CTC-RI Adult Quality and Customer Experience Contractual Performance Standards 2017-2018 (7/11/17)

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# 2017-2018 Adult Clinical Quality Measure Recommendations

## Measures and Thresholds

The following measures and targets will be used for performance evaluation. Note some measures have different targets for practices where 50% or more patients are covered by Medicaid and those with a higher percentage of patients covered by commercial plans.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **2016-2017****Non-50%+ Medicaid** **threshold** | **2016-2017****50%+ Medicaid threshold** | **2017-2018****Non-50%+ Medicaid threshold** | **2017-2018****50%+ Medicaid threshold** | **Comments** |
| Adult BMI  | 90% | 90% | 95% | 95% | Care plan not a requirement  |
| DM A1c Good Control (<8) | 72% | 67% | 72% | 67% |  |
| Hypertension BP Control (<140/90) | 80% | 68% | 81% | 74% |  |
| Tobacco Cessation Intervention | 90% | 90% | 90% | 90% | Capped at 90% 2014 |
| Depression Screen and follow up | 50% | 50% | 80% | 80% | Measure requires care plan or additional evaluation  |

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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: Practices must meet three out of five thresholds for success.
	2. Performance Year II: Practices must meet three out of five thresholds for success. 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.

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.
3. Different targets are set for practices whose panel is 50% or more Medicaid patients than those with higher commercial patient populations.
4. Self-Management and Care Coordination measures will not be used for contract adjudication.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **2016-2017 Non-50%+ Medicaid threshold** | **2016-2017****50%+ Medicaid threshold** | **2017-2018****Non-50%+ Medicaid****threshold** | **2017-2018****50%+ Medicaid threshold** | **Comments** |
| Access | 69% | 69% | 73% | 69% |  |
| Communication | 86% | 86% | 90% | 78% |  |
| Office Staff | 76% | 76% | 77% | 71% |  |
| Self-Management | NA | NA | N/A | N/A |  |
| Care Coordination | NA | NA | NA | N/A |  |

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## Methods for successful achievement of measures

1. Practices must pass the “gate” using the measure of *Access* and there are two methods for achieving the CAHPS metric.
	1. Method 1: A practice meets or exceeds the threshold for *Access* and meets/exceeds the threshold for *Office Staff* or *Communication.*
	2. Method 2: A practice does not meet the threshold but improves its *Access* score by 2.5 % from the prior year’s score and meets/exceeds the thresholds for both *Office Staff* and *Communication.*
2. 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.

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

**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.