DRP / HSRP

Instructions for Electronic Payment and Submission of Data Collection Tools (DCTs)

DRP and HSRP DCTs cannot be submitted to NCQA until the following conditions are met:

- All legal documents have been signed.
- DCT abstraction issues have been corrected.
- Application fees have been paid.
- 1. Login to NCQA's Clinical (DRP and HSRP) Portal at: <u>https://recognitionportal.ncqa.org</u>

Recourse acoly Improvementation	
Veicome to NCQA's Clinical (DRP and HSRP) Portal. User Name: Password Login	Welcome to the NCQA Recognition Portat Important !! • NCGA has updated the DRP and HSRP. The enhancements align the programs with clinical and reporting developments. NCQA has also updated the Pricing & Fee Schedule for both programs. For more information, Citck here • HSRP 2015 is now available for <u>purchase</u> and submission. • HSRP 2015 usdates and the submission. • HSRP 2015 usdates and submission. • HSRP 2015 usdates and submission. • HSRP 2015 usdates and submission. • NCQA has updated the Business Associate Agreement (BAA) and PCMH 2014 Recognition Program Agreement and may require your practice to resign the agreement. For more information, <u>clink here</u> .
	COMPACT AND A CO

2. Agree to the license Agreement and Select Submit.

	Measuring quality. Improving health care.	
-		
	License Agreement	
	IMPORTANT PLEASE READ CAREFULLY This ASP Software License Agreement along with all materials referenced herein ("Agreement") is a legal agreement between an entity ("User") and The National Committee for Quality Assurance ("NCQA") permitting User to access and use, subject to the terms of this Agreement, (i) NCQA's software identified on the license agreement page, and accompanying documentation provided electronically ("Software") and (ii) services relating to User's access and use of the Software, including the provision of a web site, content therein and hardware and software relating thereto ("Services"). USER MUST READ THIS AGREEMENT CAREFULLY BEFORE INDICATING ACCEPTANCE AT THE END BY CLICKING THE "I ACCEPT" BUTTON. IF USER DOES NOT AGREE TO ANY OF THE TERMS OF THIS AGREEMENT, CLICK ON THE "I DO NOT ACCEPT" BUTTON AT THE END OF THIS AGREEMENT AND USER WILL NOT BE PERMITTED TO ACCESS AND USE THE SOFTWARE AND SERVICES. INSTEAD, PLEASE CONTACT NCQA TO DETERMINE WHETHER THE SOFTWARE AND SERVICES MAY BE PURCHASED OR RECEIVED BY NON-	~
	I agree I disagree Submit	

- 3. Select the appropriate account, if you have more than one account.
 - NOTE- if you have more than one account, select the appropriate account then follow step 4.
- 4. Click Submit Data on the Blue Navigation Bar.

For more information, submit a question to <u>Program Clarification Support</u> . Select [Recognition Programs]. Has your question been answered already? Access FADs and other information before you submit your question: <u>DRP</u> / <u>HSRP</u>	
Horeway Index Submit Data Account Manager Resources Switch Account IICQA Administration	Loqout User: cmartin@ncqa.org
	You have one or more <u>DCTs</u> ready to be submitted.
5 Easy Steps to Recognition	Account Information
Complete these steps to submit information for evaluation and NCQA Recognition. If you have questions about this process, contact <u>NCQA Customer Support</u> .	2015 Red Hearts and Sugar Modify Account Information
1 Click here to go to Resources. (Download and review detailed instruction materials, FAQs and training opportunities.)	About NCQA Recognitions
2 Click here to go to Account Manager. (Set up or edit your account information; complete your legal agreements; add users to your account.)	Diabeles Physician (DRP)

- 5. The Submit Data page will display a red alert at the top of the screen "You have one or more DCTs ready to be submitted."
 - Review the instructions for submitting data.
 - Identify the DCT that you wish to submit.
 - Click the corresponding checkbox in the **Select** column.
 - Click **Submit** to activate the Pay/Submit process.
 - **Tip:** To display the pricing for each DCT, place your cursor over the dollar sign icon in the Application Fee column.

Home > Submit Data to NCQA							(Ye	ou have one or	more <u>DCTs</u> ready to	o be submitted.
READ THIS Before You Submit Data to NCQA - Click Here to Show										
 Pricing calculations are an esti All fees must be paid before th Attention: The capped fee mus sliding fees chedule in effect al • If you have already paid, pleas 	mate based on the number of clinicians subm e review can be completed. For additional infor to be paid in full at the time of the first submissi that time. If the number of clinicians exceeds se disregard the amounts shown.	itted. mation, refer to the DRP or HSRP F ion(5). A clinician group has twelve i 100 during the 12-month period, the	ee Schedule in the Resources sed (12) months from receipt of the capp surcharge is applied.	ion. Ded fee paj	rment by NCQA to complete the sub	mission proce	ss for all clinicians. After that	t year ends, the ap	plicant must start ove	r with the
DCTs	Practice Name	Applicant(s)	Preliminary Result	Eligible	Application Fee	Order	Submit Date	Status	Action(s)	Select
HSRP Group 2015	test site	Besaw, Beth	50 out of 100 possible points	204	5550 S			Created	6	
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$3300			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$3300 \$			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$3300 \$			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$1100 \$			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$1100 \$			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$3300 \$			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$3300 \$			Created		
HSRP Group 2015	test site	Multiple (Group)	50 out of 100 possible points	204	\$3300 \$			Created		
					\$550					
										Submit

6. The following screen alert appears asking – "Are you planning to submit 6 or more clinicians for the (HSRP or DRP) program over the next 12 months?



- Respond Yes, if you are planning to submit 6 or more clinicians over the next 12 months. A Yes response will generate the following DRP or HSRP screen alert that summarizes the capped fees to be paid.
- Verify the alert dialogue and click Continue to proceed.
 - Tip: The capped fee must be paid in full at the time of the first submission(s).

You may continue with the submission process.	You may continue with the submission process.
Summary of capped fees to be paid Include HSRP Capped Fee: Yes <u>HSRP Pricing Fee Schedule</u> Include DRP Capped Fee: No <u>DRP Pricing Fee Schedule</u>	Summary of capped fees to be paid Include HSRP Capped Fee: No <u>HSRP Pricing Fee Schedule</u> Include DRP Capped Fee: Yes <u>DRP Pricing Fee Schedule</u>
Cancel Continue	Cancel Continue

- Respond No, if you are not planning to submit 6 or more clinicians over the next 12 months. A No response will generate the following screen alert stating "You may continue with the submission process."
- Click OK to continue with the submission process.



- 7. A screen alert stating "Processing Order" will appear.
- 8. After the order has been processed, the Submit Data page will display a green alert at the top of the screen, "An order has been created for your application(s). Please click on pay to pay for your order. Once the order has been paid your applications will automatically be submitted."
- 9. Locate the corresponding order and click the Pay link under the Actions column to continue with the process.

	VCQA leasuring quality. proving health care.	For more information, submit a question to <u>Program Clarification Support</u> , Select [Recognition Programs]. Has your question been answered already? Access FAOs and other information before you submit your question: <u>DRP</u> 7 <u>HSRP</u>								Loqout			
Home	e Practice Sites	Submit Data	Account Manager	Resources	Switch Account	NCQA Administra	tion					Use	r: cmartin@ncqa.org
Hom	Home > Submit Data to NCQA You have one or more DCTs ready to be submitted.												
REAL	D THIS Before You Sub	mit Data to NCQA	- Click Here to Shov	v									
An o Pr All At sli Vou h	rider has been creater ricing calculations are a l fees must be paid beit tention. The capped fe iding fee schedule in e ryou have already paid ave a capped application	I for your applicat an estimate based ore the review can e must be paid in ffect at that time. If please disregard on fee for HSRP th	tion(s). Please click (d on the number of cli h be completed. For a full at the time of the f the number of clinici t the amounts shown hat has not been paid	n pay to pay for year nicians submitted. Idditional informatic first submission(s) ans exceeds 100 d L L	sur order . Once the order	has been paid your applications will VP Fee Schedule in the Resources set lve (12) months from receipt of the cap (the surcharge is applied.	automatic: ction. oped fee pa	illy be submitted .	nplete the submis:	sion process for all d	clinicians. After that year r	ends, the applicant must start	over with the
DCT	Ts	Practice	Name	Ар	plicant(s)	Preliminary Result	Eligible	Application Fee	Order	Submit Date	Status	Action(s)	Select
HSF	RP Group 2015	test site		Bes	saw, Beth	50 out of 100 possible points	204	\$3300	105393)	Pending Payment	Pay Jelete Order	
HSF	RP Group 2015	test site		Mut	<u>Itiple (Group)</u>	50 out of 100 possible points	204	\$0 \$			Created		
HSF	RP Group 2015	test site		Mut	ltiple (Group)	50 out of 100 possible points	204	s0 \$			Created		

Payment may be made by using either of the following options:

- Via NCQA Clinical (DRP and HSRP) Portal
- Via NCQA Payment Request Email

10. Start - Payment process via NCQA Clinical (DRP and HSRP) Portal

- After clicking the Pay link under the Actions column, the following screen alert appears stating "IMPORTANT: By paying the application fee you are automatically submitting the application."
- Verify the webpage dialogue and select OK to proceed.

IMPORTANT: By paying the applica submitting the application.	ition fee you are autom	atically
g	Ok	Cancel

- The following screen appears. Read the Payment Terms and Conditions to continue with the order. To accept the terms and conditions:
 - Check the box
 - Type your full name
 - Select Accept and Pay Online to continue

ORDER NCQA 1100 13th St., NW, Suite 1000 Washington, DC 20005 FEIN: 52-1191985			
Reference Number: 105393	Order Date: 12/22/2015	Duel	Date: 1/22/2016
Order Status: Outstanding			
		Total Amount	\$3,300.00 USD
Payment Terms and Conditions			
Paying by Credit Card: By providing my credit card n	umber, cvv number and billing address, I authorize NCQA to charge m	y credit card for the amour	nt above.
Paying by eCheck: By providing my ABA routing num paper draft or electronic debit is returned unpaid, I ack	nber and account number, I authorize NCQA to charge my bank accoun nowledge that I am subject to a returned item fee.	nt for the amount above. In	the event that my
NCQA offers its products, subscriptions and informatic product, subscription or tool for additional information	on tools under separate license agreements and terms of use. Please re on the terms of use for such item.	efer to the license agreeme	ent for each specific
Vour Name John Doeeed	line		

- 11. The following screen appears. Verify billing address and add the form of payment. You may pay by eCheck or by credit card.
 - Select the method of payment (eCheck or credit card) and follow the instructions.
 - Read and accept the Payment Terms and Conditions.
 - Verify the billing address and add the form of payment.
 - Click Submit Payment.

	1
Checkout	
Description	Amount
EzPay Order: 105393	\$3,300.00 USD
Total \$3,300.00 USD	
Billing Information	
Please provide your billing information in the form below:	
Payment Method	
First Name * John	
Last Name * Doeeed	
Email * Doeeed@ncqa.org	
Address * 1100 13th Street, NWSuite 1000	
City * Washington	
Country * United States	
State/Province * DC	
Postal Code * 20005	
Card Type * Visa VISA State Compared State	
Card Number *	
CVV Number *	
Card Expiration * Jan 🔽 2016 🔍	
Cancel Submit Payment	

12. The Transaction Complete screen will then appear and show the amount paid as well as the order number.

Transaction Completed	
Your payment has been received. Thank you! Please print this page for your records.	
Transaction Details	
Date: 12/28/2015	
Description	Amount
EzPay Order: 105418	\$3,300.00 USD
Total \$3,300.00 USD	
Received From	
John Doeeed 1100 13th Street, NWSuite 1000 Washington, DC 20005 US	
Paid To	
NCDA 1100 13th St., NW Suite 1000 Washington, DC 20005 US (202) 955-3500	
National Committee for Quality Assurance 1100 13th Street. NV. Sulle 1000. Washindon, DC 20005	Follow Us 💟
Telephone: 202/955-3500 Fax: 202/955-3599 Customer Support: 888/275-7585	

13. Once your payment has been received, your DCTs will be automatically submitted. Documentation of payment and submission of DCTs will be noted on the Submit page screen.

Home	Practice Sites	Submit Data	Account Manager	Resources	Switch Account	NCQA Administration						User: c	martin@ncqa.org
Home	Home > Submit Data to NCQA You have one or more DCTs ready to be submitted.												
READ	READ THIS Before You Submit Data to NCQA - Click Here to Show												
 Pric All f Atte schi schi schi You have 	ing calculations are ees must be paid be ention: The capped edule in effect at tha rou have already pa ve a capped applical	an estimate base fore the review c fee must be paid it time. If the num id, please disrega tion fee for HSRP	ed on the number of cl an be completed. For in full at the time of th ber of clinicians excee and the amounts show I that has not been pa	inicians submitted additional informa ie first submission(eds 100 during the n. id.	tion, refer to the DRP or HS s). A clinician group has two 12-month period, the surch	IRP Fee Schedule in the Resources section. elve (12) months from receipt of the capped arge is applied.	fee payme	nt by NCOA to complete the sul	mission proces	s for all clinicians. After 1	that year ends, the applican	must start over with	the sliding fee
DCTs	3	Practi	ice Name		Applicant(s)	Preliminary Result	Eligible	Application Fee	Order	Submit Date	Status	Action(s)	Select
HSRF	Group 2015	test site	e		Besaw, Beth	50 out of 100 possible points	204	\$3300 \$	<u>105510</u>	12/28/2015	Paid/Submitted		
HSRF	Group 2015	test site	e		Multiple (Group)	50 out of 100 possible points	204	_{\$0} \$		12/28/2015	Created		
HSRF	Group 2015	test site	e		Multiple (Group)	50 out of 100 possible points	204	_{\$0} \$		1/6/2016	Created		
HSRF	Group 2015	test site	e		Multiple (Group)	50 out of 100 possible points	204	\$0 \$			Created		

14. End Payment process via NCQA Clinical (DRP and HSRP) Portal.

15. Start - Payment process via NCQA Payment Request Email

- After clicking the Pay link under the Actions column, the following screen alert appears stating – "IMPORTANT: By paying the application fee you are automatically submitting the application."
- Verify the webpage dialogue and select OK to proceed.



- 16. An e-mail will be sent to confirm the order summary.
 - Click on the order attachment to view order.
 - Click **Online Payment** to proceed with payment.
 - Verify the webpage dialogue and select OK to proceed.

Wed 12/23/2015 3:56 PM NCQA <noreply@ncqa.org> NCQA Payment Request To Interface Cynthia Martin</noreply@ncqa.org>
Message 🖉 🔁 EzPay Order 105417.pdf (16 KB)
Happy Way,
Thank you for giving NCQA the opportunity to serve you. Enclosed is your order for: Reference #105417
You may also view and pay this order online using the link below:
Online Payment
If you have payment questions, contact us at https://my.ncqa.org/. We look forward to working with you.
Thank you.

- 17. After clicking Online Payment, the following screen appears. Read the Payment Terms and Conditions to continue with the order.
 - To accept the terms and conditions:
 - Check the box
 - Type your full name
 - Select Accept and Pay Online to continue process.

ORDER NCQA 1100 13th St., NW, Suite 1000 Washington, DC 20005 FEIN: 52-1191985			
Reference Number: 105393	Order Date: 12/22/2015	Duel	Date: 1/22/2016
Order Status: Outstanding			
		Total Amount	\$3,300.00 USD
Payment Terms and Conditions			
Paying by Credit Card: By providing my credit card no	umber, cvv number and billing address, I authorize NCQA to charge r	my credit card for the amour	t above.
Paying by eCheck: By providing my ABA routing num paper draft or electronic debit is returned unpaid, I acknow	ber and account number, I authorize NCQA to charge my bank account nowledge that I am subject to a returned item fee.	unt for the amount above. In	the event that my
NCQA offers its products, subscriptions and information product, subscription or tool for additional information of	n tools under separate license agreements and terms of use. Please on the terms of use for such item.	refer to the license agreeme	ent for each specific
Vaccept the terms and conditions above. Your Name John Doeeed	ine		

18. The following screen appears.

- Verify billing address.
- Add the form of payment.
 - You may use eCheck or credit card to pay.
- Click Submit Payment.

]	NCQA 1100 13th St., NW, Suite 1000 Washington, DC 20005 FEIN: 52-1191985					
ORDER							
Reference Number: 105415		Order Dat Due Da	e: 12/23/2015 ate: 1/23/2016				
Order Summary		Order Status: O	utstanding				
Bill To:							
Happy Way 1234 happy way 2 Suite 500 Washington, DC 20036							
Produot	Description	Quantity Unit Price	Total Price				
2015 HSRP Application Fee	test site, with 1 clinician(s)	1					
Payment Terms and Condition	ans						
Paying by Credit Card: Ry providing my credit card num	ter, ow number and billing address, I authorize NOQA to	charge my credit card for the amount above.					
Paying by echeat by proving my new routing number electronic debit is returned unpaid, I acknowledge that I a NCCA offers its products, subscriptions and information to	and eccent number, is uniform inclusion to charge my be a subject to a returned item fee.	Please refer to the license agreement for each spe	ny pager crist or cific product, subscription				
or too for elaborati internation on the prime of use for a							

- 19. The Transaction Complete screen will then appear and show the amount paid as well as the order number.
 - Once your payment has been received, your DCTs will automatically be submitted.

Your prurent has been mention. Thank you! Please print this page for your reserve	
Four payment has been received. Thank you: Please print this page for your records.	
Transaction Details	
Date: 12/28/2015	
Description	Amount
s2 20 00 USD	\$3,300.00 USD
Total \$3,600.00 CBD	
Received From	
John Doeeed 1100 13th Street, NWSuite 1000 Washington, DC 20005 US	
Paid To	
NCGA 1100 13th St., NW Suite 1000 Washington, DC 20005 US (202) 965-3500	
National Committee for Quality Assurance 1100 13th Street, NW, Suite 1000, Washington, DC 20005 Telephone: 202/955-3500 Fax: 202/955-3599 Customer Support: 888/275-7585	Follow Us 💟

- 20. A payment confirmation email will be sent.
- 21. Once your payment has been received, your DCTs will be automatically submitted. Documentation of payment and submission of DCTs will be noted on the Submit page screen.

Home	Practice Sites	Submit Data	Account Manager	Resources	Switch Account	NCQA Administration						User: cn	nartin@ncqa.org
Home	Home > Submit Data to NCQA You have one or more DCTs ready to be submitted.												
READ	READ THIS Before You Submit Data to NCQA - Click Here to Show												
 Pricing calculations are an estimate based on the number of clinicians submitted. All fees must be paid before the review can be completed. For additional information, refer to the DRP or HSRP Fee Schedule in the Resources section. Attention: The capped fee must be paid in full at the number of clinicians exceeds 100 during the 12-month period, the submission process for all clinicians. After that year ends, the applicant must start over with the sliding fee schedule in effect at that time. If the number of clinicians exceeds 100 during the 12-month period, the surcharge is applied. If you have a capped application fee for HSRP that has not been paid. 													
DCT	5	Practi	ce Name		Applicant(s)	Preliminary Result	Eligible	Application Fee	Order	Submit Date	Status	Action(s)	Select
HSR	9 Group 2015	test site	e		Besaw, Beth	50 out of 100 possible points	204	\$3300 \$	<u>105510</u>	12/28/2015	Paid/Submitted		
HSR	9 Group 2015	test site	9		Multiple (Group)	50 out of 100 possible points	204	_{\$0} \$		12/28/2015	Created		
HSR	9 Group 2015	test site	9		Multiple (Group)	50 out of 100 possible points	204	\$0 \$		1/6/2016	Created		
HSR	^o Group 2015	test site	e		Multiple (Group)	50 out of 100 possible points	204	_{\$0} \$			Created		

22. End Payment process via NCQA Payment Request Email.