

PCMH Guidelines for a Successful Survey



Welcome to the PCMH Recognition survey process. This document is designed to help you prepare for your evaluation by providing information about important requirements and a variety of valuable resources.

Note: See applicable Standards & Guidelines for details, as this is not a substitute to official requirements.

Recognition Survey Process	
<p>General Survey Process</p>	<p>The survey process consists of three primary stages:</p> <ul style="list-style-type: none"> • Complete the Program and Eligibility Questionnaires in Q-PASS. • Submit the following in Q-PASS: <ul style="list-style-type: none"> • Transforming: Pre-upload evidence into Evidence Library and schedule up to 3 check-ins for virtual review or demonstration of evidence with assigned NCQA evaluator. • Annual Renewal. Attest that your practice continues to maintain all requirements of the current PCMH program by your reporting date (30 days before anniversary date): <ul style="list-style-type: none"> ○ Evaluation. Answer questions, submit data and explain how your practice meets the requirements in each concept category. • NCQA reviews submissions and notifies practices of their sustained Recognition status. <ul style="list-style-type: none"> • Review. An NCQA evaluator reviews the submission to determine if your practice has met the requirements to sustain Recognition. • Decision. The final decision is determined by NCQA Review Oversight Committee (ROC).
<p>Post-survey review process</p>	<p>After the final review, your results will undergo multiple levels of quality review to ensure accurate scoring. You will be able to comment on any errors or omissions in a preliminary report before NCQA’s Review Oversight Committee (ROC) makes the final accreditation decision. You also have Reconsideration rights if you do not agree with the decision.</p>
<p>Recognition Decision Timeline</p>	<p>The recognition decision will be made within 30 days once submitted to the ROC for final review.</p>
<p>Support</p>	<p>The NCQA Representative helps the practice coordinate its schedule and navigate resources and is the liaison between the practice and NCQA.</p> <p>The Representative schedules an initial introductory call with the practice to discuss the Annual Reporting process and any changes that have occurred to the evaluation criteria. The Representative also suggests applicable education and training.</p> <p>If you have questions before a Representative is assigned, contact Customer Service at 888-275-7585 from 8:30 a.m.–5:00 p.m. Eastern Time, or e-mail customersupport@ncqa.org.</p> <p>For questions about NCQA Standards & Guidelines, use the Policy Clarification Support (PCS) system on the NCQA website at https://my.ncqa.org/. If applicable, include any related PCS responses with your survey submission.</p>

Quality Performance Assessment Support System (Q-PASS)	
General Information	<p>To optimize survey efficiency, NCQA’s web-based Quality Performance Assessment Support System (Q-PASS) is used to collect, submit, and score survey documents and communicate survey results. Review your Q-PASS account as early as possible to perform the following activities:</p> <ul style="list-style-type: none"> • Update practice site and clinician information. • Complete annual questionnaires. • Uploading documents to demonstrate compliance. • Viewing your recognition timeline (reporting and anniversary dates). • Submitting your survey.
Getting Started	<p>To prepare for PCMH Annual Reporting:</p> <ul style="list-style-type: none"> • Download and review the PCMH Annual Reporting Requirements packet that corresponds with your reporting year: https://store.ncqa.org/recognition/patient-centered-medical-home-pcmh.html • Review the most recent PCMH standards and guidelines when preparing for Annual Reporting. The requirements provide valuable context to the criteria, and help practices understand the evidence to be submitted. Find the latest version of the standards and guidelines at My.NCQA.org, in the “Downloads” section. • In Q-PASS, click the yellow banner on the organization dashboard to elect sites that are ready for Annual Reporting and complete the annual Structural Changes Attestation. • Complete required questionnaires under Program Questionnaires and Program Eligibility. • Review and update Clinician information under Manage Clinicians. • Reach out to your NCQA Representative to schedule an Annual Reporting Introductory or Refresher Call, if needed.
Uploading Evidence to Q-PASS	<p>The Annual Reporting survey is comprised of five evidence types: Attestation, Evidence Upload, Report, Report Upload, and Data via Measure Reporting tile.</p> <ul style="list-style-type: none"> • Check-in each component where evidence has been provided. If evidence is provided under the Shared Evidence tab, it must also be checked-in from this tab. • Select QI measures and provide QI data from the Measure Reporting tile. Unless otherwise stated in the measure specifications, practices are required to report standardized measures and the full previous calendar year reporting period.
Evaluation Submission	<p>After all requirements have been uploaded and checked-in, use the Submit for Recognition tile on the organization dashboard to submit the survey for review and pay annual fees.</p> <p>Practices will be given the opportunity to provide clarification or updated evidence after the evaluator has completed their initial review.</p> <p>When the evaluator is satisfied with the survey submission, they will send it to the Review Oversight Committee (ROC) for final determination.</p>

Evaluation Documentation	
Reporting period	The reporting period for standardized measures is January 1–December 31 of the previous calendar year, unless otherwise specified by the measure parameters (e.g. influenza immunization). A standard reporting period ensures that performance is compared accurately across practices and organizations. Practices can perform a chart audit if a report is not pulling correctly.
Standardized Measures	Measures give organizations quantitative insights into the quality of the clinical care delivered to patients. Standardized measures are used to report performance at the federal and state levels, and to payers for value-based payment, and are regularly validated to ensure that they provide accurate and unbiased measurement. Reporting standardized measures means performance can be compared accurately across practices and organizations. When practices report standardized measures, they can benchmark their performance against that of their peers. Standardized measures also increase accountability. Programs that use standardized measures—and implement them correctly—accomplish several things: lend the credibility of national, independent experts; allow results to be compared among organizations; facilitate data aggregation; and make data collection less burdensome for physicians. Standardized measures also allow practices to report on the same measures they may be reporting to other entities.
Where to Enter Measures	Practices should enter measures data in the Measures Reporting Tile in the Organization’s Q-PASS Dashboard. Practices are required to report standardized measures in 2024. A list of supported standardized measures can be found on the NCQA website . Practices will select the measures they are reporting on from the dropdowns in the Measures Reporting Tile and measure parameters will populate automatically. Practices must follow all measure parameters (e.g., numerator, denominator, exclusions) established by the measure steward. A custom clinical quality measure for Chronic or Acute Care will be allowed for pediatric practices because there are currently no electronic clinical quality measures (eCQM) in this category. Practices experiencing one (or both) of these scenarios should submit a case in My NCQA and specify the appropriate custom measure they want to report for NCQA approval. Practices that have been approved to report a custom measure will enter measure details manually in text fields.
Privacy/ Confidentiality	<p>Only provide the minimum amount of patient information required to demonstrate compliance with NCQA standards. When making this determination, consider these types of information:</p> <ul style="list-style-type: none"> • Protected Health Information (PHI) - Information about the past, present or future physical or mental health or condition of an individual, including at least one identifier (name, SS#, DOB, dx, etc.). As an example, a document that includes both a patient’s diagnosis and medical record number includes PHI and must be de-identified prior to submission. • Personally Identifiable Information (PII) - Information that can be used to identify an individual that is linked or linkable to other sensitive information about that individual. Examples of PII include a physician’s name plus SS#. The physician’s name is not PII on its own, but it is when linked to a SS# or credit card number. Such information should never be included in evidence submitted to NCQA. <p>When submitting documents through Q-PASS, please redact all PHI and PII. Redaction is not necessary when presenting files virtually. If you have questions, please contact your legal department or NCQA for guidance.</p>

Preparing for Annual Reporting Review	
Annual Reporting Time Frame	Annual Reporting practices submit evidence each year as part of maintaining PCMH Recognition. The Annual Reporting deadline is 30 days before a practice’s Recognition anniversary date. Practices are expected to maintain awareness of all PCMH program requirements so they can confidently attest to aligning with the latest updates to the program. Preparing for submission: Annual Reporting requirements become available at the NCQA Store in July of the year before the practice’s reporting year. Practices are encouraged to download and review the Annual Reporting requirements at least 6 months before their Annual Reporting date so they can plan for their submission and address any deficiencies. Because Annual Reporting requirements are a subset of the criteria, a practice can expect to spend significantly less time preparing evidence for NCQA.
Data Guidance	The practice should review the NCQA Data Consistency & Care Plan Guidelines for PCMH & PCSP Recognition document prior to entering data into Q-PASS. This document provides guidance on reviewing patient population size, Recommended guidelines for Core criteria, and a robust Care plan review.
Submission Platform	Q-PASS Practices can enroll for Recognition, sign agreements, access training and other resources, submit evidence, update practice information, track completed evaluations and print certificates in Q-PASS
Audit	
The Audit Process	<p>As part of the Annual Reporting process, NCQA audits a sample of practices (by specific criteria or at random) to validate evidence, procedures, attestations, and other responses in their Q-PASS submission.</p> <p>Practice sites selected for Recognition Audit are notified and emailed instructions. The first level of review is verification of the Q-PASS submission. The practice may be asked to forward copies of source documents and explanations to substantiate information in the submission.</p> <p>NCQA notifies the practice of audit findings and Recognition status within 30 days of the audit’s conclusion.</p>
Before Audit	<ul style="list-style-type: none"> • The practice receives initial notification of the Recognition Audit in the Submission Wizard after submitting, on the organization dashboard, with an “Audit” banner, and via email. • Practices must acknowledge the audit, upload evidence and schedule a virtual audit review within 3–10 business days of the notification date. • The Annual Reporting submission is placed on temporary hold. Practices receive a 90-day extension to allow time to complete Annual Reporting without a lapse in Recognition. • Failure to agree to a Recognition Audit may result in denial of Recognition.

<p>During Audit</p>	<ul style="list-style-type: none"> • The Recognition Audit is virtual and is conducted via Zoom. • The audit involves a demonstration of the practice’s processes as they relate to PCMH standards. • Any component may be selected for audit, based on the practice’s submission. All data should be within the past 12 months of the reporting date. • The person who has access to the practice’s Q-PASS account and the person who is most knowledgeable about the practice’s systems and processes should be present. • The entire process takes around 2 hours, depending on the criteria selected for audit.
<p>After Audit</p>	<ul style="list-style-type: none"> • The practice receives Recognition Audit results after the audit is completed. • A practice that does not meet core criteria during the audit has the opportunity to upload corrected evidence and schedule a second review within 30 days of notification of results. • A practice that does not update its submission within 30 days notification of results loses Recognition status. • Failure to pass an audit may result in denial of Recognition. • The practice has the option to restore Recognition status through “transforming” process within 12 months of its initial reporting date; after that period, it must submit for the full transformation process as if seeking Recognition for the first time. • If the practice is denied Recognition, it must undergo the full transforming review.

Resources

Preventive Care

Cervical Cancer screening - In 2021, **72.4%** of women aged 21-65 years were up to date. ([National Cancer Institute](#))

Colorectal Cancer Screening - In 2021, **71.8%** of adults aged 50-75 had received colorectal cancer screening. ([National Cancer Institute](#))

Breast Cancer Screening - In 2021, **75.9%** of women aged 50-74 years had a mammogram within the past 2 years. ([National Cancer Institute](#))

Chlamydia Screening - Chlamydia screening in sexually active women ages 16-24 = **57.9%** (Medicaid) and **48.4%** (Commercial plans). ([National Institutes of Health](#))

Influenza Immunization - In the 2022–23 flu season, vaccination coverage with ≥1 dose of flu vaccine was 57.4% among children 6 months through 17 years and vaccination coverage among adults ≥18 years was 46.9%, ([CDC](#)) – Note: data varies by state. *This link is helpful!*

Chronic/Acute

* **Diabetes** - In primary care offices, the proportion of visits for patients with diabetes in which diabetes was a patient reason for visit was **23.5%** ([National Library of Medicine](#))

*Approximately 9.5% of American adults ages 18 and over, will suffer from a **depressive illness** (major depression, bipolar disorder, or dysthymia) each year. Women are nearly twice as likely to suffer from major depression than men. ([Johns Hopkins Medicine](#))

Online support	<p>NCQA's website, www.ncqa.org, has a wealth of information that includes recent news from NCQA, the PCS system, policy clarifications and updates, a list of FAQs and a list of NCQA conferences and publications.</p> <ul style="list-style-type: none">• For Q-PASS technical support, visit https://my.ncqa.org/.
PCS	<p>For questions about interpretation of the NCQA standards before you begin working with an assigned Representative, contact the Policy Clarification System (PCS) at https://my.ncqa.org/. If you do not have a My.NCQA account, you'll need to create one first.</p>
Educational seminars	<p>NCQA seminars provide a wealth of information on NCQA Recognition and Distinction standards and the survey process. Seminar offerings range from an introduction to the NCQA standards to advanced techniques for quality improvement. Continuing education credits are offered for physicians and nurses.</p> <ul style="list-style-type: none">• For more information about NCQA seminars, visit http://www.ncqa.org/education-training or call NCQA Customer Support at 888-275-7585.