NCQA Patient-Centered Medical Home Recognition Annual Reporting Preparation Guide

For Reporting Year 2020

NCQA
Measuring quality.
Improving health care.

Annual Reporting Preparation Guide

CONTENTS

ABOUT THIS GUIDE

This guide will help you navigate the NCQA Patient-Centered Medical Home (PCMH) Annual Reporting process. It explains the process and how it compares to earning initial Recognition, and what you can show NCQA to demonstrate that your practice is still functioning as a PCMH.

This guide contains several tools that will help you stay on track to complete the Annual Reporting process:

ANNUAL REPORTING REQUIREMENTS CHECKLIST (PAGES 8–10)

This checklist will familiarize you with the Annual Reporting requirements. As with earning initial Recognition, there are required items and options. The specific tasks required to demonstrate that your practice is meeting each requirement are listed. Reviewing this checklist is the first step to Annual Reporting.

MAJOR MILESTONES AND TASKS FOR ANNUAL REPORTING CHECKLIST (PAGE 12)

The next step on the path to Annual Reporting is to review the tasks that demonstrate your practice functions as a PCMH. A recommended timeline will help ensure that you complete your requirements before your Annual Reporting date.

GAP ASSESSMENT AND IMPROVEMENT CHECKLIST (PAGES 14–17)

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.

QUESTIONS

If you have any questions throughout the process, submit them through My NCQA at my.ncqa.org.

WHAT IS ANNUAL REPORTING?

Once a practice earns NCQA PCMH Recognition, it maintains Recognition through an Annual Reporting process. Sustaining PCMH activities helps a practice deliver better, more efficient care, which can lower costs, improve outcomes, increase care-team satisfaction and create a culture of patient-centered care. All of this can help practices improve quality and align with value-based care initiatives.

A Recognized practice has already showed 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.

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.

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).

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).

> **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.

Each year through Annual Reporting, your practice will review your processes and policies, assessing if what was implemented has been maintained. Practices that have adopted the culture of a PCMH and have maintained the standards will have the appropriate workflows and policies in place, so completing the requirements for Annual Reporting should not mean a lot of additional work. 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.

ANNUAL REPORTING REQUIREMENTS

The Annual Reporting requirements are composed of criteria that you demonstrated as part of your original evaluation. Annual Reporting is a check that you continue to complete the requirements consistently. For some concept areas you must report on, there are options to choose how you report. Select the options that best fit what is already being done at your practice. Practices must respond to criteria under all six concepts and the special topic.

Learn more about Annual Reporting by downloading the Annual Reporting Requirements. If you have not yet downloaded the requirements, do so by going to ncqa.org/arrequirements.

The checklist on the next page helps you become familiar with Annual Reporting requirements. The specific tasks required to demonstrate that your practice is meeting each requirement are listed.

☑	Requirement	Reporting	Task
☐	1. Team-Based Care and Practice Organization (AR-TC)	Must Report	**AR-TC 1 Patient Care Team Meetings** **TASK:** Answer question; no additional evidence required.
☐	2. Knowing and Managing Your Patients (AR-KM)	Must Report	**AR-KM 1 Proactive Reminders** **TASK:** Answer question; no additional evidence required.
☐	3. Patient-Centered Access and Continuity (AR-AC)	Must Report	**AR-AC 1 Access Needs and Preferences** **TASK:** Answer questions; no additional evidence required. ***AND*** **AR-AC 2 Access for Patients After Hours** **TASK:** Answer questions; no additional evidence required.
☐	4. Care Management and Support (AR-CM)	Must Report	**AR-CM 1 Identifying and Monitoring Patients for Care Management** **TASK:** ☐ Care Management Criteria—Answer question; no additional evidence required. ☐ Patients Identified—Enter the numerator, denominator and reporting period. ☐ Patient Attribution—Enter definition. ***AND*** **AR-CM 2 Care Plans for Care Managed Patients** **TASK:** Answer questions; no additional evidence required.
☐	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 questions; no additional evidence required.
		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.

✓	Requirement	Reporting	Task
☐	**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 <u>ALL TASKS</u> (required, but not scored):	**AR-QI 5 eCQMs** **TASK:** Answer question; no additional evidence required. ***AND*** **AR-QI 6 Value-Based Payment Agreement** **TASK:** ☐ Answer question; no additional evidence required. ☐ Source: List payer(s).

☑	Requirement	Reporting	Task
☐	**7. Special Topic: Social Determinants of Health (AR-SD)**	**Must report <u>ALL TASKS</u> (required, but not scored):**	**AR-SD 1 Collection and Assessment of SDoH Data** **TASK:** Answer questions; no additional evidence required. ***AND*** **AR-SD 2 Use of Care Interventions and Community Resources** **TASK:** Answer questions; no additional evidence required. ***AND*** **AR-SD 3 Care Interventions and Community Resources Assessment** **TASK:** Answer questions; no additional evidence required.

ANNUAL REPORTING REQUIREMENTS RELEASE SCHEDULE

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 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 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.

MAJOR MILESTONES AND TASKS FOR ANNUAL REPORTING CHECKLIST

☑	Milestone and Task	Time Before Annual Reporting Date
☐	**DOWNLOAD** ☐ Download the Annual Reporting Requirements at ncqa.org/arrequirements.	July prior to the reporting year
☐	**REVIEW** ☐ Review the requirements. ☐ Use Annual Reporting Requirements Checklist with PCMH workgroup. ☐ Review the tasks and evidence required for each criterion. ☐ Review practice processes and policies.	6 months
☐	**PLAN** ☐ Identify staff to work on Annual Reporting. ☐ Decide who will gather and run reports. ☐ Determine which processes may need to be modified. ☐ Develop a plan to collect data and assess workflows.	4–6 months
☐	**ASSESS** ☐ Run baseline reports to check performance and compliance. ☐ Identify which Annual Reporting options to pursue. ☐ Determine areas that need further evaluation and work. ☐ Identify workflows that need to be updated or adjusted. ☐ Apply improvement strategies. ☐ Run new reports. ☐ Determine if any additional reports are needed.	4–6 months
☐	**MONITOR** ☐ Continue audits and monitoring of reports. ☐ Review each requirement to determine what still needs to be completed.	4–6 months
☐	**ENROLL** ☐ Log into Q-PASS*. ☐ Enroll sites. ☐ Update site and clinician information.	3 months
☐	**COMPLETE** ☐ Answer the annual "Get to Know Your Practice" Questionnaire. ☐ Attest to the current PCMH program requirements. ☐ Finalize all remaining evidence and reports. ☐ Upload final evidence and data.	1–2 months
☐	**SUBMIT** ☐ Pay fee. ☐ Submit the Annual Report evaluation.	1–2 months
☐	**MAINTAIN RECOGNITION** ☐ NCQA reviews your submission and notifies your practice that you have maintained Recognition.	Within 30 days

*For in-depth information on navigating Q-PASS, review the Enrolling in Annual Reporting Guide at ncqa.org/arenrollment, which outlines detailed instructions.

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.

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. For desired areas of improvement, note the date for implementation.

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: _____

6. Have staff completed quality improvement projects?
   ☐ Yes   ☐ No   If no, date to implement: _____

7. Has your practice begun or continued to support behavioral health needs with a care manager?
   ☐ Yes   ☐ No   If no, date to implement: _____

8. Have you added features to your patient portal or created new materials about your practice and its achievements as a PCMH?
   ☐ Yes   ☐ No   If no, date to implement: _____

Knowing and Managing Your Patients

1. Have you established a schedule for monitoring and reviewing the quality and content of collected patient data, including medication documentation?
   ☐ Yes   ☐ No   If no, date to implement: _____

2. Have the predominant conditions and health concerns of your patient population changed?
   ☐ Yes   ☐ No   If yes, date to review: _____

3. Are you updating health assessments, or aspects of them, according to evidence-based guidelines?
   ☐ Yes   ☐ No   If no, date to implement: _____

4. Have you improved your rate of depression screening or other behavioral health screenings?
   ☐ Yes   ☐ No   If no, date to implement: _____

5. Have you introduced any new screening tools or collaborated with new partners to provide services and treatment?

   ☐ Yes   ☐ No If no, date to implement: _____

6. Are you introducing new interventions, materials or community connections to address the needs of your patient population?

   ☐ Yes   ☐ No If no, date to implement: _____

7. Have you planned new campaigns for needed patient services?

   ☐ Yes   ☐ No If no, date to implement: _____

8. Have your practice/clinicians participated in new performance-based Recognition programs?

   ☐ Yes   ☐ No If no, date to implement: _____

9. Do payers provide timely, accurate information to help address patient needs, continuity or medication adherence?

   ☐ Yes   ☐ No If no, date to implement: _____

10. Is there a process for clinicians to review the consistent use of clinical decision support embedded in practice systems?

    ☐ Yes   ☐ No If no, date to implement: _____

11. Has your practice used feedback on community resources to update the resource list?

    ☐ Yes   ☐ No If no, date to implement: _____

12. Has your practice engaged in new partnerships or multi-disciplinary collaborations to support better health of its patients?

    ☐ Yes   ☐ No If no, date to implement: _____

Patient-Centered Access and Continuity

1. Have you changed your appointment scheduling based on patient input?

   ☐ Yes   ☐ No If no, date to implement:

2. Are patients satisfied with appointment access?

   ☐ Yes   ☐ No If no, date to implement: _____

3. Are you considering changing after-hours appointments?

   ☐ Yes   ☐ No If yes, date to implement: _____

4. Has providing after hours advice reduced patient visits to the ED or urgent care facilities?

   ☐ Yes   ☐ No If no, date to review: _____

5. Are you planning new forms of alternative appointments?

   ☐ Yes   ☐ No If yes, date to implement: _____

6. Have you changed clinician panels based on continuity measurement?

   ☐ Yes   ☐ No If no, date to implement: _____

7. Has your practice reviewed attributed patients by the majority of payers?

   ☐ Yes   ☐ No If no, date to review: _____

Care Management and Support

1. Has your practice updated the criteria and registry of high-risk patients?

   ☐ Yes   ☐ No If no, date to implement: _____

2. Has the percentage of patients in care management changed in the last year?

   ☐ Yes   ☐ No If yes, date to review: _____

3. Have you assessed patient feedback on the content of the written care plan provided to them?

   ☐ Yes   ☐ No If no, date to review: _____

4. Have care teams initiated new ideas for engaging patients in self-management?

   ☐ Yes   ☐ No If no, date to implement: _____

Care Coordination and Care Transitions

1. Have any updates been made to clinical protocols for lab testing?

   ☐ Yes   ☐ No If no, date to implement: _____

2. Have you reviewed the results of referral tracking to determine the performance of specialists you frequently use?

   ☐ Yes   ☐ No If no, date to review: _____

3. Has your practice implemented new agreements with specialists? With new behavioral health specialists?

   ☐ Yes   ☐ No If no, date to implement: _____

4. Have you established new communication channels with local hospitals?

   ☐ Yes   ☐ No If no, date to implement: _____

5. Have you established new communication channels with local acute care settings?

   ☐ Yes   ☐ No If no, date to implement: _____

6. Have you met goals for following up with patients after a hospital admission or ED visit?
   ☐ Yes ☐ No If no, date to implement: _____

7. Has your practice participated in a new health information exchange?
   ☐ Yes ☐ No If no, date to implement: _____

Performance Measurement and Quality Improvement

1. Are you getting good results on quality improvement activities?
   ☐ Yes ☐ No If no, date to implement: _____

2. What are some other areas for improvement you might add?
   _____

   Date to implement: _____

3. Is it time to change a tracked measure?
   ☐ Yes ☐ No If yes, date to implement: _____

4. What success has the practice had with new ways of engaging patients?
   _____

   Date to implement: _____

5. Have you attempted to stratify your vulnerable population for new measures?
   ☐ Yes ☐ No If no, date to implement: _____

6. Has your practice met appointment availability goals?
   ☐ Yes ☐ No If no, date to implement: _____

7. Are you sharing practice or clinician results with patients?
   ☐ Yes ☐ No If no, date to implement: _____

8. What are your goals for involving patients/families/caregivers in quality improvement activities?
   _____

   Date to implement: _____

9. Is your practice ready to engage in value-based contracting?
   ☐ Yes ☐ No If no, date to implement: _____

EDUCATION AND TRAINING

Need more support or information to help you succeed in Annual Reporting? NCQA has seminars, videos and tools to help.

Go **www.ncqa.org/ar** for additional resources.