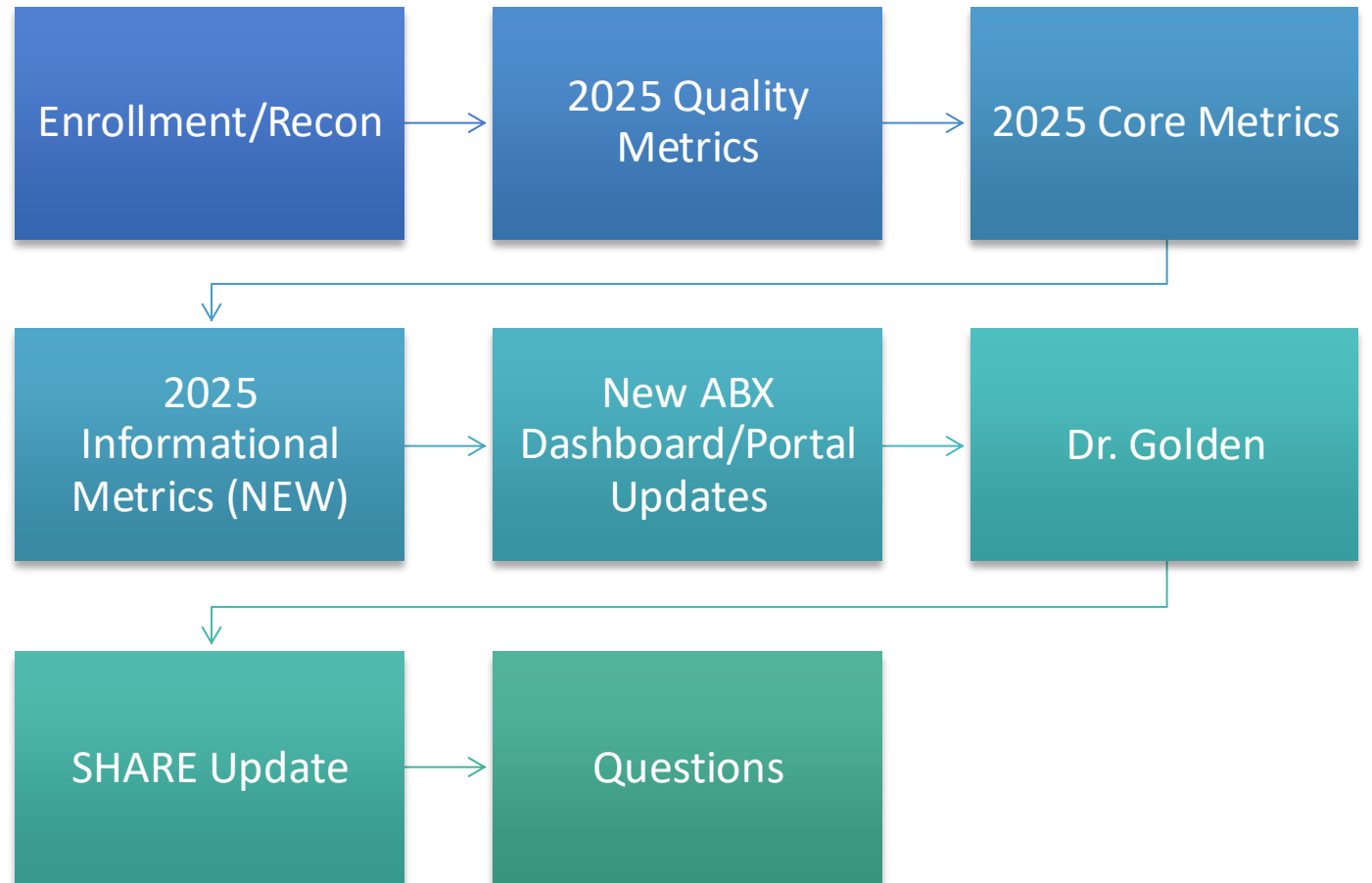


PCMH WEBINAR SEPTEMBER 2024

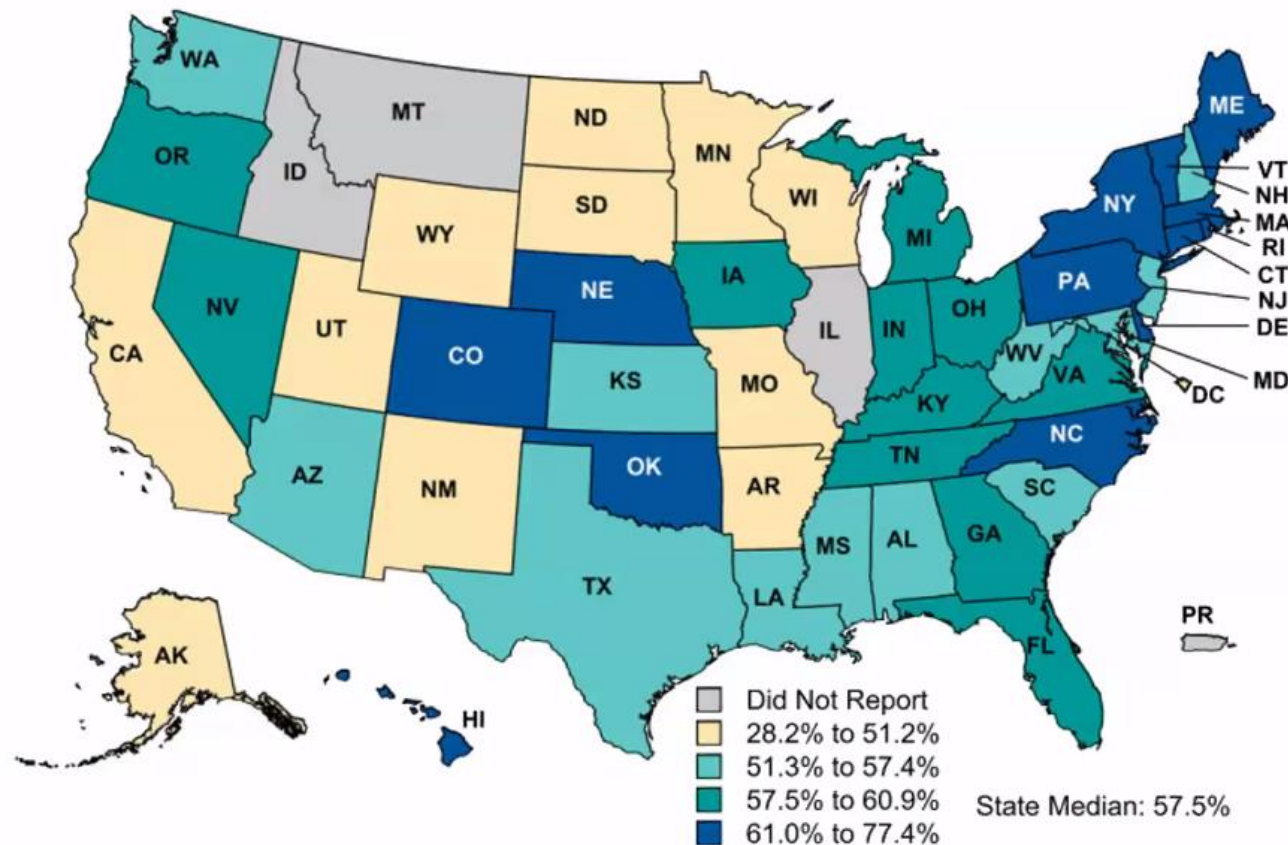


AGENDA



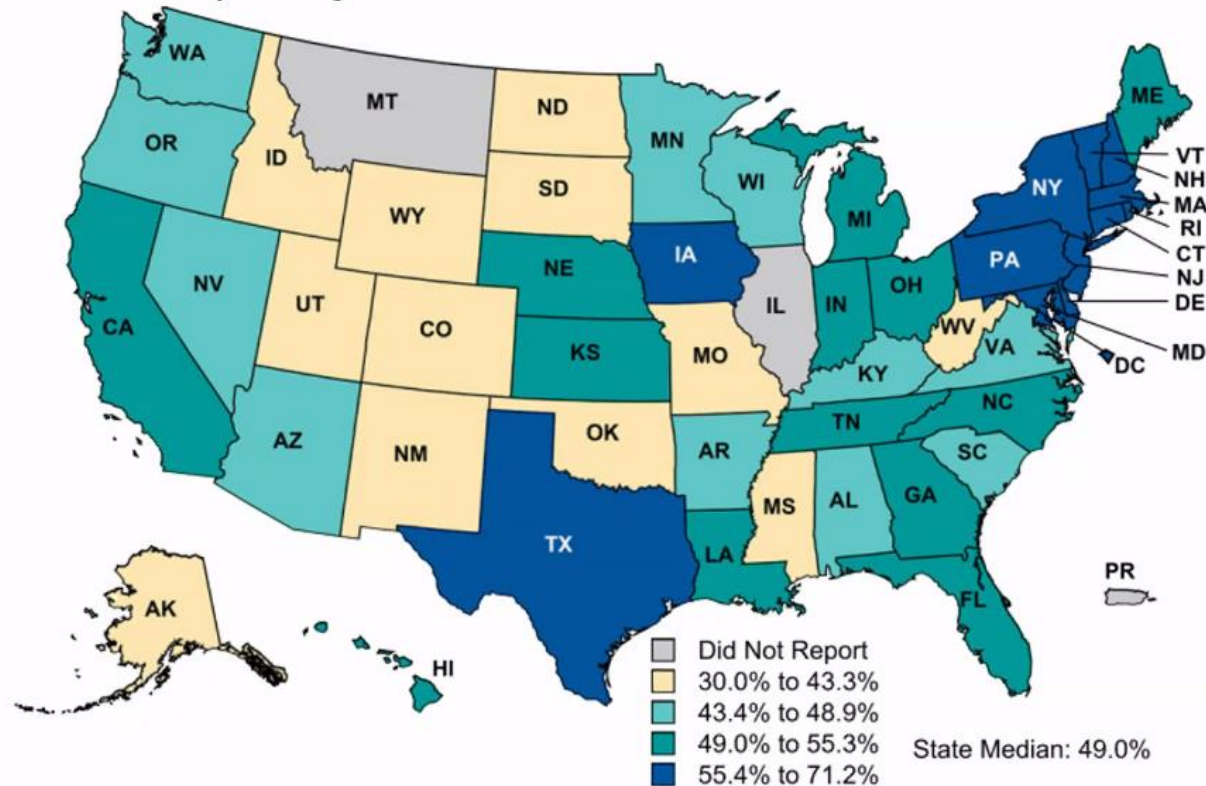
Measuring WCVs: Child Core Set From 2022

Percentage of Children Receiving Six or More Well-Child Visits with a Primary Care Practitioner in the First 15 Months of Life



Measuring WCVs: Child Core Set From 2022

Percentage of Children and Adolescents Ages 12 to 17 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist





2025 QUALITY METRICS



2025 QUALITY METRICS

1. PCP Visits for High Priority Beneficiaries- No changes from 2024 to 2025
2. Well-Child Visits in the First 15 Months of life (6+ visits) – No changes from 2024 to 2025
3. Well child visit in the Third, Fourth, Fifth, and Sixth Years of Life- No change from 2024 to 2025
4. Well-Child Visits in the Seventh, Eighth, Ninth, Tenth, and Eleventh Years of Life- Increased the Target to $\geq 65\%$.
5. Adolescent Well-Care Visits (Age 12-20)- No change from 2024 to 2025
6. Oral and Injectable Antibiotic Utilization- Decreased the Target to $\leq 1,000$
7. Chlamydia Screening in Women- No change from 2024 to 2025



2025 QUALITY METRICS

- 7. Chlamydia Screen in Women- No changes from 2024 to 2025
- 8. Cervical Cancer Screening- No changes from 2024 to 2025
- 9. Breast Cancer Screening- Increased the Target to $\geq 45\%$
- 10. Colorectal Cancer Screening – No changes from 2024 to 2025
- 11. Well-Child Visits 15-30 Months 2+ Visits- Increased the Target to $\geq 53\%$



2025 QUALITY METRICS

12. Developmental Screening (NEW) Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool.
 - Any child under the age of 4 years old with a developmental, behavioral screening during the performance period based on the guidance provided in EPSDT II policy manual sections 215.310(J) and 215.320(K)
 - Minimum Attributed Beneficiaries = ≥ 25
 - 2025 Target - $\geq 21\%$

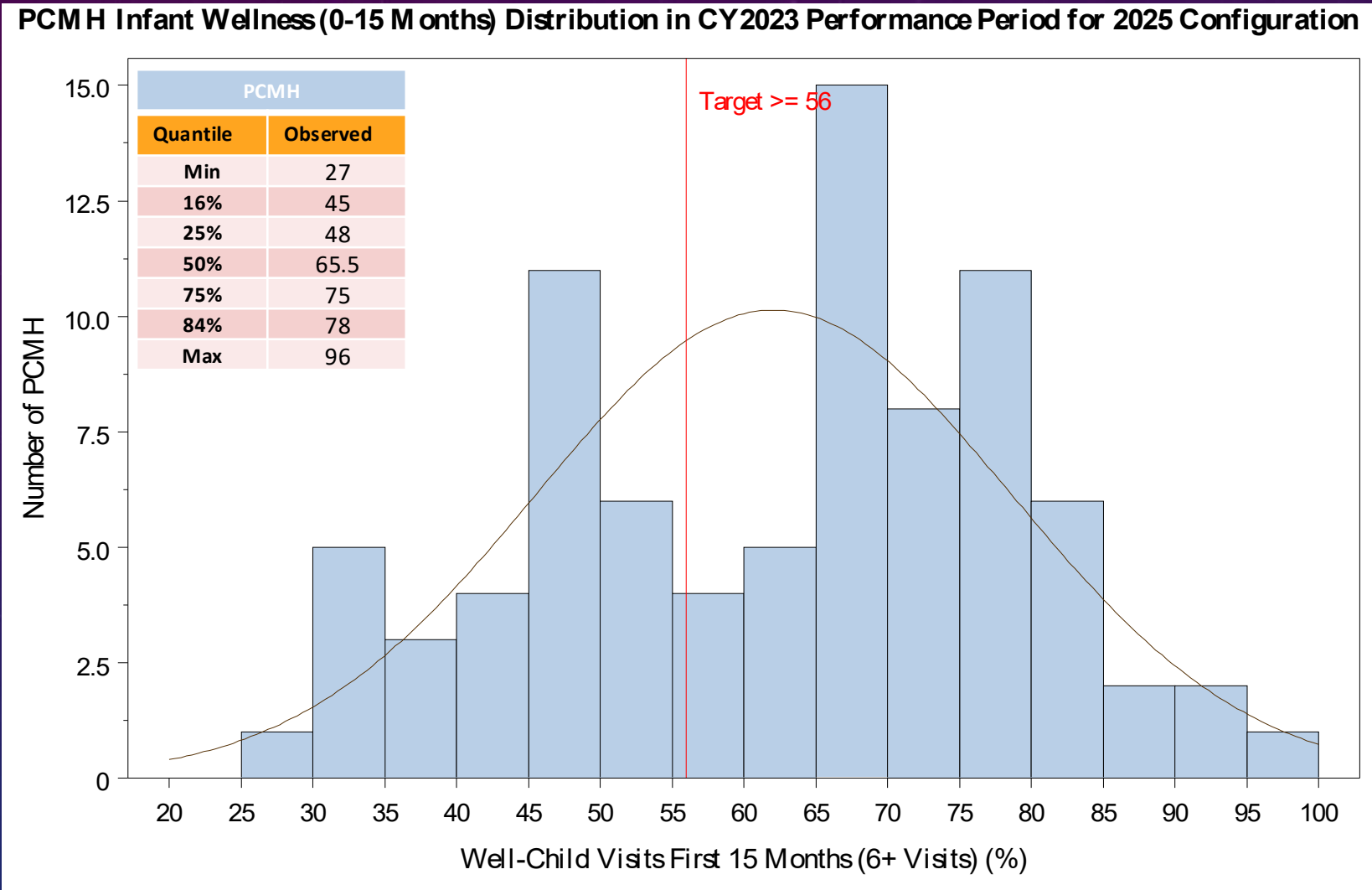


2025 QUALITY METRICS

13. Controlling High Blood Pressure- No changes from 2024 to 2025

14. Comprehensive Diabetes Care: HbA1C Poor Control (> 9.0%) – No changes from 2024 to 2025

QUALITY METRIC 2: DISTRIBUTION OF WELL-CHILD VISITS FIRST 15 MONTHS 6+ VISITS^{1&2}

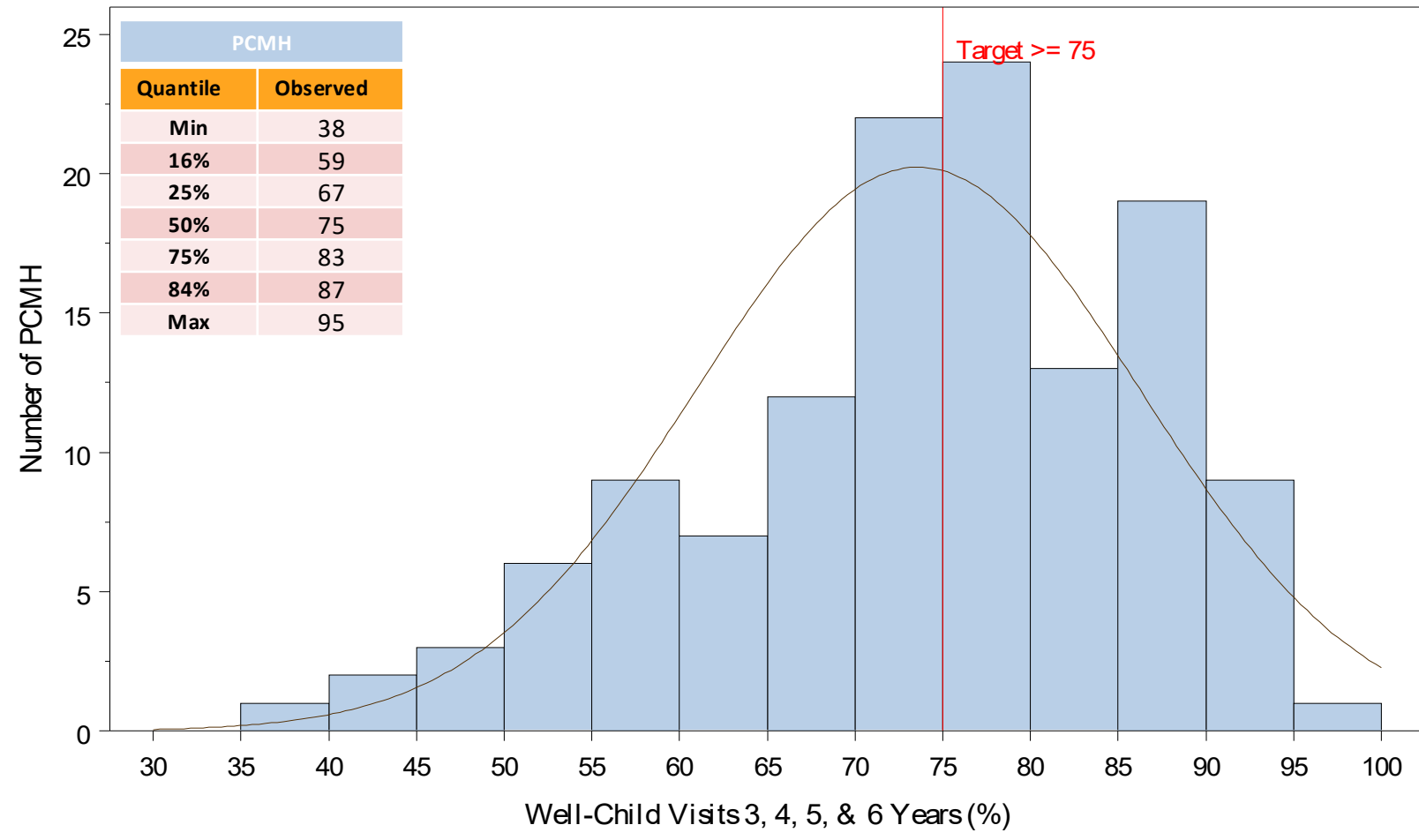


1 CY2023 represents performance period of January 1, 2023 – December 31, 2023.

2 PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

QUALITY METRIC 3: DISTRIBUTION OF WELL-CHILD VISITS 3, 4, 5, & 6 YEARS^{1&2}

PCMH Child Wellness (Ages 3-6) Distribution in CY2023 Performance Period for 2025 Configuration

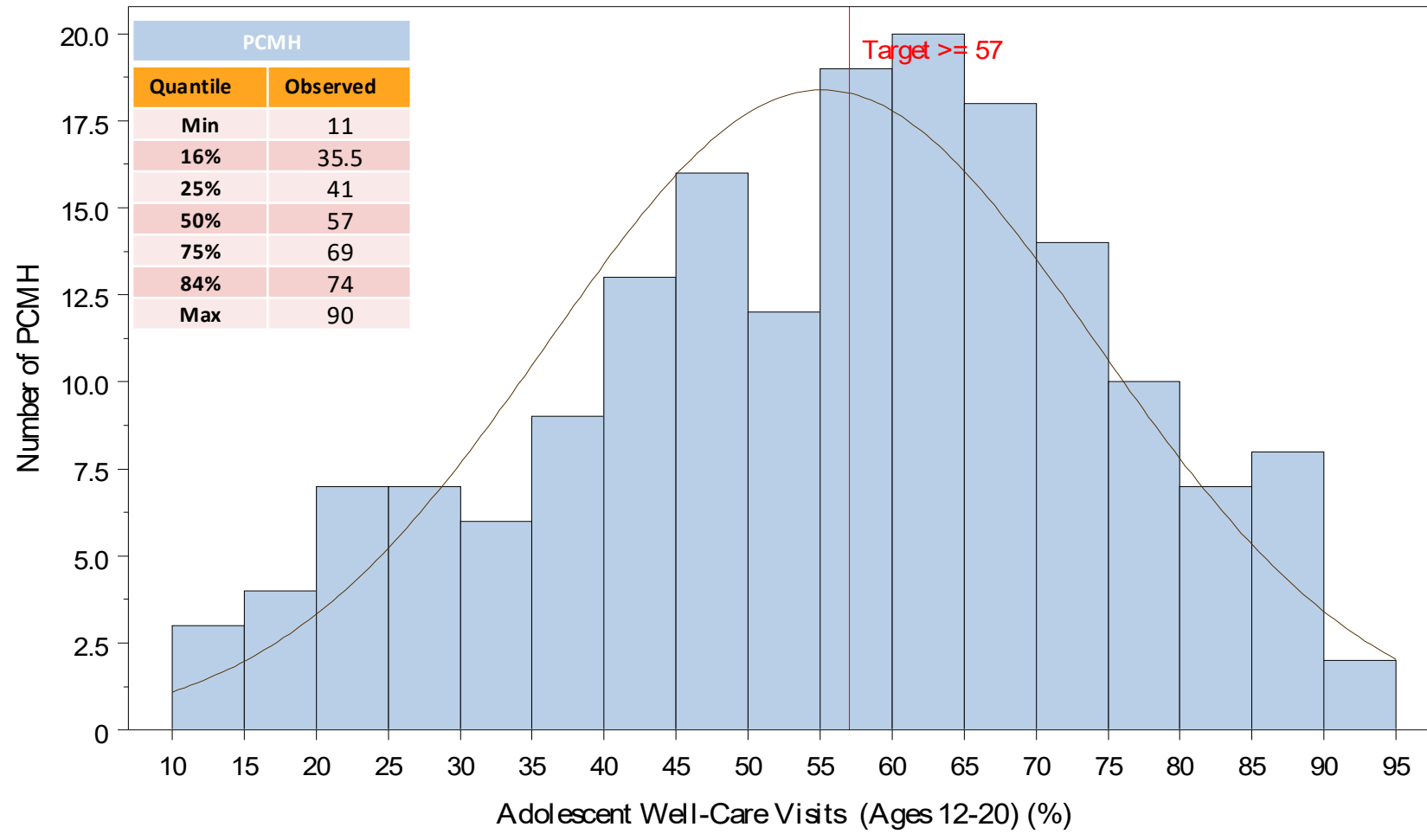


1 CY2023 represents performance period of January 1, 2023 – December 31, 2023.

2 PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

QUALITY METRIC 5 & FOCUS METRIC : DISTRIBUTION OF ADOLESCENT WELL-CARE VISITS^{1&2}

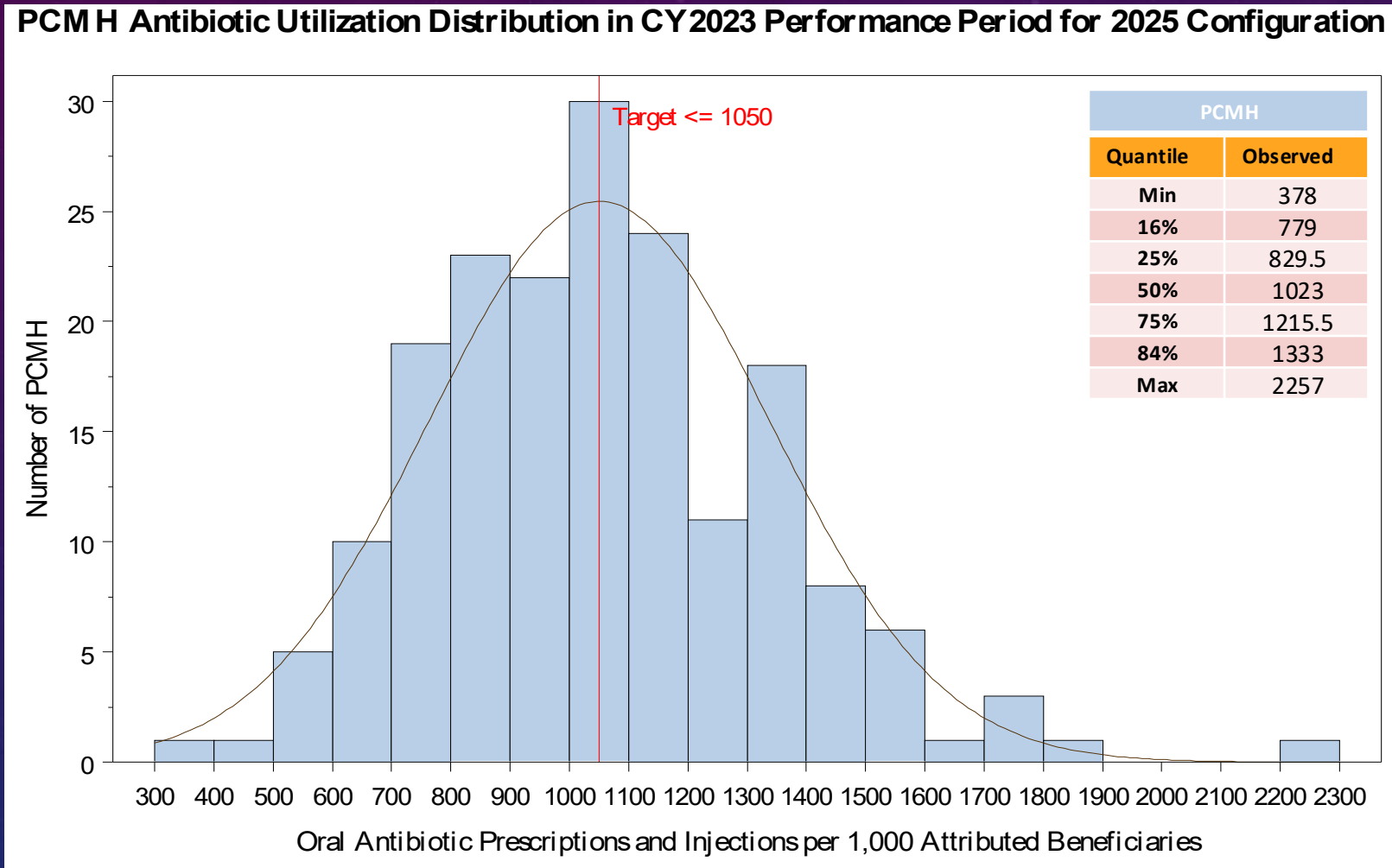
PCMH Adolescent Wellness Distribution in CY2023 Performance Period for 2025 Configuration



¹ CY2023 represents performance period of January 1, 2023 – December 31, 2023.

² PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

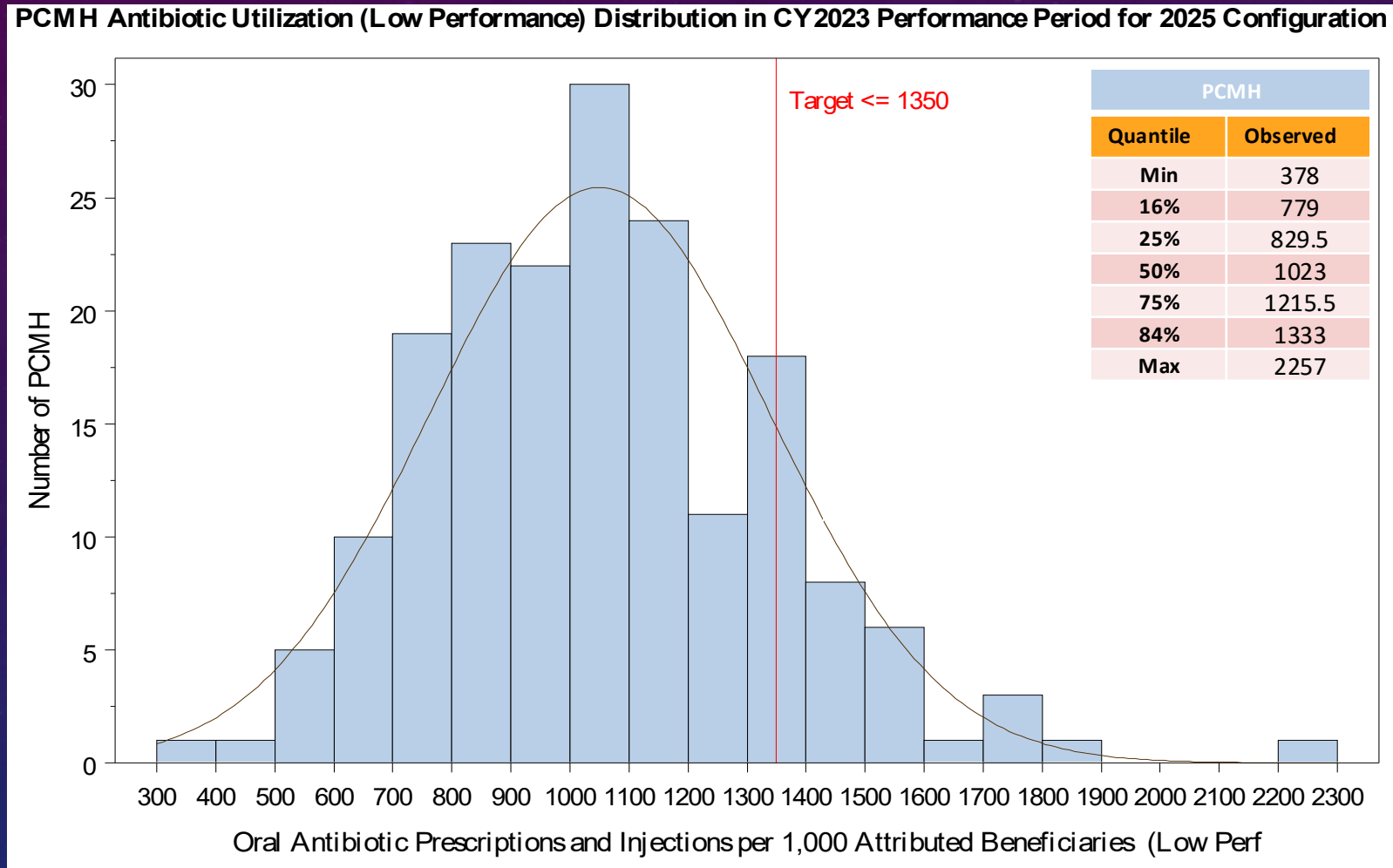
QUALITY METRIC 6: DISTRIBUTION OF ANTIBIOTIC UTILIZATION PER 1,000 ATTRIBUTED BENEFICIARIES^{1&2}



1 CY2023 represents performance period of January 1, 2023 – December 31, 2023.

2 PCM H 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCM Hs following PCM H 2025 program year metric specifications.

CORE METRIC 1: DISTRIBUTION OF ANTIBIOTIC UTILIZATION PER 1,000 ATTRIBUTED BENEFICIARIES (LOW PERFORMANCE)^{1&2}

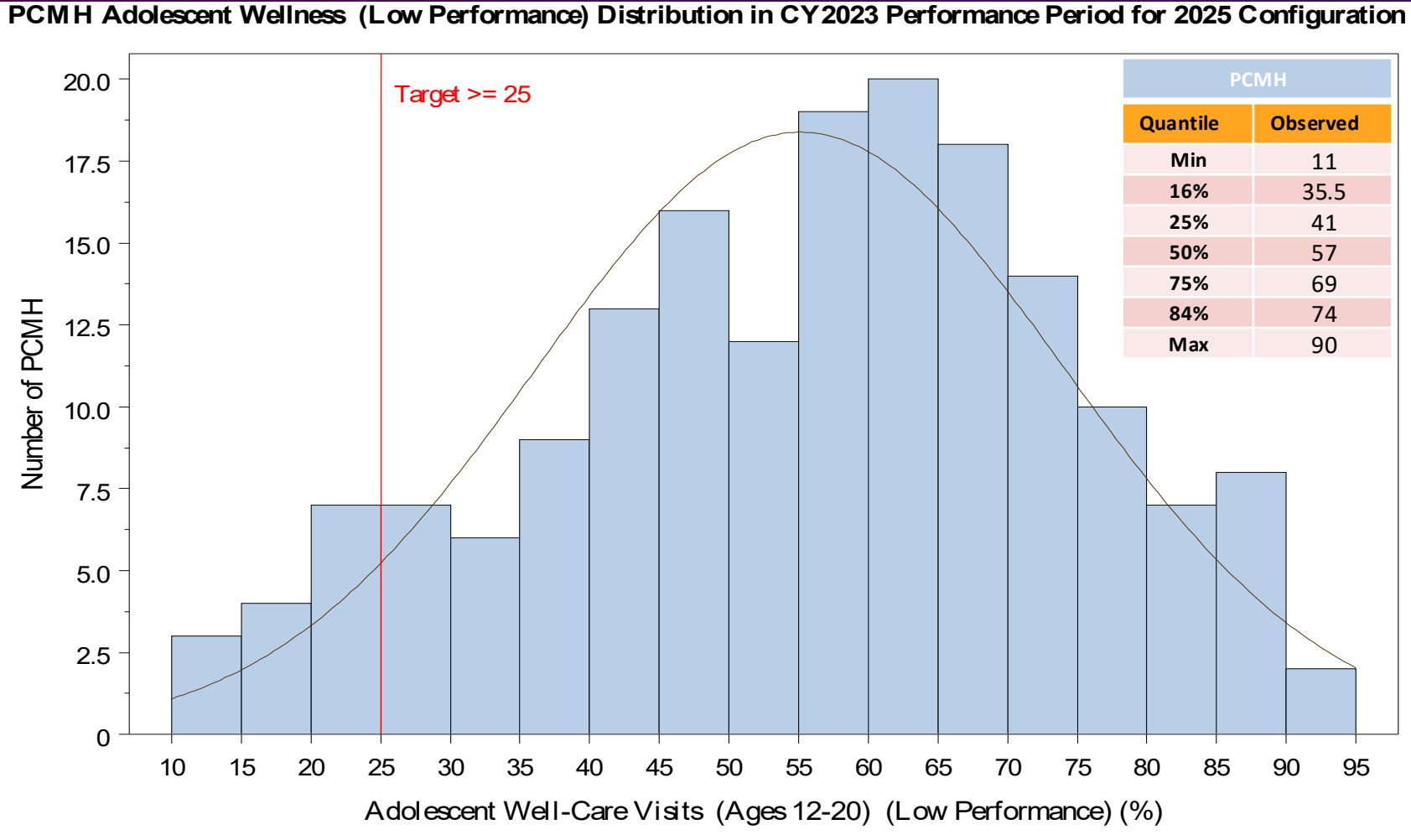


¹ CY2023 represents performance period of January 1, 2023 – December 31, 2023.

² PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

³ There were 29 PCMHs below the target for CY2022 performance period with 2022 configuration and 2024 target setting.

CORE METRIC 5: DISTRIBUTION OF ADOLESCENT WELL-CARE VISITS^{1&2}

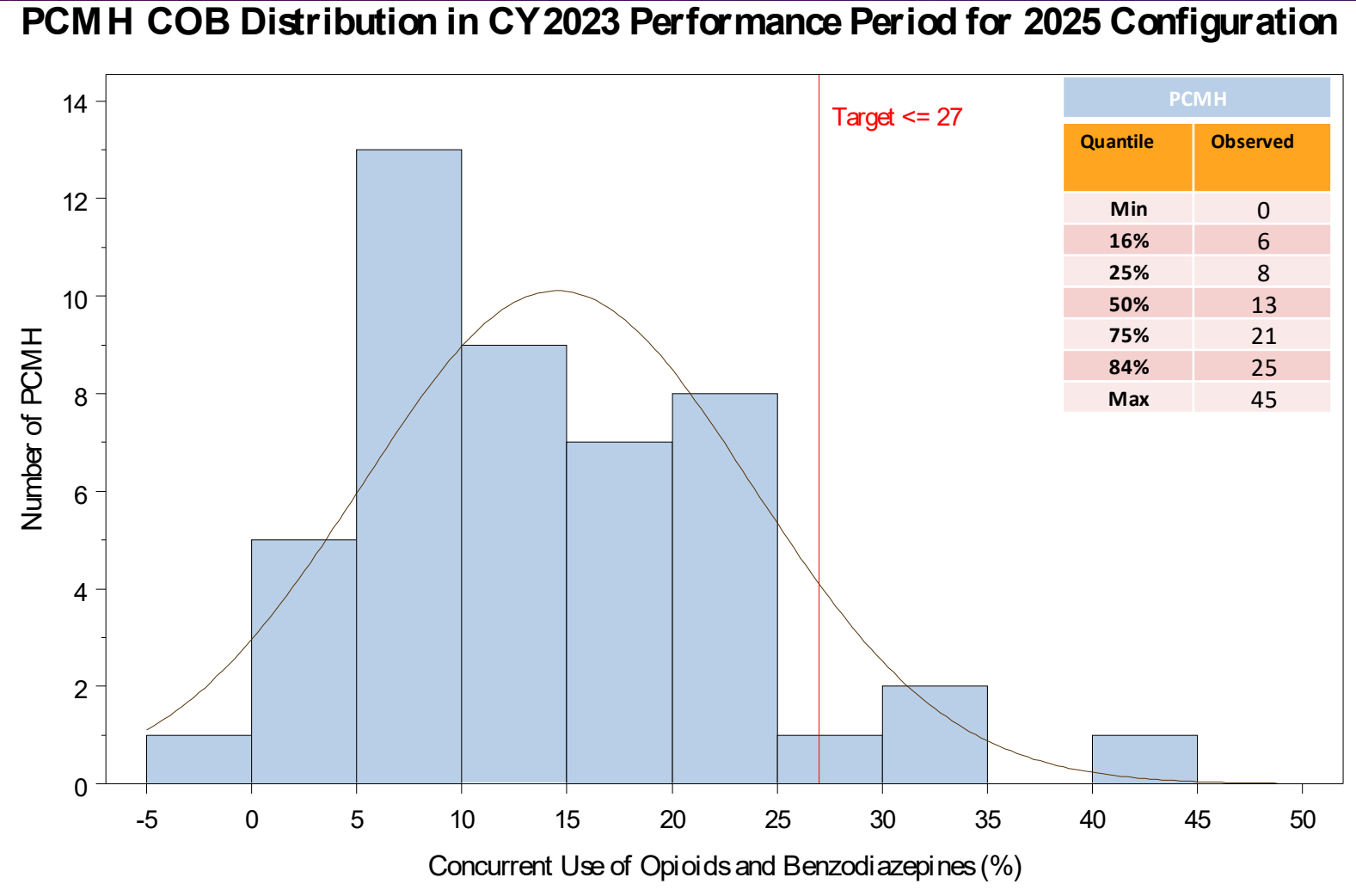


1 1 CY2023 represents performance period of January 1, 2023 – December 31, 2023.

2 PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

3 There were 16 PCMHs below the target for CY2022 performance period with 2022 configuration and 2024 target setting.

CORE METRIC 4: DISTRIBUTION OF CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES^{1&2}



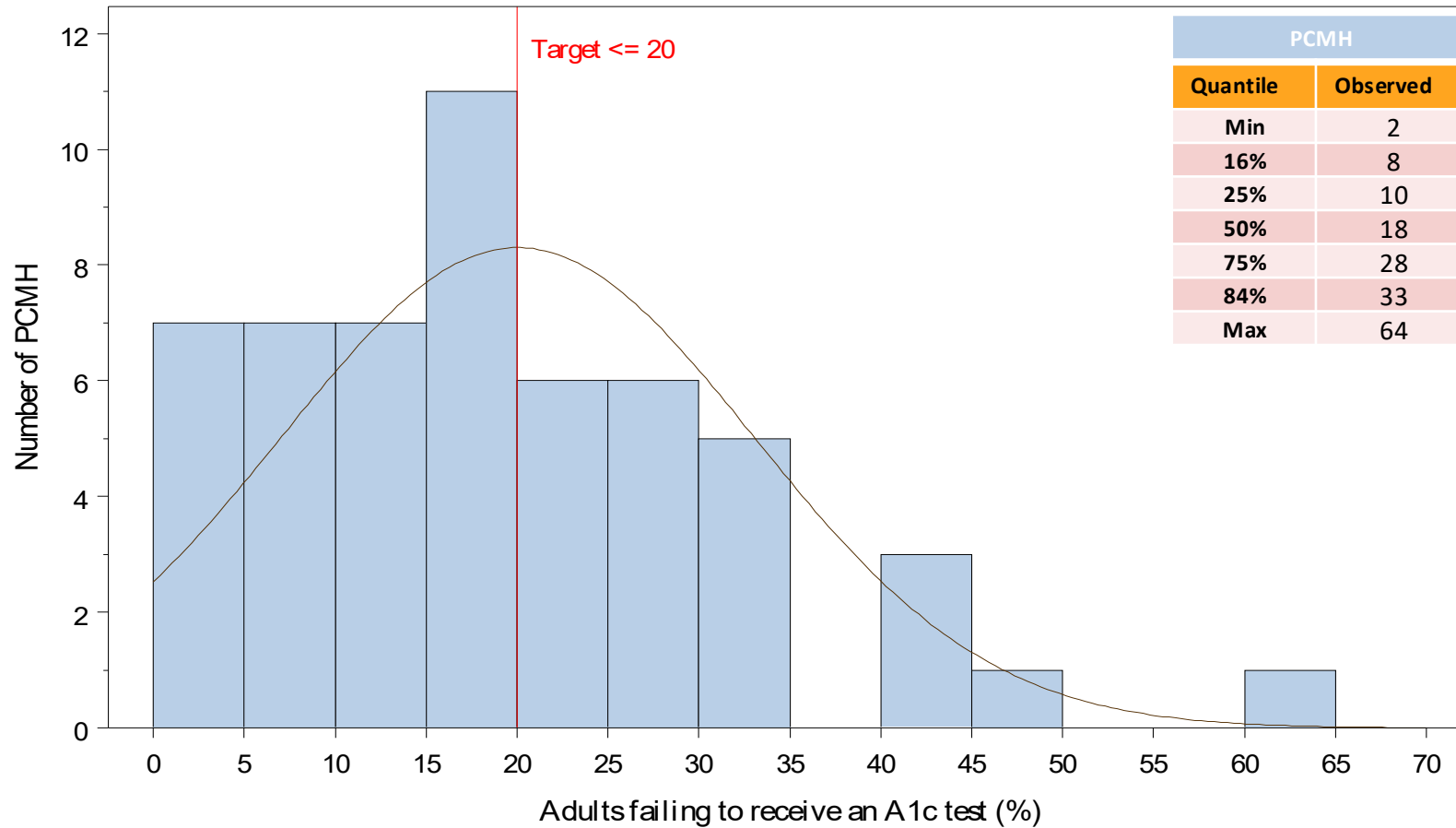
1 CY2023 represents performance period of January 1, 2023 – December 31, 2023.

2 PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

3 There were 7 PCMHs below the target for CY2023 performance period with 2022 configuration and 2024 target setting.

QUALITY METRIC 13: HBA1C TEST^{1&2}

PCMH HA1C Distribution in CY 2023 Performance Period for 2025 Configuration



1 1 CY2023 represents performance period of January 1, 2023 – December 31, 2023.

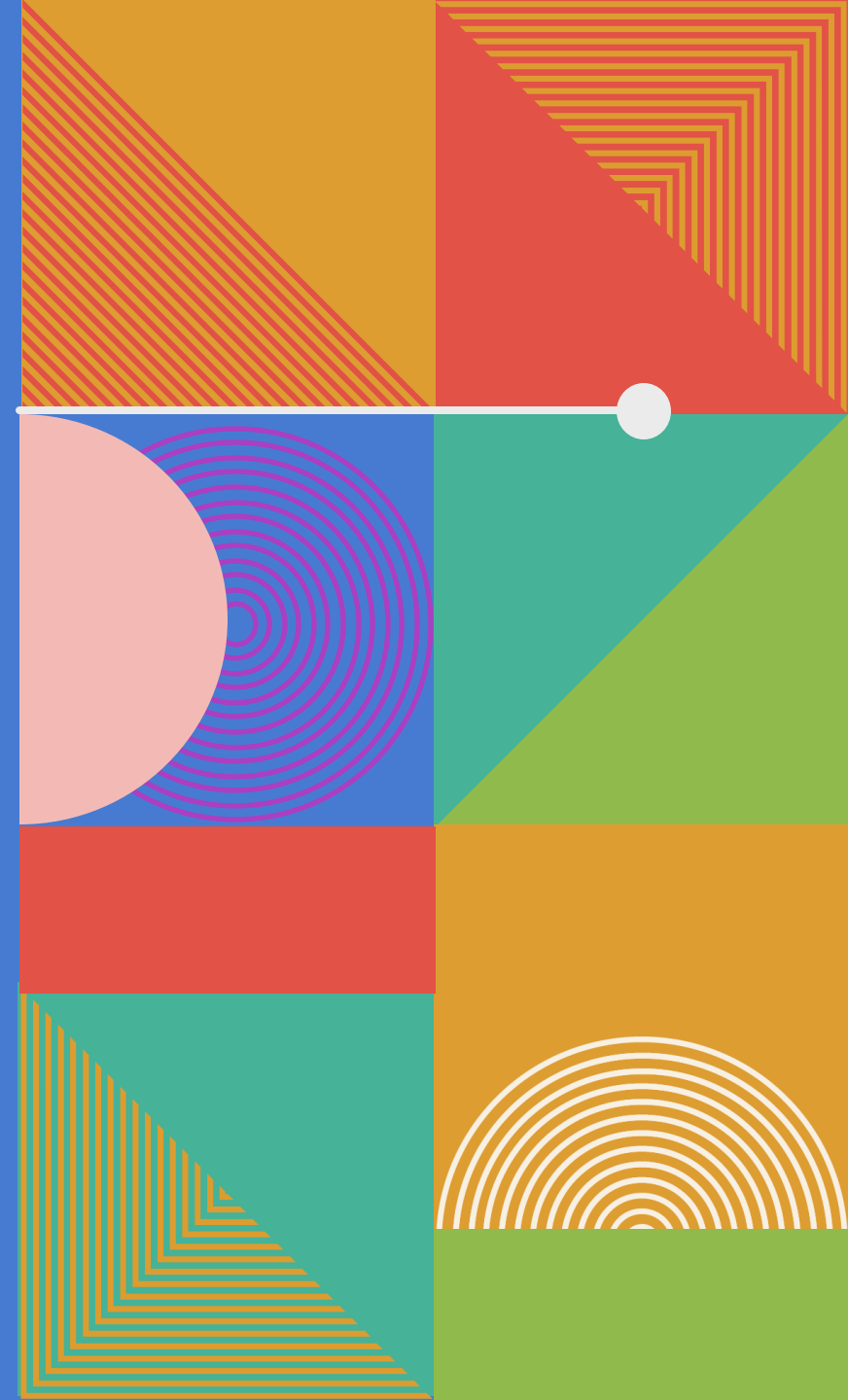
2 PCMH 2025 target analysis used CY2023 performance period metric results generated based on Q2 2024 implementation data for 2023 enrolled PCMHs following PCMH 2025 program year metric specifications.

An abstract geometric design on the left side of the slide. It features a diagonal line running from the top-left to the bottom-right. The area to the left of this line is divided into several colored rectangular blocks: orange at the top, blue in the middle, and green at the bottom. Overlapping these blocks are various geometric patterns: a black dot in the orange block, a series of concentric purple circles in the blue block, a pink semi-circle in the blue block, a green hatched triangle in the blue block, a red hatched triangle in the green block, and a red and orange triangle in the green block. The area to the right of the diagonal line is a solid blue background.

2025 CORE METRICS

2025 CORE METRICS

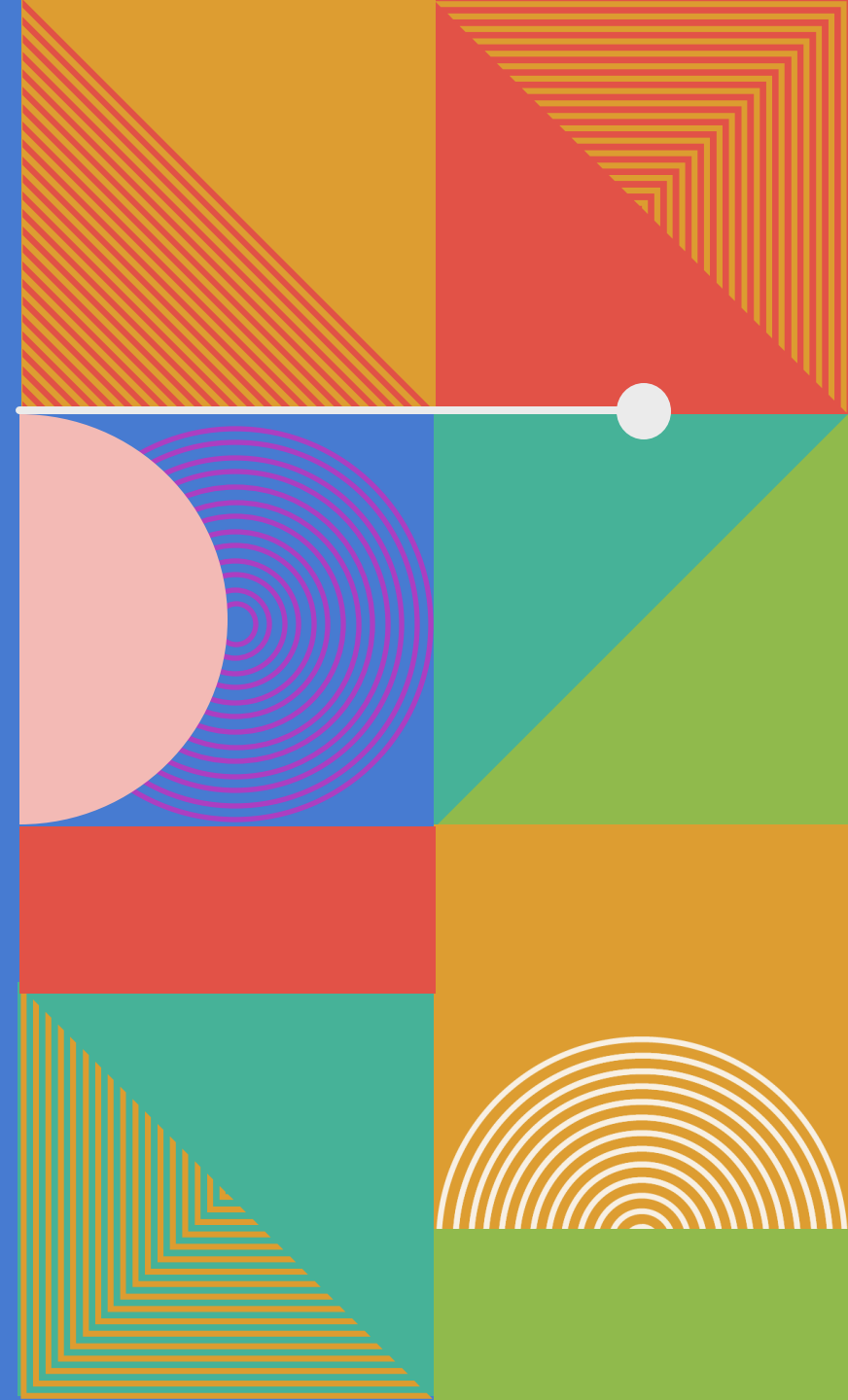
1. Core Metric 1: Oral and Injectable Antibiotic Utilization (Low Performance)- Changed Target Rate to 1,300 oral and injectable prescriptions or less per 1,000 attributed beneficiaries and changed Condition for Remediation to A PCMH will be placed in remediation for Core Metric 1 (Oral and Injectable Antibiotic Utilization) if its rate per 1000 patient panel antibiotic utilization is greater than 1,300
2. Well-Child Visits in the First 15 Months of Life (0 to 2 visits)- Changed Target Rate to 16% or Less of attributed beneficiaries, ages 0-15 months, having two or fewer wellness visits.
3. PCP Visits for High Priority Beneficiaries- Changed the Target Rate to at least 70% of the practice's high priority beneficiaries with 2 of the selected visit types and criteria with their attributed PCMH.
4. Concurrent Use of Opioids and Benzodiazepines- Changed the Target Rate to 25% or less of beneficiaries with two or more prescription claims for any benzodiazepine with unique dates of service and concurrent use of opioids and benzodiazepines for 30 or more cumulative days.
5. Adolescent Well Care Visit (Ages 11-20) – No Changes from 2024



2025 CORE METRICS (NEW)

6. No HbA1c Test

- Target Rate: 25% or more of beneficiaries ages 18 to 75 who did not have a HbA1c test
- Condition for Remediation: A PCMH will be placed in remediation for Core Metric 6 No HbA1C Test (Ages 18-75) (Low Performance) tracked for Practice Support if more than 25% of attributed beneficiaries (18-75 years) have not had a hemoglobin A1c (HbA1c) test during the measurement period.
- Minimum Attributed Beneficiaries: ≥ 25



An abstract geometric design on the left side of the slide. It features a teal background with a white circle and a horizontal line extending from the left edge. Below this, there are several overlapping geometric shapes and patterns: a green square with a white concentric circle pattern, a red square with a white concentric circle pattern, a blue square, a yellow square, and a white square with a green diagonal line pattern. The design is composed of various geometric shapes and patterns in teal, green, red, blue, and yellow.

2025 INFORMATIONAL METRICS

2025 INFORMATIONAL METRICS

- Maternal Depression Screening- Percentage of those who have given birth in the past 12 months who have a paid Depression Screening claims billed either to the Mothers' Medicaid ID or the Child's Medicaid ID.
- Lead Screening- The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday



2025 INFORMATIONAL METRICS

TOBACCO USAGE – PERCENTAGE OF PATIENTS AGED 12 AND OLDER WHO WERE SCREENED FOR TOBACCO USE ONE OR MORE TIMES DURING THE MEASUREMENT PERIOD AND WHO RECEIVED TOBACCO CESSATION INTERVENTION DURING THE MEASUREMENT PERIOD OR IN THE SIX MONTHS PRIOR TO THE MEASUREMENT PERIOD IF IDENTIFIED AS A TOBACCO USER (ALL PAYER SOURCE)

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS – THE PERCENTAGE OF EPISODES FOR MEMBERS 3 MONTHS OF AGE AND OLDER WITH A DIAGNOSIS OF ACUTE BRONCHITIS/BRONCHIOLITIS THAT DID NOT RESULT IN AN ANTIBIOTIC DISPENSING EVENT



DYNAMIC DASHBOARDS AND REPORTS

E.J. Shoptaw, GDIT

January 29, 2024

GENERAL DYNAMICS
Information Technology

Art of the Possible.

ANTIBIOTIC STEWARDSHIP

Highlights

- Overall metric
- Prescribing events
 - Beneficiary level
 - Dispensing events
- Metrics for antibiotics vs. antibiotics of concern
- Age groups

Upcoming Enhancements

- Profile individual PCMH's providers
- Each "landing page" graphs will have provider information
 - A key statistic is the number of visits which provides a scale of interaction with the PCMH's patient panel
 - Will provide the top 10 or 20 based upon the outcome of interests and highest number of visits
 - Complete data list will be available

ANTIBIOTIC STEWARDSHIP LANDING PAGE

PCMH Name
MEDICAL CLINIC

ABX Rate Per 1K Beneficiaries

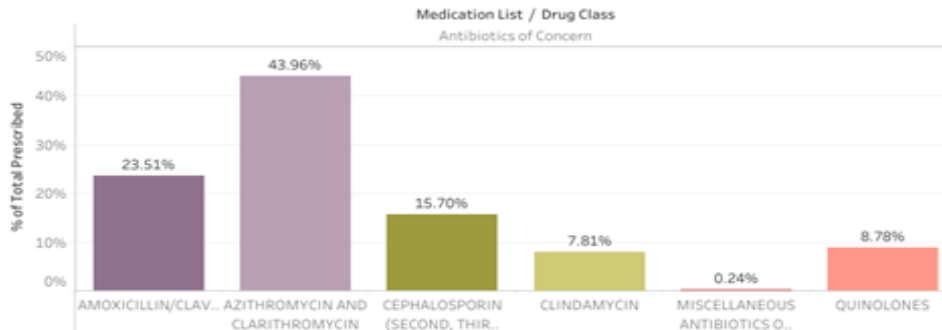
PCMH Name	
MEDICAL CLINIC	1,149

[Click for PCMH Details](#)

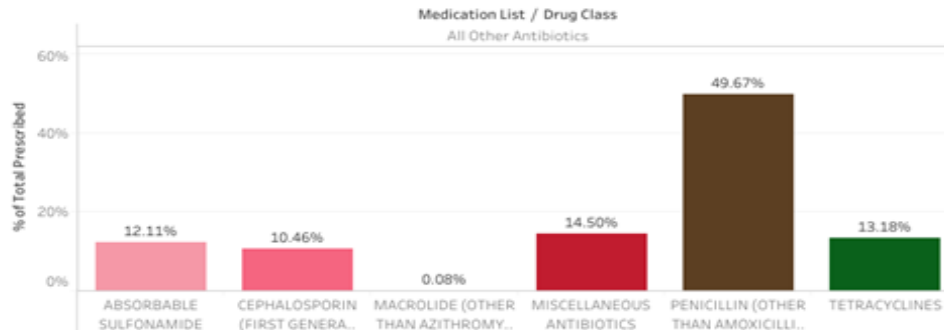
Antibiotic of Concern vs All Other Antibiotics



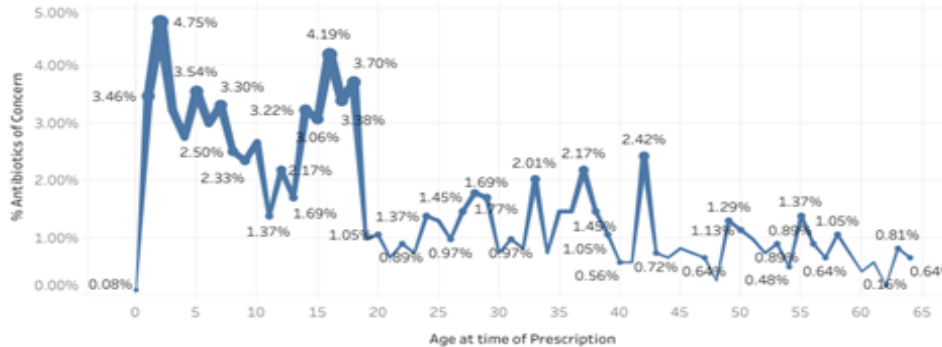
Drug Class Summary (Antibiotics of Concern)



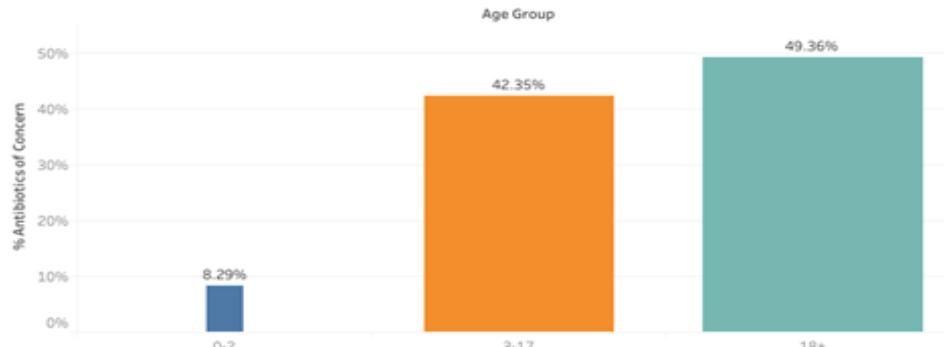
Drug Class Summary (All Other Antibiotics)



Antibiotics of Concern vs Age



Antibiotic Comparison by Age



Example of provider data

									Antibiotics of Concern (count)					
Provider Name	Provider Type	PCMH beneficiary visit count	ABX Count (Beneficiaries Attributed to PCMH)	ABX Percentage of visits	PCMH's antibiotic of concern %	ABX of Concern Count	Provider antibiotic of concern %	Other ABX Count	Amoxicillin/ Clavulanate	Azithromycin and Clarithromycin	Cephalosporin (2nd, 3rd, 4th gen)	Clindamycin	Miscellaneous Antibiotics of Interest	Quinolones
Provider 1	PHYSICIAN, MD	1,500	102	6.8%	50.5%	77	75.5%	25	12	23	33	4	0	5
Provider 2	PHYSICIAN, MD	1,000	72	7.2%	50.5%	36	50.5%	36	9	16	5	3	0	3
Provider 3	NURSE PRACTITIONER	1,000	210	21.0%	50.5%	106	50.5%	104	25	47	17	8	0	9
Provider 4	PHYSICIAN, MD	500	75	15.0%	50.5%	38	50.5%	37	9	17	6	3	0	3
Provider 5	NURSE PRACTITIONER	100	10	10.0%	50.5%	5	50.5%	5	1	2	1	0	1	0

Questions?





SHARE UPDATES



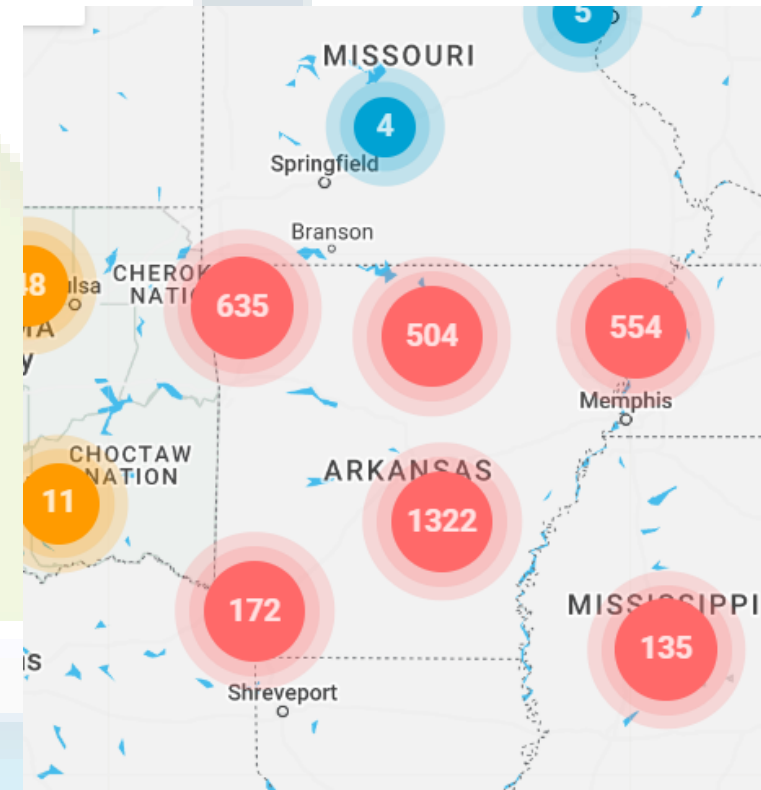
SHARE

State Health Alliance FOR Records Exchange

Taking Interoperability to the next level by
utilizing SHARE as a data utility

Who SHAREs?

- 117 Hospitals covering 85% of beds statewide
- 3300+ Ambulatory facilities contributing
- 950+ additional facilities retrieving only
- Federal, State, and private Health Plans covering over 69% of the population
- Accountable care organizations, Clinically integrated networks, risk-based value-based programs.



Medical
Records for
nearly 99%
of Arkansans

New Connections

SHARE Welcomes Our New Connections!



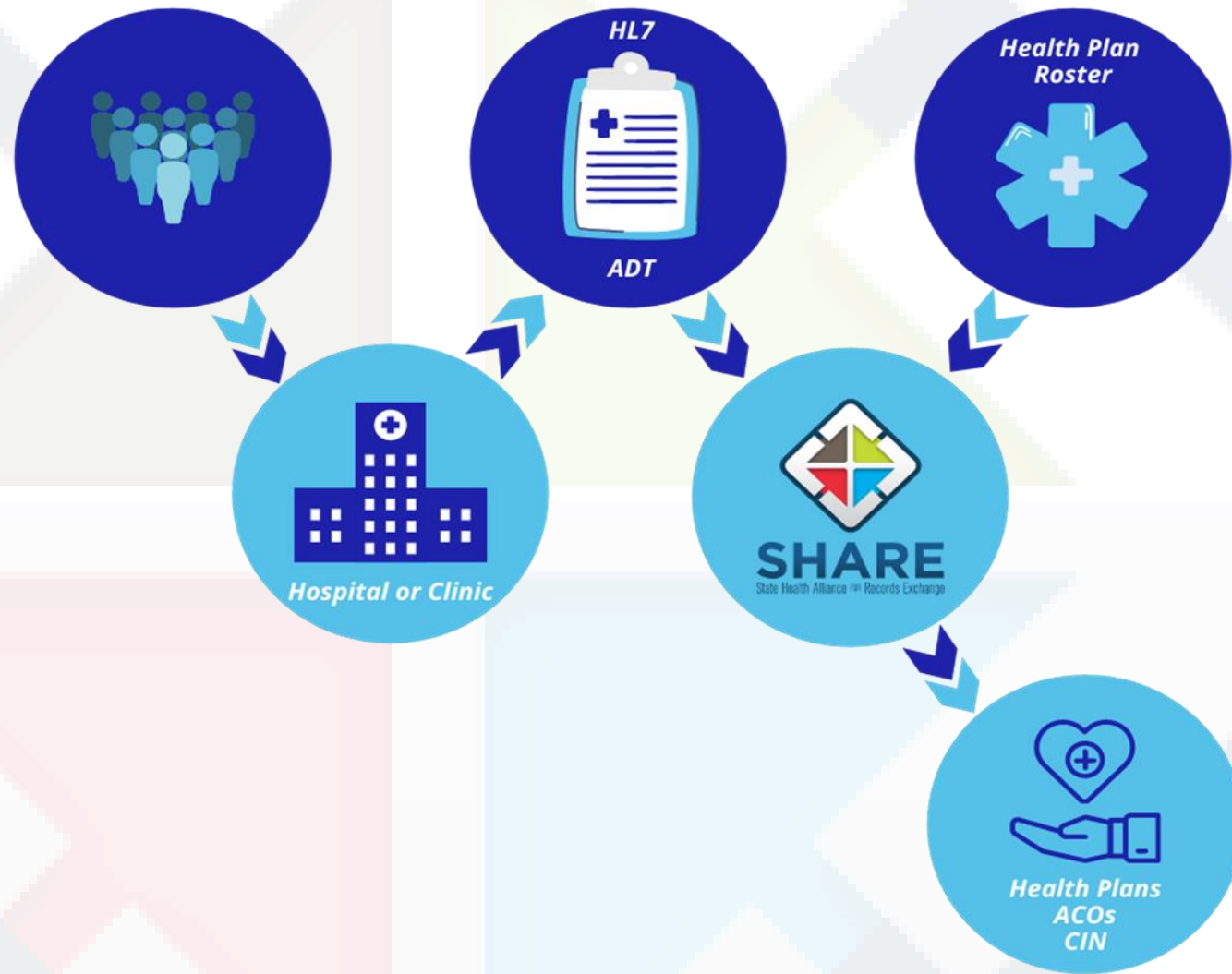


SHARE

State Health Alliance FOR Records Exchange

How payers are using SHARE to
reduce provider burden

Subscription Services and custom pulls



Payer Derived Notifications



- Health Plan provides monthly attribution roster including Primary Care Physician assigned
- Health Plan is source of truth for attribution
- Assists in alerting providers of new patient assignments
- Sets up foundation for current and future reporting

HIE Multipayer reports



SHARE Hospitalization Report



The following patient(s) has presented with an encounter:

Last Name	First Name	DOB	Patient's Phone	Payer Relationship	Name of Hospital	Attending Provider	Primary Diagnosis	Description of Visit	Type of Visit	Date and Time
Ball	Lucille D	10/24/2008		Medicaid	Drew Memorial	Brian Beans	Crohn's disease, unspecified, with unspecified Discharge/End Visit	Emergency Room	Emergency Room	04/27/2021 23:45
Taylor	Tim F	3/30/1965	(501) 555-6655		Drew Memorial	Charlie Rans	Major depressive disorder, recurrent, unspecified Discharge/End Visit	Inpatient	Inpatient	04/28/2021 00:45
Smith	John	9/1/2017	(479) 555-5555		Magnolia Hospital	Mary Moon	Type 2 diabetes with ketoacidosis	Outpatient to Inpatient	Outpatient to Inpatient	04/28/2021 02:30
Duck	Donald	2/4/1982			UAMS	John Smith	Back pain	Admission	Emergency Room	04/28/2021 03:17
Mouse	Minnie	3/15/1942	(870) 555-5555	Medicare PCF	UAMS	John Smith	Contact with exposure to covid-19	Discharge/End Visit	Emergency Room	04/28/2021 11:25
Mouse	Mickie	5/18/1942	(870) 123-4567		Drew Memorial	Jane Doe	Strain of unspecified muscle	Discharge/End Visit	Inpatient	04/28/2021 14:32
Gilmore	Lorelai	4/11/1935	(479) 123-4567		ACH	Ricky Ball	Shortness of Breath	Admission	Emergency Room	04/28/2021 16:45
Glitter	Poppy	9/19/1967			Baptist Health	Bill Silver	Acute viral hepatitis	Discharge/End Visit	Emergency Room	04/28/2021 19:00
VonSweet	Penelope	9/19/1937		Ark Health and Wellness	Drew Memorial	John Taylor	Unspecified pain	Admission	Emergency Room	04/28/2021 22:33
Wreck	Ralph	7/1/1962		Blue Cross	Mersey Health	Steve Emdee				
VonSweet	Penelope	9/19/1937		Ark Health and Wellness	Drew Memorial	John Taylor				

This report is a summary of your patient encounters who has had a
Additional information can be found at:



COVID19 Vaccine Report



Patient ID	Patient Name	DOB	Gender	Race	Vaccine Date	Manufacturer	Dosage #	Vaccine Given By
10790	Ball, Lucille	10/24/2008	F	White	1/23/2021	Moderna	1	Heartland Pharmacy
					2/1/2021	Moderna	1	Kroger Pharmacy #627
					1/15/2021	Pfizer	1	Cornerstone Pharmacy - Rodney Farham
					12/20/2020	Moderna	1	UAMS Health
					1/3/2021	Pfizer	1	Baptist Health
					2/20/2021	Moderna	2	Lackie Drug Store
					2/23/2021	Moderna	1	Harjo Pharmacy
					1/17/2021	Pfizer	1	Walmart Pharmacy #124
					1/17/2021	Moderna	2	Achor Family Pharmacy
					2/25/2021	Pfizer	1	UAMS Employee Health

Information can be obtained through Arkansas SHARE.
<http://www.sharearkansas.com>



Non-Vaccinated COVID Report



Patient ID	Last Name	First Name	DOB	Gender	Address	City	State	Zip	Phone
10790	Ball	Lucille	10/24/2008	F	123 Happy Ln	Citytown	AR	12365	4795550102
18133	Taylor	Mary	3/30/1965	F	9 Street Rd	Big Rock	AR	12354	5015550899
37596	Smith	Joe	9/1/2017	M	307 N Road	Faytown	AR	11762	4793123212
18133	Duck	Donald	2/4/1982	M	501 Main	Clark	AR	52465	5553213614
87664	Mouse	Minie	3/15/1942	F	98 Epic Rd	Boggie	AR	12463	9991313223
18133	Loud	Laurie	5/18/1942	F	1170 Main st	Arktex	AR	31313	3163155555
87008	Gilmore	Rory	4/11/1935	F	150				
18133	Glitter	Poppy	9/19/1967	F	36				
90763	VonSweet	Penelope	9/19/1937	F	99				
18133	Wreck	Ralph	7/1/1962	M	432				

This report is a summary of your attributed Medicaid patients who have not received a
temporarily increased its rates for administering the first or second dose of a COVID-19 vac
your help getting eligible Arkansas Medicaid clients vaccin
www.sharearkansas.com



Medicaid Beneficiaries at Risk of Losing Coverage



Patient ID	Last Name	First Name	DOB	Gender	Address	City	State	Zip	Phone
10790	Ball	Lucille	10/24/2008	F	123 Happy Ln	Citytown	AR	12365	4795550102
				F	9 Street Rd	Big Rock	AR	12354	5015550899
				M	307 N Road	Faytown	AR	11762	4793123212
				M	501 Main	Clark	AR	52465	5553213614
				F	98 Epic Rd	Boggie	AR	12463	9991313223
				F	1170 Main st	Arktex	AR	31313	3163155555
				F	1501 College	Citytown	AR	32156	unidentified
				F	36 Road Ct	Big Rock	AR	91311	5015558979
				F	99 City st	Clark	AR	13469	4795558797
				M	432 Happy Ln	Faytown	AR	65456	5015558987

risk of losing Medicaid coverage at the end of the Public Health Emergency. Loss of
lp making sure Medicaid has the most up to date contact information on your patients
by: calling 1-844-872-2660, at Access.arkansas.gov, or by visiting their local DHS county



DCFS Custody Change Report



Patient ID	Last Name	First Name	DOB	Gender	Child Removal	Child Return Date	Custodian	Case Worker	Email
10790	Ball	Lucille	10/24/2008	F	8/12/2022		DCFS	Carol Tim	carol.tim@dhs.arkansas.gov
18133	Taylor	Mary	3/30/2005	F	7/1/2022	8/12/2022	DCFS	Susie Taylor	john.doe@dhs.arkansas.gov
37596	Smith	Joe	9/1/2017	M	8/13/2022		DCFS	Jane Doe	jane.doe@dhs.arkansas.gov
18133	Duck	Donald	2/4/2022	M	8/13/2022		DCFS	Mary State	mary.state@dhs.arkansas.gov
87664	Mouse	Minie	3/15/2015	F	8/12/2022		DCFS	Carol Tim	carol.tim@dhs.arkansas.gov
18133	Loud	Laurie	5/18/2020	F	12/15/2020	8/12/2022	Lloyd Loud	John Doe	john.doe@dhs.arkansas.gov
87008	Gilmore	Rory	4/11/2016	F	8/10/2022	8/13/2022	Julie Jane	Jane Doe	jane.doe@dhs.arkansas.gov
18133	Glitter	Poppy	9/19/2007	F	8/12/2022		DCFS	Mary State	mary.state@dhs.arkansas.gov
90763	VonSweet	Penelope	9/19/2010	F	8/12/2022	8/12/2022	pre-adoptive parents	Jane Doe	jane.doe@dhs.arkansas.gov
18133	Wreck	Ralph	7/1/2012	M	7/5/2018	8/12/2022	Adopted	Mary State	mary.state@dhs.arkansas.gov

This report is a summary of your attributed patients that have had a DCFS custody change. It lists the date the custody change took place as well as the DCFS Primary
Health Service Worker's contact information. Please note, custody change may affect patient's future scheduled appointments. Please be mindful of encryption when
sharing PHI. DCFS has a Direct Secure Messaging address: dcfs@ohit.sharear.net. If you do not receive a response from the assigned case worker within 48 business hours,
please contact Foster Care Manager daisy.duck@dhs.arkansas.gov or at 501-555-5555. If you have any questions about this new report, please contact

SHAREHealth@arkansas.gov



Webinar

AR SHARE HIE: Fall 2024 Latest Developments and Updates on OCT 3, 2024, 12:15 PM CST

Register in advance for this meeting:

<https://us02web.zoom.us/join/zoom/register/tZoudOmqrzorGtel7681HdwbMQo4mbQa1tHo>

After registering, you will receive a confirmation email containing information about joining the meeting.

Agenda:

- SHARE Update on New Connections and Developments
- Workflow Analysis on Hospitalization Reports, DCFS Reports
- Interoperability Requirements i.e., MIPS/MACRA, Promoting Interoperability, eCRs, etc.
- Other
- Q & A



How to get in touch!



501.410.1999



SHAREhealth@arkansas.gov



SHAREarkansas.com



@SHAREhealth



@SHARE



THANK YOU

LARRY DAVID BALLARD

502-320-6229

LARRY.BALLARD@DHS.ARKANSAS.GOV

PATIENT CENTERED MEDICAL HOME - ARKANSAS DEPARTMENT OF HUMAN
SERVICES

