# RI Care Transformation Collaborative (CTC) Nurse Care Manager/Care Coordinator (NCM/CC) Strategy Checklist for meeting Service Delivery Requirement: Develop High Risk Registry and Reportable Fields for Care Management (Due 12/31/19)

 This checklist has been designed to assist practices, working with the practice facilitator, with achieving the December 2019 service delivery requirement to develop care management high risk registry and reportable fields for patient engagement. This is a guide to help navigate the requirements with the understanding that practices need to be able to report on engagement with high risk patients by July 15, 2020.

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| **Practice Name: Practice Location:**  |
| **Certified EHR Vendor/Version:**  |
|  | **Important Steps: What is due December 31, 2019**  | Recommend that you coordinate with you practice facilitator prior to 12/22/19 as staff may have time off during the holiday season  |
|  | **By December 31, 2019**- Practice reviews with Practice Facilitator plan for [identifying high risk patients](https://www.ctc-ri.org/sites/default/files/uploads/0%205%20PCMH%20Kids%20High%20risk%20framework%20work%20tool%203%2014%2019.doc) as defined by CTC-Practice reviews with practice facilitator plan for capturing NCM/CC engagement -Practice reviews with practice facilitator plan for reporting aggregated NCM/CC engagement on high risk patients to CTC- Practice facilitator reports to CTC practice status on meeting service delivery requirement: Develop high risk registry and reportable fields for NCM reporting  | * Plan for identifying high risk patients reviewed
* Plan for capturing NCM/CC engagement high risk patients/families reviewed
* Plan for reporting on NCM/CC Engagement with high risk patients /families

 **Practice Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_** **Practice facilitator to submit on behalf of the practice to:** **CTC-ri@ctc-ri.org** **Due Date: 12/31/19** |
|  | **Practice Team Defines Practice/ACO roles and responsibilities** * On-going: Attend Nurse Care Manager/CC and Practice Reporting Best Practice Sharing Collaborative
* The practice team reviews important documents to learn requirements
* [Review BCBSRI 2019 Policy](https://www.ctc-ri.org/sites/default/files/uploads/BCBSRI%202019%20Advanced%20Primary%20Care%20Policy%20Overview.pdf)
* [Review NCQA 2017 care management core competencies](https://www.ctc-ri.org/sites/default/files/uploads/Care%20Mgmt%20Pages%2062-66.pdf)
* Care Management Plans
	+ [Basic-Shared](https://www.ctc-ri.org/sites/default/files/uploads/Basic%20Shared%20Care%20Plan%20Sample.pdf)
	+ [American Academy of Pediatrics](https://www.ctc-ri.org/sites/default/files/uploads/AAP%20Care%20Plans.pdf)
	+ [Behavioral Health](https://www.ctc-ri.org/sites/default/files/uploads/BH%20Care%20Plan.pdf)
* Review with ACO leadership work that will be done centrally and locally (if applicable)
* Identify person to provide health plan high risk patient reports to NCM
* Identify person to report to CTC on NCM/CC Engagement with high risk patients per stated schedule
* Plan for disseminating results within practice for performance improvement
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