

Medicaid Primary Care Redesign

Tribal Consultation

October 26th, 2023

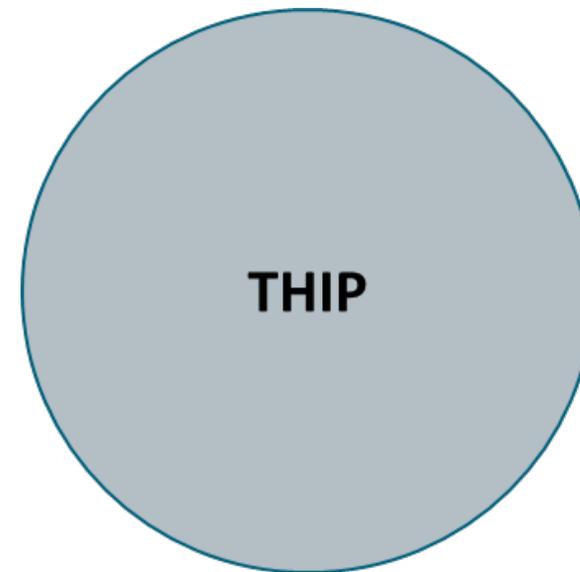
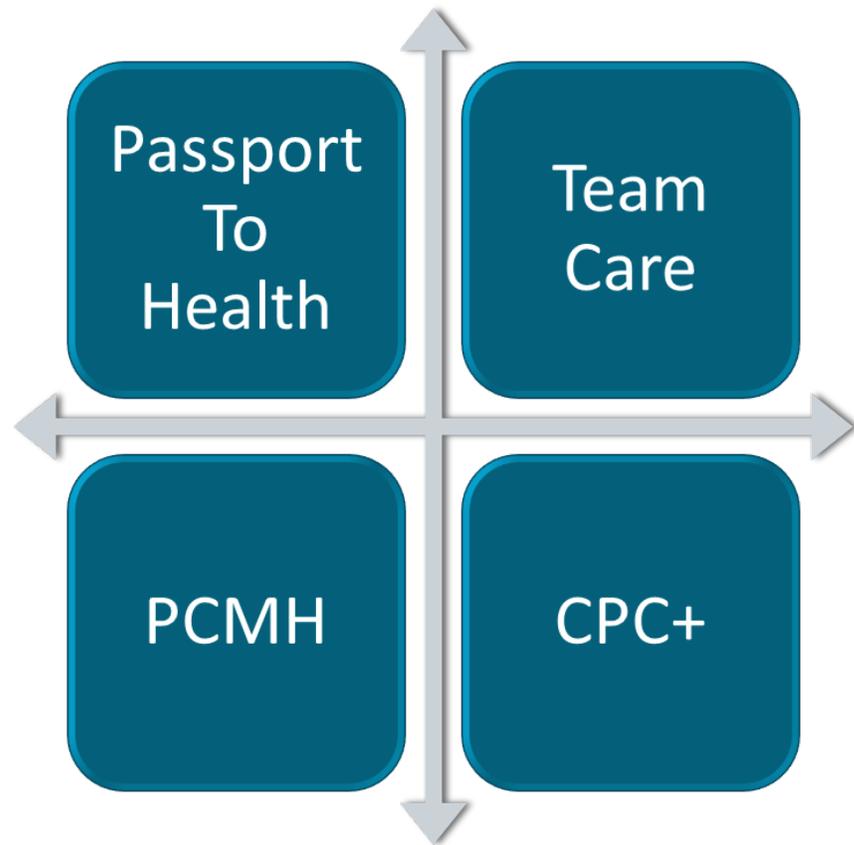


DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Medicaid Primary Care Case Management Programs



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES



Passport to Health

- **Provider Requirements:**

- Any Medicaid enrolled primary care provider, including physicians, mid-level practitioners, Clinics, FQHCs, RHCs, IHS, Tribal Health Centers, or Urban facilities, within their scope of practice.

- **Services:**

- Provide care coordination through referrals for medically necessary care.
- Offer 24/7/365 emergency care guidance to Passport members.

- **Reimbursement:**

- Providers receive a monthly case management fee per member:
 - \$3 for members determined categorically eligible for Aged, Blind, Disabled, and Medically Frail Medicaid.
 - \$1 for all other Medicaid-eligible members enrolled in Passport.



Team Care

- **Provider Requirements:**

- Providers enrolled in Passport are required to participate.

- **Services:**

- Educate members on proper use of healthcare services and prescriptions.

- **Reimbursement:**

- Passport providers receive an extra \$3 per member per month (PMPM) for each Team Care member they manage.



Patient Centered Medical Home (PCMH)

- **Provider Requirements:**

- Meet Passport Provider criteria.
- Maintain PCMH recognition by National Committee for Quality Assurance (NCQA).
- Report clinical quality measures annually.

- **Services:**

- Educate Medicaid members on available PCMH services.
- Address care gaps by analyzing Medicaid claims data.
- Engage patients and families in their treatment and care improvement.
- Assist patients in setting goals and making shared decisions using specific techniques.
- Screen and coordinate behavioral health concerns.



PCMH Continued

- **Reimbursement:**

- Members are grouped by medical risk into three tiers.
 - Tier One: \$3.33
 - Tier Two: \$9.33
 - Tier Three: \$15.33



PCMH Complex Care Option

- **Provider Requirements:**

- Maintain a CCM care team including a nurse and a Licensed Behavioral Health Professional or trained paraprofessional.
- Conduct face-to-face meetings in a high-risk member's home for 6 months: weekly for the first three months, and every other week for the last three months.

- **Services:**

- Conduct assessments and make referrals for both medical and non-medical factors affecting the member's health.

- **Reimbursement:**

- Providers receive \$470.10 per member per month (PMPM) for members enrolled in this PCMH tier.



Comprehensive Primary Care Plus (CPC+)

- **Provider Requirements for Track 1:**

- Enroll in Passport.
- Report clinical quality measures annually to DPHHS.
- Previously CMS selected practices or maintain PCMH Certification (e.g. JCAHO) through recognized accrediting organizations.
- Report clinical quality measures annually to DPHHS.

- **Additional Requirements for Track 2:**

- Meet Track 1 criteria.
- Provide integrated behavioral health services.
- Conduct weekly care team meetings.
- Offer various types of alternative access to healthcare (e.g., e-visits, phone visits, and group visits)
- Provide alternative contact methods (e.g., emails, text reminders, or letters).



Comprehensive Primary Care Plus (CPC+)

- **Services:**

- Reach out to members for CPC+ education.
- Analyze Medicaid claims data and address care gaps with patients.
- Involve patients and families in their treatment plan and care improvement.
- Assist patients in setting goals and making shared decisions using specific techniques.

- **Reimbursement:**

- Members are assessed a health risk score and placed into a reimbursement tier.
- Providers may receive an annual incentive bonus payment based on prevention and utilization quality measures.

Track 1

Track 2

Tier One: \$3.33

Tier One: \$6.33

Tier Two: \$9.33

Tier Two: \$12.33

Tier Three: \$15.33

Tier Three: \$18.33

Tier Four: \$21.33

Tier Four: \$24.33

Tier Five: \$34.33



IHS/Tribal 638/ Urban Indian Organizations

Primary Care Program Participation

	T-HIP	Passport	Team Care	CPC+	PCMH
Tribal Governments					
Blackfeet	X	X	X		
Chippewa Cree Tribe	X	X	X		
Confederated Salish and Kootenai Tribes	X	X	X		
Crow Tribe	X				
Fort Belknap Tribes	X				
Fort Peck Tribes	X				
Little Shell Tribe	Not eligible				
Federal Government- Indian Health Service					
Blackfeet IHS Service Unit	Not eligible	X	X		
Crow IHS Service Unit	Not eligible	X	X		
Fort Belknap IHS Service Unit	Not eligible	X	X		
Fort Peck IHS Service Unit	Not eligible	X	X		
Little Shell IHS Service Unit	Not eligible	X	X		
Northern Cheyenne IHS Service Unit	Not eligible			X	
Urban Indian Organizations					
All Nations Health Center (Missoula)	Not eligible	X	X		
Billings Urban Indian Health and Wellness Center (Billings)	Not eligible	X	X		
Butte Native Wellness Center (Butte)	Not eligible	X	X		
Helena Indian Alliance (Helena)	Not eligible	X	X		
Indian Family Health Clinic (Great Falls)	Not eligible	X	X		

Why Does the State Want to Redesign the Four PCCM Programs?



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Challenges with Current PCCM Programs:

- **Program Variations:**

- Multiple variations of similar but differently managed programs.

- **Passport and Team Care:**

- Limited incentives for behavior change, both for physicians and patients for better health outcomes.
- Providers may be hesitant to take on complex cases needing additional care.

- **PCMH and CPC+:**

- Limits participation to specific types of providers.
- Inconsistent provider incentives in the program.
- Unequal opportunities between programs.
- Measures in the program are not shared in a timely manner.



Challenges with PCCM Programs Continued:

- **Addressing Duplication of Services:**
 - By original intent, members have always been attributed to both Passport and T-HIP. 100% of T-HIP members are on Passport.
 - Eligible Members are those who meet the following criteria:
 - Enrolled in **Medicaid and Passport to Health Program;**
 - Is an American Indian/Alaska Native;
 - Is Indian Health Service (IHS) eligible;
 - Lives within the exterior reservation boundaries; and
 - Has not opted out of T-HIP.
- Currently waiting for CMS guidance on whether a member enrolled in THIP can be in another PCCM program simultaneously.



North Star



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Goals of Primary Care Redesign

- 1. Improve member health outcomes.
- 2. Encourage practice transformation to enhance primary care practices.
- 3. Provide stabilized funding to primary care providers.
- 4. Improve appropriate access to care.
- 5. Improve providers support and data access.

The Who

- 1. Define eligible providers to participate.
- 2. Define eligible members to be enrolled.

The How

- 1. Define how members will be enrolled or attributed.
- 2. Define rates, and tiers.
- 3. Define qualifications providers may/must have.

Measures/ Outcomes

- 1. Define what measures and outcomes will be expected.
- 2. Define what shared data will be, and what ways to access it.

Comprehensive Primary Case Management Program

The 5 Foundational Aspects:

- 1. Care Management
- 2. Access and Continuity of Care
- 3. Patient and Caregiver Engagement
- 4. Comprehensiveness and Coordination
- 5. Planned Care and Population Health

Feedback Received



Feedback Received:

Member

- Medicaid needs to meet member needs.
- Support behavioral health initiatives, but not duplicate them for members.
- Possible use of different measures for different populations.
- Outcomes need to be tied to the data, utilizing few quality measures and few utilization measures.
- Culturally relevant.
- Consider geographical location.



Feedback Received:

Provider

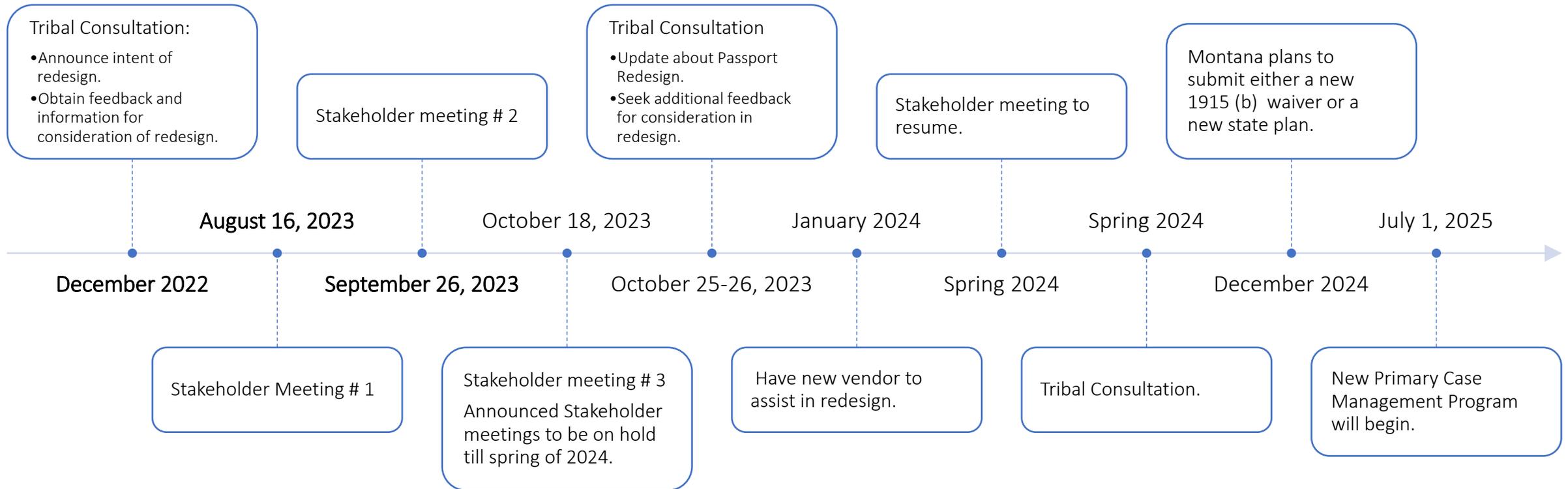
- Define providers (what providers are considered primary).
- Minimize administrative burden.
- Department needs to give clarity on Medicaid outcomes and how to accomplish those.
- Need for a long-term sustainable program.
- Provide access for outcome data, earlier, with providers.
- Consider geographical location and provider size.
- Look at supporting providers who already have, or looking to have, integrated behavioral health.



Timeline



Timeline:



Discussion/Questions



Contacts

Elizabeth LeLacheur, Primary Care and Population Health Program Officer	elelacheur@mt.gov , (406)444-0991
Jacqueline Roberts, Care Management Section Supervisor	Jacqueline.roberts@mt.gov , (406) 444-0904
Mary LeMieux, Administrator Health Resources Division	MLeMieux2@mt.gov , (406) 444-4146

