

**Health Resources and Services Administration**  
**Bureau of Primary Health Care**  
**Patient Centered Medical Home (PCMH) Initiative Update**  
**June 16, 2014 2:00 to 3:00 p.m. ET**

Coordinator: Welcome and thank you for standing by. At this time, all lines are in listen-only mode until the question and answer session. At that time, you may press star, 1 to ask a question. Today's conference is being recorded. If you have any objections you may disconnect.

At this time, I would like to turn the call over to our first speaker today, Mrs. (Suma Nair). You may begin.

(Suma Nair): Great, thank you. Good morning and good afternoon everyone. We are pleased to have you join the Office of Quality and Data here in the Bureau of Primary Health Care for today's Patient Serve Medical Home, Health Home Initiative Update.

We're pleased to join you this afternoon to share progress updates and other important updates related to our priority PCMH Goal.

The progress that the Health Center Program that has made over the last 3-1/2 to 4 years is really remarkable and a true testament to what can be achieved when we all align our efforts toward a shared goal.

During today's call, we will recognize accomplishments to-date; we'll share information on the global Health Center experience, more or less across the board with respect to PCMH Recognition; the process for PCMH Recognition; as well as some strengths that Health Centers have demonstrated through that process; as well as some opportunities for improvement.

Following that we'll share some important timelines and helpful resources for you to consider as you continue on your PCMH journey. And then finally we'll highlight next steps and some important timelines associated with upcoming opportunities. And then finally we'll open it up for any questions that you may have.

So hopefully you will if you haven't accessed the slides already in Adobe Connect they will also be available for you to download from our Web site after the call, as well as the call will be recorded if colleagues were not able to join us today.

So at this point thank you for joining us, continue on with your great work, we will talk a little bit more about some of our goals for fiscal year '15 and forward, but know that we're here to support you in any way that we can as we work together towards this important goal.

And we'll go ahead now and transition it with - to turn it over to (Sue Lin), a Senior Advisor in the Office of Quality and Data, to share some of our achievements to-date around the Patient Centered Medical Home Initiative.

(Sue Lin): Thank you (Suma). Good afternoon to those folks that are the East Coast and good morning to those on our West Coast.

We're on Slide 3 right now. I'm going to be able to share with you this afternoon about milestones, new and old, as well as some of the ongoing support to achieve the Patient Centered Medical Home Recognition goals that are laid out before us.

So first off to start, the fiscal year '15 goal is 55% of the health centers will receive a Patient Centered Medical Home Recognition. Those of you that have gone through some of the HRSA activities that have taken place in the past

couple of years know that we had an FY 2011 supplemental funding that was awarded to over 900 health centers, up to \$35,000.

In the following fiscal year we had a supplemental funding that was given to about - over 800 health centers, up to \$55,000, that was connecting Patient Centered Medical Home Transformation to cervical cancer (screeners).

In light of those two efforts we also have ongoing support for Patient Centered Medical Home Recognition and Certification through both our accreditation entities, AAAHC, as well as the Joint Commission. As many of you are familiar, we also have a partnership with NCQA that should provide Patient Center Medical Home Recognition, technical Assistance and support to achieving that.

In addition we recognized two state level efforts, Minnesota and Oregon, in their state based Recognition Programs and HRSA's Recognition, PCMH Recognition. We also touch upon the CMS Federally Qualified Health Center ACPD demonstration project and give you an updated status on that later on in the presentation.

Also we'll speak to the Health Center Quality Awards that some of you may have heard from the All Grantee calls and highlight what those quality awards will be pertaining to those that have received Patient Centered Medical Home Recognition. Next slide.

Again, just want to reiterate that (Suma) has talked about the remarkable achievement of the health centers over the past couple of years regarding Patient Centered Medical Home Recognition. On this (pass) towards Patient Centered Medical Home Recognition we have continually achieved and exceeded the goals set forth by the Department of Health and Human Service.

In FY 2012 our goal was 12% and we were at 13%. In FY 2013 our goal had been 25% and again the health center exceeded that goal and achieved 33%. In the fiscal year 2014 our goal had been 40% and we are not even at the end of fiscal year 2014 and we're already at 44%.

So we're incredibly encouraged and want to thank and acknowledge all of the efforts out in the field for your wonderful achievements towards Patient Centered Medical Home. In light of the 2015 goal of 55% we are excited and I think that our health centers are definitely up to the challenge to get to that 55% mark. Next slide.

From the national perspective, we moved to the state level perspective, this is a map that we develop in our office that highlights some of the status of states with respect to Patient Centered Medical Home and the different colors indicate the categories or percentage of Patient Centered Medical Home Recognition.

We wanted to acknowledge that all states are making wonderful progress towards Patient Centered Medical Home and that we will continue to support access to resources for technical assistance and the Recognition process ongoing.

At this time, having highlighted some of the accomplishments you all have achieved, I'm going to turn it over to the, Dr. Laura Makaroff, to talk about the Health Center experience. Laura?

Laura Makaroff: Great. Thanks so much (Sue). As (Sue) mentioned, I'm the Senior Clinical Advisor in the Office of Quality and Data and I'm also a family physician.

I continue to see patients in a health center and I have done so for the last three years. My health center recently earned Level 3 PCMH Recognition.

And prior to joining the Bureau I led my (solo) practice in becoming Level 3 recognized.

So I'm familiar with some of the challenges and the triumphs of the PCMH transformation process. And I'm excited to be here today and just share with you some of what we're seeing from the national level and also to hear from you regarding your challenges and successes and any issues that you continue to face as you continue on your journey.

So I'd like to shift gears just a little and talk about some of the major themes we have seen and heard about the PCMH experience from health centers. We continue to hear about the importance of engaged leadership.

This is leadership really across the health center at all levels, from the (C3) and Administrative Team; to the clinical leadership; to I leadership, all of the way to leaders among your frontline staff, medical assistance, the front desk and so on.

It's also important to remember the importance of working as a team. Team based care is something we hear about a lot and I think that we're all learning and understanding the importance of really equipping and utilizing your team.

This goes for both the clinical team providing direct services, the providers, nurses, medical assistants, behavioral health, enabling services and others, all working together; and it also for team work in all of your other daily operations, including QI, risk management, HIT, etc.

We also understand and continue to hear about the many, many competing priorities that health centers are facing. So this would be caring for vulnerable underserved patients with multiple or chronic conditions, to HIT implementation, behavioral health and oral health integration, and also

outreach and enrollment efforts. It really is a lot and you are doing a terrific job balancing all of this.

And at the same time we are seeing an increasing percentage of PCMH surveys either denied or unsubmitted by NCQA due to incomplete documentation or missing information. So I just wanted to take a minute to talk about that.

It's really important that any survey submitted to NCQA be both succinct and high quality and include all of the requested information. Sending an incomplete survey or just sending a big stack of documents for NCQA to wade through really just slows down the process for everyone. It will either require NCQAs time to review it or require your time to resubmit new documentation.

So as you continue to work on PCMH or continue to do your renewals and add-on surveys I'd just encourage you to both be comprehensive, but make sure you're submitting a high quality survey.

We'll talk some later on about all of the available technical assistance and really hope that you'll take advantage of that and get support and extra resources where you need it.

Also find that it's important and helpful if we think about PCMH as a framework to guide everything that you do and not really as just one more thing. I think thinking about one more project or one more clinical condition to focus on is pretty overwhelming because there is, you know, every day there's something new that seems like it's popping up as a priority.

But if we think about PCMH as a map, or a guide, or a framework, to really help with all of your work I think that helps affect change in every area and

also will help you as you both achieve and maintain your PCMH Recognition.  
Next slide.

So let's talk a little bit about some of the strengths that we see based on the NCQA PCMH standard. So these are areas where health centers are doing really well when compared to practices outside of our initiative since the health centers continue to do well and provide our continuity in providing culturally, linguistically, appropriate services; and used the evidence based guidelines; e-prescribing; and continues quality improvements.

It isn't really that surprising given the focus and priority that health centers have placed in these areas over the last few years, especially regarding your QI and QA plans. And we also know that health centers have a long tradition, or reputation, of providing patient center culturally competent care, so really big kudos to you for all of your hard work and the way that this is shining through in your PCMH applications. Next slide please.

And of course there's also some opportunities for improvement, so let's just talk about that for a minute. This is a list of the NCQA PCMH elements where health centers are scoring relatively lower compared to non-HRSA participants.

So the elements that are italicized are areas that seem to be consistently challenging for health centers over the last couple of years and the rest are some newer areas of opportunity for improvement that we're seeing.

So Element 1C, Electronic Access, is about having patients having access to their health information and also being able to request their health services electronically, so whether that's being able to get a clinical summary at the end of their visits; or having access to their information, health information,

through an electronic patient portal; or also being able to request appoints, or referrals, or prescriptions through some kind of electronic means.

Element 4B is about, both providing referrals to community resources and also tracking those, as well as offering health education programs. I suspect that many, and maybe even most of you, are doing these things, but it's really the documentation and proof that's challenging for the PCMH applications.

Element 6B is about patient experience data, which we know is also an area of increasing interest and also comes with some challenges, especially if you think about the diverse patient population that health centers are serving.

I also want to highlight Element 5A, Test Tracking and Follow-up, as an area to focus on and an area for improvement. This is an area that health centers are scoring relatively lower, but it's so important both for PCMH Recognition, as well as some of our program requirements, and the (FECA) Program.

I know this Element speaks to test tracking and follow-up, but it also - those systems and processes you put in place will help with your hospital tracking and follow-up, as well as your referral tracking and follow-up procedures.  
Next slide.

And now that we've talked through some of the key successes and challenges of PCMH transformation I'd just like to take a moment to highlight a few tips for success and make sure everyone is really aware of the available technical assistance to help you on your way.

First, we really cannot emphasize enough how important it is to plan ahead. Transformation does take time, and effort, and resources, and many of the PCMH requirements for NCQA, Joint Commission, and AAAHC, require that

certain policies and procedures be in place for several months prior to sending in your survey or scheduling your site visits.

We also want to encourage you to leverage all of the existing support that's available. Your state and regional PCAs are there for you. There are over 100 PCMH coaches at PCAs across the country, with many of the coaches being certified as NCQA PCMH content experts.

If you haven't yet connected with your PCA, or your coach, I would really encourage you to do so. They really are poised and ready to support you in your work.

I also want to highlight the Health Center Controlled Network. With 43 networks and approximately 745 participating health centers the networks are an important resource to tap if you haven't already done so.

HCCNs are available to help with HIT implementation and Meaningful Use and also PCMH Recognition because there are so many overlapping areas and leveraging HIT is an important component, as you know, with PCMH Recognition.

I also encourage you to take advantage of your regional extension centers. Many of these are continuing on. They were funded by OMC and they are in your local communities. Also your vendors, your EHR vendor user groups, are great opportunities to connect with people using your same systems to learn from each other.

Local and state initiatives by your peers, your QIOs, and others, are great resources, as well as the National Association of Community Health Centers, PCMH Institute, is a great resource with lots of helpful information and tips to help you as you continue on. Next slide.

So as you continue all of your hard work and leverage all of the existing support there are just a few timelines that we want to remind you of. First, health centers really are making great progress, as you saw, as (Sue) presented earlier. But the 2015 goal of 55% is out there on the horizon, so let's keep going and exceed this goal as well. I feel comfortable and confident that you're well on your way.

We'll also be back a little later to talk with you about the CMS FQHC ACP demonstration and also we'll talk briefly about the upcoming PCMH and Quality Improvement Awards.

But before that I'd like to introduce my colleague, Captain Elise Young, who is the lead on our NCQA PCMH contract, and she'll review a few upcoming timelines and related information regarding the NCQA and Joint Commission process.

(Elise Young): Well thank you Laura and welcome. First we'll continue to support health centers in achieving PCMH Recognition through NCQA, and the Joint Commission, and AAAHC.

The next few slides will outline information specifically to NCQA's PCMH Recognition Program. I'd like to take the time to describe two survey tools for health center practice sites who currently hold NCQA PCMH Recognition.

The first tool is the Renewal Survey Tool. As many of you know NCQA's PCMH Recognition is good for three years. Approximately six months before your expiration date NCQA will notify you that it's time to renew. For those health centers - so you would request a survey - Renewal Survey Tool.

For those health center practice sites that are currently recognized at Level 2 or Level 3 there is a streamlined process for renewal where you would do a reduced documentation submission. Those requirements would be available to you through your online application. For sites that are recognized at Level 1 a full Survey Tool for renewal is needed. You'd have to complete the entire Survey Tool.

HRSA is encouraging health centers with Recognition expiration dates of 2014 and 2015 to consider renewing under the 2011 standards. If you want to renew under those 2011 standards you must submit a new Notice of Intent to HRSA before Thursday, June 19, that's this coming Thursday, so that we can process that.

The last day HRSA is able to purchase 2011 Renewal Tool is June 30, so Renewals and Renewal Tools must be submitted for review no later than March 2015.

The second tool that's available is the Add-on Survey Tool. The Add-on Tool is used for sites seeking to increase their level of recognition from Level 1 or from Level 2. The tool will be available for practice sites until March 2018. You also have until March 2018 to submit that tool.

Receiving an increased recognition level will not extend the practice site recognition period, or expiration date. For practice sites that have been denied recognition an Add-on Tool may be submitted. The Add-on Tool must be submitted within one year of the denial date.

For each of these Survey Tools, the Renewal or the Add-on, you must submit a completely new NOI, or Notice of Intent, to the PCMH Initiative mailbox and we will have that mailbox address on the next to the last slide. It's quite lengthy, so I don't want to go through it and miss any letters. Next slide.

This next slide provides important dates for the health centers to remember. So June 30 is the last day 2011 Initial and Renewal Survey Tools will be available to be purchased from NCQA.

So if you want HRSA to cover your fees to purchase the tools, again, you must submit that NOI to us no later than Thursday, June 19. A blank NOI, or a PDF NOI, is available on the HRSA PCMH HI Web page.

The last day to submit 2011 Initial and Renewal Survey Tools is March 2015. There is a correction to that, I'm sorry, March 31, 2015. So it is the last day to submit 2011 Initial and Renewal Survey Tools is March 2015.

And again the last day to submit your 2011 Add-on Tool is March 2018, unless you have received a denial, in which you have one year from the date of denial.

The next two slides will provide a brief highlight of revisions to PCMH Standards for NCQA and the Joint Commission. AAAHC is our other vendor for PCMH and I want to let you know that we are identifying revisions to the standards on today's call. And at this point we do not know of any revisions to AAAHC. We do - we will have another call scheduled later this summer with our accreditation and PCMH vendors to discuss any other updates they may have.

So many of you know that NCQA released new 2014 PCMH Standards this past March. Highlighted on this slide are the general themes that the 2014 Standards aim to address.

So there's greater emphasis on team based care, care management with high need populations, there's more alignment with the quality improvement

activities, further integration of behavioral health into primary care, and looking at sustained practice transformation. Next slide.

The Joint Commission also released revised PCMH Standards and these will be available July 1. Detailed information on these revisions are available from the Joint Commission on their Web site.

I'd like to - I did miss something on the NCQA updates. For a closer look on the NCQA PCMH Standards you can download a free copy of the 2014 standards from their Web site and there's also a detailed crosswalk between the 2011 and 2014 PCMH Standards also downloadable from their Web site.

So now I'd like to turn it back over to Dr. Makaroff and where she will give you an overview of the CMS APCP Demo Project.

Laura Makaroff: Great. Thanks so much (Elise). And so as you may know the CMS Innovation Center is facilitating a demonstration project among health centers, the FQHC Advanced Primary Care Practice Demonstration, for FQHC APCP Demo.

We are in the last stretch of this project, which is set to end October 31 of this year. There are currently 467 participating health centers, all with a goal of achieving NCQA Level 3 Recognition by October 31.

As of the beginning of May there are approximately 136 sites that have already achieved Level 3 Recognition and we know that there are many surveys currently under review by NCQA.

For those of you who have already achieved Level 3, congratulations. Thanks so much for all of your hard work. We know that's been a big process. And then for those who haven't, thank you for your continued hard work and efforts to meet our October goal.

I think there's a big push to really cross the finish line strong and so we're hoping that you'll take advantage of all of the available technical assistance, as well as to work on your surveys and get those submitted by August 1, which is the deadline to submit surveys to NCQA so that there's time for them to review your surveys, to give you your recognition, before the end of the demonstration in October.

And remember there's technical assistance available to you as a CMS Demo participant. Your state PCA coach is there, there's resources available through (Unintelligible) Health, as well as lots of information and resources through other participating health centers and CMS through the CMS Collaboration site. The Web address is there on your screen. Next slide please.

In recognizing all of your hard work and the continued investment for everyone and efforts of sustaining PCMH transformation we're really excited about the upcoming PCMH Recognition and Quality Improvement Awards that will be out later this summer.

So as you've likely heard in other presentations, the PCMH Recognition Awards will go to health centers that are recognized by July 1, 2014. This will be an annual award added to the base adjustment for health centers that maintain PCMH Recognition.

We really also understand and appreciate the ongoing work of quality improvement through building your QI plans and systems, enhancing your HIT functionality and capabilities, and ultimately improving the care for your patients.

In Recognition of all of this we will be making Quality Improvement Awards in four categories. The first category is Top Reporters, or those health centers

who report their UDS Clinical Measures on their whole universe using the EHER.

The second bucket is Top Improvers, or those health centers demonstrating improvement against themselves based on prior year's UDS. The third category is High Performers, those health centers who rank in the top two quartile through our quartile ranking, which we have been doing now for a couple of years and I believe you're all familiar with. And this fourth category is Clinical Excellence, where those health centers that are the highest performers compared to national standards, such as Health People 2020, in key clinical areas.

And then we'll move on and talk a little bit about our next steps. You can go to the next slide please. So next steps from our end include improving our systems and infrastructure to support the PCMH Program. We also practice continuous quality improvement here and are constantly looking for ways to support you better, while also recognizing that the PCMH Program has really grown rapidly in a short timeframe, so we're working on improving our systems and infrastructure to make it more streamlined and easy for you as we support you in your work.

We continue to work on enhancing our available technical assistance, both through the Bureau, our partner PCAs, and our other national cooperative agreements, to support you in your ongoing practice transformation efforts.

As (Elise) mentioned, at the two upcoming Webinars scheduled for later this summer, including a 2014 PCMH Standards update with our vendors, NCQA, Joint Commission and AAAHC. We're also planning to hold a PCA HSCN Office Hours to answer questions related to PCMH, the new standards or any other related topics, for our PCAs and networks.

There will also be a Clinician Leaders Forum focused on supporting your clinical leadership in your PCMH work. And finally a Webinar scheduled for later in the late summer or early fall to describe the PCMH and Quality Awards in more detail.

There's a couple of other pieces of information to share about the Health Center Quality Awards, including an opportunity to review and update your PCMH Recognition data this July, so July 2014.

Be on the lookout for an announcement through the Bureau of Primary Health Care Primary Care Digest that you should get on a weekly basis. So we'll describe the process to review your PCMH Recognition data and make sure that everything you know about your PCMH Recognition is the same thing that we know so that you're ready for the PCMH Awards.

And the awards, the Health Center Quality Awards, we anticipate will be later this summer. You can pay attention to the Primary Care Digest also just for the Webinar dates and details. All of that will be listed there.

Before we move into the question and answer session I just want to go through a few resources. So these Web sites, the first one is the PCMH Initiative Web site and our Accreditation Initiative Web site. General policies and information around that is there, as well as the NOIs, which is the entry into the program, so if you need that that information is there.

Also the Primary Care Association, links to all of your state and regional PCAs are available through this link. And the Health Center Controlled Network, this is a link just to the general information about the Health Center Controlled Networks on the HRSA Web site.

And the next slide lists several other resources to help you in your PCMH journey, including the NCQA, Joint Commission and the AAAHC Web sites. Also the Safety Net Medical Home Initiative and ARC's PCMH Resource Center has a lot of helpful information.

Also I think everybody knows, we'll remind you, about (Unintelligible) Risk Management and Patient Safety Resources are free to you and provide a wealth of helpful information to guide your risk management and QI efforts.

The next slide is our contact information. So for any inquiries related to the NCQA PCMH Recognition process that first e-mail address is where you want to send your e-mails. For inquiries related to Joint Commission, or AAAHC accreditation with PCMH certification, the second e-mail address is where you'll send your inquiries there.

And then with that I'd like to open it up for questions and answers. We really welcome your questions and hope to hear from you regarding any topics for future Webinars or challenges you're facing. And also would ask that you'd fill out the evaluation that will show up on your screen shortly.

So feel free to type your questions into the Q&A chat box on your screen or you can also ask your questions via the phone line. So, Operator, can you give some instructions on how we can - people can ask their questions?

Coordinator: Yes. At this time we'll have a question and answer session. If you would like to ask a question please press star, 1 and record your name when prompted. Your name is required to introduce your question.

To withdraw your question press star 2. Once again if you'd like to ask a question please press star, 1 and record your name when prompted. One moment for our first question.

Laura Makaroff: That's great. While we're waiting for questions to come into the phone line I think we have a couple of questions that have come in through the Q&A chat. So, (Sue), can you read one of our first questions?

(Sue Lin): Certainly. The first question, how many sites were initially in the APCP Demonstration Project?

Laura Makaroff: It was about 500.

(Sue Lin): The second question is, if you are using a supplementary tool, like i2iTracks, to pull your UDS data are you still eligible for the Top Reporter adjustment?

Laura Makaroff: I believe so. We're still working on the methodology, but if you're - really what we're looking for, for EHER Reporting is that the data that you present is off the entire universe of your patients rather than a chart sampling of 70 patients.

(Sue Lin): The next question is, will PCMH Recognition Awards be given to community health centers with Joint Commission and AAAHC PCMH Recognition?

Laura Makaroff: Yes.

(Sue Lin): The next question, we currently have Level 3 PCMH Recognition under the 2011 Standards, which will expire April 2015. Do we need a new NOI for the 2011 Standards renewal?

(Elise Young): Yes. We'd like you to complete a new NOI for that renewal.

(Sue Lin): And next question, can we see the last slide again with the e-mail addresses?

Laura Makaroff: Sure. In just a few minutes we'll switch back after the evaluation and put those e-mail addresses up again.

Also on the Technical Assistance Web page, the Bureau of Primary Health Care TA Web page, these slides will be there also. So if you can't get it here you can get it there later today.

Woman: And just in case any of you are wondering why we're asking you to continue to submit in your Notice of Intent when we know that you've already been recognized through our initiative and you've obviously would plan to continue to do so, or at least that's our hope, that serves as, you know, we have a contract with our vendors, that serves as our order that we use to start the work with our vendor. So we need that for our kind of tracking and account purposes.

And so every time we issue a new tool we need to have a Notice of Intent connected to that. And these are all things that we're considering, as Laura mentioned, our kind of continued quality improvement and making things easier moving forward.

Since we really have made such great traction across the board, and plan to continue Patient-Centered Medical Home Recognition into the future we want to build a system that would perhaps be more streamlined moving forward.

But at this current juncture we really do, as (Elise) mentioned, need a notice of intent when you come in every time you need a new set of tools, or need to move from a Renewal Survey, or need to move from your Initial to an Add-on Survey.

(Sue Lin): The next question is where should we send the NOI? I found the tool, but was unsure where I should send the completed tool.

(Elise Young): You would submit your completed NOI Tool to the PCMH Initiative mailbox, which we will put that e-mail back up on the slide. That is if you're going for NCQA PCMH Recognition. If you are going for the Joint Commission, or AAAHC, PCMH certification you would send that to the Accreditation mailbox. And again we are hopefully going to streamline some of this to make it a little easier for you all.

Laura Makaroff: Operator, are there any questions on the line?

Coordinator: There are no questions in queue, but again I would like to remind our participants if you would like to ask a question please press star, 1 and record your name when prompted.

Laura Makaroff: Okay great. Thank you.

(Sue Lin): We have two more that came in from the chat box. The next one is can you briefly go over the Award slide and give details on different categories?

Woman: Sure.

Laura Makaroff: Sure. So that is Slide, excuse me for a moment, Slide 16. So - well I'll just review this again and then I'll let (Suma) jump in also if she has any additional details to add.

So again the Health Center Quality Awards are - there will be two big buckets, so the PCMH Recognition Award and then the Quality Improvement Award.

The PCMH Recognition Award will go for health centers that are recognized as PCMH by July 1. So that includes PCMH Recognition by NCQA, Joint

Commission, AAAHC, or Minnesota, or Oregon state-based programs. And that's consistently been our definition since the program started and that will continue.

The awards will also go to recognize both the organization level of PCMH Recognition, as well as the site level. The details of this we're still working out just as we kind of see where the data is and where the Recognition process is as we move closer to July 1.

The Quality Improvement Awards will be based on your 2013 UDS submissions, thank you for all of your work to submit that data to us. And we'll go in four different categories.

The first is the Top Reporters, so meaning health centers that are reporting on their full universe instead of the 70 chart sample. I mean really this is an effort to both improve your daily systems so that your data is actionable and usable to you, as well as improve accuracy of reporting because we know that EHERs should capture your whole universe and be able to provide more comprehensive data for you as you work on your QI efforts.

The second category is Top Improvers, so health centers who are improving compared to themselves based on UDS and compared year-to-year. And the third category is the High Performers, so health centers who are ranking in the top first or second quartile based on the quartile rankings that we have been using for a couple of years.

And then the fourth category is Clinical Excellence, or highest performers compared to national standards, related to Healthy People 2020 goals or other national standards in key clinical areas. So, (Suma), do you have anything to add to that?

(Suma Nair): Yes. And I'm sure folks are interested in the dollar amounts and all of that, we don't have that information at this point. You know, as Laura mentioned, we're looking at how the data falls out; how many folks we have; and what our total pool for award money is, or incentive money is; and then we'll back into that.

That's why we plan to have, later on this summer, a detailed call just devoted to these quality improvement incentive awards to talk through the formulas that we use and the process and also to get your feedback on this type of incentive award.

Laura Makaroff: Yes and whoever asked that question if you have a more specific question or we didn't quite get it feel free to push star, 0 for your question to be put into the phone queue also.

(Sue Lin): Question, our PCMH was linked to our providers, but not our entity with Medicaid. How do we get this corrected so we can receive payment?

Laura Makaroff: So if I'm understanding your question correctly it sounds like you're asking about the - some kind of Medicaid PCMH Recognition program?  
(Unintelligible) you probably will need to - the PCMH Recognition that we're - that our awards will go to is from NCQA, Joint Commission, AAAHC, Minnesota, or Oregon.

So I'm hoping that's answering your question, but if not either ask it again through the chat or feel free to get on the phone to ask more detailed - to supply some more details for us.

(Sue Lin): Okay this question is for (Elise), for practice recognized in 2014 do you recommend applying for renewal early under the 2011 Standards or should we wait to apply under the 2014 Standards?

(Elise Young): It's a good question. I mean we are encouraging 2011, however I think you need to speak with your Board, etc., to make that decision. And I will tell you that it's very close to the deadline to getting 2011 tools, a Renewal Tool, at this point. So if you're unable to get us an NOI or make that decision before Thursday of this week then only the 2014 tool will be available after June - July 1.

Laura Makaroff: I also wonder, and perhaps we can follow-up and just check NCQA's stance. If you received your initial Recognition in 2014 would they allow you to come in again in the next year under the '11 Standard?

(Elise Young): I'm sorry, I thought they were expiring in...

(Sue Lin): No, they just received...

(Elise Young): Oh they just...

((Crosstalk))

(Elise Young): Oh I apologize. No, if you just received recognition in April of this year then, no, you have three years under the 2011. NCQA will not accept a renewal. I apologize I misunderstood the question, so you'll do 2014 in 3 years.

(Sue Lin): The next question, our center has one site up for renewal and one center needing an initial survey. Can we send in one NOI or a separate NOI for each site?

(Elise Young): Please send one NOI with both sites and if you would just make a note indicating which one is the renewal and which one is the initial that will be extremely helpful.

(Sue Lin): The next question, we have three sites within our organization; one was recognized as Level 3 PCMH. We would like to renew under the 2011 Standards and we will submit an NOI for this. However, we now have two additional sites that we would like to apply for Recognition under the 2011 Standards that were not previously recognized. Do these need to be two separate NOIs, and therefore three NOIs total, for our organization by June 19 for Recognition?

(Elise Young): The June - so there - you have one that's already recognized, Level 3...

(Sue Lin): Right.

(Elise Young): So we don't need an NOI on that. You have two...

(Sue Lin): They may be coming in for a renewal.

(Elise Young): Okay so perhaps a renewal. So if you, again, if you would submit one NOI with all of the individual sites and then again indicate which one is renewal, which one is initial, that would be helpful, please one NOI.

(Sue Lin): The next question, for Recognition obtained this year and a renewal date in 2017 do we still submit the NOI to HRSA in 2017?

Woman: Can you read the question again?

(Sue Lin): Okay. For Recognition obtained this year and a renewal date in 2017 do we still submit the NOI to HRSA in 2017?

Laura Makaroff: You would do it in 2017, or perhaps some time in 2016. I think the dates that (Elise) are really underscoring is for people who need a 2011 Standard.

(Elise Young): Right.

(Sue Lin): The next question, if we are in the process of completing a survey to be submitted before the end of August should we request another NOI now just in case we do not achieve Recognition in September? We submitted a Corporate Tool, which was scored, and now have to submit the specific site surveys, trying to achieve Recognition for three sites.

(Elise Young): So if I understand that, you have an application in and you want to submit an NOI in case you don't achieve Recognition. No, do not do that. It is not necessary. I hoping that you do achieve Recognition and then at that point you would do it. Actually NCQA also recommend that you not jump the gun on that. So you do not need to submit that NOI. Let's wait until September or when you receive your Recognition or announcement from NCA to submit an additional NOI.

(Suma Nair): And, (Elise), that matches with the timeframes that you announced previously that if someone is unfortunately denied then they have up to a year...

(Elise Young): Right.

(Suma Nair): ...to still come in with the 2011 Standards. And if you need an add-on and you only recognize that in September, once you get your results, you still have some time to get the add-on.

(Elise Young): Correct.

(Sue Lin): Next question, if the application is submitted by July 1 does that meet criteria for Recognition Award?

Laura Makaroff: No. That was a great question. The July 1 cutoff date is really with - for those who have a - who've received PCMH Recognition who have documentation to show that on/or before July 1 they received the Recognition.

And don't worry there will be an opportunity. We're hoping that this is an ongoing opportunity. So again, contingent on appropriations and everything else, the goal is this time next year to do a similar process where we put the cutoff of, you know, July 1, everyone who's recognized by that point will get this additional base adjustment included as part of the base adjustment process.

(Sue Lin): Next question, (unintelligible) about this, can we get a copy of today's PowerPoint?

Laura Makaroff: Yes. It will be available on the Bureau of Primary Health Care Technical Assistance Web page. It should be available later this week, if not like today or tomorrow.

(Sue Lin): Next question, how do we notify HRSA of our PCMH status for the Recognition Award and do we need to notify them by July 1?

(Suma Nair): Yes we do need to know and that's part of the process that we alluded to where we have the information that we have from AAAHC, Joint Commission and NCQA through our contractual relationship, as well as we have partnerships with Minnesota and Oregon's Primary Care Association to get that information through the PCAs.

Where we wouldn't know if you have Recognition is if you went through a third party, if you got the Recognition and paid for it on your own, you reported some other project, initiative, so for all of those cases we'll need to make sure our data is accurate.

So we anticipate shortly after July 1 sharing, publishing online, the information that we have on one of our Web pages in terms of all of the health centers that are recognized and how many of their sites are recognized. We'll send out a notification through the Primary Care Digest asking everyone to verify that information.

And if you have more up-to-date information that you need to share with us, we've missed a site, or we missed your organization altogether, we will provide an e-mail box where you can send that information and we'll have a, you know, limited window of a week or so by when we need that information.

So and for those who we don't already have a copy of your certification, we're going to need some proof. So in preparation if you think we don't have the information already on hand about your Recognition you'll want to keep an electronic copy of your certification from the appropriate accrediting body and just be ready to send that in.

(Elise Young): And just to add, (Suma), NCQA does site level recognition. We will need the certificate for each site that is recognized.

(Sue Lin): Next question, what is the annual award amount added to the base adjustment? If a health center was recognized and loses recognition is the award withdrawn?

Laura Makaroff: No. Not - you know, it's a recognition of achievements you've made already. And so for those who come in, let's use a scenario here, you are recognized for five of your sites on July 1. You receive the base adjustment amount, again we're still working on those details in terms of the dollar amounts.

Then let's say, fast forward to July 2015, and unfortunately something's happened and you've lost recognition at a couple of your sites and you now only have one instead of five. Your base adjustment amount will be recalculated to include only the one site that you have recognized.

So, or conversely, you've moved from five sites in July '15, '14, to 10 sites. In July '15 you will get the per site add-on for those additional sites you added. So you can either - your base adjustment amount can grow or decrease based upon the situation you find yourselves in with respect to your organization and the number of sites that are recognized.

(Sue Lin): Next question, are the NOIs only for those in the APCP Demonstration site?

(Elise Young): So any health center and their sites who wish PCMH Recognition and even accreditation with PCMH need to complete an NOI. And again this is, as (Suma) had said earlier, this ensures that you come through the program and that your fees, survey fees, etc., financial support, will be provided by HRSA.

(Sue Lin): Next question, is Medicaid going to reimburse (Unintelligible) fees based on their recognition level?

Laura Makaroff: That's a good question. I think, you know, that's something that you may want to take up with your primary care associations or, you know, yourself, what the environment is.

We have heard of several Medicaid states doing incentive pilots, some changing the way they do reimbursement, but from a national perspective we don't have information on that. The best source of what exists already, connected to PCMH Recognition in terms of reimbursement at your state level, or what may be in process or down the pipe, is really your primary care association.

(Sue Lin): We have a comment from (Lon Berkley) from the Joint Commission and he writes, "The Joint Commission revised Primary Care Medical Home certification option is - our requirements are effective July 1, which (Unintelligible) alluded to." And it will be available on their Web site. He's included the URL in the chat box for your reference.

The next question, will the PCMH Recognition Awards be ongoing? We have just submitted our application, so probably won't be recognized by July 1, so will the award be available next year?

Laura Makaroff: Yes that is our goal. You know, again contingent on appropriations and all of that. The goal is to continue this moving forward.

(Sue Lin): Next question, if we do an add-on does that require us to resubmit the whole survey or just the areas we seek to improve scoring?

(Elise Young): No, you do not need to submit the entire survey tool again. When you go back into your online application and your survey those areas that you have scored will actually - some of them may be locked. And so that means that you have achieved that - you've met that requirement of those elements. When you do your Add-on Survey you could go back in and just adjust those other areas that you do not - that are not locked. So you do not need to do a complete survey.

(Sue Lin): Next question, I submitted an NOI on April 30, 2014, for an Add-on Survey for one of our sites that is in the CMS Demonstration Project. They were recognized at Level 2. We still have not heard back from HRSA about the approval of the NOI. Who do I contact to get that information?

(Elise Young): If you send an e-mail to the pcmhh@hrsa.gov mailbox please be specific and give me your health center name, when you - and you said you submitted it in April. We will look it up and we'll be in touch with you.

(Sue Lin): Next question, can we submit an NOI for renewal and go ahead and purchase a 2011 Survey Tool or do we need to wait to receive it from HRSA/NCQA?

(Elise Young): You can. If you want to you can go in and purchase the tool itself. The tool is about \$80. You will not be reimbursed for the \$80 tool. With your NOI being approved going forward with that we will cover the expenses of the review process, which will come down the pike.

But, yes, you could go in right now and purchase that tool. Add-on, and renewals, and all of that, are like \$80. You can come up with that if you want to meet - to get it in. Again, submit your NOI, but HRSA will not pay - reimburse you once you pay for that tool.

And I think we have about seven minutes, so we can take a couple of more questions.

(Sue Lin): Which measures from the UDS data will be used for the Quality Improvement Awards? Is there a focus?

(Suma Nair): Not at this point. We're looking across all of the measures. And when we talk about the areas of clinical excellence we may be grouping some of these and looking at, you know, either life course, or specific disease entities, but at this point we're still ironing all of those, but for the other categories it's across all of the clinical measures.

(Sue Lin): We are a Level 3 certified and due for renewal in June. Would you recommend coming in through the 2011 Standards and what is the benefit versus 2014?

(Elise Young): Is this June 2014 or 2015? Well it may be 2015.

(Sue Lin): I think they are - oh, they first wrote, and what is the benefit versus 2014 Standards and due for renewal in June 2015.

Laura Makaroff: Yes. I mean we don't think that there's necessarily a benefit one way or the other. What we said, and why we were encouraging folks, is we built all of our technical assistance and coaching expertise so far around the 2011 and we have a body of experience around that.

But aside from that we'll grow our body of experience with the 2014 as folks go through it and we get more up-to-date on those. There's not a real, you know, difference in terms of that. As you see, the bar that's been raised for the 2014 Standard, so if folks are close to it and feel more comfortable with the 2011 Standards because you went through those before that might be an incentive. But from our perspective we will support you either way, whatever makes the best sense for your organization.

(Sue Lin): This is a question on transcript, the notes on the Webinar, which are currently scrolling on the screen, going to be available? And the answer is yes.

Robert Edwards: And the recording.

(Sue Lin): And the recording of the Webinar as well.

Robert Edwards: Telephone and an Adobe Connect link where they can replay the whole thing.

(Sue Lin): As well as the Adobe Connect recording of today's call. The next question, can we have the slides today in light of the important deadlines and would like to review what (unintelligible) as soon as possible?

Laura Makaroff: So the slides will be available either later today or in the next day. I don't expect it to be much later than Wednesday or Thursday. You can go to the Bureau of Primary Health Care Technical Assistance Web page to get those slides.

So if you go to [hrsa.gov](http://hrsa.gov), then click on Health Centers, and then the top of that page it will say Technical Assistance and click on that, and that is the TA Web page. And it should be sort of towards the top of the screen because those - the Technical Assistance Webinars are all kind of in order of presentation, so this should be towards the top and you'll be able to get the slides there.

So we will work on that as soon as possible and we understand that it has provided good information and you'd like to have that. So we'll work on it.

(Sue Lin): Next question, can you please clarify, we are PCMH certified through the Joint Commission. Do we need to submit an NOI to HRSA and if so where do we obtain an NOI?

Laura Makaroff: So the NOI for Joint Commission and AAAHC is available on the Accreditation Initiative Web page. So it's - Rob, can you go back one slide? So the - or two slides? So on the screen - yes right there, yes.

So on the screen you'll see the second Web page down is the HRSA BPHC Accreditation Initiative Web page. That has all of the information with the Accreditation Initiative, which includes the NOI for Joint Commission.

(Suma Nair): And if you're already recognized, or sorry, accredited under the Joint Commission, yet have not received PCMH, but you're due for your next Accreditation Survey, I encourage you to contact your contact at the Joint Commission for more information.

For most of our folks, if you've gone through the accreditation cycle and you have not (unintelligible) the PCMH Standards usually when it's time for your renewal you will have that option of going through the PCMH process as a part of your unannounced Joint Commission (Unintelligible). So that - you don't need a separate NOI to have that.

Laura Makaroff: Operator, are there any questions on the phone in the queue?

Coordinator: We do have one question. Our first question is from (Tyrone). Your line is now open.

(Tyrone): Hello?

Laura Makaroff: Yes, we can hear you.

(Tyrone): Okay. I was just wondering, are all of your sites required to be PCMH recognized? We already have one site that's already recognized under Patient Centered Medical Home and we have some additional sites that we have just added this year. So are we required to have those PCMH recognized as well?

(Suma Nair): Yes. So the goal overall is to have all of our health centers and all of our sites get to PCMH Recognition, but not all at once necessarily. So it sounds like congratulations to you guys, you have a couple of new access points. And so we understand there are some kind of first priority things that you do with new sites that you got on and that PCMH may be one of the steps in the past, but may not be the first.

So understand that PCMH Recognition is strongly encouraged, yet it's voluntary. It's not a Health Center Program requirement as, you know, one of the 19 key program requirements, but we are providing a lot of support and incentives to help folks move in this direction.

Laura Makaroff: We have one more question and then we'll close for the day. I think there might be one more in the Q&A.

(Sue Lin): Okay. If applying for the NCQA PCMH Corporate Status under 2011 Standards what would be the timeline to submit for the site specific PCMH under 2011?

(Elise Young): You will receive results of your Corporate Survey and those would be transferred over into your initial. You - with that you will probably have been - you should have received Initial Survey Tools from NCQA. And again you will have until March 2015 to complete those tools and submit.

Woman: Okay.

(Sue Lin): And then we have one final question, will the financial support towards achieving PCMH Recognition be available for the sites that choose to apply under the 2014 Standards?

Laura Makaroff: So as we've mentioned, we anticipate that the PCMH Awards will continue on, so yes they'll be available to those sites who go under 2014 Standards. All of that contingent on appropriations, and budget, and all of our usual disclaimers, but our goal and hope is that the PCMH Awards will be an annual thing.

So thank you so much for joining us today. Thank you for all of your great questions and for filling out our evaluation. The slides will be available on the Technical Assistance Web page as soon as possible. And keep an eye on the BPHC Primary Care Digest for the remainder of our PCMH Webinar series to come later this summer. Thanks and have a great afternoon.

Coordinator: Thank you. That concludes today's conference. All parties may disconnect. Speakers please standby.

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