NYS PCMH Overview

CHCANYS Office Hours

12/20/2018

Advancing Healthcare
Improving Health

NYS PCMH Annual Reporting

NYS PCMH Annual Reporting for 2019

- If your renewal date is in 2019 you should be following the 2019 NYS Annual Reporting requirements.
- Q-PASS has recently been updated to reflect the changes from NYS 2018 to NYS 2019. See next slide for details.

What's new

Version 469

NYS PCMH Annual Reporting was updated in Q-PASS to reflect the NYS PCMH 2019 Annual Reporting Requirements. Practices that have enrolled in AR and have a reporting date in 2019 have been automatically moved into the 2019 version. All work completed in the previous version will not be affected; however, a few changes exist between the 2018 and 2019 version. All NYS PCMH Annual Reporting practices with a reporting date in 2019 should review the following areas to ensure all requirements and corresponding evidence options have been considered prior to submitting for recognition.

- AR-PA changed to AR-AC to align with NYS PCMH Standards & Guidelines
- AR-PH changed to AR-KM to align with NYS PCMH Standards & Guidelines
- AR-KM 01: Proactive Reminders.
  - Updated the number of categories from two to three.
  - Removed "Patients who need medication monitoring or alerts" as a category option.
  - Removed the minimum number of services. This previously required at least five services.
- AR-CM 01: Identifying and Monitoring Patients for Care Management.
  - Updated the number of required categories from two to three.
- AR-TC 02: Employee Experience Feedback.
  - Option removed in the 2019 version. TC 01 is now the only option.
- Special Topics: Behavioral Health.
  - New to NYS PCMH Annual Reporting for 2019 and is required. Note: It's informational only, but all components require a response.

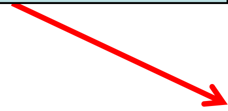
Requirements are applicable to all practices with an Annual Reporting date between January 1 and December 31, 2019.

If you have any questions or concerns, please reach out to your assigned NCQA Representative.

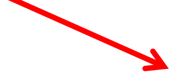
NYS PCMH Annual Reporting and EHR Transfer Credits

Concept Area	Criteria	Description
Team-Based Care and Practice Organization	TC 05	Certified EHR system – Eligible for Attestation
Knowing and Managing Your Patients	KM 04	Behavioral Health Screenings – Documented Process and Evidence of Implementation B. Alcohol use disorder C. Substance use disorder
Knowing and Managing Your Patients	KM 11	Population Needs – Evidence of Implementation A. Target population health management on disparities in care– Assessment, goals and actions **AND** B. Address health literacy of the practice staff - Documentation or C. Educate practice staff in cultural competence - Documentation
Patient-Centered Access	AC 08	Two-Way Electronic Communication – Eligible for Attestation
Patient-Centered Access	AC 12	Continuity of Medical Record Information – Eligible for Attestation
Care Management and Support	CM 03	Comprehensive Risk- Stratification Process – Report
Care Management and Support	CM 09	Care plan is integrated and accessible across settings of care – Documented Process and Evidence of Implementation
Care Coordination and Care Transitions	CC 08	Specialist Referral Expectations – Eligible for Attestation
Care Coordination and Care Transitions	CC 09	Behavioral health Referral Expectations – Agreement OR Documented Process and Evidence of Implementation
Care Coordination and Care Transitions	CC 19	Patient Discharge Summaries – Eligible for Attestation
Care Coordination and Care Transitions	CC 21	External Electronic Exchange of Information – Eligible for Attestation A. Regional health information organization (RHIO) or other health information exchange source that enhances ability to manage complex patients
Performance Measurement and Quality Improvement	QI 19	Value-Based Contract Agreements – Eligible for Attestation A. Practice engages in up-side risk contract

NYS Required Criteria



PCMH Required Criteria



CRITERIA	CRITERIA TABLE	SHAREABLE	ATTESTATION
TEAM-BASED CARE AND PRACTICE ORGANIZATION (TC)/(AR-TC)			
NYS PCMH Required Criteria			
TC 05	Certified EHR System	Shared	✓
Annual Reporting			
AR-TC 01 (Required)	Patient Care Team Meetings	Shared	
KNOWING AND MANAGING YOUR PATIENTS (KM)/(AR-KM)			
NYS PCMH Required Criteria			
KM 04	Behavioral Health Screenings	Shared	
KM 11	Population Needs	Shared	
Annual Reporting			
AR-KM 01 (Required)	Proactive Care Reminders	Shared	
PATIENT-CENTERED ACCESS AND CONTINUITY (AC)/(AR–AC)			
NYS PCMH Required Criteria			
AC 08	Two-Way Electronic Communication	Shared	✓
AC 12	Continuity of Medical Record Information	Shared	✓
Annual Reporting			
AR-AC 01 (Option)	Patient Experience Feedback - Access	Partially Shared*	
AR-AC 02 (Option)	Third Next Available Appointment	Site-Specific	
AR-AC 03 (Option)	Monitoring Access - Other Method	Site-Specific	
CARE MANAGEMENT AND SUPPORT (CM)/(AR–CM)			
NYS PCMH Required Criteria			
CM 03	Comprehensive Risk-Stratification Process	Shared	
CM 09	Care Plan Integration	Shared	
Annual Reporting			
AR-CM 01 (Required)	Identifying and Monitoring Patients for Care Management	Partially Shared*	

*Documented processes, survey tools, and/or some information may be shared, but all other evidence must be site-specific.

TC 05 - Certified EHR System – Aligns with 6G

- The practice enters the name and certification number of the electronic system(s) implemented in the practice.

- Evidence = Certified EHR name. Only systems that actively used should be entered. https://www.healthit.gov/providers-professionals/security-risk-assessment

TC 05 Uses a Certified EHR

- Question: Is there any requirement that a practice use the most current version of certified EHR, an older software version will "count" as long it is certified by the ONC? What about practices who are transitioning to a new EHR that has not been fully implemented i.e. all of the modules have not "gone live"-can they claim credit for this criteria, or must they wait for the system to be fully implemented?

- NCQA’s response: There is no requirement that you use the most recent version of a software available as long as it is current in meeting ONC security risk analyses and updates, as specified in TC 05. To your second question - a practice must be using an EHR that has been fully implemented.

KM 04 - Behavioral Health Screenings

Implement two or more:

A. Anxiety.

B. Alcohol use disorder.

C. Substance use disorder.

D. Pediatric behavioral health screening.

E. Post-traumatic stress disorder.

F. Attention deficit/hyperactivity disorder.

G. Postpartum depression.

Evidence = Documented process ***AND*** evidence of implementation

KM 11 - Addresses Population-Level Needs Based on Diversity

- The practice considers at least two:
  A. Disparities in care - ***NEW***
  B. Educates practice staff on health literacy
  C. Educates staff on cultural competency - ***NEW***
- Evidence for A, B, and C =
  A. Evidence of implementation or QI 5 and QI 13 (assess disparities and act to improve)
  B. Evidence of Implementation
  C. Evidence of implementation

AC 08 - Electronic Two - Way Communication

- Has a secure, interactive electronic system (website, patient portal, secure e-mail system) allowing two-way communication between the practice and patients/families/caregivers.
- Evidence = Documented process including expected response time ***AND*** a report with 7 days of response time data
- Aligns with PCMH 2014 1B

AC 12 - Continuity of Medical Record Information

- Patient clinical information is available to on-call staff, external facilities, and clinicians outside the practice, as appropriate, when the office is closed.
- Access to medical records may include direct access to a paper or electronic record or arranging a telephone consultation with a clinician who has access to the medical record.
- Evidence = Documented process
- Aligns with PCMH 2014 1B

CM 03 - Comprehensive Risk Stratification Process

- The practice demonstrates that it can identify patients who are at high risk, or likely to be at high risk, and prioritize their care management to prevent poor outcomes
- Practice identifies and directs resources appropriately based on need
- Evidence = Report

CM 09 - Care Plan Integration - ***New***

- Makes the care plan accessible across external care settings. It may be integrated into a shared electronic medical record, information exchange, or other cross-organization sharing tool or arrangement.
- Evidence = Documented process

  AND evidence of implementation

CC 08 - Specialist Referral Expectations

- Has established relationships with healthcare specialists through formal or informal agreements that establish expectations for exchange of information (e.g., frequency, timeliness, content).
- Aligns with PCMH 2014 5B
- Evidence = Documented process ***OR*** Agreement

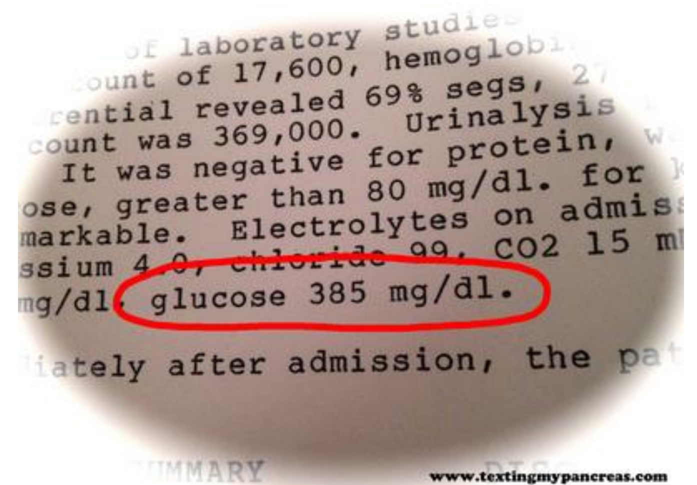
CC 09 Behavioral Health Referral Expectations – Aligns with PCMH 2014 5B

- Has established relationships with behavioral healthcare providers through formal or informal agreements that establish expectations for exchange of information (e.g., frequency, timeliness, content).

❖ A practice needs an agreement if it shares the same facility or campus as behavioral health professionals, but has separate systems.

CC 19 - Patient Discharge Summaries

- Proactively attempts to obtain discharge summaries. The process may include a local database or active outreach to ensure that the practice is notified when a patient is discharged from a hospital or other care facility.



- Aligns with PCMH 2014 5C
- Evidence = Documented process ***AND*** evidence of implementation

CC 21 - (Up to 3 Credits) Electronic Information Exchange

Practices can demonstrate this by:

- Exchanging patient medical record information to facilitate care management of patients with complex conditions or care needs
- Submitting electronic data to immunization registries to share immunization services provided to patients
- Making the summary of care record accessible to another provider or care facility for care transitions

QI 19 - Engaged in Value-Based Agreements

Upside Risk Contract

A value-based program where the clinician/practice receives an incentive for meeting performance expectations but do not share losses if costs exceed targets

Two-Sided Risk Contract

A value-based program where the clinician/practice incur penalties for not meeting performance expectations but receive incentives when the care requirements of the agreement are met. Expectations relate to quality and cost.

The practice demonstrates it participates in a value-based program (such as ACOs) by providing information about their participation or a copy of agreement.

Additional Detail QI 19

- All practices in the state of New York need to complete QI 19 A, meaning that they need to have a value-based contact in place. If you are a PCMH 2014, Level 3 in your first year of reporting you can demonstrate that you are working on obtaining an agreement through an attestation. Uploading the actual value-based contract with the health plan would suffice as evidence of implementation, but if you are unable to produce a proprietary contract, we would also accept a letter from the health plan certifying that you have an upside agreement in place with them. If you have any questions, do not hesitate to ask.

NYS Annual Reporting

Questions