NWMOMENTUM
HEALTH PARTNERS

Global & Professional Direct Contracting
Quality Measures | Helpful Tips

Claims-Based Quality Measures

In 2022, there are 3 claims-based quality measures for the Global & Professional Direct Contracting (GPDC) Model. The results of these measures combine with the CAHPS survey results to make up the DCEs 2022 quality score. There is no reporting that is required for these measures. CMS will calculate the score from administrative claims data.

The following measures are claims-based for 2022:

Title
Risk-Standardized, All Condition Readmission
Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions
Days at Home for Patients with Complex, Chronic Conditions

CAHPS Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a survey administered by CMS to assess beneficiaries' experiences with healthcare. These surveys focus on aspects of quality, from the perspective of the beneficiary, such as the communication skills of physicians and office staff, and the ease of access to healthcare services.

The outreach to GPDC beneficiaries will be conducted by NWMHP's certified survey vendor. The survey will consist of a random sample of the DCE's beneficiaries using a set of questions. For Performance Year 2022, CMS will attempt to survey 860 survey-eligible aligned beneficiaries and must survey at least 416 beneficiaries.

The survey results will impact NWMHP's overall quality score for Performance Year 2022.

How are the beneficiary responses rated?

Beneficiaries are asked to respond to survey questions on a scale from 0 to 10 with 10 being the best and 0 being the worst. The responses for each question are then compiled to construct an average overall score for that question. Each of the measures listed on the previous page have up to four questions that make up the measure score.

When will the CAHPS survey take place?

Date	Activity
09/12/2022	Pre-notification letters mail
09/12/2022	Customer Support line opens
09/09/2022	First questionnaire with cover letter mails
09/26/2022	Reminder/ Thank you postcard mailing
10/17/2022	Second questionnaire with cover letter mails to non-responders
11/15 – 12/09/2022	Initiate telephone follow-up
01/16/2023	Final survey data files are submitted to CMS

How can you prepare for the CAHPS survey?

Beneficiaries are more accepting of appointment delays if they understand the cause of the delay.

- Office staff should keep beneficiaries up to date and attempt to explain the cause for the delay.
- Consider allowing the beneficiaries to leave for a short time and return at the new expected time.
- Office staff should acknowledge the delay when talking with the beneficiary.

Ask beneficiaries to schedule their routine check-ups and follow-up appointments in advance.

- Advise beneficiaries on the best days or times to schedule appointments.

Ask beneficiaries how the provider/office staff could help improve their healthcare experience.

Before a beneficiary's visit, review the reason for the visit and determine if a follow up is needed on any health issues or concerns from a previous visit.

- Use medical history to provide personalized health advice based on each beneficiary's risk factors.

NWMOMENTUM HEALTH PARTNERS

Global & Professional Direct Contracting
Quality Measures | Helpful Tips

Provider Do's and Don'ts

Do	Don't
Express support for the survey.	Ask beneficiaries if they would like to be included in the survey.
Answer questions about the importance of the survey.	Influence beneficiaries' answers on the survey.
Confirm the legitimacy of the survey and the survey vendor.	Attempt to determine which beneficiaries were sampled.
Confirm that participation is voluntary.	Solicit positive feedback from beneficiaries in the survey.
Assure beneficiaries that the DCE has no way of knowing who responds to the survey. Beneficiary names are never reported, only responses.	Imply that the DCE or its providers will be rewarded for positive feedback.
Confirm that their participation will not affect the care they receive.	Offer incentives of any kind for participating in the survey.
Confirm that their participation will not affect their Medicare benefits or other health care benefits.	Provide a copy of the questionnaire to beneficiaries.

What are some example questions that will be asked?

Example Question
In the last 6 months, how many times did you visit your provider to get care for yourself?
In the last 6 months, when you contacted your provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed it?
In the last 6 months, when you made an appointment for a check-up or routine care with your provider, how often did you get an appointment as soon as you needed?
In the last 6 months, when you contacted your provider's office during regular office hours, how often did you get an answer to your medical question that same day?
In the last 6 months, how often did your provider listen carefully to you?
In the last 6 months, how often did your provider seem to know the important information about your medical history?
In the last 6 months, how often did your provider show respect for what you had to say?
When you and your provider talked about starting or stopping a prescription medicine, did your provider ask what you thought was best for you?
Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate your provider?
In the last 6 months, how often were clerks and receptionists at your provider's office as helpful as you thought they should be?
In the last 6 months, how often did clerks and receptionists at your provider's office treat you with courtesy and respect?
In the last 6 months, how often was it easy to get appointments with specialists?
In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?