

Blue Cross & Blue Shield of Rhode Island (BCBSRI) Advanced Primary Care Program Policies

Effective 2/4/2018

The following program policies are applicable to all contracted providers and practices recognized by BCBSRI as a Patient Centered Medical Home and/or participating in a System of Care arrangement.

All stated policies are subject to change at the discretion of BCBSRI Management to ensure compliance with regulatory requirements and evolving state initiatives. BCBSRI Management reserves the right to expand the scope of policies documented. Contracted practice sites will be notified of any changes in deliverables and/or requirements with sixty (60) calendar days written notice.

I. List of Abbreviations:

BCBSRI – Blue Cross & Blue Shield of Rhode Island

PCMH – A BCBSRI recognized practice site eligible for PCMH benefits, to both providers and members, across all applicable BCBSRI products

CC – Care Coordinator, for full pediatric practices only

CM – Case/Care Management CCM – Certified Case Manager

CTC – Care Transformation Collaborative, the statewide PCMH program

NCM – Nurse Care Manager, for family practice and internal medicine practice sites

NCQA – National Committee for Quality Assurance

PCMH – Patient Centered Medical Home

PF(s) – Practice Facilitation/Practice Facilitators

RN – Registered Nurse

SOC – System(s) of Care

SS – Shared Savings arrangement

II. National Patient Centered Medical Home (PCMH) Recognition Standards

A. Description

Blue Cross & Blue Shield of Rhode Island (BCBSRI) believes that nationally recognized Patient Centered Medical Homes (PCMHs), such as those qualified by the National Committee for Quality Assurance (NCQA), can lead to higher quality and lower costs, and can improve patients' and providers' experience of care. The National Committee for Quality Assurance (NCQA) PCMH Recognition program is the most widely-used recognition program. The PCMH care delivery model is a way of organizing primary care that emphasizes care coordination and communication to transform and enhance primary care through achievement of key performance and accreditation standards. PCMH sites recognized by BCBSRI have demonstrated the achievement of NCQA recognition, are focused on team-based care and have a Registered Nurse or Care Coordinator available for their patients, and utilize an EHR to assist with clinical reporting and data.¹

B. Transformation Level

NCQA Accreditation demonstrates the level of PCMH Recognition, with each level requiring advancing of transformation achievements. BCBSRI requires that all contracted PCMH practice sites achieve and maintain a *minimum* of 2011 or 2014 NCQA PCMH Level 3 Recognition, or a *Pass* on 2017 NCQA PCMH Recognition. NCQA Accreditation is necessary for the plan's delegation of care management of high risk members.

i. Initial Recognition

- a. BCBSRI PCMH designation based on NCQA Status, PCMH recognition by OHIC, and the staffing of a NCM or CC available for their patients.

ii. Maintenance

- a. Contracted PCMH practice sites must submit a written project plan detailing the proposed timeline and activities related to NCQA renewal at least six (6) months prior to their NCQA expiration date.
- b. Contracted PCMH practice sites must submit their final NCQA application at least 60 calendar days prior to their NCQA expiration date to allow processing and review by NCQA. Expired NCQA status could result in the transition of care management of high risk members to internal BCBSRI Case Management.
 - i. Any contracted PCMH practice site at risk of not meeting the submission deadline must submit a written explanation for the delay and a corrective action plan, including a projected timeframe for submission, to BCBSRI PCMH Program Management at least sixty (60) calendar days prior to their NCQA expiration date. These explanations can be submitted to PCMH@bcbsri.org.
- c. Contracted PCMH practice sites must notify the BCBSRI PCMH Team of final NCQA determination -

C. PCMH practice sites with any lapse in NCQA designation could result in any combination of the following:

- i. Financial impact to patient cost sharing i.e. co-pays

¹ <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx#sthash.2FAHm6m1.dpu>

- ii. Rescinding of PCMH designation by Payer and any associated financial benefits
- iii. Reduction or cessation of Case Management (CM) funding
- iv. Loss of infrastructure funding by Payer

III. Active Provider Requirements

A. Description

Participation in the BCBSRI Patient Centered Medical Home (PCMH) and System of Care (SOC) value based programs offers both provider and member level benefits, which may include enhanced provider payment and/or reduced member liability. Eligible providers must meet the following requirements. These forms can be found at <https://www.bcsri.com/providers/forms>:

- i. Provider will be credentialed as a primary care provider, as defined by the *EHR Payment Policy*;
- ii. Provider will utilize a qualified electronic health record (EHR), as defined by the *EHR Payment Policy*;
- iii. Provider or provider group must meet documented BCBSRI Access Standards, as defined by the BCBSRI Participating Provider Manual, BCBSRI Administrative Policies, and the *Access Policy*;
- iv. Provider will demonstrate NCQA PCMH Recognition as applicable per contractual requirements and the *National Patient Centered Medical Home (PCMH) Recognition Standards*; and have met requirements for OHIC PCMH
- v. Provider will develop and maintain a high risk registry, as defined by NCQA PCMH Standards and the *National Patient Centered Medical Home (PCMH) Recognition Standards*
- vi. Provider will hire, train, and implement an NCM/CC for care management activities
- vii. *Exceptions to the above requirements must be reviewed and approved by BCBSRI PCMH Program Management*

B. Within 60 days of anticipated provider change, contracted practice sites are required to submit notice when providers join or end affiliation with the practice site. It is the responsibility of the site to notify BCBSRI of the change and the provider(s) who will assume the impacted patients through written notice on practice letterhead, using BCBSRI's *Practitioner Change Form* or *System of Care Provider Change Form*. Submission requirements are documented on the form; practices should also submit a copy of the completed form or written notice to their BCBSRI PCMH Practice Facilitator and PCMH@bcbsi.org.

IV. Care Manager Roles and Responsibilities

A. Description

A care manager, defined as a Nurse Care Manager (NCM) or pediatric Care Coordinator (CC) plays an integral role in the success of a PCMH practice site. The NCM/CC provides case management services through the coordination of care of identified high risk members.

B. Care Management

BCBSRI delegates Care Management (CM) activities to practice-assigned care managers when the practice site is compliant with the *National Patient Centered Medical Home (PCMH)*

Recognition Standards, and has a practice-based NCM/CC. BCBSRI will not actively manage high risk members attributed to a delegated PCMH site in good standing; however BCBSRI care managers will always assist a BCBSRI member who requests, or is referred, for CM services to address an immediate need. If BCBSRI care managers provide CM services to an identified PCMH member, the care manager will notify the identified NCM/CC when s/he begins working with the member and communicate any clinically significant changes in health status.

C. Hiring:

- i. Contracted PCMH practice sites must employ a practice-based NCM/CC to provide CM services to identified high risk members. This resource must meet the following minimum criteria, with additional education and/or experience requirements at the discretion of the practice:
 - a. NCM role:
 - i. Maintain an active, unrestricted Rhode Island Registered Nurse (RN)² License
 - ii. Minimum of 3-5 years of active RN² experience
 - iii. Designation as a Certified Case Manager (CCM) is preferred.
 - iv. If the candidate does not have CCM recognition, it is recommended within two years of employment.
 - v. Experience with Electronic Health Records and Microsoft Excel is preferred
 - b. CC role:
 - i. Experience with Electronic Health Records and Microsoft Excel is preferred
 - ii. Community based care experience as applicable
- ii. Contracted PCMH practice sites must have a NCM/CC employed to become a BCBSRI-recognized PCMH. Contracted PCMH practice sites must notify the BCBSRI PCMH Team upon notice of a vacancy or change in employment. Vacancies must be filled within thirty (30) Calendar days; a written request, outlining a coverage and recruitment plan, is required for any vacancy in excess of thirty (30) calendar days. Approval of any extended vacancy is at the discretion of BCBSRI PCMH Program Management. Notifications can be sent to PCMH@bcsri.org

D. Training: NCM/CC candidates should have extensive experience in clinical case management and/or care coordination. At a minimum, NCMs/CCs are expected to be prepared to fulfill the following roles and responsibilities:

- i. Provide primary case management services for identified high risk members, including assessment, care plan development, and member education;
- ii. Act as a liaison between members, providers, community resources, and payers;
- iii. Facilitate effective transitions of care through timely communication of necessary information for patient care and discharge planning;
- iv. Coordinate, directly or with the clinical team, community resources for patients and

² RN licensure and experience levels required for Internal Medicine/Family Practice PCMHs; preferred, but not required, for Pediatric PCMHs.

caregivers;

- v. Conduct medication reconciliation as appropriate and communicate any needed adjustments to care team and providers;
- vi. Support clinical gap-in-care closure;
- vii. Document member engagement for high risk engagement reporting and care plan creation.
- viii. Participate in patient-engagement training in accordance with Office of Health Insurance Commissioner (OHIC) guidelines. In addition, all NCMs/CCs must also complete BCBSRI Care Fundamentals training within 30 days of BCBSRI recognizing the practice as a PCMH and/or within 30 days of the NCM/CC employment within the PCMH practice.

E. Reporting: See *High Risk Engagement Reporting* section for detailed requirements regarding NCM/CC engagement of identified high risk members.

- i. Contracted PCMH practice sites must provide updated CM contact information, in writing, upon NCM/CC placement, reassignment, or any CM/CC vacancy. Required information includes:
 - a. NCM/CC full name
 - b. RI licensure # and CCM status, or applicable certifications
 - c. All Primary practice assignment(s) and hours of availability
 - d. If providing CM services across multiple practice assignments, provide a direct line (i.e. cell phone, forwarded line) to reach the NCM/CC at any of his/her practice assignments
 - e. Professional e-mail address³ for exchange of Protected Health Information (PHI)

F. BCBSRI will regularly conduct audits to ensure these positions are filled and the NCMs/CCs are meaningfully engaged with identified high risk members. Failure to hire a NCM/CC, a position vacancy of more than thirty (30) calendar days may result in any combination of the following:

- i. Withdrawal of PCMH designation by payer;
- ii. Withdrawal of Case Management (CM) and/or infrastructure funding by payer

V. **High Risk Engagement Reporting**

A. Description

Practice-based NCMs/CCs are responsible for case management of plan identified high risk members for BCBSRI recognized PCMH practice sites. PCMH practice sites are expected to provide engagement reports indicating their involvement with BCBSRI-identified high risk members at least quarterly.

B. High Risk Stratification

BCBSRI identifies high risk members through the use of The Johns Hopkins ACG System. The ACG system is a statistically valid, diagnosis-based, case-mix methodology that describes and predicts future healthcare utilization and costs based on the premise that the level of resources necessary for delivering

³ All identified NCM/CC's must have their own practice-provided email address and provide a direct telephone number for clinical transitions. BCBSRI will **not** provide Protected Health Information (PHI) to public domain email addresses.

appropriate healthcare to a population is correlated with the illness burden. BCBSRI assigns a risk category (Red or Orange) to further assist PCMH partners in identifying members with the highest need for case management intervention and support. See Table 1.

Table 1: High Risk Identification

Patient panels of active, attributed BCBSRI members are provided to share further clinical and cost information to assist NCMs/CCs in managing the identified population. Patient panels will be delivered at the end of each month to PCMH practices or SOCs through secure email or SFTP. This panel includes the identification of high risk patients (red/orange), detailing the upcoming month's targets for NCM/CC engagement.

BCBSRI Plan- Identified High Risk	Adult (18+)	Pediatric (0-17)
Red	Patients identified as RUB 4 or RUB 5 with at least one of the following criteria: <ul style="list-style-type: none"> • Predicted probability of inpatient admission of 30% or more • Medicare Advantage members with an HCC score of 2.5 or higher • Total cost of \$100,000+ Patients identified as a RUB 3 with a diagnosis of Congested Heart Failure	<ul style="list-style-type: none"> • Patients identified as a RUB 5
Orange	Patients identified as RUB 4 or RUB 5 with at least one of the following criteria: <ul style="list-style-type: none"> • 3+ Inpatient Admission (IP) in last 6 months • 3+ Emergency Department (ED) in last 12 months • 3+ Chronic Conditions, with a prospective risk score of 2+ 	Patients identified as RUB 4 with at least one of the following criteria: <ul style="list-style-type: none"> • 3+ IP in last 6 months • 3+ ED in last 12 months • 6+ specialist visits in the last 12 months

C. Performance Expectations

As delegates of BCBSRI, contracted PCMH practice sites are expected to provide engagement reports indicating their involvement with BCBSRI-identified high risk members. Engagement is defined as members who have consented to participate in Care Management and have an active care plan in place.

- i. Engagement rates are reviewed regularly; it is the expectation that contracted PCMH practice sites will demonstrate ability to engage high risk patients.
- ii. System of Care (SOC) PCMH practice sites' NCMs/CCs will actively engage at least **50%** of BCBSRI-identified high risk members throughout each quarterly time period, (detailed below)
- iii. Contracted PCMH practice sites that do not participate in a SOC arrangement will demonstrate that their NCMs/CCs actively engage at least **45%** of BCBSRI- identified high risk members throughout each quarterly time period, (detailed below)

D. NCMs/CCs will document the following data elements on the provided Excel patient panels, unless otherwise approved by BCBSRI PCMH Program Management, if applicable for identified high risk members:

- i. Engaged Status: Indicates whether or not the member is actively engaged
- ii. Practice Identified High Risk: Indicates if a patient who was not identified as high risk by BCBSRI, has been identified by the practice as high risk. Engagement with these members will count in the calculation of a practice's engagement rate
- iii. Reason Not Engaged: Indicates reasoning as to why a member could not be engaged in case management

E. BCBSRI PCMH practices will submit High Risk Engagement Reports at least quarterly through secure email to pcmh@bcbsri.org or through SFTP via one of three methods:

- i. A compiled list of all members over the three months of the quarter
- ii. Three separate lists detailing each month of the quarter (to be compiled by BCBSRI at the end of quarter)
- iii. Continued monthly reporting (to be compiled by BCBSRI at the end of quarter)

Practices can report via any of the three methods outlined above that is most feasible.

F. Contracted PCMH practices should ensure NCMs/CCs document and report all CM services provided in the previous calendar quarter by no later than the 20th calendar day, or closest business day, of the first month of the new calendar quarter (January 20th, April 20th, July 20th, and October 20th).

- i. January 20th reporting reflects Q4 engagement results; April 20th reporting reflects Q1 engagement results; July 20th reflects Q2 engagement results, October 20th reporting reflects Q3 engagement results
- ii. When quarterly reports are submitted BCBSRI will analyze the data and report engagement levels back to SOC or PCMH leadership.

G. Contracted PCMH practice sites that do not adhere to timely submission requirements may be contacted by BCBSRI PCMH Program Management and may be placed on a Corrective Action

Plan (CAP). Repeated noncompliance with required NCM reporting and engagement targets may result in any combination of the following:

- i. Withdrawal of PCMH designation by payer;
- ii. Reduction or cessation of Case Management (CM) infrastructure funding

VI. Practice/Payer Collaboration

A. Description

Blue Cross & Blue Shield of Rhode Island (BCBSRI) partners with select primary care practices to facilitate practice transformation efforts aligned with NCQA PCMH Recognition. BCBSRI is committed to assisting contracted PCMH practice sites with practice transformation activities that are designed to improve clinical outcomes; increase patient and provider care team satisfaction, and optimize efficiency within the practice-setting. To this extent, BCBSRI provides the services of a highly trained PCMH Practice Facilitation (PF) Team, which is available to contracted PCMH practice sites.

i. Who They Are

BCBSRI's PCMH PFs have extensive clinical and business leadership experience, making them ideal candidates to assist in the primary care office setting. Our PFs have active Rhode Island nursing licenses and/or Master's Degrees in a healthcare related field. Areas of specialization include: Certified Content Experts in NCQA's PCMH Recognition program, Certified Professionals in Electronic Health Records, and Certified Case Managers. Additional areas of expertise include office workflow redesign, medical terminology, and customer service.

ii. What Services Are Provided

The PF team may complete an initial onsite assessment shortly after the contract effective date, unless alternately agreed upon by the practice and BCBSRI leadership. Additional PFs and/or additional hours may be required depending on the size of the practice. It is the expectation that contracted PCMH practice sites will engage with these facilitators in a timely manner. This will be communicated to the practice during the planning process.

a. The initial onsite assessment will include:

- i. Initial staff meeting to introduce PFs and explain the onsite process
- ii. Individual interviews with all practice staff
- iii. Shadow time with front/back office staff and Medical Assistants
- iv. Provide feedback about assessment findings, and opportunities in the practice

iii. Transformation Reports

A detailed transformation report, highlighting strengths and opportunities in key areas of PCMH practice transformation, will be provided following the initial assessment. The completed reports will be delivered to practices within four (4) weeks of the initial onsite assessment, unless the practice and BCBSRI leadership agree upon an alternate date.

iv. Ongoing Practice Facilitation Services

- a. Communication Strategies
- b. Enhanced Access

- c. High Risk Case Management Guidance, including Transitions of Care workflows
 - d. NCM Practice Integration
 - e. NCQA Accreditation Support
 - f. Practice Workflow Optimization
 - g. Pre-visit Planning
 - h. Quality Improvement including Plan-Do-Study-Act (PDSA)
 - i. Team Building
- v. Practice Facilitators will engage with the contracted PCMH sites at least quarterly; contracted PCMH sites that are new to the PCMH program may have more frequent interactions, at least monthly. Additional interactions will occur as needed and/or as requested by the PCMH practice site. Interactions may occur via in person meetings, telephone calls, and/or attendance at community meetings or events. PFs will report engagement with practices to external organizations (i.e. CTC and/or SOC leadership) as contractually indicated.

VII. Access

- A. Contracted PCMH practice sites are expected to meet all documented BCBSRI Access Standards. Please refer BCBSRI's *Participating Provider Manual* and BCBSRI's *Physician/Provider Agreement Administrative Policies* for the minimum requirements. Practices will report access quarterly for the following areas:
- i. **New patient access:** All active providers accepting new patients, and time to next new patient appointment.
 - ii. **3rd next available appointment:** All active providers, measurement of 3rd next available appointment for existing patients.

*Reports are due to pcmh@bcbsri.org on the 20th or closest business day of the first calendar quarter (January 20th, April 20th, July 20th, October 20th). Reports will detail the access for the following quarter. If applicable, practices can adhere to the access reporting timelines set out in their participation in the CTC program.

- B. Contracted PCMH practice sites should improve access beyond the BCBSRI network requirements. BCBSRI will work with the provider community to establish access goals, provide education and resources, and share best practices across community partners to assist in measuring and improving access for our shared patients. Access expectations will be updated at least annually to reflect and ensure consistency with regulatory requirements, nationally recognized standards (i.e. NCQA), and marketplace demands.

VIII. Quality Performance

A. Description

Quality improvement activities are central to the Patient Centered model of care in both contracted Patient-Centered Medical Home (PCMH) and System of Care (SOC) practice sites. As such, providers participating in a contracted PCMH or System of Care practice site will participate in all BCBSRI's quality improvement programs for which they are eligible.

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- B. At a minimum, contracted practice sites will meet the following:
- i. Annual participation in the Clinicians and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS), including providing patient level information as requested, educating patients on the survey process and timeframes, and encouraging participation;
 - ii. Annual participation in BCBSRI PQIP (Performance Quality Improvement Program), achieving results in the 95th percentile or higher, unless otherwise stated in an active contract. Contracted practice sites must access and submit reports in the stated manner and within all specified timeframes to be eligible for participation;
 - iii. Additional quality reporting as required by an active contract.
- C. Quality reports will be submitted in accordance with program and contractual requirements. BCBSRI reserves the right to deny contracted practices from participating in these programs if reports are not received by stated deadlines, in the manner specified in program materials.