

North Carolina Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration

Questions and Answers for Participating Practices and Providers

1. *What is the MAPCP Demonstration?*

The Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration is a three-year project that Medicare is conducting in partnership with 8 states across the country (ME, VT, RI, NY, PA, NC, MI & MN). The demonstration project will test the impact of providing broad based financial support from all major payers to facilitate the transformation of primary care practices into “medical homes.”

The North Carolina Department of Health and Human Services was awarded the project by the federal Centers for Medicare and Medicaid Services (CMS). Community Care of North Carolina (CCNC) is operating the demonstration collaboratively with Medicare, the Division of Medical Assistance (DMA), Blue Cross Blue Shield of North Carolina (BCBSNC), and the North Carolina State Health Plan for Teachers and State Employees (SHP). The demonstration will be implemented in seven rural counties: Ashe, Avery, Bladen, Columbus, Granville, Transylvania, and Watauga. All participating payers will contribute resources to practices and Community Care networks to support practice transformation to “medical homes,” and to improve quality of care, care coordination, access, patient education, community based support, and other care support services.

2. *When does the demonstration project start and when will it end?*

The demonstration will start in October, 2011, and run through September, 2014.

3. *Is my practice eligible to participate in this demonstration?*

Primary care practices (family practice, internal medicine, pediatrics, geriatrics, general practice, nurse practitioners and physician assistants) in Ashe, Avery, Bladen, Columbus, Granville, Transylvania, and Watauga counties are eligible to participate in the demonstration. Practices must also be a CCNC enrolled provider and contracted with Medicare and BCBSNC. Note: pediatric practices are not required to be contracted with Medicare.

4. What is required of participating practices?

A practice must meet the following criteria to participate in the project:

- Achieve recognition from the National Committee for Quality Assurance (NCQA; www.ncqa.org) as a patient-centered medical home (PCMH) within 12 months of the practice's start date in the demonstration (October 1, 2012 for most practices). See Questions 5 and 6 for more details on NCQA PCMH recognition.
- Be accepted into the Blue Quality Physician Program (BQPP) through BCBSNC by September 30, 2013. See Question 7 for more details on BQPP.
- Enter into appropriate agreements with participating payers.
- Participate in project-related surveys and evaluations.
- Work with its local Community Care network to provide and maintain updated provider details necessary for payment.

A practice will be terminated from the demo if it fails to meet the deadlines or maintain required recognitions from NCQA and BQPP.

See Figure 1 at the end of the document for a timeline of practice requirements.

5. What is “patient-centered medical home” (PCMH) recognition?

There are several definitions of a “medical home.” NCQA is one organization that has created a specific definition and a process for physician practices to become formally recognized as a “patient-centered medical home.” NCQA defines a patient-centered medical home is “a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.”¹ Practices participating in North Carolina’s MAPCP demonstration project must apply for and receive recognition as a PCMH from NCQA.

6. What resources are available to help practices achieve NCQA PCMH recognition?

Community Care of North Carolina is assembling resources to support practices in achieving PCMH recognition from NCQA. More information on CCNC resources can be found at: <http://www.communitycarenc.org/emerging-initiatives/pcmh-central1/>.

¹ <http://www.ncqa.org/tabid/631/Default.aspx>
Page 2 of 15

Participating Community Care networks have dedicated staff to this demonstration. Some of these staff are assigned to help practices achieve PCMH recognition. Contact your local network to learn more about the resources available to help your practice achieve NCQA PCMH recognition.

CCNC is a “sponsor” for PCMH recognition applications to NCQA. If your practice lists CCNC as a sponsor when ordering your application and survey tool from NCQA, your practice will be eligible for a 20% discount.

7. What is the “Blue Quality Physician Program®” (BQPP)?

The Blue Quality Physician Program is a program through BCBSNC that recognizes and rewards qualifying physicians for taking steps to further improve quality of care. BQPP has been designed to recognize and reward eligible physicians who demonstrate a strong commitment to patient-centered care, quality of care, and administrative efficiency. Physicians participating in the BQPP program earn higher reimbursement from BCBSNC for meeting the criteria.

BQPP is based on objective, agreed-upon data as determined by NCQA and other nationally recognized organizations. Practices are required to meet several criteria to be accepted into BQPP, but the centerpiece of BQPP is NCQA recognition as a patient-centered medical home.

8. When can practices join the demonstration project?

In addition to the practices already identified for the October 1, 2011 launch, additional practices can join the Demonstration prior to the deadlines outlined in the table below. When a practice joins the Demonstration, an official start date will be provided. Practices that have not already achieved NCQA PCMH recognition will have 12 months from their official start date in the Demonstration to achieve NCQA PCMH recognition.

Practice status when entering demonstration	Deadline for joining demonstration
Does not have NCQA PCMH recognition	September 30, 2012
Has NCQA PCMH recognition	September 30, 2013

9. What will practices receive as part of participating in this demonstration project?

Practices will receive additional payments from participating payers to support the transformation of the practice into an advanced primary care medical home and to provide needed care coordination services to patients. See Figure 1 at end of document for a timeline of practice payments.

Payment amounts and methods vary by payer:

Payer	Payment amounts	How payments are made
Medicare	<p>\$2.50-\$3.50 per member per month for each Medicare beneficiary “attributed” to a practice, depending on level of NCQA PCMH recognition. All practices will receive a minimum of \$2.50 per attributed beneficiary per month when they start with the Demonstration, with payments increasing for Level 2 or Level 3 NCQA recognition to \$3.00 and \$3.50 respectively. These payments are in addition to fee for service payments based on claims submitted. See Question 12 for more information on how patients are “attributed” to practices.</p>	<p>Practice payments are made monthly. Practices will receive the regular remittance advice along with those for all of their regular Medicare claims. If an “attributed” beneficiary is covered under the Medicare program for Railroad Retirees, the monthly payment will be processed by Palmetto GBA, the Medicare contractor responsible for processing all claims for railroad retirees.</p>
Medicaid	<p>\$2.50 per member per month for each Medicaid enrollee in CCNC (i.e, non-aged/blind/disabled beneficiary); \$5.00 per member per month for each aged/blind/disabled enrollee in CCNC. These payments are in addition to fee for service payments based on claims submitted. Practices enrolled in CCNC are already receiving these payments.</p>	<p>Practice payments are made monthly.</p>
Blue Cross Blue Shield of NC and State Health Plan (administered by BCBSNC)	<p>Enhanced fee for service amount for Evaluation & Management codes billed to BCBSNC. Enhanced payments begin after a practice submits its application to NCQA for PCMH recognition and continues after a practice receives BQPP recognition. The enhanced fee schedule applies to all BCBSNC and SHP patients.</p>	<p>BCBSNC will pay the enhanced fee schedule for E&M codes billed. See Figure 2 at the end of this document for more information on the process for receiving the enhanced payments.</p>

10. What do Community Care networks receive for participating in this demonstration project?

In addition to payments to practices, each participating payer will pay the Community Care networks a per member per month fee to work with primary care practices to provide care coordination, medication management, and other community based support services.

11. How are practices paid for Medicare/Medicaid dually eligible patients?

For Medicare/Medicaid dually eligibles enrolled in CCNC, practices receive the per member per month payment from Medicaid. For Medicare/Medicaid dually eligibles not enrolled in CCNC, practices will receive the per member per month payment from Medicare.

12. What does it mean for a patient to be “attributed” to my practice?

“Attribution” is a process used to identify where patients received their primary care in the past and are likely to continue to go in the near future, based on historic claims data. The attribution process does not restrict where patients can receive their care. Instead, it is intended to determine which practice receives the additional payments for a patient in the absence of a more formal primary care provider enrollment process. There is no “lock-in” and nothing in the attribution process restricts patients from going to any provider to receive any covered service. Patients who are “assigned” to a practice retain all of the regular benefits.

Medicare, BCBSNC and SHP patients will be “attributed” to participating practices based on algorithms that look at historic claims data from the previous 18 months. Patients are attributed to the primary care practice where he/she received the greatest number of primary care services. Payers will conduct this beneficiary assignment periodically, updating the data with the most recent 18 months of claims data. The attribution logic used for each of the payers is listed in Figure 3.

13. How does the attribution process affect payments my practice receives?

Payer	Attribution Used For
Medicare	Each practice’s additional payments from Medicare are based on the number of Medicare patients “attributed” to the practice.
Medicaid	No attribution process used. Payments are based on Medicaid patients enrolled with the practice through the CCNC program.
BCBSNC and SHP	The number of attributed patients is used to ensure practices are receiving a minimum of \$1.50 per attributed member per month from BCBSNC for E&M codes billed.

14. How do I know which patients are “attributed” to my practice?

A list of the attributed Medicare, BCBSNC and SHP patients will be made available once all of the necessary data use agreements are signed.

15. Why don't some of my patients show up on the attribution lists provided?

The attribution system in place for this demonstration project is an estimation based on frequency and timing of past primary care services received by a particular patient. No attribution system is perfect. If a particular patient is not included on your practice's list of assigned patients, there may be several reasons for this, including:

Medicare

- The patient is enrolled in a Medicare Advantage plan (e.g. a private HMO or PPO plan that enrolls Medicare patients.)
- The patient does not have Medicare Part A & Part B.
- Medicare is not the primary payer. For example, the patient may still be working or covered under a working spouse's employer plan.
- According to the records of the Social Security System, the patient does not live in the seven counties of North Carolina that are participating in this demonstration: Ashe, Avery, Bladen, Columbus, Granville, Transylvania, and Watauga (e.g., the patient's permanent address may be in another county or state where they live for part of the year).
- The patient is relatively new to your practice and the patient had more primary care visits with another primary care provider than with your practice over the 18 month “look back” period used for attribution. In future quarters, as more recent visits to your practice show up in the Medicare claims database, this patient will likely get attributed to your practice.
- The patient is dually eligible for Medicare and Medicaid and is participating in this demonstration through the Medicaid program.
- The patient may have dropped off the list if they have more visits to another primary care provider during the applicable look-back period for the most recent quarter; if they no longer meet the eligibility requirements (e.g. join a Medicare Advantage plan, no longer have Medicare A or B, etc.), or if they pass away during the previous quarter.
- The identification numbers that we have for the providers in your practice (eg, NPI and Tax ID numbers) are not complete or accurate. To verify that the program has correct information for your practice, contact your practice's CCNC network.

BCBSNC and SHP

- The patient may not have a BCBSNC Underwritten policy or a State Health Plan policy as their primary policy.
- A practice may have offices in multiple counties and the practice address known by BCBSNC is not in one of the demonstration counties.
- The billing for the practice may be consolidated under one provider number, and is not separated out by location.
- The billing practice may be in a county outside of the demonstration area.
- A practice run by a physician extender may be governed by a physician in a specialty that is not a primary care physician. The practice may bill under this physician's NPI and since they are not primary care, they do not appear as eligible for the program.

16. Do I need to submit any other information to receive payment?

It is critical that Community Care of North Carolina has accurate and up-to-date information on all of the providers in each participating practice and is able to provide that information to each participating payer in a timely manner. This includes information on providers who leave or join the practice, Medicare billing and rendering information on all providers in the practice, and the effective and termination dates of all such information.

In order to receive the appropriate payment amount, each practice must inform Community Care of North Carolina of its submission to NCQA of its survey tool for PCMH recognition and the results of that submission, as well as any subsequent upgrade in PCMH recognition level. Documentation of a practice's internet submission of the NCQA survey tool should be submitted to Trish Vandersea at tvandersea@n3cn.org in the form of a screen shot of the confirmation page.

In order to receive the enhanced fee schedule for BCBSNC and the State Health Plan, a practice must have a new BCBSNC Network Participation Agreement specific to the demonstration project. Once BCBSNC receives the information from CCNC that a practice has submitted their completed survey tool to NCQA, the process of executing the new contract will begin. This process can take approximately 30 days to complete.

In addition, all practices and providers participating in the demonstration must meet the requirements of participation in the demonstration as outlined in Question 4.

17. How will the demonstration be evaluated?

Medicare and Community Care of North Carolina will be conducting evaluations of the demonstration project. The evaluations will use feedback from providers, quality metrics from claims data, and information from other sources to assess the effects of medical

homes supported by Medicare, Medicaid, and private health plans. Practices participating in the demonstration are expected to cooperate with evaluation activities. This may include completing surveys and participating in site visits, focus groups, and interviews periodically during the course of the demonstration. Aggregated, interim results from the evaluation will be made available during the course of the demonstration and a final evaluation report will be issued shortly after the conclusion of the demonstration.

18. Where can I get more information about the project?

General Information

For general information about the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration, please see the CMS demonstration web site:

<http://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Medicare-Demonstrations-Items/CMS1230016.html>

CCNC information

For more information about Community Care of North Carolina and North Carolina's participation in the MAPCP Demonstration, contact:

Eileen Ciesco (eciesco@n3cn.org)

Chief Operating Officer, Community Care of North Carolina

Phone: 919-745-2361

Or visit CCNC's website at <http://www.communitycarenc.org/emerging-initiatives/multi-payer-demonstration/>.

NCQA PCMH Recognition

More information on NCQA's PCMH recognition program can be found at

<http://www.ncqa.org/tabid/631/Default.aspx>

Questions for NCQA about the PCMH recognition program should be directed to:

Jean S. Rossi, LCSW, Manager, Physician Recognition Programs

202-955-3542

rossi@ncqa.org

ppc-pcmh@ncqa.org

Practice Support

CCNC resources to support practices pursuing NCQA recognition are available at:

<http://www.communitycarenc.org/emerging-initiatives/multi-payer-demonstration/pcmh-central/>

For more information on CCNC resources to support NCQA recognition, contact David Halpern, MD, MPH, Practice Support Consultant, Community Care of North Carolina
Phone: (215) 498-4648

dhalpern@n3cn.org

BCBSNC Quality Management Consultants are also available to provide assistance with NCQA recognition:

- Northern Piedmont practices
Kim Gurkin
Office Number: 919-765-3690
Fax Number: 919-287-8820
Cell Number: 919-418-8482
Kimberly.Gurkin@bcbsnc.com
- Community Care of Lower Cape Fear practices
Cheryl Jenkins
Office Number: 919-287-7647
Fax Number: 919-287-8826
Cell Number: 910-612-1926
Cheryl.Jenkins@bcbsnc.com
- AccessCare and Community Care of Western NC practices
Peggy Lewis
Office Number: 828-431-3133
Fax Number: 919-287-8821
Cell Number: 828-310-2046
Margaret.Lewis@bcbsnc.com

Blue Cross Blue Shield of NC and BQPP

For more information on BCBSNC's participation in the MAPCP Demonstration, contact:

Ruth Mennom, RN, BSN, MHA
Manager, Quality Based Networks

Phone: 919-765-3131

Ruth.Mennom@bcbsnc.com

Information on the BQPP, application process and requirements can be found at

www.bcbsnc.com/bqpp.

For more information about the BQPP, contact Joy Simmons at 919-765-2509 or joy.simmons@bcbsnc.com.

For more information on BCBSNC contracts and fee schedules for your practice, contact:

- Ashe County
Rebecca Thompson
Phone: 704-561-2735
Rebecca.Thompson@bcbsnc.com
- Avery, Transylvania, and Watauga Counties
Sherri Miller
Phone: 828-431-3139
Sherri.Miller@bcbsnc.com
- Bladen, Columbus, and Granville Counties
Jenny Evans
Phone: 919-765-2093
Jenny.Evans@bcbsnc.com

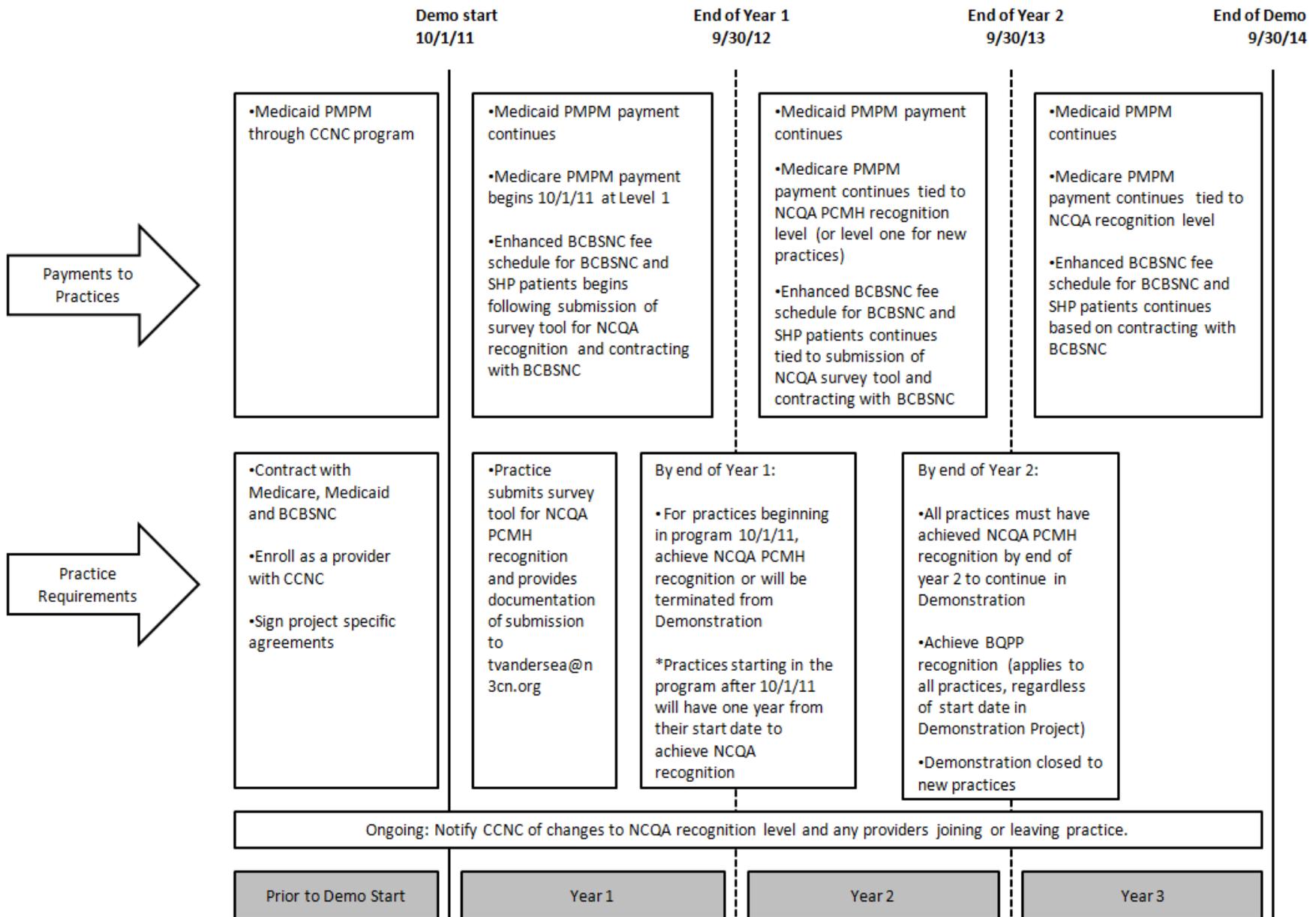
State Health Plan

For more information about the NC State Health Plan for Teachers and State Employees participation in the demonstration, contact

Anne B. Rogers, RN, BSN, MPH
Director of Integrated Health Management
919-881-2300

Figure 1

Timeline of Demonstration Payments and Requirements for Practices



This document may be updated from time to time. For the most current information, refer to the MAPCP FAQ document on the CCNC website at <http://www.communitycarenc.org/emerging-initiatives/multi-payer-demonstration/mapcp-faq/>. This version was last updated on 9/8/11.

Figure 2

Practice Requirements for BCBSNC Enhanced Payments

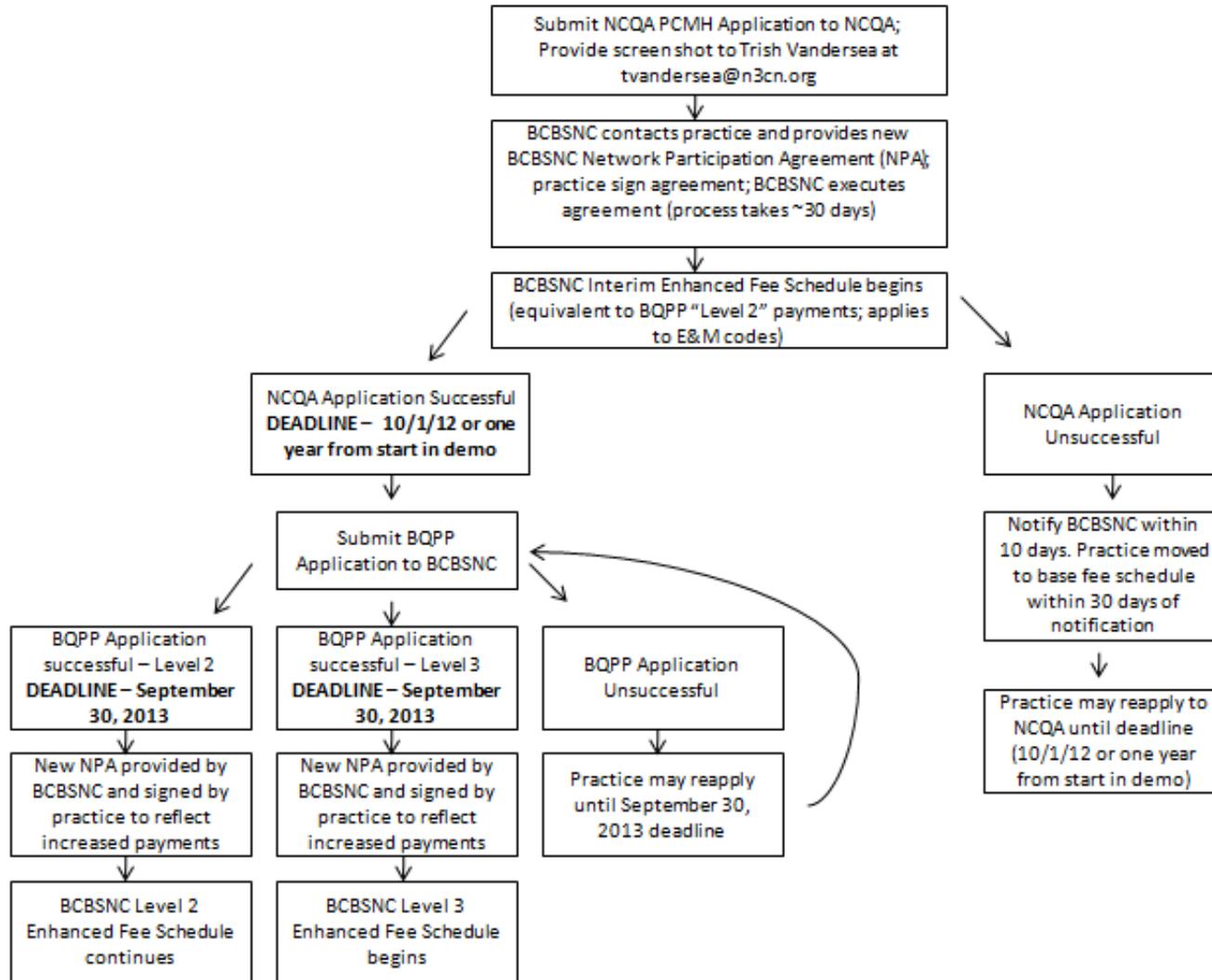


Figure 3 MAPCP Assignment Algorithms

1. The look back period is the most recent 18 months for which claims are available.
2. Identify all Medicare beneficiaries who meet the following criteria as of the last day in the look back period:
 - a. Reside in one of the following seven counties of North Carolina:

Ashe	Granville
Avery	Transylvania
Bladen	Watauga
Columbus	
 - b. Have both Medicare Parts A & B;
 - c. Are covered under the traditional Medicare Fee-For-Service Program and are not enrolled in a Medicare Advantage or other Medicare health plan; and
 - d. Medicare is the primary payer;
3. Select all claims for beneficiaries identified in step 2 with qualifying CPT Codes in the look back period (most recent 18 months) where the provider specialty is internal medicine, general medicine, geriatric medicine, family medicine, pediatrics, nurse practitioner, or physician assistant or where the provider is an FQHC.

<p>Office/Outpatient Visit E&M</p> <p>99201-99205</p> <p>99211-99215</p>
<p>Medicare Covered Wellness Visits</p> <p>G0402 - Initial Preventive Physical Exam (“Welcome to Medicare” visit)</p> <p>G0438 – Annual wellness visit, first visit</p> <p>G0439 – Annual wellness visit, subsequent visit</p>
<p>Federally Qualified Health Center (FQHC) – Global Visit <i>(billed as a revenue code on an institutional claim form)</i></p> <p>0521 = Clinic visit by member to RHC/FQHC;</p> <p>0522 = Home visit by RHC/FQHC practitioner</p>

4. Assign a beneficiary to the practice where s/he had the greatest number of qualifying claims. A practice shall be defined by the providers affiliated with it.

5. If a beneficiary has an equal number of qualifying claims to more than one practice, assign the beneficiary to the one with the most recent visit.

BCBSNC and North Carolina State Health Plan Beneficiary Assignment Algorithm

1. The look back period is the most recent 18 months for which claims are available.
2. Identify all Blue Cross Blue Shield of North Carolina members with underwritten policies and all North Carolina State Health Plan members who meet the following criteria as of the last day in the look back period:
 - a. Reside in North Carolina
 - b. If the member has both a BCBSNC underwritten policy and a SHP policy, the member will be counted as BCBSNC or SHP member based on the member’s primary policy at the time of their last qualifying visit to the practice.
 - c. Medicare primary members will not be included.
3. Select all visits for members identified in step 2 with qualifying CPT, HCPCS, or Revenue Codes in the look back period (most recent 18 months) where the provider specialty internal medicine, general medicine, geriatric medicine, family medicine, pediatrics, nurse practitioner, or physician assistant and provider is located in one of the seven (7) Demonstration Counties (Avery, Ashe, Bladen, Columbus, Granville, Transylvania, Watauga). Multispecialty practices are included, but only members receiving service from a physician with one of the aforementioned specialties are eligible for attribution.

<p>Office/Outpatient Visit E&M</p> <ul style="list-style-type: none"> • 99201-99205 • 99211-99215
<p>Office/Outpatient Preventive Visit</p> <ul style="list-style-type: none"> • 99381-99387 • 99391-99397
<p>Medicare Covered Wellness Visits</p> <ul style="list-style-type: none"> • G0402 - Initial Preventive Physical Exam (“Welcome to Medicare” visit) • G0438 – Annual wellness visit, first visit • G0439 – Annual wellness visit, subsequent visit
<p>Federally Qualified Health Center (FQHC) – Global Visit <i>(billed as a revenue code on an institutional claim form)</i></p> <ul style="list-style-type: none"> • 0521 = Clinic visit by member to RHC/FQHC; • 0522 = Home visit by RHC/FQHC practitioner

4. Assign a member to the practice where s/he had the greatest number of qualifying visits. A practice shall be defined by the providers affiliated with it.
5. If a member has an equal number of qualifying visits to more than one practice, assign the member to the practice with the most recent visit.
6. If a tie still exists, randomly assign member to practice.
7. This member assignment algorithm shall be run every six (6) months to true up payments to providers.