

PCMH+ Evaluation Tools

Evaluation Tool	Details	Means and Interval at Which Information Will be Available
<p>PCMH+ Monthly Participating Entity (PE) Compliance Reports</p>	<p>PCMH+ Monthly PE Compliance Reports will monitor PE requirements, as defined in the PCMH+ contract. Reports are designed to be a high-level tracking method to ensure practices are meeting requirements of the PCMH+ contract. Reports will assist DSS in identifying areas of concern, and if needed, assist DSS in issuing corrective action plans. Reports will gather information on several contract requirement areas, including:</p> <ul style="list-style-type: none"> • Staff requirements and training sessions • Performance of Enhanced Care Coordination activities • Community Advisory Board activity • Frequency of member contacts and general member demographic information • Community partnerships to address social determinants of health • Interdisciplinary team meeting activity 	<p>Reports will be submitted to DSS monthly. The first submission deadline is mid-June.</p> <p>DSS will post completed PCMH+ Monthly Participating Entity Compliance Reports on the PCMH+ web page monthly. The first report will be posted mid-June; upon receipt of the first reports from PEs.</p> <p>Please note: DSS will redact sensitive information (e.g. employee names) from the reports, before posting to the DSS website.</p>
<p>PCMH+ Participation Detail Report</p>	<p>DSS contractors Conduent and CHNCT are tracking member participation on a monthly basis. This report includes a monthly summary by Participating Entity of members participating in PCMH+; and those who have opted out, met exclusion criteria or had a loss of Medicaid eligibility.</p>	<p>By May 1st, DSS will circulate to the Care Management Committee a report that details experience since the implementation of PCMH+.</p>

<p>Opt-out survey findings</p>	<p>DSS is conducting a telephone survey of individuals who opted out of participation in PCMH+ after the program was implemented on January 1, 2017 to confidentially request information on their reasons for doing so.</p>	<p>DSS will circulate survey findings on a rolling basis to the Care Management Committee starting on or about May 15, 2017. If a pattern emerges that causes concern, DSS will notify the Committee in advance of the next monthly summary.</p>
<p>Grievances report</p>	<p>DSS contractor CHNCT is responsible for tracking and reporting on grievances for the entire HUSKY Health population. For purposes of PCMH+, CHNCT will use a marker to compile this data for PCMH+ attributed members.</p>	<p>On or about May 1st, DSS will circulate to the Care Management Committee grievance data by month since the implementation of PCMH+. This information will then be reported on a monthly basis.</p>
<p>CAHPS</p>	<p>DSS contractor CHCNT has engaged Great Blue to conduct baseline CAHPS surveys for a representative sample of PCMH+ attributed members.</p>	<p>DSS will publish a summary of this baseline CAHPS in June/July 2018.</p> <p>For purposes of reference, on or about May 1st, DSS will circulate to the Care Management Committee an executive summary of 2015 CAHPS data.</p>
<p>Mystery shopper</p>	<p>DSS contractor CHNCT is responsible for conducting a Mystery Shopper survey for a representative sample of the CMAP provider network to assess the availability of appointments to HUSKY members and to determine whether having HUSKY insurance influences the availability appointments.</p>	<p>A Mystery Shopper Survey will be conducted in October 2017. DSS will circulate to the Care Management Committee a final report, with results stratified among PCMH+ Participating Entities, in January, 2018.</p> <p>For purposes of reference, on or about May 1st, DSS will circulate to the Care Management Committee an executive summary of 2016 mystery shopper data.</p>
<p>Claims</p>	<p>Acknowledging that full claims run-out in support of calculating eligibility for shared savings for Wave 1 will not be complete until July 1, 2018, the following claims data will be available for use in evaluation during the Wave 1 calendar year:</p>	

	<ol style="list-style-type: none"> 1) Point-of-sale pharmacy data 2) Medical, behavioral health, dental and pharmacy claims detail is pushed out to Participating Entities via the CHNCT PCMH portal in the form of the following reports: PCMH+ panel report, ED utilization report, inpatient claims report, daily admission and discharge report, various gaps in care reports (e.g. child well care, adult well care, child diabetes), and daily admission and discharge reports. 	
<p>Offsite desk review</p>	<p>Materials for the offsite desk review will be requested from Participating Entities and will be reviewed for compliance with contract requirements. Sample documents will include policies and procedures, DSS PCMH+ reports and internal manuals. A tailored tool will be used to report observations and note areas on which reviewers will follow up during the onsite reviews.</p>	<p>DSS will circulate to the Care Management Committee an informal summary of observations of these materials.</p> <p>DSS will circulate to the Care Management Committee detailed, formal reports on the desk reviews and site visits on or about September 30, 2017.</p>
<p>Onsite visits</p>	<p>Onsite compliance reviews for each PE will assess the following: 1) compliance with RFP requirements; 2) any areas noted for follow-up from the desk review; 3) best/promising practices; and 4) areas in which there is potential for improvement. The onsite reviews will include interviews with PCMH+ members, participants of Community</p>	<p>DSS will circulate to the Care Management Committee detailed, formal reports on the desk reviews and site visits on or about September 30, 2017.</p>

	Advisory Bodies, and staff members to gauge their opinions of the program, and will include a chart review to evaluate quality and completeness of members' clinical records.	
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