



Date:

Dear Dr. _____,

We have received inquiries and questions from many practices we have worked with in reference to their PCMH 2014 level 3 certification and also to the new PCMH 2017 program.

In response to these many inquiries, we are writing this letter to update you on the forthcoming process and what you can expect as to PCMH. We are happy to tell you that Somos PPS (formerly named ACP) has engaged Insight Management to provide certain selected practices who are members of Somos PPS/ACP with services related to maintaining and upgrading your PCMH certification and level 3 status. Insight will be assigned certain practices by Somos/ACP for evaluation, training services and documentation to help you sustain and maintain PCMH 2014 level 3 status and PCMH 2017 certification. This will allow your practice to continue to receive all the benefits and incentive payments for maintaining its PCMH status as well as incentive payments for maintaining quality performance. Your practice can continue to receive all these benefits and tens of thousands of dollars a year in incentive payments at no cost to you; for selected practices SOMOS will pay for it all!!!

As a PCMH certified practice, you can look forward to continuing these incentive payments from NYS Medicaid:

Medicaid HMO Patients	Monthly PCMH Incentive \$
500	\$3,750.00
1000	\$7,500.00
1500	\$11,250.00
2000	\$15,000.00

In addition, your practice will continue to receive SOMOS incentive payments and Managed Care Plan shared savings.

So, what happens now? **Simply sign and return this letter** indicating you are interested in participating in this additional free service. Also, schedule an appointment with your Insight Management PCMH trainer. Please be sure to keep these appointments and not cancel any so you remain eligible to participate.

SOMOS will be selecting which practices will be eligible based on the level of interest and the level of engagement and commitment to quality measures and reporting by the practice. Please sign and return this letter in order to demonstrate your interest in this ongoing free PCMH maintenance service.

- The Practice PCMH contact person (usually the office manager) should expect that they will be receiving calls from our office, periodically, as we remotely track progress through EMR monitoring.

Please read and sign below:

I agree that I am acknowledging to commit to the Patient Centered Medical Home (PCMH) Sustainability Reporting and Certification Renewal with Insight Management as my consultant. I also confirm that my

practice is not currently engaged with a different consultant. I agree that I will do my best to work with Somos/ACP and Insight to maintain my performance quality and PCMH standards.

Practice Name: _____

Print Doctor's Name: _____

Signature: _____

Date: _____