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PCMH Payor Annual Report
Deadline: March 31,
2016~~5~~

Payor PCMH programs in Montana are at all stages of development. Therefore, not all the questions will apply to every payor. Please answer all questions that are relevant.

Information from this report will contribute to a 2016 required report to the Montana legislature. Payor names will not be included in the collective report. Ultimately, report findings from providers and payors will help demonstrate the value of PCMH to policy makers, insurers, and patients.

1. Please describe how your PCMH program incentivizes the payor-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 about to measure patient health outcomes ~~and performance~~?

- Yes
- No

~~2a~~b. 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.~~how you do this and how it has been helpful to clinics.~~

3. Are you reporting utilization and cost 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.

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

- Yes
- No

4a3b. 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

4b3e. Do you enforce these expectations in any way?

- Yes
- No

4c3d. If yes, please explain how you enforce expectations.

4.5. ~~Has your PCMH program enabled practices to implement Quality Improvement activities for population management~~ Have you seen PCMH practices in your program increase quality improvement activities for population management since contracting with you?

- Yes
- No
- Unsure

~~5a4b.~~ If yes, do you plan to ~~continue to~~ work with practices on these projects in the future? ~~If no, do you plan to start these projects in the future?~~

~~5b4e.~~ If no, do you plan to start these projects in the future?

- ~~YesChoice 1~~
- ~~NoChoice 2~~

~~5.6.~~ Do you educate members about PCMH?

- Yes
- No

~~6a5b.~~ If yes, please explain how you educate members about PCMH

~~6b5e.~~ If no, do you plan to educate members about PCMH in the future?

- Yes
- No

~~6.7.~~ Do you collect patient surveys or conduct focus groups to assess patient

- satisfaction? Yes
- No

~~7a6b.~~ If yes, have they shown differences and/or improvements in satisfaction from PCMHs? ~~Do you see differences between patients in PCMHs or non-PCMHs?~~

~~7.8.~~ Do you see differences in any of the following between patients in PCMHs and non-PCMHs?

- quality of care
- utilization
- medical expenditures

~~8a7b.~~ If yes, please describe the differences.

~~8.9.~~ Have you done or do you plan to do any analysis or modeling of potential analysis regarding patient care or return on investment of changes in any of the following?

- quality of care
- utilization
- medical expenditures

~~9a8b.~~ If yes, please describe.



~~9.10.~~ What are your expectations or key focuses for working with practices in 20176?

~~10.11.~~ Do you plan to expand your PCMH program in

- 20176? Yes
- No

~~11a.10b.~~ If yes, approximately how many more members or clinics do you plan to expand the program to in 20176?

~~11b.10e.~~ If no, please explain.

~~11.12.~~ What do you see as the strengths and weaknesses of the NCQA, AAAHC, and The Joint Commission PCMH accreditation programs?

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