Centers for Medicare & Medicaid Services (CMS)

Federally Qualified Health Center (FQHC) Advanced Primary Care Practice (APCP) Demonstration

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Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services
CMS is a major force and a reputable partner for the continual improvement of health and healthcare for all Americans
Innovation Center Mission

A trustworthy partner to identify, validate and diffuse new models of care and payment that improve health and healthcare and reduce the total cost of care
Objectives

• To evaluate the impact of the APCP model, commonly known as the Patient-Centered Medical Home (PCMH), on improving health, improving care, and reducing healthcare costs among Medicare beneficiaries served by FQHCs.

• To assess the impact that additional support (e.g., quarterly care management fees, Technical Assistance (TA)) has on FQHCs transforming their practice and becoming formally recognized by the National Committee for Quality Assurance (NCQA) as a level 3 PCMH.
Goals

• Achieve better health, better care, and lower costs for beneficiaries receiving care from FQHCs

• 90% of participating FQHCs achieve level 3 NCQA recognition by the end of the demonstration
Medical Homes (MH) provide patients with coordinated healthcare delivery, promote the development of strong physician-patient relationships, encourage communication, and incorporate electronic tracking systems to monitor health outcomes.

Please visit the Demonstration recruitment website, www.FQHCMedicalHome.com, for more information about the MH model.
Health Resources Services Administration (HRSA)

Role in Medicare FQHC/APCP Demonstration

• HRSA supports the Medicare FQHC/APCP MH demonstration
• Participating FQHCs will be supported in the application and survey process
• Ongoing conversations with colleagues at CMS to ensure maximum success for the FQHCs
National Association of Community Health Centers (NACHC)

- Dedicated to providing care to the most underserved populations
- Provide research based advocacy on behalf of FQHCs and their patients
- Provides training and TA to FQHCs and Primary Care Associations (PCAs)
- Develops alliances with private partners and key stakeholders to foster the delivery of primary healthcare services to communities in need
Expectations

• Change will occur
• Participants will achieve Level 3 PCMH Recognition
• Participants will remain in the demonstration for the duration
• Participants will cooperate with the evaluation contractor (may involve providing additional data)
Duration, Size, Scope

- 3-year demonstration
- 500 FQHCs from across the United States
- Up to 195,000 Medicare fee-for-service (FFS) beneficiaries (including dual eligible)
Eligibility— FQHCs

- Must be an individual physical location
- Must have provided medical services to at least 200 FFS Medicare beneficiaries in the most recent 12 months (look-back period) for which CMS has claims data
- Must be a physician or nurse practitioner-led practice
- Must be providing primary care services (as opposed to only providing specialty service, such as dental or vision care)
- Must provide medical care services to a general population and not exclusively to migrant workers or to the homeless
Eligibility—FQHCs (cont)

- Must be able to receive electronic funds transfer (EFT)
- Must be submitting claims to National Government Services (NGS) or Noridian Administrative Services (NAS)
Eligibility—Beneficiaries

- Enrolled in the Medicare Part A and Part B FFS program during the most current look back-period and must not be currently in hospice care or under treatment for end-stage renal disease
- Includes Medicare and Medicaid dually eligible beneficiaries
- Not Medicare Advantage Plan participants
Beneficiary Attribution

- Eligible Beneficiaries served at each participating FQHC are identified from Medicare administrative claims
- Participating FQHCs receive beneficiary rosters along with payment each quarter
- Beneficiary eligibility is verified every quarter prior to payment and rosters are updated
- Participating FQHCs cannot challenge attribution
Payment

• Quarterly prospective payment ($18 per quarter)
• Care management fee above the all-inclusive payment
• Attribution is based on look-back of previous quarter’s Evaluation and Management (E&M) claims.
• Care Management Fee paid automatically (without a claim) via EFT through Noridian or National Government Services (NGS.)
• No retroactive adjustments.
• Quarterly Payment Report will reflect all beneficiaries attributed to FQHCs, plus aggregate numbers of beneficiaries dropped from rosters in previous quarter.
Benefits of Becoming PCMH

• Emphasize quality outcomes and patient centric care
• Coordinated care management leading to better outcomes
• Improve patient and provider satisfaction
• Become a clinical/teaching leader in the FQHC community
• Be an effective and efficient care deliverer
Benefits of Participating in the Demonstration

• Financial support (monthly care management fee)
• Technical Assistance
• Contribute to the findings of the demonstration
• Help to pave the way for other FQHCs
Application and Qualification

• Applications will be accepted from June 6, 2011 – August 12, 2011
  – Must be received by 11:59PM (ET) August 12, 2011

• One application per site
Application and Qualification

• To apply, each FQHC site must complete:
  1. Application Form
  2. NCQA Readiness Assessment Survey

• Must complete all parts to be considered
1. Application Form

• The Application Form serves the following purposes:
  ➢ Confirms agreement with the Terms and Conditions
  ➢ Collects information CMS needs to qualify/select FQHCs
  ➢ Creates an account on NCQA’s PCMH web-based system
  ➢ Collects practice information for evaluation purposes

• The Application Form can be accessed at:
  www.FQHCMedicalHome.com
2. Readiness Assessment Survey

• The Readiness Assessment Survey (Survey) is the second step of the application process.

• The purpose of the Survey is to assess FQHC readiness to become a PCMH at baseline.

• Survey completion does not require submission of documentation.
2.(cont) Readiness Assessment Survey

- After Application Form submission (Step 1):
  - FQHCs will receive immediate e-mail confirmation that their Application has been received
  - FQHCs will receive a second e-mail within 2 business days providing access to the Survey

- The Survey follows the NCQA PCMH 2011 Standards and Guidelines, available through:
  http://www.ncqa.org/tabid/629/Default.aspx#pcmh
Application Review and Notification

• Only eligible FQHCs that complete BOTH the Application Form and the Readiness Assessment Survey by August 12, 2011 will be considered.

• CMS will select FQHCs to ensure representation by certain FQHC characteristics (e.g. geography).

• All applicants will be notified regarding the final disposition of their application by August 26, 2011.
Application Assistance

• Assistance is available for technical issues encountered during the completion of the application

• Contact information for assistance will be provided on the Application Form and Survey
Technical Assistance
Practice Transformation

• Coordinated transformation TA being developed
• Aim to provide direct state (PCA) and/or grantee support
• Central learning curriculum and peer-to-peer learning may be foci
Technical Assistance
Standards & Recognition

• Includes (but not limited to)
  – Monthly web-based training sessions on PCMH standards and recognition process
  – Mock surveys (on a limited basis)
  – Individual consultation (on a limited basis)
  – Transformation Learning Systems
Monitoring Activities

- CMS will monitor the progress of participating FQHCs toward NCQA Level 3 PCMH recognition
- Monitoring Activities will include:
  1. Readiness Assessment Survey Updates
  2. Random Audits
  3. Feedback from CMS
1. Readiness Assessment Survey Updates

- FQHCs will be required to update their responses to the Survey every 6 months throughout the Demonstration.
- FQHCs will be reminded to update its Survey as each 6 month deadline approaches.
- CMS will use results to ensure progress toward recognition and to target technical assistance resources.
2. Random Audits

- To ensure the accuracy of the Readiness Assessment Survey, 10% of FQHC participants will be randomly selected for audit every 6 months
  - Audits will not be conducted onsite
- NCQA will request additional documentation to substantiate the presence of core PCMH capabilities reported
3. Feedback from CMS

- CMS will periodically provide participating FQHCs with feedback reports containing:
  - Changes in Survey scores
  - Survey scores compared to other FQHC participants
  - Claims-based cost and utilization data on attributed Medicare beneficiaries (quarterly)
Evaluation Purpose

• To assess the effects of the advanced primary care model on access, quality and cost of care provided to Medicare and Medicaid beneficiaries served by FQHCs

• To study the process and challenges involved in transforming FQHCs into APCPs
FQHC Expectations re: Data Collection

• Selected FQHCs will be expected to participate in data collection activities for evaluation purposes
  – Complete NCQA’s PCMH Readiness Assessment every 6 months
  – Complete other surveys (TBD)
  – Participate in site visits, focus groups, and interviews periodically (frequency TBD)
Contacts

• Demonstration Description and Application:
  – www.FQHCMedicalHome.com

• NCQA homepage for Demonstration:
  – www.ncqa.org/gri

• Questions and Assistance:
  – Demonstration Design Questions
    • FQHC_MH_Demo@cms.hhs.gov
  – Application Form or Survey Assistance
    • PCMH-GRIP@ncqa.org
  – Application Process Questions
    • FQHC.MedicalHome@thomsonreuters.com
Demonstration Updates

CMS Website:


http://innovations.cms.gov