Montana PCCM Redesign

Key Partner Meeting

August 1, 2025 – 10:00am

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

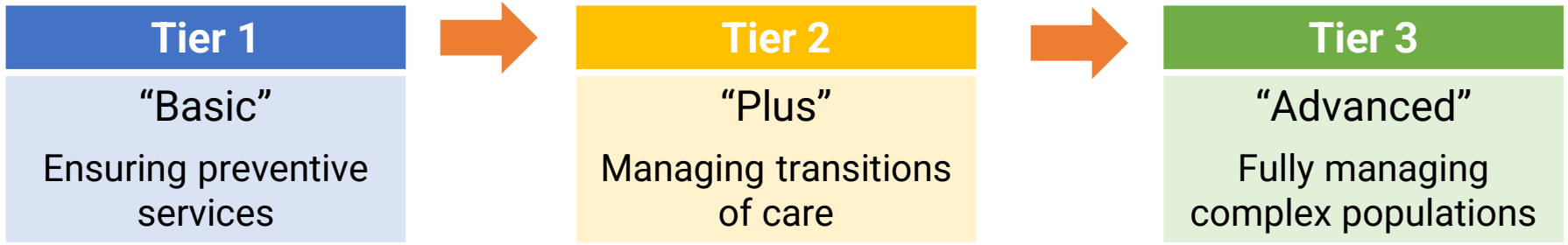
For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Project Recap to Date

Health Management Associates

Proposed Three Tier Model

- Accommodates different provider sizes/resources by providing a glidepath toward higher levels of population health management, with increasing expectations for structure and performance as you move along the glidepath.
- From basic management of ensuring strong preventive services for your member population, to managing transitions of care, to fully managing complex populations.
- Cost of enhanced PMPM payments in higher tiers will be offset by reductions in potentially avoidable ED and IP hospital utilization



For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Feedback To-Date on Proposed Three Tier Model

Overall Support for Tiered Model:

- Broad support for tiered care coordination payments.
- Tier 1 should have low-barrier entry for small/rural practices.
- Clear expectations for each tier, especially Tiers 2 and 3.

Performance Measures:

- Minimize reporting burden in Tier 1 (e.g., well visits).
- Align measures with CMS core sets and recognition standards.
- Include behavioral health/SUD screening (e.g., SBIRT) in higher tiers.
- Agreement that continuity of care metrics should be adapted to Montana.

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Feedback To-Date Continued…

Provider Support and Technical Assistance:

- Need for education on value-based care and data use.
- State-supported infrastructure (data platforms, tools) is critical.
- Technical assistance to help meet performance expectations.

Attribution and PMPM Payment Structure:

- Attribution to primary care provider is foundational.
- Achieved consensus that enhanced PMPM needs to be tied to meaningful, achievable, and easily reportable expectations.
- Request for transparency on PMPM amounts and actuarial modeling.

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Refresh on July 1 Key Partner Meeting

Topics and information covered:

Reviewed proposed Tier 2 framework
Discussed feedback on potential design principles for Tier 2
Discussed feedback on feasibility of using 30-day hospital readmission rates to identify potential savings
Discussed feedback on feasibility of evidence-based CM tasks to be required in Tier 2

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision.
Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Design Reflects Both State Priorities & Key Partner Feedback

Intended to **meet providers where they are** with incentives and supports that allow providers to move toward more advanced management of their member populations

Keeps **barriers to entry low for small/less resourced providers** but adds accountability measures to ensure value achieved

Allows **flexibility to define targeted performance measures** working with Key Partners but intended to align with established accreditation frameworks and CMS core measure sets

Dependent on data interoperability and care management platforms that share information, but acknowledges likely state role to support providers with timely data to support performance improvement

Note:

- **The model framework presented today is intended as a starting point for additional development and refinement**
- **DPHHS has not selected a model**
- **We want your feedback to ensure we are heading in the right direction!**

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Tier 3: Identifying Care Management Roles And Responsibilities

Health Management Associates

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Tier 3 – "Advanced"

Proposed High-level Framework Description for Discussion

Proposed Performance/Quality Goals	Proposed State/Provider Expectations	Decision Points	Other Design Comments
Meet Tier 1 and Tier 2 goals, plus: • Care manage high cost, high need populations to increase engagement in primary care and reduce potentially avoidable ED visits and hospitalizations • Reduce low-value care	• Builds on continued Tier 1 and Tier 2 PMPM funding and expectations • State offers a CM PMPM fee plus a shared savings payment based on reducing risk adjusted (for example, using CDPS Rx) total cost of care and meeting a quality gate using Tier 1 and Tier 2 metrics and performance targets • Continuing eligibility for CM PMPM fee could be made contingent on meeting performance of required CM tasks	• **CM tasks (risk assessment, care plans, TOC) and performance targets** • **CM PMPM amounts for high-risk care management** • **Shared savings program parameters including benchmark cost target and minimum attribution** • **Other tier-specific participation requirements**	• State will risk stratify members to determine which qualify for high-risk care management, establish expectations for CM tasks & pay a CM PMPM for those individuals

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Tier 3 Design Principles

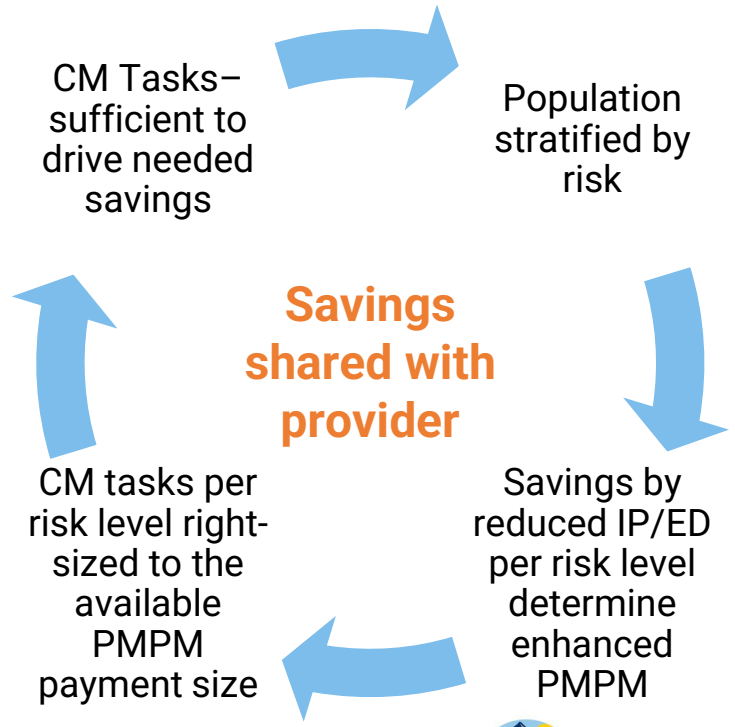
Goal of care management (CM) activities: **reduce ED and IP hospital utilization**

Reductions in potentially preventable ED/IP hospital utilization **(savings) offsets PMPM CM payments**

Cost modeling using Montana-specific data to design measures, payment, and CM activities

Iterative design cycle used – adjustments in one component requires commensurate adjustments in other components

Goal: **Find sweet spot** where CM activities sufficient to generate needed improvement that generates sufficient savings to fund PMPM payments



For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision.
Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Potential Tier 3 Tasks and Staffing

Care Coordination (CC) Tasks	Low Risk	Med/ High Risk
Onboarding new members within 30 days of enrollment	x	x
Outreach to members who have not been seen in the health center in the previous 12 months	x	x
Initial or annual health risk screen (includes PHQ)	x	x
Community-based organization referrals	x	x
Closing gaps in care and wellness messaging	x	x
Post-ED visit contact	x	x

Care Management (CM) Tasks	Low Risk	Med/ High Risk
Comprehensive risk assessment and initial/major revision of care plan		x
Telephonic care plan review		x
Face-to-face care plan update in office		x
Post-hospitalization transition of care (low risk)	x	
Post-hospitalization transition of care (medium and high risk)		x
Disease management/health coaching		x

Related Decision Points:		
	• **Are these the right tasks?** • **Are these the correct CC versus CM mix?** • **Health risk assessment tool (single tool or at discretion of the provider)**	• **Care plan component requirements** • **Frequency of care plan updates** • **Task completion reporting requirements**

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

PCCM Member Participation Requirements: Mandatory vs. Voluntary

Health Management Associates

Discussion: Member Enrollment Policies

Member Enrollment Policy Options

Mandatory	Voluntary

Potential Member Notice Requirements

Provided at initial eligibility and within timeframe that enables enrollee to use information to make choice

Enrollment System Options

Enrollment Choice Period **OR** Passive Enrollment

Member Enrollment Process

Must seek to preserve existing provider-member relationships and may consider additional criteria

Federal regulations provide overarching framework within which states must design their PCCM enrollment policies. States have the option to implement mandatory or voluntary enrollment.

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Discussion: Member Assignment Considerations

Regardless of whether enrollment in the program is mandatory or optional, programs generally employ a structured, multi-step approach for member assignment, prioritizing **member choice.** If member choice is not available, the following cascade is often utilized:

- Member historical utilization of PCP visits
- Family PCP utilization
- Geographic proximity to a participating PCP that serves the subpopulation (e.g., peds vs. adults) accepting new patients

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.

Future Project Timeline/Meeting Dates

Health Management Associates

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Future Key Partner Meeting Dates

Monthly Key Partner Meetings Tentative Schedule:

**Note 90-minute meetings*

- September 8th 11:00 – 12:30 pm
- October 1st 11:00 – 12:30 pm
- Additional meetings TBD

We welcome your input anytime!

Please send any additional feedback to mtprimarycareprograms@mt.gov

For official government use only. The information in this presentation is for discussion purposes only and does not constitute a final decision. Please be advised that further evaluation is required and the content presented herein may be subject to change upon further consideration.