



PCPCH 2020 Recognition Criteria Technical Specifications and Reporting Guide Version 4 Summary of Changes

January 2022

Introduction

Version 4 of the [2020 PCPCH Recognition Criteria Technical Specifications and Reporting Guide](#) (TA Guide) was published in January of 2022. This document provides a summary of the notable updates and changes from the previous version.

General Updates

- Removed Patient Centered Primary Care Institute (PCPCI) as a resource, as this website is no longer maintained. Some content from the PCPCI website is available on the [PCPCH Program website](#).
- Updated links that are no longer active.

Updates to PCPCH Glossary

- **Integration of Services:** Broadened glossary definition to include remote specialists whose full range of services are accessible to a PCPCHs' patients without them needing to travel to a separate location.
- **Telehealth/telemedicine:** Updated glossary definition to align with [HB 2508](#).

Clarification on 5 STAR Menu Set

Clarified that practices can be meeting either measure 2.C.2 or 2.C.3 if they are using Standard 2.C as one of their selected 5 STAR measures.

Updates to PCPCH Standards & Measures

Measure 1.A.1:

- Clarified that practices are not limited to the examples of tracking items listed in the table. Practices may choose to set their own targets or track items that are not in this table provided that they relate to timely access to care or timely communication.
- Added “emails” as one of the types of documentation that practices can provide to demonstrate how and when tracking data is shared with staff.

Measure 1.B.1:

- Expanded specifications so that practices are not required to be open during all traditional business days/hours to meet 1.B.1, so long as they are open at least 44 hours per week and meeting all other specifications.
- Clarified that not all providers at the practice need to be available during the extra hours, but there needs to be enough providers to allow patients to make an appointment for any service the practice provides during this time.

Measure 1.G.2:

- Updated definition of telehealth services to align with [HB 2508](#). Telephone appointments are included in the definition of telehealth.
- Clarified that to be considered as an alternative visit for 1.G.2 “patient education classes/workshops with individual patient assessment and services” may be facilitated by a provider/qualified health care professional other than a physician as long as they contain individual patient assessment and medical decision making. If the health care professional is not qualified to provide medical decision making, an additional provider who is may need to be present. See nutritionist example under “Examples” on page 31.

Measure 2.A.1: Clarified that the payer(s) that the PCPCH contracts with in the VBP arrangement must cover at least 10% of the practice’s patient population, and added this as required documentation during a site visit.

Measure 2.E.1: Clarified that the payer(s) that the PCPCH contracts with in the VBP arrangement must cover at least 10% of the practice’s patient population, and added this as required documentation during a site visit.

Measure 2.E.2:

- Clarified that, for 2.E.2 only, practices may choose to use their own specifications instead of those provided by the OHA or the original measure steward as long as they relate to the measure and include all patients in the calculations (e.g. not just CCO members).
- Provided clarification on documentation required during a site visit.

Standard 2.E PCPCH Utilization Measures:

- ***Ambulatory Care:*** NCQA retired this measure in 2020. The PCPCH program will be adding a replacement Ambulatory Care measure in the next iteration of the model. For now, practices may track Ambulatory Care to meet 2.E.2 only (now listed as last item in table).
- ***Follow up after Mental Health hospitalization:*** Clarified that the benchmark is for the 30 days post-discharge rate.
- ***Follow-up After ED Visit for Mental Illness:*** Corrected description of this measure and clarified that the benchmark is for the 30 days post-ED visit rate.
- ***Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence:*** Clarified that the benchmark is for the 30 days post-ED visit rate.
- ***Prenatal & Postpartum Care:*** Updated the link to the OHA specifications for this measure.

Measure 3.C.1: Clarified what documentation is required at a site visit.

Measure 3.C.3: Edited the criteria that a practice must meet to be considered as having integrated behavioral health services. Specifically, clarified what is expected around external behavioral health specialty services such as psychiatric or developmental care/services, and included this clarification in the documentation required at a site visit.

Standard 4.A: For reporting purposes, small practices may designate their entire staff as a care team, provided that they routinely inform their patients on what the team-based model means for their care.

Standard 4.B:

- Revised the definition of a “team”
- Clarified that small practices may designate their entire staff as a care team, provided that they routinely inform their patients on what the team-based model means for their care.
- Any practice using the team-based model to meet this standard will now be required to show documentation during a site visit that their patients are routinely informed of this and/or which team they belong to.
- Clarified that the documentation of the data used to calculate continuity (which is required at a site visit) must indicate the names of the assigned providers or care teams

Measure 4.G.3: Updated specifications to allow practices to use telehealth or remote pharmacists to meet this measure so long as they meet all of the specifications.

Measure 5.C.3: Clarified expectations around care plans for non-English speaking patients.

Measure 6.A.0: Updated language so that the words “translation” and “interpretation” align with the most current definitions.