Strategic Advisory Group  
March 23, 2016

Facilitator: Dr. William Golden

Roll Call of Attendees

Dr. William Golden

- Since the February meeting, a small sub group met to discuss miscellaneous issues. DMS is moving forward to reduce the time lag for the quality metrics from 6 months to 3 months so as the claims data is processed. DMS will place that in to the metrics which will be reflected in the report cards. DMS is working with Blue Cross Blue Shield and others in an effort to get a more sophisticated portal website for sharing multi-payer information about performance.
- Pool Size: White paper coming out from Mathematica which is about pool size. DMS is in the process of meeting with Maine about their pool size. Discussed the issues with changing pool size. Talked with CMS about pool size and they are willing to host a conference call so they can speak directly with members of SAG, and others, that need clarification on pool size. Dr. Zimmerman expressed that she and other doctors would like to speak directly to CMS regarding pool size.
- Risk Adjustment: DMS has been working with HP and has increased the number of diagnoses per claim to enhance risk stratification.
- Quality Metrics: DMS is now basing the thresholds on average performance of eligible pools for shared savings which would then be adjusted each year depending on the performance of the state. DMS realizes there are issues with electronic medical records data extraction.

Open for Suggestions, Questions, and Comments

- Dr. Zimmerman then expressed the need for the use of real-time data and how outside vendors could be more beneficial for the doctors. Dr. Golden advised that a request to Medicaid of a vendor is currently under legal review. Dr. Golden has been told that CMS does not accept the vendor submitting data to Medicare meaningful use.
- Dr. Brad Bibb stated the SAG was turning in to more of an informative session as opposed to gathering physicians' input. Dr. Golden recognized the need for physicians to speak up during the SAG calls and that they were all welcome to add items to the agenda to discuss. He stressed active engagement and to bring up issues on the call so they can be discussed. The S.A.G. discussed the complexity of the program and not everything would always be implemented but all ideas could be discussed. Dr. Golden mentioned emails from Dave Wroten, outreach teams, practice coaches. Medicaid is constantly looking for speed bumps and defects that need to be addressed. Dr. Golden explained the reason for the Pre-SAG meeting and stressed that all suggestions and ideas were being taken in to consideration.
- DMS is working with Blue Cross to try to build infrastructure to enhance portal data. Dr. Zimmerman stated that she felt the only way to get correct data was to compile it at the practice level. Dr. Zimmerman requested that all payers in the program begin to communicate with some of the middle ware companies, such as Lightbeam, that could collect data from the practices and take to payers.
- DMS is actively involved with ONC about electronic medical record extraction. We (Arkansas) are one of the few states in the country wanting to try to get all payer simplified data from one source from EMRs to the state program. There are significant barriers and most vendors aren’t required to facilitate this.
**Alicia Berkmeyer (Blue Cross Blue Shield)**
- Stated that they had looked at Lightbeam. They could host a Multi-payer meeting that they would be willing to bring vendors in to get more information.
- Dr. Lubna Maruf, Qualchoice, stated that they would be interested in looking to those vendors and see what the vendors can do.

**Dr. William Golden**
- DMS rewards all of the PCMHs based on management of total cost of care. The private option has moved some patients out of Medicaid so the total cost of care in the state has shifted. DMS wants to make sure to reward people on care management and not on the disappearance of patients because the private option. DMS should have more information on that probably next month.
- Dr. Johnson indicated that low reimbursement to physicians was a big issue and he felt they are not receiving the benefits of what the program had initially indicated.
- Dr. Lewis expressed concern about the smaller practices not having the resources to keep up with the program requirements. Dr. Golden advised that the program is set up to be beneficial to small practices but must have metrics to assume accountable performance.
- Dr. Lewis asked what the best models are for small practices. Dr. Golden suggested that Medicaid would showcase some of those at regional meetings and webinars.
- Dr. Golden advised of the success of the program in Arkansas and the attention it has gained nationally.
- There have been data struggles this year with the High Priority Beneficiary List. The High Priority Beneficiary list is to give guidance identifying individuals that benefitted from care plans. Additional data doesn’t necessarily help in choosing the high priority patients. The list is a service to practices as to who they want on their lists to be accountable for care plans. DMS is working with our coaches on that information.

**Dr. Golden requested comments on the webinar**
- Gloria, with The Medical Society, stated that they haven’t received the survey results back yet and once they did, they would be able to give some comments.

**Alicia Berkmeyer**
- Commented on some of the BCBS outreach programs that are being put in place. She stated that they are scheduling regional meetings for PCMH and have invited other payers to join and those meetings will be in April and May. Because BCBS has opened up to other PCMH practices, not just the ones that have been approved or designated by Medicaid, we have some new clinics that are experiencing PCMH for the first time. She indicated they will be going over the basics of the program, resources, etc. That will be coordinated regionally throughout the state and practices will receive invitations via email.

**Dr. William Golden**
- The time limit is coming up on some of the coaching support. DMS is trying to find ways to continue some practice support and some of that will come via statewide webinars. Also, the SAG group may possibly offer some help to get information out to PCMHs about best practices. Suggestions for ideas for moving forward were encouraged.
**Lech Matuszewski**
- The PCMH program was initially authorized by CMS through the end of 2016 and DMS has prepared a full submission for CMS to ask for an extension of the program. If the request is granted, the program will be approved permanently under our state plan.

**Shelley Ruth**
- For the 2016 performance period, the remediation period is shortened compared to what it was for 2014 and 2015. Practices will have 90 days to remediate performance for Notice of Attestation Failure. For Validation Failure, they will have 45 days to remediate performance. This info is in Section 242.000 of the PCMH manual. QA team is in the middle of validating the care plan for the 2015 performance period. The reviews are going very well. There has been a significant improvement in the Quality of Care Plans being reviewed.

**Comments**
- Dr. Lewis commented that if the remediation time is going to be shortened this is another reason why it is crucial for practices to get real time data.
- Dr. Golden commented that some of the remediation actually deals with processes as opposed to quality metrics so it deals with structural elements of the practices. DMS is looking for good faith progress in meeting the basic standards for some of the transformation activities. Transformation activities, total cost of care data, and quality metrics are the different categories. Shelley’s team is looking more at validation of the structural elements that support the member per month payments.
- Dr. Golden explained that the Quality Metrics qualify you for shared savings and are not remediated. The issues that require remediation are transformation expectations that are put forward in advance with a deadline. If you fail the metric, you’ve been given a period of time to then fix the failure.
- Dr. Golden explained that there have been extreme delays in final determinations of poor performance. People are still getting PMPMs even though they are potentially substantially out of compliance with the program. He said this was an effort to reward practices that are achieving the goals of the program and not reward practices that are not.
- Lech commented that at the beginning of the program a more generous timeline for remediation was given but DMS has actually received some complaints from practices about this because with a longer timeline we are just now making determination for practices for 2014 and 2015 and we have received some negative feedback. Originally we had 3 buckets of requirements: Quality Metrics, Practice Support Metrics, and Activities. For 2016, we only have 2 buckets of these requirements, one that is driving Shared Savings, which is Quality Metrics, and Activities, which are not based on data. So that simplified the process and alleviated the need for us to wait for the data related results. The change was done to be helpful rather than make it harder on practices.
- Dr. Golden noted the shortening was an adjustment to the program that was misdesigned at the start of the initiative.

**General Announcements**
- DMS is finding that there are one or two medical homes that have improperly enrolled. They have enrolled as a single site and they have multiple clinic sites. One might have enrolled that way in the PCCM program which is in violation of the PCCM program rules. DMS is also looking into if you have enrolled into the PCMH with 10 doctors, and the doctors are in separate clinical sites, seeing fairly high volume of care, DMS will be expecting all of those sites to meet performance standards that other sites are doing as a single site. DMS is going to be visiting the
3 satellite sites which have fairly high volume of patients to make sure they meet the standards that we expect from PCMH sites. There’s one hospital system that enrolled 11 doctors in a single clinical site though they are practicing in 8 or 9 sites so DMS will be having a discussion with that system as well. DMS wants to make sure that everyone is following the rules and being held to the same standards. More information will be given as that moves along.

**Angela Littrell (HPE)**

- PBPMs went out for Q1 so practices should have received those first set of quarterly payments. For this year, PCMH reports are scheduled to go out April 20 along with reconciliation shared savings payouts which are due to be delivered on April 28. This will be the first time HPE will be going thru reconciliation so HPE will be meeting with the state and are in the process of going thru production requirements to generate those shared savings payouts. HPE will be meeting with the state today to go over the technical aspects of that production.