CTC-RI Contractual Performance Standards 2015-2016

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# 2015-2016 Clinical Quality Measure Recommendations

## Measures, Thresholds, and retirement of measures

The measures to be reported on and used for performance defined as noted in the table, below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Measure | Contractual performance metric | 2014  Threshold | 2015 Median | 2015-2016  Threshold | Comments |
| Adult BMI (18-64) |  | 70% | 85% | 85% | Capped at 85% |
| Adult BMI (65+) |  | 75% | 90% | 90% | Capped at 90% |
| DM A1c Good Control (<8) |  | 70% | 70% | 72% |  |
| DM BP Control (<140/90) |  | 78% | 80% | 80% |  |
| Hypertension BP Control (<140/90) |  | 76% | 80% | 80% |  |
| Tobacco Cessation |  | 90% | 95% | 90% | Capped at 90% 2014 |
| Depression Screen |  |  |  |  |  |
| DM A1c Poor Control |  |  |  |  |  |
| DM-HbA1c Pts w/ Result |  |  |  |  |  |
| Tobacco Assessment |  |  |  |  |  |
| Chlamydia Screening – Sexual History |  |  |  |  |  |
| Chlamydia Screening – Testing |  |  |  |  |  |
| Fall Risk Management |  |  |  |  |  |
| DM-LDL Pts w/ Result |  |  |  |  | Retired 2014 |
| Hypertension BP Measurement |  |  |  |  | Retired 2014 |
| DM BP Good Control |  |  |  |  | Retired 2014 |
| DM-BP Pts w/ Measurement |  |  |  |  | Retired 2014 |
| DM LDL Good Control |  |  |  |  | Retired 2014 |

## Timing for adjudication

1. Q1 2016 data will be the data used for contract adjudication.

## Methods for successful achievement of measures

1. Success in a domain is defined as achieving results in Q1 2016 that meet or exceed the 2015-2016 threshold. In addition, if the difference between **2015 baseline** to **2015-2016 threshold** for a given practice is 5% points or greater, then a practice can succeed if the improvement achieved is at least half the distance between the baseline result and the 2015 threshold, i.e., at least a 2.5% point improvement. If there was no 2015 measurement, then the threshold must be attained.
2. Practices must successfully meet thresholds according to the rate sheet, in the developmental contract. If the appropriate number of thresholds are met (e.g. 4 out of 6), the corresponding performance incentive will be paid accordingly to the practice.
   1. Performance Year I: Practices must meet four out of six thresholds for success, via the appropriate method.
   2. Performance Year II: Practices must meet four out of six thresholds for success, via the appropriate method. Practices will be eligible for the additional performance incentive (as indicated in the developmental contract) if they successfully achieve thresholds for six out of six measures, via the appropriate method.

# 2014-2015 CAHPS PCMH Survey Recommendations

## Timing for surveys and adjudication

1. Surveys will be administered in Fall of 2015.

## Details of data review

1. We will continue to use top box scores for each domain as this allows for comparison to national standards, averages, and benchmarks.
2. One threshold will be set for all performance levels on each measure
3. Question 12 has been removed from the Access measure nationally. We will continue to monitor Question 12, but not use for performance, as to remain consistent with national standards.

## Thresholds for 07/01/2016 Adjudication

|  |  |
| --- | --- |
| **Measure** | **2015-2016 Threshold** |
| Access | 60% |
| Communication | 84% |
| Shared Decision Making | 68% |
| Self-Management | 54% |
| Comprehensiveness – Adult Behavioral Health | 61% |
| Office Staff | 76% |

## Methods for successful achievement of measures

1. Practices must pass the “gate” using the measure of *Access*, but there will be a new method for success.
   1. Performance Year I: a practice can successfully pass this metric via the following two ways
      1. Method 1: A practice meets or exceeds the threshold for *Access* and meets/exceeds the threshold for *Office Staff* or *Communication* composite measures.
      2. Method 2: A practice does not meet the threshold but improves their *Access* score by 2.5% from their prior year’s score and meets/exceeds the thresholds for both *Office Staff* and *Communication* composite measures*.*
   2. Performance Year II:
      1. Method 1: A practice meets or exceeds the threshold for *Access* and meets/exceeds the threshold for three (3) of the following composite measures: *Communication, Shared Decision Making, Self-Management, Comprehensiveness – Adult Behavioral Health*, or *Office Staff*.
      2. Method 2: A practice does not meet the threshold, but improves their *Access* score by 2.5% from their prior year’s score and meets/exceeds the threshold for four (4) of the following composite measures: *Communication, Shared Decision Making, Self-Management, Comprehensiveness – Adult Behavioral Health*, or *Office Staff*.
   3. Success in any domain, other than *Access*, is defined as achieving results in 2015-2016 that meet or exceed the threshold. In addition, if the difference between **2014-2015** **baseline** to **2015-2016 threshold** is 5% points or greater, then a practice can succeed if the improvement achieved is at least half the distance between the **2014-2015 baseline result** and the **2015-2016 threshold**, if it is also at least a 2.5% point improvement. If there was no 2014-2015 measurement, then the 2015-2016 threshold must be attained.

## Alternate Questions that will be tracked

1. Performance on the following questions will be tracked as they relate to patient-centered care: 7, 10, 12, 27, 38

|  |  |
| --- | --- |
| Number | Question |
| 7 | In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away? |
| 10 | Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays? |
| 12 | In the last 12 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends, or holidays?\* |
| 27 | In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results? |
| 38 | In the last 12 months, did you and anyone in this provider’s office talk at each visit about all the prescription medicines you were taking? |

# Other Policies

## CAHPS PCMH Patient Satisfaction Survey Policy for use of alternate vendors

Should a CTC-RI Practice Site, operating under the CTC-RI Developmental Contract, choose to contract with a vendor other than that selected/contracted via the CTC Committee structure, they must do so according to the following policies and guidelines:

1. If a practice chooses to use an alternate vendor, the selected vendor must be an NCQA recognized vendor.
2. The cost of administering the survey will be the responsibility of the practice.
3. A CAHPS PCMH standard survey, as defined by NCQA, must be used
   1. Mixed mode methods are required along with NCQA’s minimum sampling requirements
4. The survey must be administered along the same timeline as that used by CTC. If a different timing method is used (i.e. continuous), the practice is responsible for securing results that meet the timelines required for CTC, including the survey measurement period.
5. If a practice fails to report follow-up results before or on the same day as CTC results are reported, they are not eligible for the PMPM incentive payment.
6. If a practice fails to provide a baseline measurement, they will not be eligible to meet the approved thresholds by the baseline to threshold improvement method.
7. If results are successfully reported, on time, then they will be included in the appropriate median calculation and be eligible for PMPM payments

Should a practice not follow this policy for using an outside vendor for CAHPS survey administration, they will not be eligible for the associated PMPM incentive payment.

## Rounding Policy

1. Reporting values will be rounded to the nearest tenth of a digit for measurement purposes related to the Targets.