2015 Re-Enrollment

In an effort to continue to improve the PCMH program, the 2015 PCMH enrollment process has been updated to include an abbreviated “re-enrollment” form for providers already enrolled in PCMH. These new forms were e-mailed on 9/2014 to the designated PCMH leads for each practice. Changes to the form include areas where you can document

- your mandatory PCMH contact information,
- new physicians who recently joined your PCMH,
- to withdraw physicians who have recently left your PCMH,
- and a table containing your currently enrolled physicians.

The deadline to submit this re-enrollment and update form is 11/17/2014. If you do not submit this form, you will not be enrolled in PCMH for 2015. If you have made drastic changes to your current PCMH, such as separating into two practices that were previously enrolled as one PCMH or combining multiple practices into one PCMH, you may need to consider requesting a full enrollment application.

We appreciate our providers’ continued participation in the PCMH program to make Medicaid more successful for our beneficiaries. For any enrollment questions, please contact HP at 501-301-3811/ARKPII@HP.com.

Provider Outreach

Excitement is stirring as the re-enrollment process continues for the Patient Centered Medical Home Initiative. The AFMC provider representatives are actively recruiting new providers and encouraging current PCMH’s to complete the enrollment/re-enrollment process before the November 17th deadline. To date, more than 275,000 Medicaid beneficiaries lives are being cared for in a PCMH and with the help of AFMC, we hope to increase the number of practices for 2015. Not only will the patients benefit from the patient centered environment where continuity of care and access to providers is greater and care coordination plays a key role in caring for these patients, PCMH’s will be eligible for the shared savings part of the program.

There is no shortage of resources for the program, and you will receive a response within 48 hours of your inquiry. Your provider representative is just one of the many resources ready and willing to offer guidance, provide educational materials, act as a liaison and, answer your questions. They are subject matter experts and are available to provide rapid responses to your inquiries. To find out who your provider representative is, you can visit our website at www.afmc.org or email pcmh@afmc.org.

To learn more about the PCMH program, join us on December 11, 2014, at the Embassy Suites in Little Rock where AFMC will conduct the 2014 Medicaid Educational Conference. Visit our website for additional information and to register for the conference.
2015 PCMH Enrollment is now open for the Arkansas Patient Centered Medical Home program. PCMH is the latest part of Arkansas Medicaid’s payment reform efforts intended to reward effective, evidence based care. The PCMH program is designed to improve population health, enhance the patient experience, and control the cost of care through an increased investment in primary care. Enrollment forms and additional information can be found at the APII website, www.paymentinitiative.org through the “Medical Homes” tab. Enrollment will close on November 17, 2014. If you are currently enrolled in PCMH, please submit a re-enrollment form. The forms were sent to your designated PMCH Lead. Please contact HP at 501-301-3811/ARKPII@HP.com if you have any questions.

PCMH Successes

“Looking more closely at/tracking specific information (like 24/7 access) has helped to provide consistency within our offices.”
-Children’s Clinic Springdale/Kathryn French

“We are tracking patients better to see when they need WCCs, PFTs, etc.”
-Conway Children's Clinic/Amy Irby

“We have hired additional nursing positions/PCMH Care Coordinators and are monitoring PFSH components filled out by MD on first visit with new patients.”
-Stacey George/The Children’s Clinic Jonesboro

“We have better chart documentation by the physicians.”
-Little Rock Children’s/Beth Curry

“Opening of walk-in clinic model to/has allowed immediate access.”
-Marilyn Tate, Northwest Arkansas Pediatric Clinic

Default Pooling

All PCMH providers are enrolled in a default pool for shared savings for the 2015 enrollment period. Providers have the option of opting out of default pool if they pool voluntarily or standalone as long as beneficiaries total to 5,000. If you do not meet the 5,000 for six month requirement, you will not be eligible for shared savings.

For more information on pooling options, PLEASE CONTACT US at 501-301-3811/ARKPII@HP.com. NO CHANGES WILL BE MADE TO YOUR ENROLLMENT DESIGNATION, after 11/17/2014 (the end of the enrollment period).
Managing Referrals within a Patient-Centered Medical Home

Evaluating the PCMH (Patient-Centered Medical Home) metrics and performance targets as set forth by Arkansas Medicaid has been an eye-opening and thought-provoking experience for the staff and providers of Central Arkansas Pediatric Clinic (CAPC). Fortunately, our initial reports illustrated that we were close to, or meeting targets for many metrics; however, several of the activities that we are not accustomed to monitoring have presented challenges. An in-depth evaluation of our referral process is an example of one of these challenges.

CAPC chose to target referrals from three perspectives: (1) referral tracking; (2) referral volumes by diagnosis; (3) reducing referrals by enhancing in-house services.

CAPC has the referral process organized around a centralized referral secretary/coordinator. Almost 100% of inter-office communication related to referrals is achieved electronically through the clinic’s EMR, e-Mds. Tracking referrals using electronic documentation is much less time-consuming, than a paper system. The provider “orders” a referral just as they would order a laboratory test or radiology procedure using a “dummy” CPT code. This order is immediately visible to the referral coordinator, who processes the request based on insurance guidelines and sub-specialist preference. She schedules the appointment, when needed, communicates with the parent, and documents her activity which becomes visible to the ordering provider. If a question arises regarding the referral, the documentation is a part of the patient’s electronic medical record. Reports driven by the dummy CPTs identify referral volumes by sub-specialty.

Using the referral reports and ICD frequency reports, CAPC providers were able to discuss referral volumes by diagnosis. This exercise resulted in a plan to develop clinical protocols for first line, in-house management of selected diagnoses to reduce reliance on sub-specialty care. With an asthma and weight-management clinic already established and staffed by one of our APNs, we were able to build on this success by adding the 6 month interval ADHD management visits rather easily. Protocols for dermatology (acne), headache management, and abdominal pain are currently being developed.

Through this exercise of evaluating our practice from the perspective of top diagnoses and referral patterns, we gained additional insights and the confidence to boldly move forward under the concept of achieving a more patient-centered medical home.

-Cheryl Arnold, MHSA, FACMPE Administrator, Central Arkansas Pediatric Clinic, Benton, Arkansas

Through our Learning Collaborative Sessions and monthly informational webinars, the ARAAP is currently promoting PCMH by sharing information on: enrollment and re-enrollment, new pooling efforts, using data to decrease costs, understanding the medical neighborhood, creating effective care plans and many other topics.

Our upcoming events include: monthly PCMH Informational Webinars hosted every fourth Tuesday at 12:15pm– 11/25/14, 12/23/14, 1/27/15, 2/24/15, 3/24/15, 5/26/15, 6/23/15, and an in-person Learning Collaborative meeting on 4/7/15. If you would like to attend and/or need more information on these events, please contact Kristen at kristen_pfeifer@yahoo.com.
Quality Assurance

AFMC developed the quality assurance process for the PCMH program to assist Arkansas Medicaid with ensuring that only qualified providers are receiving incentive payments. To that end, AFMC reviews attestations and documentation in the provider portal to ensure that enrolled practices are meeting the required activities. Onsite visits are being scheduled to validate the practices are meeting the activities as they have attested.

After the onsite validation visit, if a practice is found to be deficient in meeting the respective activity requirements the practice will be required to complete a Quality Improvement Plan. The purpose of the plan is to identify why the activity was not met, explain actions that will be taken to correct the deficiency, and a timeframe for the improvement efforts to take place.

To assist practices with understanding the activities, AFMC provides educational webinars, which also provide opportunities for practices to give helpful feedback about the PCMH program. These webinars are available on the payment initiative website at www.paymentinitiative.org.

SHARE Highlights

Practices enrolled in PCMH are required to join SHARE and be able to access inpatient discharge and transfer information. Practices must be able to document compliance by December 31, 2014. The first step to connect to SHARE is entering into a Participation Agreement (PA). Once an Agreement is signed, the Office of Health Information Technology will work with your practice to determine how you want to connect to SHARE. Signing a PA is just the first step, so please do not delay. Practices who wait until December to sign a PA may not be able to demonstrate compliance for this requirement. As of today, 43 practices still need to join SHARE to meet this PCMH program requirement.

The average cost for connecting to SHARE is between $50-$75 a month. Your clinic will not be billed until your accounts have been created and your clinic has been trained. This PCMH requirement is not dependent upon whether your affiliated hospitals are connected to SHARE. If you have additional questions, please contact SHARE at (501) 410-1999.

Upcoming AFMC events:
December 11, 2014 - 2014 Medicaid Educational Conference
Embassy Suites Little Rock, AR
You may register here http://mmcs.afmc.org/Events/

Qualis - Practice Learning Collaborative Event COMING IN NOVEMBER!

Arkansas Medicaid PCMH Practices that have chosen to use the Qualis Health PCMH Practice Support Program during 2014 have an exciting in-person learning workshop opportunity coming up in November! Join us Tuesday, November 18th at the Crowne Plaza in Little Rock.

Practices enrolled with Qualis Health can register for the event by accessing: http://app.certain.com/profile/form/index.cfm?PKformID=0x19078487f84
SHARE Connects Practices and Hospitals

SHARE – the State of Arkansas’ Health Information Exchange (HIE) – is available in order for the practices to meet the Patient Centered Medical Homes (PCMH) 12-month requirement of accessing inpatient discharge and transfer information electronically. SHARE improves communication of referral information to and from your hospitals. By joining SHARE, hospitals and practices are able to send health information securely and immediately at the point of care. Health Information Service Provider (HISP)-to-HISP functionality allows you to send critical event notification/alerts to the primary care physicians (PCPs).

How SHARE benefits your PCMH practice:

When a patient is discharged from a SHARE-participating hospital, the hospital can send a notification/alert to the patient’s SHARE-participating PCP to schedule follow-up care despite utilizing separate EMR systems. This transition of care reduces the likelihood of readmission potentially saving both the patient and the PCMH practice thousands of dollars. This SHARE secured messaging allows participating hospitals and PCP practices to communicate bidirectionally any information regarding all of their patients’ health care needs. For more information about SHARE’s technical requirements or suitability for your clinic, please contact SHARE at the Office of Health Information Technology (OHIT) by calling (501) 410-1999 or emailing info@sharearkansas.com.

Pooling FAQs

How do practices go about pooling?

In 2014, 2 practices may pool together, regardless of their location or specialty (e.g., pediatrics, family medicine), if their total number of attributed beneficiaries for more than 6 months is 5,000 or more. In 2015, multiple practice may pool together to reach the minimum number of beneficiaries, but if a practice is unable to find suitable partners, a statewide default pool will be available to join. Practices wishing to pool must submit accurate, complete, and signed pooling request forms before the end of the enrollment period. Pools must be renewed each year. See sections 233 and 234 of the PCMH provider manual for more information on pooling.

If we decide to pool at a later time and can find a clinic, will there be another registration? I know the default pool is in 2015.

Practices must re-enroll in PCMH annually, as outlined in 210.000 of the provider manual. Enrollment for the 2015 performance period will open in October, 2014. At that time you may pool to form a shared savings entity as outlined in section 230.000 of the provider manual.

Is there available somewhere a viewable listing of all participating practices in the state so that we can explore to possibility of pooling?

A list of all PCMH enrolled practices and affiliated primary care physicians is available on the “PCMH Manual and Additional Resources” page of this website: http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx.
Reach Out to Us!

We encourage our providers to submit feedback via email. We’d like to know what you think of our newsletter. If you have any topics you would like us to explore or questions you want answered, please send us your suggestions.

We want your articles! Contribute to the PCMH program like Cheryl Arnold in our featured provider submission.

Please email your ideas to us at pcmh@afmc.org.