**Recognition Redesign: Frequently Asked Questions**

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**About Recognition Redesign**

**Why is NCQA Redesigning the PCMH Recognition Program?**

NCQA is redesigning its PCMH Recognition program! The redesigned program—to be launched March 31, 2017—includes ongoing, sustained recognition status with annual check-in and reporting instead of the current program’s three-year recognition cycle. The process offers:

* **Flexibility.** Practices take the path to recognition that suits their strengths, schedule and goals.
* **Personalized service.** Practices get more interaction with NCQA. Each practice is assigned a Relationship Manager who’ll serve as the primary NCQA contact.
* **User-Friendly approach.** Reporting requirements remain meaningful, but with simplified reporting and less paperwork.
* **Continuous improvement.** Annual check-ins help practices strengthen as medical homes by reviewing progress and encouraging performance improvement more frequently.
* **Alignment with changes in health care.** The program aligns with current public and private initiatives and can adapt to future changes.

**What feedback has NCQA received that led to these changes?**

NCQA received the following feedback about the current PCMH Recognition Program that helped shape the redesign.

* The current recognition process can be too difficult for smaller practices.
* There needs to be less emphasis on process and more emphasis on performance.
* Currently there is too much documentation required.
* Practices want more and ongoing interaction with NCQA representatives.
* Practices should be demonstrating ongoing quality improvement and ongoing implementation of PCMH principles.
* There should be more education and guidance for practices.
* The current process requires the use of two separate, complicated tools.

**What does the redesigned process look like?**

The current recognition process requires the practice to guide itself through recognition, submit a large amount of documentation, at which point a practice is recognized for a three-year period and must repeat the process every three years. The recognition process has three parts:

1. **Assess.** When a practice signs up to work with NCQA, it completes an assessment online. The practice works with their Relationship Manager to develop an evaluation plan and schedule.
2. **Transform.** Practices gradually transform, building upon their prior success. During this time, they demonstrate progress by submitting documentation and data to be evaluated by NCQA. Practices submit through a new system designed to reduce paperwork and administrative hassles.

Along the way, NCQA conducts virtual reviews—check-ins—with the practice to gauge progress and to discuss next steps in the evaluation. The virtual reviews – conducted via screen sharing technology – provide practices with more immediate and personalized feedback on what is going well and what needs to improve. Evaluation is now more educational and collaborative.
3. **Sustain.** The practice continues to implement and enhance their PCMH model to meet the needs of patients. Each year, the practice checks in with NCQA to demonstrate ongoing activities consistent with the PCMH model and the implementation of PCMH standards. This check-in includes attesting to certain policies and procedures and submission of key data.

**How will the recognition program change, fundamentally?**

The underlying principles of PCMH remain the same. Evidence shows that the PCMH model of care can result in reduced costs and healthier and more satisfied patients. The redesigned process focuses more on performance and quality improvement, and aligns with many other major national initiatives that impact practices, such as MACRA.

**You said the redesign aligns with MACRA. How?**

As you may know, MACRA changes how doctors get paid under Medicare—transitioning from volume to value—and takes a big step forward for health care quality. The proposed rule from CMS details how it will implement MACRA’s new payment systems: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APM).

On the MIPS track, clinicians will get bonuses or penalties based on measures in four areas: Quality Measures (30% of total score); Advancing Care Information (formerly Meaningful Use) (25%); Clinical Practice Improvement Activities (CPIA) (15%); Resource Use Measures (30%).

Under the proposed rule, physicians in practices that earn NCQA Recognition will automatically get full credit in the CPIA category and will be exempt from reporting in this area. In addition, we have taken into account the reporting and quality improvement requirements of MACRA as part of our PCMH Redesign initiative and expect many of the changes we are making to improve the overall performance scores of recognized practices.

**You say this program offers a user-friendly approach. How will it save me time?**

One goal of the redesign is to reduce required documentation and make it easier for practices to share documentation. This includes virtual reviews through desktop sharing for practices going through recognition for the first time. The online platform will be more intuitive and will let practices associate documents with more than one element or factor at once. Finally, the annual check-ins to sustain recognition means that practices are submitting vital quality improvement data annually, but will no longer have to spend as much time gathering documentation to renew recognition status.

NCQA worked with pilot practices in testing this new process. Pilot practices saw a significant amount of time saved documenting and submitting information for recognition. during the documentation process.

**How does the new online system work?**

Many currently recognized practices indicated the current process of using two complicated tools could be improved. As a result, NCQA designed a new online system that:

* Creates one location for practices to house survey related documentation and information as well as practice site demographics and contact information.
* Is intuitive and uses tool tips to make the process easier.
* Allows for collaboration between practices and consultants.

The application and recognition process will merge on a new software platform that allows practices, consultants and NCQA to communicate. Reviews will take place virtually throughout the recognition process.

 NCQA anticipates that practices seeking recognition for the first time will progress through about three virtual reviews. After they earn recognition, practices will report annually to confirm that they continue to meet requirements.

**When will the new online system be released?**

The new online system will launch with the new program on March 31, 2017. However, we will have previews of the new system as we get closer to launch. Be on the lookout for more information on the system in early 2017.

**Will the Redesigned program incorporate new standards?**

Historically NCQA has updated standards every three years. NCQA is releasing PCMH 2017 standards at the same time it is launching the redesigned process. Practices that have achieved PCMH 2014 Level 3 can transition directly to the sustaining part of the Redesigned process.

**Information for Practices Achieving Recognition For The First Time**

**My practice is not yet recognized but I planned to become recognized under the PCMH 2014 standards. Can I still do that?**

Yes. If you are currently preparing to come through recognition, you can still do so under the 2014 standards. Once your three-year recognition concludes, you will transition to the new process. If a practice wants to be recognized under NCQA PCMH 2014 standards, they must submit their site survey by September 30, 2017. Some other key dates include:

|  |  |
| --- | --- |
| Redesigned process and 2017 standards become available  | March 31, 2017  |
| Last day to purchase PCMH 2014 survey licenses | March 31, 2017 |
| Last day to submit PCMH 2014 Corporate Survey | May 31, 2017 |
| Last day to request PCMH 2014 Add-On Surveys | June 30, 2017 |
| Last day to submit all PCMH 2014 Site Surveys | September 30, 2017  |

**If a practice is in the process of pursuing PCMH 2014 Standard Recognition, would you suggest holding off until the new redesign is released?**

No! Practices that achieve recognition on PCMH 2014 standards have the choice of a three-year recognition and then moving to the annual reporting process in order to sustain it, or opting for an earlier transition to the new annual reporting process. You must achieve Level 3 recognition under PCMH 2014 to transition directly to the sustained recognition part of the newly redesigned process. See more information on transitioning [from PCMH 2014 Standards to the redesigned process](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/information-for-practices-currently-recognized-under-pcmh-2014-standards).

**Information for Currently Recognized Practices**

**My practice is currently recognized. What are my options for transitioning to the new process?**

Practices do not have to begin transitioning to the redesigned recognition process until they approach the end of their current recognition. We recommend practices begin to look at what they intend to do 6-9 months before their recognition expires. Currently recognized practices have the option to renew or convert under the 2014 standards (if they submit site surveys by September 30, 2017) or can transition to the newly Redesigned process at the end of their current recognition. Learn more about your options:

* [Information for practices recognized under PCMH 2011 Standards](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/information-for-practices-currently-recognized-under-pcmh-2011-standards)
* [Information for practice recognized under PCMH 2014](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/information-for-practices-currently-recognized-under-pcmh-2014-standards)

**Standards Sustaining Your Recognition**

**What is expected at annual check-ins?**

Practices will use the online platform to submit documentation that supports reporting requirements at their annual check-in; NCQA reviews documentation and notifies practices of their sustained recognition status. Sustained recognition will be based on a practice’s overall performance across six categories. Practices must meet the minimum number of requirements for each category. NCQA will randomly select practices for audit to validate submitted documentation and data.

* [Download preliminary annual reporting requirements](http://store.ncqa.org/index.php/catalog/product/view/id/2751/s/pcmh-redesign-annual-reporting-requirements-to-sustain-recognition)

Practices will demonstrate they continue to align with recognition requirements by submitting data and documentation on these six critical aspects of PCMH:

1. Patient-centered access.

2. Team-based care.

3. Population health management.

4. Care management.

5. Care coordination and care transitions.

6. Performance measurement and quality improvement.

**Will the standards chosen for documentation and reporting change every year? How far in advance will practices be notified about information they must submit?**

We expect annual reporting will allow NCQA to introduce new requirements when deemed important to sustain recognition. Annual reporting updates should be available for sustaining practices within an anticipated six to 12-month notification window.

**What mechanism will NCQA employ for 2017 for yearly submission of quality data? How about a data feed rather than a document upload?**

NCQA expects to introduce an optional path for practices to report electronic clinical quality measures directly or through a third party (e.g., EHR vendor, health information exchange, qualified clinical data registry) in 2017.

**For the annual reporting requirements, can practices pick different things to report from year to year?**

Practices will have a list of required criteria to report each year and some items where practices can pick from a list of options. For requirements that allow practices to choose from options on what to submit, practices will be able to change what they submit from year-to-year as long as it is within the list of options.

**Pricing and Payment**

**What is the price for the Redesigned recognition process?**

The price varies by the number of clinicians within your practice, and the number of practices within your organization. [View the new pricing structure here](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/pricing).

**When is payment due?**

The cost of recognition includes:

* an initial fee at time of enrollment, and
* an annual fee, due at the time of your annual check in, each year you sustain recognition.

You can view the [entire payment structure](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/pricing) to calculate what that would be for your organization.

**What methods of payment are accepted?**

NCQA accepts checks or credit cards as forms of payment.

**What payment is due at annual check-in?**

There is a per clinician payment due by the time of your annual check-in. Fees depend on the number of clinicians and number of practices within your organization. You can view the [entire payment structure](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/pricing) to calculate what that would be for your organization.

**Additional Questions**

**Will the standards/elements change significantly? Will changes be streamlined with MU updates, payer programs and PQRS?**

The redesign concentrates on the process of becoming recognized, as opposed to focusing on the standards and elements. That said, NCQA is considering streamlining standards and elements in PCMH 2017. The idea behind “must-pass” elements and Critical Factors has been to help practices focus on processes that must be implemented for PCMH recognition. Understanding that most clinicians do not leave any requirement as “optional,” we drafted the redesign to focus on a core set of requirements for earning recognition, providing a path for practices to receive credit for advanced capabilities.

**Are NCQA metrics aligned with CMS, AHIP and NQF Core Quality measures?**

Yes. Many of the NCQA metrics are aligned with other measures. NCQA has identified a set of 35 measures that come from the CMS Meaningful Use program. A collaborative led by AHIP recently identified 22 PCMH/ACO measures. Thirteen of those measures are in the NCQA set. The nine that are not in the NCQA set have not been specified electronically, are for health plans, or are survey measures.

**How does NCQA plan to support and promote the use of Certified Content Experts (CCEs) in practices?**

NCQA greatly values the CCEs that serve as terrific ambassadors for the recognition program. The CCE’s role is not changing. They will continue to be a valuable coach and supporter for the practice and strong advocate for NCQA.

Our new process and platform encourages practices to actively engage with their CCE throughout the transformation journey. They are valuable partners in the path towards recognition and our platform enables them to view all aspects of the process.

NCQA needs to maintain a role internally to establish and alert a practice to timelines and deliverables, but we expect to work closely with any CCEs associated with a practice and are building in communication and access for that role in the new platform.

And with our evergreen recognition, CCEs will continue to maintain their relationship with the practice through supporting the sustainment of the medical home.

As our work continues, look for additional communication from NCQA about progress on the 2017 launch.

**I’m a consultant that works with many practices. How will I be able to access the new online system?**

Consultants will have one login, and through that will be able to access the surveys of any/all practices who include them as an authorized user.

**Are there educational resources to support CCEs and practices that have achieved or are seeking PCMH recognition?**

Yes, NCQA hosts webinars, live seminars and trainings for CCEs. [Start here for that.](http://www.ncqa.org/EducationEvents.aspx) We can’t recommend PCMH Congress enough. It is a spectacular resource for learning about others’ experiences and advice for best practices.

Practices that have achieved or are seeking PCMH recognition may complete complimentary CME/CE educational activities with their entire care team on the Strategies for Success as a PCMH online portal. For more information, visit [www.ncqa.org/pcmhstrategies](http://www.ncqa.org/pcmhstrategies).

- See more at: http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-redesign/faq#sthash.54Q9OKU2.dpuf