



Source: Medical Group Management Association—American College of Medical Practice Executives

## The cost of recognition

Costs to be recognized as a Patient-Centered Medical Home vary depending on the agency performing the certification, the size of the practice, and the type of practice. The costs presented below are general estimates. Contact individual recognition organizations for specific information pertaining to your practice based on the extensiveness of the particular certification process and your practice arrangement.

Cost	Organization
\$2,500	Accreditation Association for Ambulatory Health Care (AAAHC) estimated cost for a <b>medical home on-site certification</b> (1 day and one surveyor) involving the principles of a medical home for a primary care practice with two providers and six exam rooms. An additional \$775 survey application fee also applies.



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AAAHC estimated cost for the same practice listed above seeking **full AAAHC accreditation**, including information in Chapter 25 (medical home) of its accreditation handbook, a more comprehensive review of an entire practice operation (1.5 to 2 days with one surveyor). An additional \$775 survey application fee also applies.



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URAC PCHCH (Patient Centered Health Care Home) **Achievement program** cost, depending on size and organization type as well as the length of the onsite audit



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National Committee for Quality Assurance **certification** fee, based on the number of physicians in a practice

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Staffing is the single biggest expense during the transition to a PCMH, in Meyers' opinion, because the move to a team-based model could require a lot of additional people.

“Most [practices] recognize that these added team members are what really makes a practice patient-centered and improves the level of care,” Meyers says, adding that in a PCMH or not, almost every patient needs a care coordinator at some point. “Some practices already have a team in place to do that well, but most don’t. What I’ve seen is that in many of the demonstrations and pilot programs, those who have been successful are the ones that really reinforce or build in their care coordination.” (For more on care coordination in a PCMH, see [“How to coordinate care in a medical home”](#) in the May 10 issue of *Medical Economics*.)

But it isn’t always necessary to add staff, Scholle says, explaining that many of the practices she surveyed changed the function of their current staff rather than hire someone new. Medical assistants who used to measure vital signs and guide patients to examination rooms can be given standing orders for patients with diabetes or to manage processes associated with specific tests. The questions to consider, she says, are whether you have staff members who can take on additional responsibilities and whether you can rearrange their roles to fit the practice’s need.

“If you don’t have a care coordinator, it’s a make-versus-buy situation,” Gans says. Increases to clinical staffing levels are often a major part of the cost to transition to a PCMH. More clinical staff members are required to record data and coordinate care, in addition to offering the extended access to the practice that is central to the PCMH ideology.

Additional staff members also are helpful in providing the education and engagement functions required for PCMH recognition. Many PCMHs use group visits effectively, and those visits help with patient engagement and allow a practice to educate and assist several patients in a subgroup within the same time frame. The physician doesn’t have to duplicate efforts, and group visits are “batch work” for staff, he says.

## Getting recognized

Even practices that have the technology and the staff benchmarks met, Gans says, may not achieve PCMH recognition simply because they never applied. On choosing to apply, those practices fulfilling all those elements would immediately be recognized because they are already doing everything they need to do. For example, Gans says he doesn’t know whether any Kaiser practices are PCMHs, yet they have all of the features.

“To my knowledge, none of the Kaiser groups are PCMHs because they don’t have to be. They already are. They just never sought certification because they don’t need it,” he says.

And cost certainly is a factor when looking at certification.

Costs vary by depending on the agency performing the certification, the size of the practices, and the type of practice.

The Accreditation Association for Ambulatory Health Care (AAAHC) and Joint Commission has two programs – full accreditation with Medical Home, and Medical Home On-Site Certification. Pricing for each are based on the size and scope of services of the practice applying. A small primary care practice might anticipate a total cost of about \$2,500 for Medical Home On-Site Certification. A similar practice attempting full AAAHC accreditation including Chapter 25 on Medical Home might anticipate a cost range of \$6,400 to \$8,000. There is also a \$775 Application for Survey fee added to either option.

The URAC PCHCH (Patient Centered Health Care Home) Achievement program cost varies depending on size and organization type, as well as the length of the onsite audit, Gans says, but it ranges from \$2,500 to \$6,000.

The NCQA bases its certification fee on the number of physicians in a practice and can range from roughly \$600 for a solo practice to more than \$4,000 for a practice with eight or more physicians.



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## NCQA PCMH & PCSP Recognition Program Pricing

### Recognition Program Payment Portal

Practices must submit payment via the [Recognition Program Payment Portal](#). The portal will generate a payment application for the practice to submit payment via credit card or e-check prior to submitting their application. It also includes instructions for mailing in a paper check.

### Standard Survey Pricing

The standard survey fee is for practices undergoing the NCQA Recognition process for the first time, and for Renewal Surveys. Pricing is by individual practice site.

Number of Clinicians in the Practice	Initial Fee for Practice to Obtain a Survey Tool License	Application Fees for NCQA Review and Recognition	Total License and Application Fees
1	\$80	\$550	\$630
2	\$80	\$1,100	\$1,180
3	\$80	\$1,650	\$1,730
4	\$80	\$2,200	\$2,280
5	\$80	\$2,750	\$2,830
6	\$80	\$3,300	\$3,380
7	\$80	\$3,850	\$3,930
8	\$80	\$4,400	\$4,480
9	\$80	\$4,950	\$5,030
10	\$80	\$5,500	\$5,580
11	\$80	\$6,050	\$6,130
12	\$80	\$6,600	\$6,680
13+	\$80	\$6,600 + \$55 for each clinician	\$6,680 + \$55 for each clinician

### Discount for Sponsored Practices

NCQA offers a 20 percent discount on a Full Survey to applicants sponsored by health plans, employers and other programs. This discount applies:

- To sponsors that have 10 or more applications in a market area within a 12-month period.

Number of Clinicians in Practice	Initial Fee for Survey Tool License	Application Fees for NCQA Review and Recognition	Total License and Application Fees
1	\$80	\$440	\$520
2	\$80	\$880	\$960
3	\$80	\$1,320	\$1,400
4	\$80	\$1,760	\$1,840
5	\$80	\$2,200	\$2,280
6	\$80	\$2,640	\$2,720
7	\$80	\$3,080	\$3,160
8	\$80	\$3,520	\$3,600
9	\$80	\$3,960	\$4,040
10	\$80	\$4,400	\$4,480
11	\$80	\$4,840	\$4,920
12	\$80	\$5,280	\$5,360
13+	\$80	\$5,280 + \$44 for each additional clinician	\$5,360 + \$44 for each additional clinician

## Add-On and Conversion Survey Pricing

Practices can apply for an Add-On Survey to advance to a higher PCMH recognition level. There is no need to purchase an additional Survey Tool; NCQA provides a Survey Tool based on the practice's previous submission. The application fee for an Add-on Survey is discounted to 50 percent of the standard application fees, even if a practice paid the discounted fee for its Initial Survey.

A practice that is eligible to convert from PCMH 2011 to PCMH 2014 must purchase a PCMH 2014 Survey Tool; the conversion fee is discounted to 50 percent of the standard fees for each.

Number of Clinicians in Practice	Add-On and Conversion Survey Application Fees
1	\$275
2	\$550
3	\$825
4	\$1,100
5	\$1,375
6	\$1,650
7	\$1,925
8	\$2,200
9	\$2,475
10	\$2,750
11	\$3,025
12	\$3,300
13+	\$3,300 + \$27.50 for each additional clinician

## Multi-Site Group Survey Pricing

**Note:** Practices may use only one PCMH pricing discount for a survey. If a practice uses a sponsored discount, it may not also use the Multi-Site Group Survey discount.

Several practice sites that share a common system or processes may be eligible for an NCQA Multi-Site Group Survey. Sites must meet eligibility requirements, complete a self-assessment and purchase a Survey Tool for each practice site, plus an additional Survey Tool for the Multi-Site Group Survey. NCQA reviews PCMH elements approved for the shared processes or systems first (the Multi-Site Group Survey), then applies the results to all practice sites in the multi-site group. The remaining elements are completed for each practice site.

There is a 50 percent discount on the standard survey fee for practice sites applying under a Multi-Site Group Survey. That is, the full cost for an organization to apply through the Multi-Site Group Survey process = Multi-Site Group Survey application fee (the first table below) and the application fees for each practice site (with a 50 percent discount on the standard survey fee; the second table below) + Survey Tool purchases for each site and the Multi-Site Group Survey.

Number of Practice Sites in a Practice Group	Multi-Site Group Survey Application Fee
3-5	\$1,600
6-9	\$2,700
10-15	\$3,800
16-19	\$4,900
20-24	\$6,000
25-29	\$7,100
30-34	\$8,200
35-39	\$9,300
40-44	\$10,400
45-50	\$11,500
51+	\$12,600

Number of Clinicians at a Practice Site	Practice Site Application Fee
1	\$275
2	\$550
3	\$825
4	\$1,100
5	\$1,375

6	\$1,650
7	\$1,925
8	\$2,200
9	\$2,475
10	\$2,750
11	\$3,025
12	\$3,300
13+	\$3,300 + \$27.50 for each additional clinician

### Reconsideration

A practice may seek Reconsideration of a Recognition status decision, as described in the *Policies and Procedures*. A fee of \$1,100 per site or the Add-On Survey fee, whichever is less, is payable when the practice requests Reconsideration.

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