

| Requirement | Documentation/Evidence | Change from 2018 |
|--|---|---|
| Team-Based Care and Practice Organization (AR-TC) | | |
| AR-TC 01: Pre-Visit Planning Activities | Indicate how you anticipate/plan for visits (check off items in a list provided) | <i>Same as Option 1; Removed Option 2</i> |
| Knowing and Managing Your Patients (AR-KM) | | |
| AR-KM 01: Proactive Reminders | <ol style="list-style-type: none"> Yes or No to reminding patients of ≥ 3 service categories Identify frequency for service categories | <i>Renamed. Combined required items.</i> |
| Patient-Centered Access and Continuity (AR-AC): Choose to report <u>one</u> of the following options | | |
| AR-AC 01: Patient Experience Feedback—Access OR AR-AC 02: Third Next Available Appointment OR AR-AC 03: Monitoring Access—Other Method | <ol style="list-style-type: none"> Upload survey tool or indicate you used CAHPS Enter number of patients surveyed (denominator), number completed (numerator) and reporting period Upload report showing access results OR <ol style="list-style-type: none"> Number of days for 3rd next available urgent appt. Number of days for 3rd next available routine appt. OR Upload other evidence/report | -- |
| Care Management and Support (AR-CM) | | |
| AR-CM 01: Patients for Care Management | <ol style="list-style-type: none"> Indicate criteria used to identify patients (list provided) Enter number of unique patients identified Enter number of patients at the practice (site-specific) and define attribution method (if multi-site) | <i>Same required items. Informational #3 in 2018 is now required. Removed #4 and #5</i> |
| Care Coordination and Care Transitions (AR-CC): Report AC-CC 01 and <u>one</u> of the options (AR-CC 02-05) | | |
| AR-CC 01: Care Coordination Processes Lab, Imaging and Transitions Track, Flag and Follow Up AND AR-CC 02: Patient Experience Feedback—Care Coordination OR AR-CC 03: Lab and Imaging Test Tracking OR AR-CC 04: Referral Testing OR AR-CC 05: Care Transitions | <ol style="list-style-type: none"> Indicate which written processes are used in list provided Yes or No to lab result tracking, flagging, follow up Yes or No to imaging result tracking, flagging, follow up Yes or No to referral report tracking, flagging, follow up AND <ol style="list-style-type: none"> Upload survey tool or indicate you used CAHPS Enter number of patients surveyed (denominator), number completed (numerator) and reporting period Upload report showing access results OR <ol style="list-style-type: none"> Enter number of lab reports received (numerator), number ordered (denominator) and reporting period Enter number of imaging reports received (numerator), number ordered (denominator) and reporting period OR <ol style="list-style-type: none"> Enter number of referral reports received (numerator), number ordered (denominator) and reporting period Yes or No to using CMS eCQM #50 OR Enter number of transition reports received (numerator), transitions identified (denominator), and reporting period | -- |
| Performance Measurement and Quality Improvement (AR-QI) | | |
| AR-QI 01: Clinical Quality Measures AR-QI 02: Resource Stewardship Measures AR-QI 03: Patient Experience Feedback | <ol style="list-style-type: none"> Upload Quality Improvement Worksheet or alternative (in the future, eCQMs). Show 5 measures from 4 categories. Yes or No to whether you have the capability to submit eCQMs | <i>Aligned AR-QI 01 with QI 01 (5 measures from 4 categories)</i> |
| Special Topic: Behavioral Health (AR-BH) | | |
| Behavioral Health | Answer all 6 informational queries | |