Crosswalk of URAC's PCHCH Achievement Standards Version 1.0 to Montana Patient Centered Medical Home Law

(Page Number) Correlates to Standard Location in URAC PCHCH Achievement Standards

Montana PCMH Law Standards	URAC PCHCH Achievement Standards	URAC PCHCH Optional Standards	URAC Comments & Notes
(1) The commissioner shall, in consultation with the stakeholder council of interested parties, set standards from the list provided in subsection (2).			
(2) Standards may be set for one or more of the following or for other topics determined by the commissioner in consultation with stakeholders:			
(a) payment methods used by health plans to pay patient-centered medical homes for services associated with the coordination of covered health care services;			
(b) bonuses, fee-based incentives, bundled fees, or other incentives that a health plan may use to pay a patient-centered medical home based on the savings from reduced health care expenditures associated with improved health outcomes and care coordination by qualified individuals attributed to the participation in the patient-centered medical homes;			

(c) a uniform set of health care quality and performance measures that include prevention services	**Quality Performance Reporting and Improvement** - Performance Reporting (PRT) PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)* **Access To Services (ATS)** PCH-PA 7: (ATS) Enhancing Patient Access to Services (g) (Page 26) **Coordination of Care (COC)** PCH-PA 20: (COC) Appropriate Use of Clinical Guidelines(a) *(Page 30)*	**Wellness and Health Promotion (WHP)** PCH-PO 24: (WHP*)* Collection of Wellness-Related Health Encounter Patient Data *(page 42)*	*Reference URAC's PCHCH Measures Toolkit Enclosed with This Document*
(d) a uniform set of measures related to cost and medical usage.	**Quality Performance Reporting and Improvement** - Performance Reporting (PRT) PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)*	**Quality Performance Reporting and Improvement** - Performance Reporting (PRT) PCH-PO 47: (PRT) Analysis of Performance Reporting Data *(Page 46)* PCH-PO 48: (PRT) Levels of Performance Reporting *(Page 46)* PCH-PO 49: (PRT) Performance Reporting - Trends Analysis and Action *(Page 46)*	*Reference URAC's PCHCH Measures Toolkit Enclosed With This Document*
(3) A patient-centered medical home must meet the standards in this section in full or in part by providing proof to the commissioner that it has been accredited by a nationally recognized accrediting organization approved by the commissioner.			*URAC's PCHCH Achievement Program Meets the Joint Principles of a PCHCH Issued by the AAFP, ACP, AAP, and AOA as documented in evaluations by the Urban Institute and MGMA*
(4) The commissioner may, in consultation with stakeholders,			*See included information regarding URAC accreditation process for state*

set standards that are specific to Montana and may be required in addition to nationally recognized accreditation standards.			*specific addendum process*
(5) A patient-centered medical home shall report on its compliance with the uniform set of health care quality and performance measures adopted by the commissioner to:	PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)*	**Quality Performance Reporting and Improvement - Performance Reporting (PRT)** PCH-PO 50: (PRT) Performance Reporting Transparency *(Page 46)*	
(a) health plans and other payers with which the patient-centered medical home contracts;	PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)*	**Quality Performance Reporting and Improvement - Performance Reporting (PRT)** PCH-PO 50: (PRT) Performance Reporting Transparency *(Page 46)*	
(b) the commissioner; and	PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)*	**Quality Performance Reporting and Improvement - Performance Reporting (PRT)** PCH-PO 50: (PRT) Performance Reporting Transparency *(Page 46)*	
(c) the department, if the department is a participant.	PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)*	**Quality Performance Reporting and Improvement - Performance Reporting (PRT)** PCH-PO 50: (PRT) Performance Reporting Transparency *(Page 46)*	
(6) A health plan and other payers shall report to the patient-centered medical home regarding their compliance with the uniform set of cost and utilization measures adopted by the commissioner for patients covered under the health plan.	PCH-PA 27: (PRT) Performance Reporting - Tracking and Reporting *(Page 33)* PCH-PA 28: (PRT) Performance Reporting and Validation *(Page 33)*	**Quality Performance Reporting and Improvement - Performance Reporting (PRT)** PCH-PO 50: (PRT) Performance Reporting Transparency *(Page 46)*	

(7) In developing the standards described in subsection (2), the commissioner may consider:			
(a) the use of health information technology, including electronic medical records;	**Patient Registry (PR)** PCH-PA 5: (PR) Registry – Patient Information and Implementation *(Page 25)* **Electronic Communications Portal (ECP)** PCH-PA 22: (ECP) Electronic Communications Portal (*Page 31*) PCH-PA 23: (ECP) Electronic Communications Portal Review and Evaluation (*Page 31*) **Electronic Prescribing and Dispensing (EPD)** PCH-PA 24: (EPD) Electronic Prescribing Utilized *(Page 32)* **Electronic Health Records (EHR)** PCH-PA 25: (EHR) Basic Electronic Health Record *(Page 32)* PCH-PA 26: (EHR) Advanced Electronic Health Record *(Page 33)*	**Referral Process (RP)** PCH-PO 21: (RP) Electronic-Based Tools for Referrals (Page 41) **Advanced Electronic Capabilities** Electronic Patient Registry (EPR) PCH-PO 35: (EPR) Electronic Registry *(Page 44)* PCH-PO 36: (EPR) Electronic Registry Function *(Page 44)* **Electronic Communications Portal (ECP)** PCH-PO 37: (ECP) Electronic Communications Portal - Patient Self-Services *(Page 44)* PCH-PO 38: (ECP) Electronic Communications Portal Disclosures *(Page 44)* PCH-PO 39: (ECP) Electronic Communications Portal - Opt-in or Opt-out *(Page 44)* **Electronic Prescribing And Dispensing (EPD)** PCH-PO 40: (EPD) Electronic Prescribing System (*Page 45)* PCH-PO 41: (EPD) Dispensing Medication (*Page 45)* PCH-PO 42: (EPD) Electronic Prescribing Notification (*Page 45)* PCH-PO 43: (EPD) Electronic Prescription Request (*Page 45)* PCH-PO 44: (EPD) Electronic Medication Review and	

		Reconciliation (*Page 45)* **Electronic Health Records (EHR)** PCH-PO 45: (EHR) Electronic Health Record (*Page 45)* PCH-PO 46: (EHR) Electronic Health Record Integration (*Page 45)*	
(b) the relationship between the primary care practice, specialists, other health care providers, and hospitals;	**Access to Services (ATS)** PCH-PA 6: (ATS) Patient Access to Services and Information (b) *(Page 26)***Community Services & Resources (CSR)** PCH-PA 8 (CSR) Comprehensive Services and Resources *(Page 26)* **Referral Process (RP)** PCH-PA 10: (RP) Referrals Process *(Page 27)* **Individual Care Management (ICM)** PCH-PA 15: (ICM) Ongoing Care Management Protocols –All Patients (f) *(Page 29)* **Coordination Of Care (COC)** PCH-PA 18: (COC) Coordination of Care (*Page 30*) PCH-PA 19: (COC) Coordinating Care (*Page 30*) **Transition and Written Plan** PCH-PA 20: (COC) Appropriate Use of Clinical Guidelines (*Page 30*)	**Community Services and Resources (CSR)** PCH-PO 15: (CSR) Collaboration with Community Resources (*Page 40)* PCH-PO 16: (CSR) Community Resource Referrals (*Page 40)* PCH-PO 17: (CSR) Tracking and Follow-Up of Community Resource Referrals (*Page 40)* **Referral Process (RP)** PCH-PO 19: (RP) Referral Information (*Page 41)* PCH-PO 20: (RP) Specialist Appointments (*Page 41)* PCH-PO 21: (RP) Electronic-Based Tools for Referrals (*Page 41)* **Individual Care Management (ICM)** PCH-PO 25: (ICM) Care Management - Integrated Team PCH-PO 26: (ICM) Chronic Condition - Care Management (*Page 42)* PCH-PO 27: (ICM) Self-Management (*Page 42)* PCH-PO 28: (ICM) Chronic Condition – Appointments (*Page 42)* PCH-PO 29: (ICM) Chronic Condition - Follow-Up (*Page 43)*	

		Coordination of Care PCH-PO 30: (COC) Health Record Information Exchange and Alerts (*Page 43)* PCH-PO 31: (COC) Coordination of Care with Non-PCHCH Care Management (*Page 43)* PCH-PO 32: (COC) Coordination of Care Program for All Chronic Conditions (*Page 43)* PCH-PO 33: (COC) Coordination of Care Program for All (*Page 43)*	
(c) the access standards for individuals covered by a health plan to receive primary medical care in a timely manner;	**Access and Communications** - Access to Services (ATS) PCH-PA 6: (ATS) Patient Access to Services and Information (*Page 26*) PCH-PA 7: (ATS) Enhancing Patient Access to Services (*Page 26*)	**Access And Communications** - Access To Service (ATS) PCH-PO 14: (ATS) Ensure Equitable Access and Services (*Page 40)* **Community Services and Resources (CSR)** PCH-PO 15: (CSR) Collaboration with Community Resources (*Page 40)* PCH-PO 16: (CSR) Community Resource Referrals (*Page 40)* PCH-PO 17: (CSR) Tracking and Follow-Up of Community Resource Referrals (*Page 40)*	
(d) the ability of the primary care practice to foster a partnership with patients; and	**PCHCH Organizational CORE (COR)** PCH-PA 1: (COR) Staff Training Requirements (*Page 24*) PCH-PA 2: (COR) Patient Empowerment and Engagement (*Page 24*) PCH-PA 3: (COR) Health Literacy (*Page 24*) PCH-PA 4: (COR) Patient Rights and Responsibilities (*Page 25)*	**Partnership Agreement (PA)** PCH-PO 11: (PA) Partnership Outreach and Engagement *(Page 39)* PCH-PO 12: (PA)Partnership Agreement *(Page 39)* **Care Management And Coordination-** Wellness And Health Promotion (WHP) PCH-PO 22: (WHP) Documentation of Resources (*Page 42)*	

	Individual Care Management (ICM) PCH-PA 15: (ICM) Ongoing Care Management Protocols-All Patients (*Page 29*) PCH-PA 16: (ICM) Informed Decision-Making with Patients (*Page 29*) PCH-PA 17: (ICM) Medication Review and Reconciliation (*Page 29*) **Self-Management Support (SMS)** PCH-PA 21: (SMS) Self-Management Support and Assessment Capabilities (*Page 31*)	PCH-PO 23: (WHP) Secondary Prevention Program (*Page 42)* PCH-PO 24: (WHP) Collection of Wellness-Related Health Encounter Patient Data (*Page 42)* **Self-Management Support (SMS)** PCH-PO 34: (SMS) Chronic Condition - Self-Management Support and Implementation (*Page 43)*	
(e) the use of comprehensive medication management to improve clinical outcomes.	**Individual Care Management (ICM)** PCH-PA 17: (ICM) Medication Review and Reconciliation (*Page 29)* **Electronic Prescribing and Dispensing (EPD)** PCH-PA 24: (EPD) Electronic Prescribing Utilized (*Page 32)*	**Electronic Prescribing And Dispensing (EPD)** PCH-PO 40: (EPD) Electronic Prescribing System (*Page 45)* PCH-PO 41: (EPD) Dispensing Medication (*Page 45)* PCH-PO 42: (EPD) Electronic Prescribing Notification (*Page 45)* PCH-PO 43: (EPD) Electronic Prescription Request (*Page 45)* PCH-PO 44: (EPD) Electronic Medication Review and Reconciliation (*Page 45)* **Electronic Health Records (EHR)** PCH-PO 45: (EHR) Electronic Health Record (*Page 45)* PCH-PO 46: (EHR) Electronic Health Record Integration (*Page 45)*	
(8) All health care providers and payers who participate in a patient-centered medical home shall, as a condition of participation, collectively commission one			

independent study on savings generated by the patient-centered medical home program and report to the children, families, health, and human services interim committee no later than September 30, 2016.			