



This document is a collection of questions asked by the Washington FQHC community and the corresponding responses from NCQA. The Association will update this document as more questions are asked and answered. To ask a question about NCQA's PCMH recognition program, you can create an account with [NCQA](#). You may also send questions to the [Association Practice Transformation Team](#). The below answers can be used as a guide while planning for NCQA PCMH recognition for your health center. They are not an official evaluation of whether individual health centers have met criteria for recognition.

*With the new Q-PASS system, is there a new process for FQHCs using HRSA funding to pay for application/ renewal fees?*

You will first need an Approved HRSA NOI for 2017 PCMH. Once you have that Approval, included in the Welcome Letter will be a discount code which you will need to use for payment and a link to our new Q-PASS platform for 2017 PCMH Recognition. You will need to complete enrollment and sign all legal documents. Once done, an NCQA Representative will be assigned to you and will work with you to schedule an introductory call to assist you in navigating our new Q-PASS platform, which you will use for both your site specific information as well as to provide documentation for review. Please feel free to go to our website for information on Q-PASS but please do not enroll without an Approved 2017 PCMH NOI. Once in Q-PASS, there is a Get Help tab that will provide you Q&A as well as instructional step by step tutorial videos to walk you through the process, including payments and adding your HRSA discount code.

*My health center is recognized as a multisite under 2014 standards, and is due for renewal in 2020. We are adding new sites that will be initially recognized under 2017 standards before 2020. Is it possible to align the anniversary dates of the old and new sites?*

For multi-sites, the anniversary date of the first site recognized under 2017 will apply to subsequently recognized sites. However, it is possible to align anniversary dates upon recognition of new sites. An FQHC should speak with their NCQA Representative about setting their anniversary date to align with other sites.

*Would referral data work as evidence for KM – Competency A?*

No, referral data is not what we're looking for in regard to evidence for the criteria in KM Competency A. For the majority of criteria in Competency A, the data should be collected and documented in the patient's record and that's what you can provide as evidence. The practice can demonstrate this data virtually or as screen shots uploaded in the platform.





*To meet KM 19, does my health center have to obtain prescription claims data/ medication transaction history for all drug classes or only for certain classes?*

Yes, the practice would need to demonstrate obtaining prescription claims data for all drug classes. The intent of the requirement is to have a process to systematically obtain this data to ensure that the practice is aware of any prescriptions that the patients may have.

*Does the language in CC 13 (“cost implications of treatment options”) refer to the cost to the patient or the cost to the health plan? Does this apply to all patients or just to self-pay patients? If my health center has a staff member who contacts the patient’s health plan to help determine cost, do we meet this criterion?*

The cost implementations of treatment options relates more to a particular expensive treatment than how the patient intends to pay for it. However, payment method should also be considered as some insurances won't cover certain treatments and some people don't have insurance. The intent of CC 13 is for the practice to engage with any patients that are faced with different treatment options and discuss cost with them. While not all patients may be in this situation where they have costly treatment options to consider, any patient that is faced with treatment decisions like this should be engaged in this discussion by the practice. Practices are not expected to do this for every type of treatment but it should be able to provide its process for how it accomplishes this effort and evidence of implementation that could include documented discussions with patients regarding treatment options and the costs implications, or perhaps the practice has materials that it provides to patients outlining this information on treatment options for common conditions found within its patient population.

*In order to meet KM 13, does my practice have to exceed all benchmarks within a specific recognition program, just one, or a certain percentage?*

To meet elective KM 13, the practice must demonstrate that it meets the threshold required to achieve recognition for a particular recognition program; practices would not receive credit for reporting and meeting established benchmarks unless those benchmarks were specific to a recognition program and demonstrate achieving recognition in that program.

*My practice uses e-consults to determine if a patients needs to be seen by a specialist. Does this count toward achieving CC 05?*

Yes, e-consults would meet the intent of CC 05. This criterion requires the practice to provide or demonstrate evidence of implementation.





*If my health center participates in Emergency Department Information Exchange, and has the ability to use it after hours, do we meet the CC 17 requirement to “coordinate with acute care settings”?*

Yes, an arrangement with an Emergency Department Information Exchange that has the ability to access your patient records after-hours for the purpose of care coordination would meet the requirement for CC 17.

*QI16 states that the practice shares "practice level" reports with patients and the public. Does "practice level" refer to reports rolled up to the organization-wide level or to the individual site level?*

Practice level data is referring to an individual site location, not the organization as a whole. An annual report is acceptable if it includes performance data at the site/practice level. When it comes to reporting and QI measures, organization-wide data is usually not sufficient as PCMH Recognition is awarded the individual site/practice level.

*Concerning QI 04: Patient experience feedback – Qualitative methods. All clinic sites do not have recent feedback from their comment boxes due to sporadic patient use. At what point would a comment be considered outdated to be able to meet this criterion? We do have patients leaving google reviews, Facebook page comments, community blog comments, etc.*

Collection of qualitative data through Yelp, Facebook, Health Grades, etc. may be used as data for QI 04B if the practice actively notifies patients of the availability of those sites to submit patient experience information. If the sites are not actively advertised and not all patients are aware and represented, it would not meet the intent of the criteria. For this criteria, practices should provide summarized qualitative data that is collected from within 12 months prior to submission.

*Our practice has one clinic that is recognized PCMH 2014 Level 3 (therefore proceeding with the annual renewal/sustain track) and one brand new site, what would be the best way to proceed with recognizing the new site? Can shareable evidence be transferred across these sites?*

You will need to add the new site to your Q-Pass account and Enroll them in the PCMH 2017 Program. You can begin the process at the same time as the Annual Reporting site however, the new site will be in the Transforming phase which requires 3 separate check-ins with an Evaluator and although you can set up a site group and share credits between the 2 sites, you will not be able to attest to criteria with the new site.





*For the KM criteria that reference screening (ex: KM 02, KM 03, KM 04), does a health center need to meet a certain threshold for percentage of patients screened using these tests? For example, does the criteria require that 40% of patients are screened using the GAD? Are there any reporting requirements around the percentage of total patients who receive these screenings?*

KM 02 and KM 03 need to be universally implemented. It is up to the practice to determine when patients need to be screened in KM 04 based on evidence based guidelines.

*Is religion an example of relevant information or required information on referral for CC 04B?*

Religion could be an example or relevant demographic information for CC 04B.

*For CC 01A, can we use the same defined group of important labs for tracking that we submitted for the 2014 application (5A1)?*

Under CC 01 it is necessary that ALL labs and imaging be tracked.

