



## Person-Centered Medical Home (PCMH) Glide Path Renewal Instructions and Application

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Revision B – March 12, 2018

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## GLIDE PATH RENEWAL APPLICATION INSTRUCTIONS

### I. Glide Path Renewal Application Requirements

Your practice will be required to complete a gap analysis in collaboration with your Community Practice Transformation Specialist (CPTS) within 30 days of this application submission. If you have any questions, please contact the PCMH Program Administrator at 203.949.4194 or [pcmhglideapplication@chnct.org](mailto:pcmhglideapplication@chnct.org).

#### **To Complete a Glide Path Renewal Application:**

1. It is important to download and save the form before entering data. Save the application using the convention:

***PracticeName\_PCMHGLidePathRenewal\_mm-dd-yyyy.pdf.***

The form was created using Adobe® Acrobat® 10 Pro Version 10.1.16. It has been tested using Adobe® Acrobat® Reader 11 and Microsoft Internet Explorer® 11.0.

The form should be submitted using an Adobe® Acrobat® application using Internet Explorer®.

2. Complete the application by entering data directly in the form fields provided on the application. As you enter data be sure to periodically save the form.
3. The last section of the application is the electronic signature agreement. By clicking “I agree” and signing below, you are signing the agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on the agreement.

**Electronic Signature Agreement.** By clicking “I agree” and typing your name below, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

☐ I agree

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (mmddyyyy)*

4. Upon completion, save the form. Contact your assigned Community Practice Transformation Specialist (CPTS) to review the draft of your application prior to submission.
5. Once approved, click the **SUBMIT** button on the last page to transmit the data to the Medical Administrative Service Organization (ASO). You will automatically receive a **Message Received** reply with a tracking number. Save this for future reference. You can expect to be contacted by the ASO within three business days.

A complete description of the Glide Path Renewal Application requirements and detailed data field descriptions are included in the Application on pages 7 to 11.

## II. Additions or Changes to the Glide Path Renewal Application

Open your original, saved Glide Path Renewal Application and make appropriate additions or changes, making sure to reference the Glide Path Renewal **tracking number**. An individual authorized to act as a signatory for the practice must re-sign the application when it is re-submitted. In doing so, the signatory certifies that all updated information provided on the application is accurate.

Once your application is updated and signed, follow the Electronic Submission instructions on page 11.

Please direct any questions regarding the PCMH Glide Path Renewal Application process to your Community Practice Transformation Specialist or the PCMH Program Administrator at 203.949.4194 or [pcmhglideapplication@chnct.org](mailto:pcmhglideapplication@chnct.org).

## III. Summary of Glide Path Renewal Application Submission Requirements

SUMMARY OF SUBMISSION REQUIREMENTS		
GLIDE PATH PRACTICE MUST PROVIDE:	INCLUDING:	THE INFORMATION MUST BE PROVIDED:
<i>Glide Path Renewal applicants must complete the following requirements.</i>		
A. Grant access to the practice's NCQA Q-PASS account	Contributor user access rights to the practice's NCQA Q-PASS account	At the time the applicant submits the Glide Path Renewal Application.
B. A complete Glide Path Renewal Application.	Practice Information specific to NCQA requirements, Glide Path Program requirements, Glide Path Summary Timeline and Signatures. The Glide Path Application can be found at <a href="http://www.huskyhealthct.org/providers/PCMH/PCMH-Documents/PCMH_Glide_Path_Instructions_and_Application.pdf">http://www.huskyhealthct.org/providers/PCMH/PCMH-Documents/PCMH_Glide_Path_Instructions_and_Application.pdf</a>	At the time the applicant submits the Glide Path Renewal Application. Follow submission directions below.  <b>PLEASE NOTE:</b> The change in enhanced reimbursement rate effective date will be the day of the Practice's current NCQA expiration date.
<i>If awarded Glide Path Renewal Practice status, your practice will receive a letter from the DSS PCMH program. Once you receive this letter of approval, please complete the following requirements.</i>		
C. A completed CHNCT PCMH Gap Analysis Checklist.	The series of questions to determine the practice's current status in the NCQA PCMH Renewal Process.	To complete an initial gap analysis in collaboration with their Community Practice Transformation Specialist (CPTS) within 30 days of the application submission.
D. A revised CHNCT PCMH Gap Analysis Checklist	A revised CHNCT PCMH Gap Analysis Checklist	Every three months that the practice is in the Glide Path Renewal process to monitor the practice's progress.

#### IV. Detailed Description of Glide Path Renewal Application Requirements

This section describes how to complete the Glide Path Renewal Application in detail.

A. PRACTICE INFORMATION	
Field Number and Name	Description
<b>Practice Name</b>	Enter the legal name of the practice.
<b>Individual responsible for Glide Path Renewal requirements</b>	Enter the name of the individual who will be working directly with the Medical ASO staff to ensure that all Glide Path Renewal requirements are met.
<b>Connecticut Medical Assistance Program (CMAP) numbers under which the practice bills primary care services for all Primary Care Providers (PCPs) listed in the Practice's PCMH Application</b>	Enter all applicable billing CMAP provider ID numbers used by the practice to bill the Department of Social Services ("the Department" or DSS) for care provided to HUSKY Health program recipients. CMAP provider numbers are sometimes referred to as "AVRS IDs" on CMAP remittance advice. Typically, a practice will have different CMAP numbers (which may map to one or multiple NPI's) maintained for different specialties, such as Internal Medicine, Family Practice, Pediatrics, and Nurse Practitioners. All relevant CMAP billing provider numbers should be included.
<b>Address Line 1</b>	Enter the number and street name of the practice's primary site address. <b>This cannot be a P.O. Box.</b>
<b>Address Line 2</b>	Enter the second line of the practice's primary site street address, if necessary.
<b>Practice City</b>	Enter the city name of the practice's primary site address.
<b>Practice State</b>	Enter the state name or its abbreviation of the practice's primary site address.
<b>Practice Zip Code</b>	Enter the 5-digit zip code of the practice's primary site address.
<b>Practice Telephone Number</b>	Enter the telephone number of the practice's primary site.
<b>Practice Fax Number</b>	Enter the fax number of the practice's primary site.

B. NCQA Q-PASS ACCOUNT AND REQUIRED CRITERIA	
Field Number	Description
<b>NCQA Q-PASS ACCOUNT</b>	Enter the NCQA Q-PASS account number. Glide Path Practices must provide the Department's Medical ASO with access to their NCQA Q-PASS account by registering the Medical ASO as a contributor. If a Q-PASS account has not been established, enter the projected Phase, which would be either Phase 1 or Phase 2.
<b>NCQA CORE CRITERIA</b>	Listed are the required core criteria that the practice will be completing. Practice will select "yes" for the criteria that are met or "no" for any criteria that is not yet met.
<b>NCQA ELECTIVE CRITERIA</b>	Check the box to attest that the practice will complete the required NCQA elective criteria with the selection of at least 25 credits across five of the six concepts as mandated by NCQA.
<b>PCMH DISTINCTION MODULES</b>	Check the boxes if your practice has achieved any of PCMH Distinctions in addition to 2017 PCMH Recognition (check all that apply)

**C. GLIDE PATH RENEWAL TIMELINE**

Glide Path Renewal Timeline	Completion Date	Required Documentation
Three Months	mm/dd/yyyy	CHNCT PCMH Gap Analysis Checklist
Six Months	mm/dd/yyyy	CHNCT PCMH Gap Analysis Checklist
Nine Months	mm/dd/yyyy	CHNCT PCMH Gap Analysis Checklist

**D. GLIDE PATH RENEWAL DELIVERABLES**

The Glide Path Renewal Application requires applicants to complete all required documentation.

**Practices must complete the entire Glide Path Renewal in no more than nine months.** In the event that a practice does not complete the Glide Path Renewal within the nine month period, DSS will be notified and the practice's ability to continue the DSS PCMH Program and obtain reimbursements will be determined.

**E. REQUIREMENT FOR GLIDE PATH RENEWAL COMPLETION**

- A copy of the Notification of Recognition Decision email from NCQA, denoting the practice has been granted recognition.
- A copy of the NCQA PCMH Certificate of Recognition.



## Person-Centered Medical Home (PCMH) Glide Path Renewal Application

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# CONNECTICUT MEDICAL ASSISTANCE PROGRAM

Practice Name:

Save this form periodically while completing or editing your application. Any data not saved will be lost.

A. PRACTICE INFORMATION			
Field Number and Required Information		Practice Response	
*A.1	Practice Name		
*A.2	Individual Contact responsible for Glide Path Renewal requirements		
A.3	<b>Connecticut Medical Assistance Program (CMAP) Group ID numbers.</b> <i>These are the ID numbers under which the practice bills primary care services for all Primary Care Providers (PCPs) listed in Section E of the PCMH Application. Enter CMAP Group ID numbers only.</i>	1.	
		2.	
		3.	
		4.	
		5.	
*A.4	Practice Address Line 1		
A.5	Practice Address Line 2		
*A.6	Practice City		
*A.7	Practice State		
*A.8	Practice Zip Code		
*A.9	Practice Telephone Number		
A.10	Practice Fax Number		

*Please complete all required fields marked by an asterisk (\*)*

**Please Note:** If the practice has multiple sites, complete an application for each site with different addresses. You may incorporate the name of the practice with its location. For example: "ABC Practice – South Street."

B. NCQA Q-PASS ACCOUNT		
Field Number and Name	Description	
NCQA Q-Pass Account	Enter the NCQA Q-PASS account number. Glide Path Renewal Practices must provide the Department's Medical ASO with Contributor user access rights to their Q-PASS account. If a Q-PASS account has not been established, enter the projected date that this will occur.	



## C. NCQA REQUIRED CORE CRITERIA

Below is a listing of **required core criteria** that a practice must complete in addition to the **CHNCT PCMH Gap Analysis Checklist** with your assigned Community Practice Transformation Specialist (CPTS). **Please note:** if you do not have an assigned CPTS, please contact the PCMH Program Administrator at 203.949.4194 or [pcmhglideapplication@chnct.org](mailto:pcmhglideapplication@chnct.org).

Concepts	Required Core Criteria	Met	
Team-Based Care and Practice Organization (TC)	<u>Competency A</u> TC 01: PCMH Transformation Leads	Yes	No
	TC 02: Structure and Staff Responsibilities	Yes	No
	<u>Competency B</u> TC 06: Individual Patient Care Meetings/Communication	Yes	No
	TC 07: Staff Involvement in Quality Improvement	Yes	No
	<u>Competency C</u> TC 09: Medical Home Information	Yes	No
	<u>Competency A</u> KM 01: Problem Lists	Yes	No
	KM 02: Comprehensive Health Assessment	Yes	No
Knowing and Managing Your Patients (KM)	KM 03: Depression Screening	Yes	No
	<u>Competency B</u> KM 09: Diversity	Yes	No
	KM 10: Language	Yes	No
	<u>Competency C</u> KM 12: Proactive Reminders	Yes	No
	<u>Competency D</u> KM 14: Medication Reconciliation	Yes	No
	KM 15: Medication Lists	Yes	No
	<u>Competency E</u> KM 20: Clinical Decision Support	Yes	No
	<u>Competency F</u> KM 21: Community Resource Needs	Yes	No

## CONNECTICUT MEDICAL ASSISTANCE PROGRAM

Practice Name:

Patient-Centered Access and Continuity (AC)	<u>Competency A</u> AC 01: Access Needs and Preferences	Yes	No
	AC 02: Same-Day Appointments	Yes	No
	AC 03: Appointments Outside Business Hours	Yes	No
	AC 04: Timely Clinical Advice by Telephone	Yes	No
	AC 05: Clinical Advice Documentation	Yes	No
	<u>Competency B</u> AC 10: Personal Clinician Selection	Yes	No
	AC 11: Patient Visits with Clinician/Team	Yes	No
Care Management and Support (CM)	<u>Competency A</u> CM 01: Identifying Patients for Care Management	Yes	No
	CM 02: Monitoring Patients for Care Management	Yes	No
	<u>Competency B</u> CM 04: Person-Centered Care Plans	Yes	No
	CM 05: Written Care Plans	Yes	No
Care Coordination and Care Transitions (CC)	<u>Competency A</u> CC 01: Lab and Imaging Test Management	Yes	No
	<u>Competency B</u> CC 04: Referral Management	Yes	No
	<u>Competency C</u> CC 14: Identifying Unplanned Hospital and ED Visits	Yes	No
	CC 15: Sharing Clinical Information	Yes	No
	CC 16: Post-Hospital/ED Visit Follow-Up	Yes	No
Performance Measurement and Quality Improvement (QI)	<u>Competency A</u> QI 01: Clinical Quality Measures	Yes	No
	QI 02: Resource Stewardship Measures	Yes	No

## CONNECTICUT MEDICAL ASSISTANCE PROGRAM

Practice Name:

	<b>QI 03: Appointment Availability Assessment</b>	Yes	No
	<b>QI 04: Patient Experience Feedback</b>	Yes	No
	<b><u>Competency B</u></b>		
	<b>QI 08: Goals and Actions to Improve Clinical Quality Measures</b>	Yes	No
	<b>QI 09: Goal and Actions to Improve Resource Stewardship Measures</b>	Yes	No
	<b>QI 10: Goals and Actions to Improve Appointment Availability</b>	Yes	No
	<b>QI 11: Goals and Actions to Improve Patient Experience</b>	Yes	No
	<b><u>Competency C</u></b>		
	<b>QI 15: Reporting Performance within the Practice</b>	Yes	No

### D. NCQA REQUIRED ELECTIVE CRITERIA

<b>Elective Criteria</b>	<b>By checking the box to the right, you agree to complete the required elective criteria with the selection of at least 25 credits across five of the six concepts as mandated by NCQA.</b>	
<b>PCMH Distinction Modules</b> (check all that apply)	<b>Behavioral Health Integration – (BHI)</b> <b>Electronic Quality Measures Reporting – (eCQM)</b> <b>Patient Experience Reporting – (PEX)</b> <b>Not Applicable</b>	

### E. GLIDE PATH RENEWAL TIMELINE

<b>Glide Path Renewal Timeline</b>	<b>Completion Date: MMDDYYYY</b> (The start date is the same date that the application is submitted)
<b>Three Months</b>	
<b>Six Months</b>	
<b>Nine Months</b>	

### F. GLIDE PATH RENEWAL DELIVERABLES

Refer to page 5 of the Glide Path Renewal Requirements in the instructions for information.

## G. REQUIREMENTS FOR GLIDE PATH RENEWAL COMPLETION

- Copy of the email from NCQA, recognizing the practice as a Level 2 or Level 3 PCMH Practice is required to achieve full PCMH qualification from the Department.
- The practice must submit a copy of the NCQA PCMH Certificate of Recognition, Level 2 or Level 3, to the Medical ASO when it is received from NCQA.

## H. SIGNATURE

The information provided in this PCMH GLIDE PATH RENEWAL APPLICATION is true and correct to the best of my knowledge as an individual authorized by the practice.

An individual authorized to act as a signatory for the practice must also provide an electronic signature on the application. In doing so, the signatory certifies that all information provided in the application is accurate.

*Provider Entity Name (doing business as)*

*Name of Authorized Representative*

**Electronic Signature Agreement.** By clicking “I agree” and typing your name below, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

☐ \* I agree

*\*Signature*

*\*Date (mm/dd/yyyy)*

Click the **SUBMIT** button on this page to send this application to the Medical ASO. You will automatically receive a **Message Received** reply with a tracking number. Save these for future reference. You can expect to be contacted by the Medical ASO within 3 business days.

**SUBMIT**

If you have any questions about this Glide Path Renewal application, contact the PCMH Program Administrator at **203.949.4194** or [pcmhglideapplication@chnct.org](mailto:pcmhglideapplication@chnct.org).