

NCQA PATIENT-CENTERED MEDICAL HOME RECOGNITION ANNUAL REPORTING PREPARATION GUIDE FOR REPORTING YEAR 2020

NCQA.ORG/AR REQUIREMENTS

CTC-RI PRACTICE TRANSFORMATION/ REPORTING
MEETING 1.22.2020

NAVIGATING THE NCQA PATIENT-CENTERED
MEDICAL HOME ANNUAL REPORTING PROCESS

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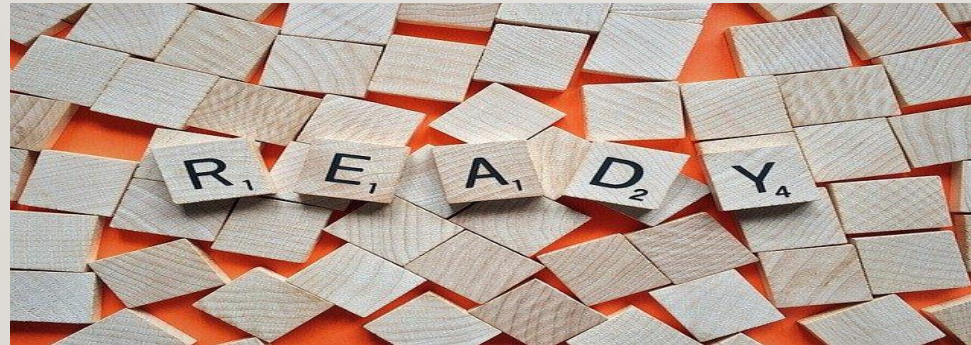
WHAT IS ANNUAL REPORTING?



A recognized practice has already shown NCQA that the structure and processes of a medical home are in place, so demonstrating that it has maintained supporting activities should not be difficult or require a lot of additional work.

You will only need to show NCQA that you have sustained a few selected activities. NCQA worked to minimize disruption to your practice, so you can continue to provide high-quality, patient-centered care.

In fact, if you've done a good job of maintaining PCMH concepts and meet the Annual Reporting requirements, it should take you about 15–30 hours or less to complete the Annual Reporting process



ANNUAL REPORTING VS. EARNING INITIAL RECOGNITION

Annual Reporting takes significantly less time than the initial Recognition process. See how the two compare.

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. 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. Minimal documentation upload.
The document review process	Three virtual reviews.	No virtual review (unless selected for audit).

A PRACTICE'S RECOGNITION PERIOD VERSUS NCQA'S REPORTING PERIOD

- Recognition period: the timeframe when a practice is actively recognized as an NCQA PCMH
 - ❖ It appears on the practice's current Certificate of Recognition in Q-Pass
 - ❖ A practice's expiration date is also posted on NCQA's "Report Cards" website
- Reporting period: calendar year when current NCQA requirements apply
 - ❖ Practices must follow NCQA's current requirements for their submission year
 - ❖ Submitted evidence must fall within the practice's annual recognition period

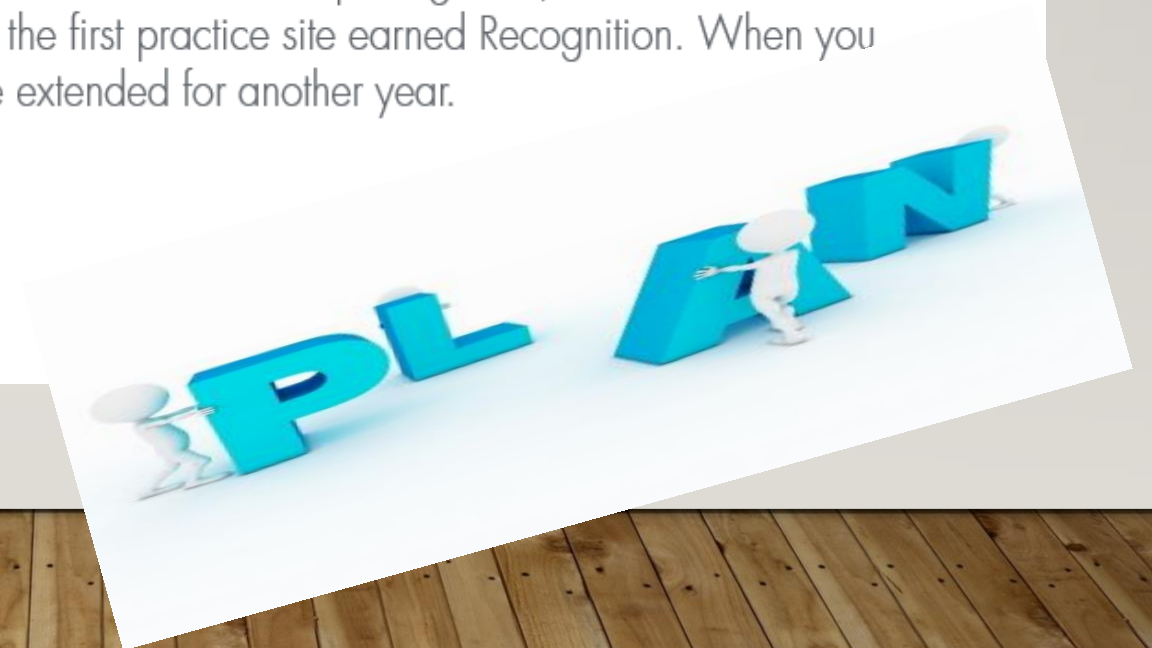


PRACTICE NAME	STATE	RECOGNITION	STANDARDS YEAR	EXPIRATION
[REDACTED]	RI	PCMH - Patient-Centered Medical...	2018	07/12/20

ANNUAL REPORTING PLANNING AND MILESTONES

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.



WHAT DO YOU DEMONSTRATE DURING ANNUAL REPORTING?

Your practice will submit data and evidence on 15 requirements in the six PCMH concepts:

- Team-Based Care and Practice Organization.
- Knowing and Managing Your Patients.
- Patient-Centered Access and Continuity.
- Care Management and Support.
- Care Coordination and Care Transitions.
- Performance Measurement and Quality Improvement.

Your practice will also submit required data and responses on a special topic (e.g., social determinants of health), even if it is not conducting the activity and/or collecting data on the topic. The special topic is not scored.

WHAT EVIDENCE DO YOU NEED TO PROVIDE?

Wondering what type of evidence will be needed? 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).

EVIDENCE CONTINUED.....



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.

Annual Reporting is a simplified process **requiring 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.

PRE-VALIDATION AUTO CREDIT IS NOT ALLOWABLE ON ANNUAL RENEWAL APPLICATIONS

NCQA feels that annual renewal process is streamlined already

Requirements & Options Overview Visual

Key:

Required

Option

Informational

Team-Based Care and Practice Organization (AR-TC)

Report the following requirement:

AR-TC 1
Patient Care Team Meetings

Knowing and Managing Your Patients (AR-KM)

Report each of the following:

AR-KM 1
Proactive Reminders

AND

AR-KM 2
Depression Screenings

Patient-Centered Access and Continuity (AR-AC)

Report each of the following:

AR-AC 1
Access Needs and Preferences

AND

AR-AC 2
Access for Patients Outside Business Hours

Care Management and Support (AR-CM)

Report each of the following:

AR-CM 1
Identifying and Monitoring Patients for Care Management

AND

AR-CM 2
Care Plans for Care Managed Patients

Care Coordination and Care Transitions (AR-CC)

Report the following requirements:

AR-CC 1
Care Coordination
Process

AND

AR-CC 2
Referral Management
Process

AND

AR-CC 3
Care Coordination With
Other Facilities Process

AND choose to report one of the following options:

AR-CC 4
Lab and Imaging Test Tracking

OR

AR-CC 5
Referral Tracking

Performance Measurement and Quality Improvement (AR-QI)

Report the following requirements:

AR-QI 1
Clinical Quality
Measures

AND

AR-QI 2
Resource Stewardship
Measures

AND

AR-QI 3
Patient Experience
Measures

AND

AR-QI 4
Monitoring Access

AND provide information on both of the following:

AR-QI 5
eQMs

AND

AR-QI 6
Value-Based Payment Agreement



OHIC

Special Topic: Social Determinants of Health (AR-SD)

Provide information on the following:

AR-SD 1
Collection and
Assessment of SDoH
Data

AND

AR-SD 2
Use of Care
Interventions and
Community Resources

AND

AR-SD 3
Care Interventions and
Community Resources
Assessment

REMEMBER TO UPDATE PROVIDER INFORMATION IN QPASS

ANNUAL REPORTING FEE			
Site A	Cost for clinicians 1-12 (\$150 each)	Cost for clinicians 13+ (\$15 each)	Total
16 clinicians	\$1,800	\$60	\$1,860

If NCQA determines that your practice meets requirements, your Recognition continues for another year

TIPS FOR COMPLETING ANNUAL REPORTING

When navigating the Annual Reporting process:

- Follow the guidelines in the Annual Reporting publication.
- Review the NCQA guidelines for updates and changes that could affect your reports.
- For the QI concept, use the QI Worksheet in the Annual Reporting publication for quality and performance measures.
- Answer all special topics requirements.
- Set shared evidence in Q-PASS first.
- Confirm that your practice can attest to meeting the Transform requirements (40 core, 25 elective credits).

And keep in mind, with regard to shared and site-specific evidence:

- Shared evidence (e.g., demonstration of capability) may be submitted once for all sites or site groups.
- Site-specific evidence must be provided by each site.

RIPCPC'S APPROACH TO ANNUAL REPORTING

- Practices adhere to PCMH processes throughout their recognition year
 - The physician champion signs RIPCPC's attestation document annually
- Standardized responses to AR attestation choices whenever possible
- Standardized categories for clinical quality, resource stewardship, pt. experience reports
- Practice provides EHR evidence of compliance with NCQA's AR requirements
 - RIPCPC saves this evidence in attestation documents and performs internal review of content to ensure it meets NCQA's requirements and falls within the appropriate timeframe
- RIPCPC uploads information into Q-Pass and monitors the progress of NCQA's review



ANNUAL REPORTING 2019 VS. 2020 – WHAT'S NEW?

THESE ARE THE SAME:

- Pt. experience feedback (survey)
- Pre-visit planning activities
- Lab / imaging / referral management
- Proactive reminders for needed services
- Identifying pts. for care management
- Performance measurement & QI

THESE ARE NEW:

- Appointment availability assessment (i.e. SDA)
- After-hours clinical advice by telephone
- After-hours access
- Developing care plans for CM & providing written care plan to care management patients
- Care coordination w/ hospitals & EDs
- Goals & actions to improve PI measures
- Monitoring access needs (i.e. 3NA)

ANNUAL REPORTING “INFORMATIONAL” QUESTIONS

- The topics for these questions change from year to year
- Responses do NOT affect recognition status
- 2019’s Depression Screening informational topic became **REQUIRED** in AR 2020!
- 2020 topic is Social Determinants of Health (SDoH)
- Answer questions truthfully
 - “N/A” responses are OK!

FEEDBACK FROM SITES AND PCMH CONSULTANTS

- “A Non-Event”
- “NCQA website confusing and not user-friendly”
- “Pretty simple”
- “Similar to 2019 but important differences”
- Make sure you thoroughly read the requirements and options for documentation
- QPASS technical issues: for one site, held up renewal for several months