About NCQA & Current Landscape
Eligibility Requirements & Readiness
PCMH Redesign
PCMH 2017 Standards Overview & Scoring
Recognition Process
Annual Reporting Framework
About NCQA
Measure
Clinical quality, consumer experience, resource use

Accredit
Health plans, ACOs, etc.

Recognize
Physician practices
What we do, and why

**OUR MISSION**

To improve the quality of health care

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**OUR METHOD**

- **Measurement**
  - We can’t improve what we don’t measure

- **Transparency**
  - We show how we measure so measurement will be accepted

- **Accountability**
  - Once we measure, we can expect and track progress
Recognition programs
Identifies providers and practices delivering superior care

>84,000 clinicians at

>15,150 practice sites
The fastest-growing delivery system reform:

About NCQA

Patient-centered medical home (PCMH)

Clinicians

Sites


71,057

14,724
Patient-Centered Care

Overview

- Urgent Care
- Behavioral Health
- Specialists
- Other Providers
- School-based Clinics
- On-Site Clinics
- Retail Clinics

NCQA Recognition Program

- Patient-Centered Medical Home
- Patient-Centered Specialty Practice
- Patient-Centered Connected Care
NCQA Medical Neighborhood Recognitions
Closing the Loop Between Primary & Specialty Care

Over 15,200 Total Sites Recognized
PCMH & PCSP

Primary Care (PCMH) SITES
- 0 Sites
- 1-20 Sites
- 21-60 Sites
- 61-200 Sites
- 201+ Sites

Specialty (PCSP) SITES
- 1-9 Sites
- 10+ Sites
1. **Earn higher reimbursement.**
   More than 100 payers and other organizations offer either enhanced reimbursements for recognized clinicians or support for practices to become recognized.

2. **Succeed in MACRA.**
   Clinicians recognized by NCQA PCMH or PCSP automatically get full credit in the MIPS Improvement Activities category and will likely do well in other MIPS categories.

3. **Earn Maintenance of Certification (MOC) credits.**
   The ABIM, ABFM, ABP and ABPMR allow clinicians in NCQA-recognized practices to receive MOC credits, reducing the burden on clinicians to take on additional activities.

4. **Focus on patient care.**
   One aspect of the PCMH model is to ensure each team member operates at the highest level of their knowledge, skills, abilities and license within their assigned roles and responsibilities.
MIPS: Weight of performance categories

2018 Performance determines 2020 pay

- Quality: 50% in 2018 - 2021
- Resource Use/Cost: 10% in 2018 - 2021
- Improvement Activities: 15%
- Advancing Care Information: 25%
<table>
<thead>
<tr>
<th>American Board of Family Medicine</th>
<th>American Board of Internal Medicine</th>
<th>American Board of Pediatrics</th>
<th>American Board of Physical Medicine and Rehabilitation</th>
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<tbody>
<tr>
<td><strong>Eligible Programs:</strong></td>
<td><strong>Eligible Programs:</strong></td>
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<tr>
<td>DRP/HSRP</td>
<td>PCSP 2016</td>
<td>2013 &amp; PCSP 2016</td>
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</tr>
<tr>
<td><strong>Cycle:</strong> Initial &amp; Renewal</td>
<td><strong>Cycle:</strong> Initial &amp; Renewal</td>
<td><strong>Cycle:</strong> Initial &amp; Renewal</td>
<td><strong>Cycle:</strong> Initial &amp; Renewal</td>
</tr>
<tr>
<td></td>
<td><strong>Type of Credit:</strong> Practice</td>
<td><strong>Type of Credit:</strong> Part IV;</td>
<td><strong>Type of Credit:</strong> Meets full QI requirement (Part IV)</td>
</tr>
<tr>
<td></td>
<td>Assessment</td>
<td>Meets Board patient safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>requirement</td>
<td></td>
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<td></td>
<td><strong>Points:</strong> 20 points</td>
<td><strong>Points:</strong> 20 points</td>
<td><strong>Points:</strong> 40 points</td>
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<tr>
<td><strong>Points:</strong></td>
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<td></td>
</tr>
<tr>
<td>PCMH = 40 points</td>
<td></td>
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<tr>
<td>DRP/HSRP = 20 points each</td>
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</table>
PCMH (2017 Edition)

Eligibility
Requirements and Readiness
Outpatient primary care practices

Practice defined: a clinician or clinicians practicing together at a single geographic location

- **Includes** nurse-led practices in states as permitted under state licensing laws
- **Does not include:**
  - Urgent care clinics
  - Clinics open on a seasonal basis
Eligibility Requirements

- Recognition is achieved at the geographic site level -- one Recognition per address

- MDs, DOs, PAs, and APRNs with their own or shared panel are listed on the application

- Clinicians should be listed at each site where they routinely see a panel of their patients

- Non-primary care clinicians should not be included
Eligibility Requirements

At least 75% of each clinician’s patients come for:

- First contact for care
- Selected as personal PCP
- Continuous care
- Comprehensive primary care services

All eligible clinicians at a site must apply together

Physicians in training (residents) should not be listed
Practice Readiness

Transformation may take 6-12 months

Your roadmap: PCMH 2017 Standards and Guidelines – everything covered

Implement changes:

• Practice-wide commitment
• New policies and procedures for staff
• Staff training and reassignments
• Medical record systems
• Reporting capabilities improvement
• Develop and organize documentation
PCMH Redesign
Evolution of the PCMH Standards
Continue to Move Practices Closer to Achieving the Triple Aim

2011
- Emphasizes relationship with/expectations of specialists
- Integrates behaviors affecting health, language, CLAS
- Enhances evaluation of patient experience
- Underscores importance of system cost-savings
- Enhances use of clinical performance measure results

2014
- Further incorporates behavioral health
  Additional emphasis on team-based care
- Focuses on care management of high need populations
- Higher bar, alignment of QI activities with “triple aim”

2017
- Addition of Annual Reporting Requirements
- Further integrates social determinants & community connections
- Further integrates behavioral health
- Shift from focus on structure to focus on outcomes

Going Forward
- Add and retire relevant criteria
- Continue to evolve and update annual reporting requirements
- Further integrate other special topics
- Align with new programs and initiatives
PCMH Redesign

Why Change?

- Too much documentation
- Practices want more interaction with NCQA
- Too challenging for smaller practices
- Needs less emphasis on process. More on performance
- Two separate, complicated tools
- Practices should be demonstrating ongoing improvement
PCMH Redesign

Then vs. Now

Then
Self-guide to recognition

Then
Submit documents all at once

Then
Cumbersome survey tool

Then
Recognition on a 3-year cycle, has 3 levels

Now
NCQA representative to guide practice

Now
Gradual submissions, steady feedback

Now
More intuitive tool, with user tips

Now
Yearly reporting, more frequent help, no levels
PCMH Recognition

Changes to Levels
**PCMH Redesign**

**3 Parts**

**Commit**
- Practice completes an online guided assessment.
- Practice works with an NCQA representative to develop an evaluation schedule.
- Practice works with NCQA representative to identify support and education for transformation.
- New NCQA PCMH online education resources support the transformation process.

**Transform**
- Practice submits initial documentation and checks in with its evaluator.
- Practice submits additional documentation and checks in with its Evaluator.
- Practice submits final documentation to complete submission and begin NCQA evaluation process.
- Practice earns NCQA Recognition.

**Succeed**
- Practice is prepared for new payment environment (value-based payment, MACRA MIPS/APMs).
- Practice demonstrates continued readiness and high quality performance through annual reporting with NCQA.
## Current Numbers

*As of 8/20/2018*

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Orgs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled</td>
<td>Over 3600</td>
</tr>
<tr>
<td>Recognized Transform</td>
<td>410</td>
</tr>
<tr>
<td>Recognized Succeed</td>
<td>503</td>
</tr>
<tr>
<td>Due for Annual Reporting for the rest of 2018</td>
<td>Over 600</td>
</tr>
<tr>
<td>Due for Annual Reporting 2019</td>
<td>Over 5500</td>
</tr>
</tbody>
</table>
PCMH (2017 Edition)
Standards Overview & Scoring
Program Highlights

- **Provides focus and flexibility**
  - Core/elective approach allows practices to tailor program to their unique population
  - Accommodates a spectrum of practices (basic-complex, small-large)

- **Supports continuous practice transformation**
  - Includes activities necessary to achieve stated aims and drive improvement
  - Focuses on whether the intent was achieved and care was improved

- **Allows for flexibility with multiple evidence types**
  - Allows a variety of response options that demonstrate a requirement is met
  - Introduces the virtual review process

- **Emphasizes comprehensive, integrated care**
  - Understanding behavioral needs and social determinants included in core
  - Deeper integration and community connections included in electives
PCMH Standards Format

Structure – Concepts, Competencies, Criteria

**Concepts:** Over-arching components of PCMH

**Competencies:** Ways to think about and/or bucket criteria

**Criteria:** The individual things/tasks you do that make you a PCMH
PCMH Standards

Concepts

Team-Based Care and Practice Organization (TC)

Knowing and Managing Your Patients (KM)

Patient-Centered Access and Continuity (AC)

Care Management and Support (CM)

Care Coordination and Care Transitions (CC)

Performance Measurement & Quality Improvement (QI)
PCMH Standards (2017 Version)

**Concepts**

**Team-Based Care and Practice Organization**
- Practice leadership
- Care team responsibilities
- Orientation of patients/families/caregivers

**Knowing and Managing Your Patients**
- Data collection
- Medication reconciliation
- Evidence-based clinical decision support
- Connection with community resources

**Patient-Centered Access and Continuity**
- Access to practice and clinical advice
- Care continuity
- Empanelment
PCMH Standards (2017 Version)

**Concepts**

**Care Management and Support**
- Identifying patients for care management
- Person-centered care plan development

**Care Coordination and Care Transitions**
- Management of lab/imaging results
- Tracking and managing patient referrals
- Care transitions

**Performance Measurement & Quality Improvement**
- Collecting and analyzing performance data
- Setting goals
- Improving practice performance
- Sharing practice performance data
PCMH Standards (2017 Version)

**Structure - Example**

**Concept: Patient-Centered Access and Continuity**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Core Criteria</th>
<th>Elective Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The PCMH model seeks to enhance access by providing appointments and clinical advice based on the patient’s needs. In addition to being key to patient-centeredness, evidence explicitly supports that providing enhanced access including same-day, extended hours and telephone advice from clinicians with access to the patient record reduces ED visits and hospitalizations.</td>
<td>Provides scheduled routine or urgent appointments by telephone or other technology supported mechanisms.</td>
</tr>
<tr>
<td></td>
<td>Assesses the access needs and preferences of the patient population.</td>
<td>Has a secure electronic system for patient to request appointments, prescription refills, referrals and test results.</td>
</tr>
<tr>
<td></td>
<td>Provides same-day appointments for routine and urgent care to meet identified patients’ needs.</td>
<td>Has a secure electronic system for two-way communication to provide timely clinical advice.</td>
</tr>
<tr>
<td></td>
<td>Provides routine and urgent appointments outside regular business hours to meet identified patients’ needs.</td>
<td>Evaluates identified health disparities to assess access across the patient population.</td>
</tr>
<tr>
<td></td>
<td>Provides timely clinical advice by telephone.</td>
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</tr>
<tr>
<td></td>
<td>Documents clinical advice in patient records.</td>
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</tbody>
</table>
Changes to Points

- **40 Core Criteria**: Must complete all 40 core
- **60 Elective Criteria**: Must achieve 25 Credits
PCMH Recognition Scoring

Scoring

Core Criteria

Elective Criteria
PCMH Recognition Scoring

Core Criteria

TC  ●●●●●
KM  ●●●●●●●●●
AC  ●●●●●●●
CM  ●●●●●●
CC  ●●●●●●
QI  ●●●●●●●●
PCMH Recognition Scoring

Example of Elective Criteria Selection: Must represent 5 of 6 Concepts

- Each row represents a Concept which is laid out with the number of electives included and the credits identified in the middle of each circle.
- The blue circles are an example of the electives chosen by a practice to equal 25 credits.
- Red circles are the electives leftover that the practice will not demonstrate performance on.
PCMH Distinction Modules

Practice Opportunities to Show Excellence

- Distinction in Patient Experience Reporting
- Distinction in Behavioral Health Integration
- Distinction in Electronic Measure Reporting
Recognition Process

3 Pathways

New Customer

Full Transform Process

Recognized PCMH 2011 Levels 1-3 & PCMH 2014 Levels 1-2

Accelerated Renewal Process (Transform w/ Attestation)

Recognized PCMH 2014 Level 3

Bypass Transform Direct to Sustaining Process
New Customers

Transform Steps

- Complete Eligibility/Readiness Survey
- Discover Educational Resources
- Create Q-PASS Account(s)
- Enroll Sites
- Meet with NCQA Representative
- Provide Evidence during Review
Existing Customers

Transform Steps

Complete Eligibility/Readiness Survey

Discover Educational Resources

Claim Q-PASS Account(s)

Enroll Sites

Meet with NCQA Representative

Provide Evidence during Review
After Enrollment

NCQA will assign a representative to the practice. The practice should then address:

**Transfer credit**
- Pre-validated vendors & programs
  - Choose vendor/org with existing auto-credit
  - Vendor/org supplies implementation letter confirming eligibility or participation
  - Criteria set as “Met” after confirmation by Representative

**Shared credit**
- Share evidence/credit for criteria done the same for 2 or more sites
- Create sub-groups if share different electronic system/processes
Practices participating in CMS’ CPC+ program are eligible for Transfer Credit.

7 (of 40) core criteria require review.

44 elective credits are eligible for automatic credit or attestation.
Accelerated Renewal

Eligibility

Practices can earn recognition at an accelerated pace that achieved recognition in:

- PCMH 2011 Levels 1, 2, & 3
- PCMH 2014 Levels 1 & 2
Transform “Check-in” process

Up to 3 “Check-ins” During Review

**Determine Criteria to Address**
- Focus on core & documented processes first
- Identify criteria for 25 elective credits

**Provide Documents for Offsite Review**
- Policies, procedures & protocols
- Website links
- Public information
- Attestation

**Provide Evidence during Virtual Review**
- Communicate with Evaluator
- Substitute evidence if not sufficient
- Demo systems
- Provide reports
After Check-In

• Evaluator marks criteria “met”
• Practice can work on “not met” criteria
• NCQA staff will review questions arising from check-in
After 3 Check-Ins

Practice meets all core criteria & 25 elective credits, results are forwarded to Review Oversight Committee (ROC)

If required criteria is not met in 3 virtual check-ins, an additional check-in is available for purchase

If the survey process is not completed within 12 months, additional time can be purchased
Why did we do this?

PCMH Annual Reporting
PCMH Redesign

3 Parts

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**Succeed**

Practice is prepared for new payment environment (value-based payment, MACRA MIPS/APMs).

Practice demonstrates continued readiness and high quality performance through annual reporting with NCQA.
Annual Reporting Should Not Feel like This…

*No Drowning*
Annual Reporting Should Feel More like This

*Simple Straight Forward Demonstration of Sustaining PCMH Activities*
If you are a PCMH 2014 Level 3…

Proceed Directly To Annual Reporting

PCMH 2014 Level 3 practices move straight to Annual Reporting and do not need to submit evidence for the PCMH (2017 edition) criteria.
Annual Reporting Date

- **30 days** before Anniversary Date
- Must complete all Succeed steps prior to anniversary date

- **Date set upon initial Recognition**
  - Or 2014 Level 3 expiration date

- **Flexibility** to meet practice needs

- Use reporting period requirements based on **Report Date not Anniversary Date**
Annual Reporting Date – Multi-sites

All practices in multi-site group have the same annual reporting date, unless organization requests differently.

The annual reporting date for multi-site group is based on the date of 1st Recognized practice.
Reporting Period Requirements Release Schedule

Know when to look for them & check your reporting date

- Released in July 6 months prior to relevant reporting year.
- In conjunction with clarification updates.
- Practices submitting in 2018 and 2019 have different Annual Reporting Requirements.
- Check the reporting period (front page of publication).
Reporting Process

Practice’s recognized PCMH 2014 Level 3 or after Transform process must:

- Attest to previous performance
- Provide evidence demonstrating continuing PCMH Activities
- Confirm practice information and make any clinician changes
- Pay annual fee
Attestation – Now vs. Future

Now
Practice attests each year to current PCMH Standards via an Attestation Statement.

Upcoming
Practice attests to meeting (or not meeting) PCMH Criteria.
Annual Reporting (2019) Criteria Required

TC
KM
AC
CM
CC
QI
BH
Required Special Topic Section

*We are using the information to get a better understanding of how practices could perform*

- Inform development of additional criteria
- Change criteria from Elective to Core
- Build distinction programs
- Practice performance
- Additional educational opportunities
- Resources and tools

Potential Special Topic Areas

- Social Determinants
- Value Based Agreements
- Addiction Treatment/ Opioids
Evidence & Annual Reporting

• Evidence can be provided at any point after the new reporting requirements have been released

• NCQA will only review after:
  − Practice submits Annual Report
  − Annual fee is paid
Annual Reporting Is Just That Simple
Questions
Thank you