

2017 – Activity I: Care Plan Validation

2017 - Activity I: Care plans, clarification on the numbers:

PCMH must select 10% of population as high-priority beneficiary (HPB).

- At least 80% of the 10% must have a care plan and an update attested to in the portal
 - 20% of the attested 80% will be randomly selected for validation
 - 80% of the 20% selected for validation must include all four of the required elements to pass validation

Example 1:

PCMH has 1,000 beneficiaries. PCMH selects 10%, which equals 100 patients for the PCMH's HPBs.

- At least 80% of the 100 HPBs (80 patients) must have two care plans attested
 - 20% of the 80 patients attested to is 16 patients, each including a care plan and an update
 - 80% of the 16 patients selected for validation is at least 13 patients that must pass validation
- *The minimum 13 patients must have a care plan and the update pass validation essentially, this means a minimum of 26 care plans will need to be submitted for validation)*

Example 2:

PCMH has 7,000 Beneficiaries. PCMH selects 10%, which equals 700 patients for the PCMH's HPBs.

- At least 80% of the 700 HPBs (560 patients) must have two care plans attested
 - 20% of the 560 patients attested to is 112 patients, each including a care plan and an update
 - 80% of the 112 patients selected for validation is at least 90 patients that must pass validation
- *The minimum 90 patients must have a care plan and the update pass validation essentially, this means a minimum of 180 care plans will need to be submitted for validation)*