

NCQA's PCMH 2011 Changes and Clarifications

Location Change	Release Date	Details of Change and Clarifications
Policies and Procedures	November 2012	<ul style="list-style-type: none"> Added to Section 1: <i>PCMH 2011 Eligibility and the Application Process: Eligible primary care clinicians who qualify for PCMH evaluation</i>: "The practice may define a Personal Clinician as a residency group under a supervising clinician, although residents are not identified individually for selection as a personal clinician. The practice may define a Personal Clinician as a combination of a physician and a nurse practitioner or physician assistant who share a panel of patients. These clinicians will be identified individually with the Recognized practice."
	November 2011	<ul style="list-style-type: none"> Changed language to reflect the revised multi-site application process
Appendix 1 and 2	November 2012	<ul style="list-style-type: none"> Add to 3C "Core Requirement 13: Provide clinical summaries for patients for each office visit. Clinical summaries provided to patients for more than 50% of all office visits within 4 business days. <i>Exclusion</i>: Any EP who has no office visits during the EHR reporting period." Add to 5C "Core Requirement 14: Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically. Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information."
	November 2011	<ul style="list-style-type: none"> Revised Appendix 1 and Appendix 2 to reflect the addition of PCMH: 6G
Appendix 2	November 2011	<ul style="list-style-type: none"> Revised Appendix 1 and Appendix 2 to reflect the addition of PCMH: 6G
Appendix 4	November 2011	<ul style="list-style-type: none"> Added Appendix 4—CMS Stage 1 Meaningful Use Requirements Summary Tables
Survey Tool	November 2011	<ul style="list-style-type: none"> Added new Organizational Background section Added Meaningful use results tab which displays which of the Core and Menu Meaningful Use requirements the practice has met.
Standard 1A Explanation	November 2012	<ul style="list-style-type: none"> Added to explanation for factor 3 "The practice must provide a written explanation for an NA response."
Standard 1B Explanation	November 2011	<ul style="list-style-type: none"> Repeated introductory information used in 1A
	November 2012	<ul style="list-style-type: none"> Added to explanation for factor 4 "The practice must provide a written explanation for an NA response."

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Standard 1D Explanation	November 2012	<ul style="list-style-type: none"> Added to Section 1: <i>PCMH 2011 Eligibility and the Application Process: Eligible primary care clinicians who qualify for PCMH evaluation</i>: "The practice may define a Personal Clinician as a residency group under a supervising clinician, although residents are not identified individually for selection as a personal clinician. The practice may define a Personal Clinician as a combination of a physician and a nurse practitioner or physician assistant who share a panel of patients. These clinicians will be identified individually with the Recognized practice."
Standard 2A Explanation	November 2011	<ul style="list-style-type: none"> Modified the use of use of factor, item, data and fields to ensure consistency.
Standard 2B	November 2012	<ul style="list-style-type: none"> Added to explanation for factor 3 "The practice must provide a written explanation for an NA response."
Standard 3C Standard, Documentation & Explanation	November 2012 November 2011	<ul style="list-style-type: none"> Flag 3C, factor 5 as Core Meaningful Use Criteria 13 Added to explanation for Factor 2 "If there are no changes in the care plan at relevant visits." Added to the denominator description: "Total number of patients with <i>all identified</i> important conditions and high-risk or complex patients seen at least once for a relevant visit by the practice in a recent 3 month period."
Standards 3D Documentation Method 1, Denominator	November 2011	<ul style="list-style-type: none"> Added to the denominator description: "Total number of patients with <i>all identified</i> important conditions and high-risk or complex patients seen at least once for a relevant visit by the practice in a recent 3 month period."
Standard 4A Explanation	November 2012 November 2011	<ul style="list-style-type: none"> Changed in the explanation for factor 2 "certified EHR" to "EHR." Added to the denominator description: "Total number of patients with <i>all identified</i> important conditions and high-risk or complex patients seen at least once for a relevant visit by the practice in a recent 3 month period."
Standard 4B Documentation	November 2012	<ul style="list-style-type: none"> Changed documentation for factor 2 "The practice has a log or report showing referral tracking to the community service resources used in PCMH 4B, factor 1 over a minimum period of one month." Changed documentation for factor 3-4 "The practice has a documented process, evidenced by at least three examples."
Standard 5A Documentation	November 2011	<ul style="list-style-type: none"> Changed documentation for factors 1-8, 10: "The practice has a written process or procedure for staff and a report or log showing the tracking <u>and</u> examples of how the process is met for each factor."

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Standard 5B Standard Explanation Documentation	November 2012 November 2011	<ul style="list-style-type: none"> • Changed documentation for factors 1-3 "The practice provides a documented process or procedure and a report, log or other means of demonstrating that its process is followed. A paper log or screen shot showing electronic capabilities is acceptable." • Removed from explanation of factor 2 "Screen shots of a patient record do not meet the requirement." • Removed "To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR" in documentation of 5B, factor 6. (It is a duplication of what is in the explanation) • Changed "certified EHR" to "EHR" in the explanation and documentation of 5B, factor 6. • Added to explanation "To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR."
Standard 5C Standard Explanation Documentation	November 2011 November 2012	<ul style="list-style-type: none"> • Added: (NA for adult-only <i>or family medicine</i> practices) to factor 6 • Added to explanation for factor 6 Adult-only practices <i>or family practices</i> that do not transition pediatric patients to another clinician may enter an NA response. • Changed "certified EHR" to "EHR" in the explanation and documentation of 5C, factor 7 • Added to explanation "To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR." • Flag 5C, factor 7 as Core Meaningful Use Criteria 14 • Removed "To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR" in documentation of 5C, factor 7. (It is a duplication of what is in the explanation)
Standard 6A Documentation & Explanation	November 2012 November 2011	<ul style="list-style-type: none"> • Added to explanation for factor 1 "Preventive measures should encompass a practice's entire population and not limited to specific measures for a patient population with chronic conditions within the practice. The intent of preventive measures are for practices to develop activities to improve quality of care for all patients in the practice (Factor 2 will focus on the chronic condition populations). Preventive measures include: 1)..." • For factors 3 & 4, switched Documentation language that was previously incorrect under explanation. • Added to factor 4 Explanation: ".....one or more measures from factors 1-3....."
Standard 6B Explanation	November 2011	<ul style="list-style-type: none"> • Name change to <i>CAHPS Patient-Centered Medical Home (PCMH)</i> for factor 2 • Changed special acknowledgement to <i>distinction</i> for factor 2 • Changed release date to October 2011 for factor 2 • Changed use of NA for use of CAHPS PCMH to "April 1, 2012" for factor 2.

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Standard 6F Explanation	November 2012	<ul style="list-style-type: none"> Changed explanation for factor 1: Removed “Reporting by attestation is required in 2011: electronic reporting is required in 2012.” Changed documentation for factors 1 and 2: “Factor 1: The practice provides <i>reports</i> of clinical quality measures. Demonstration of transmission is required when implemented by CMS or states. Factor 2: The practice provides <i>reports</i> demonstrating electronic data transmission to other entities and public health agencies.” Added to explanation for factor 3 & 4 “The practice must provide a written explanation for an NA response.”
	November 2011	<ul style="list-style-type: none"> Changed “certified EHR” to “EHR” in explanation for 6F, factors 3 & 4. Added to explanation “To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR.”
Standard 6G	November 2011	<ul style="list-style-type: none"> Added Element 6G (Non-scored Meaningful Use element)