Table 1. CBHC Voluntary Certification Criteria

		CRITERIA					Tier 1	Tier 2	Tier 3
Improving Population Health	Access	**Access to Care**	1. Accurately assesses all patients for eligibility for third-party coverage				Yes	In process	No
			2. Third next available appointment for primary care				Yes	In process	No
	Engagement	**Participation in public health initiatives**		**SHIP**	**MH**	**MU**			
			3. Letter of support from local health department	X			Yes	In process	No
			4. Letter of support from LHIC	X			Yes	In process	No
			5. Participation in Federal/state PCMH	X			Yes	In process	No
			6. Participation in Million Hearts	X	X	X	Yes	In process	No
			7. Participation in Meaningful Use	X	X	X	Aim Stage 2	Aim Stage 1	No
			8. Send immunization data to Immunet	X		X	Send	Capable	No
		Health Reform Readiness	9. Community health needs assessment conducted (FQHC capacity relative to community need, current and planned)				Yes	In process or willing to	No
Improving Individual Care	Quality	**Quality Measures (HEDIS)**		**SHIP**	**UDS**	**MH**	**MU**			
			10. Timely pre-natal care	1,2,3,6	X			10% improvement over prior year or 90th percentile of national HEDIS *(or N/A b/c of patient population)*	No improvement but above HEDIS national average	Below HEDIS national average
			11. Low and very low birthweight*	1,2,3,6	X					
			12. Cervical cancer screening	1,26	X		X			
			13. BMI screening & counseling: children/adol	1,25,28,31	X		X			
			14. BMI screening & counseling: adults	1,25,28,30	X		X			
			15. Tobacco screening	1,25,26,28,32	X	X	X			
			16. Smoking cessation	1,25,26,28,32	X	X	X			
			17. Asthma: appropriate medication use	1, 17	X		X			
			18. Childhood immunizations	1,23,	X		X			
			19. Controlled blood pressure*	1,25,28	X	X	X			
			20. Diabetics with A1c <9.0%*	1,27	X		X			
			21. Beta blocker persistence	1,25			X	Ability to report	In process	Can't report

			22. Appropriate aspirin use	1,25		X	X	Ability to report	In process	Can't report
			23. Cholesterol levels under control	1,25		X	X	Ability to report	In process	Can't report
			24. Clinical depression screening and follow-up	1,34			X	Ability to report	In process	Can't report
			25. Timely initiation of treatment for substance abuse (SBIRT)	1,34			X	Ability to report	In process	Can't report
		Equity & Cultural Competency	26. Quality measures stratified by race/ethnicity (*)					Gap < prior year	No change	Gap>prior yea
			27. Translated written materials where ≥5% patients prefer language other than English					Yes	In process	No
		Patient Safety	28. Documentation of accreditation by Joint Commission for Health Care Organizations or the Accreditation Association for Ambulatory Health					Yes	In process	No
Lowering Cost	**Financial Stability**	**Cost**	29. Median per visit cost per patient					Yes	In process	No
			30. Median annual total cost per patient					Yes	In process	No
		Administration and Financial Management	31. Copy of HRSA UDS analysis report					Yes or N/A	--	No
			32. Copy of annual audit					Yes	--	No
			33. Copy of adverse findings/corrective actions identified/required by HRSA or other local, state, federal agencies					Yes	--	No
			34. List of third party payers (including Medicaid) that CBHC has current contract with					Yes	--	No
			35. Total collections as percentage of total charges					> prior year	No change	< prior year

Abbreviations and Links to Additional Information:

- SHIP: State Health Improvement Process http://dhmh.maryland.gov/ship/SitePages/Home.aspx
- MH: Million Hearts http://millionhearts.hhs.gov/aboutmh/partners/md_dhmh.html
- MU: Meaningful Use http://www.healthit.gov/policy-researchers-implementers/meaningful-use
- PCMH: Patient-Centered Medical Home http://mhcc.maryland.gov/pcmh/
- UDS: Uniform Data System http://bphc.hrsa.gov/healthcenterdatastatistics/index.html and http://bphc.hrsa.gov/healthcenterdatastatistics/statedata/index.html and UDS Instruction Manual http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2011manual.PDF

Table 2. CBHC Voluntary Certification Criteria Measure Definitions	
Access to Care	**1. Accurately assesses all patients for eligibility for third-party coverage** *(Attestation of process for assessing patients and documentation of annual assessment for all* new and established patients)
	2. Overall practice 3rd next available appointment *Numerator: Sum of 3rd next available appointment in days.* *Denominator: Total number of providers.*
Participation in public health initiatives	**3. Letter of support from local health department** *(Letter of support)*
	4. Letter of support from Local Heath Improvement Coalition (LHIC) *(Letter of support and participation on LHIC assessment)*
	5. Participation in Federal/state PCMH *(Attestation of participation)*
	6. Participation in Million Hearts *(Attestation of participation)*
	7. Participation in Meaningful Use *(Attestation of participation and whether aiming for stage 1 or stage 2)*
	8. Send immunization data to Immunet *(Number of cases in Immunet)*
Health Reform Readiness	**9. Community health needs assessment conducted (FQHC capacity relative to community need, current and planned)** *(Copy of needs assessment or Attestation to participate in a needs assessment)*
Quality Measures (for each measure applicant will provide annual measures for current year and previous year and then calculate % change between current and previous year)	**10. Timely pre-natal care (HEDIS)** *Numerator: Number of patients who received prenatal care during the reporting period and whose "first visit" occurred when she was estimated to be pregnant anytime through the end of the 13th week after conception.* *Denominator: Number of patients who received prenatal care services at any time during the reporting period.*
	11. Low and very low birth weight * (HEDIS) *Numerator: Number of live children whose weight at birth ≤ 2499 grams by race and Hispanic/Latino ethnicity.* *Denominator: Number of LIVE births during the reporting period for women who received prenatal care from the grantee or referral provider during the reporting period by race and Hispanic/Latino ethnicity.*
	12. Cervical Cancer Screening (HEDIS) *Numerator: Number of female patients 24 - 64 years of age receiving one or more documented Pap tests during the measurement year or during the two years prior to the measurement year.* *Denominator: Number of all female patients age 24 - 64 years of age during the measurement year who had at least one medical visit during the reporting year.*
	13. BMI screening and counseling: children and adolescents (HEDIS) *Numerator: Number of patients in the denominator who had their BMI percentile documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.* *Denominator: Number of patients who were 3 – 17 years of age during the measurement year, who had at least one medical visit during*

the reporting year.

14. BMI screening and counseling: adults (HEDIS)

Numerator: Number of patients in the denominator who had their BMI documented during their most recent visit OR within six months of the most recent visit AND if the most recent BMI is outside parameters, a follow-up plan is documented

Denominator: Number of patients who were ≥18 years of age during the measurement year, who had at least one medical visit during the reporting year.

15. Tobacco screening (HEDIS)

Numerator: Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within 24 months of the most recent visit.

Denominator: Number of patients who were ≥18 years of age during the measurement year, with at least one medical visit during the reporting year, and with at least two medical visits ever.

16. Smoking cessation (HEDIS)

Numerator: Number of patients in the denominator who received tobacco cessation counseling or smoking cessation agents during their most recent visit OR within 24 months of the most recent visit

Denominator: Number of patients who were ≥18 years of age during the measurement year, who were identified as a tobacco user at some point during the prior twenty four months who had at least one medical visit during the reporting period, and at least two12 medical visits ever.

17. Asthma: appropriate medication use (HEDIS)

Numerator: Number of patients in the denominator who received a prescription for or provided inhaled corticosteroid or an accepted alternative medication.

Denominator: Number of patients who were between 5 and 40 years of age at some point during the measurement year, who have been seen at least twice in the practice and who had at least one medical visit during the reporting year, who had an active diagnosis of persistent asthma.

18. Childhood immunizations (HEDIS)

Numerator: A child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib, 3 HepB, 1VZV (Varicella), 4 Pneumoccocal conjugate, 2 HepA, 2 or 3 RV (rotavirus) and 2 seasonal flu prior to or on their 2nd birthday.

Denominator: Number of all children with at least one medical visit during the reporting period, who had their 2nd birthday during the reporting period.

	19. Controlled blood pressure* (HEDIS) *Numerator: Number of patients in the denominator by race and Hispanic/Latino ethnicity whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg.* *Denominator: All patients 18 to 85 years of age as of December 31 of the measurement year by race and Hispanic/Latino ethnicity: o with a diagnosis of hypertension (HTN) and, who were first diagnosed by the health center as hypertensive at some point before the end of the measurement year, and who have been seen for medical services at least twice during the reporting year*
	20. Diabetics with A1c ≤ 9* (HEDIS) *Numerator: Number of adult patients whose most recent hemoglobin A1c level during the measurement year is <= 9% among those patients included in the denominator by race and Hispanic/Latino ethnicity.* *Denominator: Number of adult patients aged 18 to 75 during the measurement year by race and Hispanic/Latino ethnicity: o with a diagnosis of Type I or II diabetes, and who have been seen in the clinic for medical services at least twice during the reporting year.*
	21. Beta blocker persistence (HEDIS) *Numerator: Number of patients whose dispensed days supply of beta-blocker is ≥135 days in the 180 days following discharge during the reporting year. Persistence of treatment for this measure is defined as at least 75 percent of the days supply filled.* *Denominator: Number of adult patients discharged alive from an acute inpatient settling with an AMI diagnosis during the reporting year, and who have been seen in the clinic for medical services at least twice during the reporting year.*
	22. Appropriate aspirin use *Numerator: Patients who have documentation of use of aspirin or another antithrombotic during the measurement period* *Denominator: Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass.*
	23. Cholesterol levels under control *Numerator: Patients whose most recent LDL-C level performed during the measurement period is < 100 mg/dL* *Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period*
	24. Clinical depression screening and follow-up *Numerator: Number of patients screened for clinical depression using a standardized tool AND follow-up plan documented* *Denominator: Number of adult patients with a least one encounter in reporting year.*
	25. Timely initiation of treatment for substance abuse *Numerator: Number of adolescent and adults with AOD diagnosis that have initiated treatment within 14 days of diagnosis.* *Denominator: Number of adolescents and adults with AOD diagnosis. (SBIRT measure to be developed)*
Equity	**26. Quality measures stratified by race/ethnicity (*)** *(Low and very low birth weight *; Controlled blood pressure*; Diabetics with A1c ≤ 9* by race and ethnicity)*
Cultural Competency	**27. Translated written materials where ≥5% patients prefer language other than English** *(Copy of materials translated into language(s) other than English for patient populations that constitute ≥5% of the total patient population)*
Patient Safety	**28. Documentation by the Joint Commission for Health Care Organizations or the Accreditation Association for Ambulatory Health Care or other comparable QA assessment** *(Copy of accrediting organization documentation)*
Cost	**29. Per-visit cost per patient**

	Numerator: Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost) *Denominator: Non-nursing medical encounters (excludes nursing (RN) and psychiatrist encounters)*
	30. Annual cost per patient *Numerator: Total accrued cost before donations and after allocation of overhead* *Denominator: Total number of patients for the reporting period*
Administration and Financial Management	**31. Copy of HRSA UDS analysis report** *(Copy of UDS analysis report or attestation that CBHC does not report UDS measures)*
	32. Copy of annual audit *(Copy of most recent audit)*
	33. Copy of adverse findings/corrective actions identified/required by HRSA or other local, state, or federal agencies *(Copy of corrective action documentation and corrective action plan)*
	34. List of third party payers including Medicaid MCOs that CBHC has current contract with *(List of current insurance providers with which the organization is contracted and list of those not currently contracted)*
	35. Total collections as a percentage of total charges *(actual cash receipts for the year from all payers, including self pay, as a percentage of gross charges and adjustments for the reporting calendar year)*