

COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER



OFFICE OF THE MONTANA
STATE AUDITOR

February 3, 2015

Dear Patient-Centered Medical Home,

As a requirement of your qualification in the Montana Patient Centered Medical Home (PCMH) Program, your clinic must submit a report on the Montana specific quality metrics identified in administrative rule. PCMH practices will submit the first report on the uniform set of health care quality and performance measures to the Montana Office of the Commissioner of Securities and Insurance on or before March 31, 2015. Reports must be created using the reporting instructions and guidance in the attached packet.

Thank you for your participation in the Montana PCMH program. The program is making a difference in patient care in Montana and you are an important part of that transformation.

Sincerely,

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



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

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PCMH Quality Metrics Report Deadline: March 31, 2015 Guidance Packet

Introduction

PCMHs are required by [Patient-Centered Medical Home Act \(Act\)](#), to report annually on compliance with the uniform set of health care quality and performance measures. According to New Rule I, Mar. Notice 6-211, the first report on quality measures from PCMHs is due to the Montana Office of the Commissioner of Securities and Insurance (CSI) on March 31, 2015. The PCMH administrative rules are posted on our website at <http://www.csi.mt.gov/medicalhomes/index.asp>.

Quality Metrics

PCMHs must submit data from calendar year 2014 on at least three of four quality metrics: hypertension, tobacco use and intervention, A1C control, and childhood immunizations. (PCMH practices that are pediatric only and do not treat adults should report on immunizations only.) These measures were carefully selected by primary care providers, insurers, and patient advocates. These measures were selected because they create a narrow focus for the first year of the program 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), except for childhood immunizations which is aligned with the National Immunization Survey used by the CDC. Two options exist for the 2015 report: patient-level data or attested aggregate data. Practices submitting patient-level data reports may use a sample of their patients or all patients. Attested aggregate data reports must include the entire patient population. [Research](#) and consultation with national PCMH experts has shown that patient-level data is necessary for accurate and meaningful PCMH evaluation. *For the 2017 report on data from calendar year 2016, all practices must report patient-level data.* Please be certain that any patient-level data you submit has the patient names deleted.

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 measures that are related to high-cost, chronic diseases, and already reported to other entities. The four measures will track how PCMHs improve the quality of care and health of their patients.

Privacy/Data Usage

Administrative Rules of Montana state that the commissioner may report to the public only aggregate information about quality measures. Practice names will not be publically tied to their data. The quality metric data will contribute to a required annual report. The annual reports will be used to create a report to the legislature in September 2016 and also to serve as an ongoing measure of the success of the program in supporting primary care healthcare providers and improving patient care.

Instructions

Please complete the (1) Data Reporting Form and report the data in the format prescribed by the (2) Quality Metric Reporting Guidance. [See the example excel spreadsheet for patient-level data linked here.](#) You may use a sample or all patients to report patient-level data. If reporting on a sample, you must use the (4) Sampling Strategy included in this packet. Reports must be submitted through the State of Montana File Transfer Service to Carrie Oser, at coser@mt.gov by March 31, 2015.

ATTACHMENTS: (1) Reporting Form; (2) Quality Metric Reporting Guidance; (3) Patient-Level Data Elements; (4) Sampling Strategy; and (5) State of Montana File Transfer Service Instructions.

**ATTACHMENT 1:
MONTANA PCMH PROGRAM
2015 Reporting Form for Quality Metrics**



THIS IS A FILLABLE FORM, PLEASE COMPLETE ELECTRONICALLY

Organization name: _____
(PCMH)

PCMH Official providing report: _____
(Name) (Title)

(Phone) (E-mail)

If CSI has questions pertaining to the data provided in this report, the data contact person for our organization is _____
(Name) (Title)

(Phone) (E-mail)

Date report submitted: __/__/____
(Mo/Da/Year)

DATA FROM CALENDAR YEAR 2014

Two options exist for reporting in 2015. Which of these options are you using?

_____ **Option 1:** A patient-level data report with the data elements required in Table 1 listed for each measure for each patient, provided in a separate electronic file. Also complete the form below. *(Patient-level reports may be submitted for a sample of patients, using the prescribed sampling strategy.)*

OR

_____ **Option 2:** An attested aggregate data report, using the form below, with data confirmed by the staff in the organization. *(Sampling is NOT allowed for this option.)*

The form below is required for BOTH option 1 and 2.

Measure 1: Blood Pressure Control

- Option 1, total patient-level report: complete items 1, 2, and 4
- Option 1, sample patient-level report: complete items 1, 3, and 4
- Option 2, attested aggregate report: complete items 1, 2, and 4

1. _____ (#) : total number of adults (aged ≥ 18 through 85 years) in the PCMH patient population
2. _____ (#) : denominator for this measure, number of adults (aged ≥ 18 through 85 years) with Dx hypertension in the PCMH patient population
3. _____ (#) : denominator for this measure if a sample of these adults was used to determine the quality measure to report in 2015, the number in the sample
4. _____ (#) : numerator for this measure, number of adults in the denominator population for whom documented blood pressure at most recent outpatient visit during reporting period was < 140 systolic mmHg and < 90 diastolic mmHg

Measure 2: Tobacco Use and Intervention

- Option 1, total patient-level report: complete items 1, 2, and 4
 - Option 1, sample patient-level report: complete items 1 - 4
 - Option 2, attested aggregate report: complete items 1, 2, and 4
1. _____ (#) : denominator for tobacco use measure, number of adults (aged ≥ 18 years) in the PCMH population
 2. _____ (#) : numerator for tobacco use measure and denominator for intervention measure, number of adults (aged ≥ 18 years) who were current tobacco users during the measurement period
 3. _____ (#) : denominator for the intervention measure if a sample of these adults who were current tobacco users was used to determine quality measure in 2015, the number in the sample
 4. _____ (#) : numerator for the intervention measure, number of adult tobacco users for whom tobacco use intervention was documented

Measure 3: A1C control

- Option 1, total patient-level report: complete items 1, 2, and 4
 - Option 1, sample patient-level report: complete items 1, 3, and 4
 - Option 2, attested aggregate report: complete items 1, 2, and 4
1. _____ (#) : total number of adults (aged ≥ 18 through 75 years) in the PCMH population
 2. _____ (#) : denominator for this measure, number of adults (aged ≥ 18 through 75 years) with diagnosis of diabetes mellitus in the PCMH population
 3. _____ (#) : denominator for this measure if a sample of these adults was used to determine the quality measure to report in 2015, the number in the sample
 4. _____ (#) : numerator for this measure, number of adults in the denominator population for whom A1C was documented to be $> 9.0\%$

Measure 4: Age-appropriate immunization for children

- Option 1, total patient-level report: complete items 1 and 3

- Option 1, sample patient-level report: complete items 1 - 3
 - Option 2, attested aggregate report: complete items 1 and 3
1. _____ (#) : denominator for this measure, number of children in PCMH population whose 3rd birthday occurred from January 1, 2014 through January 1, 2015
 2. _____ (#) : denominator for this measure, if a sample of these children was used to determine the quality measure in 2015, the number in the sample
 3. _____ (#) : numerators for the measure, number of these children who had received all age-appropriate immunizations before their third birthday (see list of immunizations below)
 - _____ (#) : for 4 DTAP
 - _____ (#) : for 3 polio
 - _____ (#) : for 1 MMR
 - _____ (#) : for 3 Hib
 - _____ (#) : for 3 HepB
 - _____ (#) : for 1 Var
 - _____ (#) : for 4 PCV

ATTACHMENT 2: MONTANA PCMH PROGRAM 2015 Quality Metric Reporting Guidance



- **The following instructions apply to both patient-level and attested aggregate data reporting/option 1 and 2.**

1. Method for measuring and reporting of **blood pressure control in adult population with diagnosed hypertension.**

Measurement and reporting requirement:

a. Denominator (D#): all adults aged ≥ 18 through 85 years in the PCMH patient population who (a) have the diagnosis of hypertension, and (b) had one or more outpatient visits during the reporting period: calendar year 2014.

b. Numerator (N#): number of these adults for whom documented blood pressure at time of most recent outpatient visit during the reporting period was systolic < 140 mmHg and diastolic < 90 mmHg

c. REPORT by attestation by responsible PCMH official: (D#) and (N#); specify if the denominator was the entire patient population of adults (≥ 18 through 85 years) with hypertension or a sample of that population, the date of assessment. If patient specific data are reported electronically, the electronic data file must include the variables specified in Table 1.

Note: If blood pressure was not documented during the most recent outpatient visit, then blood pressure is not controlled for this measure. If multiple blood pressures were taken at the most recent outpatient visit, report the lowest blood pressure.

Hypertension diagnosis: ICD-9 code groups: 362.11; 401.00-401.99; 402.00-402.99; 403.00-403.99; 404.00-404.99.

2. Method for measuring and reporting of **identification of tobacco use and intervention for cessation in adults.**

Measurement for identification of tobacco use:

a. Denominator (D#): all adults aged ≥ 18 years in the PCMH patient population who had two or more outpatient visits for any reason, or who had one preventive care visit during the reporting period: calendar year 2014

b. Numerator (N#): number of these adults documented to be tobacco users

Measurement for tobacco cessation intervention:

a. Denominator: number of adult tobacco users from above (N#).

b. Numerator: number of tobacco users who received a tobacco cessation intervention during the measurement period.

c. **REPORT** by attestation by responsible PCMH official: (D#) and (N# of tobacco users) and (N# of tobacco users who received a tobacco cessation intervention); specify if the denominator was the entire patient population or a random sample, and the date of assessment. If patient specific data are reported electronically, the electronic file must include the variables specified in Table 1.

3. Method for measuring and reporting HbA1C results for adults with diagnosed diabetes mellitus.

Measurement and reporting requirement:

a. **Denominator (D#):** all adults aged ≥ 18 through 75 years in the PCMH patient population who (a) have the diagnosis of diabetes mellitus* (type 1 or type 2), and (b) had one or more outpatient visits during the reporting period: calendar year 2014

b. **Numerator:** number of these adults for whom the most recent documented A1C during the reporting period was $>9.0\%$

c. **REPORT** by attestation by responsible PCMH official: (D#) and (N#); specify if the denominator was the entire patient population of adults (aged ≥ 18 through 75 years)with diabetes or a sample of that population, and the date of assessment. In addition, if patient specific data are reported electronically, the electronic file must include the variables specified in Table 1.

Note: If A1C is not documented during the measurement period, then A1C is not controlled for this measure.

*Diabetes diagnosis: ICD-9 code groups: 249.00-249.99; 250.00-250.99.

4. Method for measuring and reporting of age-appropriate immunization for children who were age 3 during the reporting period.

Measurement and reporting requirement:

a. Denominator (D#): all children in the PCMH population whose 3rd birthday occurred from January 1, 2014 through January 1, 2015 and who had one or more outpatient visits during calendar year 2014

b. Numerator (N#): number of these children who had received all age-appropriate immunizations before their third birthday (see list of immunizations below)

c. REPORT by attestation by responsible PCMH official: (D#) and (N#); specify the date of assessment. If patient specific data are reported electronically, the electronic file must include the variables specified in Table 1.

Note: If there is documentation that a child has a medical contraindication (MC) for an immunization, or that the immunization was offered but refused (R), you may report the number with MC or R. However, the MC and R numbers will be considered as part of the “not immunized” number in the denominator for calculating the percent of children with age-appropriate immunizations for this reporting year. If an EMR/EHR does not have the capability to report the (MC) or (R) numbers, they should be reported in the (No) category.

Immunizations for children aged 3 years:

4 DTAP

3 Polio

1 MMR

3 Hib

3 Hep B

1 Var

4 PCV

**ATTACHMENT 3:
MONTANA PCMH PROGRAM
2015 Patient-Level Data Elements**



TABLE 1: Variables for patient-level electronic file reports/option 1 only

MEASURE	VARIABLE	DESCRIPTION
Blood pressure control: adults aged ≥18 through 85 with a DX of hypertension	Sex	M (for male) or F (for female)
	DOB	__/__/____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	Date BP Measured	__/__/____ (Mo Da Year)
	Systolic BP	____ recorded at most recent outpatient visit
	Diastolic BP	____ recorded at most recent outpatient visit (BP= numeric, 3 digits)
Tobacco use cessation: adults aged ≥18 and older	Sex	M (for male) or F (for female)
	DOB	__/__/____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	Tobacco Use Status: current tobacco user	Y (for Yes, if current tobacco user) N(for No, if not current tobacco user)
	If tobacco user, Cessation intervention	Y (for Yes, if intervention provided) N (for No, if intervention not provided)
	Date of cessation intervention	__/__/____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
A1C control: adults aged ≥18 through 75 with diabetes	Sex	M (for male) or F (for female)
	DOB	__/__/____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	Date A1C measured	__/__/____ (Mo, numeric, 2 digits) (Mo Da Year) (Da, numeric, 2 digits) (Year, numeric, 4 digits)
	A1C	____.__(numeric, 2 digits followed by decimal followed by/digit)

MEASURE	VARIABLE	DESCRIPTION
Age appropriate immunization: children aged 3 years	4 DTAP	Y (Y for yes, if immunization has been provided) N (N for no, if immunization has not been provided) MC (MC for medically contra indicated) R (R for refusal to be vaccinated)
	3 Polio	Y N MC R
	1 MMR	Y N MC R
	3 Hib	Y N MC R
	3 Hep B	Y N MC R
	1 Var	Y N MC R
	4 PCV	Y N MC R

Data Dictionary

TABLE 2: Variable definitions for required data elements for electronic reporting/option 1 only.

Patient-level data should be included for all patients in the denominator and the numerator for each measure. Patient ID numbers such as 1-600 should be included for reference when conducting quality control.

MEASURE	NAME	DEFINITION	WIDTH	TYPE	VALUE/FORMAT
Blood pressure control: Adults aged ≥18 through 85 with a DX of hypertension	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	Date_BP	Date of the most recent blood pressure measure	8	Numeric	MMDDYYYY
	SBP	Systolic blood pressure measure (mmHg)	3	Numeric	xxx
	DBP	Diastolic blood pressure measure (mmHg)	3	Numeric	xxx
Tobacco use cessation: adults aged ≥18 and older	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	TUS	Current tobacco user	1	String	Y (Yes) N (No)
	TUCI	If tobacco user, cessation intervention	1	String	Y (Yes) N (No)
	Date_TCI	Date of cessation intervention	8	Numeric	MMDDYYYY
A1C control: adults aged ≥18 through 75 with diabetes	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	Sex	Sex	1	String	M (Male) F (Female)
	DOB	Date of Birth	8	Numeric	MMDDYYYY
	Data_A1C	Date A1C measured	8	Numeric	MMDDYYYY

	A1C	A1C level (%)	4	Numeric	xx.x
Age appropriate immunization: children aged 3 years	Patient_ID	Patient ID	15	Numeric/String	XXXXXXXXXXXXXXXXXX
	4DTAP	All 4 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	3Polio	All 3 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	1MMR	All 1 dose administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	3Hib	All 3 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	3HepB	All 3 doses administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	1Var	Vaccine dose administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)
	4PCV	Vaccine dose administered	2	String	Y (Yes) N (No) MC (Medically contra indicated) R (Refusal to be vaccinated)

ATTACHMENT 4: MONTANA PCMH PROGRAM 2015 Sampling Strategy for Quality Metric Reporting Option 1



- *A sampling strategy is only an option for practices reporting patient-level data.*

For a PCMH that opts to use a **sample** of patients rather than the entire patient population eligible for a quality measurement, the **CSI requires the use of a random sample** of patients with the number of patients in the final sample **at least 400**. However, if the population to be measured by a PCMH, e.g., the population of adults age ≥ 18 through 85 years with Dx= hypertension, is less than 400 then the PCMH should include all the patients in the measurement population and not use a sample of the patients. *Please note: A PCMH opting to use a random sample must contact Carrie Oser at Montana DPHHS, (coser@mt.gov) prior to reporting to confirm that the intended random sampling method meets the CSI requirement. Be prepared to provide the total number of patients.*

One practical strategy (“random start, systematic sample”) to select a random sample is described below:

A systematic sample of patients can be identified by preparing a list of all eligible patients (e.g., all adults aged 18 to 85 with the diagnosis of hypertension), and then selecting every Xth patient (i.e., systematically). To avoid one possible bias in using this method, the first patient selected from the list is identified at random. This method is simple to execute and assures the eligible patient population will be evenly sampled.

Step-by-Step Instructions

A PCMH that opts to use a sample of patients could use the following steps:

1. **Prepare a list of patients** eligible for the measurement. For example, for the adult blood pressure control measure prepare list of all adult patients age ≥ 18 through 85 years who have a diagnosis of hypertension.
2. **Determine the systematic selection interval** needed to derive a final sample size of at least 400. This can be done by counting the number of patients on the eligible list and dividing that number by 400. For example, if the number of adult patients with diagnosis of hypertension were 1200, divide 1200 by 400 and the systematic selection interval would be every 3rd patient on the list.
3. **Begin the systematic sample selection with a randomly selected patient.** A quick, practical way to determine a random start for sample selection is to draw-a-number-from-the-hat where the numbers-in-the-hat are determined by the selection interval. E.g., if the systematic selection interval were 3 (i.e., select every 3rd patient) then use 3 small pieces of paper. Write 1 on one piece of paper, 2 on another piece of paper and 3 on another. Place these papers in a hat (or other container) and have someone draw one piece of paper from the hat. If the number on the paper drawn-from-the-hat were 2 then the sample selection would start with the 2nd patient on the patient list and proceed to every

3rd patient from that start point. If the systematic selection interval were 5 then 5 pieces of paper would go-into-the-hat; if the selection interval were 9 then 9 pieces of paper, and so on.

4. Select the 400 (at least 400) patients whose medical records will be reviewed to establish the clinical performance measure.

There are alternate strategies to determine a random start including use of software applications. As long as the systematic sampling process begins with a random start, the CSI requirement will be met. A quick, practical way to determine a random list of patients is to perform the following steps:

- 1) Consecutively number your patients in sequence from '1' to 'total number'
- 2) Go to <https://www.random.org/integers/>
- 3) Enter '400' for number of random integers
- 4) Enter '1' and '(Total number of patients – this must be ≥ 400)' for the integer range
- 5) Format in '1' column
- 6) Use these numbers to choose the selected patients

Additional consultation regarding methods to select a random sample is available from Carrie Oser at Montana DPHHS. (coser@mt.gov)



ATTACHMENT 5: The State of Montana File Transfer Service Instructions

The State of Montana's File Transfer Service allows for easy secure transfer of large electronic files to and from customers of state government. Access the File Transfer Service at this web address: <https://transfer.mt.gov>. To become a registered ePass Montana customer you must [create an ePass Montana account](#).

The transfer service only requires a web browser and all aspects are securely encrypted, ensuring that customers meet all security requirements under state and federal information privacy regulations. An automated reminder system notifies the recipient of files they have available for download, and the system tracks receipts for all transfers, showing detailed information about when a file is uploaded as well as when it is downloaded. Customers can upload files as large as can be transferred in one hour, or 2GB, whichever is less. Files must be downloaded within fifteen days, after which the transfer expires and the files are automatically removed from the service.

Creating an Account

If you do not yet have an ePass Montana account, then you must create one. [Create an ePass Montana account](#).

1. Click the Login button to Login with ePass Montana.
2. Click on the Create an Account button.
3. Enter the required personal, contact, and login information on the form.
4. Add File Transfer Service to your new ePass Montana account
 1. Enter the code that was emailed to you
 2. Submit
 3. Now you are able to login using your ePass Montana username and password

Logging In

ePass Montana Customers - Enter your ePass Montana username and password to [login](#).

Inbox Management

After logging in, you will be able to view your sent and received files. Also, you will see the options to send files or view the received transfers. If you wish to sort the sent or received files by name, file, date, or status, then simply click (ascending) or double click (descending) the column label in the title bar. To delete files, you must check the box(es) to the left of the file(s) and then select the "Delete Selected Files" button at the bottom of the page.

File Transfer Status

Following are the status definitions for files transferred:

- **Processing File:** This will occur immediately after the file is uploaded. The file is migrated to the server and waiting for a virus scan.
- **Incomplete - Select Recipients:** The file has been moved onto the server, but it doesn't have a recipient available to download the file. To Add a recipient, select the file name and you will then be able to add recipients to the file.
- **In Transit:** The file is in the process of being moved to another server.
- **Scanning for Viruses:** The file is being scanned for viruses. If a virus is found, you will be notified through email and the file will be immediately removed from the server. It will not be available for download.
- **Complete:** The file has resided on the server for the maximum of 15 days and has been removed. The file can no longer be downloaded.
- **Ready for Download:** The file has been scanned for viruses and is ready for the recipients to download.

Sending Files

1. To send a file you must select the link "Send a new file or files".
2. Browse to the file you would like to send, and then select "+ Add to File List". If you would like to add more files, then browse again and select "+ Add to File List".
3. To remove a file, select the one that you wish to remove and select "- Remove from File List".
4. When satisfied with file selection(s), continue.
5. Select the recipient(s) of the files either a State Employee, ePass Montana Customer, or Previous Recipient.
 1. You can add a state employee by using lookup or giving their full email address then select "+ Add to Recipient List".
 2. You can add an ePass Montana Customer by giving their full email address and then select "+ Add to Recipient List".
 3. You can add a Previous Recipient by selecting the name and selecting "+ Add to Recipient List".
 4. To remove a recipient, select the one that you wish to remove and select "- Remove from Recipient List".
 5. At the bottom of the page, you can enter a message to send with the file(s).
 6. Send.
6. A receipt containing the recipient(s) and the file(s) that you sent will appear. You can print the receipt, or go to the home page.

Receiving File(s)

1. To view the received file(s), select either the Received tab or select "View a List of Received Transfers".
2. When the status says it is "Ready to Download", select the file that you wish to download.
3. To download, select the "Download File" button, and then open or save the file.