New York State
Patient-Centered Medical Home (NYS PCMH)
Annual Reporting Table for
NCQA PCMH Level 3 Practices

NCQA-Recognized PCMH 2014 Level 3 practices in New York State approaching the end of their recognition will transition to the NYS PCMH program. These practices will provide their annual report and must also complete the 12 NYS required criteria from the current NYS PCMH program. Once the practice has met the 12 additional requirements, they will show as "Met" in Q-PASS for Annual Reporting and the practice will not have to complete them again in subsequent years.

Practices will be able to attest to meeting certain PCMH criteria without providing the evidence required of practices seeking recognition for the first time. These criteria have been part of previous PCMH versions. In the table below, "Attestation" (far right column) indicates which criteria simply allow attestation.

Note: The evaluator may ask practices to verify a selection of attestation responses during a virtual review.

To get started, enroll through the Q-PASS system at qpass.ncqa.org. The practice will be assigned an NCQA representative who will be the practice's single point of contact and help guide the practice through their Annual Reports.

What is expected for criteria that require evidence?

Practices should follow the current NYS PCMH Standards & Guidelines and submit evidence in Q-PASS, as indicated.

What is expected for criteria where attestation is allowed?

For criteria marked "attestation," all the practice has to do is attest that the practice is performing PCMH activities in these criteria. The practice will not need to demonstrate documentation or evidence at the time of submission. For each attestable criterion, practices may enter a title into the text box, label the name as *Annual Report—Attestation,* and enter the text below:

"Our practice achieved PCMH 2014 Level 3 recognition as a patient-centered medical home. We attest that our responses reflect our practice's current operations. Documentation to support these responses will be provided upon request."

The practice will not need to manually enter the attestation text for each criterion. After entering the attestation for the first criteria, select "Link Evidence" and type the title *Annual Report—Attestation* into the text box for additional attestable criterion.

Shared and Site-Specific Evidence

Some evidence (such as documented processes, information and demonstration of capability) may be submitted once for all sites or site groups. Other evidence (such as evidence of implementation, examples, reports, Record Review Workbooks and Quality Improvement Workbooks) must be site-specific. Site-specific data may be combined and submitted once on behalf of all sites or site groups. Some criteria and requirements need a combination of shared and site-specific evidence, which is labeled "Partially Shared" in the tables below. Practices should look to the NYS PCMH Annual Reporting – Required Criteria document and Annual Reporting Requirements table for specific criteria and requirement guidance.

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.

CRITERIA	CRITERIA TABLE	SHAREABLE	ATTESTATION
CARE COORDINATION AND CARE TRANSITIONS (CC)/(AR-CC)			
NYS PCMH Required Criteria			
CC 08	Specialist Referral Expectations	Shared	✓
CC 09	Behavioral Health Referral Expectations	Shared	
CC 19	Patient Discharge Summaries	Shared	✓
CC 21	External Electronic Exchange of Information	Shared	✓
Annual Reporting			
AR-CC 01 (Required)	Care Coordination Processes	Shared	
AR-CC 02 (Option)	Patient Experience Feedback - Care Coordination	Partially Shared*	
AR-CC 03 (Option)	Lab and Imaging Test Tracking	Site-Specific	
AR-CC 04 (Option)	Referral Tracking	Site-Specific	
AR-CC 05 (Option)	Care Transitions	Site-Specific	
PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT (QI)/(AR–QI)			
NYS PCMH Required Criteria			
QI 19	Value-Based Contract Agreements	Shared	✓
Annual Reporting			
AR-QI 01 (Required)	Clinical Quality Measures	Partially Shared*	
AR-QI 02 (Required)	Resource Stewardship Measures	Partially Shared*	
AR-QI 03 (Required)	Patient Experience Feedback	Partially Shared*	
SPECIAL TOPIC: BEHAVIORAL HEALTH (AR-BH)			
Annual Reporting			
AR-BH 01 (Required, Not Scored)	Behavioral Health eCQMs	Shared	
AR-BH 02 (Required, Not Scored)	Behavioral Health Staffing	Shared	
AR-BH 03 (Required, Not Scored)	Behavioral Health Referrals	Site-Specific	
AR-BH 04 (Required, Not Scored)	Depression Screening	Partially Shared*	
AR-BH 05 (Required, Not Scored)	Anxiety Screening	Partially Shared*	
AR-BH 06 (Required, Not Scored)	Behavioral Health Referral	Shared	

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