

Appendix 7

NYS PCMH Recognition Program

Section 1: NYS PCMH Overview

About NYS PCMH Recognition

The National Committee for Quality Assurance (NCQA), creator of the nation's leading Patient-Centered Medical Home (PCMH) Recognition program, collaborated with the New York State Department of Health (NYSDOH) to develop a customized PCMH Recognition program that supports the state's initiative to improve primary care through the medical home model and promote the Triple Aim: better health, lower costs and better patient experience. Practices that participate in NYS PCMH transformation may be eligible to receive supplemental payments through state programs such as the Medicaid PCMH Incentive Program. In addition, NYS DOH is engaged regionally with commercial payers to implement voluntary, multi-payer value-based payment (VBP) arrangements to support practices that have not have these opportunities through previous transformation efforts. Many of these models and eligibility to participate will depend on practices achieving NYS PCMH Recognition.

Program Overview

The New York State PCMH Recognition program is built from the NCQA PCMH model. The NYS PCMH standards and guidelines document contains these PCMH Recognition program requirements and information your practice needs to demonstrate to NCQA that you meet criteria.

The NYS PCMH Recognition program features six concepts that make up a medical home. Underlying these concepts are criteria (activities for which a practice must demonstrate adequate performance to obtain NCQA PCMH Recognition) developed from evidence-based guidelines and best practices.

PCMH Structure: Concepts, Criteria and Competencies

Concepts. There are six concepts—the overarching themes of PCMH. To sustain Recognition, practices must complete criteria in each concept area.

Competencies. Competencies categorize the criteria. Competencies do not offer credit.

Criteria. Criteria are the individual structures, functions and activities that indicate a practice is operating as a medical home.

Requirements

To achieve NYS PCMH Recognition, practices must:

1. Meet all 40 core criteria and 11 NYS required criteria (with elective credit).
2. Earn a total of 25 credits in elective criteria across 5 of 6 concepts, (15–17 credits are earned by the required NYS criteria, crossing 5 of 6 Concepts).

The NYS PCMH Recognition program indicates 11 elective criteria (worth between 15 and 17 credits) that **you must complete** to achieve NYS PCMH Recognition (refer to the table below). Practices decide which of the remaining credits of elective criteria to complete.

CONCEPT AREA	CRITERIA	DESCRIPTION
Team-Based Care and Practice Organization (TC)	TC 05	Certified EHR System
Knowing and Managing Your Patients (KM)	KM 04	Behavioral Health Screenings (B and C)
	KM 11	Population Needs (A and either B or C)
Patient-Centered Access (AC)	AC 08	Two-Way Electronic Communication
	AC 12	Continuity of Medical Record Information
Care Management and Support (CM)	CM 03	Comprehensive Risk-Stratification
	CM 09	Care Plan Integration
Care Coordination and Care Transitions (CC)	CC 08	Specialist Referral Expectations
	CC 09	Behavioral Health Referral Expectations
	CC 19	Patient Discharge Summaries
	CC 21	External Electronic Exchange of Information (A)

Section 2: NYS PCMH Scoring and Shared Criteria

Scoring Summary

To earn PCMH Recognition, practices must meet all core criteria in the program *and* earn 25 elective credits in elective criteria across 5 of 6 concepts. The following 11 criteria, designated with a red “NYS” in the table below, *must* be completed to meet NYS PCMH requirements:

- | | | | |
|--------------------------------------|----------|----------|---------------|
| 1. TC 05 | 4. AC 08 | 7. CM 09 | 10. CC 19 |
| 2. KM 04 (B, C) | 5. AC 12 | 8. CC 08 | 11. CC 21 (A) |
| 3. KM 11(A and <i>either</i> B or C) | 6. CM 03 | 9. CC 09 | |

The table identifies the scoring designation (core or elective) and shows whether criteria require site-specific evidence and/or specialty-specific evidence. An organization may share evidence if it has at least two practice sites that share the same system and processes.

40 core criteria, 61 elective criteria with 84 elective credits available

Team-Based Care and Practice Organization (TC)		9 Criteria: 5 Core, 4 Elective
Criteria	Core/Elective	Shared/Site-Specific
Competency A: The Practice’s Organization		
TC 01: PCMH Transformation Leads	Core	Shared
TC 02: Structure and Staff Responsibilities	Core	Shared
TC 03: External PCMH Collaborations	Elective (1 Credit)	Shared
TC 04: Patients/Families/Caregivers Involvement in Governance	Elective (2 Credits)	Shared
TC 05: Certified EHR System NYS	Elective (2 Credits)	Shared
Competency B: Team Communication		
TC 06: Individual Patient Care Meetings/Communication	Core	Shared—Documented Process Only
TC 07: Staff Involvement in Quality Improvement	Core	Shared
TC 08: Behavioral Health Care Manager	Elective (2 Credits)	Shared
Competency C: Medical Home Responsibilities		
TC 09: Medical Home Information	Core	Shared
Knowing and Managing Your Patients (KM)		29 Criteria: 10 Core, 19 Elective
Competency A: Collecting Patient Information		
KM 01: Problem Lists	Core	Site-Specific
KM 02: Comprehensive Health Assessment	Core	Shared
KM 03: Depression Screening	Core	Shared
KM 04: Behavioral Health Screenings NYS (B and C)	Elective (1 Credit)	Shared
KM 05: Oral Health Assessment and Services	Elective (1 Credit)	Shared
KM 06: Predominant Conditions and Concerns	Elective (1 Credit)	Shared

Criteria	Core/Elective	Shared/Site-Specific
KM 07: Social Determinants of Health	Elective (2 Credits)	Site-Specific
KM 08: Patient Materials	Elective (1 Credit)	Shared
Competency B: Patient Diversity		
KM 09: Diversity	Core	Site-Specific
KM 10: Language	Core	Site-Specific
KM 11: Staff Cultural Competence and Health Literacy Skills NYS (A and either B or C)	Elective (1 Credit)	Shared
Competency C: Addressing Patient Needs		
KM 12: Proactive Outreach	Core	Shared
KM 13: Excellence in Performance	Elective (2 Credits)	Site-Specific
Competency D: Medication Management		
KM 14: Medication Reconciliation	Core	Site-Specific
KM 15: Medication Lists	Core	Site-Specific
KM 16: New Prescription Education	Elective (1 Credit)	Site-Specific
KM 17: Medication Responses and Barriers	Elective (1 Credit)	Site-Specific
KM 18: Controlled Substance Database Review	Elective (1 Credit)	Shared
KM 19: Prescription Claims Data	Elective (2 Credits)	Shared
Competency E: Evidence-Based Care		
KM 20: Clinical Decision Support	Core	Shared
Competency F: Connecting With Community Resources		
KM 21: Community Resource Needs	Core	Shared
KM 22: Access to Educational Resources	Elective (1 Credit)	Shared
KM 23: Oral Health Education	Elective (1 Credit)	Shared
KM 24: Shared Decision-Making Aids	Elective (1 Credit)	Shared
KM 25: School/Intervention Agency Engagement	Elective (1 Credit)	Shared
KM 26: Community Resource List	Elective (1 Credit)	Shared
KM 27: Community Resource Assessment	Elective (1 Credit)	Shared
KM 28: Case Conferences	Elective (2 Credits)	Shared
Competency G: Additional Patient Collaboration		
KM 29: Opioid Treatment Agreement	Elective (1 Credit)	Shared

Patient-Centered Access and Continuity (AC)		14 Criteria: 7 Core, 7 Elective
Criteria Name	Core/Elective	Shared/Site-Specific
Competency A: Patient Access to the Practice		
AC 01: Access Needs and Preferences	Core	Shared—Documented Process Only
AC 02: Same-Day appointments	Core	Shared—Documented Process Only
AC 03: Appointments Outside Business Hours	Core	Shared
AC 04: Timely Clinical Advice by Telephone	Core	Shared
AC 05: Clinical Advice Documentation	Core	Shared
AC 06: Alternative Appointments	Elective (1 Credit)	Shared—Documented Process Only
AC 07: Electronic Patient Requests	Elective (1 Credit)	Shared
AC 08: Two-Way Electronic Communication NYS	Elective (1 Credit)	Shared
AC 09: Equity of Access	Elective (1 Credit)	Site-Specific
Competency B: Empanelment and Access to the Medical Record		
AC 10: Personal Clinician Selection	Core	Shared
AC 11: Patient Visits with Clinician/Team	Core	Site-Specific
AC 12: Continuity of Medical Record Information NYS	Elective (2 Credits)	Shared
AC 13: Panel Size Review and Management	Elective (1 Credit)	Shared—Documented Process Only
AC 14: External Panel Review and Reconciliation	Elective (1 Credit)	Shared—Documented Process Only
Care Management and Support (CM)		9 Criteria: 4 Core, 5 Elective
Competency A: Identifying Care Managed Patients		
CM 01: Identifying Patients for Care Management	Core	Shared
CM 02: Monitoring Patients for Care Management	Core	Site-Specific
CM 03: Comprehensive Risk-Stratification Process NYS	Elective (2 Credits)	Shared
Competency B: Care Plan Development		
CM 04: Person-Centered Care Plans	Core	Shared—Patient Examples Only
CM 05: Written Care Plans	Core	Shared—Patient Examples Only
CM 06: Patient Preferences and Goals	Elective (1 Credit)	Shared—Patient Examples Only
CM 07: Patient Barriers to Goals	Elective (1 Credit)	Shared—Patient Examples Only
CM 08: Self-Management Plans	Elective (1 Credit)	Shared—Patient Examples Only
CM 09: Care Plan Integration NYS	Elective (1 Credit)	Shared

Coordinating Care and Care Transitions (CC)		21 Criteria: 5 Core, 16 Elective
Criteria Name	Core/Elective	Shared/Site-Specific
Competency A: Diagnostic Test Tracking and Follow-Up		
CC 01: Lab and Imaging Test Management	Core	Shared
CC 02: Newborn Screenings	Elective (1 Credit)	Shared
CC 03: Appropriate Use for Labs and Imaging	Elective (2 Credits)	Shared
Competency B: Referrals to Specialists		
CC 04: Referral Management	Core	Shared
CC 05: Appropriate Referrals	Elective (2 Credits)	Shared
CC 06: Commonly Used Specialists Identification	Elective (1 Credit)	Site-Specific
CC 07: Performance Information for Specialist Referrals	Elective (2 Credit)	Shared
CC 08: Specialist Referral Expectations NYS	Elective (1 Credit)	Shared
CC 09: Behavioral Health Referral Expectations NYS	Elective (2 Credits)	Shared
CC 10: Behavioral Health Integration	Elective (2 Credits)	Shared
CC 11: Referral Monitoring	Elective (1 Credit)	Shared—Documented Process Only
CC 12: Co-Management Arrangements	Elective (1 Credit)	Site-Specific
CC 13: Connects to Financial Resources	Elective (2 Credits)	Shared—Documented Process Only
Competency C: Coordinating Care With Health Care Facilities		
CC 14: Identifying Unplanned Hospital and ED Visits	Core	Shared
CC 15: Sharing Clinical Information	Core	Shared
CC 16: Post-Hospital/ED Visit Follow-Up	Core	Shared
CC 17: Acute Care After Hours Coordination	Elective (1 Credit)	Shared—Documented Process Only
CC 18: Information Exchange During Hospitalization	Elective (1 Credit)	Shared
CC 19: Patient Discharge Summaries NYS	Elective (1 Credit)	Shared
CC 20: Care Plan Collaboration for Practice Transitions	Elective (1 Credit)	Site-Specific
CC 21: External Electronic Exchange of Information NYS (A)	Elective (Max. 3 Credits)	Shared
Performance and Quality Improvement (QI)		19 Criteria: 9 Core, 10 Elective
QI 01: Clinical Quality Measures	Core	Site-Specific
QI 02: Resource Stewardship Measures	Core	Site-Specific
QI 03: Appointment Availability Assessment	Core	Shared-Documented Process Only
QI 04: Patient Experience Feedback	Core	Site-Specific
QI 05: Health Disparities Assessment	Elective (1 Credit)	Site-Specific
QI 06: Validated Patient Experience Survey Use	Elective (1 Credit)	Site-Specific
QI 07: Vulnerable Patient Feedback	Elective (2 Credits)	Site-Specific

Criteria Name	Core/Elective	Shared/Site-Specific
Competency B: Referrals to Specialists		
QI 08: Goals and Actions to Improve Clinical Quality Measures	Core	Site-Specific
QI 09: Goals and Actions to Improve Resource Stewardship Measures	Core	Site-Specific
QI 10: Goals and Actions to Improve Appointment Availability	Core	Site-Specific
QI 11: Goals and Actions to Improve Patient Experience	Core	Site-Specific
QI 12: Improved Performance	Elective (2 Credits)	Site-Specific
QI 13: Goals and Actions to Improve Disparities in Care/Service	Elective (1 Credit)	Site-Specific
QI 14: Improved Performance for Disparities in Care/Service	Elective (2 Credits)	Site-Specific
Competency C: Reporting Performance		
QI 15: Reporting Performance Within the Practice	Core	Shared
QI 16: Reporting Performance Publicly or With Patients	Elective (1 Credit)	Shared
QI 17: Patient/Family/Caregiver Involvement in Quality Improvement	Elective (2 Credits)	Shared
QI 18: Reporting Performance Measures to Medicare/Medicaid	Elective (2 Credits)	Shared
QI 19: Value-Based Payment Arrangements	Elective (Max. 2 Credits)	Shared

Section 3: Annual Reporting

Annual Reporting: Overview

The heart of patient-centered care is continuous quality improvement. A PCMH sustains a culture of data-driven improvement in clinical quality, efficiency and patient experience.

As part of maintaining NYS PCMH Recognition, each year practices undergo an Annual Reporting process to demonstrate that ongoing activities are consistent with the PCMH model of care. Practices attest to continuing to meet NYS PCMH criteria and submit data and documentation that covers key concept areas and special topics. Although this practice sustains Recognition and fosters continuous improvement, it is not as involved as the initial Recognition process.

Practices that have earned NYS PCMH Recognition do not need to further demonstrate the 11 NYS PCMH required criteria in their Annual Reporting submission.

When Annual Reporting Begins

A practice's Annual Reporting date is 30 days before its Recognition Anniversary Date. If the practice is part of a multi-site organization, all practice sites share the same Annual Reporting Date unless they have requested otherwise. The Annual Reporting date is based on the date when the first practice in a multi-site organization earns Recognition.

Information Required for Annual Reporting

Annual Reporting requirements are flexible to meet a practice's unique needs. Practices probably perform the required tasks already as a PCMH, so they will just need to show NCQA what they are currently doing.

The NYS PCMH Annual Reporting contains the PCMH Annual Reporting program requirements and NYS required criteria to demonstrate sustained Recognition to NCQA.

- Practices must attest that they continue to meet PCMH requirements and must perform a self-assessment, verifying that core features of the medical home have been sustained.
- Practices must demonstrate that they are embracing measurement and quality improvement:
 - In some cases, this means submitting documentation via Q-PASS.
 - In some cases, this means providing measurement data.
- Practices must meet the minimum number of requirements for each category and must submit data and documentation that cover six PCMH concept topics:
 - Team-Based Care & Practice Organization (TC).
 - Knowing & Managing Your Patients (KM).
 - Patient-Centered Access & Continuity (AC).
 - Care Management & Support (CM).
 - Care Coordination & Care Transitions (CC).
 - Performance Measurement & Quality Improvement (QI).

Reporting, Audit and Decision

- Practices use Q-PASS to submit data and evidence for Annual Reporting.
- Practices must verify that core features of the medical home have been sustained.
- Practices must meet the minimum number of requirements for each category.
- NCQA reviews a practice’s submission and notifies the practice of its sustained Recognition status.
- NCQA randomly selects practices for audit to validate attestation and submission.
- Practices that do not submit on time or that fail to meet requirements may have their Recognition status revoked. This may include having Recognition status change to “Not Recognized.”

