

Domain 3: Accountability and Transparency (100 points total)

Question	Points	Summary of Changes	Total Possible Points
<p>4. Does your physician organization obtain and share physician-specific patient satisfaction data with the individual physicians? Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, for specialists with >50 visits a year <input type="checkbox"/> Yes, for PCPs 	<p>4 points 6 points</p>		
<p>Accountability and Transparency</p> <p>5. Please select the option that best describes how your physician organization participates and reports clinical quality measures:</p> <ul style="list-style-type: none"> <input type="radio"/> We report plan data (derived from claims) to a statewide body which publishes comparative clinical quality reports. <input type="radio"/> For Commercial and Medicare, we submit audited, self-reported clinical data derived from claims, registries, EHR, and validated data sharing with practitioners. 	<p>4 points 12 points</p>		12
<p>Practice Variation and Individual Physician Clinical Performance Data</p> <p>6. Does your physician organization share performance reports, including benchmarks and local ranges, with the physicians? Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>7. How often is the information reported to the individual physician? Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> Annually <input type="radio"/> Twice or more per year <input type="radio"/> Available concurrently via electronic inquiry 	<p>0 points 2 points 1 point 2 points 5 points</p>		18

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<p>8. How is information shared with the individual physician? Please select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our medical director and staff have regular discussions with physicians regarding performance variation <input type="checkbox"/> Performance information is used in formal meetings with PCPs and/or specialists regarding practice variation <p>9. Please select the statement that best describes how the information is published internally and made accessible to physicians in the network for review, comparison, and education:</p> <ul style="list-style-type: none"> <input type="radio"/> This information is “blinded” for physician privacy <input type="radio"/> This information is “unblinded,” with full transparency <p>10. Please select the statement that best describes how selected portions of this information are reported in an accessible format to the public:</p> <ul style="list-style-type: none"> <input type="radio"/> Website for patients only <input type="radio"/> Hardcopy report available on request from physician organization <input type="radio"/> Telephonic or e-mail report available on request from physician organization <input type="radio"/> Website for public access <p>11. Please list the top three diagnoses or procedures of concern for utilization variability within your network.</p> <p>Please select three or more that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MRI and CT Imaging of Spine for back pain <input type="checkbox"/> Imaging for headaches <input type="checkbox"/> Specialty referrals for headaches <input type="checkbox"/> Specialty referrals for acne 	<p>2 points</p> <p>3 points</p> <p>2 points</p> <p>4 points</p> <p>1 point</p> <p>1 point</p> <p>1 point</p> <p>2 points</p> <p>Informational only</p>		

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<p><input type="radio"/> 10% or higher</p> <p>The percentage number applies to: Please select one:</p> <p><input type="radio"/> PCPs only</p> <p><input type="radio"/> Specialists physicians only</p> <p><input type="radio"/> Both PCPs and specialist physicians</p> <p>13. For your physician organization, as a whole, please state the actual earned performance bonus percentage (bonus divided by total physician organization-paid compensation for HMO patients) in the most recent report year: (Free text field)</p>	<p>2 points</p> <p>4 points</p> <p>1 point</p> <p>1 point</p> <p>2 points</p> <p>Info only</p>		
<p>Authorization Turnaround Time (TAT)</p> <p>14. Does your physician organization process >90% of all urgent pre-service authorizations within the following timeframes? (Clarify: May use average TAT if you report performance this way. Exclude authorizations formally pended for additional information.)</p> <p><u>Please select one:</u></p> <p><input type="radio"/> Yes 90% within 72 hours (Same credit for average TAT < 2.0 days)</p> <p><input type="radio"/> Yes 90% within 48 hours (Same credit for average TAT < 1.0 days)</p> <p><input type="radio"/> Our physician organization does not require prior authorization for services requested within our network</p>	<p>2 points</p> <p>5 points</p> <p>5 points</p>		5

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<p>Standards of Excellence Reporting Transparency</p> <p>15. <u>Please select all that apply:</u></p> <p><input type="checkbox"/> Our physician organization authorized publication of our 2018 SOE results</p> <p><input type="checkbox"/> Our physician organization, by virtue of participation, authorizes publication of our 2019 SOE results</p>	<p>1 point</p> <p>2 points</p>		3
<p>Provider Satisfaction Surveys</p> <p>16. Does your physician organization conduct an internal survey of providers regarding their satisfaction with physician organization procedures and performance?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No.</p> <p><input type="radio"/> Yes, with physicians only</p> <p><input type="radio"/> Yes, with physicians and ancillary contractors</p>	<p>0 points</p> <p>4 points</p> <p>7 points</p>		7
<p>Patient Rights Policy</p> <p>17. Does your organization have a formal policy statement affirming patients' rights, responsibilities, and privacy assurance?</p> <p><u>Please select one:</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Yes, and this document is posted in a publicly accessible location(s) (physical post and/or website)</p>	<p>0 points</p> <p>2 points</p> <p>4 points</p>		4

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<p>Hospital Liaison</p> <p>18. As healthcare reform and ACO concepts develop, the stakes and balance between physician organizations and hospitals are changing, current best practices demonstrate increases in synchronized efforts between inpatient and ambulatory realms.</p> <p>Please select all that apply to your organization:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We have a Commercial or Medicare ACO collaboration <input type="checkbox"/> We have a Hospital-Medical physician organization Foundation relationship: discussions and/or execution ensue <input type="checkbox"/> We conduct joint executive management meetings on a quarterly or more frequent basis <input type="checkbox"/> We conduct shared board retreats or other depth strategic meetings <input type="checkbox"/> Other (Free text field) 	<p>3 points each (6 points maximum)</p>		<p>6</p>
<p>Total Cost of Care</p> <p>19. Total Cost of Care (TCOC) and Resource Use is a concept that some in population based payment models are using to tackle the fundamental problems related to population health: rising health care costs. TCOC is designed to support affordability initiatives, to identify instances of over use and inefficiency (e.g., Choosing Wisely®), and to highlight cost-saving opportunities.</p> <p>Please select one:</p> <ul style="list-style-type: none"> <input type="radio"/> We do not measure and report currently TCOC and resource use metrics to our physician organization’s governing board. <input type="radio"/> We are planning to measure and report TCOC and resource use metrics to our physician organization’s governing board in 2019. <input type="radio"/> We are measuring and reporting TCOC and resource use metrics to our physician organization’s governing board. 	<p>0 points</p> <p>2 points</p> <p>3 points</p>		<p>3 points</p>