

Annual Bonus/Incentive Amount

- Report the total dollar amount of any bonus or incentive payments received by each individual.
- The amount listed as a bonus/incentive should be included in "Total Annual Compensation".

Annual Retirement Benefits excluding FICA

Report all employer contributions to retirement plans including defined benefit and contribution plans, 401(k), 403(b), and Keogh Plans, and any non-qualified funded retirement plan. For defined benefit plans, estimate the employer's contribution made on behalf of each plan participant by multiplying the employer's total contribution by each plan participant's compensation divided by the total compensation of all plan participants.

Do not include:

1. Employer contributions to social security mandated by the Federal Insurance Contributions Act (FICA);
2. Voluntary employee contributions that are an allocation of salary to a 401(k), 403(b), or Keogh Plan; or
3. The dollar value of any other fringe benefits paid by the practice, such as life and health insurance or automobile allowances.

ACO/PCMH Tab

Accountable Care Organization Affiliation

Indicate your accountable care organization affiliation by selecting from the options listed:

- **Commercial Insurance Company:** A privately formed health insurance company whose objective is to make a profit.
- **State or Federal Government Insurance:** A State or Federal Government provided health insurance such as Medicare or Medicaid.
- **Both Government and Commercial**

ACO Payment Model

- **Fee-for-Service (FFS) Shared Savings:** A payment model where providers, hospitals, and suppliers will be rewarded for lowering growth in health care costs while meeting performance standards on quality of care and putting patients first. This model requires coordinated care for all services provided under Medicare Fee-for-Service.
- **FFS with a Global Cap:** A payment model where services are unbundled and paid for separately with a global cap or limit on overall Medicare spending, used to incentivize collaborative care and reducing costs and unnecessary procedures.
- **Professional Service Capitation:** A model where health care providers are paid a set amount for each enrolled patient assigned to them per a specified time period regardless of number of visits or procedures for professional services.
- **Full Capitation:** A model where health care providers are paid a set amount for each enrolled patient assigned to them per a specified time period regardless of whether or not they seek care, number of visits, or procedures.

ACO Primary Leadership

Indicate who the primary leadership of your ACO is by selecting from the choices listed:

- **Physicians:** Any doctor of medicine (MD) or doctor of osteopathy (DO) who is duly licensed and qualified under the law of jurisdiction in which treatment is received.
- **Hospital/IDS:** A hospital is an inpatient facility that admits patients for overnight stays, incurs nursing care costs, and generates bed-day revenues. An integrated delivery system (IDS) is a network of organizations that provide, coordinate, and arrange for the provision of a continuum of health care services to consumers, and is willing to be held clinically and fiscally responsible for the outcomes and the health status of the populations served. Generally consisting of hospitals,

physician groups, health plans, home health agencies, hospices, skilled nursing facilities, or other provider entities, these networks may be built through "virtual" integration processes encompassing contractual arrangements and strategic alliances as well as through direct ownership.

- **Hybrid of Hospital/IDS and Physicians**

PCMH Staff Positions:

- Behavioral health
- Case manager
- Home health nurse
- Nutritionist
- Patient/care coordinator
- Patient education
- Social worker
- Other PCMH Staff

PCMH Payment Model:

Report the payment models you have utilized within your practice since becoming a PCMH.

- Capitation per member per month (PMPM) payment to cover all medical services and medical home activities
- Enhanced FFS payments for office visits, regular FFS for other services
- Regular FFS for all services and a PMPM payment for medical home activities
- Regular FFS for all services with pay-for-performance or shared savings for meeting utilization goals
- Reimburse PCMH related services using a special HCPCS code
- No additional payment

PCMH Accreditation/Recognition

- **Accreditation Association of Ambulatory Health Care (AAAHC):** A private, not-for-profit organization formed in 1979 to assist ambulatory health care organizations in improving the quality of care provided to patients. They establish, review, and revise standards; measure performance; and provide consultation and education.
- **Bridges of Excellence:** A program that measures the quality of care delivered in provider practices. They emphasize managing patients with chronic conditions who are most at risk of incurring potentially avoidable complications.
- **The Joint Commission (JC):** An independent, not-for-profit organization, which accredits and certifies thousands of health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
- **National Committee for Quality Assurance (NCQA):** A private, 501(c) (3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.
- **Utilization Review Accreditation Commission (URAC):** An independent, not-for-profit organization, which is a well-known leader in promoting health care quality through its accreditation, education, and measurement programs. URAC offers a wide range of quality benchmarking programs and services that model the rapid changes in the health care system and provide a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry.
- **Not formally accredited**

NCQA Level of designation

You indicated your practice is accredited by the NCQA. Please select your designation level:

- Level 1
- Level 2
- Level 3
- No level designation