PCMH Webinar for Grantees
October 6, 2016
Agenda

- A/PCMH Overview
- Grantee Actions
- Create NOI Application
- Resource Links
- Check NOI Application Status
- Q & A
A/PCMH Overview
A/PCMH Overview

- Functionality now in EHBs
- Grantee creates NOI and submits
- PO reviews application
- Grantee can check on review status
Grantee Actions
Grantee Steps

1. Select grant
2. Click on *Create NOI* button
3. Select accreditation type
4. Grant info already filled in
5. Fill out other fields
6. Submit to PO
7. Check on review status
Create NOI Application
Locate Grant

- Click on Grants tab to see your grants
Select Grant

- Click on Grant folder link to open the grant information page
Select A/PCMH Link

Select HRSA Accreditation/PCMH Initiative
Create New NOI Button

Accreditation and Patient Centered Medical Home (PCMH) NOIs - List

Resources

View
- PAL
- Accreditation and PCMH Website
- The Joint Commission
- AAAHC
- NCQA

Create New NOI
Select Accreditation Organization

- Three organizations to choose from
  - AAAHC
  - The Joint Commission
  - NCQA
Select Organization Screen

A/PCMH NOI - Create NOI

Note(s):
Select the organization for the type of NOI you want to create

Resources

View
PAL | Accreditation and PCMH Website | The Joint Commission | AAAHC | NCQA

Organizations

- AAAHC
- The Joint Commission
- NCQA

Cancel | Create NOI
Application Form

- Grantee information already filled
- Need to fill in grantee quality recognition contact information
- Answer accreditation questions
- Submit application
### Section 1: Grantee Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Number</td>
<td></td>
</tr>
<tr>
<td>BHC MIS ID</td>
<td></td>
</tr>
<tr>
<td>Grantee Name</td>
<td></td>
</tr>
<tr>
<td>Grantee Address</td>
<td></td>
</tr>
<tr>
<td>Other Organization Name</td>
<td>N/A</td>
</tr>
<tr>
<td>HRSA Project Officer</td>
<td></td>
</tr>
</tbody>
</table>
### Section 2: Grantee Quality Recognition Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Contact Title</td>
<td></td>
</tr>
<tr>
<td>Contact Phone</td>
<td></td>
</tr>
<tr>
<td>Contact Email</td>
<td></td>
</tr>
<tr>
<td>Alternate Contact Name</td>
<td></td>
</tr>
<tr>
<td>Alternate Contact Phone</td>
<td></td>
</tr>
</tbody>
</table>

**Has the grantee completed the following actions?**

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read and understood the Accreditation and/or the PCMH standards as applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Planned preparation for the survey</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Performed a self-assessment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Established a recognition lead person</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Obtained technical assistance or training on the recognition standards**

If yes, please specify. If no, please specify your request for TA.

## Section 3: Accreditation and PCMH Recognition

Please indicate the type of survey you are requesting and if it is an 'initial' or 'resurvey'.

<table>
<thead>
<tr>
<th>Item</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care/Ambulatory</td>
<td>Yes (Initial), Yes (Renewal), No</td>
</tr>
<tr>
<td>Medical Home</td>
<td>Yes (Initial), Yes (Renewal), No</td>
</tr>
</tbody>
</table>

**What is your organization's projected month/year for the accreditation survey?**

- **Month:** [Select One]
- **Year:** [Select One]

**Is your organization interested in receiving technical assistance or training from AAAHC?**

- **Yes**
- **No**

**If yes, indicate when you want to receive assistance or training:**

- **Month:** [Select One]
- **Year:** [Select One]
## Section 3: Accreditation and PCMH Recognition

Please indicate the type of survey you are requesting and if it is an 'initial' or 'resurvey'.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Initial</th>
<th>Renewal</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care/Ambulatory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Medical Home</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What is your organization's projected month/year for the accreditation survey?**
- Month: [Select One]
- Year: [Select One]

**Is your organization interested in receiving technical assistance or training from The Joint Commission?**
- Yes
- No

**If yes, indicate when you want to receive assistance or training:**
- Month: [Select One]
- Year: [Select One]
1. Need to Add Site to NOI
2. Click Add Site to NOI button
3. Select site
4. Add Grantee Quality Recognition Contact Information
5. Update site – click on Update link
6. Specify Recognition Body or None
7. Select type of recognition request
Select Add Site to NOI
Select Site to Add

A/PCMH NOI - Select Site

Resources

View
PAL | Accreditation and PCMH Website | The Joint Commission | AAAHC | NCQA

Select Site(s) From Scope

This page: Select all | Unselect all 0 | Across pages: Select all | Unselect all

Page size 15 | Go

Select/Unselect | Site Id | Site Name | Site Address | Options

[ ] 

Page size 15 | Go

1 items in 1 page(s)

Add Site to NOI

Cancel

Continue

 Systems Division
# Update Site Information

## Section 3: Accreditation and PCMH Recognition

<table>
<thead>
<tr>
<th>Site Id</th>
<th>Site Name</th>
<th>Site Address</th>
<th>PCMH Status</th>
<th>PCMH Recognition Level</th>
<th>Date of PCMH Recognition</th>
<th>Recognition Body</th>
<th>Request Type</th>
<th>Site Status</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>None</td>
<td>None</td>
<td>N/A</td>
<td></td>
<td></td>
<td>Initial Request</td>
<td>In Progress</td>
</tr>
</tbody>
</table>

**Options:**
- **Update**
### Update Site Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site ID</td>
<td></td>
</tr>
<tr>
<td>Site Name</td>
<td></td>
</tr>
<tr>
<td>Site Address</td>
<td>None, Recognized, Denied</td>
</tr>
<tr>
<td>PCMH Status</td>
<td>None, Recognized, Denied</td>
</tr>
<tr>
<td>PCMH Recognition level</td>
<td>None, Level 1, Level 2, Level 3</td>
</tr>
<tr>
<td>Date of PCMH Recognition</td>
<td></td>
</tr>
<tr>
<td>Recognition Body</td>
<td>Initial Request, Add On, Renewal, Conversion, Upgrade, Corporate</td>
</tr>
</tbody>
</table>

*Recognition Body (i.e., NCQA, other-specify, enter 'None' if no recognition body)*
Submit the NOI Application

- Application is displayed in read only view
- Click Confirm on the Confirmation page
- Success message is displayed
- Taken back to Accreditation and Patient Centered Medical Home (PCMH) NOIs – List page
Success Message

Success:
NOI (APCMH00012039) submitted to HRSA.
Resource Links
## Resource Links on Application Page

<table>
<thead>
<tr>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAL</td>
</tr>
<tr>
<td>Accreditation and PCMH Website</td>
</tr>
<tr>
<td>The Joint Commission</td>
</tr>
<tr>
<td>AAAHC</td>
</tr>
<tr>
<td>NCQA</td>
</tr>
</tbody>
</table>
Resource Links

- PAL = Program Assistance Letter
- Other links take you to the respective web sites for each organization
Check NOI Application Status
Check NOI Application Status

- Click on A/PCMH link from Grant Information page
- List of submitted NOI application will be displayed
- Status types:
  - Not Started = PO has not started the review
  - Pending = PO has opened the application, but did nothing else
  - On Hold = PO has put application on hold
  - Approved / Disapproved = PO has either approved or disapproved the application
## NOI Application Status List

### Accreditation and Patient Centered Medical Home (PCMH) NOIs - List

- **Success:**
  - NOI (APCMH00012039) submitted to HRSA.

#### Resources

- View
  - PAL
  - Accreditation and PCMH Website
  - The Joint Commission
  - AAAHC
  - NCQA

#### Create New NOI

<table>
<thead>
<tr>
<th>NOI Tracking Number</th>
<th>Grant Number</th>
<th>Grantee Name</th>
<th>Organization</th>
<th>Created On</th>
<th>Created By</th>
<th>Submitted Date</th>
<th>Submission Status</th>
<th>HRSA Review Status</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>APCMH00012035</td>
<td></td>
<td>AAAHC</td>
<td></td>
<td>09/28/2016</td>
<td></td>
<td>09/29/2016</td>
<td>Submitted</td>
<td>In Progress</td>
<td>View NOI</td>
</tr>
<tr>
<td>APCMH00012037</td>
<td></td>
<td>The Joint Commission</td>
<td></td>
<td>09/28/2016</td>
<td></td>
<td>09/29/2016</td>
<td>Submitted</td>
<td>Approved</td>
<td>View NOI</td>
</tr>
<tr>
<td>APCMH00012033</td>
<td></td>
<td>NCQA</td>
<td></td>
<td>09/28/2016</td>
<td></td>
<td>09/29/2016</td>
<td>Submitted</td>
<td>On Hold</td>
<td>View NOI</td>
</tr>
<tr>
<td>APCMH00012039</td>
<td></td>
<td>AAAHC</td>
<td></td>
<td>09/28/2016</td>
<td></td>
<td>09/29/2016</td>
<td>Submitted</td>
<td>Not Started</td>
<td>View NOI</td>
</tr>
</tbody>
</table>
Thank You!