**Draft Protocol: OHIC Practice Audit Cost Management Strategies**

**Background:** The Rhode Island 2017-2018 Care Transformation Plan Adapted by Health Insurance Commissioner Kathleen C. Hittner on 1/27/17 identifies activities in 2017-2018 that will help advance PCMH transformation by RI primary care practices. An identified activity is obtaining audit data on Cost Management Strategies.

**Purpose:** To ensure that cost management strategy data supplied by practices are accurate and consistently reported and to inform future data collection

**Process:** CTC-RI will initially audit ten percent (10%) of the practices that submitted cost management information. CTC-RI will report on the initial audit findings to the OHIC sub-committee for further discussion and decision for auditing more practices (up to 30%).

**OHIC Data:**  In 2016, 126 practices submitted Self Attestation Cost Management Reports to OHIC . All practices will be included in the random sample for the audit.

**Sampling Methodology**: Random Sampling of all OHIC PCMH practices

1. **Audits to be performed based on years of practice transformation experience**

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| --- | --- | --- | --- | --- | --- |
| **Years of Practice Transformation Experience** | **Number Submitted** | **With NCQA Level 3** | **With Cost Management** | **With OHIC Recognition** | **Initial Recommendation for audit 10%** |
| 1 or less experience | 16 | 10 | 10 | 10 | 2 |
| 1-2 years’ experience | 30 | 30 | 30 | 30 | 3 |
| 3 or more years’ experience | 76 | 75 | 74 | 74 | 8 |
| Blank | 4 | 4 | 4 | 4 | Include in 3 or more category |
| Total | 126 | 119 | 118 | 118 | 13 |

1. **Initial Test of audit tool, medical record review tool and interpretation of audit results**

CTC will bring draft of audit tool and medical record review tool to Sub Committee of the Care Transformation Advisory Committee (CTA) for review and comments.

CTC will pilot the audit tool with three practices and assign practice facilitators to conduct initial test of audit tool; Practices participating in the pilot audit will be exempt from the full audit.

CTC project management staff and practice facilitators will meet with OHIC staff after the pilot and obtain clarification on interpretation results

Audit tool will be finalized based on feedback from pilot and OHIC.

1. **Practice selection and notification**

OHIC will provide CTC with the list of practices that submitted Cost Management Attestation. CTC will stratify list based on years of practice transformation experience and use a random selection process based on number of audits to be completed within each transformation category.

CTC will notify OHIC of the practices that have been selected for audit based on the random sample and the assigned practice facilitator who will complete the review. OHIC will notify practice that the practice site has been selected for audit and the name of the person who has been assigned to conduct the review.

CTC will request from OHIC the practice self-attestation reports for selected practices and the contact information of the person within the practice that has submitted the Cost Management Strategy attestation.

1. **Audit process**

Site will be advised of the need to execute an OHIC Business Associates Agreement and that the person assigned to conduct the review will be requesting the receipt of certain documents that will need to be sent to the reviewer within a two week time frame.

Assigned reviewer will contact practice and request the NCQA PCMH report (most recent prior to 10/15/16) and required documents (dated prior to 10/15/16) and conduct a desk review. Reviewer may request additional information from the practice based on practice attestation response and NCQA report. (Note: Practice facilitator will not be assigned to review a practice if she/he has been providing that practice with practice transformation support).

Reviewer will establish with the practice a timeframe for reviewing implementation of cost management processes and medical record review.

1. **Medical Record Review**

Practice will be asked to send to the reviewer: a) the practice list of high risk patients that have been assigned to the nurse care manager/care coordinator case load; b) the list of assigned high risk patients that have had an ED visit; c) and the list of high risk patients that had an Inpatient visit between 7/1/16 and 9/30/16 (or the list current within a sixty day time period if practice is not able to generate the list from the recommended time frame.)

Medical Review Procedure

Reviewer will randomly select and review 3 records; if the practice passes all 3, they receive a “pass.” If the practice passes 0 or 1, they are considered “not passed.” If the practice passes 2, another 2 records are selected and the practice must pass 4 out of the 5 records to receive a “pass.”

1. **Audit results**

Practices will be provided audit report with opportunity for feedback. Reviewer will consider the practice feedback in finalizing the audit results.

CTC will communicate finalized practice audit results to OHIC. Practice and health plan notification will be made via the OHIC website.

OHIC will convene a sub-committee of the OHIC Care Transformation Advisory Committee to review initial audit findings and make recommendations for conducting additional audits. This sub-committee will additionally make cost management strategy and audit recommendations for consideration by the larger Care Transformation Advisory Committee. The Care Transformation Advisory Committee will also be the forum for discussion of processes following a failed audit (e.g., issuing a corrective action plan).

1 Scoring for Year 1: Elements that are considered not applicable will not be counted in the denominator.

1. **Other Considerations:**
2. As needed, the reviewer may provide education and consultation for the practice.

Cost: For the 2017 audit, CTC will use funding from practice facilitator line item to pay for audit based on approved hourly unit cost. Practice facilitators will track time per site to conduct audit and cost information will be provided back to OHIC committee. Health plans will use the information obtained from the initial audit to determine the budget and payment mechanism for future audits.

g) **Recommended Timeline**

2/1: CTC develops a proposed protocol for selecting practices and a recommended process for review.

2/15: OHIC convenes a Care Transformation Sub-Committee meeting to review the Audit protocol and tool which will be and approved by OHIC. OHIC solicits 3 practices for trial use of audit tool

2/20/17 to 3/7/17: CTC conducts trial use of audit tool and reports back to OHIC any recommended changes for tool and/or obtains clarification

3/15 – 5/15/17: CTC-RI conducts audits (10%)

5/30/17: CTC-RI provides report on initial audit findings to OHIC sub-committee and decision is made if additionally auditing is recommended;

6/1/17-8/31/17: CTC-RI conducts additional audits based on OHIC sub-committee recommendations

9/15: CTC-RI disseminates report to CT Advisory Committee.

\*For **Discussion**

1. **Recommended Audit Implications for 2018**

If the practice continues to achieve a score of less than 80%, practice will be expected to submit a plan of corrective action to OHIC with expectation that practice successfully implement plan of correction within a 3 month time frame.

Health plans reserve the right to withhold sustainability infrastructure payment in the event that a practice does not successfully complete plan of correction.

Practices that are in a Care Transformation Collaborative (CTC-RI) contract that provides infrastructure payment for transformation will continue to receive payment unless the practice is not meeting the terms of the contract.