
Arkansas Blue Cross and Blue Shield

Patient Centered Medical Home

(PCMH)

Specifications Manual

2018

This document is a guide to the 2018 Arkansas Blue Cross and Blue Shield Patient-Centered Medical Home (Arkansas Blue Cross PCMH) Transformation Activities and Quality Metrics. This document does not guarantee clinic participation status in the Arkansas Blue Cross PMCH. This document is subject to change without notice.

PCMH SPECIFICATIONS MANUAL CONTENTS

1. Terminology	2
2. Transformation activities.....	4
2A. 2018 Activities	4
2B. 3-Month Activities	5
2C. 6-Month Activities	5
2D. 12-Month Activities.....	5
3. Quality Metrics.....	6
3A. 2018 Metrics.....	6
3B. Quality Metrics: Claims Based Measure Specifications	7
3C. Quality Metrics: Self-Reported Measure Specifications (HEDIS)	10
4. Summary of Changes for 2018.....	13
5. Resources	13

1. TERMINOLOGY

All Payer Source	The information requested should apply to the provider's whole patient panel, without regards to insurance coverage
Attest	Verify that the information provided is truthful and can be supported
Denominator	The total number of patients in the population being analyzed; shows how many total parts/patients you have; the bottom number in a fraction
Exclusion	Information that should be separated from the measure (not included)
High Priority Patients	Patients that are considered high risk by the clinic or Arkansas Blue Cross; Patients that require attention soon. Also referred to as HPP
Inclusion	Information to specifically include in the measure
Measurement Number	The specific identifying information for a measure in a program. A measure that's used in multiple programs may have several measure numbers
Numerator	The number of patients affected by the measure; the top number in a fraction; the number of incidences
Self-reported Measures	Data collected and reported by the clinic to the Arkansas Blue Cross portal located on AHIN
Validation	The process of checking the accuracy of activities and/or metrics submitted or attested to by a clinic

2. TRANSFORMATION ACTIVITIES

**Denotes a New or Updated Activity or for 2018*

2A. 2018 Activities	Due Dates
Quarter 1: Program Preparation Complete the 2018 Readiness Assessment and Medical Record Request for gap closures on an identified subset of eligible, attributed members.	2/17/2018
A. Identify/Update High-Priority Patients for 2018 Identify/Update top 10% of high-priority patients for 2018 between 04/01/2018 and 4/30/2018.	4/30/2018
B. Provide 24/7 Access to Care Provide 24/7 Access to clinical advice where a patient can speak to a live voice.	6/30/2018
C. Enhanced Access & Communication * Offering same day appointments, extended hours, or weekend appointment availability and having timely communication between the practice and the patients and their care givers.	6/30/2018
D. Childhood/Adult Vaccination Practice Strategy A planned and proactive approach for closing gaps in vaccinations.	6/30/2018
E. Health Literacy Assessment Tool Assessment of patients' health literacy.	6/30/2018
F. Care Instructions for HPPs Providing an after visit summary of information, from the last visit, to high priority patient.	12/31/2018
G. Transitions of Care * Receiving discharge information and following up with patients within 72 hours or 2 business days.	12/31/2018
H. Care Management * Identify patients in need of care management, in addition to high priority patients.	12/31/2018
I. Ability to Receive Patient Feedback Having a process to receive anonymous feedback from patients.	12/31/2018
J. Medication Management Using a strategy for medication management and use of the Arkansas Prescription Monitoring (PMP) program.	12/31/2018

2B. 3-Month Activities

- a. These activities should be viewed and completed during the first quarter.
(Refer to page 3 for due dates)
- Readiness Assessment: Survey Monkey Link will be provided.
- Activity A: Identify/update the top 10% of **high-priority** Arkansas Blue Cross members using one of the following methods:
 1. Arkansas Blue Cross and its family of companies patient panel data that ranks members by risk at beginning of performance period
 2. The clinic's patient-centered assessment to determine which members on this list are high-priority. Submit this list to the PCMH Provider Portal.
 3. A combination of both methods (Arkansas Blue Cross's risk score and clinic's risk score)

2C. 6-Month Activities

- a. These activities should be viewed and completed on the PCMH Portal during the first 6 months of the program year.
- b. These activities serve as a follow-up to the Readiness Assessment.
- c. If you select "other" for any question, you must give a detailed explanation.
- d. Each activity requires an attestation before submitting to Arkansas Blue Cross on the portal.
- e. These activities are subject to validation.
 - Activity B: Provide 24/7 Access
 - Activity C: Enhanced Access and Communication
 - Activity D: Childhood/Adult Vaccination Practice Strategy
 - Activity E: Health Literacy Assessment Tool

2D. 12-Month Activities

- a. These activities should be viewed and completed on the PCMH Portal throughout the program year.
- b. These activities serve as a follow-up to the Readiness Assessment.
- c. If you select "other" for any question, you must give a detailed explanation.
- d. Each activity requires an attestation before submitting to Arkansas Blue Cross on the portal.
- e. These activities are subject to validation.
 - Activity F: Care Instructions for HPPs
 - Activity G: Transitions of Care
 - Activity H: Care management
 - Activity I: Ability to Receive Patient Feedback
 - Activity J: Medication Management

*** Activity H is a two-part portal activity. One must attest to the activity under the "Submit 12-Month Activities" tab and also attest to individual patient care plans on the "Submit Care Plan Attestation" tab.**

3. QUALITY METRICS

**Denotes a New or Updated Metric for 2018*

3A. 2018 Metrics	Targets
1. Percentage of patients who turned 15 months old during the performance period who receive at least five wellness visits in their first 15 months.	At least 91%
2. Percentage of patients 3-6 years of age who had one or more well-child visits during the measurement year.	At least 73%
3. Percentage of patients 12-21 years of age who had one or more well-care visits during the measurement year.	At least 50%
4. Percentage of patients who are compliant with prescribed asthma controller medication (at least 75% compliance). *	At least 50%
5. Percentage of children who received appropriate treatment for Upper Respiratory Infection (URI). Inverted measure	At least 78%
6. Percentage of a clinic's high-priority patients who have been seen by a member of the PCP's care management team at least twice in the past 12 months.	At least 90%
7. Percentage of patients 18 years and older who are compliant with diabetes medications (at least 80% compliance).*	At least 55%
8. Percentage of patients with uncomplicated low back pain that did not have imaging studies.	At least 72%
9. Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. (All payer source)	At least 65% Self-report
10. Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) whose most recent HbA1C level during the measurement period was greater than 9.0% (poor control) or was missing the most recent result, or an HbA1C test was not done during the measurement period. (All payer source)	No more than 35% Self-report
11. Percentage of female patients 50-75 years of age that had a screening mammogram in the past two years. (All payer source)	At least 58% Self-report
12. Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer. (All payer source)	At least 45% Self-report
13. Percentage of patients 18-75 years of age with a diagnosis of diabetes who had an eye exam performed. (All payer source)	At least 48% Self-report
14. Percentage of female patients 21-64 years of age who had appropriate screening for cervical cancer. (All payer source)	At least 40% Self-report
15. Percentage of adolescents 13 years of age at the end of the reporting period who have completed the HPV vaccine series by their 13th birthday. (All payer source)	At least 25% Self-report

3B. Quality Metrics: Claims Based Measure Specifications

These measures will be collected by Arkansas Blue Cross through claims and reported to clinics through the PCMH and Care Management portals.

1. Percentage of patients who turned 15 months old during the performance period who receive at least five wellness visits in their first 15 months.

Numerator Children in the denominator who received five or more well-child visits during their first 15 months of life

Denominator All children that are 15 months during the measurement year (age 15 months through 26 months on the report end date) and have continuous medical coverage from 31 days of age

Target 91%

Exclusions: Claim is a lab (CPT codes 80000-89999 or revenue codes 0300-0319)

2. Percentage of patients 3-6 years of age who had one or more well-child visits during the measurement year.

Numerator Children who received at least one well-child visit with a PCP in the last reported 12 months

Denominator All children that are 3-6 years old during the measurement year and have continuous medical coverage

Target 73%

Exclusions: Claim is a lab (CPT codes 80000-89999 or revenue codes 0300-0319)

3. Percentage of patients 12-21 years of age who had one or more well-care visits during the measurement year.

Numerator Members who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology (OB/GYN) practitioner in the last reported 12 months

Denominator All males and females that are 12-21 years old at the end of the reporting period and have continuous medical coverage

Target 50%

4. Percentage of patients who are compliant with prescribed asthma controller medication (at least 75% compliance).

Numerator Patients from the denominator who had asthma controller medications in their possession (measured by pharmacy refills) at least 75% of the days in the reporting period

Denominator All patients between the age of 5 and 64 with a diagnosis of Persistent* Asthma. Patients must have continuous medical coverage for 24 months and pharmacy coverage for 12 months with Arkansas Blue Cross

Target 50%

** Determined by combinations of the following: a diagnosis of asthma, inpatient admissions for asthma, ED visits for asthma, outpatient visits for asthma, ongoing pharmacy refills for asthma controller medications*

Exclusions: Diagnosis of Emphysema, COPD, Cystic Fibrosis, Acute Respiratory Failure, Other Emphysema, Obstructive Chronic Bronchitis, or Chronic respiratory conditions due to fumes/vapors; or patient does not have at least one prescription for an Asthma Controller Medication during the report period

5. Percentage of children who received appropriate treatment for Upper Respiratory Infection (URI).

Numerator Patients who were NOT dispensed antibiotic medication on or within 3 days after an outpatient or ED encounter for upper respiratory infection (URI) during the intake period.

Denominator All children 3 months of age as of the beginning of the measurement year to 18 years as of June 30 of the measurement year who had an ED or outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) during the intake period (July 1st of the year prior to the measurement year to June 30th of the measurement year).

Target 78%

** 18-month report period*

Exclusions: event with an antibiotic prescription 30 days prior to the episode; event with antibiotic prescription 90 days prior to an episode where the days supplied were greater than or equal to the number of days between the fill date and episode start date; exclude competing diagnosis; exclude all events after the first eligible event

6. Percentage of a clinic's high-priority patients who have been seen by a member of the PCP's care management team at least twice in the past 12 months.

Numerator The number of those high priority patients with 2 of the required visit types and criteria with their attributed PCMH

Denominator Patients designated as high priority by practices according to Activity A

Target 90%

Visit types: CPT- 99201-99499, Place of service 11, Count each distinct visit with attributed PCMH as one visit, Visits occurring on the same day do not count as multiple visits. Provider specialty must be 001, 008, 011, 037, or 038

7. The number of patients 18 years and older who met the proportion of days covered threshold of 80% during the measurement year for Diabetes Medication.

Numerator Patients from the denominator who had diabetes medications in their possession (measured by pharmacy refills) at least 80% of the days in the reporting period

Denominator All patients that are 18 years of age or older as of the end of the measurement year with two or more pharmacy claims at least one day apart for a diabetes medication

Target 55%

Exclusions: Pharmacy claims for insulin. Patients with diagnosis of ESRD.

8. Percentage of patients with uncomplicated low back pain that did not have imaging studies.

Numerator Adults from the denominator that did not have an imaging study for low back pain during the episode period (episode start date is 180 days prior to an event through 28 days after an event)

Denominator All adults 18-50 years of age with a claim reporting primary diagnosis of low back pain during the measurement year, up to 28 days prior to the report period end date. Patients must have continuous medical coverage throughout the measurement year

Target 72%

Exclusions: Previous claim with diagnosis of low back pain 180 days prior to the event; imaging study is clinically indicated; diagnosis of Other neoplasms, Malignant Neoplasms, History of Malignant Neoplasm, Trauma, IV Drug Abuse, or Neurological Impairment

3C. Quality Metrics: Self-Reported Measure Specifications (HEDIS)

- a. These are measures that are to be entered by the clinic into the PCMH portal on AHIN.
- b. These measures should contain ALL PAYER data and reflect the provider's/clinic's entire patient panel(s).
- c. If a measure does not pertain to the population your clinic serves, enter a zero in both the numerator and denominator field.
- d. These measures are subject to validation.

9. Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.

Target: 65%

CMS eMeasure ID: CMS165v6

NQF#: 0018

Numerator Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Denominator Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period

10. Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9% (poor control) during measurement period.

Target: No more than 35%

CMS eMeasure ID: CMS122v6

NQF#: 0059

Numerator Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%

Denominator Patients 18-75 years of age with diabetes with a visit during the measurement period

11. Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement period.

Target: 58%

CMS eMeasure ID: CMS125v6

NQF#: 2372

Numerator Number of patients from the denominator with one or more mammogram during the measurement period or the 15 months prior to the measurement period

Denominator Women 51-74 years of age with a visit during the measurement period

12. Percentage of adults 50-75 years of age who had an appropriate screening for colorectal cancer during the measurement period.

Target: 45%

CMS eMeasure ID: CMS130v6

NQF#: 0034

Numerator Number of patients from the denominator with one or more screenings for colorectal cancer. Screening types include: (1) FOBT during the measurement year, (2) Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year, (3) Colonoscopy during the measurement year or the nine years prior to the measurement year (4) FIT-DNA during the measurement period or the two years prior to the measurement period (5) CT Colonography during the measurement period or the four years prior to the measurement period

Denominator Patients 50-75 years of age with a visit during the measurement period

13. Percentage of patients, 18-75 years of age with a diagnosis of diabetes who had an eye exam performed.

Target: 48%

CMS eMeasure ID: CMS131v6

NQF#: 0055

Numerator Number of patients from the denominator who had a retinal or dilated eye exam by an eye care professional in the measurement year or a negative retinal exam by an eye care professional in the year prior to the measurement year

Denominator Patients 18-75 years of age with diabetes with a visit during the measurement period

14. Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

Women age 21-64 that had cervical cytology performed every 3 years or Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Target: 40%

CMS eMeasure ID: CMS124v6

NQF#: 0032

Numerator Women from the denominator who were screened for cervical cancer using either of the following: (1) age 21-64 who had cervical cytology performed during the measurement period or two years prior, (2) age 30-64 who had cervical cytology/human papillomavirus co-testing performed during the measurement period or four years prior

Denominator Women 23-64 years of age with a visit during the measurement period

15. Percentage of adolescents 13 years of age who have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.*

Target: 25%

CMS eMeasure ID: N/A

HEDIS: A component of the Immunizations for Adolescents (IMA) measure

NQF#: 1959
(similar)

Numerator Number of adolescents with at least two HPV vaccines (HPV Vaccine Administered Value Set), with different dates of service on or between the member's 9th and 13th birthdays. There must be at least 146 days between the first and second dose of the HPV vaccine.

Or

At least three HPV vaccines (HPV Vaccine Administered Value Set), with different dates of service on or between the member's 9th and 13th birthdays.

Denominator Number of adolescents who turn 13 years of age during the measurement year.

* This is a process measure. That data source for this measure should come from an Electronic Health Record, Paper Medical Records, or Registry Data. CPT codes that may be used for internal practice tracking include 90649-90651.

4. SUMMARY OF CHANGES FOR 2018

4A. Activities

- a. See Table 2. A for a list of the current Transformation Activities.
- b. The following Activities have been added or updated
 - Activity C: Enhanced Access & Communication
 - Activity G: Transitions of Care
 - Activity H: Care Management

4B. Quality Metrics

- a. See Table 3. A for a list of current Quality Metrics.
- b. The following metric has been added
 - Quality Metric #7: Diabetes Medication Compliance
- c. The following metric has been updated
 - Quality Metric #4: Asthma Controlled Medication Adherence changed from 50% to 75% compliance
- d. The following metric has been discontinued and is no longer tracked for the 2018 program year.
 - MMR
- e. Updated self-reported quality measures to reflect recent CMS version where applicable (Quality Metrics 9-14).

5. RESOURCES

AHIN	https://secure.ahin-net.com/ahin/Session/logon
eCQMs (Electronic Clinical Quality Measures)	https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html 2018 Table of CMS eCQMs https://ecqi.healthit.gov/system/files/ecqm/2017/EP/EP_EC_Measures_Table_2017.pdf Technical updates to the 2018 release (which include exclusions) https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms
The Healthcare Effectiveness Data and Information Set (HEDIS)	http://www.ncqa.org/HEDISQualityMeasurement.aspx
NCQA PCMH	http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh
National Quality Forum (NQF)	http://www.qualityforum.org/Home.aspx http://www.qualityforum.org/Measures_Reports_Tools.aspx
Preventive Services	https://www.healthcare.gov/coverage/preventive-care-benefits/