Appendix 4

PCSP 2013 Summary of Changes

APPENDIX 4

SUMMARY OF CHANGES

Location	Details	Date
Policies and Procedures—Section 1	Modified the following language in *The PCSP Multi-Site Application: Multi-Site Corporate and Site-Specific Survey Tool Submission* to reflect new multi-site policy*:* *Corporate and site-specific Survey Tools will be submitted and reviewed in the following manner:* • ***Step 1:*** *An organization submits a Corporate Survey Tool with approved multi-site elements before submission of the first practice site****'s*** ~~*s*~~***S****urvey* ***Tool****.* • ***Step 2:*** *NCQA reviews and scores the Corporate Survey Tool within 30 days of submission* ***and makes scoring available to the organization.*** • ***Step 3:*** *The organization completes site-specific Survey Tools for each site, with responses to the remaining elements.* • ***Step 4:*** *NCQA merges scored* ~~*the*~~ *Corporate Survey Tool* ~~*scored*~~ *elements with the practice site Survey Tools before submission* ***to show full scoring.*** ~~*This allows practices to see full survey scoring before submission.*~~ • ***Step 5: NCQA reviews and finalizes scoring and makes a recognition decision for each practice site within 60 days of submission of the site's Survey Tool.*** ~~*All practice site Survey Tools must be submitted within 12 months of the Corporate Survey Tool decision date.*~~ • ***Step 6: Organization repeats steps 3 – 5 for eligible practice sites within the 3 year recognition period of the first recognized site.*** ~~*NCQA reviews the submission, finalizes scoring and makes a recognition decision for each practice site within 60 days of submission of each site's Survey Tool (after merging Corporate Survey scoring).*~~ • ***Step 7: All multi-site practice recognitions share the first recognized site's 3 year end date.***	**November 2015**
	Updated the following language in *Section 1: Eligibility and the Application Process: Eligibility:* **Eligible Clinicians** ***Note:*** *All applicants must have an unrestricted license.* • No primary care specialty doctors of medicine (MD), doctors of osteopathy (DO), advanced practice registered nurses (APRN), certified nurse midwives and any of the following behavioral health practitioners:… **Eligible Clinicians with Consideration** • Practices that do not have a physician with a panel of patients at the site may achieve NCQA Recognition with the following considerations: – It is allowed according to the scope of practice determined by state law. – Practices are reviewed against the same requirements as physician-led practices. ***Note:*** *If the state requires physician oversight of a practice site, the physician does not need to be identified and the patients choose the APRN or PA as their clinician.*	**March 2014**

Location	Details	Date
	Added the following section to *Section 1: Eligibility and the Application Process: Start to Finish Pathway:* NCQA developed the Start-to-Finish Pathway to help practices navigate the steps (or "nodes") of the recognition process. Available on NCQA's Web site, each interactive node provides information specific to an applicant's location in the recognition process. Start-to-Finish has three phases: 1. *Before—Learn It.* Phase 1 helps applicants determine if they are eligible for the NCQA PCMH Recognition program. 2. *During—Earn It.* Phase 2 guides applicants through the application process, the transformation of the practice to a medical home and the survey submission steps. Applicants can also determine if they can apply as a multi-site. 3. *After—Keep It.* Phase 3 describes how practices can promote their recognition, upgrade to another recognition level and maintain their recognition status. NCQA encourages practices to attend Start-to Finish training. Dates and times are posted on the Recognition Programs Web page.	**March 2014**
	Updated the following text to *Section 1: Eligibility and the Application Process: Eligibility: Ineligible Clinicians:* • All clinicians who do not share or have their own panel of patients. Updated the following text to *Section 1: Eligibility and the Application Process: The PCSP Online Application Process: The Online Application:* • **Clinician information.** The practice provides the number and name of each eligible clinician and identifies each practice site where they deliver care. Changes may be made to the clinicians linked to a practice site any time during the recognition period. See Fee Schedule Note. • **Application form.** After being declared eligible, the practice completes an online application form, the practice enters the license number of the Survey Tool, the practice specialty and practice type for *each* site or specialty practice submitting for recognition.	**July 2013**
	Updated the following text to *Section 1: Eligibility and the Application Process: The PCSP Multi-site Application: Multi-Site Corporate and Site-Specific Survey Tool Submission:* • All practice site Survey Tools must be submitted within 12 months of the Corporate Survey Tool decision date.	
	Updated the following text to *Section 1: Eligibility and the Application Process: Complete the Application: Step 4* …e-mail indicating that your Survey Tool is ready for document access and survey submission.	
	Updated the following text to *Section 1: Eligibility and the Application Process: Complete the Submission: Step 3* **Enter documentation.** Enter documents that demonstrate how the practice meets each factor in every element. Each element provides explanations and describes the required documentation. To minimize document management and encourage an efficient review, attach no more than three documents per element. Some elements will only require one document. Multiple document sources may be combined into a single document (e.g., one Word document with several reports or examples or one PDF), labeled and ordered by factor and element. The ISS cannot accept documents in HTML format. Highlight or identify information in the documents that meets the standard. Only legible documents will be considered. The Survey Tool provides instructions for entering and linking documentation to elements. After documents are entered and linked, they are listed in a document library and referenced by element. Until the Survey Tool is submitted, you can revise responses, enter comments and update or change the documents.	

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	Note • *Protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations, must be removed or blocked out from documents submitted, including patient identifiers, unless the Survey Tool specifically requests the information. If an element or factor requests an aspect of PHI, such as a date of service, please include only the minimum information necessary to satisfy the intent of the element or factor and do not include additional identifiers as part of the documentation, such as a member's chart or account number.* • ***NCQA does not require, and the practice should never submit, documentation with patient names, social security numbers, dates of birth, street addresses, e-mail addresses or telephone numbers.*** • *For many elements, the best documentation is a screen shot from a computer the practice uses.* ***Only submit de-identified patient data and examples.*** *Create and then cut and paste the screen shots to a single Word document or scan documents and create a PDF. Save Word documents using text boxes to block PHI as read-only.* • *For more information please see the definition of PHI and De-Identify in the Glossary.* *Practices may provide Web links to data or Web sites.*	**July 2013**
	Updated the following text to *Section 1: Eligibility and the Application Process: Complete the Submission: Step 5* ***Attach documents to the Survey Tool.*** Review your attached documentation to assure you have included all intended documents to support your responses. Documents cannot be added after submission.	
	Updated the following text to *Section 1: Eligibility and the Application Process: Complete the Submission: Step 6* …you cannot change data after submission or view NCQA's evaluation of the results until NCQA has finished. NCQA sends an e-mail confirming its receipt of the Survey Tool and the start of the review period. NCQA staff review and assess the completeness of application data and Survey Tool materials and may notify you if additional information is required…	
Policies and Procedures—Section 2	Clarified audit policy in *The Audit* section.	**March 2016**
	Added the following text to the definition of "Documented Process" in *A Standard's Structure:* *…and provide practice staff with instructions for following the practice's policies and procedures.*	
	Updated the CMS Meaningful Use section to align with the Modified Stage 2 Final Rule.	**November 2015**
	Updated the following text to Section 2: The Recognition Process: NCQA Review of the Survey Tool: The Offsite Survey NCQA internal and external reviewers access the Survey Tool after the practice submits it to NCQA. Reviewers evaluate the responses and documentation… If the practice is one of a group of practices participating in a Multi-Site Survey, NCQA reviews the multi-site survey first and applies the results to all practices in the group, then reviews the Survey Tools with site-specific data.	**July 2013**
	Updated the following text to *Section 2: The Recognition Process: NCQA Review of the Survey Tool: A Standard's Structure* …Generally, reports and data should be no more than 12 months old.	
	Updated the following text to *Section 2: The Recognition Process: Final Decision and Recognition Levels:* …results are shown in the *Final Results* section of the Survey, which shows the revised NCQA copy of the survey. This section consists…	

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	Duration of status: …a higher level of recognition status can apply for an Add-On Survey during the 3 year period (refer to Section 3: Additional Information). ***…to organizations:*** NCQA periodically provides data about recognized practices and clinicians to a variety of organizations that use or reward NCQA Recognition. The data about Recognition NCQA provides may include type of recognition program, recognition level, effective dates, practice site address, tax identification number, clinician name, specialties, state, license number, and NPI. **Not Recognized**…to earn a Recognized status. All denied surveys receive an executive review by the Assistant Vice President of Recognition Programs or their designee(s). NCQA does not report Not Recognized…	**July 2013**
Policies and Procedures—Section 3	Clarified policy for Discretionary Surveys and audits in the *Discretionary Survey* section and updated the name to read "*Discretionary Survey and Audit After Recognition."*	**March 2016**
	Modified text in the *Reconsideration* section to provide more detail about the process.	**November 2015**
	Added section on Reporting Hotline for Fraud and Misconduct	
	Updated *Section 3: Additional Information: Discretionary Survey* to the following*:* At its discretion, NCQA may review a practice while a Recognized status is in effect. The purpose of such a review is to validate the appropriateness of an existing Recognition decision. **Structure** Discretionary Surveys are targeted to address issues indicating that a practice may not continue to meet the NCQA standards in effect at the time of recognition. The scope and content of the review are determined by NCQA. NCQA conducts the survey using the standards in effect at the time of the practice's last survey. If a Discretionary Survey requires an onsite review, NCQA conducts the review within 60 calendar days of the notification by NCQA of the intent to conduct a Discretionary Survey. Survey costs are borne by the practice and correspond to the complexity and scope of the survey and NCQA pricing policies in effect at the time of survey. NCQA may suspend the practice's Recognized status pending completion of a Discretionary Survey. Upon completion of the survey and after the ROC's decision, the practice's status may remain the same as it was before notification of the Discretionary Survey, or it may change. The practice has the right to Reconsideration of the determination if its Recognized status changes because of the Discretionary Survey.	**March 2014**
	Added the following section to *Section 3: Additional Information: Suspension of Recognition* Grounds for suspending a practice's Recognized status pending a Discretionary Survey include, but are not limited to the following circumstances: • Facts or allegations suggesting an imminent threat to the health and safety of patients. • Allegations of fraud or other improprieties in information submitted to NCQA to support recognition. • The practice has been placed in receivership or rehabilitation State, federal or other duly authorized regulatory or judicial action restricts or limits the practice's operations.	

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	Updated the following text to *Section 3: Additional Information: Add-on Survey:* …This does not extend the three-year recognition period. Practices that receive a decision of Not Recognized may use this process to build on their previous submission within 12 months of their decision. Updated the following text to *Section 3: Additional Information: Disclaimer:* …discretion it may have used, consulted or issued to assist reviewers and others during the…	**July 2013**
Policies and Procedures—Section 4	Added section 4 to describe Policies and Procedures for the Oncology Medical Home (PCMH-O) Recognition Program.	**March 2017**
Appendix 2—PCSP 2013-Meaningful Use Crosswalk	Updated crosswalk to reflect alignment with Meaningful Use Modified Stage 2 requirements.	**November 2015**
	Changed header to read: Appendix 2—NCQA PCSP and CMS Stage 1 and Stage 2 Meaningful Use Requirements	**July 2013**
	Removed "SPR" from title of *1C: Referral Response Must Pass*:	
	Changed age range in explanation for 3B factor 7 to: (0-20 years)	
	Changed factor 3 to read: Enters more than 30% of medication orders into the medical record+	
Appendices 5 & 6	Added appendices 5 and 6 to include the Oncology Medical Home (PCMH-O) Recognition Program Standards & Guidelines and Measure List.	**March 2017**
Quality Measurement and Improvement Worksheet	Updated the Quality Improvement Worksheet with a new layout.	**March 2016**
	Added to the table *Quality Measurement and Improvement Worksheet with an Example:* Column *F: Performance Remeasurement &* Column *G: Demonstrated Improvement: Disparity in care for vulnerable populations (Identified in 6A or 6B):* NA	**July 2013**
Survey Tool	Added two *Organizational Background* tabs. Added *Prevalidation* tab, indicates a tool using prevalidated autocredit. Added PCMH-PCSP Auto Credit tab, indicates practice location submitting for PCSP achieved PCMH (2011 or 2014) recognition	**July 2015**
	Added an *Organizational Background* tab. Added *Add-On Elements* tab, which contains a checklist of elements practices will select for add-on survey.	**July 2014**
	Updated the *Organizational Background*, *Recognized Clinicians* tab to read: **If an element is selected for the Multi-site Corporate Survey Tool, you must include data from the largest site or aggregated data from all sites.	**March 2014**

Location	Details	Date
	Updated text to the *Organizational Background*, *Corporate Survey* tab: This section is only applicable to organizations submitting 3 or more site tools and a single corporate tool. Please do not complete this section if this survey tool pertains only to a single site. Below is a list of the 14 Elements that can be answered in your PCSP 2013 Corporate Survey Tool. All other elements require a response in your site-specific survey tools with site specific information. Criteria for choosing Corporate Survey Tool Elements: At least 9 of the 14 Elements below must be responded to in the Corporate Survey Tool. • Attesting in the documentation or support text/notes of your Corporate Survey Tool that all of the practice sites applying for Recognition share the same policy, procedure, process or system. • If an Element listed is not met by an electronic system or is not a shared policy, procedure or process you must respond in the site-specific survey tools with site specific information. Note this in the Element text box if applicable. • If you choose to respond to a Corporate Element in the site-specific survey tools, do not answer it in your Corporate Survey Tool. Note this in the Element text box if applicable. Added the following text to the *Organizational Background*, *Corporate Survey* tab at Elements *PCSP 3C Coordinate Patient Populations & 5C Coordinate Care Transitions*: (select only if multi-site is a single specialty)	**July 2013** **July 2013**
Survey Tool Glossary & Appendix 3	Updated definition of documented process to match policies and procedures.	**March 2016**
	Added the following terms to the *Glossary:* **De-Identify:** Removal of individual identifiers. Under the HIPAA Privacy Rule, protected health information is de-identified if all individual identifiers are removed. There are 18 categories of identifiers that include name; street address and zip code; telephone and fax number; dates (except year) directly related to a person, including date of birth and dates of service; e-mail address and Web URL; Social Security Number; medical record number and account number; vehicle identifiers, including license plate number; device identifiers and serial number; and any other unique identifying number, characteristic or code. **PHI:** Protected health information. PHI is associated with an individual's past, present or future physical or mental health or condition, or with the provision of or payment for health care to a person, and identifies the individual. Under the HIPAA Privacy Rule, there are 18 categories of identifiers (e.g., name, street address, e-mail address, telephone number, social security number, medical record number, health plan beneficiary or account number, birth date, dates of service and five-digit zip code). Age is not PHI, except for individuals older than 89 years; HIPAA allows the age for these individuals to be aggregated into a single category of "age 90 or above."	**July 2013**
	Delete the following terms from the *Glossary:* **advance care planning*:*** Practice guidance and documentation of patient/family preferences for care at the end of life or for patients who are unable to speak for themselves. **electronic clinical summary:** A summary of a visit that includes, when appropriate, diagnoses, medications, recommended treatment and follow-up. **emergency admission:** An unscheduled medical or behavioral health care event that results in an emergency room visit or hospital admission. **integrated electronic system:** Organizationwide system that enables access to shared or comprehensive computerized health care records and allows data exchange.	

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	practice guidelines: Systematically developed descriptive tools or standardized protocols for care to support clinician and patient decisions about appropriate health care for specific clinical circumstances. Practice guidelines are typically developed through a formal process and are based on authoritative sources that include clinical literature and expert consensus. **shared medical appointment:** An appointment where multiple patients meet in a group setting for follow-up or routine care.	
Applies to Standards 1–6	Removed text throughout the Standards and Guidelines referring to Meaningful Use Stage 2 and added text to demonstrate alignment with Meaningful Use Modified Stage 2.	**November 2015**
	Removed ALL references and markers of Meaningful Use Stage 1 in PCSP 2013 Standards & Guidelines.	**April 2015**
Standard 1, Element A—Explanation	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Changed explanation text for factor 1 to read: ...helps avoid the need to communicate with the referring clinician at the time of the secondary referral.	**July 2013**
	Changed explanation text for factor 3 to read: …The practice process should also identify who will…	
Standard 1, Element B—Explanation, Documentation	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Changed documentation text for factors 1-7 to read: Report(s) demonstrating information provided by referring clinicians based on at least 1 month of data or data from 30 new referrals…	
	Changed documentation text for factors 1-7 to read: Report(s) demonstrating information provided by referring clinicians based on at least 1 month of data or 30 recent referrals…	**November 2013**
	Changed explanation text for factor 5 to read: … ***may*** include, but is not limited to, current medications, diagnoses including mental health, allergies, medical and family history, substance abuse and behaviors affecting health and will give the specialist…	**July 2013**
	Changed explanation text for factor 6 to read: Including the referring clinician's care and treatment…	
	Changed documentation text for factors 1-7 to read: • Documented process for staff to follow in communicating what is expected in the referral from primary care or referring clinician ***and***	

Location	Details	Date
Standard 1, Element C—Documentation	Added the following text in the explanation for factor 8: *Note* • *In alignment with the Meaningful Use Modified Stage 2 Final Rule, NCQA will accept a report demonstrating provision of electronic care summaries for more than 10 percent of referrals.* • *Factor 8 was originally written to align with the Meaningful Use Stage 2 Final Rule. Although the Meaningful Use Modified Stage 2 Final Rule was released in October 2015, the explanation references Stage 2.*	**November 2015**
	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Changed documentation text for factors 1-7 to read: Report(s) demonstrating information provided by referring clinicians based on at least 1 month of data or data from 30 new referrals…	
	Changed documentation text for factors 1-7 to include: …based on at least 1 month of data or 30 recent referrals …	**November 2013**
Standard 2, Element A—Documentation	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Changed documentation text for factor 6 to read: • Provides a report that covers at least five days of data or five examples.	**July 2013**
Standard 2, Element B—Explanation	Modified the following text in the explanation for factor 1: *More than 50 percent of patients/families/caregivers have **timely** online access to their health information ~~within four business days of when~~ **after** the information is available to the practice.*	**November 2015**
	Added the following text in bold and removed the strikethrough text in the explanation for factor 2: *Patients can electronically view **their health information**, ~~and~~ download ~~their health information~~ or transmit it to a third party.* *~~CMS states that if "50 percent or more of patient encounters are in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability, it may be excluded" and the practice may enter NA.~~* ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.** If the practice enters NA for submissions, it must provide written explanation of the reason.*	

Location	Details	Date
	Removed following text in the explanation for factor 3: ~~*Federal Meaningful Use rules require that summaries be provided for more than 50 percent of office visits within one business day, either by secure electronic message or as a printed copy from the practice's electronic system. If certain information is not available in the clinical summary for a particular patient the practice must state this which would meet the requirement.*~~ ~~*CMS states:*~~ ~~• *A practice is "permitted to limit the measure to those patients whose records are maintained using certified electronic health record technology (CEHRT)."*~~ ~~• *"The provision of the clinical summary is limited to the information contained within the CEHRT."*~~ ~~• *If the patient is offered a clinical summary and declines, "that patient may be included in the numerator."*~~	
	Added the following text in bold and removed the strikethrough text in the explanation for factor 4: *The practice demonstrates* ***the capability for patients to send a secure message****.* ~~*that a secure message was sent by more than 5 percent of its patients.*~~ *…* ~~*CMS states that if "50 percent or more of patient encounters are in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability, it may be excluded" and the practice may enter NA.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *If the practice enters NA, it must provide written documentation of the reason.* Added the following text in bold in the explanation for factor 6: *Patients can use the secure electronic system (e.g., Web site or patient portal) to request* ***items, such as*** *appointments, medication refills,* ***referrals to other providers*** *and test results.* ***The practice must demonstrate capability of at least two functionalities.***	**November 2015**
Standard 2, Element B—Documentation	To align with Meaningful Use Modified Stage 2 Final Rule, added the following text in bold and removed the strikethrough text in the documentation for factor 1: *The practice provides a report showing the percentage of patients who have* ***timely*** *on-line access to their health information* ~~*within four business days of when their information is available to the practice*~~*.* • *Denominator = Number of patients seen by the practice.* • *Numerator = Number of patients in the denominator who obtain* ***timely*** *on-line access to their health information* ~~*within four business days.*~~ ***Note: In alignment with the Meaningful Use Modified Stage 2 Final Rule, NCQA will accept a report demonstrating timely online access to health information. The report no longer has to demonstrate access within four business days (per the Stage 2 Final Rule).***	**November 2015**
	To align with Meaningful Use Modified Stage 2 Final Rule, added the following text in bold in the documentation for factor 2: *The practice provides* ***a screen shot demonstrating use or capability OR*** *a report showing the percentage of patients who view or download their health information or transmit it to a third party.*	

Location	Details	Date
	Added the following text in bold in the documentation for factor 3: ***Note: In response to the Meaningful Use Modified Stage 2 Final Rule, NCQA will accept a report demonstrating the frequency at which the practice provides clinical summaries upon patient request. Practices will not be required to demonstrate a 50 percent threshold.***	**November 2015**
	To align with Meaningful Use Modified Stage 2 Final Rule, added the following text in bold and removed the strikethrough text in the documentation for factor 4: *The practice provides* ***a screen shot demonstrating use or capability OR*** *a report showing the* ***percentage of patients who sent*** ~~*at*~~ *a secure message* ~~*was sent by more than 5 percent of patients*~~*.*	
	Removed the following text in the documentation for factor 5: *The practice provides a screen shot* ~~*of a Web page*~~ *demonstrating the capability of the practice for two-way communication with patients/families/caregivers.*	
	Added the following text in bold and removed the strikethrough text in the documentation for factor 6: *The practice provides a screen shot* ***demonstrating functionality*** ~~*of a Web page where patients can request appointments, prescription refills and test results.*~~	
Standard 2, Element C—Explanation	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Added the following text to the explanation for factor 1: ….the specialty practice and the role of the specialist: • The role of staff, specifically, physician extenders (e.g. physicians' assistants) who are under the supervision of the physician should be included to avoid any confusion in roles and responsibilities of team members.	**July 2013**
	Removed the following text from the explanation for factor 2 • The role of staff, specifically, physician extenders (e.g. physicians' assistants) who are under the supervision of the physician to avoid any confusion in roles and responsibilities of team members.	
	Changed documentation text for factors 1-3 to read: • Documented process for giving patients information and materials about the obligations of a specialist, ***and***	
Standard 2, Element E—Explanation, Documentation	Changed explanation text for factor 7 to read: …. For example, an ongoing discussion may revolve around staff roles…	**July 2013**
	Changed documentation text for factor 2 to read: • Three samples of team huddles, meeting summaries, agendas or memos to staff or clinicians.	
	Changed documentation text for factor 6 to read: The practice has a description of staff roles in the practice evaluation and improvement process, ***or*** minutes from team meetings showing staff involvement.	

Location	Details	Date
Standard 3, Element A—Explanation	Removed the following text from the explanation: ~~*To qualify for Meaningful Use, the practice must meet the related factors (1,2,3,4,5) using a certified EHR.*~~	**November 2015**
	Added the following text in bold and removed the strikethrough text for the explanation in factor 10: *There is documentation in the medical record that the patient/family* ***provided*** ~~*gave the practice*~~ *an advance directive (includes living wills, Physician Orders for Life Sustaining Treatment [POLST], durable power of attorney, health proxy).* ***The advance directive must be on file at the practice to meet the factor.*** *Documentation in the field that the patient declined to provide the information counts toward the numerator.*	
Standard 3, Element A—Documentation	Changed documentation text for factors 1-12 to read: • *Denominator* = Number of patients seen by the practice at least once during the reporting period (for factor 9, include only those who meet the age parameters).	**July 2013**
Standard 3, Element B—Documentation and Explanation	Removed the following text from the explanation: ~~*To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR.*~~	**November 2015**
	Removed the following text from the explanation for factor 11: ~~*Following the CMS definition, t*~~***T****he practice may make its own determinations and guidelines defining what progress notes are necessary to communicate individual patient circumstances.*	
	Added the following text to the documentation for factor 11: ***Note: In response to the Meaningful Use Modified Stage 2 Final Rule, NCQA will accept an example of capability in lieu of a report for Factor 11.***	**November 2015**
	Changed the age range in the stem as well as in the explanation for factor 7 to (0-20).	**July 2013**
	Added NA as a response option for factor 8.	
	Changed explanation text to read: … Information included in a referral from primary care may be used but the data must be included in the patient's medical record with the specialist.	
Standard 3, Element C—Documentation	Added the following text to the explanation for factor 5: *A key to successful implementation of guidelines is to embed them in the practice's day-to-day operations (frequently referred to as clinical decision support), enabling the practice to develop treatment plans and document patient status and progress.*	**March 2016**
	Replaced the following text in the documentation for factor 5: ~~*Three examples of clinical decision support interventions which may include screenshots.*~~ *NCQA reviews:* • *The conditions that the practice identified for each factor.* • *The source of guidelines used by the practice, for each condition.*	

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	• *At least one example of guideline implementation at the point of care, which may include, but is not limited to, tools to manage patient care, organizers, flow sheets or electronic system organizer (e.g. registry, EHR or other system) templates based on condition-specific guidelines.*	
	Changed documentation to read: Factors 1-4: For each factor, the practice provides: • Reports or lists of patients needing services generated within the past 12 months, ***and*** • Materials showing how patients are notified of needed services (e.g., letters sent to patients, a script or description of phone reminders, screen shots of electronic notices). ***Note:*** *For factors 1–3, the practice must identify three different services needed by specialty practice patients. The services are intended to be associated with conditions handled by the specialty, such as a follow-up retinal exam conducted by an ophthalmology practice.*	**November 2014**
Standard 4, Element A—Documentation	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Added the following text to the documentation for factors 1-7 that reads: • Three examples demonstrating implementation of each.	**July 2013**
	Changed the documentation for factor 8 to read: • *Numerator* = Number of patients provided patient-specific education resources.	
Standard 4, Element B—Explanation, Documentation	Added the following text to the documentation for factors 2-6: *Examples may collectively demonstrate that each factor is met, or show individually that each factor is met.*	**March 2016**
	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Changed explanation for factor 1 to read: Factor 1: It is important for the specialty practice to review and document in the medical record all prescribed medications a patient is taking and to review and reconcile medications during relevant visits to the specialist, as well as following ER visits, hospitalizations or visits to other specialists. The practice may define "relevant visit."	
	Changed documentation text for factor 1 to read: Factor 1: The practice provides a report showing that more than 50% of patients received from another care setting or at a relevant visit had medications reviewed and reconciled. • *Denominator* = Number of patients seen by the practice in the reporting period • *Numerator* = Number of patients in which their medications were reviewed	

Location	Details	Date
	Changed documentation text for factor 1 to read: Factor 1: The practice provides a report showing that medications received from another care setting or relevant visit were reviewed and reconciled for more than 50% of patients. • Denominator = Number of patients seen by the practice. • Numerator = Number of patients in which their medications were reviewed and reconciled in the denominator Factors 2-6: The practice provides…	**November 2013**
Standard 4, Element C—Factor	Changed stem of factor 3 to read: Enters more than 30//60 percent of medication orders into the medical record+ Added the following text to explanation for factor 3: …If a practice writes fewer than 100 prescriptions during the reporting period the response in the survey tool may be NA. The practice must provide a written explanation for an NA response. The practice must enter the number of prescriptions written during the reporting period in the survey tool or a linked document to attest to exclusion from this requirement.	**July 2013**
Standard 4, Element C—Explanation	Added the following text in bold and removed the strikethrough text for the explanation in factor 2: ~~*If a practice writes fewer than 100 prescriptions during the reporting period the response in the survey tool may be NA. In addition, if the practice does not have a pharmacy within their organization and there are not pharmacies that accept electronic prescriptions within 10 miles of the practice the practice may respond NA.*~~ *I**f a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.** The practice must provide a written explanation for an NA response.*	**November 2015**
	Added the following text in bold and removed the strikethrough text for the explanation in factor 3: ~~*If a practice writes fewer than 100 prescriptions during the reporting period the response in the survey tool may be NA.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor***. *The practice must provide a written explanation for an NA response.* ~~*The practice must enter the number of prescriptions written during the reporting period in the survey tool or a linked document to attest to exclusion from this requirement.*~~	
	Added the following text to the explanation in factor 4: *If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. The practice must provide a written explanation for an NA response.*	
Standard 5, Element A—Explanation	Added the following text in bold and removed the strikethrough text for the explanation in factors 8-9: ~~*CMS provides the following additional information: "If the practice writes fewer than 100 laboratory or radiology orders during the reporting period" may enter an NA response.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *The practice must provide a written explanation for an NA response.*	**November 2015**
	Added the following text in bold and removed the strikethrough text for the explanation in factors 10: ~~*CMS provides the following additional information: A practice that "orders no lab tests whose results are in a positive or negative affirmation or numeric format during the reporting period" may enter an NA response.*~~ ***If a practice orders no lab tests whose results are in a positive or negative affirmation or numeric format during the reporting period, it may respond NA to the factor.*** *The practice must provide a written explanation for an NA response.*	

Location	Details	Date
	Added the following text in bold and removed the strikethrough text for the explanation in factors 11: ~~*CMS states:*~~ ~~• *"Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology (CEHRT)."*~~ ~~• *"A link to where the image and accompanying information is stored is available in CEHRT."*~~ ~~• *"Images and imaging results that are scanned into the CEHRT may be counted in the numerator."*~~ ~~*CMS provides exclusions "for clinicians who order less than 100 tests during the reporting period whose result is an image or any clinician who has no access to electronic imaging results at the start of the reporting period."*~~ ***If a practice orders less than 100 tests during the reporting period whose result is an image or any practice who has no access to an electronic imaging results at the start of the reporting period, the practice it may respond NA to the factor.*** *Practices ~~may enter an NA response and~~ must provide a written explanation for an NA response.*	**November 2015**
Standard 5, Element A—Factor, Documentation	Added the following text in bold in the documentation for factor 10: *NCQA reviews **a screen shot demonstrating capability OR** reports from the practice's electronic system.*	**November 2015**
	Added the following text in bold in the documentation for factor 11: *NCQA reviews **a screen shot demonstrating capability OR** reports from the practice's electronic system.*	
	Added NA as a response for factor 10	**July 2014**
	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
Standard 5, Element B—Factor	Modified factor 6 documentation requirement: *Factors 1-4~~, 6~~ and 7:* *…* *Factors 5 and 6: NCQA reviews at least three examples.*	**March 2016**
	Added the following text in bold and removed the strikethrough text in the explanation for factor 8: ***Note:*** • ***In alignment with the Meaningful Use Modified Stage 2 Final Rule, NCQA will accept a report demonstrating provision of electronic care summaries for more than 10 percent of referrals.*** • ***Factor 8 was originally written to align with the Meaningful Use Stage 2 Final Rule. While the Meaningful Use Modified Stage 2 Final Rule was released in October 2015, the explanation references Stage 2.*** *…* ~~*A practice that refers a patient to another provider less than 100 times during the reporting period may respond NA to this factor.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *The practice must provide a written explanation of the NA response.*	**November 2015**

Location	Details	Date
	Added the following text in bold and removed the strikethrough text in the explanation for factor 9: ~~*A practice that refers a patient to another provider less than 100 times during the reporting period may respond NA to this factor.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *The practice must provide a written explanation of the NA response.*	**November 2015**
	Added the following text in bold and removed the strikethrough text in the explanation for factor 10: ~~*A practice that refers a patient to another provider less than 100 times during the reporting period may respond NA to this factor.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *The practice must provide a written explanation of the NA response.*	
	Added the following text to the documentation: Factors 1–4, 6 and 7: • Documented process for staff to use in coordinating referrals with secondary specialists. • Reports or logs demonstrating data collected in the tracking system used by the practice. A paper log or a report from the electronic system meets the requirement; screen shots of a patient record do not meet the requirement. The report may be system generated or may be based on at least one week of referrals, with de-identified patient data. Factor 5: NCQA reviews at least three examples.	**April 2015**
	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**
	Added NA as a response option for factor 8.	**July 2013**
Standard 5, Element C—Factor	Added the following bold text and removed the following strikethrough text in the explanation for factor 5: ***Note*** • ***In alignment with the Meaningful Use Modified Stage 2 Final Rule, NCQA will accept a report demonstrating provision of electronic care summaries for more than 10 percent of referrals.*** • ***Factor 5 was originally written to align with the Meaningful Use Stage 2 Final Rule. While the Meaningful Use Modified Stage 2 Final Rule was released in October 2015, the explanation references Stage 2.*** … ~~*A practice that refers a patient to another care facility less than 100 times during the reporting period may respond NA to this factor.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *The practice must provide a written explanation of the NA response.*	**November 2015**
	Added the following bold text and removed the following strikethrough text in the explanation for factor 6: ~~*A practice that refers a patient to another care facility less than 100 times during the reporting period may respond NA to this factor.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor.*** *The practice must provide a written explanation of the NA response.*	
	Added the following text to the documentation: *For all factors that require a documented process, the documented process must include a date of implementation or revision and must be in place for at least three months prior to submitting the PCSP 2013 Survey Tool.*	**March 2014**

Location	Details	Date
	Added NA as a response option for factor 5.	**July 2013**
Standard 6, Element B—Explanation	Added the following text to the explanation for factor 2: *The practice may also use another standardized survey administered through measurement initiatives providing benchmark analysis external to the practice organization. It cannot be a proprietary (vendor created) instrument. The practice must administer the entire approved standardized survey not sections of the survey to receive credit.*	**November 2015**
Standard 6, Element C—Factor	Changed the documentation for factors 5 to read: The practice provides reports, NCQA's clinical recognition program results or a completed PCSP Quality Measurement and Improvement Worksheet showing performance measures over time.	**July 2013**
	Changed the documentation for factors 7-8 to read: The practice provides reports, NCQA's clinical recognition program results or a completed PCSP Quality Measurement and Improvement Worksheet showing improvement on performance measures.	
	Changed the documentation for factor 9 to read: The practice provides reports or a completed PCSP Quality Measurement and Improvement Worksheet.	
Standard 6, Element E—Documentation	Added the following text in bold and removed strikethrough text from the explanation: *The practice protects the privacy and security of the electronic health information within its certified electronic health record (EHR) system (or modules.)* ~~*To meet the federal Core and Menu Meaningful Use requirements, practices must meet the designated factors (+ Core, ++ Menu) using a certified EHR that has undergone a security risk analysis, implementing security updates as needed and correcting identified security deficiencies.*~~ ~~*CMS states that the objectives:*~~ ~~*"To protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities."*~~ ~~*"All of these capabilities could be part of the certified EHR technology or outside systems and programs that support the privacy and security of certified EHR technology."*~~ *The following links provide additional information:* • *U.S. Department of Health & Human Services, Health Information Privacy Web site: http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html.* • ***Modified Stage 2 Meaningful Use Requirement Information: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf*** ~~• *Stage 2 Core Meaningful Use requirement #9, Protect Electronic Health Information:http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_9_ProtectElectronicHealthInfo.pdf .*~~	**November 2015**
	Removed the following text from the explanation for factor 2: ~~*CMS requires eligible professionals to "conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security analysis updates as necessary and correct identified security deficiencies prior to or during the EHR reporting period."*~~	

Location	Details	Date
	Removed the following text from the explanation for factor 3: *The practice attests that it ~~has fulfilled the CMS Meaningful Use Stage 2 Menu Measure 1, indicating that it~~ performs "successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period."*	**November 2015**
	Removed the following text from the explanation for factor 4: *The practice attests that it ~~has fulfilled the CMS Meaningful Use Stage 2 Menu Set Measure 5, indicating it~~ has "successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.* *~~Factor is NA for any practice that~~* *~~"(1) Does not diagnose or directly treat cancer;~~* *~~(2) Operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period;~~* *~~(3) Operates in a jurisdiction where no PHA provides information timely on capability to receive electronic cancer case information; or~~* *~~(4) Operates in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period."~~*	
	Removed the following text from the explanation for factor 5: *The practice attests that it ~~has fulfilled the CMS Meaningful Use Stage 2 Menu Set Measure 6, indicating it~~ has "successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period."* *~~Factor 5 is NA for any practice that:~~* *~~"(1) Does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which [any of the clinicians coming forward for recognition] are eligible, or the public health agencies in their jurisdiction;~~* *~~(2) Operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which [any of the clinicians coming forward for recognition] are eligible is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period;~~* *~~(3) Operates in a jurisdiction where no public health agency or nation specialty society for which [any of the clinicians coming forward for recognition] is eligible provides information timely on capability to receive information into their specialized registries; or~~* *~~(4) Operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which [any of the clinicians coming forward for recognition] is eligible that is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period can enroll additional [clinicians coming forward for recognition].~~"*	
	Removed the following text from the explanation for factor 6: *The practice reports clinical quality measures to Medicare or a state (Medicaid program) ~~as required to be a 'Meaningful User' per CMS Meaningful Use Stage 2 guidelines.~~*	

Location	Details	Date
	Removed the following text from the explanation for factor 7: *The practice attests that it has ~~fulfilled the CMS Meaningful Use Stage 2 Core Set Measure 16, indicating it has~~ "performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful."*	**November 2015**
Standard 6, Element E—Documentation	Removed links to MU Stage 2 objectives in documentation section.	**November 2015**