



Collaboration Catalyst Community

PCMH 2014 Annual Data Submission Requirements

PCMH 2014 Standard/Element	Documentation
<p>3D: Use Data for Population Management (MUST-PASS)</p> <ol style="list-style-type: none"> 1. At least two different preventive care services. 2. At least two different immunizations. 3. At least three different chronic or acute care services. 4. Patients not recently seen by the practice. 5. Medication monitoring or alert. 	<p>Initial submissions</p> <ul style="list-style-type: none"> ▪ Data report as required for each factor, no more than 12 months old. ▪ Reporting data annually for two years is NOT needed. <p>Renewals</p> <ul style="list-style-type: none"> ▪ Provide evidence for at least two factors of at least annual outreach for two years (current year and previous year), such as documentation in the patient record, phone call note, or letter, in place for current/previous time periods. ▪ IF a practice is unable to show evidence of ongoing population management (that is, annually for at least two years) for at least two factors, it must submit as an initial applicant and may not use the streamlined renewal process.
<p>6A: Measure Clinical Quality Performance</p> <ol style="list-style-type: none"> 1. At least two immunization measures. 2. At least two other preventive care measures. 3. At least three chronic or acute care clinical measures. 4. Performance data stratified for vulnerable populations (to assess disparities in care). 	<p>Initial submissions</p> <ul style="list-style-type: none"> ▪ Data report as required for each factor, no more than 12 months old. ▪ Reporting data annually for two years is NOT needed. <p>Renewals</p>

	<ul style="list-style-type: none"> ▪ Attestation if Level 2 or 3; then continue <u>annually</u> ▪ IF a practice is unable to show evidence that it reports data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.
<p>6B: Measure Resource Use and Care Coordination</p> <ol style="list-style-type: none"> 1. At least two measures related to care coordination. NEW 2. At least two utilization measures affecting health care costs. 	<p>Initial submissions</p> <ul style="list-style-type: none"> ▪ Data report as required for each factor, no more than 12 months old. Annual data for two years NOT needed. <p>Renewals</p> <ul style="list-style-type: none"> ▪ <u>Factor 1</u>: Data report as required (no more than 12 months old). Annual data for two years NOT needed. ▪ <u>Factor 2</u>: At least annually for each of the last two years; continue <u>annually</u>. ▪ IF a practice is unable to show evidence that it reports data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.
<p>6C: Measure Patient/Family Experience</p> <ol style="list-style-type: none"> 1. The practice conducts a survey (using any Instrument) to evaluate patient/family experiences on at least three of the following four categories: Access, Communication, Coordination, Whole person care/self-management support. 2. The practice uses the PCMH version of the CAHPS Clinician & Group Survey Tool. 3. The practice obtains feedback on experiences of vulnerable patient groups. 	<p>Initial submissions</p> <ul style="list-style-type: none"> ▪ Data report as required for each factor; no more than 12 months old. Annual data for two years NOT needed. <p>Renewals</p> <ul style="list-style-type: none"> ▪ Attestation for Level 2 or 3; continue <u>annually</u> ▪ IF a practice is unable to show evidence of annual data that it

4. The practice obtains feedback from patients/families through qualitative means.

reports data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.