Requirement	Description	Recommendation	Resources (Reference Resource Webpage for additional links)	Does Practice Meet? Yes | No		Description of Practice Workflow
			TIER 1			
Traditional primary care	Practices must provide in-person (not just virtual care) PCP care	Any virtual-only practice would need to offer in-person access.	**ALL BILH PCPs should already meet this requirement** We do not have virtual only PCP offices in our ACO network	Yes		Overview of In-person Primary Care Services:
Referral to specialty care	Able to guide and coordinate referrals and request evaluation of a patient by clinicians outside of the practice. *Access considerations are not included in meeting this requirement	Educate PCPs on network specialist services, mental/substance use; leverage WellSense/Carelon services where appropriate.	**ALL BILH PCPs should already meet this requirement** BILHPN Referral Directory. WellSense/Carelon BH Provider Directory	Yes		Specialty care referral directory:
Oral health screening and referral	Conduct an annual oral health screening on-site for all MH patients. For patients that do not have regular dentist, refer to MassHealth dentist.	At annual physical, leverage EMR to administer a 2/3 question oral health screening. Refer to MassHealth Dental Finder OnePager in AVS. BILH-hosted eCW, webOMR, and Athena have Adult and Pedi Oral Health Screenings built in.	Oral Health Screening Requirement Workflow MH Dental Finder QR Page: English Portuguese Spanish Vietnamese, Arabic, Cape Verdean, Chinese, Dari, French, Haitian Creole, Khmer, Pashto, Russian, Swahili, BILH-hosted EMR already have OnePagers and Screenings built-in. eCW Screening, OMR Screening, Athena Screening, Epic Oral Health Screening			Describe oral health screening workflows:
Behavioral health and substance use disorder screening	Conduct annual screening of attributed patients >21 years of age. Cover depression, tobacco, unhealthy ETOH, other substance use, preexisting mental health d/o.	Leverage EMR to incorporate screening tools and screening process into annual physical. Have resources to refer any positive screens.	MH ACO Screening Requirement Workflows MH Screening Tools OnePage WellSense/Carelon BH Providers Grayken Center Addition Training MCSTAP One-Pager MABHA User Guide Mass Behavioral Health Roadmap See Tiering FAQs on BILHPN Tiering Page			Describe BH screening workflows:
Behavioral Health Medication Management	Be able to prescribe, refill, and adjust meds for the treatment of common BH issues amenable to treatment in the primary care setting, including but not limited to major depressive disorder, generalized anxiety disorder, and attention deficit-hyperactivity disorder.	Educate PCPs on Depression/ Anxiety, ADHD, ADD medications. PCPs should have comfort in managing some BH medications like SSRI's and/or have support on site for these medications. Can use MCPAP & MCSTAP support, pharm, psychiatrist This service must be available on site – virtual can be added on.	CME opportunities on: GAD ADHD MCPAP Summary See Tiering FAQs on BILHPN Tiering Page			Types of BH medications managed and support:

Behavioral Health Referral with Bidirectional Communication	Be able to offer patients access to BH providers who are within the MH network, including those that offer therapy and counseling services, BH medication management, and intensive outpatient or day treatment programs. Asynchronous communication should be possible.	Utilize WellSense/Carelone list of BH providers and Care Management referral to WellSense as needed. Referral to WellSense/ACO referral for BHCP as needed.	WellSense/Carelon BH Providers Lahey BH Services MABHA User Guide Mass Behavioral Health Roadmap WellSense New Member Contacts			List BH services referred to:
Health Related Social Needs Screening	Conduct universal practice- or ACO-based SDOH screening for MH patients using a standardized tool and shall have the ability to provide a regularly updated inventory of community-based resources to those with positive screens. Can be met virtually.	Leverage standardized HRSN screening tool (PRARARE or other validated tool) for all patients. Have community resource list for positive screens, including CHWs. Educate clinicians on SDOH impact and utilizing SDOH Z codes.	MH ACO Screening Requirement Workflows June '23 Epic SDOH Screening Tips – Updates coming in August BILHPC 2023 August SDOH Roll Out Guide **BILHPN Community Health Questionnaire (modified PRAPRE- Athena, OMR)**: English Cape Verdean Chinese French Portuguese Russian Spanish Vietnamese, Arabic, Dari, Haitian Creole, Khmer, Pashto, Swahili, **Epic Foundations Subset (Mt. Auburn, Lahey)** Updates coming in August English, Spanish, Vietnamese, Arabic, Swahili, Russian, Portuguese, Pashto, Haitian Creole, French, Dari, Chinese, Khmer, Cape Verdean Creole BILHPN Transportation Resource: English, Spanish BILHPN Childcare Resource: English, Spanish SDOH CPT Z Codes + screen resources include FindHelp.org and MASSThriveDirectory BLIHPN MH Community Health Worker: masshealthchworker@bilhpn.org SDOH CME			Describe SDOH Screening workflow:
Care Coordination	Participate in formal practice-driven and/or ACO-driven care coordination that identifies patients at risk due to med, BH, HRSN, psychosocial and/or other needs and deploys risk-stratified interventions and approaches to addressing patients' needs.	Identify patients at risk due to medical, BH and/or HRSN. Deploy risk stratified interventions. Leverage WellSense complex care resource; Use ACO flex/cp referrals and coordination.	**All practices will meet via WellSense/ACO services** WellSense Care Management Summary	Yes		Describe Care Coordination services utilized:
Clinical Advice and Support Line	Ensure patients are made aware of the availability of after-hours telephonic advice, either through the ACO's Clinical Advice and Support Line, or a resource provider by the practice.	Leverage your own on-call PCP coverage and/or this is met by the nurse advice line available through WellSense.	**All practices will meet via WellSense** WellSense Clinical Advice Line WellSense New Member Contacts	Yes		List phone # and services provided:
Postpartum Depression (PPD) Screening	If caring for infants in the first year of life or for postpartum individuals who are within 12 months of delivery, screen for postpartum depression using an evidence-based and validated tool.	Implement standardized BH screening like PHQ9 or Edinburgh into annual visit for mothers who meet criteria. Flag patients who need screening.	MH ACO Screening Requirements PPT M4M PPD Screening Workflow. Refer to appropriate BH services. For referral questions utilize MCPAP4Moms: 855-666-6272			Describe PPD Screening workflow:

			Mass Behavioral Health Roadmap			
LARC Referral Option Refer to	Have ability to discuss options for LARC with relevant patients and refer patients seeking such options to known in-network providers who can place these for the patient or place onsite.	Educate providers on requirement, and available in network providers that offer LARC. Provide education/training for those interested in offering service.	**ALL BILH PCPs should already meet this requirement** If not available on site, use local gyn referrals and /or leverage BILHPN Provider Directory. LARC Implementation Guide			List LARC options (Nexplanon or IUD) and referral process:
Use of Prescription Monitoring Program, MassPAT	All prescribing personnel shall have access to and regularly use the Massachusetts Prescription Awareness Tool (Mass PAT)	Educate providers on law; register providers with MassPAT, if needed	**ALL BILH PCPs should already meet this requirement** MA Legislature: Electronic monitoring of the prescribing and dispensing of controlled substances			Describe how practices utilizes MASSPAT services:
Same Day Urgent Care Capacity	Make available time slots each day for urgent care needs for its patient population. Onsite and virtual.	Schedule blocks for same day visits on site and virtually or have a mechanism to put in same day sick visits as needed.	Have a triage process at the practice level, where urgent same-day appointments are GENERALLY available. See Tiering FAQs on BILHPN Tiering Page			Describe Urgent Care schedule:
Video Telehealth Capability	Have the ability to conduct synchronous visits in lieu of in person encounters.	For EHR's without incorporated video/telehealth, identify alternative options for video telehealth; can be done on tablets.	Most EHR will have this function built in. Doximity is also an option to meet this requirement.			List practice's telehealth capabilities:
No Reduction in Hours	Offer the same or increased number of total regular on-site operating hours and clinical sessions in which patients have been historically seen, as prior to ACO start.	Decreases in hours for reasons other than meeting ACO requirements are likely ok, if documented (e.g., retirement, temporary staffing challenges)	Practices will meet this requirement if they do not change office hours to meet ACO requirements.	Yes		List practices working hours:
Access To Translation/Interpreter Services	Provide interpreter services for attributed patients, to accommodate preferred languages and the needs of enrollees who are deaf or hard of hearing.	Educate providers on their local translation services.	Practices should contact their local Operations Lead for information on their Translation/Interpreter Services. If your practices do not believe they have access to Translation/ Interpreter Services, please contact Alanna.M.Daley@Lahey.org			Describe the Interpreter/Translator services available to the practice:
TIER 1: Pediatric Specific Requirements (PRACTICES WITH PATIENTS 21 AND UNDER)						
BH, Developmental, Social Screenings as Required Under EPSDT [Pediatric Specific]	Administer, at a *minimum*, BH, developmental/early learning, social, and other screenings as required under Early Pediatric Screening, Diagnosis & Treatment (EPSDT). (on-site & virtual)	Educate PCPs on age-appropriate screening tools in accordance with EPSDT schedule. Incorporate into pre-visit planning, EHR and rooming process. Paper screenings are an option.	MH ACO Screening Requirements PPT MH Screening Tools OnePage Appendix W – EPSDT Screening Schedule MCPAP MABHA User Guide			List screenings offered at WellChild visits and workflow:

Screen For SNAP And WIC Eligibility and Referral to WIC When Eligible [Pediatric Specific]	Screen for food insecurity and refer to WIC (Women, Infant and Children) SNAP (Supplemental Nutrition Assistance Program) if eligible. Must be able to access screening on site if needed (vs virtual only).	Educate PCPs on eligibility for SNAP/WIC. Screening can be met through the food insecurity questions on your practices HRSN screening. Refer if positive screen. Upload SNAP/WIC info to EMR for practices to offer patients as part of AVS.	MH ACO Screening Requirements PPT SNAP One-Page for AVS English, Spanish, Portuguese, Chinese, Russian, Vietnamese, Arabic, Cape Verdean, Haitian Creole, Khmer, Swahili, Pashto, Dari WIC One-Page for AVS: English, Spanish, Portuguese, Arabic, Cape Verdean Creole, Dari, French, Vietnamese, Pashto, Khmer, Swahili, Russian, Haitian Creole, Chinese			Describe Food Insecurity Screening questions and workflow:
Establish/Maintain Relationships with Local CBHI [Pediatric Specific]	The practice shall identify its staff member(s) responsible for 1) communicating with and reporting to CBHI program in a closed-loop manner, and 2) maintaining a roster of children attributed to the practice who are receiving CBHI services.	Educate practices on requirement. Practices should identify their point of contact who will connect with local CBHI and maintain a roster of patient referrals to local CBHI services. Maintenance of a CBHI network directory is not required for this measure.	CBHI Summary OnePager CBHI Full Service for Youth Medicaid ACO Guide to CBHI Services ACO CBHI Guide Acronym List			Identify staff member and workflow for roster:
Coordination With MCPAP [Pediatric Specific]	The practice shall consult with and use the services of MCPAP (Massachusetts Child Psychiatry Access Project) to augment the BH expertise provided within the practice as a means to maintain the management of youth with mild to moderate BH conditions in primary care.	Educate providers on requirement. Active use is not required if BH care is otherwise addressed.	MCPAP enrollment has been done by the ACO as of Feb 2023. No need to enroll providers individually. Any new providers joining under a practice site will be bulk enrolled in MCPAP as part of their enrollment with the ACO for participation in next year's ACO (2024)	Yes		Provide MCPAP phone# for consultation resource:
Coordination With Massachusetts Child Psychiatry Access Program for Moms (M4M) [Pediatric Specific]	If providing obstetrical services enroll in M4M. Consult M4M to augment BH care. Must be able to access on site	For family medicine practices providing OB: Enroll in M4M. Educate providers on requirement	*BILH does NOT have any obstetric PCPs in our ACO, so this requirement does not apply*			
Fluoride Varnish For 6m – 6y Once Teeth Present 2x/year [Pediatric Specific]	PCPs to assess the need for fluoride varnish at all preventive visits from six (6) months to six (6) years old, and, once teeth are present. If there is a need for fluoride varnish, PCP must provide application of fluoride varnish on-site at least twice per year starting when the first tooth erupts and until the patient has another reliable source of dental care. **Fluoride varnish treatment and materials are paid outside of sub cap.**	Educate PCPs and clinical staff on requirement. Order fluoride varnish from a local vendor. Implement fluoride varnish process into WellChild visit schedule. Provide fluoride training to eligible clinicians. Add billing codes and MH Dental Provider information to EMR.	Oral Health Tiering Requirements Workflows Fluoride Varnish Patient Ed. See Tiering FAQs on BILHPN Tiering Page			Describe Fluoride varnish application workflow: