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| **Criterion for Team-Based Care (TC)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| TC01 - Designated clinician lead for PCMH transformation process | Core | Details about clinician lead AND | Yes |
| Details about PCMH manager | Yes |
| TC02 - Defines practice org structure and staff responsibilities/skills | Core | Staff structure overview AND | Yes |
| Description of staff roles, skills, and responsibilities | Yes |
| TC03 - Involved in external PCMH activities (federal/state initiatives, HIE, RHIO, etc.) | Elective | Description of involvement in external collaborative activity | Yes |
| TC04 - Patients/families/caregivers are involved in practice governance | Elective  | Documented process AND | Yes |
| Evidence of implementation | Yes |
| TC05 - Uses a certified EHR system | Elective | Certified Electronic Health Records System (EHR) name | Yes |
| TC06 - Practice wide care team meetings to share information | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| TC07 - Involves care team staff in quality improvement activities | Core | Documented process AND | Yes |
| Evidence of implementation | Yes |
| TC08 - Has a behavioral care manager | Elective | Identified behavioral healthcare manager | Yes |
| TC09 - Process to inform patients about medical home | Core | Documented process AND | Yes |
| Evidence of implementation | Yes |

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| **Criterion for Knowledge Management (KM)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| KM01 - Documents an up-to-date problem list for each patient | Core | Report OR | No |
| KM06 - predominant conditionsor health concerns | No |
| KM02 - Comprehensive health assessment process implemented for all patients | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| KM03 - Conducts depression screenings for adults and adolescents | Core | Evidence of implementation AND | No |
| [Report or | No |
| Documented process] | Yes |
| KM04 - Conducts behavioral health screenings and/or assessments for two or more behavioral health conditions | Elective  | Evidence of implementation AND | No |
| Documented process | Yes |
| KM05 - Assesses oral health needs, provides services and/or coordinates with partners as necessary  | Elective  | Documented process AND | Yes |
| Evidence of implementation | No |
| KM06 - Identifies the predominant health concerns of the patient population | Elective | List of top priority conditions and concerns | Yes |
| KM07 - Understands social determinants of health for patients, monitors them, and implements interventions | Elective  | Report AND | No |
| Evidence of implementation | No |
| KM08 - Evaluates patient population needs to tailor patient materials | Elective  | Report AND | Yes |
| Evidence of implementation | Yes |
| KM09 - Collects information on how patients identify in at least three areas  | Core | Report | No |
| KM10 - Assesses the language needs of its population | Core | Report | No |
| KM11 - Identifies and addresses population-level needs in order to target health disparities and address staff health and cultural literacy | Elective    | 1. Evidence of implementation OR
 | Yes |
| 1. Q1 05 and QI 13
 | Yes |
| B & C) Evidence of implementation | Yes |
| KM12 - Reminds identified vulnerable patients about services | Core | A, B, D) Report/list and outreach materials | Yes |
| Report/list and outreach materials OR | Yes |
| KM13 | Yes |
| KM13 - Demonstrates excellence in a recognition program assessed using evidence-based care guidelines | Elective  | Report OR | No |
| HSRP or DRP recognition for at least 75% of eligible clinicians | No |
| KM14 - Reviews and reconciles medications for >80% of patients from care transitions | Core | Report | No |
| KM15 - Maintains an up-to-date list of medications for more than 80% of patients | Core | Report | No |
| KM16 - Assesses understanding and provides education on new prescriptions for more than 50% of patients caregivers | Elective  | Report AND | No |
| Evidence of Implementation | No |
| KM17 - Assesses and addresses patient response to medications and barriers to adherence for more than 50% of patients | Elective  | Report AND | No |
| Evidence of Implementation | No |
| KM18 - Reviews controlled substance database when prescribing them | Elective | Evidence of implementation | Yes |
| KM 19 - Systematically obtains & analyzes prescription claims data  | Elective | Evidence of implementation | Yes |
| KM20 - Implements clinical decision support | Core | Identifies conditions, source of guidelines AND | Yes |
| Evidence of implementation | Yes |
| KM21 - Uses information on the population served by the practice to prioritize needed community resources | Core | List of key patient needs and concerns | Yes |
| KM22 - Provides access to educational resources | Elective | Evidence of implementation | Yes |
| KM23 - Provides oral health education resources to patients | Elective | Evidence of implementation | Yes |
| KM24 - Adopts shared decision-making aids for preference-sensitive conditions | Elective | Evidence of implementation | Yes |
| KM25 - Engages with schools or intervention agencies in the community | Elective  | Documented process AND  | Yes |
| Evidence of implementation | Yes |
| KM26 - Routinely maintains a current community resource list based on the needs identified in KM21  | Elective | List of resources | Yes |
| KM27 - Assesses the usefulness of identified community support resources | Elective | List of resources | Yes |
| KM28 - Has regular "case conferences" involving parties outside the practice team | Elective  | Documented process AND | Yes |
| Evidence of implementation | Yes |

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| **Criterion for Access and Continuity (AC)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| AC01 - Assesses the access needs and preferences of the patient population | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| AC02 - Provides same-day appointments for routine and urgent care to meet patient needs | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| AC03 - Provides routine and urgent appointments outside regular business hours  | Core | Documented process AND | Yes |
| Evidence of implementation | Yes |
| AC04 - Provides timely clinical advice by telephone | Core | Documented process AND | Yes |
| Report | Yes |
| AC05 - Documents clinical advice in patient records and confirms advice and after-hours care doesn’t conflict with patient medical record | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| AC06 - Provides scheduled routine or urgent appointments by telephone or other technology-supported mechanisms | Elective  | Documented process AND | Yes |
| Report | No |
| AC07 - Has a secure electronic system for patient to request appointments, prescription refills, referrals, and test results | Elective | Evidence of implementation | Yes |
| AC08 - Has a secure electronic system for two-way communication to provide timely clinical advice | Elective  | Documented process AND | Yes |
| Report | Yes |
| AC09 - Uses information about the population served by the practice to assess equity of access  | Elective | Evidence of implementation | No |
| AC10 - Helps patients/caregivers select or change a personal clinician | Core | Documented process | Yes |
| AC11 - Sets goals and monitors the percentage of patient visits with the selected clinician or team | Core | Report | No |
| AC12 - Provides continuity of medical record information for care and advice when the office is closed | Elective | Documented process | Yes |
| AC13 - Reviews and actively manages panel size | Elective  | Documented process AND | Yes |
| Report | No |
| AC14 - Reviews and reconciles panels based on health plan or other outside patient assignments | Elective  | Documented process AND | Yes |
| Evidence of implementation | No |

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| **Criterion for Care Management (CM)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| CM01 - Considers 3 out of 5 NCQA measures when identifying patients who may benefit from care management | Core | Protocol for identifying patients for care management OR | Yes |
| CM03 | Yes |
| CM02 - Monitors the percentage of the total patient population identified through its process and criteria | Core | Report | No |
| CM03 - Applies a comprehensive risk-stratification process for patient panel  | Elective | Report | Yes |
| CM04 - Establishes a care plan for patients identified for care management  | Core | Report OR | No |
| [Record Review Workbook and | No |
| Patient examples] | No |
| CM05 - Provides a written care plan to the patient/family/caregiver for patients identified for care management | Core | Report OR | No |
| [Record Review Workbook and | No |
| Patient examples] | No |
| CM06 - Documents patient preference and functional/lifestyle goals in individual care plans | Elective   | Report OR | No |
| [Record Review Workbook and | No |
| Patient examples] | No |
| CM07 – Identify and discuss potential barriers to meeting goals in individual care plans | Elective   | Report OR | No |
| [Record Review Workbook and | No |
| Patient examples] | No |
| CM08 - Includes a self-management plan in individual care plans | Elective   | Report OR | No |
| [Record Review Workbook and | No |
| Patient examples] | No |
| CM09 - Care plan is integrated and accessible across settings of care | Elective  | Documented process AND | Yes |
| Evidence of implementation | Yes |

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| **Criterion for Care Coordination (CC)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| CC01 - The practice systematically manages lab and imaging tests according to NCQA guidelines | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| CC02 - Follows up with the inpatient facility about newborn hearing and blood-spot screening | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| CC03- Uses clinical protocols to determine when imaging and lab tests are necessary | Elective | Evidence of implementation | Yes |
| CC04 - The practice systematically manages referrals according to NCQA guidelines | Core | Documented process | Yes |
| Evidence of implementation | No |
| CC05 - Uses clinical protocols to determine when a referral to a specialist is necessary | Elective | Evidence of implementation | Yes |
| CC06 - Identifies the specialists/specialty types frequently used by the practice | Elective | Evidence of implementation | No |
| CC07 - Considers performance information on specialists when making referrals | Elective | Data source AND | Yes |
| Examples | Yes |
| CC08 - Works with frequently referred specialists to set expectations for information sharing and patient care | Elective | Documented process OR  | Yes |
| Agreement | Yes |
| CC09 - Works with behavioral healthcare providers to set expectations for information sharing and patient care | Elective | Agreement OR | Yes |
| [Documented process and | Yes |
| Evidence of implementation] | Yes |
| CC10 - Integrates behavioral healthcare providers into the care delivery system of the practice site | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| CC11 - Monitors the timeliness and quality of the referral response | Elective  | Documented process AND | Yes |
| Report | No |
| CC12 - Documents co-management arrangements in the patient's medical record | Elective | Evidence of implementation | No |
| CC13 - Engages with patients regarding cost implications of treatment options | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| CC14 - Systematically identifies patients with unplanned hospital admissions and emergency department visits | Core | Documented process AND | Yes |
| Report | No |
| CC15 - Shares clinical information with admitting hospitals and emergency departments | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| CC16 - Contacts patients/families/caregivers for follow-up care following a hospital admission or emergency department visit | Core | Documented process AND | Yes |
| Evidence of follow-up | No |
| CC17 - Systematic ability to coordinate with acute care settings after office hours through access to current patient information | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| CC18 - Exchanges patient information with the hospital during a patient's hospitalization | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| CC19 - Implements a process to consistently obtain patient discharge summaries from the hospital and other facilities | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| CC20 - Collaborates with the patient/family/caregiver to develop/implement a written transition care plan  | Elective | Evidence of implementation | No |
| CC21 - Demonstrates electronic exchange of information  | Elective | Evidence of implementation | Yes |

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| **Criterion for Performance Measurement and Quality Improvement (QI)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| QI01 - Monitors at least five clinical quality measures across the four categories (at least one of each type) | Core | Report | No |
| QI02 - Monitors at least two measures of resource stewardship  | Core | Report | No |
| QI03 - Assesses performance on availability of major appointment types to meet patient needs and preferences for access | Core | Documented process AND | Yes |
| Report | No |
| QI04 - Monitors patient experience through data, according to NCQA guidelines | Core | Report | No |
| QI05 - Assesses health disparities using performance data stratified for vulnerable populations | Elective | Report OR | No |
| Quality Improvement Worksheet | No |
| QI06 - The practice uses a patient experience survey tool with benchmarking data available | Elective | Report | Yes |
| QI07 - The practice obtains feedback on experiences of vulnerable patient groups | Elective | Report | No |
| QI08 - Sets goals and acts to improve upon at least three measures  | Core | Report OR | No |
| Quality Improvement Worksheet | No |
| QI09 - Sets goals and acts to improve performance on at least one measure of resource stewardship | Core | Report OR | No |
| Quality Improvement Worksheet | No |
| QI10 - Sets goals and acts to improve on availability of major appointment types to meet patient needs and preferences | Core | Report OR | No |
| Quality Improvement Worksheet | No |
| QI11 - Sets goals and acts to improve performance on at least one patient experience measure | Core | Report OR | No |
| Quality Improvement Worksheet | No |
| QI12 - Achieves improved performance on at least two performance measures | Elective | Report OR | No |
| Quality Improvement Worksheet | No |
| QI13 - Sets goals and acts to improve disparities in care or services on at least one measure | Elective | Report OR | No |
| Quality Improvement Worksheet | No |
| QI14 - Achieves improved performance on at least one measure of disparities in care or service | Elective | Report OR | No |
| Quality Improvement Worksheet | No |
| QI15 - Reports performance results within the practice for measures reported by the practice | Core | Documented process AND | Yes |
| Evidence of implementation | No |
| QI16 - Reports performance results publicly or with patients for measures reported by the practices | Elective | Documented process AND | Yes |
| Evidence of implementation | No |
| QI17 - Involved patient/family/caregiver in quality improvement activities | Elective | Documented process AND | Yes |
| Evidence of implementation | Yes |
| QI18 - Reports clinical quality measures to Medicare or Medicaid agency | Elective | Evidence of submission | Yes |
| QI19 - Is engaged in Value-Based Contracts | Elective | Agreement OR | Yes |
| Evidence of implementation | Yes |

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| **Criterion for School Based Medical Home (SBMH)** | **Core vs. Elective** | **Evidence Type** | **Multi-Site Eligible** |
| SBMH01 – Monitors consent for services of school population at least twice a year | Core | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH02 – Establishes criteria and conducts necessary assessments to identify level of care for all consented students. | Core | Documented process AND | TBD |
| Evidence of implementation  | TBD |
| SBMH03 -- Instructs patients on how to access health services when the schoolis closed (e.g. during summer months) including: A) Practice location with SBMH coordination, B) Access to medical record | Core | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH04 – Identifies and documents the patient’s PCP and provides information on available PCP’s to patients without them | Core | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH05 - Communicates the importance of patients following up with their primary provider.  | Core | Evidence of implementation | TBD |
| SBMH06 – Shares a summary-of-care record with primary care provider. | Core | Documented process AND | TBD |
| Evidence of implementation OR Report | TBD |
| SBMH07 – Establishes coordinated care plan for selected patients (e.g. non PCMH with outside PCP) | Elective | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH08 – Informs patient/family/caregiver of care coordination plan for selected students and role of the SBMH.  | Elective | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH09 – Informs patient of their right to confidential care | Core | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH10 – Provides visual and auditory privacy | Core | Documented process | TBD |
| SBMH11 – Offers reproductive health services to adolescent patients  | Elective | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH12 – Provides co-located or integrated services that may include oral health, community health, health education, nutrition, vision | Elective | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH13 – Care team includes, at minimum, a 0.5 FTE behavioral health care provider at center site | Core | Job description | TBD |
| SBMH14 – Provides same day appointments for routine and urgent behavioral health care visits | Elective | Documented process AND | TBD |
| Evidence of implementation | TBD |
| SBMH15 – Develops a preparedness response plan for school crises | Elective | Documented process | TBD |