PATIENT-CENTERED MEDICAL HOME (PCMH) PROGRAM

What is the PCMH model?
The Patient-Centered Medical Home (PCMH) is a model of care designed to improve how primary care is delivered. It focuses on transforming primary care practices to be more organized, patient-focused, and efficient. This model is built on several key principles:

- **Comprehensive care** led by the patient's designated provider.
- **Team-based, patient-centered care** that involves the patient and a coordinated care team.
- **Care coordination** across the healthcare system, using modern information technology.
- **Enhanced access to care**, such as extended office hours, new communication methods, or alternative visit types.
- **Quality and safety** improvement through evidence-based medicine, performance tracking, and continuous quality improvement efforts.

When did the PCMH program begin?
The program was launched in 2014 with just five providers. To remain part of the PCMH program, practices must achieve and maintain recognition from the National Committee for Quality Assurance (NCQA). As of August 2024, 24 practices have enrolled in this program.

How does reimbursement work in the PCMH program?
Providers participating in the PCMH program are paid a care management fee for each enrolled member, based on the member's health risk level. Members are stratified into one of three risk tiers, which are determined using diagnosis and claims history. Each tier has a different per-member-per-month (PMPM) payment rate:

- **Tier One:** $3.33 PMPM. In State Fiscal Year 2024, 47,525 members participated, totaling $1,028,341.
- **Tier Two:** $9.33 PMPM. 13,355 members participated in this tier, totaling $636,381.
- **Tier Three:** $15.33 PMPM. 5,436 members participated, totaling $471,995.
- **Tier Four:** Referred to as **"Complex Care Management (CCM)"** Please refer to the CCM fact sheet for more information.

How is program performance measured?
PCMH providers are required to report quality measures to the Montana Department of Public Health and Human Services each year. The state merges claims data with clinical data from the providers to assess how well they are meeting quality benchmarks. These measures focus on preventive services and healthcare utilization, helping ensure providers are delivering high-quality care to their patients.

For more information contact Mary LeMieux at MLeMieux2@mt.gov or call (406) 444-4458.