CTC-RI PCMH-Kids Quality and Customer Experience and Utilization Contractual Performance Standards 2017-2018 (9/11/2017)

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# 2017-2018 Pediatric Clinical Quality Measure Recommendations

## PCMH Kids practices are eligible to achieve performance incentive payments based on meeting 3 out of 4 permanence measures thresholds: 2 of which can be clinical quality measures , one can be customer experience measure (2 out of 3 measures for access, communication and office as defined below) and 1 utilization measure (ED usage compared with comparison group).

## The PCMH Pediatric Standards document provides guidance that defines the quality measures and methods for achieving success. This document is updated on an annual basis.

## Clinical Quality Measures and Thresholds

## The following measures and targets will be used for performance evaluation:

|  |  |  |
| --- | --- | --- |
| **Clinical Quality Measure** | **2016-2017 Threshold**  | **Comments** |
| Child and Adolescent BMI and plan of care  | 76% |  |
| Developmental Screening  | 75% | 2017: Measurement specifications were edited based on feedback from PCMH Kids practices; Practices re-ran quarter 2 data based on updated measurement specifications (April 30, 2017); Threshold established based on updated reports using revised measurement specifications  |
| Well child visits and adolescents  | N/A  | For information purposes: This is a core measure reportable to OHIC in October 2018 as part of the OHIC practice transformation plan  |
| Depression screening and follow up (Adolescents) | N/A | For information purposes: This is a core measure reportable to OHIC in October 2018 as part of the OHIC practice transformation plan |

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## Timing for adjudication

1. Q1 2018 data will be used for contract adjudication. Rates for FY 2019 will be set by 05/31/2018.

## Methods for successful achievement of measures

1. Success in a measure is defined as achieving results in Q1 2018 that meet or exceed the 2017-2018 thresholds. In addition, if the difference between **2017 baseline** to **2017-2018 threshold** for a practice is 5% points or greater, then it can succeed if the improvement achieved is at least half the distance between the baseline result and the 2017 threshold, i.e., at least a 2.5% point improvement. If there was no 2017 measurement, then the threshold must be attained.
2. Practices must successfully meet thresholds in the developmental contract as follows:
	1. Performance Year I and Performance Year 2: Practices must meet 4 quality measures two of which can be the clinical quality measures.

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

# 2017-2018 CAHPS PCMH Survey Recommendations

## Timing for surveys and adjudication

1. Surveys will be administered in Fall of 2017.

## 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 contract measure.

**Customer experience Thresholds for 07/01/2018 Adjudication**

|  |  |  |
| --- | --- | --- |
| **Measure** | **2017-2018****Threshold**  | **Comments** |
| Access | 79% |  |
| Communication | 90% |  |
| Office Staff | 75% |  |

##

## Methods for successful achievement of customer experience measures

1. Practices need to meet 2 out of the 3 measures in order to be considered as meeting the customer experience measure.
2. Access measure can be met by meeting threshold or demonstrating 2% improvement;
3. For measures other than Access, i.e., Communication and Office Staff, if the difference between 2017 baseline to 2017-2018 threshold for a 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 2017 threshold, i.e., at least a 2.5% point improvement. If there was no 2017 measurement then the threshold must be attained.

# Utilization Measure: Emergency Department Utilization

* 1. Measures will be reported by the All-Payer Claims Data Base (APCD) each quarter representing a rolling 12 months of data.
	2. Target for Performance Year 1 will be set by the CTC Data and Evaluation Committee based on available data reported from APCD. PCHM Kids practices that entered CTC in January 1, 2016 will be aggregated at the cohort level.
	3. CTC will use On point Emergency Department utilization performance report that provides information on claims paid through 12/31 for services rendered 10/1-9/30 of the prior period.

Practices can successfully meet Utilization targets for 2017-2018 via the following method:

* 1. “Difference of Differences” method: This is the current method used for last 2 years. The only change is a reduction in ED target of the difference between CTC PCMH Kids Cohort 1 and the comparison group, for 2017 (the target is five percentage points. Practices can successfully meet utilization targets, via the current method of using rolling years to compare the change in trends of CTC practices to a comparison non PCMH group.
* The target for ED utilization will be remain at a **5%** favorable difference using the trend change in the cohort vs comparison for year to year trend

# Other Policies

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

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

1. The alternate vendor must be recognized by NCQA.
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
	2. The alternate vendor must conduct the survey using the same version as CTC.
4. The survey must be administered along the same timeline as CTC. If a different timeline is used, the practice is responsible for securing results according to the CTC timeline.
5. If a practice fails to report follow-up results before or on the same day the CTC results are reported, it is not eligible for the PMPM incentive payment.
6. If a practice fails to provide a baseline measurement, it will not be eligible to meet the approved thresholds by the baseline to threshold improvement method.
7. If results are successfully reported on time, 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, it will not be eligible for the associated PMPM incentive payment.