



Wyoming  
Department  
of Health

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**PATIENT CENTERED  
MEDICAL HOME (PCMH)  
ATTESTATION OF  
FACILITY COMPLIANCE**

State of Wyoming, Department of Health, Division of Healthcare Financing

**2015**

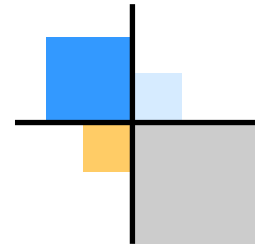


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# Practice Information

\* To be completed by facility Medical Director



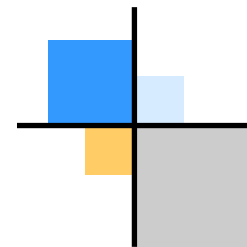
|   |  |
|---|--|
| 1. PCMH Name (Practice):  |  |
| 2. PCMH Address (Practice Physical Address):  |  |
| 3. City (Practice Physical Address):  |  |
| 4. State (Practice Physical Address):   |  |
| 5. Zip Code (Practice Physical Address):  |  |
| 6. Primary Contact for PCMH Project:<br>* <b>Medical Director</b>                       |  |
| 7. Telephone Number (Medical Director):   |  |
| 8. Fax Number (Medical Director):   |  |
| 9. Email (Medical Director):  |  |
| 10. Practice NPI Number (Current Wyoming Medicaid enrolled providers only):             |  |
| 11. Medicaid Provider Number (Current Wyoming Medicaid enrolled providers only):        |  |
| 12. Number of Wyoming Medicaid patients receiving care in the PCMH at the present time: |  |



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# Mailing Address



|  |  |
|--|--|
| 13. PCMH Address (Mailing Address):      |  |
| 14. City (Mailing Address):              |  |
| 15. State (Mailing Address):             |  |
| 16. Zip (Mailing Address):               |  |
| 17. Telephone Number (Practice Manager): |  |
| 18. Fax Number (Practice Manager):       |  |
| 19. Email (Practice Manager):            |  |

For sections 20 through 29, your practice must attest to implementing core medical home functions as defined by NCQA's Patient-Centered Medical Home Standards. Practices must attest to achieving at least the identified scoring threshold for each corresponding PCMH element.

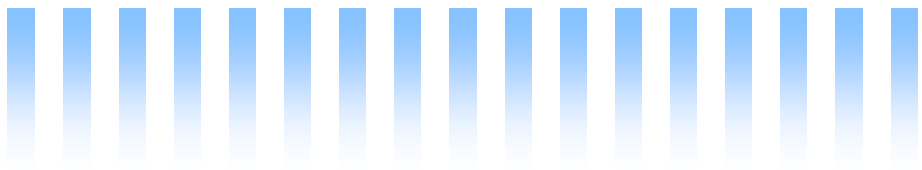
To verify compliance, please submit, along with this form, your 'Summary and Detailed Results' report from your practice's NCQA PCMH Interactive Survey System (ISS) tool. This summary report can be generated at any time – both prior to being NCQA-Recognized (self-assessment) or after receiving formal Recognition (final score). Formal Recognition is not required for this initiative.

The attached instructions (Appendix 1) identify how to: a) obtain access to the tool; b) locate the summary report within the tool; and c) print out or create a PDF of the summary report. The requirements around the CCD and reporting of CQM's will be verified at the State level.



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**Medical Home Core Function A**

**20. Do you certify that the PCMH provides enhanced access, electronic access, continuity of medical care, and works as a team to provide culturally and linguistically appropriate care?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**21. Scoring Threshold**

Practices must demonstrate at least a 25% score on all elements in their Summary and Detailed Results report. 2011 or 2014 may be used in 2015.

Does your practice currently meet the 25% score required on each of these elements?

YES \_\_\_\_\_

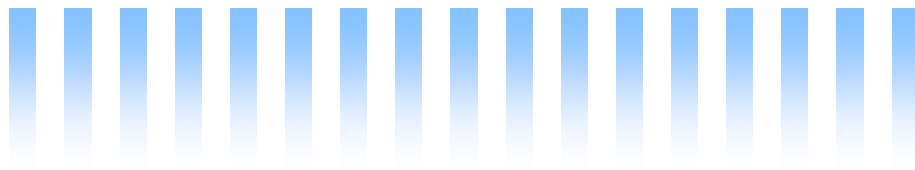
NO \_\_\_\_\_

**NCQA PCMH 2011 Elements**

- PCMH Standard 1 Element A
- PCMH Standard 1 Element B
- PCMH Standard 1 Element C
- PCMH Standard 1 Element D
- PCMH Standard 1 Element E
- PCMH Standard 1 Element F
- PCMH Standard 1 Element G

**NCQA PCMH 2014 Elements**

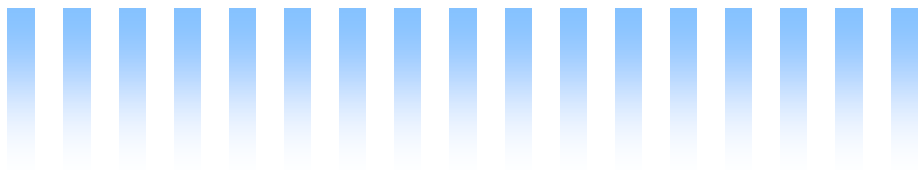
- PCMH Standard 1 Element A
- PCMH Standard 1 Element B
- PCMH Standard 1 Element C
  
- PCMH Standard 2 Element A
- PCMH Standard 2 Element B
- PCMH Standard 2 Element C
- PCMH Standard 2 Element D





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**Medical Home Core Function B**

**22. Do you certify that your PCMH practice will collect and use appropriate demographic and clinical data to support effective care management?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**23. Scoring Threshold**

Practices must demonstrate at least a 50% score on all elements in their Summary and Detailed Results report. 2011 or 2014 may be used in 2015.

Does your practice currently meet the 50% score required on each of these elements?

YES \_\_\_\_\_

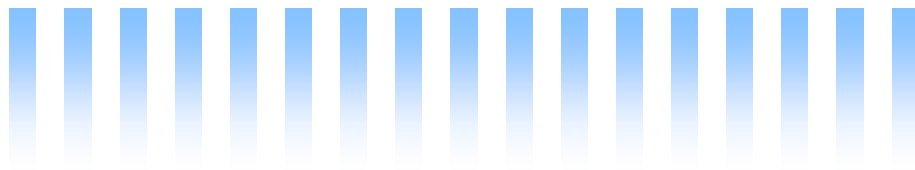
NO \_\_\_\_\_

**NCQA PCMH 2011 Elements**

PCMH Standard 2 Element A  
PCMH Standard 2 Element B  
PCMH Standard 2 Element C  
PCMH Standard 2 Element D

**NCQA PCMH 2014 Elements**

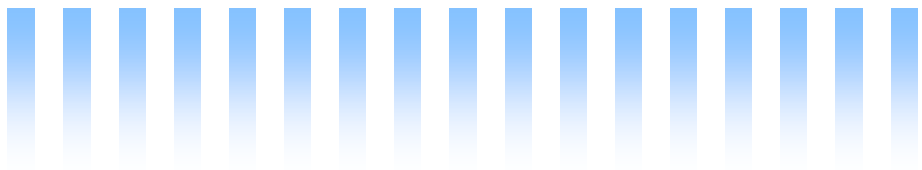
PCMH Standard 3 Element A  
PCMH Standard 3 Element B  
PCMH Standard 3 Element C  
PCMH Standard 3 Element D





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**Medical Home Core Function C**

**24. Do you certify that your PCMH practice plans and manages care by using evidence-based guidelines, identifying high-risk patients, developing patient-centered care plans, managing medications and referring patients to effective community resources?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**25. Scoring Threshold**

Practices must demonstrate at least a 25% score on all elements in their Summary and Detailed Results report. 2011 or 2014 may be used in 2015.

Does your practice currently meet the 25% score required on each of these elements?

YES \_\_\_\_\_

NO \_\_\_\_\_

**NCQA PCMH 2011 Elements**

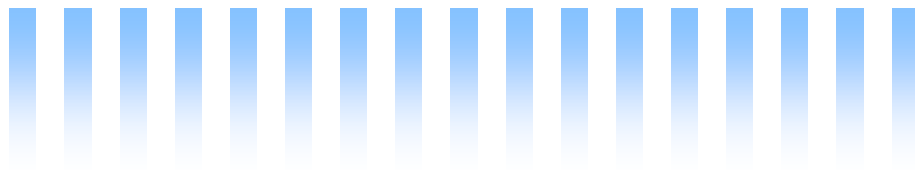
PCMH Standard 3 Element A  
PCMH Standard 3 Element B  
PCMH Standard 3 Element C  
PCMH Standard 3 Element D  
PCMH Standard 3 Element E

PCMH Standard 4 Element A  
PCMH Standard 4 Element B

**NCQA PCMH 2014 Elements**

PCMH Standard 3 Element E

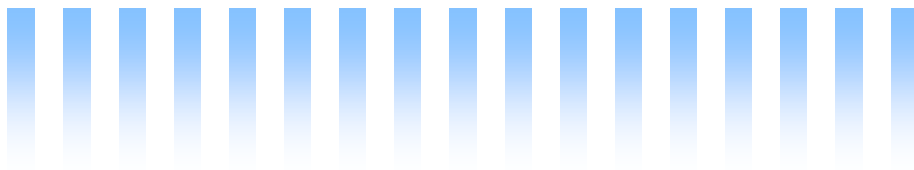
PCMH Standard 4 Element A  
PCMH Standard 4 Element B  
PCMH Standard 4 Element C  
PCMH Standard 4 Element D  
PCMH Standard 4 Element E





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**Medical Home Core Function D**

**26. Do you certify that your PCMH practice track and coordinate care for your patients, including tracking labs, tests, referrals and coordinating with health care facilities such as hospitals?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**27. Scoring Threshold**

Practices must demonstrate at least a 50% score on all elements in their Summary and Detailed Results report. 2011 or 2014 may be used in 2015.

Does your practice currently meet the 50% score required on each of these elements?

YES \_\_\_\_\_

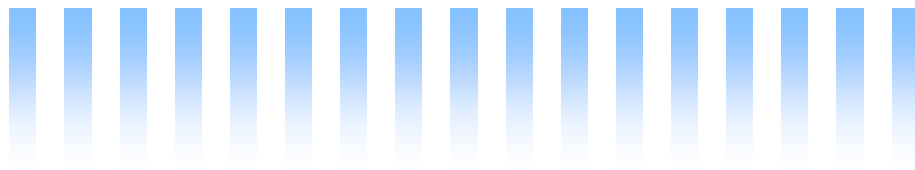
NO \_\_\_\_\_

**NCQA PCMH 2011 Elements**

PCMH Standard 5 Element A  
PCMH Standard 5 Element B  
PCMH Standard 5 Element C

**NCQA PCMH 2014 Elements**

PCMH Standard 5 Element A  
PCMH Standard 5 Element B  
PCMH Standard 5 Element C





**Medical Home Function E**

**28. Do you certify that your PCMH practice measures, implements continuous quality improvement techniques and reports data externally?**

YES \_\_\_\_\_

NO \_\_\_\_\_

**29. Scoring Threshold**

Practices must demonstrate at least a 50% score on all elements in their Summary and Detailed Results report. 2011 or 2014 may be used in 2015.

Does your practice currently meet the 50% score required on each of these elements?

YES \_\_\_\_\_

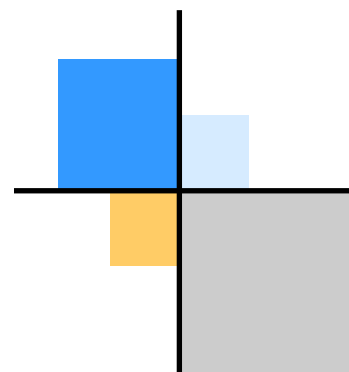
NO \_\_\_\_\_

**NCQA PCMH 2011 Elements**

- PCMH Standard 6 Element A
- PCMH Standard 6 Element B
- PCMH Standard 6 Element C
- PCMH Standard 6 Element D
- PCMH Standard 6 Element E
- PCMH Standard 6 Element F
- PCMH Standard 6 Element G

**NCQA PCMH 2014 Elements**

- PCMH Standard 6 Element A
- PCMH Standard 6 Element B
- PCMH Standard 6 Element C
- PCMH Standard 6 Element D
- PCMH Standard 6 Element E
- PCMH Standard 6 Element F
- PCMH Standard 6 Element G



For 2015, you must use the list of 9 measures below for reporting to meet the requirements in PCMH Standard 6 Element A.

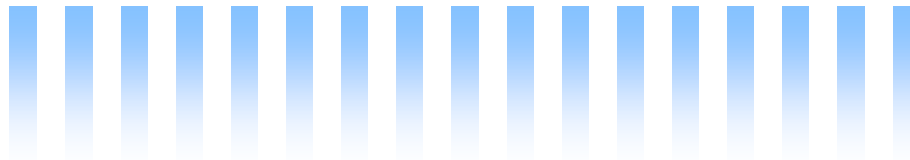
1. Tobacco Use Assessment and Cessation Intervention
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Colorectal Cancer Screening
5. Childhood Immunization Status
6. Diabetes: Hemoglobin A1C Poor Control
7. Diabetes: Blood Pressure Management
8. Diabetes: LDL Management and Control
9. ADHD: Follow-Up Care for Children prescribed medication





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|   |  |
|---|--|
| <p><b>30. – Do you agree to report the 9 Clinical Quality Measures listed in section 29 into the State Level Registry (SLR) on a monthly basis ?</b></p>  | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> |
| <p><b>31. Do you agree to pull CCD's for your Medicaid Patients from our Total Health Record on a quarterly basis for a minimum of 50% of your Medicaid encounters?</b></p>   | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> |
| <p><b>32. This attestation is only valid for the current calendar year submitted. Do you understand that you will need to submit a new attestation of compliance annually by January each year, and also in the event that the facility director is no longer in this position?</b></p> | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> |
| <p><b>33. Do you understand that these requirements are expected to change in future years as Stages 2 and 3 of Meaningful Use are updated and NCQA PCMH requirements continue to be revised?</b></p>   | <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> |

*Form Certification. In signing this document you are attesting that you have read, understand and agree to all conditions for participation as a Patient Centered Medical Home and that all statements contained herein are true to the best of your knowledge. Also you are attesting that you understand that failure to abide by the certifications will result in the care management fees being recovered, denied, or withheld.*

|  |  |                            |  |
|--|--|----------------------------|--|
| <p><b>34. Director's Name (Printed):</b></p> |  |                            |  |
| <p><b>34. Director's Signature:</b></p>      |  | <p><b>Date Signed:</b></p> |  |

**FOR STATE MEDICAID AGENCY USE**

|  |  |
|--|--|
| <p><b>Date Attestation Received by DHCF:</b></p> |  |
| <p><b>Action Taken:</b></p>                      |  |