Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association
Primary Care

PCMH FAQs

Overview

What is the purpose of a PCMH?
A patient-centered medical home (PCMH) is a care team that manages the overall health and coordinates the care of a patient. The PCMH program is designed to assist primary care practices in transitioning to PCMHs through guidance and support, while rewarding them for high-quality, coordinated and efficient care.

Will other Arkansas Blue Cross and Blue Shield plans participate?
Health Advantage fully insured plans, Arkansas Blue Cross and Blue Shield fully insured plans and some self-insured plans participate.

Enrollment

Who is eligible to enroll in the PCMH program?
Primary care providers (MD, DO, CNS, PA, APN) that are credentialed with Arkansas Blue Cross and Blue Shield who practice in the following areas: family medicine, general practice, geriatrics, internal medicine, and pediatrics.

How does a practice enroll?
Enrollment is held each fall. Practices who are interested in participating can email primarycare@arkbluecross.com to express interest. A Primary Care Representative will provide instructions at the time of enrollment.

Will providers that do not enroll in PCMH be penalized?
No. The PCMH program is voluntary and will not affect your network participation.

Requirements

The practice must be enrolled in the PCMH program, perform all required activities by their respective due dates, and meet the majority of quality metrics.

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What happens if a PCMH practice does not meet the requirements?
A PCMH practice that fails to complete all activities, or meet the majority of metrics, by their respective deadlines must address their shortfalls or risk program suspension or termination. See the Arkansas Blue Cross and Blue Shield PCMH Provider Manual for more information regarding remediation.

Practice support

There are two financial components to support Practices, care management fees and a performance-based adjustment. Care management fees are calculated on a per member per month (PMPM) basis for all fully insured plans and some self-insured plans. The performance-based adjustment (PBA) is calculated on utilization measures and quality metrics. Utilization performance is calculated quarterly, and adjustments are applied to monthly care management fees. Clinical quality performance is calculated and paid annually.

If the number of aligned patients to my clinic changes, will my payment amount change?
For monthly care management fees, yes, the total payment may change monthly based on the number of aligned patients. The utilization PBA will change based on performance on utilization measures and number of aligned members at the end of each quarter. For the quality PBA, because the payment is paid once at the end of each program year, the amount will not change.

Metrics tracked

Will I have to meet all of the metric targets for my Arkansas Blue Cross Plan patients during the program year?
To receive a performance based adjustment, practices must meet the majority of metric targets. Please see the Arkansas Blue Cross PCMH provider manual for more information.

Reports

Will Arkansas Blue Cross and Blue Shield provide clinic reports?
Yes. Monthly data will be available through the care management portal on Arkansas Provider Programs (APP).