

## NCQA-Sample Notification

From: recogsubmit@ncqa.org [mailto:recogsubmit@ncqa.org]

Sent: Friday, April 26, 2013 4:53 PM

To: XXXXXXXXX

Subject: Project XXXXX - NCQA LL Test May 22 2011 Submitted Successfully

License: XXXXX has been submitted for Project: XXXXX

Thank you for submitting the Survey Tool and for participating in the survey process. This email is confirmation that your completed survey tool was submitted to NCQA. A copy of your survey tool and documentation has been successfully transferred. Keep this email for your records.

### Next Steps:

When you next log-in to the Interactive Survey System, a section titled, "Survey and Results" appears on the Welcome page. The "Survey and Results" section includes a link with the project number assigned above to a "read-only" copy of the survey tool with links to copies of your documents on the ISS Server.

For details on the stages of the survey process and how to access the Survey Tool during the survey process, please see the Policies and Procedures.

Your original version of the Survey Tool remains available to you to continue the ongoing process of quality improvement.

We look forward to working with you in the coming weeks. If you have any questions regarding the survey process, contact your survey coordinator directly or Customer Support at [customersupport@ncqa.org](mailto:customersupport@ncqa.org)

Thank you again for participating in the survey process.

## Confirmation of Completed Survey Tool Submission. Your Survey Tool has been submitted. Thank you.

### Submission Completed

Thank you for submitting the Survey Tool and for participating in the survey process. A copy of your survey tool and documentation has been successfully transferred. Please print this screen for your records.

The project number for this survey is: 2000.

### What Happens Next?

When you next log in to the Interactive Survey System, a section titled Survey and Results appears on the Welcome page. The Survey and Results section includes a link with the project number assigned above to a "read-only" copy of the survey tool with links to copies of your documents on the ISS Server.

For details on the stages of the survey process and how to access the Survey Tool during the survey process, please see the Policies and Procedures.

Your original version of the Survey Tool remains available to you to continue the ongoing process of quality improvement.

We look forward to working with you in the coming weeks. If you have any questions regarding the survey process, please contact your survey coordinator directly or Customer Support at 888/275-7585 or [customersupport@ncqa.org](mailto:customersupport@ncqa.org).

Thank you again for participating in the survey process.

Please click [here](#) to close.

# Certificate of Recognition

For their excellent approach to health care,

Delivery System Reform Unit

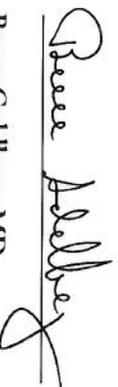
Is hereby recognized as a

Patient-Centered Primary Care Home

TIER 3

ON 10/1/2011

This clinic has hereby met the standards prescribed by the state of Oregon to be recognized as a Patient-Centered Primary Care Home.



Bruce Goldberg, MD  
Director, Oregon Health Authority



Jeanene Smith, MD, MPH  
Administrator, Office for  
Health Policy and Research

**FROM:** connect@jointcommission.org                   **CC:**  
**TO:** wpendleton@phmc.org                           **BCC:** CCMEmail@jointcommission.org

**SUBJECT:** Joint Commission ID 502890 Accreditation Activity; Scheduled Survey Notice

Joint Commission #:

Date: Apr 19, 2013

Dear Colleague:

Your organization is currently scheduled for a Joint Commission survey. Please be aware our Accounting Department will be invoicing your organization for these services. We have assigned the following dates to conduct this survey.

Survey Type: Initial Full Event  
Date: 06-03-2013 - 06-05-2013

Please refer to your secure The Joint Commission Connect extranet site for the name, number and type of surveyors assigned to your organization. The information is posted in the "Notification of Scheduled Events" section in the upper left-hand column of your extranet home page. Please note that we reserve the right to change your surveyors at any time. For your convenience, a link to the extranet is provided below. You will need your The Joint Commission Connect login/password to access the site. If you have lost or forgotten your password, you may use the "Forgot Password" function on the login page to have your password e-mailed to you.

<http://www.jointcommission.org>

Thank you for your participation and support of the accreditation process.

This is an automatically generated message. For additional questions or assistance, please contact the appropriate account executive directly (identified below).

Primary Accreditation Services  
Rex Jordan  
rzordan@jointcommission.org  
(630)-792-5509



## The Joint Commission

To: The Health Center's Joint Commission "Accreditation Point of Contact"

From: Rex Zordan, Joint Commission Senior Account Executive

Subject: Confirmation that an unannounced triennial accreditation re-survey will be scheduled prior to September 1, 2013.

In accordance with the Joint Commission's scheduling policies for accredited organizations, and your request to include the Primary Care Medical Home certification option as part of your upcoming triennial re-accreditation survey, we will be scheduling your organization's unannounced survey prior to September 1, 2013.



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

April 19, 2013

**Organization Confirmation of Scheduled Survey**

**From:** Jodie Ducatenzeiler  
AAAHC  
Please contact me with any questions or concerns @ 847-853-6060.

**To:** Org name and address

**Organization ID:** Org #

**Type of Survey :** Initial Survey

**Your Survey Date:** 06/19/2013 - 06/21/2013

**Survey Team:**

Survey Team

Chair  
Participant  
Participant

**Please Note:**

- If, for any reason, a potential conflict may exist with any surveyor, please notify AAAHC immediately so that appropriate changes can be made.
  - Confirmed surveyors are subject to change.
  - Enclosed "Notices of Accreditation Survey" must be immediately posted in prominent locations throughout the entire organization.
  - All correspondence to AAAHC must reference the legal name of your organization.
- Consultant participation in an on-site AAAHC accreditation survey is limited to the consultant's attendance at the survey Opening Conference and/or the Summary Conference. The AAAHC Survey Team Chair has the right to limit or exclude the participation of any individual(s) in any or all parts of the AAAHC on-site accreditation survey activities.

5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
Tel: 847 853-6060  
Fax: 847 853-9028  
www.aaahc.org

*AAAHC commends your high level of  
commitment and effort in pursuing AAAHC  
accreditation.*

Subject: HCH Certification Assessment Submission Confirmation

Dear Applicant:

Thank you for submitting the certification assessment tool as part of your application for certification as a health care home per Minnesota Statute 256B.0751- 256B.0753 and Rule Chapter 4764. Your certification assessment was submitted successfully. We will review your assessment and be in contact with you within the next two weeks if we need additional information or to schedule a certification site visit.

If you have any questions, you may contact your MDH health care home contact person, or health care homes by email: [health.healthcarehomes@state.mn.us](mailto:health.healthcarehomes@state.mn.us) or phone: 651-201-5421.

Thank you for your interest in health care homes.

MDH and DHS  
Health Care Homes Team  
[health.healthcarehomes@state.mn.us](mailto:health.healthcarehomes@state.mn.us)