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*