



Maine PCMH Pilot Notice of Plan for Phase 2 Expansion

Introduction: The Dirigo Health Agency’s Maine Quality Forum, Maine Quality Counts, and the Maine Health Management Coalition have convened the multi-payer Maine Patient Centered Medical Home (PCMH) Pilot as the first step in achieving statewide implementation of the PCMH model in primary care practices in Maine. Initially developed as a 3-year effort, the Maine PCMH Pilot was launched in January 2010 with 26 primary care practices from across the state. As part of Maine’s participation in the Medicare medical home demonstration (described below) the **Pilot will be expanding to include an additional 20 adult practices in January 2013.** **This information is being made available as an initial introduction to practices interested in submitting an application to participate in Phase 2 of the multi-payer Maine PCMH Pilot.**

Mission: The Maine Patient Centered Medical Home (PCMH) Pilot will develop and implement patient centered delivery system and payment models that will provide and support effective, efficient, and accessible health care.

Vision: The Patient Centered Medical Home model will provide effective, efficient, and accessible health care supported by appropriate payment, and will deliver sustainable value to patients, providers, purchasers, and payers.

Structure: Practices participating in the Pilot have achieved NCQA PCMH recognition, and have committed to implementing a set of ten “Core Expectations” that outline specific improvements to be made, including improving access to care, using population stratification and care management, and reducing waste and inefficiency. The majority of payers in the state, including MaineCare, Anthem BCBS, Aetna, Harvard Pilgrim Health Care, and most recently, Medicare, have agreed to provide an alternative payment model for primary care that provides a prospective, per member per month care management fee to help support the infrastructure and system investments needed to deliver the PCMH model. Pilot practices receive support for their transformation efforts through participation in a PCMH Learning Collaborative, quality improvement coaching, data feedback, and targeted technical assistance. A team from USM Muskie is conducting an independent evaluation of the Pilot using a comprehensive approach that includes nationally recognized measures of patient experience, clinical quality, and cost and resource use. **The ultimate goal of the Pilot is to sustain and revitalize primary care both to improve health outcomes for all Maine people and to reduce overall healthcare costs.**

New Developments: Over the past year, the Maine PCMH Pilot has seen several key new developments:

- **Medicare Advanced Primary Care Practice (MAPCP) Demonstration**

In 2011, Maine was selected by CMS as one of eight states nationally to take part in the Medicare MAPCP demonstration - a new federal initiative that brings Medicare in as a payer in the Pilot. Beginning in January 2012, Medicare will pay Maine PCMH Pilot practices a new care management fee –estimated to total up to \$28 million over the next three years—for providing medical home services to their Medicare patients. Because of Medicare expectations for budget neutrality, CMS has set an expectation that Pilot practices will demonstrate

improvements in clinical care and efficiency; to that end, the Maine PCMH Pilot has targeted decreases in several areas of high-cost utilization that could be reduced as a result of improved coordination of care, including 4-5% decreases in avoidable inpatient admissions, 9% decrease in avoidable emergency department visits, and 5% decreases in specialty consultations and imaging. Maine's participation in the MAPCP demonstration will extend the timeline of the original Pilot from three to five years (through 2014), and provides an opportunity to expand the Pilot, with plans to add 20 new adult practices to the multi-payer Pilot in January 2013.

- **Community Care Teams**

The MAPCP demonstration also provided the Pilot with an opportunity to introduce Community Care Teams (CCTs) as a new component of care for high-needs patients. CCTs are multi-disciplinary, community-based, practice-integrated care management teams that will work closely with PCMH Pilot practices to provide enhanced care management services for the most complex, most high needs patients in the practice. CCTs are a vital strategy for improving quality and reducing costs in the MAPCP demonstration and Maine PCMH Pilot, providing care coordination for these high needs patients to improve care and reduce costs by decreasing avoidable services such as avoidable hospital admission, readmissions and inappropriate Emergency Department visits. Under the MAPCP demo, Medicare, Medicaid, and commercial payers have agreed to provide payment to a set of eight CCTs that have come together to serve the needs of PCMH Pilot practices and patients. Each current and new PCMH Pilot practice is required to identify a new or existing partnering CCT and work collaboratively with them to support the needs of their most high-needs, complex patients.

For more information on Maine PCMH Pilot CCTs, see

<http://www.mainequalitycounts.org/major-programs/community-care-teams.html>.

- **MaineCare (Medicaid) Value-Based Purchasing and Health Homes Initiative**

As one of the largest payers in the state, MaineCare, Maine's Medicaid program, has been an active supporter of the Pilot from the outset and participates as a payer, providing enhanced payments to PCMH Pilot practices and CCTs. As a key component of the Maine Department of Health & Human Services' "Value Based-Purchasing Strategy," MaineCare will leverage the partnership between practices meeting Pilot Core Expectations and CCTs to qualify for the federal health reform "Health Homes" effort, (ACA Section 2703) to serve Medicaid members with chronic conditions. MaineCare will provide care management fees to practices selected for Phase 2 of the multi-payer Maine PCMH Pilot, as well as to any additional practices that partner with CCTs and meet the PCMH and Health Homes criteria. MaineCare's Health Homes Initiative will also be open available to pediatric practices. More information on the MaineCare Health Homes initiative will be available soon on the MaineCare Value-Based Purchasing website, http://www.maine.gov/dhhs/oms/mgd_care/mgd_care_index.html.

Eligibility for Participation in Maine PCMH Pilot- Phase 2

Maine primary care practices will be eligible to apply for participation in Phase 2 of the multi-payer Maine PCMH Pilot if they meet the set of core eligibility criteria, outlined below:

1. Primary care practice site that provides care to adult patients and is located in the state of Maine, with at least one full-time primary care physician or nurse practitioner.
2. Practice site has processes and structures to support the PCMH model, as evidenced by achievement of NCQA PCMH recognition at Level 1 or higher. Practices that do not currently have NCQA PCMH recognition must have completed their application to NCQA by May 31, 2012, and must have achieved NCQA PCMH recognition before January 1, 2013.

3. Practice has fully implemented an Electronic Medical Record (EMR) by the time of application for participation (i.e. by March 31, 2012).
4. Practice site has minimum patient panel of at least 1000 patients enrolled in health plans administered by the payers participating in the Pilot (Anthem BCBS, Aetna, Harvard Pilgrim Health Care, MaineCare, and Medicare).
5. Practice submits a completed application and Memorandum of Agreement outlining their agreement to meet expectations for participation in the Maine PCMH Pilot by March 31, 2012.
6. As part of their PCMH Pilot application, practice identifies a current Maine PCMH Pilot Community Care Team (CCT) to serve as their partner to manage high-needs patients, or identifies an organization that is willing to apply and meet criteria for CCT recognition by the Maine PCMH Pilot by August 1, 2012.

Application Process - Interested practice sites are required to complete the following steps in the sequence outlined below:

1. Contact Maine PCMH Pilot project staff to register intent to apply, ideally by January 31, 2012. Interested practices should complete the “Phase 2 Intent to Apply” form online at http://www.surveymonkey.com/s/ME_PCMH_Pilot_Phase2_Intent_to_Apply .
2. If practice does not have current NCQA PCMH recognition, submit application for NCQA PCMH recognition. Practices applying for participation in Phase 2 of the Pilot will be required to either have current NCQA PCMH recognition, or to have initiated their application with NCQA by the time they submit the online Maine PCMH Pilot application (by March 31, 2012). All practices must have NCQA PCMH recognition or must have fully completed their NCQA application by the time Phase 2 sites are selected (May 31, 2012). All sites selected for participation must achieve NCQA PCMH recognition before the start of Phase 2 (January 1, 2013).
3. Complete and return (fax or mail) a printed, signed copy of the Maine PCMH Pilot Memorandum of Agreement (MOA), attached. The completed MOA must be received by Pilot staff by March 31, 2012.
4. Complete the Maine PCMH Pilot Phase 2 Application for Participation, *which will be available online on or before February 1, 2012*. Practices must fully complete the application online by March 31, 2012.

Selection of Sites for Participation in Maine PCMH Pilot

Twenty adult primary care practices will be selected to join Phase 2 of the Pilot based on their demonstrated ability to meet the core eligibility requirements for participation, outlined above; successful completion of the Maine PCMH Pilot Application and Memorandum of Agreement; and fit with the Pilot Selection Principles, outlined below.

Selection Principles: The Maine PCMH Pilot Selection Committee will consider the following characteristics when selecting practices for the Pilot:

1. Practices with demonstrated commitment to the principles of the PCMH model, as evidenced by implementation of the Maine PCMH Pilot Core Expectations, or a clear plan for implementing all ten Core Expectations within six months of joining the Pilot.
2. Practices with strong physician and organizational leadership for change.
3. Practices providing care to underserved populations (MaineCare, uninsured)
4. Practices that provide opportunities for the Maine PCMH Pilot to link with and leverage existing improvement opportunities, such as active participation in HealthInfoNet, Accountable Care Organization pilots, or other related improvement initiatives.

5. Practices with a demonstrated commitment to teaching – e.g. serve as teaching sites for medical school or residency teaching programs.
6. Practices that reflect the diversity of PCP practices around the state, including *diversity of the following characteristics*:
 - Geographic location
 - Practice size
 - Practice ownership (e.g. privately-owned, hospital-owned, FQHC)

Selection Process

1. Pilot staff will review all submitted applications for completeness; Pilot staff may contact and/or request a meeting with applicant practices to clarify aspects of the application if needed.
2. The Maine PCMH Pilot Selection Committee will convene to review completed applications, and will select 20 adult practices for participation based on pre-determined Maine PCMH Pilot selection principles (above). The Selection Committee will be a subgroup of the PCMH Working Group, but will not include any practicing providers who may have an interest in participating in the Pilot.
3. Practices selected for participation will be notified by June 1, 2012 and asked to make a final commitment to participation before sites are publicly announced.

Timeline for Pilot Practices

- January 12, 2012 – Pilot Conveners communicate plans for Phase 2 expansion broadly within state
- January 2012 – Interested practices are asked to submit online Intent to Apply.
- February 1, 2012 – Maine PCMH Pilot Phase 2 practice application posted online
- March 31, 2012 - Deadline for practices to submit online application
- April – May, 2012 – Review of applications by Pilot staff, PCMH Pilot Selection Committee
- May 1, 2012 – Phase 2 Community Care Team (CCT) application posted online
- May 31, 2012 - Phase 2 practices selected
- July 15, 2012 – Deadline for CCTs to submit online application
- August 1, 2012 – Phase 2 CCTs selected
- January 1, 2013 – Phase 2 practices and CCTs begin participation in Maine PCMH Pilot

Questions

For questions about this information or plans for the multi-payer ME PCMH Pilot expansion, please access information on the Maine PCMH Pilot on the Maine Quality Counts website: <http://www.mainequalitycounts.org/major-programs/patient-centered-medical-home.html>

You may also contact the following:

- For questions on the Maine PCMH Pilot, contact Nancy Grenier at tel. 240-8767 or ngrenier@mainequalitycounts.org
- For questions on the Maine PCMH Pilot Community Care Teams (CCTs), contact Helena Peterson at tel. 266-7211, or hpeterson@mainequalitycounts.org
- For general questions or clinical concerns, contact Dr. Lisa Letourneau at tel. 415.4043 or lletourneau@mainequalitycounts.org
- For questions about the MaineCare Health Homes program, contact Michelle Probert at tel. 287.2641, or michelle.probert@maine.gov.