Facilitator: Dr. William Golden

Roll Call of Attendees

Dr. Golden

- Still awaiting CMS determinations about who has been accepted to CPC+. There were 244 practices that applied.
- Data from 2015, from CPC, shows Arkansas Medicare PCMH practices had net savings. There were only a few states that had net savings. The program as a whole essentially broke even. The data indicated that 95-99% of the practices were able to transmit ECQMs. Arkansas had one of the lower rates of number of practices enrolled in the program but had one of the highest per member per month payouts. That may be due to many Arkansas practices having more Medicare patients than practices in other markets. Very positive information from CMS.
- Information was sent to members regarding the Primary Care Payment Model workgroup putting its white paper on the web today. Dr. Golden co-chaired this endeavor. A key leader from the AAFP, who is on the LAN committee, has shared the white paper with AAFP leadership and they appear to be very pleased with it. The committee was about 20 individuals from various states and all were concerned about burn out and about the need to improve the practice environment. The group shared many uniform opinions that E & M coding is very inconvenient and also agreed that there was a need for simplicity. There was positive support for increasing per member per month upfront dollars, promoting alternative visit arrangements such as emails and video visits (non-face to face kind of support), and then to reward practices for practice management population health and those kinds of metrics. It’s very much in keeping with CPC+ and somewhat in keeping with DMS's PCMH program. As we go forward, we can take this paper and our experiences and begin to think about the future of the state program. There’s been debate about the 5,000 issue. The white paper has an interesting triangle and there was a lot of discussion and debate within the LAN group about the differences between what risks small practices can take on verses what a larger network can take on and how one can design programs as such. Clearly, the bigger the number the more risk that can be taken on. The smaller the number, one starts looking at different kinds of measures. The 5,000 number, by many, is considered fairly low by many for taking on insurance risk, which is upside/downside total cost of care things. Laura Sessums, who is running CPC+, was very adamant against the idea of taking on insurance risks for smaller practices. One thing to consider when changing how things are done in the future is to make the numbers smaller and using different kinds of metrics to achieve some element of bonus payments based on the different kinds of metrics and then have, if useful, larger networks or larger practices consider taking on different kind of risk structures. These are just a few ideas to consider over the next year or so, particularly as this paper comes out and people begin to get a bit more sophisticated as to what PCMHs can take on and how to reward them. More of this will be see as the traditional fee for service method is moved away from and a more prospective upfront dollars and secondary performance assessments and rewards approach moves into place. The white paper entitled “Primary Care Payment Models” can be found on the HCP LAN website at https://hcp-lan.org/workproducts/pcpm-whitepaper-draft.pdf

- There is interest from BCBS, QualChoice, and others to expand the SAG into much more of a PCMH call as opposed to just a Medicare PCMH and discuss CPC, CPC+, and future evolution
such as data sharing and metrics. DMS will be looking over our list of participants and expanding the list.

- Alicia from BCBS expressed that we as a state really look at patients and their medical home development as a whole and any conversations we have, not only the state but also the PCMH, CPC, and CPC+, would benefit by bringing more stakeholders to the table and using this forum for communication as we work toward quality metrics or putting in tools to support practices is an excellent forum.

- Dr. Maruf added that we have been working toward APNs and this is where we are heading and this is a good platform to have the discussion about all PCMH programs and activities. Going forward we will be looking at the quality and utilization metrics and also working with CMS as to what they are coming out with. This is a good forum to communicate and collaborate.

Dr. Golden
- Dr. Golden stated that he had received some data from the health department yesterday (10/18/16). DMS had them look at how many of our medical homes are involved with the immunization registry and how many are involved with the opioid monitor process. DMS discussed having an activity requirement of signing up for the opioid monitoring program. Turns out that about 60% of DMS’s PCMHs are enrolled in the opioid monitoring program and only about 50% to 60% are part of the immunization registry. It is understood that the immunization registry has some technical issues. But those could both be goals for future performance activities. The payers are very interested in learning how to figure out ways to share data with minimal burden of finance and time. There is an interesting article coming out by Dr. Christine Sinsky about the time burdens of EMRs and the work flow changes. The issue of data burden and burnout may be a serious issue in the next few years. DMS will be looking into ways of how to simplify the program such as payment reform, documentation reduction for E and M codes, and shifting to a care plan orientation may simplify documentation in some ways.

- Next week, DMS PCMH will be doing a statewide webinar on 10/28/2016.

- DMS has regular meetings with field staff to go over issues about the technical concerns about our metrics and to make sure the metrics are fair and that the data makes sense as it is collected.

Comments and Questions
- Dr. Hundley mentioned that credentialing with BCBS now requires that practices be signed up with the prescription monitoring database. It doesn’t require that they use it but it does require that they sign up.

Alicia Berkemeyer/BCBS
- Alicia asked to spread the word on enrollment for both Medicaid and Arkansas BCBS PCMH. Due to the delayed notice from CMS on CPC+ practices, BCBS is asking everyone to go online to the portal to sign up. That way no payments are stopped due to the delay in notification of CPC+. BCBS should receive the letter at the end of November/beginning of December from CMS notifying them of the practices accepted.

Shelley Ruth/AFMC QA
- Six month validations have been mostly finished for 2016. As of today, there were 134, or 95%, out of the 141 PCMHs that were eligible for validation that have successfully completed the validation of the 6 month activities. There are currently 3 PCMHs that are in remediation for not completing the 6 month attestations in the AHIN portal. Their remediation period was 90 days from the date they were notified of the deficiency so their remediation period ends today. The
QA specialists will be pulling those attestations beginning tomorrow to review them and then schedule on-site validation visits with those 3 practices.

- Currently there are 4 PCMHs in remediation for validation deficiencies. The majority of those were for Activity F which is the 24/7 access to care. Those PCMHs have 45 days from the date that was on the deficiency notice to remediate. That remediation date is 10/24/2016. The day after that, they will be contacted to verify that they are meeting that activity.
- The deadline for PCMHs to attest in the AHIN portal to having a Care Plan for their high priority beneficiaries will be 12/31/2016. PCMHs must attest to at least 80% of those high priority beneficiaries having a Care Plan and an update to the Care Plan in the medical record. For the 2016 performance period, AFMC is aligning with what BCBS has done with their Care Plan review. AFMC will randomly select 20% of the attested to Care Plans and at least 80% of that 20% must pass validation. They must pass the four required elements which are documentation that the beneficiaries appropriate problem list, instructions for follow-up, assessment of progress to date (which would include documentation and assessment of each problem), and it must be updated twice within the 12 month period.
- On 10/11/2016, AFMC had a conference call with AHIN, the AFMC IT Department, and DMS to discuss the process of giving PCMHs the ability to submit their care plans via the AHIN portal. This new process would help decrease the burden on Care Plan submissions on both the practices and the QA staff. At this time it is still in the development phase but it is hoped that it will be ready by the end of 2016. The new process would entail the practices receiving a notice requesting Care Plans to be submitted, in a PDF format, into the portal, and then the QA specialists at AFMC would be able to obtain those as soon as they come in.

Dr. Golden
- The launch of the Medical Neighborhood will take place during the first quarter of 2017. PCMHs will receive performance data from hospitals and consultants in their regions. This will be a big step forward. DMS has shared a framework with the Hospital Association and the Medical Society. An email went out prior to the SAG meeting that included a letter of our first effort to do this which shows emergency room prescriptions for antibiotics for the common cold. Beginning January of 2017, DMS will start making people’s rates public. Shortly thereafter, DMS will begin to develop similar profiles for other kinds of providers.

Anne Santifer/DMS PCMH
- During the last SAG call, it was mentioned that an alternate plan be proposed to recover PBPMs. This is to alleviate the burden of the drop that happened in March 2016. Not much feedback was received on the proposed plan so unless there are any concerns, DMS will go ahead and move forward with the plan to hold recovery of PBPMs until Q2 of 2017. No concerns were expressed by SAG members during the call.
- Last week, 19 practices received Shared Savings in their October 13th RA. They also received a letter around October 7th. The 19 practices received roughly $2.7 million. DMS withheld 20% of Shared Savings this year and that 20% will be paid out during reconciliation time in April 2017.
- There is a PCMH Webinar coming up 10/28/16. Invitations have been sent out. It will be at noon.
- Just a reminder, 10/31/16 is the last day to enroll in the PCMH Program for 2017. If you were a CPC Classic practice last year, you will have to apply for the state PCMH Program this year. PBPMs will be paid by the state rather than by CMS. At this time, roughly 54 practices have applied and 3 new clinics coming up.

David Walker/DMS HCI
• The Timely Filing period opened on Monday (10/17/16). It will run through April 15, 2017. It’s for the starting period of 10/01/13. Once it closes, a report will be run showing the claims per PCP then the PCCMs will be paid out in a lump sum probably around the first of August 2017. An email was sent to all SAG members this morning with more details on Timely Filing Edit Information. On the first day, there were roughly 200 claims.

Comment/Questions

• Dr. Maruf added that QualChoice was steadily working on CPC+ and focusing on the quality of the utilization metrics. They are trying to align with CMS and other payers as much as possible. It is still in the works at this time.

• Dr. Golden stated that last week ONC released a contracting guideline document for EMRs. It is a tutorial on what to do/not to do when you buy an EMR or negotiate with a vendor. The link will be sent out to SAG members. https://www.healthit.gov/sites/default/files/EHR_Contracts_Untangled.pdf

• Alicia added that the final regs for MACRA had been released this week and it would be helpful if that link was sent out as well. She also expressed appreciation to all the practices for their hard work in the program.

• Next SAG call will be 11/16/16.

• Meeting was closed.