New PGIP Physician Organization Application Overview 2012

1. A Physician Organization (PO) is invited to join the Physician Group Incentive Program under any of these situations:
   - A new PO applies for membership
   - An existing PO restructures (splinters) its organization to create a new PO
   - Two (or more) existing POs merge to form a new PO

Potential PGIP POs must have 75 or more PPO/TRUST panel and/or Traditional providers, 50 of whom must be practicing as primary care providers (e.g., Internal Medicine, Pediatrics, Family Practice and General Practice).

Articles are posted in The Record and Physician Update prior to the application period announcing that PGIP is open to new Physician Organizations. If a PO meets the above initial eligibility criteria, an application packet is sent to the PO. Completed application packets must be returned to BCBSM by Aug. 31, 2012. BCBSM will provide all materials required to complete the application. Final approval or denial will be provided after 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 Operations staff.

2. The approximate timeline for adding a new Physician Organization for participation in the 2013 program year is:

<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>June, 2012</td>
<td>Announcements published in The Record and Physician Update inviting POs to apply.</td>
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<tr>
<td>July to August 2012</td>
<td>Inquiries/Application materials accepted through Aug. 31, 2012.</td>
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<tr>
<td>September 2012</td>
<td>Application materials reviewed by PGIP. Field Operations staff conduct initial site visit.</td>
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<td>October 2012</td>
<td>List of new POs finalized; accepted POs formally invited to join PGIP. <strong>NOTE: The “PGIP Agreement” for a new PO is not effective until the January 1st of the following year. New POs are not eligible to receive payments until their PGIP Agreement is in force.</strong></td>
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<td>November 2012</td>
<td>New POs receive Self-Reported Data Tool for completion; Field Operations staff conducts return visit(s) and orient PO to PGIP.</td>
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<td>December 2012</td>
<td>New POs are formally invited to attend first PGIP quarterly meeting and select their initiatives for 2013 program year (01/01/2013 – 12/31/2013).</td>
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<td>January 2013</td>
<td>New PO’s PGIP Agreement begins.</td>
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<td>February 2013</td>
<td>New PO’s providers are included in the PGIP physician list.</td>
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<tr>
<td>April 2013</td>
<td>PGIP data distribution (monthly claims feeds, datasets, etc.) begins</td>
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<tr>
<td>July 2013</td>
<td>New POs eligible to receive first PGIP reward payment. <strong>NOTE: BCBSM reserves the right to determine when the PO will be eligible to begin receiving incentive payments.</strong></td>
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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:**

1. Have 75 or more TRUST panel and/or Traditional providers, 50 of whom must be practicing as primary care providers (e.g., Internal Medicine, Pediatrics, Family Practice, and General Practice). **A PGIP physician can be a member of only one PGIP PO during any given time period.**
2. Be a partnership, association, corporation, individual practice association or other legal entity which:
   - Has its own Tax ID
   - Can receive and distribute income among the PO’s members
   - Has contractual authority to represent its providers for this program
   - Is able to coordinate and facilitate practice improvements and program administration on behalf of its members
3. 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 BCBSM has:
   - Received and reviewed the PO’s application materials (including the PGIP physician list, a signed PGIP Agreement, a signed W9 and completed/signed Automated Clearing House form).
   - Sent final approval for PGIP participation (this will include a welcome letter from BCBSM and copy of a counter-signed PGIP Agreement).

**A PO is considered a new PO if:**

The majority (51 percent or more) of its member providers were not enrolled in PGIP during the time period preceding the new PO application submission, or as determined by BCBSM.

**A PO is considered a “splinter” PO if:**

The PO is formed from parts of existing POs. A PO is considered a “splinter” PO if 50 percent or more of its member providers were enrolled in PGIP with other POs during the time period preceding the PO application submission, or as determined by BCBSM.

Splinter POs applying for PGIP are required to meet the following expectations:
1. Ensure that all POs from which the splinter PO is formed are aware of the change in their organization(s) as well as the splinter PO’s intent to apply for participation in PGIP.
2. Establish all processes necessary for a smooth transition to a splinter PO.
3. Communicate all developments regarding new, independent PO status, such as infrastructure development, clinical leadership changes, etc. to the PGIP Field Operations staff.

PGIP Field Operations may also advise the splinter PO not to split if it is deemed unlikely that the splinter PO can successfully transition to an independent PO participating in PGIP. For example, if Field Operations 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 successful in PGIP, the splinter PO may be advised to not apply for participation in PGIP.

Splinter POs desiring historical datasets, reports, etc. must contact their parent PO(s) as BCBSM cannot create past datasets, reports, etc. Splinter POs may have a lapse in data/reporting as a result of splitting from their parent PO(s). Current PGIP POs are expected to share relevant data with the new splinter PO. It is the responsibility of the splinter PO to request all historical data from their parent PO. BCBSM will communicate these expectations to the parent and splinter POs.

Both “new” and “splinter” Physician Organizations are eligible to participate in initiatives in their first year of PGIP participation; however, BCBSM reserves the right to evaluate the appropriateness of the PO’s participation in these initiatives.

### Responsibilities of a PGIP Physician Organization

The PO will perform and bear the cost of the following:

- Provide administrative and performance information requested by BCBSM so that BCBSM can fully coordinate, evaluate and conduct PGIP activities.

- 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 physician practicing 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)*

- Provide BCBSM with a list of all physician member providers 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, identify Drug Enforcement Administration number, degree, primary practice address, specialty designation, practice unit, BCBSM PIN, National Provider Identifier (NPI), or other required identifier, and any other information that BCBSM may reasonably require to administer PGIP.
• Collaborate 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 upon by BCBSM and the designee.

• Participate in meetings or conference calls with BCBSM to exchange information, discuss PO performance and develop methods for improving 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 PGIP Matters to stay informed about all developments regarding the program (https://www.bcbsm.com/secure_forms/bcbsm/Provider/email.shtml)

• 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.

• Permit 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 Patient Centered Medical Home (PCMH) designation.

• Retain records relating to the PGIP 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.

• Agree that all Incentive Payments made pursuant to the PGIP Agreement are made at BCBSM’s sole discretion in accordance with program guidelines. If a PO disagrees with a payment, 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.

• Agree to comply with all program policies and procedures which are set forth in the PGIP program standards.

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**Checklist of expected capabilities for a new PO**

The following checklist is intended to help POs assess their readiness to join PGIP and 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 efficiently and effectively engage in the program and ultimately are more likely to 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.

- There is full commitment from PO senior leadership to organizational process improvement. This may include:
• Evaluating the organizational structure to support PGIP initiatives.
• Allotting financial resources.
• Allotting personnel resources.

☐ A PO clinical champion has been identified and assigned. (Note: clinical champion may vary by quality initiative)
☐ The PO is committed to spreading the adoption of evidence-based guidelines within the PO.

Organizational processes

The PGIP Field Operations team will conduct a preliminary site visit to evaluate the overall organization. This will enable the PO to establish a roadmap of the following core capabilities necessary to promote PGIP success:

☐ Process improvement activities that identify barriers and work to eliminate, alleviate, and/or establish a work plan to remedy:
  • Staffing issues – number of staff, appropriate skills, buy-in, etc.
  • Training needs.
  • Other issues/needs – specific to their office.

☐ An implementation plan that can be applied, in a customized way, to each quality care initiative.
☐ A Quality Improvement Committee (or something similar) that meets routinely and regularly addresses PGIP initiatives.
☐ Process improvement educational opportunities for PO staff either through the PO, PGIP workgroups or through external resources (as described in initiative plans). Participation among practice units is highly encouraged.
☐ A process in place to spread information about PGIP and its initiatives throughout the PO.
☐ Advising sessions for individual providers who show opportunities for improvement in a particular area(s) based on his/her individual data report.
☐ A substructure (for larger POs), such as regional medical directors/physician champions and administrative leads for change initiatives, 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 capabilities include:
  • Data analyst – one who can prepare/analyze individual provider reports; strong data, analytical and technical skills; may or may not be a clinical individual.
  • Quality analyst – one who can analyze, advise and collaborate with providers to help improve quality processes in provider practice; should have clinical background; may not need strong technical and data analytical skills if PO has data analyst; may handle data analyst duties in smaller PO if skilled enough.
  • Project/operations manager* – oversees data analyst and overall data needs of PO; health care experience; technical skills; leadership skills; not necessarily a clinician.
  • RN analysts* – nurses with analytical ability to review data and collaborate with PO providers to improve health care delivery processes.
• Clinical director – oversees all above individuals; leadership skills; has good rapport and respect of PO providers; exceptional ability to communicate and collaborate; thoroughly understands health care delivery processes; should have a clinical background.

☐ If it is determined that more staff will not be added, the PO should ensure that current staff can manage the process improvement, reporting and analytical duties effectively.

*These positions typically exist in larger POs

**Technical Capabilities**

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

☐ PO can identify data requirements at both PO and practice unit level.

☐ PO and affiliated practice units have access to meaningful data.

☐ PO has a central data warehouse.

☐ PO and/or practice units use (or plan to use) patient registry technology.

☐ PO and/or practice units use (or plan to use) electronic prescribing.