**Quality Assurance Surveillance Plan (QASP)**

**CBOC Service**

**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?
* 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: < Government will enter name>

Organization or Agency: Department of Veterans Affairs (IDENTIFY YOUR DIVISION)

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: < Government will enter name>

**3. Contractor Representatives**

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

Primary: LaSha Baylis

Alternate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TASK** | **PWS Para** | **Performance Requirement** | **Standard** | **Acceptable Quality Level** | **Method of**  **Surveillance and frequency** |
| **CLINICAL REMINDERS** | PWS para.  4.6.1 | 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 | 90% completion of clinical reminders each month. | VA will monitor progress weekly thru automated reports, 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 14:**  **NEW PC PATIENT WAIT TIME** | PWS para.  4.6.2 | 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. | 99.7 % 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 17)** | PWS para.  4.6.3 | 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. | 94 % 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 para.  4.6.4 | Same day face-to-face appointments with primary care provider | 70% completion of same day primary care appointments with PCP | 70% 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 para.  4.6.5 | 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 para.  4.6.6 | 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 current performance. |
| **PHARMACY NEW DRUG ORDER REQUESTS** | PWS para.  4.6.7 | 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 | 95% 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 para.  4.6.8 | The aggregate percentage of all patients enrolled in Home Telehealth (HT) will exceed 1.6% | Contractor to maintain greater than 1.6% of required enrolled patients in HT. | 1.2% of required enrolled patients enrolled in HT | VA will monitor using Electronic report using data from Performance Measure Report: T21, Quality and PACT Dashboard. VA will monitor progress quarterly (non-cumulative) thru automated reports. |
| **PACT 15:**  **PCMHI**  **PENETRATION** | PWS para.  4.6.9 | 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 at least 4% 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 para.  4.6.10 | 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 12% 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 para.  4.6.11 | 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 exceed 65% of patients within two business days of discharge. | Contractor assigned PACT Team member shall contact at least 40% 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. |
| **PCMH SHEP ACCESS COMPOSITE** | PWS para.  4.6.12 | 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. | Exceed 50% | 47.8% | VHA SAIL Report or Patient Experience Report |
| **APPOINTMENT CANCELLATIONS** | PWS para.  4.6.13 | Contractor shall not unnecessarily cancel patient appointments and will reschedule cancelled appointments in a timely manner.  Cancelled appointments will be rescheduled with patient input and use the original clinically indicated date (CID) or preferred date (PD) in the desired date (DD) field. Wait time will be measured from the original CID/PD. | 100% of patients seen within 30 days of their original CID/PD. | 100% of patients seen within 30 days of their original CID/PD. | Periodic Sampling VA will monitor using Electronic report using data from VA VISTA/CPRS system.  VA will monitor progress through quarterly audits using automated reports.  Contractor can check the status of their performance by running reports in VISTA/CPRS system. |
| **PACT 19:**  **PCP CONTINUITY** | PWS para.  4.6.14 | Patients see same PCP for appointments | 77% of appointments provided with assigned PCP | 65% 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. |
| **PCMH 4:**  **SHEP PCMHQ38: DISCUSSED DIFFICULTIES IN CARING FOR SELF** | PWS para.  4.16.12 | Weighted number of outpatients responding "yes" to PCMH Q38 | At least 51% respond yes to PCMH Q38 | 47.8%respond yes to PCMH Q38 | VHA SAIL Report or Patient Experience Report.  VA will monitor progress quarterly (non-cumulative) thru automated reports. |

**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. Incentives/DEDUCTS**

The Government shall use past performance as incentives. Incentives shall be based on exceeding, meeting, or not meeting performance standards (if you include any monetary incentives, this requires approval through the Department’s SPE).

**6.** **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: (if this method is used, define how surveillance will be accomplished.)

b. PERIODIC INSPECTION. Inspections scheduled and reported quarterly per COR delegation or as needed. (Define what and how often it will be inspected. For example, ten (10) randomly selected patient files will be reviewed per inspection period. All inspections and reports will be conducted in compliance with VA Privacy and Information security standards.)

c. VALIDATED USER/CUSTOMER COMPLAINTS. If this method is used, explain how data will be collected and reported.

d. RANDOM SAMPLING. If this method is used, define what and how often it will be sampled. (For example, ten (10) randomly selected patient files will be reviewed per quarter. All reviews and reports will be conducted in compliance with VA Privacy and Information security standards.)

e. Verification and/or documentation provided by Contractor. Review PWS and if this method of surveillance is selected, define how documentation will be verified and how assessment will be conducted.