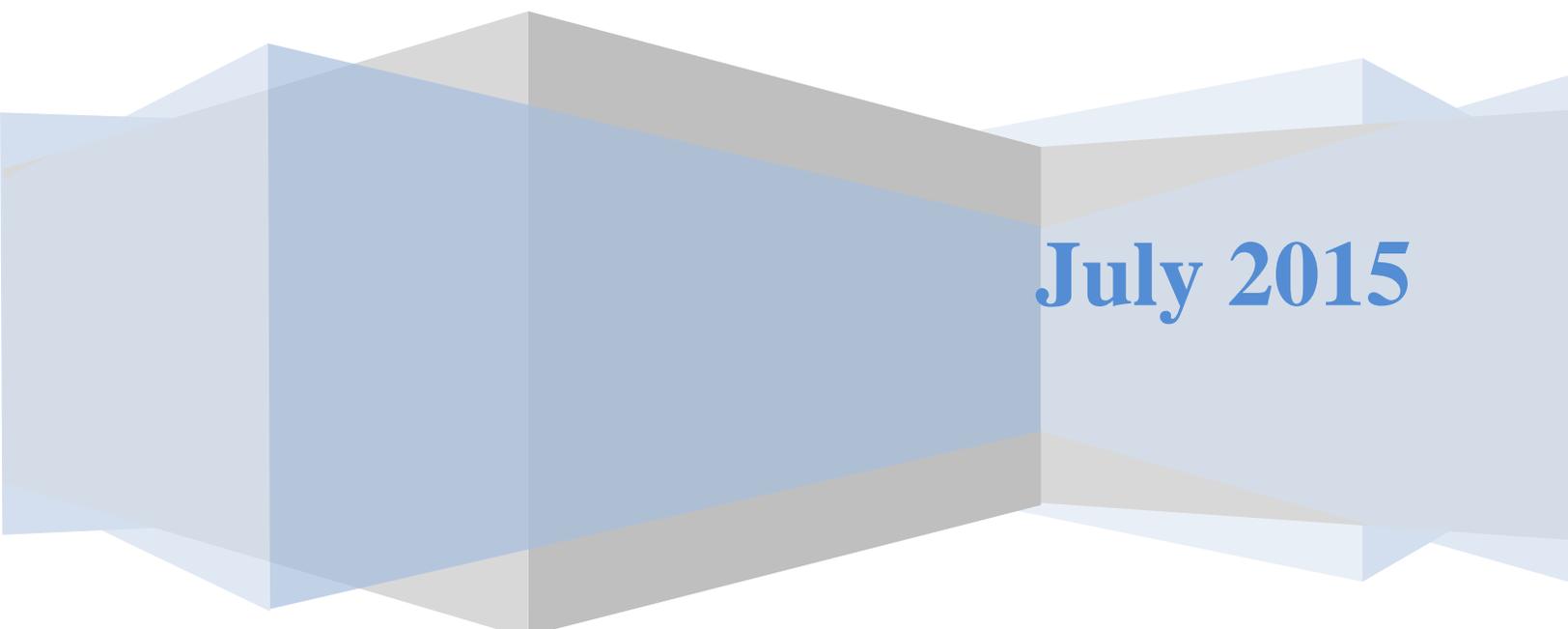


Public Employees Insurance Agency

Comprehensive Care Partnership Program

Provider Manual



July 2015

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Definitions

Capitation – an agreed upon amount to be paid to the CCP provider for each enrolled member for each month that the member is enrolled.

Comprehensive Care Partnership (CCP) – provider based healthcare program to promote primary care services, the coordination of all services and efficient healthcare delivery while saving the member out-of-pocket costs and ensuring consistent reimbursement to the provider.

Comprehensive Care Partnership Provider – A medical provider who contractually agrees to provide primary care services and coordination of care to PEIA participating members on a capitated basis.

Medical Home Provider (MHP) – A WV provider who is a general practice doctor, family practice doctor, internist, pediatrician or geriatrician who has enrolled with HealthSmart as a medical home provider and who is listed in PEIA's Medical Home directory.

CCP Member – PEIA PPB Plan A, B or D participant who enrolls in PEIA's CCP. Insureds enrolled in PEIA PPB Plan C or who have Medicare as their primary coverage are not eligible for CCP enrollment.

Outcome Measures – calculation of quality measures, utilization, and outcome of service categories specified in the contract.

Quality Measures – ten preventative care measures specified in the contract including but not limited to diabetes, preventative care, and obesity.

Per Member Per Month (PMPM) – the basis for the payment of the capitation to the provider. The provider is paid a PMPM amount for each individual enrolled in the CCP.

Policyholder – the employee or retired employee or surviving dependent in whose name PEIA provides any health or life insurance coverage.

Introduction

PEIA offers a healthcare program that allows members to receive specified primary and specialty care services while paying less. This program, called the Comprehensive Care Partnership (CCP) Program, is designed to promote quality of care, preventative services and appropriate use of health services to identify health problems early and maintain control of chronic conditions.

The CCP program is available to PEIA PPB Plan A, B and D insureds. **Members who enroll in the CCP Program will have reduced or no co-payments or coinsurance for covered services from their CCP provider.** CCP providers are expected to provide primary care services and coordination of care (some CCP locations provide specialty care services, pharmacy benefits and/or laboratory services).

Provider Participation

West Virginia medical clinics and provider practices which provide primary health care services and who agree to the contractual requirements of the program may participate in the CCP program.

1. The clinic/provider must operate a West Virginia-based practice with services primarily provided in West Virginia. If a provider has multiple locations, which include an out-of-state location, then services provided at the out-of-state location will be included in the CCP reimbursement methodology.
2. Providers based outside of West Virginia are not eligible to participate and will not be listed in the CCP Provider Directory.
3. Multi-specialty clinic/provider practices are eligible.
4. All providers who practice under the specified FEIN will be included in the CCP arrangement. In other words, all providers practicing under the FEIN will be included in the CCP plan.
5. Pharmacy benefits may be included if the CCP owns/operates a pharmacy.
6. Laboratory benefits may be included if the CCP owns/operates a CLIA-certified laboratory.

Contractual Agreement

All CCP providers must sign a participation agreement. The agreement is between the CCP provider and PEIA's third party administrator, currently HealthSmart. The agreement stipulates:

1. Capitation amounts (cap) paid to the provider – the capitation allowance is developed in coordination with the CCP provider and PEIA through data analysis.
2. The agreed upon risk pools
3. Capitated services – services that are included in the cap payment.
4. Non-capitated services – services excluded from the cap payment.
5. Withhold amounts/percentages, if any
 - a. Withhold payment schedule
 - b. Withhold measures to be attained
6. Reports for PEIA, TPA and Clinic/Provider Practice – the following reports are further described in Exhibit 4
 - a. Clinic capitations
 - b. Capitation to Fee for Service (FFS) reimbursement comparison and savings calculation
 - c. Non-capitated Services
 - d. Practice Detail
 - e. Benchmark Detail
 - f. Process and Outcome Measures

7. Hold Harmless Provision – the clinic/provider practice must hold the member harmless from payment for all services listed as “capitated services” in Exhibit 1. Services may vary from provider to provider. Most CCP providers include all services provided by that particular provider organization.
8. Health Care Services – The CCP provider must provide all specified Health Care Services to PEIA members properly enrolled in the program.
 - a. All Health Care Services provided under the CCP provider’s FEIN are included in the base capitation. If specialty services are offered at the clinic then these services would be included in the capitation as well.
 - b. The cap is paid PMPM basis regardless of the amount or frequency of the capitated Primary Health Care Services incurred by the member.
 - c. PEIA members participating in the Program should receive all of their Primary Health Care at the Clinic/Provider practice.
9. Care Coordination – the CCP provider is required to coordinate the medical care of the PEIA CCP members.
 - a. It is required that the provider encourage PEIA members to seek necessary referrals to other providers and/or specialists through the CCP provider.
 - b. The CCP provider will receive only the agreed upon cap with respect to the enrolled PEIA members; however, the CCP provider must submit properly coded claims to the TPA for all health care services provided to PEIA CCP members.
 - i. These claims are paid by the TPA at a zero payment amount for all claims billed under the CCP provider’s FEIN.
 - ii. Claim submission will facilitate care coordination and outcome reporting.
10. Quality Measures/Clinical Process and Outcome Measures Withhold – The measures and goals listed in Exhibit 3 are tracked and reported on a semi-annual basis.
 - a. Reports are generated at the end of the month following the close of the measurement period.
 - b. Quality is a requirement of participation. The clinic is required to meet the minimum benchmarks set forth in Exhibit 3. PEIA does not reimburse based on the quality metric but instead uses these goals to ensure quality care.
 - c. Members with 12 months of eligibility and no more than a one-month lapse in coverage are included in the reports.
 - d. Quality Goals:
 - > 70% of measures achieved – 100% of eligible savings
11. Process and Outcome Measures Reporting – Reports are generated as agreed between PEIA, TPA and the Provider. A list of reports are included in Exhibit 4. They include:
 - a. Diabetes Measures – all members ages 18 to 75 with Type 1 or Type 2 diabetes.
 - i. Percentage of patients who have had an A1c in the last 12 months.
 - ii. Percentage of patients who have had a retinal or dilated eye exam in the last 12 months.
 - iii. Percentage of patients with an LDL-C exam in the last 12 month.
 - b. Preventive Care Measures
 - i. Percentage of patients 50 years or older with influenza vaccination in the last 12 months.
 - ii. Percentage of patients 65 years or older with pneumococcal vaccination
 - iii. Percentage of female members ages 40 – 69 years of age with mammogram screening.
 - iv. Percentage of female members ages 21 – 64 with PAP test in the last year.

- v. Percentage of patients age 50 to 75 with appropriate colorectal cancer screening.
 - c. Other Chronic Conditions
 - i. Percentage of patients ages 5 to 56 with persistent asthma with a prescription for long-term control
 - d. Utilization Measures
 - i. ER visits per 1,000.
12. Term – This contract automatically renews each year on the contract effective date. Either party may cancel the contract by providing 30 days written notice to the other party.

Tab A of this manual includes a sample contract with samples of the Exhibits. The contracts and exhibits may vary from provider to provider.

PEIA Responsibilities

1. CCP Determinations
 - a. Identify the CCP provider's FEIN and the providers paid under this FEIN.
 - b. Track provider status. A provider may not be both a CCP and MHP provider. If the provider chooses to become a CCP provider, the MHP status will end and the provider will be removed from the Medical Home Provider Directory.
 - c. Determine services to be included in the capitation rate.
 - d. Calculate an appropriate capitation rate based on utilization data of the Clinic's patients.
 - e. Obtain CCP locations, addresses, and phone numbers for provider directory.
 - f. Request CCP ID numbers from HealthSmart.
2. Provider Directory
 - a. Add new CCP provider IDs to the Comprehensive Provider Directory, which includes all CCP providers and locations. The providers for the directory are listed by the CCP location name and are sorted by county.
3. Member Eligibility
 - a. Only PEIA PPB Plan A, B or D members are eligible to participate.
 - b. PEIA PPB Plan C members are not eligible to enroll in the CCP Plan.
 - c. Medicare primary members are not eligible to enroll in the CCP Plan.
 - d. Active members with Medicare as a secondary payer may enroll. This would be an employee over the age of 65, but still working.
 - e. **Each covered member may enroll and may choose a different provider. This means that a policyholder may enroll and choose a CCP provider that is different from those chosen for the enrolled dependents.** This most often occurs when a pediatrician is the CCP for the dependent children. Members can enroll at the clinic or via the PEIA website. It is important that all enrolled members know their responsibility.
4. Member Solicitation –
 - a. New Providers –
 - i. The initial step is to agree on per member/per month (PMPM) capitation amount to be paid to the new provider. The PMPM is based on the services and cost of the services provided and is developed through claims data. Reports of the provider's cost and utilization of services are shared with the provider to finalize the PMPM cap amount.
 - ii. Members enrolled in the CCP program will receive a new insurance card with the chosen provider location printed on the front.
 - b. Member Solicitation by County
 - i. This Member Solicitation and Enrollment packet are intended for any member who is not enrolled in a CCP program.
 1. PEIA obtains an address file of all eligible members.
 2. PEIA mails an enrollment packet to members not enrolled in the CCP program. The packet (Tab B) includes:
 - a. Member letter explaining the program (Exhibit 7);
 - b. Instructions on where to locate the directory;and
 - c. Enrollment form (Exhibit 8).
5. Member Enrollment – PEIA receives the enrollment forms from the members. PEIA then enters the CCP selection of each of the members into the PEIA Benefits Administration System (BAS). Each Monday morning, a file of all CCP members is added to the FTP folder

of each CCP provider. This file is used to identify new members and members who may have terminated coverage. The report includes:

- a. Employee (policyholder) ID number – change the first two zeros to 77 and you will have the ID number with which to bill the TPA
 - b. Member ID number - you do not use this number when billing the TPA
 - c. Enrolled member's last name.
 - d. Enrolled member's first name.
 - e. Enrolled member's middle initial.
 - f. Enrolled member's suffix, if any (usually blank).
 - g. Enrolled member's relationship to the policyholder.
 - h. Birthdate of the enrolled member.
 - i. Home phone number of the policyholder.
 - j. CCP provider ID number – this is the number PEIA and the TPA use to indicate the chosen CCP provider for this member.
 - k. Location name is the CCP location chosen by the member.
 - l. CCP Start Date is the effective date of the CCP program for this member.
 - m. CCP End date is the termination date of the CCP program for this member.
 - n. Address Lines 1 & 2 are the address of the policyholder.
 - o. City, State and Zip are the City, State and Zip of the policyholder.
 - p. TBF – reports the tobacco status of this family
 - i. P = policyholder uses tobacco
 - ii. B = policyholder and another family member use tobacco
 - iii. Y = all members reported they are tobacco free
 - iv. Blank = the policyholder did not report their tobacco status, therefore they are paying the tobacco user premiums
 - q. DBT – indicates that the policyholder does or does not participate in PEIA's Face-To-Face diabetes education program
 - i. Y = policyholder is enrolled.
 - ii. Blank – not enrolled
 - r. WME – indicates that the policyholder is or is not enrolled in PEIA's Medical Weight Management Program.
 - i. Y = policyholder is enrolled.
 - ii. Blank – not enrolled
 - s. Employer Information – the next 6 fields include the policyholders employer information
 - i. This was requested by CCP Providers so that they could contact a large group of members for enrollment solicitation, to offer preventive services and for educational sessions.
6. Billing Instructions – CCP providers must submit properly coded claims to the TPA for all health care services provided to the PEIA members.
- a. The CCP provider will receive only the agreed upon Capitation Amount with respect to the enrolled PEIA members.
 - i. The TPA processes claims with no payment generated for the CCP members. All claims billed under the CCP provider's FEIN are included in the cap allowance.
 - ii. Claim submission will facilitate care coordination and outcome/measures reporting.

- b. Claim Forms – Clinic and physician practices generally file claims using the CMS-1500 claim form. Submit claim form to:

HealthSmart Benefit Solutions

P. O. Box 2451

Charleston, WV 25329-2451

- c. Electronic billing is preferred and encouraged. For assistance with electronic claim submission, contact HealthSmart at 888-440-7342.
 - d. Timely Filing – provider must file claims within the 6-month timely filing period. Although no payments are made for these services, the data is needed to accurately report outcomes and measures and this may affect the CCP savings and outcomes calculations. CCP's receive a file of the claims data in an 837 format.
- 7. Some services may require pre-authorization or pre-certification. Please see the PEIA Summary Plan Description (SPD) for plans A, B, and D for a list of these services.
 - a. The member may be responsible for non-covered service.
 - 8. Reports
 - a. CCP Cap Development Report – this report is generated to determine the appropriate capitation amount that should be paid PMPM. This report and capitation development includes specified services provided by the potential CCP provider. All services rendered under the potential CCP provider's FEIN are included.
 - b. Semi-annual Outcome Measures and Reports
 - c. Utilization of non-CCP providers – includes the following services provided by all non-CCP providers:
 - i. Hospitalizations
 - ii. ER
 - iii. Specialists
 - iv. Pharmacy
 - v. Clinical Lab/Pathology
 - vi. Radiology
 - vii. Primary care

These reports are used to monitor utilization and improve outcomes.
 - 9. Provider Directory – PEIA maintains provider directories for individual CCPs and an aggregate directory. Exhibit 8
 - a. The directory is available at www.wvpeia.com

TPA Responsibilities

PEIA's Third Party Administrator, currently HealthSmart Benefit Solutions, is responsible for claim processing, contract development, member/provider customer service, and PMPM cap payments.

1. Claim Processing – claims for the CCP providers are processed to allow PEIA standard fee allowances, but with no payments to providers and no copayments/coinsurance/deductibles for the member. These claims do NOT appear on the weekly provider remittance, but there is a monthly capitation report that is posted to the FTP folder when the capitation payments are sent.
 - a. The weekly provider remittance from HealthSmart only includes processing notification for non-CCP member claims.
 - b. Non-CCP claims are processed as normal.
 - i. Non-CCP member claims are processed through the normal process with normal provider and member responsibilities.
 - ii. Claims rendered prior to the effective date or after the termination date of the CCP Plan are processed with normal provider and member responsibilities.
2. Contract Development – after the CCP capitation amount has been finalized, HealthSmart generates the contract for signatures. The contract is signed by the CCP Provider's designated representative and HealthSmart's designated representative.
3. Assignment of CCP Provider IDs – based on the information submitted by the provider, HealthSmart assigns CCP ID numbers. The ID numbers identify the locations of the CCP providers and must be used by the members when they enroll.
4. CCP ID Cards – HealthSmart will generate a CCP ID card for each enrolled member at the time of enrollment.
 - a. The ID card will include the member's name, ID number, and CCP location.
 - b. There is not an effective date on the ID card. You will need to refer to the weekly enrollment report to determine the program effective date.
 - i. The CCP ID card is attached to a letter, which is dated when the letter is mailed. It is reasonable to assume the CCP effective date is the first of the month following the letter date.
 - ii. See Exhibit 9 for a sample CCP ID card.

Member Responsibilities

Members who enroll in the CCP do so by choice. The member can enroll at the clinic or via the PEIA website. The member agrees to receive all of his/her primary healthcare from the CCP provider. Enrolled members have no copayments, coinsurance or deductibles to meet for services provided at their CCP location. The success of the program requires a working partnership between the CCP provider and the patient/member. Participating members agree to:

1. Use their CCP provider for all health care available at their designated CCP;
2. Contact their CCP provider before receiving medical care from other providers; and
3. Participate in an initial health assessment and subsequent to the initial assessment, schedule an annual routine physical within six months of enrolling.

Members who do not comply with the requirements of the program may be dis-enrolled. To dis-enroll a non-compliant member, send a written request to PEIA. Include the member's name, ID number and reason you wish to dis-enroll. Members may also dis-enroll themselves from the program.

CCP Provider Responsibilities

The purpose of the CCP and the "Patient-Centered Medical Home" is to promote the use of health services to keep the patient well, identify health problems early, maintain control of chronic conditions and to promote efficient utilization. As such, the following is required of the CCP health center:

1. Perform an initial evaluation of the member to include an assessment of preventative health care services and overall health status.
2. Inform the member of recommended preventive health services and provide or coordinate the provision of those services.
3. Be accessible when the member is ill and/or educate the member on how to access services when the CCP is not immediately available.
4. Provide 24-hour telephone access to a medical provider.
5. Coordinate care with specialist to whom members are referred and assure that all information and treatment plans are consistent.
6. Notify PEIA of members who have not engaged with the CCP providers in a way that was intended in the program's design. A member who is seeing multiple PCP providers and/or not engaging in care coordination with the CCP provider is not a good candidate for this program and may be removed from the program.

Contacts

Whom to Call With Questions

| Questions | Company | Phone Numbers | Web Site |
|--|-------------------------------|---------------------------------------|--|
| Health claims, benefits, pre-authorizations, prior approvals for out- of- state services, web portal | HealthSmart Benefit Solutions | 1-888-440-7342 | www.healthsmart.com |
| Prescription Drug Benefits | Express Scripts | 1-877-256-4680 | www.express-scripts.com |
| Prescription Drug: <ul style="list-style-type: none">• prior authorizations• step therapy• quantity limits | Rational Drug Therapy (RDT) | 1-800-847-3859 Fax: 1-800-531-7787 | |
| CCP Plan Administrative questions, issues, reporting | PEIA | 888-680-7342 | www.wvpeia.com |

TAB A

Sample Contract

Sample Contract

Comprehensive Care Pilot Program Provider Agreement West Virginia Public Employees Insurance Agency (PEIA) Population

This AGREEMENT is entered into and effective July 1, 2015, by and between HealthSmart Benefit Solutions, Inc. (hereinafter "TPA") and XXX (hereinafter "Clinic"):

WHEREAS, TPA is the entity duly selected by PEIA to perform by contract on behalf of PEIA, inter alia, medical provider claims payment activities; and

WHEREAS, PEIA desires to conduct a Comprehensive Care Plan program whereby certain contractually participating medical providers will be paid a monthly global capitated amount to provide identified Primary Health Care Services to enrolled PEIA members who voluntarily enter the Program; and

WHEREAS, Clinic wishes to participate in the Program and to provide said Health Care Services to participating PEIA members on a capitated basis;

Now THEREFORE, the TPA and Clinic agree as follows:

1. Capitations/Reimbursement

- a. Clinic shall be paid a monthly Capitation Amount for each PEIA member properly enrolled in the Program at the Clinic. Payment for each respective member will begin in the month following initial enrollment in the Program. PEIA, TPA, and Clinic will agree, in writing, to appropriate member enrollment protocols.

- b. The Capitation Amounts to be paid are as set forth in Exhibit 1, hereto.
- c. The count for the member and category of PEIA members upon which the Capitation Amount is paid each month will be determined by PEIA upon the agreed written protocols and provided to TPA by PEIA via an Excel Spreadsheet or standard file transfers. TPA will process payments in the second claim run of the month (on or about the second Thursday of each month).
- d. Capitations are due the month following the service month so that capitations will not be advance payments but, payments for services previously rendered, i.e., capitations for the month of May will be paid on the second claim run in the month of June.
- e. Risk Pools -are defined in Exhibit 2:
 - i. Non-Capitated services are all services not covered under the Capitation.
 - 1. Specific areas under non-capitated services which will be analyzed in the risk pools.
 - a. Professional
 - b. Hospital care
 - c. ER Care
 - d. Other facility
 - e. Diagnostics
 - f. Pharmacy
 - 2. Semi-annual Detail Reports will be posted to the CCP Portal at the end of the third month following the end of the quarter, for members with more than 12 months continuous eligibility in the program.

3. Failure of Clinic to achieve the required quality care guidelines and outcome measures listed below will void any shared saving for that time period (Exhibit 3).
 4. Overall savings from expected to actual budget results will be settled as outlined in Exhibit 2. The savings payment will be paid based on the report generated for the quarter ending at the end of the initial 12-month period. Payment of the savings will be made within 30 days of validating the data, approximately 4 months.
- f. Hold Harmless - For the provision of Primary Health Care Services to members participating in the Program, Clinic will accept as exclusive payment, the payments called for in this Agreement and Clinic will hold harmless any member enrolled in the Pilot Program from payment of any additional amount for Primary Health Care Services received at the Clinic. TPA will not be responsible for any payments to Clinic in excess of amounts funded by PEIA for Clinic payments.

2. Health Care Services

- a. Clinic shall provide without limitation all specified Health Care Services to PEIA members who are properly enrolled in the Program. The Clinic is responsible for notifying PEIA and their enrolled members in writing of any changes to covered services which includes changes to doctors and covered specialties.
- b. All Health Care Services provided by the Clinic's FEIN will be covered under the base capitation. Clinic will receive the same agreed upon Capitation Amount per month per Care Services which that member requires.

3. It is understood that PEIA members participating in the Program should receive their Primary Health Care at the Clinic, except for Emergency Situations and Out-of-State Travel Situations.
4. Care Coordination
 - a. Clinic shall coordinate the medical care of PEIA members participating in the Program.
 - b. Clinic shall encourage PEIA members participating in the Program to seek necessary referrals to other provider and/or specialist providers through the Clinic and Clinic shall keep appropriate records of such referrals.
 - c. Although Clinic will receive only the agreed upon Capitation Amounts with respect to PEIA Members participating in the Program, Clinic will prepare and submit properly coded "claims" to TPA for all Basic Health Care Services provided to enrolled members to facilitate record keeping and care coordination. Such claims will be paid by TPA at a zero amount for all claims billed for the Clinic's FEIN numbers.
5. Quality Measures/Clinical Process and Outcome Measures Withhold
 - a. The measures and goals set forth on Exhibit 3 will be tracked and reported bi-annually.
 - i. Clinical process and outcome measures will be reported bi-annually at the end of the month following for members with more than 12 months continuous eligibility in the program.
 - ii. Quality Goals:

Clinic must achieve 70% of the quality measures to be eligible for their portion of the savings.
6. Reports
 - a. Reports will be generated as agreed between PEIA, TPA, and Clinic, in writing, a list of reports will be attached hereto as Exhibit 5.

b. Examples of reports are:

- i. Capitation comparison to fee for service claims cost.
- ii. Risk pool comparison
- iii. Clinical process and outcome measures comparison to goals

7. Notices and Correspondence

Any notice required or permitted to be given pursuant to this Agreement shall be in writing and shall be either hand-delivered or deposited in the United States mail, by registered or certified mail, return receipt requested, addressed as follows:

HealthSmart Benefit Solutions, Inc. (TPA)

Clinic

Address

Address

Notice shall be effective upon receipt. Either party may change the address to which notices are to be delivered by giving written notice to the other party as provided in this section.

HealthSmart Benefit Solutions, Inc. TPA

By: _____

Title: _____

Clinic

By: _____

Title: _____

Exhibit 1

WV PEIA Comprehensive Care Partnership Program Provider Agreement Capitation Development

Capitations for existing CCP providers will be developed based upon:

1. Enrollment with the CCP practice in FY2015
2. For PEIA members enrolled in a given CCP, the following are assembled:
 - A. Member months during FY2015
 - B. Medical claims incurred during those member months
 - C. Claims expense will be completed for FY2015 using a standard claim completion approach
3. The capitation paid to the CCP provider in FY2016 will be equal to the total allowed charges paid in FY2015 under the CCP provider's FEIN divided by the total member months during FY2015. This resulting per capita would be adjusted for the plan design changes effective July 1, 2015. The value of the reduction is 3.6%
4. The covered charges paid to other FEINs would be the basis for the risk pool calculations. Capitation rates are based on actuarially adjusted services provided by the clinic. Capitation rates shall be developed based on the services historically rendered by the provider and the per member per month clinic claim cost for those services.

The capitation rate shall be \$_____ per member per month.

Clinic Service List (To be completed by the clinic)

List Doctors and Specialties

(Attached list is acceptable)

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

Exhibit 2

WV PEIA

Comprehensive Care Partnership Program

Provider Agreement

Risk Pools

The following table lists and describes the risk pool elements for FY2016

1. Capitations paid - in developing risk pool, it is assumed that all claims paid to the practice's FEIN are 0 paid. This component is calculated as member months times the agreed capitation payment
2. Non practice primary care - defined as all claims paid to FEINs other than the practice's FEIN for GP, FP, IM, and PED and not billed on UB not in CPT4 ranges 7xxxx and 8xxxx
3. Non practice specialty care - defined as all claims paid to FEINs other than the practice's FEIN for specialties not listed above not billed on UB not in CPT4 ranges 7xxxx and 8xxxxx
4. Hospital care - defined as all claims paid for place of service 21 and 22 billed on UB
5. ER care - defined as all claims paid for place of service 23 billed on UB
6. Other facility - defined as all claims billed on UB, not in place of service 21, 22, 23
7. Diagnostics - defined as all claims paid not billed on UB for CPT4 ranges 7xxxx and 8xxxxx
8. Pharmacy - defined as all claims paid by PBM

Benchmark comparison - the targets will be set for patients enrolled in the provider's practice in year N+1 compared to year N.

1. Professional - capitations + non practice primary care + non practice specialty care
2. Hospital care
3. ER Care
4. Other facility
5. Diagnostics
6. Pharmacy

Capitations are reconciled by comparing capitation payments to FFS payments.

In order to smooth claim variation, a blending technique will be used that merges practice PMPM claim cost with comparable PEIA PMPM cost. The following table lists the size threshold and credibility assumptions:

| CCP Size | Credibility |
|----------|-------------|
| 500+ | 100% |

| | |
|------------|-----|
| 250 to 499 | 75% |
| 100 to 249 | 50% |
| < 100 | 25% |

For example, CCP providers with 500 or more members, the practice's experience will be 100% credible. For practices with 250 to 499 members, the practice's cost will receive 75% credibility and 25% will be given to the non-Medicare PEIA population PMPM.

Ultimately, the comparison is net risk adjusted PMPM for practice compared to net PMPM for year N+1 compared to year N for practice patients.

Exclusions / adjustments:

1. Specialty pharmacy (paid by PBM and medical vendor)
2. Claims in excess of 50,000 (member aggregate)
3. Composite risk adjustment (50% concurrent, 50% prospective)

Quality adjustments - Practice quality will be compared to the population and a benchmark will be Healthy People 2020

Performance reports will be generated semi-annually based upon baseline enrolled population claims experience and settled annually after 12 complete months of the program as outlined in the agreement. Risk Pools are adjusted for any demographic differences that exist between the enrolled population and the baseline population. Adjustments will be made for any demographic and risk differences that exist between the enrolled population and baseline population. The demographic adjustments (weighted 50%) are based on the following age / gender calls using a weighted enrollment approach:

- 1) Males, Under age 5
- 2) Males, 5-14
- 3) Males, 15-24
- 4) Males, 24-34
- 5) Males, 35-44
- 6) Males, 45-54
- 7) Males, 55-64
- 8) Males, 65-74
- 9) Males, 75+
- 10) Females, Under age 5
- 11) Females, 5-14
- 12) Females, 15-24
- 13) Females, 24-34
- 14) Females, 35-44
- 15) Females, 45-54
- 16) Females, 55-64

17) Females, 65-74

18) Females, 75+

Budget Savings Calculation:

Each of the six budgets will be computed separately under the following model:

$$\text{Member Months X Budget PMPM} = \text{Established Budget}$$

$$\text{Established Budget} - \text{Risk and Demographically Adjusted Actual Costs of Services} = \text{Gross Savings}$$

Budget Savings Settlement:

To be eligible to participate in the Budget Savings Settlement, the Clinic must meet the Quality Goals outlined in this agreement. The six budgets will be settled in aggregate under the following model:

Step 1 - \$5 PMPM will be retained by PEIA for risk management

Step 2 - Determine the Quality Goal attainment percentage to calculate final budget savings amount:

$$(\text{Gross savings} - \text{PEIA Risk Management Fee}) = \text{Net Savings}$$

Step 3 - The Final Budget Savings is divided as follows:

Clinic - 70%

PEIA - 30%

Exhibit 3

Shared Savings Calculation Sample

3-Tab Report

Capitation Reconciliation

| Age Group | Member Months | Capitation Payments | FFS Equivalent |
|---------------------------|---------------|---------------------|----------------|
| 00 - Under Age 1 | | | |
| 01 - Age 1 to 2 | | | |
| 02 - Age 3 to 5 | | | |
| 03 - Age 6 to 11 | | | |
| 04 - Age 12 to 18 | | | |
| 05 - Females age 19 to 24 | | | |
| 06 - Males age 19 to 24 | | | |
| 07 - Females age 25 to 34 | | | |
| 08 - Males age 25 to 34 | | | |
| 09 - Age 35 to 44 | | | |
| 10 - Age 45 to 54 | | | |
| 11 - Age 55 to 64 | | | |
| 12 - Age 65 to 74 | | | |
| 13 - Age 75+ | | | |

Risk Pools

Practice Risk Score - 2015

Practice Risk Score - 2016

Change in Risk (Applied to 2016 Spending)

| Risk Pool | 2015 PMPM | 2016 PMPM | 2016 PMPM (Risk Adjusted) | Savings |
|-----------|-----------|-----------|---------------------------|---------|
|-----------|-----------|-----------|---------------------------|---------|

Capitations Paid
 Non Practice Primary Care
 Non Practice Specialty
 Hospital (Non ER)
 Emergency Room

Other facility
Non Practice Diagnostics (Lab and Radiology)
Pharmacy (Processed by PBM)
Total

Notes:

Excludes specialty pharmacy processed by both PBM and medical claims administrator
Medical claims are truncated at 50,000 per year)

Exhibit 4 Outcome/Quality Measures

| | | |
|--|---|---------------|
| | GOALS (Healthy People 2020)* | <i>Clinic</i> |
|--|---|---------------|

| | | |
|--|-----|--|
| DIABETES MEASURES: All Pts 18-75 with Type 1 or 2 Diabetes | | |
| % of members who have had A1c in last 12 months | 71% | |
| % of members with Retinal or Dilated Eye Exam in last 12 months | 59% | |
| % of Diabetic members with lipid profile or LDL-C test in last 12 months | 58% | |

| | | |
|--|-----|--|
| PREVENTIVE CARE MEASURES: | | |
| % of members 50 years or older with Influenza Vaccination in last 12 months | 57% | |
| % of members 65 years or older with Pneumococcal Vaccination | 90% | |
| % of female members 40-69 years of age with Mammogram Screening | 81% | |
| % of female members 21-64 years of age who received a PAP test to screen for cervical cancer | 93% | |
| % of members 50-75 years of age with appropriate Colorectal Cancer Screening | 70% | |

| | | |
|---|-----|--|
| OTHER CHRONIC CONDITIONS | | |
| % of members 5-56 years of age with Persistent Asthma with Rx for Long-Term Control | 80% | |

| | | |
|-----------------------------|-----|--|
| UTILIZATION MEASURES | | |
| ER visits per 1,000 | 307 | |

*CCP participants must meet a quality goal that meets or exceeds the percentage achieved by PEIA PPB participants, however, the goals set forth by Healthy People 2020 are the ultimate objective for quality.

Exhibit 5

WV PEIA Comprehensive Care Program Provider Agreements Listing of Reports

| Name | Description | Frequency |
|------------------------------|---|--|
| Clinic Capitations | Capitation rates based on age/gender for services provided by the clinic | Baseline. Annual report is used to generate savings to plan and clinic |
| Capitation to FFS Comparison | Fee for Service equivalent for services included in the capitation rate. | Baseline, yearly thereafter. |
| Benchmark Detail | PMPM costs for all PPB Plan members (all but enrolled Clinic members) | Semi-annual |
| Process and Outcome Measures | 10 preventative care goals and measures for diabetes, preventative care, asthma and obesity | Baseline and semi-annually thereafter |

Tab B

Sample Member Packet

Member Letter
Directory
CCP Enrollment Form

Exhibit 6

Earl Ray Tomblin
Governor



Ted Cheatham
Director

WV Toll-free: 1-888-680-7342 • Phone: 1-304-558-7850 • Fax: 1-304-558-2470 • Internet: www.wvpeia.com

Dear PEIA PPB Plan Member:

PEIA offers a healthcare program that allows you to receive primary care services while paying less. This program, called the Comprehensive Care Partnership (CCP) Program, is designed to promote quality of care, preventive services and appropriate use of health services to identify health problems early and maintain control of chronic conditions.

The CCP program is available to PEIA PPB Plan A, B and D insureds. Any member who joins the CCP chooses to receive his or her primary care services from the chosen CCP provider. The CCP provider is responsible for preventive services, routine sick care, and coordination of care with specialists when needed. **Members who enroll in the CCP Program will have reduced or NO copayments or coinsurance for specified services at their CCP provider.**

The success of the CCP requires a working partnership that includes your CCP provider, PEIA and YOU.

The Health Center: Your medical provider and health center will inform you of the recommended health services, provide the preventive services, and be accessible when you need sick care. Your medical provider will work out a plan with you to address your health conditions and risks. Your CCP provider will:

- Remind you when services are due;
- Perform an initial evaluation to include an assessment of your preventive health care services and overall health status;
- Provide the information you need to care for yourself;
- Maintain an electronic medical record, which includes a summary of key health and preventive care history, medicines, and a provision for delivering such information to you as needed;
- Provide 24-hour telephone access to a medical provider;
- Coordinate with specialists to ensure that all information and treatment plans are consistent;
- Notify you of any changes to covered services.

You, the Member: The participating member agrees to:

- Use the chosen CCP provider for all health care services available at the designated CCP location;
- Contact the CCP provider before receiving medical care, except in an emergency;

- Participate in an initial health assessment and follow-up assessments at least every two years to collect health history and clinical data to identify needed preventive services, plan your care, and address healthcare questions.

CCP Member Letter, Page 2

Enrollment and Disenrollment

Enrollment is simple:

- Decide that you would like to join the CCP;
- Review the enclosed provider list and choose the provider location you would like to name as your CCP provider;
- Go to www.wvpeia.com and click on the green "Manage My Benefits" button in the upper right corner, register on the site or use your existing credentials to log in and choose your CCP provider **OR**
- Complete the enclosed enrollment form, sign it and return it to PEIA at the address provided, or you may give it to a receptionist at the CCP location;
- Complete a history questionnaire by mail or telephone.

NOTE: If you want to continue using other primary care providers and/or specialists for much of your health care, the CCP may not be a good choice for you.

Your CCP will be effective the first day of the month following receipt of your completed enrollment form, if it is received no later than the 25th. If the form is received after the 25th, then enrollment may be delayed a month.

Disenrollment is also simple:

If you wish to return to the conventional PEIA program, you may contact PEIA Member Services at 1-888-680-7342, or submit a written request to terminate your CCP membership. Upon your request, you will be returned to the PEIA conventional plan on the first day of the month following receipt of your disenrollment request, as long as it is received by the 25th of the month.

PEIA may dis-enroll members from the CCP program and return them to the conventional PEIA plan at any time

1. if the member shows a pattern of using other primary care providers or multiple specialists without consultation with the CCP medical provider or
2. if a member is not compliant with CCP treatment plans and recommended preventive care services.

We encourage you to take advantage of this exciting program by completing the enrollment form enclosed with this letter. If you have questions regarding the CCP, or you wish to request additional information, contact PEIA's Member Services Unit at 1-888-680-7342 or 304-558-7850.

Sincerely,

Your PEIA Team

Exhibit 7

Link to the COMPREHENSIVE CARE PARTNERSHIP PROVIDER DIRECTORY

http://www.peia.wv.gov/forms-and-downloads/Documents/medical_home/Provider_Directory.pdf

Exhibit 8

Comprehensive Care Partnership (CCP) Program Enrollment Form

Policyholder Name: _____ Address: _____
 PEIA ID Number: _____ Daytime Phone: _____
 Insurance effective date: _____ E-mail: _____

To enroll online, go to **www.wvpeia.com** and click on the green “**Manage My Benefits**” button in the upper right corner, register on the site or use your existing credentials to log-in and choose your CCP. If you do not have online access, you may complete this form.

| Covered Individuals – PPB Plan A, B & D (Only individuals listed below will be enrolled) | Date of Birth | Relationship to Policyholder (Self, Spouse, Child) | CCP Location Include Name of Facility and Provider ID Number |
|--|---------------|---|---|
| | | | Facility: _____ Provider ID Number: _____ |
| | | | Facility: _____ Provider ID Number: _____ |
| | | | Facility: _____ Provider ID Number: _____ |
| | | | Facility: _____ Provider ID Number: _____ |
| | | | Facility: _____ Provider ID Number: _____ |

PEIA’s CCP Program requires the member’s active participation and program compliance.

I agree that the above-listed persons enrolled on my PEIA PPB Plan coverage will participate in the CCP program at the above-listed health care provider. I agree that I (we) will abide by the rules, policies and restrictions of the CCP program (the member agreement is available on-line or by calling customer service). I understand that if I (we) do not abide by the rules, policies and restrictions of the CCP program, I (we) may be dis-enrolled from the program by the CCP.

Policyholder signature: _____ Date: _____

Please return this form to: **Public Employees Insurance Agency, Attn: CCP, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345 or Fax to 1-877-233-4295.** Coverage in the CCP will be effective on the first day of the month following receipt of your enrollment form, if received before the 25th of the month.

Exhibit 9

Sample CCP Member ID Card



Medical & Prescription Drug Card Plan A

| | |
|--|--|
| <p>Member</p>  <p>Public Employees Insurance Agency</p> <p>Cleveland Clinic Providers and Facilities Group #: 7770 Employee: JOHN SAMPLE Employee ID:</p> <p>EMPLOYEE CCP: MEDICAL CENTER</p> | <p>PPO Network</p> <p>Aetna Signature Administrators® PPO By aetna www.aetna.com/asa</p>  <p>Cleveland Clinic</p>  <p>MEDICAL MUTUAL® Cleveland Clinic Providers and Facilities (See back)</p> |
| <p>Pharmacy Plan</p> <p>RxBIN: 003858 RxPCN: A4 RxGRP: WVAA</p>  <p>EXPRESS SCRIPTS®</p> <p>Express-Scripts.com Pharmacist use only: 800-824-0898 Member Customer Service: 877-256-4680</p> | |