



For Public Comment
November 9, 2021–January 10, 2022
Comments due 11:59pm ET
January 10

Overview of Proposed Updates to 2022 Recognition Programs:

Patient-Centered Medical Home

Patient-Centered Specialty Practice

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Washington, DC 20005

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NCQA Customer Support: 888-275-7585
www.ncqa.org

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2022 Recognition Programs: Overview of Proposed Updates to PCMH and PCSP

Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For 30 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Recognized primary care and specialty practices using both standards and performance results. Today, approximately 130 million Americans are seen by an NCQA-Recognized practice. NCQA is dedicated to improving health care quality.

NCQA Recognition Programs and Health Equity

NCQA's Recognition Programs

Patient-Centered Medical Home (PCMH) Recognition, released in 2008, and Patient-Centered Specialty Practice (PCSP) Recognition, released in 2013, were created to recognize primary care and specialty practices that focus on improved communication and coordination in the medical neighborhood. Within the current standards, efforts to support and encourage health equity exists through collecting pertinent patient information, such as social determinants of health, and identifying and addressing disparities in care. NCQA wants to further enhance practices' capability to identify and address health inequities.

The Quality and Equity Connection

Three core ideas drive NCQA's work on health equity:

1. High quality care is equitable care.
2. There is no quality without equity.
3. Equity should be built into all NCQA programs.

Equitable care is defined by structures, processes and outcomes that do not vary in quality because of individual characteristics or identities such as race/ethnicity, language, gender identity, sexual orientation, age, religion, aspect of disability or socioeconomic status. Inequities in care are "produced and sustained by deeply entrenched social systems that intentionally and unintentionally prevent people from reaching their full potential," including racism, sexism, classism, trans or homophobia, ableism, xenophobia and others. These "isms" are pervasive in American institutions and systems whose policies and practices affect the distribution of power and resources (social, medical, economic and environmental), and result in inequitable outcomes for individual and community health. They are also directly perpetuated and exacerbated by health care institutions through technology, policies and practices and technology that either benefit or disadvantage, engage or exclude, support or limit access, and encourage or discourage individuals in ways that result in inequitable care.

Although every organization has a responsibility to examine and improve how its own policies, practices and technology perpetuate or exacerbate health inequities, mitigating the adverse effects of health inequities requires collaboration across the health care industry, as well as beyond it, into communities they serve and at the state and federal levels. State Medicaid and Exchange policymakers, along with the federal government, are prioritizing health equity as a fundamental responsibility of the health care system. As of August 2021, six state agencies' contracts require NCQA's MHC Distinction (now Health Equity Accreditation).

On September 30, 2021, NCQA published standards and guidelines for Health Equity Accreditation, a new program that provides an actionable framework for a variety of healthcare organizations—including health plans, health systems, hospitals, and wellness organizations, population health organizations and more—to develop standardized structures, processes and goals that align the entire organization in identifying opportunities to address health inequities and improve the cultural and linguistic appropriateness of care. These activities are an important first step in working toward providing equitable care.

NCQA is working to build health equity requirements into its entire portfolio, designing programs that guide and support each type of organization in the health care ecosystem in creating structures, processes and partnerships that illuminate health inequities, investigate their role in undoing biases and eliminating inequities and elevate health equity as an ongoing organizational priority.

A Guide to the Updates

This public comment seeks feedback on proposed updates to PCMH v.8 and PCSP v.5 Standards and Guidelines, that will be released in July of 2022, effective for evaluations on or after January 1, 2023. These updates are intended to complement NCQA's new program, Health Equity Accreditation, and align with NCQA's broader work on health equity.

This memo describes proposed updates to PCMH v.8, as detailed in [Appendix 1: Proposed Criteria Updates to PCMH and PCSP Recognitions](#), and asks targeted questions for consideration. If approved, the updates will also apply to PCSP v.5.

Stakeholders Participating in Public Comment

Public comment is integral to the development of NCQA standards and measures. NCQA shares these updates for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

PCMH v.8: Proposed Criteria Updates

Updates and Clarifications for Existing PCMH Standards

Refer to [Appendix 1: Proposed Criteria Updates to PCMH and PCSP Recognitions](#) to review proposed changes for PCMH v. 8.

KM 09 (Core): Diversity

This criteria evaluates whether practices collect information about how patients identify across different aspects of diversity.

NCQA recommends:

- Add two additional characteristics of diversity—“sexual orientation” and “gender identity”—to the core criteria.
- Specify response options, at a minimum, that are required for race, ethnicity, gender identity and sexual orientation.
- Specify that diversity information must be collected directly by the practice.

These updates will also apply to PCSP v.5, Competency B, KM 06: Diversity.

Targeted Questions for PCMH KM 09 and PCHP KM 06

- Do you support adding sexual orientation and gender identity to the core criterion?
- Do you support, at a minimum, adding response options required for collection?
- Does your organization use direct methods to collect data on race, ethnicity, sexual orientation, gender identity and/or other aspect of diversity? If yes, describe.
- If your organization does not use direct methods to collect these data, what methods does it use?

KM 10 (Core): Language

NCQA recommends:

- Specify that patients’ preferred language must be collected directly by the practice.

This update will also apply to PCSP v.5, Competency B, KM 07: Language.

Targeted Questions for PCMH KM 10 and PCSP KM 07

- Does your organization use direct methods to collect data on preferred language?
- What challenges or barriers exist to directly collect these data?
- If your organization does not use direct methods to collect data on preferred language, what methods does it use?

Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. Many comments lead to changes in our standards and policies. The public comment review process makes our standards stronger and more worthwhile for all stakeholders.

Feedback on Global Issues

NCQA encourages reviewers to provide insights on global issues related to the proposed PCMH updates including:

Global Questions on Changes to PCMH and PCSP Recognition Programs

- Is the scope of proposed updates reasonable and consistent with a primary care or specialty practice current patient information collection workflow?
- Does your practice have the necessary systems and materials (e.g., reports) to meet proposed criteria? If not, what are the barriers to meeting the requirement?

Feedback on Criteria

NCQA requests general feedback on the proposed criteria and guidance. When you determine your level of support for each category, consider:

Global Questions on PCMH and PCSP Criteria Updates

- Are criteria and guidelines clearly articulated? If not, which areas need clarification?
- Do criteria align with practice services and stakeholder expectations? Are there requirements that do not apply? Be specific.
- Should NCQA consider other criteria or changes to recommended criteria?

Documents

Draft standards and explanations for updates can be found in [Appendix 1: Proposed Criteria Updates to PCMH and PCSP Recognitions](#).

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Under **My Services**, select **Public Comments**.
 - a. Click **Open Public Comments** to view instructions, proposed requirements and questions.

3. Click **Add Comment** to open the comment box.
4. Select one of the following from the drop-down box:
 - a. **Proposed Criteria Updates for PCMH 2022**
 - b. **Proposed Criteria Updates for PCSP 2022**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
 - a. If you choose **Do not support**, include your rationale in the text box.
 - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

Note: *There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the “cut and paste” function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by Monday, January 10, 2022, by 11:59 p.m. ET

Next Steps

All suggestions will be considered.

The final Standards and Guidelines for PCMH v.8 and PCSP v.5 will be released in 2022, following approval by the NCQA Clinical Programs Committee and the NCQA Board of Directors.

Currently recognized practices and those newly coming forward for Recognition after this date must meet the new requirements.