



2016 Delaware Valley ACO Participation Criteria

Items Requiring Practice Reporting	
1)	Submission of Quarterly Summary: Practices must report A,B, and C to DVACO
A.	Ten Meaningful Use Clinical Quality Measures -See Appendix A
B.	Average Same-Day-Appointment Report including the 3 rd next available appointment
C.	CMS attestation for Meaningful Use required -Will be reported annually
2)	Patient Experience Surveys
A.	Independent practices must supply the DVACO vendor with needed patient demographic information (cost of the surveys will be paid for by DVACO)
B.	Employed practices will meet this requirement through their organization, by sharing patient experience data with DVACO

**Please direct any questions you have about quarterly summaries to the Physician Network Coordinator, Sarah Joers at joerss@dvaco.org or 610-225-6294

PCMH Requirements: Practices will be required to become a Patient Centered Medical Home (PCMH) in order to remain a member of DVACO. Practices that are not PCMH Recognized must do the following:	
3	Submit for NCQA Recognition (Level 1, 2, or 3) by 12/31/2016

**Please direct any questions you may have regarding PCMH Transformation to the Director of Practice Transformation, Nancy Meisinger at meisingern@dvaco.org or 610-225-6286

Items Monitored by DVACO that do NOT require practice reporting:	
4)	ACO Quality Metric Data Collection: must cooperate with the timely record review and retrieval requirements to meet contractual obligations related to CMS Quality Reporting (GPRO) , or Commercial quality reporting (STAR/HEDIS) -See Appendix B
5)	Percentage of Patients with a PCP Visit within 7 days of a Hospital Stay Source: Claims Data
6)	Diagnosis Coding: addressing and assessing the risk profile of the practice's patient population through the appropriate use of ICD-10/HCC risk score Source: Claims Data
7)	Care Coordination: must collaborate with care coordinators and demonstrate referrals of complex cases Source: Internal DVACO Tracking
8)	Percentage of Annual Wellness Visits performed on MSSP patients annually Source: Claims Data
9)	Participation in meetings: on-site practice meetings with DVACO Medical leaders, in-person DVACO learning session and/or webinars Source: Internal DVACO Tracking
10)	DVACO Provider/Practice Reports: practice must access provider /practice reports Source: Internal DVACO Tracking

**Failure to meet any of these requirements may result in the implementation of a DVACO corrective action plan after review by the CCC.

Appendix A: Clinical Quality Measures

This table lists the Meaningful Use Clinical Quality Measures (CQMs) that we require to be self-reported to DVACO with each quarterly summary. The measures are organized according to Meaningful Use domain to make it easier to find on your EHR's Meaningful Use dashboard.

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 65 years and older BMI => 23 and < 30 kg/m ² Age 18 – 64 years BMI => 18.5 and < 25 kg/m ²
	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

Appendix B: 2016 CMS Quality Reporting Measures

	ACO #	Measure Title	NQF #	Method of Data Submission
Patient/Caregiver Experience	ACO #1	Getting Timely Care, Appointments, and Information	0005	Survey
	ACO #2	How Well Your Doctors Communicate	0002	Survey
	ACO #3	Patients' Rating of Doctor	0005	Survey
	ACO #4	Access to Specialists	N/A	Survey
	ACO #5	Health Promotion and Education	N/A	Survey
	ACO #6	Shared Decision Making	N/A	Survey
	ACO #7	Health Status/Functional Status	N/A	Survey
	ACO #34	Stewardship of Patient Resources	N/A	Survey
Care Coordination and Patient Safety	ACO #8	Risk Standardized, All Condition Readmissions	1789	Claims
	ACO #35	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)*	N/A	Claims
	ACO #36	All-Cause Unplanned Admissions for Patients with Diabetes*	N/A	Claims
	ACO #37	All-Cause Unplanned Admissions for Patients with Heart Failure*	N/A	Claims
	ACO #38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions*	N/A	Claims
	ACO #9	ASC Admissions: COPD or Asthma in Older Adults	0275	Claims
	ACO #10	ASC Admission: Heart Failure	0277	Claims
	ACO #11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	N/A	Claims and Administrative Data
	ACO #39	Documentation of Current Medications in the Medical Record*	0419	Web Interface
	ACO #13	Falls: Screening for Future Fall Risk	0101	Web Interface
Preventive Health	ACO #14	Influenza Immunization	0041	Web Interface
	ACO #15	Pneumonia Vaccination Status for Older Adults	0043	Web Interface
	ACO #16	BMI Screening and Follow-up Plan	0421	Web Interface
	ACO #17	Tobacco Use: Screening and Cessation Intervention	0028	Web Interface
	ACO #18	Screening for Clinical Depression and Follow-up Plan	0418	Web Interface
	ACO #19	Colorectal Cancer Screening	0034	Web Interface
	ACO #20	Breast Cancer Screening	N/A	Web Interface
	ACO #21	Screening for High Blood Pressure and Follow-up documented	N/A	Web Interface
ACO #42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	Web Interface	
At-Risk Population	ACO #40	Depression Remission at Twelve Months*	0710	Web Interface
	ACO #27 and #41	Composite (All or Nothing Scoring): ACO #27: Diabetes HbA1c poor control (>9 percent) ACO #41: Diabetes: Eye Exam*	0059 and 0055	Web Interface
	ACO #28	Controlling High Blood Pressure	0018	Web Interface
	ACO #30	IVD: Use of Aspirin or another antithrombotic	0068	Web Interface
	ACO #31	Heart Failure: Beta-Blocker Therapy for LVSD	0083	Web Interface
	ACO #33	CAD: ACE Inhibitor or ARB Therapy—Diabetes or LVSD (LVEF <40%)	0066	Web Interface

Reporting quality metrics under GPRO (through the DVACO) will satisfy an individual practice's PQRS reporting requirements, as well as, the Clinical Quality Measures (CQMs) that must be submitted for Meaningful Use. Therefore, practices participating in the ACO will not have to report PQRS or CQM metrics to CMS. Practices will still be responsible for reporting individually on their Core and Menu measures (required under Meaningful Use) to CMS.