Main Line Health®
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DELAWARE VALLEY ACO
an accountable care organization

Medicare Shared Savings Program Participation Criteria

Participation Criteria required for ACO Membership* ***Practice reporting required***	
1)	**Demonstrate Competence in reporting Advancing Care Information (ACI) for the Merit-Based Incentive Payment System (MIPS*) (Primary Care and Specialty Practices)***
	Quarterly reporting until projected ACI Score of 70 points achieved (minimum score of 50 required for 2017 performance year).
2)	**Use ACI-certified EHR *(Primary Care and Specialty Practices)***
	Report annually.
3)	**Meet DVACO Care-Model standards**
A.	*(Primary Care)* Demonstrate transformation through achievement and maintenance of DVACO patient-centered medical home principles within 12 months of initial contract year as demonstrated by ongoing NCQA PCMH recognition status, or providing copy of CPC+ reporting, or meeting transformation competency goals established by the DVACO Transformation team. -Tier 1 Care Coordination payments require this patient-centered medical home competency -Tier 2 Care Coordination payments additionally require practice-provided complex care coordination meeting DVACO criteria
B.	*(Specialty Practices)* Commit to DVACO Preferred Specialist Criteria
4)	**Report ACO Quality Metric Data**
	(Primary Care and Specialty Practices): Cooperate with the timely record review and retrieval requirements to meet annual contractual obligations related to CMS Quality Reporting (GPRO) ,and Commercial Quality Reporting (STAR/HEDIS) *(Primary Care Practices):* Demonstrate achieving and sustaining competency in reporting at least 90% of Clinical Quality Measures (CQMs), by 12/31/2017 (see page 2). Work as required with Quality and Transformation Staff to achieve this competency.

**Failure to meet any of these participation criteria, after review by the Membership Committee, may result in the implementation of a DVACO up to 6 month corrective action plan, with suspension of Care Coordination and Shared Savings payments unless requirements met.*

DVACO primary care practices must achieve reporting competency in these Ten Clinical Quality Measures (CQMs)

The measures are expected to be reportable through your EHR.

MU Domain	ACO #	NQF #	Measure Title	Description of Measure
Clinical Process/Effectiveness	27	0059	Diabetes: HbA1C Poor Control	% of patients 18-75 years of age with diabetes who had HbA1C > 9.0% during the measurement period
	19	0034	Colorectal Cancer Screening	% of adults 50-75 years of age who had appropriate screening for colorectal cancer
	28	0018	Controlling High Blood Pressure	% of patients 18-85 years of age with a diagnosis of HTN and whose BP was adequately controlled (<140/90) during the measurement period
	15	0043	Pneumonia Vaccination Status for older adults	% of patients 65 years of age or older who have ever received a pneumococcal vaccine
	20	N/A	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer
Population/Public Health	16	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	% of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2
	17	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	% of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user
	14	0041	Preventive Care and Screening: Influenza Immunization	% of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
	18	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	% of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Patient Safety	13	0101	Falls: Screening for Future Fall Risk	% of patients 65 years of age and older who were screened for future fall risk during the measurement period