

Knowing and Managing Your Patients (AR-KM) 1. Report: Enter number of patients from the denominator with an up-to-date medication list (numerator), number of unique patients seen during the reporting period (denominator) and reporting period. AR-KM 2 Diversity (KM09) 1. Report: Practices must collect data on diversity and upload report containing information on patients (race, ethnicity, one other aspect of diversity. OPTIONAL in 2023: Sexual orientation and Gender identity reporting. Will be required in 2024. Patient-Centered Access and Continuity (AR-AC) AR-AC 1 Appointments outside business hours (AC03) AR-AC 1 Appointments outside business hours (numerator), total number of appointments outside business hour (numerator), total number of appointments outside business hour substance of the continuity (AR-AC) 1. (Option 1) Report: Number of appointments outside business hour substance of a provides after hours appointments, and how patients are informed about scheduling. AR-AC 2 Patient Visits with Cliniciant Appointments outside business hour substance of the continuity of the patient was seen by their selected personal clinician or care team (numerator), number of patient visits (denominator), and reporting period. Care Management and Support (AR-CM) AR-CM 01: Patients for Care Management (CM04) 1. Report: Enter number of patients in the denominator who have a complete care plan (numerator); number of patients enrolled in care management (denominator), and reporting period. 2. Attestation: Total number of patients unique patients seen in the prior 12 months. Care Coordination and Care Transitions (AR-CC): AR-CC 01: Care Coordination with External Facilities (CC14-16) AR-CC 02: Specialist Referral (CC06) AR-CC 03: Specialist Referral (CC06) AR-CC 04: Care Coordination with External Facilities (CC14-16) AR-CC 05: Specialist Referral (CC06) AR-CC 06: Attestation: List the top three specialities the practice refers to. Polyment (CR0) (AR-CC) (AR-CC) (AR-CC) (AR-CC) (AR-CC) (AR-CC) (AR-CC) (AR-	Requirement	Documentation/Evidence	Δ from 2022
Implement quality improvement activities. (Check list) No Chan	Team-Based Care and Practice	e Organization (AR-TC)	
AR-KM 1: Medication Lists (KM15) 1. Report: Enter number of patients from the denominator with an uput-od-ate medication list (numerator), number of unique patients seen during the reporting period (denominator) and reporting period. 1. Report: Practices must collect data on diversity and upload report containing information on patients (race, ethnicity, one other aspect of diversity, OPTIONAL in 2023: Sexual orientation and Gender identity reporting. Wil be required in 2024. AR-AC 1 Appointments outside business hours (AC03) AR-AC 1 Appointments outside business hours (AC03) AR-AC 2 Patient Visits with (Clinical Properties of the porting period). AR-AC 2 Patient Visits with (Clinical Team (AC11) AR-AC 2 Patient Visits with (Clinical Team (AC11) AR-AC 3 Patient Visits with (Clinical Team (AC11) AR-AC 4 Patient Visits with (Clinical Team (AC11) AR-AC 5 Patient Visits with (Clinical Team (AC11) AR-AC 6 Patient Visits with (Clinical Team (AC11) AR-AC 7 Patients for Care (AR-AC) (AC11) AR-AC 8 Patient Visits with (Clinical Team (AC11) AR-AC 9 Patient Visits with (Clinical Team (AC11) AR-AC 9 Patient Visits with (AC11) AR-AC 9 Patient Experience Visits with (AC11) AR-AC 9 Patient Experi			No Change
AR-KM 1: Medication Lists (KM15) AR-KM 2 Diversity (KM09) 1. Report: Practices must collect data on diversity and upload report containing information on patients (race, ethnicity, one other aspect of diversity, OPTIONAL in 2023: Sexual orientation and Gender identity reporting. Will be required in 2024. Patient-Centered Access and Continuity (AR-AC) AR-AC 1 Appointments outside business hours (AC03) 1. (Option 1) Report: Number of appointments outside business hours (numerator), total number of appointments outside business hours (numerator), total number of appointments (denominator), and reporting period. AR-AC 2 Patient Visits with Clinician Year (Option 2) Attestation: Appointments Outside of Business hours (after hours at Alternate Clinic. Enter name of clinic/clinician who provides after hours appointments; and how patients are informed about scheduling. AR-AC 2 Patient Visits with Clinician/Team (AC11) AR-AC 1 Patients for Care Management and Support (AR-CM) AR-CM 01: Patients for Care Management (CM04) AR-CM 01: Patients for Care Management (CM04) AR-CC 02 Specialist Referral (CC14-16) Care Coordination and Care Transitions (AR-CC): AR-CC 01: Care Coordination with External Facilities (CC14-16) AR-CC 02 Specialist Referral (CC02) AR-CC 02 Specialist Referral (CC02) AR-CC 03 Sexual orientation and Care Transitions (AR-CC): AR-CC 04 Specialist Referral (CC02) AR-CC 05 Specialist Referral (CC02) AR-CC 06 Specialist Referral (CC02) AR-CC 07 Specialist Referral (CC02) AR-CC 08 Specialist Referral (CC02) AR-CC 09 Specialist Referral (CC02) AR-CC 09 Specialist Referral (CC02) AR-CC03 Specialist Referral (CC02) AR-CC04 Specialist Referral (CC02) AR-CC05 Agent (AR-CC02) AR-CC07 Agent (AR-CC02) AR-CC08 Agent (AR-CC02) AR-CC09 Agent (AR-CC	Knowing and Managing Your I	Patients (AR-KM)	
AR-KM 2 Diversity (KM09) Patient-Centered Access and Continuity (AR-AC) AR-AC 1 Appointments outside business hours (AC03) 1. (Option 1) Report: Number of appointments outside business hours (numerator), total number of appointments (denominator), and reporting period. 2. (Option 2) Attestation: Appointments Outside of Business Hours (alternative and Econominator), and reporting period. 2. (Option 2) Attestation: Appointments Outside of Business Hours at Alternate Clinic. Enter name of clinic/clinical who provides after hours appointments; and how patients are informed about scheduling. AR-AC 2 Patient Visits with Clinician/Team (AC11) 3. Report: Enter number of patient visits where the patient was seen by their selected personal clinician or care team (numerator), number of patients in the denominator who have a complete care plan (numerator), number of patients enrolled in care management (CM04) 3. Report: Enter number of patients in the denominator who have a complete care plan (numerator), and reporting period. 4. Attestation: Total number of patients unique patients seen in the prior 12 months. 4. Attestation: Documented processes in place for: Systematically identifying unplanned hospital and emergency department (ED) visits; Sharing clinical information with admitting hospitals and EDs; and contacting all patients following a hospital amission or ED visit to arrange follow-up care, if clinically indicated. 3. AR-CC 02 Specialist Referral (CC06) 4. Attestation: List the top three specialities the practice refers to. 5. Informatic Performance Measurement and Quality Improvement (AR-QI): AR-QI 1-4 are required; AR-QI 6-5 informational the Organization Dashboard (5 measures across 4 categories) 4. He practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measures was parameters will populate. 4. He practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down me	AR-KM 1: Medication Lists	Report: Enter number of patients from the denominator with an up-to-date medication list (numerator), number of unique patients seen during the reporting period (denominator) and reporting	No Change
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AR-CC 01: Care Coordination and Care Transitions (AR-CC): AR-CC 01: Care Coordination (CC14-16) AR-CC 02 Specialist Referral (CC06) AR-CC 02 Specialist Referral (CC06) AR-CC 03: Care Coordination (CC06) AR-CC 04: Care Coordination (CC06) AR-CC 05: Care Coordination (CC07) AR-CC 06: Care Coordination (CC07) AR-CC 07: Care Coordination (CC07) AR-CC 08: Care Coordination (CC07) AR-CC 09: Care Coordination (CC07) AR-CO 09: Care Coordination (CC		Report: Enter number of patient visits where the patient was seen by their selected personal clinician or care team (numerator), number of patient visits (denominator), and	No Change
Care Coordination and Care Transitions (AR-CC): AR-CC 01: Care Coordination with External Facilities (CC14-16) AR-CC 02 Specialist Referral (CC06) AR-CJ 01: Clinical Quality Measures (QI 01) AR-QI 02: Resource Stewardship Measures (QI 02) AR-QI 03: Patient Experience Feedback (QI04) AR-QI 03: Patient Experience Feedback (QI04) AR-QI 03: Patient Experience Feedback (QI04) Care Coordination and Care Transitions (AR-CC): Attestation: Total number of patients unique patients seen in the prior 12 months. Attestation: Documented processes in place for: Systematically identifying unplanned hospital and emergency department (ED) visits; Sharing clinical information with admitting hospitals and EDs; and contacting all patients following a hospital admission or ED visit to arrange follow-up care, if clinically indicated. AR-QI 01: Clinical Quality Measures (QI 01) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (5 measures across 4 categories) -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 02: Resource Stewardship Measures (QI 02) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a measure not listed in the standardized measure and the properties of th	Care Management and Suppor	t (AR-CM)	
AR-CC 01: Care Coordination with External Facilities (CC14-16) Attestation: Documented processes in place for: Systematically identifying unplanned hospital and emergency department (ED) visits; Sharing clinical information with admitting hospitals and EDs; and contacting all patients following a hospital admission or ED visit to arrange follow-up care, if clinically indicated. AR-CC 02 Specialist Referral (CC06) 1. Attestation: List the top three specialties the practice refers to. Performance Measurement and Quality Improvement (AR-QI): AR-QI 1-4 are required; AR-QI 5-6 informational AR-QI 01: Clinical Quality Measures (QI 01) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (5 measures across 4 categories) -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a measure not listed in the standardized measure atable, enter text in fields manually. AR-QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4		complete care plan (numerator); number of patients enrolled in care management (denominator), and reporting period. 2. Attestation: Total number of patients unique patients seen in the	No Change in items reported; slight change in reporting format
identifying unplanned hospital and emergency department (ED) visits; Sharing clinical information with admitting hospitals and EDs; and contacting all patients following a hospital admission or ED visit to arrange follow-up care, if clinically indicated. AR-CC 02 Specialist Referral (CC06) 1. Attestation: List the top three specialties the practice refers to. Performance Measurement and Quality Improvement (AR-QI): AR-QI 1-4 are required; AR-QI 5-6 informational AR-QI 01: Clinical Quality Measures (QI 01) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (5 measures across 4 categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters will populate. -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 02: Resource Stewardship Measures (QI 02) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a measure not listed in the standardized measure atable, enter text in fields manually. AR-QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4 No Cham	Care Coordination and Care T	ransitions (AR-CC):	
Performance Measurement and Quality Improvement (AR-QI): AR-QI 1-4 are required; AR-QI 5-6 informational AR-QI 01: Clinical Quality Measures (QI 01) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (5 measures across 4 categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters will populate. -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 02: Resource Stewardship Measures (QI 02) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4	with External Facilities	identifying unplanned hospital and emergency department (ED) visits; Sharing clinical information with admitting hospitals and EDs; and contacting all patients following a hospital admission or	NEW
Performance Measurement and Quality Improvement (AR-QI): AR-QI 1-4 are required; AR-QI 5-6 informational AR-QI 01: Clinical Quality Measures (QI 01) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (5 measures across 4 categories) If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters will populate. If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 02: Resource Stewardship Measures (QI 02) If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4 No Chanton No Chanto		1. Attestation: List the top three specialties the practice refers to.	Informational
the Organization Dashboard (5 measures across 4 categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters will populate. -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) -If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. -If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures Reporting tile on the Organization Dashboard. (1 measures from one of 4	Performance Measurement an	d Quality Improvement (AR-QI): AR-QI 1-4 are required; AR-QI 5-6 info	ormational
AR-QI 02: Resource Stewardship Measures (QI 02) AR-QI 03: Patient Experience Feedback (QI04) Alternative measure is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters will populate. Alternative measure parameters will populate. Alternative measure parameters will populate. Alternative measure not listed in the standardized measure table, enter text in fields manually. Alternative measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) Alternative Measures Reporting tile on the Organization Dashboard (2 measure outlined in Appendix 5, it may choose the measure from the drop-down menu. Alternative Measures were reported to the organization Dashboard (2 measures outlined in Appendix 5, it may choose the measure from the drop-down menu. Alternative Measures were reported to the organization Dashboard (3 measures Reporting tile on the Organization Dashboard). Alternative Measures were reported to the standardized measure table, enter text in fields manually. Alternative Measures were reported to the standardized measure table, enter text in fields manually. Alternative Measures were reporting tile on the Organization Dashboard. (1 measures from one of 4 no organization Dashboard).	•		No Change
AR-QI 02: Resource Stewardship Measures (QI 02) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories) ~If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu. ~If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4		~If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters will populate. ~If the practice is utilizing a measure not listed in the standardized measure	Note: NCQAs Standardized Measures will be REQUIRED in 2024.
Measures w may choose the measure from the drop-down menu. ~If the practice is utilizing a measure not listed in the standardized measure table, enter text in fields manually. AR-QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4		Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard (2 measures - 2 different categories)	No Change Note: NCQAs
AR–QI 03: Patient Experience Feedback (QI04) 1. Report: Enter measure data from the Measures Reporting tile on the Organization Dashboard. (1 measures from one of 4 No Chan		may choose the measure from the drop-down menu. ~If the practice is utilizing a measure not listed in the standardized measure	Measures will be REQUIRED in
categories)		1. Report: Enter measure data from the Measures Reporting tile on	No Change



Crosswalk: Annual Reporting Requirements vs. PCMH Criteria

AR Requirements		Site-specific vs. Shared	PCMH Criteria	
Team-Based Care and Practice Organization (AR-T	C)			
AR-TC 1: Staff Involvement in Quality Improvement	Required	Shared	TC 07	Core
Knowing and Managing Your Patients (AR-KM)				
AR-KM 1: Medication Lists	Required	Site-specific	KM 15	Core
AR-KM 2: Diversity	Required	Site-specific	KM 09	Core
Patient-Centered Access and Continuity (AR-AC)				
AR-AC 1: Appointments Outside Business Hours	Required	Shared	AC 03	Core
AR-AC 2: Patient Visits with Clinician/Team	Required	Site-specific	AC 11	Core
Care Management and Support (AR-CM)				
AR-CM 1: Care Plans for Care Managed Patients	Required	Site-specific	CM 04	Core
Care Coordination and Care Transitions (AR-CC)				
AR-CC 1: Hospital and ED Care Coordination	Required	Shared	CC 14-16	Core
AR-CC 2: Specialist Referrals	Informational	Shared	CC 06	Elective
Performance Measurement and Quality Improvement	nt (AR-QI)			
AR-QI 1: Clinical Quality Measures	Required	Site-specific	QI 01	Core
AR-QI 2: Resource Stewardship Measures	Required	Site-specific	QI 02	Core
AR-QI 3: Patient Experience Measure	Required	Site-specific	QI 04	Core

Items highlighted in yellow are NEW or Revised AR Requirements in 2023



Crosswalk: Annual Reporting Requirements vs. PCMH Criteria PCMH Annual Reporting Requirements Period 01/01/2022-12/31/2022

Crosswalk: Annual Reporting Requirements vs. PCMH Criteria PCMH Annual Reporting Requirements Period 01/01/2023-12/31/2023

AR Requirements		PCMH Criteria	
Team-Based Care and Practice Organization (AR-TC)	I		
AR-TC 1: Staff Involvement in Quality Improvement	Required	TC 07	Core
Knowing and Managing Your Patients (AR-KM)			
AR-KM 1: Medication Lists	Required	KM 15	Core
AR-KM 2: Clinical Decision Support	Required	KM 20	Core
Patient-Centered Access and Continuity (AR-AC)			
AR-AC 1: Timely Clinical Advice by Telephone	Required	AC 04	Core
AR-AC 2: Patient Visits with Clinician/Team	Required	AC 11	Core
Care Management and Support (AR-CM)			
AR-CM 1: Care Plans for Care Managed Patients	Required	CM 04	Core
Care Coordination and Care Transitions (AR-CC)			
AR-CC 1: Care Coordination Process	Required	CC 01	Core
AR-CC 2: Referral Management Process	Required	CC 04	Core
AR-CC 3: Lab and Imaging Test Tracking	Option	CC 01	Core
AR-CC 4: Referral Tracking	Option	CC 04	Core
Performance Measurement and Quality Improvement ((AR-QI)		
AR-QI 1: Clinical Quality Measures	Required	QI 01	Core
AR-QI 2: Resource Stewardship Measures	Required	QI 02	Core
AR-QI 3: Patient Experience Measures	Required	QI 04	Core

AR Requirements		Site-specific vs. Shared	PCMH Criteria	
Team-Based Care and Practice Organization (AR-	-TC)	le e		
AR-TC 1: Staff Involvement in Quality Improvement	Required	Shared	TC 07	Core
Knowing and Managing Your Patients (AR-KM)				
AR-KM 1: Medication Lists	Required	Site-specific	KM 15	Core
AR-KM 2: Diversity	Required	Site-specific	KM 09	Core
Patient-Centered Access and Continuity (AR-AC)				
AR-AC 1: Appointments Outside Business Hours	Required	Shared	AC 03	Core
AR-AC 2: Patient Visits with Clinician/Team	Required	Site-specific	AC 11	Core
Care Management and Support (AR-CM)				
AR-CM 1: Care Plans for Care Managed Patients	Required	Site-specific	CM 04	Core
Care Coordination and Care Transitions (AR-CC)				
AR-CC 1: Hospital and ED Care Coordination	Required	Shared	CC 14-16	Core
AR-CC 2: Specialist Referrals	Informational	Shared	CC 06	Elective
Performance Measurement and Quality Improven	nent (AR-QI)			-
AR-QI 1: Clinical Quality Measures	Required	Site-specific	QI 01	Core
AR-QI 2: Resource Stewardship Measures	Required	Site-specific	QI 02	Core
AR-QI 3: Patient Experience Measure	Required	Site-specific	QI 04	Core

Items highlighted in yellow are NEW or Revised AR Requirements in 2023