Comparison of NCQA 2014 Medical Home Recognition to 2014 Joint Commission Primary Care Medical Home Certification for Ambulatory Care Organizations

This tool, prepared by The Joint Commission, has two parts:

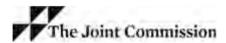
- Part 1 <u>compares the evaluation and scoring processes</u> between the National Committee for Quality Assurance's (NCQA's) 2014 Patient-Centered Medical Home recognition and the Joint Commission's 2014 Primary Care Medical Home certification for ambulatory care organizations/practices.
- Part 2 <u>compares a description of standards</u> between NCQA's PCMH recognition and the Joint Commission's Primary Care Medical Home certification standards and elements of performance for ambulatory care organizations/practices.

While there are differing approaches to the evaluation and scoring process, the standards comparison indicates that the Joint Commission's 2014 Primary Care Medical Home certification requirements are comparable to NCQA's 2014 Patient-Centered Medical Home Level 3 requirements.

PART 1

FEATURE	THE JOINT COMMISSION	NCQA
Name	Primary Care Medical Home	Patient-Centered Medical Home
Award Label	Certification	Recognition
Length of award	3 years	3 years
Scope of Evaluation	Entire organization/practice	Delivery site specific
Core components/Operational Characteristics	Patient-Centered Care; Comprehensive Care; Coordinated Care; Superb Access to Care; Systems Approach to Quality & Safety	Patient-Centered Access; Team-based Care; Population Health Management; Care Management & Support; Care Coordination & Care Transitions; Performance Measurement & Quality Improvement
Accreditation of organization also required?	YES	NO
Includes levels of achievement?	NO	YES: Levels 1, 2, 3
Need to submit documentation of compliance?	NO	YES
On-site survey conducted to evaluate compliance?	YES	NO
On-site consultation on approaches to compliance?	YES	NO
Scoring process	Must comply with all standards, with post- survey opportunity & support to comply	Points-based, with Must Pass elements & critical factors
Copy of preliminary report available on-site?	YES	NO
Post-survey support?	YES	NO
Continued compliance support?	YES	NO





Part 2 - Medical Home Crosswalk

Comparison of NCQA's 2014 Patient-Centered Medical Home Requirements to 2015 Joint Commission Ambulatory Care Primary Care Medical Home Standards & EPs

Number	Description of NCQA Standards		Commission	I loint Commission Standards and Flamonts of Portormance
PCMH-1A	TAG: PCMH-1A	LD.04.0	01.05 Th	ne organization effectively manages its programs, services, or sites.
Patient-Centered Appointment Access*: In this section, the NCQA standards address ensuring patients are able to obtain appointments on the day they present or call and have access to care when the office is closed; providing various types of patient interactions; providing health care advice by		EP 11	evaluates ho	tions that elect The Joint Commission Primary Care Medical Home option: The organization we effectively the primary care clinician and the interdisciplinary team work in partnership with a support the continuity of care and the provision of comprehensive and coordinated care, services.
appointments, appointm	electronic methods and on the telephone; and measures and monitors patient access to appointments, appointment utilization, and performance improvement opportunities. * denotes requirements that NCQA says must be met		Th No	or organizations that elect The Joint Commission Primary Care Medical Home option: ne patient has access to the organization 24 hours a day, 7 days a week. ote: Access may be provided through a number of methods, including telephone, nail, websites, portals, and flexible hours.
		EP 1	provides pati - Contact the - Request pro-	tions that elect The Joint Commission Primary Care Medical Home option: The organization ents with the ability to do the following 24 hours a day, 7 days a week: primary care medical home to obtain a same- or next-day appointment escription renewal cal advice for urgent health needs
			offers flexible Note: This m	tions that elect The Joint Commission Primary Care Medical Home option: The organization escheduling to accommodate patient care needs. ay include open scheduling, same-day appointments, group visits, expanded hours, and s with other organizations.
		EP 3 For organization has a process to		tions that elect The Joint Commission Primary Care Medical Home option: The organization is to respond to patient urgent care needs 24 hours a day, 7 days a week.
		PI.01.0	1.01 Th	ne organization collects data to monitor its performance.
		EP 41		tions that elect The Joint Commission Primary Care Medical Home option: The organization on the following: Patient access to care within time frames established by the organization.
		EP 42	collects data - Patient exp - Patient perc - Patient perc - Patient perc	tions that elect The Joint Commission Primary Care Medical Home option: The organization on the following: erience and satisfaction related to access to care, treatment, or services and communication ception of the comprehensiveness of care, treatment, or services ception of the coordination of care, treatment, or services ception of the continuity of care, treatment, or services 01.01.01, EP 16)
		PI.03.0	1.01 Th	ne organization improves performance.
		EP 2	The organiza	tion takes action on improvement priorities.

Number		Joint	Commiss	ion	
PCMH-1B	Description of NCQA Standards		/alent Nun		Joint Commission Standards and Elements of Performance
PCMH-1B	TAG: PCMH-1B	IM.02.0	02.03	The o	rganization retrieves, disseminates, and transmits health information in useful its.
patients and entered into also requires organization	Advice: NCQA requires that timely clinical advice be provided to be the patient's medical record to support continuity of care. And it can be to have written procedures for these activities and that they are following their procedures.	EP 2			storage and retrieval systems make health information accessible when needed for atment, or services. (See also IC.01.02.01, EP 1)
monitor whether they are following their procedures.		LD.03.	02.01		rganization uses data and information to guide decisions and to understand ion in the performance of processes supporting safety and quality.
		EP 4	Leaders properties		the resources needed for data and information use, including staff, equipment, and ems.
		EP 5			uses data and information in decision making that supports the safety and quality of or services. (See also PI.02.01.01, EP 8)
		PC.02.	04.01	The p	rganizations that elect The Joint Commission Primary Care Medical Home option: atient has access to the organization 24 hours a day, 7 days a week. Access may be provided through a number of methods, including telephone, , websites, portals, and flexible hours.
		EP 1	provides - Contact - Reques	patients the pri presci	s that elect The Joint Commission Primary Care Medical Home option: The organization is with the ability to do the following 24 hours a day, 7 days a week: mary care medical home to obtain a same- or next-day appointment ription renewal advice for urgent health needs
		For organizations that elect The Joint Commission Primary Care Medical Home option: The organizations flexible scheduling to accommodate patient care needs. Note: This may include open scheduling, same-day appointments, group visits, expanded hours, and arrangements with other organizations.			heduling to accommodate patient care needs. nclude open scheduling, same-day appointments, group visits, expanded hours, and
		EP 3			s that elect The Joint Commission Primary Care Medical Home option: The organization respond to patient urgent care needs 24 hours a day, 7 days a week.
		PC.02.	04.03	The o	rganizations that elect The Joint Commission Primary Care Medical Home option: rganization is accountable for providing patient care. (Refer to Standard 04.05)
		EP 5	uses a ce - Support services - Docume - Support - Support - Create r - Create a disease-s - Facilitat - Support	entified of the co ent and diseas prever eports and sub pecific e electi perfori	s that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: ntinuity of care, and the provision of comprehensive and coordinated care, treatment, or track care, treatment, or services e management, including providing patient education tive care, treatment, or services for internal use multi reports to external providers and organizations, including public health agencies, registries, immunization registries, and other specialized registries onic exchange of information among providers mance improvement ovide patient-specific education resources

Number PCMH-1B	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		RC.01.0	01.01 The o	rganization maintains complete and accurate clinical records.
		EP 5	The clinical reco	rd contains the information needed to support the patient's diagnosis and condition.
		EP 6	The clinical reco	rd contains the information needed to justify the patient's care, treatment, or services.
		EP 7	The clinical reco	rd contains information that documents the course and result of the patient's care, vices.
		EP 8	continuity of care Note: For organi	rd contains information about the patient's care, treatment, or services that promotes e among providers. zations that elect The Joint Commission Primary Care Medical Home option: This ers to care provided by both internal and external providers.
		EP 9	The organization patients.	n uses standardized formats to document the care, treatment, or services it provides to
		EP 11	All entries in the	clinical record are dated.
		EP 12	The organization	tracks the location of all components of the clinical record.
		EP 13	The organization required to provi	n assembles or makes available in a summary in the clinical record all information de patient care, treatment, or services. (See also MM.01.01.01, EP 1)
		EP 14		provide care, summaries of treatment and other documents provided by the forwarded to other care providers.
		RC.01.0	03.01 Docu	mentation in the clinical record is entered in a timely manner.
		EP 1	The organization also PC.01.02.0	n has a written policy that requires timely entry of information into the clinical record. (See 3, EP 1)
		EP 2	The organization	defines the time frame for completion of the clinical record.
		EP 3		n implements its policy requiring timely entry of information into the patient's clinical o PC.01.02.03, EP 2)

Number CMH-1B	Description of NCQA Standards		Commission lent Number	Joint Commission Standards and Elements of Performance
		RC.02.01	1.01 The c	linical record contains information that reflects the patient's care, treatment, or es.
		EP 2	- The patient's in - Any findings of EPs 1 and 8) - Any allergies to - Any allergies to - Any conclusion - Any diagnoses - Any consultatio - Any progress n - Any medicatior - Any medicatior - Any access site - The patient's re - Any adverse dr - Plans for care a	medications s or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, or services n reports otes is ordered or prescribed is administered, including the strength, dose, and route of for medication, administration devices used, and rate of administration isponse to any medication administered
		EP 4	information: - Any advance d Note: For ambulo organization doc advance directive - Any informed c - Any documenta treatment, or ser - Any records of - Any referrals or	atory surgical centers that elect to use The Joint Commission deemed status option: The uments in a prominent place in the clinical record whether or not the patient has
		EP 21	the following: - The time and m - Indication that t - Conclusions re disposition, conc	he patient left against medical advice, when applicable ached at the termination of care, treatment, or services, including the patient's final lition, and instructions given for follow-up care, treatment, or services a
		RI.01.01.	.01 The o	rganization respects patient rights.
		EP 5	The organization RI.01.01.03, EP	respects the patient's right to and need for effective communication. (See also 1)
		FD 0	The engage - the	was a state of the matical transfer and managed relief and materials

EP 6

EP 7

The organization respects the patient's cultural and personal values, beliefs, and preferences.

privacy of a patient's health information, please refer to Standard IM.02.01.01.

The organization respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5)

Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the

Number PCMH-1C	Description of NCQA Standards	Joint Commis Equivalent Nu			Joint Commission Standards and Elements of Performance
PCMH-1C	TAG: PCMH-1C	LD.03.0			ganization uses data and information to guide decisions and to understand on in the performance of processes supporting safety and quality.
care information electron appointments, prescripti	A also sets the following targets for providing patients with health nically, receive responses electronically, and to request ions, referrals, and test results electronically: more than half of the	EP 1		expe	ctations for using data and information to improve the safety and quality of care,
half of the patients havir	tients who request health information receive it within three business days; more than If of the patients having office visits are able to receive clinical summaries within three siness days; after health information is available to the organization, access is provided		Leaders are	able	to describe how data and information are used to create a culture of safety and quality
to at least ten percent of patients within four business days.		EP 3	The organiz	ation	uses processes to support systematic data and information use.
		EP 4	Leaders pro information		the resources needed for data and information use, including staff, equipment, and ms.
		EP 5			uses data and information in decision making that supports the safety and quality of or services. (See also PI.02.01.01, EP 8)
	EP 6	The organiz		uses data and information to identify and respond to internal and external changes in	
		EP 7	Leaders eva	aluate	how effectively data and information are used throughout the organization.
		LD.04.0			rs establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
	EP 1	Leaders set PI.01.01.01		ities for performance improvement activities and patient health outcomes. (See also 1 and 3)	
		EP 5	performanc	e imp	that elect The Joint Commission Primary Care Medical Home option: Ongoing rovement occurs organizationwide for the purpose of demonstrably improving the γ of care, treatment, or services.
		PC.02.0	T N	he pa	ganizations that elect The Joint Commission Primary Care Medical Home option atient has access to the organization 24 hours a day, 7 days a week. Access may be provided through a number of methods, including telephone, websites, portals, and flexible hours.
		EP 4	medical hor after the info	ne pa ormat	that elect The Joint Commission Primary Care Medical Home option: Primary care tients are provided online access to their health information within four business days ion is available to the primary care clinician or interdisciplinary team. This information tic test results, lab results, summary lists, and medication lists.
		EP 5	uses a certi	fied e	that elect The Joint Commission Primary Care Medical Home option: The organization lectronic health record to provide appointment reminders to patients with two or more last two years.

Number		loint	Commission	
PCMH-1C	Description of NCQA Standards		alent Number	Joint Commission Standards and Elements of Performance
		The		organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 2.04.05)
		EP 5	uses a certified - Support the co- services - Document and - Support diseas - Support prevei - Create reports - Create and suidisease-specific - Facilitate elect - Support perfor	is that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: intinuity of care, and the provision of comprehensive and coordinated care, treatment, or strack care, treatment, or services see management, including providing patient education intive care, treatment, or services for internal use omit reports to external providers and organizations, including public health agencies, are registries, immunization registries, and other specialized registries ronic exchange of information among providers mance improvement ovide patient-specific education resources
		PI.01.0	1.01 The	organization collects data to monitor its performance.
		EP 1	The leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organization	n identifies the frequency for data collection.
		EP 3	The organization (See also LD.04	n collects data on the following: Performance improvement priorities identified by leaders04.01, EP 1)
		PI.02.0	1.01 The	organization compiles and analyzes data.
		EP 1	The organization	n compiles data in usable formats.
		EP 2	The organization	n identifies the frequency for data analysis.
		EP 4	The organization patterns, trends	n analyzes and compares internal data over time to identify levels of performance, and variations.
		EP 5	The organization	n compares data with external sources, when available.
		EP 8		n uses the results of data analysis to identify improvement opportunities. (See also P 5; PI.03.01.01, EP 1)
		PI.03.0	1.01 The d	organization improves performance.
		EP 1	Leaders prioritiz	e the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organization	n takes action on improvement priorities.
		EP 3	The organization	n evaluates actions to confirm that they resulted in improvements.
		EP 4	The organization	n takes action when it does not achieve or sustain planned improvements.

Number PCMH-1C	Description of NCQA Standards		t Commissio valent Numb	I IOINT COMMISSION STANDARDS AND FIOMONTS OF POPTORMANCO
		RI.01.0	1.01	he organization respects patient rights.
		EP 5	The organiz	ation respects the patient's right to and need for effective communication. (See also , EP 1)
		EP 10		ation allows the patient to access, request amendment to, and obtain information on of his or her health information, in accordance with law and regulation.
PCMH-2A	TAG: PCMH-2A	LD.04.0	01.05	he organization effectively manages its programs, services, or sites.
care clinician, recording t	n, the NCQA standards address patient selection of a primary the patient's choice of a primary care clinician, and determining s visits are with the selected primary care clinician.	EP 11	evaluates h	ations that elect The Joint Commission Primary Care Medical Home option: The organization ow effectively the primary care clinician and the interdisciplinary team work in partnership with so support the continuity of care and the provision of comprehensive and coordinated care, or services.
		PC.02.	01.01	he organization provides care, treatment, or services for each patient.
		EP 16		ations that elect The Joint Commission Primary Care Medical Home option: Each patient has d primary care clinician.
		PC.02.0		he organization coordinates the patient's care, treatment, or services based on the atient's needs.
		EP 1		ation has a process to receive or share patient information when the patient is referred to all or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
		PC.02.0	٦	or organizations that elect The Joint Commission Primary Care Medical Home option: he organization is accountable for providing patient care. (Refer to Standard C.02.04.05)
		EP 5	uses a cert - Support the services - Documen - Support d - Support q - Create rep - Create and disease-sp - Facilitate - Support p	ations that elect The Joint Commission Primary Care Medical Home option: The organization fied electronic health record system to do the following: e continuity of care, and the provision of comprehensive and coordinated care, treatment, or and track care, treatment, or services sease management, including providing patient education reventive care, treatment, or services sorts for internal use d submit reports to external providers and organizations, including public health agencies, crific registries, immunization registries, and other specialized registries electronic exchange of information among providers erformance improvement d provide patient-specific education resources
		PC.02.0	1	or organizations that elect The Joint Commission Primary Care Medical Home option: the primary care clinician and the interdisciplinary team work in partnership with the atient to support the continuity of care and the provision of comprehensive and cordinated care, treatment, or services.
		EP 9		ations that elect The Joint Commission Primary Care Medical Home option: The nary team works in partnership with the patient to achieve planned outcomes.

Number PCMH-2A	Description of NCQA Standards		Commissio	I loint Commission Standards and Flomonts of Portormanco
		EP 11		nizations that elect The Joint Commission Primary Care Medical Home option: The olinary team involves the patient in the development of his or her treatment plan.
		PC.04.0		The organization discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.
		EP 2	The organiz	nization identifies any needs the patient may have for continuing psychosocial or physical care.
		EP 3		nt, the patient's family, licensed independent practitioners, physicians, and staff involved in the care, treatment, or services participate in planning the patient's discharge or transfer.
		EP 4		ischarge, the organization arranges or assists in arranging the services required by the patient harge in order to meet his or her ongoing needs for care and services.
		PC.04.0		Before the organization discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, or services.
		EP 1		e organization determines the patient's needs at the end of an episode of care, or at discharge r, it promptly shares this information with the patient.
		EP 7		nization educates the patient about how to obtain any continuing care, treatment, or services she will need.
		EP 8		nization provides written instructions at the end of an episode of care or at discharge in a nat the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03,
		PC.04.0	ti	When a patient is discharged or transferred, the organization gives information about the care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.
		EP 1	informs other following: - The reason - The patien - A summar - The patien Note: This be and conveni - A list of co	d of an episode of care, or at the time of the patient's discharge or transfer, the organization ther service providers who will provide care, treatment, or services to the patient about the son for the patient's discharge or transfer ent's physical and psychosocial status eary of care, treatment, or services it provided to the patient ent's progress toward goals so bullet is not applicable to settings that do not provide continuing care, such as urgent care enient care clinics. community resources or referrals made or provided to the patient (See also PC.02.02.01, EP 1) the patient's current medications, including any allergies to medications
		PI.01.0	1.01 T	The organization collects data to monitor its performance.
		EP 41		nizations that elect The Joint Commission Primary Care Medical Home option: The organization ata on the following: Patient access to care within time frames established by the organization.
		RC.01.	01.01 T	The organization maintains complete and accurate clinical records.
		EP 1	The organiz	nization defines the components of a complete clinical record.
		EP 5	The clinical	al record contains the information needed to support the patient's diagnosis and condition.

Number PCMH-2A	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 6	The clinical reco	rd contains the information needed to justify the patient's care, treatment, or services.
		EP 7	The clinical reco treatment, or ser	rd contains information that documents the course and result of the patient's care, vices.
		EP 8	continuity of care Note: For organi	rd contains information about the patient's care, treatment, or services that promotes e among providers. zations that elect The Joint Commission Primary Care Medical Home option: This is to care provided by both internal and external providers.
		EP 13		assembles or makes available in a summary in the clinical record all information de patient care, treatment, or services. (See also MM.01.01.01, EP 1)
		EP 14		provide care, summaries of treatment and other documents provided by the forwarded to other care providers.
		RC.02.0	01.01 The c	linical record contains information that reflects the patient's care, treatment, or ces.
		EP 2	- The patient's in - Any findings of EPs 1 and 8) - Any allergies to - Any conclusion - Any diagnoses - Any consultatio - Any progress in - Any medication - Any access site - The patient's re - Any adverse dr - Plans for care a	o medications as or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, or services on reports notes as ordered or prescribed as administered, including the strength, dose, and route of for medication, administration devices used, and rate of administration desponse to any medication administered
		EP 4	information: - Any advance d Note: For ambulorganization doc advance directive - Any informed ce - Any documentatreatment, or serence - Any records of - Any referrals or	atory surgical centers that elect to use The Joint Commission deemed status option: Tuments in a prominent place in the clinical record whether or not the patient has

Number PCMH-2A	Description of NCQA Standards		Commission lent Number	Joint Commission Standards and Elements of Performance
			record contair - Gender, race - Family history - Work history - Blood pressu	ons that elect The Joint Commission Primary Care Medical Home option: The clinical s the patient's: e, and ethnicity y ure (for patients age 3 and older) tus (for patients age 13 and older)
		RI.01.02.		organization respects the patient's right to participate in decisions about his or he e, treatment, or services.
				ons that elect The Joint Commission Primary Care Medical Home option: The organization atient's right to make decisions about the management of his or her care.
			respects the p - Obtain care - Seek a seco - Seek specia	ment of performance does not imply financial responsibility for any activities associated
		RI.01.04.		organization respects the patient's right to receive information about the ividual(s) responsible for his or her care, treatment, or services.
				on informs the patient of the name of the physician or other practitioner who has primary for his or her care, treatment, or services.
				on informs the patient of the name of the physician(s) or other practitioner(s) who will her care, treatment, and services.
				ons that elect The Joint Commission Primary Care Medical Home option: The organization ent to select his or her primary care clinician.
		RI.01.04.	The	organizations that elect The Joint Commission Primary Care Medical Home option: organization provides patients with information about the functions and services he primary care medical home.
			provides information (Refer Note: This ma	ons that elect The Joint Commission Primary Care Medical Home option: The organization mation to the patient about: The mission, vision, and goals of the primary care medical to LD.02.01.01, EP 3) y include how it provides for patient-centered and team-based comprehensive care, a d approach to quality and safety, and enhanced patient access.
			provides infor	ons that elect The Joint Commission Primary Care Medical Home option: The organization mation to the patient about: How the primary care medical home functions, its scope of preson of services. (For more information, refer to Standards PC.01.01.01 and LD.01.03.01)

Number PCMH-2A	Description of NCQA Standards		Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 3	provides informa - Selection of a p - Involvement in - Management o - Coordination of - Collaboration w - Communication	care ith patient-selected clinicians who provide specialty care or second opinions with the primary care medical home about health care concerns or other information
		EP 5	provides informa	s that elect The Joint Commission Primary Care Medical Home option: The organization tion to the patient about: Patient responsibilities, including providing health history and ons, and participating in self-management activities. (Refer to RI.02.01.01, EP 2)
		EP 6	provides informa	s that elect The Joint Commission Primary Care Medical Home option: The organization tion to the patient about: The patient's right to obtain care from other clinicians within the dical home, to seek a second opinion, and to seek specialty care. (Refer to PC.02.03.01, 3, EPs 1 and 3)
РСМН-2В	TAG: PCMH-2B	LD.04.0	02.03 Ethic	Il principles guide the organization's business practices.
Medical Home Responsibilities: They address providing patients with information on the functioning of the medical home and types of available services, including those that address mental health needs. They address working with patients to develop written care		EP 5		or services are provided based on patient needs, regardless of compensation or ring with those who work in the organization, including staff and licensed independent
coordinating care that is	nift from pediatric to adult healthcare. They also address s provided in different locations, giving the patient information on advice when the organization is open or closed, providing the	EP 10	The safety and o	uality of care, treatment, or services do not depend on the patient's ability to pay.
patient with care that is in managing his or her	based on evidence, educating patients, and supporting the patient care. NCQA expects the organization to provide the same level of	LD.04.0		rganization uses clinical practice guidelines to design or to improve processes valuate and treat specific diagnoses, conditions, or symptoms.
provide patients who do also require that patient	spective of their method of payment. They require organizations to not have insurance information on how they might obtain it. They is be given information about how to provide their previous medical	EP 1		uses clinical practice guidelines to design or improve processes that evaluate and treat es, conditions, or symptoms.
records to the organiza	tion and who their contact person will be.	EP 2		identifies criteria that guide the selection and implementation of guidelines to design or es that evaluate and treat specific diagnoses, conditions, or symptoms.
		EP 3		manages and evaluates the implementation of the guidelines to design or improve valuate and treat specific diagnoses, conditions, or symptoms.
		EP 4		e organization review and approve the clinical practice guidelines that have been n or improve processes that evaluate and treat specific diagnoses, conditions, or
			The organization them as needed	monitors and reviews clinical practice guidelines for their effectiveness and modifies
		PC.01.0	03.01 The o	rganization plans the patient's care.
		EP 45		s that elect The Joint Commission Primary Care Medical Home option: The primary care ses clinical decision support tools to guide decision making. (For more information, refer EPs 1-5)

Number PCMH-2B	Description of NCQA Standards		ommission ent Number	Joint Commission Standards and Elements of Performance
		PC.02.03.		rganization provides patient education and training based on each patient's s and abilities.
			clinician and the	s that elect The Joint Commission Primary Care Medical Home option: The primary care interdisciplinary team educate the patient on self-management tools and techniques tient's individual needs.
		PC.02.04.	The c	rganizations that elect The Joint Commission Primary Care Medical Home option: rganization is accountable for providing patient care. (Refer to Standard 2.04.05)
			uses a certified a Support the coservices - Document and Support disease - Support prever - Create reports - Create and sudisease-specific - Facilitate elect - Support perfori	s that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: intinuity of care, and the provision of comprehensive and coordinated care, treatment, or track care, treatment, or services in emanagement, including providing patient education intive care, treatment, or services for internal use internal use internal use internal providers and organizations, including public health agencies, registries, immunization registries, and other specialized registries ronic exchange of information among providers mance improvement internal provider inte
		PI.01.01.0	1 The c	rganization collects data to monitor its performance.
			collects data on - Patient experie - Patient percep - Patient percep	nce and satisfaction related to access to care, treatment, or services and communication tion of the comprehensiveness of care, treatment, or services tion of the coordination of care, treatment, or services tion of the continuity of care, treatment, or services
		RC.01.01.	.01 The c	rganization maintains complete and accurate clinical records.
		EP 1	The organization	defines the components of a complete clinical record.
		EP 5	The clinical reco	rd contains the information needed to support the patient's diagnosis and condition.
		EP 6	The clinical reco	rd contains the information needed to justify the patient's care, treatment, or services.
			The clinical reco	rd contains information that documents the course and result of the patient's care, vices.
			The organization patients.	uses standardized formats to document the care, treatment, or services it provides to

umber MH-2B	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		RI.01.02		organization respects the patient's right to participate in decisions about his or her treatment, or services.
		EP 31		s that elect The Joint Commission Primary Care Medical Home option: The organization ient's right to make decisions about the management of his or her care.
		EP 32	respects the pat - Obtain care fro - Seek a second - Seek specialty	ent of performance does not imply financial responsibility for any activities associated
		RI.01.04	The c	rganizations that elect The Joint Commission Primary Care Medical Home option: organization provides patients with information about the functions and services oprimary care medical home.
		EP 1	provides information home. (Refer to Note: This may	s that elect The Joint Commission Primary Care Medical Home option: The organization ation to the patient about: The mission, vision, and goals of the primary care medical LD.02.01.01, EP 3) include how it provides for patient-centered and team-based comprehensive care, a approach to quality and safety, and enhanced patient access.
		EP 2	provides informa	s that elect The Joint Commission Primary Care Medical Home option: The organization ation to the patient about: How the primary care medical home functions, its scope of es of services. (For more information, refer to Standards PC.01.01.01 and LD.01.03.01)
		EP 3	provides informa - Selection of a p - Involvement in - Management of - Coordination of - Collaboration v	
		EP 5	provides informa	s that elect The Joint Commission Primary Care Medical Home option: The organization attion to the patient about: Patient responsibilities, including providing health history and ons, and participating in self-management activities. (Refer to RI.02.01.01, EP 2)
		EP 6	provides informa	s that elect The Joint Commission Primary Care Medical Home option: The organization ation to the patient about: The patient's right to obtain care from other clinicians within the idical home, to seek a second opinion, and to seek specialty care. (Refer to PC.02.03.01, 03, EPs 1 and 3)
		RI.02.0		organization informs the patient about his or her responsibilities related to his or are, treatment, or services.
		EP 2		n informs the patient about his or her responsibilities. n about patient responsibilities can be shared verbally, in writing, or both.

Number PCMH-2C	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance	
PCMH-2C	TAG: PCMH-2C	PC.01.0	2.01 The o	rganization assesses and reassesses its patients.	
Culturally and Linguistically Appropriate Services: The NCQA standards address identifying the characteristics of their patient population, including primary languages of patients, providing interpretation services and written materials in accordance with patient language needs, and gathering information on the racial and ethnic characteristics of patients.		EP 1	information it col Note 1: The scol and whether the Note 2: In defining consider information	defines, in writing, the scope and content of screening, assessment, and reassessment lects. (See also RC.02.01.01, EP 2) be and content are dependent on whether the patient is making an initial or follow-up visit assessment is focused or comprehensive. In the scope and content of the information it collects, the organization may want to that it can obtain, with the patient's consent, from the patient's family and the are providers, as well as information conveyed on any medical jewelry.	
	EP 2	The organization defines, in writing, criteria that identify when additional, specialized, or assessments are performed. (See also PC.01.02.07, EP 1) Note: Examples of criteria could include those that identify when a nutritional, functional assessment should be performed for patients who are at risk.			
		EP 4	 Physical, psych Nutrition and hy Functional state For patients wh the patient's and 	to are receiving end-of-life care, the social, spiritual, and cultural variables that influence family members' perception of grief is not applicable to settings that provide episodic care, such as urgent care and clinics.	
	EP 23	During patient as requires.	esessments and reassessments, the organization gathers the data and information it		
		PC.01.0		rganization assesses and reassesses the patient and his or her condition ding to defined time frames.	
		EP 1		defines, in writing, the time frame(s) within which it conducts the patient's initial accordance with law and regulation. (See also RC.01.03.01, EP 1)	
		EP 2	The organization RC.01.03.01, EF	performs initial patient assessments within its defined time frame. (See also 3)	
		EP 3	condition. Note: Reassessi	eassessed as necessary based on his or her plan for care or changes in his or her ments may also be based on the patient's diagnosis; desire for care, treatment, or se to previous care, treatment, or services; and/or his or her setting requirements.	
		EP 9	At each patient's	visit, the organization documents updates to the patient's condition.	

Number PCMH-2C	Description of NCQA Standards		t Commissio valent Numb	I loint Commission Standards and Floments of Portormance
		PC.02.0	Т	or organizations that elect The Joint Commission Primary Care Medical Home option: ne organization effectively communicates with patients when providing care, eatment, or services.
		EP 1	clinician and including the Note: Exam glasses, lan	tions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team identify the patient's oral and written communication needs, patient's preferred language for discussing health care. ples of communication needs include the need for personal devices such as hearing aids or guage interpreters, communication boards, and translated or plain language materials02.01.01, EP 1)
		EP 2	clinician and	tions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team communicate with the patient during the provision of care, services in a manner that meets the patient's oral and written communication needs.
		RC.01.	01.01 T	ne organization maintains complete and accurate clinical records.
		EP 1	The organiz	ation defines the components of a complete clinical record.
		EP 5	The clinical	record contains the information needed to support the patient's diagnosis and condition.
		EP 6	The clinical	ecord contains the information needed to justify the patient's care, treatment, or services.
		EP 7	The clinical treatment, o	record contains information that documents the course and result of the patient's care, reservices.
		RC.02.		ne clinical record contains information that reflects the patient's care, treatment, or ervices.
		EP 1	- The patien representati - The patien - The legal s - The patien Note: If the pof the paren	record contains the following demographic information: 's name, address, phone number, and date of birth and the name of any legally authorized re 's sex, height, and weight tatus of any patient receiving behavioral health care services 's language and communication needs retient is a minor, is incapacitated, or has a designated advocate, the communication needs or legal guardian, surrogate decision-maker, or legally authorized representative are in the clinical record.
		EP 28	record conta - Gender, ra - Family hist - Work histo - Blood pres	
		EP 30		tions that elect The Joint Commission Primary Care Medical Home option: The clinical ins the patient's preferred language for discussing health care.
PCMH-2D	TAG: PCMH-2D	HR.01.	02.01 T	ne organization defines staff qualifications.

The Practice Team*: They also address defining the roles of members of the care team

Number PCMH-2D	Description of NCQA Standards		Commission lent Number	Joint Commission Standards and Elements of Performance				
members, determining how the teams will be designed and led, and maintained. They address holding regular team meetings, and using standing orders. NCQA also requires team member participation and patient involvement in performance improvement initiatives. It also requires team member training on coordinating care and helping patients to manage their care and make necessary changes in their actions that affect their health.			EP 1 The organization defines staff qualifications specific to their job responsibilities. (See also IC.01.01.01, EP 3) Note: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).					
	at NCQA says must be met	HR.01.02.	07 The o	rganization determines how staff function within the organization.				
denotes requirements the	a NOQA says must be met			ride patient care, treatment, or services possess a current license, certification, or cordance with law and regulation.				
		EP 2	Staff who provide certification, or re	e patient care, treatment, or services practice within the scope of their license, egistration and as required by law and regulation. (See also HR.01.02.05, EPs 1 and 2)				
		HR.01.04.	.01 The o	rganization provides orientation to staff.				
			EC.03.01.01, EP Note: Key safety	determines the key safety content of orientation provided to staff. (See also s 1-3) content may include specific processes and procedures related to the provision of care, vices; the environment of care; and infection control.				
				orients its staff to the key safety content before staff provides care, treatment, or etion of this orientation is documented. (See also IC.01.05.01, EP 6)				
			The organization orientation is doc	orients staff on the following: Relevant policies and procedures. Completion of this sumented.				
		i	infection preventi	orients staff on the following: Their specific job duties, including those related to on and control and assessing and managing pain. Completion of this orientation is see also IC.01.05.01, EP 6; IC.02.01.01, EP 7; RI.01.01.01, EP 8)				
				orients staff on the following: Sensitivity to cultural diversity based on their job duties es. Completion of this orientation is documented.				
			or services and the	orients staff on the following: Patient rights, including ethical aspects of care, treatment, he process used to address ethical issues based on their job duties and responsibilities. s orientation is documented.				
		HR.01.05.	.03 Staff	participate in ongoing education and training.				
			participation is do For ambulatory s participate in ong	n ongoing education and training to maintain or increase their competency. Staff ocumented. urgical centers that elect to use The Joint Commission deemed status option: Staff poing education and training with respect to their roles in the fire response plan. (For taff's roles in the fire response plan, see EC.02.03.01, EP 10.)				
				n education and training that is specific to the needs of the population(s) served by the ff participation is documented. (See also PC.01.02.09, EP 3)				
				n education and training that includes information about the need to report unanticipated and how to report these events. Staff participation is documented.				

Number PCMH-2D	Description of NCQA Standards		ommission ent Number	Joint Commission Standards and Elements of Performance
		HR.02.01		rganization grants initial, renewed, or revised clinical privileges to individuals re permitted by law and the organization to practice independently.
			The organization and to deny privi	has a process, approved by its leaders, to grant initial, renewed, or revised privileges leges.
			training specific to Note 1: The verific practitioner's clin the specific credit Dental Association medical, dental, completion of tration of t	initial or revised privileges, the organization uses primary sources when documenting to the privileges requested. (See also PC.03.01.01, EP 1) ication of relevant training informs the organization of the licensed independent ical knowledge and skill set. Verification must be obtained from the primary source of ential. Primary sources include the specialty certifying boards approved by the America on for a dentist's board certification, letters from professional schools (for example, nursing) and letters from postgraduate education or postdoctoral programs for ining. Designated equivalent sources include, but are not limited to, the following: Medical Association (AMA) Physician Masterfile for verification of a physician's U.S. an ical school graduation and residency completion and Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's board certification at Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's dear of Professional Education, postdoctoral education approved by the AOA Council or ining, and Osteopathic Specialty Board Certification of State Medical Boards (FSMB) for all actions against a physician's medical license Academy of Physician Assistants (AAPA) Profile for physician assistant education, the AMA Physician Profile Service (https://profiles.ama-assn.org/amaprofiles/) y source of verified information may designate to an agency the role of communicating nation. The designated agency then becomes acceptable to be used as a primary and organization (for example, a credentials verification organization [CVO]) or a Joint credited health care organization functioning as a CVO may be used to collect formation. Both of these organizations must meet the CVO guidelines listed in the sent possible to obtain information from the primary source, reliable secondary source celiable secondary source could be another health care organization that has nary source verification of the applicant's credentials.
				pendent practitioners that provide care possess a current license, certification, or equired by law and regulation. (See also PC.03.01.01, EP 1)
				ontent of patient services provided by a licensed independent practitioner is limited to I, renewed, or revised privileges.

er D	Description of NCQA Standards		Commission alent Number	I loint Commission Standards and Elements of Dortermance
•		LD.01.07		ividual leaders have the knowledge needed for their roles in the organization or they k guidance to fulfill their roles.
		EP 2	- The organiza - The organiza - The organiza - The develop - The populati - The individu supporting the	riented to all of the following: Ation's mission and vision Ation's safety and quality goals Ation's structure and the decision-making process Menent of the budget as well as the interpretation of the organization's financial statements On(s) served by the organization and any issues related to that population(s) All and interdependent responsibilities and accountabilities of leaders as they relate to the mission of the organization and to providing safe and quality care we and regulation
		LD.03.04	nee	e organization communicates information related to safety and quality to those who ed it, including staff, licensed independent practitioners, patients, families, and ernal interested parties.
		EP 1	Communication	on processes foster the safety of the patient and the quality of care.
		EP 2	Leaders are a	ble to describe how communication supports a culture of safety and quality.
		EP 3	Communication	on is designed to meet the needs of internal and external users.
		EP 4	Leaders provi management.	de the resources required for communication, based on the needs of patients, staff, and
		EP 5	Communication and 12)	on supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6
		EP 6	When change	s in the environment occur, the organization communicates those changes effectively.
		EP 7	Leaders evalu	ate the effectiveness of communication methods.
		LD.04.04		ders establish priorities for performance improvement. (Refer to the "Performance provement" [PI] chapter.)
		EP 24	patients in pe	ons that elect The Joint Commission Primary Care Medical Home option: Leaders involve formance improvement activities. involvement may include activities such as participating on a quality committee.
		LD.04.04		e organization uses clinical practice guidelines to design or to improve processes t evaluate and treat specific diagnoses, conditions, or symptoms.
		EP 1		ion uses clinical practice guidelines to design or improve processes that evaluate and treat oses, conditions, or symptoms.
		EP 2		ion identifies criteria that guide the selection and implementation of guidelines to design or sesses that evaluate and treat specific diagnoses, conditions, or symptoms.

EP 3

The organization manages and evaluates the implementation of the guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.

Number PCMH-2D	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4		the organization review and approve the clinical practice guidelines that have been ign or improve processes that evaluate and treat specific diagnoses, conditions, or
		EP 5	The organization them as neede	n monitors and reviews clinical practice guidelines for their effectiveness and modifies d.
		MM.04.0	01.01 Med	cation orders are clear and accurate.
		EP 1	acceptable for Note: There are the following: - As needed (P - Standing order practitioner to a - Automatic storation - Titrating order the patient's strange orders: - Range orders: - Range orders the situation or - Orders for corders for me - Orders for invorders for her	RN) orders: Orders acted on based on the occurrence of a specific indication or symptom rs: A prewritten medication order and specific instructions from the licensed independent dminister a medication to a person in clearly defined circumstances orders: Orders that include a date or time to discontinue a medication s: Orders in which the dose is either progressively increased or decreased in response to other in which the dose is decreased by a particular amount with each dosing interval orders in which the dose or dosing interval varies over a prescribed range, depending on patient's status inpounded drugs or drug mixtures not commercially available dication-related devices (for example, nebulizers, catheters) estigational medications
		EP 2	The organization medication ord	n has a written policy that defines the following: The required elements of a complete er.
		EP 3	The organization medication ord	n has a written policy that defines the following: When indication for use is required on a er.
		EP 4		n has a written policy that defines the following: The precautions for ordering medications or sound-alike names.
		EP 5	The organization	n has a written policy that defines the following: Actions to take when medication orders illegible, or unclear.
		EP 7	If the organizat and practice.	on uses preprinted medication order sheets, it updates them based on current evidence
		EP 8	The organization	n prohibits summary (blanket) orders to resume previous medications.
		EP 13	The organization	n implements its policies for medication orders.
		PC.01.0	3.01 The	organization plans the patient's care.
		EP 45		ns that elect The Joint Commission Primary Care Medical Home option: The primary care uses clinical decision support tools to guide decision making. (For more information, refer EPs 1-5)

Number PCMH-2D	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		PC.02.0	The p patier	rganizations that elect The Joint Commission Primary Care Medical Home option: rimary care clinician and the interdisciplinary team work in partnership with the at to support the continuity of care and the provision of comprehensive and inated care, treatment, or services.
		EP 1	identifies the condoctor of osteopa Note: The intent available to be pa	is that elect The Joint Commission Primary Care Medical Home option: The organization inposition of the interdisciplinary team. The team must include a doctor of medicine or eathy. of this requirement is that while a doctor of medicine or doctor of osteopathy is always eart of the interdisciplinary team, his or her involvement in a patient's care would be a needs of the patient.
		EP 2	the interdisciplina maintain the con	s that elect The Joint Commission Primary Care Medical Home option: The members of ary team provide comprehensive and coordinated care, treatment, or services and tinuity of care. ion of care may include making internal and external referrals.
		EP 4		s that elect The Joint Commission Primary Care Medical Home option: The primary care interdisciplinary team provide care for a panel of patients.
		EP 5	clinician is respo coordinated care through 13. Note: Coordination	is that elect The Joint Commission Primary Care Medical Home option: The primary care insible for making certain that the interdisciplinary team provides comprehensive and treatment, or services and maintains the continuity of care as described in EPs 6 on of care may include making internal and external referrals, developing and evaluating and resolving conflicts in the provision of care.
		EP 6	For organizations referred to an expatient.	s that elect The Joint Commission Primary Care Medical Home option: When a patient is ternal organization, the interdisciplinary team reviews and tracks the care provided to the
		EP 7		s that elect The Joint Commission Primary Care Medical Home option: The learn acts on recommendations from internal and external referrals for additional care, vices.
		EP 8		s that elect The Joint Commission Primary Care Medical Home option: The eam participates in the development of the patient's treatment plan.
		EP 9	•	s that elect The Joint Commission Primary Care Medical Home option: The learn works in partnership with the patient to achieve planned outcomes.
		EP 10		s that elect The Joint Commission Primary Care Medical Home option: The learn monitors the patient's progress toward achieving treatment goals.
		PI.01.0	1.01 The o	rganization collects data to monitor its performance.
		EP 1	The leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organization	identifies the frequency for data collection.
		EP 3	The organization (See also LD.04.	collects data on the following: Performance improvement priorities identified by leaders. 04.01, EP 1)

Number PCMH-2D	Description of NCQA Standards		Commission	I loint Commission Standards and Flamonts of Partormance
		EP 40		ations that elect The Joint Commission Primary Care Medical Home option: The organization a on the following: Disease management outcomes.
		PI.02.0	1.01	he organization compiles and analyzes data.
		EP 1	The organiz	ation compiles data in usable formats.
		EP 2	The organiz	ation identifies the frequency for data analysis.
		EP 4		ation analyzes and compares internal data over time to identify levels of performance, nds, and variations.
		EP 5	The organiz	ation compares data with external sources, when available.
		EP 8		ation uses the results of data analysis to identify improvement opportunities. (See also , EP 5; Pl.03.01.01, EP 1)
PCMH-3A	TAG: PCMH-3A	LD.04.0		he organization uses clinical practice guidelines to design or to improve processes nat evaluate and treat specific diagnoses, conditions, or symptoms.
processes to capture sp	nis section, the NCQA standards address the use of electronic ecific patient demographic and contact information, insurance th history and care providers.	EP 1		ation uses clinical practice guidelines to design or improve processes that evaluate and treat inoses, conditions, or symptoms.
		PC.01.0	02.01	he organization assesses and reassesses its patients.
		EP 1	information Note 1: The and whethe Note 2: In c consider in	ation defines, in writing, the scope and content of screening, assessment, and reassessment it collects. (See also RC.02.01.01, EP 2) scope and content are dependent on whether the patient is making an initial or follow-up visit the assessment is focused or comprehensive. Efining the scope and content of the information it collects, the organization may want to promation that it can obtain, with the patient's consent, from the patient's family and the er care providers, as well as information conveyed on any medical jewelry.
		EP 2	assessmer Note: Exam	ation defines, in writing, criteria that identify when additional, specialized, or more in-depth s are performed. (See also PC.01.02.07, EP 1) ples of criteria could include those that identify when a nutritional, functional, or pain should be performed for patients who are at risk.
		EP 4	 Physical, Nutrition a Functiona For patient the patient' Note: This convenient 	s who are receiving end-of-life care, the social, spiritual, and cultural variables that influence and family members' perception of grief ullet is not applicable to settings that provide episodic care, such as urgent care and
		EP 23	During pati- requires.	nt assessments and reassessments, the organization gathers the data and information it

Number PCMH-3A	Description of NCQA Standards		Commission lent Number	Joint Commission Standards and Elements of Performance
		PC.01.02		rganization assesses and reassesses the patient and his or her condition ding to defined time frames.
		EP 1		defines, in writing, the time frame(s) within which it conducts the patient's initial accordance with law and regulation. (See also RC.01.03.01, EP 1)
		EP 2	The organization RC.01.03.01, EF	performs initial patient assessments within its defined time frame. (See also 3)
		EP 3	condition. Note: Reassessi	eassessed as necessary based on his or her plan for care or changes in his or her ments may also be based on the patient's diagnosis; desire for care, treatment, or se to previous care, treatment, or services; and/or his or her setting requirements.
		EP 9	At each patient's	visit, the organization documents updates to the patient's condition.
		PC.01.03	3.01 The o	rganization plans the patient's care.
		EP 1	The organization patient's assessi	plans the patient's care, treatment, or services based on needs identified by the ment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)
		PC.02.0	1.01 The o	rganization provides care, treatment, or services for each patient.
		EP 1	The organization individualized pla	provides the patient with care, treatment, or services according to his or her an of care.
		PC.02.02	2.01 The o	rganization coordinates the patient's care, treatment, or services based on the tt's needs.
		EP 1		has a process to receive or share patient information when the patient is referred to external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
		EP 3		coordinates the patient's care, treatment, or services. on involves resolving scheduling conflicts and duplication of care, treatment, or services.
		EP 17	The organization needs.	coordinates care, treatment, or services within a time frame that meets the patient's

Number PCMH-3A	Description of NCQA Standards		Commission alent Numbe	I loint Commission Standards and Flamonts of Partormanca
		PC.02.0	Th	r organizations that elect The Joint Commission Primary Care Medical Home option: e organization is accountable for providing patient care. (Refer to Standard .02.04.05)
		EP 5	uses a certifice - Support the services - Document a - Support disce - Support disce - Support previous - Create report - Create and sidisease-spec - Facilitate ele - Support perf	ons that elect The Joint Commission Primary Care Medical Home option: The organization of electronic health record system to do the following: continuity of care, and the provision of comprehensive and coordinated care, treatment, or and track care, treatment, or services have management, including providing patient education ventive care, treatment, or services to for internal use submit reports to external providers and organizations, including public health agencies, fic registries, immunization registries, and other specialized registries extronic exchange of information among providers ormance improvement provide patient-specific education resources
		RC.01.0	01.01 Th	e organization maintains complete and accurate clinical records.
		EP 1	The organizat	ion defines the components of a complete clinical record.
		EP 5	The clinical re	cord contains the information needed to support the patient's diagnosis and condition.
		EP 6	The clinical re	cord contains the information needed to justify the patient's care, treatment, or services.
		EP 7	The clinical retreatment, or	cord contains information that documents the course and result of the patient's care, services.
		EP 8	continuity of o	accord contains information about the patient's care, treatment, or services that promotes are among providers. anizations that elect The Joint Commission Primary Care Medical Home option: This efers to care provided by both internal and external providers.
		RC.02.0		e clinical record contains information that reflects the patient's care, treatment, or vices.
		EP 1	- The patient's representative - The patient's - The legal sta - The patient's Note: If the parent of the parent	coord contains the following demographic information: s name, address, phone number, and date of birth and the name of any legally authorized s sex, height, and weight atus of any patient receiving behavioral health care services s language and communication needs atient is a minor, is incapacitated, or has a designated advocate, the communication needs or legal guardian, surrogate decision-maker, or legally authorized representative are in the clinical record.

PCMH-3B					
- The patient's initial diagnosis, diagnosis (ingression(s), or condition(s) - Any findings of assessments and reassessments (See also PC 0.10.201, EPs 1 and 4; PC 03.01.03, EPs 1 and 4) - Any substitution of the patient's medical history and physical examination - Any consultation reports - Any medications administered during the patient's course of care, treatment, or services - Any medications administered or prescibed - Any medications administered or prescibed - Any medications administered or administer		Description of NCQA Standards			Joint Commission Standards and Elements of Performance
information: - Any advance directives Note: For ambulatory surgical centers that elect to use The Joint Commission deemed status option: The organization documents in a prominent place in the clinical record whether or not the patient has advance directives in place Any informed consent (See also RI.01.03.01, EP 13) - Any documentation of clinical research interventions distinct from entries related to regular patient care, treatment, or services (See also RI.01.03.05, EPs 4-6) - Any records of communication with the patient, such as telephone calls or e-mail - Any referrals or communications with the patient, such as telephone calls or e-mail - Any referrals or communications with the patient, such as telephone calls or e-mail - Any referrals or communications with the patient, such as telephone calls or e-mail - Any referrals or communications made to internal or external care providers and community agencies - Any referrals or communications with the patient, such as telephone calls or e-mail - Any referrals or communications made to internal or external care providers and community agencies - Any referrals or communications made to internal or external care providers and community agencies - Any referrals or communications made to internal or external care providers and community agencies - Any referrals or communication with the patient's - Any referrals or communications made to internal or external care record contains the patient's - Any referrals or communication with the patient's - Any referrals or communication with the patient's - Any referrals or communication with the patient's - Any referral or communication with the patient's - Any referral or communication with the patient's - Any referrals or communication with the patient's - Any ref			- T - A EF - A - A - A - A - A - A - A - A - A - A	The patient's in Any findings of Ps 1 and 8) Any allergies to Any allergies to Any conclusion: Any diagnoses Any consultatio Ps any medication Any medication Any access site The patient's re Any adverse driving adverse driving and ps access any adverse driving and ps access any adverse driving access site The patient's re Any adverse driving adverse driving access site The patient's re Any adverse driving adverse driving access site The patient's re Any access site The Any access si	tital diagnosis, diagnostic impression(s), or condition(s) assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, food medications s or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, or services or reports otes s ordered or prescribed s administered, including the strength, dose, and route of or medication, administration devices used, and rate of administration sponse to any medication administered ug reactions and any revisions to the plan for care (See also PC.01.03.01, EP 1)
record contains the patient's:	E	int - A No or ad - A - A tre - A	formation: Any advance di ote: For ambula ganization doc livance directive Any informed or Any documenta eatment, or ser Any records of Any referrals or	rectives atory surgical centers that elect to use The Joint Commission deemed status option: The aments in a prominent place in the clinical record whether or not the patient has as in place. Onsent (See also RI.01.03.01, EP 13) tion of clinical research interventions distinct from entries related to regular patient care, vices (See also RI.01.03.05, EPs 4-6) communication with the patient, such as telephone calls or e-mail communications made to internal or external care providers and community agencies	
PCMH-3B TAG: PCMH-3B Clinical Data: They must be able to maintain current patient information, including health care summaries, vital signs, height, weight, and length, BMI, tobacco use, and medication lists. The process must also capture patients' family history and have functionality that would support the use of growth charts, BMI calculations and comparisons, and documentation of clinical notes that track patient progress towards goals. The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality. EP 1 Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. EP 2 Leaders are able to describe how data and information are used to create a culture of safety and quality.		EP 2	re - (- F - V - E	cord contains t Bender, race, a Family history Work history Blood pressure	he patient's: nd ethnicity (for patients age 3 and older)
Clinical Data: They must be able to maintain current patient information, including health care summaries, vital signs, height, weight, and length, BMI, tobacco use, and medication lists. The process must also capture patients' family history and have functionality that would support the use of growth charts, BMI calculations and comparisons, and documentation of clinical notes that track patient progress towards goals. EP 1 Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. EP 2 Leaders are able to describe how data and information are used to create a culture of safety and quality.					
Clinical Data: They must be able to maintain current patient information, including health care summaries, vital signs, height, weight, and length, BMI, tobacco use, and medication lists. The process must also capture patients' family history and have functionality that would support the use of growth charts, BMI calculations and comparisons, and documentation of clinical notes that track patient progress towards goals. EP 1 Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services. EP 2 Leaders are able to describe how data and information are used to create a culture of safety and quality.	РСМН-3В	TAG: PCMH-3B	LD.03.02.01		
documentation of clinical notes that track patient progress towards goals. EP 2 Leaders are able to describe how data and information are used to create a culture of safety and quality.	care summaries, vital signals lists. The process must a	height, weight, and length, BMI, tobacco use, and medication		•	
EP 3 The organization uses processes to support systematic data and information use.		would support the use of growth charts, BMI calculations and comparisons, and		aders are able	to describe how data and information are used to create a culture of safety and quality.
			EP 3 Th	ne organization	uses processes to support systematic data and information use.

Number	Description of NCQA Standards	Joint Con		Joint Commission Standards and Elements of Performance
PCMH-3B	Description of News Standards	Equivalen	t Number	
			aders provide ormation syste	the resources needed for data and information use, including staff, equipment, and ems.
				uses data and information in decision making that supports the safety and quality of or services. (See also PI.02.01.01, EP 8)
			e organization e environment.	uses data and information to identify and respond to internal and external changes in
		EP 7 Lea	aders evaluate	how effectively data and information are used throughout the organization.
		LD.04.04.01		ers establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)
			aders set prior 01.01.01, EPs	ities for performance improvement activities and patient health outcomes. (See also 1 and 3)
		per	formance imp	s that elect The Joint Commission Primary Care Medical Home option: Ongoing provement occurs organizationwide for the purpose of demonstrably improving the y of care, treatment, or services.
		MM.01.01.01	I The o	rganization plans its medication management processes.
		acc pat - A - S - D - A - S - C - H - P - A (Se	cessible to lice cient's medicate ge ex iagnoses llergies ensitivities urrent medicate eight and weite regnancy and aboratory resuny additional if the also IM.02.	
		MM.04.01.01	l Medic	ation orders are clear and accurate.
				s that elect The Joint Commission Primary Care Medical Home option: The primary care ses an electronic prescribing process for at least 50% of allowable prescriptions.
				s that elect The Joint Commission Primary Care Medical Home option: The primary care ses a computerized order entry system for at least 60% of medication orders.
		PC.01.03.01	The o	rganization plans the patient's care.
				plans the patient's care, treatment, or services based on needs identified by the nent, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)

Number	December of NCOA Otenderels	Joint	Commission	Joint Commission Standards and Elements of Devicements
PCMH-3B	Description of NCQA Standards	Equiv	alent Number	Joint Commission Standards and Elements of Performance
		EP 45		ons that elect The Joint Commission Primary Care Medical Home option: The primary care uses clinical decision support tools to guide decision making. (For more information, refer p. EPs 1-5)
		PC.02.0	01.01 The	organization provides care, treatment, or services for each patient.
		EP 1	The organization	on provides the patient with care, treatment, or services according to his or her plan of care.
		PC.02.0	The	organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 02.04.05)
		EP 5	uses a certified - Support the coservices - Document ar - Support previ Create report - Create and some disease-specif - Facilitate elections	ons that elect The Joint Commission Primary Care Medical Home option: The organization of electronic health record system to do the following: continuity of care, and the provision of comprehensive and coordinated care, treatment, or ad track care, treatment, or services as management, including providing patient education centive care, treatment, or services as for internal use submit reports to external providers and organizations, including public health agencies, ic registries, immunization registries, and other specialized registries coronic exchange of information among providers organizations are improvement or ovide patient-specific education resources
		PI.01.0	1.01 The	organization collects data to monitor its performance.
		EP 1	The leaders se	et priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organizati	on identifies the frequency for data collection.
		EP 3		on collects data on the following: Performance improvement priorities identified by leaders. 14.04.01, EP 1)
		PI.02.0	1.01 The	organization compiles and analyzes data.
		EP 1	The organizati	on compiles data in usable formats.
		EP 2	The organization	on identifies the frequency for data analysis.
		EP 4		on analyzes and compares internal data over time to identify levels of performance, s, and variations.
		EP 5	The organization	on compares data with external sources, when available.
		EP 8	The organization	on uses the results of data analysis to identify improvement opportunities. (See also EP 5; PI.03.01.01, EP 1)
		PI.03.0	1.01 The	organization improves performance.
		EP 1	Leaders priorit	ize the identified improvement opportunities. (See also PI.02.01.01, EP 8)

Number PCMH-3B	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
•		EP 2	The organization	takes action on improvement priorities.
		EP 3	The organization	n evaluates actions to confirm that they resulted in improvements.
		EP 4	The organization	n takes action when it does not achieve or sustain planned improvements.
		RC.01.0	1.01 The o	rganization maintains complete and accurate clinical records.
		EP 1	The organization	defines the components of a complete clinical record.
		EP 5	The clinical reco	rd contains the information needed to support the patient's diagnosis and condition.
		EP 6	The clinical reco	rd contains the information needed to justify the patient's care, treatment, or services.
		EP 7	The clinical reco treatment, or ser	rd contains information that documents the course and result of the patient's care, vices.
		EP 9	The organization patients.	uses standardized formats to document the care, treatment, or services it provides to
		EP 13		n assembles or makes available in a summary in the clinical record all information de patient care, treatment, or services. (See also MM.01.01.01, EP 1)
		RC.02.0	01.01 The c servi	linical record contains information that reflects the patient's care, treatment, or ces.
		EP 2	- The patient's ir - Any findings of EPs 1 and 8) - Any allergies to - Any conclusion - Any diagnoses - Any consultatic - Any progress in - Any medication - Any access sit - The patient's re - Any adverse di - Plans for care	o medications as or impressions drawn from the patient's medical history and physical examination or conditions established during the patient's course of care, treatment, or services on reports notes as ordered or prescribed as administered, including the strength, dose, and route a for medication, administration devices used, and rate of administration asponse to any medication administered
		EP 21	the following: - The time and n - Indication that - Conclusions re disposition, conc	the patient left against medical advice, when applicable ached at the termination of care, treatment, or services, including the patient's final dition, and instructions given for follow-up care, treatment, or services nformation made available to the practitioner or medical organization providing follow-up

Number PCMH-3B	Description of NCQA Standards		: Commission valent Number	Joint Commission Standards and Elements of Performance
		EP 28	record contair - Gender, race - Family histor - Work history - Blood presse - Smoking sta	
PCMH-3C	TAG: PCMH-3C	LD.04.0		organization uses clinical practice guidelines to design or to improve processes tevaluate and treat specific diagnoses, conditions, or symptoms.
maintaining current and	Assessment: The NCQA standards address data collection and thorough evaluations of patients' health status. These evaluations ed preventive care and health assessments, patient and family	EP 1		on uses clinical practice guidelines to design or improve processes that evaluate and treat oses, conditions, or symptoms.
	lopmental assessments and depression screenings, assessments and patient needs related to health literacy and communication.	EP 2		on identifies criteria that guide the selection and implementation of guidelines to design or sses that evaluate and treat specific diagnoses, conditions, or symptoms.
		EP 3		on manages and evaluates the implementation of the guidelines to design or improve t evaluate and treat specific diagnoses, conditions, or symptoms.
		EP 4		the organization review and approve the clinical practice guidelines that have been sign or improve processes that evaluate and treat specific diagnoses, conditions, or
		EP 5	The organizat them as need	on monitors and reviews clinical practice guidelines for their effectiveness and modifies ed.
		PC.01.0	02.01 The	organization assesses and reassesses its patients.
		EP 1	information it Note 1: The s and whether t Note 2: In def consider infor	on defines, in writing, the scope and content of screening, assessment, and reassessment collects. (See also RC.02.01.01, EP 2) cope and content are dependent on whether the patient is making an initial or follow-up visit ne assessment is focused or comprehensive. In the scope and content of the information it collects, the organization may want to mation that it can obtain, with the patient's consent, from the patient's family and the care providers, as well as information conveyed on any medical jewelry.
		EP 2	assessments Note: Example	on defines, in writing, criteria that identify when additional, specialized, or more in-depth are performed. (See also PC.01.02.07, EP 1) es of criteria could include those that identify when a nutritional, functional, or pain hould be performed for patients who are at risk.

Number PCMH-3C	Description of NCQA Standards	Joint Commissi Equivalent Num	I loint Commission Standards and Flaments of Portormance
		- Physical, - Nutrition - Function - For patie the patient Note: This convenien	the patient's condition, information gathered in the initial assessment includes the following: psychological, and social assessment and hydration status al status into the social, spiritual, and cultural variables that influence is and family members' perception of grief bullet is not applicable to settings that provide episodic care, such as urgent care and t care clinics. RC.02.01.01, EP 2)
		EP 23 During pat requires.	ient assessments and reassessments, the organization gathers the data and information it
			The organization assesses and reassesses the patient and his or her condition according to defined time frames.
			ization defines, in writing, the time frame(s) within which it conducts the patient's initial nt, in accordance with law and regulation. (See also RC.01.03.01, EP 1)
		EP 2 The organ RC.01.03.	ization performs initial patient assessments within its defined time frame. (See also 01, EP 3)
		EP 9 At each pa	tient's visit, the organization documents updates to the patient's condition.
			The organization provides patient education and training based on each patient's needs and abilities.
		interdiscip Note: Typi	zations that elect The Joint Commission Primary Care Medical Home option: The inary team identifies the patient's health literacy needs. cally this is an interactive process, the goal of which is to ascertain the patient's capacity to ad understand basic health information needed to make appropriate health decisions.
			For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.
			zations that elect The Joint Commission Primary Care Medical Home option: The inary team monitors the patient's progress toward achieving treatment goals.
			zations that elect The Joint Commission Primary Care Medical Home option: The inary team assesses patients for health risk behaviors.
		RC.01.01.01	The organization maintains complete and accurate clinical records.
		EP 1 The organ	zation defines the components of a complete clinical record.
		EP 5 The clinical	l record contains the information needed to support the patient's diagnosis and condition.
		EP 6 The clinica	I record contains the information needed to justify the patient's care, treatment, or services.
			Il record contains information that documents the course and result of the patient's care, or services.

Number PCMH-3C	Description of NCQA Standards		Commissi alent Numl	
		RI.01.0		The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.
		EP 1	The organi	zation involves the patient in making decisions about his or her care, treatment, or services.
PCMH-3D	TAG: PCMH-3D	LD.04.0		The organization uses clinical practice guidelines to design or to improve processes hat evaluate and treat specific diagnoses, conditions, or symptoms.
patient populations of recacute or chronic care, req	Management*: The NCQA standards address informing specified ommended evidence-based care, including preventive care, juired immunizations, medication issues, and patients that have	EP 1		zation uses clinical practice guidelines to design or improve processes that evaluate and treat gnoses, conditions, or symptoms.
not been seen for some ti		PC.01.0	03.01	The organization plans the patient's care.
* denotes requirements th	nat NCQA says must be met	EP 1		zation plans the patient's care, treatment, or services based on needs identified by the sessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)
		EP 44	manageme	rations that elect The Joint Commission Primary Care Medical Home option: Patient self- nt goals are identified, agreed upon with the patient, and incorporated into the patient's elan. (Refer to RI.01.02.01, EP 1)
		EP 45	medical ho	rations that elect The Joint Commission Primary Care Medical Home option: The primary care me uses clinical decision support tools to guide decision making. (For more information, refer 1.09, EPs 1-5)
		PC.02.0	01.01	The organization provides care, treatment, or services for each patient.
		EP 1		zation provides the patient with care, treatment, or services according to his or her ed plan of care.
		PC.02.0		The organization provides patient education and training based on each patient's needs and abilities.
		EP 10	by the orga - An explar - Basic hea - Informatio - Nutrition - Discussic assessmer - Informatio - Informatio	ne patient's condition and assessed needs, the education and training provided to the patient nization include the following: ation of the plan for care, treatment, or services Ith practices and safety on on the safe and effective use of medications (See also MM.06.01.01, EP 9) Interventions (for example, supplements) and modified diets on of pain, the risk for pain, the importance of effective pain management, the pain it process, and methods for pain management on on oral health on on the safe and effective use of medical equipment or supplies provided by the organization on or rehabilitation techniques to help the patient reach maximum independence
		PC.02.0	,	For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week. Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.
		EP 5	uses a cer	ations that elect The Joint Commission Primary Care Medical Home option: The organization ified electronic health record to provide appointment reminders to patients with two or more in the last two years.

Number PCMH-3D	Description of NCQA Standards		Commission valent Number	Joint Commission Standards and Elements of Performance
		PC.02.0	The	organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 02.04.05)
		EP 1	manages transincluding the formal and the formal an	t of chronic care ervices that are age- and gender-specific ealth needs are n mergent care
		EP 2		ons that elect The Joint Commission Primary Care Medical Home option: The organization that addresses various phases of a patient's lifespan, including end-of-life care.
		EP 3		ons that elect The Joint Commission Primary Care Medical Home option: The organization use and chronic care management services to its patients.
		EP 4		ons that elect The Joint Commission Primary Care Medical Home option: The organization lation-based care.
		EP 5	uses a certified - Support the conservices - Document ar - Support disea - Support previous - Create report - Create and some disease-specif - Facilitate elea - Support performance of the conservation of th	ons that elect The Joint Commission Primary Care Medical Home option: The organization of electronic health record system to do the following: continuity of care, and the provision of comprehensive and coordinated care, treatment, or and track care, treatment, or services as emanagement, including providing patient education entive care, treatment, or services as for internal use ubmit reports to external providers and organizations, including public health agencies, fic registries, immunization registries, and other specialized registries coronic exchange of information among providers ormance improvement or ovide patient-specific education resources
		PI.01.0	1.01 The	organization collects data to monitor its performance.
		EP 1	The leaders se	et priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organization	on identifies the frequency for data collection.
		EP 3		on collects data on the following: Performance improvement priorities identified by leaders 04.04.01, EP 1)

Number PCMH-3D	Description of NCQA Standards		Commission	I IOINT COMMISSION Standards and Floments of Performance
1 01111-35		PI.02.0		e organization compiles and analyzes data.
		EP 1		ion compiles data in usable formats.
		EP 2	The organiza	cion identifies the frequency for data analysis.
		EP 4		cion analyzes and compares internal data over time to identify levels of performance, ds, and variations.
		EP 5	The organiza	ion compares data with external sources, when available.
		EP 8	The organiza LD.03.02.01,	cion uses the results of data analysis to identify improvement opportunities. (See also EP 5; PI.03.01.01, EP 1)
		RI.01.04	Th	r organizations that elect The Joint Commission Primary Care Medical Home option: e organization provides patients with information about the functions and services the primary care medical home.
		EP 1	provides information home. (Refer Note: This material home)	ions that elect The Joint Commission Primary Care Medical Home option: The organization mation to the patient about: The mission, vision, and goals of the primary care medical to LD.02.01.01, EP 3) ay include how it provides for patient-centered and team-based comprehensive care, a ed approach to quality and safety, and enhanced patient access.
		EP 2	provides info	ions that elect The Joint Commission Primary Care Medical Home option: The organization mation to the patient about: How the primary care medical home functions, its scope of ypes of services. (For more information, refer to Standards PC.01.01.01 and LD.01.03.01)
		EP 3	provides infor - Selection of - Involvement - Managemer - Coordination - Collaboration	
		EP 5	provides info	ions that elect The Joint Commission Primary Care Medical Home option: The organization mation to the patient about: Patient responsibilities, including providing health history and actions, and participating in self-management activities. (Refer to RI.02.01.01, EP 2)
		EP 6	provides infor primary care	ions that elect The Joint Commission Primary Care Medical Home option: The organization mation to the patient about: The patient's right to obtain care from other clinicians within the medical home, to seek a second opinion, and to seek specialty care. (Refer to PC.02.03.01, 1.03, EPs 1 and 3)
		RI.02.0		e organization informs the patient about his or her responsibilities related to his or reare, treatment, or services.
		EP 2		tion informs the patient about his or her responsibilities. tion about patient responsibilities can be shared verbally, in writing, or both.

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Number PCMH-3E	Description of NCQA Standards		t Commissio valent Numb	I IOINT COMMISSION STANDARDS AND FIOMONTS OF POPTORMANCO
PCMH-3E	TAG: PCMH-3E	LD.01.0		overnance is ultimately accountable for the safety and quality of care, treatment, or ervices.
Implement Evidence-based Decision Support: The NCQA standards also address the use of systems that incorporate guidance based on evidence that can focus on disorders		EP 5	Governance	provides for the resources needed to maintain safe, quality care, treatment, or services.
	stance abuse, acute or chronic conditions, conditions related to ediatric or adult care, and issues of overuse and/or appropriate	LD.04.0		are, treatment, or services provided through contractual agreement are provided afely and effectively.
		EP 1		ers have an opportunity to provide advice about the sources of clinical services to be ough contractual agreement.
		EP 2	The organiz	ation describes, in writing, the nature and scope of services provided through contractual
		EP 3	Designated	leaders approve contractual agreements.
		EP 4	services. Note: Wher or services - Verify that services ha - Specify in	the organization contracts with another accredited organization for patient care, treatment, o be provided off site, it can do the following: all licensed independent practitioners who will be providing patient care, treatment, or reappropriate privileges by obtaining, for example, a copy of the list of privileges. the written agreement that the contracted organization will ensure that all contracted services licensed independent practitioners will be within the scope of their privileges.
		EP 5	contracted s	en description of the expectations can be provided either as part of the written agreement or
		EP 6	Leaders mo	nitor contracted services by evaluating these services in relation to the organization's
		EP 7	Note: Exam - Increase n - Provide co - Renegotia - Apply defi	e steps to improve contracted services that do not meet expectations. ples of improvement efforts to consider include the following: nonitoring of the contracted services. nsultation or training to the contractor. e the contract terms. led penalties. the contract.
		LD.04.0		he organization uses clinical practice guidelines to design or to improve processes nat evaluate and treat specific diagnoses, conditions, or symptoms.
		EP 1		ation uses clinical practice guidelines to design or improve processes that evaluate and treat phoses, conditions, or symptoms.
		EP 2		ation identifies criteria that guide the selection and implementation of guidelines to design or cesses that evaluate and treat specific diagnoses, conditions, or symptoms.
		EP 3		ation manages and evaluates the implementation of the guidelines to design or improve nat evaluate and treat specific diagnoses, conditions, or symptoms.

Number PCMH-3E	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 4		he organization review and approve the clinical practice guidelines that have been gn or improve processes that evaluate and treat specific diagnoses, conditions, or
		EP 5	The organization them as needed	n monitors and reviews clinical practice guidelines for their effectiveness and modifies .
		MM.04.0	01.01 Medi	cation orders are clear and accurate.
		EP 21		s that elect The Joint Commission Primary Care Medical Home option: The primary car ses an electronic prescribing process for at least 50% of allowable prescriptions.
		PC.01.0	3.01 The c	organization plans the patient's care.
		EP 1		n plans the patient's care, treatment, or services based on needs identified by the ment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)
		EP 44	management go	s that elect The Joint Commission Primary Care Medical Home option: Patient self- leals are identified, agreed upon with the patient, and incorporated into the patient's (Refer to RI.01.02.01, EP 1)
		EP 45		s that elect The Joint Commission Primary Care Medical Home option: The primary can ses clinical decision support tools to guide decision making. (For more information, refe EPs 1-5)
		PC.02.0	1.01 The c	organization provides care, treatment, or services for each patient.
		EP 1	The organization individualized placed	n provides the patient with care, treatment, or services according to his or her an of care.
		PC.02.0		organization coordinates the patient's care, treatment, or services based on the nt's needs.
		EP 1		has a process to receive or share patient information when the patient is referred to external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
		EP 3		n coordinates the patient's care, treatment, or services. ion involves resolving scheduling conflicts and duplication of care, treatment, or service
		EP 17	The organization needs.	n coordinates care, treatment, or services within a time frame that meets the patient's

Number PCMH-3E	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		PC.02.0	The c	rganizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 2.04.05)
			manages transit including the foll - Acute care - Management of - Preventive ser - Behavioral hea - Oral health car - Optical health - Urgent and em - Substance abu - Rehabilitative sand equipment some of the source of the sou	of chronic care vices that are age- and gender-specific alth needs re rergent care
		EP 2		s that elect The Joint Commission Primary Care Medical Home option: The organization at addresses various phases of a patient's lifespan, including end-of-life care.
		EP 3		s that elect The Joint Commission Primary Care Medical Home option: The organization e and chronic care management services to its patients.
		EP 4	For organization provides popula	is that elect The Joint Commission Primary Care Medical Home option: The organization tion-based care.
		EP 5	uses a certified - Support the co services - Document and - Support diseas - Support prever - Create reports - Create and sut disease-specific - Facilitate elect - Support perform	is that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: intinuity of care, and the provision of comprehensive and coordinated care, treatment, or track care, treatment, or services see management, including providing patient education intive care, treatment, or services for internal use omit reports to external providers and organizations, including public health agencies, registries, immunization registries, and other specialized registries ronic exchange of information among providers mance improvement ovide patient-specific education resources
		PC.02.04.05		rganizations that elect The Joint Commission Primary Care Medical Home option: orimary care clinician and the interdisciplinary team work in partnership with the nt to support the continuity of care and the provision of comprehensive and dinated care, treatment, or services.
		EP 6		is that elect The Joint Commission Primary Care Medical Home option: When a patient is external organization, the interdisciplinary team reviews and tracks the care provided to the

Number	December of NOOA Oten dende	Joint	Commission	laint Commission Standards and Elements of Darformans
PCMH-4A	Description of NCQA Standards	Equiv	alent Number	Joint Commission Standards and Elements of Performance
PCMH-4A	TAG: PCMH-4A	LD.03.0		organization uses data and information to guide decisions and to understand attack.
Identify Patients for Care Management: In this section, NCQA requirements address the need to create a process that be used to identify patients who could use case management services. The process should include criteria that take into account factors such as behavioral health and other complex conditions, utilization, social determinants of health, and external referrals. NCQA also requires monitoring the percent of patients being identified through this process as a critical factor in meeting this standard's element.		EP 1	Leaders set exp treatment, or se	pectations for using data and information to improve the safety and quality of care, ervices.
		EP 2	Leaders are abl	e to describe how data and information are used to create a culture of safety and quality.
being identified through	tine process as a critical factor in meeting tine standard o cicinism.	EP 3	The organizatio	n uses processes to support systematic data and information use.
		EP 4	Leaders provide information syst	e the resources needed for data and information use, including staff, equipment, and tems.
		EP 5		n uses data and information in decision making that supports the safety and quality of or services. (See also Pl.02.01.01, EP 8)
		EP 6	The organizatio the environmen	n uses data and information to identify and respond to internal and external changes in t.
		EP 7	Leaders evalua	te how effectively data and information are used throughout the organization.
		LD.04.0		lers establish priorities for performance improvement. (Refer to the "Performance ovement" [PI] chapter.)
		EP 1	Leaders set prid PI.01.01.01, EP	orities for performance improvement activities and patient health outcomes. (See also es 1 and 3)
		EP 5	performance im	ns that elect The Joint Commission Primary Care Medical Home option: Ongoing provement occurs organizationwide for the purpose of demonstrably improving the sty of care, treatment, or services.
		EP 6		ns that elect The Joint Commission Primary Care Medical Home option: The team actively participates in performance improvement activities.
		PC.01.	02.01 The	organization assesses and reassesses its patients.
		EP 1	information it co Note 1: The sco and whether the Note 2: In defin consider inform	n defines, in writing, the scope and content of screening, assessment, and reassessment officets. (See also RC.02.01.01, EP 2) upper and content are dependent on whether the patient is making an initial or follow-up visit assessment is focused or comprehensive. In the scope and content of the information it collects, the organization may want to attend that it can obtain, with the patient's consent, from the patient's family and the care providers, as well as information conveyed on any medical jewelry.
		EP 2	assessments and Note: Examples	n defines, in writing, criteria that identify when additional, specialized, or more in-depth re performed. (See also PC.01.02.07, EP 1) s of criteria could include those that identify when a nutritional, functional, or pain ould be performed for patients who are at risk.

Number PCMH-4A	Description of NCQA Standards		ommission ent Number	Joint Commission Standards and Elements of Performance
		- - - - tt N	Physical, psyc Nutrition and h Functional stat For patients whee patient's and	us to are receiving end-of-life care, the social, spiritual, and cultural variables that influence family members' perception of grief is not applicable to settings that provide episodic care, such as urgent care and clinics.
			Ouring patient a equires.	ssessments and reassessments, the organization gathers the data and information it
		PC.01.03.0)1 The c	rganization plans the patient's care.
				plans the patient's care, treatment, or services based on needs identified by the ment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)
		PC.02.01.0)1 The c	rganization provides care, treatment, or services for each patient.
			he organization ndividualized pl	provides the patient with care, treatment, or services according to his or her an of care.
		PC.02.01.2	The c	rganizations that elect The Joint Commission Primary Care Medical Home option: rganization effectively communicates with patients when providing care, nent, or services.
		c ir N g	linician and the ncluding the par lote: Examples	s that elect The Joint Commission Primary Care Medical Home option: The primary care interdisciplinary team identify the patient's oral and written communication needs, ient's preferred language for discussing health care. of communication needs include the need for personal devices such as hearing aids or ge interpreters, communication boards, and translated or plain language materials. 01.01, EP 1)
		С	linician and the	s that elect The Joint Commission Primary Care Medical Home option: The primary care interdisciplinary team communicate with the patient during the provision of care, vices in a manner that meets the patient's oral and written communication needs.
		PC.02.02.0		rganization coordinates the patient's care, treatment, or services based on the tt's needs.
				has a process to receive or share patient information when the patient is referred to external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
		b N	etween the given the Such information in the such info	's process for hand-off communication provides for the opportunity for discussion er and receiver of patient information. mation may include the patient's condition, care, treatment, medications, services, and ticipated changes to any of these.
				coordinates the patient's care, treatment, or services. on involves resolving scheduling conflicts and duplication of care, treatment, or services.

Number PCMH-4A	Description of NCQA Standards		ommission ent Number	Joint Commission Standards and Elements of Performance
			The organization needs.	coordinates care, treatment, or services within a time frame that meets the patient's
		PC.02.03.		rganization provides patient education and training based on each patient's and abilities.
		EP 1	The organization	assesses the patient's learning needs.
		EP 4	The organization	provides education and training to the patient based on his or her assessed needs.
				coordinates the patient education and training provided by all disciplines involved in the eatment, or services.
			by the organizati - An explanation - Basic health pro - Information on - Nutrition interve - Discussion of p assessment pro - Information on - Information on	tient's condition and assessed needs, the education and training provided to the patient on include the following: of the plan for care, treatment, or services actices and safety the safe and effective use of medications (See also MM.06.01.01, EP 9) entions (for example, supplements) and modified diets iain, the risk for pain, the importance of effective pain management, the pain cess, and methods for pain management oral health the safe and effective use of medical equipment or supplies provided by the organization ehabilitation techniques to help the patient reach maximum independence
		EP 25	The organization	evaluates the patient's understanding of the education and training it provided.
				provides the patient education on how to communicate concerns about patient safety before, during, and after care is received.
			clinician and the	s that elect The Joint Commission Primary Care Medical Home option: The primary care interdisciplinary team educate the patient on self-management tools and techniques cient's individual needs.
		i	interdisciplinary t Note: Typically th	s that elect The Joint Commission Primary Care Medical Home option: The team identifies the patient's health literacy needs. his is an interactive process, the goal of which is to ascertain the patient's capacity to erstand basic health information needed to make appropriate health decisions.
				s that elect The Joint Commission Primary Care Medical Home option: Patient education the patient's health literacy needs.

Number PCMH-4A	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		PC.02.04	The o	rganizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 2.04.05)
		EP 5	uses a certified of Support the conservices - Document and - Support diseas - Support prever - Create reports - Create and sub disease-specific - Facilitate electr - Support perforr	s that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: ntinuity of care, and the provision of comprehensive and coordinated care, treatment, or track care, treatment, or services be management, including providing patient education notive care, treatment, or services for internal use omit reports to external providers and organizations, including public health agencies, registries, immunization registries, and other specialized registries ronic exchange of information among providers mance improvement ovide patient-specific education resources
		PC.02.04	The p patier	rganizations that elect The Joint Commission Primary Care Medical Home option: rimary care clinician and the interdisciplinary team work in partnership with the nt to support the continuity of care and the provision of comprehensive and linated care, treatment, or services.
		EP 6		s that elect The Joint Commission Primary Care Medical Home option: When a patient is tternal organization, the interdisciplinary team reviews and tracks the care provided to the
		EP 9		s that elect The Joint Commission Primary Care Medical Home option: The team works in partnership with the patient to achieve planned outcomes.
		EP 11		s that elect The Joint Commission Primary Care Medical Home option: The team involves the patient in the development of his or her treatment plan.
		PI.01.01	.01 The o	organization collects data to monitor its performance.
		EP 1	The leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organization	n identifies the frequency for data collection.
		EP 3	The organization (See also LD.04	n collects data on the following: Performance improvement priorities identified by leaders04.01, EP 1)
		PI.02.01	.01 The o	organization compiles and analyzes data.
		EP 1	The organization	n compiles data in usable formats.
		EP 2	The organization	n identifies the frequency for data analysis.
		EP 4	The organization patterns, trends,	n analyzes and compares internal data over time to identify levels of performance, and variations.
		EP 5	The organization	n compares data with external sources, when available.

Number PCMH-4A	Description of NCQA Standards		Commissic		Joint Commission Standards and Elements of Performance
		EP 8	The organiz LD.03.02.0	ation I, EP	uses the results of data analysis to identify improvement opportunities. (See also 5; Pl.03.01.01, EP 1)
		PI.03.0	1.01 T	he o	rganization improves performance.
		EP 1	Leaders pri	oritize	e the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organiz	ation	takes action on improvement priorities.
		EP 3	The organiz	ation	evaluates actions to confirm that they resulted in improvements.
		EP 4	The organiz	ation	takes action when it does not achieve or sustain planned improvements.
PCMH-4B	TAG: PCMH-4B	PC.01.0	02.01 T	he o	rganization assesses and reassesses its patients.
meeting targets relative	Care Support*: In this section, the NCQA standards address to the creation of a written plan of care for every patient, including	EP 23	During patie requires.	ent as	ssessments and reassessments, the organization gathers the data and information it
and self-management p	nt's personal treatment goals, obstacles to meeting those goals, lans. These individualized care plan should be developed by the	PC.02.0	01.01 T	he o	rganization provides care, treatment, or services for each patient.
* denotes a requirement	on with the patient. t that NCQA says must be met	EP 1	The organiz		provides the patient with care, treatment, or services according to his or her an of care.
		PC.02.0			rganization provides patient education and training based on each patient's and abilities.
		EP 1	The organiz	ation	assesses the patient's learning needs.
		EP 4	The organiz	ation	provides education and training to the patient based on his or her assessed needs.
		EP 5			coordinates the patient education and training provided by all disciplines involved in the eatment, or services.
		EP 10 EP 25 EP 27	by the orgal - An explan - Basic hea - Informatio - Nutrition ir - Discussion assessmen - Informatio - Informatio - Habilitatio The organiz	nization th production n on of p t production n on on cation	tient's condition and assessed needs, the education and training provided to the patient on include the following: of the plan for care, treatment, or services actices and safety the safe and effective use of medications (See also MM.06.01.01, EP 9) entions (for example, supplements) and modified diets ain, the risk for pain, the importance of effective pain management, the pain cess, and methods for pain management oral health the safe and effective use of medical equipment or supplies provided by the organization ehabilitation techniques to help the patient reach maximum independence evaluates the patient's understanding of the education and training it provided. provides the patient education on how to communicate concerns about patient safety refore, during, and after care is received.

Number PCMH-4B	Description of NCQA Standards		Commission ralent Number	Joint Commission Standards and Elements of Performance
		EP 28	clinician and the	ns that elect The Joint Commission Primary Care Medical Home option: The primary care e interdisciplinary team educate the patient on self-management tools and techniques atient's individual needs.
		EP 30	interdisciplinary Note: Typically	ns that elect The Joint Commission Primary Care Medical Home option: The team identifies the patient's health literacy needs. this is an interactive process, the goal of which is to ascertain the patient's capacity to derstand basic health information needed to make appropriate health decisions.
		EP 31		ns that elect The Joint Commission Primary Care Medical Home option: Patient education the patient's health literacy needs.
		PC.02.0	The _I Note	organizations that elect The Joint Commission Primary Care Medical Home option: patient has access to the organization 24 hours a day, 7 days a week. : Access may be provided through a number of methods, including telephone, il, websites, portals, and flexible hours.
		EP 4	medical home pafter the information	ns that elect The Joint Commission Primary Care Medical Home option: Primary care patients are provided online access to their health information within four business days ation is available to the primary care clinician or interdisciplinary team. This information stic test results, lab results, summary lists, and medication lists.
		PC.02.0	The	organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 2.04.05)
		EP 5	uses a certified - Support the co- services - Document and - Support diseas - Support preve - Create reports - Create and su disease-specific - Facilitate elect - Support perfor	ns that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: ontinuity of care, and the provision of comprehensive and coordinated care, treatment, or detrack care, treatment, or services see management, including providing patient education nitive care, treatment, or services for internal use bmit reports to external providers and organizations, including public health agencies, coregistries, immunization registries, and other specialized registries tronic exchange of information among providers mance improvement revoide patient-specific education resources
		PC.02.0	The _l patie	organizations that elect The Joint Commission Primary Care Medical Home option: primary care clinician and the interdisciplinary team work in partnership with the ent to support the continuity of care and the provision of comprehensive and dinated care, treatment, or services.
		EP 6		ns that elect The Joint Commission Primary Care Medical Home option: When a patient is xternal organization, the interdisciplinary team reviews and tracks the care provided to the
		EP 7		ns that elect The Joint Commission Primary Care Medical Home option: The team acts on recommendations from internal and external referrals for additional care, ervices.

Number PCMH-4B	Description of NCQA Standards		Commissio	I ININT L'AMMISSIAN STANDARDS AND EIGMANTS AT PARTARMANCA
		EP 8		ations that elect The Joint Commission Primary Care Medical Home option: The nary team participates in the development of the patient's treatment plan.
		EP 9		ations that elect The Joint Commission Primary Care Medical Home option: The nary team works in partnership with the patient to achieve planned outcomes.
		EP 10		ations that elect The Joint Commission Primary Care Medical Home option: The nary team monitors the patient's progress toward achieving treatment goals.
		EP 11		ations that elect The Joint Commission Primary Care Medical Home option: The nary team involves the patient in the development of his or her treatment plan.
		EP 12		ations that elect The Joint Commission Primary Care Medical Home option: The nary team assesses patients for health risk behaviors.
		RC.02.		The clinical record contains information that reflects the patient's care, treatment, or services.
		EP 29		ations that elect The Joint Commission Primary Care Medical Home option: The clinical ides the patient's self-management goals and the patient's progress toward achieving those
		RI.01.0		The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.
		EP 20	outcomes of	zation provides the patient or surrogate decision-maker with the information about the of care, treatment, or services that the patient needs in order to participate in current and h care decisions.
		RI.01.0	•	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization provides patients with information about the functions and services of the primary care medical home.
		EP 5	provides in	ations that elect The Joint Commission Primary Care Medical Home option: The organization formation to the patient about: Patient responsibilities, including providing health history and dications, and participating in self-management activities. (Refer to RI.02.01.01, EP 2)
PCMH-4C	TAG: PCMH-4C	LD.03.0		The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
relative to medication r	nt: In this section, the NCQA standards address meeting targets nanagement, specifically that in more than half of the episodes of reviewed and reconciled for the patient and in more than 80% of the	EP 1	Leaders se treatment,	t expectations for using data and information to improve the safety and quality of care, or services.
requires that more than	episodes of care, medications are reviewed and reconciled for the patient. NCQA also requires that more than 80% of patients are given information about newly prescribed medications. NCQA also requires organizations to assess patient understanding of medications, barriers to compliance, and patient response to medications for more than half of the patients. Organizations need to document the use of non-prescription		Leaders are	e able to describe how data and information are used to create a culture of safety and quality.
medications, barriers to			The organiz	zation uses processes to support systematic data and information use.
			EP 4 Leaders provide the resources needed for data and information use, including staff, equipment information systems.	
		EP 5		cation uses data and information in decision making that supports the safety and quality of nent, or services. (See also PI.02.01.01, EP 8)

Number PCMH-4C	Description of NCQA Standards		Commissio alent Numbe	I loint Commission Standards and Flomonts of Portormanco
		EP 6	The organize the environm	zation uses data and information to identify and respond to internal and external changes in ment.
		EP 7	Leaders eva	aluate how effectively data and information are used throughout the organization.
		LD.04.0		Leaders establish priorities for performance improvement. (Refer to the "Performance mprovement" [PI] chapter.)
		EP 1		t priorities for performance improvement activities and patient health outcomes. (See also , EPs 1 and 3)
		EP 5	performance	cations that elect The Joint Commission Primary Care Medical Home option: Ongoing se improvement occurs organizationwide for the purpose of demonstrably improving the safety of care, treatment, or services.
		MM.02.0	01.01 T	The organization selects and procures medications.
		EP 3	response of	ng a medication new to the organization, the organization determines a method to monitor the f the patient. (See also MM.07.01.01, EP 2) element of performance is also applicable to sample medications.
		MM.07.0	01.01 T	The organization monitors patients to determine the effects of their medication(s).
		EP 1	medication(s	zation monitors the patient's perception of side effects and the effectiveness of his or her (s). element of performance is also applicable to sample medications.
		EP 2	information in also MM.02. Note 1: Mon physicians, a medication in ones, are medication in the street of the stree	reaction monitors the patient's response to medication(s) by taking into account clinical from the clinical record, relevant lab values, clinical response, and medication profile. (See 2.01.01, EP 3) nitoring the patient's response to medications is an important assessment activity for nurses, and pharmacists. In particular, monitoring the patient's response to the first dose of a new is essential to the safety of the patient because any adverse reactions, including serious nore unpredictable if the medication has never been used before with the patient. In selement of performance is also applicable to sample medications.
		NPSG.0	03.06.01 M	Maintain and communicate accurate patient medication information.
		EP 1	Note 1: The care. The in Note 2: Curr basis. See the Note 3: It is	/or update information on the medications the patient is currently taking. This information is d in a list or other format that is useful to those who manage medications. The organization obtains the patient's medication information at the beginning of an episode of information is updated when the patient's medications change. The medications include those taken at scheduled times and those taken on an as-needed the Glossary for a definition of medications. The office of the medications from the patient. A good to obtain this information from the patient and/or other sources will be considered as meeting if the EP.
		EP 2	Note 1: Example 1: Example 1: Convenient of the	types of medication information to be collected in different settings and patient circumstances. amples of such settings include primary care, urgent and emergent care, ambulatory surgery, care, outpatient radiology, and diagnostic settings. amples of medication information that may be collected include name, dose, route, frequency, e.

Number PCMH-4C	Description of NCQA Standards		Commission alent Number	I IOINT L'AMMICCIAN STANDARDE AND LIAMANTE AT LAPTARMANCA		
		EP 3	the organization resolve discrepant Note: Discrepant	cies include omissions, duplications, contraindications, unclear information, and fied individual, identified by the organization, does the comparison. (See also		
		EP 4	information on the example, name, Note: When the conformation the communications	s that prescribe medications: Provide the patient (or family as needed) with written e medications the patient should be taking at the end of the episode of care (for dose, route, frequency, purpose). only additional medications prescribed are for a short duration, the medication rganization provides may include only those medications. For more information about to other providers of care at the end of an episode of care, or when the patient is nsferred, refer to Standard PC.04.02.01.		
		EP 5	information to the Note: Examples the information w over-the-counter emergency situa	s that prescribe medications: Explain the importance of managing medication e patient at the end of the episode of care. include instructing the patient to give a list to his or her primary care physician; to update the medications are discontinued, doses are changed, or new medications (including products) are added; and to carry medication information at all times in the event of tions. (For information on patient education on medications, refer to Standards 0.02.03.01, and PC.04.01.05.)		
		PC.02.0		rganization provides patient education and training based on each patient's and abilities.		
		EP 1	The organization	assesses the patient's learning needs.		
		EP 4	The organization	provides education and training to the patient based on his or her assessed needs.		
		EP 10	by the organization - An explanation - Basic health pro Information on the Nutrition interver Discussion of pro Information on the Information of the Inform	tient's condition and assessed needs, the education and training provided to the patient on include the following: of the plan for care, treatment, or services actices and safety the safe and effective use of medications (See also MM.06.01.01, EP 9) entions (for example, supplements) and modified diets ain, the risk for pain, the importance of effective pain management, the pain tess, and methods for pain management or supplies provided by the organization ehabilitation techniques to help the patient reach maximum independence		
		EP 25	The organization	evaluates the patient's understanding of the education and training it provided.		

Number PCMH-4C	Description of NCQA Standards	Joint Comm Equivalent N		Joint Commission Standards and Elements of Performance
		PC.02.04.03	The o	rganizations that elect The Joint Commission Primary Care Medical Home option: rganization is accountable for providing patient care. (Refer to Standard .04.05)
		uses - Sup servic - Doc - Sup - Sup - Crea - Crea disea - Faci - Sup	a certified of cort the core es ument and cort diseas out preven the reports atte and subse-specific litate electroort perforr	s that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: ntinuity of care, and the provision of comprehensive and coordinated care, treatment, or track care, treatment, or services e management, including providing patient education tive care, treatment, or services for internal use whit reports to external providers and organizations, including public health agencies, registries, immunization registries, and other specialized registries onic exchange of information among providers mance improvement wide patient-specific education resources
		PI.01.01.01	The o	rganization collects data to monitor its performance.
		EP 1 The le	aders set	oriorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2 The o	rganization	identifies the frequency for data collection.
				collects data on the following: Performance improvement priorities identified by leaders. 04.01, EP 1)
		PI.02.01.01	The o	rganization compiles and analyzes data.
		EP 1 The o	rganization	compiles data in usable formats.
		EP 2 The o	rganization	identifies the frequency for data analysis.
				analyzes and compares internal data over time to identify levels of performance, and variations.
		EP 5 The o	rganization	compares data with external sources, when available.
				uses the results of data analysis to identify improvement opportunities. (See also 5; Pl.03.01.01, EP 1)
		PI.03.01.01	The o	rganization improves performance.
		EP 1 Leade	ers prioritize	e the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2 The o	rganization	takes action on improvement priorities.
		EP 3 The o	rganization	evaluates actions to confirm that they resulted in improvements.
		EP 4 The o	rganization	takes action when it does not achieve or sustain planned improvements.

Number PCMH-4C	Description of NCQA Standards		ommission ent Numbe	loint Commission Standards and Flaments of Partormance			
		RC.02.01.		e clinical record contains information that reflects the patient's care, treatment, or vices.			
		EP 21	EP 2 The clinical record contains the following clinical information: - The patient's initial diagnosis, diagnostic impression(s), or condition(s) - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8) - Any allergies to food - Any allergies to medications - Any conclusions or impressions drawn from the patient's medical history and physical examination - Any diagnoses or conditions established during the patient's course of care, treatment, or services - Any consultation reports - Any progress notes - Any medications ordered or prescribed - Any medications administered, including the strength, dose, and route - Any access site for medication, administration devices used, and rate of administration - The patient's response to any medication administered - Any adverse drug reactions - Plans for care and any revisions to the plan for care (See also PC.01.03.01, EP 1) - Orders for diagnostic and therapeutic tests and procedures and their results				
PCMH-4D	TAG: PCMH-4D	LD.01.03.		vernance is ultimately accountable for the safety and quality of care, treatment, or vices.			
electronic prescribing s	oing: In this section, the NCQA standards address using an system that meets specific targets, including that at least 50% of	EP 5	Governance p	provides for the resources needed to maintain safe, quality care, treatment, or services.			
pharmacies. NCQA sta	re compared to drug formularies and sent electronically to ndards state that electronic prescriptions are integrated into at	MM.04.01	.01 Me	dication orders are clear and accurate.			
	ealth records, and that potential drug interactions are checked CQA standards, the electronic prescribing system also informs drugs are available.			ons that elect The Joint Commission Primary Care Medical Home option: The primary care uses an electronic prescribing process for at least 50% of allowable prescriptions.			
				ons that elect The Joint Commission Primary Care Medical Home option: The primary care a uses a computerized order entry system for at least 60% of medication orders.			

Number PCMH-4D	Description of NCQA Standards	Joint Commi	Joint Commission Standards and Flements of Performance
		PC.02.04.03	For organizations that elect The Joint Commission Primary Care Medical Home option: The organization is accountable for providing patient care. (Refer to Standard PC.02.04.05)
		uses a - Supp service - Docu - Supp - Supp - Creat - Creat diseas - Facili - Supp	rganizations that elect The Joint Commission Primary Care Medical Home option: The organization a certified electronic health record system to do the following: port the continuity of care, and the provision of comprehensive and coordinated care, treatment, or sex ument and track care, treatment, or services port disease management, including providing patient education port preventive care, treatment, or services ate reports for internal use ate and submit reports to external providers and organizations, including public health agencies, se-specific registries, immunization registries, and other specialized registries illitate electronic exchange of information among providers port performance improvement atify and provide patient-specific education resources For organizations that elect The Joint Commission Primary Care Medical Home option:
			The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.
			rganizations that elect The Joint Commission Primary Care Medical Home option: When a patient is ed to an external organization, the interdisciplinary team reviews and tracks the care provided to the nt.
		RC.02.01.01	The clinical record contains information that reflects the patient's care, treatment, or services.
		- The p - Any f EPs 1 - Any a - Any c - Any c - Any c - Any p - Any p - Any p	clinical record contains the following clinical information: patient's initial diagnosis, diagnostic impression(s), or condition(s) findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, 1 and 8) allergies to food allergies to medications conclusions or impressions drawn from the patient's medical history and physical examination diagnoses or conditions established during the patient's course of care, treatment, or services consultation reports progress notes medications ordered or prescribed medications administered, including the strength, dose, and route access site for medication, administration devices used, and rate of administration
		- The p - Any a - Plans	patient's response to any medication administration devices used, and rate of administration patient's response to any medication administered adverse drug reactions as for care and any revisions to the plan for care (See also PC.01.03.01, EP 1) ers for diagnostic and therapeutic tests and procedures and their results
PCMH-4E	TAG: PCMH-4E	LD.03.02.01	The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Support Self-Care and Shared Decision Making: In this section, the NCQA standards address supporting a patient's management of his or her care. This specifically includes: using an electronic health record to identify educational resources for more than 10% of

EP 1 Leaders set expectations for using data and information to improve the safety and quality of care, treatment, or services.

Number PCMH-4E	Description of NCQA Standards		Commission	I IOINT COMMISSION STANDARDS AND FIGMENTS OF PORTORMANCE
	r referring patients to educational resources and self-management g a list of, and assessing community resources; and offering or	EP 2	Leaders are	able to describe how data and information are used to create a culture of safety and quality.
referring patients to these external resources. NCQA standards also expect the use of shared decision-making aids.		EP 3	The organiza	tion uses processes to support systematic data and information use.
		EP 4	Leaders prov information s	ide the resources needed for data and information use, including staff, equipment, and ystems.
		EP 5		tion uses data and information in decision making that supports the safety and quality of nt, or services. (See also PI.02.01.01, EP 8)
		EP 6	The organiza the environm	tion uses data and information to identify and respond to internal and external changes in ent.
		EP 7	Leaders eval	uate how effectively data and information are used throughout the organization.
		LD.04.0		aders establish priorities for performance improvement. (Refer to the "Performance provement" [PI] chapter.)
		EP 1	Leaders set p PI.01.01.01,	priorities for performance improvement activities and patient health outcomes. (See also EPs 1 and 3)
		EP 5	performance	ions that elect The Joint Commission Primary Care Medical Home option: Ongoing improvement occurs organizationwide for the purpose of demonstrably improving the afety of care, treatment, or services.
		PC.01.0	03.01 Th	e organization plans the patient's care.
		EP 44	management	ions that elect The Joint Commission Primary Care Medical Home option: Patient self- goals are identified, agreed upon with the patient, and incorporated into the patient's
			treatment pla	n. (Refer to RI.01.02.01, EP 1)
		PC.02.0	03.01 Th	n. (Refer to RI.01.02.01, EP 1) e organization provides patient education and training based on each patient's eds and abilities.
		PC.02.0	O3.01 The new For organizate clinician and	e organization provides patient education and training based on each patient's
			O3.01 The new For organizate clinician and	e organization provides patient education and training based on each patient's eds and abilities. ions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team educate the patient on self-management tools and techniques
			O3.01 The new For organizate clinician and	e organization provides patient education and training based on each patient's eds and abilities. ions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team educate the patient on self-management tools and techniques
			O3.01 The new For organizate clinician and	e organization provides patient education and training based on each patient's eds and abilities. ions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team educate the patient on self-management tools and techniques
			O3.01 The new For organizate clinician and	e organization provides patient education and training based on each patient's eds and abilities. ions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team educate the patient on self-management tools and techniques
			O3.01 The new For organizate clinician and	e organization provides patient education and training based on each patient's eds and abilities. ions that elect The Joint Commission Primary Care Medical Home option: The primary care the interdisciplinary team educate the patient on self-management tools and techniques

Number PCMH-4E	Description of NCQA Standards		Commission lent Numbe	I loint Commission Standards and Elements of Portormance
		PC.02.04	Th	r organizations that elect The Joint Commission Primary Care Medical Home option: e organization is accountable for providing patient care. (Refer to Standard .02.04.05)
		EP 5	manages trar including the - Acute care - Managemer - Preventive s - Behavioral h - Oral health - Optical heal - Urgent and - Substance a - Rehabilitativ and equipmer Note: Some of incollaboration For organizat uses a certific - Support the services - Document a - Support gise - Support gre - Create repo - Create and disease-spec - Facilitate ele - Support per	at of chronic care services that are age- and gender-specific sealth needs care
		PC.02.04	Th pa	r organizations that elect The Joint Commission Primary Care Medical Home option: e primary care clinician and the interdisciplinary team work in partnership with the tient to support the continuity of care and the provision of comprehensive and ordinated care, treatment, or services.
		EP 2	the interdiscip	ions that elect The Joint Commission Primary Care Medical Home option: The members of olinary team provide comprehensive and coordinated care, treatment, or services and continuity of care. vision of care may include making internal and external referrals.
		EP 5	clinician is res	ions that elect The Joint Commission Primary Care Medical Home option: The primary care sponsible for making certain that the interdisciplinary team provides comprehensive and

through 13.

coordinated care, treatment, or services and maintains the continuity of care as described in EPs 6

treatment plans, and resolving conflicts in the provision of care.

Note: Coordination of care may include making internal and external referrals, developing and evaluating

Number PCMH-4E	Description of NCQA Standards		Commissio valent Numbe		Joint Commission Standards and Elements of Performance
		EP 6			that elect The Joint Commission Primary Care Medical Home option: When a patient is ernal organization, the interdisciplinary team reviews and tracks the care provided to the
		EP 9			that elect The Joint Commission Primary Care Medical Home option: The sam works in partnership with the patient to achieve planned outcomes.
		EP 11			that elect The Joint Commission Primary Care Medical Home option: The sam involves the patient in the development of his or her treatment plan.
		PI.01.0	1.01 T	he or	ganization collects data to monitor its performance.
		EP 1	The leaders	set p	riorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organiza	ation	dentifies the frequency for data collection.
		EP 3	The organization (See also LD		collects data on the following: Performance improvement priorities identified by leaders. 4.01, EP 1)
		PI.02.0	1.01 T	ne or	ganization compiles and analyzes data.
		EP 1	The organiza	ation	compiles data in usable formats.
		EP 2	The organiza	ation	dentifies the frequency for data analysis.
		EP 4	•		analyzes and compares internal data over time to identify levels of performance, and variations.
		EP 5	The organiza	ation	compares data with external sources, when available.
		EP 8			uses the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)
		PI.03.0	1.01 T	he or	ganization improves performance.
		EP 1	Leaders pric	ritize	the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organiza	ation	akes action on improvement priorities.
		EP 3	The organiza	ation	evaluates actions to confirm that they resulted in improvements.
		EP 4	The organiza	ation	akes action when it does not achieve or sustain planned improvements.
		RC.02.		ne cl ervic	nical record contains information that reflects the patient's care, treatment, or
		EP 29			that elect The Joint Commission Primary Care Medical Home option: The clinical e patient's self-management goals and the patient's progress toward achieving those

Number PCMH-5A	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
PCMH-5A	TAG: PCMH-5A	LD.03.0		organization uses data and information to guide decisions and to understand tion in the performance of processes supporting safety and quality.
Test Tracking and Follow-Up: In this section, the NCQA standards address monitoring all lab and imaging tests and following up on overdue results. NCQA standards state that electronic systems are used to order lab and imaging tests and obtain results, and that the		EP 1		pectations for using data and information to improve the safety and quality of care,
NCQA also states that p	levant care providers are informed of any lab or imaging results that are not normal. CQA also states that patients are notified of both normal and abnormal results. The NCQA requirements also cover monitoring hearing and blood-spot screening done on evaluation in hospitals. Imaging results and at least 40% of lab results are placed in the attent's health record electronically. NCQA requires written procedures for the activities entified above, and demonstration that the organization follows those procedures.		Leaders are ab	e to describe how data and information are used to create a culture of safety and quality.
newborns in hospitals. Ir			The organizatio	n uses processes to support systematic data and information use.
			Leaders provide information sys	e the resources needed for data and information use, including staff, equipment, and tems.
		EP 5		n uses data and information in decision making that supports the safety and quality of , or services. (See also PI.02.01.01, EP 8)
		EP 6	The organizatio the environmen	n uses data and information to identify and respond to internal and external changes in t.
		EP 7	Leaders evalua	te how effectively data and information are used throughout the organization.
		LD.04.0		lers establish priorities for performance improvement. (Refer to the "Performance ovement" [PI] chapter.)
		EP 1	Leaders set prior PI.01.01.01, EF	orities for performance improvement activities and patient health outcomes. (See also es 1 and 3)
		EP 5	performance im	ns that elect The Joint Commission Primary Care Medical Home option: Ongoing aprovement occurs organizationwide for the purpose of demonstrably improving the ety of care, treatment, or services.
		PC.02.0	1.01 The	organization provides care, treatment, or services for each patient.
		EP 18		ns that elect The Joint Commission Primary Care Medical Home option: The primary care uses a computerized order entry system for at least 30% of laboratory orders.
		EP 19		ns that elect The Joint Commission Primary Care Medical Home option: The primary care uses a computerized order entry system for at least 30% of radiology orders.
		PC.02.0	1.05 The	organization provides interdisciplinary, collaborative care, treatment, or services.
		EP 1	Care, treatment	t, or services are provided to the patient in an interdisciplinary, collaborative manner.
		PC.02.0		organization coordinates the patient's care, treatment, or services based on the ent's needs.
		EP 1		n has a process to receive or share patient information when the patient is referred to external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
		EP 2	between the giv Note: Such info	n's process for hand-off communication provides for the opportunity for discussion ver and receiver of patient information. rmation may include the patient's condition, care, treatment, medications, services, and nticipated changes to any of these.

Number PCMH-5A	Description of NCQA Standards		Commission alent Number	I loint Commission Standards and Flomonts of Portormanco
		EP 3	The organizati Note: Coordin	on coordinates the patient's care, treatment, or services. ation involves resolving scheduling conflicts and duplication of care, treatment, or services.
		EP 10		anization uses external resources to meet the patient's needs, it participates in coordinating are, treatment, or services.
		EP 17	The organizat needs.	on coordinates care, treatment, or services within a time frame that meets the patient's
		PC.02.0	The	organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 02.04.05)
		EP 5	uses a certifie - Support the services - Document ar - Support dise - Support prev - Create repor - Create and s disease-speci - Facilitate ele - Support perf	ons that elect The Joint Commission Primary Care Medical Home option: The organization deflectronic health record system to do the following: continuity of care, and the provision of comprehensive and coordinated care, treatment, or and track care, treatment, or services as management, including providing patient education sentive care, treatment, or services to internal use submit reports to external providers and organizations, including public health agencies, fic registries, immunization registries, and other specialized registries ctronic exchange of information among providers ormance improvement or ovide patient-specific education resources
		PC.02.0	The pat	organizations that elect The Joint Commission Primary Care Medical Home option: primary care clinician and the interdisciplinary team work in partnership with the ient to support the continuity of care and the provision of comprehensive and ordinated care, treatment, or services.
		EP 6	For organization referred to an patient.	ons that elect The Joint Commission Primary Care Medical Home option: When a patient is external organization, the interdisciplinary team reviews and tracks the care provided to the
		EP 7		ons that elect The Joint Commission Primary Care Medical Home option: The ry team acts on recommendations from internal and external referrals for additional care, services.
		EP 9		ons that elect The Joint Commission Primary Care Medical Home option: The y team works in partnership with the patient to achieve planned outcomes.
		PI.01.01	1.01 The	organization collects data to monitor its performance.
		EP 1	The leaders se	et priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organizat	on identifies the frequency for data collection.
		EP 3		on collects data on the following: Performance improvement priorities identified by leaders. 04.04.01, EP 1)

Number PCMH-5A	Description of NCQA Standards		Commission alent Number	
		PI.02.0	1.01 The	ne organization compiles and analyzes data.
		EP 1	The organization	ation compiles data in usable formats.
		EP 2	The organization	ation identifies the frequency for data analysis.
		EP 4		ation analyzes and compares internal data over time to identify levels of performance, nds, and variations.
		EP 5	The organization	ation compares data with external sources, when available.
		EP 8	The organization	ation uses the results of data analysis to identify improvement opportunities. (See also , EP 5; Pl.03.01.01, EP 1)
		PI.03.0	1.01 The	ne organization improves performance.
		EP 1	Leaders priorit	ritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organizati	ation takes action on improvement priorities.
		EP 3	The organization	ation evaluates actions to confirm that they resulted in improvements.
		EP 4	The organization	ation takes action when it does not achieve or sustain planned improvements.
		RC.01.0	01.01 The	ne organization maintains complete and accurate clinical records.
		EP 1	The organization	ation defines the components of a complete clinical record.
		EP 5	The clinical red	record contains the information needed to support the patient's diagnosis and condition.
		EP 7	The clinical red treatment, or s	record contains information that documents the course and result of the patient's care, r services.
		EP 9	The organization	ation uses standardized formats to document the care, treatment, or services it provides to
		EP 13		ation assembles or makes available in a summary in the clinical record all information provide patient care, treatment, or services. (See also MM.01.01.01, EP 1)
		RC.01.0	03.01 Doo	ocumentation in the clinical record is entered in a timely manner.
		EP 1	The organization also PC.01.02	ation has a written policy that requires timely entry of information into the clinical record. (See 02.03, EP 1)
		EP 2	The organization	ation defines the time frame for completion of the clinical record.
		EP 3		ation implements its policy requiring timely entry of information into the patient's clinical also PC.01.02.03, EP 2)

Number PCMH-5A	Description of NCQA Standards		Commission	I IOINT COMMISSION STANGARGE AND EIOMONTS OF POPTORMANCO
		RC.01.0	4.01	he organization audits its clinical records.
		EP 1		o a time frame it defines, the organization reviews its clinical records to confirm that the ormation is present, accurate, legible, authenticated, and completed on time.
		RC.02.0		The clinical record contains information that reflects the patient's care, treatment, or services.
		EP 2	- The patier - Any findin EPs 1 and - Any allerg - Any concl - Any consultant - Any medicultant - Any medicultant - Any accesultant - Any accesultant - Any adverunce - Plans for	les to food ies to medications usions or impressions drawn from the patient's medical history and physical examination oses or conditions established during the patient's course of care, treatment, or services ultation reports
PCMH-5B	TAG: PCMH-5B	LD.03.0		The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.
related to referrals, spec for referral and relevant	ollow-Up: In this section, the NCQA standards address activities cifically that the organization provides the clinician with the reason patient information; establishes timeframes for receiving reports	EP 1		expectations for using data and information to improve the safety and quality of care,
management of a patier	of referrals; and creates agreements with specialists when cont is needed (this is documented in the patient's health record).	EP 2	Leaders are	e able to describe how data and information are used to create a culture of safety and quality.
referral, and acquires th	t the organization obtains information from patients about self- ose results, and exchanges information electronically with other	EP 3	The organiz	cation uses processes to support systematic data and information use.
	so requires an electronic summary of care provided is placed in cords of patients who were referred.	EP 4	Leaders pro information	ovide the resources needed for data and information use, including staff, equipment, and systems.
		EP 5		cation uses data and information in decision making that supports the safety and quality of nent, or services. (See also PI.02.01.01, EP 8)
			The organize the environ	cation uses data and information to identify and respond to internal and external changes in ment.
		EP 7	Leaders ev	aluate how effectively data and information are used throughout the organization.
		LD.04.0		Care, treatment, or services provided through contractual agreement are provided afely and effectively.
		EP 1		ders have an opportunity to provide advice about the sources of clinical services to be rough contractual agreement.

Number CMH-5B	Description of NCQA Standards		Commission ralent Number	Joint Commission Standards and Elements of Performance
		EP 2	The organizati agreements.	on describes, in writing, the nature and scope of services provided through contractual
		EP 3	Designated lea	aders approve contractual agreements.
		EP 4	services. Note: When the or services to lead t	or contracted services by establishing expectations for the performance of the contracted the organization contracts with another accredited organization for patient care, treatment, the provided off site, it can do the following: Ilicensed independent practitioners who will be providing patient care, treatment, or appropriate privileges by obtaining, for example, a copy of the list of privileges. The written agreement that the contracted organization will ensure that all contracted services ensed independent practitioners will be within the scope of their privileges.
		EP 5 Leaders monit contracted ser		description of the expectations can be provided either as part of the written agreement or
		EP 6	Leaders monit expectations.	or contracted services by evaluating these services in relation to the organization's
		EP 7	Note: Example - Increase mor - Provide cons	
		LD.04.0		ders establish priorities for performance improvement. (Refer to the "Performance provement" [PI] chapter.)
		EP 1	Leaders set pr PI.01.01.01, E	iorities for performance improvement activities and patient health outcomes. (See also Ps 1 and 3)
		EP 5	performance in	ons that elect The Joint Commission Primary Care Medical Home option: Ongoing improvement occurs organizationwide for the purpose of demonstrably improving the fety of care, treatment, or services.
		PC.02.0		organization coordinates the patient's care, treatment, or services based on the lent's needs.
		EP 1		on has a process to receive or share patient information when the patient is referred to or external providers of care, treatment, or services. (See also PC.04.02.01, EP 1)
		EP 10		anization uses external resources to meet the patient's needs, it participates in coordinating are, treatment, or services.

Number PCMH-5B	Description of NCQA Standards		Commission lent Number	Joint Commission Standards and Elements of Performance
		PC.02.04	The	organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 2.04.05)
			uses a certified - Support the coservices - Document and - Support disea: - Support preve - Create reports - Create and su disease-specific - Facilitate elect - Support perfor	ns that elect The Joint Commission Primary Care Medical Home option: The organization electronic health record system to do the following: ontinuity of care, and the provision of comprehensive and coordinated care, treatment, or detrack care, treatment, or services se management, including providing patient education notive care, treatment, or services of or internal use bmit reports to external providers and organizations, including public health agencies, coregistries, immunization registries, and other specialized registries tronic exchange of information among providers mance improvement ovide patient-specific education resources
		PC.02.04	The patie	organizations that elect The Joint Commission Primary Care Medical Home option: primary care clinician and the interdisciplinary team work in partnership with the ent to support the continuity of care and the provision of comprehensive and dinated care, treatment, or services.
			the interdisciplir maintain the co	ns that elect The Joint Commission Primary Care Medical Home option: The members of nary team provide comprehensive and coordinated care, treatment, or services and ntinuity of care. sion of care may include making internal and external referrals.
				ns that elect The Joint Commission Primary Care Medical Home option: When a patient is xternal organization, the interdisciplinary team reviews and tracks the care provided to the
				ns that elect The Joint Commission Primary Care Medical Home option: The team acts on recommendations from internal and external referrals for additional care, ervices.
		PI.01.01.	01 The	organization collects data to monitor its performance.
		EP 1	The leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organizatio	n identifies the frequency for data collection.
			The organizatio (See also LD.04	n collects data on the following: Performance improvement priorities identified by leaders. 4.04.01, EP 1)
		PI.02.01.	01 The	organization compiles and analyzes data.
		EP 1	The organizatio	n compiles data in usable formats.
		EP 2	The organizatio	n identifies the frequency for data analysis.
				n analyzes and compares internal data over time to identify levels of performance, , and variations.

Number PCMH-5B	Description of NCQA Standards		Commission	I loint Commission Standards and Flamonts of Portormance			
		EP 5	The organizat	ion compares data with external sources, when available.			
		EP 8		ion uses the results of data analysis to identify improvement opportunities. (See also EP 5; Pl.03.01.01, EP 1)			
		PI.03.0	1.01 Th	e organization improves performance.			
		EP 1	Leaders prior	tize the identified improvement opportunities. (See also PI.02.01.01, EP 8)			
		EP 2	The organizat	ion takes action on improvement priorities.			
		EP 3	The organizat	ion evaluates actions to confirm that they resulted in improvements.			
		EP 4	The organizat	ion takes action when it does not achieve or sustain planned improvements.			
		RC.01.	01.01 Th	e organization maintains complete and accurate clinical records.			
		EP 1	The organizat	ion defines the components of a complete clinical record.			
		EP 5	The clinical re	cord contains the information needed to support the patient's diagnosis and condition.			
		EP 6	EP 6 The clinical record contains the information needed to justify the patient's care, treatment, or services.				
		EP 7	The clinical retreatment, or	cord contains information that documents the course and result of the patient's care, services.			
		EP 14		eeded to provide care, summaries of treatment and other documents provided by the ation are forwarded to other care providers.			
		RI.01.0	The	r organizations that elect The Joint Commission Primary Care Medical Home option: e organization provides patients with information about the functions and services the primary care medical home.			
		EP 3	provides infor - Selection of - Involvement - Managemer - Coordinatior - Collaboratio				
PCMH-5C	TAG: PCMH-5C	IM.02.0	1.01 Th	e organization protects the privacy of health information.			
patients who were adm with the hospital or ED	sitions: In this section, the NCQA standards address identifying nitted to a hospital or made an ED visit, sharing patient information , and exchanging information for admitted patients. NCQA requires arrly obtain discharge summaries and contact the patient in a timely are.	EP 1	RI.01.01.01, I Note: For aml organization r	ion has a written policy addressing the privacy of health information. (See also EP 7) bulatory surgical centers that elect to use The Joint Commission deemed status option: The nust comply with Section 45 of the Code of Federal Regulations parts 160 and 164, wn as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security			

patient to create a care plan when the patient moves from pediatric to adult care.

This crosswalk demonstrates that The Joint Commission
PCMH standards are comparable to NCQA's Level 3
PCMH Recognition requirements

NCQA also expects the organization to exchange information electronically with other

organizations, and provide a care summary to other organizations when there are transitions in care, for more than half of the patients. The organization works with the

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Rules.

Number PCMH-5C	Description of NCQA Standards	Joint Com Equivalent		Joint Commission Standards and Elements of Performance
		Note orga	te: For ambula anization mus nerally known a	implements its policy on the privacy of health information. (See also RI.01.01.01, EP 7) tory surgical centers that elect to use The Joint Commission deemed status option: The tromply with Section 45 of the Code of Federal Regulations parts 160 and 164, as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security
		limit Not orga	ited by its police te: For ambula anization mus nerally known a	uses health information only for purposes permitted by law and regulation or as further by on privacy. (See also MM.01.01.01, EP 1; RI.01.01.01, EP 7) tory surgical centers that elect to use The Joint Commission deemed status option: The tromply with Section 45 of the Code of Federal Regulations parts 160 and 164, as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security
		con Not orga	nsistent with la te: For ambula anization mus nerally known a	discloses health information only as authorized by the patient or as otherwise w and regulation. (See also RI.01.01.01, EP 7) tory surgical centers that elect to use The Joint Commission deemed status option: The tromply with Section 45 of the Code of Federal Regulations parts 160 and 164, as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security
		RI.0 Not orga	01.01.01, EP 7 te: For ambula anization mus nerally known a	monitors compliance with its policy on the privacy of health information. (See also ') tory surgical centers that elect to use The Joint Commission deemed status option: The comply with Section 45 of the Code of Federal Regulations parts 160 and 164, as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security
		IM.02.01.03	The or	ganization maintains the security and integrity of health information.
		use Not orga	e, and disclosu te: For ambula anization mus nerally known a	has a written policy that addresses the security of health information, including access, re. tory surgical centers that elect to use The Joint Commission deemed status option: The comply with Section 45 of the Code of Federal Regulations parts 160 and 164, as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security
		EP 2 The una	e organization authorized alte	has a written policy addressing the integrity of health information against loss, damage, ration, unintentional change, and accidental destruction.
				ation, difficultional change, and accidental destruction.
		EP 3 The	e organization	has a written policy addressing the intentional destruction of health information.
		EP 4 The	e organization mitted.	<u> </u>
		EP 4 The perr Not	e organization mitted. te: Removal re e organization te: For ambula anization mus nerally known a	has a written policy addressing the intentional destruction of health information. has a written policy that defines when and by whom the removal of health information is

Number PCMH-5C	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 7	The organization	n controls the intentional destruction of health information.
		EP 8	Note: For ambu	n monitors compliance with its policies on the security and integrity of health information. llatory surgical centers that elect to use The Joint Commission deemed status option: The ust comply with Section 45 of the Code of Federal Regulations parts 160 and 164, as the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security
		LD.03.0		organization uses data and information to guide decisions and to understand tion in the performance of processes supporting safety and quality.
		EP 1	Leaders set exp treatment, or se	pectations for using data and information to improve the safety and quality of care, ervices.
		EP 2	Leaders are ab	e to describe how data and information are used to create a culture of safety and quality.
		EP 3	The organization	n uses processes to support systematic data and information use.
		EP 4	Leaders provide information sys	e the resources needed for data and information use, including staff, equipment, and tems.
		EP 5		n uses data and information in decision making that supports the safety and quality of , or services. (See also PI.02.01.01, EP 8)
		EP 6	The organization the environment	n uses data and information to identify and respond to internal and external changes in t.
		EP 7	Leaders evalua	te how effectively data and information are used throughout the organization.
		LD.04.0	1.05 The	organization effectively manages its programs, services, or sites.
		EP 11	evaluates how	ns that elect The Joint Commission Primary Care Medical Home option: The organization effectively the primary care clinician and the interdisciplinary team work in partnership with upport the continuity of care and the provision of comprehensive and coordinated care, ervices.
		LD.04.0		lers establish priorities for performance improvement. (Refer to the "Performance ovement" [PI] chapter.)
		EP 1	Leaders set prio PI.01.01.01, EF	orities for performance improvement activities and patient health outcomes. (See also es 1 and 3)
		EP 5	performance im	ns that elect The Joint Commission Primary Care Medical Home option: Ongoing provement occurs organizationwide for the purpose of demonstrably improving the ety of care, treatment, or services.

Number PCMH-5C	Description of NCQA Standards		Commissio		Joint Commission Standards and Elements of Performance
		PC.01.0	02.01	The or	ganization assesses and reassesses its patients.
		EP 1	information Note 1: The and whethe Note 2: In c consider inf	it colle e scope er the a defining formati	defines, in writing, the scope and content of screening, assessment, and reassessment lots. (See also RC.02.01.01, EP 2) and content are dependent on whether the patient is making an initial or follow-up visit ssessment is focused or comprehensive. If the scope and content of the information it collects, the organization may want to on that it can obtain, with the patient's consent, from the patient's family and the e providers, as well as information conveyed on any medical jewelry.
		EP 23	During pation requires.	ent ass	essments and reassessments, the organization gathers the data and information it
		PC.02.0	7		panizations that elect The Joint Commission Primary Care Medical Home option: ganization is accountable for providing patient care. (Refer to Standard 04.05)
		EP 5	uses a cert - Support tr services - Documen - Support d - Support d - Create rep - Create an disease-spe - Facilitate - Support p	ified eline cont t and tr isease reventi borts fo d subn ecific re electro erform	that elect The Joint Commission Primary Care Medical Home option: The organization ectronic health record system to do the following: inuity of care, and the provision of comprehensive and coordinated care, treatment, or ack care, treatment, or services management, including providing patient education we care, treatment, or services or internal use nit reports to external providers and organizations, including public health agencies, egistries, immunization registries, and other specialized registries nic exchange of information among providers ance improvement ide patient-specific education resources
		PC.02.0	7 F	The pri patient	panizations that elect The Joint Commission Primary Care Medical Home option: mary care clinician and the interdisciplinary team work in partnership with the to support the continuity of care and the provision of comprehensive and nated care, treatment, or services.
		EP 9			that elect The Joint Commission Primary Care Medical Home option: The am works in partnership with the patient to achieve planned outcomes.
		EP 11			that elect The Joint Commission Primary Care Medical Home option: The am involves the patient in the development of his or her treatment plan.
		PC.04.0			ganization discharges or transfers the patient based on his or her assessed and the organization's ability to meet those needs.
		EP 2	The organiz	zation i	dentifies any needs the patient may have for continuing psychosocial or physical care.
		EP 3			atient's family, licensed independent practitioners, physicians, and staff involved in the atment, or services participate in planning the patient's discharge or transfer.
		EP 4			the organization arranges or assists in arranging the services required by the patient order to meet his or her ongoing needs for care and services.

Number PCMH-5C	Description of NCQA Standards		t Commissio /alent Numb	I IOINT COMMISSION STANDARDS AND FIOMONTS OF POPTORMANCO
		PC.04.		efore the organization discharges or transfers a patient, it informs and educates the atient about his or her follow-up care, treatment, or services.
		EP 1		rganization determines the patient's needs at the end of an episode of care, or at discharge t promptly shares this information with the patient.
		EP 7	The organiz that he or sh	ation educates the patient about how to obtain any continuing care, treatment, or services ne will need.
		EP 8		ation provides written instructions at the end of an episode of care or at discharge in a the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03,
		PC.04.	ti	When a patient is discharged or transferred, the organization gives information about ne care, treatment, or services provided to the patient to other service providers who will provide the patient with care, treatment, or services.
		EP 1	informs other following: - The reason - The patien - A summar - The patien Note: This band convent - A list of co	of an episode of care, or at the time of the patient's discharge or transfer, the organization for service providers who will provide care, treatment, or services to the patient about the infor the patient's discharge or transfer t's physical and psychosocial status y of care, treatment, or services it provided to the patient t's progress toward goals coullet is not applicable to settings that do not provide continuing care, such as urgent care lent care clinics. In the patient's current medications, including any allergies to medications
		PI.01.0	1.01 T	he organization collects data to monitor its performance.
		EP 1	The leaders	set priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organiz	ation identifies the frequency for data collection.
		EP 3		ation collects data on the following: Performance improvement priorities identified by leaders. D.04.04.01, EP 1)
		PI.02.0	1.01 T	he organization compiles and analyzes data.
		EP 1	The organiz	ation compiles data in usable formats.
		EP 2	The organiz	ation identifies the frequency for data analysis.
		EP 4		ation analyzes and compares internal data over time to identify levels of performance, nds, and variations.
		EP 5	The organiz	ation compares data with external sources, when available.
		EP 8		ation uses the results of data analysis to identify improvement opportunities. (See also , EP 5; PI.03.01.01, EP 1)

Number PCMH-5C	Description of NCQA Standards		Commissior	I ININT I AMMISSIAN STANDARDS AND FIGMENTS AT PERTARMANCE
		PI.03.0	1.01 Th	e organization improves performance.
		EP 1	Leaders prior	tize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organiza	ion takes action on improvement priorities.
		EP 3	The organiza	ion evaluates actions to confirm that they resulted in improvements.
		EP 4	The organiza	ion takes action when it does not achieve or sustain planned improvements.
		RC.01.0	01.01 Th	e organization maintains complete and accurate clinical records.
		EP 7	The clinical retreatment, or	cord contains information that documents the course and result of the patient's care, services.
		EP 13	The organiza required to pr	ion assembles or makes available in a summary in the clinical record all information ovide patient care, treatment, or services. (See also MM.01.01.01, EP 1)
		EP 14		I to provide care, summaries of treatment and other documents provided by the are forwarded to other care providers.
		RI.01.0	1.01 Th	e organization respects patient rights.
		EP 7	Note: This ele	ion respects the patient's right to privacy. (See also IM.02.01.01, EPs 1–5) ement of performance (EP) addresses a patient's personal privacy. For EPs addressing the atient's health information, please refer to Standard IM.02.01.01.
PCMH-6A	TAG: PCMH-6A	LD.03.0		e organization uses data and information to guide decisions and to understand riation in the performance of processes supporting safety and quality.
collecting data on preven	Performance: In this section, the NCQA standards address ntive care (at least three measures), chronic or acute care (at and utilization and cost (two measures). NCQA requires	EP 1	Leaders set of treatment, or	xpectations for using data and information to improve the safety and quality of care, services.
organizations to analyze specific populations.	data to identify whether there are differences in care provided to	EP 2	Leaders are a	ble to describe how data and information are used to create a culture of safety and quality.
		EP 3	The organiza	ion uses processes to support systematic data and information use.
		EP 4	Leaders prov	de the resources needed for data and information use, including staff, equipment, and stems.
		EP 5		ion uses data and information in decision making that supports the safety and quality of nt, or services. (See also Pl.02.01.01, EP 8)
		EP 6	The organiza the environm	ion uses data and information to identify and respond to internal and external changes in ent.
		EP 7	Leaders eval	ate how effectively data and information are used throughout the organization.

Number PCMH-6A	Description of NCQA Standards	Joint Commission Equivalent Number	I loint Commission Standards and Elements of Portormance
			eaders establish priorities for performance improvement. (Refer to the "Performance aprovement" [PI] chapter.)
			priorities for performance improvement activities and patient health outcomes. (See also EPs 1 and 3)
		performance	tions that elect The Joint Commission Primary Care Medical Home option: Ongoing improvement occurs organizationwide for the purpose of demonstrably improving the afety of care, treatment, or services.
		PI.01.01.01 Th	ne organization collects data to monitor its performance.
		EP 1 The leaders	set priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2 The organiza	tion identifies the frequency for data collection.
			tion collects data on the following: Performance improvement priorities identified by leaders04.04.01, EP 1)
			tions that elect The Joint Commission Primary Care Medical Home option: The organization on the following: Disease management outcomes.
			tions that elect The Joint Commission Primary Care Medical Home option: The organization on the following: Patient access to care within time frames established by the organization.
		PI.02.01.01 Th	ne organization compiles and analyzes data.
		EP 1 The organiza	ation compiles data in usable formats.
		EP 2 The organiza	ition identifies the frequency for data analysis.
			ntion analyzes and compares internal data over time to identify levels of performance, ands, and variations.
		EP 5 The organiza	tion compares data with external sources, when available.
			tion uses the results of data analysis to identify improvement opportunities. (See also EP 5; PI.03.01.01, EP 1)
		PI.03.01.01 Th	ne organization improves performance.
		EP 1 Leaders prior	ritize the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2 The organiza	ition takes action on improvement priorities.
		EP 3 The organiza	ition evaluates actions to confirm that they resulted in improvements.
		EP 4 The organiza	tion takes action when it does not achieve or sustain planned improvements.
PCMH-6B	TAG: PCMH-6B	LD.03.02.01 Th	ne organization uses data and information to guide decisions and to understand

communication, coordination organization uses the CAH		Equiva	alent Number	Joint Commission Standards and Elements of Performance		
	e in at least three of the following categories: access, ion, and care of the whole person. NCQA requires the HPS survey instrument and qualitative methods to collect this	EP 1	Leaders set exp treatment, or se	nectations for using data and information to improve the safety and quality of care, rvices.		
information.		EP 2 Leaders are able to describe how data and information are used to create a culture of safety are				
		EP 3	The organization	n uses processes to support systematic data and information use.		
		EP 4	Leaders provide information syst	the resources needed for data and information use, including staff, equipment, and ems.		
				n uses data and information in decision making that supports the safety and quality of or services. (See also PI.02.01.01, EP 8)		
		EP 6	The organization the environment	n uses data and information to identify and respond to internal and external changes in t.		
			Leaders evaluat	te how effectively data and information are used throughout the organization.		
				Leaders establish priorities for performance improvement. (Refer to the "Performance improvement" [PI] chapter.)		
		EP 1	Leaders set price PI.01.01.01, EP	orities for performance improvement activities and patient health outcomes. (See also s 1 and 3)		
		EP 5	performance im	ns that elect The Joint Commission Primary Care Medical Home option: Ongoing provement occurs organizationwide for the purpose of demonstrably improving the ty of care, treatment, or services.		
		PI.01.01	01.01 The organization collects data to monitor its performance.			
		EP 1	The leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)		
		EP 2	The organization	n identifies the frequency for data collection.		
		EP 3	The organization (See also LD.04	n collects data on the following: Performance improvement priorities identified by leaders		
		EP 40		ns that elect The Joint Commission Primary Care Medical Home option: The organization the following: Disease management outcomes.		
		PI.02.01	1.01 The c	organization compiles and analyzes data.		
		EP 1	The organization	n compiles data in usable formats.		
			The organization	n identifies the frequency for data analysis.		
		EP 4	The organization patterns, trends	n analyzes and compares internal data over time to identify levels of performance, , and variations.		
		EP 5	The organization	n compares data with external sources, when available.		

Number PCMH-6B	Description of NCQA Standards		Commission alent Number	Joint Commission Standards and Elements of Performance
		EP 8	The organizatio LD.03.02.01, El	n uses the results of data analysis to identify improvement opportunities. (See also P 5; Pl.03.01.01, EP 1)
		PI.03.0	1.01 The	organization improves performance.
		EP 1	Leaders prioritiz	te the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2	The organizatio	n takes action on improvement priorities.
		EP 3	The organizatio	n evaluates actions to confirm that they resulted in improvements.
		EP 4	The organizatio	n takes action when it does not achieve or sustain planned improvements.
		EP 11	uses the data it services to impour - Patient experied - Patient perception.	ns that elect The Joint Commission Primary Care Medical Home option: The organization collects on the patient's perception of the safety and quality of care, treatment, or cove its performance. This data includes the following: ence and satisfaction related to access to care, treatment, or services and communication tion of the comprehensiveness of care, treatment, or services tion of the coordination of care, treatment, or services tion of the continuity of care, treatment, or services
PCMH-6C	TAG: PCMH-6C	LD.03.0		organization uses data and information to guide decisions and to understand tion in the performance of processes supporting safety and quality.
collecting data from the process following categories:	Measure Patient/Family Experience: In this section, the NCQA standards address collecting data from the patient on his or her experience with care in at least three of the following categories: access, communication, coordination, and care of the whole person.	EP 1	Leaders set exp treatment, or se	ectations for using data and information to improve the safety and quality of care, rvices.
feedback from patients of	ng the CAHPS Clinician & Group survey instrument, obtaining f vulnerable populations, and using qualitative methods to collect	EP 2	Leaders are abl	e to describe how data and information are used to create a culture of safety and quality.
this information.		EP 3	The organizatio	n uses processes to support systematic data and information use.
		EP 4	Leaders provide information sys	the resources needed for data and information use, including staff, equipment, and ems.
		EP 5		n uses data and information in decision making that supports the safety and quality of or services. (See also Pl.02.01.01, EP 8)
		EP 6	The organizatio the environmen	n uses data and information to identify and respond to internal and external changes in t.
		EP 7	Leaders evalua	te how effectively data and information are used throughout the organization.
		LD.04.0		ers establish priorities for performance improvement. (Refer to the "Performance ovement" [PI] chapter.)
		EP 1	Leaders set prid PI.01.01.01, EP	orities for performance improvement activities and patient health outcomes. (See also is 1 and 3)
		EP 5	performance im	ns that elect The Joint Commission Primary Care Medical Home option: Ongoing provement occurs organizationwide for the purpose of demonstrably improving the ty of care, treatment, or services.

Number PCMH-6C	Description of NCQA Standards		mmission nt Number	Joint Commission Standards and Elements of Performance
		pa	itients in perfoi	s that elect The Joint Commission Primary Care Medical Home option: Leaders involve mance improvement activities. olvement may include activities such as participating on a quality committee.
		PI.01.01.01	The o	rganization collects data to monitor its performance.
		EP 1 Th	ie leaders set	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2 Th	ne organization	identifies the frequency for data collection.
			ne organization ee also LD.04	collects data on the following: Performance improvement priorities identified by leaders. 04.01, EP 1)
		PI.02.01.01	The o	rganization compiles and analyzes data.
		EP 1 Th	ne organization	compiles data in usable formats.
		EP 2 Th	ne organization	identifies the frequency for data analysis.
				analyzes and compares internal data over time to identify levels of performance, and variations.
		EP 5 Th	ne organization	compares data with external sources, when available.
				uses the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)
		PI.03.01.01	The o	rganization improves performance.
		EP 1 Le	aders prioritize	e the identified improvement opportunities. (See also PI.02.01.01, EP 8)
		EP 2 Th	ne organization	takes action on improvement priorities.
		EP 3 Th	ne organization	evaluates actions to confirm that they resulted in improvements.
		EP 4 Th	ne organization	takes action when it does not achieve or sustain planned improvements.
		us: se: - P - P - P	es the data it of the control of the	s that elect The Joint Commission Primary Care Medical Home option: The organization collects on the patient's perception of the safety and quality of care, treatment, or ove its performance. This data includes the following: nce and satisfaction related to access to care, treatment, or services and communication ion of the comprehensiveness of care, treatment, or services ion of the coordination of care, treatment, or services ion of the continuity of care, treatment, or services
PCMH-6D	TAG: PCMH-6D	LD.02.03.01	Leade	ers regularly communicate with each other on issues of safety and quality.
address using performance measures from section A a	ality Improvement*: In this section, the NCQA standards e improvement methods to improve results from at least three and one from section B. When there are disparities in care for the provided for at least one disparity.			

certain populations, improvement efforts are initiated for at least one disparity. NCQA also

requires that patients are involved in performance improvement activities.

Number PCMH-6D	Description of NCQA Standards		t Commission valent Numbe	Joint Commission Standards and Elements of Performance
* denotes a requirement th	nat NCQA says must be met	EP 1	 Performance Reported sa Proposed so Reports on leading Safety and one 	ss issues that affect the organization and the population(s) it serves, including the following: improvement activities fety and quality issues lutions and their impact on the organization's resources ey quality measures and safety indicators uality issues specific to the population served e population(s) served
		LD.03.	01.01 Le	ders create and maintain a culture of safety and quality throughout the organization.
		EP 1	Leaders regu	arly evaluate the culture of safety and quality.
		LD.03.		organization uses data and information to guide decisions and to understand iation in the performance of processes supporting safety and quality.
		EP 1	Leaders set e treatment, or	spectations for using data and information to improve the safety and quality of care, services.
		EP 2	Leaders are a	ble to describe how data and information are used to create a culture of safety and quality.
		EP 3	The organiza	on uses processes to support systematic data and information use.
		EP 4	Leaders provinformation sy	de the resources needed for data and information use, including staff, equipment, and stems.
		EP 5		on uses data and information in decision making that supports the safety and quality of it, or services. (See also PI.02.01.01, EP 8)
		EP 6	The organization the environment	on uses data and information to identify and respond to internal and external changes in ent.
		EP 7	Leaders evalu	ate how effectively data and information are used throughout the organization.
		LD.03.	ne	e organization communicates information related to safety and quality to those who ed it, including staff, licensed independent practitioners, patients, families, and ernal interested parties.
		EP 1	Communicati	on processes foster the safety of the patient and the quality of care.
		EP 2	Leaders are a	ble to describe how communication supports a culture of safety and quality.
		EP 3	Communicati	on is designed to meet the needs of internal and external users.
		EP 4	Leaders provi management	de the resources required for communication, based on the needs of patients, staff, and
		EP 5	Communicati and 12)	on supports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6
		EP 6	When change	s in the environment occur, the organization communicates those changes effectively.
		EP 7	Leaders evalu	ate the effectiveness of communication methods.

Number PCMH-6D	Description of NCQA Standards		ommission ent Number	Joint Commission Standards and Elements of Performance
		LD.04.04.0		ers establish priorities for performance improvement. (Refer to the "Performance ovement" [PI] chapter.)
			Leaders set prior PI.01.01.01, EPs	rities for performance improvement activities and patient health outcomes. (See also s 1 and 3)
		ļ ļ	performance imp	s that elect The Joint Commission Primary Care Medical Home option: Ongoing brovement occurs organizationwide for the purpose of demonstrably improving the y of care, treatment, or services.
		1	patients in perfor	s that elect The Joint Commission Primary Care Medical Home option: Leaders involvement activities. The solution of the solut
		PI.01.01.0	1 The o	rganization collects data to monitor its performance.
		EP 1	The leaders set _l	priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organization	identifies the frequency for data collection.
			The organization (See also LD.04.	collects data on the following: Performance improvement priorities identified by leade 04.01, EP 1)
				s that elect The Joint Commission Primary Care Medical Home option: The organization the following: Disease management outcomes.
				s that elect The Joint Commission Primary Care Medical Home option: The organization the following: Patient access to care within time frames established by the organization
		- - - -	collects data on - Patient experie - Patient percept - Patient percept	nce and satisfaction related to access to care, treatment, or services and communicat ion of the comprehensiveness of care, treatment, or services ion of the coordination of care, treatment, or services ion of the continuity of care, treatment, or services
		PI.02.01.0	1 The o	rganization compiles and analyzes data.
		EP 1	The organization	compiles data in usable formats.
		EP 2	The organization	identifies the frequency for data analysis.
			The organization patterns, trends,	analyzes and compares internal data over time to identify levels of performance, and variations.
		EP 5	The organization	compares data with external sources, when available.
				uses the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)

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Number PCMH-6D	Description of NCQA Standards		t Commission Valent Numbe	I IOINT COMMISSION STANDARDS AND FIOMONTS OF PORTORMANCO		
		PI.03.0	1.01 TI	e organization improves performance.		
		EP 1	Leaders prio	itize the identified improvement opportunities. (See also PI.02.01.01, EP 8)		
		EP 2	The organiza	tion takes action on improvement priorities.		
		EP 3	The organiza	tion evaluates actions to confirm that they resulted in improvements.		
		EP 4	The organiza	tion takes action when it does not achieve or sustain planned improvements.		
		EP 11	uses the dat services to it - Patient exp - Patient per - Patient per	ions that elect The Joint Commission Primary Care Medical Home option: The organization it collects on the patient's perception of the safety and quality of care, treatment, or approve its performance. This data includes the following: erience and satisfaction related to access to care, treatment, or services and communication eption of the comprehensiveness of care, treatment, or services eption of the continuity of care, treatment, or services eption of the continuity of care, treatment, or services		
PCMH-6E	TAG: PCMH-6E	LD.01.0		dividual leaders have the knowledge needed for their roles in the organization or they ek guidance to fulfill their roles.		
address evaluating the e	Demonstrate Continuous Quality Improvement: In this section, the NCQA standards address evaluating the effectiveness of processes by assessing results, the effectiveness of improvements, and achieving improved performance on two measures.		EP 2 Leaders are oriented to all of the following: - The organization's mission and vision - The organization's safety and quality goals - The organization's structure and the decision-making process - The development of the budget as well as the interpretation of the organization's financial stat - The population(s) served by the organization and any issues related to that population(s) - The individual and interdependent responsibilities and accountabilities of leaders as they relate supporting the mission of the organization and to providing safe and quality care - Applicable law and regulation			
		LD.02.0	03.01 Lo	aders regularly communicate with each other on issues of safety and quality.		
			PerformandReported sProposed sReports onSafety and	uss issues that affect the organization and the population(s) it serves, including the following: e improvement activities and quality issues plutions and their impact on the organization's resources key quality measures and safety indicators quality issues specific to the population served the population(s) served		
		LD.03.0	01.01 Lo	aders create and maintain a culture of safety and quality throughout the organization.		
		EP 1	Leaders reg	larly evaluate the culture of safety and quality.		
		LD.03.0		e organization uses data and information to guide decisions and to understand riation in the performance of processes supporting safety and quality.		
		EP 1	Leaders set treatment, or	expectations for using data and information to improve the safety and quality of care, services.		
		EP 2	Leaders are	able to describe how data and information are used to create a culture of safety and quality.		

Description of NCQA Standards	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	EP 3 The organization	on uses processes to support systematic data and information use.
		de the resources needed for data and information use, including staff, equipment, and stems.
		on uses data and information in decision making that supports the safety and quality of it, or services. (See also PI.02.01.01, EP 8)
		on uses data and information to identify and respond to internal and external changes in nt.
	EP 7 Leaders evalu	ate how effectively data and information are used throughout the organization.
	nee	e organization communicates information related to safety and quality to those whe dit, including staff, licensed independent practitioners, patients, families, and be ernal interested parties.
	EP 1 Communication	on processes foster the safety of the patient and the quality of care.
	EP 2 Leaders are a	ble to describe how communication supports a culture of safety and quality.
	EP 3 Communication	on is designed to meet the needs of internal and external users.
		de the resources required for communication, based on the needs of patients, staff, and
	EP 5 Communication and 12)	on supports safety and quality throughout the organization. (See also LD.04.04.05, EPs
	EP 6 When change	s in the environment occur, the organization communicates those changes effectively.
	EP 7 Leaders evalu	ate the effectiveness of communication methods.
		ders establish priorities for performance improvement. (Refer to the "Performanc provement" [PI] chapter.)
		riorities for performance improvement activities and patient health outcomes. (See also Ps 1 and 3)
	performance i	ons that elect The Joint Commission Primary Care Medical Home option: Ongoing mprovement occurs organizationwide for the purpose of demonstrably improving the fety of care, treatment, or services.
	PI.01.01.01 The	organization collects data to monitor its performance.
	EP 1 The leaders se	et priorities for data collection. (See also LD.04.04.01, EP 1)
	EP 2 The organization	on identifies the frequency for data collection.
		on collects data on the following: Performance improvement priorities identified by leade 04.04.01, EP 1)
	Description of NCQA Standards	Description of NCQA Standards Equivalent Number EP 3 The organization for a care, treatment the environment the environment the environment the environment that the environment that the environment the environment the environment that the environmen

Number PCMH-6E	Description of NCQA Standards	Joint Com Equivalent		Joint Commission Standards and Elements of Performance		
				s that elect The Joint Commission Primary Care Medical Home option: The organization the following: Disease management outcomes.		
		EP 41 For colle	EP 41 For organizations that elect The Joint Commission Primary Care Medical Home option: The organizations that elect The Joint Commission Primary Care Medical Home option: The organizations that elect The Joint Commission Primary Care Medical Home option: The organization of the or			
		colle - Pat - Pat - Pat - Pat	cts data on ient experie ient percept ient percept ient percept	is that elect The Joint Commission Primary Care Medical Home option: The organization the following: note and satisfaction related to access to care, treatment, or services and communication of the comprehensiveness of care, treatment, or services ion of the coordination of care, treatment, or services ion of the continuity of care, treatment, or services 1.01, EP 16)		
		PI.02.01.01	The o	rganization compiles and analyzes data.		
		EP 1 The	organization	compiles data in usable formats.		
		EP 2 The	organizatior	identifies the frequency for data analysis.		
				analyzes and compares internal data over time to identify levels of performance, and variations.		
		EP 5 The	organizatior	compares data with external sources, when available.		
				uses the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)		
		PI.03.01.01	The o	rganization improves performance.		
		EP 1 Lead	ers prioritize	e the identified improvement opportunities. (See also PI.02.01.01, EP 8)		
		EP 2 The	organizatior	takes action on improvement priorities.		
		EP 3 The	organizatior	evaluates actions to confirm that they resulted in improvements.		
		EP 4 The	organizatior	takes action when it does not achieve or sustain planned improvements.		
		uses servi - Pat - Pat - Pat	the data it of ces to impro- ient experient ient perceptient perceptient	s that elect The Joint Commission Primary Care Medical Home option: The organization collects on the patient's perception of the safety and quality of care, treatment, or eve its performance. This data includes the following: not and satisfaction related to access to care, treatment, or services and communication of the comprehensiveness of care, treatment, or services ion of the coordination of care, treatment, or services ion of the continuity of care, treatment, or services		
PCMH-6F	TAG: PCMH-6F	LD.01.07.01		dual leaders have the knowledge needed for their roles in the organization or they guidance to fulfill their roles.		

Number PCMH-6F	Description of NCQA Standards	Joint Commis Equivalent Nu		Joint Commission Standards and Elements of Performance
		- The organiza - The organiza - The organiza - The develop - The populati - The individua supporting the		nted to all of the following: on's mission and vision on's safety and quality goals on's structure and the decision-making process ent of the budget as well as the interpretation of the organization's financial statements (s) served by the organization and any issues related to that population(s) and interdependent responsibilities and accountabilities of leaders as they relate to nission of the organization and to providing safe and quality care and regulation
		LD.02.03.01	Leade	ers regularly communicate with each other on issues of safety and quality.
		EP 1 Leaders discuss issues that affect the organization and the population(s) it serves, including a Performance improvement activities - Reported safety and quality issues - Proposed solutions and their impact on the organization's resources - Reports on key quality measures and safety indicators - Safety and quality issues specific to the population served - Input from the population(s) served		
		LD.03.01.01 Lea		ers create and maintain a culture of safety and quality throughout the organization.
		EP 1 Leaders	regularl	y evaluate the culture of safety and quality.
		LD.03.02.01		organization uses data and information to guide decisions and to understand tion in the performance of processes supporting safety and quality.
		EP 1 Leaders treatme		ectations for using data and information to improve the safety and quality of care, vices.
		EP 2 Leaders	are able	e to describe how data and information are used to create a culture of safety and quality.
		EP 3 The org	anization	uses processes to support systematic data and information use.
		EP 4 Leaders information		the resources needed for data and information use, including staff, equipment, and ems.
				uses data and information in decision making that supports the safety and quality of or services. (See also PI.02.01.01, EP 8)
			anizatior ronment	uses data and information to identify and respond to internal and external changes in .
		EP 7 Leaders	evaluate	e how effectively data and information are used throughout the organization.
		LD.03.04.01	need	organization communicates information related to safety and quality to those who it, including staff, licensed independent practitioners, patients, families, and nal interested parties.
		EP 1 Commu	nication	processes foster the safety of the patient and the quality of care.
		EP 2 Leaders	are able	e to describe how communication supports a culture of safety and quality.

Number PCMH-6F	Description of NCQA Standards		: Commissio		Joint Commission Standards and Elements of Performance
		EP 3	Communica	ation is	designed to meet the needs of internal and external users.
		management. EP 5 Communicatio and 12)			ne resources required for communication, based on the needs of patients, staff, and
				ation s	upports safety and quality throughout the organization. (See also LD.04.04.05, EPs 6
				ges in	the environment occur, the organization communicates those changes effectively.
		EP 7	Leaders eva	aluate	the effectiveness of communication methods.
		LD.04.0			s establish priorities for performance improvement. (Refer to the "Performance ement" [PI] chapter.)
		EP 1 Leaders set p PI.01.01.01, E EP 5 For organizati performance quality and sa PC.02.04.03 Fo Th PC EP 5 For organizati uses a certifie - Support the services - Document a - Support gree - Create repoi - Create and s disease-spec - Facilitate ele - Support perf			ties for performance improvement activities and patient health outcomes. (See also 1 and 3)
				e impr	that elect The Joint Commission Primary Care Medical Home option: Ongoing overment occurs organizationwide for the purpose of demonstrably improving the of care, treatment, or services.
				he or	ganizations that elect The Joint Commission Primary Care Medical Home option: ganization is accountable for providing patient care. (Refer to Standard 04.05)
				fied el le con and t sease revent ports fo d subr ecific r electro	that elect The Joint Commission Primary Care Medical Home option: The organization ectronic health record system to do the following: inuity of care, and the provision of comprehensive and coordinated care, treatment, or rack care, treatment, or services management, including providing patient education ve care, treatment, or services or internal use nit reports to external providers and organizations, including public health agencies, egistries, immunization registries, and other specialized registries nic exchange of information among providers ance improvement resources
		PI.01.0	1.01 T	he or	ganization collects data to monitor its performance.
		EP 1	The leaders	set p	riorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organiz	ation	dentifies the frequency for data collection.
		EP 3	The organiz (See also L		collects data on the following: Performance improvement priorities identified by leaders. 4.01, EP 1)
		PI.02.0	1.01 T	he or	ganization compiles and analyzes data.
		EP 1	The organiz	ation	compiles data in usable formats.

Number PCMH-6F	Description of NCQA Standards		Commissic		Joint Commission Standards and Elements of Performance		
		EP 2	The organiz	ation	identifies the frequency for data analysis.		
		EP 4			analyzes and compares internal data over time to identify levels of performance, and variations.		
		EP 5	The organiz	ation	compares data with external sources, when available.		
		EP 8	The organiz	ation	uses the results of data analysis to identify improvement opportunities. (See also 5; PI.03.01.01, EP 1)		
		PI.03.01	.01 T	he or	ganization improves performance.		
		EP 1	Leaders pri	oritize	the identified improvement opportunities. (See also PI.02.01.01, EP 8)		
		EP 2	The organiz	ation	takes action on improvement priorities.		
		EP 3	The organiz	ation	evaluates actions to confirm that they resulted in improvements.		
		EP 4	The organiz	ation	takes action when it does not achieve or sustain planned improvements.		
PCMH-6G	TAG: PCMH-6G	LD.03.02			ganization uses data and information to guide decisions and to understand on in the performance of processes supporting safety and quality.		
	Use Certified EHR Technology: In this section, the NCQA standards address the use of a certified Electronic Health Record, as it relates to Stage 2 Core and Menu Meaningful Use requirements.		Leaders set treatment, o		ctations for using data and information to improve the safety and quality of care, vices.		
		EP 2	Leaders are	able	to describe how data and information are used to create a culture of safety and quality.		
		EP 3	The organiz	ation	uses processes to support systematic data and information use.		
		EP 4	Leaders provide the resources needed for data and information use, including staff, equipmen information systems.				
		EP 5			uses data and information in decision making that supports the safety and quality of or services. (See also PI.02.01.01, EP 8)		
		EP 6	The organiz		uses data and information to identify and respond to internal and external changes in		
		EP 7	Leaders eva	aluate	how effectively data and information are used throughout the organization.		
		LD.04.04			rs establish priorities for performance improvement. (Refer to the "Performance vement" [PI] chapter.)		
		EP 1	Leaders set PI.01.01.01		ities for performance improvement activities and patient health outcomes. (See also 1 and 3)		
			performanc	e imp	that elect The Joint Commission Primary Care Medical Home option: Ongoing rovement occurs organizationwide for the purpose of demonstrably improving the of care, treatment, or services.		

er 6G	Description of NCQA Standards	Joint Commis Equivalent Nu	
		LD.04.04.09	The organization uses clinical practice guidelines to design or to improve processes that evaluate and treat specific diagnoses, conditions, or symptoms.
			ganization uses clinical practice guidelines to design or improve processes that evaluate and treat c diagnoses, conditions, or symptoms.
		PC.01.03.01	The organization plans the patient's care.
			ganization plans the patient's care, treatment, or services based on needs identified by the 's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01, EP 2)
		manage	ganizations that elect The Joint Commission Primary Care Medical Home option: Patient self- lement goals are identified, agreed upon with the patient, and incorporated into the patient's ent plan. (Refer to RI.01.02.01, EP 1)
		medica	ganizations that elect The Joint Commission Primary Care Medical Home option: The primary care all home uses clinical decision support tools to guide decision making. (For more information, refer 04.04.09, EPs 1-5)
		PC.02.01.01	The organization provides care, treatment, or services for each patient.
			ganization provides the patient with care, treatment, or services according to his or her ualized plan of care.
		PC.02.03.01	The organization provides patient education and training based on each patient's needs and abilities.
		by the of An ex - An ex - Basic - Inform - Nutriti - Discu assess - Inform - Inform - Inform - Inform	on the patient's condition and assessed needs, the education and training provided to the patient organization include the following: cplanation of the plan for care, treatment, or services the health practices and safety mation on the safe and effective use of medications (See also MM.06.01.01, EP 9) ion interventions (for example, supplements) and modified diets assion of pain, the risk for pain, the importance of effective pain management, the pain sement process, and methods for pain management mation on oral health mation on the safe and effective use of medical equipment or supplies provided by the organization intation or rehabilitation techniques to help the patient reach maximum independence
		PC.02.04.01	For organizations that elect The Joint Commission Primary Care Medical Home option: The patient has access to the organization 24 hours a day, 7 days a week. Note: Access may be provided through a number of methods, including telephone, email, websites, portals, and flexible hours.
		uses a	ganizations that elect The Joint Commission Primary Care Medical Home option: The organization certified electronic health record to provide appointment reminders to patients with two or more visits in the last two years.

Number PCMH-6G	Description of NCQA Standards		Commission valent Number	Joint Commission Standards and Elements of Performance
				organizations that elect The Joint Commission Primary Care Medical Home option: organization is accountable for providing patient care. (Refer to Standard 02.04.05)
		EP 1	manages transincluding the formal and the formal an	of chronic care ervices that are age- and gender-specific ealth needs are n mergent care
		EP 2		ons that elect The Joint Commission Primary Care Medical Home option: The organization that addresses various phases of a patient's lifespan, including end-of-life care.
		EP 3		ons that elect The Joint Commission Primary Care Medical Home option: The organization se and chronic care management services to its patients.
		EP 4		ons that elect The Joint Commission Primary Care Medical Home option: The organization ation-based care.
		EP 5	uses a certified - Support the conservices - Document an - Support disea - Support preve - Create report - Create and singles as disease-specif - Facilitate election	ons that elect The Joint Commission Primary Care Medical Home option: The organization of electronic health record system to do the following: continuity of care, and the provision of comprehensive and coordinated care, treatment, or ad track care, treatment, or services as management, including providing patient education entive care, treatment, or services is for internal use abbit reports to external providers and organizations, including public health agencies, ic registries, immunization registries, and other specialized registries coronic exchange of information among providers ormance improvement provide patient-specific education resources
		PI.01.0	1.01 The	organization collects data to monitor its performance.
		EP 1	The leaders se	et priorities for data collection. (See also LD.04.04.01, EP 1)
		EP 2	The organization	on identifies the frequency for data collection.
		EP 3	The organization (See also LD.0	on collects data on the following: Performance improvement priorities identified by leaders. 14.04.01, EP 1)

Number PCMH-6G	Description of NCQA Standards		Commission Ilent Number	Joint Commission Standards and Elements of Performance
		PI.02.01	.01 The	organization compiles and analyzes data.
		EP 1	The organization	n compiles data in usable formats.
		 EP 2 The organization identifies the frequency for data analysis. EP 4 The organization analyzes and compares internal data over time to identify levels of performance patterns, trends, and variations. EP 5 The organization compares data with external sources, when available. EP 8 The organization uses the results of data analysis to identify improvement opportunities. (See als LD.03.02.01, EP 5; Pl.03.01.01, EP 1) 		n identifies the frequency for data analysis.
				n compares data with external sources, when available.
		PI.03.01.01 The organization improves performance.		organization improves performance.
		EP 1 Leaders prioritize the identified improvement opportunities. (See also PI.02.01.01, EP EP 2 The organization takes action on improvement priorities.		te the identified improvement opportunities. (See also PI.02.01.01, EP 8)
				n takes action on improvement priorities.
		EP 3	The organization	n evaluates actions to confirm that they resulted in improvements.
		EP 4	The organization	n takes action when it does not achieve or sustain planned improvements.