

# NPO PCMH-N Site Visit Learnings

Aug 23, 2017




NORTHERN PHYSICIANS ORGANIZATION

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## October Meeting

- Will be rescheduled due to conflict with SIM to Wed Nov 8
- Next meeting is Thurs, Sept 28



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## BCBSM VBR Directly to Practices



- 2015 Total BCBSM VBR to NPO practices

\$3,816,113

- 2016 Total BCBSM VBR to NPO practices

\$4,948,956

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## BCBSM VBR



- Just a reminder that to receive the VBR:
- ***CHARGES MAY NEED TO BE INCREASED!*** Claims where the provider's charge is less than or equal to the BCBSM Allowed Amount are excluded from the value based reimbursements. Providers must remember that all payers must be charged the same.
- Finally, there is currently no clear indicator on the voucher that the value based reimbursement has been applied. The practitioner must know the standard fee from the Fee Schedule to understand if the value based reimbursement has been applied.

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## Site Visits



- NPO Practices shined!
- BCBSM asked for copy of phone triage from a specialist office
- PCP practices scored 100%!

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## Patient View of PCMH



- BCBSM said: Employers say their employees often don't know the benefits of PCMH so employers are not always realizing the benefits of PCMH.
- *BCBSM Best practice: Receptionist had a laminated copy of PCMH brochure and pointed out just a couple of the things that the practice did really well to ensure patient receives message of how PCMH benefits them.*

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## BCBSM asked:



- How do you inform patients that Care Management is available?
- What does your practice do better than anyone else?
- How is patient educated about Community Resources?

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## Capabilities 11.1, 11.8:



- BCBSM: How do you share training with staff?
- *Practice: Care Manager picks one or two tips for nursing meetings*

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## Physician Responses



- Community Resources: If you get into a situation where you can't get to an appointment, afford your medications, or anything else, please give us a call – we have resources
- Smoking Cessation: I look for the “in” to convince patients to quit smoking; if patient has chronic pain for example, I say studies show that quitting smoking can reduce pain

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## Be able to:



- 4.19 Care Management: describe the process how patients are identified for selection
- Domain 12 Portal: Be able to show from patient side (test patient, screen shots, real patient...)
- 5.7 30% Access: If meeting by allowing over-booking, policy must be very clear as to what can be used, how many blocks per provider, etc.

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## Make Policies Work for You



- BCBSM suggests that policies be set up as training aids (desk aid) for staff
- For example, for planned visit, draft as a flowchart that staff can use constantly
- Review annually to ensure up to date and ask “is this the best way to do this process?”