NCQA Patient-Centered Medical Home (PCMH) Recognition

A tool to improve quality outcomes, lower utilization rates, and drive savings

Program Description

NCQA PCMH is the most widely-used program for transforming primary care practices into medical homes. To achieve recognition, practices must meet all core criteria and earn 25 credits in elective criteria across 5 of 6 concept areas.

PCMH 2017 includes a streamlined application process and an annual check-in. We’ve also added the flexibility to emphasize state-specific priorities, such as behavioral health integration.

20% of all primary care clinicians are NCQA PCMH Recognized, including 70,000+ clinicians across 15,000+ practices.

Value to States

- **Provides** standardized model of care
- **Improves** outcomes, lowers utilization
- **Aligns** with MACRA/MIPS and CPC+
- **Builds** provider capacity/increases access
- **Supports** Value-Based Payment initiatives
- **Enhances** state quality improvement efforts
- **Foundation** for building ACO’s/CIN’S
- **Drives** savings

NCQA PCMH Recognition in Action

<table>
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<tr>
<th>Medicaid Managed Care contract incentive (PMPM for NCQA PCMH recognition)</th>
<th>Metric for measuring network quality (track % of providers that are NCQA recognized)</th>
<th>Participation requirement for DSRIP, SIM or Health Home initiatives</th>
<th>Auto-credit for NCQA recognition to participants in state initiative</th>
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<td>South Carolina Provider Quality Incentive Program</td>
<td>Georgia (CMO Contract)</td>
<td>Tennessee (SIM) New York (DSRIP) Iowa (Health Home)</td>
<td>Oregon (PCPCH)</td>
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Additional State Examples

Twenty-nine public sector initiatives across 24 states require or use NCQA PCMH including: CA, CT, DC, FL, HI, LA, MA, ME, MI, MO, NM, ID, RI, TX, VT, WY.

To learn more, contact our State Affairs Team at publicpolicy@ncqa.org.