2024 PGIP Physician Organization Application and Overview

Annually the Physician Group Incentive Program (PGIP) conducts an open enrollment period for potential applicants. A Physician Organization (PO) is eligible to be considered for join PGIP when:

- It is a new PO applying for membership
- It is an existing PO that restructures (splinters) its organization to create a new PO
- Two or more existing POs merge to form a new PO

Any of the above configurations must have 75 or more TRUST panel physicians and/or Traditional participating physicians, 50 of whom must be practicing as primary care providers (i.e., Internal Medicine, Pediatrics, Family Practice, General Practice) and a minimum of 12,500 attributed combined commercial and MAPPO members.

Articles are posted in *The Record, Hospital and Physician Update,* and *Value Partnerships Update* announcing the application timeline that PGIP is open for new PO consideration. If a PO meets the above initial eligibility criteria, an application packet is sent. Completed application packets must be returned to BCBSM by the stated deadline. **Failure to meet deliverable deadlines can result in an application being denied.**

If necessary, BCBSM will assist POs with their application, in answering questions and supporting documentation to ensure that the packets are completed on time. Final approval is provided after BCBSM performs a thorough evaluation of the PO which requires satisfying standards for PGIP participation, fulfillment of expected PO capabilities, and site visit(s) by PGIP Field Team staff.

A goal of PGIP is to encourage communities of caregivers to create systems of care including shared information systems, shared processes and shared accountability for the well-being of the population served. This goal is best furthered by collaboration within a community of caregivers rather than fragmentation. For the purposes of the Blue Cross PGIP Program, a community of caregivers is defined as a network of physicians, allied health professionals, community-based resources and healthcare facilities that routinely treat and manage health care and wellness services for a substantial percentage of a shared patient population.

The approximate timeline for adding a new Physician Organization is (timing and process subject to change):

June	PGIP opens to new POs' announcement published
June-July	Inquiries/application materials accepted (completed packets due at the end of July)
August-September	Application materials reviewed by BCBSM. PGIP Field Team staff conduct initial site visit
October	List of new POs finalized and PO applicants notified of whether they met eligibility criteria to join PGIP. ***NOTE: New PO's contract is not effective until the first of the following year. New POs are not eligible to receive payments until their contract is in force.***
November	New POs begin aligning practitioners and practices in the PGIP Practitioner Alignment tool; PGIP Field Team staff conduct return visit(s) and orient PO to PGIP
December	New POs are formally invited to attend first PGIP quarterly meeting
January	New PO's PGIP contract begins; new PO is included in the Winter PGIP hierarchy snapshot
April	New POs begin receiving PGIP data distribution (claims feeds, datasets, etc.)
July	New POs receive first PGIP reward payment. *NOTE: BCBSM reserves the right to determine when new POs will be eligible to begin receiving incentive payment.*

Specific Standards/Requirements for PGIP Participation

Physician Organizations

The PGIP Agreement defines a Physician Organization as "a [legal designation] whose Members are licensed to practice medicine in the state of Michigan and who are in good standing with both BCBSM's PPO/TRUST and Traditional Networks."

A PO selected for PGIP participation must be:

- A PO with 75 or more TRUST panel and/or Traditional participating physicians, 50 of whom must be practicing as primary care providers (i.e., Internal Medicine, Pediatrics, Family Practice, General Practice) and a minimum of 12,500 attributed combined commercial and MAPPO members. ***A PGIP practitioner can be a member of only one PGIP PO during any given time period.***

- Open to including all physician specialty types and providing care to patients of all ages and genders, as covered by a Blue Cross' commercial product. In order to provide comprehensive population health management and effectively address disparities in care and the health equity needs of their attributed population, POs are expected to address not only the clinical care needs, but additionally the social determinants of health that impact patient outcomes.

- Able to influence the health care delivery system in order to meet the health needs of their attributed populations over their lifetime and the continuum of health care status. This includes provision of:

- Proactive preventative care for healthy patients -addressing the "whole person" needs,
- Effective symptom management and assisting patients with episodic needs
- Coordinated care to patients with ongoing chronic needs
- Care to patients with end-of-life needs.

- A partnership, association, corporation, individual practice association or other legal entity that has its own Tax ID and can receive and distribute income among the PO's members.

- Represented by a board which is comprised of 51% or more Michigan licensed practicing physicians that are members of the PPO Trust and/or TRAD network and actively contributing to the PGIP Reward Pool.

- POs must meet the minimum IT and analytic and enablement requirements to actively and appropriately participate in our program. POs must meet the minimum requirements for the sharing of data between the PO and their practices, including: a registry, data warehouse, MiHIN connectivity, and risk stratification tools.

- The organization must have contractual authority to represent its physicians for this program and coordinate and facilitate practice improvements and program administration on behalf of the physicians.

- Meet and continue to comply with the PGIP Program Standards (which are subject to change), the *Physician Group Incentive Program Agreement* (which includes data sharing guidelines), and BCBSM's policies and procedures.

A Physician Organization is considered to be "participating in PGIP" after:

1. **BCBSM has received and reviewed/validated the PO's application materials (including the PGIP Physician List, a signed PGIP Agreement, and a signed W9**
2. **Completed/signed Automated Clearing House (ACH) Form**
3. **The PO has received notice from BCBSM of their approval for PGIP participation (e.g. Welcome Letter from BCBSM and copy of countersigned Agreement)**

A PO is considered a ***new PO*** if the majority (51% or more) of their member practitioners were not enrolled in PGIP during the time period immediately prior to the new PO participating in PGIP.

A PO is considered a ***splinter PO*** if the PO is formed as a result of splitting off from existing POs and 50% or more of their member practitioners were enrolled in PGIP with other POs during the time period immediately prior to the splinter PO participating in PGIP.

Splinter POs planning to join PGIP are required to meet the following expectations:

1. Ensure that all parent POs are aware of the coming change in their organization and its impact on their PGIP participation
2. Establish all processes necessary for smooth transition
3. Communicate all developments to the PGIP Field Team staff

The PGIP Field Team may advise the PO not to split if it is deemed unlikely that the splinter PO can successfully transition to independent PO status. For example, if PGIP Field Team staff determines that the splinter PO lacks the required infrastructure (e.g. adequate staffing, technology support, etc.), physician leadership and/or provider buy-in to be independently successful in PGIP, the PO will be advised not to split.

Splinter POs may have a lapse in data/reporting as a result of splitting from their parent PO(s). Splinter POs desiring historical datasets, reports, etc. must contact their parent PO(s) as BCBSM **will not create past datasets, reports, etc**. It is the expectation that parent POs will share data pertinent to the practitioners/practices that are joining the splinter PO. BCBSM will reinforce these expectations to the parent and splinter POs via formal and informal communications.

Responsibilities of a PGIP Physician Organization
The PO will perform and bear the cost of the following functions:

1. Providing administrative and performance information requested by BCBSM so that we can fully coordinate, evaluate and conduct PGIP activities.

2. Work collaboratively with BCBSM and other POs to promote best practices, to equitably and appropriately resolve member and practice unit overlap issues and optimize the program's ability to meet its goals.

   Note: Member is an individual practitioner aligned with the PO for any period of time during the term of this Agreement. Practice unit includes, but is not limited to, one or more Member(s) within a PGIP PO who share clinical responsibility for a group of patients and share common clinical processes of care, such as information systems, medical records, and after hours contact procedures. This definition may change from time to time as determined by PGIP policies and operating procedures.

3. Providing BCBSM with a list of all members and practice units who are affiliated with the PO and collaboratively reconciling the list to ensure each member is represented in accordance with PGIP policies and operating procedures. For each member, provide information such as name, NPI, Michigan State License Number, and any other information BCBSM may be reasonably required to administer PGIP.

4. Collaborating with BCBSM to communicate with members regarding the implementation, administration and/or improvement of the PO's performance in the program. The form of this communication will be agreed to by BCBSM and the Designee.

5. Participating in meetings or conference calls with BCBSM to exchange information, discuss PO performance, and develop methods for improving that performance. POs will assign medical leadership to participate in these activities and take an active leadership role in administering the program within their PO to their members. POs should subscribe to the BCBSM Record and Value Partnership Update, our e-newsletter to stay informed about all developments regarding the program (https://www.bcbsm.com/secure_forms/bcbsm/Provider/email.shtml)

6. PO and its members will hold BCBSM and its customers harmless from any claims or losses arising out of any action with respect to calculation or distribution of any payments to members.

7. Permitting BCBSM upon reasonable notice and during regular business hours to audit records related to the PO's performance in the Program, including records containing personally identifiable health information of BCBSM enrollees, and PCMH designation.

8. Retaining records relating to this Agreement and the PO's performance in the program for a period of six years following its termination in a form that readily permits review by BCBSM.

9. PO and member agree that all incentive payments made pursuant to this Agreement are made at BCBSM's sole discretion in accordance with Program guidelines. If a PO disagrees with a payment that is granted, it may submit a written request for reconsideration to BCBSM. BCBSM will review and respond to such request within one month. BCBSM's decision will be final and binding.

10. PO agrees to comply with all program policies and procedures which are set forth in the PGIP Program Standards and are incorporated herein by reference.

Checklist of Expected Capabilities for a New-to-PGIP-PO

The following checklist is intended to help POs assess their readiness to join PGIP, organizational capacity for process improvement, analysis, and reporting. BCBSM's goal is to help POs assimilate the culture of the program and establish needed capacities early on. POs that are able to demonstrate the following prerequisites are more likely to be admitted into the program and ultimately have a successful experience in PGIP. This translates into improved care for all patients.

Organizational Commitment

The Organizational Commitment checklist **should be completed and submitted along with the PGIP application** to establish fundamental capabilities to promote a successful start in the PGIP program.

1. There is FULL COMMITMENT from PO Senior Leadership to organizational process improvement. This should include, but not be limited to:
    - Evaluation of organizational structure to support PGIP initiatives
    - Allotting financial resources
    - Allotting personnel resources
2. A PO Clinical Champion has been identified and assigned (Note: Clinical Champion may vary by initiative)
3. PO commitment to spread the adoption of evidence-based guidelines within PO

Organizational Processes

PGIP Field Team will conduct an initial site visit to evaluate the overall organization. This will enable the PO to establish the roadmap of core capabilities necessary to promote PGIP success.

1. PO supports process improvement activities that identify barriers. PO then works to eliminate, alleviate, and/or establish work plan to remedy:
    - Staffing issues – number of staff, appropriate skills, buy-in, etc.
    - Training needs
    - Other issues/needs – specific to your office
2. PO has an implementation plan that can be applied in a customized way to each quality care initiative
3. A Quality Improvement Committee (or the like) exists, meets routinely, and regularly addresses PGIP initiatives
4. Process improvement educational opportunities for PO staff are provided either through the PO, through PGIP workgroups, or via external resources (as described in initiative plans). Participation among PO's practice units is highly encouraged
5. Process in place to spread information about PGIP and its initiatives throughout the PO
6. Advising sessions are provided for individual practitioners who show opportunity(s) for

improvement in a particular area(s) based on his/her individual data report

7. In larger POs, development of substructure (e.g., regional medical directors/physician champions and administrative leads for change initiatives) is recommended so that practice units are actively led by individuals at the local level with whom they have active relationships and contact

Staffing Capabilities

A thorough assessment of the PO's clinical reporting and data staff needs has been conducted – suggested staffing includes:

1. Data Analyst – prepares/analyzes individual provider reports; strong data, analytical and technical skills; may or may not be a clinical individual
2. Quality Analyst – analyzes and advises/collaborates with practitioners to help improve practice quality processes; should have clinical background; must possess some but not necessarily strong technical and data analytic skills; may also perform Data Analyst duties in smaller PO if skilled enough
3. Project/Operations Manager* – oversees Data Analyst and PO's overall data needs; has healthcare experience; technical skills; leadership; not necessarily a clinician
4. RN Analysts* – nurses with analytical ability who review data and collaborate with PO practitioners to improve health care delivery processes
5. Clinical Director – oversees all individuals listed above; has clinical background, leadership skills and good rapport with and respect of PO practices; exceptional ability to communicate and collaborate; thoroughly understands healthcare delivery processes

** These positions typically exist in larger POs*

If after assessment of current levels it is deemed more staff will not be added, PO should assess whether other measures have been taken so existing staff will have sufficient time to perform process improvement, reporting and analytical duties required for successful PGIP participation.

Technical Capabilities

A thorough assessment of information technology tools/infrastructure and data capabilities/needs has been conducted

1. PO can identify data requirements at both PO and practice unit level PO and affiliated practice units have access to meaningful data
2. PO has a central data warehouse
3. PO and/or practice units use (or plan to use) Patient Registry technology
4. PO and/or practice units use (or plan to use) Electronic Prescribing
5. PO and/or practice units use (or plan to use) Health Information Exchange data