CTC-RI Adult Quality and Customer Experience and Utilization Recommended Contractual Performance Standards 2018-2019

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# 2018-2019 Adult Clinical Quality Measure Recommendations

## Measures and Thresholds

The following measures and targets will be used for performance evaluation. Practices are expected to use [this measurement specification document](https://www.ctc-ri.org/sites/default/files/uploads/Revised%20Measure%20Specifications%20Adult%20and%20Pedi%20CTC-OHIC%20Dec%202018%20FINAL.pdf) (Note: to be updated once approved by OHIC Practice Transformation Committee) when reporting clinical quality measure performance. Practices are expected to attend the monthly Practice Reporting/Practice Transformation Committee meeting which provides “best practice” sharing on capturing, generating and using information. Blood pressure control measure has been updated to HEDIS 2019. Note: some measures have different targets for practices where 50% or more patients are covered by Medicaid than those with a higher percentage of patients covered by commercial plans.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **2017-2018****Non-50%+ Medicaid** **threshold** | **2017-2018****50%+ Medicaid threshold** | **2018-2019 Threshold** **50% less Medicaid**  | **2018-2019****Threshold** **50%+ Medicaid**  | **Comments** |
| Adult BMI  | 95% | 95% | 95% | 95% | Care plan not a requirement  |
| DM A1c Control (<8) | 72% | 67% | 72% | 67% |  |
| Hypertension BP Control (<140/90) age 60-85 < 150/90w/diabetes age 60-85 <140/90  | 81% | 74% | 82% | 75% | Retired 12/1/18 |
| Hypertension BP control <140/90 age 18-85  | N/A | N/A  | 79% | 74% | Start reporting for 4th quarter 1/1/18-12/31/18 with option of re-submitting 1st quarter 2018 (4/1/17-3/31/18) |
| Tobacco Cessation Intervention | 90% | 90% | 90% | 90% | Capped at 90% 2014 |
| Depression Screen and follow up | 80% | 80% | 85% | 85% | Measure requires care plan or additional evaluation  |
| Colorectal Cancer Screening  | N/A | N/A | Baseline year  | Baseline year | 1st report due to CTC and OHIC 10/15/18 |
| Eye Exams for Patients with Diabetes  | N/A | N/A | Baseline year  | Baseline year  | 1st report due to CTC and OHIC 10/15/18  |

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## Timing for contract adjudication for incentive payments

1. Q1 2019 data will be used for contract adjudication. Reporting values will be rounded to the nearest tenth of a digit for measurement purposes related to the Targets. Practices will be eligible for incentive payment based on performance year and payment schedule identified in the common contract. CTC will notify the health plans of practice incentive payment rates by 5/31/19.

## Methods for successful achievement of measures

1. Success in a measure is defined as achieving results in Q1 2019 that meet or exceed the 2018-2019 thresholds. In addition, if the difference between **2018 baseline** to **2018-2019 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 2018 threshold, i.e., at least a 2.5%-point improvement. If there was no 2018 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.

# 2018-2019 CAHPS PCMH Survey Recommendations

## Timing for surveys and adjudication

1. Surveys will be administered in Fall of 2018.

## 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 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.

**Thresholds for 07/01/2018-2019 Adjudication**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **2017-2018 Non-50%+ Medicaid threshold** | **2017-2018****50%+ Medicaid threshold** | **2018-2019****Threshold for practices with less than 50% Medicaid** | **2018-2019 Threshold** **50%+ Medicaid**  | **Comments** |
| Access | 73% | 69% | 73% | 69% |  |
| Communication | 90% | 78% | 90% | 78% |  |
| Office Staff | 77% | 71% | 77% | 71% |  |

##

## 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 2018 baseline to 2018-2019 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 2018 threshold, i.e., at least a 2.5%-point improvement. If there was no 2018 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.

# 2018-2019 Utilization Measure: Emergency Department and Inpatient Utilization

* 1. Measures will be reported by the All-Payer Claims Data Base (APCD) three times a year representing a rolling 12 months of data. Utilization data from June 2017 is used for contract adjudication.
	2. Targets for practices in performance years assigned to a cohort will be set by the CTC Data and Evaluation Committee based on available data reported from APCD. Practices will be assigned to a cohort based on the year the practice entered the CTC common contract. Practices entering CTC in 2017 are assigned to Cohort 5.

Practices can successfully meet Utilization targets for 2018-2019 via the following method:

* 1. “Difference of Differences” method: 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 of non PCMH group.
* The target for ED utilization will be at a **5%** favorable difference using the trend change in the cohort vs comparison of non-PCMH practices for year to year trend
* The target for Inpatient utilization will be at a **5%** favorable difference using the trend charge in the cohort vs. comparison of non-PCMH practices for year to year trend.

 Performance Results

1. On quarterly basis, practices are required to submit their clinical performance rates and nurse care manager data on the CTC portal. CTC discusses the performance results at the Practice Reporting Committee Meeting and posts the results via the CTC secure portal on a quarterly basis. Information on clinical measure performance and on nurse care manager engagement rates by health plans are displayed at a) cohort level performance; b) historical performance over time and c) compared to threshold. On an annual basis, practices will be able to access customer experience performance results displayed at a) cohort level b) historical performance over time and c) compared to threshold.
2. All Payer Claims Data (APCD) utilization performance will be posted on the On-Point portal three times a year. Display includes risk and non-risk displays of ED visits/cost, inpatient visits/costs, specialist usage, total cost and pharmacy utilization.

**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.