Annual Reporting Requirements for PCMH Recognition

REPORTING PERIOD: JANUARY 1–DECEMBER 31, 2023

Table of Contents

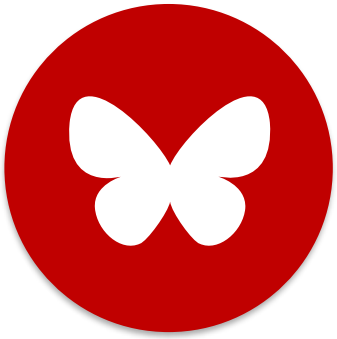
PCMH Recognition

PCMH Recognition Process

Commit *(Enrollment)*

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's Quality Performance Assessment Support System—Q-PASS—at **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)*

You made it!

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. Annual Reporting includes attesting to certain policies and procedures and submitting required data or evidence.

Overview

Sustaining Recognition

Each year, a practice demonstrates continuous alignment with PCMH requirements through a combination of attestation and submitted information, data and evidence for key criteria that support each concept in the PCMH program:

- Team-Based Care & Practice Organization (TC).
- Knowing & Managing Your Patients (KM).
- Patient-Centered Access & Continuity (AC).
- Care Management & Support (CM).
- Care Coordination & Care Transitions (CC).
- Performance Measurement & Quality Improvement (QI).

Annual Reporting Time Frame

Practices submit Annual Reporting evidence each year as part of maintaining PCMH Recognition. The Annual Reporting deadline is based on the timing of the practice's initial Recognition. The Reporting Date is 30 days before the practice's Recognition anniversary date.

Practices are expected to maintain awareness of the full PCMH program requirements so they can confidently attest to aligning with the latest updates to the program.

Preparing for submission: Annual Reporting requirements become available at the NCQA store in July of the year before prior to the practice's reporting year. Practices are encouraged to download and review the Annual Reporting requirements at least 6 months prior to their Annual Reporting date so they can plan for their submission and address any deficiencies. Because the Annual Reporting requirements focus on specific key criteria through attestation and evidence submission, with less emphasis on uploading documents, a practice can expect to spend significantly less time preparing evidence for NCQA.

Submitting: Practices submit evidence through Q-PASS.

Submission Platform: Q-PASS

Practices can enroll for Recognition, sign agreements, access training and other resources, submit evidence, update practice information, track completed evaluations and print certificates in Q-PASS.

The Annual Reporting Process, Step by Step

Step 1: Complete the Questionnaire in Q-PASS.

Note: *Practices **do not** need to create a new account in Q-PASS for Annual Reporting—practices that had an ISS account or previously Transformed using Q-PASS are automatically added. If you have difficulty finding your account, contact us through your **my.ncqa.org** account before creating a new one.*

Step 2: Submit the following in Q-PASS by your reporting date (30 days prior to your anniversary date):

- **Annual Questionnaire.** Attest that your practice has and will continue to maintain the requirements of the current PCMH program. No additional evidence is required.
- **Evaluation.** Answer questions, submit data and explain how your practice meets requirements in each concept category.

Note: *Evidence can be entered in Q-PASS before the reporting date, but NCQA only reviews evidence after payment of the annual fee and submission of the Annual Reporting evaluation.*

Step 3: NCQA reviews submissions and notifies practices of their sustained Recognition status.

- **Review.** An NCQA evaluator reviews the submission to determine if the practice has met the requirements to sustain Recognition.
- **Decision.** The final decision is determined by an NCQA Review Oversight Committee (ROC).

Note: *Practices that do not submit materials on time or that fail to meet requirements may have their Recognition end.*

Annual Reporting requirements may be removed, modified or added. Practices will be notified of changes and given time to prepare data and evidence.

Audit: NCQA randomly selects practices for audit, to validate their attestations and submission. Selected practices are notified through Q-PASS and email. NCQA conducts audits through a virtual review. Practices are given information on what to expect during the audit and how to prepare for it.

Note: *Practices that fail to respond or comply with the audit process may result in loss of Recognition status. Failure to agree to an audit or failure to pass an audit may result in a status of "Not Recognized."*

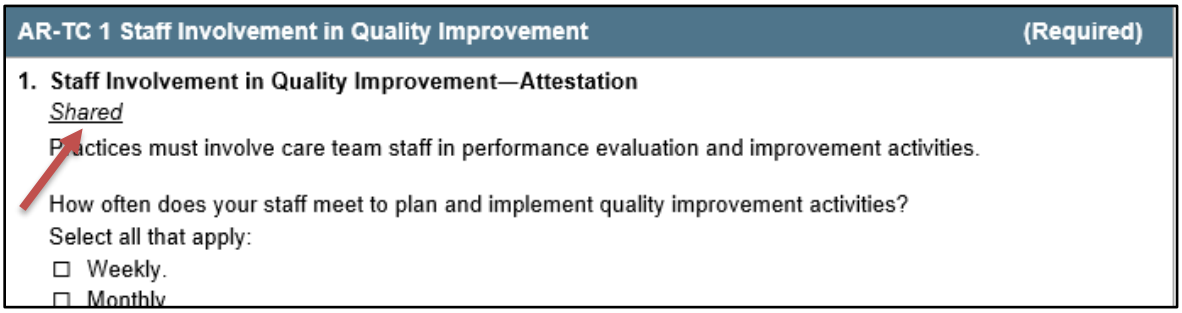
Understanding Evidence

Shared Evidence

Each requirement or option indicates whether evidence can be shared. The ability to share evidence across sites can be set up in Q-PASS.

Evidence	Description
Shared	May be submitted once through the designated primary site if all sites in the group share the same policies and procedures, use the same systems and uniformly conduct the activities at practices and specialties. Add shared criteria under the "Shared Evidence" tab in Q-PASS.
Site-specific	For organizations with multiple sites, evidence must be demonstrated for each site.

Example



Understanding Reporting Periods

Practices submit data to NCQA every year through Annual Reporting. The expectation is that a practice collects and monitors data at least annually and provides NCQA with its most recent report. NCQA recommends that the reporting period is a full calendar year (January–December). The reporting period end date must be within 12 months of the practice's Annual Reporting submission date. This allows practices that collect data quarterly, annually or at other intervals to submit data from their routine reports rather than collecting additional data to meet NCQA requirements.

Denominator Guidance

The denominator should be at least 30 patients, to ensure statistical significance, but NCQA is aware that there might be circumstances when the denominator is less than 30. If a practice submits evidence with a denominator of less than 30, it must enter a rationale in the "Notes" section of Q-PASS, to provide context for the ROC's review.

Percentage Guidance

To ensure that a practice is operating as a medical home, NCQA looks for significant and meaningful measure percentages. If a practice submits evidence that does not demonstrate consistent implementation, it must enter a rationale in the "Notes" section in Q-PASS, to provide context for the ROC's review.

Using the Manual Chart Audit Option

NCQA understands that not every practice may be able to gather data in the form of a numerator and denominator. Practices that cannot easily generate reports may complete a manual chart audit of at least 30 patient charts:

1. Follow the patient sampling methodology from the Record Review Workbook (Appendix 3 of the PCMH Standards and Guidelines) to choose 30 patient charts at random by visit date. The numerator and denominator should reflect all applicable patients, not only managed care patients, unless used for AR CM 1.
2. Only enter the numerator, denominator, reporting period and requested information into Q-PASS. Do not complete or upload a copy of the Record Review Workbook.

Example: *For AR-AC 2, the practice chooses 30 consecutive patient visits from the past year and provides the number of patients who saw their personal clinician/team. The numerator is the number of patients who saw their personal clinician/team; the denominator is 30.*

Completing the Annual Reporting Evaluation

Understanding What Must Be Completed

Each concept comprises requirements organized into categories (e.g., AR-TC 1) that are labeled:

- **Required:** The practice must submit and meet the requirements to sustain Recognition.
- **Informational:** The practice must submit the requested data but the answer choice does not affect the assessment outcome.

Evidence Type Overview

Practices may be asked to provide different types of evidence:

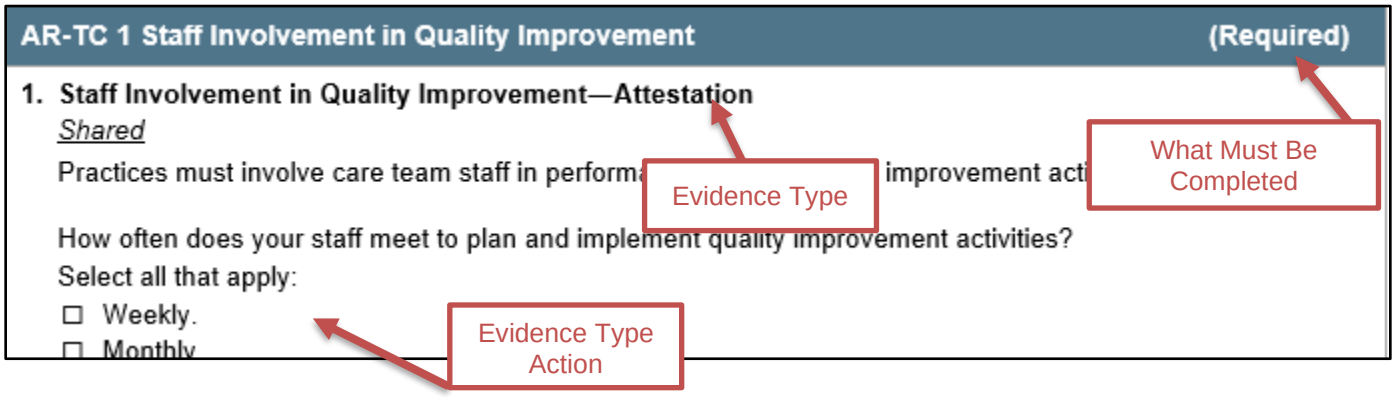
- **Attestation:** The practice attests that it meets (“Yes”) or does not meet (“No”) the requirements, or attests, by providing information or selecting applicable items in accordance with PCMH standards and guidelines, and can provide evidence if requested.
- **Report:** The practice enters a numerator, denominator and reporting period, and may also need to enter numerator and denominator descriptions if these are not already outlined in the component.
- **Report Upload:** The practice uploads a report that outlines the results of routine data collection.

Evidence Type Action

Each question in a category specifies an action the practice must take in Q-PASS to meet requirements.

- **Select one:** The practice attests that it meets (“Yes”) or does not meet (“No”) the requirements, in accordance with the PCMH Standards and Guidelines.
- **Select all that apply:** The practice selects all applicable answers or indicates “Other” and enters the appropriate text.
- **Enter:** The practice enters data that match specific requirements.

Example



Requirements Overview

Key: ***Required***

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

Report the following requirement:

AR-TC 1
Staff Involvement in Quality Improvement

Knowing and Managing Your Patients (AR-KM)

Report each of the following:

AR-KM 1
Medication Lists

AND

AR-KM 2
Diversity

Patient-Centered Access and Continuity (AR-AC)

Report each of the following:

AR-AC 1
Appointments Outside Business Hours

AND

AR-AC 2
Patient Visits with Clinician/Team

Care Management and Support (AR-CM)

Report the following requirement:

AR-CM 1
Care Plans for Care Managed Patients

Care Coordination and Care Transitions (AR-CC)

Report the following requirements:

AR-CC 1
Hospital and ED Care Coordination

AND

AR-CC 2
Specialist Referrals

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 Measure

Crosswalk: Annual Reporting Requirements vs. PCMH Criteria

AR Requirements		Site-specific vs. Shared	PCMH Criteria	
Team-Based Care and Practice Organization (AR-TC)				
AR-TC 1: Staff Involvement in Quality Improvement	Required	Shared	TC 07	Core
Knowing and Managing Your Patients (AR-KM)				
AR-KM 1: Medication Lists	Required	Site-specific	KM 15	Core
AR-KM 2: Diversity	Required	Site-specific	KM 09	Core
Patient-Centered Access and Continuity (AR-AC)				
AR-AC 1: Appointments Outside Business Hours	Required	Shared	AC 03	Core
AR-AC 2: Patient Visits with Clinician/Team	Required	Site-specific	AC 11	Core
Care Management and Support (AR-CM)				
AR-CM 1: Care Plans for Care Managed Patients	Required	Site-specific	CM 04	Core
Care Coordination and Care Transitions (AR-CC)				
AR-CC 1: Hospital and ED Care Coordination	Required	Shared	CC 14-16	Core
AR-CC 2: Specialist Referrals	Informational	Shared	CC 06	Elective
Performance Measurement and Quality Improvement (AR-QI)				
AR-QI 1: Clinical Quality Measures	Required	Site-specific	QI 01	Core
AR-QI 2: Resource Stewardship Measures	Required	Site-specific	QI 02	Core
AR-QI 3: Patient Experience Measure	Required	Site-specific	QI 04	Core

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

The practice continues to involve staff in quality improvement.

Report the following:

AR-TC 1 Staff Involvement in Quality Improvement	(Required)

1. Staff Involvement in Quality Improvement—Attestation

Shared

Practices must involve care team staff in performance evaluation and improvement activities.

How often does your staff meet to plan and implement quality improvement activities?

Select all that apply:

- ☐ Weekly.
- ☐ Monthly.
- ☐ Quarterly.
- ☐ Other_____.

Knowing and Managing Your Patients (AR-KM)

The practice continues to maintain medication lists and implement clinical decision support.

Report the following:

AR-KM 1 Medication Lists (Required)

1. Medication Lists—Report

Site-specific

Practices maintain an up-to-date list of medications for more than 80 percent of patients.

Enter:

- Numerator: Number of patients from the denominator with an up-to-date medication list.
- Denominator: Number of unique patients seen during the reporting period.
- Reporting period.

AR-KM 2 Diversity (Required)

1. Diversity—Report Upload

Site-specific

Practices must collect data on diversity in their patient population and upload a report containing information on patients':

Upload:

A. Race.
B. Ethnicity.
C. One other aspect of diversity.
D. Sexual orientation (optional).
E. Gender identity (optional).

Note: *Collection of sexual orientation and gender identity data will be required for reporting diversity starting in 2024. Refer to KM 09 in the PCMH Standards and Guidelines for details and required response options in each category. Collecting data on age or gender does not meet the intent of "one other aspect of diversity."*

Patient-Centered Access and Continuity (AR-AC)

The practice continues to monitor timely access to care outside business hours and patients' visits with their selected personal clinician.

Report the following:

AR-AC 1 Appointments Outside Business Hours (Required)

1. **Appointments Outside Business Hours—Report**
   Shared

   The practice provides appointments outside business hours at the practice site.

   How many appointments outside business hours are offered per month?

   Enter:

   - Numerator: Number of appointments outside business hours.
   - Denominator: Total number of appointments.
   - Reporting period.

OR

2. **Appointments Outside Business Hours at Alternate Clinic—Attestation**
   Shared

   The practice does not offer appointments outside business hours but has arranged for a clinic or local urgent care owned by another organization to provide after-hours appointments. Provide the details of the arrangement and include:

   Enter:

   - The name of the clinic or clinician who provides after-hours appointments.
   - How patients are informed about scheduling appointments outside business hours.

Note: *Appointments outside business hours are defined as those offered outside 8am–5pm, Monday through Friday. Walk-in arrangements do not meet the intent.*

AR-AC 2 Patient Visits with Clinician/Team (Required)

1. **Patient Visits with Clinician/Team—Report**
   Site-specific

   Practice outlines their goal in their documented process.

   Enter:

   - Numerator: Number of patient visits where the patient was seen by their selected personal clinician or care team.
   - Denominator: Number of patient visits.
   - Reporting period.

Note: *All patients should have a selected personal clinician or care team. A care team is defined as a pair of clinicians who share a patient panel (e.g. physician and resident, physician and PA). The practice may not assign all patients to a site and label this as the care team unless it is a solo clinician site*.

Care Management and Support (AR-CM)

The practice continues to complete care plans for patients in care management.

Report the following:

AR-CM 1 Care Plans for Care Managed Patients (Required)

1. Care Plans for Care Managed Patients—Report

Site-specific

The practice has a process for identifying patients for care management that incorporates at least three categories outlined in CM 01 or uses a comprehensive risk stratification.

Enter:

- Numerator: Number of patients in the denominator who have a complete care plan.
- Denominator: Number of patients enrolled in care management.
- Reporting period.

Note: *A complete care plan incorporates a problem list, expected outcome/prognosis, treatment goals, medication management and a schedule to review and revise the plan. Care plans are updated at all relevant visits. At least 75% of patients in care management must have a complete care plan. The practice must identify at least 30 patients in the denominator.*

If a practice does not have the ability to pull this report from the EHR, it should refer to the manual chart option in the Record Review Workbook.

2. Total Patient Population—Attestation

Site-specific

Enter:

What is the practice's total patient population when defined as unique patients seen in the prior 12 months?

Care Coordination and Care Transitions (AR-CC)

The practice continues to coordinate care with labs, specialists or other care facilities.

Report the following:

AR-CC 1 Hospital and ED Care Coordination (Required)

1. Care Coordination With External Facilities—Attestation

Shared

Does your practice have an implemented documented process for all of the following?
Select one: (Yes/No)

- Systematically identifying unplanned hospital and emergency department (ED) visits.
- Sharing clinical information with admitting hospitals and EDs.
- Contacting all patients following a hospital admission or ED visit to arrange follow-up care, if clinically indicated.

***Note*:** *Practices must have a documented process for and implement all of the above to sustain PCMH Recognition.*

AR-CC 2 Specialist Referrals (Informational)

1. Specialist Referrals—Attestation

Shared

What are the top three specialties the practice refers to?

Select three:

Allergy/Immunology	Hematology	Oncology	Psychopharmacology
Anesthesiology	Infectious Disease	Ophthalmology	Pulmonology
Behavioral Health	Nephrology	Oral/Maxillofacial Surg.	Radiology (Diagnostic)
Cardiology	Neurology	Orthopedic Surgery	Rheumatology
Critical Care Services	Neurosurgery	Otolaryngology	Sleep Medicine
Dermatology	Obesity Medicine	Phys./Rehab. Medicine	General Surgery
Endocrinology	Obstetrics/Gynecology	Plastic Surgery	Urology
Gastroenterology	Occupational Medicine	Psychiatry	Other—List in Notes

***Note*:** *Informational questions must be completed but do not impact the assessment outcome.*

Performance Measurement and Quality Improvement (AR-QI)

The practice continues to collect and use performance measurement data for quality improvement activities.

Report the following:

AR-QI 1 Clinical Quality Measures (Required)

1. Clinical Quality Measures—Report

Site-specific

At least annually, the practice monitors at least five clinical quality measures across the four categories (must monitor at least one measure of each type):

- Immunization.
- Other preventive care.
- Chronic/acute care.
- Behavioral health.

Enter measure data from the "Measures Reporting" tile on the Organization Dashboard. Currently, practices may report in two ways: If using a standardized measure (more information in Appendix 5), choose the measure from the drop-down menu in Q-PASS and the measure parameters (e.g., numerator description) will populate automatically; if using a measure not listed, enter the information manually.

Enter:

- Numerator.
- Denominator.
- Reporting period.
- Numerator description.
- Denominator description.

Note: *Standardized measures will be required for reporting on clinical quality starting in 2024.*

AR-QI 2 Resource Stewardship Measures (Required)

1. Resource Stewardship Measures—Report

Site-specific

At least annually, the practice monitors at least two measures of resource stewardship (must monitor at least one measure of each type):

- Measures related to care coordination.
- Measures affecting health care costs.

Enter measure data from the "Measures Reporting" tile on the Organization Dashboard. Currently, practices may report in two ways: If using a standardized measure (more information in Appendix 5), choose the measure from the drop-down menu in Q-PASS and the measure parameters (e.g., numerator description) will populate automatically; if using a measure not listed, enter the information manually.

Enter:

- Numerator.
- Denominator.
- Reporting period.
- Numerator description.
- Denominator description.

Note: *Standardized measures will be required for reporting on resource stewardship starting in 2024.*

AR-QI 3 Patient Experience Measure (Required)

1. Patient Experience Measure—Report

Site-specific

At least annually, the practice monitors at least one measure of patient experience relating to one of the following categories:

- Access.
- Communication.
- Coordination.
- Whole-person care, self-management support and comprehensiveness.

Enter measure data from the "Measures Reporting" tile on the Organization Dashboard.

Enter:

- Numerator.
- Denominator.
- Reporting period.
- Numerator description.
- Denominator description.

***Note*:** *Patient experience measures should be a measurement of patient feedback collected through a quantitative survey. Measurement of activities that impact patient experience, such as wait times or appointment availability, does not meet the intent.*