



PCMH Initiative Compliance Guide

June 22, 2017

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Preface

This guide was written to support Physician Organizations (POs) and Practices who are participating in the 2017 State Innovation Model (SIM) Patient Centered Medical Home (PCMH) Initiative. State Innovation Models are Centers for Medicare and Medicaid Services (CMS) initiatives awarded to states to provide financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries—and for all residents of participating states.

To enable implementation of the core PCMH components, a wide range of compliance activities have been outlined. All of the requirements outlined in this guide originated in the Participation Agreement signed by the Participating Organizations, and language from the Participation Agreement has been included where appropriate. The guide categorizes the requirements into the following areas: Care Management, Learning Requirements, Technology, PCMH Status and Infrastructure, Practice Transformation and Participation and Reporting. For each requirement, the tracking mechanism is given, along with key dates and notes on audits if applicable.

When a PO or Practice is found to be out of compliance on a given measure, a warning letter will be sent by an MDHHS designee. The PO or Practice will then have 3 weeks to submit a Corrective Action Plan. A template for the Corrective Action Plan is located at the end of this document. In general, Corrective Action Plans must resolve the issue by the end of the quarter in which the warning letter is received (i.e. deficiencies from Q1 must be resolved by the end of Q2).

We appreciate the hard work involved in providing high quality, patient-centered primary care and hope this guide can facilitate PO and practice understanding and implementation of the program requirements, ensuring that the Initiative reaches its goals.

Care Management

Care Manager Ratio

Tracking mechanism: All quarterly reports. A care manager ratio will be calculated using the Care Manager and Care Coordinator FTE counts from the quarterly reports as the numerator and SIM PCMH attribution received from MDC as the denominator.

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/31/18

Participation Agreement Language: Maintain a ratio of at least 2 Care Management and Coordination staff members per 5,000 patients attributed (see Appendix B) to the Practice as part of the PCMH Initiative.

Outcomes Leading to Corrective Action: Less than 2 FTE care managers or coordinators per 5000 attributed members

The issue will be considered resolved when: PO submits email verification that the ratio has been met and submits the care manager/coordinator name, email, FTE and primary practice.

Consequences if not resolved: Care management funding suspended

Additional documentation/notes: The care management ratio will be calculated by PO/independent practice and will be a ratio of total care management/coordination FTE over attributed members as of the last month of the previous quarter (data supplied by MDC).

Care Manager assigned to every practice

Tracking mechanism: All quarterly reports. The quarterly reports require primary, secondary and tertiary practices to be listed for every care manager. This data will be matched against the practice list in the Health Directory to determine if any practices are currently without care management representation.

Report Dates: 4/30/17, 7/31/17, 10/31/17, 1/31/18

Participation Agreement Language: Embed Care Management and Coordination staff members functioning as integral, fully involved members of every participating Care Team.

Outcomes Leading to Corrective Action: Less than 1 care manager at every practice. Note that it does not have to be 1 FTE.

Corrective Action Process: Approximately 3 weeks after the quarterly report deadline, an MDHHS designee will send a warning letter giving POs/independent practices 3 weeks to submit a corrective action plan. Corrective action plans must resolve the issue

by the end of the current quarter (i.e. deficiencies from Q1 must be resolved by the end of Q2).

The issue will be considered resolved when: PO submits the care manager/coordinator name, email, and FTE.

Consequences if not resolved: Care management funding suspended

[Care Manager License Requirements](#)

Tracking mechanism: All quarterly reports.

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/31/18

Participation Agreement Language: At least one member of the Care Management and Coordination team must be a licensed Care Manager.

Outcomes Leading to Corrective Action: Less than 1 licensed care manager at every PO or independent practice.

The issue will be considered resolved when: PO submits the care manager/coordinator name, license, email, and FTE.

Consequences if not resolved: Care management funding suspended

Audit mechanism: TBD

[Care Manager/Coordinator Initial and Longitudinal Training](#)

Tracking mechanism: Care Management Training Database (CMRC) and attestation via Quarterly Reports

Report dates: 7/31/17, 10/31/17, 1/31/18

Participation Agreement Language: All Care Managers and Care Coordinators must complete training provided and/or approved by the PCMH Initiative as well as take part in continuing education as described in Appendix D.

Additional Information from Participation Guide: Both Care Coordinators and Care Managers are required to complete a MiCMRC approved Self-Management Training course within the first six months of hire. The MiCMRC has identified a number of approved Self-Management training programs. Care Managers are additionally required to complete the MiCMRC led Complex Care Management Training course within the first six months of hire.

Required for Care Managers and Care Coordinators:

- MiCMRC Approved Self-Management Support Course

- SIM Overview Module (Self-Study)
- PCMH Module (Self-Study)
- Team Based Role Integration Module (Self-Study)
- Social Determinants of Health Module (Self-Study)

Additional course required for Care Managers:

- MiCMRC Complex Care Management Course

Existing Care Coordinators and Care Managers that have completed the Initial Learning requirements as outlined above will not be required to attend the courses again. However, the SIM Overview Module and the Social Determinants of Health Module are new modules required for all Care Managers and Coordinators, newly hired or existing.

Outcomes Leading to Corrective Action: If any care manager included in a practice's ratio has not received SIM-specific training within a reasonable timeframe.

The issue will be considered resolved when: CMRC Care Management Training Database indicates that the care managers in question have been trained.

Consequences if not resolved: Care management funding suspended

Care Manager/Coordinator Workspace

Tracking mechanism: Random audit conducted by the PCMH Operator. A random sample will be created in excel using the RAND function. Practices that have been chosen for one area of audit will be excluded from further audits in that calendar year. The care managers at these practices will be contacted and asked to verify that they are provided workspace, computer access and telephone access.

Report dates: 6/30/17-7/31/17

Participation Agreement Language: Assure that Care Managers/Care Coordinators have a workspace, computer access, and telephone in each Practice setting served.

Outcomes Leading to Corrective Action: Audit finds that workspace, computer access or telephone is not provided

The issue will be considered resolved when: Care manager attests that workspace, computer access and telephone is in place.

Consequences if not resolved: Termination unless an exception is granted.

Additional documentation/notes: Participating organizations that fail multiple audits will receive a site visit.

Learning Requirements

8 hours Practice Learning Activity

Tracking mechanism: Q4 Report

Report dates: 1/30/2018

Participation Agreement Language: Abide by the Practice Learning Requirements described in Appendix D.

Outcomes Leading to Corrective Action: Less than 8 credits by 12/31/2017 (reported 1/31/2018) will result in the need for a Corrective Action Plan. **Warning process:** after reviewing the third quarterly report, MDHHS will identify practices with less than 6 learning credits and send an alert to the POs of these practices around 11/15.

The issue will be considered resolved when: Attendance records confirm 8 learning credits have been obtained.

Consequences if not resolved: Termination

Audit mechanism: Attendance records

Participation in Quarterly Update meeting

Tracking mechanism: Attendance list. PCMH Operator will pull attendance list from GoToWebinar and compare to the current practice list in the HD.

Dates: 3/31/17, 6/30/17, 9/30/17, 12/31/2017

Participation Agreement Language: Abide by Practice Learning Requirements described in Appendix D.

Outcomes Leading to Corrective Action: Failure to represent practice at the Quarterly Update meeting or view the webinar within one week of the meeting.

Warning Process: Warning given after first absence beginning with the second Quarterly Update meeting.

The issue will be considered resolved when: Attendance records confirm that the next quarterly update meeting has been attended.

Consequences if not resolved: Practice transformation payment suspended if absences are recurring.

Technology

ACRS and HPD Use Case

Tracking mechanism: MiHIN to provide weekly report detailing progress of all Participating Organizations (categories include expressed interest, onboarding, and fully participating)

Report dates: Weekly beginning 3/1/2017

Participation Agreement Language: Complete technical onboarding and be actively participating in the following Michigan Health Information Network Health Information Exchange use cases: a. Active Care Relationship Service (ACRS), b. Health Provider Directory (HPD). Active participation in the ACRS use case means successful submission and complete validation of an ACRS 2.0 file.

Outcomes Leading to Corrective Action: Failure to fully participate in the use case.

The issue will be considered resolved when: MiHIN report indicates that the PO has fully on-boarded

Consequences if not resolved: Termination

ADT Use Case

Report dates: 5/1/2017

Participation Agreement Language: Complete technical onboarding and be actively participating in the following Michigan Health Information Network Health Information Exchange use cases: a. Admissions, Discharge, Transfer Notification Service (ADT).

Outcomes Leading to Corrective Action: Failure to fully participate in the use case.

The issue will be considered resolved when: MiHIN report indicates that the PO has fully on-boarded

Consequences if not resolved: Termination

QMI Use Case

Report dates: 9/1/2017

Participation Agreement Language: I. Complete technical onboarding and be actively participating in the following Michigan Health Information Network Health Information Exchange use cases: a. Quality Measure Information (QMI).

Outcomes Leading to Corrective Action: Failure to fully participate in the use case.

The issue will be considered resolved when: MiHIN report indicates that the PO has fully on-boarded

Consequences if not resolved: Termination

Decision support prompts and care alerts related to quality metrics

Tracking mechanism: Q2 Report (send or forward sample documentation such as a screenshot of a care alert)

Report dates: 6/30/2017

Participation Agreement Language: Possess and utilize an electronic system capable of providing decision support prompts and care alerts, at a minimum related to the quality of care measures/indicators used by the PCMH Initiative, to clinicians at the point of care.

Outcomes Leading to Corrective Action: Failure to provide acceptable documentation.

The issue will be considered resolved when: Acceptable documentation is received.

Consequences if not resolved: Termination

Utilize patient lists

Tracking mechanism: MDC to provide a report quarterly of the number of people accessing the patients lists by practice and by PO.

Report dates: Quarterly TBD

Participation Agreement Language: Ensure participating Practices receive access to and utilize PCMH Initiative attributed patient population information on a monthly basis.

Outcomes Leading to Corrective Action: MDC reports no activity for the Participating Organization over the quarter.

The issue will be considered resolved when: MDC report indicates that the Participating Organization has viewed the patient list.

Consequences if not resolved: Termination

Utilize registry

Tracking mechanism: Q3 Report (Participating organization must upload an example of a registry report with a short description about how they use it.)

Report dates: 6/30/2017

Participation Agreement Language: Possess and utilize an All-Patient Registry or Registry Functionality. The Registry may be a separate technology/system or be a component of an EHR. The Registry must be used on a consistent basis to generate population-level performance reports, identify subsets of patients requiring active management, pursue population health improvement, and close gaps in care for preventive services and chronic conditions.

Outcomes Leading to Corrective Action: Failure to provide acceptable documentation.

The issue will be considered resolved when: Acceptable registry documentation is received.

Consequences if not resolved: Termination

Possess care management documentation

Tracking mechanism: Application and Quarterly report

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Possess and utilize an electronic care management and coordination documentation tool accessible to all members of a Care Team. The tool must be either a component of an EHR, or able to communicate with an EHR, to ensure pertinent care management and coordination information is visible to care team members at the point of care.

Outcomes Leading to Corrective Action: Quarterly report indicates that practice does not document care management or that care management documentation tool does not interface with the EHR.

The issue will be considered resolved when: Practice attests that a care management tool that interfaces with the EHR is in use.

Consequences if not resolved: Termination

Utilize EHR

Tracking mechanism: Application and Quarterly report

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Possess and utilize a fully implemented Office of the National Coordinator for Health Information Technology (ONC) certified Electronic Health Record (EHR) system.

Outcomes Leading to Corrective Action: Quarterly report/audit indicates that an ONC certified EHR is not in use.

The issue will be considered resolved when: Documentation of EHR use is received.

Consequences if not resolved: Termination

Audit mechanism: 9/1/2017: A random sample of practices will be created in excel using the RAND function. Practices that have been chosen for one area of audit will be excluded from further audits in that calendar year. POs that are selected will be asked to provide documentation in the form of a printout of patient note with identifying information masked.

[Utilize dashboards](#)

Tracking mechanism: Quarterly MDC Dashboard Activity Report

Report dates: Quarterly beginning 9/30/17

Participation Agreement Language: Ensure participating Practices receive access to and utilize PCMH Initiative performance measure dashboards/reports for quality improvement no less often than quarterly.

Outcomes Leading to Corrective Action: MDC reports no activity for Participating Organization over the quarter.

The issue will be considered resolved when: MDC report indicates that the Participating Organization has viewed the dashboard.

Consequences if not resolved: Termination

PCMH Status and Infrastructure

24/7 Clinical Access Mechanism

Tracking mechanism: Application and Quarterly report (attestation)

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Ensure 24-hour access to a clinical decision maker (i.e., physician, advanced practice registered nurse, or physician assistant) for all patients of the Practice.

Outcomes Leading to Corrective Action: Quarterly report or audit indicates that a decision-maker cannot be accessed 24/7.

The issue will be considered resolved when: Audit reveals that a decision-maker can be accessed after hours.

Consequences if not resolved: Termination

Audit mechanism: 9/1/2017: A random sample will be created in excel using the RAND function. Practices that have been chosen for one area of audit will be excluded from further audits in that calendar year. Selected practices (10-15) will be called at 8:30pm to see if their phone line gives the patient the ability to reach a decision maker. If any practice selected is open at 8:30pm, the audit will occur on a Sunday morning.

30% open access

Tracking mechanism: Application and Quarterly report

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Ensure (on average over the course of a week) 30% of available appointments are reserved for same-day care across the patient population.

Outcomes Leading to Corrective Action: Quarterly report or audit indicates that 30% of appointments are not available for same day appointments (30% of appointments must be open until 3pm the previous business day).

The issue will be considered resolved when: Audit concludes that 30% of appointments must be open until 3pm the previous business day.

Consequences if not resolved: Termination

Audit mechanism: 9/1/17: Random sample using a scripted secret shopper program. A random sample will be created in excel using the RAND function. Practices that have

been chosen for one area of audit will be excluded from further audits in that calendar year. Selected practices will be part of a scripted secret shopper program (details TBD).

6 non-traditional hours

Tracking mechanism: Application and Quarterly report

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Provide clinical care for patients of the Practice beyond normal business hours (i.e., 8:30 am to 5:00 pm) for a minimum of 6 hours per week.

Outcomes Leading to Corrective Action: Quarterly report or audit indicates that practices offer less than 6 non-traditional business hours.

The issue will be considered resolved when: An audit reveals that 6 non-traditional hours are available for patient care.

Consequences if not resolved: Termination

Audit mechanism: 9/1/2017: A random sample will be created in excel using the RAND function. Practices that have been chosen for one area of audit will be excluded from further audits in that calendar year. The PCMH operator will check practice hours via web or phone for selected practices.

Collaborative relationship with specialty, behavioral health, one hospital

Tracking mechanism: Self-assessment

Report dates: 2/28/2017

Participation Agreement Language: Demonstrate a collaborative relationship with specialty and behavioral health providers in addition to one or more hospitals which accept patient referrals and cooperate with PCMH coordination activities.

Outcomes Leading to Corrective Action: None for 2017

The issue will be considered resolved when: N/A

Consequences if not resolved: N/A

PCMH Status

Tracking mechanism: Application and Quarterly report

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language:

Possess and maintain current designation from one of the following organizations/programs:

- a. National Committee for Quality and Assurance- PCMH (NCQA)
- b. Accreditation Association for Ambulatory Health Care- Medical Home (AAAHC)
- c. The Joint Commission- PCMH (TJC)
- d. Blue Cross Blue Shield of Michigan/Physician Group Incentive Program- PCMH
- e. Utilization Review Accreditation Commission- PCMH (URAC)
- f. Commission on Accreditation of Rehabilitation Facilities- Health Home (CARF)

Outcomes Leading to Corrective Action: Practice loses all PCMH designations.

The issue will be considered resolved when: Accrediting organization confirms PCMH status.

Consequences if not resolved: Termination unless another PCMH certification is obtained.

Audit mechanism: BCBSM List (8/31/2017); NCQA Website (Timing varies - see PCMH Status spreadsheet); AAAHC Website (1/14/2019)

Practice Transformation

Practice Transformation Objective - Clinical Community Linkage

Tracking mechanism: Q2 Semiannual Report, Q4 Semiannual Report

Report dates: 7/31/17, 12/22/17

Participation Agreement Language: Complete the required Practice Transformation Objective (as defined in the Participation Agreement), demonstrate progress toward completing the Practice Transformation Objective selected from the Initiative's menu of objectives, and report progress in a manner defined by the Initiative on a semi-annual basis. See also Appendix F.

Outcomes Leading to Corrective Action: Semi-annual report or audit indicates that practice does not meet the requirements of the CCL Practice Transformation Objective.

The issue will be considered resolved when: All parts of the CCL practice transformation objective report are successfully submitted.

Consequences if not resolved: Practice transformation payment sanctions

Practice Transformation Objective - Practice Choice

Tracking mechanism: Q2 Semiannual Report, Q4 Semiannual Report

Report dates: 7/31/17, 12/22/17

Participation Agreement Language: Complete the required Practice Transformation Objective (as defined in the Participation Agreement), demonstrate progress toward completing the Practice Transformation Objective selected from the Initiative's menu of objectives, and report progress in a manner defined by the Initiative on a semi-annual basis. See also Appendix F.

Outcomes Leading to Corrective Action: Semi-annual report or audit indicates that practice does not meet the requirements of chosen Practice Transformation Objective.

The issue will be considered resolved when: All parts of the practice transformation objective report are successfully submitted.

Consequences if not resolved: Practice transformation payment sanctions

Participation and Reporting

Maintain enrollment in Medicaid

Tracking mechanism: MSA will query SIM providers quarterly to ensure all are enrolled in CHAMPS. Once the quarterly report has been analyzed, the PCMH Operator will request a list of providers that either do not appear in the Provider Business Status table, or that are end-dated in the Provider Business Status table. The POs of the providers on this list will then be contacted to enroll. If a provider is not enrolled in the subsequent quarter, the Corrective Action process will be initiated.

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Maintain enrollment as a Michigan Medicaid provider in compliance with all provider policies and requirements.

Outcomes Leading to Corrective Action: Failure to enroll in Medicaid

The issue will be considered resolved when: The provider successfully enrolls in Medicaid.

Consequences if not resolved: Provider terminated from PCMH Initiative.

Practice Consent to the Participation Agreement

Tracking mechanism: Ten practices will be selected at random; their POs will be asked to send or forward documentation demonstrating practice consent.

Dates: 9/1/2017 – 9/30/2017

Participation Agreement Language: Ensure eligible Practices that apply through a PO and are accepted into the PCMH Initiative provide consent to the PO to sign this Participation Agreement on their behalf.

Outcomes Leading to Corrective Action: No documentation to demonstrate practice consent to participate.

The issue will be considered resolved when: Documentation is received.

Consequences if not resolved: If practice consent cannot be obtained directly by MDHHS, the practice will be terminated.

Monthly care team meeting

Tracking mechanism: Self-reported in quarterly reports, Random audit

Report dates: 4/30/17, 7/31/17, 10/31/17, 1/30/2018

Participation Agreement Language: Ensure that all Care Team(s) meet at least monthly with time dedicated to team-based management and review of reports.

Outcomes Leading to Corrective Action: PO or random audit indicates that monthly meetings are not being held.

The issue will be considered resolved when: PO attestation if the catalyst is the Quarterly Report, and acceptable documentation such as notes or agendas if the catalyst is the random audit.

Consequences if not resolved: Termination

Audit mechanism: 9/1/2017: A random sample will be created in excel using the RAND function. Practices that have been chosen for one area of audit will be excluded from further audits in that calendar year. The PCMH operator will request documentation of care team meetings (agenda, notes, etc.)

Corrective Action Plan Template

Participating Organization:

Organization/Practice(s) out of compliance (if different than the Participating Organization above):

Requirement:

Description of deficiency:

Participating Organization completes 1 through 4 below.

1. Describe the cause of the deficiency:

2. Describe the tasks and/or steps developed to resolve the deficiency, the responsible party

for the activity, and the targeted task completion date:

Description of task	Responsible party	Targeted completion date

3. How does the Participating Organization plan to monitor whether the tasks taken have resolved the deficiency?

4. Describe the Participating Organizations expected outcomes at each listed interval:

Date	Outcome