

Medical Home Demonstration Questions & Answers

Topic	Question	Response
Advantage	Why are Medicare Advantage beneficiaries excluded from participation?	We would not have individual- level claims experience that is necessary for the analysis of cost savings.
Care Management Fee	Will the Care Management Fee be geographically adjusted like other Medicare FFS payments?	No, the payment will be adjusted for tier and HCC score only.
CHC	Are CHCs allowed to participate as Medical Homes in the Demonstration?	Yes, as long as they meet the other eligibility requirements of the Demonstration.
Communication	How can we find out more about the Demonstration in the future?	<p>Questions can be emailed to our dedicated mailbox for the Demonstration: medhomedemo@cms.hhs.gov.</p> <p>The Demonstration website will be updated to include any new information that is available regarding the Demonstration. (www.cmsmedicalhome.com)</p> <p>If you would like to subscribe to the listserv that will inform you of updates to our website, please go to http://subscriptions.cms.hhs.gov/service/subscribe.html?code=USCMS_554</p>
Data	Can CMS provide interim data to participating Medical Home practices regarding their own practice's experience under the Demonstration?	CMS is unable to provide interim data in a timely manner that would be useful for practices to monitor their performance under the Demonstration.
Demonstration Expansion	Given the language in the newer legislation (Section 133 of MIPAA), can CMS expand the Demonstration to include midlevel professionals and all Medicare beneficiaries, rather than just those with chronic conditions?	<p>Section 133 of MIPPA allows for future expansion of the Medical Home Demonstration by the Secretary of Health and Human Services with regard to "the duration and scope" of the Demonstration.</p> <p>The definitions of duration and scope in TRHCA, would only pertain to increasing the three year duration of the Demonstration and expanding the Demonstration sites to more than 8 states.</p> <p>There is no authority to allow for other than high-needs beneficiaries or additional providers types.</p>
Dual Eligibles	Would dual-eligible beneficiaries be eligible to participate in the Demonstration?	Yes, as long as they meet all other Demonstration criteria.
EHR	Why is CMS requiring the use of a CCHIT certified EHR for this demonstration?	CMS sought an existing recognized standard for an EHR, as a required component of Tier II participation. CCHIT was established by 3 leading HIT industry associations and was funded by HHS to create prototypes of EHRs as well as develop certification criteria. CCHIT has certified close to 50% of all EHR products currently

Medical Home Demonstration Questions & Answers

		<p>available and has been endorsed by ACP, AAFP the AMA, and other professional medical associations. Additionally, it appeared to CMS that the CCHIT standards were reasonable and not inordinately restrictive. For these reasons, CCHIT certification seemed an obvious choice for the evaluation of EHR systems for Tier II participation.</p> <p>Using these recognized standards for the EHR requirement for Tier II qualification obviates the need for an independent and arguably less objective evaluation of individual EHRs by CMS or one of its contractors. Therefore, it would be impractical for CMS to require other than a CCHIT-certified tool for Tier II.</p> <p>However, using an EHR not CCHIT-certified does not preclude participation as a Tier I practice, provided the practice meets all other requirements of that tier.</p>
EHR	Can we use a PQRI approved EMR that is not CCHIT certified?	No, CMS requires a CCHIT- certified EHR for Tier II participation. This, however, does not preclude Tier I participation.
FQHCs	Are FQHCs allowed to participate as Medical Homes in the Demonstration?	Yes, as long as they meet the other eligibility requirements of the Demonstration.
HCC Score	Can we have the algorithm that CMS uses to determine beneficiaries' HCC score?	The algorithm and data used to develop HCC scores is not available to the general public.
HCC Score	Are HCC scores updated monthly?	The HCC score grouping to which a beneficiary participant is assigned will not be adjusted over the life of the Demonstration.
Implementation Date	When will the Demonstration be implemented?	We are anticipating a January, 2010, implementation date.
Marketing	How will the Demonstration be marketed to physicians?	Recruitment into the Medicare Medical Home Demonstration will be directed primarily to physician-based practices, although individual physicians may also be included. This will be done with the assistance of the major medical professional societies, academies, and associations at the local level within designated demonstration sites.
Marketing	How will the Demonstration be marketed to qualified beneficiaries?	CMS does not plan an extensive recruitment in beneficiary populations.
Panel Size	Is there a minimum number of patients a Medical Home would have to have?	Minimum panel size (not those necessarily eligible for the demonstration) for <u>each</u> physician in a participating Medical Home is 150.
Payment amounts	Is the average management fee still about \$50 PMPM?	The fee depends upon the practice's tier and the beneficiary participant's HCC score. The blended base monthly management fee for Tier 1 patients will be \$40.40, and for Tier 2 patients, it will

Medical Home Demonstration Questions & Answers

		be \$51.70. Each amount will be risk adjusted according to each patient's severity as determined by the Hierarchal Condition Code (HCC) score.
PQRI	Are participating practices still able to submit and receive a PQRI bonus?	Yes, participation in the Demonstration is not related to PQRI.
Provider Participation	Will midlevel providers, such as nurse practitioners and physician assistants, be eligible to participate as Medical Homes?	The enabling legislation requires that Medical Home Providers must be MDs and DOs who are board certified. This does not preclude midlevel practitioners from participating under the auspices of a Medical Home Provider.
Provider Participation	Must all of the physicians in a practice participate?	No
Quality	Are there any quality measures that we have to meet and can be paid for?	As currently designed, there is no adjustment in the monthly payment for improved quality; however, the shared savings component of the demonstration rewards for quality in an indirect manner. We anticipate that participating Medical Homes will share in the savings for decreased FFS utilization, especially in such areas as emergency room visits and hospital readmissions.
Site Selection	How will the 8 sites be selected?	<p>Because the demonstration is a research project CMS has developed specific site selection criteria to assure that any findings will be as representative as possible and will not be compromised. Among the criteria involved in site selection are the following:</p> <ul style="list-style-type: none"> • CMS will choose sites that will provide good geographic distribution across the country. • Sites must provide sufficient Medicare fee-for-service populations with both Part A and Part B coverage and not enrolled in Medicare Advantage. • Sites must provide a sufficient physician-based practice pool from which to recruit 400 practices. A 5% response rate is anticipated. • CMS will choose locations where no other demonstration projects are occurring. • CMS would prefer sites that are high Medicare cost areas. • CMS would prefer sites that have private payer Medical Home demonstrations occurring as it is expected to help in recruiting physician practices.
RHCs	Can RHCs participate in the demonstration as a	Yes, as long as they meet the other eligibility requirements of the

Medical Home Demonstration Questions & Answers

	Medical Home?	Demonstration.
Site Selection	Will CMS be soliciting suggestions for sites?	No, see above
Tiers	Why did CMS opt for a two-tier model, rather than three-tier, which was the recommendation of AFP, AACP and other organizations?	CMS was concerned that if we included an introductory Medical Home Tier, it could be paying a significant fee to practices that will not be making a significant modification in their practice to become a Medical Home. Thus, beneficiaries would not be provided the high level of coordination associated with Medical Home Care. An introductory Medical Home practice would not be distinguishable from a high performing, yet typical, primary care practice. This could result in CMS conducting a demonstration where Medicare makes large supplemental payments, but with no real change or improvement in the coordination of care. The Demonstration could fail even though it is very likely that the higher Medical Home Tiers were cost-effective. CMS might then incorrectly conclude that the Medical Home model, which CMS believes has the potential to truly improve primary care, was not cost effective.