Congress May Pay PCMHs and PCSPs More

A New Version of PCMH is Coming. Help Us Name It!

Becoming a Patient-Centered Medical Home? Here’s Help.

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Congress May Vote to Pay You More

Congress is close to passing legislation that pays for quality and makes new kinds of payments available to patient-centered medical homes (PCMH) and patient-centered specialty practices (PCSP).

Key House and Senate committees have approved Medicare physician payment reform bills to pay PCMH and PCSP providers for chronic care management services. Providers could bill for non-face-to-face services for patients with two or more chronic conditions who agree to receive them.

The legislation also would give PCMH and PCSP practices the highest possible score for “clinical practice improvement activities” (CPIA). CPIAs are a component of a new value-based purchasing program (VBP), in addition to performance on quality, resource use and health IT metrics. Over time, the VBP program would reserve up to 12 percent of total physician payments for performance-based incentive payments.

PCMHs and PCSPs could also be platforms for “alternative payment models” (APM) authorized in the legislation. APMs would share financial risk or be medical homes in CMS Innovation demonstrations.

Congress must reach agreement on how to pay for the legislation, but appears to be on track to enact a final bill early in 2014.

A New Version of PCMH is Coming. Help Us Name It!
The most widely adopted medical home model in the US will get an update next year, and maybe a new name.

NCQA will release new standards for patient-centered medical home (PCMH) recognition March 31, 2014, replacing the current standards, PCMH 2011.

We welcome your ideas on what to name the new program. Should we stick with tradition and name the standards for the year they debut—PCMH 2014? Or should we do something different? Send your suggestions to marketing@ncqa.org by January 31.

Key changes to the PCMH program include:

Alignment with Meaningful Use Stage 2 (MU2)

- Clinicians at practices that meet the highest NCQA requirements are positioned to qualify for Meaningful Use Stage 2 (MU2) bonuses; meeting MU2 requirements is sound preparation for NCQA PCMH evaluation.

Emphasis on team-based care

- Team-focused elements are in their own standard and emphasize including the patient as part of the care team.

Care management focus on high-need populations

- The new standards call for identifying patients who may benefit from care management and self-care support.
- Practices will need to address social determinants of health, behavioral health, cost/utilization, poorly controlled or complex conditions and unique needs of patients referred by specialists.

Alignment of quality improvement activities with the triple aim

- Practices must show that they are trying to improve in all three domains (patient experience, cost and clinical quality).
- Practices’ quality improvement efforts must occur at least annually; NCQA may choose to audit for this requirement.

What Surveys and Applications Are Valid, and When?

The PCMH 2011 Survey Tool is available for purchase until June 30, 2014. Practices may submit applications and survey tools for PCMH 2011 Recognition until March 31, 2015. If your practice is already recognized under the PCMH 2011 standards, your recognition status is valid for three years from your date of recognition.

To upgrade your recognition to the new PCMH before your current recognition status expires, purchase the updated PCMH Survey Tools after March 31, 2014, and complete the application according to the Start to Finish pathway. Between March 31, 2014, and March 31, 2015, practices can submit the PCMH 2011 Survey Tool or the new version’s survey tool. After March 31, 2015, only the new survey tool will be accepted.

Watch for more information in the coming months about the new PCMH program. And let us know what you think we should call it!
Want to become a NCQA- Recognized PCMH? NCQA recommends three types of resources that can help: Prevalidated IT vendors, Certified Content Experts and Regional Extension Centers.

**Find IT That Fits**

NCQA Prevalidation identifies EHR systems, registries, population health management tools and technologies that align with PCMH requirements. Practices that use prevalidated tools know their systems can support a successful survey, and freeing practices to focus on the real work of PCMH transformation. Prevalidated tools can save time, reduce paperwork and relieve administrative burdens.

Learn more about the NCQA PCMH Prevalidation program and see the list of prevalidated vendors.

**Know Who Knows PCMH**

More than 300 PCMH Certified Content Experts in 47 states can help guide your practice through the NCQA Recognition process.

These experts have demonstrated their knowledge and understanding of the NCQA PCMH model. They are physicians, nurses, allied health care providers, social workers, psychologists, hospital administrators and independent consultants. Now, it’s easier to find someone who can relate to your practice and your needs.

Check the list of PCMH Certified Content Experts™ to find one near you.

**Get Help with Electronic Health Records**

The federal Office of the National Coordinator for Health Information Technology has funded 62 Regional Extension Centers (REC) to help more than 100,000 primary care providers adopt and use electronic health records.

RECs, located in every region of the country, support EHR integration with Health Information Exchanges by:

- Providing on-the-ground assistance to large and small practices.
- Enhancing coordination of care among providers.
- Delivering ongoing support to practices as they continue to transform.

More than 38 percent of physicians have adopted a basic EHR and more than 145,000 providers are moving through the stages of meaningful use—a set of standards that governs the use of EHRs.

To learn more about RECs and find one near you, [click here](#).
technology in a meaningful way."

Associates in Primary Care Medicine, Warwick, Rhode Island

Quicker Answers to Your Questions

You asked for it and now it’s coming to you: NCQA is building a Q&A portal for all Recognition Programs that will be available in early 2014. Recognition Customers will be able to submit questions and have them tracked and answered through our Web site. Customers will be notified of the portal’s availability by e-mail, and we will provide online training.

The new Recognition Program Customer Communications Portal will:

- Provide prompt replies for customer questions.
- Help us create the trainings on topics you care about.
- Develop more useful FAQs and other support to tell you what you need to know, when you need to know it.

We will move from a system of program-specific mailboxes (i.e., pcmh@ncqa.org or drp@ncqa.org, etc.) to this new, Web-based portal. Updates will be available on the NCQA Web site.

A More Convenient Double-Check

NCQA’s audit system that ensures the integrity of PCMH recognition by randomly double-checking the information some applicants submit is getting more convenient for practices: it’s going online.

We audit 5 percent of practices seeking recognition for the first time or applying for a higher level of recognition. Selection is random, so there’s no reason to think that something’s not right if you’re chosen.

The NCQA staff member who performs an audit is different from the PCMH manager who shepherds a practice’s application through the recognition process. That means audited practices get a second set of eyes looking at their materials—always a good thing to ensure submissions are complete.

Auditors spend about an hour on the phone with audited practices discussing the practice’s applications.

By confirming that practices are meeting standards, audits protect the value of NCQA Recognition for everyone who earns the NCQA PCMH seal.

"NCQA Recognition Has Helped Us Gain Leverage"

Palmetto Primary Care Physicians (PPCP) has earned NCQA Recognition in three programs: Diabetes Recognition Program (DRP), Heart/Stroke Recognition Program (HSRP), and Patient Centered Medical Home (PCMH). The practice is a Level III PCMH, and has area 30 practices throughout the greater Charleston, South Carolina area.
NCQA spoke with Jennifer O’Donnell, Director of Quality Operations, about how NCQA Recognition has changed the way PPCP delivers care.

**NCQA:** What interested you in becoming NCQA-Recognized?

**O’Donnell:** PPCP wanted national visibility as a quality leader. NCQA Recognition has helped us gain leverage in contracting with payers in South Carolina through various incentive programs and contracts. Our DRP, HSRP and PCMH-recognized physicians also get automatic credit for their Maintenance of Certification (Module IV) through the American Board of Family Medicine.

“NCQA Recognition has helped us gain leverage in contracting with payers in South Carolina through various incentive programs and contracts.”

**NCQA:** How has becoming NCQA-Recognized changed the way you deliver care?

**O’Donnell:** NCQA Recognition helped us transform how our practice operates. DRP and HSRP Recognition set the framework for evidence-based care by setting benchmarks for providers and helping them prepare for HEDIS recommendations via our electronic medical record. DRP and HSRP have helped us increase market share and get payer contracts around quality outcomes. As we move forward in a health care delivery system that rewards value over volume, this becomes critical to our ongoing success.

**NCQA:** What surprised you about NCQA Recognition?

**O’Donnell:** NCQA Recognition forces us to work together as a team to complete the applications, particularly for the PCMH application, which is more intense than the other recognition programs.

**NCQA:** What’s the hardest part of undergoing three recognition evaluations?

**O’Donnell:** The pure volume of what we are trying to do, since we want to get many of our providers recognized. Forty-two of our providers are recognized in DRP and HSRP. We have submitted 22 Multi-Site PCMH applications and had 72 providers recognized for PCMH. We expect to add more by the end of the year. Gathering the data from so many people and departments, and making sure they meet standards, takes time.
NCQA is grateful to the many organizations that support our work through grants and other contributions. By supporting NCQA, our sponsors help increase quality and accountability in the health system.

For information about NCQA sponsorship, please contact Jennifer Dziekan, Director, Corporate and Foundation Relations.