



OFFICE OF THE
HEALTH INSURANCE COMMISSIONER

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

Dear Rhode Island Primary Care Practice:

Health care in Rhode Island and nationally are both moving away from traditional fee-for-service payment methods and towards methods that reward quality and cost efficiency. For primary care practices, these new payment methods are intended to accompany practice transformation into Patient-Centered Medical Homes (PCMHs). A PCMH is a model of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. It is a model for achieving primary care excellence, where patients are treated with respect, dignity and compassion, and where strong and trusting relationships with providers and staff are enabled.¹

The Rhode Island Office of the Health Insurance Commissioner (OHIC) has implemented several initiatives to promote primary care through PCMHs. One of those initiatives is to require commercial health plans to contract with an increasing number of PCMHs each year and to provide supplemental payments to designated primary care practices to help finance their PCMH operations ("Support Payments"). OHIC only requires health plans to make these payments to practices that meet OHIC's three-part definition of PCMH.

The enclosed document provides more details about the OHIC initiative to financially support and promote primary care practice transformation into PCMHs and what it might mean to you.

If you have any questions, please do not hesitate to call either Sarah Nguyen or Cory King, OHIC staff responsible for implementing the PCMH initiative, at 401-462-9643.

Sincerely,

Kathleen Hittner, MD
Health Insurance Commissioner

¹ Patient-Centered Primary Care Collaborative. "Defining the Medical Home: A patient-centered philosophy that drives primary care excellence." www.pcpcc.org/about/medical-home

Frequently Asked Questions

1. Why is the Health Insurance Commissioner promoting primary care Patient-Centered Medical Homes?

- 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. Between 2010 and 2016, 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 Care Transformation Collaborative-RI (CTC-RI) initiative.¹
- b. There is solid 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. OHIC is phasing in the requirements over the next two years and considers a practice's transformation experience and its collection and reporting of EMR-based quality clinical data.
- b. For 2016 a practice will be considered a PCMH if the practice has achieved NCQA PCMH Level 3 recognition³ (either 2011 or 2014), or is participating in CTC-RI or in any payer-sponsored PCMH transformation program. A practice

¹ See: www.ctc-ri.org/

² See: www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality-2014-2015

³ Should NCQA change its recognition process, OHIC will evaluate these changes and solicit stakeholder input on any necessary amendments to the OHIC definition of a PCMH.

7/11/2016

does not need to verify and submit NCQA PCMH status because OHIC is getting all information it needs from NCQA, CTC-RI and from the health plans.

- c. For OHIC PCMH recognition in 2017, the requirements vary based on the experience of the practice.

Transformation Experience	Participation in Transformation Initiative	Cost Management Strategies	Performance Improvement Measures
Practice joined CTC-RI or payer-sponsored program prior to January 1, 2015.	Practice is participating in or has completed a formal transformation initiative.	Practice must complete the Cost Management Strategies Self-Assessment on the OHIC web site by October 15, 2016 and demonstrate that at least 80% of requirements have been met.	Practice must submit to OHIC via the OHIC web site quality performance measures only for specified measures by October 15, 2016 . Report period will cover 10/1/2015 – 10/1/2016.
Practice joined CTC or payer-sponsored program on or after January 1, 2015 (including PCMH-Kids) Practice has never participated in CTC-RI or payer-sponsored program	Practice participates in a formal transformation initiative, or has achieved NCQA PCMH Level 3 recognition.	Practice must complete the Cost Management Strategies Self-Assessment on the OHIC web site by October 15, 2016 for baseline calculation purposes. Practice is not required to demonstrate that 80% of requirements have been met for 2017, but must meet them for 2018.	Practice must submit to OHIC via the OHIC web site quality performance measures only for specified measures by October 15, 2016 . Report period will cover 10/1/2015 – 10/1/2016.

- d. For recognition in 2018, the requirements vary based on the experience of the practice.

7/11/2016

Transformation Experience	Participation in Transformation Initiative	Cost Management Strategies	Performance Improvement Measures
Practice joined CTC-RI or payer-sponsored program prior to January 1, 2015.	Practice is participating in or has completed a formal transformation initiative.	Practice must complete the Cost Management Strategies Self-Assessment by October 15, 2017 and demonstrate that at least 80% of requirements have been met.	Practice must submit quality performance measures data for all OHIC PCMH measures by October 15, 2017 and demonstrate the required level of improvement or performance achievement. Report period will cover 10/1/2016 – 10/1/2017.
Practice joined CTC or payer-sponsored program on or after January 1, 2015 (including PCMH-Kids) Practice has never participated in CTC-RI or payer-sponsored program	Practice participates in a formal transformation initiative, or has achieved NCQA PCMH Level 3 recognition	Practice must complete the Cost Management Strategies Self-Assessment by October 15, 2017 and demonstrate that at least 80% of requirements have been met.	Practice must submit performance measures data for all PCMH measures by October 15, 2017 and demonstrate the required level of improvement or performance achievement. Report period will cover 10/1/2016 – 10/1/2017.

- e. For recognition in 2019 and thereafter, to be considered a PCMH, a practice must:
- Participate in or complete a formal transformation initiative (e.g., CTC-RI, PCMH-Kids, RIQI's Transforming Clinical Practice Initiatives (TCPI)⁴ or a payer- or ACO-sponsored program) and/or practice has obtained NCQA Level 3 recognition.
 - By October 15th of each year, complete the self-administered Cost Management Strategies assessment and achieve at least 80% compliance.

⁴ For more information see: www.ctc-ri.org/content/rhode-island-quality-institute-riqi-was-recently-awarded-four-year-83m-grant

7/11/2016

- iii. By October 15th each year, submit clinical data demonstrating that the practice has achieved required performance improvement or achievement.

4. What are the Cost Management Strategies?

- a. OHIC collected feedback from its stakeholders to develop a set of cost management strategies as part of the OHIC PCMH definition. These strategies include:
 - i. Practice develops and maintains a high-risk patient registry that tracks patients identified as being at risk of avoidable intensive service use in the near future;
 - ii. Practice uses data to implement care management (care coordination for children), focusing on high-risk patients and interventions that will impact ED and inpatient utilization;
 - iii. Practice implements strategies to improve access to and coordination with behavioral health services;
 - iv. Practice expands access to services both during and after office hours;
 - v. Practice develops service referral protocols informed by cost and quality data provided by payers; and
 - vi. Practice develops/maintains an avoidable ED use reduction strategy.
- b. Practices with more than two years of transformation experience (as defined in tables above) have to meet 80% of the cost management strategies.

5. What are the performance improvement measures?

- a. The performance improvement measures all come from a new aligned measure set that commercial insurers will be utilizing for contracting.
- b. The measures for internal medicine and family practices are:
 - i. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) [Current CTC-RI measure]
 - ii. Controlling High Blood Pressure [Current CTC-RI measure]
 - iii. Tobacco Use: Screening and Cessation Intervention [Current CTC-RI measure]
 - iv. Adult Body Mass Index Assessment
 - v. Screening for Clinical Depression and Follow-Up Plan
- c. The measures for pediatric practices are:

7/11/2016

- i. Body Mass Index Assessment for Children/ Adolescents [Current PCMH-Kids measure]
- ii. Counseling for Nutrition for Children/ Adolescents [Current PCMH-Kids measure]
- iii. Counseling for Physical Activity for Children/ Adolescents [Current PCMH-Kids measure]
- iv. Developmental Screening [Current PCMH-Kids measure]
- d. Quality measurement specifications can be found at OHIC's website. Each year there will be a process to review the quality measures for continued alignment with other relevant programs, practice experience, set the Rhode Island benchmark if a national benchmark is not available, and make adjustments as needed.

6. What are the performance improvement requirements?

- a. For 2017 recognition:
 - i. Internal medicine and family practices: Improve by 3 percentage points on 2 of 3 of the following measures: diabetes HbA1c control, blood pressure control and tobacco use assessment and counseling measures relative to performance one *or* two years prior or achieve the national 66th percentile benchmark (or a RI benchmark if a national benchmark is not available).
 - ii. Pediatric practices: Improve by 3 percentage points on 2 of the 4 measures relative to performance one *or* two years prior or achieve the national 66th percentile benchmark (or a RI benchmark if a national benchmark is not available).
- b. For 2018 recognition:
 - i. Internal medicine and family practices: Improve by 3 percentage points on 3 of the 5 HbA1c, blood pressure control, tobacco use assessment and counseling, adult BMI assessment, and screening for clinical depression measures relative to performance one *or* two years prior or achieve the national 66th percentile benchmark (or a RI benchmark if a national benchmark is not available).
 - ii. Pediatric practices: Improve by 3 percentage points on 2 of the 4 measures relative to performance one *or* two years prior or achieve the national 66th percentile benchmark (or a RI benchmark if a national benchmark is not available).

7. How do practices submit the required information?

- a. OHIC will create a web-based process on its website for practices to submit the required information (the cost management strategies survey and performance improvement measures). All forms, along with additional information on the PCMH requirements, will be available on OHIC's website in July 2016.

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 first week in November of each year.
- c. In future years, 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 through a PMCH-Kids contract, which is supported by all major RI health plans. CTC-RI has been operating since 2010 and currently supports 43 practices, with 80 practice sites. For more information contact: CTCRI@umassmed.edu.
- 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 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 obliged 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

7/11/2016

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 of 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.

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 each year.

7/11/2016

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 – CTC-RI and RIQI – offer practices an opportunity to get expert assistance to learn how to transform. The Support Payment rewards practices for their efforts.