|  | Start-up 1/1/15-6/30/16 | New Contract Recommendations | Notes |
| --- | --- | --- | --- |
| Contract Terms | Start-Up1/1/15 -6/30/16 Transition7/1/16-6/30/17 Performance I7/1/17-6/30/18 Performance II7/1/18-6/30/19 | Start-Up1/1/15-6/30/15 Transition7/1/15 to 6/30/16Performance I7/1/16 to 6/30/17 Performance II7/1/17- 6/30/18  |  |
| Date to indicate if practice wants to stay in Startup or be considered for Transition  |  | 3/31/15 (option available with NCQA level 2) | 2015 New practices: All Start up pre-requisites must be met by 4/30/15 for transition consideration  |
| Target 1: Structural | Nurse Care Manager hired/retained | 3/31/15  | 3/31/15  | Please notify Candice.Brown@umassmed.edu |
| NCQA recognition1 | Level 2 or higher by 3/31/16 | Level 2 or higher by 3/31/15 | Please notify Candice.Brown@umassmed.edu |
| Compacts with Specialists2 | Compact with hospitalist due 3/31/15; 3 total due 9/30/15; 5 total due 1/31/16) | All 5 compacts due by 4/30/15 | Please notify Candice.Brown@umassmed.edu |
| After-hours protocol in place3 | 6/30/15 | 4/30/15  | Please notify Candice.Brown@umassmed.edu |
| Attest to compliance with outpatient transitions best practice policy4 | 1/31/16  | 4/30/15  | Please notify Candice.Brown@umassmed.edu |
| Target 2: Quality | First Required Quarterly Submission of Clinical Quality Measures (minimal look back period)5 | **Due 7/15/15;** Q2 ‘15(7/1/14 to 6/30/15) | **Due 04/15/15** Q1 2015: (4/1/14 to 3/31/15) | Template for reporting will be sent to practices. Complete and return to Marie Sarrasin (MSarrasin@riqi.org) |
|  | Start-up1/1/15-6/30/16 | Start-up1/1/15-6/30/15Transition7/1/15-6/30/16 | Notes |
| Baseline Period for Clinical Quality Measures in Performance Year I | Q1 2016(4/1/15-03/31/16) | Q1 2015(4/1/14-03/31/15) |  |
| Earliest eligibility for transition year Incentive of $0.50 PMPM for NCM measurement reporting 6 | NCM measurement reporting due 7/15/16  | NCM measurement reporting due 1/15/2016 |  |
| CAHPS-PCMH Patient Experience Survey | Patient List pulled March 2015Survey administered April 2015  | Patient List pulled March 2015 Survey administered April 2015  | Practices to be contacted by vendor prior to due date to pull list. |
| Target 3: Utilization | First Opportunity for Incentive Payment on Utilization Benchmark | Performance 17/1/2017 | Performance 17/1/2016  | All utilization data derived from CTC Claims Database |
| Cohort | TBD | TBD | Utilization metric performance adjudicated on aggregate groupings |
|  | Budget report on PMPM spending  | Preliminary report due 4/1/15 Final report due 7/1/15 | Preliminary report due 4/1/15;Final report due 7/1/15  |  |
| “Rules” related to Developmental Contract | Payment rate $5.50 PMPM | Payment rate $5.50 PMPM for Start-up and Transition. Up to $6.00 in Transition with requirement of NCM high risk reporting by 1/15/16 | All prerequisites must be met prior to enactment of contract |

1. In order for a practice to meet Transition Level, the practice must attain Level 2 NCQA. In order for a practice to meet Performance 1, the practice must attain NCQA Level 3.
2. One of the five compacts must be with a hospitalists or hospitalist group unless practice provides inpatient care; one compact must be with behavioral health provider

3, 4. Must be in place prior to moving to Transition

1. In order for a practice to move from Start-up to Transition, the practice must have 1 data submittal of 12 months of data. In order for a practice in Transition to get the $0.50 PMPM incentive, they must report two consecutive quarters of data. In order for the practice to move to Performance 1, the practice must have 2 consecutive submittals of 12 months of data that are deemed data stable/valid by Practice Reporting/CTC. Practice may submit earlier than the first required submittal.
2. $0.50 is available to practice in Transition 7/1/15 to build capacity for the NCM reporting system. Practice must demonstrate reporting of high risk patients no later than 1/15/16. Failure to demonstrate NCM reporting within designated time frame would result in payment re-consideration.