This edition of Recognition Notes focuses on NCQA's Physician Practice Connections®-Patient-Centered Medical Home™ (PPC®-PCMH™) program, whose triple-digit growth makes it NCQA's fastest growing service and the main reason the number of NCQA-Recognized clinicians recently topped 15,000. Future editions of Recognition Notes will update readers on NCQA's other Recognition opportunities:

- Back Pain Recognition
- Diabetes Recognition
- Heart/Stroke Recognition
- Physician Practice Connections

In the Spotlight: New York City Health & Hospitals Corporation Undergoes PPC®-PCMH™ Evaluation

The decision by New York City Health & Hospitals Corporation (HHC), the country's largest municipal hospital and health care system, to seek PPC-PCMH Recognition is an important
endorsement of the medical home concept. Irene Kaufmann, HHC’s Senior Assistant Vice President for Medical and Professional Affairs, recently updated Recognition Notes on HHC’s progress toward being Recognized.

**NCQA: Why is HHC seeking NCQA Recognition?**
Kaufmann: HHC has been committed to implementing patient-focused coordinated care for many years. We believe NCQA’s PCMH Recognition process offers effective tools for defining and measuring quality, while raising the bar on performance.

**What are your goals for Recognition, and how are you supporting your facilities to meet them?**
Kaufmann: HHC has 13 teams representing primary care practices across the system; our goal is to get most of our practices recognized.

HHC launched a PCMH Project Web site to explain standards and provide sample reports and templates for various logs physicians may keep (for tracking operational activities, transactions and communication with patients). The site also links to other resources, such as strategies for completing the PCMH survey and tools for project management. We host weekly webinars and Q&A sessions where teams share data, policies and processes.

**NCQA: What processes do you have in place to meet NCQA Recognition standards?**
Kaufmann: HHC has implemented our electronic health record system and established an enterprise-wide comprehensive IT platform. In 2000, HHC began redesigning ambulatory care services by reducing waiting time, and by implementing open access and patient-centered scheduling. In 2002, HHC and faculty at the Institute of Healthcare Improvement launched a chronic care management collaborative that has helped HHC improve care for diabetes, depression, chronic heart failure, asthma and hypertension management.

**NCQA: Why is achieving Recognition important to you?**
Kaufmann: HHC has worked hard to become the provider of choice in the communities we serve and to provide a medical home for our patients. We would be proud to be awarded this national recognition, which conveys commitment to patients and to high quality, coordinated care.

*To learn more about the PPC®-PCMH™ Recognition process, join NCQA at* [How to Facilitate Patient-Centered Medical Home Recognition in September in Baltimore, MD.](#)

**Maine Launches PCMH Pilot**
The Maine Patient-Centered Medical Home three-year pilot program began in January 2010 using NCQA’s PPC®-PCMH™ model.

The pilot program unites payers and providers from 22 adult and four pediatric practices to sustain and revitalize primary care while improving health outcomes and reducing health care costs.

Twenty-four out of the 26 participating pilot practices have achieved NCQA PPC-PCMH Recognition. Major private payers and the Maine Department of Health (Maine Care) are providing participating practices with alternative payment to recognize the value of the PCMH model.

Stakeholders supporting the Maine PCMH pilot include the Maine Medical Association, Maine Osteopathic Association, and the Maine Chapters of the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians. The Maine Quality Forum and the Maine Health Access Foundation are the pilot's lead funders.

For more information on the Maine PCMH pilot, visit www.mainequalitycounts.org or contact Sue Butts-Dion at sbutts@maine.rr.com.

**PCMH Recognition and Legislation in Florida**

In February, Metcare of Florida became the Sunshine's State's first Recognized medical home by achieving NCQA's highest PPC-PCMH designation, Level 3. Metcare is a subsidiary of Metropolitan Health Networks and has approximately 35,000 Medicare Advantage customers.

Coincidentally, Metcare became the state's first Recognized PCMH at the same time that the Florida legislature was considering creating a medical home pilot to serve the state's vast Medicaid population.

"I am encouraged that health care organizations in Florida, like Metcare, are moving ahead to improve care coordination and invest in primary care by becoming recognized as a patient-centered medical home," said Ed Homan, an orthopedic surgeon in Tampa and a Representative in the Florida House. "With the national NCQA Recognition, Metcare sets an example for the Florida Legislature to move ahead with medical home legislation."
Maryland Passes Medical Home Bill Following NCQA Testimony

NCQA Vice President for Product Delivery Tricia Barrett testified before committees in the Maryland House of Delegates and State Senate this spring in support of a new initiative to establish a multi-payer medical home demonstration project.

Barrett’s testimony preceded passage of Maryland House Bill 929/Senate Bill 855, which established the Maryland Patient Centered Medical Home Program. The law commits Medicaid and private insurance companies to awarding bonus payments to primary care practices who are recognized as Patient-Centered Medical Homes.

The PCMH pilot uses NCQA's PPC-PCMH model to assess whether medical homes can improve care, lower cost and address problems resulting from poor reimbursement and provider dissatisfaction.

In her testimony, Barrett characterized the medical home model as a "promising development in delivery system reform... [that] aims to improve the quality and efficiency of care for all patients."

"In the past 15 months, nearly 400 practices in 24 states and the District of Columbia have been reviewed and Recognized by NCQA," she testified. "Hundreds more are already in line for review in 2010. Interest in the program continues to grow. As of April 30, over 7,000 copies of the PPC®-PCMH™ standards have been requested from NCQA, 1,800 submission tools distributed and 1,000 applications received with an additional 100 practices applying each month."

New Anthem Low Back Pain Program Follows NCQA Standards

Anthem Blue Cross Blue Shield (BCBS) will soon release its Program of Excellence for Low Back Pain aimed at improving the quality of patient care. The program, currently in its pilot phase, aligns with NCQA Back Pain Recognition Program (BPRP) standards. Anthem BCBS aims to have all participating physicians participating in the NCQA-recognized program by the end of their second year of participation.

The program educates physicians on evidence-based treatments for back pain. Certain standards must be met, such as the completion of the American College of Physicians' CME course for the treatment of low back pain, as well as measuring pain and
functional status before and after surgery and other treatments. Physicians will receive a fee per patient per low back pain episode.

Other features of the Anthem program include:

- Teams of skilled back pain doctors, including primary care physicians, surgeons and other clinicians;
- An established process for coordinated care;
- Clear protocols for treatment;
- Regular assessments of care methods and patient outcomes;
- Shared decision-making at key junctures; and
- Behavioral health assessments.

For more information about the Program of Excellence for Low Back Pain, please contact Sandra Marinace, Program Manager of Clinical Health Policy at 303-831-2067.

**New Application Fees for Recognition Program**

NCQA has recently posted the new application fee schedule for the Recognition programs on the Web site page for each program. Typically the standard fee is now $500 per applicant with a capped fee of $3000. NCQA posts changes to the policies of a program on the Web site, through our new online portal for Diabetes Recognition and Heart/Stroke Recognition programs, and by email to purchasers 30 days before the change. The fee schedule applies to submissions after the notice period. Notice will also be made to the fee schedule change shown as an Exhibit in the program agreements.

**Please Sign and Return Your Updated Business Associate Amendment**

NCQA asks that organizations participating in NCQA Recognition programs sign updated Business Associate Amendments (BAA). Doing so will ensure that we comply with provisions in the February 2009 American Recovery and Reinvestment Act/Health Information Technology for Economic and Clinical Health Act (ARRA/HITECH) that created new requirements for Business Associates of Covered Entities under the HIPAA Privacy Rule.

NCQA recently sent updated Business Associate Amendments to organizations with active Recognitions to sign. This amendment replaces those signed by practice representatives when they applied to any of NCQA's Recognition program. If a recent BAA was signed with NCQA that specifically references
"ARRA" (see the first WHEREAS clause in the Agreement), it is not necessary to sign the Amendment.

Organizations participating in multiple NCQA Recognition programs need to sign only one Amendment. Organizations with multiple clinical practice sites that are NCQA-Recognized may sign one Amendment to cover all sites.

Please return fully executed, signed Amendments via email to baa@ncqa.org, by fax to 202.955.3599 or by regular mail to:

NCQA Recognition Programs BAA  
1100 13th Street N.W.  
Suite #1000  
Washington, DC 20005

If there are any questions, please contact NCQA's Chief Privacy Officer Sharon King Donohue at 202-955-1704.

Requirements for New York State Practices Recognized in the PPC®-PCMH™ Program

All NCQA-Recognized Medicaid providers in New York State must supply NCQA with their practice site National Provider Identifier (NPI) and the four-digit zip code extension for their service location. Failure to provide practice site NPI and the zip + four digit codes could jeopardize incentive payments from the state.

Recognized practices and practices that have submitted Recognition application(s) can email NCQA at ppcpcmh@ncqa.org with this information. Practices in the process of completing an application should include this information on their application form. NCQA cannot be responsible if this information is missing when NCQA provides its list of Recognized practice sites and practitioners to the state.

Practices with Registered Nurse Practitioners (RNP), including Article 28 facilities and office-based practitioners, are reminded to include the RNP(s) on their NCQA PPC-PCMH application. This will enable Medicaid to appropriately process Patient Centered Medical Home (PCMH) incentive payments for primary care nurse practitioner services. Practices that have already been recognized or have submitted their application(s) for the PCMH program can send the additions to ppc-pcmh@ncqa.org by updating their Practice Information Workbook.
About NCQA
National Committee for Quality Assurance (NCQA) is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and recognizes physicians in key clinical areas. NCQA’s HEDIS is the most widely used performance measurement tool in health care. NCQA is committed to providing health care quality information through the Web, media and data licensing agreements in order to help consumers, employers and others make more informed health care choices. For more information, visit http://www.ncqa.org

1100 13th Street NW, Suite 1000, Washington, DC 20005
Telephone: 202/955-3500 | Fax: 202/955-3599
Customer Support: 888/275-7585
http://www.ncqa.org