

NCQA PCMH Recognition: Partnering to Meet State-Specific Objectives

Many states are developing and or implementing sweeping delivery system reform initiatives. Each project begins from a different point with state-specific objectives. NCQA has worked for years to identify the essential components of patient-centered high quality coordinated care. We are uniquely qualified to help states realize their own transformation goals and tailor the solution to populations, providers or conditions the states identify as priorities.

A Program Built for State Partnerships: NCQA’s Patient-Centered Medical Home (PCMH) Recognition Program is the most widely used program in the country for helping practices transform into medical homes. Public and private payers in more than 30 states rely on the program’s high standards, and several states are using NCQA PCMH recognition in their Medicaid programs and as part of their Health Home initiatives.¹

A key reason for the NCQA program’s success is that its flexibility matches its rigor. Designed around a core set of ‘must-pass’ elements – requirements PCMHs must meet to be recognized at any level – the program has additional components that states can use to meet their specific needs. With years of experience crafting medical home standard and objectively assessing practice compliance, we are also a ready partner for states that want to develop and implement new state-specific PCMH requirements. NCQA offers several options for customizing our PCMH program to meet state needs.

Customizing Program Scoring: Practices seeking NCQA Recognition are scored based on their ability to meet NCQA’s PCMH standards. The six standards are broken into elements that total 100 points. Beyond the must-pass elements, which when fully met equal 27.5 points, practices have flexibility to achieve elements that align with their transformation efforts.² States can apply their own program scoring to emphasize certain elements, such as behavioral health integration or electronic prescribing, that correspond with the states’ goals.

Maryland’s multi-payer pilot selected specific items in elements that practices needed to meet to receive increased incentive payments.³ States could implement similar arrangements for practices just starting the transformation or for already-recognized practices moving up a level. This is a strong option for states that have an interest in specific topic areas.

Importantly, NCQA can share detailed information that makes state oversight of new requirements easier. This includes data files that identify practice performance on the PCMH standards, results states can use to verify that practices have achieved the requirements they deem important.⁴ The data can also help target quality improvement efforts by identifying practices that find certain elements challenging.

Engaging New Practices – On-Ramp: Some practices may not yet be ready to apply for NCQA PCMH Recognition. NCQA can help states engage those practices through the development and implementation of on-ramp strategies. States can contract with NCQA to analyze documentation tied to foundational requirements before practices

Working with Pennsylvania’s Chronic Care Initiative

NCQA worked with the state and health plans to define key elements that practices needed to pass to meet the goals of the project. In addition, NCQA participated in the state’s learning collaborative. We frequently attended meetings, conducted presentations and met with practices one-on-one to provide guidance on our standards and program management topics. Our experience shaped the development of important online education resources that are now free for all practices preparing for recognition.

We also shared data and regular progress reports with the program organizers, giving them up-to-date information on which practices earned recognition. In addition, NCQA provided guidance on key functions for care managers. This helped the state define what capabilities these new members of the care team should have.

¹Examples of states using PCMH Recognition in their Medicaid programs: Maine, Idaho, Connecticut, Massachusetts, Vermont, New York, Maryland, Missouri and Louisiana

² Even though the six ‘must-pass’ elements total 27.5 points (at 100% compliance; only 13.75 at the 50% must pass compliance level) Level 1 scoring begins at 35 points

³ <http://mhcc.maryland.gov/pcmh/documents/PCMH%20Prog%20Partic%20Agmt%20050411.pdf>

⁴ PCMH Standards Performance data is at the factor level

formally apply for recognition.⁵ We can also collect attestations from the practices affirming they are making progress. These activities would give states the confidence to invest resources in those practices, even though they have not yet been recognized. Some states, like Connecticut, have successfully implemented on-ramp activities.⁶

CMS & Federally-Qualified Health Centers (FQHCs): On Ramp

Under a CMS contract, NCQA tracks the progress of FQHCs as they prepare for PCMH Recognition. Practices conduct self-assessments using NCQA’s Web application every six months to demonstrate they are transforming. NCQA reviews the self-assessments and gives practices feedback that they can use to focus their quality improvement efforts. The process also helps NCQA provide targeted technical assistance to other practices that may be struggling with the same practice transformation challenges. Once they are ready, the practices apply for full PCMH Recognition. A similar approach would be effective on-ramp option for states with practices that have not begun the transformation process.

Adding PCMH Standards: NCQA can help states develop and implement additional PCMH standards that further address unique practice transformation goals. For example, some states have an interest in developing standards on behavioral health and oral health, as well as improved links to community services and supports. States can contract with us to develop clear PCMH expectations in these and others areas, and we can integrate the new standards into our program as a state-specific ‘module.’

Quality Performance Benchmarking: Accurate practice-level quality information can help facilitate new payment arrangements, focus quality improvement activities, feed consumer report cards and support research efforts. Building performance measures into the PCMH program also is important for continuing to grow the model to focus more on patient outcomes.

NCQA can help states develop a quality performance benchmarking program, including both clinical quality measures, utilization measures and patient experience. We can help design the reporting methodology – picking the right measures and identifying how data will be collected and benchmarked. We can also implement the program by collecting, analyzing and reporting the data in a way the state finds most useful. We have years of experience supporting similar activities for states. In 2012, we began collecting PCMH CAHPS® data – information on consumers’ experience – from practices and are building a

benchmarking database to compare practice performance.⁷ We also plan to include specific clinical quality reporting requirements in the PCMH program in the future.

Free On-Site Training, Education & Recognition Fee Discounts: NCQA will provide one free on-site training for state officials or other project managers overseeing new state PCMH initiatives.⁸ In addition, state government officials receive a 25% discount on NCQA’s PCMH-related education programming. This includes seminars such as ‘Introduction to PCMH: Foundational Concepts of the Medical Home’ and ‘Advanced Topics in PCMH 2014.’ NCQA also provides extensive free PCMH Recognition training for practices online.⁹

Practices participating in state PCMH initiatives are eligible for a 20% discount on their recognition fees. NCQA provides state officials with a discount code that they then distribute to the practices to use when applying for recognition.¹⁰

Free Support	Activities Requiring A Contract
Customizing program scoring	Designing tailored on-ramp program
Data feed on practice performance on PCMH standards	Developing and implementing state-specific PCMH standards
One free on-site training, education & recognition fee discounts	Developing the methodology and implementing a quality performance benchmarking program

⁵ Likely place to start would be the must-pass elements

⁶ Connecticut refers to its on ramp program as the ‘Glide Path’ <http://www.huskyhealthct.org/providers/pcmh.html>

⁷ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

⁸ Meeting location and related attendee expenses to be handled by the state

⁹ A schedule of free online trainings is available here:

<http://www.ncqa.org/Programs/Recognition/RelevanttoAllRecognition/RecognitionTraining.aspx>

¹⁰ To obtain a discount code, please contact Leah Kaufman at kaufman@ncqa.org