



# Medical Home

## On-Site Certification Handbook



ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.

# Our purpose

The purpose of AAAHC is to encourage the voluntary attainment of high-quality care in organizations providing health care services in ambulatory settings. To help organizations achieve this standard of care, and to recognize their achievement, AAAHC has developed a program that adheres to the highest standards and established best practices. Organizations are invited to study the Standards presented in this *AAAHC Medical Home On-Site Certification Handbook*, and request a survey.

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The pronouns used in the *Handbook* were chosen for ease of reading. They are not intended to exclude references to either gender.



# Foreword

The Accreditation Association for Ambulatory Health Care (AAAHC) was founded in 1979. We are proud of our long history and commitment to the accreditation and certification of all types of primary care environments, including large and small medical group practices, community health centers, military health clinics, student and college health centers, and Indian health services, as well as ambulatory surgery and procedure centers. In all health care environments, AAAHC is dedicated to helping to ensure patient safety and quality care.

Our peer-based, collaborative survey process is conducted by experienced health care professionals—physicians, nurses, administrators, medical directors—and is respected throughout the health and dental communities by practitioners like you, for its emphasis on consultative education and continuous improvement.

AAAHC Medical Home On-Site Certification includes a visit by our surveyors because we believe that the most convincing system of validation occurs at the point of care.

This *Medical Home On-Site Certification Handbook* provides you with Standards that describe a certifiable Medical Home as patient-centered, physician- or provider-directed, comprehensive, accessible, and committed to continuity of care. We hope that with the help and guidance of these Standards, your organization will become certified as a Medical Home.

With thanks to professionals like you, our supportive Board of Directors, our dedicated surveyors, and the committed AAAHC staff, we look to the future of primary care with great confidence and unbounded optimism.

**Karen McKellar**  
*AAAHC Board Chair*

**Sam J.W. Romeo, MD, MBA**  
*AAAHC Medical Director and Chair, Medical Home Advisory Committee*



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### Note to Readers

The *Medical Home On-Site Certification Handbook* has been developed to assist an organization in realistically assessing its compliance with the AAAHC Standards. Results of the self-assessment review may indicate areas needing improvement in the organization's overall provision of patient care.

The Standards are presented in a checklist format in order to provide an easy mechanism for organizations to determine their current status regarding each of the applicable Medical Home Standards. The following compliance ratings will also appear in the organization's Survey Report.

- SC** – Substantial Compliance indicates that the organization's current operations are acceptable and meet the Standard.
- PC** – Partial Compliance indicates that a portion of the item is acceptable, but other areas need to be addressed.
- NC** – Non-Compliance indicates that the organization's operations in the area do not meet the Standard.
- N/A** – Not Applicable indicates that the Standard does not apply to the organization.



# Preparing for Certification

- 1** Obtain the *AAAHC Medical Home On-Site Certification Handbook*. You may also want to consider attending an official AAAHC educational conference; further information and upcoming conference dates are posted at [www.aaahc.org](http://www.aaahc.org).
- 2** Review the *Medical Home On-Site Certification Handbook's* policies, procedures, and Standards. Create and implement a prioritized action plan to bring your organization into compliance. Determine your organization's time requirement to achieve substantial compliance with all applicable AAAHC Standards.
- 3** Use the *Application for Medical Home On-Site Certification Survey* found at [www.aaahc.org](http://www.aaahc.org) or <https://application.aaahc.org> to review and gather required information and supporting documents. Your completed *Application* remains valid for six months from the date of its acceptance by AAAHC. If you need further assistance with the *Application* process, contact the Application Coordinator for Primary Care/Medical Home at 847.853.6060.
- 4** Determine your organization's preferred dates of availability for survey. Organizations that are currently AAAHC-accredited or certified should keep in mind the date of accreditation or certification expiration.
- 5** Submit required documentation not sooner than six months before your desired survey date. Consider progress on your action plan (step 2) as you determine the submission date for application materials and as you identify preferred dates of survey. Allow 30 days for AAAHC internal review of your organization's submitted application documents.
- 6** When your application review is complete, anticipate a personal contact from an AAAHC Survey Scheduling Coordinator to discuss your available survey dates. You will receive a written confirmation of the agreed-upon date(s) and a survey information packet well in advance of the first day of the survey. The Survey Scheduling Coordinator can also answer questions you might have about your upcoming survey.
- 7** Your assigned AAAHC surveyor will contact your organization to arrange a date and time for a comprehensive pre-survey conference call. This conference call will take place approximately 30 calendar days before the on-site survey.
- 8** After your AAAHC survey, the surveyor submits a survey report for final review by the AAAHC Accreditation Committee.



# AAAHC Policies and Procedures

## AAAHC Standards

The Standards contained in the AAAHC *Medical Home On-Site Certification Handbook* describe characteristics that AAAHC believes define a high-functioning Medical Home health care organization. Most Standards are written in general terms to allow an organization to achieve compliance in the manner that is most compatible with its particular situation and most conducive to the delivery of high-quality patient care. Where the acceptable methods of achieving compliance with a Standard are limited, the Standard is written in specific terms. Whether a Standard is stated in general or specific terms, AAAHC is concerned about compliance with the intent of the Standard first and with the letter of the Standard second. Please contact us any time you need help in interpreting this intent.

## Application of the Standards

The Standards contained in the *Medical Home On-Site Certification Handbook* will be applied to all organizations seeking Medical Home Certification.

## Comments and Suggestions about the Standards

AAAHC welcomes comments or suggestions at any time regarding the reasonableness or clarity of any of our Standards. These comments and suggestions should be sent to [info@aaahc.org](mailto:info@aaahc.org) and will be directed to the AAAHC Standards and Survey Procedures Committee.

AAAHC solicits and invites comments regarding proposed Standards from its member organizations and all other interested parties. Annually in August, any proposed revisions, deletions, or additions to the AAAHC Standards recommended for the next year by the Standards and Survey Procedures Committee are subject to a public comment period of 30 calendar days. Such revisions, deletions, and additions are posted at [www.aaahc.org](http://www.aaahc.org).

The Standards and Survey Procedures Committee submits any recommended revisions, deletions, or additions to the existing Standards, all relevant public comments received, and recommendations the Committee makes in response to the comments to the AAAHC Board of Directors for review and final approval.

## Applying for a Certification Survey

By signing the *Application*, whether the signature is manual or electronic, the organization 1) attests to the accuracy and veracity of the statements in the *Application*, and of other information and documents provided to AAAHC and to the surveyor or survey team during the survey process; 2) agrees to comply with all applicable AAAHC policies and procedures; and 3) understands that AAAHC and its non-profit subsidiary, AAAHC Institute for Quality Improvement, may use the information supplied in the *Application* and information collected during the survey for quality improvement purposes. Information will not be identified by organization.

An organization's completed *Application* and all supporting documents must be submitted before a survey can be scheduled. Staff will review the *Application* and may request clarification of any information contained therein.

AAAHC reserves the right to reject any application. If AAAHC determines at the outset that the Standards cannot be applied, a survey will not be conducted and AAAHC will inform the organization of the reason for such a decision.

An *Application for Survey* is valid for six months from the date of acceptance by AAAHC. If the *Application* is incomplete when received, and is not considered complete within six months, or if the organization does not schedule a survey during the six-month period, it will expire and the organization must submit a new *Application for Survey*.

## Scheduling a Survey

Survey dates are determined by AAAHC in cooperation with the organization being surveyed. Every attempt is made to schedule the survey at a convenient time for the requesting organization. The survey must be conducted when the organization is open for business and providing services. Once a survey has been scheduled, AAAHC sends the organization a written confirmation of the date(s) of the survey, the name of the surveyor(s) who will conduct the survey activities, and other information about the review.

### Survey Cancellation Policy

A request to postpone or cancel a scheduled survey must be received by the AAAHC office in writing at least 20 days in advance of the survey. If the organization cancels or postpones its scheduled survey between 10 and 20 calendar days before the survey, AAAHC will assess an administrative fee. For cancellation due to any circumstance, the organization will be responsible for all direct and indirect nonrefundable costs associated with the survey, including but not limited to, the cost of surveyor transportation and lodging.

### Surveyor Conduct During Survey

Surveyors are representatives of AAAHC. Their first and foremost priority when conducting surveys is to be ambassadors of AAAHC, objective fact finders, and educators when appropriate.

It is AAAHC policy and practice that surveyors decline from participating in surveys of organizations that may be in direct competition with the surveyor's business interests, or which bear any significant beneficial interest to the surveyor or the surveyor's immediate family.

AAAHC policy also states that, while serving as representatives of AAAHC, surveyors may not solicit personal business or take part in any activities that appear to be in furtherance of any of their personal, entrepreneurial endeavors.

In support of these policies, AAAHC requests that surveyed organizations refrain from offering consultative or other types of business to their AAAHC surveyor(s), and/or to members of the surveyors' immediate families.

### Confidentiality

AAAHC will maintain as confidential all information provided to it with respect to any organization that is seeking a Medical Home survey, will use such information solely for purposes of reaching a decision, and will not disclose such information to any third party except (1) on prior written authorization from the organization; (2) as otherwise provided in the *Medical Home On-Site Certification Handbook*; or (3) as otherwise required by law.

In submitting its signed *Application for Survey*, the organization either provides or authorizes AAAHC to obtain required official records and reports of public or publicly recognized licensing, examining, reviewing, or planning bodies.

In the event that AAAHC determines that an organization has supplied false, misleading, or incomplete information, AAAHC reserves the right to disclose information about the organization to obtain accurate or complete information.

## Types of Surveys

### Initial Surveys

Initial surveys are conducted for organizations that have not been previously surveyed by AAAHC using the *Medical Home On-Site Certification Handbook*.

### Re-Surveys

Re-surveys are conducted for organizations that have current AAAHC recognition as a Medical Home.

### Random Surveys

To support the ongoing quality assurance initiatives of AAAHC, an organization may be selected for a random survey during its term of certification. Random surveys are unannounced. These unannounced surveys, conducted by one surveyor and lasting up to one full day, are a means by which AAAHC can evaluate the consistency and quality of its program, while also demonstrating to the public and others that AAAHC-surveyed Medical Home organizations remain committed to AAAHC Standards throughout the term of certification. Random surveys also provide AAAHC and its surveyors with opportunities to further consult with organizations in the interval between regular surveys. No fee shall be charged to the organization when a random survey is conducted.

If AAAHC determines that the organization is not in substantial compliance with the Standards, its term may be reduced or revoked. (Refer to Appendix B, Denial or Revocation of a Medical Home Term, page 45.) Following a random survey, the organization will receive a letter upholding or revoking its Medical Home recognition and a written survey report.

### Discretionary Surveys

Discretionary surveys are conducted "for cause," when concerns have been raised about an organization's continued compliance with AAAHC Standards. An organization may undergo a discretionary survey at any time, without advance notice, and at the discretion of AAAHC. No fee shall be charged to the organization when a discretionary survey is conducted.



If AAAHC determines that the organization is not in substantial compliance with the Standards, its term may be reduced or revoked. (Refer to Appendix B, Denial or Revocation of a Medical Home Term, page 45.) Following a discretionary survey, the organization will receive a letter upholding or revoking its Medical Home recognition and a written survey report.

## The Process

Although the survey is evaluative, AAAHC emphasizes its educational and consultative benefits. AAAHC uses health care professionals and administrators who are actively involved in ambulatory health care settings to conduct surveys. These dedicated individuals offer their time to serve as surveyors and use their practical knowledge in the consistent application of the Standards.

Certification decisions are made by the AAAHC Accreditation Committee after careful review of the information gathered during the survey and documented in the survey report, any other applicable supporting documents, and recommendations of surveyors and staff. All documents reflecting the opinions or deliberations of any AAAHC surveyor, staff member, committee member or its officers or directors constitute peer review materials and will not be disclosed to the organization or to any third party. AAAHC expects substantial compliance with the applicable Standards. Certification is awarded to organizations that demonstrate substantial compliance with the Standards and adhere to AAAHC policies. Compliance is assessed through at least one of the following means:

1. Documented evidence.
2. Answers to detailed questions concerning implementation.
3. On-site observations and interviews by surveyors.

Organizations receive a copy of the factual findings after the survey as part of the survey process.

## Responsibilities of the Requesting Organization

Information provided by an organization seeking AAAHC Medical Home On-Site Certification is a critical component of the assessment process. The accuracy and veracity of that information is essential to the integrity of the AAAHC program. Such information may be verbal, obtained through direct observation by AAAHC surveyors, or derived from documents supplied by the organization.

AAAHC requires that each organization enter into the relationship and process in good faith. Failure to participate in good faith during the process and during any subsequently awarded term of certification, including, but not limited to, the submission to AAAHC of falsified, inaccurate or incomplete documents or information, may be grounds for denial or revocation of an organization's certification; the basis for terminating an application or an appeal; or the basis for ceasing to do business with the organization. When an organization fails to act in good faith, it forfeits its right to appeal of any such action by AAAHC. In the event an application or appeal is terminated, AAAHC is entitled to retain the application and survey fees and any other applicable fees.

An organization's duty to provide complete and accurate information continues throughout the entire term of certification. If an organization experiences significant changes after it submits its *Application for Survey*, but before a certification decision is reached, the organization must notify AAAHC in writing within five business days of this change. Failure to promptly notify AAAHC may result in immediate termination of an application for survey or immediate revocation of certification.

## The On-Site Survey

The survey of a health care organization is conducted by surveyors selected by AAAHC. Surveyors are physicians, dentists, podiatrists, pharmacists, registered nurses, ambulatory health care facility administrators and other health care professionals who are in active practice and/or have substantial experience in ambulatory health care. In the interest of objectivity, AAAHC cannot honor requests for specific surveyors.

Organizations are notified in advance to have specific documents and other information available for surveyor review during the on-site visit. This allows surveyors to review and gather information with minimal disruption to the daily activities of the organization being surveyed. Surveyors may, however, ask to see additional documents or may request additional information during the on-site survey. An organization's failure to provide information requested by AAAHC or by the surveyors may be grounds for termination of the survey or certification process.

At the conclusion of the on-site survey, the surveyors hold a summation conference at which they present their findings to representatives of the organization for discussion and clarification. As the surveyors are “fact finders” for AAAHC and do not render the final certification decision, neither information regarding the organization’s compliance with the AAAHC Standards nor the decision is provided during this conference. Members of the organization’s governing body, medical staff, and administration are encouraged to take this opportunity to comment on or rebut the findings, as well as express their perceptions of the survey.

Consultant participation in an on-site AAAHC survey is limited to the consultant’s attendance at the survey opening conference and/or the summation conference. The AAAHC surveyor has the right to limit or exclude the participation of any individual(s) in any or all parts of the AAAHC on-site survey activities.

The surveyed organization will receive a post-survey opportunity to evaluate surveyor performance, the reasonableness of the Standards, and the value of the consultation and education provided to the organization’s staff. This also enables the organization to evaluate the survey process in terms of its effect on improving the quality of care provided. The information provided by the organization is strictly confidential and in no way impacts the decision. AAAHC retains an outside vendor to perform this evaluation via telephone.

#### **Additions to the Survey Team**

An organization that applies for a survey accepts additions to the survey team as determined by AAAHC, as follows:

- **Observation of a Survey**  
AAAHC staff may observe a survey as part of staff development and ongoing quality improvement of the process. Staff observers do not participate in the on-site survey process in any manner.
- **Assignment of Additional Surveyors**  
AAAHC reserves the right to assign additional AAAHC surveyors as part of ongoing surveyor education procedures. All surveyors may actively participate in the on-site survey process.

The presence of a staff person or extra surveyor(s) does not result in any additional charge to the organization, nor may it serve as grounds for any challenge to the survey outcome.

#### **Survey Decision and Notification**

AAAHC staff and the Accreditation Committee carefully review information supplied by the organization, information obtained during the survey, and any other relevant information before making a certification decision. A surveyor, staff member, or member of the AAAHC Board of Directors who is in any way affiliated with an organization, or whose participation represents a conflict of interest, is not allowed to participate in deliberations or voting relative to the decision to certify that organization. The organization will be notified in writing of the decision and will receive a detailed report of the survey findings.

In the event that a decision is made to deny Medical Home certification, the organization generally has an opportunity to provide additional information before a final decision is rendered, and the final decision is subject to an organization’s right of appeal. When the decision is based upon findings from a survey, the decision is based on the organization’s compliance with AAAHC Standards in effect at the time of the survey.

In the event that a decision is made to revoke certification, the organization will be notified of the revocation of certification, including the effective date of the revocation. See Appendix B, Denial or Revocation of a Medical Home Term on page 45.

#### **Medical Home Term Awarded after the Survey**

AAAHC awards a three-year term when it concludes that the organization is in substantial compliance with the Standards, and has no reservations about the organization’s commitment to continue providing high-quality care and services consistent with the Standards.

The organization may receive a three-year term with a Plan for Improvement (PFI). When a Plan for Improvement is requested, it is made part of the organization’s survey record and verified at a future survey.

After receipt of the PFI, a surveyor will contact the organization to schedule a follow-up conference call to discuss the Plan.

Approximately five months before the certification expiration date, the organization should begin the reapplication process.

## Public Recognition

Organizations recognized as AAAHC Medical Homes are encouraged to publicly display the Medical Home Certificate except in states where such posting is regulated by law. Please note that the AAAHC certificate will reflect the legal name of the organization, as well as one additional name, if appropriate (*i.e.*, “doing business as”). All certificates remain the property of AAAHC and must be returned if the organization is issued a new certificate or if it loses its recognition for any cause.

## Continuation of a Medical Home Term

Organizations are required to maintain their operations in compliance with the most current AAAHC Standards and policies throughout their certification. AAAHC reserves the right to amend its Standards and policies so long as it provides all organizations with notice of such amendments, or includes such amendments in the most current edition of the *Medical Home On-Site Certification Handbook*.

Organizations that currently have AAAHC Medical Home certification should undergo a re-survey approximately one month prior to the expiration date in order to prevent an interruption in recognition. Organizations must complete and submit an *Application for Survey*.

## Continuation of a Term Following a Significant Change

Organizations that have attained certification must notify AAAHC in writing within 15 calendar days of any significant organizational, operational, or financial changes including, but not limited to:

- Mergers.
- Change in controlling interest/ownership.
- Consolidation.
- Name change.
- Organization relocation to another physical location.
- Additional services or locations.
- Major renovations.
- Expansion.
- Any interruption in delivery of health care service that exceeds 30 calendar days.
- Adverse publicity or adverse media coverage related to the organization or its providers.
- Death or incapacitation of the health care provider or dentist in solo provider organizations.
- Changes in state license or other applicable license, (e.g., business license), federal certification, or qualifying status.
- Bankruptcy or other significant change in the financial viability of the organization.
- Any governmental investigation, including local, state, or federal authorities involving, directly or indirectly, the organization or any of its officers, administrators, medical staff, or other staff in their role within the organization.
- Criminal indictment, guilty plea or verdict in a criminal proceeding (other than a traffic violation) involving directly or indirectly the organization or any of its officers, administrators, medical staff, or other staff in their role within the organization.

An organization's duty to provide this information continues during the entire process and term. In the event that the organization is exercising its right to appeal, the organization must notify AAAHC in writing within 15 calendar days of any such changes. Failure to notify AAAHC in writing may result in an immediate revocation of the certification, reduction in the term of certification, or termination of the right to appeal.

The term is not automatically maintained when an organization undergoes significant changes as described above. AAAHC will determine whether the current term will be maintained and establish the conditions of such.

## End of the Term

When an organization's term has expired and the organization is not seeking a re-survey, AAAHC requires the organization to:

- Return all AAAHC Certificates to AAAHC, Attn: Certification Services, 5250 Old Orchard Road, Suite 200, Skokie, IL 60077
- Review its internal information, e.g., letterhead, fax forms, and internal recorded phone messages, to ensure that the AAAHC name and/or logo has been removed
- Review its marketing materials, website, radio, or television ads, telephone directory advertisements, and all other materials to ensure the removal of or reference to the AAAHC name, logo, and Medical Home status.





# Standards

## **Medical Home**

The services provided by a Medical Home are patient-centered, physician-, nurse practitioner-,\* or physician-assistant-\* directed, comprehensive, accessible, continuous, and organized to meet the needs of the individual patients served. The foundation of a Medical Home is the relationship between the patient, his/her family (as appropriate), and the Medical Home. Within the patient-centered Medical Home, patients are empowered to be responsible for their own health care. As used in these Standards, a Medical Home is the primary point of care for the patient. The Medical Home will be assessed from the perspective of the patient.

*\*as permitted by state law/regulation*



# 1 Medical Home Patient Rights, Responsibilities, and Empowerment



The certifiable Medical Home recognizes the basic human rights and responsibilities of patients, as well as the necessity of maintaining a high-quality relationship with patients, their families, and caregivers. Within the patient-centered Medical Home, patients are empowered to take responsibility for their own health care. Such an organization has the following characteristics:

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
A.	Patients are treated with respect, consideration, and dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Patients are provided appropriate privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release, except when release is required by law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Patients are fully empowered to participate in decisions involving their health care, except when such participation is contraindicated for medical or legal reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Patients and staff are provided with information and explanation regarding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1. The Medical Home approach to care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Patient empowerment, rights, responsibilities, and obligations within the Medical Home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Services offered by the organization, which include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Wellness care including healthy lifestyle issues (e.g., sleep, stress relief, weight management, healthy diet, oral care, and others) as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Health risk appraisal and health risk assessment are performed and discussed with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Preventive care including surveillance, anticipatory medical and oral health care guidance, and age-appropriate screening including well baby care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Acute illness and injury care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Chronic illness management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. End-of-life care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
4.	Provisions for after-hours and emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Fees for services including those associated with coordination of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Payment policies regarding charges for which patients are responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Patient's right to refuse to participate in experimental research when applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Advance directives, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The credentials of health care professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Patients are informed of their obligations within the Medical Home, which include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Being responsible for their personal health and wellness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Providing complete and accurate information about their health, medications (including over-the-counter products and dietary supplements), and any allergies or sensitivities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Following the mutually agreed-upon treatment plan as a fully-empowered participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The importance of communication and follow-up with the Medical Home when services are obtained elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Accepting personal financial responsibility for any charges not covered by his/her insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Being respectful of the Medical Home team and other patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Patients are informed about procedures for expressing suggestions, concerns, complaints, and grievances, including the processes that are required by state and federal regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# 2 Medical Home Governance and Administration



The Medical Home has an effective governing and administrative infrastructure that supports the provision of patient-centered, high-quality care.

		<b>Compliance</b>			
		<b>SC</b>	<b>PC</b>	<b>NC</b>	
<b>Subchapter I – Governance:</b> The Medical Home governing body addresses and is fully responsible for the operation and performance of the organization. Governing body responsibilities include, but are not limited to:		I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.	Defining the Medical Home mission, goals, objectives, and strategic plans.	A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Establishing an organizational infrastructure and specifying functional relationships among the various components of the Medical Home.	B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Adopting policies and procedures necessary for the orderly conduct of the Medical Home.	C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Adopting policies to ensure that Medical Home health care professionals and staff are qualified to function in their current role.	D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Ensuring that the organization has an active, integrated, and peer-based quality improvement program.	E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Ensuring effective communication throughout the organization.	F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Determining a policy on the Medical Home rights and responsibilities of patients.	G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Establishing a clinical record system that accurately documents individual patient visits, treatment plans, referrals, and consultations.	H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Subchapter II – Administration:</b> The Medical Home is administered in a manner that ensures the provision of high-quality, patient-centered services.		II.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A.	Administrative responsibilities include, but are not limited to:	A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Implementing and enforcing policies, procedures, controls, rules, and directives delegated by the governing body.	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Long-range and short-range planning for the needs of the organization, as determined by the governing body.	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Using methods of communicating and reporting designed to ensure the orderly flow of information within the organization.	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Establishing lines of authority, accountability, and supervision of personnel.	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Ensuring Medical Home health care professionals and staff maintain current qualifications, including date-sensitive credentials and privileges, as appropriate, to function in assigned positions.	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
6.	Defining and managing adverse events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Maintaining health and financial information systems that collect, integrate, analyze, and report data as necessary to meet the needs of the organization. Characteristics of the system ensure standardized, accurate, timely, and complete data collection for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Patient health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Quality improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Financial reporting and controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	The organization periodically assesses patient satisfaction and dissatisfaction with services and facilities. The findings are reviewed by the governing body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 3 Medical Home Relationship



The foundation of the Medical Home is the relationship between the patient, and the Medical Home team. As used in these Standards, the Medical Home team is the primary point of care for the patient.

	<b>Compliance</b>			
	<b>SC</b>	<b>PC</b>	<b>NC</b>	
A. The Medical Home provides services within a team framework, and that “team” provider concept has been conveyed to the patient.	A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The patient can identify his/her Medical Home team members.	B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The Medical Home explains information in a manner that is easy to understand.	C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The Medical Home listens carefully to the patient.	D.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The Medical Home communicates effectively with the patient about his/her health care.	E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. The Medical Home provides instructions for taking care of individual health concerns.	F.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. The Medical Home documents important facts about the patient’s health history.	G.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. The Medical Home spends sufficient time with the patient.	H.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. The Medical Home is as thorough as the patient feels is needed.	I.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. The patient is kept informed with regard to his/her appointment time, if delayed.	J.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. The Medical Home addresses specific principles to prevent illness.	K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. The Medical Home interacts with the patient about making lifestyle changes to support wellness.	L.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. The Medical Home inquires as to the patient’s emotional health (e.g., concerns, worries, anxieties, personal and family relationships, and stressors).	M.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. The Medical Home inquires as to the patient’s mental health status (e.g., sad/empty or depressed).	N.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. The family, responsible party, or caregiver is included in patient care decisions, treatment, and education, as appropriate.	O.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. The Medical Home treats its patients with respect and cultural sensitivity.	P.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.	Q.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 4 Medical Home Accessibility



Access to care within the Medical Home involves providing services in a timely manner that meets patients' needs.

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
A.	The Medical Home establishes patient-driven access to care that includes:	A.	<input type="checkbox"/>	<input type="checkbox"/>
	1. Provider availability and accessibility.	1.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Appointment protocols for routine and acute care visits.	2.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Diagnostic testing and treatment.	3.	<input type="checkbox"/>	<input type="checkbox"/>
	4. Processes for obtaining consultations and providing referrals.	4.	<input type="checkbox"/>	<input type="checkbox"/>
	5. After-hours availability to care.	5.	<input type="checkbox"/>	<input type="checkbox"/>
B.	The Medical Home makes reasonable provision to accommodate disabled patients.	B.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Information on access to Medical Home services is:	C.	<input type="checkbox"/>	<input type="checkbox"/>
	1. Obtained from patients on a regular basis.	1.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Utilized to meet patient needs.	2.	<input type="checkbox"/>	<input type="checkbox"/>
D.	The Medical Home ensures on-call coverage (pre-arranged access to a clinician) when the Medical Home is not open.	D.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Health information technology is continually assessed as a means to enhance electronic and telephone communications with patients such as secure messaging, scheduling, and patient education. It is also considered and evaluated as a means to enhance clinical record-keeping.	E.	<input type="checkbox"/>	<input type="checkbox"/>

# 5 Medical Home Comprehensiveness of Care



Comprehensive care within the Medical Home ensures that patients are empowered and are provided with support and encouragement to facilitate acceptance of responsibility for their health care.

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
A.	The Medical Home scope of service includes, but is not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Wellness care, including healthy lifestyle issues (e.g., sleep, stress relief, weight management, healthy diet, oral care, and others) as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Health risk appraisal and health risk assessment and discussions with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Preventive care including surveillance, anticipatory medical and oral health care guidance, and age-appropriate screening including well baby care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Acute illness and injury care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Chronic illness management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	End-of-life care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Patient education and self-management tools are utilized and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Health education is individualized and disease prevention information is based on the needs of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	The Medical Home assures that the patient has access to appropriate and indicated diagnostic testing and treatment services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	The Medical Home has knowledge of community and alternate resources necessary to support the needs of the patient and his/her family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 6 Medical Home Continuity of Care



Continuity of care within the Medical Home means being responsible for coordination of the Medical Home patients' health care needs.

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
A.	The Medical Home has knowledge and provides coordination of care that includes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	The coordination of available community and alternate health care resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The coordination of consultations, referrals, and transfers of care, when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provision for a timely exchange of information between the Medical Home and other providers and organizations relative to the patient's condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Documentation of consultations in the clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Documentation of results of patient referrals and follow up in the clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	When the patient is transferred from the Medical Home to the care of another health care professional:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Arrangements with the receiving health care professional are completed prior to transfer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Clinical information is transferred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	A summary of significant past and current diagnoses is present in the clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	After-hours encounters are documented in the clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Missed appointments are documented in the clinical record and managed appropriately depending on the patient's care needs and diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Hospitalizations are documented in the clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Transition of care (e.g., pediatric to adult or adult to geriatric) is proactively planned, coordinated, and documented in the clinical record when indicated or when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Patients are informed as quickly as possible for follow-up regarding significant findings and laboratory or diagnostic imaging results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	When hospitalization is indicated, the Medical Home has an arrangement with a receiving hospital, or the provider has medical staff privileges at the receiving hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	A majority of medical appointments are with the same Medical Home team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# 7 Medical Home Clinical Records and Health Information



The Medical Home maintains clinical records and a health information system from which information can be retrieved promptly. Clinical records are complete, comprehensive, legible, and accurately documented in a timely manner.

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
A.	All patient information is reviewed and incorporated into the patient's record in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Clinical and health information relevant to the patient is readily available. Each Medical Home patient's clinical record is complete and includes documentation of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Relevant medical, family, and social history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Wellness care including healthy lifestyle issues (e.g., sleep, stress relief, weight management, healthy diet, oral care, and others) as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Health risk appraisal and health risk assessment and discussions with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Preventive care including surveillance, anticipatory medical and dental health care guidance, and age-appropriate screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Acute illness and injury care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Chronic illness management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	End-of-life care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	A summary of significant past and current problems and diagnoses is documented in the clinical record to facilitate the continuity of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Each patient encounter includes entries in a clinical record for the visit. Such entries include, but are not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Date of visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Chief complaint or purpose of visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	History.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Clinical findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Diagnostic and therapeutic studies and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Discharge diagnosis or impression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
8.	Any changes in prescription and non-prescription medication with name and dosage, when available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Disposition, recommendations, and instructions given to the patient including a collaborative treatment plan addressing each active problem and including wellness recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Authentication of results and verification of contents by health care professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Documentation regarding disposition of missed and canceled appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Significant medical advice given to the patient by telephone, including medical advice provided after-hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	The organization ensures that timely summaries or pertinent records necessary for continuity of patient care are obtained from other (external) provider(s) or organization(s) and incorporated into the patient's clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# 8 Medical Home Quality



Quality improvement is demonstrated within the Medical Home and is an active, integrated, organized, peer-based, patient-centered program. Please refer to *Analyzing Your Quality Management Program and Creating Meaningful Studies* in the back of this *Handbook*.

		<b>Compliance</b>		
		<b>SC</b>	<b>PC</b>	<b>NC</b>
A.	Medical Home health care professionals and staff supporting the organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Have the necessary training, skills, and competencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Practice their professions in an ethical and legal manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are appropriately supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are available to meet the needs of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	The Medical Home, with active participation of patients and professional staff, conducts ongoing, comprehensive self-assessments of the quality of care it provides.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	The Medical Home incorporates current, evidence-based guidelines and performance measures in delivering clinical services, including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Wellness care including healthy life style issues (e.g., sleep, stress relief, weight management, healthy diet, oral care, and others) as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Health risk appraisal and health risk assessment, and discussions with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Preventive care including surveillance, anticipatory medical and dental health care guidance, and age-appropriate screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Acute illness and injury care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Chronic illness management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	End-of-life care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	The organization facilitates the provision of high-quality health care by monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Appropriate and timely diagnosis based on findings of the current history and physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Medication review and update including prescription, over-the-counter, dietary supplements, and if indicated, use of recreational drugs and substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Appropriate ordering of diagnostic tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Absence of clinically unnecessary diagnostic or therapeutic procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Compliance		
		SC	PC	NC
5.	Appropriate management of patient referrals and consultations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Infection prevention and control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Safe practices for patients, staff, and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Patient satisfaction and dissatisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	The quality improvement (QI) program addresses clinical (including patient outcomes and safety issues), administrative, and cost-of-care performance issues. Characteristics of the QI program must include, but are not limited to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	A written description of the program that includes QI goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Identification of the specific committee(s) or individuals responsible for the development, implementation, and oversight of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Participation in the program by health care professionals, one or more of whom is a physician, nurse practitioner,* or physician assistant.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	A description of how problems or issues are identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	QI studies and internal and external benchmarking to support the goals of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Evaluation of the overall effectiveness of the QI program at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Reporting QI activity findings to the governing body and throughout the organization, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	The organization conducts specific quality improvement studies to support the goals of the written QI program. Written reports of QI studies document that each study includes at least the following elements as applicable:**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	A statement of the purpose of the QI study that includes a description of the known or suspected problem, and explanation of why it is significant to the organization. (See the worksheet <i>Analyzing Your Quality Management Program and Creating Meaningful Studies</i> in the Tools section of this <i>Handbook</i> .)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Identification of the measurable performance goal against which the organization will compare its current performance in the area of study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*As permitted by state law/regulation.

\*\*At least one completed quality improvement study demonstrating that improvement has occurred, i.e., including Standard 8.F-1-8, 9 (if applicable) and 10, must be present in order for Standard 8.F. to be considered for a rating of substantially compliant (SC). This does not imply that conducting only one complete study per certification term is adequate or appropriate for all organizations, nor does conducting one complete study automatically result in a rating of SC for Standard 8.F.

		Compliance		
		SC	PC	NC
3.	A description of the data that will be collected in order to determine the organization's current performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Evidence of data collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Data analysis that describes findings about the frequency, severity, and source(s) of the problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	A comparison of the organization's current performance in the area of study against the previously identified performance goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Implementation of corrective action(s) to resolve identified problem(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Re-measurement (a second round of data collection and analysis) to objectively determine whether the corrective actions have achieved and sustained demonstrable improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	If the initial corrective action(s) did not achieve and/or sustain the desired improved performance, implementation of additional corrective action(s) and continued re-measurement until the problem is resolved or is no longer relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Communication of the findings of the quality improvement activities to the governing body and throughout the organization, as appropriate, and incorporation of such findings into the organization's educational activities ("closing the QI loop").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	The Medical Home's QI program includes at least one study every three years on each of the following topics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Patient/primary care provider relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Accessibility to care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Comprehensiveness of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Continuity and/or coordination of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Clinical study.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** A single QI study may include more than one of the five topic areas listed above.



# Summary Table

Indicate your organization’s compliance level for the chapters and use this information to identify and prioritize areas for attention.

<b>Medical Home</b>	<b>SC</b>	<b>PC</b>	<b>NC</b>
1. Medical Home Patient Rights, Responsibilities, and Empowerment			
2. Medical Home Governance and Administration			
2.I. Governance			
2.II. Administration			
3. Medical Home Relationship			
4. Medical Home Accessibility			
5. Medical Home Comprehensiveness of Care			
6. Medical Home Continuity of Care			
7. Medical Home Clinical Records and Health Information			
8. Medical Home Quality			



# Tools





# Analyzing Your Quality Management Program and Creating Meaningful Studies

## Quality Improvement (QI) Program

A Medical Home organization develops and implements a quality improvement program that is broad in scope to address clinical, administrative, and cost-of-care issues as well as actual patient outcomes. The following questions are designed to assist the organization in assessing its written QI program for overall appropriateness and effectiveness.

	<b>YES</b>	<b>NO</b>
<p>1. Does the organization have, and has it implemented, a written description of the quality improvement program? Does the written program address the scope of the organization's health care services? Does the written program address how the quality improvement plan for these services is assessed? If no to any of these questions, describe the actions or steps planned to bring the organization into compliance with Standard 8.E.1. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	1. <input type="checkbox"/>	<input type="checkbox"/>
<p>2. Does the organization's QI program identify the specific committee(s) or individual(s) responsible for the development, implementation and oversight of the program? If no, identify the plan for becoming compliant with Standard 8.E.2. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	2. <input type="checkbox"/>	<input type="checkbox"/>
<p>3. Do clinical and administrative personnel, including at least one physician, nurse practitioner, or physician assistant, participate in the QI program? If no, describe plans to bring the organization into compliance. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	3. <input type="checkbox"/>	<input type="checkbox"/>

	<b>YES</b>	<b>NO</b>
<p>4. Does the organization's QI program include specific quality improvement goals and objectives? If no, identify the plan for including these specific goals and objectives in your program. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	4. <input type="checkbox"/>	<input type="checkbox"/>
<p>5. Does the QI program include process(es) to identify opportunities for improving the quality of service provided by the organization? If no, describe the process(es) to be planned and implemented. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	5. <input type="checkbox"/>	<input type="checkbox"/>
<p>6. Does the organization's QI program include quality improvement activities that support the goals of the program? Activities may include, but are not limited to, quality improvement studies and internal and external benchmarking. If no, identify and describe the activities needed to become compliant with Standard 8.E.5.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	6. <input type="checkbox"/>	<input type="checkbox"/>
<p>7. Does the organization evaluate the overall effectiveness of the QI program at least annually? If the QI program is not evaluated for overall effectiveness at least annually, identify and describe the plan(s) to become compliant with Standard 8.E.6. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	7. <input type="checkbox"/>	<input type="checkbox"/>



## Quality Improvement Studies

A Medical Home organization conducts specific quality improvement studies that support the goals of the overall QI program.

The first task is to identify a topic for study. Some sample topics, and/or sources of information about potential topics, are listed below. Note that this list provides only examples of subjects that may be worth studying in your organization. These potential topics may or may not be appropriate for study in a given organization at a given point in time. Each organization needs to identify its own important issues for study. Sample topics and/or sources of information about potential topics include:

1. Unacceptable or unexpected outcomes of monitoring of care, such as complications, hospital transfers, malpractice cases, lack of follow-up on abnormal test results, radiology film retakes, medication errors, specific misdiagnoses, near misses, etc.
2. The clinical performance and practice patterns of health care professionals.
3. Variances from expected performance identified through clinical record review of the quality of care, completeness of entries and/or maintaining clinical record policies.
4. Variances from expected results identified by quality control processes, diagnostic imaging, pathology, medical laboratory and pharmaceutical services.
5. Other professional, technical, and ancillary services provided.
6. Assessment of and response to patient satisfaction surveys.
7. Direct observation of processes or practices.
8. Staff concerns.
9. Access to care and/or timeliness of services.
10. Medical/legal issues.
11. Wasteful practices.
12. Overutilization or underutilization of services.
13. Provision by the organization of prevention, screening, evaluation, treatment, or management of prevalent diseases, including chronic conditions, behavioral health, etc.
14. Testing new or enhanced processes or methods of care.
15. Benchmarking against best practices, professional practice guidelines, and performance measures, or established health care goals.
16. Short- or long-range planning goals.

The following template is designed to help you think through the process of conducting and documenting a study in your organization.

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.1</b></p>	<p>A statement of the purpose of the QI activity that includes a description of the known or suspected problem, and explains why it is significant to the organization.</p>	<ol style="list-style-type: none"> <li>1. Briefly state your known or suspected problem.</li> <li>2. Describe why it is important for your organization to address this problem.</li> </ol>
<p><i>Use the space below to state the purpose of the QI study you are conducting, and to describe why it is important for your organization to address this problem:</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.2</b></p>	<p>Identification of the measurable <i>performance goal</i> against which the organization will compare its <i>current performance</i> in the area of study.</p>	<p>Determine and describe the level of performance your organization wants to achieve in the area of study. For example, if you are studying medication error rates, your goal might be to have zero such errors. If you are studying rates of compliance with a particular policy, your goal might be to have 100% compliance. Before setting your goal, it is often useful to determine if there are internal or external benchmarks available to help you decide on a goal that is both realistic and constructive. Zero occurrences or 100% compliance may or may not be realistic for every issue you study.</p>
<p><i>Use the space below to identify the performance goal for the QI study you are conducting:</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.3</b></p>	<p>Description of the data that will be collected in order to determine the organization's current performance in the area of study.</p>	<p>Determine the following:</p> <ol style="list-style-type: none"> <li>1. What data are needed in order to verify:                             <ul style="list-style-type: none"> <li>• Whether the problem actually exists (if this is uncertain)</li> <li>• The frequency and severity of the problem expressed as a number or percentage</li> <li>• The source(s) of the problem</li> </ul> </li> <li>2. How will the data be collected?</li> </ol> <p>For example, if you are studying medication error rates, what information do you need in order to determine your current error rate? How will you collect that information?</p>
<p><i>Use the space below to describe the data you will collect for the QI study you are conducting, and how you will collect it:</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.4</b></p>	<p>Evidence of data collection.</p>	<p>Describe the data you actually collected. For example, did you review X number of charts for patient visits that occurred from Month A to Month F? What did you look at in those charts? What information did you extract from them? How did you record the data that you collected?</p> <p>Note that, at this point, you are not trying to describe your conclusions about the data – just the data itself.</p>
<p><i>AFTER YOU HAVE COLLECTED THE DATA FOR THE QI STUDY, use the space below to briefly describe the data collected.</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.5</b></p>	<p>Data analysis that describes findings about the frequency, severity, and source(s) of the problem(s).</p>	<ol style="list-style-type: none"> <li>1. Carefully analyze the data you have collected. (The complexity of the analysis you need to do will depend on various factors, such as the amount and type of data you have collected.)</li> <li>2. Determine what the data tell you about whether the suspected problem actually exists. If the problem does not exist, STOP HERE. Choose another known or suspected problem and begin again at Standard 8.F.1.</li> <li>3. If the problem does exist, determine what the data tell you about the frequency, severity, and source(s) of the problem(s).</li> <li>4. Describe how the data were analyzed, and describe your findings (conclusions).</li> </ol>

*Use the space below to briefly record your findings for the QI study you are conducting:*

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.6</b></p>	<p>A comparison of the organization's current performance in the area of study against the previously identified performance goal.</p>	<p>Compare the results of your data analysis to the performance goal you identified in Standard 8.F.2. For example, if the data indicate that you currently have 65% compliance and the goal was 90% compliance, a simple statement to that effect is sufficient.</p>

*Use the space below to briefly state your comparison of current performance vs. goal for the QI study you are conducting:*

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.7</b></p>	<p>Implementation of corrective action(s) to resolve identified problem(s).</p>	<ol style="list-style-type: none"> <li>1. Based on what you have learned about the frequency, severity, and source(s) of the problem(s), determine what corrective action(s) you will take to improve your performance in the area of study.</li> <li>2. Implement the selected corrective action(s) and determine the appropriate length of time until re-measurement is to occur.</li> </ol>
<p><i>Use the space below to describe what corrective action(s) were taken for the QI study you are conducting, including how the corrective actions were implemented:</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.8</b></p>	<p>Re-measurement (a second round of data collection and analysis as described in 8.F.4-6) to objectively determine whether the corrective actions have achieved and sustained demonstrable improvement.</p>	<ol style="list-style-type: none"> <li>1. At the designated re-measurement time, repeat the steps shown for Standards 8.F.4 to 8.F.6.</li> <li>2. Compare the results of your second round of data collection and analysis to the performance goal you identified in Standard 8.F.2, and determine whether the corrective actions have achieved the desired performance goal.</li> </ol>
<p><i>Use the space below to describe the second round of data collected and how you collected it. Also state your comparison of the new current performance vs. goal for the QI study you are conducting:</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.9</b></p>	<p>If the initial corrective action(s) did not achieve and/or sustain the desired improved performance, implementation of additional corrective action(s) and continued re-measurement until the problem is resolved.</p>	<ol style="list-style-type: none"> <li>1. Determine whether this step is applicable to the study you are conducting. If you have met and are sustaining your performance goal, this step does not apply.</li> <li>2. If this step does apply, repeat the steps shown for Standards 8.F.7-8 until your performance goal has been achieved in a sustainable manner.</li> </ol>
<p><i>Use the space below to indicate whether this step applies to the QI study you are conducting. If it applies, describe what additional corrective action(s) were taken for the QI study you are conducting, including how the corrective actions were implemented. Also describe the additional round of data collected and how you collected it, and state your comparison of the new current performance vs. goal for the QI study you are conducting:</i></p>		

Medical Home Standard	What the Standard requires	Hints for getting started
<p><b>8.F.10</b></p>	<p>Communication of the findings of the quality improvement activities to the governing body and throughout the organization, as appropriate, and incorporation of such findings into the organization's educational activities ("closing the QI loop").</p>	<ol style="list-style-type: none"> <li>1. Report your QI study and its results to your governing body. <b>Ensure that the governing body's review of the report is appropriately documented.</b></li> <li>2. Determine who else in the organization needs to know about the results of the study. Communicate the findings to those people, <b>and document that this has occurred.</b></li> <li>3. Determine whether other educational activities of the organization should reflect the findings of the study. If so, take appropriate steps to have this occur.</li> </ol>
<p><i>Use the space below to describe how the results of the study will be reviewed by the governing body, and how this review will be documented. Also describe other groups and educational activities that will be notified of the study's results, and how this notification will occur.</i></p>		



# Resources for Medical Home

The following are Internet resources that may provide helpful information for Medical Home organizations on a variety of topics. Most of these web-based resources include a search function to help you locate specific content.

**AAHC Institute for Quality Improvement**  
[www.aaahc.org/institute](http://www.aaahc.org/institute)

**Agency for Health Care Research & Quality**  
[www.pcmh.ahrq.gov](http://www.pcmh.ahrq.gov)

**American Academy of Family Physicians**  
[www.aafp.org](http://www.aafp.org)

**American Academy of Pediatrics**  
[www.aap.org](http://www.aap.org)

**American Association for Health Education**  
[www.aahperd.org/aahe](http://www.aahperd.org/aahe)

**American College of Physicians, Patient-Centered Medical Home**  
[www.acponline.org](http://www.acponline.org)

**American Health Information Management Association**  
[www.ahima.org/Default.aspx](http://www.ahima.org/Default.aspx)

**Americans with Disabilities Act**  
[www.ada.gov](http://www.ada.gov)

**Centers for Medicare and Medicaid Services, Medicare Fraud & Abuse**  
[www.cms.gov/MLNProducts/downloads/Fraud\\_and\\_Abuse.pdf](http://www.cms.gov/MLNProducts/downloads/Fraud_and_Abuse.pdf)

**The Commonwealth Fund**  
[www.commonwealthfund.org/topics/patient-centered-care](http://www.commonwealthfund.org/topics/patient-centered-care)

**Health Resources and Services Administration**  
[www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)

**Institute for Healthcare Improvement**  
[www.ihc.org](http://www.ihc.org)

**Journal of Ambulatory Care Management**  
<http://www.ambulatorycaremanagement.com>

**Medical Group Management Association**  
[www.mgma.com](http://www.mgma.com)

**National Center for Medical Home Implementation**  
[www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)

**National Commission for Health Education Credentialing, Inc.**  
[www.nchec.org](http://www.nchec.org)

**National Institute of Mental Health**  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Institutes of Health, U.S. National Library of Medicine**  
[http://www.nlm.nih.gov/services/medical\\_records.html](http://www.nlm.nih.gov/services/medical_records.html)

**National Practitioner Data Bank**  
[www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov)

**Patient Centered Primary Care Collaborative**  
[www.pcpcc.net](http://www.pcpcc.net)

**U.S. Office of Civil Rights**  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)





# Appendices







# Appendix A

## Acknowledgements

We gratefully acknowledge the efforts of the AAAHC Board of Directors, the Standards and Survey Procedures Committee, and the Medical Home Advisory Committee.

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### AAAHC Members and Leadership

The Accreditation Association for Ambulatory Health Care, Inc. comprises the following member organizations:

Ambulatory Surgery Foundation (ASF)

American Academy of Cosmetic Surgery (AACS)

American Academy of Dental Group Practice (AADGP)

American Academy of Dermatology (AAD)

American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)

American Association of Oral and Maxillofacial Surgeons (AAOMS)

American Dental Association (ADA)

American College of Gastroenterology (ACG)

American College Health Association (ACHA)

American College of Mohs Surgery (ACMS)

American College of Obstetricians & Gynecologists (ACOG)

American Gastroenterological Association (AGA)

American Society of Anesthesiologists (ASA)

American Society for Dermatologic Surgery Association (ASDS)

American Society for Gastrointestinal Endoscopy (ASGE)

Association of periOperative Registered Nurses (AORN)

Medical Group Management Association (MGMA)

Society for Ambulatory Anesthesia (SAMBA)



## Appendix B

# Denial or Revocation of a Medical Home Term

AAAHC denies certification to an organization when it concludes that the organization is not in substantial compliance with the AAAHC Standards and/or AAAHC policies or procedures. When the decision is based on findings from a survey, the decision is based on the organization's compliance with the AAAHC Standards in effect at the time of the survey.

### Reasons for Denial or Revocation

AAAHC reserves the right to deny certification or revoke the current term of any organization at any time without prior notice. Revocation or denial of the term may occur if it is determined that an organization:

1. Is no longer in compliance with AAAHC policies, procedures or Standards including survey eligibility criteria.
2. Has significantly compromised or jeopardized patient care.
3. Fails to act in good faith in providing data and other information to AAAHC.
4. Fails to notify AAAHC within 15 calendar days of any significant change.
5. Fails to notify AAAHC within 15 calendar days of an imposed sanction, change in license or qualification status, governmental investigation, criminal indictment, guilty plea or verdict in a criminal proceeding (other than a traffic violation) or any violation of state or federal law with respect to the organization, its owners, or its health care professionals.
6. Fails to allow a surveyor timely access to the organization to conduct a survey.

In addition, AAAHC may revoke or reduce the term of an organization when it determines that there is a material change in the organizational structure, financial viability, operations, ownership, or control of the organization or its ability to perform services which requires a new survey by AAAHC to determine the organization's compliance with the Standards. Revocation may be retroactive to the date of the material change, the imposition of sanctions, or the violation of law.

### Appeal of a Denial or Revocation

A decision of denial or revocation by AAAHC generally may be appealed. The appeal of any decision is governed by the AAAHC appeal procedures which are in effect at the time of the appeal. Please contact AAAHC for further information.

### Initial Decision and Opportunity to Submit Additional Material

Any proposed recommendation by AAAHC is reported to the chief medical executive and the administrative head of the organization. If the proposed recommendation is to deny or revoke Medical Home recognition, such notice will include an explicit statement of the reasons for the decision and generally provide the organization with the opportunity to submit additional material to the AAAHC office within 14 calendar days of receipt of the notice. Unless otherwise indicated by AAAHC, the information provided should be limited to that available at the time of the survey and relative to the Standards identified by AAAHC as less than substantially compliant. The information that is provided will be considered by AAAHC in rendering the final decision. If no information is received from the organization within the 14-day timeframe, the decision becomes final.

### Appeal to the AAAHC Board of Directors

The Board of Directors will consider any appeal at its first regular meeting that is at least 30 calendar days after receipt of the request for appeal. Participants in the revocation or denial will not participate in the discussion or the vote by the Board of Directors relative to the term of the organization. Similarly, any AAAHC director who has an interest in the organization, who is a direct economic competitor of the organization, or who was a surveyor of the organization will not participate in the discussion or vote by the Board of Directors.

The organization may submit, at least 20 calendar days prior to the Board meeting, a written response or comments for review by the Board. The Board will review any such written response and comments submitted, the survey report, and any other materials considered by AAAHC and make a decision that will be final. When the decision is based on findings from a survey, the Board's decision will be based on the organization's compliance with the AAAHC Standards in effect at the time of the survey.

### **Exceptions with Respect to the Above Appeal Procedures**

AAAHC reserves the right to immediately revoke or deny certification before providing notice and an opportunity to submit additional materials or appeal the decision when, among other things, the organization's failure to satisfy the AAAHC Standards may result in imminent danger to the health of any individual or individuals. Under such circumstances, AAAHC shall provide subsequent notice and the opportunity to appeal.

AAAHC also reserves the right to deny an organization the right to an appeal if:

1. There is a significant change in the organization.
2. Any imposition of sanctions, any change in license or qualification status, governmental investigation or proceedings, or any violation of state or federal law with respect to the organization, its officers, administrators, physicians/practitioners, or staff occurs.
3. The organization fails to notify AAAHC within 15 calendar days of any such change.

### **Conditions with Respect to the Appeal Process**

An appeal of a decision generally does not extend or otherwise affect the term of certification. If the term is revoked, the organization is not acknowledged by AAAHC as a Medical Home during the appeals process. If an organization seeking a re-survey is denied, the organization generally remains acknowledged as a Medical Home until the term expires, which could be during the appeals process.

Any appeal conducted pursuant to these procedures requires all parties to act in good faith. An organization's failure to participate in the appeal process in good faith, including, but not limited to, the submission of falsified, incomplete, or inaccurate documents or information for any use during the appeal of the decision may result, at the discretion of the AAAHC Board of Directors, in termination of the organization's right to appeal the decision and immediate termination of the appeal.

Any organization that exercises its right to an appeal is obligated to notify AAAHC immediately of any significant change.

No organization may exercise its right to an appeal at the same time that it applies for a new Medical Home survey. Organizations that apply for a Medical Home survey should be aware that information about the basis for the denial or revocation will be provided to the surveyor.

### **Following Denial or Revocation**

In the unlikely event that an organization, after exercising its right to appeal and upon final decision by the Board of Directors of AAAHC, seeks further appeal, the applicant shall have the right to submit such decision for settlement by arbitration administered by the American Arbitration Association in Chicago, IL, in accordance with its Commercial Arbitration Rules. Judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

An organization that is not granted certification or that has its certification revoked may apply for another survey at any time following the decision, as long as it has not exercised its right to appeal. After receiving a denial or having its term revoked, the organization must submit a completed, signed *Application for Survey* if applying for another survey.

### **Limitations on Other Rights**

The applicant organization waives all other rights to sue or to resolution of any such claims against AAAHC, its officers, directors, employees, agents, surveyors, and members of its committees in a court of law. The applicant recognizes and agrees that it shall not be entitled to monetary damages, whether compensatory, consequential, collateral, punitive, or otherwise, from AAAHC, its officers, directors, employees, agents, surveyors, and members of its committees as a result of any controversy or claim with AAAHC arising out of any procedures or decision.

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