Strategic Advisory Group
January 13, 2016

Facilitator: Dr. William Golden

Roll Call of Attendees

Dr. Golden

- Dr. Golden started the meeting with a recap of a phone call with CMS representatives who stated that the PCMH program has exceeded the original expectations.
- There are 3 additional practices that have completed remediation whom are now eligible for shared savings. PCMH continues to see an increase in enrollment.
- PCMH manual has completed promulgation for 2016. We are now focusing on changes for 2017.
- Future SAG calls will review recent meeting and review consensus on recent policy directions.
- The 2016 Addendum has been updated with the Quality Metrics specifications. The Addendum is located on the APII website.
- Dr. Zimmerman made a request for the Arkansas Medicaid website to better display a global period for the URI metric.
- Ongoing discussions continue regarding urgent care and telemedicine and their role in PCMH. Updates expected in the next one or two SAG meetings.
- MACRA: 2019 expected start date, adjustment for fees will be based on 2017 performance.
- December 2015 webinar provided with support from AMS. We had over 250 open phone lines for the webinar. We will be conducting regular webinars to keep PCMH practices informed. Next webinar Friday, March 11, 2016. This webinar will be sponsored by AMS and we are working to secure CME credits.
- CMS discussion with Medicare continues work in progress.
- PCMH changes –changes to language regarding SHARE-providers can either join SHARE or be a part of a network that has the ability to obtain discharge information from ER & hospital discharges information. SHARE will no longer provide event notifications regarding transfer information.
- PCMH changes-thresholds will be no higher than the average performance of the Shared Savings entities.
- EMR Data extraction is still a challenge –depending on the difference versions of EHR models.
- Dr. Golden received a no-cost extension of the Quality Grant. Mir Ali is the contact for further assistance of data extraction issues.
- The metric regarding mammogram has been removed for 2016. Practices will still receive data regarding this but for informational purposes only.
- We will also provide 2014 ACO data in upcoming calls or you can contact Dr. Golden for more information.
- 5,000 pool size-no change for 2016. Would like to work with a small group to develop a number for a pool size that would pass actuarial analysis.
Dr. Golden asked SAG members to let DMS know who wants to be part of the small group working on the changes for 2017.
Dr. Golden emphasized that the work on the proposed changes must be completed very quickly due to the very long time it takes to receive all necessary approvals for the PCMH program changes.
Dr. Golden stated that Lech will provide the information regarding the PCMH approval process timeline.

QHP Update: Alicia Berkemeyer
- Qualchoice will recognize practices with Medicaid practices.
- Ambetter will recognize practices that are Medicaid practices and NCQA practices.
- BCBS enrollment being finalized. Currently, 210 Practices, 900 PCPs, 59 new practices.
- Practices in PCMH will receive an invite in the future for regional training.
- Also, working on 2017, goal is to be finalized by 1st quarter.

PCMH Update: Lech Matuszewski
- Regulatory path required for approval of changes: In order to promulgate program changes for effective date 1/01/17, application for extension of the program past 12/31/2016 including changes approval request, must be all be submitted to CMS prior to 3/7/2016. DMS has asked CMS informally regarding pool size, but they have not responded. It is expected that a response will be received once a formal request has been made.
- Preparation of submission includes: full definition of program changes; actuarial analysis to support these program changes, financial budget impact analysis, SPA request all must be completed before 3/7/16.
- PCMH enrollment statistical and quality metric information was presented.
- In response to comments received during promulgation, DMS decided to keep the same approach to the default pool as in 2015. Specifically, quality metrics assessment in the default pool will be conducted on an individual PCMH level, unlike previously proposed on an aggregate level. Voluntary pool members which relied on previous information regarding quality metric assessment can now change their pool designation from voluntary to default before 2/05/16.

Quality Assurance: Shelley Ruth
- Three PCMHs that have successfully remediated their performance for 2014 and are now eligible for shared savings. These practices will receive notice of results and the amount of shared savings.
- 12/31/2015 deadline for 12, 18, 24 month activities for 2015, Attestation results are complete. Will begin scheduling onsite validations next week.
- Care plan attestation was due 12/31/2015. The QA team is in the process notifying practices and PT vendors of the number of care plans they will be required to submit. There are three options to submit care plans: secure email, download to a secure encrypted site, or the QA team can come to your site and scan them.
IT: Tim Taylor/Angela Littrell

- Medicaid is in the process of replacing a 30 year old Legacy system. Programming that is used for this program is outdated. CMS has sent out a requirement regarding how a new system should work. The new system will be web-based, response times to change request will be cut down. Provider based self-service opportunities will also be in place.
- MMIS freeze no changes can be made from 3/31/16 until the fall of 2017
- Announcement of the reports, PBPM, and reconciliation payments.

Questions for the PCMH Program

Next Meeting
February 24, 2016 (Subject to Change)
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