



I. Person-Centered Medical Home (PCMH)
Glide Path Instructions and Application

December , 2011

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A. Glide Path Overview

The Department's PCMH Glide Path option provides financial and technical support for practices and clinics ("Practices") that want to pursue status as PCMHs to serve HUSKY Health and Charter Oak Health Plan recipients. PCMHs and the Glide Path are described fully in Policy Transmittal 2011-84 at www.huskyhealth.com.

To qualify for Glide Path status, Practices must apply and must demonstrate to the Department's satisfaction that they have initiated significant activities toward meeting the Department's PCMH standards.

If awarded Glide Path status, Practices must agree to Glide Path milestones and timeframes for each of three Glide Path phases. At the end of each Glide Path phase and prior to certifying that the Practice qualifies for the next phase, the Department will review all documentation demonstrating completion of that phase. The Department will also review NCQA Survey Tool Scores as part of the initial Glide Path process and, at the end of each Glide Path phase. Glide Path Practices must provide the Department's Administrative Services Organization (ASO) with read-only access to their NCQA Survey Tool material by registering the ASO as a licensed user. This may be done at the time the Practice submits documentation for each Glide Path phase.

In the event that a Glide Path Practice does not achieve Glide Path milestones within the agreed upon or required timeframes, the Practice may request one or more extensions. Extensions cannot exceed six months in total, across the three Glide Plan phases. Practices must complete the entire Glide Path in no more than 24 months, including any requested extensions. If a Practice does not complete the Glide Path within 24 months, the Practice will no longer qualify for Glide Path status.

Glide Path Practices will receive 50% of the PCMH Participation Fee Differential Payment. If a Practice loses its Glide Path status, its Fee Differential payments will cease. Glide Path Practices that achieve full qualification will receive the remaining 50% of the Participation Fee Differential Payment at that time. The Department will not seek to recoup fee differential payments from Practices that terminate Glide Path participation.

Certain Glide Path Practices may qualify for Supplemental Start-up Payments that range from \$13,000 to \$25,000. These payments are described in Policy Transmittal 2011-84. To qualify, a Practice must be an independent Practice with five or fewer full-time equivalent practitioners whose primary care panel consists of at least 25% HUSKY Health and/or Charter Oak Health Plan recipients. Supplemental Start-up Payments will be made to eligible Practices (1) upon acceptance to the Glide Path option, (2) after the successful completion of Glide Path Phase One, and (3) after the successful completion of Glide Path Phase Two. If a Practice accepts Supplemental Start-up Payments but does not achieve full PCMH qualification, all such Payments must be repaid to the Department within six months of the Practice's termination from the Glide Path, or failure to achieve full PCMH qualification, whichever comes first.

Practices that qualify for Supplemental Start-up Payments should submit the documentation available at www.huskyhealth.com.

Practices with Glide Path status will not be eligible for Per Member Per Month Performance Payments until they achieve full PCMH qualification from the Department.

Information regarding Glide Path support that will be provided by the ASO will be posted shortly at www.huskyhealth.com. Direct any questions regarding the PCMH Glide Path Application process to the medical Administrative Services Organization, Elaine Bernier, telephone (203) 949-4194 or e-mail pcmhglideapplication@chnct.org.

B. PCMH Glide Path Application Requirements

Detailed instructions for completing the PCMH Application are available at www.huskyhealth.com. Complete the PCMH Application first, before submitting a Glide Path Application.

To submit a complete PCMH Glide Path Application:

- Fill out the PCMH Glide Path Application as described in this document. Enter data directly in the form fields provided on the Glide Path Application.
- **Save this form periodically while completing or editing your application. Any data not saved will be lost.**
- When the form is complete and correct, save the form as a PDF document with the filename as follows: **“PracticeNamePCMHGlidePathApplication-XX-XX-2012.pdf”**.
- Make sure to retain the form for any updates or changes to prevent re-entry of the information.
- Glide Path Applications must be submitted electronically. Paper submissions will not be accepted.
 - After the form has been saved, click the **SUBMIT** button on the last page to transmit the data to the ASO. You will automatically receive a **Message Received** reply with a tracking number. Save the **Message Received** reply and note the **tracking number** for future reference and any future additions or changes to your application.
 - If you are recognized as an NCQA Level 1 Practice, E-mail your Certificate of Recognition to pcmhglideapplication@chnct.org. Reference your Glide Path **tracking number** from the **Message Received** reply.

Additions or Changes to the Glide Path Application:

- If any additions or changes to your Glide Path Application are necessary, be sure to reference the Glide Path **tracking number**.
- An individual authorized to act as a signatory for the Practice must re-sign the application when you re-submit. In doing so, the signatory certifies that all updated information provided in the application is accurate.
- Once your application is updated and signed, follow the Electronic Submission instructions above.

A complete description of the Glide Path Application requirements is provided below. The Glide Path Application follows the instructions.

Direct any questions regarding the PCMH Glide Path Application process to the medical ASO. Contact Elaine Bernier at (203) 949-4194 or pcmhglideapplication@chnct.org.

SUMMARY OF SUBMISSION REQUIREMENTS

GLIDE PATH PRACTICE MUST PROVIDE:	WHICH INCLUDES:	THE INFORMATION MUST BE PROVIDED:
<i>Glide Path Applicants:</i>		
A. A Complete PCMH Application	All of the data elements required within the Department’s PCMH Application, available at http://www.chnct.org/huskyhealth/pcmh_docs/PCMH_Application_12.16.2011G_RS.pdf	Prior to submitting a Glide Path Application.
B. Access to the most up-to-date version of the Applicant’s NCQA Survey Results	NCQA Survey Tool results within the NCQA PCMH application at http://www.ncqa.org/tabid/629/Default.aspx including scores for individual elements, as requested in this Glide Path Application. To comply with this requirement, the Practice must grant the ASO access to their NCQA Survey Tool.	At the time the Applicant submits its Glide Path Application.
C. A detailed Glide Path Application	Practice Information, Primary Clinical Contact Information, NCQA Survey Tool Scores, Glide Path Summary Timeline, Glide Path Task Selections, and a Glide Path Work Plan and Signatures.	At the time the Applicant submits its Glide Path Application. Follow submission directions below.
<i>If awarded Glide Path Practice Status:</i>		
D. Ongoing documentation for each Glide Path Phase	Documentation that demonstrates ongoing achievement of the tasks that a Practice selects within the Glide Path phases as described herein. For assistance completing ongoing Glide Path tasks, contact Elaine Bernier at (203) 949-4194 or email pcmhglideapplication@chnct.org .	One month prior to the scheduled final completion for each Glide Path phase, unless an extension has been granted. During this time, the Department or the ASO will evaluate the Practice’s status. The Practice must obtain approval for each Glide Path phase within the allotted timeframe.

C. Detailed Description of Glide Path Requirements

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

PRACTICE INFORMATION	
FIELD NUMBER AND NAME	DESCRIPTION
Practice Name	Enter the name of the Practice that is applying to the Department for PCMH qualification.
Connecticut Medical Assistance Program (CMAP) numbers under which the Practice bills primary care services for all Primary Care Practitioners (PCPs) listed in the Practices' PCMH Application	Enter all applicable billing CMAP provider ID numbers used by the Practice to bill the Department for care provided to HUSKY Health or Charter Oak Health Plan recipients. CMAP provider numbers are sometimes referred to as "AVRS ID's", e.g., on CMAP remittance advice. Typically, a Practice will have different CMAP numbers (which may map to one or multiple NPI's) maintained for different specialties such as Internal Medicine, Family Practice, Pediatrics, and Nurse Practitioners. All relevant CMAP billing provider numbers should be included.
Address Line 1	Enter the number and street name of the Practice's primary site address. This cannot be a P.O. Box.
Address Line 2	Enter the second line of the Practice's primary site street address, if necessary.
Practice City	Enter the city name of the Practice's primary site address.
Practice State	Enter the state name or abbreviation of the Practice's primary site address.
Practice Zip Code + Four	Enter the 9-digit zip code of the Practice's Primary site address.
Practice Telephone Number	Enter the telephone number of the Practice's primary site.
Practice Fax Number	Enter the Practice's fax number at their primary site address.

PRIMARY CLINICAL CONTACT INFORMATION	
FIELD NUMBER AND NAME	DESCRIPTION
Primary PCMH Clinical Contact First Name	Enter the first name of the Primary PCMH Clinical Contact (e.g. the lead practitioner for the PCMH initiative) in the Practice.
Primary PCMH Clinical Contact Last Name	Enter the last name of the Primary PCMH Clinical Contact for the PCMH initiative.
This individual named as the Primary PCMH Clinical Contact will serve as the primary contact to medical ASO's and the Department regarding the PCMH initiative for the Practice.	
Primary PCMH Clinical Contact Email	Enter the email address for the Primary PCMH Clinical Contact.
Primary PCMH Clinical Contact Address Line 1	Enter the number and street name for the Primary PCMH Clinical Contact. This cannot be a P.O. Box
Primary PCMH Clinical Contact Address Line 2	Enter the second line of the Primary PCMH Clinical Contact's street address, if necessary.
Primary PCMH Clinical Contact City	Enter the city name of the Primary PCMH Clinical Contact.
Primary PCMH Clinical Contact State	Enter the state name or abbreviation of the Primary PCMH Clinical Contact.
Primary PCMH Clinical Contact Zip Code + Four	Enter the 9-digit zip code of the Primary PCMH Clinical Contact.
Primary PCMH Clinical Contact Telephone Number	Enter the Primary PCMH Clinical Contact's telephone number.

PCMH Glide Path Instructions

NCQA SURVEY TOOL SCORES

FIELD NUMBER AND NAME	DESCRIPTION
NCQA Survey Tool #	Enter the NCQA Survey Tool # that was provided by the NCQA when purchasing the NCQA Survey Tool.
Date of NCQA Survey Tool Submission	Enter the date when the Practice submitted the NCQA Survey Tool (MM/DD/YYYY).
<p>The NCQA Survey Tool scores are solely based on the NCQA PCMH application, which can be obtained at http://www.ncqa.org/tabid/629/Default.aspx. Updates to NCQA Survey Tool scores will be required at the conclusion of each Glide Path Phase.</p> <p>Glide Path Practices must provide the Department's medical ASO with access to their NCQA Survey Tool material by registering the ASO as a licensed user. The Practice may provide read-only access to be available at the time the Practice submits for each Glide Path phase until approval for that phase is granted.</p>	
Score	Enter the percent score the Practice achieved on the given Element. The score can be found using the scoring table underneath each of the Elements in the NCQA Survey Tool.
Score Greater Than or Equal to 50%	Enter YES if the score the Practice achieved is greater than or equal to 50% and NO if the score is less than 50%.

GLIDE PATH SUMMARY TIMELINE AND SELECTION OF GLIDE PATH TASK OPTIONS

GLIDE PATH SUMMARY TIMELINE

GLIDE PATH PHASE:	START DATE	COMPLETION DATE
Glide Path Phase 1	Enter the date when the Practice will begin Glide Path Phase 1 (MM/DD/YYYY).	Enter the date when the Practice expects to complete Glide Path Phase 1 (MM/DD/YYYY).
Glide Path Phase 2	Enter the date when the Practice will begin Glide Path Phase 2 (MM/DD/YYYY).	Enter the date when the Practice expects to complete Glide Path Phase 2 (MM/DD/YYYY).
Glide Path Phase 3	Enter the date when the Practice will begin Glide Path Phase 3 (MM/DD/YYYY).	Enter the date when the Practice expects to complete Glide Path Phase 3 (MM/DD/YYYY).

GLIDE PATH TASK OPTIONS SELECTION

The Glide Path Application requires Applicants to select at least three (3) submission options for Glide Path Phases 1 and 2, and to submit an associated work plan for each. This is described further below, under Glide Path Work plan.

This section details the documentation requirements that *approved* Glide Path Practices must submit for each Glide Path Phase option selected on the application. Glide Path Practices must submit this separately to the Department's medical ASO. Only documentation that is necessary to document the Practice's selected Glide Path tasks within each phase should be submitted to the ASO. This information is required at the end of each Glide Path phase; NOT at the time the Practice submits their Glide Path Application.

The required documentation for both Phase 1 and Phase 2 must be provided to the ASO no later than 30 days prior to the deadline for Phase 1 and Phase 2, unless an extension has been granted. If an extension has been granted, the Practice must provide the required documentation no later than 30 days prior to the expiration of the extension.

The Glide Path Extension request, available at www.huskyhealth.com, must be submitted to and approved by the ASO.

The required documentation for Phase 3 must be submitted when the Glide Path Practice receives its NCQA Letter of Recognition. At that time, the Glide Path process will be complete and the Department will make a determination regarding full PCMH qualification.

PCMH Glide Path Instructions

GLIDE PATH PHASE 1: SELECT THREE TASKS AND COMPLETE THE WORK PLAN SECTION OF THE APPLICATION FOR EACH GLIDE PATH PHASE.

IF THE PRACTICE SELECTS THE TASK THAT REQUIRES IT TO:	THEN THE PRACTICE IS REQUIRED TO DEMONSTRATE COMPLETION BY PROVIDING:
Demonstrate proof of Level 1 PCMH recognition	A copy of the Practice's NCQA Certificate of Recognition, if the Practice has been recognized as a Level 1 NCQA PCMH. (NOTE: This does not apply to Practices that have not obtained NCQA Level 1 recognition).
Document receipt of Medicaid EHR incentive payments based on full qualification for such payments	Documentation that demonstrates that the Practice received Medicaid EHR Incentive payment(s), including the source of payment, date of payment and amount of payment.
Orient clinical and non-clinical staff within the Practice to PCMH requirements and strategies to meet such requirements	Evidence of such orientation, such as agendas, summaries of orientation sessions, lists of attendees, and all other relevant materials regarding PCMH orientation.
Provide monthly ongoing learning or guided learning activities about PCMH among clinical and non-clinical staff	A description of guided training materials and staff requirements for clinical and non-clinical staff, and a description of staff activities.
Document adoption or implementation of a Meaningful Use Certified Electronic Health Record (EHR), as designated on the website of the Office of the National Coordinator for Health IT (ONC)	Materials that demonstrate plans to purchase and implement a qualified EHR within six months of the completion of the PCMH Glide Path Phase 2. This does not apply to Glide Plan Practices that already have EHR in place.
For Practices that already own an EHR, document planned upgrades of the existing EHR to achieve Meaningful Use Certification as part of efforts to complete Glide Path Phase 2	A work plan that describes planned upgrades of the existing EHR to achieve Meaningful Use Certification. This applies only to Glide Path Practices that have EHR in place.

GLIDE PATH PHASE 2: SELECT THREE TASKS AND COMPLETE THE WORK PLAN SECTION OF THE APPLICATION FOR EACH GLIDE PATH PHASE.

IF THE PRACTICE SELECTS THE TASK THAT REQUIRES IT TO:	THEN THE PRACTICE IS REQUIRED TO DEMONSTRATE COMPLETION BY PROVIDING:
Document use of a Meaningful Use Certified EHR for e-Prescribing, problem list generation, medication management and progress note generation	Screenshots of the EHR or a live EHR demonstration to the Department or the ASO as requested.
Document that the Practice has a contract with the eHealth Connecticut Regional Extension Center, with the goal of becoming a Meaningful User of an EHR	A copy of the contract with the eHealth Connecticut Regional Extension Center.
Document the presence of employed or contracted care coordination and disease education resources	Job descriptions and resumes of the Care Coordinator and Disease Educator or contract demonstrating purchase of care coordination and disease education services.
Document use of an EHR or Disease and Wellness Registry to identify and serve patients with chronic conditions (e.g., asthma, diabetes, etc.)	EHR formats and data to track patients by chronic care diagnosis including a prioritization of risk level across all recipients with chronic care needs identified.
Document use of enhanced access to clinical sites, including after-hours services and or email or web-portal access for patients to communicate with the Practice	Screenshots of the web-portal sufficient to demonstrate the required functionality, as well as supporting policies and procedures regarding after-hours services and tools to communicate with patients.

PCMH Glide Path Instructions

GLIDE PATH PHASE 3:

IF THE PRACTICE SELECTS THE TASK THAT REQUIRES IT TO:	THEN THE PRACTICE IS REQUIRED TO DEMONSTRATE COMPLETION BY PROVIDING:
The Practice must submit its NCQA PCMH Certificate of Recognition Level 2 or Level 3 to achieve full PCMH qualification from the Department.	A copy of NCQA PCMH Level 2 or Level 3 Certificate of Recognition.

GLIDE PATH WORK PLAN

To apply for Glide Path status, the Practice must submit a detailed Glide Path Work Plan describing how it plans to complete each Glide Path Phase, as defined by the options selected by the Applicant, within the designated timeframe. A detailed description of the tasks that a Practice may elect to complete may be found under Glide Path Task Options and Documentation.

IN ORDER TO COMPLETE PHASE 1, 2 OR 3 OF THE GLIDE PATH:	THE PRACTICE MUST:	AND COMPLETE THE TASKS:
Phase 1	Select and complete a minimum of three tasks, indicated within this Glide Path Application for Phase 1. To complete the Glide Path Application, the Practice must submit a detailed Glide Path Work Plan that they plan to employ to complete each of the three chosen Glide Path tasks for Phase 1	Within six months of starting Phase 1, unless the Practice requests an extension.
Phase 2	Successfully complete Phase 1 of the Glide Path, as determined by the Department. Select and complete a minimum of three tasks, indicated within this Glide Path Application for Phase 2	Within six months of starting Phase 2, unless the Practice requests an extension.
Phase 3	Successfully complete Phases 1 and 2 of the Glide Path, as determined by the Department. Obtain NCQA recognition of Level 2 or Level 3 PCMH status within six months of starting Phase 3. The Practice must submit their NCQA Certificate of Recognition to the Department to demonstrate proof of PCMH recognition	Within six months of starting Phase 3, unless the Practice requests an extension.

Practices must complete the entire Glide Path in no more than 24 months, including any requested extensions. In the event that a Practice does not complete the Path within a 24 month period, the Practice will no longer qualify for Glide Path status and associated enhanced reimbursements.

See Glide Path Application Submission Instructions Above



II. Person-Centered Medical Home (PCMH) Glide Path Application

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

PRACTICE INFORMATION	
FIELD NUMBER AND REQUIRED INFORMATION	PRACTICE RESPONSE
Practice Name*	
Connecticut Medical Assistance Program (CMAP) numbers under which the Practice bills primary care services for all Primary Care Practitioners (PCPs) listed in Section E of this PCMH Application	1.
	2.
	3.
	4.
	5.
Practice Address Line 1	
Practice Address Line 2	
Practice City	
Practice State	
Practice Zip Code + Four	
Practice Telephone Number	
Practice Fax Number	

*If the Practice has multiple sites, complete an application for each site.

PRIMARY CLINICAL CONTACT INFORMATION	
FIELD NUMBER AND REQUIRED INFORMATION	PRACTICE RESPONSE
Primary PCMH Clinical Contact First Name	
Primary PCMH Clinical Contact Last Name	
Primary PCMH Clinical Contact Email	
Primary PCMH Clinical Contact Address Line 1	
Primary PCMH Clinical Contact Address Line 2	
Primary PCMH Clinical Contact City	
Primary PCMH Clinical Contact State	
Primary PCMH Clinical Contact Zip Code + Four	
Primary PCMH Clinical Contact Telephone Number	

NCQA SURVEY TOOL SCORES

FIELD NUMBER AND NAME	DESCRIPTION	
NCQA Survey Tool #	Enter the NCQA Survey Tool # that was provided by NCQA when purchasing the NCQA Survey Tool.	
Date of NCQA Survey Tool Submission	Enter the date when the Practice submitted the NCQA Survey Tool inputted as MM/DD/YYYY.	

Refer to Section NCQA Survey Tool Scores of this Glide Path Application for instructions on how to complete this portion of the Glide Path Application.

FIELD NUMBER AND REQUIRED INFORMATION	START DATE	SCORE % (100%, 75%, 50%, 25% OR 0%)	SCORE GREATER THAN OR EQUAL TO 50% (YES OR NO)
PCMH Standard 1 Enhance Access and Continuity	Element A: Access During Office Hours*		
	Element B: After Hours Access		
	Element C: Electronic Access		
	Element D: Continuity		
	Element E: Medical Home Responsibilities		
	Element F: Culturally and Linguistically Appropriate Services (CLAS)		
	Element G: The Practice Team		
PCMH Standard 2 Identify and Manage Patient Populations	Element A: Patient Information		
	Element B: Clinical Data		
	Element C: Comprehensive Health Assessment		
	Element D: Use Data for Population Management*		
PCMH Standard 3 Plan and Manage Care	Element A: Implement Evidence-Based Guidelines		
	Element B: Identify High-Risk Patients		
	Element C: Care Management*		
	Element D: Medication Management		
	Element E: Use Electronic Prescribing		

PCMH Standard 4 Provide Self-Care and Community Resources	Element A: Support Self-Care Process*		
	Element B: Provide Referrals to Community Resources		
PCMH Standard 5 Track and Coordinate Care	Element A: Test Tracking and Follow-Up		
	Element B: Referral Tracking and Follow-Up*		
	Element C: Coordinate with Facilities / Care Transitions		
PCMH Standard 6 Measure and Improve Performance	Element A: Measure Performance		
	Element B: Measure Patient / Family Experience		
	Element C: Implement Continuous Quality Improvement*		
	Element D: Demonstrate Continuous Quality Improvement		
	Element E: Report Performance		
	Element F: Report Data Externally		

Standards to be updated per NCOA changes and clarifications.

* NCOA MUST-PASS ELEMENT

GLIDE PATH SUMMARY TIMELINE AND SELECTION OF GLIDE PATH TASK OPTIONS

GLIDE PATH SUMMARY TIMELINE

FIELD NUMBER AND REQUIRED INFORMATION	START DATE MM/DD/YYYY	COMPLETION DATE MM/DD/YYYY
Glide Path Phase 1		
Glide Path Phase 2		
Glide Path Phase 3		

GLIDE PATH TASK OPTIONS SELECTIONS

Refer to Glide Path Task Options of this Glide Path Application for instructions on how to complete this portion of the Glide Path Application.

PCMH Glide Path Phase 1: To complete Phase 1 of the Glide Path, the Practice must demonstrate fulfillment of three (3) or more of the following tasks within a six-month timeframe, unless the Practice opts to request an extension.

Indicate which three tasks the Practice will fulfill to meet the requirements for Glide Path Phase 1.

GLIDE PATH PHASE 1: SELECT THREE TASKS ONLY. DO NOT SUBMIT GLIDE PATH DOCUMENTATION FOR SPECIFIC TASKS WITH THIS APPLICATION.

INDICATE SELECTION BY CHECKING BOX	IF THE PRACTICE SELECTS THE FOLLOWING TASK THAT REQUIRES IT TO...	THEN PRACTICE IS REQUIRED TO DEMONSTRATE COMPLETION BY PROVIDING:
1A <input type="checkbox"/>	Demonstrate proof of Level 1 PCMH recognition	A copy of the Practice's NCQA Certificate of Recognition, if applicable.
1B <input type="checkbox"/>	Document receipt of Medicaid EHR incentive payments based on full qualification for such payments	Documentation that demonstrates that the Practice received Medicaid EHR Incentive payment(s) including the source of payment, date of payment and amount of payment, if applicable.
1C <input type="checkbox"/>	Orient clinical and non-clinical staff within the Practice to PCMH requirements and strategies to meet such requirements	PCMH orientation meeting agendas and training summaries as well as other relevant materials regarding PCMH training.
1D <input type="checkbox"/>	Provide monthly, ongoing self-learning or guided learning activities about PCMH among clinical and non-clinical staff	A description of self-guided training materials and documented staff requirements for clinical and non-clinical staff.
1E <input type="checkbox"/>	Document adoption or implementation of a Meaningful Use Certified Electronic Health Record (EHR), as designated on the website of the Office of the National Coordinator for Health IT (ONC)	Materials that demonstrate plans to purchase a qualified EHR within six months of the completion of the PCMH Glide Path Phase 2.
1F <input type="checkbox"/>	For Practices that already own an EHR, document planned upgrades of the existing EHR to achieve Meaningful Use Certification as part of efforts to complete Glide Path Phase 2	A work plan of planned upgrades of the existing EHR to achieve Meaningful Use Certification.

Glide Path Phase 2: To complete Phase 2 of the Glide Path, the Practice must demonstrate fulfillment of three (3) or more of the following tasks within a six-month timeframe, unless the Practice opts to request an extension.

Indicate which three tasks the Practice will agree to meet the requirements for Glide Path Phase 2.

GLIDE PATH PHASE 2: SELECT THREE TASKS ONLY. DO NOT SUBMIT GLIDE PATH DOCUMENTATION FOR SPECIFIC TASKS WITH THIS APPLICATION.

INDICATE SELECTION BY CHECKING BOX		IF THE PRACTICE SELECTS THE FOLLOWING TASK THAT REQUIRES IT TO...	THEN PRACTICE IS REQUIRED TO DEMONSTRATE COMPLETION BY PROVIDING:
2A	<input type="checkbox"/>	Document use of a Meaningful Use Certified EHR for e-Prescribing, problem list generation, medication management and progress note generation. The Practice must demonstrate successful use of these tools through the submission of documentation or, a live EHR demonstration	Screenshots of the EHR or a live EHR demonstration to the Department.
2B	<input type="checkbox"/>	Document that the Practice has a contract with the eHealth Connecticut Regional Extension Center with the goal of becoming a Meaningful User of an -=k	A copy of the contract with the eHealth Connecticut Regional Extension Center.
2C	<input type="checkbox"/>	Document the presence of employed or contracted care coordination and disease education resources	Job descriptions and resumes of the Care Coordinator and Disease Educator or contract demonstrating purchase of care coordination and disease education services.
2D	<input type="checkbox"/>	Document use of an EHR or Disease and Wellness Registry to identify and serve patients with chronic conditions (e.g., asthma, diabetes, etc)	EHR formats and data to track patients by chronic care diagnosis including a prioritization of risk level across all recipients with chronic needs identified.
2E	<input type="checkbox"/>	Document use of enhanced access to clinical sites, including after-hours services and or email or web-portal access for patients to communicate with the Practice	Screenshots of the web-portal appropriate to demonstrate functionality, as well as supporting policies and procedures regarding after-hours services and tools to communicate with patients.

Glide Path Phase 3: The Practice must demonstrate that they have met Glide Path requirements for both Phase 1 and Phase 2. The maximum anticipated timeframe for completing Phase 3 of the Glide Path is six months, unless the Practice opts to request an extension.

GLIDE PATH PHASE 3: DEMONSTRATE LEVEL 2 OR LEVEL 3 NCQA RECOGNITION. DO NOT SUBMIT GLIDE PATH DOCUMENTATION FOR SPECIFIC TASKS WITH THIS APPLICATION.

The Practice must submit their NCQA PCMH Certificate of Recognition Level 2 or Level 3 to achieve full PCMH qualification from the Department.	The Practice must submit their NCQA PCMH Certificate of Recognition Level 2 or Level 3.
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Practice Name:

GLIDE PATH WORK PLAN

Complete the following Glide Path work plan including detailed tasks that the Practice agrees to complete to meet the Glide Path requirements for each the tasks agreed upon in this application, as indicated above. Refer to Section Glide Path Work Plan of this Glide Path Application for instructions on how to complete this section.

GLIDE PATH WORK PLAN					
TASK		WORK PLAN STEPS TO MEET GLIDE PATH REQUIREMENTS		TIMELINE	
OPTIONS AUTOMATICALLY ENTERED FROM TASKS SELECTED IN GLIDE PATH TASK OPTIONS.		PROVIDE A MINIMUM OF 3-5 STEPS THE PRACTICE WILL UNDERTAKE TO ACHIEVE THE GLIDE PATH TASK SELECTED BY THE PRACTICE AND AGREED TO BY THE DEPARTMENT FOR EACH GLIDE PATH PHASE AS DOCUMENTED ABOVE.		INDICATE THE PROJECTED START DATE FOR THE OVERALL TASK.	INDICATE THE PROJECTED COMPLETION DATE FOR THE OVERALL TASK.
				MM/DD/YYYY	
GLIDE PATH PHASE 1: WORK PLAN BY TASK FOR TASKS SELECTED ABOVE					
1A	<input type="checkbox"/>	Demonstrate proof of Level 1 PCMH recognition.			
1B	<input type="checkbox"/>	Document receipt of Medicaid EHR incentive payments based on full qualification for such payments.			

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Practice Name:

1C	<input type="checkbox"/>	Orient clinical and non-clinical staff within the practice to PCMH requirements and strategies to meet such requirements.			
1D	<input type="checkbox"/>	Provide monthly, ongoing self-learning or guided learning activities about PCMH among clinical and non-clinical staff.			
1E	<input type="checkbox"/>	Document adoption or implementation of a Meaningful Use Certified Electronic Health Record (EHR), as designated on the website of the Office of the National Coordinator for Health IT (ONC).			
1F	<input type="checkbox"/>	For practices that already own an EHR, document planned upgrades of the existing EHR to achieve Meaningful Use Certification as part of efforts to complete Glide Path Phase 2.			

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GLIDE PATH PHASE 2: WORK PLAN BY TASK

2A	<input type="checkbox"/>	Document use of a Meaningful Use Certified EHR for e-prescribing, problem list generation, medication management and progress note generation. The PCMH must demonstrate successful use of these tools through the submission of documentation or, a live EHR demonstration.			
2B	<input type="checkbox"/>	Document that the practice has a contract with the eHealth Connecticut Regional Extension Center with the goal of becoming a Meaningful User of an EHR.			
2C	<input type="checkbox"/>	Document the presence of employed or contracted Care Coordination and Disease Education resources. Such documentation shall include job descriptions and resumes of the Care Coordinator and Disease Educator or a contract that demonstrates the purchase of care coordination and disease education services.			

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Practice Name:

2D	<input type="checkbox"/>	Documents use of an EHR or Disease and Wellness registry to identify and serve patients with chronic conditions (e.g., asthma, diabetes, etc.). Documentation must include EHR formats and data to track patients by chronic care diagnosis including a prioritization of risk level across all recipients with chronic needs identified.			
2E	<input type="checkbox"/>	Document use of enhanced access to clinical sites, including after-hours services and or email or web-portal access for patients to communicate with the practice. Documentation must include screenshots of the web-portal as appropriate to demonstrate functionality as well as other supporting policies and procedures.			

GLIDE PATH PHASE 3: REMAINING TASKS TO ACHIEVE FULL NCQA RECOGNITION

3A	<input type="checkbox"/>	The practice must submit its NCQA PCMH Certificate of Recognition Level 2 or Level 3 to achieve full PCMH qualification from the Department.			

Practice Name:

SIGNATURE

An individual authorized to act as a signatory for the Practice must also provide an electronic signature on the application (in PDF format, pasted on the signature line). In doing so, the signatory certifies that all information provided in the application is accurate.

The information provided in this PCMH Glide Path Application is true and correct to the best of my knowledge as an individual authorized as a signatory for the Practice that is applying for PCMH recognition from the Department, based on the submission of this application.

Provider Entity Name (doing business as)

Name of Authorized Representative (Must be an Authorized Officer, Owner, or Partner of the Practice Or Clinic)

Signature

Date

ELECTRONIC SUBMISSION

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If you have any question about this PCMH Glide Path application, contact the Elaine Bernier at the medical ASO at **203-949-4194** or, at pcmhglideapplication@chnct.org.