

## PGIP Physician Organization Application and Overview

A new Physician Organization is eligible to join PGIP when:

- It's a new PO applying for membership
- It's an existing PO that restructures, or 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 PPO/TRUST panel and/or Traditional participating practitioners, 50 of whom must be practicing as primary care practitioners (e.g., internal medicine, pediatrics, family practice or general practice).

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

If necessary, Blue Cross will assist POs with their application to ensure that the packets are completed on time. Final approval is provided after Blue Cross performs a thorough evaluation of the PO, which requires satisfying standards for PGIP participation, fulfillment of expected PO capabilities and site visits by PGIP Field Operations 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.
July - August	Inquiries/application materials accepted (completed packets due at the end of August).
September	Application materials reviewed by Blue Cross, Field Operations staff conduct initial site visit.
October	List of new POs finalized, POs formally invited to join PGIP. <b>NOTE: New PO's contract isn't effective until the first of the following year. New POs aren't eligible to receive payments until their contract is in force.</b>
November	New POs begin aligning practitioners and practices in the PGIP Practitioner Alignment tool; Field Operations staff conduct return visits 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. <b>NOTE: Blue Cross reserves the right to determine when new POs will be eligible to begin receiving incentive payment.</b>

## 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 Blue Cross' PPO/TRUST and Traditional Networks.”

### A PO selected for PGIP participation must:

1. Have 75 or more TRUST panel and/or Traditional participating practitioners, 50 of whom must be practicing as primary care practitioners (e.g., internal medicine, pediatrics, family practice, general practice). **A PGIP practitioner 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 that:
  - Has its own Tax ID
  - Can receive and distribute income among the PO's members (electronic fund transfer)
  - 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 Blue Cross' policies and procedures.

**A Physician Organization is considered to be “participating in PGIP” after:**

1. **Blue Cross 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 Blue Cross of their approval for PGIP participation (e.g. Welcome Letter from Blue Cross and copy of countersigned agreement).**

A PO is considered a **new PO** if the majority (51 percent or more) of their member practitioners weren't 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 percent 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 Operations staff

PGIP Field Operations may advise the PO not to split if it's deemed unlikely that the splinter PO can successfully transition to independent PO status. 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 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 POs. Splinter POs desiring historical datasets, reports, etc. must contact their parent POs as Blue Cross **won't create past datasets, reports, etc.** It's the expectation that parent POs will share data pertinent to the practitioners and practices that are joining the splinter PO. Blue Cross will reinforce these expectations to the parent and splinter POs through 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 Blue Cross so that we can fully coordinate, evaluate and conduct PGIP activities.
2. Work collaboratively with Blue Cross 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 members 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 Blue Cross 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 Blue Cross may be reasonably required to administer PGIP.
4. Collaborating with Blue Cross 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 Blue Cross and the designee.
5. Participating in meetings or conference calls with Blue Cross 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 Blue Cross *Record* and *Value Partnership Update*, our e-newsletters to stay informed about all developments regarding the program (<http://www.bcbsm.com/providers/newsletters/subscribe-to-blues-provider-newsletters.html>)
6. PO and its members will hold Blue Cross 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 Blue Cross 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 Blue Cross 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 Blue Cross.
9. PO and member agree that all incentive payments made pursuant to this Agreement are made at Blue Cross' 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 Blue Cross. Blue Cross will review and respond to such request within one month. Blue Cross' 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 Description 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. Blue Cross' 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 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 may include:
  - 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 Operation 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 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 exists, meets routinely and regularly addresses PGIP initiatives
4. Process improvement educational opportunities for PO staff are provided either through the PO, PGIP workgroups, or external resources (as described in initiative plans). Participation among 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 for improvement in a particular area based on his or 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 and analyzes individual provider reports; strong data, analytical and technical skills; may or may not be a clinical individual
2. Quality analyst – analyzes, advises and collaborates with practitioners to help improve practice quality processes; should have clinical background; must possess some 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 practitioners; 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 won't 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

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