



Annual Reporting Requirements for PCMH Recognition

REPORTING PERIOD: JANUARY 1–DECEMBER 31, 2020

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PCMH Recognition Redesign

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.

Annual Reporting is the third part—**Succeed**—of the three-part Recognition process introduced in 2017.

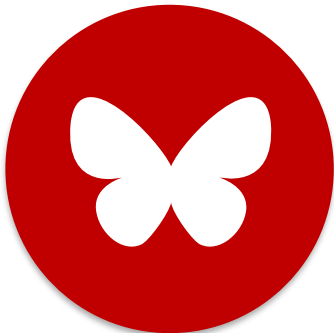
Redesigned PCMH Recognition Process



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 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 are here! 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.

PCMH Recognition Redesign

Redesigned Program Benefits

1. **Flexibility.** Practices have the ability to choose elective criteria and evidence to meet criteria. They choose a path to Recognition that suits their strengths, schedule and goals.
2. **Personalized service.** Practices have more interaction with NCQA through an assigned Representative who is their primary NCQA contact and “go-to” process guide.
3. **User-friendly approach.** Requirements remain meaningful, but with simplified reporting and less paperwork.
4. **Continuous improvement.** Annual checks help practices strengthen as a PCMH by frequently reviewing progress and encouraging performance improvement.
5. **Alignment with changes in health care.** The PCMH program aligns with current public and private initiatives and can adapt to future changes.

Detailed information about the redesigned PCMH program can be found in the [PCMH Standards and Guidelines publication](#).

Overview

How to Sustain Recognition

Each year, a practice sustains its Recognition by demonstrating continuous alignment with PCMH through the combination of attestation and submission of information, data and evidence for selected 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 are expected to submit their Annual Report each year as part of maintaining PCMH Recognition. The Annual Reporting deadline is based on the timing of their initial Recognition. The reporting date is typically 30 days prior to that anniversary date. However, NCQA can adjust annual reporting dates. Practices can submit a request to their NCQA Representative with their rationale for consideration.

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: Practices should 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 they find. If the practice has maintained its patient-centered activities, it typically takes no more than 15–40 hours of work per year over several months to prepare for Recognition. 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: Once the evidence is prepared to enter or upload, submission (outlined in “Annual Reporting Process” below) on Q-PASS should potentially take less than an hour.

Online Platform: Q-PASS

In 2017, NCQA launched PCMH on Q-PASS, which replaced ISS and the Recognition Portal. Practices can enroll for Recognition, sign agreements, access training and other resources, submit evidence, update practice information and track completed evaluations in Q-PASS.

Electronic Clinical Quality Measures

Electronic Clinical Quality Measures (eCQM) are standardized performance measures from EHRs or other health IT systems. In the future, practices will have the option to submit eCQMs to NCQA as evidence to maintain their Recognition. The eCQM **identified measures** can be submitted through EHR systems, health information exchanges, qualified clinical data registries (QCDR) and data analytics companies, as long as they can use the electronic specifications defined by CMS for the ambulatory quality reporting programs. **Details about the data submission process to NCQA will come later in 2020.**

Process Step-by-Step

Annual Reporting Process

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 the practice’s reporting date (30 days prior to its anniversary date):

- **Annual Questionnaire:** Practices must attest that they have maintained and will continue to meet the requirements of the current PCMH program. No additional evidence is required for this attestation. In the future, practices will attest to criteria based on the current PCMH program, which consists of key expectations that recognized practices must meet.
- **Evaluation:** This is where practices answer questions, submit data, provide explanations and upload evidence. Practices must meet the minimum number of requirements in each concept category.

Note: Evidence can be entered or uploaded in Q-PASS prior to the reporting date, but NCQA only reviews evidence after the practice pays the annual fee and submits its annual report.

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

- **Review:** An NCQA evaluator reviews your submission and provides feedback on whether the practice has met the requirements to sustain Recognition.
- **Decision:** The final decision is determined by an NCQA Review Oversight Committee (ROC) member.

Note: Practices that do not submit materials on time or that fail to meet other requirements may have their Recognition status suspended or revoked or changed to “Not Recognized.”

Annual Reporting requirements may be removed, modified or added over time. 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. If selected, practices will be notified via email. Audits are conducted through a virtual review by NCQA staff. Practices will be given information on what to expect and prepare for the virtual review.

Note: Practices that do not complete the audit or fail to submit requested materials or meet other requirements during the review may have their Recognition status suspended, revoked or changed to “Not Recognized.”

Understanding Evidence

Understanding Evidence That Can Be Shared

Next to each question in this document is a note indicating whether evidence can be shared. The ability to share evidence across sites can be set up in Q-PASS.

Notes include:

Evidence	Description
Shared	May be submitted once through the designated primary site for sites in the group, if all sites in the group share the same process.
Site-specific	For organizations with multiple sites, requirements require evidence be demonstrated for each site.

Note: Refer to the definitions of “practice,” “multi-site” and “eligibility” in the *PCMH Recognition Policies and Procedures*.

Example

AR-TC 1 Patient Care Team Meetings	(Required)
1. Pre-Visit Planning Activities—Question <u>Shared</u> How does your practice anticipate and plan for upcoming patient visits? Check all that apply. <input type="checkbox"/> Team meetings/buddles	

Understanding Reporting Periods

Practices submit data to NCQA every year. With these routine submissions, the expectation is that a practice is collecting and monitoring data at least annually and is providing NCQA with the most recent report. The reporting period end date must be within 12 months of the practice’s Annual Reporting submission date. This allows practices that regularly collect data at quarterly, annual, or other intervals to submit data from the reports they use routinely, rather than performing additional data collection to meet NCQA requirements.

Using the Manual Chart Audit Option

NCQA understands that not every practice may be able to run reports 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. In this case, the practice must:

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

Example: For AR-CC 4, the practice chooses 30 consecutive patients with lab orders from the past year and provides the number of patients with complete lab reports received from each order (one report per order; full results of all tests). The numerator is the number of patients for whom the practice received complete lab-order results report; the denominator is 30.

Glossary for Completing the Annual Reporting Evaluation

Understanding What Must Be Completed

Each concept consists of requirements that are organized into categories (e.g., AR-TC 1). It is not necessary to meet all requirements to sustain Recognition. Categories are labeled:

- **Required:** The practice must submit and meet the requirements to sustain Recognition.
- **Option:** The practice must submit and meet one available option defined in each concept.
- **Informational:** The practice must provide requested information (and may not skip information requirements), but the information does not affect Recognition.

Evidence Types

Practices may be asked to provide different types of evidence (found to the right of the question number):

- **Question:** The practice answers a question, typically in a “select one” or “select all that apply” format.
- **Attestation:** The practice attests “yes” or “no” that it meets (or does not meet) the question’s requirements or attests by selecting applicable items in accordance with PCMH standards and guidelines, and that it can provide evidence if requested.
- **QI Worksheet or Report:** The practice uploads the QI worksheet or a report.
- **Data:** The practice enters a numerator, denominator and reporting period in the text boxes.
- **Text:** The practice enters an explanation in the text box.

Evidence Type Action

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

- **Upload:** The practice uploads supporting evidence and documentation. PHI **must not** be uploaded into Q-PASS.
- **Select one:** The practice attests “yes” or “no” that it meets (or does not meet) the question’s 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 a numerator and denominator that match specific requirements.
- **Provide:** The practice enters a brief explanation or other required information in the text box. Unless otherwise stated, no additional evidence is required.

Example

The screenshot shows a question titled "AR-TC 1 Patient Care Team Meetings" with a "(Required)" label. The question is "1. Pre-Visit Planning Activities—Question" and is marked as "Shared". The question text is "How does your practice anticipate and plan for upcoming patient visits? Check all that apply." Below the question are two checkboxes: "Team meetings/huddles." and "Structured communication (messages in the medical record or regular email exchanges about upcoming".

Three callout boxes with red arrows point to specific parts of the screenshot:

- A box labeled "Evidence Type" points to the question number "1".
- A box labeled "Evidence Type Action" points to the question text "How does your practice anticipate and plan for upcoming patient visits?".
- A box labeled "Understanding what must be completed" points to the "(Required)" label.

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:

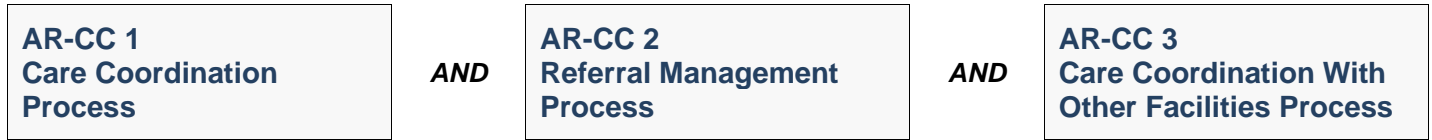
AR-CM 1
Identifying and Monitoring Patients for Care Management

AND

AR-CM 2
Care Plans for Care Managed Patients

Care Coordination and Care Transitions (AR-CC)

Report the following requirements:

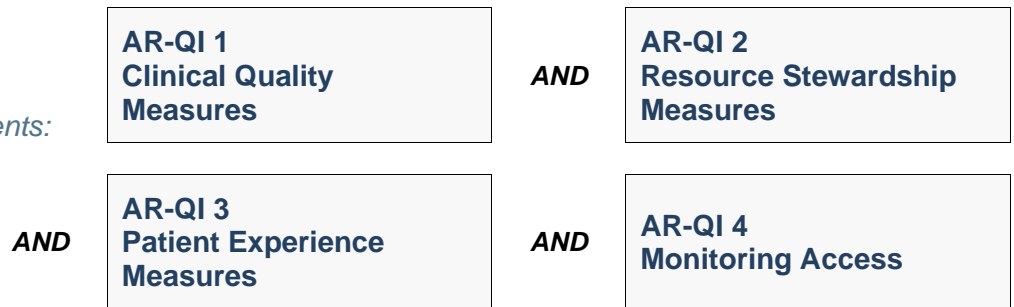


AND choose to report one of the following options:

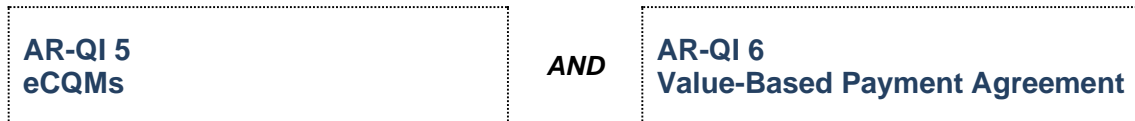


Performance Measurement and Quality Improvement (AR-QI)

Report the following requirements:

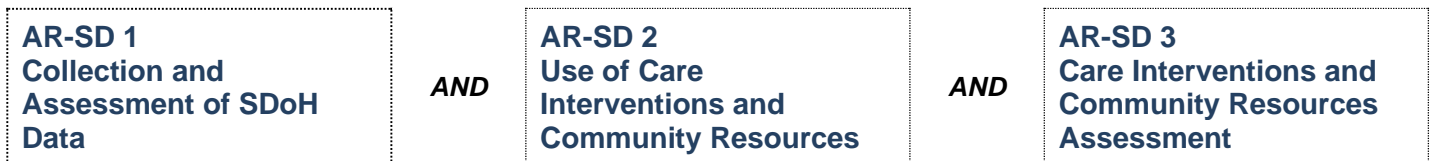


AND provide information on both of the following:



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

Provide information on the following:



Crosswalk: Annual Reporting Requirements vs. PCMH Criteria

AR Requirements		PCMH Criteria	
Team-Based Care and Practice Organization (AR-TC)			
AR-TC 1: Patient Care Team Meetings	Required	TC 06	Core
Knowing and Managing Your Patients (AR-KM)			
AR-KM 1: Proactive Reminders	Required	KM 12	Core
AR-KM 2: Depression Screenings	Required	KM 03	Core
Patient-Centered Access and Continuity (AR-AC)			
AR-AC 1: Access Needs and Preferences	Required	AC 01	Core
AR-AC 2: Access for Patients Outside Business Hours	Required	AC 03 AC 04	Core
Care Management and Support (AR-CM)			
AR-CM 1: Identifying and Monitoring Patients for Care Management	Required	CM 01 CM 03	Core
AR-CM 2: Care Plans for Care Managed Patients	Required	CM 04 CM 05	Core
Care Coordination and Care Transitions (AR-CC)			
AR-CC 1: Care Coordination Process	Required	CC 01	Core
AR-CC 2: Referral Management Process	Required	CC 04	Core
AR-CC 3: Care Coordination With Other Facilities Process	Required	CC 14 CC 15 CC 16	Core
AR-CC 4: Lab and Imaging Test Tracking	Option	CC 01	Core
AR-CC 5: Referral Tracking	Option	CC 04	Core
Performance Measurement and Quality Improvement (AR-QI)			
AR-QI 1: Clinical Quality Measures	Required	QI 01 QI 08	Core
AR-QI 2: Resource Stewardship Measures	Required	QI 02 QI 09	Core
AR-QI 3: Patient Experience Measures	Required	QI 04 QI 11	Core
AR-QI 4: Monitoring Access	Required	QI 03 QI 10	Core
AR-QI 5: eCQMs	Informational	N/A	NA
AR-QI 6: Value-Based Payment Agreement	Informational	QI 19	Elective
Special Topic: Social Determinants of Health (AR-SD)			
AR-SD 1: Collection and Assessment of SDoH Data	Informational	KM 02G KM 07 KM 21 CM 01D	Core Core Elective Core
AR-SD 2: Use of Care Interventions and Community Resources	Informational	KM 07 KM 26	Elective Elective
AR-SD 3: Care Interventions and Community Resources Assessment	Informational	KM 27	Elective

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

The practice continues to use a team-based approach to provide patient care.

Report the following:

AR-TC 1 Patient Care Team Meetings

(Required)

1. Pre-Visit Planning Activities—Question

Shared

How does your practice anticipate and plan for upcoming patient visits?

Select all that apply:

- Team meetings/huddles.
- Structured communication (routine messages in the medical record or regular email exchanges about upcoming patients, care needs and practice flow).
- Dashboard in the EHR.
- Other_____.

Knowing and Managing Your Patients (AR-KM)

The practice continues to proactively remind patients of upcoming services.

Report the following:

AR-KM 1 Proactive Reminders

(Required)

1. Proactive Reminders Frequency—Question

Shared

How frequently does your practice generate lists and reminders for patients in need of care services? Practices must provide proactive reminders for at least three of the following categories.

- Preventive care services.
- Immunizations.
- Chronic or acute care services.
- Patients not seen regularly.

Select all that apply:

- Monthly.
- Quarterly.
- Annually.
- Other _____.

Note: The practice receives credit for chronic care services if 75 percent of eligible clinicians have DRP or HSRP Recognition.

AR-KM 2 Depression Screenings

(Required)

1. Depression Screening Tool—Question

Shared

Identify the tool(s) used to conduct depression screening.

Select all that apply:

- PHQ-2.
- PHQ-9.
- Other _____.

2. Depression Screening—Data

Site-specific

Enter:

- Numerator: Number of unique patients screened.
- Denominator: Number of unique patients eligible to be screened.
- Reporting period.
- Denominator Definition: Who are the patients included in the denominator?

Note: A practice that cannot pull an automated report may enter “999” as the numerator and denominator, “1/1/20-1/2/20” as the reporting period and “NA” for the definition. Practices that can generate reports must provide data.

3. Depression Screening & Follow-Up NQF 0418—Attestation

Shared

INFORMATIONAL: Does your practice use NQF-endorsed Measure 0418 to report the numerator and denominator?

Select one:

- Yes.
- No.

Note: Answering “No” for AR-KM 2 #3 **does not** affect Recognition status.

Patient-Centered Access and Continuity (AR-AC)

The practice continues to monitor appointment access.

Report the following:

AR-AC 1 Access Needs and Preferences

(Required)

1. Monitoring Access Needs and Preferences—Question

Site-specific

How does your practice evaluate and monitor access needs and preferences to ensure existing access methods are sufficient for its patient population? The data collected must be specific to patient access and actionable so that the practice can make changes based on the findings.

Select all that apply:

- Actionable survey questions.
- Access specific questions on comment box form.
- Patient interviews.
- Other_____.

Note: This requirement aligns with **AC 01** in the PCMH Standards and Guidelines. Practices must assess existing access needs and preferences specific to appointments (AC 01), not general patient access through a patient survey (QI04).

2. Access Categories—Question

Site-specific

Which access methods are assessed for sufficiency of meeting patient needs?

Select all that apply:

- Same-day appointment availability.
- Routine appointment availability.
- Appointment availability after hours.
- Alternative appointments (type, availability, convenience).
- Timely clinical advice during office hours.
- Timely clinical advice after office hours.
- Electronic patient requests.
- Other_____.

Note: If the practice is able to assess its appointment needs, it may consider other opportunities to address access through clinical advice by telephone or correspondence through the portal. Alternative methods for assessing appointment access may include evening/weekend hours and types of appointments. Qualitative feedback collection from patients is acceptable (comment box and patient interviews), but must have guided directions on giving feedback specific to access.

AR-AC 2 Access for Patients Outside Business Hours

(Required)

1. Providing Clinical Advice by Telephone—Question

Shared

How does your practice provide clinical advice by telephone to patients outside business hours?

Select all that apply:

- Clinical advice by telephone—internal staff.
- Clinical advice by telephone—shared responsibility with external providers/sites.
- Nurse line or other type of contracted phone service.
- Other _____.

Note: Patient portals and other secure messaging systems do not meet the intent.

2. Providing Access Outside of Business Hours—Question

Shared

How does your practice provide access to patients outside business hours?

Select all that apply:

- After hours provided at site.
- After hours provided at another site within same multi-site group.
- After hours coordinated with an external organization.
- Other _____.

Note: “Outside business hours” means outside typical work hours for your patient population (8am–5pm, Monday–Friday). This does not include appointments when the practice would otherwise be closed for lunch, daytime appointments when the practice would otherwise close early (e.g., Friday afternoon or holiday) or utilizing an ED/urgent care facility that is unaffiliated with the practice.

Care Management and Support (AR-CM)

The practice continues to identify patients who may benefit from care management.

Report the following:

AR-CM 1 Identifying and Monitoring Patients for Care Management

(Required)

1. Identification of Patients for Care Management—Question

Shared

Which of the following are considered in your practice’s criteria for identifying patients who may benefit from care management? Practices must identify at least three of the following categories.

Select all that apply:

- Behavioral health conditions.
- High cost/high utilization.
- Poorly controlled or complex conditions.
- Social determinants of health.
- Referrals by outside organizations, practice staff or patient/family/caregiver.

2. Number of Patients Identified—Data

Site-specific

Provide the number of patients identified for care management using the criteria selected above.

Enter:

- Numerator: Total number of unique patients identified.
- Denominator: Total number of attributed patients to practice.
- Reporting period.
- Attribution definition: How does your practice determine the total number of patients attributed to the practice?

AR-CM 2 Care Plans for Care Managed Patients

(Required)

1. Develop Care Plan—Attestation

Shared

For patients identified for care management, does the practice consistently develop care plans in collaboration with the patient/family/caregiver?

Select all that apply:

- The practice strives for all care managed patients to have a care plan.
- Each care plan incorporates a problem list, expected outcome/prognosis, treatment goals, medication management and a schedule to review and revise the plan.
- Each care plan is updated at each relevant visit.

Note: Each item listed in question 1 is required to sustain PCMH Recognition. Practices check the boxes only if they can attest that the statements are true.

2. Written Care Plan—Question

Shared

How does the practice provide the patient/family/caregiver access to a written care plan?

Select all that apply:

- Access given through patient portal or other electronic method.
- Printed and given to the patient/family/caregiver.
- Other _____.

Note: Practices that provide written care plans through the patient portal must have an alternative method for patients who do not have access to or use the portal.

Care Coordination and Care Transitions (AR-CC)

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

Report AR-CC 1-3 and report one of the following options between AR-CC 4-5:

AR-CC 1 Care Coordination Process

(Required)

1. Care Coordination Documented Processes—Attestation

Shared

Does your practice have an implemented documented process for the following?

Select all that apply:

- Lab and imaging tracking until results are available, flagging and following up on overdue results.
- Flagging abnormal lab and imaging results, bringing them to the attention of the clinician.
- Notifying patients/families/caregivers about normal and abnormal diagnostic test results for both lab and imaging.

Note: Practices must have a documented process for and implement the above to sustain PCMH Recognition. Practices check the boxes only if they can attest that the statements are true.

AR-CC 2 Referral Management Process

(Required)

1. Referral Processes and Tracking—Attestation

Shared

Does your practice have an implemented documented process for the following?

Select all that apply:

- Giving the consultant/specialist the clinical question, the required timing and the type of referral.
- Giving the consultant/specialist pertinent demographic and clinical data, including test results and the current care plan.
- Tracking referrals until the consultant/specialist's report is available, flagging and following up on overdue reports.

Note: Practices must have a documented process for and implement the above to sustain PCMH Recognition. Practices check the boxes only if they can attest that the statements are true.

AR-CC 3 Care Coordination With Other Facilities Process

(Required)

1. Care Coordination With External Facilities—Attestation

Shared

Does your practice have an implemented documented process for the following?

Select all that apply:

- Identifying unplanned hospital and ED visits.
- Sharing clinical information with admitting hospitals and EDs in a timely manner.
- Contacting patients after hospital or ED discharge for follow up/evaluation of patient status in a timely manner.

Note: Practices must have a documented process for and implement the above to sustain PCMH Recognition. Practices check the boxes only if they can attest that the statements are true.

2. ADT System—Attestation

Shared

INFORMATIONAL: Does your practice have an Admissions, Discharge, and Transfer (ADT) system in place?

Select one:

- Yes.
- No.

Note: Answering "No" for AR-CC 3 #2 **does not** affect Recognition status.

AR-CC 4 Lab and Imaging Test Tracking

(Option)

1. Tracking Lab Test Results—Data

Site-specific

Enter:

- Numerator: Number of patients with labs ordered, for which the practice received a lab order results report.
- Denominator: Number of patients with lab orders.
- Reporting period.

2. Tracking Imaging Test Results—Data

Site-specific

Enter:

- Numerator: Number of patients with imaging tests ordered, for which the practice received an imaging results report.
- Denominator: Number of patients with imaging orders.
- Reporting period.

Note: Practices that cannot generate automatic reports may instead complete a manual chart audit of 30 applicable patients. See page 5 for details.

AR-CC 5 Referral Tracking

(Option)

1. Tracking Referrals—Data *This measure is the equivalent of [CMS #374](#).*

Site-specific

Enter:

- Numerator: Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.
- Denominator: Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.
- Reporting period.

Note: Practices that cannot generate automatic reports may instead complete a manual chart audit of 30 applicable patients. See page 5 for details.

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. Goals and Actions to Improve Clinical Quality Measures—QI Worksheet or Report

Site-specific

Does your practice establish performance goals and act to improve on at least three clinical quality measures across at least three of the following categories?

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

Upload:

- QI Worksheet.

OR

- Report that includes the same requirements as listed on the QI worksheet.

Use the QI Worksheet or report to provide the following information for each measure:

- A. Measure category and name.
- B. Reason for selection.
- C. Baseline performance measurement (include numerator, denominator and reporting period).
- D. Goals.
- E. Actions to improve.
- F. Evidence of remeasurement (including numerator, denominator and reporting period).†
- G. Assessment of actions.†

†F. and G. are not required, but are recommended. Practices that have no data for these measures may leave these rows blank in the QI Worksheet or not provide this information in the report. Recognition status **is not** affected.

AR-QI 2 Resource Stewardship Measures**(Required)****1. Care Coordination Measures Category—Question**Site-specific

Which categories for care coordination does the practice collect data for measure performance?

Select all that apply:

- Care coordination with patient.
- Care coordination between facilities.
- Care coordination with specialists/other providers.

2. Measures Affecting Health Care Costs Category—QuestionSite-specific

Which categories for measures affecting health care costs does the practice collect data for measure performance?

Select all that apply:

- Specialist referral costs (including volume of referrals and/or referrals to high-value specialists).
- ED utilization.
- Inpatient hospital utilization.
- Pharmaceutical costs (including volume and/or use of high-value pharmaceuticals).
- Overuse/appropriateness of care (low-value care).

3. Goals and Actions to Improve Resource Stewardship Measures—QI Worksheet or ReportSite-specific

Does your practice establish performance goals and act to improve at least one resource stewardship quality measure relating to either care coordination or health care costs?

Upload:

- QI Worksheet.

OR

- Report that includes the same requirements as listed on the QI worksheet.

Use the QI Worksheet or report to provide the following information for the measure:

- A. Measure category and name.
- B. Reason for selection.
- C. Baseline performance measurement (include numerator, denominator and reporting period).
- D. Goals.
- E. Actions to improve.
- F. Evidence of remeasurement (including numerator, denominator and reporting period).†
- G. Assessment of actions.†

†F. and G. are not required, but are recommended. Practices that have no data for these measures may leave these rows blank in the QI Worksheet or not provide this information in the report. Recognition status **is not** affected.

AR-QI 3 Patient Experience Measures**(Required)****1. Patient Experience Measures Category— Question**Shared

Which categories for patient experience measure performance does the practice establish performance goals and sets and identify opportunities for improvement?

Select all that apply:

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

2. Goals and Actions to Improve Patient Experience Measures—QI Worksheet or ReportSite-specific

Does your practice establish performance goals and act to improve at least one patient experience measure from at least one category listed above?

Upload:

- QI Worksheet.

OR

- Report that includes the same requirements as listed on the QI worksheet.

Use the QI Worksheet or report to provide the following information for each measure:

- A. Measure category and name.
- B. Collection method/source and reason for selection.
- C. Baseline performance measurement (includes numerator, denominator and reporting period).
- D. Goals.
- E. Actions to improve.
- F. Evidence of remeasurement (including numerator, denominator and reporting period).†
- G. Assessment of actions.†

†F. and G. are not required but are recommended. Practices that have no data for these measures may leave these rows blank in the QI Worksheet or not provide this information in the report. Recognition status **is not** affected.

AR-QI 4 Monitoring Access**(Required)****1. Monitoring Access Needs—Question**Shared

How does your practice monitor demand for appointments to ensure appropriate access and level of care for major appointment types?

Select all that apply:

- Third next available appointment methodology.
- Electronic system integrated into EHR.
- Electronic system using spreadsheet or other type of electronic log.
- Manual process using structured paper format.
- Other: _____.

AR-QI 5 eCQMs

(Informational)

1. Clinical Quality Measures: eCQMs—Attestation

Shared

Does your practice have the capability to submit electronic measures (using the QRDA III format) for any of the categories below?

Select all that apply:

- At least 2 clinical quality measures.
- Care coordination.
- Health care costs.
- Tracking referrals.
- Patient experience.
- We do not have the capability to submit eCQMs using the QRDA III format.

Note: Submission of eCQMs is under development and is not required to maintain PCMH Recognition. Answering “We do not have the capability...” for AR-QI 5 **does not** affect Recognition status.

AR-QI 6 Value-Based Payment Agreement

(Informational)

1. Value-Based Arrangement—Question

Shared

Does your practice participate in a value-based payment agreement?

Select all that apply:

- Upside arrangement, non-ACO.
- Two-sided risk arrangement, non-ACO.
- Upside arrangement, ACO.
- Two-sided risk arrangement, ACO.
- No value-based arrangement, but participates in CIN, IPA or other.
- Does not participate in value-based arrangements but is planning to pursue.
- Does not participate.

Note: Answering “No” or “Does not participate...” for AR-QI 6 #1 **does not** affect Recognition status.

2. Value-Based Arrangement—Source

Shared

Provide:

- The list of payer(s) with which you hold value-based agreement(s).

AND/OR

- The list of payer(s) with which you plan to pursue value-based agreement(s).

Note: If your practice does not participate in a value-based payment arrangement, enter “NA” in the text box.

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

The questions in this section help NCQA understand the models used by Recognized practices. Practices must submit the information about social determinants of health (SDoH), but responses do not affect Recognition status.

Report the following:

AR-SD 1 Collection and Assessment of SDoH Data

(Informational)

1. SDoH Data Collection—Question

Shared

Which categories for SDoH does the practice routinely collect information on for its patient population?

Select all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other_____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | |

Note: Data collection can include internal collection directly from patients and from external resource.

2. Care Management Protocol Inclusion—Question

Shared

Does the practice consider SDoH in its protocol to identify patients for Care Management? Identify which categories are included.

Select all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other_____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | <input type="checkbox"/> Does not apply to our practice. |

3. Assessment and Monitoring SDoH Data at Population Level—Question

Shared

Does the practice have the ability to assess SDoH data and identify potential gaps in care, predominant concerns and/or other trends in its patient population? If yes, which categories are considered most prevalent for the practice to address?

Routine collection of data on social determinants of health (as required in KM 02) is an important step, but the real benefit to the population comes when the practice uses the information to continuously enhance care systems and community connections to systematically address need and reduce disparities.

Select all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other_____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | <input type="checkbox"/> Does not apply to our practice. |

AR-SD 2 Use of Care Interventions and Community Resources**(Informational)****1. Care Intervention Addressing Social Determinants—Question**Shared

If the practice assesses social determinants of health for its patients and monitors at the population level, what type of care interventions are implemented and/or supported to serve ongoing needs?

Select all that apply:

- Additional patient education.
- Self-management tools and resources.
- Additional care management support.
- Partnerships with community resources (*i.e., partner with a foodbank*).
- Information about community resources provided to patients (*e.g., provide a list of local resources that patients can contact*).
- Referrals to community resources (*e.g., patient warm hand-off to community resources*).
- Resources provided in office (*not including patient education and self-management tools*).
- Other _____.
- Does not apply to our practice.

2. Community Resource Partnerships—QuestionShared

Which categories for SDoH does the practice partner with and/or provide access to community resources to support the ongoing needs of its population?

When a practice's patients have unmet social needs, the practice can refer patients to useful community support resources. Meeting the patient's social needs, supports self-management and reduces barriers to care.

Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other _____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | <input type="checkbox"/> Does not apply to our practice. |

Note: This asks if practices exceed KM 26 by engaging community resources beyond providing a resource list.

3. Tracking Utilization of Community Resources—QuestionShared

Does the practice track patient utilization of community resources? Identify which categories below are most commonly used by patients to meet their SDoH needs.

Tracking utilization of resources can assist the practice in deciding which community resources to continue its partnership with and ensures that patients are engaged and able to access support.

Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other _____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | <input type="checkbox"/> Does not apply to our practice. |

Note: Community resource referrals differ from clinical referrals but may be tracked using the same system.

AR-SD 3 Care Interventions and Community Resources Assessment

(Informational)

1. Assessment of Care Interventions and Community Resources—Question

Shared

Does the practice assess the usefulness and impact of care interventions and community resources by requesting and reviewing feedback from patients/ families/caregivers? Identify which categories below have proven to be most useful and/or impactful to the patient population?

Understanding which interventions and resources prove to be useful and provide the most impact to the patient population gives the practice an opportunity to prioritize and adjust efforts as needed.

Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other_____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | <input type="checkbox"/> Does not apply to our practice. |

2. Impact of Care Interventions and Community Resources—Question

Shared

Does the practice assess if patient goals have improved or been met due to care interventions and/or community resources? Identify which categories below have contributed to improving or meeting patient goals.

Understanding how interventions and resources affect patient goals gives the practice an opportunity to improve and alter how it addresses SDoH concerns within its practice.

Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Education. | <input type="checkbox"/> Discrimination. | <input type="checkbox"/> Family composition/dysfunction. |
| <input type="checkbox"/> Employment. | <input type="checkbox"/> Immigration status. | <input type="checkbox"/> Public safety/neighborhood concerns. |
| <input type="checkbox"/> Financial support. | <input type="checkbox"/> Gender identity. | <input type="checkbox"/> Transportation. |
| <input type="checkbox"/> Food insecurity. | <input type="checkbox"/> Sexual orientation. | <input type="checkbox"/> Other_____. |
| <input type="checkbox"/> Housing insecurity. | <input type="checkbox"/> Domestic violence/safety concerns. | <input type="checkbox"/> Does not apply to our practice. |