



## Annual Reporting Requirements for PCMH Recognition

### Overview & Table

Reporting Period: 4/3/2017–9/30/2018

### Redesign Goals

NCQA redesigned its PCMH Recognition program in April 2017 for practices to maintain an ongoing status as a recognized practice with annual reporting, replacing the current program's three-year recognition cycle. The redesigned program 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 NCQA Representative who'll serve as the primary NCQA contact and "go-to" guide.
- **User-friendly approach.** Reporting requirements remain meaningful, but with simplified reporting and less paperwork.
- **Continuous improvement.** Annual checks help practices strengthen as medical homes by frequently reviewing progress and encouraging performance improvement.
- **Alignment with changes in health care.** The program aligns with current public and private initiatives and can adapt to future changes.

The recognition process has three parts:

1. **Commit.** When a practice signs up to work with NCQA, they complete an assessment online. The practice receives guidance from their NCQA Representative to determine their evaluation plan and schedule.
2. **Transform.** Practices gradually transform, building upon their prior success. During this time, they demonstrate progress by submitting data and evidence to be evaluated by NCQA. Practices submit through a newly streamlined 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—give practices immediate and personalized feedback on what is going well and what needs to improve. This makes NCQA evaluations more educational and collaborative.

3. **Succeed.** 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 reporting includes attesting to certain policies and procedures and submission of key data.

### Q-PASS - New Online Platform

NCQA launched Q-PASS, a new online platform, to support the new recognition process, in April 2017. Practices can apply for recognition, sign agreements, access training and other resources, submit evidence, update and confirm data, track evaluations completed, print certificates and sustain their recognition using this system.

## **Sustaining Your Recognition**

This document focuses on data reporting requirements for the annual reporting. Practices will demonstrate they continue to align with recognition requirements by submitting data and evidence on these critical aspects of PCMH:

- Patient-centered access.
- Team-based care.
- Population health management.
- Care management.
- Care coordination and care transitions.
- Performance measurement and quality improvement.

Practices will also have the opportunity to submit data and evidence on special topics, such as behavioral health.

## **Annual Reporting Process: Reporting, Audit and Decision**

- Practices will use Q-PASS to submit data and evidence for their annual reporting.
- Practices must verify core features of the medical home have been sustained.
- Practices must meet the minimum number of requirements for each category.
- NCQA reviews submission and notifies practices of their sustained recognition status.
- NCQA will randomly select practices for audit to validate attestation and submission.
- Practices that do not submit on time or fail to meet other requirements may have their recognition status suspended or revoked. That may include having their recognition status changed to “Not Recognized.”

## **Annual Reporting Requirements (Annual Attestation and Reporting Requirements)**

In this version, practices will attest that they have continued to adopt the medical home principles and maintained their medical home recognition using the PCMH Annual Questionnaire in Q-PASS. In the future, practices will attest to criteria based on the current PCMH program, which consists of key expectations that recognized practices must meet as a medical home. In addition to this attestation, the PCMH Annual Reporting Requirements table (starting on page 3 of this document) outlines reporting options for eligible recognized practices through successful transformation and achievement of PCMH recognition.

Annual reporting requirements may be removed, modified or added over time. Practices will be notified of changes and given time to prepare data and evidence.

## **Electronic Clinical Quality Measures**

Electronic Clinical Quality Measures (eCQMs) are standardized performance measures from electronic health records (EHR) or health information technology systems. In the future, practices will have the option to submit electronic clinical quality measures (eCQMs) to NCQA in support of their recognition process. The [identified measures](#) can be submitted through electronic health record systems, health information exchanges, qualified clinical data registries (QCDRs) and data analytics companies as long as they can use the electronic specifications as defined by the Centers for Medicare & Medicaid Services for the ambulatory quality reporting programs. More details about the data submission process to NCQA will be forthcoming.

## **Shared vs. Site-Specific Evidence**

If evidence is identified as “shared,” the organization may submit it once on behalf of all or a specified group of practice sites. If evidence is identified as “site-specific,” the practice must provide site specific

data or evidence. The organization should go to the Share Credits tab from their Organization Dashboard in Q-PASS to set up their shared site groups.

## Patient-Centered Access (AR-PA)

Has your practice continued to monitor appointment access?

*Choose 1 option from the 3 below to submit for your annual reporting.*

Required (R) or Optional (O)	Requirement
O	<p><b>AR-PA1 Patient Experience Feedback – Access</b></p> <p>If your patient experience survey includes questions related to access, provide the following:</p> <ol style="list-style-type: none"> <li><b>1. Patient Experience – Survey Tool</b> (Shared) <ul style="list-style-type: none"> <li>• Upload copy of the patient experience survey tool. Practices that use a CAHPS survey do not need to provide the survey.</li> <li>• Indicate whether practice utilizes the CAHPS survey tool.</li> </ul> </li> <li><b>2. Patient Experience – Data</b> (Site-specific) <p>Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of completed surveys in the past 12 months.</li> <li>• Denominator: Number of patients surveyed in the past 12 months.</li> <li>• Reporting period.</li> </ul> </li> <li><b>3. Patient Experience – Report</b> (Shared, if report is stratified by site.) <p>Upload report with results from the access questions.</p> </li> </ol>
O	<p><b>AR-PA2 Third Next Available Appointment</b></p> <ol style="list-style-type: none"> <li><b>1. Third Next Available Appointment – Urgent</b> (Site-specific) <p>Enter the third next available appointment for urgent appointments.</p> </li> <li><b>2. Third Next Available Appointment – Routine</b> (Site-specific) <p>Enter the third next available appointment for routine appointments (new patient physical, routine exam, return visit exam). For routine requests, exclude any appointments blocked for same-day or urgent visits (since they are “blocked off” the schedule).</p> </li> </ol> <p>Practices may use the Institute for Healthcare Improvement’s (IHI) method to calculate the third next available appointment.</p> <ul style="list-style-type: none"> <li>• Sample all clinicians on the team once a week, on the same day, at the same time of day, <i>for at least one month</i> during the annual reporting.</li> <li>• Count the number of days between a request for an appointment (e.g., enter dummy patient) with a physician and the third next available appointment for a new patient physical, routine exam, or return visit exam.</li> <li>• Report the average number of days for all physicians sampled.</li> </ul>

Required (R) or Optional (O)	Requirement
	<b>Note:</b> Count calendar days (e.g. include weekends) and days off.
O	<p data-bbox="394 305 997 337"><b>AR-PA3 Monitoring Access – Other Method</b></p> <p data-bbox="394 354 819 386">1. <b>Other Method</b> (Site-specific)</p> <p data-bbox="443 386 1885 418">Upload evidence that demonstrates a different method used for enhanced patient scheduling/same-day service.</p> <p data-bbox="394 418 697 451">Examples may include:</p> <ul data-bbox="443 459 1885 597" style="list-style-type: none"> <li data-bbox="443 459 1885 557">• A report showing monitoring of access to both urgent and routine (new patient physical, routine exam, return visit exam) appointments using a method other than option 2. The method must exclude use of appointment times from cancellations and no-shows and demonstrate a minimum of 5 consecutive days.</li> <li data-bbox="443 557 1885 597">• A summary or report of appointments designated for same-day urgent and routine visits.</li> </ul> <p data-bbox="394 597 1900 695"><b>Note:</b> Adding <i>ad hoc</i> or <i>unscheduled appointments</i> to a full day of scheduled appointments does not meet the requirement. Conducting a <i>walk-in clinic</i> or <i>open access scheduling</i> does not meet the requirement. There should be appointments available to allow for patient planning needs.</p>

## Team-Based Care (AR-TC)

Has your practice continued to use a team-based approach to provide primary care?

*Choose 1 option from the 2 below to submit for your annual reporting.*

Required (R) or Optional (O)	Requirement
O	<p><b>AC-TC1 Pre-Visit Planning Activities</b></p> <p><b>1. Pre-Visit Planning Activities (Shared)</b> Does your practice anticipate and plan for upcoming visits? Check all that apply.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Team meetings/huddles.</li> <li><input type="checkbox"/> Structured communication.</li> <li><input type="checkbox"/> Dashboard in the EHR.</li> <li><input type="checkbox"/> Checklist.</li> <li><input type="checkbox"/> Appointment notes.</li> <li><input type="checkbox"/> Other _____</li> </ul>
O	<p><b>AC-TC2 Employee Experience Feedback</b></p> <p>If your employee experience/satisfaction survey covers, at a minimum, collaboration, communication and team dynamics, provide the following:</p> <ol style="list-style-type: none"> <li><b>1. Employee Experience – Survey Tool (Shared)</b> Upload copy of the employee experience survey tool.</li> <li><b>2. Employee Experience – Data (Shared, at least 1 employee from each site must be included)</b> Enter: <ul style="list-style-type: none"> <li>• Numerator: Number of employees (staff/clinicians) who completed the survey in the past 12 months.</li> <li>• Denominator: Number of employees (staff/clinicians) surveyed in the past 12 months.</li> <li>• Reporting period.</li> </ul> </li> <li><b>3. Employee Experience – Report (Shared, report does not need to be stratified by site)</b> Upload report of results for all questions related to collaboration, communication, team dynamics.</li> </ol>

## Population Health Management (AR-PH)

Has your practice continued to proactively remind patients of upcoming services?

*Submit the information requested for your annual reporting.*

Required (R) or Optional (O)	Requirement
<b>R</b>	<p><b>AR-PH1 Proactive Reminders</b></p> <p><b>1. Proactive Reminders - Number of Services</b> (Shared)            Does your practice send proactive reminders for a minimum of 5 different services across at least 2 of the following categories: Preventive care services, Immunizations, Chronic or acute care services, Patients not seen regularly, Patients who need medication monitoring or alerts?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>2. Proactive Reminders – Frequency</b> (Shared)            For each category listed above, identify how frequently your practice generate lists and reminders to patients.</p> <ul style="list-style-type: none"> <li>• Monthly</li> <li>• Quarterly</li> <li>• Annually</li> <li>• Other _____</li> </ul> <p><b>Note:</b> <i>If 75 percent of clinicians have DRP or HSRP recognition, practice receives credit for three chronic care services.</i></p>

## Care Management (AR-CM)

Has your practice continued to identify patients who may benefit from care management?

*Submit the information requested for your annual reporting.*

Required (R) or Optional (O)	Requirement
R	<b>AR-CM1 Identifying and Monitoring Patients for Care Management</b>
	<p><b>1. Care Management Criteria</b> (Shared) Which of the following are considered in your practice's criteria for identifying patients who may benefit from care management? Must select at least two from the list below. Check all that apply.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Behavioral health conditions.</li> <li><input type="checkbox"/> High cost/high utilization.</li> <li><input type="checkbox"/> Poorly controlled or complex conditions.</li> <li><input type="checkbox"/> Social determinants of health.</li> <li><input type="checkbox"/> Referrals by outside organizations, practice staff or patient/family/caregiver.</li> </ul>
R	<p><b>2. Care Management - Number of Patients Identified</b> (Site-specific) Enter the number of unique patients identified for care management using the criteria selected above.</p>
Informational	<p><b>3. Total Number of Patients</b> (Optional data, Site-specific) Enter the total number of unique patients in the practice.</p>
	<p><b>4. Total Number of Patient Encounters</b> (Optional data, Site-specific) Enter the number of unique patients who have had an encounter with the practice in the past year.</p>
	<p><b>5. Care Management - Number of Patient Encounters</b> (Optional data, Site-specific) Enter the number of unique patients identified for care management who have had an encounter with the practice in the past year.</p>



## Care Coordination and Care Transitions (AR-CC)

Has your practice continued to coordinate care with labs, specialists, institutional settings or other care facilities?

*Respond to AR-CC1, then choose 1 additional option from the 4 below to submit for your annual reporting.*

Required (R) or Optional (O)	Requirement	Manual Option
R	<p><b>AR-CC1 Care Coordination Processes</b></p> <p>Attest to referral tracking and follow-up, test tracking and follow-up and care transitions.</p> <p><b>1. Tracking Lab Tests, Imaging Tests, Transitions of Care - Documented Process</b> (Shared)</p> <p>Does your practice use a continuous process for the following? Check all that apply. Tracking labs.</p> <p><input type="checkbox"/> Tracking lab tests</p> <p><input type="checkbox"/> Tracking imaging tests</p> <p><input type="checkbox"/> Transitions of care</p> <p><b>2. Tracking, Flagging and Follow-up on Lab Tests</b> (Shared)</p> <p>Does your practice track labs until results are available, flagging and following up on overdue results?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>3. Tracking, Flagging and Follow-up on Imaging Tests</b> (Shared)</p> <p>Does your practice track imaging tests until results are available, flagging and following up on overdue results?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>4. Tracking, Flagging and Follow-up on Specialist Referrals</b> (Shared)</p> <p>Does your practice track referrals until specialist reports are available, flagging and following up on overdue reports?</p>	<p><b>No alternative reporting method available.</b></p>

Required (R) or Optional (O)	Requirement	Manual Option
	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
<b>O</b>	<p><b>AR-CC2 Patient Experience Feedback – Care Coordination</b></p> <p>If your patient experience survey includes questions related to care coordination, provide the following:</p> <ol style="list-style-type: none"> <li><b>1. Patient Experience – Survey Tool</b> (Shared) <ul style="list-style-type: none"> <li>• Upload Copy of the patient experience survey tool. Practices that use a CAHPS survey do not need to provide the survey.</li> <li>• Indicate whether practice utilizes the CAHPS survey tool.</li> </ul> </li> <li><b>2. Patient Experience – Data</b> (Site-specific) <p>Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of completed surveys in the past 12 months.</li> <li>• Denominator: Number of patients surveyed in the past 12 months.</li> <li>• Reporting period.</li> </ul> </li> <li><b>3. Patient Experience – Report</b> (Shared, if report is stratified by site) <p>Upload report with results from the care coordination questions.</p> </li> </ol>	<p><b>No alternative reporting method available.</b></p>
	<p><b>AR-CC3 Lab and Imaging Test Tracking</b></p> <ol style="list-style-type: none"> <li><b>1. Tracking Lab Test Results – Data</b> (Site-specific) <p>Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of reports received from lab orders (count one report per order, with full results, even if reports for individual portions of an order come back at different times).</li> <li>• Denominator: Number of lab orders sent in the prior 12 months.</li> <li>• Reporting period.</li> </ul> </li> </ol>	<p><b>IF USING MANUAL DATA</b> (30 lab orders and 30 imaging orders)</p> <ol style="list-style-type: none"> <li><b>1. Tracking Lab Test Results – Data</b> (Site-specific) <p>Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of lab reports received back from orders. Search the chart or tracking tool for the 30 lab orders and report how many had a lab report that came back to the practice from the lab order (one report per order, full results of all tests).</li> </ul> </li> </ol>

Required (R) or Optional (O)	Requirement	Manual Option
	<p><b>2. Imaging Tracking Imaging Test Results – Data</b> (Site-specific) Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of reports received from imaging orders (count one report per order, with full results, even if reports for individual portions of an order come back at different times).</li> <li>• Denominator: Number of imaging orders sent in the prior 12 months.</li> <li>• Reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>• Denominator: 30. Pick 30 consecutive lab orders from the past year (within 12 months prior to the reporting date).</li> <li>• Reporting period.</li> </ul> <p><b>2. Imaging Tracking Imaging Test Results – Data</b> (Site-specific) Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of reports received from imaging orders (count one report per order, with full results, even if reports for individual portions of an order come back at different times).</li> <li>• Denominator: 30. Pick 30 consecutive imaging orders from the past year (within 12 months prior to the reporting date).</li> <li>• Reporting period.</li> </ul>
<b>O</b>	<b>AR-CC4 Referral Tracking</b>	
	<p><b>1. Tracking Referrals – Data</b> (Site-specific) Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of referral orders with consultant reports received from specialists from the referral order list above (count one report per referral).</li> <li>• Denominator: Number of referral orders sent to specialists.</li> <li>• Reporting period.</li> </ul> <p><b>2. Tracking Referrals - eCQMs</b> (Shared) Does your practice have the capability to submit CMS eCQM #50: Closing the referral loop: receipt of specialist report (using the QRDA format)?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<p><b>IF USING MANUAL DATA</b></p> <p><b>1. Tracking Referrals – Data</b> (Site-specific) Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of consultant reports received back from requests. Search the chart or tracking tool for the 30 referrals and report how many have a consultant report that came back to the practice from the referral (one report per referral).</li> <li>• Denominator: 30. Pick 30 consecutive referrals to specialists from the past year (within 12 months prior to the reporting date).</li> <li>• Reporting period.</li> </ul>

Required (R) or Optional (O)	Requirement	Manual Option
<b>O</b>	<p><b>AR-CC5 Care Transitions</b></p> <p>Track percentage of care transitions for which a summary of care document or discharge instructions have been received.</p> <p><b>1. Care Transitions Follow-up - Data (Site-specific)</b></p> <p>Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of transitions in the denominator for which practice received discharge instructions or a summary of care document, including the following data, as applicable: transitioning provider contact information, procedures, encounter diagnosis, laboratory tests, vital signs, care plan goals and instructions, discharge instructions.</li> <li>• Denominator: Number of patient transitions identified by the practice (transitioned by a facility, including hospitals, ERs, skilled nursing facilities and surgical centers) within the prior 12-month period.</li> </ul> <p><b>Note:</b> <i>Facilities other than hospitalizations and ED visits may be excluded.</i></p> <ul style="list-style-type: none"> <li>• Reporting period.</li> </ul> <p><b>Note:</b> <i>This information is not required to be transmitted electronically.</i></p>	<p><b>IF USING MANUAL DATA</b></p> <p><b>1. Care Transitions Follow-up - Data (Site-specific)</b></p> <p>Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of summary care documents/discharge instructions. Search the chart or tracking tool for the 30 care transitions and report how many have discharge instructions or a summary of care document associated with them.</li> <li>• Denominator: 30. Pick 30 consecutive care transitions from the past year (within 12 months prior to the reporting date).</li> </ul> <p><b>Note:</b> <i>Facilities other than hospitalizations and ED visits may be excluded.</i></p> <ul style="list-style-type: none"> <li>• Reporting period.</li> </ul>

## Performance Measurement and Quality Improvement (AR-QI)

Has your practice continued to collect and use performance measurement data for quality improvement activities?

*Practices must submit the information requested for your annual reporting.*

Required (R) or Optional (O)	Requirement
<b>R</b>	<p data-bbox="359 394 821 423"><b>AR-QI1 Clinical Quality Measures</b></p> <p data-bbox="359 443 1402 472"><b>1. Quality Improvement Worksheet</b> (Shared, some data must be site-specific)</p> <p data-bbox="407 480 993 509">Upload Quality Improvement (QI) Worksheet.</p> <p data-bbox="407 518 1892 578">At least annually, the practice measures or receives data on at least five clinical quality measures across two of the following three categories:</p> <ul data-bbox="407 586 743 695" style="list-style-type: none"> <li>• Immunizations.</li> <li>• Other preventive care.</li> <li>• Chronic/acute care.</li> </ul> <p data-bbox="407 711 1472 740"><b>Use the QI Worksheet to provide the following information for each measure:</b></p> <ul data-bbox="407 748 1457 1049" style="list-style-type: none"> <li>A. The measure category. (Shared)</li> <li>B. The measure name. (Shared)</li> <li>C. The denominator description for the measure. (Shared)</li> <li>D. The numerator description for the measure. (Shared)</li> <li>E. The number of patients in the denominator (after exclusions). (Site-specific)</li> <li>F. The number of patients in the numerator. (Site-specific)</li> <li>G. Reporting period. (Site-specific)</li> <li>H. Was the measure a target for quality improvement in the past year? (Yes/No).</li> </ul> <p data-bbox="407 1097 1902 1157"><b>Note:</b> <i>If your practice has an alternative report that is inclusive of all data required in the QI Worksheet (A-H), it may upload as evidence in lieu of the QI Worksheet.</i></p> <p data-bbox="359 1203 1010 1232"><b>2. Clinical Quality Measures - eCQMs</b> (Shared)</p> <p data-bbox="407 1240 1934 1300">Does your practice have the capability to submit at least three electronic measures (using the QRDA format) across at least two of the following categories: Immunizations, Other preventive care, or Chronic/acute care?</p> <ul data-bbox="407 1308 506 1382" style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p data-bbox="359 1390 1146 1419"><b>Note:</b> <i>Submission of eCQMs is currently under development.</i></p>

Required (R) or Optional (O)	Requirement
R	<b>AR-QI2 Resource Stewardship Measures</b>
	<p><b>1. Quality Improvement Worksheet</b> (Shared, some data must be site-specific) Upload Quality Improvement (QI) Worksheet.</p> <p>At least annually, the practice measures or receives data on at least one resource stewardship/utilization/health care cost measure.</p> <p><b>Use the QI Worksheet to provide the following information for each measure:</b></p> <ul style="list-style-type: none"> <li>A. The measure category. (Shared)</li> <li>B. The measure name. (Shared)</li> <li>C. The denominator description for the measure. (Shared)</li> <li>D. The numerator description for the measure. (Shared)</li> <li>E. The number of patients in the denominator (after exclusions). (Site-specific)</li> <li>F. The number of patients in the numerator. (Site-specific)</li> <li>G. Reporting period. (Site-specific)</li> <li>H. Was the measure a target for quality improvement in the past year? (Yes/No).</li> </ul> <p><i>Note: If your practice has an alternative report that is inclusive of all data required in the QI Worksheet (A-H), it may upload as evidence in lieu of the QI Worksheet.</i></p> <p><b>2. Resource Stewardship Measure - eCQMs</b> (Shared) Does your practice have the capability to submit at least one electronic measure (using the QRDA format) in the resource stewardship category?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><i>Note: Submission of eCQMs is currently under development.</i></p>
R	<b>AR-QI3 Patient Experience Feedback</b>
	<p><b>1. Quality Improvement Worksheet</b> (Shared, some data must be site-specific) Upload Quality Improvement (QI) Worksheet.</p> <p>At least annually, the practice measures or receives data on at least one patient experience measure.</p> <p><b>Use the QI Worksheet to provide the following information for each measure:</b></p> <ul style="list-style-type: none"> <li>A. The measure category. (Shared)</li> <li>B. The measure name. (Shared)</li> </ul>

Required (R) or Optional (O)	Requirement
	<p>C. The denominator description for the measure. (Shared)</p> <p>D. The numerator description for the measure. (Shared)</p> <p>E. The number of patients in the denominator (after exclusions). (Site-specific)</p> <p>F. The number of patients in the numerator. (Site-specific)</p> <p>G. Reporting period. (Site-specific)</p> <p>H. Was the measure a target for quality improvement in the past year? (Yes/No).</p> <p><i>Note: If your practice has an alternative report that is inclusive of all data required in the QI Worksheet (A-H), it may upload as evidence in lieu of the QI Worksheet.</i></p> <p><b>2. Patient Feedback - Other Method</b> (Shared)</p> <p>Upload other evidence demonstrating a patient advisory council or other method of patient feedback if not using the QI worksheet to demonstrate Patient Experience Feedback.</p>

## Special Topic: Behavioral Health (AR-BH)

Addressing the behavioral health needs of patients is an important aspect of comprehensive, whole-person care. In this section, NCQA seeks simply to understand the models used by recognized practices.

*Practices must submit the information about behavioral health based on the information outlined below but the responses will not impact recognition status. This special topic section is to help move practices towards better integration of behavioral health and to help NCQA track the degree to which practices are doing so in aggregate.*

*If your practice does not do any of the activities below, please select "This does not apply to us" in Q-PASS. This will alert NCQA that your practice does not conduct a specific behavioral health service or activity.*

	Requirement
Informational	<b>AR-BH1 Behavioral Health eCQMs</b>
	<p><b>1. Behavioral Health Measure - eCQMs (Shared)</b> Does your practice have the capability to submit at least one electronic measure (using the QRDA format) in the behavioral health category?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Submission of eCQMs is currently under development.</p>
Informational	<b>AR-BH2 Behavioral Health Staffing</b>
	<p><b>1. Relationships with Behavioral Health Specialist (Shared)</b> How does your practice address behavioral health needs of patients with the following behavioral health specialists? Check all that apply.</p> <p>a. Doctors of medicine (MD) or doctors of osteopathy (DO) who are state certified or licensed in psychiatry and/or addiction medicine</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with external behavioral health specialists</li> <li><input type="checkbox"/> Co-location with behavioral health specialist</li> <li><input type="checkbox"/> Behavioral health specialist is integrated within the practice</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>b. Advanced practice registered nurses (APRN) (including nurse practitioners and clinical nurse specialists)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with external behavioral health specialists</li> <li><input type="checkbox"/> Co-location with behavioral health specialist</li> <li><input type="checkbox"/> Behavioral health specialist is integrated within the practice</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other _____</li> </ul>



	Requirement
	<p>c. Doctoral or master's-level psychologists who are state certified or licensed</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with external behavioral health specialists</li> <li><input type="checkbox"/> Co-location with behavioral health specialist</li> <li><input type="checkbox"/> Behavioral health specialist is integrated within the practice</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>d. Doctoral or master's-level clinical social workers who are state certified or licensed.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with external behavioral health specialists</li> <li><input type="checkbox"/> Co-location with behavioral health specialist</li> <li><input type="checkbox"/> Behavioral health specialist is integrated within the practice)</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>e. Doctoral or master's-level marriage and family counselors who are state certified, registered or licensed by the state to practice independently.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with external behavioral health specialists</li> <li><input type="checkbox"/> Co-location with behavioral health specialist</li> <li><input type="checkbox"/> Behavioral health specialist is integrated within the practice</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>f. Doctoral or master's-level alcohol and drug counselors who are state certified, registered or licensed by the state to practice independently.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreements with external behavioral health specialists</li> <li><input type="checkbox"/> Co-location with behavioral health specialist</li> <li><input type="checkbox"/> Behavioral health specialist is integrated within the practice</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><b>2. Relationships with Behavioral Health Specialist (Shared)</b> Provide a description of the patient "hand-off" process.</p>

	Requirement	Manual Option
<b>Informational</b>	<b>AR-BH3 Behavioral Health Referral Monitoring</b>	
	<p>Monitor access to appointments for behavioral healthcare (for all referrals combined).</p> <p><b>1. Monitoring Behavioral Health Referrals Scheduled – Data (Site-specific)</b>  Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of referrals for which an appointment was scheduled.</li> <li>• Denominator: The number of initial behavioral health referrals. Include referrals to integrated behavioral health specialists, as well as to specialists in the community.</li> <li>• Reporting period.</li> </ul> <p><b>2. Monitoring Behavioral Health Referrals Seen Within 10 days - Data (Site-specific)</b>  Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of completed appointments or patients seen within 10 days of the referral. If the practice has an integrated behavioral health specialist and performs a warm hand-off at the time of the referral (patient is seen by the specialist on the same day the referral is made) this counts as an initial appointment.</li> <li>• Denominator: Number of initial behavioral health referrals. Include referrals to integrated behavioral health specialists, as well as to specialists in the community.</li> <li>• Reporting period.</li> </ul>	<p><b>IF USING MANUAL DATA</b></p> <p><b>1. Monitoring Behavioral Health Referrals Scheduled – Data (Site-specific)</b>  Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of referrals for which an appointment was scheduled. Search the chart or tracking tool for the 30 behavioral health referrals and report how many had an appointment scheduled.</li> <li>• Denominator: 30. Pick 30 consecutive behavioral health referrals from the past year (within 12 months prior to the reporting date).</li> <li>• Reporting period.</li> </ul> <p><b>2. Monitoring Behavioral Health Referrals Seen Within 10 days - Data (Site-specific)</b>  Enter:</p> <ul style="list-style-type: none"> <li>• Numerator: Number of completed appointments/patient seen within 10 days of the referral. Search the chart or tracking tool for the 30 behavioral health referrals and report how many have appointments were completed or patients were seen within 10 days of the referral.</li> <li>• Denominator: 30. Pick 30 consecutive behavioral health referrals from the past year (within 12 months prior to the reporting date).</li> <li>• Reporting period.</li> </ul>

	Requirement
<p style="text-align: center;"><b>Informational</b></p>	<p style="text-align: center;"><b>AR-BH4 Depression Screening</b></p> <p>The practice provides the following data:</p> <ol style="list-style-type: none"> <li><b>1. Depression Screening – Tool (Shared)</b> Identify tool used to conduct depression screening. <ul style="list-style-type: none"> <li>• PHQ-2</li> <li>• PHQ-9</li> <li>• Other _____</li> <li>• None</li> </ul> </li> <li><b>2. Depression Screening – Patient Population (Site-specific)</b> Define the patients included in the denominator (e.g., certain age groups, people without a history of depression).</li> <li><b>3. Depression Screening – Data (Site-specific)</b> Enter: <ul style="list-style-type: none"> <li>• Numerator: Number of patients screened.</li> <li>• Denominator: Number of patients.</li> <li>• Reporting period.</li> </ul> </li> <li><b>4. Depression Screening &amp; Follow-up - NQF 0418 (Shared)</b> Is your practice using NQF-endorsed Measure 0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan to report the numerator and denominator? <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> </li> </ol>
<p style="text-align: center;"><b>Informational</b></p>	<p style="text-align: center;"><b>AR-BH5 Anxiety Screening</b></p> <ol style="list-style-type: none"> <li><b>1. Anxiety Screening – Tool (Shared)</b> Identify tool used to conduct depression screening. <ul style="list-style-type: none"> <li>• GAD-7</li> <li>• PC-PTSD</li> <li>• Other _____</li> <li>• None</li> </ul> </li> <li><b>2. Anxiety Screening – Patient Population (Site-specific)</b> Define the patients included in the denominator (e.g., certain age groups, people without a history of depression).</li> <li><b>3. Anxiety Screening – Data (Site-specific)</b> Enter: <ul style="list-style-type: none"> <li>• Numerator: Number of patients screened.</li> <li>• Denominator: Number of patients.</li> </ul> </li> </ol>

	Requirement
	<ul style="list-style-type: none"> <li>• Reporting period.</li> </ul>
<b>Informational</b>	<p><b>AR-BH6 Behavioral Health Clinical Decision Support</b></p> <p><b>1. Clinical Decision Support – Mental Health (Shared)</b>  Which mental health issues does your practice address with decision support based on evidence-based guidelines? <i>(Note: This requirement focuses on treatment guidelines, not on screening guidelines.)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Bipolar disorder</li> <li><input type="checkbox"/> ADHD/ADD</li> <li><input type="checkbox"/> Dementia/Alzheimer’s</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><b>2. Clinical Decision Support – Substance Use Issues (Shared)</b>  Which topics does your practice address with decision support based on evidence-based guidelines? <i>(Note: This requirement focuses on treatment guidelines, not on screening guidelines.)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Illegal drug use</li> <li><input type="checkbox"/> Prescription drug addiction</li> <li><input type="checkbox"/> Alcoholism</li> <li><input type="checkbox"/> Other _____</li> </ul>