PCMH
2018 Enrollment and Update
August 25, 2017
Enrollment Requirements

Anne Santifer
HealthCare Innovations
Department of Human Services
2018 Enrollment Requirements

- A physician practice that is enrolled in the PCMH program, which must be one of the following:
  
  A. Individual PCP provider (Type 01 or 03)
  B. A physician group of PCP who are affiliated, with a common group identification number (Provider Type 02, 04 or 81)
  C. A Rural Health Clinic (Provider Type 29)
  D. An Area Health Education Center (Provider type 69)
2018 Enrollment Requirements

• The practice must include PCPs enrolled in the ConnectCare Primary Care Case Management (PCCM) Program. All PCPs must be section-4 affiliated with the site they are enrolling.

• All satellite locations must be listed on application and will be subject to validation. All satellite locations must have the same tax ID as the primary location.
New Requirements for 2018*

- Practice must have at least 150 beneficiaries at the time of enrollment (previously 300)
- Must have integrated a certified electronic health record (EHR) into practice workflows
- Be in good standing or have corrected previously deficiencies that may have caused remediation, withdrawal or suspension from PCMH program

*Pending legislative approval
Application Process

Courtney Tipple
APII and AIPT Supervisor
DXC Technology
Enrollment Application

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### Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement

**Section I Primary Location**

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>National Provider Number (NPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City/State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Title</th>
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</tr>
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<tbody>
<tr>
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</table>

**PCP Enrollment**

- [Online Enrollment Instructions](Link)
- [PCP Manual and Addendum](Link)
- [Enrollment Guidelines](Link)

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### Section II Satellite Location

**Patient-Centered Medical Home**

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Medicaid Billing Number</th>
<th>National Provider Number (NPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**PCMH Satellite Location**

- [Enrollment Instructions](Link)

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**Practice Lead Signature**: [Signature]

**Date**: [Date]
Re-enrollment

Must complete top section of Section I

Must sign every page
### Pooling Form

**ARKANSAS MEDICAID PATIENT-CENTERED MEDICAL HOME PROGRAM**

**POOLING REQUEST FORM**

Practices wishing to pool attributed beneficiaries for purposes of the PCMH program, as described in the pooling section of the Arkansas Medicaid PCMH provider manual, must submit the pooling request form.

1. Please add additional pages as required to list all practices requesting to pool their attributed beneficiaries.
2. Practices that do not voluntarily pool will, based on their number of attributed beneficiaries, be either:
   - a. Considered a shared savings entity independently;
   - b. Included in the default pool.

#### First Practice

<table>
<thead>
<tr>
<th>Practice name (must match name on PCMH enrollment contract):</th>
<th>(Please print, stamp or type practice name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice address:</td>
<td></td>
</tr>
<tr>
<td>Practice Medicaid Billing ID Number:</td>
<td></td>
</tr>
<tr>
<td>National Provider Identifier:</td>
<td></td>
</tr>
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</table>

#### Second Practice

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<td></td>
</tr>
<tr>
<td>National Provider Identifier:</td>
<td></td>
</tr>
</tbody>
</table>

**Pooling Request**

By signing this form, and

(please print, stamp, or type first practice name)

(please print, stamp, or type second practice name)

(please print, stamp, or type third practice name)

(please print, stamp, or type fourth practice name)

hereinafter called the practices, are requesting to pool their attributed beneficiaries as a common shared savings entity for purposes of the Patient-Centered Medical Home (PCMH) program as described in Section 232.000 of the Arkansas Medicaid PCMH provider manual. The practices request to have their performance measured together by aggregating performance across the practices. Specifically, performance (both for Per Beneficiary Cost of Care and Shared Savings Quality Metrics as described in the Arkansas Medicaid PCMH provider manual) is measured across the beneficiaries attributed to the practices identified above as a shared savings entity. The practices’ attributed beneficiaries shall remain pooled in a shared savings entity only for the performance period in the next calendar year. In order to remain pooled, the practices must resubmit this section of the practice participation agreement annually.
Activity Requirements

Shelley Ruth
Quality Assurance Manager
AFMC
2018 PCMH Activities for Practice Support

• PCMHs must meet all activities by the specified deadlines to be eligible for practice support
  • 3-month activity by 3/31/2018
  • 6-month activities by 6/30/2018
  • 12-month activities by 12/31/2018

• If activities are not met by the specified deadlines, PCMHs are given the opportunity to remediate and correct performance
  • Attestation remediation is 90 days
  • Validation remediation is 45 days

• Activity details are located on the Health Care Payment Improvement Initiative website:
  • http://www.paymentinitiative.org/pcmh-manual-and-additional-resources
### 2018 PCMH Activities for practice support

<table>
<thead>
<tr>
<th>Activity</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Identify top 10% of high-priority patients (including BH clients)</td>
<td>3 month 3/31/18</td>
</tr>
<tr>
<td>B. Provide 24/7 access to care</td>
<td>6 month 6/30/18</td>
</tr>
<tr>
<td>C. Document approach to expanding access to same-day appointments</td>
<td>6 month 6/30/18</td>
</tr>
<tr>
<td>D. Capacity to receive direct e-messaging from patients</td>
<td>6 month 6/30/18</td>
</tr>
<tr>
<td>E. Enrollment in the Arkansas Prescription Monitoring Program (PMP)</td>
<td>6 months 6/30/18</td>
</tr>
<tr>
<td>F. Childhood/Adult Vaccination Practice Strategy</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>G. Join SHARE or participate in a network that delivers hospital discharge information to practice within 48 hours</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>H. Incorporate e-prescribing into practice workflow</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>I. Care Plans for high-priority beneficiaries: create care plans</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>J. Patient Literacy Assessment Tool: Choose any health literacy tool and administer the screening to at least 50 beneficiaries (enrolled in the PCMH program) or their caregivers.</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>K. Ability to receive patient feedback</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>L. Care Instruction for HPB: create and share with the patient an after-visit summary of the patient’s visit.</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>M. Medication Management: Describe the practices EHR reconciliation process. Document updates to active medication lists in the EHR for the high-priority beneficiary.</td>
<td>12 months 12/31/18</td>
</tr>
<tr>
<td>N. 10-day follow-up after an acute inpatient hospital stay</td>
<td>12 months 12/31/18</td>
</tr>
</tbody>
</table>
Quality Metrics

William Golden, MD, MACP
Medical Director, Arkansas Medicaid
Quality Metrics Tracked for Shared Savings Incentive Payments for the 2018 Performance Period

**Metric 1**

**PCP Visits:** Percentage of a practice’s high priority beneficiaries who have been seen by any PCP within their PCMH at least twice in the past 12 months

- Denominator includes beneficiaries designated high priority by practices according to Section 241.000 of the PCMH Provider Manual and attributed to the PCMH for at least 6 months
  - Excludes hospice beneficiaries
- Numerator includes the number of those high priority beneficiaries with 2 visit types with their attributed PCMH:
  - Count each ICN claim with attributed PCMH as one visit
  - Claims occurring on the same day do not count as multiple visits

**Metric 2**

**Infant Wellness:** Percentage of beneficiaries who turned 15 months old during the performance period who receive at least five wellness visits in their first 15 months (0–15 months)

- Denominator includes number of beneficiaries who turned 15 months old during the measurement year
  - Excludes hospice beneficiaries
- Numerator includes number of beneficiaries who had 5 or more wellness visits during “first 15 months of life” (0–15 months)
- For specifications, please see website for HEDIS 2017 measurements
Metric 3

**Child Wellness:** Percentage of beneficiaries 3-6 years of age who had one or more well-child visits during the measurement year

- Denominator includes number of beneficiaries 3–6 years old on the anchor (last) date of the measurement year
  - Excludes hospice beneficiaries
- Numerator includes number of beneficiaries who had one or more wellness visits during the measurement year
- For specifications, please see website for HEDIS 2017 measurements

Metric 4

**Adolescent Wellness:** Percentage of beneficiaries 12-20 years of age who had one or more well-care visits during the measurement year

- Denominator includes number of beneficiaries 12–20 years old on the anchor (last) date of the measurement year
  - Excludes hospice beneficiaries
- Numerator includes number of beneficiaries who had one or more wellness visits during the measurement year
- For specifications, please see website for HEDIS 2017 measurements
Metric 5

**Asthma:** Percentage of beneficiaries 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed an asthma controller medication for at least 50% of their treatment period

- Denominator includes number of beneficiaries 5 to 64 years of age with a diagnosis of persistent asthma
  - Exclude any beneficiary who had at least one encounter (any setting) with a code to identify the following: Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, Acute Respiratory Failure
  - Exclude any beneficiary who had no asthma controller medications dispensed during the performance period
- Numerator includes number of beneficiaries who achieved a PDC of at least 50% for their asthma controller medication during the measurement year
- For specifications, please see website for HEDIS 2017 measurements

Metric 6

**ADHD:** Percentage of beneficiaries 6-12 years of age with an ambulatory prescription dispensed for ADHD medication that was prescribed by their PCMH, who had a follow-up visit within 30 days by any practitioner with prescribing authority

- Denominator includes a modified HEDIS metric to determine the percent of patients between 6–12 years of age with a first ambulatory prescription dispensed for ADHD medication that was prescribed by their attributed PCMH. The intake period is modified from the HEDIS metric to be the first 11 months of the performance period
  - Exclude members who had an inpatient encounter during the 30 days after the IPSD and hospice beneficiaries
- Numerator includes those ADHD patients who had one follow-up visit (per the HEDIS 2017 definition please see website for HEDIS 2017 measurements) with any practitioner with prescribing authority during the 30 days following initiation of the prescription.
- Any provider with one of the following individual provider types: 01, 03, 08, 17, 58, 79, 22 with provider specialty X4, 99 with provider specialty N2, 95 with provider specialty NU or NV (*Specialties must be active on the date of the follow-up visit*)
**Metric 7**

**URI:** Percentage of beneficiary, age 1 year and older, events with a diagnosis of non-specified URI that had antibiotic treatment during the measurement period

- Denominator includes all events for attributed beneficiaries, who are 1 year of age and older, on the detail “from” date of service with a primary or secondary diagnosis* of non-specified URI in combination with a CPT or HCPCS code*
  - Events are determined by the beneficiaries that had a claim where the performing provider was any PCP within their attributed PCMH over the measurement period. Measurement period for Metric 7 is defined as the start of the performance period until 20 days prior to the end of the performance period.
  - Excludes beneficiaries that have at least two of the same comorbidity codes 365 days prior to the event end date as identified from the list of co-morbidities ICD-9 or ICD-10 codes* and hospice beneficiaries
- Numerator includes those beneficiary events that were dispensed a prescription for an antibiotic, at least one AHFS code*, within twenty days from the initial event’s start date

**Metric 8**

**HbA1c:** Percentage of diabetes beneficiaries who complete annual HbA1C, between 18-75 years of age

- Denominator includes number of beneficiaries 18 to 75 years old identified as being diabetic through either claim or pharmacy data.
  - Excludes gestational and steroid-induced diabetes denominator and hospice beneficiaries
- Numerator includes number of beneficiaries 18 to 75 years old identified as diabetic who completed a HbA1c test during the measurement period
- For specifications, please see website for HEDIS 2017 measurement

*Please see the “PCMH Program Policy Addendum” for list of codes
Metric 9  
**Diabetics on Statin:** Percentage of diabetic beneficiaries between 40-75 years of age who are on statin medication

- Denominator includes number of beneficiaries 40–75 years identified as being diabetic through either claim or pharmacy data.
  - Excludes gestational and steroid-induced diabetes denominator and hospice beneficiaries
- Numerator counts the number of beneficiaries that also had at least one of the HIC3 codes* to identify statin drugs

Metric 10  
**Xanax:** Percentage of beneficiaries age 18 years and older who were prescribed chronic Alprazolam (Xanax) during the measurement period

- Denominator includes beneficiaries 18 years and older for whom prescriptions were written during the measurement period
  - Pharmacy detail-level claim
  - Excludes hospice beneficiaries
- Numerator includes the number of beneficiaries that had four unique distinct dispensing events (a unique dispensing event is defined as pharmacy claim with minimum drug quantity ≥ 15mg on a different first date of service as another dispensing event) of drug with an ‘Alprazolam’ description under the HIC3 code* during the measurement period

*Please see the “PCMH Program Policy Addendum” for list of codes
**Metric 11**

**ODA:** Percentage of beneficiaries at least 18 years of age as of the beginning of the measurement period with diabetes mellitus who had at least two prescriptions for a single oral diabetes agent or at least two prescriptions for multiple agents within a diabetes drug class and who have a Proportion of Days Covered (PDC) of at least 0.8 for at least one diabetes drug class during the measurement period (12 consecutive months)

- Denominator includes number of beneficiaries at least 18 years of age as of the beginning of the measurement period with diabetes mellitus (HEDIS 2017 specifications used to identify diabetics) and at least two prescriptions for a single oral diabetes agent or at least two prescriptions for multiple agents within a diabetes drug class during the measurement period (12 consecutive months)
  - Excludes gestational and steroid-induced diabetes denominator and hospice beneficiaries
- Numerator includes number of beneficiaries with diabetes mellitus with at least two prescriptions for oral diabetes agents*, in any diabetes drug class, with a PDC of at least 0.8 for at least one diabetes drug class
- For specifications, please see website for NQF specifications: [http://www.qualityforum.org/QPS/QPSTool.aspx](http://www.qualityforum.org/QPS/QPSTool.aspx) and measure search on “ODA"

**Metric 12**

**Eye Exams:** Percentage of diabetic beneficiaries 18-75 years of age who had an eye exam (retinal) performed

- Denominator includes number of beneficiaries 18 to 75 years old identified as being diabetic through either claim or pharmacy data.
  - Excludes gestational and steroid-induced diabetes denominator and hospice beneficiaries
- Numerator includes number of beneficiaries 18 to 75 years old identified as diabetic who had an eye exam (retinal) performed
- For specifications, please see website for HEDIS 2017 measurements

*Please see the “PCMH Program Policy Addendum” for list of codes*
Metric 13
**Medication Therapy:** Percentage of beneficiaries 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent (angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) or diuretics) during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year

- Denominator includes number of beneficiaries 18 years of age and older who received at least 180 treatment days of ACE inhibitors or ARBs or diuretics, during the measurement year
  - Excludes hospice beneficiaries
- Numerator includes number of beneficiaries 18 years of age and older with at least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year
- For specifications, please see website for HEDIS 2017 measurements
- Metric 13 will not include the annual monitoring for beneficiaries on digoxin

Metric 14
**Controlling BP (eCQM):** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period (All payer source)

- Denominator includes number of patients 18 to 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period (All payer source)
- Numerator includes number of patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period (All payer source)
- For specifications, please see website for CMS165v6 Meaningful Use measurements: https://ecqi.healthit.gov/ep
Metric 15

**HbA1c Poor Control (eCQM):** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (All payer source)

- Denominator includes number of patients 18-75 years of age with diabetes with a visit during the measurement period (All payer source)
- Numerator includes number of patients whose most recent HbA1c level (performed during the measurement period) is >9.0% (All payer source)
- For specifications, please see website for CMS122v6 Meaningful Use measurements: https://ecqi.healthit.gov/ep

Metric 16

**BMI (eCQM):** Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation during the measurement period (All payer source)

- Denominator includes number of patients 3-17 years of age with at least one outpatient visit with a PCP or an OB/GYN during the measurement period (All payer source)
- Numerator includes number of patients who had a height, weight, and BMI percentile recorded during the measurement period (All payer source)
- For specifications, please see website for CMS155v6 Meaningful Use measurements: https://ecqi.healthit.gov/ep
Metric 17

**Tobacco Use (eCQM):** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user during the measurement period (All payer source)

- Denominator includes number of patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period (All payer source)
- Numerator includes number of patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user (All payer source)
- For specifications, please see website for CMS138v6 Meaningful Use measurements: https://ecqi.healthit.gov/ep
Contacts

• **Arkansas Foundation for Medical Care (AFMC)**
  
  • Provider Relations Contact information:
    
    
    - Email for PCMH questions: PCMH@afmc.org
    
    - 501-212-8686

• **DXC Technology – APII help desk**
  
  • ARKPII@hpe.com
  
  • 501-301-8311 or 866-322-4946
Questions?

Thank you!