

Appendix 3:

Patient-Centered Connected Care 2015 Summary of Changes

APPENDIX 3 SUMMARY OF CHANGES

| WHAT'S NEW FOR NOVEMBER 21, 2016 | |
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| Policies & Procedures | <ul style="list-style-type: none"> Added language to address “Notification of Regulatory Agencies” in Section 3: Additional Information. |
| QI Worksheet | <ul style="list-style-type: none"> Modified the QI worksheet instructions to clarify reporting guidance and inform practices that the worksheet should be used as guidance for reporting Elements 5D-G. |

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| Policies and Procedures | Added language in <i>Section 3: Additional Information</i> to address <i>Notification to Regulatory Agencies</i> . | November 2016 |
| | Modified the following text throughout the Policies & Procedures to read “reviewers” instead of “surveyors.” | March 2016 |
| | Clarified audit policy in <i>Section 2: The Recognition Process, Scoring and Status Requirements</i> under <i>The Audit</i> . | |
| | Modified the following text in <i>Section 2</i> under <i>How Standards Are Scored</i> : <i>Element</i> <i>...A provider (or site, for Connected Care 1, Element C) with a score lower than 50% on any must-pass element receives a status of “Not Recognized.”</i> <i>...</i> <i>Documentation</i> <i>1. Documented process. ...and provide staff with instructions for following the providers’ policies and procedures. Generally, data should be no more than 12 months old.</i> <i>2. Reports. Aggregated data showing evidence of action, including manual and computerized reports produced to manage its operations. Data must be no more than 12 months old at the time of survey submission.</i> | |
| | Modified language in <i>Section 2</i> regarding “Recognized” status: <i>All must-pass elements were met by each site and the score determined the provider’s recognition status.</i> | |
| | Added the following text in <i>Section 2</i> under <i>Final Decisions and Recognition Status</i> : <i>Reporting results to organizations: NCQA periodically provides data about recognized eligible providers and sites to a variety of organizations that use or reward NCQA Recognition.</i> | |
| | Clarified policy for Discretionary Surveys and audits in <i>Section 3: Additional Information</i> and updated the title to read “Discretionary Survey and Audit After Recognition.” | |
| | Added section in <i>Section 3: Additional Information</i> on <i>Reporting Hotline for Fraud and Misconduct</i> | |

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| | <p>Updated the following language in <i>Section 1: Application Process & Eligibility: The Application Process</i>:</p> <p><i>Step 1 Order the Patient-Centered Connected Care 2015 Online Application from NCQA. Application materials are free of charge and can be obtained at http://store.ncqa.org/index.php/recognition/2015-pcac-survey-tool-web-based.html, or by contacting NCQA Customer Support staff at 888-275-7585.</i></p> <p><i>Step 2 Access the Patient-Centered Connected Care Application System. Providers receive e-mail instructions with the subject Accessing Your NCQA Patient-Centered Connected Care Recognition Online Application.</i></p> <p>Note: <i>Confirm your eligibility by completing the eligibility check before purchasing a Survey Tool! If you do not receive an e-mail, check with the e-mail contact on the application order before contacting NCQA.</i></p> <p><i>Step 3 Complete the eligibility check and schedule survey submission date. NCQA verifies provider eligibility and tells providers how many Survey Tools are needed (a Survey Tool is required for each entity coming through for recognition). Providers indicate the desired survey submission date and onsite review date (if applicable). The survey submission date must be scheduled at least three months before the desired survey submission date. If surveys are scheduled less than three months before the survey, NCQA may not be able to accommodate the requested survey date.</i></p> <p><i>Step 4 Purchase and download the ISS Survey Tool. A Patient-Centered Connected Care 2015 Survey Tool must be ordered for each recognizable entity.</i></p> <p><i>Step 5 Submit the application, site information worksheet, survey fee, signed program agreement and the Business Associate Agreement (BAA) at least 10 days prior to the survey submission date. The program agreement and BAA may be submitted electronically or in writing to NCQA.</i></p> <p><i>Providers receive a confirmation e-mail from NCQA when the application is received. A separate e-mail indicates the Survey Tool is ready for access.</i></p> <p><i>Step 6 Submit the Patient-Centered Connected Care Survey Tools. NCQA cannot review a Survey Tool until full payment is received.</i></p> | July 2015 |
| Appendix 1: Scoring | Updated scoring table to include details on scoring in the case that a particular element's points are re-distributed across the standard. | July 2016 |
| | Added "Must-Pass" indications to Elements 2A, 3A and 5E. | March 2016 |
| Appendix 3: Summary of Changes | Added <i>Appendix 3 Summary of Changes</i> . | July 2015 |
| Quality Measurement and Improvement Worksheet | <p>Added the following language to the note in the QI Worksheet instructions: <i>Eligible providers may submit their own report detailing their QI strategy <u>but should consult the QI Worksheet Instructions for guidance.</u></i></p> <p>Replaced "rate" with "performance measurement" in the instructions and modified the following text in steps 2 and 5: <i>The performance <u>rate measurement</u> 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></p> | November 2016 |

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| | Updated <i>Quality Improvement Worksheet</i> with new layout. | July 2016 |
| | Clarified the language. | July 2015 |
| | Added <i>Must-Pass</i> designation to PCCC 1C. | |
| Survey Tool | Removed the following text: <ol style="list-style-type: none"> 1. <i>The type of agreement and scope of services provided.</i> 2. <i>Types of information exchanged.</i> 3. <i>Time frames for exchanging information.</i> 4. <i>How referrals are facilitated.</i> | July 2015 |
| Survey Tool Glossary & Appendix 2 | Updated definition of documented process to match policies and procedures. | March 2016 |
| | Added the following term to the <i>Glossary</i> : <i>Controlled substance: A drug that has potential for abuse or dependence and is regulated by the federal Controlled Substances Act (CSA).</i> | July 2015 |
| Standard 1, Element B—Explanation | Modified the following text in the explanation for factor 1: The eligible provider shares Ppatient demographic information, such as include, but are not limited to, communication needs, primary language, date of birth, sex, contact information and health insurance information. | March 2016 |
| | Modified the following text in the explanation for factor 2: The eligible provider shares information about Pprocedures performed, such as include, but are not limited to, exams, tests, immunizations, vaccinations and counseling, if appropriate. | |
| | Clarified that all NA responses require a <i>written</i> explanation. | November 2015 |
| | Modified the following text in the explanation for factor 4. The eligible provider shares information with the primary care clinician about new medications it prescribed, <i>such as-</i> information includes potential side effects, drug interactions and patient instructions for taking the medication. | |
| | Added the following text to the explanation for factor 6: The eligible provider may respond “Yes” if it does not refer patients to secondary providers. This response requires a written explanation of how the eligible provider informs primary care of the need for a secondary referral. | |
| Standard 1, Element C—Factors and Scoring | Factor 1 is required for eligible provider sites to meet the 50% threshold required for recognition. | July 2016 |
| Standard 1, Element C—Explanation | Added the following text in the explanation to clarify: Only sites that meet at least one factor 1 may achieve recognition. ... <u>Factor 1 is a critical factor and is required for eligible providers to achieve recognition.</u> | July 2016 |

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| | <p>Added the following text in the explanation: <u>Only sites that meet at least one factor may achieve recognition.</u></p> | <p>March 2016</p> |
| | <p>Modified the following text in the explanation for factor 2: The eligible provider sends 50 percent of test results that were not available before the patient left the office to the primary care clinician, within one business day of receiving the results <u>after results are available for release.</u> <u>The eligible provider may respond “Yes” if it does not order tests. This response requires a written explanation.</u></p> | <p>November 2015</p> |
| <p>Standard 1, Element D— Factor</p> | <p>Modified the response options:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>The eligible provider meets collaborates with primary care practices.</u> <input type="checkbox"/> <u>The eligible provider does not meet collaborate with primary care practices.</u> | <p>July 2016</p> |
| <p>Standard 1, Element E— Factor</p> | <p>Modified the following text in the stem of the element: For patients receiving wellness <u>or</u> of chronic care support, the eligible provider implements a documented process for:</p> | <p>November 2015</p> |
| <p>Standard 1, Element E— Explanation</p> | <p>Added the following text to the explanation: This element is NA for eligible providers who do not see patients on a continuous basis, including but not limited to, retail clinics and urgent care clinics. <u>Note: If an organization selects NA for all factors in this element, the points will be redistributed proportionally across the remaining elements in Standard 1.</u></p> | <p>November 2015</p> |
| <p>Standard 2, Element A— Explanation & Documentation</p> | <p>Moved text defining advertising and marketing from the documentation section to the explanation of factor 2.</p> | <p>March 2016</p> |
| <p>Standard 2, Element C— Factor</p> | <p>Added an s to prescription in factor stem for factor 4.</p> | <p>July 2015</p> |
| <p>Standard 2, Element C — Explanation & Documentation</p> | <p>Modified the following text in the explanation for factor 1: <u>The eligible provider shares Ppatient demographic information, such as include, but are not limited to, communication needs, primary language, date of birth, sex, contact information and health insurance information.</u></p> <p>Modified the following text in the explanation for factor 2: <u>The eligible provider shares information about Pprocedures performed, such as include, but are not limited to, exams, tests, immunizations, vaccinations and counseling, if appropriate.</u></p> <p>Added the following text to the documentation for factors 1-5: <u>Note: If the eligible provider is part of an integrated organization that refers internally, it provides a documented process, but is not required to provide examples; the eligible provider responds “Yes” to the factors that indicate the information available within the organization.</u></p> | <p>March 2016</p> |

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| | <p><i>If the eligible provider does not <u>regularly</u> make direct referrals to secondary providers, it should describes its process for alerting the patient’s primary care provider <u>of the need for that a secondary referral is needed</u> and responds “Yes” to the factors that indicate the information available for communication to primary care.</i></p> <hr/> <p>Clarified that all NA responses require a <u>written</u> explanation.</p> <p>Added the following text to the documentation for factors 1-5: Factors 1–5: NCQA reviews:</p> <ul style="list-style-type: none"> • The eligible provider’s documented process for sharing information with other (secondary) providers it refers patients to, and • Three examples of de-identified referral documents the eligible provider sent to other (secondary) providers in a recent three-month period. <ul style="list-style-type: none"> – The summaries may collectively demonstrate that each type of data is shared or show individually that each type of data is shared. <p><i>If the eligible provider does not make direct referrals to secondary providers, it should describe its process for alerting the patient’s primary care provider of the need for a secondary referral.</i></p> | <p>November 2015</p> |
| <p>Standard 3, Element A— Explanation & Documentation</p> | <p>Modified the following text in the documentation: <i>At least one example of each <u>demonstrating</u> 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, electronic health record [EHR] or other system) templates based on condition-specific guidelines.</i></p> | <p>July 2016</p> |
| | <p>Added the following text to the explanation: <i>A key to successful implementation of clinical guidelines is to embed them into the eligible provider’s day-to-day operations, enabling the practice to develop treatment plans and document patient status and progress...Clinical Decision Support (CDS) is a systematic way to prompt clinicians to consider evidence based guidelines at the point of care. CMS notes that CDS is “not simply an alert, notification, or explicit care suggestion. CDS encompasses a variety of tools including, but not limited to:</i></p> <ul style="list-style-type: none"> • <u>Computerized alerts and reminders for providers and patients</u> • <u>Clinical guidelines</u> • <u>Condition-specific order sets</u> • <u>Focused patient data reports and summaries</u> • <u>Documentation templates</u> • <u>Diagnostic support</u> • <u>Contextually relevant reference information.”</u> <p><i>While CDS may relate to clinical quality measures, measures alone do not achieve its broader goals.</i></p> | <p>March 2016</p> |
| | <p>Modified the following text in the documentation: <i>At least one example of each guideline implementation at the point of care, which may include, but is not limited to, such as tools to manage patient care,...</i></p> | |

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| Standard 3, Element B— Factors and Scoring | Factor 1 is required for eligible provider sites to meet the 50% threshold. Modified the following text in the explanation to clarify: <i>Factor 1 is a critical factor and must be met is required for eligible providers to exceed 25 achieve 50 percent of the score on for this element.</i> | March 2016 |
| | Factor 1 is a critical factor; eligible provider sites must meet the requirements to meet the 75% threshold. | November 2015 |
| Standard 3, Element B— Explanation & Documentation | Modified the following text to the documentation: <i>Factors 1-7: NCQA reviews a documented process.</i> <i>Factor 1: NCQA reviews a documented process and reports provided by the eligible provider.</i> | March 2016 |
| | Clarified that all NA responses require a <i>written</i> explanation. | November 2015 |
| | Added the following text to the explanation for factor 1: <i>Factor 1 is a critical factor and must be met for eligible providers to exceed 50 percent of the score on this element.</i> Added the following text to the documentation for factor 1: Factor 1: NCQA reviews <i>a documented process and</i> reports provided by the eligible provider. Reports contain: <ul style="list-style-type: none"> • Dates used in the calculation. • Numerator, denominator and rate. | |
| Standard 3, Element C— Explanation | Clarified that all NA responses require a <i>written</i> explanation. Added the following text to the explanation: Note: <i>If an organization selects NA for all factors in this element, the points will be redistributed proportionally across the remaining elements in Standard 3.</i> | November 2015 |
| Standard 3, Element E— Explanation | Clarified that all NA responses require a <i>written</i> explanation. | November 2015 |
| Standard 4, Element B— Explanation | Clarified that all NA responses require a <i>written</i> explanation. Added the following text to the explanation for factor 3: <i>Blank fields are not acceptable; data entry must capture a blood pressure reading or must indicate that the blood pressure value was unable to be taken at the time of the visit.</i> | November 2015 |
| | Added the following text to the explanations for factors 5 and 6: <i>All responses of “NA” require a written explanation.</i> | |

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| Standard 4, Element C— Explanation | Modified the text in the explanation for factor 4: <i>When a new prescription request is entered, the eligible provider’s electronic prescribing system alerts the clinician to potentially harmful patient interaction with a specific drug <u>and</u> or to a patient’s drug allergy.</i> | March 2016 |
| | Added a note to explain redistribution of points for eligible providers who respond “NA” to all factors: <i>Note: If an organization selects NA for all factors in this element, the points will be redistributed proportionally across the remaining elements in Standard 4.</i> | November 2015 |
| | Clarified that all NA responses require a <u>written</u> explanation. | |
| Standard 5, Element A | Remove factor language in the Standards and Guidelines to align with the survey tool: At least annually, the eligible provider measures or receives data on at least three clinical measures appropriate to its scope of services. 1. At least three clinical measures appropriate to its scope of services 2. Performance data stratified for vulnerable populations (to assess disparities in care). Select the choice that most closely reflects the eligible provider’s performance. <input type="checkbox"/> The eligible provider measures or receives data on at least 3 measures. <input type="checkbox"/> The eligible provider does not measure or receive data on at least 3 measures. | November 2015 |
| Standard 5, Element D— Documentation | Clarified that providers may use the QI worksheet for reporting: Factors 1–3: NCQA reviews reports that show how the eligible provider meets each factor, <u>or reviews the Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet.</u> | November 2015 |
| Standard 5, Element E— Documentation | Clarified that providers may use the QI worksheet for reporting: Factors 1–3: NCQA reviews reports that show how the eligible provider meets each factor, <u>or reviews the Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet.</u> | November 2015 |
| Standard 5, Element F— Documentation | Clarified that providers may use the QI worksheet for reporting: NCQA reviews reports that show how the eligible provider meets the element, <u>or reviews the Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet.</u> | November 2015 |
| Standard 5, Element G— Explanation | Added the following text to documentation for factors 1-4: <i>NCQA reviews reports that show how the eligible provider meets each factor-, <u>or reviews the Patient-Centered Connected Care 2015 Quality Measurement and Improvement Worksheet.</u></i> | March 2016 |
| | Added note to explain redistribution of points for eligible providers who respond “NA” to all factors: This element is “NA” for eligible providers undergoing survey for the first time. <i>Note: If an organization selects NA for all factors in this element, the points will be redistributed proportionally across the remaining elements in Standard 5.</i> | November 2015 |

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| <p>Standard 5, Element H—Documentation</p> | <p>Added language for consistency of expectations in all factors: Factor 1: NCQA reviews reports that show site-specific performance results and explain how results are disseminated. Factor 2: NCQA reviews an example of a performance report provided to patients <u>and explain how results are disseminated.</u> Factor 3: NCQA reviews an example of a performance report provided to the public <u>and explain how results are disseminated.</u></p> | <p>November 2015</p> |