**Quality Assurance Surveillance Plan (QASP)**

**CBOC Service**

For: Houma CBOC

Contract Number: \_\_\_**TBD**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s name: \_\_\_**TBD**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The contractor will be evaluated in accordance with the following:**

**1. PURPOSE**

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

* What will be monitored;
* How monitoring will take place;
* Who will conduct the monitoring; and
* How monitoring efforts and results will be documented.

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government’s responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a “living document” and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor through contract modification. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

**2. Government Roles and Responsibilities**

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) – The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor’s performance.

Assigned CO: Melanie Hawley

Administrative CO, if any: NOT Applicable

Organization or Agency: Department of Veterans Affairs-Southeast Louisiana Veteran HealthCare System; Network Contracting Office 16 (NCO 16)

b. Contracting Officer’s Representative (COR) – The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor’s performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government’s behalf.

Assigned COR: Richard Breaux

**Alternate POC**s, if any: Dr. Jamie Buth and Phyllis Lavene

**3. Contractor Representatives**

The following employee(s) of the contractor serve as the contractor’s program manager(s) for this contract.

a. Primary: TBD

b. Alternate: TBD

**4. Performance Standards**

**The contractor is responsible for performance of ALL terms and conditions of the contract.** CORs will provide contract progress reports quarterly to the CO reflecting performance on this plan and all other aspects of the resultant contract. The performance standards outlined in this QASP shall be used to determine the level of contractor performance in the elements defined.

Performance standards define desired services. The Government performs surveillance to determine the level of Contractor performance to these standards.

The Performance Requirements are listed below in Section 5. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the standard and assign a rating. At the end of the performance period, these ratings will be used, in part to establish the past performance of the contractor on the contract.

**5.** **Methods of QA Surveillance**

Various methods exist to monitor performance. The COR shall use the surveillance methods listed below in the administration of this QASP.

a. DIRECT OBSERVATION. 100% surveillance: VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will monitor progress thru automated reports. Contractor can check status of their performance by running reports in VISTA/CPRS as frequently as they want. Non-compliance issues will be addressed with the Contractor as they are identified.

b. PERIODIC INSPECTION. Inspections scheduled and reported quarterly per COR delegation or as needed. Periodic Inspections include monitoring of PACT Compass performance measures. VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will monitor progress thru automated reports. Contractor can check status of their performance by running reports in VISTA/CPRS as frequently as they want. Non-compliance issues will be addressed with the Contractor as they are identified, including PCMM and PACT Compass non-compliance issues.

c. VALIDATED USER/CUSTOMER COMPLAINTS. The VAMC will record and investigate as appropriate any user complaints. Any complaints that are deemed validated will be reported to the Contractor with a requirement for corrective action.

d. RANDOM SAMPLING. This methodology is utilized to evaluate Contractor performance by random sampling of patient files. This sampling shall be performed in compliance with the External Peer Review Program (EPRP). All reviews and reports will be conducted in compliance with VA Privacy and Information security standards.

e. Verification and/or documentation provided by Contractor. Several performance measures require active evaluation and monitoring by the Contractor. The Contractor shall provide the VAMC COR with sample reports prior to usage in order for the VAMC to approve the report methodology/template. The Contractor shall then be responsible to provide routine reports to the VAMC as outlined in the PWS and the QASP performance measures herein below

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| **TASK** | **PWS Para**  **Pages 83-89** | **Performance Requirement** | **Standard** | **Acceptable Quality Level** | **Method of**  **Surveillance and frequency** | **RATING** |
| **CLINICAL REMINDERS** | PWS  4.7.1 | VISTA/CPRS will automatically remind providers to complete clinical reminders during patients visits including but not limited to:  -Alcohol Use Screen  -Alcohol Audit-C Pos F/U Eval  -Depression Screening  - Evaluation Of Positive Depression Screening  -PTSD Screening  -Evaluation Of Positive PTSD Screening  -Antipsychotic Med Side Eff Eval  -MH High Risk No-Show Follow-Up  -MHTC Needs Assignment  -MST Screening  -Breast Cancer Screening  -Clinical Review Of Mammogram Results And Patient Notification  - Whether To Begin Breast Cancer Screening In 40's Or To Wait Until Age 50  -Cervical Cancer Screening  -Clinical Review Of Pap Smear Results And Patient Notification  -Tobacco Counseling by provider  -Tobacco Counseling  -Iraq & Afghan Post Deploy  -Polytrauma Marker  -TBI /Polytrauma Rehab/Reintegration  -TBI Screening  -AAA Screening  -Embedded Fragments Screen  -Embedded Fragments Risk Evaluation  -Project Arch  -Hep C Risk Assessment  -Homelessness Screening  -HTN Assessment Bp >=140/90  -HTN Assessment Bp >=160/100  -HTN Lifestyle Education  -IHD Lipid Profile  -Lipid Statin Rx Cvd/Dm  -Influenza Immunization  -Pneumovax  -Colorectal Ca Screening  -FOBT Positive F/U  -Diabetes Eye Exam  -Diabetes Foot Exam | 100% Proper documentation and completion of all clinical reminders as they appear during a patient’s visit | 95.5 % completion of clinical reminders each month. | VA will monitor progress weekly thru automated reports: VHA SAIL Report  <http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&rs:Command=Render>), EPRP Reviews, Clinical Reminder Reports). Periodic Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system. VA will send these weekly reports to the contractor to notify them to their current performance |  |
| **PC 11:**  **NEW PC PATIENT WAIT TIME** | PWS  4.7.2 | All new patients requesting an appointment for any clinic must receive an appointment in a timely manner. | New Patient Wait times 100% within 30 days from the preferred date. | 99.5 % monthly new patient wait times within 30 days from the preferred date. | VHA SAIL or PACT COMPASS Report  <http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&rs:Command=Render>, Periodic Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system.  Contractor can check status of their performance by running reports in VISTA/CPRS as frequently as needed. |  |
| **ESTABLISHED PC PATIENT WAIT TIME (PC 12)** | PWS  4.7.3 | Established Primary Care Completed Appointments less than or equal to 30 days from Preferred Date (patient desired date) or the clinically indicated date. | Established (100%) PC Patient primary care appointments completed within thirty (30) days from Preferred Date (patient desired date) or the clinically indicated date. | 99 % monthly established PC appointments completed no later than 30 days from Preferred Date (patient desired date) or the clinically indicated date. | VHA SAIL Report  <http://reports2.vssc.med.va.gov/reportserver?%2fMgmtReports%2fVATR%2fSAIL_Prod%2fSAIL&rs:Command=Render>, Periodic Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system.  Frequency: Monthly.  Contractor can check status of their performance by running reports in VISTA/CPRS as frequently as needed. |  |
| **PACT 7**  **SAME-DAY**  **APPTS W/ PCP** | PWS  4.7.4 | Same day face-to-face appointments with primary care provider | 70% completion of same day primary care appointments with PCP | At least 68% completion of same day primary care appointments with PCP | Periodic Inspection audit of PACT Compass <https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fPC%2fPACTCompassCubeSSRS%2fMainMenu&rs:Command=Render> |  |
| **CLINICAL ENCOUNTERS** | PWS  4.7.5 | Providers must complete proper documentation for each patient visit. | 100% Documentation must be complete for all fields including whether or not the patient is service connected. The CPT and provider codes must match and codes must accurately reflect complexity of visit. Complete documentation must be completed before the 18th of each month. | 99.9% completion of clinical encounters each month. | Random Sampling (auditing) VA will monitor using Electronic report using data from VA VISTA/CPRS system.  VA will monitor progress weekly thru automated reports. VA will send these weekly reports to the contractor to notify them to their current performance. |  |
| **PHARMACY** | PWS  4.7.6 | Contractor shall submit a non-formulary and restricted drug request in CPRS using the PBM consult option. | 100% (zero disapproval ratings for non-formulary and restricted drug requests quarterly). | *90% (no more than 10% disapproval ratings for non-formulary and restricted drug requests quarterly).* | Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system  VA will monitor progress monthly thru automated reports. VA will send these monthly status reports to the contractor to notify them to their currentperformance. |  |
| PHARMACY NEW DRUG ORDER REQUESTS | PWS  4.7.7 | Contractor shall submit new drug orders through CPRS to VA | 100% The contractor shall ensure that all new drug order requests follow all prescribing guidelines. This is including but not limited to ensuring all appropriate labs have been previously ordered and that the order is not a non-formulary drug | 99% of new drug order requests follow all prescribing guidelines. This is including but not limited to ensuring all appropriate labs have been previously ordered and that the order is not a non-formulary drug | Random Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system  VA will monitor progress quarterly thru automated reports. VA will send monthly status reports to the contractor to notify them to their current performance. |  |
| **PACT 13:**  [**PACT PATIENTS ENROLLED IN HOME T**](http://vaww.reporting.oqp.med.va.gov/ReportServer?%2fPerformance+Reports%2fMeasure+Management%2fMeasure&measure=2744&rs%3aParameterLanguage=en-US&rc%3aParameters=Collapsed)**ELEHEALTH** | PWS  4.7.8 | The aggregate percentage of all patients enrolled in Home Telehealth (HT) will exceed 1.6% | Contractor to maintain greater than 1.8% of required enrolled patients in HT. | Monthly  Non-cumulative  1.6 % required enrolled patients enrolled in HT | VA will monitor using Electronic report using data from PACT Compass.  VA will monitor progress quarterly (non-cumulative) thru automated reports. |  |
| **PACT 15:**  **PCMHI**  **INTEGRATION** | PWS  4.7.9 | Contractor reports PCMHI Penetration that uses patients assigned to a PACT team as the cohort (instead of core uniques with a primary care encounter). *The**percent of assigned primary care patients seen in a primary care mental health integration (PCMHI) clinic (primary stop code 534 or 539) or by a HBPC mental health provider (primary stop code 156 and 157) or when primary stop code is either 338 or 527 and secondary stop code is 534. Only required divisions are included in this measure which consist of large (5,000 or more core uniques) and very large (10,000 or more core uniques) divisions. Core uniques include all patients except those whose interaction with the facility is limited only to laboratory and telephone triage episodes of care.* ***Numerator for Primary Care Patients in PCMHI –*** *The total number of assigned primary care patients seen in primary care mental health integration (PCMHI) during the past 12 months.* ***Denominator for Primary Care Patients in PCMHI –*** *The total number of primary care patients assigned to a primary care provider on the last day of the month.* | Contractor to exceed 6% of required enrolled patients in PCMHI. | Contractor to maintain 6% of required enrolled patients in PCMHI. | VA will monitor using Electronic report using data from the PACT Compass.  VA will monitor progress quarterly (non-cumulative) thru automated reports. |  |
| **PACT 16:**  **RATIO OF NON-TRADITIONAL ENCOUNTERS** | PWS  4.7.10 | The sum of all PC Telephone encounters added to the sum of all PC Group Encounters added to the sum of all incoming and outgoing secure messages as the numerator. | Contractor shall exceed 20% in the appropriate ratio of non-traditional encounters. | Contractor shall maintain at least 20% in the appropriate ratio of non-traditional encounters. | VA will monitor using Electronic report using data from the PACT Compass.  VA will monitor progress quarterly (non-cumulative) thru automated reports. |  |
| **PACT 17:**  **POST DISCHARGE CONTACT BY PACT TEAM** | PWS  4.7.11 | Number of discharges with follow-up contact by a member of the assigned PACT Team within two business days of discharge. | Contractor assigned PACT Team member shall exceed75% of patients within two business days of discharge. | Contractor assigned PACT Team member shall contact at least 75% of patients within two business days of discharge. | VA will monitor using Electronic report using data from the PACT Compass.  VA will monitor progress quarterly (non-cumulative) thru automated reports. |  |
| **PACT 19:**  **PCP CONTINUITY** | PWS  4.7.12 | Patients see same PCP for appointments | PCP>77% of appointments provided with assigned PCP | Floor 77% of appointments provided with assigned PCP | VA will monitor using Electronic report using data from the PACT Compass.  VA will monitor progress quarterly (non-cumulative) thru automated reports. |  |
| **PCMHQ32: Rating of PCP by Patients Per SHEP** | PWS  4.7.13 | Outpatients responding to the PCMH survey Question 32: ‘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 this provider?’ and answering 9 or 10. | Greater than 75% of patients need to answer 9 or 10 | At least 75% of patients need to answer 9 or 10. | PACT SHEP – PCMH Composite  http://vaww.rs.rtp.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSHEP%2fPCMH%2fPCMHTrendReport&rs:Command=Render |  |
| **PCMH SHEP ACCESS COMPOSITE** | PWS  4.7.14 | Composite % Based on 3 Questions: 1) Get an urgent care appointment as soon as needed, 2) Get a routine care appointment as soon as needed, and 3) Get same day answer to your medical question. | Greater than 50% of patients need to answer 9 or 10. | At least 49.8% of patients need to answer 9 or 10. | PACT SHEP – PCMH Composite  http://vaww.rs.rtp.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSHEP%2fPCMH%2fPCMHTrendReport&rs:Command=Render |  |
| **PCMH SHEP Days Waiting for Urgent Appt. (Q7)** | PWS  4.7.15 | Outpatients responding to the PCMH survey Question 7: ‘In the last 6 months, how many days did you usually have to wait for an appointment when you needed care right away? | Greater than 40% of patients need to answer 9 or 10 | At least 39% of patients need to answer 9 or 10. | PACT SHEP – PCMH Composite  http://vaww.rs.rtp.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2fSHEP%2fPCMH%2fPCMHTrendReport&rs:Command=Render |  |

**6. Ratings:**

Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be used:

Metrics and methods are designed to determine rating for a given standard and acceptable quality level. The following ratings shall be used:

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| **Exceptional:** | Performance meets contractual requirements and exceeds many to the  Government’s benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.  ***Note:***  *To justify an* ***Exceptional*** *rating, you should identify multiple significant events in each category and state how it was a benefit to the GOVERNMENT. However a singular event could be of such magnitude that it alone constitutes an Exceptional rating. Also there should have been NO significant weaknesses identified.* |
| **VERY GOOD:** | Performance meets contractual requirements and exceeds some to the Government’s benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.  ***Note:***  *To justify a* ***Very Good*** *rating, you should identify a significant event in each category and state how it was a benefit to the GOVERNMENT. Also there should have been NO significant weaknesses identified.* |
| **Satisfactory**: | Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.  ***Note:*** *To justify a* ***Satisfactory*** *rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. Also there should have been NO significant weaknesses identified.* |
| **MARGINAL:** | Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor’s proposed actions appear only marginally effective or were not fully implemented.  ***Note:*** *To justify* ***Marginal*** *performance, you should identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. A* ***Marginal*** *rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g,. Management, Quality, Safety or Environmental Deficiency Report or letter).* |
| **Unsatisfactory**: | Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being assessed contains serious problem(s) for which the contractor’s corrective actions appear or were ineffective.  ***Note:*** *To justify an* ***Unsatisfactory*** *rating, you should identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An* ***Unsatisfactory*** *rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g. Management, Quality, Safety or Environmental Deficiency Reports, or letters).* |

**7. DOCUMENTING PERFORMANCE**

a. The Government shall document positive and/or negative performance. Any report may become a part of the supporting documentation for any contractual action and preparing annual past performance using CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR).

b. If contractor performance does not meet the Acceptable Quality level, the CO shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the CO shall document the discussion and place it in the contract file. When the COR and the CO determines formal written communication is required, the COR shall prepare a Contract Report (CR), formerly called a Contract Discrepancy Report or CDR [SAMPLE –LAST PAGE], and present it to CO. The CO will in turn review and will present to the contractor's program manager for corrective action.

The contractor shall acknowledge receipt of the CR in writing. The CR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CR will also state how long after receipt the contractor has to present this corrective action plan to the CO. The Government shall review the contractor's corrective action plan to determine acceptability. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment. The CO is ultimately responsible for the final determination of the adequacy of the contractor’s performance and the acceptability of the Contractor’s corrective action plan.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

**8. Frequency of Measurement**

a. Frequency of Measurement.

The frequency of measurement is defined in the contract or otherwise in this document. The government (COR or CO) will periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed.

b. Frequency of Performance Reporting.

The COR shall communicate with the Contractor and will provide written reports to the Contracting Officer quarterly (or as outlined in the contract or COR delegation) to review Contractor performance

**9. COR AND CONTRACTOR ACKNOWLEDGEMENT OF QASP**

SIGNED:

COR – Richard Breaux/Clinical Manager DATE

SIGNED:

(TBD) CONTRACTOR NAME/TITLE DATE

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| **CONTRACT REPORT** | | | | | | | | |
| 1. CONTRACT NUMBER | | | | 2. Report Number for this Discrepancy | | | | |
| 3. TO: *(Contracting Officer)* | | | | 4. FROM: *(Name of COR)* | | | | |
| 5. DATES | | | | | | | | |
| a. CR PREPARED | | b. Returned by Contractor: | | | | c. Action Complete | | |
| 6. Issue Identified *(Describe in detail. Include reference to PWS Directive; attach continuation sheet if necessary.)* | | | | | | | | |
| 7. SIGNATURE OF COR | | | | | | | Date: | |
| 8. SIGNATURE OF CONTRACTING OFFICER | | | | | | | Date: | |
| 9a. TO *(Contracting Officer)* | | | | 9a. FROM *(Contractor)* | | | | |
| 10. CONTRACTOR RESPONSE AS TO CAUSE AND ACTIONS TO PREVENT RECURRENCE. *(Cite applicable quality control program procedures or new procedures. Attach continuation sheet(s) if necessary.)* | | | | | | | | |
| 11. SIGNATURE OF CONTRACTOR REPRESENTATIVE | | | | | | | Date: | |
| 12. GOVERNMENT EVALUATION. | | | | | | | | |
| 13. GOVERNMENT ACTIONS | | | | | | | | |
| 14. CLOSE OUT | | | | | | | | |
|  | NAME | | TITLE | | SIGNATURE | | | DATE |
| Contractor notified |  | |  | |  | | |  |
| COR |  | |  | |  | | |  |
| Contracting Officer |  | |  | |  | | |  |