CTC-RI PCMH-Kids Quality and Customer Experience and Utilization

Recommended Contractual Performance Standards 2021-2022

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# 2021-22 Pediatric Clinical Quality Measure Recommendations

Historically, PCMH Kids practices have been eligible to achieve performance incentive payments based on meeting 3 out of 4 performance 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), with some measures have different targets for practices where 50% or more patients are covered by Medicaid than those whose practices with a higher percentage of patients are covered by commercial plans.

CTC/PCMH Kids, through the Data and Evaluation and Contracting Committee update the Performance Standards on an annual basis and align the measurement strategy with the OHIC Transformation Plan. The PCMH Pediatric Performance Standards document provides guidance that defines the quality measures and methods for ach**ieving success. In April 2021**, the Data and Evaluation Committee, **recommended and the health plans unanimously** approved **changes** to the Performance Standards and practice eligibility for incentive payment based on **continued impact of COVID-19.**

## Clinical Quality Measures and Thresholds

Practices are expected to use the [Measurement Specification Definitions document](https://www.ctc-ri.org/sites/default/files/uploads/Revised%20Measure%20Specifications%20Adult%20and%20Pedi%20CTC-OHIC%20December%20%20%202020.docx) when reporting on clinical performance results, together with 2 MMR for Kindergarten children as outlined below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Clinical Quality Measure** | **2021-2022 Threshold 50% More Medicaid** | **2021-2022**  **Threshold 50% less Medicaid** | **2020-2021 Threshold 50% more Medicaid** | **2020-2021**  **Threshold 50% less Medicaid** | **Comments** |
| Child and Adolescent BMI and plan of care | 88% | 90% | Reporting only | Reporting only | Not included in OHIC measures. |
| Developmental Screening | 67.98% | 67.98% | Reporting only | Reporting only | Same OHIC Threshold |
| Well child visits and adolescents | 53.66% | 75.10% | Reporting only | Reporting only | Same OHIC Threshold |
| Lead Screening age 2 who had one or more capillary or venous lead tests (DOB 1/1/18-12/31/18) | 73.11% | 73.11% | Reporting only | Reporting only | Same OHIC Threshold. OHIC to obtain data through KIDS NET. Measure will apply to all children regardless of insurance type |
| MMR : % of children eligible to enter K on 8/31/21 having two doses of MMR immunization (DOB 9/1/15-8/31/16) | Achieve 90% of baseline (12/31/19 performance) | Achieve 90% of baseline (12/31/19 performance) | Achieve 90% of baseline (12/31/19 performance) | Achieve 90% of baseline (12/31/19 performance) | Not included in OHIC measures. |

## Timing for adjudication

CTC will provide health plans with practice performance information by 6/7/22 with health plan payment made to eligible practices within 60 days of receiving notice of practice performance. Q1 2022 data will be used for contract adjudication. Practices will be eligible for incentive payment based on performance year and payment schedule identified in the common contract.

## Methods for successful achievement of measures

1. Success in a measure is defined as achieving results in Q1 2022 that meet or exceed the 2021-2022 thresholds or if improvement is achieved greater than **baseline**. Baseline is defined as quality measures as of the following times:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | BMI | Developmental Screening | Adolescent Well Child | 2 MMR | Lead Screening |
| Improvement timeframes | 15-Apr-20 | 15-Apr-20 | 15-Apr-20 | 31-Dec-19 | 2017-2018 cohort as of March 1, 2021 |

1. If there was no baseline measurement, then the threshold must be attained.
2. Practices must successfully meet thresholds in the developmental contract as follows:
   1. Performance Year 2: Practices must meet 3 out of 5 clinical quality measures.

# 2021-22 Customer Experience Expectations

## Timing for CAHPS surveys and adjudication

1. Surveys will be administered in Fall of 2021.

## 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. Practices are expected to participate in the CAHPS survey, but no thresholds will be set for CAHPS measures.

**Customer experience Thresholds for 07/01/2021-2022 Adjudication**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **2021-2022**  **Threshold 50% more Medicaid** | **2021-2022 Threshold 50% less** | **2020-2021 Threshold 50% more Medicaid** | **2020-2021 Threshold 50% less Medicaid** | **Comments** |
| Access | Reporting only | Reporting only | No survey conducted  86% | |  |
| Communication | Reporting only | Reporting only | No survey conducted  90% | |  |
| Office Staff | Reporting only | Reporting only | No survey conducted  79% | |  |

# 2021-22 Utilization Measure: Emergency Department Utilization

Not Applicable for 21-22

## For Historical Reference

* 1. Measures will be reported by the All-Payer Claims Data Base (APCD) representing a rolling 12 months of data three times a year. Utilization performance data ending June 2017 is used for contract adjudication.
  2. Target for Performance Year(s) will be set by the CTC Data and Evaluation Committee based on available data reported from APCD. Practices that entered July 1, 2017 will be aggregated at the PCMH Kids Cohort 2 level. Practices that entered July 1, 2019 will be aggregated at the PCMH Kids Cohort 3 level.

Practices can successfully meet Utilization targets for 2019-2020 via the following method:

* 1. “Difference of Differences” method: Practices in performance year cohorts 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

PCMH Kids Cohort 2 Performance Year 1 (ends 6/30/19):

Practices that meet 3 out of 4 quality measures in 2019 (clinical quality and customer experience) would receive incentive payment

* Practices that meet 2 out of 4 quality measures in 2019 and did not receive incentive payment could be re-reviewed in June 2020 and be considered eligible for June 2019 incentive payment if PCMH Cohort 2 practices attain 5% improvement using the “difference of the difference” methodology.

PCMH Kids Cohort 2 Performance Year 2 (ends 6/30/2020):

* Practices that meet 3 out of 4 measures (2 clinical quality measures and 1 customer experience) could receive incentive payment in June 2020.
* Practices that met 2 out of 4 quality measures in 2020 and did not receive incentive payment could be re-reviewed in June 2020 and be considered eligible for June 2021 incentive payment if PCMH Cohort 2 practices attain 5% improvement using the “difference of the difference” methodology.

PCMH Kids Cohort 3: Baseline year will be the 12 months prior to staring the PCMH Kids program and contract adjudication will occur using the “Difference of the difference method as described above.

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# 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.