



Getting Started with NCQA Patient-Centered Medical Home Recognition

You Will Learn:

- What are the concepts in the NCQA PCMH recognition program?
- How do you enroll in the recognition program?
- What resources are available to help you transform your practice?

Who Can Benefit From This Toolkit?

- Practice managers
- Quality managers
- Health care consultants
- Practice staff
- Clinicians
- Anyone bringing a practice through recognition



Margaret E. O'Kane

Contacts and Information



888-275-7585

NCQA Customer Service



ncqa.org

NCQA website



qpass.ncqa.org

Online recognition
platform



store.ncqa.org

Download the standards
and guidelines



my.ncqa.org

Ask questions through the
NCQA portal

Dear Colleague,

Thank you and welcome! Your interest in becoming an NCQA-Recognized Patient-Centered Medical Home (PCMH) places you inside one of the most important delivery system innovations of the past 25 years.

Embracing medical homes' approach to patient-centered care is the main way primary care practices prepare to thrive in the new world of value-based health care payment.

You're in good company:

- The Company You Keep: NCQA PCMH Recognition is the most widely adopted medical home model. That means you've chosen a proven path to patient-centered care—and one specified as an approved accreditor in MACRA legislation fueling the growth of value-based care.
- The Company Here to Help You: As this guide explains, the culminating phase of NCQA PCMH Recognition is Succeed. NCQA sets high standards and we want to help you rise to meet them. Our staff and other resources are here to ensure that using this toolkit is the first of many productive steps culminating in your practice earning the NCQA PCMH seal.

Congratulations on taking this important step for your practice. I wish you every success in your PCMH transformation and recognition.

Sincerely,

Margaret E. O'Kane

President

National Committee for Quality Assurance
1100 13th Street NW, Suite 1000
Washington, DC 20005

Contents

Section 1:	About PCMH.....	4
	About PCMH	4
	What is in the NCQA Recognition Program?	5
	Recognition Process.....	8
	Medical Home Neighborhood	10
	Starting the Recognition Process.....	11
Section 2:	Support for Transformation	12
	Education: Live Training	12
	Education: PCMH Congress	13
	Education: On Demand Training	14
	Education: Strategies for Success	16
	HIT Support: Prevalidation	17
	Content Expert Certification	18
	Payer and Government Initiatives: Federal	19
	Payer and Government Initiatives: Special Initiatives	20
	Getting Staff Buy-In	21
Section 3:	Benefits of Recognition	23
	For Practices	23
	For Clinicians	24
	For Patients	24
Section 4:	What to Expect After Recognition	25
	Annual Reporting	25
	Measurement and Quality Improvement Primer	25
Section 5:	Appendices	27
	Appendix A: Recognition through Q-PASS	27
	Appendix B: eCQM Crosswalk	37
	Appendix C: Glossary	39



About PCMH

 **The patient-centered medical home** is a model of care that puts patients at the forefront of care. PCMHs build better relationships between people and their clinical care teams.

As payers look to reward value, and as patients receive care in an increasing number of settings, it is imperative that all members of the care team share information and collaborate with each other—and with patients—to optimize outcomes.

- **Fragmented care results in poorer care.** Greater rates of fragmentation are associated with increased costs, lower quality and higher rates of preventable hospitalizations.¹
- **Integrated care produces better outcomes.** Communicating information for shared patient populations results in better care.²
- **Payers are increasingly supporting PCMH.** Because the PCMH model can help patients avoid costly complications, public and commercial payers are increasingly turning to the PCMH model of care.³

¹ Frandsen, B.R., K.E. Joynt, J.B. Rebitzer, and A.K. Jha. 2015. "Care Fragmentation, Quality, and Costs Among Chronically Ill Patients." *American Journal of Managed Care* 21(5), 355–62.

² A. Shih, K. Davis, S. Schoenbaum, A. Gauthier, R. Nuzum, and D. McCarthy. 2008. "Organizing the U.S. Health Care Delivery System for High Performance." The Commonwealth Fund, August 2008.

³ Edwards, S.T., A. Bitton, J. Hong, and B.E. Landon. 2014. "Patient-Centered Medical Home Initiatives Expanded in 2009–13: Providers, Patients, and Payment Incentives Increased." *Health Affairs*. <http://content.healthaffairs.org/content/33/10/1823.full>

Research shows that PCMHs:

- **Improve quality.** Patients get the treatment they need, when they need it.
- **Reduce costs.** They prevent expensive and avoidable hospitalizations, emergency room visits and complications—especially for patients with complex chronic conditions.
- **Improve the patient experience.** They provide the personalized, comprehensive coordinated care that patients want.
- **Improve staff satisfaction.** Their systems and structures help staff work more efficiently.

NCQA helps primary care practices transform into a medical home through its PCMH Recognition program.

④ What is in the NCQA PCMH Recognition program?

The American Academy of Pediatrics introduced the medical home concept in 1967, and in 2007 leading primary care-oriented medical professional societies released the Joint Principles of the PCMH. The next year, NCQA released its PCMH Recognition program, the first evaluation program in the country based on the PCMH model.

Today, NCQA's PCMH Recognition program has evolved to feature a set of six concepts that make up a medical home. Underlying these concepts are criteria (activities for which a practice must demonstrate adequate performance to obtain NCQA PCMH Recognition) developed from evidence-based guidelines and best practices.

The PCMH [standards and guidelines document](#) contains these PCMH Recognition program requirements and information your practice needs to demonstrate to NCQA that you meet criteria. Refer to the PCMH concepts and criteria within this document, available for free download from the [NCQA store](#). In this publication you will find the criteria and what evidence is needed to submit to NCQA to earn recognition.

STRUCTURE OF CONCEPTS, CRITERIA AND COMPETENCIES

Concepts. There are six concepts—the overarching themes of PCMH. To earn recognition, your practice must complete criteria in each concept area. If you are familiar with past iterations of NCQA PCMH Recognition, the concepts are equivalent to standards.

Criteria. Specific activities in which a practice engages to demonstrate that it meets recognition requirements. The practice must pass all 40 core criteria and at least 25 credits of elective criteria across five concept areas.

Competencies. Competencies categorize the criteria. Competencies do not offer credit.

CONCEPT AREAS

Team-Based Care and Practice Organization

Helps structure a practice's leadership, care team responsibilities and how the practice partners with patients, families and caregivers.

Know and Manage Patients

Sets standards for data collection, medication reconciliation, evidence-based clinical decision support and other activities.

Patient-Centered Access and Continuity

Guides practices to provide patients with convenient access to clinical advice and helps ensure continuity of care.

Care Management and Support

Helps clinicians set up care management protocols to identify patients who need more closely-managed care.

Care Coordination and Care Transitions

Ensures that primary and specialty care clinicians are effectively sharing information and managing patient referrals to minimize cost, confusion and inappropriate care.

Performance Measurement and Quality Improvement

Helps practices develop ways to measure performance, set goals and develop activities that will improve performance.



YOUR PCMH JOURNEY

The American Academy of Pediatrics introduced the medical home concept in 1967.



In 2007, leading primary care associations released the Joint Principles of the PCMH, identifying characteristics of the PCMH.



The PCMH model reduces costs, improves quality, increases staff satisfaction and boosts the patient experience.



NCQA built off that model to develop the most widely adopted PCMH program in the country.



Evidence-based guidelines and best practices inform criteria within those concept areas.



You transform your practice based on these criteria.



After you transform, you submit evidence to NCQA showing you meet these criteria.



Your practice demonstrates it meets or exceeds expectations in core and elective criteria.



Your practice earns NCQA PCMH Recognition.



Your practice performs ongoing quality improvement to sustain NCQA recognition and succeed as a PCMH.

④ Recognition Process

The NCQA PCMH Recognition process has three parts.



Commit:

The practice learns the NCQA PCMH concepts and begins to apply them to their practice. Once the practice is knowledgeable of the concepts and has begun transforming into a PCMH, they enroll through the NCQA Q-PASS system at qpass.ncqa.org and complete an initial questionnaire.



Transform:

Practices transform over time, building on successes. Along the way, NCQA conducts check-ins with the practice to gauge progress and to discuss next steps in the evaluation. Virtual check-ins, which are conducted online via screen sharing technology, provide practices with immediate and personalized feedback on what is going well and what needs to improve.



Succeed:

Each year, the practice checks in with NCQA to show its ongoing activities are consistent with the PCMH model of care. This is part of the Annual Reporting process and includes attesting to certain policies and procedures and submission of some data. This process sustains the practice's recognition and fosters continuous improvement. That means the practice succeeds in strengthening its transformation and, as a result, patient care.

NCQA has the only national program that supports ongoing quality improvement in this way.

COMMIT

Learn it. Download the [NCQA standards and guidelines](#) and begin learning the concept areas and required criteria. NCQA also offers online and in-person training to help practices understand the recognition process.

Apply PCMH concepts to your practice. Begin to implement changes to align with the NCQA PCMH standards.

Enroll through Q-PASS. When you are familiar with the standards and have started to transform your practice, create an account, enroll in the recognition process at qpass.ncqa.org, complete an initial questionnaire and pay the enrollment fee. [Learn more about what will be required at enrollment.](#)

TRANSFORM

Virtual introduction with an NCQA representative. After you enroll, NCQA assigns a representative as your single point of contact to guide you through recognition. Your representative schedules an initial introductory call to discuss the recognition process and develop a schedule of up to three virtual reviews over the course of your practice's transformation.

Begin working with Q-PASS. You will use NCQA's new Quality Performance Assessment Support System—Q-PASS—to gather evidence, prepare documentation and track your practice's progress toward recognition. You can upload documentation (for criteria that require it) to prepare for your check-ins, or indicate that you prefer to demonstrate capabilities during a live virtual review, using screen-sharing (where applicable).

Virtual Reviews. You will have up to three virtual reviews via screen-sharing technology. Virtual reviews give practices immediate and personalized feedback on what is going well and what needs to improve. [Learn what to expect during your virtual reviews.](#)

SUCCEED

Earn Recognition. Your practice and clinicians will be listed in the NCQA directory on the NCQA website and you can begin [promoting your practice](#) as a recognized PCMH.

Annual Reporting. Each year, your practice will check in with NCQA to demonstrate that your ongoing activities are consistent with the PCMH model of care. Annual Reporting has far fewer requirements than your initial recognition. It is meant to ensure that your practice continues to function as a PCMH and is performing ongoing quality improvement initiatives. Part of this process includes attesting to certain policies and procedures, as well as submitting some data to NCQA. The annual reporting process will sustain your recognition and foster continuous improvement. That means your practice succeeds in strengthening its transformation, and as a result, strengthens patient care.



⊕ The Medical Home Neighborhood

The medical home model of care delivers whole-person care that is coordinated and tracked by one primary care provider. Providers outside the medical home connect with the primary care provider as vital partners in making the medical home neighborhood effective for patients.



As of March 2017, more than 12,000 primary care practices (with more than 60,000 clinicians) are recognized as medical homes by NCQA. Two hundred specialty practices, representing more than 1,200 clinicians, are recognized Patient-Centered Specialty Practices. And almost 50 sites are recognized under NCQA's Patient-Centered Connected Care™ Recognition program.

⊕ Starting The Recognition Process (Q-PASS)

Your NCQA Recognition process is managed through the Quality Performance Assessment Support System (Q-PASS). You will use this web-based platform to submit information to NCQA. Q-PASS lets you manage multiple organizations, practices, clinicians and recognitions through a single portal.

BEFORE ENROLLMENT

- Create an account at qpass.ncqa.org.
- Add your organization to the system.

ENROLLMENT

- Enrollment kicks off the recognition process with NCQA. You will:
 - Provide details about your organization.
 - Add practice sites to your organization.
 - Select primary and secondary contacts.
 - Select the recognition program in which to enroll.
 - Add clinicians to each practice.
 - Set up automatic credit (pre-validation).
 - Sign legal agreements.
 - Pay for recognition.

After you enroll, you can use Q-PASS to add evidence to criteria. You will also use Q-PASS for annual reporting, to sustain your recognition.

READY TO ENROLL?

Appendix A contains a user guide with step-by-step instructions for enrolling in NCQA PCMH Recognition.



Support for Transformation: Education and Training

LIVE TRAINING OPTIONS (IN PERSON AND WEB-BASED)



NCQA Academy develops learning opportunities for practices, clinical staff and others dedicated to improving quality in health care.

NCQA courses cover a variety of topics—from the PCMH Recognition process, to getting the most out of your referral network and developing strong care transitions. There are courses on the Six Sigma approach to process improvement and on quality measurement and improvement. Many are archived online: Watch them at your own pace and on your own time. Courses will help your practice sustain and improve PCMH Recognition.

LIVE WEBINARS

NCQA holds free monthly customer education sessions for each recognition program. For your convenience, audio (telephone) conference workshops or WebEx training sessions combine audio and Internet-accessible video presentations.

For All PCMH Education and Training, visit ncqa.org/pcmhedu.



For all education and training opportunities, go to ncqa.org/pcmhedu



JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Continuing Education

In support of improving patient care, the National Committee for Quality Assurance (NCQA) is jointly accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.

IN-PERSON SEMINARS

NCQA offers quarterly in-person seminars that provide in-depth information about NCQA Recognition requirements and the process for achieving PCMH recognition. After these seminars, you will be able to:

- Identify the core attributes of PCMHs
- Develop strategies for selecting criteria relevant to your practice.
- Identify required evidence and determine how to present it.
- Describe processes and procedures that demonstrate transformation into the medical home model.
- Examine challenging aspects of the requirements in a variety of practice environments.

PCMH CONGRESS



This is a can't-miss conference for people who want to be part of an expanded educational program focusing on the journey of PCMH transformation and recognition success. Attend specialized tracks and network with high-level executives throughout the care delivery system.

“ PCMH Congress addressed real barriers that everyone is experiencing with all of the changes in health care and offered real solutions for a constantly changing environment. ”

— PCMH Congress Attendee Survey Response

This conference will help you:

- Understand the stages of the PCMH transformation process.
- Learn, share and identify best practices for improving the delivery of patient care.
- Earn CME, CNE and CPE credits, as well as CEU towards PCMH Content Expert Certification.
- Discover relevant solutions and engage with companies in the PCMH Congress exhibit hall.



Register at pcmhcongress.com

⊕ Support for Transformation: Education and Training

ON-DEMAND WEBINARS

We know you're busy and that patient care comes first. That's why we created more online learning opportunities for you and other practice staff to learn about techniques and processes to create a strong medical home and implement continuous quality improvement.

See below for a sample of courses—and we're always adding more! Go to ncqa.org/pcmhedu to see all course offerings.

TOOLS FOR PCMH TRANSFORMATION

Tools for PCMH Transformation, a webinar series from NCQA, provides practical information on implementing and improving on key PCMH concepts for office staff, clinicians and organization leadership. Courses are geared to primary care practices or staff working with practices on transforming into a high-functioning PCMH. They include:

Patient Navigation Is Not “One Size Fits All” in the Patient-Centered Medical Home

Practices must identify how to use their navigator most effectively—which leads to improved health outcomes, lower cost of care and better patient experience.

Denominators Demystified: Guidance for Choosing and Using Measures in PCMH and PCSP

Practices measure quality by choosing and using measures, and by understanding medical evidence: its source, how it affects the practice and where it fits in the standards. Quality measures have an impact on many NCQA standards, and offer practices the opportunity to focus and coordinate their work. Measures will gather importance as practices prepare for value-based payment and MACRA.

Referrals to Specialists

Referrals are common in ambulatory medical and surgical practices. Standards should be implemented to ensure effective referrals to all stakeholders: patients, referring providers and consulting providers. Well-managed referrals lead to better patient care and satisfaction, eliminate waste and lower costs by preventing unnecessary care and encouraging better patient access.

Care Transition Management

Transition of care is an important element for a successful PCMH practice team; it focuses on the condition of interest, medications and social issues for high-risk patients, reduces waste and leads to quality improvement.

CONTINUOUS PROCESS IMPROVEMENT: LEAN SIX SIGMA FOR PCMH

Six Sigma is a leading approach to process improvement. We apply this approach to PCMHs through a six-part series on continuous process improvement in practices:

PART
1

Lean Six Sigma for PCMH. Learn the core principles of Lean and Six Sigma, lean health care, eight wastes and the 5 S's.

PART
2

Process Mapping. An in-depth presentation on flow charts; input—process—output (IPO); suppliers, inputs, process, outputs, customers (SIPOC); process maps; swim lanes; and value stream maps as visuals to describe a process.

PART
3

What is Quality and How Do We Measure It? Examine pareto, cause and effect, stratification, histograms, scatter plots and control charts as tools to measure quality.

PART
4

Preparing for Failure. How to identify and prevent the failure of a new process.

PART
5

Making it Stick. After a new process is implemented, how to keep people from falling back to old ways. Learn tools and strategies for maintaining the new process.

PART
6

Define, Measure, Analyze, Improve, Control. The DMAIC method of continuous process improvement is at the heart of Lean Six Sigma.

INTRODUCTION TO QUALITY IMPROVEMENT FOR MEDICAL PRACTICES

As payers move from the fee-for-service (FFS) model toward paying for value (and improved quality and lower costs), practices must learn to measure and improve their performance. NCQA's self-paced online learning series, Introduction to Quality Improvement for Medical Practices, highlights essential competencies for staff preparing for quality improvement activities at the practice level.

Improvements in how practices measure and improve care will help them align with expectations of MACRA.

The course discusses quality improvement cycles, analysis techniques, team member roles and fundamental activities for advancing quality improvement projects. Eight topics are divided into two parts.

Part 1: QI Fundamentals

- Introduction to measures
- Data types and data sources
- Introduction to quality improvement processes
- Analysis and assessment techniques

Part 2: QI Structure and Planning

- Quality improvement teams
- Know your patients
- Special populations
- Actionable action planning

⊕ Support for Transformation: Education and Training

STRATEGIES FOR SUCCESS AS A PCMH



Designed from your feedback, Strategies for Success as a PCMH is a complimentary, ongoing educational initiative for the entire care team. It integrates multiple channels that support an efficient and patient-centered practice and help lead to more effective communication and better patient outcomes.

Online Learning Activities. Collaborative learning, best-practices and resources that offer CME/CE credits and relay best practices for PCMHs treating some of the most common conditions.

Enhanced PCMH Newsletter. An online newsletter highlights key information from live seminars and online activities, and offers multiple methods for operating an effective PCMH.

Patient Engagement Tools. Resources and tools that enhance patient engagement and improve outcomes.



Strategies for Success as a PCMH is available exclusively to NCQA-Recognized practices and those seeking recognition.

Enroll today ncqa.org/pcmhstrategies



This activity is supported by educational grants from AbbVie, Allergan, Inc., Amgen, Astellas Pharma US, Inc., AstraZeneca, Gilead Sciences, Inc., Lilly, Sanofi, Sanofi US and Regeneron Pharmaceuticals, and Takeda Pharmaceuticals International, Inc., U.S. Region.

In support of improving patient care, the National Committee for Quality Assurance (NCQA) is jointly accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE) and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the healthcare team.



⊕ HIT Support: Prevalidation

DOES YOUR HIT SOLUTION ALIGN WITH THE PCMH MODEL?

As the health care system expects PCMHs to provide more value by achieving the “Triple Aim”— better quality, lower costs and improved patient experience—PCMHs need strong technology to help them reach that goal. The NCQA PCMH Prevalidation program identifies Health Information Technology (HIT) systems that have the functionality to help practices meet NCQA PCMH criteria.

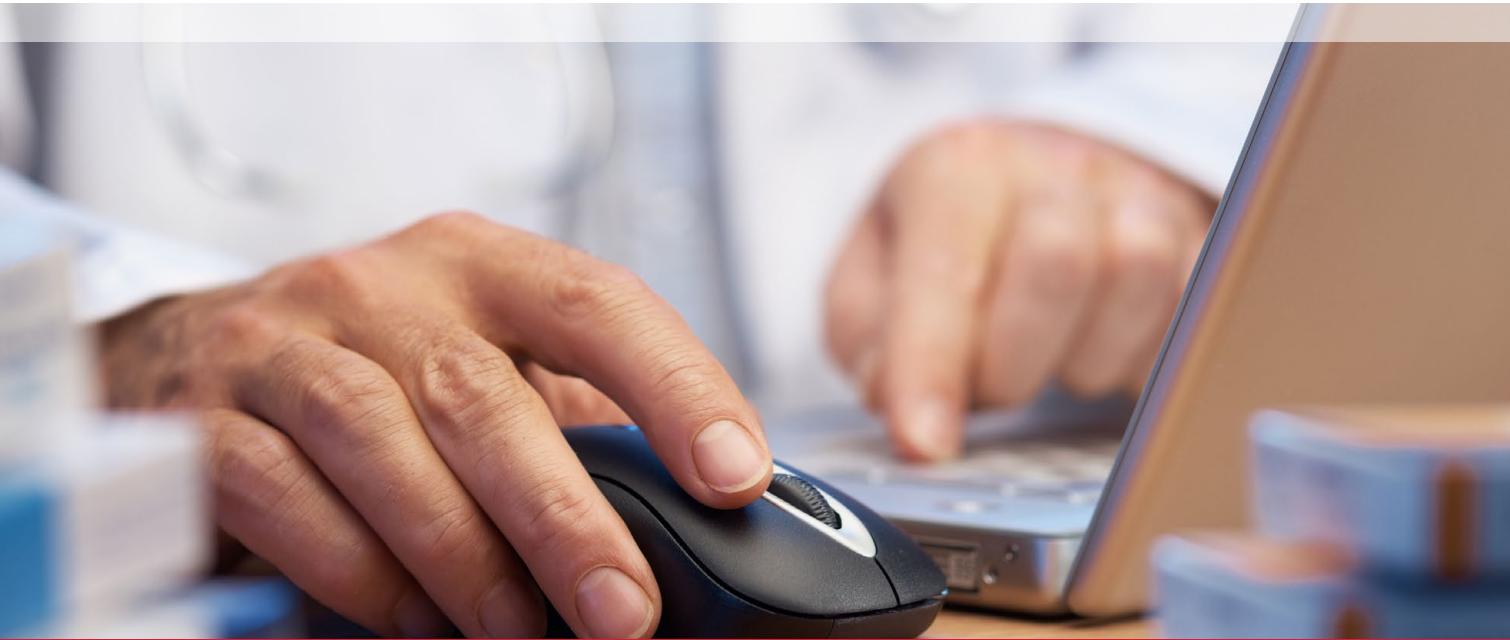
NCQA PCMH PREVALIDATION CAN SAVE YOU TIME AND RESOURCES

An NCQA prevalidated HIT solution can expedite the PCMH Recognition survey process.

- Support practice goals with your HIT solution. Prevalidation solutions align with NCQA PCMH Recognition, supporting your practice’s transformation into an effective medical home.
- Save time. If your HIT solution meets certain requirements, you can earn automatic transfer credit towards some NCQA PCMH criteria, eliminating the need to provide evidence some to NCQA, which saves time.



For an updated list of prevalidated solutions, visit ncqa.org/prevalidation



⊕ Support for Transformation: PCMH Certified Content Experts™

The NCQA PCMH Content Expert Certification™ program certifies individuals who demonstrate comprehensive knowledge of the PCMH Recognition program.



Looking for consulting services? NCQA keeps a directory of all NCQA PCMH Certified Content Experts™. CCEs have in-depth knowledge of PCMH requirements and documentation necessary for recognition.

Search for Consultants at cce.ncqa.org

Who should consider Content Expert Certification?

- Consultants.
- Quality managers.
- Practice staff.
- Anyone who manages the NCQA PCMH Recognition process.

PROGRAM REQUIREMENTS

Candidates must complete two NCQA education seminars before applying for PCMH CEC:

- Introduction to PCMH 2017: Foundational Concepts of the Medical Home.
- Advanced PCMH 2017: Succeeding in Medical Home Recognition.

After successful completion of the seminars, candidates are eligible for certification by passing an exam. Certification lasts two years. During that period, CCEs complete Maintenance of Certification credits to renew their certification.

QUESTIONS?

Direct inquiries through the [My NCQA portal](#).

- Register with a user name and password (or log in with an existing account).
- Once logged in, click "My Questions" >> "Ask a Question" >>"Policy/Program Clarification Support."
- Select "Recognition Programs" in the Product/Program Type drop down and look for "PCMH 2011 – Content Expert Certification" or "PCMH 2014 Content Expert Certification."

⊕ Support for Transformation: Payer and Government Initiatives

FEDERAL INITIATIVES

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

MACRA replaces the Sustainable Growth Rate (SGR) formula for how the Centers for Medicare & Medicaid Services (CMS) pays clinicians caring for Medicare beneficiaries in the traditional Medicare program.

MIPS and NCQA Recognition

Becoming an NCQA-Recognized PCMH or PCSP **directly increases clinician payments** through the Merit-Based Incentive Payment System (MIPS).

- Clinicians in NCQA-Recognized PCMHs/PCSPs receive **automatic full credit** in the MIPS **Improvement Activities** category.
- Clinicians in NCQA-Recognized PCMH and PCSP practices will likely do well in these other MIPS categories.

Quality Measures. NCQA PCMH/PCSP programs increase the use of high-value care, including prevention and chronic care management, and actively promote quality improvement that will be reflected in MIPS quality measures.

Advancing Care Information. Recognition emphasizes coordination of care and the use of health information technology (HIT) to share care information.

Cost. A growing body of scientific evidence shows that the PCMH model saves money by reducing hospital and emergency department visits, mitigating health disparities and improving patient outcomes.

Alternative Payment Models

Alternative Payment Models (APM) move clinicians away from FFS and toward more quality- and population-based payments. Clinicians in APMs that meet dollar and patient volume thresholds qualify as Advanced APMs (AAPM) that are exempt from MIPS and eligible for automatic 5 percent bonuses on Medicare payments. For clinicians in APMs that do not meet the thresholds, MACRA rewards clinicians in APMs with NCQA-Recognized PCMHs/PCSPs. Here's how:

- CMS scores each clinician individually, averages the scores for all clinicians in the APM and applies the average score to each clinician.
- Clinicians in NCQA PCMHs/PCSPs receive full Improvement Activities credit. Clinicians without recognition receive half the CPIA credit and must earn additional points for individual Improvement Activities.
- Having more PCMH/PCSP clinicians in an APM automatically gives all clinicians higher MIPS scores.



Want more information on how NCQA PCMH/PCSP Recognition can help you meet MACRA goals? [Visit ncqa.org/macra](http://ncqa.org/macra).

⊕ Special Initiatives

NCQA contracts with federal and state governments for special PCMH initiatives.

STATE INITIATIVES

FQHC

NCQA [Government Recognition Initiative & Projects \(GRIP\)](#) manages government contracts that promote the PCMH model in Federally Qualified Health Centers (FQHC). Current contracts with the Health Resources and Services Administration (HRSA) provide financial support for the costs of NCQA PCMH Recognition, and technical assistance in achieving NCQA Recognition.

PCMH Prime (For Massachusetts Practices Only)

The Massachusetts Health Policy Commission (HPC), in collaboration with NCQA, developed [the PCMH PRIME Certification Program](#), which identifies criteria that are key to integrating behavioral healthcare into primary care and certifies practices that meet a majority of these criteria. NCQA-Recognized practices submit documentation to NCQA for evaluation on the PRIME behavioral health criteria. Practices that meet 7 of 13 criteria earn PCMH PRIME certification. Practices are not charged for PRIME review.

OTHER STATE INITIATIVES

States continue to use the medical home model to promote primary care accountability through various public sector programs, including State Innovation Models, health homes and Delivery System Reform Incentive Payment Programs. As of March 2017, more than 20 public sector initiatives require or recognize NCQA PCMH Recognition.

- 12 states mandate NCQA PCMH for participation in their programs.
- 10 states require PCMH recognition – NCQA PCMH is accepted as meeting this requirement.

[See a list of public and private initiatives.](#)

COMMERCIAL PAYER INITIATIVES

More than 100 payers and other organizations offer direct incentives, coaching or other support of NCQA's PCMH Recognition program. NCQA's Partners in Quality program identifies organizations that provide resources and services to support practices in pursuit of practice transformation. These services—financial assistance, coaching, learning collaborative support or technical assistance—are offered at no cost to a targeted group of practices seeking recognition through NCQA's PCMH/PCSP or Clinical Recognition programs.

Practices that contract or work with Partners in Quality are eligible for a 20 percent discount code to apply to their initial recognition fee.

[See a list of payers and other organizations supporting NCQA PCMH Recognition.](#)

⊕ Support for Transformation: Getting Staff Buy-In

Change is hard in general, but it can be particularly difficult to manage across teams in a medical practice.

Meeting standard requirements and continuously maintaining and enhancing your ability to improve while focusing on patient-centered care and outcomes—that's challenging. Not only must processes and procedures change, but the very culture of most practices may have to shift as well, and practices must be able to "live the changes" every day.

How To Implement Team Buy-In

Moving to team-based care means putting patients at the center of what you do. That requires your team to function as a unit: The walls of process and communication silos must come down. Here are a few suggestions for beginning the buy-in process.

- **Designate a team champion (or two).** Leaders can rally the troops and drive change throughout an organization—but nobody wants to be the Lone Ranger. Train leaders well and give them back-up and support.
- **Put it in writing.** Emphasize how important each team member is to patient-centered care. By aligning job descriptions and performance metrics, you create an efficient, quality-based practice and help establish a new culture across the organization.
- **Maximize efficiency.** Ensure that each team member is practicing at the top of their license or skill set—in other words, practicing to the full extent of their education and training, instead of spending time at tasks that could be done by someone else more efficiently (and less expensively). Expecting team members to be at the top of their game lets them know their skills are valued.



Talk About the Value of Transformation

Educate your team about the effects of having a patient-centered practice—why change is both necessary and beneficial. Cite studies. Relate what you are doing back to your patients. Patients say they prefer practices that function as PCMHs; quality improvement has a real impact on improving their health and happiness. Let the team know that the goal is to improve care.

Empower Your Team

Let your team work. Create tasks—standing orders for tests, medication refills, vaccinations and so on—that can be executed without clinician approval (as permitted by state law). This is not only efficient, but it empowers your team to do the work they were trained to do.

- **Train and cross-train staff.**

- Use evidence-based approaches to self-management support, such as patient coaching and motivational interviewing, so staff can deliver patient-centered care directly.
- Make sure staff are trained to manage specific patient populations (especially vulnerable populations) and to address patient need proactively through effective communication.
- Cross-train staff to handle all facets of care coordination and to understand how their role affects patient care upstream and downstream. Demonstrate the continuum of care through the eyes of the patient. Give staff the chance to appreciate what their coworkers do and the opportunity to support them.

- **Meet regularly.** Hold regular team meetings—full teams or subsets, or both. Meetings allow discussions about how to improve patient care, give a voice to suggestions for improvements in workflow and generally allow people to listen to and acknowledge each other. This is key to engaging a team and encouraging learning and continuous improvement.

- You decide the format: Meetings can be in the form of brief, informal daily “huddles” to review patient charts and workflow, or can be formal and longer, to discuss far-reaching changes. The idea is to keep communication open and flowing.

- **Embed your team in all quality improvement activities.** Ensure that your team sees and reviews performance measurement and patient survey data, to identify areas where they can improve and to solicit ideas for overall improvement.

By fostering a culture of inclusiveness, continuous learning and an expectation that staff will contribute to value-based, patient-centric care, you are assured of building solid buy-in at every level and creating a team that carries out the PCMH principles daily.

Benefits of NCQA PCMH Recognition



⊕ For Practices

- **Align with where health care is headed.** Payers continue to move from the fee-for-service model towards rewarding integration and quality care. They are increasingly contracting with organizations that can show they have a strong infrastructure and quality improvement initiatives. NCQA PCMH Recognition prepares you to succeed.
- **Integrate services across your entire organization.** If you are a health system or clinically integrated network with specialty practices, urgent care centers and other types of practice sites, NCQA's Patient-Centered Specialty Practice (PCSP) and Patient-Centered Connected Care programs mean your whole organization can evolve into a high-functioning medical home neighborhood. These other programs are built off of the PCMH model and complement NCQA PCMH Recognition.
- **Support revenue growth.** Many Federal, state and commercial payers offer incentive programs to practices that achieve NCQA PCMH/PCSP Recognition.
- **Improve your practice.** Use NCQA PCMH Recognition to perform gap analyses and to implement processes and procedures that improve care for patients and make your practice more efficient.
- **Keep staff happy.** The PCMH model helps streamline processes and standardize procedures that keep practice staff at the top of their knowledge, skills and ability. It has been shown to result in higher staff satisfaction.⁴
- **Market your practice.** NCQA publishes a list of all recognized practices and clinicians in its Recognition Directory. Use the NCQA seal to market your accomplishment to patients and partners. We can even help you distribute a press release to local press, touting your achievement.

⁴ Lewis, S.E., R.S. Nocon, H. Tang, S.Y. Park, A.M. Vable, L.P. Casalino, E.S. Huang, M.T. Quinn, D.L. Burnet, W.T. Summerfelt, J.M. Birnberg, M.H. Chin. 2012. "Patient-Centered Medical Home Characteristics and Staff Morale in Safety Net Clinics." *Arch Intern Med* 172(1):23–31.

⊕ For Clinicians

- **Earn higher reimbursement.** More than 100 payers nationwide offer either enhanced reimbursement for recognized clinicians or support for practices to become recognized.
- **Succeed in MACRA.** The Centers for Medicare & Medicaid Services (CMS) acknowledges both NCQA's PCMH and PCSP Recognition programs as ways to receive MACRA credit. Clinicians in NCQA-Recognized PCMHs/PCSPs automatically earn full credit in the MIPS Improvement Activities category, and are likely to do well in other MIPS categories. The PCSP Recognition program is the only specialty-focused evaluation program in the country recognized by CMS in MACRA.
- **Earn Maintenance of Certification (MOC) credits.** Several medical boards award clinicians in NCQA-recognized practices Maintenance of Certification (MOC) credits, reducing the burden on clinicians to take on additional activities. [Find out whether your board offers credits.](#)
- **Focus on patient care.** The PCMH model ensures that team members operate at the highest level of their knowledge, skills, abilities and license, within their assigned roles and responsibilities.

⊕ For Patients

- **Stay healthy.** Patients who are treated in PCMHs tend to receive preventive services and screenings at a higher rate than patients who are not in PCMHs, helping them stay healthy.⁵
- **Better communication.** Communication with patients and their families/caregivers is a core concept of the PCMH model, which also emphasizes enhanced patient access to clinical advice and medical records.
- **Better management of chronic conditions.** According to research, PCMHs are especially helpful for patients with complex chronic conditions.
- **Have a better experience.** When medical home attributes are described to people, they say it is the type of care they want to receive.

A Hartford Foundation study found that the PCMH model resulted in a better experience for patients. In that study:⁶

83%

say that being treated in a PCMH improved their health.

 **4X**

more patients said they can get same-day appointments vs. patients not in a medical home.

43%

more patients in a PCMH than those not in medical homes said their primary care physician is available on weekends/evenings via phone.

⁵ Ferrante, J.M., B.A. Balasubramanian, S.V. Hudson, and B.F. Crabtree. 2010. "Principles of the Patient-Centered Medical Home and Preventive Services Delivery." *Annals of Family Medicine* 8(2), 108–16.

⁶ Langston, C., T. Udem, D. Dorr. 2014. "Transforming Primary Care What Medicare Beneficiaries Want and Need from Patient-Centered Medical Homes to Improve Health and Lower Costs." Hartford Foundation.



What to Expect After Recognition

Annual Reporting

The heart of patient-centered care is continuous quality improvement. The practice lives and breathes a culture of data-driven improvement in areas of clinical quality, efficiency and patient experience.

As part of an annual reporting process, each year your practice will check in with NCQA to demonstrate that its ongoing activities are consistent with the PCMH model of care. You will attest to some policies and procedures and submit data to NCQA. Annual reporting will sustain your practice's recognition and help you foster continuous improvement. You will strengthen your transformation, and as a result, strengthen patient care.

WHAT TO EXPECT

- Complete your annual reporting 30 days before your recognition anniversary date (your anniversary date is one year from your recognition date).
- You will be asked to attest that you are performing activities that make up NCQA PCMH requirements.
- You will be asked to demonstrate that you are embracing measurement and quality improvement.
 - In some cases, this means submitting evidence via documentation.
 - In some cases, this means providing measurement data.
- Annual reporting requirements are flexible to meet your practice's unique needs. You are probably performing the required tasks already as a PCMH focused on embracing the medical home model.

HOW TO PREPARE

- **Know what is required.** Download the annual reporting requirements. Look at what's expected after recognition. Keep up to date on changes by visiting ncqa.org/annualreporting.

- **Embrace PCMH and quality improvement.** After you earn recognition, continue to embrace the PCMH model and activities. Look more closely at quality improvement and performance measurement—it will help when you submit for annual reporting next year.
- **Submit in stages.** You don't have to wait until the month before your anniversary to submit. You can upload and enter—or submit—annual reporting requirements at any time during the year. And if you can build submission into existing processes, it becomes part of your quality improvement activities. For example, if you know you get quarterly or monthly reports, make submitting relevant information in Q-PASS part of the process.

eCQMS

Practices have the option to submit electronic Clinical Quality Measures (eCQM) to NCQA in support of the recognition process. The list of measures from which to choose can be [found here](#). Measures can be submitted through electronic health records, health information exchanges, qualified clinical data registries (QCDR) and data analytics companies, as long as they can use the CMS electronic specifications for ambulatory quality reporting programs. See Appendix B for a flowchart explaining the eCQM process.

⊕ Annual Reporting

WHAT IS MEASUREMENT?

Measurement can be described as “looking at things your practice does to improve the quality of care and determining how well you do them.” For example, you adopt a process to recall asthmatics at six-month intervals. When you start measuring, you know how many patients you recall. Let’s say at the start of measuring that number is 10 percent. That 10 percent becomes your reference point or baseline. Measuring a second point, such as how many asthmatics you’ve recalled 90 days later, lets you see the difference between two points. Now you have data that are tracked over time. The data points can become the framework for improving recall in the future.

Tips for successful quality improvement

- **Choose relevant measures.** When measuring for quality improvement, make sure the measure you choose is important—or at least worthwhile to your practice as a whole. For example, if you have a large population of patients with diabetes, it would be highly relevant and worthwhile to focus on measures specific to diabetes.
- **Make sure your staff understands the value.** Tracking, measuring and improving what you do improves patient care. It will be easier for you to get staff buy-in if you explain it in those terms.
- **Get team buy-in.** Talk the goal through with your entire team, to validate that it is possible and to obtain feedback about how to achieve it. Staff are likely to provide input on the time it will require every day and the most efficient way to accomplish it.
- **Involve your team.** Regardless of the measure, begin by working through these steps with your team—you want them invested in the goal and in the practice. Ensuring their involvement in decisions about patients touches on why they chose to be health care professionals.



Appendices

⊕ Appendix A: Enrolling in NCQA Recognition through Q-PASS

REGISTER

Before enrolling, you must create an account for the [Q-PASS system](#). Go to qpass.ncqa.org and click the **Sign in and Enroll** button.

Welcome to the Quality Performance Assessment Support System (Q-PASS)

What are you looking for?

Sign in and Enroll	Learn About Our Programs
PCMH Eligible?	Price Calculator
Contact Us	Educational Resources

If you already have an NCQA account, enter the account e-mail address and password in the fields. To create a new account, click **Create one here**. Forgotten your account info? Click **I forgot my password** link to reset your password.

Q-PASS

Sign in with your NCQA account.

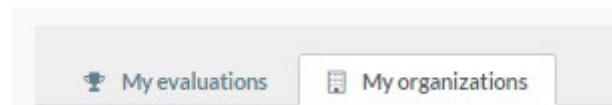
[I forgot my password](#)

SIGN IN ➤

Don't have an account? [Create one here.](#)

ADD YOUR ORGANIZATION

To get started, there must be an existing organization. Before you enroll, you have to create your organization. Click **My organizations**.



Click **Click here to create or claim your organization** to create your organization in the system.

Organizations



You don't have any organizations yet.

[Click here to create or claim your organization](#)

CREATE YOUR ORGANIZATION

To create your organization, enter the information in the fields (*including the Tax ID, which is required*).

If you have an existing organization with NCQA and you are the primary contact, you'll be able to verify information on the organization to ensure you have the right one.

The screenshot shows a 'My evaluations' tab selected at the top. Below it, the 'Organizations' section is visible. A sub-section titled 'Add an Organization' contains the following fields:

- Organization Legal Name (required)
- Organization Display Name
- Street Address (required)
- City (required)
- State... (dropdown menu) (required)
- Zip (required)
- Telephone (required)
- Ext
- Tax Id Number (required)

A note at the bottom states: 'HRSA grantee organizations only: please enter your HRSA H code below.' A text input field contains 'HRSA-H'. At the bottom right are 'Cancel' and 'Done' buttons.

ORGANIZATION CONTACT

When you enter the details of your organization, we will check our system to see if your organization exists in our database. If there are no existing matches, your organization will be added. If there is a matching organization in our system and you are listed as a contact, you will have access to that organization. However, if you are not the primary contact, you have two options:

- 1 Ask the account administrator for your organization to add you as a user. The administrator completes the form in the screenshot above to import organization records and assign you as primary or secondary contact.
- 2 If the individual who set up your organization's account is no longer with your organization, NCQA must verify that you have access to your organization's account. Go to my.ncqa.org and open a "new case" with Customer Support, who will contact you about the documentation needed to give you access to the account.

GETTING READY TO ENROLL IN PCMH RECOGNITION

After you are verified as a point of contact for the organization, the original organization dashboard displays and you can enroll in NCQA PCMH Recognition: **[Click Here to Enroll My Organization in a Program](#)**.



To select a program, click **Enroll Sites in Program**.

A screenshot of the "Programs" section of the NCQA dashboard. It shows a "Patient-Centered Medical Home" program card. The card includes the NCQA logo, a brief description of the program, and a "Enroll Sites in Program" button.

The PCMH Enrollment screen displays with information about types of enrollment. Click **Begin Enrollment**.

A TIP: Read everything on this page to make sure you have what you need for enrollment.

PCMH Enrollment - Let's get started!

Are you here to enroll a Single Site or a Multi-Site Organization?

Below are checklists to help you get ready for enrollment based on the type of your Organization.

Single Site Organization

My organization only contains one practice site, two practice sites, or multiple practice sites that operate independently without a common EHR System, shared policies and procedures, and a legal representative authorized to sign legal agreements on behalf of all the practice sites.

The following are required in order to enroll:

- ✓ Information about my practice site: legal name, NPI, address, primary contact information
- ✓ Information about my clinicians: NPI, date of birth, credentials, board certifications
- ✓ Authority to E-Sign legal agreements
- ✓ Payment of applicable fees

Multi-Site Organization

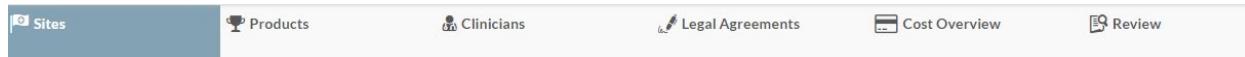
My organization contains at least 3 practice sites that operate with a common EHR system, shared policies and procedures, and a legal representative authorized to sign legal agreements on behalf of all the practice sites.

The following are required in order to enroll:

- ✓ Information about my practice sites: legal name, NPI, address, primary contact information
- ✓ Information about my clinicians: NPI, date of birth, credentials, board certifications
- ✓ Authority to E-Sign legal agreements on behalf of all practice sites I am enrolling
- ✓ Payment of applicable fees

Begin Enrollment

You are now in the enrollment section. A status bar displays at the top of your screen, showing the six steps in the enrollment process. At the left and right of your screen are forward and back arrows.



ADD SITES TO ENROLL IN PCMH RECOGNITION

Click **Create New Site**.

Total Sites to Enroll in PCMH = 0

You can create new practice sites by clicking "Create New Site" below. Once you have created all of your practice sites, you can choose which practice sites you wish to enroll in the area to the left below by selecting the practice sites in the list. If you want to enroll all your listed practice sites, click "Select All/None."

Create New Site

The pop-up screen lets you search by practice NPI number.



After you enter the practice NPI number, the practice site information automatically populates the fields. Click to check specialties. You can also add a Partner In Quality discount code at this time.

Click **Add Site**.

A TIP:
Check to make
sure prepopulated
information is
correct and make
corrections if
necessary.

Select this site's specialties below. If yours is not listed, check "other".

<input type="checkbox"/> Allergy/Immunology	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Critical Care Services	<input type="checkbox"/> Dermatology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Gen/Fam Practice	<input type="checkbox"/> Geriatric Medicine
<input type="checkbox"/> Hematology	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Internal medicine	<input type="checkbox"/> Nephrology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Neurosurgery
<input type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Occ. Medicine
<input type="checkbox"/> Oncology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Orthopedics	<input type="checkbox"/> Otolaryngology
<input checked="" type="checkbox"/> Pediatrics	<input type="checkbox"/> Phys/Rehab Medicine
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Psychopharmacology
<input type="checkbox"/> Pulmonary Medicine	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Surgery	<input type="checkbox"/> Urology
<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Other - not listed	

Sponsors
If you have a sponsor code please add it or select one of the recommended initiatives below if any are available.

Add Sponsor Code

If you have multiple sites, you can add sites by uploading an Excel document. Click the link to download a .XLS file to use as a template.

The screenshot shows a web-based application for adding new sites. At the top, there's a header with a flag icon and the text "Add New Site". Below the header, there are two tabs: "Site Information" and "Multi-Site Upload". The "Multi-Site Upload" tab is currently active, indicated by a blue background and white text. The main content area is titled "Multi-Site Upload Option". It contains the following text:
Do you have a large number of sites? You can import many sites at once with an Excel spreadsheet.
Step 1: Get the template
Download the template below, and fill your data into the columns indicated by the headers in the first row. Follow these directions:

- Leave the header row in place. Start entering data into row 2.
- Do not skip a row! You can leave columns blank, but an empty row stops the import process and all following rows will be ignored.
- Do not change the file format of the template.

[Download practice site template](#)

Step 2: Upload the completed spreadsheet

Locate your completed spreadsheet on your computer and press upload.

- Make sure you've saved the spreadsheet before uploading.
- Close Excel before uploading your workbook!
- This may take a little while to process.

Drag your file here - OR - [Click here to Upload](#)

At the bottom right are two buttons: "Cancel" and "Upload File".

After all practice sites are uploaded, select the sites to add to the recognition. Click **Select All/None** to check all boxes.

The screenshot shows a list of sites to enroll in PCMH. At the top, it says "Total Sites to Enroll in PCMH = 1". There is a "Create New Site" button. Below the total, there is a note: "You can create new practice sites by clicking "Create New Site" below. Once you have created all of your practice sites, you can choose which practice sites you wish to enroll in the area to the left below by selecting the practice sites in the list. If you want to enroll all your listed practice sites, click "Select All/None."".
A checkbox labeled "Select All/None" is checked. Below the checkbox, there is a note: "Select a site on the left to show details in this section.".

CHOOSE PRODUCTS

Click **Next** on the right side of your screen to navigate to the next stage of enrollment. Select which sites you want to enroll in PCMH and click Next.

Step 2: Choose Products

1 Here you see all the available products for your practice sites. For most practice sites, this will be limited to the program selected. For practices in some locations, there will be additional products, such as the Massachusetts PCMH PRIME Certification program.

When you are done selecting all your products for your practice sites, click the 'Next' button to the right to continue to the next step in the enrollment process.

Please choose any of the eligible practice sites you would like to add the Patient-Centered Medical Home product:

Site listed here

SET UP AND MANAGE PRACTICE CLINICIANS

Add clinicians to your practice. For the PCMH program, only enter the number of clinicians who manage a panel of patients and provide primary care to at least 75% of their patients. Click **Manage Clinicians** to add clinician details.

Step 3: Set Up Clinicians

1 For each practice site, set up your clinicians who you wish to be included on the certificate for the program you are enrolling in by clicking 'Manage Clinicians' next to each practice site.

For the PCMH program, only count MDs, DOs, NPs and PAs that: 1) manage a panel of patients and 2) provide primary care for 75% or more of their patients.

When you are done adding all of the clinicians for your practice sites, click the 'Next' button to the right to continue to the next step in the enrollment process.

Site	Clinician Count	Actions
Site Name	1	Manage Clinicians

You may add clinicians by NPI number or bulk upload a file. There are instructions to do this in the system. If you delay this step, you may continue enrolling and fill in the clinician information at another time.

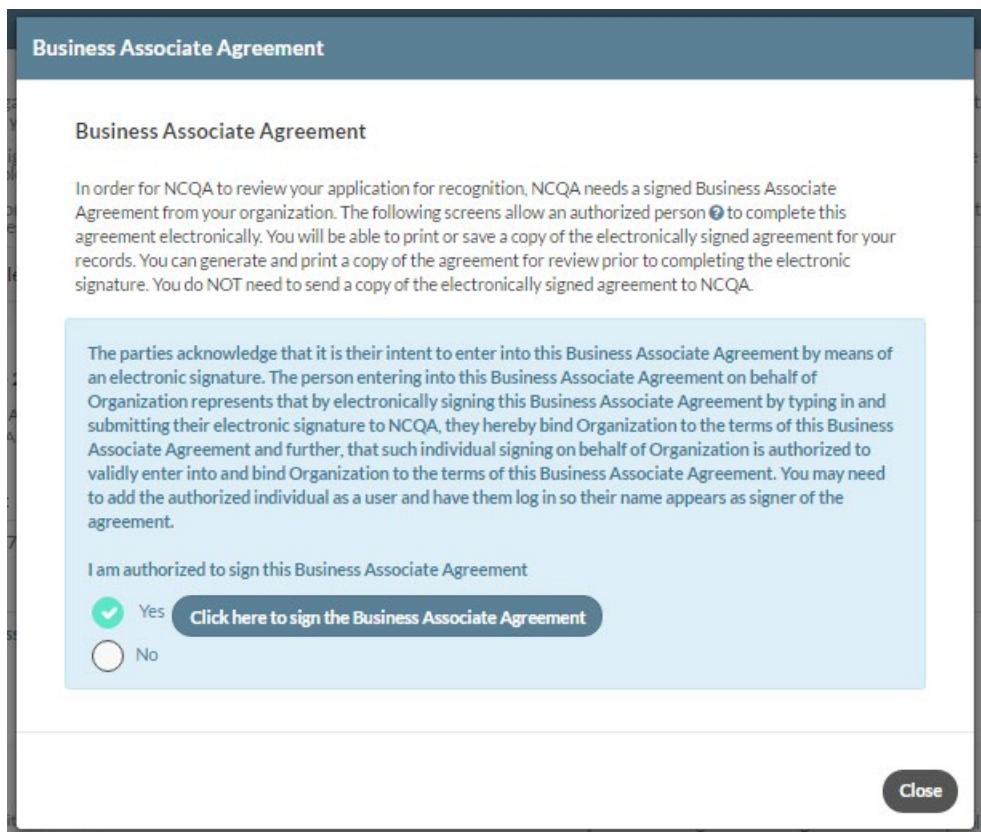
List all eligible clinicians. Payment is based on the number of clinicians in the practice, and only listed clinicians are included in the NCQA online directory and data feeds to public and private payers. Clinicians must be listed to receive Maintenance of Certification (MOC) for board specialties.

The screenshot shows a user interface for managing clinicians. At the top, there's a header bar with the NCQA logo and a 'Welcome, oncill@ncqa.org' message. Below the header, the title 'Manage Clinicians' is displayed. Two instructional boxes are present: 'How to Add a Clinician' and 'What is the difference between a Type 1 and Type 2 NPI?'. At the bottom, there are three main buttons: 'Add a New Clinician' (with a person icon), 'Add an Existing Clinician' (with a magnifying glass icon), and 'Import Clinicians' (with a file icon). A note below these buttons states: 'You can add clinicians one at a time, or import a list of clinicians from an Excel worksheet, using the buttons above.'

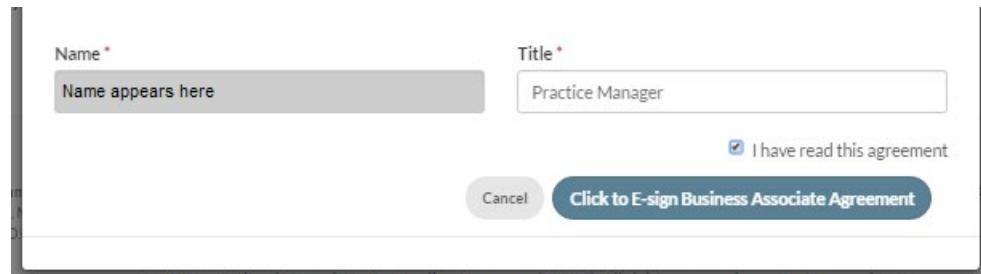
SIGN THE BUSINESS ASSOCIATE AGREEMENT AND PCMH AGREEMENT

You must sign your legal agreements. If you are not authorized to sign, you can “invite” the appropriate person by setting up an account for them in the system and sending an auto-email.

When you are ready to sign the agreement, click **Click here to sign the Business Associate Agreement**.



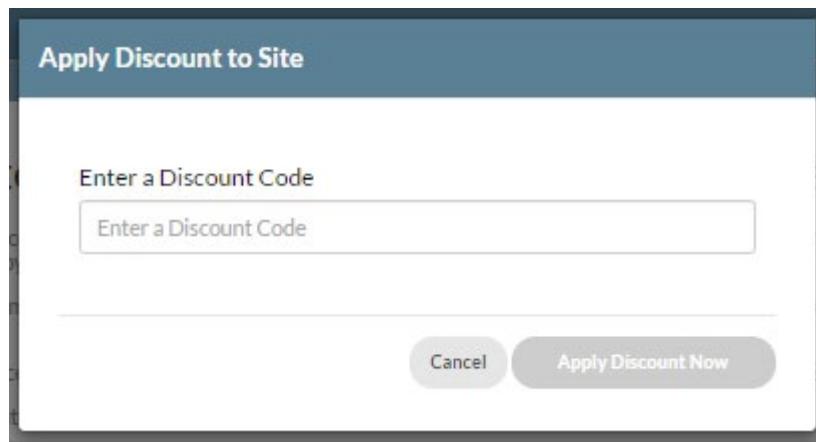
The Business Associate Agreement displays. Read the agreement; type your name and title to sign it. Click to check that you have read the agreement, then **Click to E-sign Business Associate Agreement**.



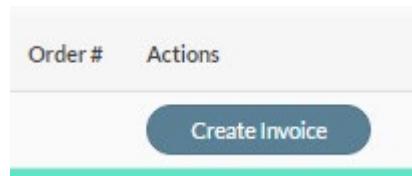
After the agreement is signed, it will populate with the e-signature. Download or print it by clicking the icons at the top of the screen. Click **Close** to close the screen.

CREATE AND PAY THE INVOICE

If you have a discount code, click **Apply Discount** and enter the code in the field. Click **Apply Discount Now**. Do this before you proceed.



Click **Create Invoice**.



Your order number displays—this is your invoice number. Click the order number to pay the invoice. You may pay by credit card or e-check through the system, or with a paper check. To pay by paper check, print the invoice and return the invoice with a check to:

NCQA

Attn: Recognition
Department 4038
Washington, DC 20042-4038

Step 5: Generate Invoices and Cost Overview

\$ Balance

ⓘ Expand instructions below by clicking or pressing on each one.

How to Bundle, Create, & Cancel Invoices

INSTRUCTIONS

How to Apply Discount

INSTRUCTIONS

How to Pay Invoice

INSTRUCTIONS

Site	Product	Version	Amt	Due	Status	Order #	Action(s)	Discount	All <input type="checkbox"/>
PCMH	2017	\$400	\$400	Unpaid		#144024	Cancel Invoice		Balance: \$400

After entering your payment information, a screen displays with your enrollment information. Click **Complete Enrollment**.

WHAT'S NEXT?

You will receive an email with information about your NCQA Representative and next steps in earning NCQA PCMH Recognition. Then, your representative will reach out and set up your kick off call.

⊕ Appendix B: eCQM

Quality Measures Crosswalk for PCMH 2017[▲]

Reference Guide Produced by NCQA

	Measure Title	NQF # (CMS eCQM #)	Population	NCQA eMeasure Certification	CMS/AHIP Consensus Core Set ACO & PCMH	CPC+	HEDIS Plan Level & Medicare Star Rating System	NCQA PCMH 2017 Recognition Credit	Owner (Developer)
ACUTE	Appropriate Treatment for Children with Upper Respiratory Infection [¶]	69 (154)	Pediatric	✓			✓	QI 01C	NCQA ¹
BEHAVIORAL HEALTH / CHRONIC	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder Medication [¶]	108 (136)	Pediatric	✓			✓	QI 02A	NCQA
	Dementia: Cognitive Assessment [¶]	NA (149)	Adult			✓		QI 01D	AMA PCPI ²
	Depression Remission at Twelve Months (Outcome) [¶]	710 (159)	Adult	✓	✓	✓	✓ [‡]	QI 01D	MNCM ³
	Depression Utilization of the PHQ-9 Tool [¶]	712 (160)	Adult	✓			✓ [‡]	QI 01D KM 03	MNCM
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment [¶]	4 (137)	Adult/ Adolescent			✓	✓	KM 04B, 04C QI 01D	NCQA
CHRONIC DISEASE CARE	Controlling High Blood Pressure (Intermediate Outcome) [¶]	18 (165)	Adult	✓	✓	✓	✓★ [§]	QI 01C	NCQA
	Coronary Artery Disease: Beta-Blocker Therapy—Prior Myocardial Infarction or Left Ventricular Systolic Dysfunction (LVEF <40%) [¶]	NA (145)	Adult					QI 01C	AMA PCPI
	Diabetes: Eye Exam [¶]	55 (131)	Adult	✓	✓	✓	✓★	QI 01C	NCQA
	Diabetes: Foot Exam [¶]	56 (123)	Adult	✓	✓			QI 01C	NCQA
	Diabetes: Hemoglobin A1c Poor Control (>9%) (Intermediate Outcome) [¶]	59 (122)	Adult	✓	✓	✓	✓	QI 01C	NCQA
	Diabetes: Medical Attention for Nephropathy [¶]	62 (134)	Adult	✓	✓		✓	QI 01C	NCQA
	Functional Status Assessments for Congestive Heart Failure [¶]	NA (90)	Adult					QI 01C	CMS (NCQA) ⁴
	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction [¶]	2907 (135)	Adult					QI 01C	AMA PCPI
	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction [¶]	2908 (144)	Adult					QI 01C	AMA PCPI
	Hypertension: Improvement in Blood Pressure (Intermediate Outcome) [¶]	NA (65)	Adult					QI 01C	CMS (NCQA)
	Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet [¶]	68 (164)	Adult		✓			QI 01C	NCQA
	Use of High-Risk Medications in the Elderly [¶]	22 (156)	Adult	✓		✓	✓	QI 01C	NCQA

	Measure Title	NQF # (CMS eCQM #)	Population	NCQA eMeasure Certification	CMS/AHIP Consensus Core Set ACO & PCMH	CPC+	HEDIS Plan Level & Medicare Star Rating System	NCQA PCMH 2017 Recognition Credit	Owner (Developer)
OVERUSE	Use of Imaging Studies for Low Back Pain	52 (166)	Adult	✓	✓	✓	✓	QI 02B	NCQA
IMMUNIZATION	Childhood Immunization Status	38 (117)	Pediatric	✓			✓	QI 01A	NCQA
	Preventive Care and Screening: Influenza Immunization	41 (147)	Adult/ Pediatric					QI 01A	AMA PCPI
PREVENTIVE CARE	Breast Cancer Screening	2372 (125)	Adult	✓	✓	✓	✓★	QI 01B	NCQA
	Cervical Cancer Screening	32 (124)	Adult	✓	✓	✓	✓	QI 01B	NCQA
	Chlamydia Screening for Women	33 (153)	Adult/ Pediatric	✓			✓	QI 01B	NCQA
	Colorectal Cancer Screening	34 (130)	Adult	✓	✓	✓	✓★	QI 01B	NCQA
	Falls: Screening for Future Fall Risk	101 (139)	Adult			✓	✓	QI 01B	AMA PCPI
	Maternal Depression Screening	NA (82)	Adult/ Pediatric					QI 01B	NCQA
	Pneumococcal Vaccination Status for Older Adults	43 (127)	Adult				✓	QI 01A	NCQA
	Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan	421 (69)	Adult		✓			QI 01B	CMS (QIP) ⁵
	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	418 (2)	Adult/ Pediatric	✓				QI 01B	CMS (QIP)
	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	28 (138)	Adult		✓	✓		QI 01B	AMA PCPI
ADMIN QMS	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	NA (74)	Adult/ Pediatric					KM 05 QI 01B	CMS (NCQA)
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	24 (155)	Pediatric	✓			✓	QI 01B	NCQA
	Closing the Referral Loop: Receipt of Specialist Report	NA (50)	Adult/ Pediatric			✓		CC 04C QI 02A	CMS (NCQA)
	Documentation of Current Medications in the Medical Record	419 (68)	Adult				✓	KM 15	CMS (QIP)

NCQA intends to accept the results of these measures for the 2017 PCMH program. The specifications for these measures are available through CMS eCQM Library at: https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/ecqm_library.html

Measure included in Quality Payment Program Merit-based Incentive Payment System (MIPS)

HEDIS and Medicare Star measure specifications differ from CMS eCQM specification

HEDIS Measure included here though HEDIS specification is different than CMS eCQM specification and data collection methodology is via Electronic Clinical Data Systems Reporting (ECDs)

Medicare Stars measures: A version of this measure is included in the Medicare Stars program though the specifications and method of collection differ from the CMS eCQM version used for the PCMH 2017 program.

⊕ Appendix C: Glossary of Terms

annual recognition fee Annual recognition fee paid to NCQA before the annual reporting submission.

Annual Reporting

A yearly check-in with NCQA, during which a practice demonstrates that its ongoing activities are consistent with the PCMH model of care. Includes attesting to policies and procedures and submitting data. The process sustains recognition and fosters continuous improvement.

Certified Content Expert (also known as CCE) Certified Content Expert. A PCMH expert and a partner for practices that want to improve patient care through transformation into an NCQA-Recognized PCMH. Candidates must complete two NCQA education seminars before applying for PCMH Content Expert Certification. After successful completion of the seminars, candidates are eligible for certification by passing an exam.

clinician

Must meet one of the following criteria:

- Hold a current, unrestricted license as a doctor of medicine (MD), doctor of osteopathy (DO), advanced practice registered nurse (APRN) or physician assistant (PA).
- Physicians, APRNs (including nurse practitioners and clinical nurse specialists) and PAs who practice internal medicine, family medicine or pediatrics, with the intention of serving as the personal clinician for their patients.

commit

The first phase of the NCQA PCMH Recognition process. The practice learns the NCQA PCMH concepts and begins to apply them. Once the practice knows and begins to transform into a PCMH, it enrolls through the NCQA Q-PASS system and completes an initial questionnaire.

competencies

One part of the NCQA PCMH standards and guidelines. A way to categorize criteria.

concepts

One part of the NCQA PCMH standards and guidelines. The six concepts are the overarching themes of PCMH. Practices must complete criteria in each concept area.

Content Expert Certification	Highlights comprehensive knowledge of the PCMH Recognition requirements, application process and documentation. Holders of this certification are <i>Certified Content Experts (CCE)</i> .
core criteria	Requirements that must be met in order to earn NCQA PCMH Recognition. There are 40 core criteria across 6 concept areas.
criteria	One part of the NCQA PCMH standards and guidelines. Specific activities a practice must perform in order to earn NCQA PCMH Recognition. Practices must pass all 40 core criteria and at least 25 credits worth of elective criteria.
documentation	A practice can demonstrate that it meets criteria by submitting documents through the Q-PASS system. Some criteria require documentation; others allow a virtual review.
eCQM	Electronic Clinical Quality Measures. Practices have the option to submit eCQMs to NCQA in support of their recognition process. The list of measures from which to choose can be found here . Measures may be submitted through EHRs, health information exchanges, qualified clinical data registries and data analytics companies, if they can use the electronic specifications defined by CMS for ambulatory quality reporting programs.
elective criteria	Specific activities a practice may perform for NCQA PCMH Recognition. There are 60 elective criteria, worth 1 or 2 credits each; the practice must meet 25 credits across at least 5 concept areas.
evaluator	An NCQA policy expert who reviews a practice's evidence and conducts virtual reviews. The evaluator determines whether the practice meets recognition criteria. Practices have the same evaluator for all check-ins during initial recognition and for annual reporting.
evidence	Proof that a practice meets criteria. Evidence can be demonstrated by submitting documentation (e.g., policies and procedures, examples, data, reports) or through a virtual review of a practice's systems and electronic capabilities.

executive reviewer

An NCQA employee that works with NCQA representatives to answer content-related questions and resolve evaluation issues:

- Reviews all evidence and conducts virtual reviews, if necessary, to provide feedback during check-ins.
- Audits a percentage of recognized practices for evidence that they meet PCMH requirements.
- Audits evaluators to ensure that they meet NCQA customer service and PCMH policy requirements.

initial recognition fee

A fee paid (through Q-PASS or by check) upon enrollment in the NCQA PCMH Recognition program.

MACRA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA replaces the Sustainable Growth Rate (SGR) formula for how Centers for Medicare and Medicaid Services (CMS) pays clinicians that care for Medicare beneficiaries in the traditional Medicare program. Becoming an NCQA-Recognized PCMH or PCSP directly increases clinicians' payments through the MIPS payment program. Clinicians in NCQA-Recognized PCMHs or PCSPs automatically get full credit in the MIPS CPIA category. Clinicians in NCQA-Recognized PCMH and PCSP practices will likely do well in other MIPS categories.

met

Term used if the practice satisfies the requirements of specific criteria.

multi-site organization

An organization with three or more practice sites that share an EHR and general policies and procedures ("site group"). Multi-site organizations may have more than one site group. The first site that goes through the recognition process submits evidence that is shared among sites.

my.ncqa.org

A web-based portal for submitting questions to NCQA staff.

NCQA representative

An NCQA employee who guides a practice through recognition and is the point of contact throughout the process, and after. Representatives also coordinate the annual check in.

not met

The practice does not satisfy requirements of specific criteria and must resubmit information.

organization	A legal entity that has an individual that is capable of signing legal documents on behalf of all the practice sites within their organization.
organization administrator	An organization employee who sets up and administers an organization in Q-PASS.
Partner in Quality	An organization that offers coaching or financial incentives for practices to become recognized.
Patient-Centered Connected Care	An NCQA Recognition program that supports clinical integration and communication, creating a roadmap for how sites that deliver intermittent or outpatient treatment—but are not the primary care provider for a majority of patients—can communicate and connect with primary care and fit into the medical home “neighborhood.”
patient-centered medical home	A primary care practice that is accountable for meeting a majority of patients' physical and mental health care needs, including prevention and wellness, acute and chronic care, with the goal of delivering high-quality, patient-centered care that lowers costs, improves patient experience and leads to better health outcomes.
Patient-Centered Specialty Practice	An NCQA Recognition for a specialty practice that collaborates with primary care practices to streamline and improve health care delivery, with the goal of providing better care and an improved patient experience while reducing costs.
PCS	Policy Clarification and Support system. A subset of “Ask A Question” in my.ncqa.org that lets NCQA customers ask questions of NCQA staff.
practice manager	A practice site employee who meets with the NCQA evaluator and submits evidence.
practice site	A physical location where one or more clinicians practice medicine. NCQA awards recognition status to a practice site.
prevalidation	Determines whether an HIT solution aligns with NCQA PCMH Recognition and whether automatic credit can be awarded. An HIT solution that earns prevalidation status but not automatic credit can still help a practice meet requirements.

Q-PASS

Quality Performance Assessment Support System. A web-based platform for submitting information to NCQA throughout the recognition process and beyond.

Q-BRIDGE

A web-based platform for submitting eCQM data from non-NCQA certified sources.

screen sharing

Many of the criteria can be demonstrated through screen sharing instead of by submitting documentation. At each check in during the transformation process, NCQA and the practice will use Microsoft Skype™ so the practice can share and demonstrate it meets criteria. Skype screen sharing is a Microsoft service covered under a Business Associate Agreement and audited by accredited independent auditors for the Microsoft ISO/IEC 27001 Certification. NCQA does not record the Skype sessions, or download or save files shared during a check in.

single site organization

An organization that has one or two practice sites, or many sites, but does not meet criteria to be recognized under the multi-site process. See multi-site organization.

site group

A group of practice sites that can share components. By default, every multi-site organization has a site group comprising all practice sites set up in the organization.

succeed

The third stage of NCQA Recognition. After a practice earns recognition, there is a yearly check-in with NCQA to demonstrate that its ongoing activities are consistent with the PCMH model of care. This process sustains the recognition and fosters continuous improvement. The practice succeeds in strengthening its transformation, and as a result, strengthening patient care.

transfer credit

Credit toward a certain number of core or elective criteria that is earned automatically by using a prevalidated vendor's EHR system.

transform

The second phase of NCQA PCMH Recognition, during which a practice transforms over time and becomes a medical home. Along the way, NCQA conducts online check-ins with the practice to gauge progress and to discuss next steps in the evaluation. The virtual check-ins, which are conducted online via screen sharing technology, provide practices with immediate and personalized feedback on what is going well and what needs to improve.



Questions? Submit them through the My NCQA portal at my.ncqa.org.



1100 13th St. NW Suite 1000 / Washington, D.C. 20005

For information on how to become an NCQA-recognized PCMH, visit us at ncqa.org/pcmh or contact NCQA Customer Support at (888) 275-7585.