Pediatric PCP

Old Milestone		New Milestone
CC1 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**		**CC1** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
By October 31, 2018, demonstrate substantive progress has been made on the practice-specific action plan and identify barriers to, and strategies for, achieving additional progress, **AND** By July 31, 2019, report on the progress that has been made since November 1, 2018 and identify barriers to, and strategies for, achieving additional progress.		By December 31, 2018, demonstrate substantive progress has been made on the practice-specific action plan and identify barriers to, and strategies for, achieving additional progress by updating the practice action plan, **AND** By July 31, 2019, report on the progress that has been made since January 1, 2019 and identify barriers to, and strategies for, achieving additional progress, **AND** Complete and submit an updated IPAT score between August 1, 2019 and Sept 30, 2019 and report the practice site's level of integration using the results of the IPAT level of integration tool to AHCCCS.
CC3 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019**) (x6) **Practice Reporting Requirement to State**		**CC3** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019**) (x6) **Practice Reporting Requirement to State**
A. Document that care managers have been trained in motivational interviewing to facilitate family engagement and self-management support, and when appropriate, child/youth engagement and self-management support, **AND** B. Based on a practice record review of a random sample of 20 members, whom the practice has identified as having received behavioral health services during the past 12 months, attest that the care manager has documented: a) completing a comprehensive assessment, b) educating families, c) conducting motivational interviewing, d) appropriately facilitating linkages to community organizations, and e) planning for the transition of youth from pediatric to adult systems, (as appropriate), at least 85% of the time.		A. By March 31 2019, document that care managers have been trained in motivational interviewing to facilitate family engagement and self-management support, and when appropriate, child/youth engagement and self-management support, **AND** B. By September 30, 2019, based on a practice record review of a random sample of at least 20 members, whom the practice has identified as having received behavioral health services during the past 12 months, attest that the care manager has documented: a) completing a comprehensive assessment, b) educating families, c) conducting motivational interviewing, d) appropriately facilitating linkages to community organizations, and e) planning for the transition of youth from pediatric to adult systems, (as appropriate), at least 85% of the time.
CC4 **Milestone Measurement Period 2**		**CC4** **Milestone Measurement Period 2**

(October 1, 2018–September 30, 2019**) **Practice Reporting Requirement to State**		(October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
Based on a practice record review of a random sample of 20 members, whom the practice has identified as having received behavioral health services during the past 12 months, attest that the integrated care plan, which includes established data elements, is documented in the electronic health record 85% of the time.		By September 30, 2019, based on a practice record review of a random sample of at least 20 members, whom the practice has identified as having received behavioral health services during the past 12 months, attest that, the integrated care plan, which includes established data elements, is documented in the electronic health record 85% of the time.
CC5 **Milestone Measurement Period 2** (October 1, 2018-September 30, 2019*) **Practice Reporting Requirement to State**		**CC5** **Milestone Measurement Period 2** (October 1, 2018-September 30, 2019*) **Practice Reporting Requirement to State**
Based on a practice record review of a random sample of 20 members, attest that: A. 85% of members were screened using the practice-identified screening tool, **AND** B. 85% of the time, results of the screening were contained within the integrated care plan, **AND** C. 85% of members, who scored positively on the screening tool, received appropriate intervention(s) or referral(s).		By September 30, 2019, based on a practice record review of a random sample of at least 20 members, attest that: A.85% of members were screened using the practice-identified screening tool, **AND** B.85% of the time, results of the screening were contained within the integrated care plan, **AND** C.85% of members, who scored positively on the screening tool, received applicable intervention(s) or referral(s).
CC6 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**		**CC6** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
Based on a practice record review of a random sample of 20 members whom the practice has identified as having received behavioral health services during the past 12 months, attest that a warm hand-off, consistent with the practice's protocol, occurred 85% of the time.		By September 30, 2019, based on a practice record review of a random sample of at least 20 members whom the practice has identified as having received behavioral health services during the past 12 months, attest that a warm hand-off, consistent with the practice's protocol, occurred 85% of the time.
CC7 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**		**CC7** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
Based on a practice record review of a random sample of 20 members listed in the high-risk registry in the last 12 months, attest that a reassessment if clinically necessary, occurred within the evidence-based timeframe recommended 85% of the time.		By September 30, 2019, based on a practice record review of a random sample of at least 20 members listed in the high-risk registry in the last 12 months, attest that a reassessment, if clinically necessary,

		occurred within the evidence-based timeframe recommended 85% of the time.
CC8 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**		**CC8** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
Based on a practice record review of a random sample of 20 members, who were prescribed opioids, attest that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.		By September 30, 2019, based on a practice record review of a random sample of at least 20 members, who were prescribed opioids, attest that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.
CC9 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**		**CC9** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
A. Attest that the practice is transmitting data on a core data set for all members to Health Current. **AND** B. Attest that longitudinal data received from Health Current are routinely accessed to inform care management of high-risk members, **AND** C. Provide a narrative description of how longitudinal data are informing the care management of high-risk members.		By September 30, 2019, A. Attest that the practice is transmitting data on a core data set for all members to Health Current. **AND** B. Attest that longitudinal data received from Health Current are routinely accessed and used to inform care management of high-risk members
CC10 **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**		**CC10** **Milestone Measurement Period 2** (October 1, 2018–September 30, 2019*) **Practice Reporting Requirement to State**
Document that the practice has conducted member and family experience surveys specifically geared toward evaluating the success of referral relationships, and that the information obtained from the surveys is used to improve the referral relationships.		By September 30, 2019, document that the practice's member and family experience survey includes questions specifically geared toward evaluating the success of referral relationships, and document that the information obtained from the surveys is used to improve the referral relationships.
CC13 A. Follow Arizona-established diagnostic and referral pathways for any member that screens positive on the Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R), Ages & Stages Questionnaires® (ASQ) or Parents' Evaluation of Developmental Status (PEDS) tool created by the ASD Advisory Committee. B. Develop communication protocols and referral		**CC13** A. Follow Arizona-established diagnostic and referral pathways for any member that screens positive on the Modified Checklist for Autism in Toddlers-Revised (M-CHAT-R), Ages & Stages Questionnaires® (ASQ) or Parents' Evaluation of Developmental Status (PEDS) tool. B. Develop communication protocols and

agreements with autism spectrum disorder (ASD) Specialized Diagnosing Providers to facilitate referral and diagnosis for members who have screened positively on the M-CHAT-R, PEDS or ASQ		referral agreements with autism spectrum disorder (ASD) Specialized Diagnosing Providers to facilitate referral and diagnosis for members who have screened positively on the M-CHAT-R, PEDS or ASQ.