

COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER



OFFICE OF THE MONTANA
STATE AUDITOR

Dear Medical Practice,

The 2013, Montana Legislature passed the [Patient-Centered Medical Home Act \(Act\)](#), Mont. Code Ann. [§ 33-40-101](#). The law creates a safe-harbor from anti-trust laws so multiple payers can support practices in PCMH transformation. The law also gives the insurance commissioner the rulemaking authority to work with stakeholders in creating standards for the program, qualifying health care providers and insurers to participate, and promoting the program.

Stakeholders involved in laying the groundwork for the Montana PCMH program wanted the law for two reasons: anti-trust protection to allow for a multi-payer program and standards on quality and payment for a uniform statewide program. **Qualification in the Montana PCMH Program enables your clinic to market and promote itself as a patient-centered medical home and engage in PCMH contracts with insurers in compliance with Montana state law.**

State law states that if you intend to participate in the Montana PCMH Program, you must complete and submit the form below and the [Comprehensive Application at this link](#). Specifically state what accreditation you have or are in the process of obtaining, including the name of the accrediting entity and the exact date you anticipate accreditation. Please submit the form below via email to Amanda Eby at aeby@mt.gov.

The commissioner may provisionally qualify a patient-centered medical home for up to one year after the submission of an application. A practice must receive accreditation within twelve months of applying to the Montana program. Practices must prepare to submit their application to the PCMH accrediting entity by ninety days advance of the twelve month deadline to allow for the sixty day review process and potential requests for additional documentation.

A patient-centered medical home is required by the Patient-Centered Medical Home Act (Act) to report on its compliance with the uniform set of health care quality and performance measures adopted by the commissioner, in consultation with stakeholders. According to [ARM 6.6.4906](#), annual reports from PCMHs will be due to the Montana Office of the Commissioner of Securities and Insurance (CSI) on March 31 of each year.

If you have any questions as you complete the applications, please contact Amanda Eby at 406-444-4328 or aeby@mt.gov.

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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MONTANA PCMH PROGRAM PRELIMINARY APPLICATION

Please submit the form via email to Amanda Eby at aebymt@mt.gov. Email is the preferred submission method. You can also submit it by postal mail to 840 Helena Ave., Helena, MT 59601.

CONTACT INFORMATION

Contact Name: _____ Contact Title: _____
Contact Email: _____ Phone: _____

PRACTICE INFORMATION

Practice Name: _____
Address: _____
City/State/Zip: _____

If the practice site is part of a larger organization that is submitting applications for other practice sites as well, please identify the name of the larger organization: _____

Is the practice a Federally Qualified Health Center (FQHC)?

Yes No

Have you obtained PCMH recognition/accreditation from a national accrediting organization?

Yes No

If yes, which agency? _____

If yes, what date was accreditation received? _____

Please attach any letters of recognition/accreditation from national organizations.

Are you actively seeking PCMH recognition/accreditation from a national accrediting organization?

Yes No

If yes, which organization? _____

If yes, when do you anticipate receiving recognition? _____