CTC-RI Adult Quality and Customer Experience Contractual Performance Standards 2016-2017 (11/29/16)

Contents

[2016-2017 Adult Clinical Quality Measure Recommendations 2](#_Toc468163759)

[Measures, Thresholds, and retirement of measures 2](#_Toc468163760)

[Timing for adjudication 3](#_Toc468163761)

[Methods for successful achievement of measures 3](#_Toc468163762)

[2016-2017 CAHPS PCMH Survey Recommendations 4](#_Toc468163763)

[Timing for surveys and adjudication 4](#_Toc468163764)

[Details of data review 4](#_Toc468163765)

[Thresholds for 07/01/2016 Adjudication 4](#_Toc468163766)

[Methods for successful achievement of measures 4](#_Toc468163767)

[Other Policies 5](#_Toc468163768)

[CAHPS PCMH Patient Satisfaction Survey Policy for use of alternate vendors 5](#_Toc468163769)

# 2016-2017 Adult Clinical Quality Measure Recommendations

## Measures, Thresholds, and retirement of measures

The following measures are to be reported on and used for performance defined as noted in the table, below. Note starting in the 2017-2017 contract year, there will be FQHC and non-FQHC thresholds. FQHC thresholds\* will additionally be used for practices that have 50% or more Medicaid patient panel at the time of contract adjudication. Note: CTC will prepare a separate document for PCMH Kids at a later point in time.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Measure | Contractual performance metric | 2015-2016Threshold | 2016-2017 Non-FQHC threshold | 2016-2017 FQHC\* threshold | Comments |
| Adult BMI (new measure) |  | N/A | 90% | 90% | Adopted new BMI measures, consistent with SIM alignment. Care plan no longer a requirement of new measure |
| DM A1c Good Control (<8) |  | 72% | 72% | 67% |  |
| DM BP Control (<140/90) |  | 80% |  |  | No longer reported - 2016 |
| Hypertension BP Control (<140/90) |  | 80% | 80% | 68% |  |
| Tobacco Cessation |  | 90% | 90% | 90% | Capped at 90% 2014 |
| Depression Screen and follow up  |  |  | 50% | 50% | Adopted new measure, consistent with SIM alignment. Care plan or additional evaluation a requirement of new measure |
| Adult BMI (18-64) |  | 85% |  |  | Replaced with new measure 2016 |
| Adult BMI (65+) |  | 90% |  |  | Replaced with new measure 2016 |
| DM A1c Poor Control |  |  |  |  | No longer reported - 2016 |
| DM-HbA1c Pts w/ Result |  |  |  |  | No longer reported - 2016 |
| Tobacco Assessment |  |  |  |  | No longer reported - 2016 |
| Chlamydia Screening – Sexual History |  |  |  |  | No longer reported - 2016 |
| Chlamydia Screening – Testing |  |  |  |  | No longer reported - 2016 |
| Fall Risk Management |  |  |  |  | No longer reported - 2016 |

## Timing for adjudication

1. Q1 2017 data will be the data used for contract adjudication. Rates for FY 2018 will be set by 05/31/2017.

## Methods for successful achievement of measures

1. Success in a domain is defined as achieving results in Q1 2017 that meet or exceed the 2016-2017 thresholds. In addition, if the difference between **2016 baseline** to **2016-2017 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 2016 threshold, i.e., at least a 2.5% point improvement. If there was no 2016 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. 3 out of 5), the corresponding performance incentive will be paid accordingly to the practice.
	1. Performance Year I: Practices must meet three out of five thresholds for success, via the appropriate method.
	2. Performance Year II: Practices must meet three out of five 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 five out of five measures, via the appropriate method.

# 2016-2017 CAHPS PCMH Survey Recommendations

## Timing for surveys and adjudication

1. Surveys will be administered in Fall of 2016.



## 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. Due to restructuring of questions in the *Shared Decision Making, Self-Management,* and *Comprehensiveness-Adult Behavioral Health* domains, by NCQA, it was recommended that these measures no longer be used for contract adjudication.

## Thresholds for 07/01/2017 Adjudication

|  |  |  |
| --- | --- | --- |
| **Measure** | **2015-2016 Threshold** | **2016-2017 Threshold** |
| Access | 60% | 60% |
| Communication | 84% | 84% |
| Office Staff | 76% | 76% |
| Shared Decision Making | 68% | N/A |
| Self-Management | 54% | N/A |
| Comprehensiveness – Adult Behavioral Health | 61% | N/A |

## 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. 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*.*

# 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.