



Alabama Health Improvement Initiative (AHII) Medical Home Pilot *Frequently Asked Questions (as of December 2009)*

Topics Related to the Blue Cross and Blue Shield of Alabama Medical Home Pilot

- 1. What is a “medical home”?** The Joint Principles of the Patient-Centered Medical Home, developed by the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA), define a medical home as: “an approach to providing comprehensive primary care for children, youths and adults. The patient-centered medical home is a healthcare setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient’s family.”
- 2. Do we need to select a patient set to be tracked for outcome improvement by Blue Cross and Blue Shield of Alabama?** Once you have submitted the National Committee for Quality Assurance (NCQA) application and survey, Blue Cross and Blue Shield of Alabama will provide your practice with a listing of Blue Cross members. You will be asked to select 50 patients (along with 25 alternate patients) to be tracked during Phase II and Phase III of the Blue Cross pilot.
- 3. What changes can a patient expect to see in a medical home?** The advantages of a medical home include enhanced communication with physicians, a coordinated, comprehensive team approach to healthcare in which the team supports the patient in caring for himself, patient accountability, patient education, and 24/7 availability to healthcare services from a team of healthcare providers who know the patient history.
- 4. Do patients have a responsibility in the medical home?** Absolutely. Communication and compliance are essential components to the successful implementation of a medical home environment.
- 5. Will my practice be required to use e-prescribing during the pilot?** Practices are encouraged to utilize e-prescribing and electronic medical records if advancement to NCQA Level III status is desired.
- 6. Will this program include Blue Advantage patients?** Yes. For practices specializing in adult care, outcome tracking will be limited to select chronic conditions. Blue Advantage patients would be eligible for outcome tracking.
- 7. Do we have to use electronic medical records to be eligible for the pilot?** Blue Cross strongly encourages the use of electronic medical records, but it is not a requirement of the pilot.
- 8. Is it a requirement to enroll in electronic funds transfer (EFT)?** Yes. Please contact your Blue Cross Network Services Representative for additional details.

9. **Are nurse practitioners eligible providers for this pilot?** No. Nurse practitioners can play a significant role within the medical home; however, Blue Cross will not provide direct incentives to nurse practitioners for the pilot.
10. **Who determines chronic conditions, the physician or Blue Cross and Blue Shield of Alabama?** For NCQA Medical Home recognition, you may use their guidelines in selecting three clinically important conditions to evaluate. For pilot purposes, Blue Cross may also require tracking of particular patient demographics based on a chronic condition.
11. **Pharmaceutical companies are offering us support in the form of patient education materials, both printed and videos. Does Blue Cross and Blue Shield of Alabama object?** Blue Cross does not object to use of any material that the physician feels would be beneficial to the patient. In addition, Blue Cross will be looking to create patient-centered materials that physicians may utilize.
12. **Are resources available that can be used to assess the current status of my practice as a medical home?** Yes, see page 9 of the booklet “Patient-Centered Medical Home: an Overview of the Blue Cross and Blue Shield of Alabama Sponsored Pilot” for a listing of identified resources. Several tools are offered by various organizations, some of which are available at no charge.
13. **What kind of assistance can I expect from Blue Cross as I enter into the process of transforming my practice into a medical home?** Blue Cross is committed to the Medical Home Pilot project and is dedicated to partnering with each practice to facilitate transition into a medical home. Blue Cross offers an informational Medical Home Support Team that is available to assist with initiating the NCQA PPC-PCMH process by serving as a liaison between your practice and NCQA and serving as an additional resource throughout the pilot. The intent of the support team does not include hands-on transformation of your practice.

*Topics Related to the NCQA Physician Practice Connection® –Patient- Centered Medical Home™
Recognition Program (PPC-PCMH)*

1. **What role does NCQA play in the AHII Medical Home Pilot?** NCQA is the cornerstone upon which the Blue Cross and Blue Shield of Alabama Medical Home Pilot was developed. NCQA offers a Medical Home Recognition Program. The program identifies measurable practice standards that facilitate use of systems, effectiveness in preventative care, management of chronic illness, and patient safety. Phase I of the Blue Cross pilot requires Level I NCQA Medical Home recognition. A practice must achieve NCQA recognition before becoming eligible to advance to Phase II of the pilot.
2. **Will the practice need to select a patient sample in order to achieve NCQA recognition?** Yes. Please follow the NCQA patient sample guidelines.
3. **Can we use the same patient sample to track outcomes for Blue Cross during phase III of the pilot?** NCQA requirements specify that the patient population should be selected regardless of insurer. For pilot purposes, Blue Cross will only track outcomes on Blue Cross members. We will determine the appropriate patient tracking methodology as the pilot progresses.

4. **Do we have to include Blue Cross members in the patient sample selected to complete portions of the NCQA PPC-PCMH recognition survey?** No. Please adhere to NCQA patient sampling guidelines.
5. **How long does NCQA recognition last, and will I have to renew my recognition?** Recognition is good for three years. A practice would need to reapply for recognition at the end of the three- year period under the current recognition structure.
6. **Will NCQA recognition be for the practice or for the physician himself?** Medical Home recognition is for a particular practice location; however, the physician names submitted to NCQA will receive recognition at the specified location. Payment made as a pilot participant will be at the practice level during Phase I and at the payee level with the individual physician's name listed during Phase II and Phase III.
7. **It was indicated that if a physician was already participating in the AHII Diabetes Initiative program, it could make Medical Home Pilot participation easier? What is meant by that statement?** If you are currently recognized within another NCQA program, you may be able to utilize the work done in attaining this recognition when completing portions of the NCQA Medical Home survey. These sections include: PPC3A, PPC3D – where you may use recognition to answer “yes” in survey to column number 1- “Patient Met Treatment Goals” for relevant condition (i.e., diabetes). You can also use prior recognition in survey sections PPC8A, PPC8C, PPC8D, PPC8E, and PPC8F if your practice has an electronic system.
8. **Does the data entry for the NCQA Medical Home program build upon the clinical data that was entered for the AHII Diabetes Initiative or will the physician have to re-enter that same data all over again?** For the sections referenced in the previous question (number 7 above), you will be able to utilize the information previously entered.
9. **We have learned the NCQA process through our participation in the AHII Diabetes Initiative program, but the process has been very tedious and time consuming. Are there any shortcuts?** We hope that by facilitating peer-to-peer interaction, efficiencies will be created. We would also be willing to facilitate group discussions with NCQA.
10. **What is the significance of being recognized by NCQA (monetarily or otherwise), after the pilot project is completed?** From a monetary standpoint, there have been no commitments beyond the 2011 pilot completion date. From a consumer perspective, NCQA recognition indicates a commitment to quality improvement.
11. **What is the benefit of NCQA PPC-PCMH Recognition?** The PPC-PCMH program reflects the input of the American College of Physicians (ACP), the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP) and the American Osteopathic Association (AOA) to assess whether physician practices are functioning as a medical home. Building on the joint principles developed by the primary care specialty societies, the PPC-PCMH standards emphasize the use of systematic, patient-centered, coordinated care management processes. The patient-centered medical home is a healthcare setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to ensure that patients get the indicated care when and where they need and want it and in a culturally and linguistically appropriate manner.

- 12. Will the practice be audited by NCQA for adherence to the guidelines?** Yes. NCQA audits 5% of the practices that submit information for recognition. It is possible that your practice will be among the 5%.
- 13. Do the NCQA PPC-PCMH requirements require follow-up processes in place to facilitate tracking outcome measures?** Yes. You must be able to track all services, regardless of whether those services have been provided within your practice or your exclusive healthcare systems database.

Topics Related to the PPC-PCMH Medical Record Review Workbook

1. Where is the Medical Record Review Workbook located?

- The Medical Record Review Workbook is located in the PPC-PCMH Survey Tool. You must purchase a Survey Tool license from NCQA Customer Support (888-275-7585) to gain access to the workbook.
- Once you have access to the Survey Tool:
 - Log into Survey Tool and go to element 2C.
 - Click on the **red** supplemental worksheet button.
 - Click on the **red** link.
 - **Save** the workbook in your own computer to enter data. Label it with a unique name but do not use a “%” sign in the name of the document.
 - Enter data in your workbook, then save and link the completed workbook to the Survey Tool when you are ready to submit.
- The workbook may be used to support responses for elements 2C, 2D, 3D and 4B.

2. How do I select my sample for the Medical Record Review?

- Pick a date *one month prior* to today’s date (the date you are prepared to begin chart reviews). This will be your start date, the date you will begin selecting patients. (For example, if today’s date is Monday, March 16, and it is the date you are prepared to begin your chart reviews, choose Monday, February 16.)
- You will select patients on consecutive dates moving back in time from your start date. Beginning with the start date, you will identify the first 36 patients who have any one of the three chosen clinically important conditions **and** had a visit related to the important condition indicated. (For example, if diabetes is one of your conditions and you identify a patient who has diabetes but whose visit was for a “cold,” then move to the next patient because that patient’s visit was not related to diabetes.)
- The patients in the sample should represent a mix of the 3 clinically important conditions, but you should not select 12 of each one of the clinically important conditions. The selection should be based on the sequence of patient visits, not on trying to choose an exact number of patients with each condition.
- You must identify the 36 patients **within three months of the start date**, so it is important to select conditions where you will be able to identify 36 patients seen within that period.
- You must review the same 36 patient records for all of the applicable elements in the worksheet.

- Please refer to the instructions in the workbook for further guidance on the sample selection process.
3. **If I have identified a patient who has more than one of my practice’s clinically important conditions, do I have to indicate more than one condition in the workbook?** Yes.
 4. **If a patient has two clinically important conditions related to the review for elements 3D and 4B, and has met treatment goals for one condition but not the other, do I need to review that patient’s record for these elements?** Yes, you must review the record related to the condition(s) for which the patient did not meet treatment goals.
 5. **How far can I look back in the record to respond to the questions in the workbook?**
 - For elements 2C and 2D, there is not a look-back period. You will look in the patient record to see if the elements’ factors are documented in the record.
 - For elements 3D and 4B, there is a specific look-back period. See the workbook instructions for guidance.
 6. **For elements 2C, 2D, 3D and 4B, can I use file review for some elements and reports for the others?** Yes, for the elements that have the option of a file review, you may elect to do a file review for some elements and run reports for others.