

## New York State Patient-Centered Medical Home (NYS PCMH) Frequently Asked Questions

### Current NCQA PCMH Recognized Practices

- 1.) For those practices with current NCQA PCMH 2014 recognition, what are the additional requirements to sustain/renew their status for NYS PCMH?**

As the exclusive NCQA PCMH program in New York State, all practices will need to complete an additional twelve (12) NYS PCMH core criteria, derived from the 25 NCQA PCMH credits in elective criteria across all 6 concepts as part of the NYS Annual Reporting process. Review NCQA Enrollment Paths to NYS PCMH for Annual Reporting dates.

- 2.) What are some of the benefits to pursuing NYS PCMH recognition now, including those practices with current PCMH recognition that is not set to expire until 2019 or 2020?**

New York State, will pay the initial recognition and renewal fees for all eligible primary care practices seeking NYS PCMH recognition. In addition, transformation assistance is being provided at no cost to the practice. Please note that due to funding restrictions, this is a limited time offer that is not subject to continuous renewal.

### Enrollment

- 3.) Who will be responsible for enrolling interested practices into NYS PCMH?**

The practice will be required to complete the enrollment process via NCQA's Quality Performance Assessment Support System (Q-PASS). Transformation Agents are recommended to assist and partner in this process and address any questions relating to the requirements and expectations of the model.

- 4.) What is the process of practice enrollment?**

Enrollment of a practice begins upon the completion of the registration process within Q-PASS. Once complete, a practice that is working with a TA organization will need to associate their Q-PASS account with a specific transformation agent. Additional details are available per guidance provided by the Office of Quality and Patient Safety (OQPS). Once a practice account is aligned with a transformation agent, the Practice Transformation Tracking System (PTTS) is updated to reflect the status of the practice as "enrolled". This includes a checkbox that the practice has registered in Q-PASS for NYS PCMH as well as a start date.

### Marketing

- 5.) Will the State be providing marketing materials or should the vendor create their own?**

NCQA, in collaborations with NYS, is developing their own marketing materials. Vendors are welcome to create their own but are strongly encouraged to confirm accurate messaging prescribed by NYS and NCQA. NCQA will post materials on their website and provide NYS DOH copies of the marketing materials when finalized.

## PTTS

### **6.) What is the purpose of continuing to document in PTTS?**

The purpose for uploading practice information and evidence into PTTS is to allow DOH to review TA contracted activity for ongoing monthly vouchering. In addition, PTTS has the capability to generate needed reports, such as for grant requirements, that is outside the capability of the Q-PASS reporting system. However, DOH is currently working with both the PTTS and Salesforce development teams to streamline this process and create a pathway where the two systems communicate.

## Transformation Assistance

### **7.) Are TA services available for new practices as well as those seeking to renew or sustain their PCMH recognition?**

Yes, TA services are available for eligible primary care practices as well as those organizations seeking to sustain their previous PCMH recognition.

### **8.) Are there any incentives for the TA consultant towards guiding a practice through the new NYS PCMH transformation?**

The TA organization is eligible for a one-time-payment when a primary care practice site completes NYS PCMH program recognition and upon confirmation by NCQA. Please refer to specification in the PT TA contract for information on vouchering and the tiered payment structures for NYS PCMH Recognition.

### **9.) Does the NYS PCMH model include a one-time payment for a practice assessment (i.e. gap analysis) similar to that allowed under the APC grant?**

Per the amended Practice Transformation Technical Assistance (PT TA) Scope of Work (SOW), transformation agents can no longer charge for an assessment or gap analysis related to their duties for transformation assistance.

### **10.) In 2018, Can sites only be permitted to receive TA if they plan to achieve NYS PCMH Recognition? If prior NCQA recognized practices want to pursue NCQA PCMH 2017 would they be allowed to continue their prior path?**

No, all practices must achieve NYS PCMH. There will not be any other option for this program. Even ACO's, if they opt to pursue NCQA Annual reporting will be required to achieve NYS PCMH.

### **What are the timeframes for transformation assistance (TA) organizations to complete requirements of NYS PCMH as well as program recognition by the practices?**

### **11.) Please refer to NCQA document, titled: "Paths to New York State Patient-Centered Medical Home (NYS PCMH) Recognition".**

### **During the sixty (60) days following the release of NYS PCMH (04/01/2018), what are the next steps required of the TA agents?**

### **12.) Priority should be given to re-enroll APC practices into the Quality Performance Assessment Support System (Q-PASS).**

- Practices with existing Q-PASS account holders will need to complete additional enrollment requirements.
- Provide technical assistance to practices navigating the enrollment process.

Please refer to NYS DOH document, titled: "Practice Transformation Technical Assistance and Q-PASS Activities.

**13.) When does the allocated time for TA support begin for working with the practices?**

The date requirements established in the revised SOW (Attachment 2) begin on 4/1/18, and NOT the date that APC practices re-enroll into Q-PASS. Please refer to the PT TA SOW for specific timeframes allocated to provision to transformation assistance.

**Program and Policy**

**14.) Are we using the terms APC and NYS PCMH interchangeably?**

No, as of April 1, 2018, there will no longer be an official reference to the NYS APC Model.

**15.) Do practices still need to complete a notarized attestation?**

No, NCQA does not require a notarized attestation and NYS DOH will no longer require an attestation to be uploaded to the PPTS.

**16.) It has been mentioned that 7 of the 12 NYS core required for NYS PCMH Annual Reporting are essentially met by achieving NCQA PCMH 2014 Level 3. Can you please identify those 7 Core?**

NYS DOH has received some communication from NCQA in reference to this statement, however, TA organizations are asked to address these questions of their site's NCQA Representative directly.

**17.) If practices prefer to wait before starting NYS PCMH (particularly those that are currently 2014 Level 3 recognized), and do not want to start April 1, what process should be followed?**

Practices are encouraged to follow the timelines outlined in the "Enrollment Paths to Patient Centered Medical Home (PCMH) Recognition document" published by NCQA. Practices must be cognizant of their expiration and renewal dates.

**18.) We are seeking clarification on duplicate funding. Will this still include practices who are enrolled in CPC+ or had DSRIP services for PCMH?**

Yes, currently there is no change in guidance from CMS that would waive the ability to provide PT TA assistance to these programs where simultaneous TA serves are being provided. NYS DOH is working to get confirmation for CPC+ to provide PT TA, and from OHIP on sustainable PPS PCMH support beyond the 3/31/18 deadline where all sites must achieve 2014 L3. At this time, we do not have clarification that PPS "contracted" PT TA support should terminate using DSRIP funds at any given time. It is strongly encouraged that SIM PT TAs will have to work with the PPSs directly to determine who is providing support to their sites.

**19.) We would like to confirm that the procedure for working with practices outside of assigned region remains the same.**

Yes, there are no changes in policy concerning out of region engagement and enrollment. Practices that request PT TA assistance from an out of Region vendor must make this request in writing. There must be approval clearance, in writing, from approved vendors in the practices region to proceed with the requesting practice.

**20.) Monitoring and reporting the Scorecard was expected at Gates 2 and 3 of the Milestones Specifications, what is expected from the practices for NYS PCMH?**

Practices are to continue to review and create processes to integrate NYS PCMH Common Scorecard measures and review reports. To complete NYS PCMH recognition practices should select a sub-set of measures from the Scorecard to meet applicable NYS PCMH requirements. These areas are for preventive care, chronic or acute conditions, and behavioral health.

**21.) Is there an attachment that outlines the number of criteria that much be completed at each check-in?**

There is a guidance document that has been prepared by NCQA and NYS DOH that will be provided separately from the contracts that outlines the criteria that is recommended for each Check-In. The document titled, "Patient -Centered Medical Home NYS PCMH: Check-In Guidance for APC Practices" will be specific to APC. For all other practices without PT TA, please follow Check-In guidance outlined on the NCQA website.

**22.) Are there guidelines or examples for creating the curriculum?**

NYS PCMH currently does not have plans to prepare a comprehensive guide to assist PT TAs in preparing a NYS PCMH curriculum. Training provided by NCQA outlined several examples which PT TAs might use in developing curriculum for assisting practices to achieve recognition. However, NY DOH will continue to host peer-to-peer webinars to share best practice strategies to prepare for success in the NYS PCMH model.

**23.) It was indicated the State will no longer require the self-assessment. Is this only the Q-PASS assessment?**

Practices will be guided through a series of questions in the Q-PASS as part of their enrollment process. The APC Practice Self-Assessment will no longer be required. If a PT TA wishes to perform a readiness assessment of a practice it will not be supported by the contracts.

**24.) Is there going to be any official designation once practices reach Gate 2 from the State's perspective?**

We are currently working with Medicaid to create a path and process to recognize DSRIP practices that have completed Gate 2 by March 31, 2014. Guidance to PT TAs and affected practices will be coming shortly.

**25.) Practices that have expressed an interest in working with a TA, but don't want to start PCMH 2017 for a few more months. What is the process for making other TAs aware that a practice has agreed to work with the TA at a later date, when QPASS might not yet be appropriate?**

The start date for NYS PCMH recognition begins 4/1/18 and not upon enrollment into Q-PASS. If there are significant delays for these practices or an inability to pursue NYS PCMH

recognition, NYS DOH should be made aware of these issues. PTTS will continue to track enrollment and engagement of practices, the latter of which will feature more stringent requirements to remove practices beyond 90 days to allow fair access to other PT TA organizations.

**26.) To ensure proper invoicing is conducted for the month of April, what is the requirement for practices that are currently enrolled in PTTS? Is it required to enroll them in QPASS with a specific discount code by a certain date, (4/15/18)?**

NYS DOH has developed guidance on the initial transition activities with a focus on the first 60 days. Please refer to the document titled: "Initial transition activities relating to payment for Practice Transformation Technical Assistance (PT TA)" for additional guidance. The initial focus should be on enrolling APC practices into Q-PASS.

**27.) When should we expect the scorecard for practices that have been enrolled at the end of 2017 and early 2018? When can we expect the scorecard FAQ document to be released?**

Scorecards were produced and uploaded in PTTS for practices that were enrolled in December. The next Scorecard will be developed and distributed in September-October time-frame. This will include Scorecards for anyone enrolled from the beginning of APC through 08/31/18. There is no planned FAQ for the Scorecard.

**28.) NCQA has provided information about their extension for those practices with upcoming expirations to 6/1/2018. Has NYS discussed extending these practices further, to be able to fully support the annual reporting and NYS core requirements for these practices following the 4/1 go-live of NYS PCMH.**

NCQA has previously issued guidance for NCQA PCMH 2014 Level 3 practices that are at risk of expiring before the April 1, 2018, launch date of NYS PCMH. The extension deadline date is June 1, 2018. Due to the rolling expiration dates involved, NYS DOH is in discussion with NCQA to further extend this expiration date. Upon receipt of official notification, we will post this update in PTTS.

**29.) There are significant changes in the contract, amendment two document, that pertain to Level of Effort (LOE) for each practice Check-In. Will the LOE be prescriptive about which criteria that will need to be met at each Check-in?**

NCQA has collaborated with NYS DOH to create specific guidance on which criteria is recommended for each Check-In. NCQA has made considerable effort in vetting what are more 'easily accomplished criteria' for each of those Check-Ins. NYS DOH is basing LOE around their Check-In guidance. For former APC practices, there is a document, title, "Patient-Centered Medical Home NYS PCMH: Check-In Guidance for APC Practices", that highlights criteria previously met in APC that can be used for each Check-In.

**30.) What are the requirements for the NYS PCMH Accelerated Renewal**

PT TAs are asked to refer to the document, titled: "NYS PCMH Annual reporting for 2018" for specific guidance for the accelerated renewal process.