Patient-Centered Medical Home (PCMH) Content Expert Certification™ (CEC) Handbook

Updated July 31, 2017
## Acknowledgments

NCQA would like to thank the following individuals for contributing to the development of the Patient-Centered Medical Home Content Expert Certification™ (PCMH CEC) program.

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Overview

The patient-centered medical home (PCMH) is a health care setting that facilitates partnerships between individual patients and their personal clinicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, exchange of health information and other means to ensure that patients get the indicated care, when and where they need and want it, in a culturally and linguistically appropriate manner.

In the search for higher-quality, more affordable health care, the PCMH has rapidly gained momentum. Building on decades of innovation, this model of adult and pediatric primary care continues to generate attention. Clinicians, professional societies, employers and purchasers, insurers, government and consumer organizations recognize the PCMH as a promising alternative to the nation's costly, fragmented delivery system.

In response to market demands to better understand and evaluate PCMHs, NCQA developed and administers the Patient-Centered Medical Home Recognition program, which provides a roadmap for practices to improve delivery and the experience of care for both clinicians and patients.

With more than 12,000 recognized practices (representing more than 61,000 clinicians) across the country, the NCQA PCMH Recognition program is the most sought after and widely accepted PCMH program in the nation. Becoming NCQA Recognized requires strategies and efforts to transform a practice into a medical home.

As health care providers work to transform their practices, they often invest significant resources in staff training or consult with individuals familiar with the medical home concept and the NCQA PCMH Recognition Program. These individuals often play an important role in facilitating practices’ efforts to pursue NCQA PCMH Recognition. In an effort to help practices identify experts with a proven understanding of the NCQA PCMH Recognition program and to provide professionals with a way to validate their knowledge base, NCQA developed the PCMH Content Expert Certification (CEC) program. Professionals who achieve the PCMH Content Expert Certification credential are able to highlight their comprehensive knowledge of the standards and guidelines, eligibility requirements, the Q-PASS system and provide evidence to meet the criteria of the NCQA PCMH Recognition Program.

Individuals interested in receiving a professional designation from NCQA as a PCMH Certified Content Expert™ (CCE), must be 18 years of age or older and successfully complete two rigorous PCMH education seminars and a comprehensive examination. The certification period is for two years, with an option to renew the credential. CCEs are listed on the NCQA website for the duration of their certification. It is recommended that candidates acquire substantial knowledge of the PCMH 2017 edition, version 1 requirements and apply these requirements within a practice setting before attempting the examination. Instructions and policies for pursuing and maintaining the PCMH CCE credential are detailed in the PCMH CEC Handbook and outlined in Appendix 1: NCQA PCMH CEC: Tips and Frequently Asked Questions (FAQ’s).
Policies and Procedures
Section 1: Eligibility, Registration, Scheduling and Preparing for the Examination

This handbook outlines the registration/application process, requirements and policies for individuals seeking PCMH Content Expert Certification (CEC). Successful candidates will be credentialed as a PCMH Certified Content Expert (CCE). Candidates must be at least 18 years of age, complete two education seminars, submit an application and examination fee and achieve a passing score on the certification examination.

Direct questions and requests for information about PCMH Content Expert Certification to NCQA https://my.ncqa.org/ or by calling NCQA Customer Support at 888-275-7585.

Eligibility

When applying for PCMH CEC exam, candidates must attest that they are at least 18 years of age and must complete the NCQA education requirements. All candidates must complete:

- **Introduction to PCMH 2017: Foundational Concepts of the Medical Home**
  (1.5-day seminar or NCQA-led on-site training)

  and

- **Advanced PCMH 2017: Mastering the Medical Home Transformation**
  (1-day seminar).

NCQA lists the dates and times of all education seminars on its website at http://www.ncqa.org/education-training.

After completing the seminars, candidates are identified as eligible for certification, and are assigned a unique nine-digit identification number. Candidates’ names and information are submitted to the examination administration vendor, PSI, and are entered into the PSI system. PSI alerts candidates by e-mail when they are eligible to register for and schedule their CEC examination. The e-mail will include the assigned nine-digit identification number. Candidates remain eligible for the current examination for up to one year from completion of the seminars. NCQA reserves the right to retire an examination, which may reduce a candidate’s eligibility period. Upon expiration of the candidate’s eligibility period, or upon retiring of an examination, candidates may be required to complete additional NCQA education seminars for certification eligibility.

Completing the Registration/Application

NCQA uses an online registration/application process through the PSI website. Applicants use this system to register for and schedule the PCMH CEC examination.

To access the online registration, go to www.goAMP.com and select Candidates. Follow the simple, step-by-step instructions to choose 1. the category: Healthcare, 2. the program: National Committee for Quality Assurance and 3. the examination: Patient-Centered Medical Home Content Expert Certification. Candidates will be directed to a website to register for the examination.

Contents of the Application

The following application information will be collected through the online registration on the PSI website:
• **Account Information.** Provide relevant demographic information, including name, address, telephone number and e-mail contact information.

• **Eligibility Attestation.** Attest to eligibility and the completion of the required NCQA education seminars.

• **Work History and Demographic Questions.** NCQA collects basic work history and demographic information about candidates’ professional backgrounds. This information is used for internal tracking purposes and may be verified.

• **Application and Examination Fee.** Candidates must submit a $395.00 nonrefundable application and examination fee with registration. Payment may be made by credit card (VISA, MasterCard, American Express or Discover) to PSI Services. **Application and examination fees are not refundable or transferable and expire at the end of a candidate’s eligibility period.** To obtain a receipt for the application and examination fee, go to www.goAMP.com. Under the **Quick Links** menu on the left-hand side select *My Home Page Login*. Once logged in select *Receipt* under the *Correspondence* menu. Credit card transactions that are declined are subject to a $25 handling fee. A certified check or money order for the amount due, including the handling fee, must be sent to PSI to cover declined credit card transactions.

• **NCQA Legal Documents.** As part of the online application, candidates must complete the Agreement for PCMH Content Expert Certification by providing an electronic signature. Candidates must attest to reading the Agreement for PCMH Content Expert Certification and agree to abide by its terms (Appendix 2).

After the registration/application is processed, candidates will be notified by PSI about scheduling the examination. Examinations are offered quarterly.

### Examination Administration

Examinations are administered by computer at PSI Test Centers throughout the United States. The examination is administered by appointment only, Monday–Friday, at 9:00 a.m. and at 1:30 p.m. Saturday appointments may be scheduled based on availability. Available dates are indicated when examinations are scheduled. Candidates are scheduled on a first-come, first-served basis.

A current list of PSI Test Centers, including addresses and driving directions, can be viewed at www.goAMP.com. Specific address information will be provided during examination scheduling.

### Testing Windows

The PCMH CEC Examination is offered during 14-day windows in March, June, September and December. The examination is not offered during some holidays. Please refer to the examination calendar on the PCMH CEC Web page listed in Appendix 3.

### Retiring Examinations

NCQA reserves the right to retire an examination when NCQA releases updates to the PCMH Recognition Program. A candidate’s eligibility period may be reduced when an examination is retired. NCQA provides notice to candidates of a retiring examination to the email provided with their application and by posting notice on the NCQA Web site as described in Section 5: Revisions to Policies and Procedures.

### Scheduling an Examination

Candidates have one year from the date of eligibility to schedule and take the examination. Examination appointments are limited and are scheduled on a first-come, first-served basis. Candidates are encouraged to schedule an examination as soon as possible to guarantee an appointment prior to the end of the eligibility period. There are two ways to schedule an examination.
1. **Online:** Go to [www.goAMP.com](http://www.goAMP.com) and select **Candidates.** Follow the instructions to choose an examination by selecting category **Healthcare,** the program **National Committee for Quality Assurance** and the examination **Patient-Centered Medical Home Content Expert Certification** to schedule the examination appointment.

2. **By telephone:** Call PSI at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m.–9:00 p.m. CT Monday–Thursday; 7:00 a.m.–7:00 p.m. CT on Friday; and 8:30 a.m.–5:00 p.m. CT on Saturday.

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<th>If PSI is contacted by 3:00 p.m. CT on…</th>
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At the time of examination scheduling, be prepared to confirm a location and the preferred date and time for testing. Candidates will be asked to provide their unique ID number, which is listed in the e-mail notification from PSI. During scheduling, candidates will be notified of the time to report to the Test Center. PSI will send an appointment e-mail confirming the date and time of the examination. During the online application process, instructions will be provided to download a free copy of NCQA materials permitted for use during the examination (refer to **Section 2, Examination Restrictions**). If an appointment e-mail confirming the date and time of the examination is not received, return to the PSI “My Home Page” to confirm the correct e-mail address is listed or call PSI Candidate Services at 888-519-9901.

**Special Arrangements for Candidates with Disabilities**

Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements by calling PSI at 888-519-9901, and by completing the two-page Request for Special Examination Accommodations form (**Appendix 4**). All requests will be reviewed by PSI. PSI will provide reasonable accommodations for candidates with disabilities.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to PSI at least **45 calendar** days before the desired examination date by completing the two-page Request for Special Examination Accommodations form. PSI will contact the candidate regarding accommodations.

Wheelchair access is available at all established Test Centers. Candidates must advise PSI that wheelchair access is necessary when they schedule the examination.

PSI complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability (as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment or a person who is perceived by others as having such an impairment) is deprived of the opportunity to take the examination solely by reason of that disability.

**Additional Preparation for the Examination**

In addition to completing the required NCQA education seminars, candidate preparation for the examination should include experience applying PCMH requirements within a practice setting and completion of the following tasks:

- Review the detailed PCMH CEC examination content outline (**Appendix 5** of this handbook.)
• **Review key PCMH Recognition program materials.** Review the materials and resources listed below to ensure complete understanding of the content and functionality of the Quality Performance Assessment Support System (Q-PASS) and all program resources. Candidates will be permitted to bring some of these materials on the day of the examination. Refer to **Section 2: Examination Restrictions**.
  - Overview to the NCQA PCMH Recognition Program.
  - Accelerated Renewal Table
  - Annual Reporting Requirements

• NCQA [PCMH CEC website](#) (web address listed in Appendix 3).

• **Participate in complimentary pre-recorded PCMH Recognition training sessions** (Web address listed in Appendix 3.) NCQA holds monthly customer question and answer sessions for the PCMH Recognition program. All customers are invited to attend audio conference workshops or web training sessions that combine audio and Internet-accessible video presentations.

• **Review the NCQA PCMH Recognition program website** (Web address listed in Appendix 3.) Review and continue to monitor important PCMH recognition program news, FAQs and Policy Updates on the NCQA website.

### Contents of the Examination

The PCMH CEC examination tests candidates’ comprehensive knowledge of the requirements, the application process and the documentation of the NCQA PCMH Recognition Program. Specifically, the examination will require candidates to correctly answer questions that demonstrate understanding of the following content. Refer to Appendix 5 for a detailed outline.

1. **PCMH Overview**
   A. PCMH: Development and Background.
   C. Resources on NCQA.org.

2. **Eligibility and Application Process**
   A. Practice and Clinician Eligibility.
   B. Clinician Eligibility.
   C. Fee Schedule Information.
   D. Agreements.
   E. Sponsoring a PCMH Initiative.
   F. Practice Readiness Evaluation—Commit.
   G. The PCMH Q-PASS Enrollment Process.
   H. The Multi-Site Enrollment.
   I. Shared Evidence.

3. **The Recognition Process—Transformation**
   A. The Structure of a Standard.
   B. Recognition Guidelines.
   C. Core Criteria.
   D. Elective Criteria.
4. PCMH Distinction Modules
   A. Distinction in Patient Experience Reporting.
   B. Distinction in Electronic Clinical Quality Measure Reporting.
   C. Distinction in Behavioral Health Integration.

5. Evidence
   A. Evidence Policy/Rationale.
   B. Q-PASS Evidence Processes.
   C. Applying Special Types of Evidence.
   D. Pre-validation Auto-credit.
   E. Evidence Types.
   F. Reporting Periods.

6. Annual Report to Sustain Recognition
   A. Current Annual Reporting Requirements.
   B. Annual Reporting Date.
   C. Annual Report Process.

7. PCMH Standards, 2017 Edition
   A. Assessing and Demonstrating Transformation.
      1. Team-Based Care and Practice Organization (TC)
      2. Knowing and Managing Your Patients (KM)
      3. Patient-Centered Access and Continuity (AC)
      4. Care Management and Support (CM)
      5. Care Coordination and Care Transitions (CC)
      6. Performance Measurement and Quality Improvement (QI)
**Section 2: About the Examination**

The PCMH CEC examination is a timed, computer-based test composed of 150 multiple-choice questions that includes 15 questions that are being "pretested" for use in future versions of the examination. Pretest questions are not identified and answers do not affect candidates’ scores.

The examination is administered and proctored at a secure testing location. Candidates do not need any computer experience or typing skills to take the examination. Candidates will have exactly three hours to complete the examination.

**Note**

- *On the day of the examination appointment, report to the Test Center no later than the scheduled testing time. Candidates who arrive later than 15 minutes after the scheduled testing time will not be admitted and will forfeit exam fees.*

**Two Forms of Identification**

To gain admission to the Test Center, candidates must present two forms of identification. The primary form must be government issued, current and include the candidate’s name, signature and photograph. No form of temporary identification will be accepted. Candidates will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.

- The secondary form of identification must display the candidate’s name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).

- If the name on the registration form is different from how it appears on the identification source or form, candidates must bring proof of name change (e.g., marriage license, divorce decree or court order).

Candidates must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

**Personal Belongings**

No valuables, weapons or personal items other than wallets, keys, watches and hats may be brought to the Test Center. Wallets, keys, watches and hats are permitted in the testing room securely stored in a soft locker. Large coats and jackets must be left outside the testing room. Candidates will be provided a soft locker to store personal belongings. If all personal items will not fit in the soft locker, candidates will not be able to take the exam. Candidates will be asked to pull out their pockets to ensure they are empty. The site will not store or be responsible for personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, the candidate will be dismissed and the administration will be forfeited.
Examination Restrictions

The following PCMH CEC examination restrictions apply to all Candidates:

- A pencil and one piece of scratch paper will be provided for use during the examination, unless arrangements for additional sheets of paper have been made with PSI in advance. Candidates must return the scratch paper to the supervisor at the completion of testing, or they will not receive their score report.

- Candidates are permitted to bring approved NCQA materials with them for use during the examination. The materials have been specially formatted and instructions for how to download a free copy of the materials will be included in the online system when candidates complete their application and schedule their examination with PSI. Print a clean copy of the document which must be bound together, with no loose papers or handwritten notes in the margins. Staples, binder clips and tabs are acceptable. Candidates must download and bring these approved resources with them to the exam. Test Centers cannot print a copy on the day of the exam.

Candidates are not permitted to write on the document or take notes on the document before or during the examination. Test Center proctors will review documents to ensure they meet examination criteria. The materials must be surrendered to the Test Center supervisor at the conclusion of the examination and will not be returned to the candidates. The approved NCQA document will be labeled Authorized Materials and must be downloaded from the NCQA Store. Materials include the following materials:
  - Overview to the NCQA PCMH Recognition Program.
  - Appendices to the PCMH 2017 Standards and Guidelines.

- Candidates may not remove documents or notes of any kind from the Test Center.
- Candidates may not ask questions about the content of the examination during the examination.
- Candidates may not eat, drink or smoke in the Test Center.
- Candidates may take a break whenever they wish, but will not be allowed additional time to make up for time lost during breaks.

All examination questions are the copyrighted property of NCQA. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject candidates to severe civil and criminal penalties.

Computer Login

After check-in and identity verification, candidates will be directed to a testing computer. Candidates will receive onscreen instructions to enter their nine-digit ID number. Test Center supervisors can confirm the nine-digit ID numbers during the check-in process if needed. Once at the examination computer, candidates will be instructed on how to take their photograph with the computer’s built-in camera. The photo will remain on the screen throughout the examination session, and will print on the score report.

Practice Examination

Before the examination, candidates may take a practice examination on the computer. The time used for the practice examination is not counted as part of the examination time or score.
Once comfortable with the computer testing process, candidates may quit the practice session and begin the timed examination.

**Timed Examination**

Candidates will have exactly three hours to complete the examination. Following the practice examination, candidates will begin the timed examination. Before beginning, instructions for taking the examination are provided on screen.

*The computer monitors the time spent on the examination.* The examination will terminate if the time allowed is exceeded. Click on the **Time** box in the lower menu bar on the screen to monitor time during the examination. A digital clock indicates the time remaining. The “time” feature may be turned off during the examination.

*Only one examination question is presented at a time.* The question number appears at the lower right of the screen. Answer choices are identified as A, B or C. Candidates indicate their choice either by typing the letter in the response box or by selecting the option, using the mouse.

*To change an answer*, enter a different option by pressing the key or by clicking the option using the mouse. Answers may be changed as many times as needed during the examination time limit.

*To move to the next question*, click the forward arrow (>) at the lower right portion of the screen. This action will move the cursor forward through the examination, question by question. To review any question, click the backward arrow (<) or use the left arrow key to move backward through the examination.

*Candidates may leave a question unanswered and return to it later in the examination session.* Questions can also be bookmarked for later review by clicking the blank square to the right of the **Time** button. Click the hand icon to advance to the next unanswered or bookmarked question on the examination. Upon examination completion, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, candidates can return to the examination and answer the questions.
Section 2: About the Examination

Answer each examination question before ending the examination.

Candidate Comments

During the examination, there is an opportunity to leave comments by clicking the exclamation point (!), to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed for serious issues regarding the examination questions, such as concerns regarding conflicts with current laws and regulations, but an individual response will not be provided as part of the scoring or at a later date. As a reminder, this is a timed examination and time spent providing comments will count towards the maximum examination time of three hours.

Misconduct

If a candidate engages in any of the following conduct during the examination he or she may be dismissed, scores will not be reported and examination fees will not be refunded:

- Create a disturbance, are abusive or otherwise uncooperative.
- Display or use electronic communications equipment, such as pagers, cellular/smart phones.
- Talk or participate in conversation with other examination candidates.
- Give or receive help, or are suspected of doing so.
- Leave the Test Center during the administration.
- Attempt to record examination questions or make notes.
- Attempt to take the examination for someone else.
- Are observed with personal belongings.
- Are observed with notes, books or other aids that are not approved NCQA materials noted on the roster.

Security

PSI administration and security standards are designed to ensure that all candidates have the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Personal writing instruments of any kind are not permitted. Pencils will be provided at the site.
- Candidates will not have access to the Internet.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.
Rescheduling an Examination

Candidates may reschedule their appointment once at no charge by calling PSI at 888-519-9901 at least two business days before the scheduled appointment. The following schedule applies:

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Missed Appointments and Forfeitures

Candidates will forfeit examination registration and all fees paid to take the examination under the following circumstances:

- Failure to contact PSI at least two business days before rescheduling a testing session.
- Request to reschedule the examination more than once.
- Arrive more than 15 minutes late for an examination.
- Failure to report for an examination appointment.

A new complete registration with application and examination fee are required to reapply for the examination.

Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergency on the day of an examination, PSI will determine whether circumstances warrant cancellation and subsequent rescheduling of an examination. Examinations are not usually rescheduled if Test Center personnel are able to open the Test Center.

Visit www.goAMP.com before the examination to determine if the Test Center is closed. PSI will make every attempt to administer the examination as scheduled; however, if an examination is canceled, all scheduled candidates will receive notification of rescheduling or re-registration procedures.

If power to a Test Center is temporarily interrupted during an administration, the examination will be restarted. Responses provided up to the point of interruption will be intact, but for security reasons the questions will be presented in “scrambled” order.
Section 3: Examination Scoring and Certification

After completing the examination, candidates will be asked to complete a short evaluation before reporting to the Test Center proctor for an examination completion score report.

Scoring

The minimum score required to pass the examination is determined by a process known as the “Angoff method,” in which subject-matter experts estimate the difficulty of each item on the examination for the “minimally competent practitioner” (MCP). These judgments are averaged to determine the minimum passing score, which represents the amount of knowledge an MCP would likely demonstrate on the examination.

A statistical process called “equating” ensures consistency in the meaning of the score required to pass an examination. Even if the number of items correct that is required to pass the examination varies slightly between different versions (or “forms”), the level of knowledge required to achieve the passing score remains the same, thus ensuring that all candidates are treated fairly.

Scores are scaled to emphasize that although different forms of the examination may have slight differences in difficulty, the passing score is based on a consistent level of performance. Scaled scores are computed by setting the raw passing score equal to the scaled score required to pass. The scaled score is not the same as a percentage. The raw passing score may vary slightly between forms but the scaled score required to pass (and the level of knowledge required to pass) does not change. This process is used to ensure fairness to all candidates.

After completing the examination, candidates will be instructed to report to the testing proctor to receive a score report. The score report will show the overall result for the examination and will give diagnostic scoring information if the candidate did not pass. The score is final and binding. There is no appeal of the final scaled score. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile. Score reports will indicate “pass” or “fail.” Refer to Appendix 6 for examples of “pass” and “fail” examination score reports.

- For candidates taking the examination during September 2017 (the first examination window):
  - Before results can be released, responses from candidates will be reviewed to ensure that each examination score is accurate. In addition, NCQA will approve the passing point for the examination. Completion of these steps relies on collecting responses from a sufficient number of candidates. Therefore, results will be “provisional” and held for approximately 6–8 weeks before candidates receive final results via first class mail.
  - For information regarding the expected release of results, go to www.goAMP.com and select Candidates. Select category Healthcare, the program National Committee for Quality Assurance and the examination Patient-Centered Medical Home Content Expert Certification from the drop-down menus. The most recent status update will be posted. Refer to Appendix 6 for an example of a “provisional” score report.

- For candidates taking the examination during December 2017 and after:
  - Results will be provided immediately at the conclusion of the examination at the Test Center. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.
  - Score reports will indicate “pass” or “fail.” Refer to Appendix 6 for examples of “pass” and “fail” examination score reports.
  - Candidates who do not pass the examination are notified immediately upon completing the examination at the testing center. The score report gives diagnostic scoring information and shows the percentage of items correct in each of the seven content categories. Because the content areas contain different numbers of items, the percent correct scores do not allow a candidate to directly calculate the overall scaled score. The content scores are intended only to indicate areas of relative strength and weakness when preparing for possible future examination attempts.

Revised July 2017
– Candidates may retake an examination during the next quarterly testing window if they are within their original 12 month eligibility period and the current examination is still being administered. NCQA reserves the right to retire an examination when NCQA releases updates to the PCMH Recognition Program. A candidate’s eligibility period may be reduced when an examination is retired.

– To retake an examination, candidates must update their application and pay the nonrefundable application and examination fee of $395 and schedule the exam. Upon expiration of the candidate’s eligibility period, or upon retiring of an examination, candidates may be required to complete additional NCQA education seminars for certification eligibility before re-registering.

– NCQA provides notice to candidates of a retiring examination to the email provided with their application and by posting notice on NCQA’s website. Refer to Section 5: Revisions to Policies and Procedures.

PSI is responsible for the validity and integrity of the scores. On occasion, occurrences such as computer malfunction or candidate misconduct may cause a score to be suspect. NCQA and PSI reserve the right to void or withhold examination results if violation of regulations is discovered upon investigation.

### Duplicate Score Reports

Candidates may purchase additional copies of the examination results at $25 per copy. Submit requests to PSI in writing with full name, nine-digit ID number, mailing address, telephone number, date of examination and examination taken. A request form with the mailing address is included in Appendix 7.

Submit this information with the required fee in the form of a money order or cashier’s check payable to PSI Services. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee. Requests must be submitted within one year of the examination date.

### Notification and Receiving the PCMH CEC Credential and Certificate

Candidates are notified of their examination result at the PSI Test Center following completion of the examination (see special note above about Provisional Scores for individuals taking the exam during the first testing window of September 2017). Successfully candidates are credentialed as PCMH Certified Content Experts. They may begin marketing their achievement immediately and may use the PCMH CCE credential (e.g. on their signature line, letterhead). Refer to Appendix 8 Marketing and Advertising Guidelines.

PSI logs the examination result in its system. Within 30 calendar days from the last day of the examination window, CCEs receive a certification packet containing a Certified Content Expert certificate. CCEs will also be listed on the NCQA website at http://cce.ncqa.org/pcmh within 30 days.

Submit questions about this process to NCQA at https://my.ncqa.org/ or by calling customer support at 888-275-7585.

### Term of Certification

PCMH CEC is valid for a term of two years, starting on the day the candidate successfully passes the examination. Ninety days before the end of the two-year certification period, NCQA will contact the CCE with information about pursuing certification renewal. CCEs will be listed on NCQA’s website throughout the active certification period.

### Advertising Guidelines

CCEs must advertise their credential in compliance with NCQA’s Advertising Guidelines and on the NCQA website at http://www.ncqa.org/marketing.aspx.

A copy of the PCMH CEC seal is also available for download and use as described in Appendix 8.
Section 4: 
Maintenance and Recertification

Maintenance and Recertification

CCEs must continue to strengthen their knowledge base during their two-year certification period. In order to renew their credential, CCEs must complete required trainings identified in the table below, and select other continuing education events or activities to earn a total of 30 Continuing Education Unit (CEU) points within the two-year certification period. NCQA reserves the right to collect information and verify CEU activities.

Additional educational activities will be offered throughout the year and may be eligible for credit. Monitor NCQA’s website at www.ncqa.org/education for updates to course offerings.

At the time of any PCMH Recognition Program update (e.g. PCMH 2014 → PCMH 2017 Edition, Version 1) all current PCMH CCEs will be required to take a live course or an online module by a specified January 31, 2018 in order to remain current in their knowledge base of the PCMH program and retain their certification. PCMH CCEs who do not meet this requirement by the specified deadline will be subject to suspension and/or possible revocation of their certificate.

CCEs must collect and maintain documentation of continuing education. At the time of certification renewal, CCEs will be asked to complete the online renewal application and identify the continuing education and events they have completed. NCQA reserves the right to audit CCEs to ensure all requirements are met. NCQA reserves the right to collect information and verify CEU activities. If audited, CCEs must provide evidence of completion within 30 days of audit notice. Failure to provide evidence will result in a loss of certification.

Note: The following is a sampling of the Maintenance of Certification (MOC) Chart. The MOC Chart is updated regularly as new courses and tasks are added. Please find the most updated MOC Chart on the program website: www.ncqa.org/cec

<table>
<thead>
<tr>
<th>Required Continuing Education</th>
<th>CEU Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly Webinars for CCEs</td>
<td>2 credits each, for a required total of 8</td>
</tr>
<tr>
<td>(activities offered live quarterly then archived, topics will vary)</td>
<td></td>
</tr>
<tr>
<td>Archived webinars <a href="http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/getting-recognized/tools-for-transformation/ncqa-pcmh-content-expert-certification/cce-on-demand-online-training">Link</a> *CCEs are not limited to only 4 webinars and may attend additional webinars and earn credit.</td>
<td></td>
</tr>
<tr>
<td>NCQA New PCMH Recognition Product Training*</td>
<td>8</td>
</tr>
<tr>
<td>*When NCQA updates its PCMH Recognition program, new courses will be developed to support CCEs knowledge of a new PCMH product release. Not always required, CCEs will be notified and given a deadline.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Continuing Education</th>
<th>CEU Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Specialty Practice Recognition (<em>live seminar</em>)</td>
<td>6</td>
</tr>
<tr>
<td>Introduction to Case Management Accreditation (<em>live seminar</em>)</td>
<td>6</td>
</tr>
<tr>
<td>Introduction to Patient-Centered Connected Care (<em>live seminar</em>)</td>
<td>6</td>
</tr>
<tr>
<td>Quality Talks</td>
<td>4</td>
</tr>
<tr>
<td>PCMH Congress</td>
<td>15</td>
</tr>
</tbody>
</table>
## Section 4: Maintenance and Recertification

<table>
<thead>
<tr>
<th>Tasks</th>
<th>CEU Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide direct support to a practice to pursue NCQA PCMH and or PCSP Recognition either as a new applicant or a renewal of Recognition.</td>
<td>4 points per single site practice</td>
</tr>
<tr>
<td>CCEs will be asked to list the name of the practice. Documentation of support may include a letter from the practice stating services provided and/or a copy of a services agreement or contract with a practice.</td>
<td>Multi-sites:</td>
</tr>
<tr>
<td>CCE’s can share points if they are working as a team to assist practices.</td>
<td>3 practice sites = 6 points</td>
</tr>
<tr>
<td>If two or more CCEs work as a team to assist practices, the points will be distributed equally among the CCEs.</td>
<td>4-10 practice sites = 8 points</td>
</tr>
<tr>
<td>At renewal, CCEs must provide a list of practices they assisted during the past two years.</td>
<td>11 – 20 practice sites = 10 points</td>
</tr>
<tr>
<td>&gt;20 practice sites = 12 points</td>
<td></td>
</tr>
<tr>
<td>Serve as faculty for NCQA trainings and seminars (by invitation only and at the discretion of NCQA, may not apply to all CCEs.)</td>
<td>3 points per training</td>
</tr>
<tr>
<td>Serve as an NCQA evaluator for an NCQA Recognition program (by invitation only and at the discretion of NCQA, may not apply to all CCEs.) If applicable, CCEs will be asked to list the names of the practices and multi-site practices (including geographic practice sites of any multi-site reviews) for completed evaluations.</td>
<td>2 points per evaluation</td>
</tr>
<tr>
<td>Participate in the creation, development, and/or implementation of statewide initiatives.*</td>
<td>3 points per initiative</td>
</tr>
<tr>
<td>CCEs will be asked to provide the state, describe the scope of the project, and identify their role and responsibility.</td>
<td>Conduct multi-site review: earn 1 point for each practice site</td>
</tr>
</tbody>
</table>

*CCE will receive credit per overall initiative, not per task or role within the initiative.

At the end of the 2-year certification, CCEs have the option to renew and maintain the PCMH CCE credential. No later than 30 days prior to the certification expiration date, CCEs will be contacted by PSI, via e-mail with instructions on how to pursue renewal.

Maintenance of Certification Chart is subject to updates. Check the website frequently for Policy Updates.
**Section 5: Additional Information**

**Nondiscrimination Policy**

NCQA and PSI do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

**Confidentiality**

Candidate information and examination results are confidential. Studies and reports concerning candidates contain no identifiable information, unless authorized by the candidate.

**Updating Contact and Demographic Information**

Notify NCQA of contact changes at [https://my.ncqa.org/](https://my.ncqa.org/) or by contacting NCQA Customer Support at 888-275-7585. CCEs may also update their personal profile on the CCE directory through [https://my.ncqa.org](https://my.ncqa.org).

**Code of Professional Conduct for PCMH Certified Content Experts**

Each individual applying for certification must agree to the following Code of Professional Conduct for Certified Content Experts.

In promoting high standards of ethical conduct, I shall:

- Conduct myself professionally.
- Strive to enhance the prestige of the NCQA PCMH Recognition program.
- Not misrepresent my own or another colleague’s qualifications, competence, or experience. Maintain confidentiality of all information pertaining to any PCMH Recognition program applications for which I work on, not discuss or disclose any information unless authorized in writing by NCQA and by the organization for which I am contracted to work.
- Not intentionally communicate false or misleading information that may compromise the integrity of the PCMH Recognition program or any of NCQA’s programs.
- Preface any public statements related to the NCQA PCMH Recognition program that I issue by clearly indicating on whose behalf they are made.
- Not act in any way that would prejudice the reputation of NCQA or the PCMH Recognition Program.
- Notify NCQA immediately if I become aware of any facts or circumstances that may constitute a breach of this code, and fully cooperate with an inquiry in the event of an alleged breach of this code.
- Not reproduce, transmit or use any NCQA copyrighted materials in any form without written permission from NCQA.

**Revoking Decisions**

NCQA may revoke a certification decision if:

- The individual does not comply with these Policies and Procedures.
• The individual does not follow the Code of Professional Conduct for PCMH Certified Content Experts, or breaks any other PCMH CEC program policy.
• The individual misrepresents his or her PCMH CEC status.
• The individual fails to comply with NCQA’s Advertising Guidelines, as described in Appendix 8.

When communicating with external parties, individuals who achieve PCMH CEC may represent themselves as having been certified by NCQA for meeting the PCMH CEC requirements and passing the examination, but may not characterize themselves as “NCQA approved,” NCQA endorsed” or “NCQA Recognized.” The use of this mischaracterization or other similarly inappropriate statements is grounds for revocation of status.

Revisions to Policies and Procedures

At its sole discretion, NCQA may amend its Policies and Procedures, Code of Professional Conduct, the application, this handbook or any other PCMH CEC program policy. Notice of and information about modifications or amendments will be posted to NCQA’s Web site on the PCMH CEC Web page at least 30 days prior to the effective date (refer to the PCMH CEC website address listed in Appendix 3.)

Disclaimer

NCQA Certification does not constitute a warranty or representation of any kind by NCQA to third parties (including, but not limited to employers, practices, clinicians, or the CCEs customers or clients) regarding the quality or nature of the experience or services provided or arranged for by the CCE. Provision of professional services is the sole responsibility of the CCE and there is no guarantee that a practice that contracts with a CCE for services will achieve PCMH Recognition.

Program Development

The PCMH CEC program was developed by NCQA.

NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and recognizes clinicians in key clinical areas. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA’s Web site (www.ncqa.org) contains information to help consumers, employers and others make more informed health care choices.

PSI administers the PCMH CEC examination on behalf of NCQA. PSI is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. PSI assisted NCQA in the development, administration, scoring and analysis of the PCMH CEC examination. PSI Services has more than 70 years of experience providing worldwide testing solutions to corporations, federal and state government agencies, professional associations, certifying bodies and leading academic institutions. PSI offers a comprehensive solutions approach from test development to delivery to results processing, including pre-hire employment selection, managerial assessments, licensing and certification tests, distance learning testing, license management services and professional services.

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Section 5: Additional Information

Reporting Fraud and Misconduct

The Reporting Hotline

- NCQA takes fraud and misconduct seriously
  - NCQA does not tolerate fraudulent, misleading, or improper information submitted by organizations as part of their survey process, or any other program
- Submitting of any Falsified Document or Fraudulent Information may be grounds for suspension, denial or revocation of NCQA’s status determination
  - Falsified Documents are documents provided by an applicant that have been redrafted, reformatted or fabricated, in whole or in part, with false or misleading information to substantiate compliance with NCQA Standards and Guidelines.
  - Fraudulent Information includes oral statements made by an applicant or another accredited, certified or recognized person on behalf of the applicant to substantiate compliance with NCQA Standards and Guidelines or to otherwise influence the outcome of an NCQA survey, which are false or otherwise misleading.

Reporting Hotline Considerations

- Key considerations include:
  - Individuals have the option to report anonymously
  - The Reporting Hotline is set up through Lighthouse Services and is not equipped with caller identification, allowing for an anonymous reporting mechanism
  - NCQA is committed to protecting the identity of any individual who is alleged to have committed a violation as part of an investigation of the report
- For general comments or complaints, including those around quality of care, individuals should continue to use the NCQA Customer Support line (M–F, 8:30–5:00 ET, 888-275-7585), or submit their information through my.ncqa.org.

Reporting Hotline Contact Information

How to Report

- Toll-Free Telephone:
  - English-speaking USA and Canada: 844-440-0077 (not available from Mexico).
  - Spanish-speaking North America: 800-216-1288 (from Mexico, user must dial 001-800-216-1288).
- Website: [https://www.lighthouse-services.com/ncqa](https://www.lighthouse-services.com/ncqa).
- E-Mail: reports@lighthouse-services.com (must include NCQA’s name with the report).
- Fax: 215-689-3885 (must include NCQA’s name with the report).
APPENDIX 1
NCQA PCMH Content Expert Certification™ (CEC):
Tips and Frequently Asked Questions (FAQs)

I am new to PCMH but want to pursue certification. How do I get started and how long does it take?

Please see the PCMH CEC Handbook and the NCQA Web site for all the details to begin the process to pursue certification. The length of time needed to obtain the credential varies based on one’s ability to attend the educational seminars and take the exam. Candidates should possess a substantial knowledge of the NCQA PCMH Recognition program requirements and have applied these requirements within a practice setting before attempting the examination.

What is the certification process?

Follow the steps below and refer to this handbook for details.

- **Order and thoroughly review the PCMH CEC Handbook.** Order the handbook at [www.ncqa.org/cec](http://www.ncqa.org/cec).

- **Attend NCQA educational seminars.**
  - *Advanced PCMH 2017:* Mastering the Medical Home Transformation.

- **Complete the online application and pay the exam fee ($395).**

- **Prepare for and schedule the exam.** Follow the scheduling instructions and the study recommendations in the PCMH CEC Handbook. Candidates may also view sample exam questions on NCQA’s Web site [www.ncqa.org/cec](http://www.ncqa.org/cec).

- **Obtain the PCMH CEC Credential and Certificate.** Candidates are notified of their exam results and will receive a welcome packet and a certificate. Certification is valid for two years. PCMH CCEs will be listed on NCQA’s Web site throughout the active certification period.

- **Maintain and renew the certification.** At the end of the two-year certification, and upon completion of the certification maintenance requirements, PCMH CCEs have the option to renew and maintain their PCMH CEC credential.

When will I receive my ID from PSI and be permitted to apply for and schedule the exam?

After you complete the two NCQA education requirements, you will receive an email from PSI with a 9-digit identification number and instructions for registering for the exam.
What information do I need to apply for PCMH CCE with PSI?

You need a current resume with your work history and a list of practice names and locations for clients you have helped pursue PCMH recognition. NCQA collects demographic information for internal tracking purposes.

How is the exam administered?

The examination is a timed, computer-based test composed of 150 multiple-choice questions. In addition to the 135 questions used to compute the score, the examination includes 15 questions that are being “pretested” for use in future versions of this examination. Pretest questions are not identified and answers do not affect candidates’ scores. Candidates must complete all 150 questions during the exam duration.

The examination is administered and proctored at a secure testing location. Candidates do not need any computer experience or typing skills to take the examination. Candidates will have exactly three hours to complete the examination.

How should I prepare for the exam?

You should have substantial knowledge of the PCMH 2017 requirements and have applied these requirements within a practice setting. Download and review the CEC Handbook to prepare for the examination. Appendix 5 has a detailed content outline. NCQA has also posted sample exam questions on www.ncqa.org/cec.

For more PCMH Recognition Program education opportunities and resources go to www.ncqa.org/recognition.

May I bring resources to the exam? *

You may download materials from the NCQA website for use during the examination. Materials have been specially formatted and instructions for their use can be found in the online application when scheduling the exam with PSI.

Print a clean copy of the materials which must be bound together, with no loose papers or handwritten notes in the margins. Staples, binder clips and tabs are acceptable.

Do not write on the materials before or during the examination. Test Center proctors will review documents to ensure they meet examination criteria.

Note: You must bring these approved resources to the exam. Test Centers cannot print a copy on the day of the exam. Materials must be surrendered to the Test Center supervisor after the examination and will not be returned to you.

What should I do if I encounter any issues while at the Test Center?

Candidates should contact the Test Center’s exam proctor immediately if any issues regarding noise, distractions, etc. are encountered on the day of the exam. Please note: Candidates may take a break whenever they wish, but will not be allowed additional time to make up for time lost during breaks.

I took the exam in September 2017. When can I get my results?

Before results are released, responses are reviewed to ensure the examination score is accurate and NCQA approves the passing point for the examination. Because completion of these steps relies on collecting a sufficient number of candidate responses, results are “provisional” and are held for approximately 6–8 weeks before candidates receive final results via first class mail.
For information about release of results, go to www.goAMP.com, click on Candidates. Select category Healthcare, the program National Committee for Quality Assurance and the examination Patient-Centered Medical Home Content Expert Certification from the drop-down menus. The most recent status update will be posted. Refer to Appendix 6 in the CEC Handbook for an example of a "provisional" score report.

I passed the exam, when will I receive my official certificate from NCQA and when will my name be posted to the NCQA Web site?

Allow 30 days from the end of the exam window to receive the welcome packet and certificate from NCQA and for information to be posted to NCQA’s webpage http://cce.ncqa.org/pcmh. To make changes to the information posted on NCQA’s website log onto your https://my.ncqa.org/ account and select My Profile.

I failed the exam, when can I take it again and what are the fees and process?

You may retake the examination during the next quarterly testing window if you are within the original 12 month eligibility period and the current examination is still being administered. To retake the examination, register online at www.goAMP.com. Update your information, pay the fee of $395 and schedule the exam.

NCQA reserves the right to retire an examination when it releases updates to the recognition program. The eligibility period may be shortened when an examination is retired. NCQA provides notice to candidates if an examination is going to be retired. Candidates must complete eligibility for the new examination.

I failed the exam. May I see which questions I got wrong?

No, examination items must be kept secure and cannot be disclosed outside of the actual testing environment. If a candidate fails the exam, the feedback on the score report is provided to help identify areas of relative strength and weakness for future exam preparation. Comparing those content areas to the detailed content outline (Appendix 5 of the Candidate Handbook) can help identify topics in which to focus areas for improvement. Please note: The itemized content list matches the numbered content areas on the score report.

May I appeal my exam scores?

No, the score is final and binding. There is no appeal of the final scaled score.

May I view the exam?

No, the examination must be kept secure from disclosure in order to ensure the test remains confidential and provides a fair and effective assessment instrument for certification. Examination items are not available for review either before or after taking the exam.

Can I find out what my scores were for each content area?

No, the intent of the PCMH CEC exam is to assess whether candidates have demonstrated sufficient competence to be granted the PCMH CEC designation. It is designed as a pass/fail exam. The exam is not intended to measure candidates’ level of competence beyond the pass/fail decision. Candidates who fail the exam receive scoring information (overall scaled score and content area percentage scores) that will inform about areas of relative strength and weakness to help them prepare for any subsequent attempt at re-examination. There is no passing or failing on any one portion of the examination, and, superior performance on one portion may not offset poor performance on another portion of the examination. Passing or failing is determined only on the basis of the total scaled score. Additional information about the examination methodology is included in the PCMH-CEC Handbook in Section 3: Examination Scoring and Certification.
Are there continuing Medical Education credit for the Content Expert Certification?

No, NCQA does not offer CMEs for achieving certification. NCQA does offer CMEs, CNEs and ACPE credit for certain education seminars and webinars. More information about NCQA’s education is available at: www.ncqa.org/education.

The maintenance of certification requirements indicate that CCEs must participate in quarterly PCMH policy updates via webinars. When will they be scheduled?

NCQA posts the Webinar schedule to the website when registration opens. NCQA also posts other PCMH-related events to the website as archived resources. Monitor the PCMH, PCMH CEC and Professional Development sections of the NCQA website (www.ncqa.org) for updates and registration information.

I am a PCMH CCE and achieved my credential by August 2017. Do I need to take another test in 2017 when NCQA updates its PCMH Recognition program? What is the requirement to learn the 2017 PCMH Program?

No, PCMH CCEs who achieved certification by the last testing window in August 2017 will not have to retest. NCQA does expect PCMH CCEs to gain additional knowledge on the updated PCMH 2017 Recognition program (released April of 2017) as part of their maintenance of certification requirements. Beginning in May of 2017, NCQA will offer live seminars on the updated program. NCQA will also offer online modules and make them available for viewing from the Web site. Please note there will be fees associated with the updated PCMH trainings. CCEs may choose to participate in a live seminar or with the online modules to build their knowledge base on the updated PCMH Recognition program.

NCQA does expect PCMH CCEs to complete their training on the updated PCMH program by January 31, 2018. NCQA has imposed this deadline to ensure PCMH CCEs are knowledgeable and can provide accurate information on the updated PCMH Recognition Program.

Completion of this training will count towards continuing education credits for maintenance of certification for CCEs.

What documentation is required for my maintenance of certification?

NCQA CCEs must continue to strengthen their knowledge base during their two-year certification period. In order to renew their credential, CCEs must complete the required trainings as outlined in the CEC Handbook and select other continuing education events or activities to earn a total of 30 Continuing Education Unit (CEU) points within the two-year certification period. CCEs are required to maintain their documentation of continuing education. NCQA reserves the right to collect information and verify CEU activities. NCQA suggests that CCEs maintain their records of attendance at seminars (certificates) as well as copies of any service agreements or contracts with practices that they may have assisted in achieving PCMH Recognition. Letters from practices which outline the scope of work the CCE performed is also acceptable documentation. At the time of certification renewal, CCEs will be asked to complete their online renewal application and identify the continuing education and events they have completed. NCQA reserves the right to audit CCEs to ensure all requirements are met. NCQA reserves the right to collect information and verify CEU activities. If audited, CCEs must provide evidence of completion within 30 days of audit notice. Individuals selected for audit will be provided a letter with detailed instructions. Failure to provide acceptable documentation will result in a loss of certification.

I would like to be considered for faculty for NCQA. What do I do?

NCQA welcomes interested CCEs to submit their resume, bio sketch and cover letter outlining their professional background and experience with developing content and delivering educational events (live, online, webinar, etc.). Please direct inquires to https://my.ncqa.org/. NCQA will review CCE experience and follow-up to discuss opportunities where expertise match NCQA’s educational needs. NCQA offers modest honoraria and covers travel expenses in accordance with NCQA’s Travel Policy.
As a PCMH CCE, must I have NCQA permission for advertising materials or press releases?

Refer to the *NCQA Marketing and Advertising Guidelines* (Appendix 8). NCQA conducts periodic, random audits of advertising. If selected for an audit, CCEs submit copies of their marketing and advertising materials *released or used in the past 6 months*. Review the guidelines carefully and contact marketing@ncqa.org if you have any questions.
APPENDIX 2
PCMH CONTENT EXPERT CERTIFICATION™ AGREEMENT

The applicant whose electronic signature is submitted as evidence of agreement to these terms ("you") for the PCMH Content Expert Certification (CEC) program (the "Agreement") from the National Committee for Quality Assurance ("NCQA"), hereby agrees as follows.

1. You attest that the information submitted for the Application for the PCMH CEC program is true and correct, to the best of your knowledge. You further agree to make available to NCQA and/or PSI information that would verify the information that appears in the application materials, including proof of identification.

2. Certification under the PCMH CEC Program is subject to the application and examination fees in effect when you apply for certification, as described in the Policies and Procedures of the PCMH CEC Program Handbook (the "Handbook"), incorporated by reference into this Agreement.

3. You agree, in addition to its obligations under this Agreement, to abide by and be bound by all PCMH CEC policies, procedures, rules and regulations pertaining to the PCMH CEC program, including, but not limited to, the Handbook and NCQA’s Advertising Guidelines, and as may be updated by NCQA from time to time. If certification under the PCMH CEC Program results in monetary rewards or bonuses from your employer or others tied to quality, you understand and agree that NCQA neither recommends nor decides whether or to what extent you should or will receive such rewards.

4. You agree that NCQA may release and publish on its Web Site or in other formats, and authorize others to publish, that you have achieved certification under the PCMH CEC program. If you do not achieve certification under the PCMH CEC program, NCQA will not publicly report that result or authorize others to publicly report that result. NCQA also reserves the right to de-identify or aggregate applicant data submitted or collected as part of the PCMH CEC program, and to release and use de-identified or aggregated data for research and to develop industry norms and other products.

5. You understand that certification under the PCMH CEC program does not constitute a warranty or representation of any kind by NCQA regarding the quality or nature of the experience or services offered by you. You agree to not misrepresent any information or report developed in conjunction with the PCMH CEC program. In communication with customers, clients and others, you may state that you achieved certification under the PCMH CEC program. You may not characterize yourself as an “NCQA approved,” “NCQA endorsed” or “NCQA Recognized” professional. The use of these mischaracterizations or other similarly inappropriate statements may result in suspension or revocation of your certification.

6. You understand that certification status, if achieved, is limited to you as an individual and is nontransferable to any other person or organization, including, without limitation, your employer or any employees or coworkers.

7. NCQA shall have the right to investigate any complaint or grievance filed by a customer, client or others against you, including, without limitation, allegations of breach of the Code of Professional Conduct for PCMH Certified Content Experts, while your certifications status is in effect. You agree to cooperate fully in any such investigation by NCQA. A valid and substantiated complaint may result in suspension or revocation of your certification.

8. You agree to indemnify and hold harmless NCQA from and against any and all claims, liability, loss, damages, judgments, or injury, and all costs and expenses, including reasonable attorney fees and costs associated with any suits, actions, proceedings, claims, or official investigations or inquiries (collectively, “Losses”) of any kind related to (1) your failure to achieve certification under the PCMH CEC program, (2) third party claims for damages or injury from your
services or consultation to pursue NCQA PCMH Recognition, (3) failure by your customers or clients to achieve desired results under the NCQA PCMH Recognition program, (4) breach of any of your representations and obligations under this Agreement or (5) payment or hiring decisions made by third parties based on your certification status under the PCMH CEC program, unless and until any such Losses are found by a court of competent jurisdiction to have resulted from intentional acts or gross recklessness on the part of NCQA. NCQA’s liability under this Section 8 is limited to actual damages. Neither party is liable for consequential, special, incidental, indirect, exemplary or punitive damages under this Agreement.

9. Any and all claims or actions arising under this Agreement shall be governed by the law of the District of Columbia, regardless of any applicable conflicts of laws principles, and shall be exclusively resolved by a court of competent jurisdiction within the District of Columbia.

10. By electronically signing this Agreement and submitting your electronic signature to NCQA, you agree to be legally bound by the terms of this Agreement. This Agreement may only be modified in writing and must be signed by NCQA.
APPENDIX 3
RESOURCES AND CONTACT INFORMATION

This document outlines important Patient-Centered Medical Home Content Expert Certification™ (PCMH CEC) contact information and Web links referenced in the program handbook. For questions or additional information, contact NCQA Customer Support.

NCQA Contact Information and Web Links

Contact Customer Support for program questions and Web site inquiries.
- Telephone: 888-275-7585 NCQA Customer Support is available Monday - Friday, 8:30 - 5:00 ET M-F.
- You may also contact NCQA online at: https://my.ncqa.org/

Visit the following Web links for important PCMH CEC program information, test windows, advertising guidelines and general PCMH resources:
- General NCQA information: www.ncqa.org.
- NCQA Education Seminars for meeting PCMH CEC eligibility requirements and maintenance of certification: http://www.ncqa.org/education-training/pcmh-pcs
- PCMH Web page for general PCMH policies, information and resources: http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx.

PSI Contact Information and Web Links

Contact PSI Candidate Services for examination registration, scheduling and Test Center inquiries.
- Telephone: 888-519-9901.
- E-mail: info-amp@goAMP.com.

Visit the following Web links for important PCMH CEC examination registration, scheduling and Test Center resources:
- General PSI Information: www.goAMP.com.
- To register for and schedule a PCMH CEC examination: Go to http://online.goamp.com/CandidateHome/CandidateInformation.aspx. Follow the instructions to choose an examination by clicking category Healthcare, program National Committee for Quality Assurance and examination Patient-Centered Medical Home Content Expert Certification.
- PSI “My Home Page” to confirm or update registration and demographic information: http://www.goamp.com/candidatehome/CandidateInformation.aspx.
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit it with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Candidate ID # ___________________ Requested Test Center: ________________________________

Name (Last, First, MI, Former Name)

________________________________

Mailing Address

________________________________

City State Zip Code

________________________________

Daytime Phone Number

Special Accommodations

I request special accommodations for the ________________________________ examination.

Please provide (check all that apply):

_____ Reader

_____ Extended testing time (time and a half)

_____ Reduced distraction environment

_____ Other (specify):

________________________________

________________________________

Comments:

________________________________

________________________________

I give permission for my diagnosing professional to discuss my records and history, as they relate to the requested accommodation, with PSI staff.

Signature: __________________________ Date: __________________________

Return this form to:
PSI, 18000 W. 105th Street, Olathe, KS 66061-7543
If you have questions, call PSI Candidate Services at 888-519-9901.
Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required accommodations.

Professional Documentation

I have known ______________________________ since _____ / _____ / _____.

Candidate Name

Date

in my capacity as a _____________________________________________________.

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: __________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed:_______________________________________ Title: ______________________

Printed Name: ______________________________

Address: ______________________________________

________________________________________________________________________

Telephone Number:____________________ E-Mail Address:____________________

Date:____________________________________ License # (if applicable: ____________

Return this form to:
PSI, 18000 W. 105th Street, Olathe, KS 66061-7543
If you have questions, call PSI Candidate Services at 888-519-9901.
## APPENDIX 5
### PCMH CEC EXAMINATION CONTENT OUTLINE

| National Committee for Quality Assurance (NCQA) |
| Content Expert Certification, Patient-Centered Medical Home |
| 2017 Exam Content Outline |

### 1. Overview
#### A. PCMH: Development and Background
1. Relate the “Endorsed Principles of the Patient-Centered Medical Home” to the ability of the practice to deliver high quality, coordinated health care to its patient population.
2. Demonstrate the connections between the endorsed principles to the PCMH concepts and competencies that align with each principle.
3. Explain the efficacy of evidence-based guidelines.
4. Interpret the content of the Overview section of the Standards and Guidelines and uses the content to answer “why do this” and “what will this accomplish.”
5. Describe the key components of patient centered care.
6. Explain the Medical Home model.

#### B. Policies and Procedures – General
2. Apply the Policies and Procedures to a practice’s Recognition effort.
3. Access and apply updates to the Policies and Procedures, when revised.
4. Apply the Reportable Events policy.
5. Explain the use of the hotline for reporting fraud in a practice’s recognition submission.

#### C. Resources on NCQA.org
1. Analyze all available resources to determine if their question has been addressed.
2. Direct practices to the NCQA web site.
3. Demonstrate knowledge and location of program requirements, Standards and Guidelines, Appendices.
4. Demonstrate how to access information on trainings.
5. Provide access to relevant FAQ’s and guides interested parties to all PCMH resources and tools.

### 2. Eligibility and Application Process
#### A. Practice and Clinician Eligibility
1. Apply the NCQA practice definition to a variety of care delivery organizations.
2. Apply the eligibility policies, defining whole person care and the scope of its applicability to a majority of the practice’s patient population.
3. Assess the PCMH eligibility for specific clinicians, practice sites, and organizations.
4. Apply definitions of a Multi-Site organization to a group of sites
5. Demonstrate what a personal clinician means for patients.

#### B. Clinician Eligibility
1. Outline the requirements of a clinician identified with a PCMH practice.
2. Describe the credentials accepted for PCMH clinicians
3. Describe a patient panel, empanelment and attribution as they apply to clinicians identified with a PCMH practice.
National Committee for Quality Assurance (NCQA)
Content Expert Certification, Patient-Centered Medical Home

2017 Exam Content Outline

<table>
<thead>
<tr>
<th>C. Fee Schedule Information</th>
<th>1. Apply the multi-site, single site and sponsored fee schedules for initial and sustaining practices and clinics.</th>
</tr>
</thead>
</table>
| D. Agreements              | 1. Describe the relationship between the program agreement and the Policies and Procedures.  
                                2. Explain the purpose and function of the Business Associate Agreement. |
| E. Sponsoring a PCMH Initiative | 1. Differentiate between a sponsor eligible for Partner in Quality discount.  
                                2. Explain the sources of incentive and sponsor information to practices. |
| F. Practice Readiness Evaluation – Commit | 1. Review information routinely produced by the practice to validate process implementation.  
                                2. Direct a practice to the “Am I Ready, Am I Eligible” detail to establish status.  
                                3. Identify pre-validated vendors and auto-credit.  
                                4. Assess practice performance against the standards and guidelines (readiness evaluation).  
                                5. Create an action plan based on the results of the readiness evaluation.  
                                6. Redirect a practice to educational resources if unready.  
                                7. Redirect practices to other programs if not eligible. |
| G. The PCMH Q-PASS Enrollment Process | 1. Explain the process for accessing Q-PASS Web-based accounts.  
                                2. Explain the initial account set-up process.  
                                4. Demonstrate the ability to find and complete enrollment data for single and multi-site practices.  
                                5. Guide practices in completing the enrollment questionnaire to accurately describe practice characteristics. |
| H. The Multi-Site Enrollment | 1. Provide the practice detail necessary for a multi-site set-up, eligibility, sites, shared clinicians, shared policies, systems, EMR implementation schedule.  
                                2. Describe the pricing and advantage of the multi-site organization of various sizes and structures in sharing fulfillment of criteria.  
                                3. Describe the applicability for a multi-specialty primary care organization (pediatric sites, family medicine sites, mixed sites) and how to address differing policies, condition and population health management approaches and performance measures across the practice.  
                                4. Demonstrate the knowledge to add sites to an established account. |
| I. Shared Evidence | 1. Explain the process for practice sites within an organization to share credit.  
                                2. Identify the specific criteria and evidence that are eligible for sharing.  
                                3. Explain how credit from the one site in the group is shared with other sites based on shared systems (site groups).  
                                4. Explain how sites can be reviewed together or separately.  
                                5. Identify when shared evidence can represent the organization (aggregated data) and when evidence can be site specific. |
### National Committee for Quality Assurance (NCQA)

**Content Expert Certification, Patient-Centered Medical Home**

**2017 Exam Content Outline**

<table>
<thead>
<tr>
<th>3. The Recognition Process - Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. The Structure of a Standard</strong></td>
</tr>
<tr>
<td>1. Explain the relationship between PCMH Concepts, Competencies, and Criteria.</td>
</tr>
<tr>
<td>2. Explain the difference between core and elective criteria.</td>
</tr>
<tr>
<td>3. Explain the credit applied to elective criteria.</td>
</tr>
<tr>
<td>4. Apply the detailed guidance to assist practices through their PCMH transformation.</td>
</tr>
<tr>
<td>5. Apply suggested evidence to a practice’s demonstration of criteria.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Recognition Guidelines</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the Initial Recognition, the Accelerated Renewal and the Sustained Recognition processes.</td>
</tr>
<tr>
<td>2. Describe the role of the NCQA Representative assigned to a practice.</td>
</tr>
<tr>
<td>3. Guide practices on workplans to transform and prepare for each check-in.</td>
</tr>
<tr>
<td>4. Explain how all Core Criteria across six Concepts are a requirement for Recognition.</td>
</tr>
<tr>
<td>5. Identify 25 credits from 60 Elective Criteria across five of the six Concepts as a requirement for Recognition.</td>
</tr>
<tr>
<td>6. Describe the role of the Review Oversight Committee (ROC).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>C. Core Criteria</strong></th>
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</thead>
<tbody>
<tr>
<td>1. Explain the intent of a core criteria.</td>
</tr>
<tr>
<td>2. Describe the rationale for the selection of the core criteria for each Competency within the broader Concepts.</td>
</tr>
<tr>
<td>3. Explain the requirement to achieve all the Core Criteria.</td>
</tr>
<tr>
<td>4. Describe the competencies as organized subgroups of criteria.</td>
</tr>
<tr>
<td>5. Demonstrate knowledge that practices just beginning the transformation process should start with the core criteria.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>D. Elective Criteria</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the difference between a core criteria and an elective criteria.</td>
</tr>
<tr>
<td>2. Describe the number of credits from elective criteria that the practice must meet to achieve recognition.</td>
</tr>
<tr>
<td>3. Demonstrate how the practice may achieve Recognition by meeting the elective credits required in 5 of the 6 concept areas.</td>
</tr>
<tr>
<td>4. Assist the practice in identifying those elective criteria that most benefit their practice population.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>E. Prepare and Complete the Requirements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Guide practices in the use of NCQA software (Q-PASS) to complete responses to the Standards &amp; Guidelines for NCQA submission.</td>
</tr>
<tr>
<td>2. Sequence the schedule for virtual check-ins and the evidence to be reviewed at each event.</td>
</tr>
</tbody>
</table>
## 2017 Exam Content Outline

3. Direct a practice in linking evidence and indicating those ready for check-in.
4. Distinguish the use of prepared evidence versus demonstration appropriate to the criteria requirements.
5. Assist in accessing technology required for virtual check-in.
6. Prepare a practice to navigate their systems during the virtual review to use the time efficiently.
7. Reassess progress of the practice at each check-in to assist in meeting the recommended 12-month cycle for transformation.
8. Determine the fee and need for an additional check-in when exceeding the 12 month transformation period.

### 4. PCMH Distinction Modules

#### A. Distinction in Patient Experience Reporting

1. Describe the PCMH Distinction in Patient Experience Reporting program.
2. Explain the application process for Distinction.
3. Provide access information to the publicly available survey versions (adult, pediatric, English and Spanish).
4. Describe the eligibility for the CG CAHPS 3.0 version, with or without the additional items.
5. Explain the need and use of a certified survey vendor.
6. Describe the submission schedule.
7. Identify the duration of Distinction.

#### B. Distinction in Electronic Clinical Quality Measure Reporting

1. Describe the PCMH Distinction in Electronic Clinical Quality Measure Reporting program.
2. Explain the technical process to submit clinician data either through a certified vendor or a QRDAIII file from a practice’s EHR.
3. Identify the appropriate number and type of measures required for Distinction.
4. Identify the duration of Distinction.
5. Describe the evolving eCQM program towards performance-based measurement.

#### C. Distinction in Behavioral Health Integration

1. Describe the PCMH Distinction in Behavioral Health Integration program.
2. Explain the Core Criteria required for Distinction.
3. Identify the appropriate number and credits for Elective Criteria required for Distinction.
4. Identify the duration of Distinction.
5. Explain how to submit for Distinction concurrently to transformation or as an add-on to recognition.

### 5. Evidence

#### A. Evidence Policy/Rationale

1. Suggest evidence for a specific practice that meets the intent of a criteria or when the criteria have been purposely written to allow for a wide range of evidence from a wide range of practices.
2. Assess evidence provided by the practice to ensure performance is demonstrated.
3. Apply knowledge of evidence requirements to specific criteria (e.g., when a process is required, reports, screenshots, virtual review).
### National Committee for Quality Assurance (NCQA)
#### Content Expert Certification, Patient-Centered Medical Home

**2017 Exam Content Outline**

4. Articulate that the term ‘documented process’ means that the steps are described in a text-based guideline that is specific to the practice site, the staff performing the task, and the desired outcome of the process.

### B. Q-PASS Evidence Processes

1. Explain rationale and protects patient privacy by mastering de-identification techniques for blocking PHI for linked evidence.
2. Assist practices in establishing a system for identifying documents needed, responsible person in the practice, system for tracking progress, labeling the documents and providing the most efficient evidence.
3. Identify the basic functionality of the Q-PASS evidence screens to the practice.
4. Review progress in meeting required Core Criteria and Elective Credits and final results of the practice’s Recognition.
5. Demonstrate the ability to navigate Q-PASS, to document responses, insert comments and link documents to more than one criteria.

### C. Applying Special Types of Evidence

1. Explain what criteria are met with NCQA Clinical Recognition.
2. Assess practice and clinician eligibility for meeting criteria with NCQA Clinical Recognition.
3. Identify the criteria that can be met with submission of electronic clinical quality measures (eCQMs) and where to find updates as published.
4. Apply auto credit when conducting a readiness assessment.
5. Direct practices to the evidence section of Q-PASS where the evidence for recognized clinicians and eCQMs is to be documented.
6. Explain the rationale for providing autocredit for these special types of evidence.
7. Recognize the measure types, process and outcome, used in these types of evidence.
8. Describe the eligibility, duration, and Recognition types (group and individual) of the clinical programs.

### D. Pre-validation Auto-credit

1. Explain the pre-validation process.
2. Assess practice eligibility for prevalidation auto credit.
3. Identify the specific criteria eligible for prevalidation auto credit.
4. Apply prevalidation auto credit when conducting a readiness assessment.
5. Explain the policies and procedures for vendors to apply for prevalidation of their capabilities
6. Explain to a practice how to utilize autocredit approved for a vendor whose products or systems are in use in their practice.
7. Describe the evidence to support meeting criteria with pre-validated auto-credit.

### E. Evidence Types

1. Identify data source(s) suggested for each criterion provided by the practice to ensure performance is demonstrated.
2. Describe in clear language both “process” and “evidence”, in terms of form and structure.
3. Explain evidence must show implementation of processes prior to Recognition.
### National Committee for Quality Assurance (NCQA)

**Content Expert Certification, Patient-Centered Medical Home**

#### 2017 Exam Content Outline

4. Explain the required structural components of an acceptable documented process in terms of practice site identification, implementation date and legibility.
5. Demonstrate knowledge of the two workbooks, patient selection and record review needed to complete the worksheet.
6. Identify when and explain how attestation can be used to meet criteria.

#### F. Reporting Periods

1. Demonstrate knowledge of data collection periods for reports, (e.g. 1 week, 1 month, 30 calendar days), when suggested.
2. Determine when to begin identifying documents.
3. Explain that the reporting of data for evidence is required within the 12 months prior to the evaluation.

#### 6. Annual Report to Sustain Recognition

**A. Current Annual Reporting Requirements**

1. Access the current Annual Reporting Requirements from NCQA and as they may be updated.
2. Review evidence and data reports for Recognition to monitor and continue PCMH activities.
3. Select on-going performance measures and tracking requirements from reporting options for the practice.

**B. Annual Reporting Date**

1. Practice receives Recognition decision and sets Annual Reporting Date with NCQA Representative
2. Coordinate dates across multiple sites as needed.
3. Assure roles and responsibilities identified within the practice to sustain met criteria through the reporting period.
4. Update staffing and site demographics prior to report date.
5. Verify current clinicians and payment of Sustaining fee.

**C. Annual Report Process**

1. Obtain auto-reminders of upcoming dates.
2. Submit valid data by report date.
3. Participate in audit if requested.
4. Process decision to continue Recognition and prints updated certificate.
5. Confirm date for next Annual Report.
6. Identify practices eligible for annual reporting from the Accelerated renewal process or as a PCMH 2014 Level 3 Recognized practice.
7. Validate practices’ attestation to met criteria as part of the annual review.

#### 7. PCMH 2017 Standards

**A. Assessing and Demonstrating Transformation**

1. Explain the intent of the foundational concepts.
2. Identify the competencies organizing the criteria in each concept area.
### National Committee for Quality Assurance (NCQA)

**Content Expert Certification, Patient-Centered Medical Home**

#### 2017 Exam Content Outline

3. Implement the criteria that indicate a practice is functioning as a medical home.
4. Review detailed explanations for guidance to the structures, functions and activities needed to meet individual criteria.
5. Apply information from FAQs and updates to the PCMH publication.
6. Demonstrate transformation as a Recognized PCMH through virtual review and prepared evidence, encouraging the practice to tell its story.

#### B. PCMH 2017 Standards and Guidelines

**Team-Based Care and Practice Organization (TC)**

*Intent:* The practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains staff to work to the top of their license and provide effective team-based care.

- **Competency A:** The practice is committed to transforming the practice into a sustainable medical home. Members of the care team serve specific roles as defined by the practice’s organizational structure and are equipped with the knowledge and training necessary to perform those functions.

- **Competency B:** Communication among staff is organized to ensure that patient care is coordinated, safe and effective.

- **Competency C:** The practice communicates and engages patients on expectations and their role in the medical home model of care.

**Knowing and Managing Your Patients (KM)**

*Intent:* The practice captures and analyzes information about the patients and community it serves and uses the information to deliver evidence-based care that supports population needs and provision of culturally and linguistically appropriate services.

- **Competency A:** Practice routinely collects comprehensive data on patients to understand background and health risks of patients. Practice uses information on the population to implement needed interventions, tools and supports for the practice as a whole and for specific individuals.

- **Competency B:** The practice seeks to meet the needs of a diverse patient population by understanding the population’s unique characteristics and language needs. The practice uses this information to ensure linguistic and other patient needs are met.

- **Competency C:** The practice proactively addresses the care needs of the patient population to ensure needs are met.

- **Competency D:** The practice addresses medication safety and adherence by providing information to the patient and establishing processes for medication evidence, reconciliation and assessment of barriers.

- **Competency E:** The practice incorporates evidence-based clinical decision support across a variety of conditions to ensure effective and efficient care is provided to patients.

- **Competency F:** The practice identifies/considers and establishes connections to community resources to collaborate and direct patients to needed support.
### National Committee for Quality Assurance (NCQA)

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**2017 Exam Content Outline**

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Patient-Centered Access and Continuity (AC)</strong></td>
<td><strong>Intent:</strong> PCMH model expects continuity of care. Patients/families/caregivers have 24/7 access to clinical advice and appropriate care facilitated by their designated clinician/care team and supported by access to their medical record. The practice considers the needs and preferences of the patient population when establishing and updating standards for access.</td>
</tr>
<tr>
<td><strong>Competency A:</strong></td>
<td>The practice seeks to enhance access by providing appointments and clinical advice based on patients’ needs.</td>
</tr>
<tr>
<td><strong>Competency B:</strong></td>
<td>Practices support continuity through empanelment and systematic access to the patient’s medical record.</td>
</tr>
<tr>
<td><strong>Care Management and Support (CM)</strong></td>
<td><strong>Intent:</strong> The practice identifies patient needs at the individual and population levels to effectively plan, manage and coordinate patient care in partnership with patients/families/caregivers. Emphasis is placed on supporting patients at highest risk.</td>
</tr>
<tr>
<td><strong>Competency A:</strong></td>
<td>The practice systematically identifies patients that would benefit most from care management.</td>
</tr>
<tr>
<td><strong>Competency B:</strong></td>
<td>For patients identified for care management, the practice consistently uses patient information and collaborates with patients/families/caregivers to develop care plans that address barriers and incorporates patient preferences and lifestyle goals documented in the patient’s chart. Demonstration of such may be through reports, file review or live demonstration of case examples.</td>
</tr>
<tr>
<td><strong>Care Coordination and Care Transitions (CC)</strong></td>
<td><strong>Intent:</strong> The practice systematically tracks tests, referrals and care transitions to achieve high quality care coordination, lower costs, improve patient safety and ensure effective communication with specialists and other providers in the medical neighborhood.</td>
</tr>
<tr>
<td><strong>Competency A:</strong></td>
<td>The practice effectively tracks and manages laboratory and imaging tests important for patient care and informs patients of the result.</td>
</tr>
<tr>
<td><strong>Competency B:</strong></td>
<td>The practice provides important information in referrals to specialists and tracks referrals until the report is received.</td>
</tr>
<tr>
<td><strong>Competency C:</strong></td>
<td>The practice connects with other health care facilities to support patient safety throughout care transitions. The practice receives and shares necessary patient treatment information to coordinate comprehensive patient care.</td>
</tr>
<tr>
<td><strong>Performance Measurement and Quality Improvement (QI)</strong></td>
<td><strong>Intent:</strong> The practice establishes a culture of data-driven performance improvement on clinical quality, efficiency and patient experience and engages the staff and patients/families/caregivers in the quality improvement activities.</td>
</tr>
<tr>
<td><strong>Competency A:</strong></td>
<td>The practice measures to understand current performance and to identify opportunities for improvement.</td>
</tr>
<tr>
<td><strong>Competency B:</strong></td>
<td>The practice evaluates its performance against goals or benchmarks and uses the results to prioritize and implement improvement strategies.</td>
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</tbody>
</table>
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**Competency C**: The practice is accountable for performance. The practice shares performance data with the practice, patients and/or publicly for the measures and patient populations identified in the previous section.
APPENDIX 6
EXAMINATION SCORE REPORTS

SCORE REPORT
Provisional

PCMH CONTENT EXPERT CERTIFICATION EXAMINATION

CANDIDATE ID NUMBER: SAMPLE000
EXAMINATION DATE: 9/15/2017
CONTROL ID: 123456789

Thank you for completing the PCMH Content Expert Certification™ Examination. Before your results can be released, responses from candidates to examination items will be reviewed to ensure each examination score is accurate. In addition, the National Committee for Quality Assurance (NCQA) will approve the passing point for the examination.

Completion of these steps relies on collecting responses from a sufficient number of candidates. Because response collection continues, your results are still being held.

For information regarding the expected release of your results, go to http://online.goamp.com/CandidateHome/CandidateInformation.aspx and follow the three steps listed.
Congratulations! You have passed the PCMH Content Expert Certification™ Examination! You will receive a certificate acknowledging this achievement and your information will be posted to NCQA’s website within 30 calendars days from the last day of the examination window.

You may begin marketing your achievement immediately and may use the PCMH Certified Content Expert™ (PCMH CCE) credential on your signature line, letterhead, etc. Please refer to the Marketing and Advertising Guidelines in the CEC Handbook for guidance and use of the PCMH CEC seal.
You have failed this examination.
Your score is XX scaled score units.
The passing score is 70 scaled score units.

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Your Percent Correct Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overview</td>
<td>XXX%</td>
</tr>
<tr>
<td>2. Eligibility and Application Process</td>
<td>XXX%</td>
</tr>
<tr>
<td>3. The Recognition Process - Transformation</td>
<td>XXX%</td>
</tr>
<tr>
<td>4. PCMH Distinction Modules</td>
<td>XXX%</td>
</tr>
<tr>
<td>5. Evidence</td>
<td>XXX%</td>
</tr>
<tr>
<td>6. Annual Report to Sustain Recognition</td>
<td>XXX%</td>
</tr>
<tr>
<td>7. PCMH 2017 Standards</td>
<td>XXX%</td>
</tr>
</tbody>
</table>

Your pass/fail decision is based on your total examination score. Individual content area results are intended only to indicate areas of relative strength and weakness when preparing for future examination attempts. There is no pass or fail status associated with individual content areas. Passing or failing is determined only on the basis of the total score. Your score is final and binding. There is no appeal of this final scaled score.

The scaled score is not the same as a percentage score. Because the seven content areas contain different numbers of items, the percent correct scores for the content areas cannot be used to directly calculate your overall scaled score. The scaled score is based on the overall number of correct responses to items.

You may be eligible to retake the PCMH Content Expert Certification examination at the next quarterly testing window if you are within your original 12 month eligibility period and the current examination is still being administered. To retake the examination, register online at www.goAMP.com. To retake the examination after your eligibility expires, contact NCQA at https://my.ncqa.org/.

Please refer to the CEC Handbook, Section 3 for more details about scoring and policies regarding eligibility for re-examination.

PSI
18000 W. 105th St., Olathe, KS 66061-7543

National Committee for Quality Assurance
1100 13th Street, NW, Suite 300 Washington, DC 20005

Revised July 2017
APPENDIX 7

DUPLICATE SCORE REPORT REQUEST FORM

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the examination date and include a check or money order payable to PSI Services for $25.00 per copy. Duplicate score reports will be processed and mailed within approximately five business days following receipt of the request.

Name: __________________________________________________________ 9-digit ID#: __________________________

Address: __________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

Daytime Phone: __________________________________________________________

Test Taken: __________________________________ Examination Date: ________________________________

Test Center: __________________________________________________________

I hereby authorize PSI to send me a duplicate of my examination results.

Signature___________________________________________ Date: ________________________________________________

PSI
18000 W. 105th Street
Olathe, KS 66061-7543

PSI Duplicate Score Report Request Form
07/17/2017
APPENDIX 8
NCQA PCMH CEC ADVERTISING GUIDELINES

The Guidelines below are to be used in conjunction with NCQA’s General Marketing Guidelines. Visit http://www.ncqa.org/marketing.aspx for more information.

Guidelines for Marketing and Advertising Certification

These guidelines will help you communicate your achievement correctly.

1. All statements about the certification must be accurate and clearly stated and must represent the individual’s current and actual certification status.

2. Reference to certification must clearly indicate the name of the individual, as stated on the certificate.

3. Advertising language must indicate the full name of the certification (NCQA PCMH Content Expert Certification) or the full name of the credential (NCQA PCMH Certified Content Expert).

4. Advertising or other forms of solicitation that are false, misleading or deceptive are prohibited, including activities that:
   a. Create false or unjustified expectations of favorable results.
   b. Imply the ability to influence NCQA’s decision on the PCMH recognition result and level.
   c. Contain any other representations that would be likely to cause a reasonable person to misunderstand or be deceived.
   d. Imply an association between the certification and past client experiences that happened before the certification date.

5. PCMH Certified Content Experts are not allowed to state that they are the first individuals to receive PCMH Content Expert Certification in a state, region, nation or any geographical unit.

6. PCMH Certified Content Experts may only list their own status or dates (certification duration) and may not provide comparisons to or advertise the certification status of other individuals.

7. PCMH Certified Content Experts should clearly state that they have received NCQA Certification (e.g., John Doe is an NCQA PCMH Certified Content Expert).

8. The Content Expert Certification is not a ranking or rating system and should not be referred to as such.

9. Advertising materials should not state or imply that PCMH Content Expert Certification is an endorsement of the individual, the services the individual provides or the organization that the individual is part of by NCQA or any person/organization associated with NCQA. (For example, a PCMH Certified Content Expert may not represent the certification as being awarded by or associated with any NCQA officer, employee, director or organization that collaborated with NCQA).

10. Use of the terms “NCQA approved professional,” “NCQA endorsed professional,” “NCQA exclusive professional” or “NCQA preferred professional” is prohibited. The use of these mischaracterizations or other similarly inappropriate statements may result in suspension or revocation of certification under the PCMH content expert certification program.
Use of PCMH Certified Content Expert Seal

NCQA encourages PCMH Certified Content Experts to display their seal in marketing and advertising materials. The seal is provided in EPS and JPG formats and is available at www.ncqa.org/marketing.aspx. The seal may not be modified.

Certification statuses can change; therefore, PCMH Certified Content Experts must maintain and update marketing and promotional materials and must cease distribution of all materials with incorrect status information. Updating of websites and other distributed materials should take place within 30 days of certification status change.

Only the individual who received the PCMH Content Expert Certification may use the seal in marketing and advertising materials. Names of the individuals to whom the seal refers must be clearly stated.

Use of NCQA Logo

The use and reproduction of NCQA’s logo is strictly prohibited. PCMH Certified Content Experts are prohibited from using the NCQA logo in any marketing and advertising materials, including websites, e-mails and other web-based applications.

Links to NCQA Website

NCQA encourages PCMH Certified Content Experts to use the NCQA website as a resource. A link to the NCQA website may be provided: www.ncqa.org.

Approved Quote

The following approved quote may be used in marketing and advertising materials. It may be used alone or in combination with other language. The quote may not be modified or altered in any way.

“Certified NCQA Patient-Centered Medical Home Content Experts receive thorough training and demonstrate in-depth knowledge to assist organizations applying for NCQA PCMH Recognition,” said NCQA President Margaret E. O’Kane.
**Recommended Language**

Any of the following statements may be used to describe certification. Statements may be used alone or in combination with other language to identify or describe the certification program and status.

**Descriptions of the program**

In an effort to help practices and other interested parties identify experts with a demonstrated understanding of the NCQA PCMH Recognition program and to provide professionals with a way to validate their knowledge base, NCQA developed the PCMH Content Expert Certification (CEC) program.

Professionals who achieve the PCMH Content Expert Certification credential can highlight their comprehensive knowledge of the requirements, the application process and the documentation of the NCQA PCMH Recognition program.

In order to list their credential, professionals may use the abbreviation “PCMH CCE” on business cards, letterhead, biographical sketches and so on.

**Descriptions of NCQA**

- NCQA is an independent, not-for-profit organization dedicated to improving health care quality.
- NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of health plans, managed behavioral healthcare organizations, preferred provider organizations, physician organizations, credentials verification organizations, disease management programs and other health-related programs.
- NCQA’s website (www.ncqa.org) contains information to help consumers, employers and others make more informed health care choices.
- NCQA is governed by a Board of Directors that includes employers, consumer and health plans, quality experts, policy makers and representatives from organized medicine.
- NCQA’s mission is to improve the quality of health care.