

PCMH+ COMPLAINT REPORT WEBINAR

APRIL 18, 2018

PCMH+ OPENING REMARKS

- DSS program update

PCMH+ REPORTING TEMPLATE CHANGES

- Reporting for legacy PEs will now be requested quarterly instead of monthly.
- First reportable quarter: April through June 2018 - Due July 16, 2018
- Template Revisions:
 - Updated RFP references
 - Quarterly reporting cells instead of monthly
 - Enhanced definitions/instructions
- Templates will be distributed to the legacy PEs after attribution is calculated.
- Mercer will provide a technical assistance presentation as part of the 2018 Provider Informational session to be held on May 15.

PCMH+ REPORTING TEMPLATE CHANGES – SAMPLE REPORTING TEMPLATE

RFP Page 26, Section III, F.1 DSS populated the total number of individuals eligible to participate in the PCMH+ program as of April 1, 2018 under "Number of PCMH+ assigned members (as of April 1, 2018)". Report on the following elements on a quarterly basis.

Column A: No action required. List of PCMH+ member categories.

Columns B through M: Enter the number of PCMH+ members who fall into each category listed in Column A, by quarter, depending upon the population group. Totals are unique to the quarter only. PCMH+ members may be counted in more than one category. Enter the number of PCMH+ members who:

- Are considered transition-age youth (TAY). TAY are individuals between the ages of 16 and 25 years. The age range for TAY can vary to include children as young as 12 years of age. **RFP Page 34, Section III, F.5.c**
- Have one or more disabilities. For the purposes of PCMH+, the term disability includes individuals with physical, intellectual, developmental and/or behavioral health needs. **RFP Page 47, Section III, F.3.f RFP Page 33, Section III, F.4.e**
- Children and Youth with Special Healthcare Needs (CYSHCN). CYSHCN are children and youth between ages 0-17 who "have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." (Maternal Child and Health Bureau) **RFP Page 33, Section III, F.4.d**
- Have a behavioral health condition.
- Participate in the CHNCT Intensive Case Management program (ICM). CHNCT will provide a report to the PE containing ICM participation numbers that should be used to populate these fields. **RFP Page 26, Section III, E**
- Are TAY who also have transition care plans. **RFP Page 48, Section III, F.4.b RFP Page 34, Section III, F.5.c**
- Have an Individualized Education Plan (IEP) or 504 Plan. **RFP Page 33, Section III, F.4.d.iii**

Legacy PE Name												
A	2018											
	B	C	D	E	F	G	H	I	J	K	L	M
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of PCMH+ assigned members (as of April 1, 2018)	5,000											
Quarterly counts of members in the following categories												
PCMH+ members who are transition-age youth (TAY)												
PCMH+ members with disabilities												
PCMH+ Children and Youth with Special Healthcare Needs (CYSHCN)												
PCMH+ members with behavioral health conditions												
PCMH+ members who participate in Intensive Care Management (ICM)												
PCMH+ members who are TAY with transition care plans during reporting timeframe												
PCMH+ members with an Individualized Education Plan (IEP) or 504 Plan during reporting timeframe												
Comments												

MEMBER COMPLAINTS – DESCRIPTIONS OF CONCERNS

Quality of Provider Services

- Inappropriate Care / Disagreement
- Provider Conduct / Professionalism (including staff)
- Bias
- Assistance with Specialist Referral
- Cultural
- Privacy Violation
- Refused to see Member due to lack of photo ID/Card
- Condition of Office/Facility
- Language Barrier

Delayed Access/Wait Time

- PCP: Delay in obtaining appointment
- Specialist: Delay in obtaining appointment
- PCP: Wait time while in office
- Specialist: Wait time while in office
- Hospital

Other

- Transportation (NEMT)
- Dental
- Behavioral Health
- Pharmacy
- Fraud-Member
- Fraud-Provider
- Other

MEMBER COMPLAINTS – DESCRIPTIONS OF CONCERNS (CONT.)

Financial

- Member Billed
- Cost Share
- COB
- Premium

Provider Access-No Access

- Specialists
 - Dermatology
 - Orthopedic
 - ENT
 - Neurology
 - Vision
 - And more
- PCP
 - Adult
 - Pediatrics

Quality of ASO Services

- Quality of ASO Customer Service
- ICM
- Referral/Authorization Issue
- Other Clinical Staff
- Automated Calls
- Interpreter Services (Lack of Quality)
- Provider Search Engine Information
- Nurse Advice Line
- Member Materials

PCMH+ MEMBER COMPLAINTS PER 1,000 MEMBERS

Complaint Category	2016	2017
Quality of Provider Services	1.57	1.14
Delayed Access/Wait Time	0.12	0.10
Other	0.53	0.52
Financial	0.44	0.55
Provider Access-No Access	0.24	0.32
Quality of ASO Services	0.06	0.00
All Categories	2.97	2.63

Note that the PCMH+ group contains members assigned to PCMH+ at the start of the program and measures their historic complaints for 2016 and during the 2017 demonstration year.

2017 PCMH+ PARTICIPATING ENTITY RESULTS BY COMPLAINT CATEGORY

Participating Entity	Quality of Provider Services		Delayed Access/ Wait Time		Other	
	2016	2017	2016	2017	2016	2017
Northeast Medical Group AN	2.11	0.86	0.14	0.00	0.42	0.34
St. Vincent's AN	2.57	2.71	0.18	0.14	0.70	1.00
Fair Haven Community Health Center	0.13	0.96	0.00	0.00	0.13	0.32
Cornell Scott-Hill Health Center	1.13	0.72	0.00	0.27	0.30	0.45
Generations Family Health Center	1.04	0.79	0.00	0.00	0.65	0.63
Southwest Community Health Center, Inc.	2.77	1.21	0.00	0.00	0.63	0.60
Community Health Center, Inc.	1.49	0.87	0.12	0.08	0.67	0.39
Optimus Health Care, Inc.	1.08	0.90	0.15	0.18	0.34	0.42
Charter Oak Health Center	2.13	1.21	0.57	0.00	0.57	0.69
All PEs	1.57	1.14	0.12	0.10	0.53	0.52

2017 PCMH+ PARTICIPATING ENTITY RESULTS BY COMPLAINT CATEGORY

Participating Entity	Financial		Provider Access – No Access		Quality of ASO Services	
	2016	2017	2016	2017	2016	2017
Northeast Medical Group AN	0.56	0.52	0.14	0.86	0.00	0.00
St. Vincent's AN	0.88	0.86	0.99	0.79	0.00	0.00
Fair Haven Community Health Center	0.00	0.64	0.00	0.00	0.00	0.00
Cornell Scott-Hill Health Center	0.08	0.09	0.08	0.18	0.08	0.00
Generations Family Health Center	0.39	0.47	0.39	0.16	0.13	0.00
Southwest Community Health Center, Inc.	0.63	0.00	0.13	0.30	0.25	0.00
Community Health Center, Inc.	0.37	0.67	0.16	0.25	0.07	0.00
Optimus Health Care, Inc.	0.39	0.54	0.05	0.30	0.05	0.00
Charter Oak Health Center	0.71	0.69	0.14	0.00	0.00	0.00
All PEs	0.44	0.55	0.24	0.32	0.06	0.00

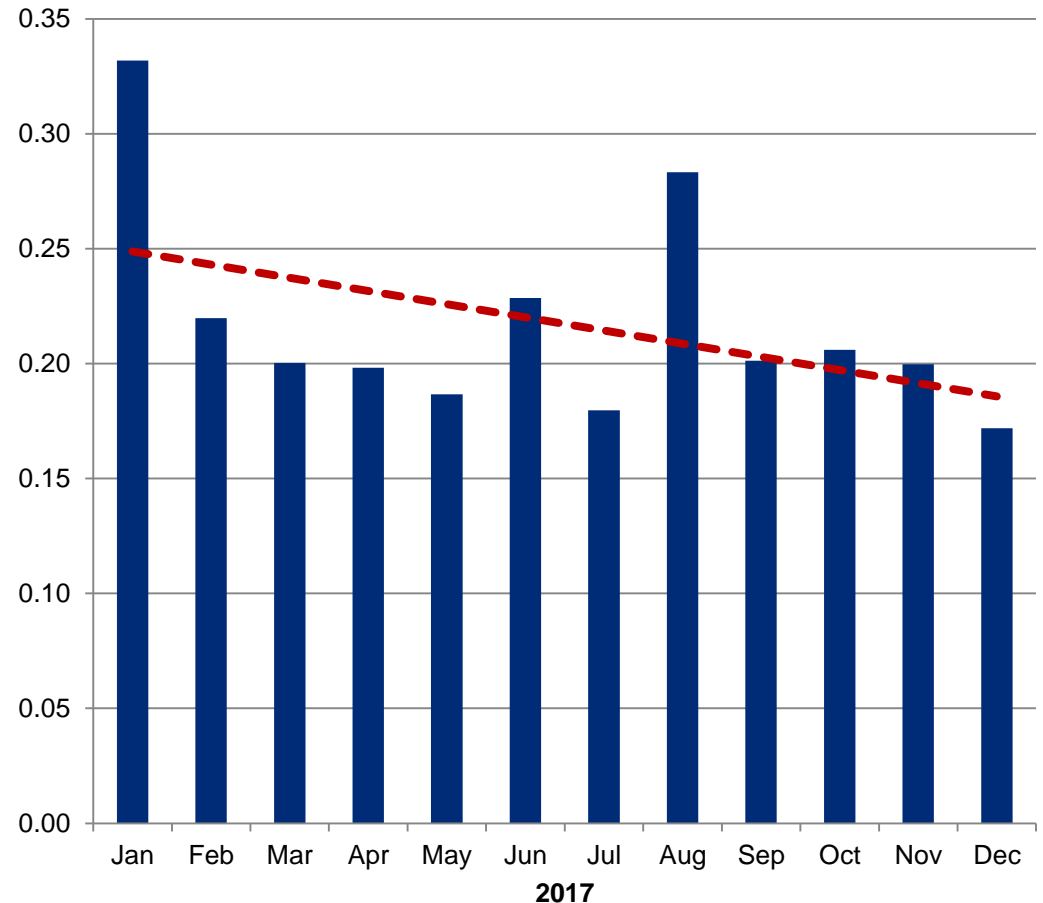
2017 PCMH+ PARTICIPATING ENTITY RESULTS

Participating Entity	All Categories Complaints per 1,000 Members (2016)	All Categories Complaints per 1,000 Members (2017)
Northeast Medical Group AN	3.38	2.58
St. Vincent's AN	5.33	5.50
Fair Haven Community Health Center	0.27	1.91
Cornell Scott-Hill Health Center	1.66	1.70
Generations Family Health Center	2.59	2.06
Southwest Community Health Center, Inc.	4.40	2.11
Community Health Center, Inc.	2.88	2.28
Optimus Health Care, Inc.	2.07	2.33
Charter Oak Health Center	4.11	2.59
All PEs	2.97	2.63

2017 PCMH+ MEMBER COMPLAINTS BY MONTH

Complaint Report Month	Complaints per 1,000 Members
Jan 2017	0.33
Feb 2017	0.22
Mar 2017	0.20
Apr 2017	0.20
May 2017	0.19
Jun 2017	0.23
Jul 2017	0.18
Aug 2017	0.28
Sep 2017	0.20
Oct 2017	0.21
Nov 2017	0.20
Dec 2017	0.17

PCMH+ Member Complaints per 1,000 Members



QUESTIONS AND ANSWERS

- Please use the chat function to submit questions