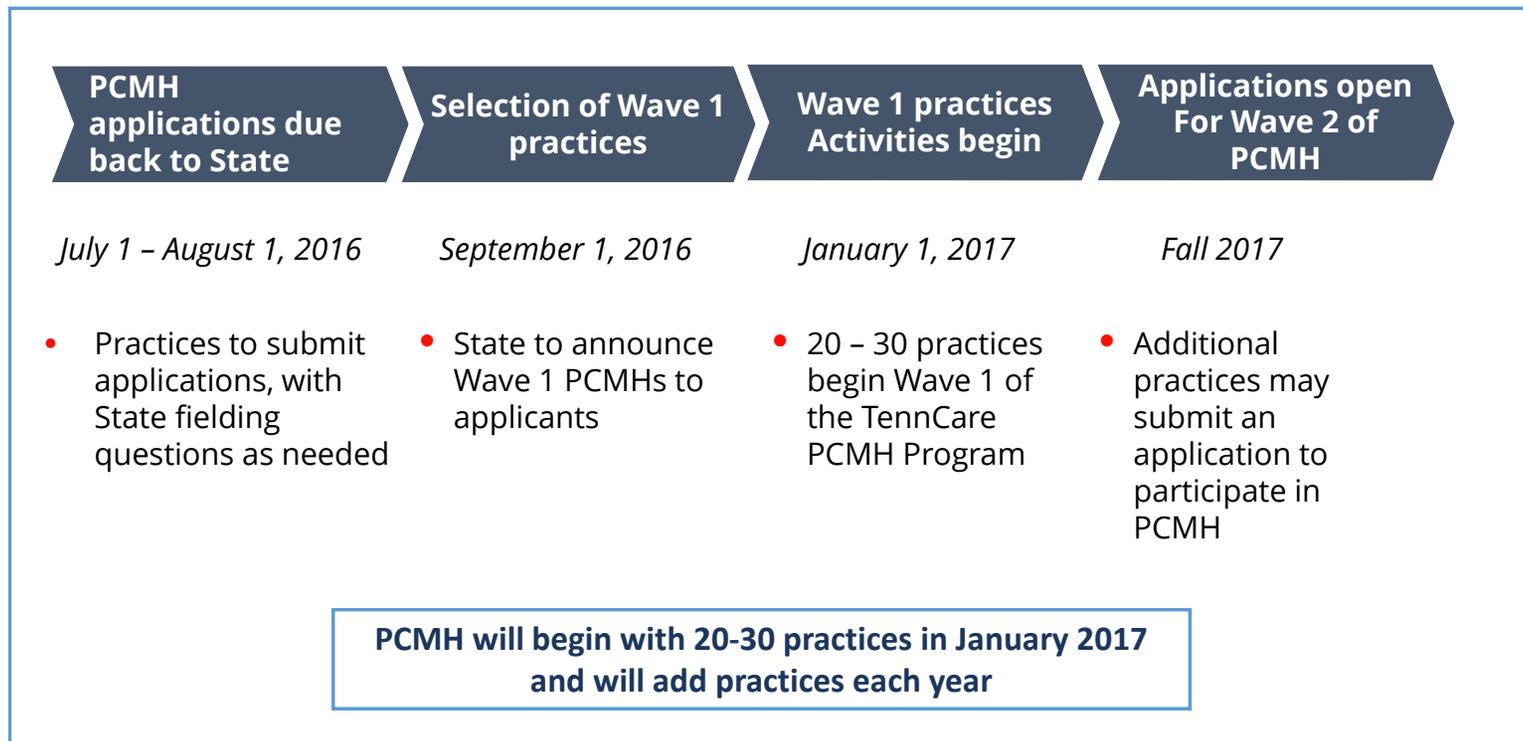


PCMH timeline



More information about the TennCare PCMH Program can be found on our website: <https://www.tn.gov/hcfa/article/patient-centered-medical-homes>

TennCare PCMH Program Overview

Aligned PCMH program design among all TN Medicaid managed care organizations

PCMH Practices commit to:

- Patient-centered access
- Team-based care
- Population health management
- Care management support
- Care coordination and care transitions
- Performance measurement and quality improvement

PCMH Providers receive:

- Ongoing financial support as well as financial rewards for high performance
- Training and custom curriculum
- Actionable quarterly reports on practice performance
- Access to a Care Coordination Tool with member level detail



Benefits to patients, providers, and the health care system:

- Increased quality of care for Medicaid members throughout Tennessee
- Deep collaboration between providers and health plans
- Support and learning opportunities for primary care providers
- Appropriateness of care setting and forms of delivery
- Enhanced chronic condition management
- Referrals to high-value medical and behavioral health care providers
- Reduced readmissions through effective follow-up and transition management

PCMH Payment Model Overview

Direct financial investments

	Objective	Payment
Practice Transformation Payment	<ul style="list-style-type: none"> Support initial investment in practice transformation 	<ul style="list-style-type: none"> \$1 per member per month (PMPM) payment Not risk adjusted Each practice will receive this payment for their first year of participation
Activity Payment	<ul style="list-style-type: none"> Support practices for the labor and time required to evolve their care delivery models. Practices may hire new staff (e.g., care coordinators) or change responsibilities for existing staff to support practice transformation. Incentivize ongoing activity requirements 	<ul style="list-style-type: none"> Risk-adjusted PMPM payment Each PCMH will be assigned to a risk band based on the acuity of their membership MCOs will set payment levels for these bands, but average payment across all practices will be \$4 PMPM Starting in Year 3, a portion of activity payments will be at-risk based on performance on quality and efficiency metrics.
Outcome Payment	<ul style="list-style-type: none"> Encourage improvements in total-cost-of care and clinical outcomes Reward high quality providers 	<ul style="list-style-type: none"> Annual bonus payment available to high performing PCMHs High-volume (5,000+ member) PCMH practices: Shared savings based on total cost of care and quality metrics Low-volume (<5,000 member) PCMH practices: Bonus payment based on efficiency and quality metrics

Payments in addition to the base primary care payments such as FFS

PCMH Resource Investments

- **Training Vendor** : HCFA will contract with one provider training vendor on behalf of all participating providers. The vendor will provide training and technical assistance for each site while also facilitating collaboration between providers.
- **Quarterly reports**: Quarterly provider reports will include cost and quality data aggregated at the practice level. Each MCO will send reports to participating providers.
- **Care Coordination Tool**: A multi-payer shared care coordination tool (CCT) will allow PCMH practices to implement better care coordination. The tool is designed to offer useful information to PCMH practices.