

# **PCMH Update**

**March 9, 2018**

# Agenda

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- Asthma metric
- QA update
- eCQMs
- Q1 delivery dates and MMIS update
- CPC+ reporting
- PASSE contacts



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# Metric Breakdown

## Asthma Metric

William Golden, MD, MACP

Medical Director, Arkansas Medicaid






## Health Care Payment Improvement Initiative

Building a Healthier Future for all Arkansans

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### Provider Portal

Hospitals, Physician practices, mental health professionals and other providers can enter quality data and access their quality reports. Here you will find more information and links to the portal.

[Learn More](#)

### Initiative Overview

- [Why Payment Improvement?](#)
- [How it Works](#)

### Quick Links

- [PCMH Manual and Additional Resources](#)
- [Healthcare Quality and Payment Policy Advisory Committee \(HQPPAC\)](#)

### Announcements & Events

#### Announcements

Important Announcements about Episodes of Care Reports in 2018.

[Click here](#) for details.

#### Calendar of Events

## Patient Centered Medical Homes

[Practice Support](#)

[Shared Savings](#)

[Provider Reports](#)

[Eligibility Requirements](#)

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## Patient Centered Medical Homes

**Providers will be rewarded for performance on quality and cost of care through shared savings**



Today, visits to primary care doctors often focus on acute illnesses with much less attention to managing chronic conditions. PCMH can change that. PCMH will actively promote prevention services, such as vaccines, and will empower patients with the education they need to stay healthy.

For more information, please watch this quick video.



[PCMH Overview Webinar](#)

[Provider manual](#)

Patient Centered Medical Homes

Practice Support

Shared Savings

Provider Reports

Eligibility Requirements

Enrollment

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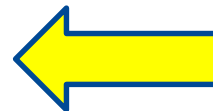
Home / Patient Centered Medical Homes / PCMH Manual and Additional Resources

### PCMH Manual and Supplemental Materials

PCMH Manual	PCMH Policy Addendum	PCMH-PCP List
<a href="#">2018 PCMH Manual</a>	<a href="#">2018 PCMH Program Policy Addendum</a>	<a href="#">2018 PCMH-PCP List</a>
<a href="#">2016-2017 PCMH Manual</a>	<a href="#">2017 PCMH Program Policy Addendum</a>	<a href="#">2017 PCMH-PCP List</a>
	<a href="#">2016 PCMH Program Policy Addendum</a>	<a href="#">2016 PCMH-PCP List</a>
<a href="#">2014-2015 PCMH Manual</a>	<a href="#">2014-2015 PCMH Program Policy Addendum</a>	<a href="#">2015 PCMH-PCP List</a>
		<a href="#">2014 PCMH-PCP List</a>

### Additional Resources

- Forms
- Newsletters
- Quality Assurance
- Report Guides
- Codes
- Metrics
- Vendors
- Additional Resources
- SAG Meeting Minutes



<b>Asthma Metric</b>		
	<b>HEDIS 2013*</b> <i>(Use of Appropriate Medications for People with Asthma (ASM))</i>	<b>HEDIS 2016*</b> <i>(Medication Management for People with Asthma (MMA))</i>
<b>Description</b>	The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.	The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma <b>and were dispensed appropriate medications that they remained on during the treatment period:</b> <ul style="list-style-type: none"> <li>✓ The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.</li> </ul>
<b>Dispensing Event</b>	Three methods to identify a dispensing event: <ul style="list-style-type: none"> <li>✓ If the days supply of a prescription is less than 30, the prescription is equal to 1 dispensing event.</li> <li>✓ If the days supply of a prescription greater than or equal to 30, the days supply is divided by 30 and rounded down.               <ul style="list-style-type: none"> <li>➤ Example: 100 days supply / 30 = 3.33 (rounded down to 3 dispensing events)</li> <li>➤ Multiple prescriptions for different medications dispensed on the same day count as separate dispensing events.</li> <li>➤ Multiple prescriptions for the same medication dispensed on the same day will have the days supply summed and divided by 30 to determine the number of dispensing events.</li> </ul> </li> <li>✓ Inhaler /Injection medications               <ul style="list-style-type: none"> <li>➤ Every inhaler/injection medication dispensed counts as a unique dispensing event.</li> </ul> </li> </ul>	Three methods to identify a dispensing event: <ul style="list-style-type: none"> <li>✓ If the days supply of a prescription is less than 30, the prescription is equal to 1 dispensing event.</li> <li>✓ If the days supply of a prescription greater than or equal to 30, the days supply is divided by 30 and rounded down.               <ul style="list-style-type: none"> <li>➤ Example: 100 days supply / 30 = 3.33 (rounded down to 3 dispensing events)</li> <li>➤ Multiple prescriptions for different medications dispensed on the same day count as separate dispensing events.</li> <li>➤ Multiple prescriptions for the same medication dispensed on the same day will have the days supply summed and divided by 30 to determine the number of dispensing events.</li> </ul> </li> <li>✓ Inhaler / Injection medications               <ul style="list-style-type: none"> <li>➤ Every inhaler/injection medication dispensed counts as a unique dispensing event.</li> </ul> </li> </ul>
<b>Denominator Inclusion</b>	<b>Age:</b> 5 – 64 <i>(as of the last day of the performance period)</i>  <b>Continuous Enrollment:</b>	<b>Age:</b> 5 – 64 <i>(as of the last day of the performance period)</i>  <b>Continuous Enrollment:</b>

	<ul style="list-style-type: none"> <li>✓ No more than one gap in enrollment of up to 45 days during the performance period.</li> <li>✓ No more than one gap in enrollment of up to 45 days during the previous performance period.</li> </ul> <p><b>Persistent Asthma</b> (<i>Beneficiaries must meet at least one of the following in both the performance period and the year prior</i>):</p> <ul style="list-style-type: none"> <li>✓ At least one ED visit with asthma as the principal diagnosis</li> <li>✓ At least one acute inpatient claim/encounter with asthma as the principle diagnosis</li> <li>✓ At least four outpatient asthma visits on different dates of service, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events</li> <li>✓ At least four asthma medication dispensing events <ul style="list-style-type: none"> <li>➤ If a beneficiary had four asthma medication dispensing events and a leukotriene modifier was the sole asthma medication dispensed during the performance period (or year prior), the beneficiary must also have at least one diagnosis of asthma (any setting) in the same year as the leukotriene modifier.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ No more than one gap in enrollment of up to 45 days during the performance period.</li> <li>✓ No more than one gap in enrollment of up to 45 days during the previous performance period.</li> </ul> <p><b>Persistent Asthma</b> (<i>Beneficiaries must meet at least one of the following in both the performance period and the year prior</i>):</p> <ul style="list-style-type: none"> <li>✓ At least one ED visit with asthma as the principal diagnosis</li> <li>✓ At least one acute inpatient claim/encounter with asthma as the principle diagnosis</li> <li>✓ At least four outpatient asthma visits on different dates of service, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events</li> <li>✓ At least four asthma medication dispensing events <ul style="list-style-type: none"> <li>➤ If a beneficiary had four asthma medication dispensing events and a leukotriene modifier <b>or antibody inhibitors</b> were the sole asthma medication dispensed during the performance period (or year prior), the beneficiary must also have at least one diagnosis of asthma (any setting) in the same year as the leukotriene modifier <b>or antibody inhibitor</b>.</li> </ul> </li> </ul>
<p><b>Denominator Exclusion</b></p>	<p>Exclude any member who had at least one encounter (any setting) with a code to identify the following:</p> <ul style="list-style-type: none"> <li>✓ Emphysema</li> <li>✓ COPD</li> <li>✓ Cystic Fibrosis</li> <li>✓ Acute Respiratory Failure</li> </ul> <p><i>* Exclusions are counted if they occurred anytime in the beneficiary history back to 2010.</i></p>	<p>Exclude any member who had at least one encounter (any setting) with a code to identify the following:</p> <ul style="list-style-type: none"> <li>✓ Emphysema</li> <li>✓ COPD</li> <li>✓ <b>Obstructive Chronic Bronchitis</b></li> <li>✓ <b>Chronic Respiratory Conditions Due to Fumes/Vapors</b></li> <li>✓ Cystic Fibrosis</li> <li>✓ Acute Respiratory Failure</li> </ul>



		<p><i>* Exclusions are counted if they occurred anytime in the beneficiary history back to 2010.</i></p> <p>Exclude any beneficiary who had no asthma controller medications dispensed during the performance period.</p>
<p><b>Numerator Inclusion</b></p>	<p>Beneficiary is dispensed at least one prescription for an asthma controller medication during the measurement year.</p>	<p>Number of beneficiaries who achieve a Proportion of Days Covered (PDC) of at least 50% for their asthma controller medications during the performance period.</p> <ul style="list-style-type: none"> <li>✓ Identify the Index Prescription Start Date (IPSD) – The earliest dispensing event for any asthma controller medication during the performance period.</li> <li>✓ Calculate the number of days beginning on the IPSD through the end of the performance period.</li> <li>✓ Count the days covered by at least one prescription for an asthma controller medication during the treatment period (does not include days supply that extend beyond the end of the performance period)</li> <li>✓ Calculate the beneficiary's PDC:             <ul style="list-style-type: none"> <li>○ Total Days Covered by a controller medication in the treatment period / Total Days in treatment period</li> </ul> </li> </ul>

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# Quality Assurance Update

Shelley G. Ruth

PCMH Quality Assurance  
Manager, AFMC

March 9, 2018



# PCMH Quality Assurance Update

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- 12 month activities validation
- Care plan validation point system

Criteria	Points
1. Documentation of all problems	2 points
2. Instructions for follow-up	1 point
3. Assessment of progress to date	2 points
4. Updated	1 point
<b>Total points possible per care plan</b>	<b>6 points</b>

- PCMH must achieve at least 80 percent of total points possible
- Care Plan Validation Scorecard

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# eCQMs

William Golden, MD, MACP



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# Q1 Delivery Dates MMIS Update

Anne Santifer  
HealthCare Innovations  
Department of Human Services



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# CPC+ Reporting

Anne Santifer and  
William Golden, MD, MACP



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# PASSE contacts

Anne Santifer



## PASSE CONTACTS

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**Empower Healthcare Solutions**

1401 West Capitol Avenue, Suite 330  
Little Rock, AR 72201  
1-866-261-1286  
[www.getempowerhealth.com](http://www.getempowerhealth.com)

**Arkansas Total Care**

P.O. Box 25010  
Little Rock, AR 72221  
1-866-282-6280  
[www.arkansastotalcare.com](http://www.arkansastotalcare.com)

**Arkansas Advanced Care**

320 West Capitol Avenue, Suite 211  
Little Rock, AR 72201  
1-855-472-8589  
[www.arkansasadvancedcare.com](http://www.arkansasadvancedcare.com)

**Summit Community Care**

425 W. Capitol Ave. Suite 233  
Little Rock, AR 72203  
1-844-405-4295  
[www.summitcommunitycare.com](http://www.summitcommunitycare.com)

**Forevercare**

400 West Capitol Avenue, Suite 1700  
Little Rock, AR 72201  
1-855-544-8744  
[www.forevercare.com](http://www.forevercare.com)



## PCMH CONTACTS

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### ▪ AFMC

- Provider Relations contact information:
  - <https://afmc.org/health-care-professionals/arkansas-medicaid-providers/policy-and-education/>
- Email for PCMH questions: [PCMH@afmc.org](mailto:PCMH@afmc.org)
- 501-212-8686

### ▪ DXC Technology – APII help desk

- [ARKPII@hpe.com](mailto:ARKPII@hpe.com)
- 501-301-8311 or 866-322-4946

Questions?



Thank you!