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Description generated with very high confidence****

**Call for Applications**

**CTC-RI Multi-Payer 2019 Pediatric Expansion of the**

**Patient-Centered Medical Home Kids Initiative**

The Rhode Island Care Transformation Collaborative (CTC-RI) is a multi-payer, primary care payment and delivery system reform initiative for primary care practices working with patients across the life span. In 2016, CTC-RI expanded to extend the transformation of primary care to include pediatric primary care practices that serve children across the state through the PCMH- Kids Initiative with 20 practices participating in the PCMH Kids initiative, including 120 providers, covering 66,000 lives.

**Vision of CTC-RI and PCMH-Kids**

Rhode Islanders enjoy excellent health and quality of life, and children and youth will grow up healthy to reach their optimal potential. All children and youth in RI will be cared for in high quality, family and patient centered, medical homes.

**Mission of CTC-RI** **and PCMH-Kids**

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 for adults, children and youth, and provide 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. PCMH’s for children will be cost effective and sustainably resourced.

**Role of CTC-RI in the PCMH-Kids Initiative**

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 through the PCMH Kids initiative 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/PCMH Kids program strives to align its primary care program with state, federal, public, and private initiatives and inform health care system transformation.

**2019 Expansion Details**

We seek up to 4 to 8 new primary care practice sites 8,000 practices serving children (under 18 years old) of substantial payer and population diversity that are committed to transforming their practices to provide high-value patient-centered care. CTC-RI/PCMH Kids 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 interested in the Patient Centered Medical Home (PCMH) model of care.

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 or ACO agreement the health plan may determine that PCMH Kids participation is duplicative or redundant and may choose to adjust payments to the practice accordingly.

**CTC-RI** [**Common Contract**](https://www.ctc-ri.org/sites/default/files/uploads/2019%20CTC%20Common%20Pedi%20Full%20Contract%20January%202019%208%2021%2018.docx) **Framework and Service Delivery Expectations**

When a practice is selected to be part of the PCMH Kids initiative, health plans execute addendums to existing contracts or execute separate contracts that incorporate common terms and expectations built around primary care practices progressively implementing [Service Delivery Requirements](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20Service%20Delivery%20Requirements%20and%20Provider%20Reports%20January%202019%20-%20edited%208%2021%2018.docx) that address: 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 PCMH Kids infrastructure per member per month payments to support the care delivery model.

Selected practices will be required to engage in health plan participation agreements (i.e. separate addendums to existing contracts or separate contracts that incorporate common expectations) with all payers in Rhode Island: Neighborhood Health Plan, Blue Cross Blue Shield, UnitedHealthcare, and Tufts Health Plan with an effective date of January 1, 2019. ‘Per member per month’ (PMPM) payments will be made according to [rate sheet](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20January%202019%20Rate%20Sheet.docx).

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 System of Care: Commercial Accountable Care Organization(ACO) or Accountable Entity (A/E)**

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 [Service Delivery Requirements](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20Service%20Delivery%20Requirements%20and%20Provider%20Reports%20January%202019%20-%20edited%208%2021%2018.docx). 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 System of Care: SOC commercial ACO or Accountable Entity (A/E)**

Primary care practices that are part of an SOC may apply in concert with the SOC. The SOC is responsible for providing the practice with a Letter of Support that details the support the SOC will provide to assist the practice with meeting the [CTC-RI Service Delivery Requirements](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20Service%20Delivery%20Requirements%20and%20Provider%20Reports%20January%202019%20-%20edited%208%2021%2018.docx) 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 [here](https://www.ctc-ri.org/sites/default/files/uploads/draft%20SOC%20letter%20of%20support%208%2022%2018%20with%20CK%20edits.docx)). If accepted, CTC-RI will supplement the SOC practice transformation support with additional learning opportunities with specifics identified on a case by case basis. Payments will be made through the health plan SOC contract for practice transformation services. The SOC 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 SOC that provides support for practice transformation services**

Primary care practices, that are affiliated with an SOC, that do not have a participating contract with UnitedHealthcare, Blue Cross and Blue Shield of Rhode Island, Tufts Health Plan, or Neighborhood Health Plan of Rhode Island will enter into a [common agreement](https://www.ctc-ri.org/sites/default/files/uploads/2019%20CTC%20Common%20Pedi%20Full%20Contract%20January%202019%208%2021%2018.docx) with that health plan and receive PMPM supplemental payment for practice transformation.

**Benefits to the Selected Practices that successfully participate in the CTC-RI and PCMH Kids PCMH Initiative**

Primary Care Voice

The CTC-RI/PCMH Kids 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 to achieve better care, smarter spending, and healthier people. Participation will assist your practice with being ready to succeed in other quality payment programs.

Infrastructure and Incentive Payments for Care Transformation

As a PCMH Kids practice you will be eligible to receive supplemental payments for three years (per the [rate sheet](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20January%202019%20Rate%20Sheet.docx)) from health plans in the multi-payer initiative to transform your practice and be recognized as a patient centered medical home (PCMH) - **$3.50** per member per month for practices in Year 1 and earned 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 care coordinator. CTC WILL ASSIST WITH TRAINING AND IN THE INTEGRATION OF THE NCM/CC 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 (PCMH) recognition and [CTC Service Delivery Requirements](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20Service%20Delivery%20Requirements%20and%20Provider%20Reports%20January%202019%20-%20edited%208%2021%2018.docx), and provide learning collaborative opportunities featuring national, regional and local talent.

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

OHIC

OHIC has required that commercial health insurance plans adopt a two-stage payment model ([OHIC PCMH FAQ](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20FAQs%202018.pdf)) to sustain primary care transformation provided the primary care practice meets the OHIC PCMH definition which includes achieving PCMH recognition 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.

Additional Local Health Plan Incentives

Some local payers provide added fee for service payment with NCQA PCMH recognition (or fee reductions for non-PCMH recognized practices); provide opportunities for added payment for participating in CTC integrated behavioral health learning network initiatives.

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 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.

**PCMH-Kids: Call for Applications**

**Prerequisites**

1. Pediatric practices must have a fully implemented and functional certified electronic health record (EHR).

**Pediatric practices** will be expected to use a population health approach and [CTC high risk framework](https://www.ctc-ri.org/sites/default/files/uploads/High%20risk%20framework%203%2022%2018.docx) to identify children and families that will benefit from care coordination services and report clinical performance on selected clinical measures.

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 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)\*.
3. Practices that are part of an SOC must submit a letter of support from the SOC indicating that the SOC will provide the practice with financial and technical support ([sample SOC letter of support](https://www.ctc-ri.org/sites/default/files/uploads/draft%20SOC%20letter%20of%20support%208%2022%2018%20with%20CK%20edits_0.docx)).

**Conditions of Participation:**

Practices are expected to:

1. Meet all [CTC-RI/PCMH Kids Service Delivery Requirements](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Kids%20Service%20Delivery%20Requirements%20and%20Provider%20Reports%20January%202019%20-%20edited%208%2021%2018.docx) within designated time frames and work collaboratively with CTC-RI management to proactively address any barriers/solutions;
2. Achieve PCMH NCQA Recognition;
3. Hire or designate staff with a dedicated role of Nurse Care Manager or care coordination (CC);

The Nurse Care Manager or Care Coordinator is responsible for care coordination and management of high-risk patients and families. The population of focus and interventions are jointly being determined by health plans and pediatric clinicians. Job responsibilities will be defined based on this collaborative process.

1. Improve quality at the organization and practice site level: produce and submit clinical quality reports at practice site level per CTC measurement specifications;
2. Improve patient and family engagement and experience, and participate in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey with survey paid for by the CTC program;
3. Provide care at lower costs through implementation of a OHIC defined quality improvement initiative;
4. Achieve improved access and continuity of care;
5. Improve planned care for population health by using the [high-risk framework](https://www.ctc-ri.org/sites/default/files/uploads/High%20risk%20framework%203%2022%2018.docx) to identify and outreach to children and families who might benefit from care coordination services;
6. Improve comprehensive and medical home coordination through development and implementation of compacts with a) community high volume specialists, b) behavioral health provider;
7. Improve the care of children with behavioral health needs based on CTC-RI/PCMH Kids behavioral health strategic priorities;
8. Use infrastructure and incentive payments to support the care delivery model and submit budget and staffing plan that outlines how payments will be used to support the 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 networks 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. Become part of a learning primary care pediatric community through active participation in CTC-RI Committees, sharing of “best practices “, providing transparency of data and meeting with practice facilitators on a regular basis to transform into a patient centered medical home.

**Timeline for Selection Process**

|  |  |  |
| --- | --- | --- |
| **Step** | **Activity** | **Date** |
| 1 | Release of request for interested applicants | August 30, 2018 |
| 2 | Conference call with interested parties to answer any questions. \*  Call-in number: 888-895-6448, Conf code: 1869367# | October 4, 2018 8-9AM  October 10, 2018 12-1PM |
| 3 | Submit [letter of intent](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20PCMH%20kids%20expansion%20letter%20of%20intent_0.docx) to apply electronically to:  [**CTC-RI@CTC-RI.org**](mailto:CTC-RI@CTC-RI.org)  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. | 10/12/18 |
| **4** | **Practices submit completed application package electronically to: CTC-RI@ctc-ri.org;**  **Please include application checklist insert link to application checklist (page 7 of this document).** | **October 31, 2018** |
| 5 | A Selection Committee will meet to review submitted applications against scoring criteria. | 11/10-11/21/18 |
| 6 | Final recommendations to CTC-RI Board of Directors. | November 27, 2018 |
| 7 | 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. | November 29, 2018 |
| 8 | Practices start contract. | January 1, 2019 |
| 9 | Orientation for newly selected practices. | January 10, 2019 |
| 10 | Health Plans have fully executed contracts and loaded in system for payment. | February 28, 2019 |
| 11 | Practices receive payment retro to January 1, 2019. |  |

*\*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 Carolyn Karner, CTC Project Coordinator

Email: [CKarner@ctc-ri.org](mailto:CKarner@ctc-ri.org)

Telephone: 508-856-5497

Fax: 401 528-3214 ATT CTC-RI

**Application Package Submission Checklist**

|  |  |  |
| --- | --- | --- |
| **Check if complete** | **Item** | **Due Date** |
|  | Submit [letter of intent](https://www.ctc-ri.org/sites/default/files/uploads/Sample%202019%20PCMH%20kids%20expansion%20letter%20of%20intent_0.docx) to apply electronically to:  [**CTC-RI@ctc-ri.org**](mailto:CTC-RI@ctc-ri.org).  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. | 10/12/18 |
| 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.** | 10/31/18 |
|  | Practices that are part of an SOC must submit an SOC letter of support ([sample SOC letter of support)](https://www.ctc-ri.org/sites/default/files/uploads/draft%20SOC%20letter%20of%20support%208%2022%2018%20with%20CK%20edits_0.docx). | 10/31/18 |
|  | Completed Application Package Checklist. | 10/31/18 |
|  | Completed Application Form. | 10/31/18 |
|  | Written response to essay questions. | 10/31/18 |
|  | 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.* | 10/31/18 |
|  | Copy of Meaningful Use attestation from one provider. | 10/31/18 |

**Completed application packages – including completed checklist - should be received by 5:00 PM onTuesday 10/31/18.**

**Email application package to:** [**CTC-RI@ctc-ri.org**](mailto:CTC-RI@ctc-ri.org)

**For questions,** contact: Carolyn Karner, CTC Project Coordinator

Email: [CKarner@ctc-ri.org](mailto:CKarner@ctc-ri.org)

Telephone: 508-856-5497

Fax: 401 528-3214 ATT CTC-RI

**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 \_\_\_\_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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List name and NPI number for all Practitioners (MDs, DOs, NPs, and PAs):** | | | | | | |
| Name of Provider | MD/DO/  NP/PA | NPI# | Specialty (Peds/FM) | Board Certified (Yes/No/NA) | Hrs/per week | Meaningful Use (MU) Attest |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Application (continued)**

**Child Patient Population by Insurance Type (Children 17 years and under only)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Payer | Number of Pts | % of Total Practice | Payer | Number of Pts | % of Total Practice |
| BCBS |  |  | Medicaid FFS |  |  |
| Medicaid 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 pediatric primary care practice.

\_\_\_\_\_The practice is a single-site family medicine 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:

Coastal Medical \_\_\_\_ RIPCPC \_\_\_\_\_ Charter Care \_\_\_\_\_ Lifespan\_\_\_\_\_ Accountable Entity\_\_\_ (name)

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

**Section 3: Prerequisites**

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

**If yes:**

NCQA Standards: 2014\_\_\_\_ Level\_\_\_\_2017 \_\_\_\_Expiration date: \_\_\_\_\_

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 2019 or a subsequent year? Yes\_\_\_\_\_ No\_\_\_\_\_

**For pediatric application:**

Does your practice have the ability to identify and generate reports on high risk patients ([high-risk framework](https://www.ctc-ri.org/sites/default/files/uploads/High%20risk%20framework%203%2022%2018.docx))?

Yes\_\_\_\_\_ No\_\_\_\_\_

Other patient registries: Yes \_\_\_\_\_ No \_\_\_\_\_ please specify: \_\_\_\_\_\_\_\_

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 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 SOC](https://www.ctc-ri.org/sites/default/files/uploads/draft%20SOC%20letter%20of%20support%208%2022%2018%20with%20CK%20edits_0.docx) (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**

Care Coordinator

Does your practice currently employee an on-site designated staff person in the role of Care Coordinator? Yes\_\_\_\_\_ No\_\_\_\_\_\_ If yes, Length of time practice has had CC \_\_\_\_\_ years

Number of CC FTEs: \_\_\_\_ CC: Caseload \_\_\_\_

Please describe the role of the CC 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 and 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 (continued)**

**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 and PCMH-Kids is to help practices transform.

* 1. How do you intend to use the funds in PCMH-Kids to transform your practice? (Examples may include staffing plan and use of funds to support care delivery model: (training staff, improving EHR, 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/PCMH Kids transformation activities such as meeting with practice facilitators, attending best practice committee meetings, attending learning collaborative?

1. Clinical Support and Quality Improvement for Practice Transformation

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

Please describe:

* 1. the provider leadership commitment to PCMH transformation in your practice;
  2. Who will serve as the champion for practice transformation (can by physician or non-physician staff)?
  3. How has this individual demonstrated success in leading change initiatives?
  4. How is this individual in a position to influence practice change?
  5. Is there broad support from all providers in the practice?
  6. 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 measurable outcomes.

1. Care Management/Coordination through Team Based Care

Through CTC –RI and PCMH-Kids, 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, how they work together to improve patient care, and how do you envision this team expanding by participating in PCMH-Kids?
  2. Current care coordination activities with hospitalists, behavioral health, and other specialists, including CEDAR and how do you envision this coordination improving by participating in PCMH-Kids?
  3. How do you anticipate identifying and reporting on high risk patients and families? and
  4. How do you anticipate your care management/coordination team meeting the needs of high risk patients and families?

1. Access and Continuity of Care

CTC-RI and PMCH Kids 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/PCMH Kids enable your practice to increase access?
  4. How do you assign patients to specific providers?

1. Patient/Family Centeredness

In a pediatric medical home, patient/family centeredness means involving the patient *and* family. Family-centeredness is a key value of CTC-RI and the PCMH-Kids project.

* 1. 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.).

1. Behavioral Health

The project stakeholders have placed a high value on integration of behavioral health into PCMH’s for children and youth. Examples of behavioral health integration include: on-site mental health providers, collaborative agreements with mental health providers in the community, telephonic behavioral health support or guidance for primary care providers, or team meetings of primary care and behavioral health professionals to review patient treatment plans.

* 1. Does your practice currently integrate behavioral health services, and if so please describe how this is done?
  2. If this is not currently happening, please give us your thoughts and ideas as to how the integration of behavioral services might be a critical element in your practice transformation.

Please be as specific as possible in your responses.

**CTC-RI/PCMH Kids Selection Committee Policy and Procedure (2019)**

Applications for participation in CTC-RI’s expansion are reviewed and scored in an objective, fair, and transparent manner by a Selection Committee using the selection criteria. The following reflects CTC-RI’s policy and procedure for application review.

**Conflict of interest**

Reviewers must disclose any potential conflict of interest (COI) related to a specific applicant. A COI 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 recuse themselves from the review of that application.

**Selection Committee Group Process for Review of Total Scores**   
The Selection Committee will convene from 11/10-11/21/18. Applications will 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**   
CTC-RI project management staff initially reviews applications to ensure they are complete. Project management staff may reach out to practices if there is a question around incomplete submissions and/or meeting pre-requisites. CTC-RI project management staff reviews and scores application information on primary care practice capacity and characteristics. All reviewers will read and score application essay questions independently using the scoring form and criteria established by the CTC-RI Selection Committee. Reviewers will submit their scores to CTC-RI Management by 11/10/18 CTC-RI, in conjunction with PCMH Kids Leadership will compile all scores into one table per application with a total number of points. The maximum number of points for the pediatric application is 78. Essay questions receive additional weight.

CTC-RI/PCMH Kids anticipates that we will select up to \_\_\_ practice sites (or \_\_\_\_ individuals, whichever comes first).

These practices will enter CTC-RI/PMCH Kids Measurement Year 1:

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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Care for**  **Pediatric Applications**  **(max 1)** | **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, using Viewer, Hospital alerts, or have Direct account | 1 | High-level of patient involvement | 2 | Registries for high risk patients | 0 |
|  |  |  |  | Additional patient registries | Add 1 point |
| **Geographic Distribution (max 2)** | **Score** | **% Medicaid for Pediatric Applications**  **(max 3)** | **Score** | Standard reporting from EHR capabilities | Add 1 point |
| New area | Add 1 point | 0-10 | 1 | Standard plus custom reporting capability | Add 1 point |
| Area with CHT | Add 1 point | 10-20 | 2 | Designated staff/support | Add 1 point |
| **NCM/CC Capacity (max 2)** | **Score** | 20-30 | 3 | **Behavioral Health**  **(max 3)** | **Score** |
| None | 0 | **NCQA**  **(max 1)** | **Score** | Compacts | 1 |
| Some experience with CC | 1 | Recognition achieved | 1 | Co-located | 2 |
| High level of CC experience embedded in practice | 2 |  |  | Fully integrated | 3 |

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

**Prerequisites**

1. Pediatric practices must have a fully implemented and functional certified electronic health record (EHR). **Pediatric practices** will be expected to use EHR a) to identify children and families that will benefit from care coordination and b) report on clinical quality measures (such as developmental screening, BMI with follow up and adolescent well child visits.
2. At least one provider in the practice must have attested to Stage 1 Meaningful Use.
3. 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) \*.
4. Practices that are part of an SOC must submit a letter of support from the SCO indicating that the SOC will provide the practice with financial and technical support ([sample SOC letter of support)](https://www.ctc-ri.org/sites/default/files/uploads/draft%20SOC%20letter%20of%20support%208%2022%2018%20with%20CK%20edits_0.docx).

**Reviewer Scoring Notes**

1. Current Care for Pediatric Applications: A total of 1 point is available. Add 1 point for either item that the applicant reports: enrolling patients, using CurrentCare Viewer, using Hospital Alerts, or 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, Pawtucket, Newport, Providence, Woonsocket, West Warwick).
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 Pediatric Applications: A total of 3 points is available. Combine percentage of Medicaid and NHP patients. Add 1 point if 0-10; add 1 point is 10-20; and add 1 point is 20-30.
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 | PR  4(if applicable) | Curr Care (max 1) | Geo Dist *(max 2)* | NCM/ CC Cap  *(max 2)* | Pt Inv *(max 2)* | % Med  *(max 3)* | 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)* | *Pedi*  *(max 78)* |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |