

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
- Engages with DVACO assigned care coordinator or practice directly provides their own care coordination utilizing best practices in care coordination.
- Specified staff carry out regular patient outreach to close gaps in care utilizing EMR or external reports
- 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

3. Resource Stewardship

- 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
- Utilized lower cost generic drugs where feasible

4. Citizenship

- All clinicians actively participate in at least one in-office visit with CIN/DVACO leadership
- All members of group participate in at least one quarterly educational program on various topics of value-based care

5. Regulatory Reporting

- 2015 Certified EMR usage with a minimum score of 75
 - Complies with EMR requirements as outlined by CMS
 - Documents encounter note for each patient visit

- 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)

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 clinician complete an educational program upon matriculation to improve accuracy for risk score coding

*Additional specialty-specific conditions of participation may be required