Care/Case Management Model Cover Sheet

Program Name: Patient Centered Medical Home (PCMH)

Population Focus:
Currently 23 Federally Qualified Health Centers throughout the state are enrolled PCMH providers. Most members choose a primary care provider when enrolled in Medicaid and if they choose a provider who is a PCMH provider they are enrolled in the program.

Program Objectives:
The medical home model of care improves health care by transforming primary care delivery.

Program Description:
The medical home model of care is based on the following principles:
- Comprehensive health hare directed by the patient's personal provider;
- Team-based care directed by a provider for the ongoing patient-centered care;
- Care coordination across the health system using information technology;
- Enhanced access through expanded hours, new communication methods, or alternative visits;
- Quality and safety through evidence-based medicine, quality improvement, performance measurement;
- Value-based payment that recognizes alternative visits, care coordination, health information technology, enhanced communication, and case mix differences in the patient population.

Practices must maintain PCMH recognition by the National Committee for Quality Assurance (NCQA).PCMH providers report quality measures to the Department annually. Medicaid merges claims data with the providers' clinical data for each measure to determine performance rates for each measure.

Required Care/Case Management Staff:
The team is determined by the primary care practice, it must be team based and patient centered. The teams usually consists of the primary care provider, a nurse, a social worker and in some cases a behavioral health specialist.

Program Demographics

There are currently 23 practices enrolled in PCMH and approximately 39,000 Medicaid members including Medicaid expansion members. HMK members are also enrolled through BCBS's program.

Monthly member count:

Average monthly program cost per member:

Average monthly total benefit cost per population member:

Monthly provider count:

Average # of members per provider:

Average monthly provider program revenue:

Program Measurements

Please see attached Quality Measures