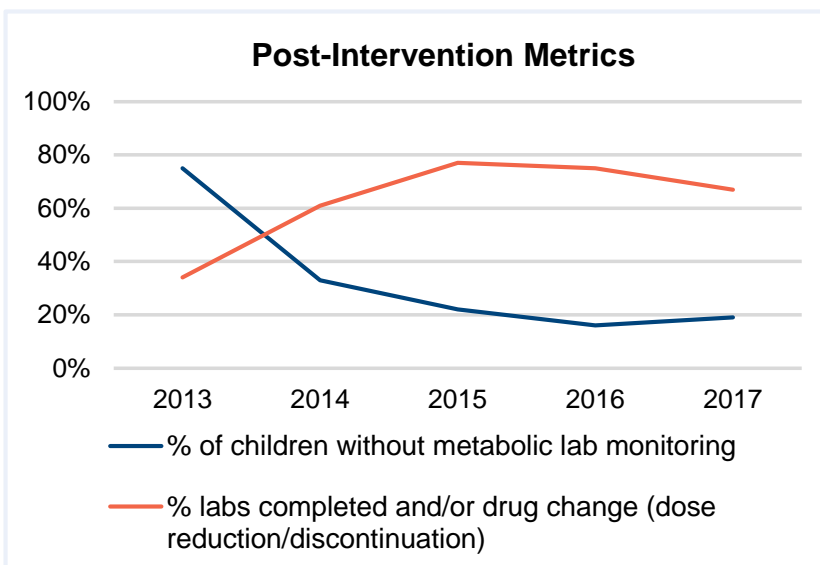


Mountain-Pacific Quality Health provides Medicaid utilization review and management services for the Montana Department of Public Health and Human Services. We have been performing medical case review for specific Medicaid contracts since 1974. Through our review process, we work to make sure each Montanan with Medicaid gets his or her needs met in the most appropriate, cost-effective setting, using the most appropriate medical service, equipment and supplies.

PSYCHOTROPIC USE in MEDICAID FOSTER CHILDREN

In November 2011, the United States Department of Public Health and Human Services (HHS) focused national attention on psychotropic medication use among children and youth in foster care. **Foster children enrolled in Medicaid were prescribed antipsychotic medications nearly nine times the rate of other Medicaid recipients.**



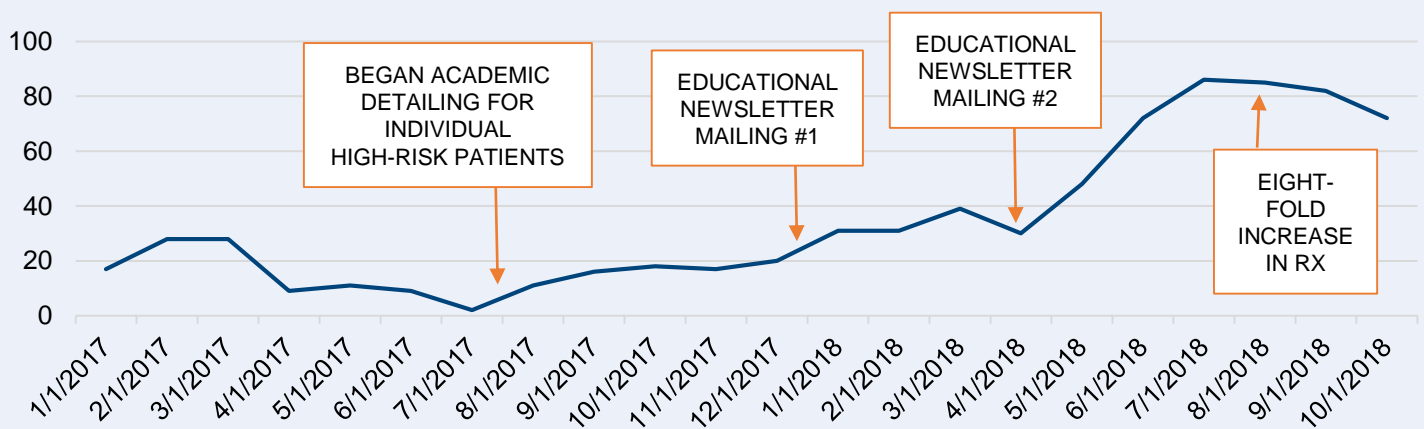
Mountain-Pacific's clinical pharmacy case management staff

- shared best practice guidelines and developed educational resources for providers about psychotropic medication use among children,
- promoted and developed a collaborative working relationship with Montana child psychiatrists, Montana Child and Family Services and Montana Medicaid,
- identified medication misuse/abuse cases,
- significantly **increased monitoring of atypical antipsychotics**,
- **decreased atypical antipsychotic medication use** and lowered doses.

REDUCING RISKS for OPIOID OVERDOSE with NALOXONE

Naloxone Academic Detailing Initiative – Educate prescribers to offer naloxone with opioid therapy if certain risk factors, which increase risk of opioid overdose, are present;

The below graph shows the total unique patients receiving a naloxone prescription (RX) through October 2018.





Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



Mountain-Pacific
Quality Health

**LOCAL EFFORT.
LASTING CHANGE.
PATIENT-CENTERED IMPACT.**

Mountain-Pacific Quality Health is one of 14 Medicare Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs). We serve Montana, Wyoming, Hawaii, Alaska and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Island, bringing together patients and their families, providers, partners and communities to improve the delivery of health care, promote better population health and make care more affordable.

GOAL: IMPROVE COORDINATION OF CARE



27

communities recruited across our region to improve care transitions and reduce unnecessary hospital admissions and readmissions.

63%

of our region's Medicare beneficiaries live in or receive care in these recruited communities, where coalitions work together to improve care coordination.

\$73

MILLION

in Medicare cost savings realized through improved communications and reduced hospital admissions and readmissions.

GOAL: MAKE CARE SAFER AND REDUCE HARM

75,078

at-risk Medicare lives touched in our region's recruited nursing homes, accounting for 90% of all nursing home admissions.



897

avoided adverse events among nursing home residents across the region.

145,603

pounds of unused medications collected over 9 years across our region as part of prescription take-back efforts.

GOAL: IMPROVE POPULATION HEALTH

1,812

patients with diabetes or pre-diabetes or their caregivers educated through a peer-led, evidence-based diabetes self-management program.

195,376

Medicare beneficiaries with an influenza immunization claim billed to Medicare.



181,632

Medicare beneficiaries protected against pneumococcal diseases.

GOAL: MAKE CARE MORE AFFORDABLE

95.5%

of all critical access hospitals and prospective payment hospitals in our region received technical assistance to improve quality reporting efforts.

1,174

eligible clinicians successfully reported to the Merit-based Incentive Payment System (MIPS), a program that rewards value and outcomes.



Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model that aims to strengthen primary care through multi-payer payment reform and by changing how care is delivered. CPC+ seeks to improve quality, access and efficiency of primary care. Currently in the U.S. there are over 2,900 primary care practices participating in CPC+.

Mountain-Pacific Quality Health represents rural states.

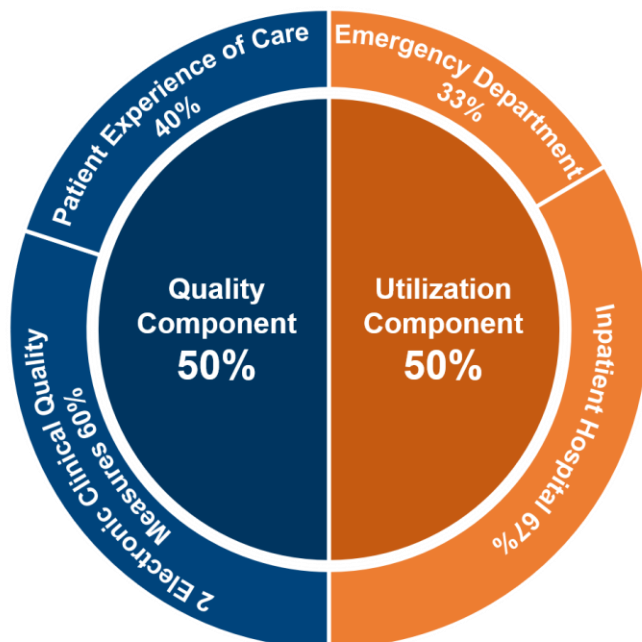
We support 200 primary care practices (164 are frontier) in Hawaii, Montana and North Dakota.

This support covers 120,000 Medicare lives across the three states.

To support the delivery of comprehensive primary care, CPC+ includes three types of payment elements, including a Performance-Based Incentive Payment (PBIP). In 2018, the rural region of Hawaii, Montana and North Dakota had 200 practices participating, which earned \$4,102,881 in PBIP. It works by CPC+ prospectively issuing the PBIP. However, at the end of every year, Centers for Medicare & Medicaid Services (CMS) will retrospectively reconcile the amount of PBIP a practice earned based on how well the practice performed on patient experience of care measures, clinical quality measures and utilization measures that drive total cost of care.

Practices will keep their entire PBIP, repay a portion or repay all of it. The full amount of PBIP is prospectively paid is determined by several factors, including the number of beneficiaries and quality and utilization components (*see image below*). Our CPC+ Practice Facilitators support primary care practices in their success through ongoing coaching, engagement and learning sessions.

- The two 2017 starting regions (Hawaii and Montana) had the highest retention rate for the PBIP for 2017, meaning the quality and utilization numbers surpassed the other CPC+ 12 regions.
- On average, Montana practices maintained 76% of their PBIP money, and Hawaii maintained 74% of theirs.
- North Dakota is a 2018 starter region and does not have this data available yet.



Components of PBIP
 (Performance-Based Incentive Payment)

Mountain-Pacific's CPC+ team will continue to offer premium support through the end of the five-year grant period in 2021. By continuing to offer learning opportunities and actionable data feedback to guide decision making, practices can deliver better care, resulting in a healthier patient population.

About Mountain-Pacific Quality Health

Mountain-Pacific is a nonprofit corporation that holds federal and state contracts that allow expert staff to oversee the quality of care for Medicare and Medicaid members. Mountain-Pacific works to improve the delivery of health care and the systems that provide it. Mountain-Pacific's goal is to increase access to high-quality health care that is affordable, safe and of value to the patients, families and caregivers served across the region.

Sources: [CPC+ Payment and Attribution Methodologies for Program Year 2019 Centers for Medicare & Medicaid Services](#)