

2027 PCMH Recognition: Summary of Questions for Public Comment

Updates to 2027 PCMH Recognition

Background

1. How many practice sites does your organization operate?
2. How many clinicians currently practice at your organization?
3. How many patients does your organization serve annually?
4. What percentage of your patients are pediatric?

CM 01: Identifying Patients for Care Management

5. Do you agree with requiring evidence of at least two categories (instead of three) for pediatric-specific sites? (*select one*)
 - Support, with no proposed changes.
 - Support, if the following changes made (*please specify*).
 - Do not support.
6. Would this change make it easier for your practice to care manage a pediatric population (e.g., relevance, better fit for workflows, impact)? (*select one*)
 - Yes.
 - No.
 - Some other answer (*please specify*).
7. Which of these five categories do you most commonly use to identify patients for care management?
Please rank the following categories by clicking and dragging the categories from one column to another, with 1 being the most common and 5 being the least. You may leave a comment describing your answer if you experience difficulty using this functionality.
 - A. Behavioral health conditions.
 - B. High cost/high utilization.
 - C. Poorly controlled or complex conditions.
 - D. Social determinants of health.
 - E. Referrals by outside organizations (e.g., insurers, health system, ACO), practice staff, patient/family/caregivers).

CM 02: Monitoring Patients for Care Management

8. Do you agree with expanding the requirement of 30 patients to “at least 30 patients or 1% of its total patient population, whichever is smaller?” (*select one*)
Note: The proposed threshold of 1% would apply to practices with less than 3,000 patients. Practices with more than 3,000 patients would still need to report at least 30 patients identified for care management for this criterion.
 - Support, with no proposed changes.

- Support, if the following changes made (please specify below).
- Do not support.

9. Based on your practice's size and composition, does this change reduce burden for preparing survey evidence? (select one)

Note: The proposed threshold of 1% would apply to practices with less than 3,000 patients. Practices with more than 3,000 patients would still need to report at least 30 patients identified for care management for this criterion.

- Yes.
- Somewhat (please specify).
- No.
- Some other answer (please specify).
- NA.

10. Would the 1% threshold apply to any of your organization's practice sites? (select one)

Note: The proposed threshold of 1% would apply to practices with less than 3,000 patients. Practices with more than 3,000 patients would still need to report at least 30 patients identified for care management for this criterion.

- Yes (please specify the number of sites).
- No.
- Some other answer (please specify).
- NA.

CM 04: Person-Centered Care Plan

11. Do you agree with changing "identified for" with "engaged in" care management in the criterion stem? (select one)

Note: This change would impact transforming practices who enroll January 1, 2027 and later, and Annual Reporting 2028 submissions for all sustaining practices (i.e., evidence collected during CY 2027).

- Support, with no proposed changes.
- Support, if the following changes made (please specify).
- Do not support.

12. Do you agree with the inclusion of "Names and roles of care team members" as a required component of all care plans? (select one)

Note: This change would impact transforming practices who enroll January 1, 2027 and later, and Annual Reporting 2028 submissions for all sustaining practices (i.e., evidence collected during CY 2027).

- Support, with no proposed changes.
- Support, if the following changes made (please specify).
- Do not support.

13. Do you agree with the inclusion of "barriers to care" (physical, emotional or social) as a required component of all care plans? (select one)

Note: This change would impact transforming practices who enroll January 1, 2027 and later, and Annual Reporting 2028 submissions for all sustaining practices (i.e., evidence collected during CY 2027).

- Support, with no proposed changes.

- *Support, if the following changes made (please specify).*
- *Do not support.*

14. Which barriers to care does your practice currently document in care plans? *(Select all that apply)*

- *Physical, please specify.*
- *Emotional, please specify.*
- *Social, please specify.*
- *Other, please specify.*
- *None of these options.*
- *NA.*

15. Do you agree with modifying the requirement for a comprehensive problem list by specifying it is “active?” *(select one)*

Note: This change would impact transforming practices who enroll January 1, 2027 and later, and Annual Reporting 2028 submissions for all sustaining practices (i.e., evidence collected during CY 2027).

- *Support, with no proposed changes.*
- *Support, if the following changes made (please specify).*
- *Do not support.*

16. Do you agree with replacing, “expected clinical outcome/prognosis and patient treatment goals to meet the expected clinical outcome” with “a SMART goal (specific, measurable, attainable, relevant, time limited) that is relevant to the care plan and mutually agreed on by the patient/family/caregiver and the primary provider?” *(select one)*

Note: This change would impact transforming practices who enroll January 1, 2027 and later, and Annual Reporting 2028 submissions for all sustaining practices (i.e., evidence collected during CY 2027).

- *Support, with no proposed changes.*
- *Support, if the following changes made (please specify).*
- *Do not support.*

17. Would documenting SMART goals change your current workflows for documenting goals in patient care plans compared to the way this requirement is currently specified (expected clinical outcome/prognosis, patient treatment goals to meet the expected clinical outcome)? *(select one)*

- *Yes.*
- *No.*
- *Some other answer (please specify).*
- *NA.*

18. Which of these fields do you currently document (or have the capability to document) in your practice’s care plans? *(Select all that apply)*

- *Names and roles of care team members.*
- *Barriers to care (including physical, emotional or social).*
- *SMART goals (specific, measurable, attainable, relevant, time limited).*
- *None of these options.*
- *NA.*

19. If your organization does not currently document Names and roles of care team members or barriers to care, how much time would you need to begin documenting these fields in care plans? (*select one*)
- 3-6 months
 - 6 months to a year.
 - 1-2 years.
 - Unsure.
 - Some other answer (please specify).
 - NA.

CM 07: Patient Barriers to Goals

20. Do you agree with retiring CM 07: Barriers to Care as an elective and including its requirements in CM 04 (Core)? (*select one*)

Note: This change would impact transforming practices who enroll January 1, 2027 and later, and Annual Reporting 2028 submissions for all sustaining practices (i.e., evidence collected during CY 2027). Retiring CM 07 as an elective criterion means that it would be removed from the list of potential electives from which practices must earn a minimum of 25 credits to earn or maintain their Recognition.

- Support, with no proposed changes.
- Support, if the following changes made (please specify).
- Do not support.

Global Questions

21. Do the proposed updates improve feasibility and applicability for different types of practices, health conditions and populations? (*select one*)
- Yes.
 - Somewhat (please specify).
 - No.
 - Some other answer (please specify).
22. Do the proposed updates reduce burden for preparing evidence for survey, compared to documentation practices use daily for care management? (*select one*)
- Yes.
 - Somewhat (please specify).
 - No.
 - Some other answer (please specify).
23. Are the proposed updates easily understandable and clearly written? (*select one*)
- Yes.
 - Somewhat (please specify).
 - No.
 - Some other answer (please specify).
24. Do you have any other feedback regarding the proposed updates?