

Quality Assurance Surveillance Plan (QASP)

Outpatient Site of Care Service

The contractor shall 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.
- How monitoring efforts and results will be documented.

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: **Brandi Shellhammer**

Organization or Agency: Department of Veterans Affairs, NC04

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: Jocelyn Connelly

3. CONTRACTOR REPRESENTATIVES

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

Primary:

Alternate:

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 6. 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. These methods are clearly defined in section 4.7 “Performance Standards and Surveillance” as well as the table below.

- a. DIRECT OBSERVATION. 100% surveillance: method not applicable
- b. PERIODIC INSPECTION. Inspections scheduled and reported monthly/quarterly/annually per the COR
- c. VALIDATED USER/CUSTOMER COMPLAINTS. method not applicable
- d. RANDOM SAMPLING. method not applicable
- e. Verification and/or documentation provided by Contractor:

Task	PWS Reference	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
Colorectal Cancer Screening (HEDIS)	1.4.42; 4.5.7; 4.9.1	EPRP Monthly Reports; VISN 4 Provider Report PCP Metrics	CBOC providers are expected to screen all patients for colorectal cancer.	<p>The combined average for all CBOC providers should at minimum, meet the average for all VHA providers.</p> <p>For 2016, 82% was the VHA average. This average will change on an annual basis.</p>	Periodic Inspection: Monthly Reporting. Primary Care Staff will pull the VISN 4 Provider Report PCP Metrics monthly. The COR will send this data to the Contractor. The CBOC will receive 12 scores throughout the year for this task.	<p>Satisfactory performance: 0-5% above VHA average</p> <p>Very Good performance: 5.1-10% above VHA average</p> <p>Exceptional performance: 10.1% and above the VHA average</p> <p>Examples using the 2016 numbers: 82-87%: Satisfactory</p> <p>87.1-92%: Very Good</p> <p>92.1% and above: Exceptional</p>	Failure to meet the AQL may result in less than satisfactory past performance ranking

Controlling High Blood Pressure	4.5.5 - 4.5.8; 4.9.2	EPRP Monthly Reports; VISN 4 Provider Report PCP Metrics	CBOC providers are expected to actively manage those patients with high blood pressure.	<p>The combined average for all CBOC providers should at minimum, meet the average for all VHA providers. This average will change from year to year.</p> <p>For 2016, the VHA average was 77%.</p>	Periodic Inspection: Monthly Reporting. Primary Care Staff will pull the VISN 4 Provider Report PCP Metrics monthly. The COR will send this data to the Contractor. The CBOC will receive 12 scores throughout the year for this task.	<p>Satisfactory performance: 0-5% above VHA average</p> <p>Very Good performance: 5.1-10% above VHA average</p> <p>Exceptional performance: 10.1% and above the VHA average</p> <p>Examples using the 2016 numbers 77-82%: Satisfactory</p> <p>82.1-87%: Very Good</p> <p>87.1% and above: Exceptional</p>	Failure to meet the AQL may result in less than satisfactory past performance ranking
Diabetes % A1C less than 9	4.5.5 – 4.5.8; 4.9.3	EPRP Monthly Reports; VISN 4 Provider Report PCP Metrics	CBOC providers are expected to manage diabetic patients and maintain their patients' Hemoglobin A1Cs below 9.	The combined average for all CBOC providers should meet or be less than the average for	Periodic Inspection: Monthly Reporting. Primary Care Staff will pull the VISN 4 Provider Report PCP Metrics monthly. The COR will send this data to the Contractor. The	<p>Satisfactory performance: 0-5% below the VHA average</p> <p>Very Good performance: 5.1-10%</p>	Failure to meet the AQL may result in less than satisfactory past performance ranking

				<p>all VHA providers. This average will change from year to year.</p> <p>For 2016, this average was 21%.</p>	<p>CBOC will receive 12 scores throughout the fiscal year, which will be rated.</p>	<p>below the VHA average</p> <p>Exceptional performance: 10.1% and below the VHA average</p> <p>Examples using the 2016 numbers: 21-16%: Satisfactory</p> <p>15.9-11%: Very Good</p> <p>10.9% or less: Exceptional</p>	
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Veteran Satisfaction	1.5.6.7; 4.5.2; 4.5.4; 4.8.8; 4.9.4	Overall rating of Primary Care provider on the Patient Centered Medical Home (PCMH) & Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, question 32	<p>The target goal is the average for all healthcare facilities (VA and private sector) across the nation for that given timeframe. The community average is calculated annually and will change (although it is assumed not significantly) from year to year.</p> <p>For calendar year 2016, the CAHPS comparative database overall average was 83%.</p>	CBOC score for the measure must meet or be higher than the CAHPS comparative database overall average.	Periodic Inspection: Survey results are reported on a quarterly basis to VAPHS. The COR will notify the Contractor of their previous quarter's score once data becomes available. Data is typically reported 1 quarter later (so FY16Q4 data is not available until FY17Q1). The CBOC will receive 4 scores throughout the year for this task.	<p>0-3% above average: Satisfactory performance</p> <p>3.1%-5% above average: Very Good performance</p> <p>5.1% or above average: Exceptional performance</p> <p>Example using 2016 data: 83-86%: satisfactory 86.1-88%: very good 88.1% and above: exceptional</p>	Failure to meet the AQL may result in less than satisfactory past performance ranking.
Contractor Engagement & Staffing	2 – 2.1.1; 4.6.31.1; 4.9.5	Staff turnover and vacancies.	Full staffing per contract is expected. CBOC Clinic must be staffed at full levels (100%) as outlined in PACT Staffing Models that are agreed upon by VAPHS and contractor. In the event of a vacancy, the Contractor should work swiftly to replace the	The time from a vacating staff member's last day to the day the Contractor submits both, a credentialing	Documentation provided by the Contractor: Contractor must notify COR immediately of any staff resignations and/or pending vacancies. COR will independently track	<p><u>For the average vacancy timeframes:</u> 15-20 days: Satisfactory performance</p> <p>10-14 days: Very Good</p>	Failure to meet the AQLs will result in less than satisfactory past performance ranking.

			<p>vacating employee to minimize the impact on clinical operations and direct patient care.</p>	<p>and background investigation package to the COR for that position's replacement should be under 20 business days (roughly 1 calendar month).</p> <p>Additionally, contractors officially authorized to begin working under the contract should report to work within 10 business days (2 calendar weeks) of their authorization date.</p> <p>The COR will average this data for new staff the contractor onboards throughout the year.</p>	<p>the vacancy's timeline on a spreadsheet. The contractor can independently track this information as well, or request timeline updates directly from the COR as needed.</p> <p>Additionally, the COR will track the timeframe from when the contractor is authorized to officially start (evidence by when the COR sends the authorization to start email) compared to the contractor's actual start date. This should be 10 business days or less.</p> <p>The COR will provide an annual summary of this information to the Contractor, so the CBOC will receive 1 score per year for this task. The COR can additionally provide this information in a "snap shot" form at any point throughout the year, upon Contractor's request.</p>	<p>performance</p> <p>9 days of less: Exceptional performance</p> <p><u>For the average start date</u> <u>timeframes:</u> 8-10 days: Satisfactory performance</p> <p>6-7 days: Very Good performance</p> <p>5 days or less: Exceptional performance</p>	
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Access to Care	1.5.6.7; 4.1; 4.5; 4.5.3; 4.6.33.5; 4.9.6	VA Survey of the Healthcare Experiences of Patients (SHEP), PCMH, CAHPS survey: Veteran's perception to access (a composite of questions 6, 9 and 14)	<p>The target goal is the overall average for all VHA facilities across the nation for that given timeframe. This average will change each reporting period (although it is assumed not significantly). This number is composed of the preceding 12 month rolling average at any time throughout the year.</p> <p>In December 2016, the VHA 12-month rolling average score was 48.9.</p> <p>In December 2016, VAPHS' 12-month rolling average score was 58.5.</p>	CBOC score for the composite must meet or be higher than the VHA national rolling average baseline AND be no more than 5 points below the overall healthcare system's baseline score.	Periodic Inspection: Quarterly Reporting. Survey results are reported on a quarterly basis to VAPHS. The COR will notify the Contractor of their previous quarter's score once data becomes available. Data is typically reported 1 quarter later (so FY16Q4 data is not available until FY17Q1). The CBOC will receive 4 scores throughout the year for this task.	<p>Satisfactory performance: if the score meets or exceeds the VHA average and is no more than 5 percentage points below the facility's average</p> <p>Very Good performance: if the score exceeds the VHA average and meets the facility's average</p> <p>Exceptional performance: If the CBOC exceeds both, the VHA national average and VAPHS' average.</p> <p>For example, using the Dec 2016 data, the scores below would be judged accordingly:</p>	Failure to meet the AQLs will result in less than satisfactory past performance ranking
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						53.5-58.4= satisfactory 58.5= very good 58.6 and above= exceptional	
Telephone Responsiveness	4.5.3.2.1 4.6.20 4.9.7	Amount of time it takes for Contractor to answer and respond to phone calls	The contractor shall answer all phone calls within 30 seconds with a 5% or less abandonment/hang up rate.	The average wait time for the month should be no more than 30 seconds with an abandonment rate of 5% or less.	Periodic Inspection: Monthly Reporting. The CBOC will have software that tracks calling metrics including average wait time and abandonment rate through an Automatic Call Distributor (ACD). The ACD Company will directly provide the COR this information monthly. Periodic Inspection; Monthly Reporting. To validate and confirm the ACD data, VA staff will make daily phone calls at random times during normal business hours to the clinic and record the wait time until they are able to speak	Satisfactory performance: Average answer time of 30 seconds with 5% or less abandonment rate Exceptional performance: Average answer time under 30 seconds with 5% or less abandonment rate	Failure to meet the AQL for either answer times or abandonment rates will result in a less than satisfactory performance ranking for that month's score.

					<p>with a Contractor who can address their issue. If a Contractor answers the phone and advises the VA staff member to hold, the clock will not stop until the Contractor returns to the call and is able to listen to the caller's issue. The VA staff member will hang up if the wait time exceeds 3 minutes and this will count as a hang up. The COR will track and trend this daily data and report it on a monthly basis to the Contractor.</p> <p>If the ACD data varies significantly from the VA's daily reported data, representatives from both sides will discuss and remedy. If both sides are unable to agree to a resolution, only the VA daily data will be used in rating this standard</p> <p>The CBOC will receive 12 scores throughout the year for this task.</p>		
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7. Ratings:

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

EXCEPTIONAL:	<p>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.</p> <p>Note: To justify an Exceptional rating, you should identify <u>multiple</u> 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.</p>
VERY GOOD:	<p>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.</p> <p>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.</p>
SATISFACTORY:	<p>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.</p> <p>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.</p>
MARGINAL:	<p>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.</p> <p>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).</p>
UNSATISFACTORY:	<p>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.</p> <p>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).</p>

8. 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 Discrepancy Report (CDR), 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 CDR in writing. The CDR 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 CDR 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.

9. 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 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.

10. COR AND CONTRACTOR ACKNOWLEDGEMENT OF QASP

SIGNED:

COR NAME/TITLE

DATE

SIGNED:

CONTRACTOR NAME/TITLE

DATE