



Patient-Centered Medical Home (PCMH) Corporate Credits to PCMH (Version 7.1) Shared Credit Table

What is the Corporate Shared Credit Table?

The Corporate Shared Credit Table allows eligible practices to earn Recognition at an accelerated pace. Practices can attest to meeting certain criteria without providing the evidence required of practices seeking Recognition for the first time.

Which organizations are eligible to use the table?

Multi-site organizations with practices in the Annual Reporting phase of PCMH Recognition are eligible to use the Corporate Shared Credit Table for their newly transforming practice sites.

What is “attestation”?

Organizations attest (confirm) that they have demonstrated and met the equivalent criteria in their previous PCMH survey and that practices are still performing PCMH activities in these criteria. There is no need to demonstrate documentation or evidence. For each attestable criterion, practices enter a title into the text box, label it as *PCMH Corporate Eligible Attestation* and enter this text:

“Our organization has Recognized PCMH practices in Annual Reporting that previously achieved credit for this shared criterion. We attest that our responses reflect our organization’s current operations. Documentation to support these responses will be provided upon request.”

It is not necessary to manually enter the attestation text for each criterion. After it is entered for the first criterion, select **Link Evidence** and enter *PCMH Corporate Eligible Attestation* in the text box for additional attestable criteria.

What is expected for criteria that require evidence?

For criteria that is not eligible for attestation, practices should follow the current PCMH Standards & Guidelines and submit evidence in Q-PASS, as indicated, and be prepared to demonstrate evidence during the virtual review.

What is the difference between shared evidence and site-specific evidence?

Some evidence (e.g., documented processes, demonstration of capability) may be submitted once for all sites or site groups. Other evidence (e.g., evidence of implementation, examples, reports, Record Review Workbooks, Quality Improvement Workbooks) must be site-specific.

Site-specific data may be collected and submitted once on behalf of all sites or site groups if evidence is stratified by site. Some criteria require a combination of shared and site-specific evidence, labeled “Partially Shared” in the tables below, and indicate that the documented process may be shared across all practice sites but all other evidence must be site-specific.

Which criteria are eligible for attestation?

All criteria in the table below are *shared*, and with the exception of CC 21, allow attestation in lieu of submitting evidence. The evaluator may ask practices to verify a selection of attestation responses during the virtual review.

Criteria Eligible for Attestation		
Criterion	Criterion Title	Eligible for Attestation
TC 05 (2 Credits)	Certified EHR System	✓
TC 09 (Core)	Medical Home Information	✓
KM 12 (Core)	Proactive Reminders	✓
KM 20 (Core)	Clinical Decision Support	✓
KM 22 (1 Credit)	Access to Educational Resources	✓
KM 26 (1 Credit)	Community Resource List	✓
AC 07 (1 Credit)	Electronic Patient Requests	✓
AC 12 (2 Credits)	Continuity of Medical Record Information	✓
CC 07 (2 Credits)	Performance Information for Specialist Referrals	✓
CC 08 (1 Credit)	Specialist Referral Expectations	✓
CC 09 (2 Credits)	Behavioral Health Referral Expectations	✓
CC 10 (2 Credits)	Behavioral Health Integration	✓
CC 19 (1 Credit)	Patient Discharge Summaries	✓
CC 21 (Maximum 3 Credits)	External Electronic Exchange of Information	✓ CC 21 (B, C Only)