

2018

## EXPECTATIONS OF PRACTICES IN THE PHYSICIAN GROUP INCENTIVE PROGRAM

### *PRIMARY CARE PRACTICES*

*A cornerstone of enrollment into the Physician Group Incentive Program (PGIP) is the pursuit toward Patient Centered Medical Home (PCMH) designation by Blue Cross Blue Shield of Michigan. To help you in your pursuit of PCMH our Practice Resource Team (PRT) are dedicated resources to support your practices. In obtaining and maintaining PCMH designation, successful practices engage the PRT regularly to:*

- 1) Ensure that the practice understands the PGIP and PCMH program requirements*
- 2) Improve ability of obtaining and maintaining PCMH designation*
- 3) Review available data (HEDIS scores, population report cards, etc.) and focus on performance improvement*
- 4) For practices with < 120 capabilities, implement at least three (3) new PCMH capabilities within the year*

#### **Requirements for the Physician Group Incentive Program:**

- **Engagement - Meets with Practice Resource Team:**
  - Completes a self-assessment data (SAD) survey in collaboration with assigned PRT member twice a year to accurately report progress.
  - Completes physician champion visit for performance improvement twice a year.
  - Meets quarterly to review quality population performance report card (for those with data).
  - Meets quarterly (or as often as needed) to implement additional PCMH capabilities and/or for performance improvement activities based on practice opportunities for improvement.
- **Patient Centered Medical Home (PCMH) Designation:**
  - Works to become Patient Centered Medical Home nominated within one year of enrollment. Develops a comprehensive work plan to meet criteria for PCMH nomination.
  - If PCMH designated:
    - Practice must maintain a core amount of capabilities in place.
    - For practices that have > 3 capabilities reverted upon SAD survey validation, practice must begin PCMH rescue efforts immediately following the identification of the loss of capabilities. PRT will develop a work plan with specific timelines.
    - Practices will inform their PRT member if they are no longer meeting a capability that was previously noted as being “in place” and will work with PRT to get the capability back “in place.”
- **Performance Improvement:**
  - Meet with PRT at least bi-annually to review performance reports or more often if identified as a practice with quality opportunities.
  - Review PGIP Clinical Quality and HEDIS scores with PRT to identify metrics for improvement.
  - Develop Practice Process Improvement Plan (PPIP) from identified HEDIS/quality metric opportunities.
  - Follow up with any Performance Improvement Plan developed by Regional Medical Director.
  - Practices with electronic data will sign TPA’s Data Sharing Agreement to send supplemental data.

#### **Disenrollment from the Physician Group Incentive Program:**

There is a policy that has identified steps to dis-enroll practices from PGIP who do not meet the above outlined engagement expectations which is executed through The Physician Alliance Physician Performance and Enhancement Committee.