CTC-RI Recommendations on Contractual Performance

07/08/2016

Current CTC-RI Adult Practice Sites: Sites in performance years of the current developmental contract will be held to the following standards.

* Adjudication timeline: Rates for FY18 (07/01/17-06/30/2018) to be set by 05/31/2017
* Metric Reporting:
	+ Quality:
		- Number of measures successful for performance incentive payment: 3 of 5 measures for contractual success; 5 of 5 for Performance Year II additional incentive.
		- Thresholds for contractual success:
			* DM HbA1c Good Control:
				+ FQHC: 67%
				+ Non FQHC: 72%
			* Tobaccos Cessation:
				+ FQHC: 90%
				+ Non-FQHC: 90%
			* HTN BP:
				+ FQHC: 68%
				+ Non-FQHC: 80%
			* BMI:
				+ FQHC: 90%
				+ Non-FQHC: 90%
			* Depression Screening:
				+ FQHC: 50%
				+ Non-FQHC: 50%
	+ Patient Experience:
		- Number of measures successful for performance incentive payment:
		- Thresholds for contractual success:
			* Access: 60%
			* Communication: 84%
			* Office Staff: 76%
			* The Shared Decision Making and Adult Behavioral composite measures are no longer on the survey and do not have enough questions, respectively.
	+ Utilization: TBD

Incoming CTC-RI Practice Sites: 2017 Expansion sites (joining CTC-RI as of 01/01/2017): Shift the contract cycle to an annual cycle (01/01-12/31). This will help align with OHIC reporting timelines.

* Adjudication timeline: Practices will be paid the base PMPM throughout the year with any additional incentives ($0.50 potential in Transition Year; performance incentives in Performance Year) paid out, in lump sum at the end of the contract year.
* Metric Reporting: There are no performance requirements in year one. Performance Year requirements will be set as such.
	+ Quality: quality metrics will be reported quarterly to CTC-RI. Quarter 3 of Performance Year (07/01-09/30) data, reported on 10/15, will be used for contract adjudication. Baseline data will be the prior year’s Quarter 3 results.
	+ Patient Experience: Use May/June with results anticipated by December
	+ Utilization: TBD