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GALEN HEALTHCARE SOLUTIONS

PCMH Renewal Checklist

MUST-PASS ELEMENTS

Must-pass elements are considered the basic building blocks of a patient-centered medical home. Practices must earn a score of **50%** or higher, and all six must-pass elements are required for recognition. How do you score?

- **PCMH 1A: Patient Centered Appointments & Access -** The practice has a written process and defined standards for providing access to appointments, and regularly assesses its performance
- **PCMH 2D: The Practice Team -** The practice uses a team to provide a range of patient care services
- **PCMH 3D: Using Data for Population Management -** At least annually the practice proactively identifies populations of patients and reminds them, or their families/caregivers, of needed care based on patient information, clinical data, health assessments and evidence-based guidelines
- **PCMH 4B: Care Planning & Self Care Support -** The care team and patient/family/caregiver collaborate to develop and update an individual care plan for at least 75 percent of the patients identified for Care Management
- **PCMH 5B: Referral tracking and follow up –** The practice meets referral tracking and follow-up requirements
- **PCMH 6D: Implement Continuous Quality Improvement -** The practice demonstrates continuous quality improvement

CRITICAL FACTORS

A critical factor is required for practices to receive more than minimal points, or in some cases any points for a particular element. Do you meet all **9** Critical Factors?

- **Standard 1: Patient-Centered Access**
  - 1A Factor 1: Provide same-day appointments for routine and urgent care
  - 1B Factor 2: Provide timely clinical advice by telephone
- **Standard 2: Team-Based Care**
  - 2D Factor 3: Hold scheduled patient care team meetings or a structured communication process focused on individual patient care.
- **Standard 3: Population Health Management**
  - 3E Factor 1: A mental health or substance use disorder
- **Standard 4: Care Management and Support**
  - 4A Factor 6: The practice monitors the percentage of the total patient population identified through its process and criteria
  - 4C Factor 1: Reviews and reconciles medications for more than 50 percent of patients received from care transitions
- **Standard 5: Care Coordination and Care Transitions**
  - 5A Factor 1: Tracks lab tests until results are available, flagging and following up on overdue results
  - 5A Factor 2: Tracks imaging tests until results are available, flagging and following up on overdue results
  - 5B Factor 8: Tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports

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