

2022 OHIC PCMH Cost Management Strategies Survey

This document is intended only to allow practices to prepare their submission for the PCMH Cost Management Strategies survey. To complete this survey, please fill out the [online survey](#) or contact Cory King at OHIC (Cory.King@ohic.ri.gov) for an Excel template to use in lieu of the online survey.

Practices required to submit data:

- Starting in 2022, only practices not affiliated with an Accountable Care Organization or Accountable Entity (ACO/AE) are required to complete the PCMH Cost Management Strategies survey.

General Instructions:

- The survey collects information on cost management strategies taken by practices not affiliated with an ACO/AE, specifically those focused on care coordination or cost-effective use of services.
- Practices not affiliated with an ACO/AE will be required to submit information on improvement efforts focused on either care coordination or cost-effective use of services.
- You can enter in information for five practice sites or less. Practices should submit information for the October 1, 2021 - September 30, 2022 performance period. Practices will be sent a PDF of their submission after completing their survey. Practices will be unable to save partially complete surveys, so practices should gather all of the needed information before entering their survey response.
- For more information, visit <http://www.ohic.ri.gov/ohic-reformandpolicy-pcmhinfo.php> or contact Cory King (Cory.King@ohic.ri.gov).

Practice Site Information:

- Is this practice affiliated with an ACO/AE (**Note:** Only practices not affiliated with an ACO/AE are required to complete the PCMH Cost Management Strategies survey)?
 - Yes
 - No
 - [If yes] The survey will automatically end.
- Please fill out your contact information.
 - First Name
 - Last Name
 - Title
 - Email Address
 - Phone Number
- Please fill out the contact information for the practice site. If your practice site was a CTC-RI participant, please use the same site name as employed in your CTC-RI data submissions.
 - Name of Practice Site

- Street Address
- City
- State
- Zip
- Site Contact Person's Name
- Site Contact Person's Email Address
- Phone Number
- Fax Number
- Did this practice site respond to the OHIC 2021 PCMH Measures Survey? *You will be prompted to enter the practice site's OHIC PCMH ID Number if the practice site did respond to the OHIC 2021 PCMH Measures Survey. Otherwise, OHIC will assign this practice site with an OHIC PCMH ID Number after reviewing the results of the 2022 PCMH Measures Survey.*
 - Yes
 - No
 - [If yes] What is the OHIC PCMH ID Number for this practice site? *A practice site has an OHIC PCMH ID Number if it has previously responded to the OHIC 2021 PCMH Measures Survey. See the bottom of this web page for more information: <http://www.ohic.ri.gov/ohic-reformandpolicy-pcmhinfo.php>.*
- For what health plans is your practice site a contracted provider (*check all that are applicable*)?
 - Blue Cross Blue Shield of Rhode Island
 - Neighborhood Health Plan of Rhode Island
 - Tufts Health Plan
 - UnitedHealthcare
- What is the Tax Identification Number (TIN) for this practice site?
- What are the NPI numbers for all clinicians at this site managing a patient panel (*list each MD's, NP's, PA's*)?
- Which of the below specialties best indicates the primary care specialty(ies) of this practice site?
 - Internal Medicine, Family Practice, or General Practice
 - Pediatric Practice
 - Both
- Are more than 50% of your practice site's patients covered by Medicaid or uninsured?
 - Yes
 - No
- Is your practice site currently recognized as a PCMH by NCQA?
 - Yes
 - No
- *If no*, did your practice participate in CTC-RI's PCMH transformation program through June 2020 or CTC RI's PCMH-Kids through June 2022 to support PCMH recognition or another formal transformation initiative?
 - Yes
 - No

- Date Survey Completed

Cost Management Requirement Overview

Rhode Island practices not affiliated with an ACO/AE must develop and implement a quality improvement strategy that addresses one of the following menu items, from either the Care Coordination or Cost-Effective Use of Services categories:

Care Coordination:

- Care coordination between facilities (including safe and effective care transitions)
- Care coordination with specialists/other providers
- Care coordination with patient¹

Cost Effective Use of Services:

- ED utilization
- Inpatient hospital utilization
- Overuse/appropriateness of care (low-value care)
- Pharmaceutical costs (including volume and/or use of high-value pharmaceuticals)
- Specialist referral costs (including volume of referrals and/or referrals to high-value specialists)

Questions

- Did this practice site complete a quality improvement strategy that addresses one of the items from either the Care Coordination or Cost-Effective Use of Services categories?
Please note: active projects should have been implemented at least three months prior to the survey submission date and a completed QI project should be no more than 12 months old as of the survey submission date. There are no guidelines on the length of the time of the project.
 - Yes
 - No
- Please indicate which menu item(s) on which your quality improvement strategies project is focused (you may select more than one).
 - Care coordination between facilities (including safe and effective care transitions)
 - Care coordination with specialists/other providers
 - Care coordination with patient
 - ED utilization
 - Inpatient hospital utilization
 - Overuse/appropriateness of care (low-value care)
 - Pharmaceutical costs (including volume and/or use of high-value pharmaceuticals)

¹ Care coordination with patient refers to measures of successful coordination or communication between members of the care team and the patient. Examples can include, but are not limited to: follow up to ensure ordered lab or imaging tests were completed, follow up to ensure referral has been completed, follow up after patient receipt of abnormal test results, outreach to patients not recently seen that results in an appointment, discussion to reduce % of patients seeing multiple providers (3 or more), follow-up phone calls to check on the patient after an ER visit (or hospitalization), or following up on pediatric visits to after-hours care.

- Specialist referral costs (including volume of referrals and/or referrals to high-value specialists)
- Please upload a report or quality improvement worksheet that provides additional detail on your quality improvement strategies project.



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