Instructions

Using the EPT deliverable portal, please upload your practice's empanelment policy and procedure and provide excerpts that address the following sections.

Section 1. Provide a 2-3 sentence empanelment policy statement.

The "Policy" states what empanelment is and why it is important to your practice. For example: It is the policy of [PRACTICE NAME] to continuously monitor and advance quality, outcomes, and continuity of care for its community residents. [PRACTICE NAME] will implement empanelment to ensure improvement on delivery of care, population health management, and patient and provider satisfaction.

> **Response Criteria**
> An appropriate policy statement is present. The policy statement provides a definition of empanelment and articulates at least two reasons on the importance or benefits of empanelment. Benefits could include promoting continuity, accountability for population management, and improving access.

Section 2: Describe your practice's process for empaneling patients. Please include the following:

a) Methodology (1-cut, 4-cut, or other) used to establish panels
b) How patients assigned by the health plan but unseen by your practice (i.e., shadow patients) are empaneled, if at all
c) Target panel size per 1.0 clinical full time equivalent (FTE)
d) Process, including roles and responsibilities, for empaneling patients

> **Response Criteria**
> Response provided for all four components in section 2 (noted below) and demonstrates understanding of the content.
> a. Policy states methodology for assignment of patients to providers or care teams (e.g., 4- cut method, 1 cut method, or a clear description of a different methodology).
> b. The description describes how assigned and not seen patients are empaneled and there is a process for patient assignment. In the case these patients are not assigned, there is a process for how patients are handled. For example, does the practice contact the patient to establish care, work with the MCP to get patient reassigned, etc.
> c. The practice shares, at a minimum, its calculation(s) for target panel sizes for full time providers.
> d. In the process description, the practice should include who is responsible for pulling patient lists (and how they do so), meeting to review and assign patients based on the selected method, entering assignment in the EHR, reviewing assignments with care teams, communicating assignments to patients, and fielding requests for panel changes.

Section 3: Describe your practice's process for defining open and closed panels. Please include the following:

a) Criteria used to determine when a panel should be closed
b) Criteria used to determine how many new slots are allocated to a provider's schedule
c) Process, including roles and responsibilities, for opening and closing panels

Response Criteria

Response provided for all three components of section 3 (noted below) and demonstrates understanding of the content.

a. Practice has criteria for when to close or open panels and this could include targets for "over-empaneled" or "under-empaneled" providers/care teams.
b. Defined methodology for how the number of new slots are determined.
c. The process of balancing panels, including who is responsible and how often. Process could include comparing panel size to ideal panel size, closing or opening panels, determining how many new slots each provider has per clinic session, and setting up those slots in the scheduling template.

Section 4: Describe your practice's process for patient-initiated primary care provider (PCP) changes. Please include the following:

a) How patients make the request
b) How the request is reviewed and processed
c) How PCP change requests are tracked and monitored to identify themes or trends

Response Criteria

Response provided for all three components of section 4 (noted below) and clearly defines the patient PCP change request process including:

a. How patients make the request (phone, portal, time of visit, MCP, etc.).
b. Who reviews the request and how it is processed.
c. How data is monitored and shared with the practice.

Section 5: Describe your practice's process for moving patients to a different panel due to changes in provider FTE or provider departure. Please include the following:

a) What happens to a provider's panel when they leave the practice
b) What happens to a provider's panel if they reduce their FTE
c) How panels are established for new providers at the practice

Response Criteria

Response provided for all three components of section 5 (noted below) and demonstrates understanding of the content.

a. A description of what happens to a provider's panel when they leave the practice.
b. A description of what happens to a provider's panel if they reduce their FTE.
c. A description of how panels are established for new providers at the practice.

Section 6: Describe your practice's mechanisms for monitoring empanelment. Please include the following:

    a) What reports are utilized to monitor and update panel assignments
    b) What is the frequency of the reports
    c) Who is accountable for reviewing the reports
    d) How are the report findings incorporated into practice operations

Response Criteria
Response provided for all four components of section 6 (noted below) and demonstrates understanding of the content.
    a. Reports reviewed at minimum include % empaneled and continuity.
    b. Frequency is more than annually (recommended is quarterly).
    c. Response identifies a responsible person.
    d. A description of how report findings are incorporated into practice, including whether they are shared at particular meetings and what actions the empanelment lead/champion can take based on reports (e.g., assign patients who have no provider/team listed based on last 3 visits).