

## 2021 Conditions of Participation for Practices

### 1. Access

- Documented plan for non-traditional office hours (outside 8am- 5pm)
- Provides 24/7 phone access for patients and other clinical providers (e.g.- Relay Service or direct contact to the clinician(s))
- Provides same-day appointments
- Ensures annual visit with patient's Primary Care Provider (PCP)

### 2. Quality

- Clinicians use evidence-based medicine to drive practice.
- Complies with all required/requested quality data collection
- Specified staff carry out regular patient outreach to close gaps in care utilizing EMR or external reports
- Engages with DVACO Quality Improvement and with QI Staff/Practice Transformation Coaches for contracted Quality Improvement activities
  - Identify measure(s) and/or payer of focus
  - Implement improvement plan for measures that are below payor targets as defined in Quality Dashboard. Collaborate on specific plan to meet goal for improvement (phone calls, mail outreach, implementation of new tools as they become available, etc.)
  - Collaborate with PT Coach or QI staff to review outcomes each quarter
- Agrees to data transparency throughout DVACO enterprise
- Provides designated DVACO staff with remote access to the EMR for quality review and reporting
- Measures patient experience identifying areas of focus for improvement annually
- Collaborate with PT coach or QI staff to document process for identifying patients who have not had a visit in the past year and AWVs as appropriate

### 3. Resource Stewardship

- Commitment to optimizing total cost of care outcomes for attributed population as evidenced by reviewing performance of such compared to targets and implementing improvement activities for KPIs that are below payor targets
- Appropriate specialist utilization across continuum
  - All patients are referred to a PCP when they do not have one
  - Specialists refer non-specialist problems back to PCP
  - Specialists co-manage care in acute/complex cases with the focus on PCP care delivery
- Steers toward high value specialist clinicians/organizations where identified
- Provides job descriptions (Roles and Responsibilities) utilizing staff at the top level of their licenses
- Office has implemented a process for daily team communication (e.g.- huddles, emails to team members about daily schedule, etc.)
- Uses preferred provider home health, SNF, hospice, rehabilitation services network

- Utilize lower cost generic drugs where feasible

#### 4. Citizenship

- All PCPs actively participate in at least one in-office visit/Zoom or WebEx meeting with CIN/DVACO leadership in the calendar year
- All members of group participate in at least one educational program on various topics of value-based care at least twice a year (e.g.- HCCs webinars, MIPS webinars, etc.)

#### 5. Regulatory Reporting

- 2015 Certified EMR usage with a minimum score of 85
  - Complies with EMR requirements as outlined by CMS
  - Documents encounter note for each patient visit in the EMR
  - Documents Promoting Interoperability (PI) Measures
  - Documents in a manner that will successfully result in quarterly Clinical Quality Measures (“eCQMs”) report submission required by DVACO
- Complies with Merit-Based Incentive Payment Systems (MIPS) / Advanced Alternative Payment Model Program (AAPM) requirements where applicable
- Complies with quarterly PECOS compliance review
- Complies with annual compliance requirements (e.g.- Clinician compliance education, beneficiary notification, audit, etc.)
- 2022 Alternative Payment Model (APM) Performance Pathway- Quality Preparatory Requirements for the MSSP and MIPS Program
  - EMR Requirements:
    - EMR must be able support all 3 eCQM measures that are part of the APM Performance Pathway (APP) quality measure set by 1/1/2022:
      - Diabetes A1c Poor Control
      - Preventative Care and Screening: Screening for Depression and Follow up
      - Controlling High Blood Pressure
    - Quality data will be submitted to CMS: TBD

#### 6. Risk Capture

- Provides evidence ensuring the practice can submit up to 12 ICD-10 codes on claims
- Complies with coding accuracy and specificity audit
- All clinicians complete an educational program upon matriculation to improve accuracy for risk score coding
- MSSP participating primary care providers and specialists with attribution must develop and/or revise HCC workflows for Medicare and Medicare Advantage patients

#### 7. Care Coordination

- Attest to Tier 1 or Tier 2 Care Coordination and sign form.
  - Tier 2 practices must provide quarterly numbers
- Practice provides care coordination to their patients either with a DVACO-provided care coordinator (Tier 1) or internally using their own staff (Tier 2)

- If using a DVACO-provided care coordinator (Tier 1), practice agrees to:
  - Cooperate and engage with their DVACO assigned care coordinator:
    - Refer patients to DVACO care coordinator
    - Meet with care coordinator regularly
    - Review the Care Coordination Policy. Initial here that it has been reviewed: \_\_\_\_\_
- If providing care coordination internally (Tier 2), review the Care Coordination Policy (separate document) & complete attestation below:

**Tier 2 Attestation**

- Practices that are participating in the DVACO's private payer contracts that include up-front prepayments of shared savings (i.e.- Care Coordination) monies must meet the DVACO's required Participation Criteria and be in good standing in order to receive Tier 1 payment \$x PMPM for providing basic Care Coordination (using a DVACO provided Care Coordinator). A higher Tier 2 payment \$x PMPM will be paid to the practice if they meet the following additional criteria for enhanced Care Coordination (provided by their own embedded Care Coordinator). If Tier 2, complete the information below:

Name of Practice Provided Care Coordinator: **Click or tap here to enter text.**

Email of Care Coordinator: **Click or tap here to enter text.**

Phone number of Care Coordinator: **Click or tap here to enter text.**

***Check the applicable credentials:***

PA    APN    RN    LPN    LSW/MSW    Certified Clinical Educator    Certified Case Manager (CCM)

**Number of hours/weeks of care coordination which will be provided to DVACO Health Plan patients:**  
**Click or tap here to enter text.**

- I have read and understand the DVACO Care Coordination Tier 2 Practice Policy.
- I understand that my practice will be considered Tier 2 for as long as these services are in place. *It is my responsibility to promptly notify the Delaware Valley ACO Care Coordination Department at 610-225-6281 or at carecoordrefer@dvaco.org if these services have been disrupted.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Additional specialty-specific conditions of participation may be required