**Advanced PCMH Initiative – Practice Selection**

**Eligibility Requirements**

 To be eligible for an Advanced PCMH funding award, practice must:

1. Have current recognition status from NCQA as Patient Centered Medical Home.

2. Accept Medicaid patients and have either at least a 5% Medicaid patient population or 100 Medicaid patients.

3. Be in good standing with the South Carolina Department of Health and Human Services (“SCDHHS”) along with its physicians and other applicable professionals, who must also be in good standing with any applicable Federal or State licensing agencies.

4. Designate a clinical and administrative lead for PCMH transformation and maintenance activities and contact with SCDHHS and the facilitators/evaluators of the Advanced PCMH Initiative.

5. Agree to support the Advanced PCMH Initiative generally and specifically by (i) signing a BAA with practice facilitators/evaluators; (ii) working collaboratively with practice facilitators/ evaluators; (iii) sharing best practices with other South Carolina practices; (iv) supporting evaluation of the program through surveys, interviews, and clinical data collection (v) recognizing that any financial award is not guaranteed and may be limited based on number of successful applicants and funding priorities.

6. Use a certified electronic health record technology (CEHRT) certified to the 2015 Edition CEHRT.

**Funding Process:**

1. A total of $400,000 is available for distribution by the South Carolina Office of Rural Health and the South Carolina Medical Association Foundation, with each organization eligible to distribute a maximum of $200,000 in awards that shall be no more than $20,000 per practice.

2. Practices who wish to be eligible for funding must apply using the application in Attachment A based on the criteria set forth in Attachment B, which must be submitted no later than January 13, 2023, assistance for which can be provided by practice facilitators.

3. Practice evaluators will evaluate all applications and make award recommendations prior to May 31, 2023, with evaluation of the written application in addition to phone conferences or in-person practice evaluations as necessary.

4. A practice must submit applications with at least 10 of the 23 criteria met in order to be eligible for funding, but priority for funding will focus on practices that meet at least 20 criteria. Each criterion met will be worth $1000, with minimum awards of $10,000 for 10 met criteria and maximum awards of $20,000 for 20 met criteria. Only one practice from a health care system or other multi-site organization may apply for a funding award.

5. If there are more applicants meeting at least 10 criteria than available award funds, then priority for awards shall be at the discretion of the evaluator based on the following factors, information about which may be attached to the Practice Application as supplemental material:

a. Number of Medicaid patients or percentage of Medicaid patients in patient panel

b. Location in underserved areas of South Carolina

c. Quality of care on the SCDHHS HEDIS withhold measures

d. Disease state or ED/Inpatient utilization of Medicaid patients

e. Practice ownership and potential impact of financial award on practice operations

f. Use of CEHRT

g. Meeting 20 of 23 criteria.

**Attachment A – Application for Funding**

1. Practice Name, Address, and NPI

2. Practice Physicians and Advanced Practice Professionals (with NPI)

3. Practice System Affiliation (if affiliated with a health care system or other ownership)

4. Percentage and number of Medicaid patients

5. NCQA PCMH Status and Expiration Date (please attach copy of certificate or attach current NCQA recognition website screenshot)

6. Attestation of meeting at least 10 of the 23 criteria set forth in Attachment B – Advanced PCMH Initiative Criteria (please indicate which criteria you have met)

7. Documentation of Good Standing with DHHS and Licensing Agencies

8. CEHRT:

9. Clinical and Administrative PCMH Leads and Contact Information

10: Award Priority Information

11. Attestation: By submitting this application, we affirm (i) the criteria we submit are consistently and continuously implemented in our practice; and (ii) our recognition that any funding award is not guaranteed and, although our practice may meet some or all of the criteria, a funding award may not be paid if other practices based on their Medicaid population or other factors receive priority for awards based on the priorities set forth in the Practice Selection document. Further, by submitting this application, we agree to (i) work collaboratively with our practice evaluators and facilitators; (ii) share best practices with other South Carolina practices; (iii) support evaluation of the program through surveys, interviews, and clinical data collection; (iv) sign a Business Associate Agreement with practice facilitators and evaluators; and (v) agree to an unannounced onsite audit by a practice evaluator so long as two (2) hours’ notice is provided. In the case that an onsite visit cannot be conducted a virtual audit will be scheduled with the practice.

**Attachment B – Advanced PCMH Initiative Criteria**

A practice must meet at least ten of the following twenty criteria to be eligible for funding in the Advanced PCMH Initiative. While the basis for the criteria is NCQA’s 2017 Patient Centered Medical Home program, the standard for meeting the criteria may be elevated beyond what NCQA requires in recognition of the Department of Health and Human Services requirements that each criterion be meaningfully met at the discretion of the practice evaluator and facilitated through guidance of the practice facilitators.

**TC 06 –** Individual Patient Care Team Meetings/Communication

**TC 07** - Involves care team staff in practice’s performance evaluation and quality improvement activities

**KM 02** – Comprehensive Health Assessment

**KM 04** - Conducts behavioral health screenings and/or assessments W/ENHANCED LANGUAGE POST-SCREENING

**KM 06** – Identifies the predominate conditions & health concerns of the patient population

KM 07 – Social Determinates of Health

**KM 12** – Proactively & routinely identifies populations of patients and reminds them about needed care services

**AC 01** - Assesses patient access needs

**AC 02** - Provides same day appt. availability

**AC 03** – Extended hours are available for appointments

**AC 06** - Alternative Appointments. Provides scheduled routine or urgent appointment by telephone or other technology-supported mechanisms

**CM 01** - Considers the following when establishing a systematic process and criteria for identifying patients who may benefit from case management practice

**CM 05** - The practice provides a written care plan to patients/families/caregivers under care management

**CM 08** - Care plans include a self-management plan

**CC 04** - The practice systematically manages referrals

**CC 09** - Behavioral Health Referral Expectations. Works with behavioral healthcare providers to whom the practice frequently refers to set expectations for information sharing and patient care

**CC 14** - Identifies patients with unplanned admissions and ED visits

**CC 16** - Contacts patients/families/caregivers for follow-up care

**QI 01 A**. Immunization measures **B**. Other preventive care measures **C**. Chronic or acute clinical care measures **D**. Behavioral health measures

**QI 08** - Sets goals and acts to improve upon at least three measures across at least three of the four categories

**QI 10** - Sets goals and acts to improve the availability of major appointments types to meet patient needs

**QI 12** - Achieves improved performance on at least 2 performance measures

**QI 15** - Reports practice-level or individual clinician performance results within the practice for measures reported by the practice