

*To Whom It May Concern: RE: FL DOH CMS Patient Centered Medical Home Project* 

The Florida Department of Health Children's Medical Services (FL DOH CMS) has a statewide initiative to assist pediatric practices with Patient Centered Medical Home (PCMH) practice education and transformation. The PCMH model has become a widely accepted standard with a variety of tools and processes that enable providers to more effectively deliver better care and achieve improved outcomes. Florida pediatric organizations contracted with the FL DOH CMS are eligible to receive education and transformation support under this demonstration project. Eligible organization will receive PCMH support from HealthARCH, a Division of the University of Central Florida, College of Medicine.

Under the terms of the Demonstration Project, HealthARCH will provide the following services to each client:

- 1. PCMH Readiness Assessment: Review current state of Client's policies, processes, and procedures in relation to the National Committee for Quality Assurance (NCQA) 2017 PCMH requirements
- 2. Provide education on the NCQA 2017 PCMH requirements
- 3. PCMH Practice Transformation Services
  - Assist practice to strategically identify and capitalize on opportunities to capture points on the 2017 NCQA criteria
  - Support practice in documenting processes for performance improvement practice–wide, as per NCQA requirements
  - Engage in continuous process of assessment, planning, implementing changes, and evaluation during preparation for NCQA 2017 PCMH submission
- 4. PCMH Recognition Submission Support
  - Provide audit readiness service prior to submission to NCQA
  - Assist during NCQA remote check-in appointments
- 5. Pediatric Health Related Quality of Life Measures Implementation
  - Collect data at the provider level for each client practice from 50 patients twice annually
  - Report data to the Florida Department of Health Children's Medical Services as an aggregate of all participating practices
- 6. Provide overall project management to keep the project on track and meet all deadlines

In order to qualify grant subsidized assistance, each client agrees to the following terms:

- 1. Use a 2014 certified EHR system
- 2. Complete CMS PCMH Readiness Assessment Survey: http://ucf.qualtrics.com/jfe/form/ SV\_1EK8VFUQG5rBgTc
- 3. Bi-annually implement and share results of: Pediatric Health Related Quality of Life Measures Survey Tool:
  - Select a Pediatric Health Related Quality of Life Measures (HRQOL) tool appropriate to the scope of their practice
  - Administer the survey to establish a baseline, and for ongoing data collection through the end of the grant term on June 30, 2025
  - Act to improve HRQOL performance measures through various interventions determined in cooperation with the HealthARCH project team

\*Please accepts this letter as your formal acceptance in the demonstration project.\*

PCMH recognition requires a substantial amount of data to be reported. List below represent the most common requested reports needed to be generated out of your Electronic Health Records system:

- 1. Problem List : MU Report
- 2. Report: Appointment type Usage
- 3. Report: Practices most predominate conditions
- 4. Report: # of patients that received depression screening (PHQ)
- 5. Report: Demographics (gender, race, ethnicity, preferred language, education level..etc)
- 6. Report: List of Patients needing
  - a. Preventative Care Services
  - b. Immunizations
  - c. Chronic or acute care services
  - d. Patients not recently seen by the practice
- 7. Report: Medication Reconciliation Performance: MU report
- 8. Report: Up-to-date Problem list: MU report
- 9. Report: % of new prescriptions where education material were given
- 10. Report: % of patients where barriers to mediation were assessed and addressed
- 11. Report: # of patients that a care plan was established
- 12. Report: # of patients that received written copy of care plan
- 13. Report: # of patients with ER visit or hospitalization
- 14. QI Reports: Performance Reports (numerator/denominator required)
  - a. Immunizations
  - b. Preventative Care Measures
  - c. Chronic or acute care clinical measures
  - d. Behavioral health measures
  - e. Care coordination Measures
  - f. Healthcare cost measures
  - g. Availability of appointment access