



# WALPEN Webinar

## July 22, 2020

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Louisiana's Health Initiative

# Presenters



## Tricia Chandler, BSN, RN

- Recipient of City Business of New Orleans Healthcare Hero
- Recognized as a Great 100 Nurse in Louisiana
- Serves as Healthcare Advocate for Federally Qualified Health Centers
- Expertise in quality and performance improvement and risk management coordination



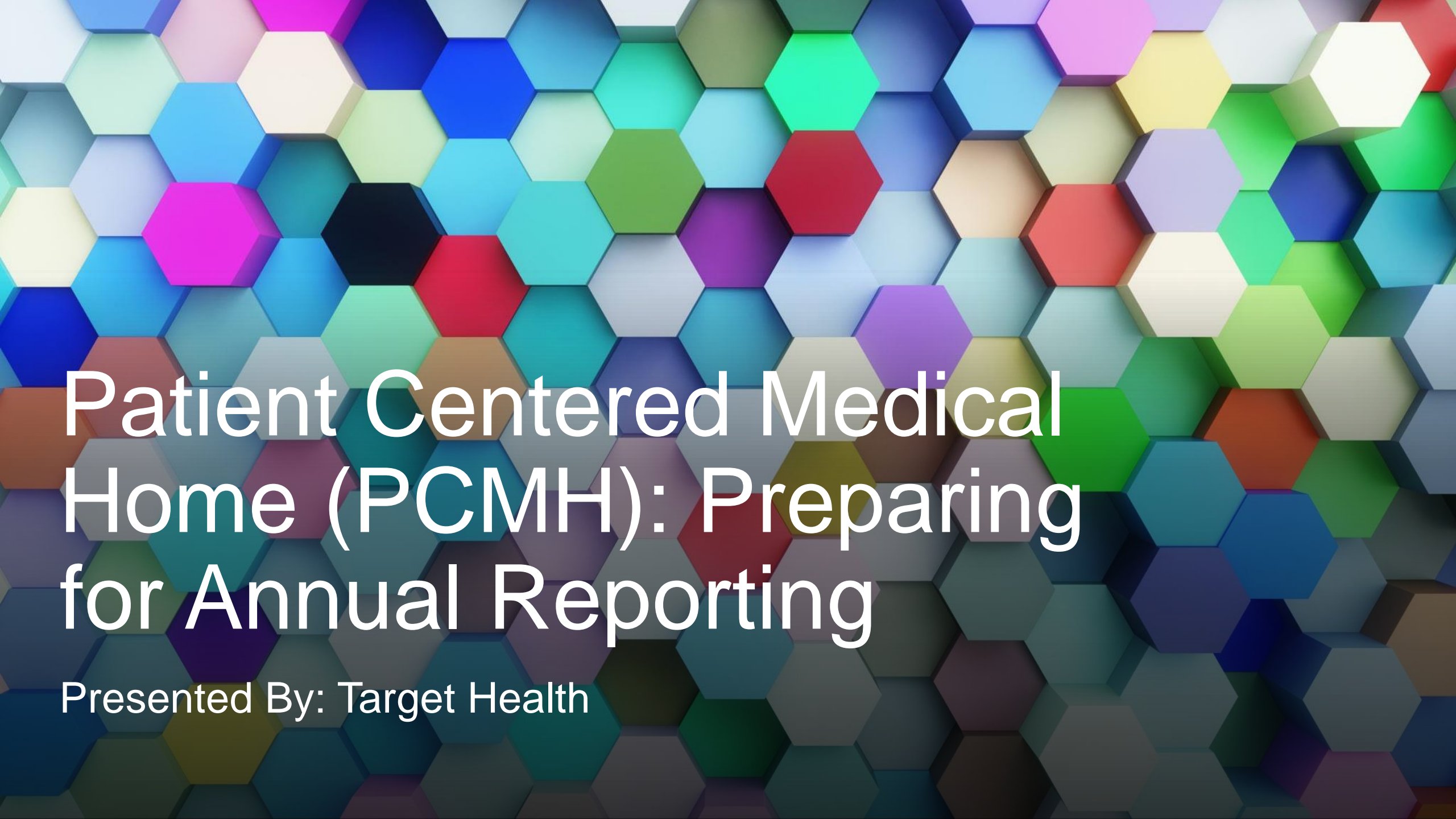
## Dana Huete, RN

- Past Director of Ambulatory Nursing and Clinic Operations at Tulane Medical Center
- Expertise in Value Based Care, Clinical Integration, Quality Management and Process Improvement
- Currently works with FQHCs to help manage their value based contracts, population health initiatives, HEDIS performance and clinic operations best practice



## Lori Myers, RN

- Specialties include critical care, quality management, hospital administration, clinical instruction, process improvement and clinical integration
- Currently works with FQHCs to help manage value based contracts, quality HEDIS performance and clinic transformation
- Supports providers and payers in the shift from fee-to-service to pay-by-performance models



# Patient Centered Medical Home (PCMH): Preparing for Annual Reporting

Presented By: Target Health

# What is PCMH?

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- The patient-centered medical home is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care teams.
- Research shows that PCMHs improve quality and patient experience and increase staff satisfaction—while reducing health care costs.
- Practices that earn recognition have made a commitment to continuous quality improvement and a patient-centered approach to care.

# Getting Started



To become an NCQA-Recognized Patient-Centered Medical Home (PCMH), a primary care practice learns the NCQA PCMH concepts and required criteria and begins the transformation process.

# What are the Recognition Stages?



Commit



Transform



Succeed



# Commit (Enrollment)

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The practice learns the NCQA PCMH concepts and begins to apply them.

Once the practice knows the concepts and has begun transforming into a PCMH, it enrolls in the Recognition program through NCQA Q-PASS at [qpass.ncqa.org](https://qpass.ncqa.org).

# Transform (Recognition Process)

The practice gradually transforms, building on its successes while working toward Recognition.

It demonstrates progress by submitting data and evidence for NCQA evaluation using Q-PASS and completing up to three virtual reviews with an assigned NCQA evaluator.



# Succeed (Annual Reporting)

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The practice continues to implement and enhance the PCMH model to meet the needs of its patients.

Each year, the practice demonstrates to NCQA that its ongoing activities are consistent with the PCMH model and Recognition standards. The annual check-in includes attesting to certain policies and procedures and submitting required data or evidence.

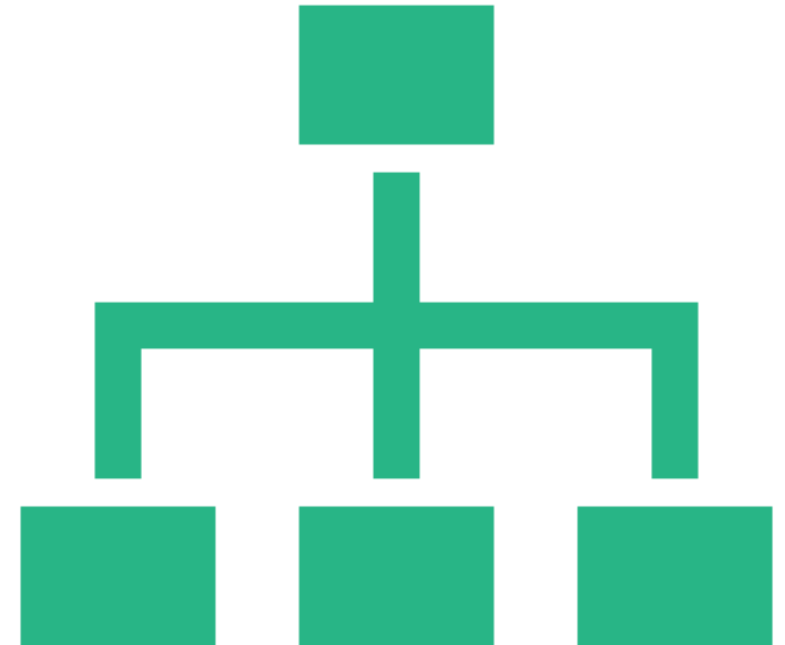


# Quality Performance Assessment Support System (Q-PASS)

# Q-PASS

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- Q-PASS includes a series of dashboards to manage organizations and programs.
- Once an organization account is created, one or more affiliated sites can be enrolled in the NCQA PCMH Recognition program



# Q-PASS Website

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



Sign In and Enroll



Learn About Our Programs



Eligible?



Pricing



Contact Us



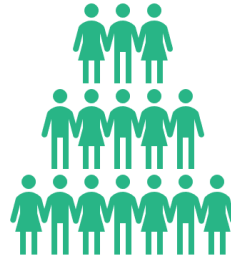
Educational Resources

# Navigating Q-PASS

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In order to access Q-PASS, all users must sign a license agreement. A user's email address is their account log-in identification for Q-PASS.



Both an organization and any individuals working on its behalf must set up accounts in Q-PASS.



A user working with multiple organizations can view all organization and program dashboards from one log-in

# Q-PASS Login

## Q-PASS

Sign in with your NCQA account.

**E-Mail address**

**Password**

[I forgot my password](#)

[SIGN IN](#) ➔

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

🚩 Q-PASS has been certified for Internet Explorer 11 and Chrome. Users of other browsers may experience difficulty using all of Q-PASS's features.

# Acknowledgement

Read and acknowledge your acceptance of the terms specified in the following documents:



Software License Agreement  
*Important - Read Carefully*



I Accept

➞ Reject and sign out

✍ Sign and continue

# What's new...

## What's new

### Version 22088

Q-PASS V2.2 was deployed on Friday, July 10. The release included internal and external facing new features as well as enhancements to existing features. External facing updates and enhancements are outlined as follows:

#### New Features

##### **Time and Date stamps**

"Modified by" and date/time stamps have been added to key areas across the organization dashboard.

- Hover over the "i" icons to see when the associated action took place and, in some cases, who performed the action
- Date column added to Manage Evaluations tile to indicate the date the status changed

##### **Archived Evidence**

- New "Archived" section houses outdated and expired evidence; archived Transforming evidence can be deactivated once locked, for individual or bulk review, and can be reactivated any time.
- Annual Reporting evidence is archived automatically when it expires for the reporting year (60 days after the Anniversary Date).

##### **Archived Payments**

- Ledger line items display sites in alphabetical order, with unpaid items at the top and paid items at the bottom; bundled invoices list sites in

Continue >



# Navigating the NCQA Application Platform

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## **Steps for enrolling in Q-PASS:**

- Step 1: Add practice sites.
- Step 2: Add the recognition program for which you want to be recognized.
- Step 3: Set up clinicians.
- Step 4: Sign legal agreements.
- Step 5: Generate the invoice and pay.
- Step 6: Review your information and complete enrollment.

Must see for new users! Navigating Through Q-PASS: A video tutorial (published 2.19.19)

<https://www.ncqa.org/videos/navigating-through-q-pass-a-video-tutorial/>

# Organizational Designation

## My Organizations

Create or claim my organization



results per page 10 ▾ 

Name ▲

Contact

Telephone

# My Organization

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Users set up practice sites and multi-site groups and provide information on the clinicians associated with each site.



The multi-site application process is an option for organizations or medical groups with three or more practice sites that share an electronic record system and standardized policies and procedures across all practice sites.



These clinicians determine the practice's program cost.

# Enrollment Checklist

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## Organizational information

- Legal entity name
- Address, City, State, Zip
- Primary & Secondary contact names and email addresses
- Practice location(s) and List of Specialties
- Tax ID number & NPI (if available) for each practice site
- Full name, DOB, Specialty, Board certification & NPI#'s of clinician(s) at each practice
- Disclosure of representative from organization that has the legal authority to sign business agreements with NCQA
- Method of payment for fees (credit card or check)

# Qualifying Clinicians

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- Clinicians who hold a current, unrestricted license as a doctor of medicine (MD), doctor of osteopathy (DO), advanced practice registered nurse (APRN), or physician assistant (PA)
- Only clinicians who can be selected by a patient/family as a personal clinician are eligible to be listed
- Non-primary care specialty clinicians and APRNs and PAs who do not have a panel DO NOT QUALIFY. This includes residents.



# Fees

- **Single Site** applies to practices applying for the first time that do not qualify for multi-site pricing. Practices pay the annual reporting fee during their annual reporting.
- **Multi site** applies to practices applying for the first time. These practices pay the annual reporting fee during the annual check-in.
  - Have three or more practice sites operating under the same legal entity
  - Share an EHR system
  - Have standardized policies and procedures across all sites
- **Discounted Partners in Quality Pricing** applies to single or multi-site practices applying for the first time that provide an assigned discount code from a qualifying initiative.



# Single Site Pricing

| Number of Clinicians | Initial Recognition Fee | Annual Reporting Fee |
|----------------------|-------------------------|----------------------|
| 1-2                  | \$800                   | \$155                |
| 3-12                 | \$475                   | \$155                |
| 13+                  | \$55                    | \$15.50              |

**Example:** The example below will provide you some context as to how pricing is applied. For this example, an organization has 1 sites: a single practice site with 16 clinicians.

| Initial Recognition Fee |   |  |  |         |
|-------------------------|---|--|--|---------|
| Site A                  | Cost for clinicians<br>1-2 (\$800 each) | Cost for clinicians<br>3-12 (\$475 each) | Cost for clinicians<br>13+ (\$55 each) | Total   |
| 16 clinicians           | \$1,600                                 | \$4,750                                  | \$220                                  | \$6,570 |

The organization pays \$6,200 for its Initial Recognition Fee.

| Annual Reporting Fee |  |   |         |
|----------------------|--|---|---------|
| Site A               | Cost for clinicians<br>1-12 (\$155 each) | Cost for clinicians<br>13+ (\$15.50 each) | Total   |
| 16 clinicians        | \$1,860                                  | \$62                                      | \$1,922 |

The organization pays \$1,922 each year during its annual reporting period.



# Multi-Site Pricing

| Number of Clinicians | Initial Recognition Fee | Annual Reporting Fee |
|----------------------|-------------------------|----------------------|
| 1-12                 | \$255                   | \$155                |
| 13+                  | \$30                    | \$15.50              |

## Plus Multi-Site Fee:

\$1,600

**Example:** The example below will provide you some context as to how pricing is applied. For this example, an organization has 2 practice sites. Site A has 14 clinicians, Site B has 6 clinicians, Site C has 16 clinicians.

| Initial Recognition Fee |  |  |         |
|-------------------------|--|--|---------|
| Entity                  | Cost for clinicians<br>1-12 (\$255 each) | Cost for clinicians<br>13+ (\$30 each) | Total   |
| Site A (14 clinicians)  | \$3,060                                  | \$60                                   | \$3,120 |
| Site B (6 clinicians)   | \$1,530                                  | –                                      | \$1,530 |
| Site C (16 clinicians)  | \$3,060                                  | \$120                                  | \$3,180 |
|                         |  | Organization Multi-Site Fee            | \$1,600 |
|                         |  |  | \$9,430 |

The organization pays \$9,430 for its Initial Recognition Fee.

| Annual Reporting Fee   |  |   |         |
|------------------------|--|---|---------|
| Entity                 | Cost for clinicians<br>1-12 (\$155 each) | Cost for clinicians<br>13+ (\$15.50 each) | Total   |
| Site A (14 clinicians) | \$1,860                                  | \$31                                      | \$1,891 |
| Site B (6 clinicians)  | \$930                                    | -   | \$930   |
| Site C (16 clinicians) | \$1,860                                  | \$62                                      | \$1,922 |
|                        |  |   | \$4,473 |

The organization pays \$4,473 each year during its Annual Reporting period.

## PRICING: EXTRA VIRTUAL REVIEW

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Sites that have not achieved recognition after the third check-in or have not completed recognition within the 12-month allotted time frame can purchase an extra Virtual Review. The pricing for the extra review is 50% of the initial per clinician fee paid by the entity. Fees apply to each clinician associated with the entity's recognition.

| Number of Clinicians | Extra Check-in Fee Single-Site per Clinician | Extra Check-in Fee Multi-Site per Clinician |
|----------------------|--|---|
| 1-2                  | \$375  | \$125                                       |
| 3-12                 | \$225  | \$125                                       |
| 13+                  | \$25   | \$12.50                                     |

# What to Expect Once Enrolled

- NCQA assigns an NCQA representative to a practice after the legal agreements are signed electronically and payment is submitted through Q-PASS and received by NCQA.
- The NCQA representative helps the practice coordinate its schedule and navigate resources and is the liaison between the practice and NCQA.
- The representative schedules an initial introductory call with the practice to discuss the virtual check-in process and resources to create an initial PCMH transformation plan—a recommended pathway through the PCMH requirements.
- The representative also suggests applicable education and training.

# Key Components



# Concepts, Criteria and Competencies

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**Concepts.** There are **6 concepts**—To earn recognition, a 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.** Underlying the six concepts are **criteria**: activities for which a practice must demonstrate satisfactory performance to obtain NCQA PCMH Recognition. Criteria are developed from evidence-based guidelines and best practices. A practice must **pass all 40 core criteria** and at least **25 credits** of elective criteria across concept areas.



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

**Competency:** A brief description of criteria subgroup, organized within the broader concept.

**Concept:** A brief title describing the criteria; uses a two-letter abbreviation (XX).

**Evidence:** Proof that a practice meets the criteria. Evidence can be demonstrated by submitting documentation (e.g., policies and procedures, examples, data, reports) and through a virtual review of a practice's systems and electronic capabilities

### CONCEPT: TEAM-BASED CARE AND PRACTICE ORGANIZATION (TC)

**Intent:** The practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains staff to work to the top of their license and provide effective team-based care.

**Competency A:** The practice is committed to transforming the practice into a sustainable medical home. Members of the care team serve specific roles as defined by the practice's organizational structure and are equipped with the knowledge and training necessary to perform those functions.

**TC 01 (Core)** Designates a clinician lead and a staff person to manage the PCMH transformation and medical home activities.

**Criteria:** A brief statement highlighting the PCMH requirements. All criteria are numbered consecutively within their respective concept. Criteria are also labeled with their scoring designation:

- Core= Core criteria
- 1 Credit= Elective criteria
- 2 Credits= Elective criteria worth 2 Credits

#### Evidence:

- Details about the clinician lead AND
- Details about the PCMH manager

**Intent:** A brief statement describing the concept goals and intent

Icon indicates evidence that is shareable across practice sites





# 6 Concepts

- **Team-Based Care and Practice Organization (TC):** Helps structure a practice's leadership, care team responsibilities and how the practice partners with patients, families and caregivers.
- **Knowing and Managing Your Patients (KM):** Sets standards for data collection, medication reconciliation, evidence-based clinical decision support and other activities.
- **Patient-Centered Access and Continuity (AC):** Guides practices to provide patients with convenient access to clinical advice and helps ensure continuity of care.
- **Care Management and Support (CM):** Helps clinicians set up care management protocols to identify patients who need more closely-managed care.
- **Care Coordination and Care Transitions (CC):** 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 (QI):** Improvement helps practices develop ways to measure performance, set goals and develop activities that will improve performance.

# Criteria: Core vs Elective

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Of the 101 criteria in PCMH, 40 are core and 61 are electives.



Core: Must be completed by all practices seeking Recognition



Elective: A selection of additional criteria a practice may choose from to indicate it is functioning as a medical home. electives will be noted with their credit value.



Practices must select elective criteria from at least 5 of the 6 program concepts.

# Criteria to Achieve Recognition

- To achieve recognition, practices must:
  - Meet all 40 core criteria and
  - Earn 25 credits in elective criteria across 5 of 6 concepts

| Electives   |             |       |       |       |             |       |           |       |             |           |       |             |
|-------------|-------------|-------|-------|-------|-------------|-------|-----------|-------|-------------|-----------|-------|-------------|
| Review      | Core        |       |       |       | 1 Credit    |       | 2 Credits |       |             | 3 Credits |       |             |
|             | TC 01       | AC 01 | CC 04 | QI 09 | KM 04       | AC 09 |           |       | TC 04       | CM 03     | QI 12 | None        |
|             | TC 06       | AC 02 | QI 01 | QI 10 | KM 05       | AC13  |           |       | TC 08       | CC 03     | QI 17 |             |
|             | KM 02       | AC 05 | QI 02 | QI 11 | KM 08       | AC 14 |           |       | KM 07       | CC 05     |       |             |
|             | KM 03       | CM 01 | QI 03 | QI 15 | KM 11       | CM 09 |           |       | KM 13       | CC 07     |       |             |
|             | KM 12       | CM 02 | QI 04 |       | KM 18       | CC 06 |           |       | KM 19       | CC 09     |       |             |
|             | KM 20       | CC 01 | QI 08 |       | KM 25       | CC 17 |           |       | KM 28       | CC13      |       |             |
|             |             |       |       |       | KM 29       |       |           |       |             |           |       |             |
|             | 22 criteria |       |       |       | 12 criteria |       |           |       | 14 criteria |           |       | 0 criteria  |
| Attestation | TC 02       | KM 14 | AC 11 |       | TC 03       | KM 24 | CM 06     | CC 12 | QI 13       | TC 05     | QI 19 | CC 21       |
|             | TC 07       | KM 15 | CM 04 |       | KM 06       | KM 26 | CM 07     | CC 18 | QI 16       | AC 12     |       |             |
|             | TC 09       | KM 21 | CM 05 |       | KM 16       | KM 27 | CM 08     | CC 19 |             | CC 10     |       |             |
|             | KM 01       | AC 03 | CC 14 |       | KM 17       | AC 06 | CC 02     | CC 20 |             | QI 07     |       |             |
|             | KM 09       | AC 04 | CC 15 |       | KM 22       | AC 07 | CC 08     | QI 05 |             | QI 14     |       |             |
|             | KM 10       | AC 10 | CC 16 |       | KM 23       | AC 08 | CC 11     | QI 06 |             | QI 18     |       |             |
|             | 18 criteria |       |       |       | 26 criteria |       |           |       | 7 criteria  |           |       | 1 criterion |
| Total       | 40 criteria |       |       |       | 39 criteria |       |           |       | 21 criteria |           |       | 1 criterion |

# Annual Reporting





# What is Annual Reporting?

- NCQA's redesigned PCMH Recognition program lets practices maintain their Recognition status through annual reporting, which replaces the previous three-year Recognition cycle.
- Rather than coordinating and submitting many documents for evaluation all at once, practices may present evidence of implementation in other ways and “tell the story” of their PCMH transformation.
- Your practice will demonstrate that it continues to embrace continuous performance measurement and monitoring by submitting evidence across six different concepts and a special topic by:
  - Answering a few multiple-choice questions.
  - Entering data into Q-PASS (e.g., numerators, denominators, short answer responses).
  - Uploading report and evidence to demonstrate quality improvement and patient experience.
  - Confirming practice information, entering clinician changes, if any, and paying the annual fee.
- If NCQA determines that your practice meets requirements, your Recognition continues for another year.



# Simplified Annual Reporting

- Now requires less documentation. It is designed to reduce the effort needed to show NCQA that you are still functioning as a medical home. Your practice will **NOT** have to:
  - Provide evidence for every requirement.
  - Upload documented processes.
  - Provide a report to support every numerator and denominator question.
  - Run new reports to fulfill date-range minimums (reporting dates are flexible).
  - Take screenshots for evidence of implementation.
- If your practice achieved PCMH recognition in 2014 at Level 1 or 2, recognition at an accelerated pace can be earned.
- Practices will be able to attest to meeting certain criteria without providing the evidence required of practices seeking recognition for the first time.

# Examples of Evidence

Examples of evidence that prove that a practice is continuing to function as a PCMH include:

- Attestation (answer questions in Q-PASS).
- Data entered in Q-PASS (e.g., numerator, denominator, reporting period).
- Examples, descriptions, documents, explanations.
- Tools the practice uses to meet requirements (e.g., patient screening tools).
- QI Worksheet (to demonstrate quality improvement activities).
- Reports (aggregated data or EHR system-generated reports).

**TIP:** Attestation questions are designed to save you time. Checking a box or a simple numerical or yes/no answer is enough for questions that require attestation. There is no need to spend time pulling reports or other documentation.



# Evaluation Course

- Each practice or multi-site group will have up to three check-ins, each including a virtual review process that must be completed in a 12-month period.
- Timing of each check-in is flexible and determined by the practice.
- The NCQA representative monitors progress over the course of the 12-month period.
- Practices that exceed this period or that need additional check-ins to achieve Recognition must pay an additional fee.
- Practices may only purchase one additional virtual review session or receive one 90-day extension.
- A check-in is conducted virtually online with an NCQA evaluator who evaluates the practice's progress and provides immediate, personalized feedback.
- For continuity of review, practices continue with the same evaluator for each check-in



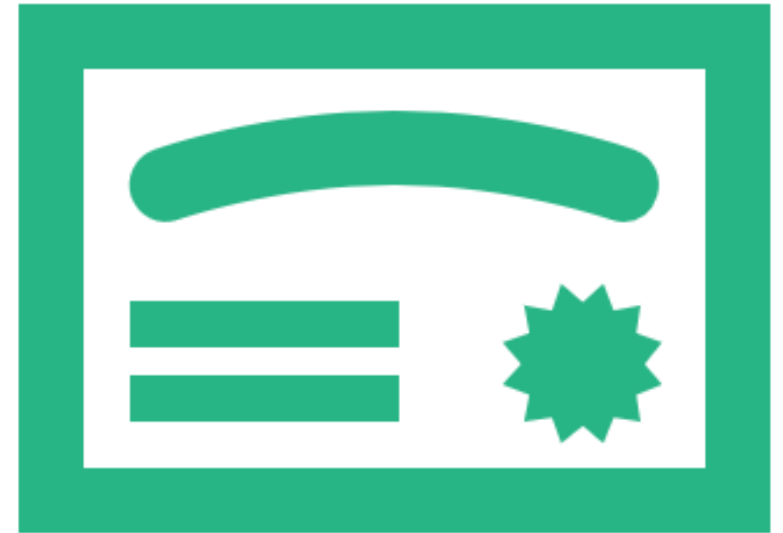
# Annual Reporting versus Earning Initial Recognition

| STEP                        | EARNING INITIAL RECOGNITION   | PCMH ANNUAL REPORTING  |
|-----------------------------|---|--|
| Number of requirements      | Meet 40 core criteria. Earn 25 credits in elective criteria across 5 of 6 program concepts.                             | Attest to current PCMH Standards and Guidelines.<br><br>Report on 15 requirements.   |
| What NCQA wants to see      | Present evidence of implementation through documented processes, data, reports, screenshots, patient records, examples. | Answer questions about how your practice is maintaining PCMH activities associated with each concept. When applicable, provide evidence and reports. |
| The reporting process       | Upload evidence (e.g., policies and procedures) in Q-PASS. Demonstrate meeting other requirements via screen-sharing.   | Checklist or data entry in Q-PASS.<br><br>Minimal documentation upload.  |
| The document review process | Three virtual reviews.  | No virtual review (unless selected for audit).   |

# Duration of Recognition

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- The practice is Recognized until its next anniversary date, which is based on 12 months from the Recognition decision.
- Recognition status does not require renewal, but continues indefinitely, contingent upon the continued adherence to the program standards, submission of annual reporting requirements and annual reporting fees.





## The Good News...

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If your practice is functioning as a PCMH and can meet the Annual Reporting requirements, the process should take from 15–30 hours or less of work per year over several months to complete.

# 2020 Annual Reporting Requirements Checklist

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|    |   |  |
|----|---|--|
| 1. | <input checked="" type="checkbox"/> Team-Based Care and Practice Organization (AR-TC) | <p><b>Must Report</b></p> <p>AR-TC 1 Patient Care Team Meetings</p> <p><b>TASK:</b> Answer question; no additional evidence required.</p>  |
| 2. | <input checked="" type="checkbox"/> Knowing and Managing Your Patients (AR-KM)        | <p><b>Must Report</b></p> <p>AR-KM 1 Proactive Reminders</p> <p><b>TASK:</b> Answer question; no additional evidence required.</p>   |
| 3. | <input checked="" type="checkbox"/> Patient Centered Access and Continuity (AR-AC)    | <p><b>Must Report</b></p> <p>AR-AC 1 Access Needs and Preferences</p> <p><b>TASK:</b> Answer question; no additional evidence required.</p> <p><b>AND</b></p> <p>AR-AC 2 Access for Patients After Hours</p> <p><b>TASK:</b> Answer question; no additional evidence required.</p>   |
| 4. | <input checked="" type="checkbox"/> Care Management and Support (AR-CM)               | <p><b>Must Report</b></p> <p>AR-AM 1 Identifying and Monitoring Patients for Care Management</p> <p><b>TASK:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Care Management Criteria- Answer question; no additional evidence required.</li> <li><input type="checkbox"/> Patients identified-Enter the numerator, denominator, and reporting period.</li> <li><input type="checkbox"/> Patient Attribution- Enter definition.</li> </ul> <p><b>AND</b></p> <p>AR-AM 2 Care Plans for Care Managed Patients</p> <p><b>TASK:</b> Answer question; no additional evidence required.</p> |

5.



### Care Coordination and Care Transitions (AR-CC)

#### Must Report

##### AR-CC 1 Care Coordination Process

**TASK:** answer question; no additional evidence required.

**AND**

##### AR-CC 2 Referral Management Process

**TASK:** Answer question; no additional evidence required.

**AND**

##### AR-CC 3 Care Coordination With Other Facilities Process

**TASK:** Answer question; no additional evidence required.

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#### Must report ONE of 2 options:

##### Option 1: AR-CC 4 Lab and Imaging Test Tracking

**TASK:**

- ☐ Lab Tests: Enter the numerator, denominator, and reporting period.
- ☐ Imaging Tests: Enter the numerator, denominator, and reporting period.

**OR**

##### Option 2: AR-CC 5 Referral Tracking

**TASK:**

- ☐ Referrals: Enter the numerator, denominator, and reporting period.
-

6.



## Performance Measurement and Quality Improvement (AR-QI)

### Must Report

**Note:** Your practice can use the QI Worksheet provided by NCQA or reports that contain the same information. The QI worksheet lets you enter QI measurement data in one place and upload one document instead of uploading multiple reports.

#### AR-QI 1 Clinical Quality Measures

##### TASK:

- ☐ Upload the QI worksheet or report.

**AND**

#### AR-QI 2 Resource Stewardship Measures

##### TASK:

- ☐ Upload the QI Worksheet or report.
- ☐ eCQMs: Answer question; no additional evidence required.

**AND**

#### AR-QI 3 Patient Experience Feedback

##### TASK:

- ☐ Categories: Answer question; no additional evidence required.
- ☐ Upload the QI Worksheet or report.

**AND**

#### AR-QI 4 Monitoring Access

**TASK:** Answer question; no additional evidence required.

**Must report ALL TASKS (required, but not scored):**

#### AR-QI 5 eCQMs

**Tasks:** Answer question; no additional evidence required.

**AND**

#### AR-QI 6 Value- Based Payment Agreement

##### TASKS:

- ☐ Answer question; no additional evidence required.
- ☐ Source: List payer(s).

7.



**Special Topics: Social  
Determinants of Health (AR-SD)**

**Must report ALL TASKS (required, but not scored):**

**AR-SD 1 Collection and Assessment of SDoH Data**

**TASK:** Answer question; no additional evidence required.

***AND***

**AR-SD 2 Use of Care Interventions and Community Resources**

**TASK:** Answer question; no additional evidence required.

***AND***

**AR-SD 3 Care Interventions and Community Resources Assessment**

**TASK:** Answer question; no additional evidence required.



| Annual Reporting Date | Annual Reporting Publication to Use    | Publication Release Date |
|-----------------------|--|--------------------------|
| January–December 2021 | Reporting period January–December 2021 | July 2020                |
| January–December 2022 | Reporting period January–December 2022 | July 2021                |
| January–December 2023 | Reporting period January–December 2023 | July 2022                |
| January–December 2024 | Reporting period January–December 2024 | July 2023                |

## Annual Reporting Dates

Annual Reporting requirements are released every July for the following year's reporting period. Your practice will use the Annual Reporting requirements based on its reporting date, not its anniversary date.

# Annual Reporting Planning and Milestones

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Your practice's Annual Reporting date is one month prior to your Recognition anniversary date. All Annual Reporting data and evidence must be submitted by your Annual Reporting date. For example, if your anniversary date is March 15, your Annual Reporting date (the date when all Annual Reporting documentation must be submitted) is February 15.



Practices that are part of a multi-site organization share the same Annual Reporting date, unless otherwise requested.



The Annual Reporting date is the date when the first practice site earned Recognition. When you pass Annual Reporting, your PCMH Recognition will be extended for another year.

# Major Milestones and Tasks for Annual Reporting Checklist



| <input checked="" type="checkbox"/> | Milestone and Task   | Time Before Annual Reporting Date |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/>            | <b>DOWNLOAD</b><br><input type="checkbox"/> Download the Annual Reporting Requirements at <a href="http://ncqa.org/arrequirements">ncqa.org/arrequirements</a> .   | July prior to the reporting year  |
| <input type="checkbox"/>            | <b>REVIEW</b><br><input type="checkbox"/> Review the requirements.<br><input type="checkbox"/> Use Annual Reporting Requirements Checklist with PCMH workgroup.<br><input type="checkbox"/> Review the tasks and evidence required for each criterion.<br><input type="checkbox"/> Review practice processes and policies.   | 6 months                          |
| <input type="checkbox"/>            | <b>PLAN</b><br><input type="checkbox"/> Identify staff to work on Annual Reporting.<br><input type="checkbox"/> Decide who will gather and run reports.<br><input type="checkbox"/> Determine which processes may need to be modified.<br><input type="checkbox"/> Develop a plan to collect data and assess workflows.  | 4–6 months                        |
| <input type="checkbox"/>            | <b>ASSESS</b><br><input type="checkbox"/> Run baseline reports to check performance and compliance.<br><input type="checkbox"/> Identify which Annual Reporting options to pursue.<br><input type="checkbox"/> Determine areas that need further evaluation and work.<br><input type="checkbox"/> Identify workflows that need to be updated or adjusted.<br><input type="checkbox"/> Apply improvement strategies.<br><input type="checkbox"/> Run new reports.<br><input type="checkbox"/> Determine if any additional reports are needed. | 4–6 months                        |

|                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | <b>MONITOR</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue audits and monitoring of reports.</li> <li><input type="checkbox"/> Review each requirement to determine what still needs to be completed.</li> </ul>  | 4–6 months     |
| <input type="checkbox"/> | <b>ENROLL</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Log into Q-PASS*.</li> <li><input type="checkbox"/> Enroll sites.</li> <li><input type="checkbox"/> Update site and clinician information.</li> </ul>  | 3 months       |
| <input type="checkbox"/> | <b>COMPLETE</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answer the annual “Get to Know Your Practice” Questionnaire</li> <li><input type="checkbox"/> Attest to the current PCMH program requirements.</li> <li><input type="checkbox"/> Finalize all remaining evidence and reports.</li> <li><input type="checkbox"/> Upload final evidence and data.</li> </ul> | 1–2 months     |
| <input type="checkbox"/> | <b>SUBMIT</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pay fee.</li> <li><input type="checkbox"/> Submit the Annual Report evaluation.</li> </ul>   | 1–2 months     |
| <input type="checkbox"/> | <b>MAINTAIN RECOGNITION</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> NCQA reviews your submission and notifies your practice that you have maintained Recognition.</li> </ul>   | Within 30 days |

# Practice Gap Assessment and Improvement Checklist

- The questions on this checklist will help your practice determine areas for improvement.
- Use them as a staff activity to assess how well you are maintaining the PCMH culture.
- The checklist will also help you determine how you can use the Annual Reporting Requirements to make improvements that align with practice goals.

## Team-Based Care and Practice Organization

1. Do you continue to have committed leadership for your PCMH activities?  
☐ Yes ☐ No If no, date to implement: \_\_\_\_\_
2. Do staff receive training needed to sustain or expand their roles?  
☐ Yes ☐ No If no, date to implement: \_\_\_\_\_
3. Have you engaged in external collaborative activities?  
☐ Yes ☐ No If no, date to implement: \_\_\_\_\_
4. Have you engaged patients or their family members in providing advice to your practice?  
☐ Yes ☐ No If no, date to implement: \_\_\_\_\_
5. Are you still holding huddles or other pre-visit planning check-ins?  
☐ Yes ☐ No If no, date to implement: \_\_\_\_\_

Checklist can be found at <http://ncqa.org>

# Benefits of PCMH Recognition

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## Payer Support: Partners in Quality

- Because NCQA PCMH Recognition is associated with lower costs and better quality, many payers offer financial support, coaching and technical assistance or physician tiering for practices that earn NCQA PCMH Recognition.
- Many payers' value-based contracts also incorporate NCQA PCMH Recognition as part of their incentive program.



# Benefits Continued...



- Health plans, medical associations, clinically integrated networks and states are just some of the organizations that provide qualifying financial incentives or transformation support services to practices seeking NCQA Recognition, at no cost to the practice.
- Providers achieving NCQA Recognition also receive Maintenance of Certification credits from the American Board of Family Medicine (PCMH, DRP, HSRP), the American Board of Internal Medicine (PCMH, PCSP), the American Board of Pediatrics (PCMH) and the American Board of Physical Medicine and Rehabilitation (PCSP).





# Helpful Contact Information



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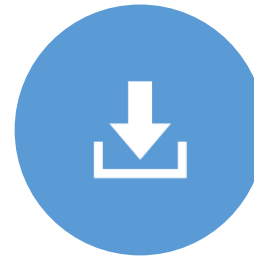
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Questions?

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Thank You for Joining Us!

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Louisiana's Health Initiative