Nebraska State Legislature

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2016 Participation Agreement to recognize and reform payment structures to support Patient Centered Medical Home

Facilitated by Senator Mike Gloor

In 2016 we recognize health care delivery and health care insurance is in the upheaval of major reform and health care will endure ongoing transformation in both the public and private markets. This agreement is recognized as only pertaining to Patient Centered Medical Home as defined and agreed upon in this document.

The goal of both health care providers and health insurers participating in this agreement is to reform the delivery of health care services in order to improve the overall health of individual patients, patient populations, to promote an improved consumer experience, and to control or reduce expenditures through appropriate, evidence based, comprehensive care.

We, the undersigned insurance companies and physicians/health care providers agree to support and promote the creation of Patient Centered Medical Homes (PCMH) in Nebraska by using consistent requirements and measurements to promote the efficient transformation of primary care practices into patient-centered medical homes.

The effective date of this agreement is January 1, 2016 through December 31, 2016. All parties agree to work in good faith toward compliance and fulfillment of this agreement.

Definition: In Nebraska, a patient centered medical home, or PCMH, is defined as a health care delivery model in which a patient establishes an ongoing relationship with a physician directed team to provide comprehensive, accessible, and continuous evidence-based primary and preventive care, and to coordinate the patient's health care needs across the health care system in order to improve quality, safety, access and health outcomes in a cost effective manner.

In the event that a health insurer, as part of their PCMH program, requires that a PCMH be certified or recognized as such, or to attain certification or recognition, insurers will accept the following standards:

- NCQA PCMH certification
- JACO PCMH certification
- Nebraska Medicaid PCMH Pilot Program, Tier I and II standards
- URAC PCMH certification

In the event that a health insurer, as part of their PCMH program, requires that a PCMH clinic submit clinical measures to determine clinical outcomes, the measures will be selected from those listed in the following charts:

- Adult Health Outcomes (see attached chart)
- Pediatric Health Outcomes (see attached chart)
- Prenatal Care Health Outcomes
- Prenatal Intake Form

Health insurers have the option to use measures for their PCMH program outside of these clinical measures as long as they are clearly communicated, agreed upon by providers, and do not require the PCMH clinics to submit data.

Payment: Insurers offering a medical home program must utilize payment mechanisms that recognize value beyond the fee-for-service payment. Payments should be linked to clinical, financial and/or patient satisfaction measures in accordance with the goals of the Patient Centered Medical Home. Payments shall be directed toward the clinic's full covered panel of patients and not confined to a subset of diseases. The design and details of the payment mechanism will be left up to each individual health plan to determine through an agreement with the provider or provider group to be negotiated in accordance with this PCMH Participation Agreement.

Nothing in this agreement shall guarantee that a clinic is included in an insurer's PCMH program by meeting the basic criteria. Nothing in this agreement shall preclude the development of alternative innovative models by an insurer for its group and/or individual policies, or alternative models and payment mechanisms to support PCMH. The Agreement does not limit the ability of any of the signatories to establish Patient Centered Medical Home agreements/contracts with primary care providers other than physicians nor does it limit the ability of signatories to use definitions for Patient Centered Medical Homes that include primary care providers other than physicians.

Progress Report: Participating payers are asked to report annually, by letter, successes realized and challenges faced in their efforts to comply with this agreement. The report should include the number of PCMH contracts signed and give a list of clinics by name, location, number of providers, number of patients covered and may include aggregate financial or health data that comply with the anti-trust statement governing this collaboration (attached). Data provided should be through the third quarter of the year and available by December.

Date of Signing:
Participants: Please sign with name and title.

Senator Mike Gloor

Senator Mark Kolterman

MD
Blue Cross Blue Shield of Nebraska

Nebraska Academy of Family Physicians

Aetna Better Health of Nebraska

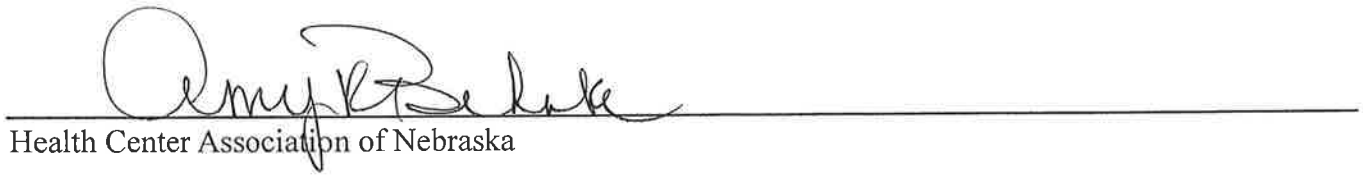
Richard Blatty Sr M.D.
Nebraska Medical Association

Arbor Health Plan

MD
Nebraska Chapter of the American Academy of Pediatrics

Matthew W. Wilson
UnitedHealthcare

Nebraska Hospital Association



Health Center Association of Nebraska

Pete Ricketts, Governor of Nebraska

Adult Health Outcome measures menu for
2016 Nebraska Patient Centered Medical Home Participation Agreement

CMS Shared Savings/ACO Measure Title	NQF Measure/Steward	HEDIS	Source
Domain: Patient Caregiver Experience:			
Getting Timely Care, Appointments, and Information	ACO 1 -NQF #0005 - AHRQ	CAHPS	Survey
How Well Your Providers Communicate	ACO 2 - NQF#0005 – AHRQ	CAHPS	Survey
Patient's Rating of Provider	ACO 3 - NQF#0005 - AHRQ	CAHPS	Survey
Domain: Care Coordination/patient safety			
Risk Standardized, All Condition Readmission	ACO 8 – NQF#1789 - CMS		Claims
Ambulatory Sensitive Conditions Admissions:			
- COPD/Asthma in Older Adults	ACO 9 – NQF#0275 - AHRQ		Claims
- Heart Failure	ACO 10 – NQF#0277 - AHRQ		Claims
Documentation of current medications	ACO 39 – NQF#0419 – CMS	MPM	EHR
Domain: Preventive Health			
Breast Cancer Screening, Mammography	ACO 20 – PREV 5/MSSP	BCS	EHR
Colorectal Cancer Screening	ACO 19 - NQF#0034–NCQA	COL	EHR
Influenza Immunization	ACO 14 - NQF#0041-AMA/PCPI	FVA/FVO	EHR/Survey
Pneumococcal Vaccination	ACO 15 - NQF#0043 – NCQA	PNU	EHR/Survey
BMI screening and follow Up	ACO 16 - NQF#0421 - CMS	ABA	EHR
Tobacco Use: Screening & Cessation Intervention	ACO 17 - NQF#0028 - AMA/PCPI		EHR
High Blood Pressure Control <140/90	ACO 21 - NQF#0018 – NCQA	CBP	EHR
Clinical Depression Screening	ACO 18 - NQF#0418 - CMS		EHR
Domain: At-risk population:			
Diabetes: Hemoglobin A1C poor control	ACO 27 – NQF#3729 – NCQA	CDC	EHR
Diabetes: Eye Exam	ACO 27 – NQF#0055 – NCQA	CDC	EHR
Hypertension: Controlling Blood Pressure	ACO 28 – NQF#0018 – NCQA	CBP	EHR
Ischemic Vascular Disease: Aspirin/Antithrombotic	ACO 30 - NQF#0068 - NCQA		EHR
Heart Failure: Beta-Blocker for LVSD	ACO 31 - NQF#0083 - AMA/PCPI	PBH	EHR
CAD: ACE/ARB for Patients with DM/LVSD	ACO 33 - NQF#0066 - AMA/PCPI	MPM	EHR

Abbreviations: ACO=Accountable Care Organization, NQF=National Quality Forum, AHRQ=Agency for Healthcare Research and Quality, NCQS=National Committee for Quality Assurance, PCPI=Physician Consortium for Performance Improvement, AMA=American Medical Association, MNCM=Minnesota Community Measure, Hedis=Healthcare Effectiveness Data and Information Set

Background FYI: You can pull up each measure on the NQF website: http://www.qualityforum.org/Measures_Reports_Tools.aspx click "NQF endorsed measures" on the left and then type the number in the box to look it up.

Recommended by Subcomittee: Dr. Bob Rauner, Healthy Lincoln, Dr. Deb Esser, Nebraska Blue Cross Blue Shield, Dr. Steve Lazoritz, Arbor Health, Dr. Ken Shaffer, Uninet, Dr. Dale Michels, Lincoln Family Medical Group, Dr. Matha Arun, Aetna, Dr. Michael Horn, United Health Care, Margaret Brockman, Office of Rural Health, Heather Leschinsky, Nebraska Medicaid, Margaret Buck, Senator Mike Gloor's office.

Pediatric Health Outcome Measures menu for
2016 Nebraska Patient Centered Medical Home Participation Agreement

Measure Title	NQF Measure/Steward	HEDIS	Source
Domain: Care Coordination/patient safety:			
1. Documentation of current medications:NQF#0419 – CMS		MPM	EHR
Domain: Preventive Health:			
1. Immunizations			
a. Infants (w/ Rotavirus and Influenza)	HEDIS Combo 9	CIS	EHR
b. Adolescents	NQF 1959	IMA	EHR
c. HPV	NQF 1959	HPV	EHR
2. WCC/Developmental			
a. First 15 months	NQF 1392	W15	EHR
b. 3-6 years	NQF 1516	W34	EHR
c. Developmental (Examples: ASQ/Ages & Stages, CSBS-DB, MCHAT)	NQF 1448		EHR
3. Weight Screening	NQF 0024	WCC	EHR
4. Depression: By age 18	NQF 1515		EHR
5. Smoking	NQF 1346	MSC	Survey
6. Asthma - (Asthma Action Plan)	NQF 25		EHR
7. Chlamydia Screening for female	NQF 0033	CHL	EHR
Domain: At Risk Population:			
1. Depression Screening	NQF 1515		EHR
2. Smoking	NQF 1346	MSC	Survey

Background FYI: You can pull up each measure on the NQF website: http://www.qualityforum.org/Measures_Reports_Tools.aspx click "NQF endorsed measures" on the left and then type the number in the box to look it up.

Recommended by Subcomittee: Dr. Bob Rauner, Healthy Lincoln, Dr. Deb Esser, Nebraska Blue Cross Blue Shield, Dr. Steve Lazoritz, Arbor Health, Dr. Ken Shaffer, Uninet, Dr. Dale Michels, Lincoln Family Medical Group, Dr. Matha Arun, Aetna, Dr. Michael Horn, United Health Care, Margaret Brockman, Office of Rural Health, Heather Leschinsky, Nebraska Medicaid, Margaret Buck, Senator Mike Gloor's office.

Prenatal Health Outcomes Measures menu for 2016 Nebraska Patient Centered Medical Home Participation Agreement

Measure 1: Prenatal screening using a common state screening form based on the Arbor Obstetric Needs Assessment form (attached).

Measure 2: Non-indicated inducted delivery – NQF 0469

Measure Description:

This measure assesses patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding)

Background: You can pull up each measure on the NQF website: http://www.qualityforum.org/Measures_Reports_Tools.aspx click "NQF endorsed measures" on the left and then type the number in the box to look it up.

Recommended by Subcomittee: Dr. Bob Rauner, Healthy Lincoln, Dr. Deb Esser, Nebraska Blue Cross Blue Shield, Dr. Steve Lazoritz, Arbor Health, Dr. Ken Shaffer, Uninet, Dr. Dale Michels, Lincoln Family Medical Group, Dr. Matha Arun, Aetna, Dr. Michael Horn, United Health Care, Margaret Brockman, Office of Rural Health, Heather Leschinsky, Nebraska Medicaid, Margaret Buck, Senator Mike Gloor's office.

PROVIDER INFORMATION

PROVIDER NAME:	MEDICAID ID:
PHONE:	ALTERNATE PHONE:
FORM COMPLETED BY:	

MEMBER INFORMATION

MEMBER NAME:	MEMBER ID / MEDICAID ID #:	
ADDRESS:		
DATE OF BIRTH:	PHONE:	ALT. PHONE:
LANGUAGE PREFERENCE:	SCHEDULED HOSPITAL FOR DELIVERY:	

TOBACCO USE	PRE-PREGNANCY	CURRENT
Average # of cigarettes smoked/day (If none enter 0; 1 pack = 20 cigarettes)		
TOBACCO COUNSELING OFFERED? ☐ YES ☐ NO		TOBACCO COUNSELING RECEIVED? ☐ YES ☐ NO
EXPOSURE TO ENVIRONMENTAL SMOKE? ☐ YES ☐ NO		COUNSELING FOR EXPOSURE TO SMOKE? ☐ YES ☐ NO

PREGNANCY INFORMATION & HISTORY

DATE OF FIRST PRENATAL VISIT:				17P CANDIDATE: ☐ YES ☐ NO		
EDC:	by LMP of:	by US Date:	GA at 1st Visit:	Gravida:		
Full Term:				Pre-Term:		
Depression Screen? ☐ YES ☐ NO				Result: ☐ Positive ☐ Negative		
Previous AB:	Previous SAB:	Previous TAB:	Living:	Height:	Weight:	BMI:
Last PAP: / /				Last chlamydia Screen: / /		
Dental Visit Last 6 months? ☐ YES ☐ NO				Dental Referral? ☐ YES ☐ NO		

ACTIVE MEDICAL CONDITIONS

- ☐ NO ACTIVE MEDICAL / MENTAL HEALTH CONDITIONS
- ☐ ASTHMA
- ☐ CARDIAC DISEASE
- ☐ CHRONIC HYPERTENSION, PRE-GESTATIONAL
- ☐ DIABETES, PRE-GESTATIONAL
- ☐ RENAL DISEASE
- ☐ OTHER _____

- ☐ BEHAVIORAL HEALTH CONDITION: _____
- ☐ SOCIAL, ECONOMIC AND LIFESTYLE ISSUES: _____
- ☐ SUBSTANCE ABUSE:
  - ☐ ALCOHOL: ☐ DRUG: _____

Physician Signature #_____

Date Signed:_____

Multi-Payer Medical Home Antitrust Guidelines for Meetings

1. Set an agenda for each meeting and focus your conversation on the agenda topics. Do not let the conversation wander into subjects that have antitrust sensitivity.

2. The agenda may include discussions and joint decisions on the elements of the PCMH structure, including what services physician practices will be asked to perform as medical homes.

3. Participants may not discuss how to set reimbursement for PCMH services or how much will be paid for PCMH services. However, program elements related to reimbursement that are essential to execution of the program may be discussed and agreed upon.

4. Competitively sensitive and confidential information (e.g. provider fee schedules, payers' market shares, premiums, or marketing plans being developed) may not be discussed.

5. Providers and other participants in the meetings may not discuss how much they want to be reimbursed for their services.