Strategic Advisory Group
November 30, 2016

Facilitator: Dr. William Golden

Roll Call of Attendees

Dr. Golden

- Dr. Golden asked for comments on any CPC+ documents that members had received since submitting their applications.
- Dr. Hawkins commented that the hardest part was completing the spreadsheet which entailed multiple questions regarding data. Dr. Hawkins commented that they were doing well with the ECQMs and would be changing EHRs to EPIC in the very near future.
- Dr. Golden stated that the activities between CPC+ and PCMH were being cross-walked. There is a lot of overlap and CPC+ seems to be more rigorous than the PCMH program. If you are in good standing with CPC+, you are more likely to meet PCMH requirements. But some sort of validation for activities across the board needs to be done. So DMS and AFMC will probably have to come up with some sort of validation process in the near future. The 24/7 access will still be required. The PCMH requirements are still very important because pediatric practices still need to be doing some of the activities. If you are meeting the CPC+ requirements on patient council, then you would be meet PMCH requirement on patient engagement. DMS PCMH has added in enrollment in the Prescription Drug Monitoring Program (PDMP) which is a state specific need. DMS is going to have to look into data feedback as CPC+ will only be collecting the quality metrics once a year and this could become problematic. DMS will need to have some validation of Care Plans. Also, the issue of satellite sites that are not in CPC+ and how those will be dealt with will need to be addressed.
- Dr. Hawkins added that most prevalent difference between CPC+ and PCMH is the PCMH Care Plan. Dr. Golden asked his opinion of the major differences. Dr. Hawkins said the Care Plan in CPC+ is a care coordinator care plan so a CCM type Care Plan and the Care Plan from PCMH is somewhat provider driven. Dr. Hawkins stated that the idea that every chronic condition is to be documented and what you are doing to deal with it seems to be more of an exercise than providing high quality care. Dr. Golden responded that DMS would cross walk them and see if a better plan could be figured out. Dr. Hawkins said that he thought that the Care Plan is supposed be part of the note in PCMH and CPC+ there are specific Care Plan notes and not part of a progress note and they seem to be very different. Dr. Golden stated that the option to use progress notes was given in lieu of a Chronic Care Note so DMS is trying to make it flexible and it could go either way. Smaller practices may not have a care coordinator so DMS said you could do a separate chronic care note if needed. Dr. Golden added that the issue would be looked at more closely and changes would be made accordingly.
- CPC predated PCMH and PCMH was created in many ways to cover the pediatric population, the non CPC population and the QHP population. So in the beginning, CMS was paying for the Medicaid CPC population. Now it’s being paid for out of Medicaid PCMH funds, so there has to be accountability for the PCMH program. Because there is no Medicaid component to the CPC+ program, individual enrollment into each program is required. DMS is trying to make the process as simple and streamlined as possible.
- There a Medicaid conference coming up on December 7 at the Embassy Suites and a lot of the issues regarding CPC+ and PCMH will be discussed. The cross walking of the programs and clarification on Care Plan notes will be part of presentations at that meeting. There will also be
discussion on the Medical Neighborhood Report that is to be released in the first quarter of 2017. Other topics are still being developed.

- DMS is working on an Opioid Prescribing Report for providers and not necessarily for public disclosure. A model is being developed to give practices some feedback on how their patients are receiving Opioids, Benzodiazepines, and some muscle relaxers. The report will show how you compare to other physicians. This will give a sense of community norm and where your population is compared to others.

- DMS is working with the other payers as well as the health department to improve data extraction from EHRs to make it less burdensome and less expensive as possible. In the near future, EHRs are supposed to do able to do QRD1 data extraction. DMS is working with the Medical Society and the Hospital Association on this. OHIT and SHARE have been transferred in to the health department so they will no longer report to the governor’s office but will report to the health department. There will be more discussion on how everything will be integrated. Other state models are being looked at to gather more information on data extraction.

Alicia Berkemeyer/BCBS

- On December 15 the final stakeholder meeting for CPC classic will be held. BCBC will distributing shared savings within the next couple of weeks for 2015 CPC.

- It has been announced that there are 182 clinics that have been chosen for CPC+ in Arkansas. BCBS is working as a commercial payer with CMS on the listing. Some of the information needed by commercial payers, such as a clinic NPI not being received on a CMS application, is lacking so BCBS is manually going through the list and attempting to match up information to get application agreements sent to those practices.

- The learning and diffusion that CMS previously handled for Arkansas is up for bid. The final submissions for applications for the learning and diffusion in regional areas is due December 5.

- For CPC payments beginning the first part of 2016, BCBS will treat quarter one as a 2016 almost payment so anyone in CPC or PCMH today will receive payment so there is no gap in payment. Then April 1, start making the normal CPC+ payments.

- Dr. Maruf added that QualChoice will also be sending out agreements for CPC+ and they hope to have a quick turnaround on those so they can have a definite start date for the payments. The payers are working on the agreements which will be similar to the one that CMS has sent out.

- Dr Golden asked about the enrollment periods for the other payers in the other medical homes. Alicia stated that for BCBS, the application deadline was December 1. She said that BCBS had encouraged any practices not accepted by CPC+ to apply for the BCBS PCMH program.

- Dr. Maruf added that the same information was true for QualChoice.

Comments/Questions

- DJ Lewis asked (1) when CPC+ transformation coaching would be provided and (2) how QualChoice was sending out the agreements for CPC+.

- Dr. Maruf was unsure if they would be emailed but thought they would be mailed to the practices. She said she would have to do more checking on that.

- Alicia stated that CMS has a request for proposal out for transformation vendors until December 5. She thought that they may not find out who will be coaching until the end of January 2017 or beginning of February 2017. Whoever is picked to do the coaching will be doing so for the next 5 years.

- DJ asked if the payers or CMS would be their point of contact for questions. Alicia stated that any of the payers would be happy to take questions and coordinate those with CMS. CMS also welcomes direct contact.
Dr. Golden

- Dr. Golden added that the payers in Arkansas can’t respond to contractual expectations of CPC+ by the feds. Although, communication between Baltimore and the Arkansas payers is better than when CPC Classic began. There is somewhat regular contact with CMS so if there are specific issues that can’t be resolved by the CPC+ help desk or helpline, DMS will try to troubleshoot but will not be able to give authoritative answers.

- Dr. Golden said DMS had a meeting with one of the pediatric practices in the state about PCMH and the metrics. They brought up some very good ideas. They talked about the well-child visits, enrollment issues, as well as meeting some of the other criteria. DMS may make some modifications on the quality metric for the well child visits. The practice brought up that if a child transfers into their practice at 6 months of age, it’s hard to catch up and get the 5 well-child visits. So DMS may look at and put some requirements into the denominator that you have to be in the practice for a set period of time to be accountable for that number. Dr. Golden added that DMS welcomes those kinds of visits and communications as they are beneficial for the program. More information on those modifications will be communicated in the near future.

- Dr. Warren Skaug asked if he and Dr. Golden could have a meeting regarding the asthma metric which is based on the HEDIS measure. Dr. Golden welcomed the meeting and said DMS would get it set up. Dr. Randall Hundley also asked to be part of the meeting and was included on the invite (that meeting occurred on 12/22/16 at 10 a.m.).

- DJ Lewis asked if there was a document that showed the differences between PCMH and CPC+. Dr. Golden advised that a document to cross walk the activity requirements is being put together and will be sent out.

Shelley Ruth/AFMC

- At the last SAG meeting, it was reported that there were 141 PCMHs eligible for validation and that 134 has successfully completed validation of the six month activities. Out of the 7 still in question, 3 of those were in remediation for not completing the attestations in the portal and 4 were in remediation for validation deficiencies primarily with Activity F which is the 24/7 access to care.

- Since the last meeting, 2 PCMHs have dropped out of the program. So the current number of PMCHs eligible for validation is 139. As of today, all 139 have passed validation for the six month activity.

- Two PCMHs were initially placed in remediation for validation for Activity F and a revalidation was done and they did not pass so they were referred to DMS. DMS sent them letters of suspension. In that letter, there was a statement that the practices had 30 days to request reconsideration and both did a reconsideration letter. AFMC conducted another after hours call and both of those practices passed. So the passing rate for 6 month activities is currently at 100%.

- AFMC is getting ready to review the 12 month activities. The deadline to complete the attestation in the portal is December 31.

- December 31 is also the deadline for PCMHs to attest to their High Priority Beneficiaries having Care Plans and an update in the record.

- Yesterday during the monthly AHIN meeting, AFMC received an update on progress of giving PMCHs the ability to submit Care Plans via the AHIN portal. Everything is currently on track for that and it should be ready to go live December 29. AFMC will be providing education and screen shots of how the process will go to the providers, to the practice transformation vendors, and the provider reps. When prompted in the AHIN portal, the portal will randomly select 20% of the attested Care Plans. Once that is complete, the practice will receive a message in the
portal stating they have a request for submission of the Care Plan documentation. The request will include the beneficiaries’ name, ID number, date of birth, and a brief description of what is being requested (ex: Care Plan). Practices can only submit documentation for records being requested. Practices will upload the documentation in PDF format into the AHIN portal. Using MoveIt (a secure file transfer system) the documents will be transferred from the AHIN portal to a secure location on the AFMC server for retrieval by AFMC QA staff. QA staff will then access the document and conduct reviews.

- Testing of the new process will take place next week. Once testing is complete, QA and DMS will work together to create step by step instructions, including screen shots, of the process. Education and instructions will be provided to the practices as well as the practice transformation team and the provider outreach team so they may assist practices and answer questions.
- The purpose of the new process is to decrease the burden of Care Plan submission for both the practices and the QA team and to align the submission process with other payers such as BCBS.
- Josh Heimburg brought up the issue of high volume of HPB Care Plans being downloaded into the portal and the time it will take. Per Anne, this process can be done at your own pace and won’t need to be done all at once. Dr. Golden added that DMS will review time limits and work with providers to make the process flow as smoothly as possible.
- There will be some changes in the PCMH reports. Per Anne, the cost graph and the medium/high threshold graph will be changed in appearance only. The numbers will be the same. The new look will be more provider friendly.

**Anne Santifer/DMS PCMH**

- The 2017 Addendum has been posted to the APII website. It has all of the technical specifications, the new metrics, activities, etc. There are no targets listed for the metrics at this time as they are currently in development. DMS received feedback last year and were asked to set targets that rate no higher than the average performance from the previous year. So for 2017, the targets will be based on 50th percentile of the PCMHs in 2015. Those should be on the site by the end of the year.
- Last week, PBPMs went out for Q4. On December 9, the Q4 reports will be posted. For Q4, DMS only creates reports for the current performance year so you will only see reports for 2016 configuration. You will not see another 2015 report until Q1 of next year after final reconciliation is finished.

**Comments/Questions**

- Dr. Maruf added that the QualChoice CPC+ agreement will be going out via email.
- Amanda, NEA, wanted to confirm that practices that were accepted into CPC+ do not need to apply for the QHP PCMH program. Dr. Golden stressed that that is incorrect and that they must apply separately.
- Per Alicia Berkemeyer, if you have been accepted into the CPC+ program, BCBS will automatically accept you but there will be an application that has to be completed and BCBS will be that sending out. But practices do not have to fill out the BCBS PCMH application on the portal if they have been accepted into the CPC+ program.
- Per Dr. Maruf, practices would have to enroll in the QualChoice PCMH.
- Per an Arkansas Health and Wellness rep, they would auto enroll the practice.
- There will be no December SAG meeting and the next meeting will be January 11, 2017.
- Meeting was closed.