

## CROSSWALK – NCQA 2014 PCMH – HRSA 19 Requirements – Meaningful Use

PCMH	PCMH Description	HRSA	HRSA Description	MU	Stage 2 Meaningful Use Report <sup>1</sup>
<b>PCMH 1</b>	<b>PATIENT-CENTERED ACCESS</b>				
1A	Patient-Centered Appointment Access <i>(Must Pass)</i>	Section II No.4	Accessible Hours of Operation / Locations		NA
1B	24/7 Access to Clinical Advice	Section II No. 5	After Hours Coverage		NA
1C	Electronic Access		NA	Core 7  Core 8  Core 17	<i>May Use Core MU Reports for PCMH 1C1-6:</i> Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.  Provide clinical summaries for patients for each office visit.  Use secure electronic messaging to communicate with patients on relevant health information.
<b>PCMH 2</b>	<b>TEAM-BASED CARE</b>				
2A	Continuity	Section II No. 3	Staffing		NA
2B	Medical Home Responsibilities: Informing patients about PCMH, access to care, care regardless ability to pay and info on health insurance coverage	Section II No. 4  No. 5  No. 7	Accessible Hours of Operation / Locations  After Hours Coverage  Sliding Fee Discount		NA

<sup>1</sup> To demonstrate meaningful use under Stage 2 criteria—Eligible professionals must meet: 17 core objectives and 3 menu objectives that they select from a total list of 6  
Having a total of 20 objectives. CMS.gov, [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html) .  
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2C	Culturally and Linguistically Appropriate Services	Section II No. 2	Required and Additional Services If the health center serves patients with limited English proficiency (LEP) or with disabilities, has the health center taken reasonable steps to provide meaningful access to their services (Required and Additional) for such patients?		NA
2D	The Practice Team <b>(Must Pass)</b>	Section II No. 3 No. 8	Staffing  Quality Improvement/ Assurance Plan		NA
<b>PCMH 3</b>	<b>POPULATION HEALTH MANAGEMENT</b>				
3A	Patient Information	Section III No. 13	Billing and Collections Health center has systems in place to maximize collections and reimbursement for its costs in providing health services.	Core 3	<i>May Use Core MU Reports for PCMH 3A1-5:</i> Record the following demographics: <ul style="list-style-type: none"> <li>• Preferred language</li> <li>• Sex</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Date of birth.</li> </ul>
3B	Clinical Data	Section II No. 8	Quality improvement/ assurance plan	Core 4	<i>May use Core MU Reports for PCMH 3B 4-8 :</i> Record and chart changes in the following vital signs: <ul style="list-style-type: none"> <li>• Height/length</li> <li>• Weight</li> <li>• Blood pressure (ages 3+)</li> <li>• Calculate and display body mass index (BMI)</li> <li>• Plot and display growth charts</li> </ul>

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					for patients 0-20 years, including BMI.
				Core 5	Record smoking status for patients 13 years old or older.  <i>May use Menu MU Reports for PCMH 3B 10 &amp; 11.</i>
				Menu 2	Record electronic notes in patient records.
				Menu 4	Record patient family health history as structured data.
				CMS Req.	Although PCMH 3B Factors 1 and 2 are not listed as criteria, Stage 2, the Transitions of Care objective/measures require that Medications, Medication Allergies, Problems are required to be present in the summary care record. So while no long an explicit objective or measure on their own for Stage 2, these remain part of the requirements.
3C	Comprehensive Health Assessment	Section II No. 2	Required and Additional Services Health center provides all required primary, preventive, and enabling health services (defined in section 330(b)(1)(A) of the PHS Act) and provides additional health services (defined in section 330(b)(2)) as		NA

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			appropriate and necessary, either directly or through established written arrangements and referrals.		
3D	Use Data for Population Management <b>(MUST-PASS)</b>	Section II No. 8	Quality Improvement/ Assurance Plan Be based on the systematic collection and evaluation of patient records.	Core 11	<i>May use Core MU Reports for PCMH 3C1-3</i> Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
3E	Implement Evidence-Based Decision Support	Section II No. 2	Required and Additional Services HRSA addresses services but is not specific to evidence-based decision support.	Core 6	<i>May use Core MU Reports for PCMH 3E1-6</i> Use clinical decision support to improve performance on high-priority health conditions.
<b>PCMH 4</b>	<b>CARE MANAGEMENT AND SUPPORT</b>				
4A	Identify Patients for Care Management	Section II No.2  Section III No. 11	Required and Additional Services For required services provided via formal written agreements /contract(s) (Form 5A, Col. II) and formal written referral arrangements (Form 5A, Col. III)  Collaborative Relationships		NA
4B	Care Planning and Self-Care Support <b>(MUST PASS)</b>		NA		NA
4C	Medication Management		NA	Core 14	<i>May use Core MU Reports for PCMH 4C1.</i> The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

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4D	Use Electronic Prescribing		NA	Core 1  Core 2  Core 6	<p><i>May use Core MU Reports for PCMH 4D1-3.</i></p> <p>Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</p> <p>Generate and transmit permissible prescriptions electronically (eRx).</p> <p>Use clinical decision support to improve performance on high-priority health conditions.</p>
4E	Support Self-Care and Shared Decision Making	Section III No. 11	Collaborative Relationships	Core 13	<p><i>May use Core MU Reports for PCMH 4E1.</i></p> <p>Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.</p>
<b>PCMH 5</b>	<b>CARE COORDINATION AND CARE TRANSITIONS</b>				
5A	Test Tracking and Follow-Up	Section II No. 2	Required and Additional Services	Core 1	<p><i>May use Core MU Reports for PCMH 5A 7 &amp; 8</i></p> <p>Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can</p>

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				Core 10	enter orders into the medical record per state, local and professional guidelines.  Incorporate clinical lab-test results into Certified EHR Technology as structured data.  <i>May use Menu MU Reports for PCMH 5A10.</i>
				Menu 3	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT
5B	Referral Tracking and Follow-Up (MUST-PASS)	Section II No. 2	Required and Additional Services Formal written referral arrangements	Core 15	<i>May use Core MU Reports for PCMH 5B7</i> The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
5C	Coordinate Care Transitions	Section II No. 6  Section III 15	Hospital Admitting Privileges And Continuum Of Care  Program Data Reporting Systems	Core 15	<i>May use Core MU Reports for PCMH 5C7</i> The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

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<b>PCMH 6</b>	<b>PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT</b>				
6A	Measure Clinical Quality Performance	Section II No. 8	Quality Improvement / Quality Improvement / Assurance Plan		NA
6B	Measure Resource Use and Care Coordination	Section II No. 8	Quality Improvement / Quality Improvement / Assurance Plan -includes utilization		NA
6C	Measure Patient/Family Experience	Section IV No. 17	Board Authority evaluating patient -evaluating patient satisfaction		NA
6D	Element D: Implement Continuous Quality Improvement ( <b>MUST-PASS</b> )	Section II No. 8	Quality Improvement / Quality Improvement / Assurance Plan		NA
6E	Demonstrate Continuous Quality Improvement	Section II No. 8  Section IV No. 17	Quality Improvement / Quality Improvement / Assurance Plan  Board Authority evaluating patient -evaluating patient satisfaction		NA
6F	Report Performance	Section II No. 3  No. 8	Staffing – includes peer review  Quality Improvement / Quality Improvement / Assurance Plan		NA
6G	Use Certified EHR Technology	Section II No. 15	Program Data Reporting Systems	Core 9	<i>May use Core MU Reports for PCMH 6G 2, 7 &amp; 10</i>  Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

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				Core 12	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.
				Core 16	Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
					<i>May use Menu MU Reports for PCMH 6G 3,4, &amp; 5</i>
				Menu 1	Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.
				Menu 5	Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.
				Menu 6	Capability to identify and report specific cases to a specialized registry (other than a cancer



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				CMS Req.	<p>registry), except where prohibited, and in accordance with applicable law and practice.</p> <p>Clinical Quality Measures (CQM) Eligible professionals must report clinical quality measures to CMS. Six measure domains were specified: patient and family engagement, patient safety, care coordination, population and public health, efficient use of healthcare resources and clinical processes/ effectiveness with 64 potential measures.</p>

## References

NCQA 2014 Patient-Centered Medical Home Standards and Guidelines.

NCQA Appendix 2: PCMH 2014 and CMS Stage 2 Meaningful Use Requirements, May 2014.

CMS Stage 2 Meaningful Use, Update as of November 19, 2014, [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html).

HRSA Health Center Program Site Visit Guide, January 2014.