee Policy and Procedure (2017)**

We anticipate that we may have more applications than available slots for the CTC-RI expansion, therefore it is critical that applications for participation in CTC-RI’s expansion be reviewed and scored in an objective, fair, and transparent manner. The following reflects CTC-RI’s policy and procedure for application review.

**Conflict of interest**

Reviewers must disclose any potential conflict of interest related to a specific applicant. A conflict of interest is defined as a real or potential monetary benefit or having an organizational affiliation with the applicant. The Selection Committee will discuss the potential conflicts of interest and make a determination of whether a conflict of interest exists. If so, the reviewer must recues themselves from the review of that application.

**Selection Committee Group Process for Review of Total Scores**
The Selection Committee will convene from May 30, 2017 to June 13, 2017. Applications will first be sorted by intention to apply for the pediatric population and the adult population (therefore, practices apply for both populations will be reviewed twice and independently selected to join CTC-RI for each/either population). Applications will then be sorted on whether the practice is part of a system of care. Preference will be given to practices that are not currently part of a system of care. A primary and secondary reviewer will present and discuss the rationale for scoring. The group will then discuss the ratings to reach consensus on application scoring. Final scores will be entered into a spread sheet, totaled and divided by the number of scores to reach a mean score for each criterion and an overall total score for the application. Once this process has been completed for all applications, the applications will be rank-ordered. *The Selection Committee reserves the right to interview applicants if further review is warranted.*

**Review Criteria**
All reviewers will read and score each application independently using the scoring form and criteria established by the CTC-RI Selection Committee. Reviewers will submit their scores to CTC-RI Management by June 6, 2017. CTC-RI Management will compile all scores into one table per application with a total number of points. The maximum number of points for the adult application is 80. Essay questions receive additional weight.

CTC-RI anticipates that we will select up to 30 practice sites (or 100,000 individuals, whichever comes first).

These practices will enter CTC-RI Measurement Year 1 of the Developmental Common Contract.

In the event of a tie, the following criteria will be used:

1. Completion of application-submitted on time and complete
2. Number of Medicaid members-we desire a balance in population served
3. Diversity in patient demographics

**Scoring Criteria**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Care for Adult Applications (max 5)** | **Score**  |  | **Patient Involvement****(max 2)** | **Score** |  | **EHR Capacity****(max 4)** | **Score**  |
| No plans to use | 0 | Active patient involvement | 1 | Meaningful Use achieved by one provider | 0 |
| Enrolling patients | Add 1 point  | High-level of patient involvement | 2 | Registries for CYSHCN | 0  |
| More than 30% enrolled  | Add 1 point  |  |  | Additional patient registries | Add 1 point |
| CurrentCare Viewer | Add 1 point | **% Medicaid for Adult Applications (max 1)** | **Score** | Standard reporting from EHR capabilities  | Add 1 point |
| CurrentCare Hospital Alerts | Add 1 point |  <10 | 0 | Standard plus custom reporting capability  | Add 1 point |
| Direct Account  | Add 1 point | >10 | 1 | Designated staff/support  | Add 1 point |
| **Geographic Distribution (max 2)** | **Score** | **NCQA****(max 1)** | **Score** | **Behavioral Health****(max 3)** | **Score** |
| New area  | Add 1 point | Recognition achieved | 1 | Compacts | 1 |
| Area with CHT | Add 1 point |  |  | Co-located | 2 |
|  |  |  |  | Fully integrated | 3 |
| **NCM/CC Capacity (max 2)** | **Score**  |
| None | 0 |
| Some experience with CC | 1 |
| High level of CC experience embedded in practice | 2 |

*Prerequisites are highlighted in yellow and are required elements for acceptance, so are not assigned a point value*

**APPENDIX A:**

PCMH CTC Adult Service Delivery Requirements

Practices agree to fulfill CTC’s Program care delivery requirements as described on line ([www.ctc.ri.org](http://www.ctc.ri.org)). All reports and measures identified in the Care Delivery Requirements use methodology as defined and approved by the CTC Data and Evaluation Committee. Requirements may be subject to change based on changes to requirements (i.e. OHIC, NCQA).

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| **Measurement Period** | **Care Delivery Requirement**  | **Date Due (if applicable) Due last day of month**  |
| **Start Up (MP 1)**7/1/17 to 6/30/18 |  |  |
| **Care Management**  | Hire 1.0 Nurse Care Manager (NCM)/Care Coordinator for every 3,000 attributed patients ($2.50 pmpm)  | Month 4  |
|  | Develop High Risk Registry and reportable fields for care management. Confirm completion with CTC  | Month 6  |
| NCM/CC completes standardized learning program as defined by CTC | Month 7  |
| Report level(s) of engagement of high risk patients as defined by CTC | Month 9  |
| Submits to OHIC Cost Management Attestation  | October 15  |
| **Planned Care: Population Health /Quality Reporting**  | Submit clinical quality data as defined in Performance Incentives Exhibit 3 | Month 6 |
|  | Submits to OHIC quality measure information | October 15  |
| **Access and Continuity**  | Reports to CTC Quarterly Provider Panel Report indicating open/closed panel status for new patients and 3rd next available appointment for existing patients  | Month 6  |
|  | Submit before and after hours protocol, as defined by CTC | Month 9 |
| **Patient/Family Engagement**  | CAHPS survey: Submits patient panel to approved data vendor (or “How’s Your Health” option to be determined  | Timeframe determined by CTC  |
| **Comprehensiveness and Coordination** | Submits Transition of Care Policy and Procedure  | Month 6  |
|  | Identifies high volume specialists serving patient population and submits 2 compacts**:** a) high volume specialist b) behavioral health  | Month 9  |
| **Practice transformation**  | Submits budget and staffing plan and use of funds to support care delivery model to CTC  | Month 3  |
|  | Submit NCQA PCMH work plan to CTC | Month 9  |
| Meets with Practice Facilitator 1-2 x a month  | Month 1 and on-going  |
|  | Attends 50% of learning network meetings 1 | Month 1 and on-going  |

1 Learning Network Meetings: Orientation, Best Practice Meetings, Breakfast for Champions, and Large Learning Collaborative

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| **Measurement Period****2 (MP 2)**7/1/18 to 6/30/19 | **CTC PCMH Adult Care Delivery Requirements**  | **Due Date (if applicable) Due last day of month**  |
| **Care Management**  | Submits reports on high risk patients, as defined by CTC, to Health Plans and CTC and achieves 40% engagement rate  | Quarterly (July/October/January/April)  |
|  | Submits to OHIC Cost Management Strategy Attestation  | October 15  |
|  | Submits report that demonstrates 75% of high risk patients who were hospitalized receive a follow up interaction including medication reconciliation within 2 business days  | Month 12  |
| **Planned Care: Population Health /Quality Reporting** | Submits quarterly quality data  | January/April/July/October  |
|  | Submits to OHIC quality data information  | October 15  |
| **Access and Continuity**  | Reports to CTC Quarterly Provider Panel Report indicating open/closed panel status for new patients and 3rd next available appointment for existing patients  | Quarterly  |
|  | Submit to CTC screenshots demonstrating patient access to a secure web portal, enabling secure messaging, appointment requests, referrals, and prescription refills. | Month 3  |
|  | Submits schedule demonstrating that it has expanded office hours as defined by OHIC Cost Management Strategies  | Month 6 |
| **Patient/Family Engagement**  | Submits patient panel for CAHPS survey to qualified data vender (or “How’s Your Health” option to be determined)  | Timeframe determined by CTC  |
| **Comprehensiveness and Coordination**  | Provides report that demonstrates that 75% of high risk patients who were hospitalized receive a follow up interaction including medication reconciliation within 2 business days | Month 6  |
| **Practice Transformation** | Submits a quality improvement activity for improving a performance measure (Quality/customer experience/utilization) | Month 2  |
|  | Submits a quality improvement activity demonstrating performance to improve a performance measure  | Month 7  |
|  | Submits NCQA PCMH recognition application | Month 9 |
|  | Meet with practice facilitators at a minimum of once per month |  On-going  |
|  | Attends 50% of Learning Network Meetings  |  On-going  |

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| **Measurement Period****MP 3** 7/1/19 -6/30/20  | **CTC PCMH Adult Care Management Requirement**  | **Due Date (if applicable) Last day of month**  |
| **Care Management**  | Submits reports on high risk patients, as defined by CTC, to Health Plans and CTC and achieves 40% engagement rate | Quarterly (July/October/January/April) |
|  | Provides report that demonstrates that 75% high risk patients with ED visit receive a follow interaction including medication reconciliation within 1 week of discharge 6 month | Month 6 |
| Submits attestation to OHIC and demonstrates achievement 80% of Cost Management Strategy elements  | Oct 15  |
| **Planned Care: Population Health /Quality Reporting** | Submits quarterly data  | July/October /January/April  |
|  | Submits to OHIC quality data measurement report  | October 15  |
| **Access and Continuity**  | Reports to CTC Quarterly Provider Panel Report indicating open/closed panel status for new patients and 3rd next available appointment for existing patients  | Quarterly  |
| **Patient/Family Engagement**  | Submits patient panel for CAHPS survey to approved data vender (or How’s Your Health option to be determined) | Timeframe determined by CTC |
| **Comprehensiveness and Coordination**  | Submits 2 additional compacts as defined by OHIC cost management strategies  | Month 6  |
| **Practice Transformation**  | Achieves NCQA PCMH recognition | Month 2 |
|  | Meet with CTC practice facilitators once per quarter | Month 1 and quarterly  |
| Attends 50% of Learning Network meetings  | Month 1 and quarterly  |

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| **Contract Year** | **PMPM Rate for Care Coordination** | **PMPM Rate for Transformation** | **PMPM Rate for Performance Incentives** | **Max PMPM** |   |
| Year 1: Start-Up  | $2.50 | $  3.00 | N/A | $5.50 |  |
|  |
| Year 2: Performance Year 1 | $2.50 | $3.00 | $0.50 reporting NCM and stable data $0.50 meeting 3 out of 5 quality measures $0.25 meeting Customer Experience  | $6.75 |  |
| Year 3: Performance Year 2 | $2.50 | $3.00  | $0.50 meeting 3 out of 5 quality measures $0.25 meeting 5 out of 5 quality measures $0.50 meeting customer experience $1.25 All cause IP target $0.75 All cause ED target  | $8.75  |  |

APPENDIX B:

2017 CTC PCMH ADULT PMPM Rates

**Prerequisites**

1. Practices must have a fully implemented and functional certified electronic health record (EHR)\*.

**Adult practices** must use the EHR to identify patients with diabetes, hypertension, depression, and high-risk patients.

1. At least one provider in the practice must have attested to Stage 1 Meaningful Use.
2. Practices must submit letter of support from at least on physician, nurse practitioner or physician assistant leader in the practice. This letter shall describe how the clinician intends to engage with the care team(s) to provide ongoing leadership including planned time commitment and ongoing strategies to share and address results, challenges, progress and successes with practice staff and the patient community (one page)\*.
3. Practices that are part of an ACO must submit a letter of support from the ACO indicating that the ACO will provide the practice with financial and technical support. A sample ACO letter of support can be found on page 4.

**Reviewer Scoring Notes**

1. Current Care for Adult Applications: A total of 5 points are available. Add 1 point for each item that the applicant reports: enrolling patients, more than 30% of practice enrolled; using CurrentCare Viewer; using CurrentCare Hospital Alerts, has Direct account.
2. Geographic Distribution: A total of 2 points are available. Assign 1 point if practice is in city or town currently underrepresented in CTC-RI. Add an extra point if practice is in city or town currently served by the CTC-RI CHT (South County or Pawtucket).
3. NCM/CC Capacity: A total of 2 points are available. Assign 1 point if the practice reports having an NCM/CC, but has not reported case load. Assign 2 points based on applicant’s description of NCM functions and capacity in the practice.
4. Patient Involvement: A total of 2 points available. Assign 1 point if applicant reported active patient involvement. An extra point can be added at reviewer’s discretion based on applicant’s description of patients’ role and number of active patients.
5. % Medicaid for Adult Applications: A total of 1 point is available. Combine percentage of Medicaid and NHP patients. Add 1 point if >10.
6. NCQA: A total of 1 point is available. Assign 1 point if practice has received NCQA recognition.
7. EHR Capacity: A total of 4 points are available. Add 1 point each for: additional patient registries; standard reporting for EHR capabilities; standard plus custom reporting capability; and/or designated staff/support.
8. Behavioral Health: A total of 3 points are available. Assign 1 point if practice uses only compacts with behavioral health provider. Assign 2 points if practice has co-located behavioral health. Assign 3 points if practice has fully integrated behavioral health provider.
9. Essay Questions: A total of 10 points is possible for each question: 2 points if question answered; an additional 2-3 points if response demonstrated organizational interest/commitment and moderate degree of readiness; additional 4-5 points for above average response suggesting that the practice has high degree of readiness, has begun transformation work, and is making progress towards PCMH transformation.
10. Bonus of up to 2 points at the discretion of the reviewer if a unique, innovative or exceptional feature is described.

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| **Reviewers Score Sheet**  |
|  | **Application** | **Essay Questions** | **Total** |
| App# | PR 1 | PR 2 | PR 3 | PR4 (if applicable) | Curr Care (max 5)  | Geo Dist *(max 2)* | NCM/ CC Cap*(max 2)* | Pt Inv *(max 2)* | % Med *(max 1)* | NCQA*(max 1)* | EHR *(max 4)* | BH *(max 3)* | E #1 *(max 10)* | E #2 *(max 10)* | E #3 *(max 10)* | E #4 *(max 10)* | E #5 *(max 10)* | E #6 *(max 10)* | Adult *(max 80)* |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |