

2022 Conditions of Participation for Practices

1. Access

- Documented plan for non-traditional office hours (outside 8:00 a.m.- 5:00 p.m.)
- 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 best 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 (PT) Coaches for contracted Quality Improvement activities at least monthly or more dependent upon the amount of support necessary
 - 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 plans to meet goals 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
- Practices are expected to have their **Projected Gaps Closed** located on the Quality Performance Projection Report (Glide Path) by TIN meet or exceed targets for all core measures across all non-MSSP payors in which they participate
 - Practices that are below target and have flat/declining trends for 2 consecutive quarters in 5 or more Core Measures will be referred to Membership Committee to discuss a corrective action plan
- * 2021 Core Measures (PY2022 TBD):
 1. Breast Cancer Screening
 2. Cervical Cancer Screening (CCS)
 3. Colorectal Cancer Screening (COL)
 4. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing
 5. Comprehensive Diabetes Care: HbA1c - Poor Control (>9.0%)/Good Control (≤9.0%)
 6. Comprehensive Diabetes Care: Eye exam
 7. Diabetes: Medical Attention for Nephropathy and/or Kidney Health Evaluation for Patients with Diabetes (KED)
 8. Statin Therapy Treatment of Cardiovascular disease
 9. Statin Therapy Treatment of Diabetes (SUPD)
- Agrees to data transparency throughout DVACO enterprise
- Provides designated DVACO staff with remote access to the EMR for quality review and Payer reporting (e.g.- submission of screenshots)

- 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
- Review and adhere to DVACO toolkits, workflows, and user guides

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
 - Practices whose MSSP Total Cost of Care (TCOC) is **15% or higher** above benchmark at the time of any quarterly performance update will go on a corrective action plan informing them that they are at rising risk for exclusion from the MSSP contract in the following performance year (PY)
 - Practices with 100 or more attributed lives whose MSSP TCOC increases to **20% or higher** above benchmark for 2 of the 4 most recent quarters 6 weeks prior to CMS' deadline for removal (typically August/September) will be reviewed by the Network Development Committee and given notice that they will not be included in the following PY MSSP contract
- 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, and in-home 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
- Appropriate members of the office staff 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 to successfully support all three eCQM measures that are part of the APM Performance Pathway (APP) quality measure set by 12/31/2022:
 - Diabetes A1c Poor Control
 - Preventative Care and Screening: Screening for Depression and Follow up
 - Controlling High Blood Pressure
 - Document workflows for all three eCQMs
 - Quality Measures Submission
 - Submit one eCQM measure by first quarter of 2023- TBD by the DVACO

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 and develop and or revise HCC workflows.

7. Care Coordination

- Provide transitional and longitudinal care coordination for their patients with either a DVACO provided care coordinator (Tier 1) or internally using their own clinical staff (Tier 2)
 - Tier 1 practice agrees to:
 - Cooperate and engage with their DVACO assigned care coordinator:
 - Identify and refer patients to DVACO care coordinator-High utilizers, Serious Illness Population, SDOH issues
 - Meet with care coordinator at least monthly
- Complete the below Attestation.

Attestation- All Practices Must Complete

Practices that are participating in the DVACO's private payer contracts that include up-front prepayments of shared savings (i.e.- Care Coordination Fees) monies must meet the DVACO's required Conditions of Participation Criteria and be in good standing in order to receive payment \$x PMPM for participating in Care Coordination activities.

- I have read and understand the DVACO Care Coordination Practice Policy (separate document).
- I will utilize DVACO clinical personnel to perform care coordination for my DVACO attributed population (Tier 1).
- I will employ my own clinical personnel to perform care coordination for my DVACO attributed population (Tier 2). Please 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.

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.

Practice Name: Click or tap here to enter text.

Printed Name: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

*Additional specialty-specific Conditions of Participation may be required.