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## PCMH Quality Metrics Guidance Packet Report Deadline: March 31, 2017

### Introduction

PCMHs are required by the [Patient-Centered Medical Home Act \(Act\)](#) to report annually on compliance with a uniform set of healthcare quality and performance metrics. According to New Rule I, Mar. Notice 6-211, the **annual deadline for quality metric reporting from PCMHs is March 31**. The PCMH administrative rules are posted on the CSI website at <http://csimt.gov/issues-reports/pcmh/pcmh-stakeholders/>.

### Quality Metrics

PCMHs must submit data from calendar year 2016 on at least ~~four~~ **three** of five quality metrics: controlling hypertension, tobacco use cessation and intervention, poor A1c control, rate of immunized ~~23~~ **2**-year-olds, and screening for clinical depression and follow-up plan. ~~In both 2016 and 2017,~~ PCMHs must use the same metrics as reported in 2015 and 2016. However, a PCMH may report on additional metrics at any time. (A PCMH pediatric practice shall choose at least the child immunization performance measure. Reporting on depression screening is optional for pediatric practices until the 2017 measurement period, for the report due in March 2018. At that time, all pediatric clinics shall report on both the depression and immunization measures.)

The metrics were carefully selected by primary care providers, insurers, and patient advocates because they create a narrow focus in areas that produce data with potential for actionable change that is achievable for all PCMHs. The data reporting instructions are aligned with the ~~federal Physician Quality Reporting System (PQRS) CMS eCQM standards,~~ except for childhood immunizations which is aligned with the CDC's National Immunization Survey. Two options exist for the 2017~~6~~ report: patient-level data or attested aggregate data. Please be certain that patient-level data is de-identified. Research and consultation with national PCMH experts has shown that patient-level data is necessary for accurate and meaningful PCMH evaluation. While not required, if you your clinic has the capability, please report patient-level data. ~~Therefore, for the 2017 report on data from calendar year 2016, all practices must report patient level data.~~

It is the goal of the Montana PCMH program to collect meaningful data, but not be an administrative burden. That is why we chose performance metrics related to high-cost, chronic diseases, and which are already reported to other entities. The five measures will track how PCMHs improve the quality of care and health of their patients.

### Privacy & Data Usage

Administrative Rules of Montana (ARM) state that the Commissioner may only report to the public aggregate information about quality metrics. Clinic names will not be publically tied to their data. The quality metric data will contribute to the Commissioner's required annual Public Report. ~~The Public Reports will contribute to a report to the legislature in August 2016 and also to serve as an ongoing measure of the success of the program in supporting primary care providers and improving patient care.~~

### Instructions

Please complete the (1) Reporting Form and report the data **in the format prescribed** by the (2) Quality Metric Reporting Guidance. If reporting patient-level data (Option 1), refer to the [excel spreadsheet template linked here](#) and complete according to the (3) Data Dictionary. **Reports must be submitted through the State of Montana File Transfer Service to [csipcmh@mt.gov](mailto:csipcmh@mt.gov) by March 31, 2017~~6~~.**

**ATTACHMENTS: (1) Reporting Form (2) Quality Metric Reporting Guidance (3) Patient-Level Reporting Data Elements (4) State of Montana File Transfer Service Instructions.**