

In accordance with the Arkansas Medicaid PCMH Addendum, practices must complete and document the PCMH activities. During our onsite visit, please ensure that you have all needed documentation **PRINTED** to support each of the **PCMH 2017 6-month activities**. The PCMH QA team will review all supporting documentation for each of the Activities listed below.

To assist you in preparing for PCMH QA validation, we have created a checklist of items to prepare for our visit.

## 6-Month Activities

	<p><b>ACTIVITY:</b></p> <p><b>Activity B:</b> Provide 24/7 access to care</p> <ul style="list-style-type: none"> <li>• Provide telephone access to a live voice (e.g., an employee of the PCP or answering service, or to an answering machine that immediately pages an on-call medical professional 24/7</li> <li>• If you use an answering machine, indicate if it is checked regularly to ensure that the machine functions correctly and it is up-to-date</li> <li>• Inform clinic staff and/or answering service that there will be a validation call made after hours to determine whether a medical professional, within the required 30-minute timeframe, returns the call</li> <li>• After-hours number is made known to all beneficiaries by posting the after-hours number on all public entries to each website</li> </ul>
	<p><b>Activity C:</b> Document approach to expanding access to same-day appointments</p> <ul style="list-style-type: none"> <li>• Provide a written process or description of the tool used to monitor same-day appointment requests on a daily basis</li> <li>• Provide documentation of the fulfillment of those requests</li> </ul>
	<p><b>Activity D:</b> Capacity to receive direct e-messaging from patients</p> <ul style="list-style-type: none"> <li>• Provide documentation that you have the capacity to use electronic messaging to communicate with patients</li> <li>• Provide a description of which method is used</li> <li>• Provide evidence of secure system that meets HIPAA guidelines</li> </ul>
	<p><b>Activity E:</b> Enrollment in the Arkansas Prescription Drug Management Program (PDMP)</p> <ul style="list-style-type: none"> <li>• Verification that all PCPs in the practice are enrolled in the PDMP</li> <li>• Provide a description or written process used to monitor if providers check the PDMP system before prescribing a controlled substance to a patient</li> </ul>