

**State of Arkansas**  
Arkansas Department of Health  
4815 West Markham, Slot H58  
Little Rock, Arkansas 72205  
**501-280-4573**

**ADDENDUM #1 - Page 1 of 3**

TO: All Providers  
FROM: Arkansas Department of Health  
DATE: October 15, 2013  
SUBJECT: **RFA-14-0002**

The following change(s) to the above-referenced Request for Applications for Arkansas Department of Health has been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening time and date
- Cancellation of bid
- Other

**The Arkansas Department of Health's Arkansas Chronic Illness Collaborative RFA-14-0002 has been changed. Section II – B. and C. have been revised. The clinical measurement requirements are now in alignment with PQRS and NQF measures. The attached two pages represent the corrected requirements.**

**The bid opening time and date shall remain the same.**

The specifications by virtue of this addendum become a permanent addition to the above-referenced Request for Applications. **FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR APPLICATION.**

**APPLICATIONS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE SUBMITTAL ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE RFA NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE ARKANSAS DEPARTMENT OF HEALTH.**

If you have questions, please contact the Issuing Officer at 501-280-4573.

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY

## **Arkansas Clinical Transformation (ACT) Revisions**

### **B. Grantee Requirements**

Practices must be able to:

- Collect data electronically via an electronic medical record (EMR).
- Clinics should provide services to hundred (100) or more patients and report required measures for all patients in clinic panels.

### **C. Required measures for ACT teams**

The following measures are guidelines for improvement in clinical practice by clinic teams based on current Healthcare Effectiveness Data and Information Set (HEDIS, 2012) and 2013-2013 Arkansas Chronic Illness Collaborative (ACIC) achievement levels for clinical care in Arkansas. While participating clinic teams are encouraged to achieve these benchmarks, they are not required to attain these targets, but rather show improvement in measures over time. Details for collection of data conform to CMS-PQRS and NQF standards and will be provided in the ACT Manual.

<b>1. Cardiovascular Measures</b>	<b>Benchmark</b>
1.1 Hypertension: Controlling High Blood Pressure BP <140/90 mm Hg (NQF 0018; PQRS Measure #236; CMS165v1)	≥70%
1.2 Coronary Artery Disease (CAD): Lipid Control ≥65% (NQF 0074; PQRS Measure #197)	
1.3 Coronary Artery Disease (CAD): Antiplatelet Therapy ≥80% (NQF 0067; PQRS Measure #6)	
1.4 Ischemic Vascular Disease (IVD): Blood Pressure Management ≥70% (NQF 0073; PQRS Measure #201)	
1.5 Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control LDL<100 mg/dl (NQF 0075; PQRS Measure #241; CMS182v1)	≥90% ≥65%
1.6 Ischemic Vascular Disease (IVD): Use of Aspirin or other Antithrombotic (NQF 0068; PQRS Measure #204; CMS164v1)	≥60%
<b>2. Diabetes Mellitus Measures</b>	
2.1 Diabetes: Hemoglobin A1c Poor Control ≥45% (NQF 0059; PQRS Measure #1; CMS122v1)	
2.2 Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control (NQF 0064; PQRS Measure #2)	≥50%
2.3 Diabetes Mellitus: High Blood Pressure Control ≥75% (NQF 0061; PQRS Measure #3)	

2.4	Diabetes Mellitus: Dilated Eye Exam (NQF 0055; PQRS Measure #117; CMS131v1)	≥70%
2.5	Diabetes Mellitus: Medical Attention for Nephropathy ≥90% (NQF 0062; PQRS Measure #119; CMS134v1)	
2.6	Diabetes: Foot Exam (0056; PQRS Measure #163; CMS123v1)	≥40%
<b>3.</b>		<b>Preventive Benchmark</b>
	<b>Care Measures</b>	
3.1	Preventive Care and Screening: Breast Cancer Screening (NQF 0031; PQRS Measure #112; CMS125v1)	≥75%
3.2	Preventive Care and Screening: Cervical Cancer Screening (NQF 0032; PQRS Measure #309; CMS124v1)	≥85%
3.3	Preventive Care and Screening: Colorectal Cancer Screening ≥75% (NQF 0034; PQRS Measure #113; CMS130v1)	
3.4	Preventive Care and Screening: Body Mass Index (BMI) ≥75% Screening and Follow Up (NQF 0421; PQRS Measure #128; CMS69v1)	
3.5	Preventive Care and Screening: Tobacco Use: ≥80% Screening and Cessation Intervention (NQF 0028; PQRS Measure #226; CMS138v1)	
3.6	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (NQF TBD; PQRS Measure #317; CMS22v1)	≥90%
<b>4.</b>	<b>Coordinated Care Measures</b>	
4.1	Age groups: Percentages of patients ages – • 18 years and older • 50-64 years • 65 years and older	100%
4.2	Race/Ethnicity Groups 100%	
4.3	Gender Groups 100%	
4.4	Documented self-management goal and Action Plan of Care ≥70%	

**Please note:** We would like ACT clinics to report all age, race/ethnicity and gender groups served