Appendix 6

PCMH 2014 Summary of Changes

APPENDIX 6

SUMMARY OF CHANGES

WHAT'S NEW FOR JULY 25, 2016	
QI Worksheet	• Clarified reporting requirements for Elements 6D and 6E in the Instructions.
Policies & Procedures	• Clarified the process and timeline for submission in *Section 1: The PCMH 2014 Multi-Site Application*. • Clarified language in *Section 3: Reconsideration* to state that the process is for organizations or practices.
Standards & Guidelines	• Clarified legend in elements aligning with MU Modified Stage 2 to indicate the effective date of the final rule.
Factor language	• Clarified factor language and explanation in the following to align with documentation changes following Meaningful Use Modified Stage 2 Final Rule: ○ Element 1C, factors 1-4 ○ Element 3B, factor 11 ○ Element 5A, factors 9 and 10 ○ Element 5B, factor 7 ○ Element 5C, factor 7
Explanations & Documentation	• Removed the note regarding clinician panels in the Explanation in Element 1A, factor 4. • Clarified requirements of patient examples required with RRWB in Elements 3C, 4B and 4C. • Clarified the Explanation in Element 3D, factor 3 to include a new example for adult chronic care services and state that HSRP/DRP recognition may be used for automatic credit. • Removed the note for renewing practices from Element 3D. • Clarified the requirement for providing an example of guideline implementation in Element 3E. • Clarified the Documentation in Element 6F to state the reporting requirements for each factor.
Appendices	• Updated factor language in Appendix 2, 4 and 5 to align with updates in Standards and Guidelines. • Added orange highlighting to rows in *Appendix 6: Summary of Changes* to identify changes specific to July 25, 2016 release.

Location	Details	Date
Survey Tool	Added Element 6G to the *Corporate* tab in the *Organizational Background* section.	March 2016
	Updated text in *Conversion* tab of the *Organizational Background* section (see *Section 3* of the Policies and Procedures).	
	Added the following text in bold and removed the strikethrough text to Renewal Element tab of *Organizational Background* section: *Attestation does not require that every factor in an element is met, but that a positive response to a factor is supported by documentation if audited. Please fill out the entire survey responding to each radio button within the survey.*	November 2015
	Added the following text in bold and removed the strikethrough text to Conversions tab of *Organizational Background* section: *Practices that have achieved NCQA PCMH 2011 Level 3 Recognition are eligible for conversion to PCMH 2014 by completing the **entire** survey, **but it is only necessary to attach documentation for a 6 specific elements**.~~and submitting documentation for specific elements~~. Practices must submit documentation in order to be scored.* *…* *Organizations and practices with Level 3 Recognition must attest that their survey responses reflect current operations. Attestation does not require that every factor in an element is met, but that a positive response to a factor is supported by documentation if audited. **Please fill out the entire survey responding to each radio button within the survey.***	
	Added an *Organizational Background* section. Added *Conversion* tab, which contains a checklist of elements practices will attest to for the conversion survey.	April 2015
	Added an *Organizational Background* section. Added *Prevalidation* tab, indicates a tool using prevalidated autocredit.	November 2014
	Added an *Organizational Background* section. Added *Add-on Elements* tab, which contains a checklist of elements to be reviewed in the add-on survey.	July 2014
	Added corporate elements to the *Corporate Survey tab.* Added an *Organizational Background* section. Added *Renewal Elements* tab, which contains a checklist of elements practices will attest to for the renewal survey.	May 2014
QI Worksheet	Clarified reporting requirements for Elements 6D and 6E in the Instructions.	July 2016
	Added the following text in bold to the QI Worksheet instructions step #2: *The performance rate **must be** a percentage **(with numerator and denominator)** or number **(with number of patients represented by the data)**.*	March 2016
	Added PCMH 1A, factor 6 to the QI worksheet	
	Added the following text in bold to the QI Worksheet instructions step #3: *Specific rate goal **must be** a percentage or number **greater than your baseline performance assessment.***	November 2015
	Updated *Quality Improvement Worksheet* with new layout.	July 2015
QI Worksheet	Removed the following from Disparity in Care for Vulnerable Populations Measure: *Disparity in Care for Vulnerable Populations Measure ~~(Identified in 6A)~~*	April 2015

Location	Details	Date
	Moved Disparity in Care for Vulnerable Populations Measure row to bottom of sheet	
Record Review Workbook	Added the following text to the explanation of the *Data collection period* in step 4: *The practice may go back 12 months (with a 2-month grace period) for documentation of each item in the patient's medical record for Elements 4B and 4C. The practice determines how often information is updated in Element 3C, based on evidence-based guidelines.*	**March 2016**
Policies & Procedures—Overview	Reorganized information.	**March 2016**
Policies & Procedures—Section 1: Eligibility and the Application Process	Clarified the process and timeline for submission in *Section 1: The PCMH 2014 Multi-Site Application*.	**July 2016**
	Modified the Multi-Site Corporate and Site-Specific Survey Tool Submission steps to reflect new multi-site policy: *Step 2: NCQA reviews and scores the Corporate Survey Tool within 30 days of submission and makes scoring available to the organization.* *…* *Step 4: NCQA merges scored Corporate Survey Tool elements with practice site Survey Tools before submission to show full scoring. ~~This allows practices to see their scores 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 and finalizes scoring and makes a recognition decision for each practice site within 60 days of submission of the site's Survey Tool.~~* *Step 7: All multi-site practice recognitions share the first recognized site's 3 year end date.*	**November 2015**
Policies & Procedures—Section 2: The Recognition Process	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.*	
Policies & Procedures—Section 3: Additional Information	Clarified language in *Section 3: Reconsideration* to state that the process is for organizations or practices.	**July 2016**
	Updated text in *Conversion Survey* section to reflect new conversion policy: *Organizations that want to convert must have a current NCQA PCMH Recognition ~~with at least a year remaining~~ ~~on the current recognition~~ at the time of submission. Conversion ~~does not~~ extends the duration of the current recognition by 12 months…*	**March 2016**

Location	Details	Date
	Clarified policy for discretionary surveys and audits in *Discretionary Survey* section and updated the title to read "*Discretionary Survey and Audit After Recognition.*"	
	Modified text in the *Reconsideration* section to provide more detail about the process.	**November 2015**
	Added section on *Reporting Hotline for Fraud and Misconduct*	
Standards & Guidelines	Added language to legend for MU Modified Stage 2 Alignment (Elements 1C, 3E, 4C, 4D, 4E, 5A, 5B, 5C, 6G): *+Meaningful Use Modified Stage 2 Alignment (as of October 2015)*	**July 2016**
	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**
Standard 1, Element A—Documentation & Explanation	Removed the following text in factor 4 explanation: ~~*A clinician's panel may be closed, but appointment availability may not be based on payer.*~~	**July 2016**
	Modified the factor 3 explanation to read: *An alternative type of clinical encounter is a scheduled ~~meeting, such as a billable~~ visit between a patient and ~~clinician~~ a member of the clinical staff, using a mode of real-time communication…*	**March 2016**
	Moved the following text from the documentation section to the explanation of factor 6: *The process for selecting, analyzing and updating the practice's approach to creating access to appointments considers appointment supply and patient demand by:* • *Including criteria for selecting areas of focus.* • *Describing how the practice monitors areas of focus.* • *Describing how the practice sets targets for improvement.* • *Specifying how often criteria for creating greater access to appointments are revisited.* • *Outlining when targets may be adjusted.*	
	Modified the factor 1 documentation to read: *NCQA reviews a report ~~of~~ documenting at least five consecutive days when the practice is open ~~of data,~~ showing the availability and use of same-day appointments for both urgent and routine care.*	
	Replaced text to clarify required documentation for factor 2: *If a practice offers extended-hours appointments on site, NCQA reviews patient materials stating that the practice site provides appointments during extended hours.* *If a practice arranges for extended-hours appointments with an offsite facility, NCQA reviews a documented process for staff to follow when arranging routine and urgent appointment access with other facilities or clinicians outside regular business hours.* ~~*NCQA reviews a documented process for staff to follow for arranging routine and urgent appointment access during extended hours with other practices or clinicians and provides a report showing extended hours availability or materials provided to patients demonstrating that the practice provides regular extended hours. NCQA reviews a report with at least five days of data, showing availability and use of appointments outside the normal hours of operation. A process for arranging extended hours access is not required if the practice site has regular extended hours.*~~	

Location	Details	Date
	Modified the following text to the documentation for factor 3: *NCQA reviews a report of encounter types and dates that includes frequency of scheduled alternative encounter types in a recent 30 consecutive days~~-calendar-day period~~.*	
	Modified the factor 6 documentation to read: *NCQA reviews a report or a completed PCMH Quality Measurement and Improvement Worksheet that shows ~~showing~~ the practice has evaluated data on access, has selected at least one opportunity to improve access and has taken at least one action to create greater access.*	
	Modified text in the explanation for factor 3: *Group visits or shared medical appointment**s**,*	**November 2015**
	Added the following text to the explanation for factor 2: *If the practice is not able to provide care beyond regular office hours (e.g., a small practice with limited staffing), it may arrange for patients to schedule appointments with other (non-ER, non-urgent care) facilities or clinicians. However, if the practice uses an urgent care center for urgent and routine appointments outside regular business hours within the same health system or has established arrangements with an urgent care center within the community that has access to the patient record, would be acceptable.* *Suggesting that patients locate the nearest ER or urgent care facility that has no arrangement or connection with the practice does not meet the intent of this requirement.*	**July 2015**
	Removed Supplemental Worksheet as it was not appropriate for this element. The worksheet is to be used in 6D & 6E Removed from the explanation: ~~All practices, including those with walk-in access, must make same-day scheduled appointments available and must monitor their availability. Walk-in access is an approach to patient appointment scheduling that allows established patients to be seen by a member of the care team during regular office hours, without prior notice.~~ Added the following text to the explanation for factor 1: *Walk-in hours are an approach to patient access that allows the patient to come into the practice without prior notice. A practice can provide walk-in hours in addition to same day appointments; however, providing walk-in hours alone does not meet the requirement for providing same day appointments.*	
	Added and removed the following text to the explanation for factor 3: *An alternative type of clinical encounter is a scheduled meeting, such as a billable visit, between patients… Group visits or shared medical appointment, where the patient is one of several patients scheduled for care and ~~education~~* *…do not meet the requirement. An appointment with an alternative type of clinician (e.g., diabetic counselor) does not meet the requirement.* Changed the following text to the documentation for factor 2: *NCQA reviews a documented process for staff to follow for arranging routine and urgent appointment ~~after-hours~~ access during extended hours with other practices or clinicians and provides a report showing extended hours ~~after-hours~~ availability or materials provided to patients demonstrating that the practice provides regular extended hours. NCQA*	**April 2015**

Location	Details	Date
	reviews a report with at least five days of data, showing availability and use of appointments outside the normal hours of operation. A process for arranging ~~after-hours~~ extended hours access is not required if the practice site has regular extended hours.	
	Added the following text below in bold and removed the strikethrough text to explanation to factor 2: *The practice schedules appointments outside **its** a typical daytime schedule. For example a practice may open for appointments at 7am or remain open until 8 pm on certain days or it may be open two Saturdays each month.* *Providing extended access does not include:* • ***Offering** ~~Opening~~ daytime appointments when **the** ~~a~~ practice would otherwise be closed for lunch (on some or most days).* • *~~Opening~~ **Offering** daytime appointments when ~~a~~ **the** practice would otherwise close early (e.g., a weekday afternoon or holiday).* ***The practice is expected to provide appointment times that meet the needs of its patients. For example offering Saturday appointment times for both routine and urgent care to allow patients who work during the week to obtain annual exams or be seen for an upper respiratory infection.*** *If the practice ~~does~~ **is not able to** ~~not~~ provide care beyond regular office hours (e.g., a small practice with limited staffing), it may arrange for patients to **schedule appointments with** ~~receive care from~~ other (non-ER, **non-urgent care**) facilities or clinicians. **Suggesting that patients locate the nearest ER or urgent care facility does not meet the intent of this requirement.***	**November 2014**
	Added the following text to the explanation for factor 2: *If the practice does not provide care beyond regular office hours (e.g., a small practice with limited staffing), it may arrange for patients to receive care from other (non-ER) facilities or clinicians.*	**May 2014**
	Modified the following text to the documentation for factor 1: *NCQA reviews a documented process for scheduling same-day appointments that includes defining their appointment types ~~a definition of routine and urgent appointments~~. NCQA reviews a report with at least five days of data, showing the availability and use of same-day appointments for both urgent and routine care.*	
	Added the following text to the documentation for factor 2: *NCQA reviews a documented process for staff to follow for arranging after-hours access with other practices or clinicians and provides a report showing after-hours availability or materials provided to patients demonstrating that the practice provides regular extended hours. NCQA reviews a report with at least five days of data, showing availability and use of appointments outside the normal hours of operation. A process for arranging after-hours access is not required if the practice has regular extended hours.*	
	Added the following text to the documentation for factor 5: *or by taking the number of patients who did not keep their pre-scheduled appointments during a specific period of time (i.e. a session or a day) divided by the number of patients who were pre-scheduled to come to the center for appointments during the same period of time.*	

Location	Details	Date
Standard 1, Element B—Documentation and Explanation	Added the following text to the explanation for factors 2 and 3: *"Clinical advice" refers to a response to a patient inquiry regarding symptoms, health status or acute/chronic condition.* *Clinicians return calls and respond to secure electronic messages in the time frame defined by the practice to meet the clinical needs of the patient population. Qualified clinical staff must provide the clinical advice to patients, but it may be communicated by a member of the care team, as permitted under state licensing laws.*	**March 2016**
	Modified the following text to the documentation for factors 2 and 3: *NCQA reviews a report summarizing the practice's response times for at least seven consecutive ~~calendar~~ days*	
Standard 1, Element C—Factors	Modified language for factors 1-4 to align with documentation changes in November 2015 due to the Meaningful Use Modified Stage 2 Final Rule: *1. More than 50 percent of patients have timely ~~online~~ access to their health information ~~within four business days of when the information is available to the practice~~. +* *2. ~~More than 5 percent of patients view, and are provided~~ The capability to view, download~~, their health information~~ or transmit their health information to a third party. +* *3. Clinical summaries are provided ~~within 1 business day for more than 50 percent of office visits~~ to patients/families/caregivers upon request.* *4. The capability to send a secure message ~~was sent by more than 5 percent of patients~~. +*	**July 2016**
Standard 1, Element C—Documentation and Explanation	Added the following text in the documentation for factors 1-4: *The practice may provide a screen shot demonstrating use or capability for factors 2 and 4 in lieu of a report.*	**July 2016**
	Removed note in the documentation for factor 1: *~~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).~~*	
	Modified the following text in the documentation *Factor 3:* *NCQA reviews at least one example of a de-identified clinical summary to demonstrate capability, **or** reviews a report showing the percentage of clinical summaries provided to patients upon request ~~with a threshold of more than 50 percent of office visits required to meet the factor~~.* *…* *Numerator = Number of office visits in the denominator for which patients were provided ~~(or offered)~~ a clinical summary upon request ~~of their visit within one business day~~.* *~~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.~~*	
	Added the following text in the documentation of factors 1-4: *The report must include the reporting period, rate, numerator and denominator.*	**March 2016**
	Added the following text in the explanation: ***Note:** Reference to "patient/family/caregiver" does not imply that all must be included in the communication process. The practice should include whichever is most appropriate for a specific patient.*	**November 2015**

Location	Details	Date
	Modified the following text in the explanation for factor 1: *Patients (and others with legal authorization to the information) have **timely** online access to their health information ~~within four business days of when~~ **after** the information is available to the practices.*	
	Modified the following text in the explanation for factor 2: *Patients can view their health information electronically, ~~and~~ download ~~it~~ or transmit it to a third party.* Removed the following text in the explanation for factor 2: ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.*** *~~According to CMS, 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, [the measure] may be excluded." The practice may enter NA in this situation, and provide a written explanation.~~* *~~Note: The practice has discretion to withhold certain information, per CMS and ONC guidelines.~~*	
	Removed the 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.~~* *~~CMS states:~~* • *~~A practice is "permitted to limit the measure to those patients whose records are maintained using 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."~~*	

Location	Details	Date
	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.*~~ ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.*** ~~*Patients may be notified that the information is available through a secure, interactive ystem such as a Web site or patient portal.*~~ ~~*According to CMS, 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, the measure may be excluded." The practice may enter NA in this situation, and provide a written explanation.*~~	**November 2015**
	Added the following text in bold and removed the strikethrough text 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* ~~*get*~~ *test results.* ***The practice must demonstrate capability of at least two functionalities.***	
	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: *NCQA reviews a report showing the percentage of patients who have* ***timely*** *online access to their health information* ~~*within four business days of when the information is available to the practice*~~*.* *• Denominator = Number of unique patients seen by the practice.* *• Numerator = Number of patients in the denominator who have* ***timely*** *online 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).***	
	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 2: *NCQA reviews a* ***screen shot demonstrating use or capability OR*** *a report showing the percentage of patients who view their health information,* ~~*as well as*~~ *download it* ~~*it*~~ *or transmit it to a third party.*	
	To respond to the Meaningful Use Modified Stage 2 Final Rule, 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.***	
	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: *NCQA reviews a* ***screen shot demonstrating use or capability OR a*** *report showing th*~~*e*~~***at*** ***percentage of patients who sent*** *a secure message* ~~*was sent by more than 5 percent of patients*~~*.*	

Location	Details	Date
	Removed the following text in the documentation for factor 5: *NCQA reviews a screen shot ~~of the practice's Web page~~, demonstrating the practice's capability for two-way communication with patients/families/caregivers.*	**November 2015**
	Added the following text in bold and removed the strikethrough text in the documentation for Factor 6: *NCQA reviews a screen shot **demonstrating functionality** ~~of the practice's Web page where patients can request appointments and prescription refills, and read test results. The screen shot contains the URL of the site or portal~~.*	
	Removed the following text from the explanation for factor 2: *~~To receive credit for this factor, at least 5 percent of the practice's patients must view as well as have the capability to download or transmit their health information.~~*	**April 2015**
	Removed the following text from the documentation for factor 2: • *Numerator = Number of patients in the denominator who view their online health information, ~~and~~ download it, or transmit to a third party.*	
	Added the text below in bold and removed the strikethrough text to the explanation and documentation for factor 2: *Explanation* *To receive credit for this factor, at least 5 percent of the practice's patients must **~~have access (i.e., the ability to~~ view as well as have the capability to download or ~~and~~ transmit~~)~~ ~~to~~ their health information.*** *Documentation:* *Factor 2: NCQA reviews a report showing the percentage of patients who view their health information **as well as** download it or transmit it to a third party.* • *Denominator = Number of patients seen by the practice.* • *Numerator = Number of patients in the denominator who view their online health information **and download** it or transmit to a third party.*	**November 2014**
	Added the text below in bold and removed the strikethrough text to the documentation for factor 4: *The practice demonstrates that a secure message was sent **by** more than 5 percent of its patients. Patients may be notified that the information is available through a secure, interactive system such as a Web site or patient portal.* • *Denominator = Number of patients seen by the practice.* • *Numerator = Number of patients in the denominator who ~~were~~ sent a secure message.*	
	Corrected the following text for factor 4. *A secure message was sent ~~to~~ by more than 5 percent of patients.*	**May 2014**
	Added the following text to the explanation for factor 6*:* *…referrals to other providers…*	

Location	Details	Date
Standard 2, Element A—Documentation & Explanation	Added the following text to the documentation for factor 2: *NCQA reviews a report with at least five days of data showing the reporting period, numerator, denominator and total percentage of patient encounters that occurred with personal clinicians.* *The practice may use the following methodology to calculate the percentage:* • *Denominator = Number of patients seen by the practice at the practice location at least once during the reporting period.* • *Numerator = Number of patients in the denominator who were seen by their personal clinician.*	**March 2016**
	Added the following text to the explanation for factor 1*:* *If patient-preference or staffing arrangement results in the need for more than one clinician to be identified, the practice may document a defined pairing of clinicians (e.g. physician and nurse practitioner or physician and resident) or a* ***practice team****.*	**May 2014**
	Added the following text to the explanation for factor 4: *For pediatric practices transitioning patients to adult care, the practice provides a written care plan to the adult practice that may include:* • *A summary of medical information (e.g., history of hospitalizations, procedures, tests).* • *A list of providers, medical equipment and medications for patients with special health care needs.* • *Obstacles to transitioning to an adult care clinician.* • *Special care needs.* • *Information provided to the patient about the transition of care.* • *Arrangements for release and transfer of medical records to the adult care clinician.* • *Patient response to the transition.* *Internal medicine practices receiving patients from pediatricians are expected to review the transition plan provided by pediatric practices and ensure that continued care is provided to adolescent and young adult patients.* *For family medicine practices that do not transition patients from pediatric to adult care, the practice should instead inform patients and families about the concept of the medical home, and the importance of having a primary care clinician to provide regular, evidence-based preventive care and acute adolescent care management. Sensitivity to teen privacy concerns should be incorporated into information provided to teens.*	
	Added the following text to the documentation for factor 3: *…for orienting patients to the practice.*	
	Added the following text to the documentation for factor 4: *For pediatric practices, NCQA reviews an example of a written transition plan from pediatric to adult care.* *For family medicine practices, NCQA reviews a documented process and materials for outreach to adolescent and young adult patients to ensure continued preventive, acute and chronic care management.* *For internal medicine practices, NCQA reviews a documented process and materials for receiving adolescent and young adult patients that ensures continued preventive, acute and chronic care management.*	

Location	Details	Date
Standard 2, Element B—Documentation & Explanation	Added the following text below in bold and removed the strikethrough text in the explanation for factor 8: *The practice guides and helps new patients migrate their personal health record from their former provider, including capturing a point of contact at the **patient's new or current** ~~transferring~~ practice to help coordinate the transition.*	**November 2015**
	Added the following bold text to the documentation for factors 1-8: *A documented process for giving patients information and materials about the role of a medical home,~~.~~* ***and*** • *Patient materials, **such as**: …*	
Standard 2, Element D—Documentation & Explanation	Added the following bold text to the documentation for factor 8: *NCQA reviews a description of team meetings, **including** the frequency of these meetings **and** at least one example of meeting minutes, agendas or staff memos.*	**November 2015**
	Moved the following paragraph from explanation for factor 7 to the explanation for factor 6: *Care team members are trained on effective communication with all segments of the practice's patient population, but particularly the vulnerable populations. Vulnerable populations are…*	**July 2015**
	Added the following text to the explanation for factors 5-7: *Training should accommodate addition of new team members. The practice determines how frequently care team members are trained and retrained.*	**November 2014**
	Removed the strikethrough text from the documentation for factor 10: *NCQA reviews the organization's documented process for involving patients/families/caregivers in QI teams or on an advisory council. ~~(e.g. meeting notes, agenda, committee structure).~~*	
	Removed from scoring "or does not meet factor 3" for 0% and 25%.	**July 2014**
	Removed the following text to the explanation for factor 9: *~~Staff roles determine metrics that team members can use to monitor their effectiveness. For example, staff who educate patients/families/caregivers on the importance of immunizations are trained on the immunization measures used by the practice to meet PCMH 6A factor 1 and participate in the action plans to improve performance.~~* *~~This factor encourages a focus on IOM's Core Principles and Values of Effective Team Based Health Care: shared goals, clear roles, mutual trust, effective communication, and measureable process and outcomes.~~*	**May 2014**
	Added the following text to the documentation for factor 8: *..the frequency of these meetings…*	

Location	Details	Date
Standard 3, Element A—Documentation & Explanation	Modified the following text in the explanation for factor 5: *The practice documents the patient's preferred spoken/written language, which helps identify patients who need interpretation ~~and~~ **or** translation services.*	**November 2015**
	Added the following bold text to the explanation for factor 12: *Factor 12: There is documentation in the medical record that the patient/family ~~gave the practice~~ **provided** an advance directive (e.g., living will, 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.** Practices with adult and pediatric patients may exclude pediatric patients from the denominator for this factor. Documentation in the field that the patient declined to provide the information counts toward the numerator.*	
	Modified the following text to the explanation for factor 8: *The practice records the patient's field of employment and instances where a patient is not currently employed, indicating a specific status (i.e. retired, disabled, unemployed, student, minor, etc.) Capturing the patient's field of employment can assist in assessment of the patient's exposure to risk at work and better enable the practice to provide patient-centered care based on patient-specific needs. Job status and work conditions provide background on exposure to health risks, which creates an opportunity for population-based interventions.*	**July 2015**
	Modified the following text to the explanation for factors 1 and 2: ~~*Factors 1 and 2: These factors are self-explanatory.*~~ *Factor 1: The practice records date of birth in MM/DD/YYYY format.* *Factor 2: The practice records sex, using M/F or Male/Female.*	**July 2014**
	Added the following text to the explanation for factor 12: *There is documentation in the medical record that the patient/family gave the practice an*	**May 2014**
	Removed the following text to the documentation for factor 14: • ~~*Screen shots identifying the sources of the information*~~	
Standard 3, Element B—Factors	Modified language for factor 11 to align with documentation changes in November 2015 due to the Meaningful Use Modified Stage 2 Final Rule: *11. ~~At least one~~ An electronic progress note that can be created, edited and signed by an eligible professional ~~for more than 30 percent of patients with at least one office visit~~.*	**July 2016**
Standard 3, Element B—Documentation & Explanation	Removed note in documentation about factor 11 and replaced with new text describing documentation requirement: ~~*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.*~~ … *Factor 11: NCQA reviews a screen shot demonstrating use or capability **or** a report from the electronic system showing the percentage of all unique patients for whom an electronic progress note was created, edited and signed.*	**July 2016**
	Modified the following text in the documentation for factors 1-5, 8-11 to read: *The report must include the reporting period, rate, numerator and denominator.* …	**March 2016**

Location	Details	Date
	~~*For factors 3 and 8, include only patients meeting the age parameter.*~~ … • *Denominator = Number of patients seen by the practice at the practice location at least once during the reporting period (for factors ~~8~~3 and ~~8~~12, include only those who meet the age parameter).*	
	Removed the following text in the explanation: ~~*To qualify for Meaningful Use, the practice must meet the related factors using a certified EHR.*~~ *A practice may provide documentation and receive~~d~~ credit for factors ~~3-8, 10 and 11~~ without a certified EHR.*	**November 2015**
	Removed the following text in 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.*	**November 2015**
	To align with Meaningful Use Modified Stage 2 Final Rule, 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.***	
	Removed NA from 3B Factor 11. Removed the following text from the explanation for factor 11: ~~This factor has an N/A option for practices without this capability until 1/1/2015.~~	**April 2015**
	Added the following bold text and removed the strikethrough text to the explanation for factor 8: *Data on ~~smoking status and~~ tobacco use ~~are~~* ***is*** *collected as a separate factor to emphasize importance to overall health.*	**November 2014**
	Added an NA scoring option for factor 11. Added the following text in the explanation for factor 11: *This factor has an N/A option for practices without this capability until 1/1/2015*	**July 2014**
	Added the following text to the documentation for factors 3 and 8: ***For factors 3 and 8****, include only patients meeting the age parameter.* Added the following text to the documentation for factor 7: ***For factor 7****, include only patients meeting the age parameter.*	

Location	Details	Date
	Removed the following text in 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.*	**November 2015**
	To align with Meaningful Use Modified Stage 2 Final Rule, 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.***	
	Removed NA from 3B Factor 11. Removed the following text from the explanation for factor 11: ~~This factor has an N/A option for practices without this capability until 1/1/2015.~~	**April 2015**
	Added the following bold text and removed the strikethrough text to the explanation for factor 8: *Data on ~~smoking status and~~ tobacco use ~~are~~ **is** collected as a separate factor to emphasize importance to overall health.*	**November 2014**
	Added an NA scoring option for factor 11. Added the following text in the explanation for factor 11: *This factor has an N/A option for practices without this capability until 1/1/2015*	**July 2014**
	Added the following text to the documentation for factors 3 and 8: ***For factors 3 and 8**, include only patients meeting the age parameter.* Added the following text to the documentation for factor 7: ***For factor 7**, include only patients meeting the age parameter.*	
Standard 3, Element C—Documentation & Explanation	Added the following text to the documentation for factors 1-10, method 2: *The example must clearly indicate that it is from a patient record (selected using the RRWB sampling methodology) and must include the clinician or practice name. The patient record must demonstrate entry of data as required by the factor (i.e., practices must provide an example showing information documented in the patient record; an indication of "none," demonstrating that no information is available, is not acceptable as an example).* *Practices should maintain a record of patients sampled for the RRWB, as well as the records that were used as patient examples for each factor, in case of an audit.*	**July 2016**
	Added the following text to the documentation for factors 1-10, method 1: *The report must include the reporting period, rate, numerator and denominator, and ~~The report~~ must clearly state how many patients were assessed for each factor.* *…* *The practice may use the following methodology to calculate the percentage:* • *Denominator = Number of patients seen by the practice at the practice location at least once during the reporting period (for factors 5 and 8, include only those who meet the age parameter).* • *Numerator = Number of patients in the denominator for whom the specified data are entered for each data element.*	**March 2016**
	Added the following text to the explanation for factor 5: *Patients with an advance directive on file meet the factor.*	**November 2015**

Location	Details	Date
	Added the following text to the explanation for factor 10: *The practice assesses the patient/family/caregiver's ability to understand the concepts and care requirements associated with managing their health.* *Alternatively, the practice demonstrates it is a health literate organization (e.g., apply universal precautions, provide health literacy training for staff, system redesign to serve patients at different health literacy levels, utilize AHRQ's or Alliance for Health Reform's Health Literacy toolkit, etc.). Health literate organizations understand that lack of health literacy leads to poorer health outcomes and compromises patient safety and have taken action to ensure there are processes established that address health literacy to improve health behavior and patient safety in the practice setting.* *Health Literacy Resources:* *Institute of Medicine: Ten Attributes of Health Literate Health Care Organizations:* *http://iom.edu/~/media/Files/Perspectives-Files/2012/Discussion-Papers/BPH_Ten_HLit_Attributes.pdf*	**November 2015**
	Modified the documentation for element 3C to read: ***Factors 1–10:*** *The practice chooses one of these two methods of documentation:* 1. *Practice system generated report with a numerator and denominator based on all unique patients in a recent 3 month period. The report must clearly indicate how many patients had an assessment for each factor. The report must indicate that data was entered in the medical record for more than 50 percent in order for the practice to respond "yes" to each factor in the survey tool.* ***OR*** 2. *Review the patient records selected for the medical record review as required in elements 4B and 4C and document presence or absence of the information in the Record Review Workbook. For each factor to which the practice responds "yes," it provides one example of how it meets the factor.* ***Factors 8, 9:*** *In addition to the method chosen, the practice must provide a completed form (de-identified) for each of these factors to receive credit.* ***Factor 10****: For practices that do not assess health literacy at the patient level, NCQA reviews materials or processes demonstrating that health literacy is addressed at the practice.*	**July 2015**
	Modified the following text in the explanation for factor 7: *The practice assesses whether the patient and~~or~~ the patient's family has mental health/behavioral conditions or substance abuse issues (e.g., stress, alcohol, prescription drug abuse, illegal drug use, maternal depression).*	**April 2015**
	Added the following resources to the explanation for factor 10: *Health Literacy Resources:* *Agency for Healthcare Research & Quality: Health Literacy Universal Precautions Toolkit: http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthliteracytoolkit.pdf* *Alliance for Health Reform Toolkit: http://www.allhealth.org/publications/Private_health_insurance/Health-Literacy-Toolkit_163.pdf*	
	Added the following bold text to the documentation for factors 1-10: *Review the patient records selected for the medical record review as required in elements 4B and 4C and document presence or absence of the information in the Record Review Workbook.* ***If using the Record Review Workbook, examples are required demonstrating how each factor is documented.***	**November 2014**

Location	Details	Date
	Modified the following text in the explanation for factor 3: *See PCMH 3~~2~~A Factor 5.*	**May 2014**
	Added the following text to the documentation for factors 1-10: *Documentation requires the practice to provide:* 1. *Practice system generated report with a numerator and denominator based on all unique patients in a recent 3 month period. The report must clearly indicate how many patients had an assessment for each factor. The report must indicate that data was entered in the medical record for more than 50 percent in order for the practice to respond "yes" to each factor in the survey tool.* ***OR*** 2. *Review the patient records selected for the medical record review as required in elements 4B and 4C and document presence or absence of the information in the Record Review Workbook.*	
	Added the following text to the documentation for factors 8,9: *In addition to the report as described above, the practice must provide a completed form (de-identified) for each factor.*	
Standard 3, Element D—Documentation & Explanation	Modified the following text in the explanation of factor 3: *Chronic care for adults: Examples include diabetes care, coronary artery disease care, lab values outside normal range and ~~post-hospitalization follow-up appointments~~ spirometry testing due for patients with COPD.*	**July 2016**
	Added the following text to the explanation of factor 3: *Practices where 75 percent or more of clinicians have earned recognition in the NCQA Heart/Stroke Recognition Program (HSRP) or the Diabetes Recognition Program (DRP) receive automatic credit for factor 3 (for recognitions that are current when the practice submits its PCMH Survey Tool).* *The practice includes a statement about the recognized clinicians, the name of the recognition program and the number or percentage of recognized clinicians in the practice in the Organization Background section of the PCMH ISS Survey Tool.*	
	Removed the following text from the documentation: *~~For Renewal Surveys: The practice needs to provide reports used by the practice in the previous 12 months to remind patients of needed services specified in the factors, and reminders sent to patients.~~*	
	Added the following text in bold and removed the strikethrough text in the explanation: *Renewing practices: The practice **should be identifying patients and conducting outreach for needed services** ~~is required to meet the factors in this element~~ at least annually. ~~Renewing practices need to show that at least two factors have been met within the (the current year and a previous year).~~*	**November 2015**
	Removed the following text in the explanation: ~~Factors 1–3 blend two Meaningful Use criteria in each factor:~~ ~~• Generate lists of patients: At least one list of patients with a specific condition to use for quality improvement, reduction of disparities and outreach.~~ ~~• Send reminders: Send an appropriate reminder for preventive or follow-up care to more than 20 percent of all patients 65 years or older or 5 years or younger.~~	

	Added the following text in bold and removed the strikethrough text in the documentation: *For Renewal Surveys: The practice* ***needs to provide*** ~~*must*~~ ***reports used by the practice in the previous 12 months to remind patients of needed services specified in the factors, and reminders sent to patients.*** ~~*provide*~~ ***Note: If available, although no longer required, a renewing practice can provide*** *evidence for* ~~*at least two factors for two years of annual outreach (current year and*~~ *a previous year*~~)~~ ***of proactive outreach in addition to the current year****. The outreach activity does not need to be the same each year.* ~~*For the three other factors chosen, the practice is required to provide only reports or lists that were generated in the previous 12 months and does not need to show annual outreach for two years.*~~ ~~*If a renewing practice is unable to show evidence of ongoing population management (annually for at least two years) for at least two factors, it must submit as an initial applicant and may not use the streamlined renewal process.*~~	
	Modified the following text to the documentation: ***Factors 1–5:*** *NCQA reviews:* • *Identified services.* • *Reports or lists of patients needing services generated within the previous 12 months.* • *Materials showing how patients were notified for each service (e.g., call logs with successful contact vs. unsuccessful contact, examples of blinded letters sent to patients, a script or description of phone reminders, screen shots of electronic notices). These examples are not the only means demonstrating patient contact.* *For Renewal Surveys: The practice must provide evidence for at least two factors for two years of annual outreach (current year and a previous year). The outreach activity does not need to be the same each year****...***	**July 2015**
	Modified the following text to the explanation: *Renewing practices: The practice is required to meet the factors in this element at least annually. Renewing practices need to show that at least two factors have been met for two years (current year and previous year)*~~*during each year of recognition.*~~	**April 2015**
	Added the following text to the documentation: *For Renewal Surveys: The practice must provide evidence for at least two factors for two years of annual outreach (current year and previous year), such as documentation in the patient record, phone call note, letter, etc. For the three other factors chosen, the practice is required to provide only reports or lists that were generated in the previous 12 months and does not need to show annual outreach for two years.* *If a renewing practice is unable to show evidence of ongoing population management (annually for at least two years) for at least two factors, it must submit as an initial applicant and may not use the streamlined renewal process.*	
	Added the following bold text to the explanation for factor 3: *The practice generates lists (registries) of patients who need chronic* ***or acute*** *care management services and uses the lists to remind identified patients of at least three chronic* ***or acute*** *care services:* • ***Chronic care*** *for adults: Examples include diabetes care, coronary artery disease care, lab values outside normal range and post-hospitalization follow-up appointments.* • ***Chronic care*** *for children: Examples include services related to chronic conditions such as asthma, ADHD, ADD, obesity and depression.*	**November 2014**

Location	Details	Date
	• ***Acute care for adults:*** *Examples include services related to acute conditions such as repeated sinusitis or flu symptoms.* • ***Acute care for children:*** *Examples include services or follow-up visits related to acute conditions such as repeated pharyngitis or otitis media ear infections, injuries, upper respiratory infections.*	
	*Chronic **and acute** care management services consider a practices entire population. Practices may focus on three chronic care services related to one condition.*	**November 2014**
	Modified the following text to the documentation for factors 1-5: • *For factors 1-3, NCQA Reviews the documentation identified services.*	**May 2014**
Standard 3, Element E—Documentation and Explanation	Modified the following text in the documentation: • *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 or other system) templates based on condition-specific guidelines~~.*	**July 2016**
	Added the following text to the explanation: *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**
	Modified the following text in the documentation for factors 1–6: *At least one ~~E~~examples~~ of guideline implementation at the point of care, such as 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, enabling the practice to develop treatment plans and document patient status and progress~~.*	
	Added the following text in bold and removed the strikethrough text in the explanation: ***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:*** • ***Computerized alerts and reminders for providers and patients*** • ***Clinical guidelines*** • ***Condition-specific order sets*** • ***Focused patient data reports and summaries*** • ***Documentation templates*** • ***Diagnostic support*** • ***Contextually relevant reference information."*** ~~*and use registries that identify and engage patients in need of important services proactively (as in PCMH 3, Element D).*~~ ***While CDS may relate to clinical quality measures, measures alone do not achieve the broader goals of CDS.***	**November 2015**
	Added the following text in the explanation: • ***American Academy of Pediatrics****—http://goo.gl/izxWy9*	

Location	Details	Date
	Added the following text in bold and removed the strikethrough text in the explanation for factor 2: *The practice has evidence-based guidelines it uses for clinical decision support related to at least one chronic medical condition. Relevant chronic conditions may include, but are not limited to, arthritis, asthma, cardiovascular disease, COPD, diabetes, ~~and~~ eczema **and pain management**.*	
	Added the following text in bold in the explanation for factor 3: *Relevant acute conditions may include, but are not limited to, **acute back pain,** allergic rhinitis, bronchiolitis, influenza, otitis media, pharyngitis, sinusitis and urinary tract infection.*	**November 2015**
	Modified the following text to the documentation for factors 1-6: • Examples of guideline implementation, such as ~~and~~ 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, enabling the practice to develop treatment plans and document patient status and progress. • ~~*Templates of the tools, including electronic system organizer (e.g. registry, EHR, other system) screenshots showing templates for treatment plans and documenting progress.*~~	**July 2014**
	Added the following text in the explanation for factor 1-6: *Factor 1: The practice has evidence-based guidelines it uses for clinical decision support related to at least one mental health issue (e.g., depression, anxiety, bipolar disorder, ADHD, ADD, dementia, Alzheimer's) or substance abuse issue (e.g., illegal drug use, prescription drug addiction, alcoholism).* *Factor 2: The practice has evidence-based guidelines it uses for clinical decision support related to at least one chronic medical condition. Relevant chronic conditions may include, but are not limited to, arthritis, asthma, cardiovascular disease, COPD, diabetes and eczema.* *Well-child care is not an acceptable chronic condition for this factor.* *Factor 3: The practice has evidence-based guidelines it uses for clinical decision support related to at least one acute medical condition. Relevant acute conditions may include, but are not limited to, allergic rhinitis, bronchiolitis, influenza, otitis media, pharyngitis, sinusitis and urinary tract infection.* *Factor 4: The practice has evidence-based guidelines it uses for clinical decision support related to at least one unhealthy behavior (e.g., obesity, smoking).* *Factor 5: The practice has evidence-based guidelines it uses for clinical decision support related to well-child or adult care (e.g. age appropriate screenings, immunizations).* *Factor 6: The practice has evidence-based guidelines it uses for clinical decision support related to overuse or appropriateness of care issues (e.g. use of antibiotics, avoiding unnecessary testing, and referrals to multiple specialists).*	
Standard 4, Element A—Documentation & Explanation	Added the following text to the explanation: *The practice receives credit for each factor~~s~~ (1–5) included in its criteria for identification of patients for care management in factor 6.*	**March 2016**
	Modified the following text in the documentation for factors 1–5: *NCQA reviews the practice's ~~documented process that describes the~~ criteria for identifying patients for ~~each~~ factor 6.*	
	Added the following text in the documentation:	**November 2015**

Location	Details	Date
	Note: The practice must identify at least 30 patients in the numerator for factor 6 to use in reporting Elements 4B and 4C.	
	Modified the following text to the documentation for factor 6: NCQA reviews a report showing the number and percentage of its total patient population identified as likely to benefit from care management~~, through one factor or through a combination of factors or criteria determined by the practice~~.	**April 2015**
	Modified the following text to the documentation for factors 1-5: *NCQA reviews the practice's documented process that describes the criteria ~~and process~~ for identifying patients for each factor.*	**May 2014**
Standard 4, Element B—Documentation & Explanation	Added the following text to the documentation for factors 1-5, method 2: *The example must clearly indicate that it is from a patient record (selected using the RRWB sampling methodology) and must include the clinician or practice name. The patient record must demonstrate entry of data as required by the factor (i.e., practices must provide an example showing information documented in the patient record; an indication of "none," demonstrating that no information is available, is not acceptable as an example).* *Practices should maintain a record of patients sampled for the RRWB, as well as records that were used as patient examples for each factor, in case of an audit.*	**July 2016**
	Modified the documentation text for factors 1–5, Method 1, to read: *Practice system-generated report, with numerator and denominator based on patients identified in Element A in a recent three-month period. ~~Query the practice's electronic registry, practice management system or other electronic systems for the patients identified in Element A.~~ The report must include the reporting period, rate, numerator and denominator. The practice may use the following methodology to calculate the percentage:*	**March 2016**
	Added the following text in bold to the explanation: *A care plan considers and/or specifies **various areas related to a patient's care, which could include:** …*	**November 2015**
	Added the following text in bold to the documentation for Method 1: ***Note: At least 30 patients must be included in the sample for Method 1.***	
	Added the following bold text and removed the strikethrough text to the documentation for factors 1-5: *NCQA reviews reports from the practice's electronic system, OR the Record Review Workbook**. If using the Record Review Workbook** ~~AND~~ examples **are required** demonstrating how each factor is documented.*	**November 2014**
	Added the following text in the explanation for factor 4: *The self-management plan includes goals and a way to monitor self-care.* *If the patient is meeting treatment goals, documentation could be that the patient is meeting treatment goals with documentation that the patient was instructed to maintain the current self-care plan.*	**May 2014**
Standard 4, Element C—Documentation & Explanation	Added the following text to the documentation for factors 1-6, method 2: *The example must clearly indicate that it is from a patient record (selected using the RRWB sampling methodology) and must include the clinician or practice name. The patient record must demonstrate entry of data as required by the factor (i.e., practices must provide an example showing information documented in the patient record; an indication of "none," demonstrating that no information is available, is not acceptable as an example).*	**July 2016**

	Practices should maintain a record of patients sampled for the RRWB as well as which records were used as patient examples for each factor in case of an audit.	

Location	Details	Date
	Modified the documentation text for factors 1–5, Method 1, to read: *Practice system-generated report, with a numerator and denominator based on patients identified in Element A in a recent three-month period. ~~Query the practice's electronic registry, practice management system or other electronic systems for the patients identified in Element A.~~ The report must include the reporting period, rate, numerator and denominator. The practice may use the following methodology to calculate the percentage:*	**March 2016**
	Added the following text in bold to the explanation for factor 6: *At least annually, the practice reviews and documents in the medical record **the non-prescription medications, such as** over-the-counter (OTC) medications, herbal therapies and supplements **that the patient is taking** to prevent interference with prescribed medication and to evaluate potential side effects.*	**November 2015**
	Added the following text in bold to the documentation for Method 1: ***Note: At least 30 patients must be included in the sample for Method 1.***	
	Modified the following text in the explanation for factor 4: *The practice assesses how well patients understand the information about medications they are taking, and considers a patient's health literacy (PCMH 3~~2~~, Element C, factor 10).*	**April 2015**
	Added the following bold text and removed the strikethrough text to the documentation for factors 1-6: *NCQA reviews reports from the practice's electronic system, OR the Record Review Workbook**. If using the Record Review Workbook** ~~AND~~ examples **are required** demonstrating how each factor is documented.*	**November 2014**
Standard 4, Element D—Documentation & Explanation	Modified the documentation text for factors 1 and 2 to read: *The practice provides a report ~~calculates a percentage that requires a~~ that includes the reporting period, rate, numerator and denominator~~,~~ based on a recent three-month period~~:~~. The practice may use the following methodology to calculate the percentage:*	**March 2016**
	Added the following text in bold and removed the strikethrough text from the explanation for factor 1: *~~If a practice writes fewer than 100 prescriptions during the reporting period, the practice may select an NA response and provide a written explanation in the Support Text/Notes box in the Survey Tool.~~* *~~If a practice does not have a pharmacy in its organization and no pharmacies within 10 miles of the practice accept electronic prescriptions, the practice may select an NA response and provide a written explanation in the Support Text/Notes box in the Survey Tool.~~* ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.***	**November 2015**
	Removed the following text from the explanation for factor 2: *~~If a practice writes fewer than 100 prescriptions during the reporting period, the practice may select an NA response. The practice provides a written explanation for an NA response and enters the number of prescriptions written during the reporting period in the Support Text/Notes box in the Survey Tool or in a linked document, to attest to exclusion from this requirement.~~*	

Location	Details	Date
	If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.	

Location	Details	Date
	Modified the following text in the explanation for factor 3: *When a new prescription request is entered, the practice's electronic prescribing system alerts the clinician to potentially harmful, patient-specific interactions between drugs and~~or~~ to a patient's drug allergy.*	**April 2015**
Standard 4, Element E—Documentation & Explanation	Modified the documentation text for factor 1 to read: *The practice provides a report ~~calculates a percentage that requires a~~ that includes the reporting period, rate, numerator and denominator~~,~~ based on a recent three-month period~~:~~. The practice may use the following methodology to calculate the percentage:*	**March 2016**
	Modified the following language for factor 1 to align with factor stem: The practice uses an EHR to identify patient-specific educational resources and provides the resources to more than ~~at least~~ 10 percent of its patients.	**July 2015**
Standard 5, Element A—Factors	Modified language for factors 9-10 to align with documentation changes in November 2015 due to the Meaningful Use Modified Stage 2 Final Rule: *9. ~~Electronically~~ Incorporates ~~more than 55 percent of all~~ clinical lab test results electronically into structured fields in the medical record.* *10. ~~More than 10 percent of~~ Makes scans and tests that result in an image ~~are~~ accessible electronically.*	**July 2016**
Standard 5, Element A—Documentation & Explanation	Removed the following text in the explanation for factor 9: *The practice electronically incorporates ~~more than 55 percent of all~~ clinical lab test results into structured fields in medical records.*	**July 2016**
	Modified the documentation text for factors 7–10 to read: *The practice provides a report ~~calculates a percentage that requires a~~ that includes the reporting period, rate, numerator and denominator~~,~~ based on a recent three-month period~~:~~. The practice may use the following methodology to calculate the percentage:*	**March 2016**
	Added the following text in bold and removed the strikethrough text from the explanation for factors 7, 8: ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.*** *~~CMS provides the following additional information: "If the practice writes fewer than 100 laboratory or radiology orders during the reporting period," it may enter an NA response and must provide a written explanation in the Support Text/Notes box in the Survey Tool.~~*	**November 2015**
	Added the following text in bold and removed the strikethrough text from the explanation for factor 9: *~~CMS provides the following additional information: "If the~~ **a** practice orders no lab tests whose results are in a positive or negative affirmation or numeric format during the reporting period, it may enter an NA response and must provide a written explanation in the Support Text/Notes box in the Survey Tool.*	**November 2015**
	Added the following text in bold and removed the strikethrough text from the explanation for factor 10:	

Location	Details	Date
	If a practice orders less than 100 tests during the reporting period whose result is an image or has no access to electronic imaging results at the start of the reporting period, the practice may respond NA to the factor. An NA response requires a written explanation. ~~*To meet this Meaningful Use requirement, the practice is expected to incorporate the image and accompanying information into Certified EHR Technology (CEHRT) or provide an indication in CEHRT that the image and accompanying information are available for a given patient in another technology and provide a link to that image and accompanying information. CMS states that the "link must conform to the certification requirements associated with objective in the ONC final rule:*~~ ~~*CMS states:*~~ ~~*• "Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through 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."*~~	

Location	Details	Date
	~~*CMS provides exclusions "any eligible provider (EP) who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the reporting period.*~~ ~~*Practices may enter an NA response and must provide a written explanation in the Support Text/Notes box in the Survey Tool.*~~	**November 2015**
	Added the following text in bold in the documentation for factor 9: *NCQA reviews* ***a screen shot demonstrating capability OR*** *reports from the practice's electronic system.*	
	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.*	
	Added the following bold text and removed the strikethrough text to the documentation for factors 1-6: • *A documented process.* ~~*and evidence showing of how the process is met for each factor tracking*~~ • ~~*a report or log showing the tracking and*~~ ***Evidence showing how the process is met for each factor such as a report or a log or examples (to receive credit for the factor the practice must show evidence across patients not just a single example).*** ~~*• examples of how the process is met for each factor*~~	**November 2014**
	Added the following bold text and removed the strikethrough text to the explanation for factor 10: ***To meet this Meaningful Use requirement, the practice is expected to incorporate the image and accompanying information into CEHRT or provide an indication in CEHRT that the image and accompanying information are available for a given patient in another technology and provide a link to that image and accompanying information. CMS states that the "link must conform to the certification requirements associated with objective in the ONC final rule.*** ***CMS states:*** • ***"Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT."***	**July 2014**

	• ***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 "any eligible provider (EP) who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the reporting period.*** ***Practices may enter an NA response and must provide a written explanation in the Support Text/Notes box in the Survey Tool.***	
	Added the following bold text and removed the strikethrough text to the documentation for factor 10: NCQA reviews reports from the practice's electronic system. *The practice calculates a percentage that requires a numerator and a denominator, based on a recent three-month period:* • *Denominator = Number of tests whose result is one or more images ordered during the reporting period.* • *Numerator = Number of **imaging** results in the denominator that are accessible **through** the in the practice's electronic system.*	

Location	Details	Date
	• Modified the following text to the documentation for factors 1–6: *Factors 1–6: NCQA reviews:* • *A documented process, **and*** • *A report or log showing the tracking, **and*** • *Examples of how the process is met for each factor.*	**July 2014**
	Added the following text to the documentation for factors 1–6: *NCQA reviews a documented process and a report or log showing the tracking and examples of how the process is met for each factor.*	**May 2014**
Standard 5, Element B—Factors	Modified language for factor 7 to align with documentation changes in November 2015 due to the Meaningful Use Modified Stage 2 Final Rule: *7. Has the capacity for electronic exchange of key clinical information+ and provides an electronic summary of care record to another provider for more than ~~50~~ 10 percent of referrals. +*	**July 2016**
Standard 5, Element B—Documentation & Explanation	Modified the following text in the explanation for factor 7: *The practice demonstrates the capability for electronic exchange of key clinical information with other providers or settings of care and provides an electronic summary-of-care record for more than ~~50~~ 10 percent of referrals. …* *~~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.~~*	**July 2016**
	Added the following text to the documentation for factor 7: A report with the reporting period, numerator, denominator and percentage from at least three months of transitions and referrals to another provider. The practice may use the following methodology to calculate the percentage:	**March 2016**

	Modified factor 10 documentation requirement: *Factors 5, 6, 8~~, 10~~:* … *Factors 9* ***and 10****: NCQA reviews at least three examples*	
	Modified the following text to the explanation for factor 6: *Referrals include relevant clinical information,* ***such as:*** *~~; for example:~~* *• Current medications.* *• Diagnoses, including mental health, allergies, medical and family history, substance abuse and behaviors affecting health.* *~~• The reason for the referral and evaluation details.~~* *• Clinical findings and current treatment.* *• Follow-up communication or information.*	**November 2015**
	To align with Meaningful Use Modified Stage 2 Final Rule, added the following bold text and removed the strikethrough text from the explanation for factor 7: ***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.*** ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.*** *~~CMS provides the following additional information:~~* *~~EPs (eligible providers) need to provide a summary of care for 50 percent of transitions of care or referrals, 10 percent of which need to be sent electronically either directly from the CEHRT or via an HIE. Providers also need to demonstrate successful exchange of information with another recipient with a different EHR.~~*	
	Added the following text to the explanation for factor 5: *The referring clinician indicates the type of referral which may include a consultation or single patient visit; request for shared- or co-management of the patient for a specific condition for an indefinite or a limited time; temporary or long-term principal care such as a transfer.*	**April 2015**

Location	Details	Date
	Modified the following text to the documentation for factor 7 *The practice provides:* • *A screen shot or other document showing a test of capability, and* • *A report with numerator, denominator and percentage from at least three months of transitions and~~or~~ referrals to another provider.*	**April 2015**
	Added an NA scoring option for factor 7.	**November 2014**
	Added the following bold text and removed the strikethrough text to the explanation for factor 7: *The practice demonstrates the capability for electronic exchange of key clinical information with other* ***providers or settings of care and provides an electronic summary-of-care record for more than 50 percent of referrals. Summary-of-care record does not need to be electronic itself to meet this factor, it just needs to be produced electronically.*** *~~clinicians and provides an electronic summary-of-care record for more than 50 percent of referrals to a referred specialist.~~*	

	Added the following text to the documentation for factors 5, 6, 8 & 10: *For each factor, NCQA reviews a documented process and a report, log, or other means of demonstrating that its process is followed. A paper log or screen shot showing electronic capabilities is acceptable. The report may be system generated or may be based on at least one week **(five days)** of referrals, with de-identified patient data.*	
	Added the following bold text and removed the strikethrough text to the documentation for factor 7: *The practice provides the following: ~~a report from the electronic system~~* *1. Screen shot or other document showing a test of capability **and*** *2. Report with numerator, denominator and percentage from at least three months of transitions or referrals to another provider.* *~~The practice calculates a percentage that requires a numerator and a denominator, based on a recent period of at least three months. The practice may use the following methodology to calculate the percentage:~~* • *Denominator = Number of transitions of care and referrals.* • *Numerator = Number of transitions of care and referrals in the denominator where a summary care record was provided electronically.*	
	If the practice does not transfer patients to another care setting it may respond NA to this factor. The practice must provide a written explanation for an NA response in the Support Text/Notes box in the Survey Tool.	
	Modified the following text to the documentation for factors 5, 6, 8, 10: *For each factor, NCQA reviews a documented process and a report, log, or other means of demonstrating that its process is followed. A paper log or screen shot showing electronic capabilities is acceptable. The report may be system generated or may be based on at least one week of referrals, with de-identified patient data. ~~the practice provides a documented process for staff, and at least one example or report demonstrating that the process has been implemented~~.*	**May 2014**
	Modified the following text to the documyentation for factor 9: *NCQA reviews at least three ~~The practice provides at least one~~ examples.*	

Location	Details	Date
Standard 5, Element C—Factors	Modified language for factor 7 to align with documentation changes in November 2015 due to the Meaningful Use Modified Stage 2 Final Rule: *7. Exchanges key clinical information with facilities and provides an electronic summary-of-care record to another care facility for more than ~~50~~ 10 percent of patient transitions of care. +*	**July 2016**
Standard 5, Element C—Documentation & Explanation	Modified the following text in the explanation for factor 7: *The practice demonstrates the capability for electronic exchange of key clinical information with other settings of care or providers and provides an electronic summary-of-care record for more than ~~50~~ 10 percent of transitions to another setting of care or referrals to another provider. …* *~~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 care transitions.~~*	**July 2016**
	Added the following text to the documentation for factor 7: A report with the reporting period, numerator, denominator and percentage from at least three months of transitions and referrals to another provider. The practice may use the following methodology to calculate the percentage:	**March 2016**
	To align with Meaningful Use Modified Stage 2 Final Rule, added the following text in bold and removed the strikethrough text from the explanation for factor 7: ***If a practice meets the exclusion criteria for the current final rule for Meaningful Use, it may respond NA to the factor. An NA response requires a written explanation.*** ***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 care transitions.*** *~~CMS provides the following additional information:~~* *~~EPs (eligible providers) need to provide a summary of care for 50 percent of transitions of care or referrals, 10 percent of which need to be sent electronically either directly from the CEHRT or via an HIE. Providers also need to demonstrate successful exchange of information with another recipient with a different EHR.~~*	**November 2015**
	Added the following bold text and removed the strikethrough text to the explanation for factor 7: *The practice* ***demonstrates the capability for electronic exchange of key clinical information with other settings of care or providers and provides an electronic summary-of-care record for more than 50 percent of transitions to another setting of care or referrals to another provider. Summary-of-care record does not need to be electronic itself to meet this factor, it just needs to be produced electronically.*** ***CMS provides the following additional information:*** ***EPs (eligible providers) need to provide a summary of care for 50% of transitions of care or referrals, 10% of which need to be sent electronically either directly from the CEHRT or via an HIE. Providers also need to demonstrate successful exchange of information with another recipient with a different EHR.*** *~~can send and receive key clinical information (e.g., problem list, medication list, medication allergies, diagnostic test results) electronically and via secure e-mail with other providers of care, with patient-authorized entities and with facilities (e.g., hospitals, ERs, extended care facilities, nursing homes).~~*	**November 2014**
	Added the following bold text and removed the strikethrough text to the documentation for factor 7: *The practice provides the following:* *1. Screen shot or other document showing a test of capability,* ***and***	

Location	Details	Date
	2. Report with numerator, denominator and percentage from at least three months of transitions. *~~NCQA reviews a report illustrating information exchange or a screen shot showing a test of capability, and reviews a report with numerator, denominator and percentage from at least three months of transitions.~~* *~~CMS provides the following additional information: "The transferring party must provide the summary of care record to the receiving part. If the provider to whom the referral is made or to whom the patient is transitioned has access to the medical record maintained by the referring provider, the summary of care record would not need to be provided and that patient should not be included in the denominator for transitions of care."~~*	
	Modified the following text to the documentation for factor 7: *NCQA reviews a report illustrating ~~electronic~~ information exchange or a screen shot showing a test of capability, and reviews a report with numerator, denominator and percentage from at least three months of transitions.*	**July 2014**
	Added the following text to the documentation: *For all factors that require a documented process, the documented process includes a date of implementation or revision and has been in place for at least three months prior to submitting the PCMH 2014 Survey Tool.*	**May 2014**
	Modified the following text in the explanation for factor 6: *The practice has a process for working with community partners, such as detention centers, halfway houses, juvenile justice facilities, foster care, child or adult protective services or others, to obtain appropriate consent for release of information to treat and coordinate care with those partners who have legal responsibility for certain patients.*	
	Modified the following text in the documentation for factor 3: *NCQA reviews the practice's documented process for obtaining hospital discharge summaries, and reviews at least three examples of a discharge summary. ~~NCQA reviews the practice's documented process for patient follow-up after a hospital admission or ER visit, and reviews at least three de-identified examples of documented patient follow-up in the medical record, or a log documenting systematic follow-up.~~*	
	Modified the following text in the documentation for factor 4: *NCQA reviews the practice's documented process for patient follow-up after a hospital admission or ER visit, and reviews at least three de-identified examples of documented patient follow-up in the medical record, or a log documenting systematic follow-up.~~and reviews at least three examples of a discharge summary.~~*	
	Added the following text to the documentation for factor 7: *If the practice does not transfer patients to another care setting they may respond NA to this factor. The practice must provide a written explanation for an NA response in the Support Text/Notes box in the Survey Tool.* *CMS provides the following additional information: "The transferring party must provide the summary of care record to the receiving part. If the provider to whom the referral is made or to whom the patient is transitioned has access to the medical record maintained by the referring provider, the summary of care record would not need to be provided and that patient should not be included in the denominator for transitions of care."*	

Location	Details	Date
Standard 6, Element A—Documentation & Explanation	Added the following text to the explanation: *When it selects measures of performance, the practice indicates the following for each measure: period of measurement (e.g., one month, three months, one year), number of patients represented by the data, rate (percentage) based on a numerator and denominator.*	**March 2016**
	Modified the documentation text for factors 1–4 to read: *The practice documents the following for each measure selected:* • *Period of measurement.* • *Number of patients represented by the data (i.e., numerator and denominator).* • *Rate (percent) ~~based on a numerator and denominator~~.* *NCQA reviews reports or clinical recognition results showing performance measures.* *For Renewal Surveys: The practice may only respond "yes" to a factor if ~~needs to provide reports showing that~~ it has measured annually for two years (current year and previous year). If a renewing practice has current Level 2 or 3 recognition, the element is available for attestation and no documentation is required, except in the case of an audit.~~However, if a practice is unable to show evidence that it has reported data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.~~*	
	Moved the following text from the explanation to the documentation section: *~~The practice documents the period of measurement, the number of patients represented by the data and the patient selection process.~~ When possible, the practice uses…* Documentation text is now updated to reflect the following: ***Factors 1–4:*** *The practice documents the following for each measure selected:* • *Period of measurement* • *Number of patients represented by the data (i.e., numerator and denominator).* • *Rate (percent) based on a numerator and denominator.* NCQA reviews reports or recognition results showing performance measures.	**July 2015**
	Modified the following text to the documentation: *For Renewal Surveys: The practice needs to provide~~NCQA reviews~~ reports showing that it has measured annually for two years (current year and previous year). If a renewing practice is currently recognized as a Level 2 or 3, this element is available for attestation. However, if a practice is unable to show evidence that it has reported data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.*	**April 2015**
	Added the following text to the explanation: *When it selects measures of performance, the practice documents the following for each measure: period of measurement, number of patients represented by the data, rate (percent) based on a numerator and denominator.*	**November 2014**
	Added the following text to the documentation:	

Location	Details	Date
	If this element is selected for the Multi-site Corporate Survey Tool, you must provide a report with data specified for each individual site in corporate tool.	
Standard 6, Element B—Documentation	Modified the documentation text for factors 1–2 to read: *The practice documents the following for each measure selected:* • *Period of measurement.* • *Number of patients represented by the data (i.e., numerator and denominator).* • *Rate (percentage).* *NCQA reviews reports showing performance measures.* ~~*NCQA reviews reports showing practice performance. Reports compare "better" or "worse" results on specific metrics and may include aggregated information.*~~ *For Renewal Surveys: For factor 2, the practice provides reports showing that it has measured annually for two years (current year and previous year).* ~~*If a renewing practice is unable to show evidence that it has reported data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.*~~	**March 2016**
	Added the following text to the documentation: ***If a renewing practice did not previously measure or receive quantitative data on utilization measures in the practice's previous survey, two years is NOT required and reports from within the 12 months prior to survey submission would meet the requirement for the factor.***	**November 2015**
	Added the following text to the explanation for factor 2: *The practice uses resources judiciously to help patients receive appropriate care. The types of measures monitored for this factor are intended to help practices understand how efficiently they provide care, and may include ER visits, potentially avoidable hospitalizations and hospital readmissions, redundant imaging or lab tests, prescribing generic medications vs. brand name medications and number of specialist referrals. A no-show rate is not an acceptable measure to meet this requirement. Practices may use data from one or more payers that cover at least 75 percent of patients, or may collect data over time.* Modified the following text to documentation: *For Renewal Surveys: For factor 2 only, the practice provides*~~*NCQA reviews*~~ *reports showing that it has measured annually for two years (current year and previous year).*	**April 2015**
	Added the following text to the documentation: *If this element is selected for the Multi-site Corporate Survey Tool, you must provide a report with data specified for each individual site in corporate tool.*	**November 2014**
Standard 6, Element C—Explanation & Documentation	Modified the documentation text for factors 1–4 to read: *A blank survey does not meet the intent of this element.* *A practice* ~~*that is*~~ *pursuing NCQA Distinction in Patient Experience Reporting must also provide a report.* *For Renewal Surveys: The practice may only respond "yes" to a factor if* ~~*needs to provide reports showing that*~~ *it has measured annually for two years (current year and previous year). If a renewing practice is currently recognized as a Level 2 or 3, this element is available for attestation, and no documentation is required except in the case of an*	**March 2016**

Location	Details	Date
	audit.~~However, if a practice is unable to show evidence that it has reported data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.~~	
	Added the following text to the explanation for factor 4: *Qualitative feedback methods **such as** ~~may include~~ focus groups, individual interviews, patient walkthrough and suggestion boxes **may be used**.*	**November 2015**
	Modified the following text to the documentation: *If this element is selected for the Multi-site Corporate Survey Tool, you must provide a report with data specified for each individual site in the corporate tool. Practice sites can share the same goals and actions taken by the organization for factors 1-3, however the re-measurement and performance reporting must be at the site level.*	**July 2015**
	Modified the following text to the explanation for factor 2: *The practice uses the standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) PCMH Survey Tool to collect patient experience data. The practice may also use CAHPS-CG or 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.* ***For Distinction ONLY:** A certified vendor…*	**July 2015**
	Modified the following text to the explanation for factor 2: *The practice uses the standardized CAHPS PCMH Survey Tool to collect patient experience data~~, and is not required to use a vendor to meet this factor.~~ A vendor **IS NOT** required to administer the survey if the practice wants to meet the requirements for factor 2. The practice must administer the entire PCMH CAHPS survey, not just sections of the survey, to receive credit.* *A certified vendor is **ONLY** required if the practice wants to receive NCQA Distinction in addition to being recognized, see note.* *Added the following text to the documentation for factors 1-4:* *A practice that is pursuing NCQA Distinction must provide a report.* *Modified the following text to the documentation:* *For Renewal Surveys: The practice needs to provide ~~NCQA reviews~~ reports showing that it has measured at least annually for two years (current year and previous year). If a renewing practice is currently recognized as a Level 2 or 3, this element is available for attestation. However, if a practice is unable to show evidence of annual data that it reports that it has reported data annually for at least two years, it must submit as an initial applicant and may not use the streamlined renewal process.*	**April 2015**
	Added the following text to the documentation:	**November 2014**

Location	Details	Date
	If this element is selected for the Multi-site Corporate Survey Tool, you must provide a report with data specified for each individual site in the corporate tool.	
Standard 6, Element D—Documentation & Explanation	Added the following text to the explanation for factors 1-6: ***…****measures (measures identified in Element C). The goal is for the practice to reach a desired level of achievement based on its self-identified standard of care. No show rates are not acceptable.* Added the following text the explanation for factor 7: *The practice identifies areas of disparity among vulnerable populations and makes a comparison to the general population. The practice then sets goals, and acts to improve performance**…*** ***…*** ***Note for Factor 7:*** *The care or service used does not need to be the same as identified in Element 6A or 6C.*	**July 2015**
	Modified the following text to explanation for factors 1-6: *The practice sets goals and acts to improve performance, based on clinical quality measures (~~such as~~ measures identified in Element A), resource and care coordination measures (~~such as~~ measures identified in Element B) and patient experience measures (~~such as~~ measures identified in Element C). The goal is for the practice to reach a desired level of achievement based on its self-identified standard* *Added the following text to the explanation for factor 7:* ***Note:*** *The care of service used does not need to be the same as identified in Element 6A.*	**April 2015**
	Added the following text to the explanation for factors 1-6: *The practice sets goals and acts to improve performance, based on clinical quality measures (**such as measures identified** in Element A), resource measures (**such as measures identified** in Element B) and patient experience measures (**such as measures identified** in Element C). The goal is for the practice to reach a desired level of achievement based on its self-identified standard of care.*	**November 2014**
Standard 6, Element E—Documentation & Explanation	Added the following text to the documentation for factors 1-4: *Performance data provided must include the reporting period, rate, numerator and denominator.*	**March 2016**
Standard 6, Element F—Documentation & Explanation	Added the following text to the documentation: *NCQA reviews at least one example from Elements A, B and C for each of the following:*	**July 2016**
	Added the following text to the documentation for factor 3: *Factor 3: NCQA reviews an example of a performance report provided to the public, including how data are provided to the public.*	**March 2016**
	Added the following text to the documentation for factor 4: *Factor 4: NCQA reviews an example of a performance report provided to patients, including how data are provided to patients.*	
	Added the following text to the explanation for factors 3 & 4:	**July 2015**

Location	Details	Date
	Factor 3: *The practice reports site-specific or clinician data on its Web site, or data are made public by a health plan or other entity.* ***Factor 4:*** *The practice reports site-specific or clinician performance results…*	
Standard 6, Element G—Documentation & Explanation	Added the following text to the documentation for factor 1: *The practice provides the name of the Certified EHR in the Support Text/Notes box in the ISS survey tool.*	**March 2016**
	Added the following text to the documentation for factor 8: *The practice provides the names of the HIEs in the Support Text/Notes box in the ISS survey tool.*	
	Added the following text to the documentation for factor 9: *The practice provides the names of the HIEs in the Support Text/Notes box in the ISS survey tool.*	
	Added the following text in bold and removed strikethrough text from the explanation: ~~*CMS states that objectives are as follows:*~~ ~~*• "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 1 Core Meaningful Use requirement #15, Protect Electronic Health Information:*~~	**November 2015**
	~~*http://www.cms.gov/EHRIncentivePrograms/Downloads/15ProtectElectronicHealthInformation.pdf.*~~ ~~*• Stage 2 Core Meaningful Use requirement #17, Protect Electronic Health Information: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/14_Protect_Electronic_Health_Information.pdf.*~~	
	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."*~~	
	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 4 and*~~ *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."*	
	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.*	**November 2015**

Location	Details	Date
	~~*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:*~~	

Location	Details	Date
	~~*"(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;*~~	**November 2015**
	~~*(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 for Meaningful Use by CMS Meaningful Use Stage 2 guidelines*~~*.*	
	Removed the following text from the explanation for factor 7: *The practice attests that it* ~~*has fulfilled the CMS Meaningful Use Stage 1 Menu Set Measure 9, 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."* ~~*Factor 7 is NA for practices that "[administer] no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically."*~~	

Location	Details	Date
	Removed the following text from the explanation for factor 10: *The practice attests that it ~~has fulfilled the CMS Meaningful Use Stage 2 Core Set Measure 12, indicating it~~ can "[use] clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference… for [more] than 10 percent of all unique patients."*	
	Removed links to MU Stage 2 objectives in documentation section.	
	Added the following text in bold in documentation for factor 10: ***Note: Practices may respond "yes" if they meet PCMH 3D, factors 1,2, or 3.***	
	Removed the following text from the explanation for factor 1: ***Factor 1:*** *The practice attests to using a certified EHR system. ~~Since the practice may use more than one software system, **all** must be listed~~. CMS provides information on obtaining a Certification ID on their Web site at…*	**July 2015**
	Removed the following text from the explanation for factor 1: *The practice attests to using a certified EHR system ~~and provides the CMS Certification ID number(s) of the software system (or modules) used by the practice~~. Since the practice may use more than one software system, all must be listed.*	**April 2015**

Location	Details	Date
	Removed the following text from the documentation for factor 6: *By entering a "yes" response in the PCMH Survey Tool, the practice attests that it reports clinical quality measures to Medicare or Medicaid, as required for Meaningful Use~~, and provides a copy of a report from the agency~~.*	**April 2015**
Appendix 2: PCMH 2014 – Meaningful Use Crosswalk	Updated factor language in the crosswalk for Element 1C, factors 1-4, Element 3B, factor 11, Element 5A, factors 9-10, Element 5B, factor 7 and Element 5C, factor 7 to align with July 2016 updates.	**July 2016**
Appendix 3: Glossary	Updated definition of documented process to match policies and procedures.	**March 2016**
	Modified the following test in the definition of advance care directive: *A document in which ~~members~~ **patients** can explain the type and extent of health care services they prefer if they become unable to make medical decisions.*	**November 2015**
Appendix 4: PCMH 2011-PCMH 2014 Crosswalk	Updated factor language in the crosswalk for Element 1C, factors 1-4, Element 3B, factor 11, Element 5A, factors 9-10, Element 5B, factor 7 and Element 5C, factor 7 to align with July 2016 updates.	**July 2016**
	Updated crosswalk to reflect alignment with Meaningful Use Modified Stage 2 requirements.	**November 2015**
Appendix 5: PCSP 2013-PCMH 2014 Crosswalk	Updated factor language in the crosswalk for Element 1C, factors 1-4, Element 3B, factor 11, Element 5A, factors 9-10, Element 5B, factor 7 and Element 5C, factor 7 to align with July 2016 updates.	**July 2016**
	Updated crosswalk to reflect alignment with Meaningful Use Modified Stage 2 requirements.	**November 2015**