



NYS Patient Centered Medical Home

in partnership with

New York State American Academy of
Pediatrics (NYS AAP) A Coalition of AAP NY Chapters 1, 2 & 3

NYS PCMH 12 Core Criteria

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The NYS AAP District II, A Coalition of AAP NY Chapters 1, 2 & 3, is working with all members on a NYS Patient Centered Medical Home practice transformation project (NYS PCMH) with the support of NYSDOH

In this, the second NYS PCMH Practice Transformation Project newsletter, we will describe and define the NYS PCMH 12 Core Criteria.

To quickly review, NYS has embarked on a state specific PCMH primary care practice transformation initiative. NYS PCMH is now the single most supported practice transformation option for pediatric primary care statewide. Going forward, NYS PCMH will become the gold standard of primary care across the state, driving higher quality and higher payments through investments in health IT, behavioral health integration, care coordination, population health and multi-payer support with Value Based Payments.

Working with NCQA, New York created NYS PCMH. The process to achieve NYS PCMH included working to align and combine the requirements of NCQA 2017 with existing NYS primary care transformation initiatives like the APC (Advanced Primary Care) model, Comprehensive Primary Care Initiative (CPCI), and the measures/requirements for primary care in the state's multiple DSRIP projects and Value Based Payment formulae.

The end result of the alignment efforts is the **Core Criteria**. This effort was key because, (with input from all stakeholders), it created a statewide, nationally endorsed credentialing option for primary care that could and would be sustainable across all payers.

New York State has made a commitment to work with primary care practices to help and support them in their efforts to attain NYS PCMH. The help and support for pediatric practices across the state includes both onsite technical assistance and financial incentives attached to attaining and maintaining certification.

In addition, the work that practices do to attain and maintain NYS PCMH also puts them in a solid position to engage in Value Based Payment contracts from their multi-payer insurer base.

So what are the 12 Core Criteria?

The 12 Core Criteria break down into four component blocks to be integrated into

pediatric primary care practice.

1. Behavioral Health
2. Care Management & Care Coordination
3. Health IT
4. Value Based Payment

Behavioral Health

- CC9: Works with Behavioral Health providers to whom the practice frequently refers to set expectations for information sharing and patient care
- KM4: Conducts Behavioral Health screenings and/or assessments with standardized tools. For Pediatrics the screenings can include: alcohol & substance abuse, depression screening, pediatric behavioral health screenings, PTSD, ADHD, and Postpartum Depression.

Care Management & Care Coordination

- CM3: Applies comprehensive risk stratification to full patient panel
- CC8: Works with other pediatric specialists to whom the practice regularly refers to set expectations for information sharing and patient care
- CM9: Care plan is integrated and accessible across multiple care settings
- CC19: Implements processes to consistently get timely patient discharge summaries from other facilities
- KM11: Identifies and addresses population level needs of patient panel, based on the diversity of the practice and the community served. Options include redressing identified disparities in care; addressing health literacy challenges, educating staff in appropriate cultural competence

Health IT

- AC8: Has secure electronic system for two way communication providing timely clinical advice
- AC12: Provides access to medical record information for care and advice when office is closed
- CC21: Demonstrates electronic exchange of information with external entities, i.e. RHIO, Immunization Registry, and Summary of Care records to others involved in care
- TC5: The practice uses an EHR system (or modules) which is certified and has been issued on ONC Certification ID.

Value Based Payment

- QI19: The practice is engaged in a Value Based Payment Agreement

Attaining the **Core Criteria** is the gateway to NYS PCMH accreditation and incentive payments.

Most pediatric practices have engaged in achieving some level of NCQA accreditation, many others have worked to pass through the APC gates toward enhanced payments and stronger QI in practice. Other pediatric practices are already at NCQA 2017. And others have just engaged in EHR and IT work for both information sharing and billing purposes.

But wherever you are in this process, the state has free Technical Assistance available to help you get to NYS PCMH by the most reasonable and fastest route recognizing your particular practice needs. You can [reach out to regionally available Technical Assistance here](#). The TA groups are ready and willing to help you with an office site visit, a phone consultation, or any other appropriate communication to begin or continue the process to attain NYS PCMH status venue.

Achieving NYS PCMH will enable your practice to participate in incentive payments from a multi-payer base, provide your practice with the strengths to engage in Value Base Payment contracts that support your work, offer you a platform for continuous improvement and recertification through NCQA. NYS will also pay for NCQA practice enrollment fees for initial recognition and Annual Reporting for sustaining practices.

Begin the process now. Contact the TA groups in your region and start your practice down the road toward NYS PCMH.

New York State is moving toward an all primary care NYS PCMH. Payers, both public and commercial, are moving toward population based and Value Based Payments. Don't get left behind. Begin or continue your practice transformation process while technical assistance is available. Become a NYS PCMH pediatric practice; start the journey today.

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