



ADVANCING INTEGRATED HEALTHCARE

CTC-RI Data and Evaluation Committee Charter

Staff: CTC Project Manager

Co-Chairs: Health plan and practice representatives

Members: Health plan and practice representatives

Charge: The Data and Evaluation Committee is responsible for the standardization and consistency of all aspects of regular reporting by the health plans and practices regarding attribution, utilization and cost reports, clinical measures, customer experience measures and NCQA PCMH results. This committee will be responsible for proposing and recommending for approval to the Board of Directors any new or updated measures, consistent with the Office of the Health Insurance Commission (OHIC) Practice Transformation Plan and Measure Alignment Workgroup and may consider the Executive Office of Health and Human Services (EOHHS) accountable entities and other Medicare and Medicaid measures. For all reports and measures, it will establish production schedules, standardize definitions and thresholds for practices to be eligible for incentive payments consistent with contract requirements. The Committee works with Practice Reporting Committee to develop standardized measurement specifications for the clinical measures, produce and coordinate reports, and conduct quality control activities. Analyses of the reports produced by the workgroups will be the responsibility of the Data and Evaluation Committee. On an annual basis, the Committee reviews and approves the quality information that is used for contract adjudication and sets new performance standards for adult and pediatric practices.

The Committee will regularly communicate and hold joint meetings with the Practice Reporting/Transformation Committee Co-Chairs to ensure that the work of the committees is coordinated and that each committee has the information necessary to efficiently perform its functions.

The Committee is responsible for reviewing and approving evaluation plans and reports.

Agenda Development: Driven by work plans, feedback/requests by health plan and practices, and requests/directives of the Board of Directors.

Membership: Committee should be composed of health plan representatives and practice representatives.

Expectations of Members: Engaged participation in meetings and work in between; commitment to the success of the project; identifying and prioritizing organizational resources to ensure success of group's work; resolving any internal resource conflicts; sharing of all data deemed relevant and non-proprietary with project.

Meeting Frequency: Meetings are scheduled on a monthly basis, but may be held less frequently based on committee needs.