

Activity H Deadline: 12/31/2020

- For established patients: one care plan update must be completed by a face-to-face visit and one update may be completed via a phone call.
- Addendums to the care plans are acceptable if completed within a reasonable period of no more than two weeks after the care plan has been created or updated.
- Indicate if at least 80% of the top 10% of high-priority patients have a first and second care plan in the medical record. Each attested care plan includes all required elements listed in number 1.
- For validation audit, 20% of the top 10% of high-priority patients with a first and second care plan, will be randomly selected for review of care plans. To pass this activity, at least 80% of the care plans must include all the required elements listed in number 1.
- PCMHs that successfully pass two consecutive years of care plan validation audits without going into remediation will be eligible for a “Fast Track” audit.
- The Fast Track audit includes:
  - Sample audit of five care plans
  - Sample audits will be conducted at the same time as regular care plan validation audits and for the same performance period
  - The PCMH must successfully pass the audit with at least an 80% total score
  - The scoring methodology will remain the same for the sample audit
  - If the practice passes the Fast Track audit, no further care plan audit will be required for the performance period.
  - If a practice fails the sample Fast Track audit, care plan validation will revert to the standard audit process and the PCMH will be required to submit the full 20% of care plans randomly selected for high-priority patients with a first and second care plan.
  - If the PCMH passes the secondary audit, the PCMH will remain in good standing and will be eligible for the Fast Track audit in the upcoming performance period.

Activity H Deadline: 12/31/2020

- If the PCMH does not meet the 80% target for the secondary audit, the PCMH will be required to follow the remediation process as stated in Section 242.000 of the [2019-2020 PCMH Provider Manual](#) and will not be eligible for the Fast Track audit for the upcoming year.
- Scoring methodology:
- Each element of the care plan will be scored accordingly, with a total of eight possible points per High Priority Patient (HPP). The scoring methodology is the same for a regular care plan audit and a Fast Track audit.

Care Plan Element	Point Value (Care Plan 1)	Point Value (Care Plan 2)	Total Possible Points per HPP
Problem list	1	1	2
Assessment of problems	1	1	2
Plan of Care	1	1	2
Instruction for follow up	1	1	2
Total possible points per HPP	4	4	8

- Practices are to document completion of this activity via the provider portal and attest that the described activity has been completed and that proper evidence of such can be provided upon request.