

Appendix 5:

PCSP 2016 Summary of Changes

APPENDIX 5

SUMMARY OF CHANGES

WHAT'S NEW FOR MARCH 27, 2017	
Policies & Procedures	<ul style="list-style-type: none"> • Added Section 4 to describe policies & procedures specific to Oncology Medical Home (PCMH-O) Recognition.
Standards	<ul style="list-style-type: none"> • Added text to clarify reporting requirements in Element 6A, factor 1. • Clarified text explaining the reporting requirements in Element 6D, factor 3.
Appendices	<ul style="list-style-type: none"> • Added Appendices 6 and 7 to include the Oncology Medical Home (PCMH-O) Recognition Program Standards & Guidelines and Measure List.

Location	Details	Date	
Survey Tool	Added questions to the <i>Practice Information</i> tab of the Organizational Background, including Practice Ownership, Patient Population and Participation in Initiatives.	November 2016	
	Updated <i>PCMH-PCSP Auto Credit</i> tab of the Organizational Background to align with updated auto-credit policy.		
QI Worksheet	Added the following language to the note in the QI Worksheet instructions: <i>Practices may submit their own report detailing their QI strategy <u>but should consult the QI Worksheet Instructions for guidance</u>.</i>		
	Replaced “rate” with “performance measurement” in the instructions and modified the following text in steps 2 and 5: <i>The performance rate measurement must be a <u>percentage rate</u> (percentage based on with numerator and denominator) or number (with number of patients represented by the data).</i>		
	Modified the following text to align with the correct element in step 5 of the instructions: Note: <i>To receive credit for <u>6C, factors 8–9</u> 6E, factors 7–8, the remeasurement rate must show improvement on at least two measures.</i>		
	Clarified reporting requirements for Element 6C in the Instructions.		July 2016
Policies & Procedures— Section 1: PCSP Eligibility and the Application Process	<p>Added the following text to the eligibility of behavioral healthcare practitioners in <i>Section 1: PCSP Eligibility and Application Process, Eligibility</i>:</p> <p><i>...and any of the following behavioral healthcare practitioners:</i></p> <ul style="list-style-type: none"> • MDs and DOs who are state certified or licensed in psychiatry and/or addiction medicine. • PAs who are state licensed and are practicing under the supervision of an MD or DO as listed above. • APRNs (including nurse practitioners and clinical nurse specialists) who are state certified or licensed as nurses and credentialed as either psychiatric nurses or psychiatric mental health practitioners. • Doctoral or master’s-level psychologists who are state certified or licensed. • Doctoral or master’s-level clinical social workers who are state certified or licensed. 		November 2016

Location	Details	Date
	<ul style="list-style-type: none"> • Doctoral or master's-level marriage and family counselors who are state certified, registered or licensed by the state to practice independently. 	
	<ul style="list-style-type: none"> • Doctoral or master's-level alcohol and drug counselors who are state certified, registered or licensed by the state to practice independently. <p>Added the following text in Section 1: PCSP Eligibility and Application Process, Eligibility section:</p> <ul style="list-style-type: none"> • Nonprimary care specialty doctors of medicine (MD), doctors of osteopathy (DO), advanced practice registered nurses (APRN) (including nurse practitioners and clinical nurse specialists), <u>physician assistants (PA)</u>, certified nurse midwives and any of the following behavioral healthcare practitioners: <p>Clarified the process and timeline for submission in Section 1: The PCSP Multi-Site Application.</p>	July 2016
Policies & Procedures— Section 3: PCSP Eligibility and the Application Process	Updated language in Section 3: Additional Information:	November 2016
	<ul style="list-style-type: none"> • Aligned language for Discretionary Survey and Audit After Recognition with PCMH 2014 language. • Modified text in Notification to Regulatory Agencies section. <p>Clarified language in Section 3: Reconsideration to state that the process is for organizations or practices.</p>	July 2016
Policies & Procedures— Section 4: Oncology Medical Home Recognition	Added section 4 to describe policies and procedures for the Oncology Medical Home (PCMH-O) Recognition program.	March 2017
Standards & Guidelines	Added the following language to the documentation section of Elements 1B, 2A, 2D, 3A-D, 5B and 5C: <i>NCQA reviews the Organizational Background "Practice Information" in the ISS Survey Tool, to gain a better understanding of the patient population and how the practice functions. Completing this information is recommended, but is not required.</i>	November 2016
Standard 1, Element E— Explanation & Documentation	Added the following text in the explanation: <i>The practice must provide a written explanation for an NA response.</i>	July 2016
Standard 1, Element D— Explanation & Documentation	Removed reference to Meaningful Use alignment in factor 8 factor and explanation.	November 2016
Standard 1, Element F— Factors	Added NA options to factors 1-5.	
Standard 1, Element F— Explanation & Documentation	Added the following text to the explanation: <i>This element is NA for practices that do not accept self-referred patients. The practice must provide a statement or materials describing its policy for not accepting self-referred patients for an NA response.</i>	
Standard 2, Element B— Explanation & Documentation	Modified the following text in the explanation:	

Location	Details	Date
	<i>Reports must be based on at least three months of recent data in the practice's electronic system and must include the reporting period, rate, numerator and denominator. Factors 1-4: NCQA reviews a report of a recent three months of data in the electronic system.</i>	
Standard 2, Element C— Explanation & Documentation	<p>Modified the following text in the explanation of factor 1: The practice materials clearly explain the responsibilities of the specialty practice and the specialist's role. Materials explain the roles of the care team, including physician extenders, who are under physician supervision. <u>The practice:</u></p> <ul style="list-style-type: none"> • <u>Provides information about its office hours; where to seek after-hours care; and how to communicate with the personal clinician and team, including requesting and receiving clinical advice during and after business hours.</u> • <u>Instructs its patients to give their other providers or facilities the personal clinician's information when they seek care outside the practice.</u> 	July 2016
Standard 2, Element D— Explanation & Documentation	<p>Added the following text to the documentation for factor 1: <u>Note: If the practice selects an aspect of diversity in factor 1 that is not used to evaluate a potential health disparity in PCSP 6, it provides an explanation for the selection</u></p>	November 2016
	<p>Modified the following text in the explanation of factor 4: The practice must provide s documentation a written explanation of an NA response.</p>	July 2016
Standard 2, Element E— Explanation & Documentation	<p>Modified the following text in the documentation for factors 1, 4 and 5: NCQA reviews staff position descriptions or other materials describing staff roles and functions of clinical team members in providing team-based care (e.g., The practice may provide an job descriptions, organizational chart, description of the team structure and team members).</p>	November 2016
Standard 3, Element B— Explanation & Documentation	<p>Modified the following text in the explanation of factor 9: <u>If a patient's medical record documents that the patient does not take prescribed medications ("None"), the patient counts toward the numerator.</u> The practice indicates if the patient is not prescribed any medication.</p>	November 2016
Standard 3, Element B— Explanation & Documentation	<p>Added the following text to factors 6 and 9-11 to provide guidance for use of the NA response: <u>Factor 6: Pediatric practices may respond NA. The practice must provide a written explanation for an NA response.</u> <u>Factor 9: This factor is NA for any eligible provider who does not prescribe medications. The practice must provide a written explanation for an NA response.</u> <u>Factor 10: This factor is NA for any eligible provider who has no office visits during the reporting period. The practice must provide a written explanation for an NA response.</u> <u>Factor 11: This factor is NA for any eligible provider who has no office visits during the reporting period. The practice must provide a written explanation for an NA response.</u></p>	July 2016

Location	Details	Date
Standard 3, Element D— Explanation & Documentation	Added the following text to the documentation for factors 1-5: <i>Note: Each selected condition may be used only once for this element.</i>	November 2016
	Modified the following text in the documentation: <ul style="list-style-type: none"> • <i>At least one example demonstrating of guideline implementation for a patient 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, other system) templates based on condition-specific guidelines.</i> 	July 2016
Standard 6, Element A— Explanation & Documentation	Added the following text to the explanation for factor 1: <i>Measures selected for reporting are related to and actionable on the part of the specialty.</i>	March 2017
	Added the following text to the documentation for factors 1-5: <i>The practice provides a brief explanation or identifies the nationally-recognized source for each selected measure.</i>	November 2016
Standard 6, Element C— Explanation & Documentation	Added the following notes to the documentation: <i>The PCSP Quality Measurement and Improvement Worksheet is an optional reporting method; however, practices are encouraged to consult the worksheet for reporting guidelines for this element and examples.</i> <i>For each follow-up measure in factors 6–9, the practice documents:</i> <ul style="list-style-type: none"> • <i>The measurement period.</i> • <i>The number of patients represented by the data (i.e., numerator and denominator).</i> • <i>The rate (percent).</i> 	November 2016
Standard 6, Element D – Explanation & Documentation	Modified the following text to the explanation for factor 3: <i>Some data from Element A and Element B must be data are reported or made available to practice staff and patients or made public by a health plan or other entity.</i>	March 2017
	Modified the following text to the documentation for factor 3: <i>NCQA reviews at least one examples of reporting (by clinician or across the practice) to patients or to the public.</i>	
Appendices 6 & 7	Added appendices 6 and 7 to include the Oncology Medical Home (PCMH-O) Recognition Program Standards & Guidelines and Measure List.	March 2017