PCMH Initiative Quarter 4 Update Webinar Questions

Clinical Community Linkages

1. **We would like to start building our system to track linkages, but need to know what the requirements will be. Will we be expected to track by domain or by specific entity (i.e. Love Inc, church, etc.)?**
   The PCMH Initiative allows participants to define their documentation approach for ensuring the process and outcome of the Clinical-Community Linkage methodology are appropriately stored, ensuring the information is made available to team members and for quality improvement. Beyond this, the PCMH Initiative does not have specific requirements for tracking linkages that come from social needs screens. The SIM evaluation team, that is supporting the statewide evaluation across all components of SIM is in the process of finalizing evaluation plans which may provide some further guidance on tracking of linkages, when these details are available they will be shared forward. In the meantime, the PCMH Initiative suggests participants consider the mechanisms that will best support both direct care and planned quality improvement activities.

2. **Is there a benchmark for percentage of the population who is administered the social needs screening as a part of our Clinical Community Linkages (CCL) design?**
   No, the PCMH Initiative has not set a benchmark for the percentage of the population who is administered the screening, however, MDHHS is monitoring this effort in semiannual practice transformation reports. (MDHHS is considering 2017 as a development year since the tool went into effect on November 1, 2017.) The PCMH Initiative does expect all participants to screen the entire patient panel within a reasonable timeframe and will be monitoring to ensure this number is steadily increasing, ensuring that the screening is scaling up in a manner that would help ensure long term sustainability of the CCL design.

3. **Is the long-term goal that ALL patients, not only Medicaid beneficiaries, will be screened for SDoH considerations?**
   Yes, MDHHS sees screening for social needs as valuable and believes it should be incorporated systemically into practices.

Health Information Exchange

4. **When will we hear the status of our Quality Measure Information (QMI) file?**
   PCMH Initiative participants should be receiving regular updates from MiHIN team, regarding the status of their All Payer Supplemental file (sometimes referred to as the QMI file or the PPQC file). Many participants have submitted their files for validation, and MiHIN is processing those one by one, due to the overall size of each file, this effort takes some time. Participants are encouraged to reach out to Katie Olds (Katherine.Olds@mihin.org) or Maureen John (Maureen.John@mihin.org) directly to request a status update.

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5. **Will the quality measures be based on the QMI measure, even if your QMI use case is not in production? How will SIM be measuring quality in 2018 or when will they transition?**
   The PCMH Initiative will begin utilizing clinical data from the Quality Measure Information Use Case within release 5 of the MDC dashboard, we anticipate most participants to be in production by that time. However, if a participant is still working through the technical onboarding with the MiHIN team, the Initiative will not have the ability to include their clinical data in R5 of the dashboard release. This may mean that some measures which are reliant on clinical data will not appear in R5 for those not in production with QMI, and other measures that use clinical data as a supplement will only report the claims information until clinical data is available.

Quarterly Progress Reports

6. **When does the reporting for the Quarterly Progress Report begin?**
   The 2017 Quarter 4 progress report will opened December 21, 2017 and will remain open until January 31, 2018. This report covers the October 1, 2017 to December 31, 2017 reporting period. Participating organization key contacts will receive the survey link by email. Generally, quarterly progress reports will be released around the last week of the current quarter, and due on the final day of the month following the quarter, you can find more detail on release dates and content of the reports in the 2018 Participation Guide.

Dashboard/Quality Measures

7. **Will the MDC dashboard drill down to patient level data?**
   The PCMH Initiative works with the Michigan Data Collaborative to enhance the dashboards with each new release. We are continue to explore opportunities to drill down to the patient level in a future release, and will communicate with participants if that feature becomes available.

8. **How are the SIM PCMH Patient Lists (PPL) developed – how is Medicaid Health Plan eligibility information or other data sources used to develop these lists?**
   The PCMH Initiative uses a number of data sources to support the development of monthly patient lists. To understand how the attribution process occurs, please see Appendix B of the 2018 Participation Agreement, or the 2018 Participation Guide, which includes a diagram of the process.

9. **Why has SIM chosen inpatient psych facility versus any health system reporting a psych diagnosis for the Timely Follow-up after Inpatient Discharge metric?**
   This metric was developed with the intent to exclude inpatient stays at psychiatric facilities, not all psychiatric/behavioral/mental health encounters, as a method to differentiate between events where a patient wouldn't be expected to follow up with a Primary Care Provider (PCP). Many encounters with a behavioral health component might still be

appropriate for PCP follow-up, thus are included. The reference list being used to support this metric is as follows:

51/Inpatient Psychiatric facility, 52/Psychiatric Facility Partial, 56/Psychiatric Residential Treatment Center, 55/Residential Substance Abuse Facility.

The PCMH Initiative continually re-evaluates the specifications for measures, especially as we make specification changes to ensure alignment with current national standards. This measure is among those under consideration with the transition from HEDIS 2015 specifications to HEDIS 2018 specifications.

10. **Are there benchmarks for all quality measures on the dashboard?**
    No, the PCMH Initiative has not set benchmarks for all quality measures. When reviewing the dashboard produced by the Initiative average will be displayed as a trend line.

Care Management and Coordination Metrics

11. **What information is included in the care coordination report, such as which care management codes are being captured and recognized for these reports? Is there a possibility for reports to include patient-specific claims data?**
    The Michigan Data Collaborative (MDC) has produced resources to support participants in understanding the Care Management and Coordination (CMCC) Reports that are developed on a monthly and quarterly basis. Within the SIM PCMH Dashboard – Technical Guide, the numerator and denominator for the CMCC reports are outlined. In the PCMH Care Coordination Reports –Quick Reference Document, the details of the monthly and quarterly report development are outlined, including information about report naming and fields included in the report. These resources are updated as any changes in measure specifications occur. For example, the PCMH Initiative has introduced 4 new CMCC codes (G9008, S0257, 98961, 98962) for 2018 that will be included in the measures beginning in January 2018, this change will be reflected in the guides at that time. MDC conducted a participant survey regarding PCMH Initiative reporting in December of 2017, current reports are being analyzed based on feedback. If updates are made to reports (including the addition of individual claim information at a patient level) participants will be notified prior to the release.

12. **Compared to the 2018 CMCC benchmarks (3% attributed patients receiving CMCC services and 40% of patients receiving timely follow-up after an inpatient discharge) - where are the practices at currently?**
    The PCMH Initiative currently has membership of over 340 practices, therefore, the results vary considerably. Several practices are well above 3%, many as high as 6-8%, and some others are lower than 3% (these practices are currently working through the implementation of accurate service capture or billing of services). Concurrently, MDHHS is

considering how the claims are being reported and if there are any concerns within this process. Regarding the measure of Follow-up after Inpatient Discharge, practices also vary considerably especially when considering patient population size.

The PCMH Initiative Compliance Guide, to be released in early 2018, will have more detail on how these measures will be monitored. At this time, it is known that these measures will be monitored at the practice level, and will be reviewed on a quarterly basis utilizing the quarterly CMCC reports that MDC develops.

13. **Our surgical patients are followed up by the surgeon and not the PCP. Will surgical patients be carved out of the 40% benchmark for follow-up after an inpatient discharge or are the patients required to see 2 physicians?**
    The PCMH Initiative is currently working on updating this measure, taking this type of situation into account. The measure definition has been based on HEDIS 2015 specifications, however with the transition to HEDIS 2018 specifications we are able to differentiate between acute and non-acute inpatient hospital stays. This distinction will be considered when assessing progress towards this measure. This was considered when setting the benchmark of 40%.

14. **Is the expectation that 3% of the SIM population is managed quarterly or annually?**
    Quarterly. Practices must meet this benchmark on a quarterly basis, see question 12 for more details.

15. **What will happen if a practice does not meet the 3% criteria for one quarter?**
    Consistent with other requirements, the PCMH Initiative will begin with a conversation and process improvement process. It is the goal of the Initiative to provide support to participating practices in meeting program requirements and compliance standards. If this does not result in improvement, further compliance steps will be taking. The 2018 compliance plan (coming in early 2018) will include further details.

16. **How are the numerator and denominator of the CMCC metrics calculated? How do we know where we are performing as a practice?**
    Please see the technical resources produced by MDC and linked in question 4 for details on the CMCC metric specifications. You can access practice performance information by reviewing the CMCC reports produced and posted on the MDC SIM PCMH dashboard on a monthly and quarterly basis.

17. **How were the 2018 CMCC benchmarks set?**
    The PCMH Initiative underwent a specific process considering both qualitative and quantitative information, this process included reviewing participant data across 2017, conversations with organizations submitting claims (considering barriers they are

experiencing), national program measures, Medicaid Health Plan feedback and MDHHS leadership input. While these measures are quantitative in nature, the PCMH Initiative also reviews claims submission specific to the CMCC tracking codes, to identify trends in patient engagement, such as the most common method for engagement (telephonic v. in person encounter), and indicators of longitudinal (or relational) CMCC v. episodic CMCC.

18. **Are there going to be new codes for 2018? And if so, when will we receive them?**
    Yes, to accurately and succinctly capture Care Management/Care Coordination efforts, the PCMH Initiative has added four new codes for use beginning January 1, 2018. The full code set for 2018 including the four new codes were originally communicated in September 2017 during the Intent to Continue Participation webinar. The full code set is also included in Appendix C of the 2018 Participation Agreement, and in the 2018 Participation Guide. The new codes represent three new services including: end of life counseling, self-management education (2 codes), and physician oversight.

19. **What happens if patients decline Care Management services and we are not able to reach the 3% benchmark?**
    As with any service, a patient has the right to refuse or decline CMCC services. The PCMH Initiative would expect that in some instances a patient may decline Care Management and Coordination services for any number of reasons (client is not ready to engage, fear of a co-pay, does not have the time, etc.) however, this should not represent a significant percentage of the practices patient population. Therefore, this should not prohibit attainment of the CMCC metric benchmarks.

20. **Considering our constantly changing participation lists, if a practice completes a touchpoint with a patient and by the end of the quarter the patient no longer participates with their Medicaid plan, do they still count towards the CMCC benchmark?**

    A: Yes. As long as the patient was eligible, they were attributed to your practice, you provided service, and you submitted the correct billing code, they will count within that metric. Please see question 11 where the MDC resource guides that describe these measures are linked.

Payment Model

21. **Will practice transformation funds will be continued or discontinued in 2018?**
    Practice Transformation funds will be continued in 2018 at a rate of $1.25 Per Member Per Month. Please note: this funding is limited to two-year supplemental funds and will end in December 2018.