

# Guide to Reading Your Pool Report



**This guide explains how to read your PCMH pool report and can help you with the following:**

- Find specific information in the report
- Understand the connection between sections of the report and program requirements

## Things to know about your PCMH report

- The report provides information based on current performance data
  - Data is displayed for a one-year time period. The exact timeframe is noted on each page.
  - Data from all beneficiaries attributed to PCMHs in the pool is combined to determine performance on metrics and care categories
  - Practice support activities are assessed at the individual PCMH level
- Each PCMH will receive an individual report in addition to their pool report
  - The provider report should be used to assess the PCMH performance
  - The provider report may also be used to demonstrate each pooled PCMH's contribution to the pool provided in the shared performance entity report
  - All PCMHs, except standalone pools, will receive a shared performance entity report

The PCMH program seeks to reward primary care physicians for high-quality care that drives system-wide quality and efficiency. The PCMH program is part of the Arkansas Health Care Payment Improvement Initiative, a multi-payer collaboration between Arkansas Blue Cross Blue Shield, Arkansas Medicaid, Centene, QualChoice of Arkansas, Nova Healthcare Administrators and United Healthcare.

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**Visit us online to login to the portal and access PCMH resources**

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## [www.paymentinitiative.org](http://www.paymentinitiative.org)

Our website has the following:

- PCMH program details including the PCMH Program Policy Addendum and methodology used to calculate metrics
- Archived webinars on the PCMH program, guidance on interpreting reports and understanding shared performance
- Frequently asked questions, where to direct your questions, and links to resources

The website also has a link to the online portal. Use a secure username and password for the ability to perform the following:

- View your full report
- Submit required program data

Contact our knowledgeable provider support teams with questions and feedback

- Your Medicaid provider representative at Arkansas Foundation for Medical Care can be reached at 1-501-212-8600 or [PCMH@afmc.org](mailto:PCMH@afmc.org)
- DXC Technology Arkansas Health Care Payment Improvement Unit can be reached at 1-866-322-4696, locally at 1-501-301-8311, or via email at [ARKPII@dxc.com](mailto:ARKPII@dxc.com)

# Why do I get so many reports?

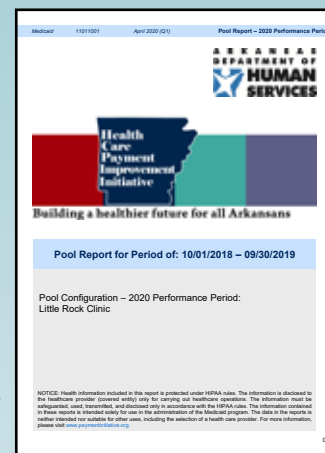
The Arkansas PCMH program runs on calendar years. Each calendar year, the program is refined a bit, with its own list of practice support activities and incentive, core, quality, and informational metrics.

Although each program spans one calendar year, claims processing takes time. More than 95% of claims are filed and processed within three months, but Medicaid rules give providers 365 days from the date of service to file claims, so each calendar year will continue to be processed for 12 further months. Therefore, a practice that is enrolled in the 2019 program will continue to receive reports for several quarters, and if that practice is also enrolled in the 2020 program, it will receive a separate report for that configuration.

Additionally, the Arkansas PCMH program requires at least 1,000 beneficiaries be attributed to a PCMH for at least six months in order for that PCMH to be eligible for performance based incentive payments. To help more practices qualify for these payments, PCMHs below that threshold may voluntarily pool with other PCMHs to reach the 1,000-beneficiary threshold, and any small PCMH not enrolled in a pool will be placed in either the statewide default pool or the petite pool for shared performance purposes. Each PCMH enrolled in a voluntary pool, the petite pool, or the statewide default pool will receive both a provider report that pertains only to that PCMH and a pool report (also called a shared performance entity report), which contains data from all PCMHs in the pool. Standalone PCMH practices that have at least 1,000 attributed beneficiaries will only receive a provider report. Starting in 2019, all practices with less than 300 beneficiaries may voluntarily pool with other PCMHs to reach the 1,000 minimum requirement.

Finally, though the Arkansas PCMH program runs on a calendar-year basis and metrics are processed quarterly, provider reports allow PCMHs to see how their performance compares to the state-wide average across a 12-month period. Because of the time required for claims processing, each report's 12-month time frame will end either about six months prior to when the report will be released or at the end of the configuration's calendar year. These reports are usually released near the end of each calendar quarter.

So near the end of the third quarter of 2020, for example, a PCMH that was enrolled in both the 2019 and 2020 versions of the program and was in a voluntary pool both years will receive a 2019 provider report and a 2019 pool report, which both will cover the period from January 1, 2019, to December 31, 2019, and a 2020 provider report and a 2020 pool report, which both will cover the period from April 1, 2019, to March 31, 2020.



## What reports to expect in coming quarters

Report Run	Performance Period (2018)	Performance Period (2019)	Performance Period (2020)	Report Delivery (Month Year)
Q1 2020	01/01/18 - 12/31/18	10/01/18 - 09/30/19	10/01/18 - 09/30/19	April 2020
Q2 2020	N/A	01/01/19 - 12/31/19	01/01/19 - 12/31/19	June 2020
Q3 2020	N/A	01/01/19 - 12/31/19	04/01/19 - 03/31/20	September 2020
Q4 2020	N/A	N/A	07/01/19 - 06/30/20	December 2020
Q1 2021	N/A	01/01/19 - 12/31/19	10/01/19 - 09/30/20	April 2021
Q2 2021	N/A	N/A	01/01/20 - 12/31/20	June 2021
Q3 2021	N/A	N/A	01/01/20 - 12/31/20	September 2021
Q4 2021	N/A	N/A	N/A	December 2021

# Your report provides information on two areas

## Q1 Condensed Reports

The Q1 2020 report is a condensed version displaying only incentive and core metrics. A full report containing all metrics for the 2020 configuration year will be provided in the second quarter.

Medicaid 11011001 April 2020 (Q1) Pool Report – 2020 Performance Period

### Shared Performance Entity Overview

Services paid through 02/27/2020 for claims from 10/01/2018 – 09/30/2019  
Practice support activities status based on provider portal entries as of 03/31/2020

**Shared Performance Entity Overview**

Attributed point in time beneficiaries, 01/01/2020	6,000
Beneficiaries attributed to you for at least 6 months, 10/01/2018 - 09/30/2019 (1,000 required during performance period for shared performance eligibility)	5,200

**Practice Support Report**

1 of 2 PCMHs are up-to-date on their practice support activities

Page 2

## Summary Data (page 2 of report)

The summary page gives basic data for your pool overview as well as a summary of the requirements for practice support and performance based incentive payments once the performance period begins.

Medicaid 11011001 April 2020 (Q1) Pool Report – 2020 Performance Period

### Shared Performance Entity Report

Services paid through 02/27/2020 for claims from 10/01/2018 to 09/30/2019

**PBIP Summary**  
Data is for the shared performance entity.

**Incentive Metric Performance**  
● You ● 1<sup>st</sup> – 10<sup>th</sup> percentile ● 11<sup>th</sup> – 30<sup>th</sup> percentile ● 30<sup>th</sup> + percentile

**Adolescent Wellness**

Rate

Emergency Department Utilization: Will not display results until Q2 2020.  
Acute Hospital Utilization: Will not display results until Q2 2020.

Note: For PBIP, incentive metric performance will be evaluated at the shared performance entity level.

**Incentive Focus Metrics**  
● 1<sup>st</sup> – 10<sup>th</sup> percentile ● 11<sup>th</sup> – 30<sup>th</sup> percentile ● 30<sup>th</sup> + percentile ● Not evaluated this quarter / Not eligible for metric

Metric	You (10/01/2018 – 09/30/2019)	Current Performance
% of beneficiaries 12-20 years of age who had one or more well-care visits during the measurement year	40 = 80%	80

**Incentive Utilization Metrics**  
● 1<sup>st</sup> – 10<sup>th</sup> percentile ● 11<sup>th</sup> – 30<sup>th</sup> percentile ● 30<sup>th</sup> + percentile ● Not evaluated this quarter / Not eligible for metric

Metric	You (10/01/2018 – 09/30/2019)	Current Performance
Ratio of observed to expected emergency department (ED) visits during the measurement period	N/A	Will not display results until Q2 2020.
Ratio of observed to expected acute inpatient or observation stay discharges during the measurement period	N/A	Will not display results until Q2 2020.

Page 3

## Shared Performance Data (pages 3 of report)

The shared performance report shows current performance on the incentive metrics that will be tied to shared performance incentive payments during the performance period.





# How to interpret the legend for metrics charts

## Legend for incentive metrics

The legend below applies to the shared performance incentive metrics (page 3 of report)

- These symbols indicate the percentile rank of your current performance, if applicable
- For the incentive focus metric, in instances where there are less than 25 beneficiaries, the metrics will not be evaluated

 1<sup>st</sup> – 10<sup>th</sup> percentile  11<sup>th</sup> – 35<sup>th</sup> percentile  36<sup>th</sup> + percentile  Not evaluated this quarter / Not eligible for metric

Symbol	Legend description	Details
	1 <sup>st</sup> – 10 <sup>th</sup> percentile	PCMH/Pool is currently at or below the 10 <sup>th</sup> percentile for this metric.
	11 <sup>th</sup> – 35 <sup>th</sup> percentile	PCMH/Pool is currently between 11 <sup>th</sup> - 35 <sup>th</sup> percentile for this metric.
	36 <sup>th</sup> + percentile	PCMH/Pool is currently above the 36 <sup>th</sup> percentile for this metric.
	Not evaluated this quarter / Not eligible for metric	Metric is not evaluated this quarter or the PCMH/Pool did not meet the minimum denominator requirements to be measured for the metric.

# How to interpret your summary data

## Summary Page

Medicaid 11011001 April 2020 (Q1) Pool Report – 2020 Performance Period

### Shared Performance Entity Overview

Services paid through 02/27/2020 for claims from 10/01/2018 – 09/30/2019  
Practice support activities status based on provider portal entries as of 03/31/2020

Shared Performance Entity Overview	
<b>A</b> Attributed point in time beneficiaries, 01/01/2020	6,000
Beneficiaries attributed to you for at least 6 months, 10/01/2018 - 09/30/2019 (1,000 required during performance period for shared performance eligibility)	5,200

### Practice Support Report

**B** 1 of 2 PCMHs are up-to-date on their practice support activities

2

**A**

### Shared performance entity overview

The overview gives basic facts about your pool as of the time periods specified

- “Attributed point in time beneficiaries” shows the number of beneficiaries that were attributed to PCMHs in your pool as of the month prior to the reporting quarter (i.e. January 1 for Q1)
- “Beneficiaries attributed to you for at least 6 months” counts only beneficiaries assigned to primary care physicians in PCMHs in your pool for at least 6 months in the report period

**B**

### Practice support progress report summary

This section indicates how many PCMHs within your pool are eligible for practice support

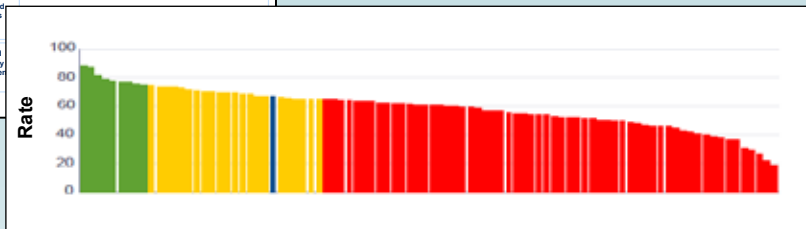
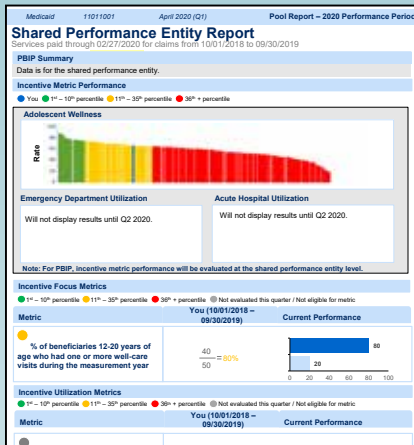
- Each PCMH’s practice support eligibility and data can be found in their PCMH report

# Performance based incentive payments (PBIP) summary

C

## Incentive Metric Performance

This page provides a population breakdown to provide PCMHs a graphical representation of their incentive focus and utilization metric performance compared to the rest of the PCMHs/Pool enrolled in the PCMH/Pool rankings as referenced below.



D

## PBIP Summary

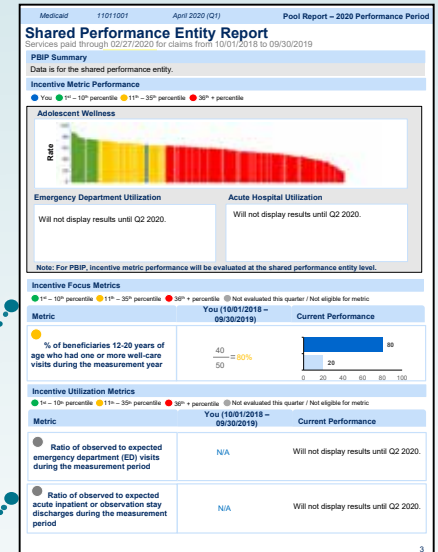
This page is broken into two sections to assist PCMHs/Pool in their PBIP metrics:

- Incentive focus metric to determine a PCMH/Pool's ranking for potential incentive payments.

Metric	You (10/01/2018 - 09/30/2019)	Current Performance
● % of beneficiaries 12-20 years of age who had one or more well-care visits during the measurement year	40 / 50 = 80%	80

- Incentive utilization metrics used to determine a PCMH/Pool's ranking for potential utilization payments.

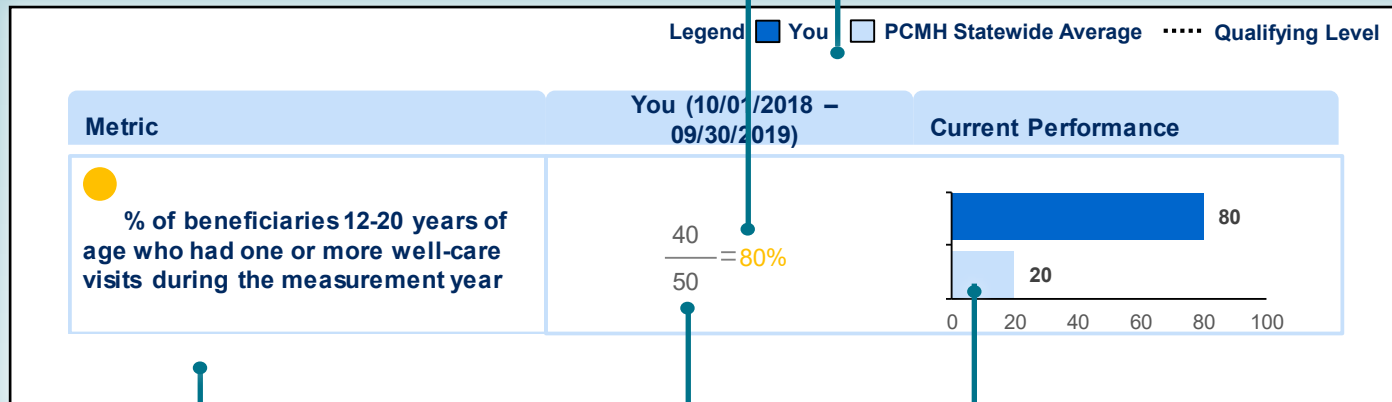
Incentive Utilization Metrics		
● 1 <sup>st</sup> - 10 <sup>th</sup> percentile ● 11 <sup>th</sup> - 35 <sup>th</sup> percentile ● 36 <sup>th</sup> + percentile ● Not evaluated this quarter / Not eligible for metric		
Metric	You (10/01/2018 - 09/30/2019)	Current Performance
● Ratio of observed to expected emergency department (ED) visits during the measurement period	N/A	Will not display results until Q2 2020.
● Ratio of observed to expected acute inpatient or observation stay discharges during the measurement period	N/A	Will not display results until Q2 2020.



# How to read metrics charts

The result for this report's time period is shown in green font if qualifying levels are met, red font if qualifying levels are not met and black font if there are not enough beneficiaries to evaluate this metric

This report's time period is labeled here in the header



Pre-published qualifying levels from the PCMH Program Policy Addendum

The numbers reflect the beneficiaries in your PCMH who are included in the denominator and numerator of this metric

The state average indication is a rate of average calculation that is comprised of eligible PCMHs that met the metric requirements