



Monica J. Lindeen
Commissioner of Securities & Insurance
Montana State Auditor

840 Helena Ave. • Helena, MT 59601
Phone: 406.444.2040 or 800.332.6148
Fax: 406.444.3497 • Web: www.csimt.gov

Montana PCMH Payor Annual Report

Deadline: April 30, 2017

Payor PCMH programs in Montana are at all stages of development. Therefore, not all the questions are applicable to every payor. Please answer only those questions that are relevant; payors are not required to answer all questions.

Information from this report will contribute to the Commissioner's 2017 Public Report. Payor names will not be included in the collective report. Ultimately, report findings from providers and payors will help to demonstrate the value of PCMH to policy makers, insurers, and patients.

Name of Payor:

First Name:

Last Name:

Title:

E-mail:

Phone Number:

Street Address:

Zip Code:

City:

State:

1. Please describe how your PCMH program incentivizes you and health care providers to work together to improve health and lower costs.

2. Are you reporting quality of care information back to clinics to measure patient health outcomes?

- Yes
- No

2a. If no, do you plan to do this in the future?

- Yes
- No

2b. If yes, please explain what information you provide, how you report it, and if you believe the providers use it.

3. Are you reporting utilization information back to clinics?

- Yes
- No

3a. If no, do you plan to do this in the future?

- Yes
- No

3b. If yes, please explain what information you provide, how you report it, and if you believe the providers use it.

4. Are you reporting cost information back to clinics?

4a. If no, do you plan to do this in the future?

- Yes
- No

4b. If yes, please explain what information you provide, how you report it, and if you believe the providers use it.

5. Do you have expectations for how the enhanced reimbursement should be used to support practice transformation?

- Yes
- No

5a. If yes, what are the expectations for how enhanced reimbursements should be used?

- EMR/EHR upgrades
- IT/data support
- Care Coordinator
- NCQA or other accreditation
- Facility re-organization
- Other

5b. Do you enforce these expectations in any way?

- Yes
- No

5c. If yes, please explain how you enforce expectations.

6. Have you seen PCMH practices in your program increase quality improvement activities for population management since contracting with you?

- Yes
- No
- Unsure

6a. If yes, do you plan to work with practices on these projects in the future?

6b. If no, do you plan to start these projects in the future?

- Yes
- No

7. Do you educate members about PCMH?

- Yes
- No

7a. If yes, please explain how you educate members about PCMH

7b. If no, do you plan to educate members about PCMH in the future?

Yes

No

8. Do you collect patient surveys or conduct focus groups to assess patient satisfaction?

Yes

No

8a. If yes, have they shown differences and improvements in satisfaction from PCMHs?

9. Do you see differences in any of the following between patients in PCMHs and non-PCMHs?

___ quality of care

___ utilization

___ medical expenditures

9a. Please describe the differences.

10. Have you done or do you plan to do any analysis or modeling of potential analysis of changes in any of the following?

___ quality of care

___ utilization

___ medical expenditures

10a. If yes, please describe.

11. What are your expectations or key focuses for working with practices in 2017?

12. Do you plan to expand your PCMH program in 2017?

Yes

No

12a. If yes, approximately how many more members or clinics do you plan to expand the program to in 2017?

12b. If no, please explain.

13. What do you see as the strengths and weaknesses of the NCQA, AAAHC, and The Joint Commission PCMH accreditation programs?

14. Please describe any barriers in implementation or growth in your PCMH program?