

CHCANYS PCMH Office Hours

2/21/2019



Advancing Healthcare
Improving Health

Updates to NYS PCMH Standards

- The latest update was released on January 29, 2019
- NYS PCMH 2017 Edition, Version 4, is available for download via NCQA's Download Center



Fees

- Updated Fee Schedule information to include other fees that may be incurred.
- Clarified expectations for practices that don't complete the Recognition process within 12 months or 3 check-ins.
- Added guidance on purchasing and using an additional check-in.



NCQA PCMH Fee Schedule

PRICING: EXTRA CHECK-IN

Practices that have not achieved recognition after the third check-in or have not completed recognition within the 12-month allotted timeframe can purchase an extra check-in. The pricing for the extra check-in is 50% of the initial per clinician fee paid by the practice. Fees apply to each clinician associated with the practice's recognition.

Number of Clinicians	Extra Check-in Fee Single-Site per Clinician	Extra Check-in Fee Multi-Site per Clinician
1-2	\$375	\$125
3-12	\$225	\$125
13+	\$25	\$12.50



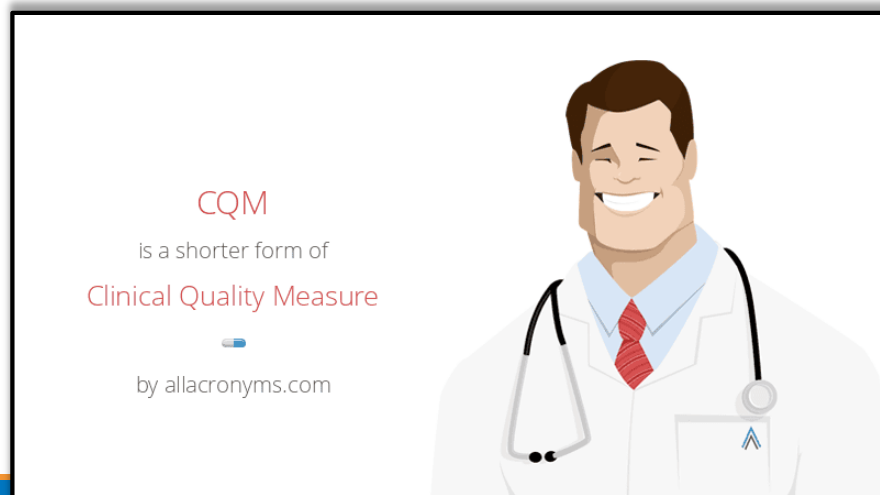
Audit and Use of Information

- Clarified the Audit and NCQA Investigation process: Clinicians on the Review Oversight Committee make the final revocation decision.
- Updated Reporting Results to state that information collected during evaluations may be used for NCQA education and research.



PCMH Distinctions - ECQMs

- Retired and added new measures to the Quality Measures Crosswalk (Appendix 5).
- PCMH Distinction in Patient Experience Reporting will be retired after the April 2019 submission period (refer to Appendix 6).
- BH Distinction annual reporting now available.



CM 03 Changes

- Replaced "Report" with "Evidence of Implementation" in Required Evidence



CM 03 Details

- From NCQA Casey Granack Manager
- For CM 03, the number of risk categories is up to the discretion of the practice. However, the practice should utilize at least 3 of the 5 categories from CM 01 to stratify its population to determine patients who may need care management (however, the intent of CM 03 is to go beyond CM 01 by being comprehensive and that every patient has a score assigned). For CM 03, 2 categories (high vs. low) would be fine however the practice would need to be able to identify care management patients using risk stratification. Identifying high risk and low risk only may present challenges in having a meaningful and manageable subset of patients.



Updates go into effect for all
enrolled and recognized practices
on March 1

