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14. ABSTRACT
The Military Health System's (MHS) benefit program, TRICARE, is administered through a direct care system supported by a civilian network via 12 regional Managed Care Support Contracts (MCSCs). Lead Agents, whose offices serve not only to oversee MCSC performance but also to manage the healthcare benefit program for MHS beneficiaries, monitor these regional contracts. As such, they are inundated with numerous metrics, many of which are not optimal for strategic management. This graduate project identifies the critical performance indicators for the Region 6 Lead Agent Office (TRICARE Southwest) through a comparative analysis of similar health plans. Using a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator) Model, the performance measurements of TRICARE Southwest were compared with those of TRICARE Northwest and PacifiCare of Texas. Critical performance indicators were identified for three core domains: health status, operations/member services, and cost accountability. An analysis provides the executive staff of TRICARE Southwest recommendations to assist in developing an optimal performance measurement system for Region 6. The critical performance indicators identified should aid leaders in determining the "health" of the health plan.

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Identifying the Critical Performance Indicators for the TRICARE Lead Agent Office, Department of Defense - Health Service Region 6, Through a Comparative Analysis of Similar Health Plans:

A Graduate Management Project Submitted to the Faculty of the U.S. Army-Baylor University for Successful Completion of Requirements for the Master of Health Care Administration Degree

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This effort to assist the Lead Agent Office in determining how they might best measure the performance of TRICARE in Region 6 is dedicated to all of the beneficiaries who utilize the Military Health System and depend on us as healthcare professionals to meet their needs. I attribute much of the value of this project to the support provided me by the staff of the Lead Agent Office and the Executive Team who gave me free access and information critical to the understanding of their operations. I would also like to thank Lieutenant Paul Toland and Major Troy McGilvra for their assistance with data collection as well as Captain Barna Lambert for her assistance in content analysis. I gratefully extend thanks to the entire staff of TRICARE Southwest for giving me a welcome place to call home during my residency. Their willingness to share, to assist, and to create a meaningful residency is much appreciated. And a special thanks to my preceptor Colonel Mark Loper, in whom I witnessed incredible talent and energy to reconstitute the professional performance and direction of the Lead Agent staff, MTF Commanders, and Contractor through leadership, collaboration, and visionary management. His compelling and unselfish desire to contribute to the continuous learning of Baylor students both past and present will long be remembered. Finally, I wish to thank my wife Gigi for her patient understanding and positive, encouraging support. These past two years of challenges, learning, and accomplishments would not have been possible without her help. Thank You.

Abstract

The Military Health System's (MHS) benefit program, TRICARE, is administered through a direct care system supported by a civilian network via 12 regional Managed Care Support Contracts (MCSCs). Lead Agents, whose offices serve not only to oversee MCSC performance but also to manage the healthcare benefit program for MHS beneficiaries, monitor these regional contracts. As such, they are inundated with numerous metrics, many of which are not optimal for strategic management. This graduate project identifies the critical performance indicators for the Region 6 Lead Agent Office (TRICARE Southwest) through a comparative analysis of similar health plans.

Using a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator) Model, the performance measurements of TRICARE Southwest were compared with those of TRICARE Northwest and PacifiCare of Texas. Critical performance indicators were identified for three core domains: health status, operations/member services, and cost accountability. An analysis provides the executive staff of TRICARE Southwest recommendations to assist in developing an optimal performance measurement system for Region 6. The critical performance indicators identified should aid leaders in determining the "health" of the health plan.

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Identifying the Critical Performance Indicators for the TRICARE Lead Agent Office, Region 6

Introduction

The objective of this Graduate Management Project (GMP) was to conduct an analysis of the performance measurement process at the office of the Lead Agent, TRICARE Southwest, Department of Defense (DoD) Health Services Region (HSR) 6. "The Lead Agent coordinates the delivery of health care and integrates the capabilities of the military treatment facility with those of the contractor's network" (Johnson, 1996). In order to accomplish this, the Lead Agent staff monitors a plethora of metrics in overseeing the Managed Care Support Contract (MCSC) as well as metrics surrounding the direct care system. For the TRICARE Program to be effectively and efficiently managed, it was imperative that the proper indicators be identified and categorized by core domain for not only operational management but also benchmarking capability. The Regional Executive Council (REC) are arguably the primary stakeholders for the Lead Agent, and their interests were considered in the performance measurement process. Furthermore, future Military Health System (MHS) rightsizing will likely involve Lead Agent consolidations that will necessitate a streamlined methodology of continuous quality improvement and a performance-based management system.

Conditions Which Prompted the Study

In March 1995, the MHS began implementation of DoD's managed care program, TRICARE. Twelve HSRs were established in the Continental United States (CONUS) in each of which a MCSC would be awarded. These MCSCs would supplement the care delivered by the uniformed services' medical treatment facilities (MTFs) in providing healthcare to beneficiaries of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). As of June 1998, all DoD CONUS HSRs are operating a MCSC to provide care to their beneficiaries. Lead Agents are responsible for MHS oversight of the MCSCs and have a variety of associated responsibilities. In November 1995, the Office of the Assistant Secretary of Defense (Health Affairs) (OASD)(HA) provided the Lead Agents, through the Service Surgeon Generals, guidelines "designed to clarify Lead Agents' roles without being prescriptive" (U.S. Department of Defense, 1995). Included in these guidelines was the charge to "participate in MHS metric standardization of data to be reported/used" (U.S. Department of Defense).

One month later, senior staff members of OASD(HA) formulated a series of performance metrics that ultimately led to the MHS Performance Report Card initiative. In September 1998, the MHS Performance Report Card initiative was replaced by the TRICARE Operational Performance Statement (TOPS). TOPS is

"both a statement and an evaluation tool used by the leadership and staff of the TRICARE Management Activity (TMA) and the OASD-HA to get a snapshot of the performance of the MHS at quarterly intervals" (TRICARE Management Activity, 1998). The TOPS is not, however, designed to provide the Lead Agent with management feedback for regional improvement activities (Constantian, A., personal communication, October 19,1998).

Each MCSC specifies certain management reports to be provided to the government by the contractor, but these metrics are not standardized among the Regions. With TRICARE fully implemented, it is critical that the Lead Agents establish and monitor those performance indicators that facilitate effective decision-making. A literature review coupled with an analysis of the management indicators available to the Region 6 Lead Agent and those used by comparative organizations will help identify the critical performance measurements needed for optimal health plan oversight. The recommendations could potentially serve as a template for those TRICARE Lead Agents just beginning managed healthcare delivery or for consolidated Lead Agents.

Statement of the Problem

Lead Agent offices are inundated with a variety of metrics generated both internally and externally. As they face reduced resources, those in leadership positions must be armed with a clear understanding of the critical indicators to be monitored. The question posed is: what performance measurements should be generated and monitored for the effective management of TRICARE in Region 6? This involves identifying the performance indicator candidates, categorizing them based upon Lead Agent core domains, verifying the quality, accessibility, and timeliness of the data, determining the indicators' strategic link, assessing the value of the indicators to stakeholders, and specifying the recommendations.

Literature Review

Performance measurement in the healthcare setting refers to the use of process measures and outcomes to understand organizational performance and to affect positive change to improve care (Nadzam & Nelson, 1997). While the performance of hospitals has been measured for some time by various organizations, health plan accountability in the managed care setting is much newer (Spoeri & Ullman, 1997). A common term used to denote published summaries of plan performance for a specified period of time is "report card." A report card can

provide "information about clinical outcomes, cost-effectiveness, and organizational performance in an era when healthcare organizations are competing for marketshare and consumers are demanding to be informed about their healthcare providers" (Slovensky, Fottler, & Houser, 1998).

A large number and variety of organizations produce health plan report cards for three principal user groups: purchasers, consumers, and health plans (Allen & Rogers, 1996). Employers desire health plan quality information to assess the value that they are receiving for their expenditures on employee and retiree healthcare benefits. Report cards assist consumers in evaluating the various available health insurance options. Finally, health plans can use the information to assist in continuous quality improvement (CQI) efforts (Scanlon, Chernew, Sheffler, & Fendrick, 1998).

While in many cases the report card initiatives in the commercial sector have been voluntary responses to a perceived public or employer desire for comparative data, they are increasingly accomplished with an underlying goal of accreditation. The National Committee for Quality Assurance (NCQA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are likely the most reputable accrediting organizations with national performance measurement systems. The NCQA's Health Employer Data and Information Set (HEDIS)

originated in 1989 by a coalition of employers and insurers seeking to establish standardized measurements for health plan comparison. JCAHO's initiative, Oryx, was introduced in February 1997 and allows organizations to build their own report cards (O'Malley, 1997).

Regardless of who develops them, report cards typically compare plans on one or more of the following types of information: "access to care, use of services, clinical indicators of quality such as immunization rates and surgical outcomes, measures related to finances and administrative efficiency, information on costs, and a variety of patient-derived measures including complaint data and results from member satisfaction surveys" (McGee & Knutson, 1994). The balance between administrative and clinical information included largely depends upon the intended users of the report card. As a result, those who develop report cards should employ a sound technical approach to measurement (McGee & Knutson).

Issues to consider when establishing the performance measurement system are "examining the appropriateness and feasibility of measures being considered for inclusion in report cards, standardizing definitions and formulas, determining sampling strategies and risk adjustments to be made, identifying limitations in the data, and discussing ways to avoid misinterpretation" (McGee & Knutson). Furthermore, health plans

must avoid focusing their resources solely on those items measured at the expense of other quality improvement activities that might be of greater importance to their own system and population needs. This necessitates that management personnel maintain a "big picture" view of the corporate environment (McGee & Knutson).

The literature identifies several other factors to consider as well when establishing performance measurement activities. In their article "Developing a Corporate-Level Performance Assessment System," Laffel, Thompson, & Sparer (1995) describe a medical center's experience in establishing a report card. They found a major issue to be considered is the tradeoff between brevity and comprehensiveness. This is certainly germane for health plans also as they evaluate the extensiveness of their metrics. Alsever, Ritchey, & Lima (1995) found that for the Sisters of Charity Healthcare System to demonstrate value in a report card system, clear goals had to first be identified while recognizing that "the automation of data collection and the ability to quickly analyze and trend data are critical to quality improvement."

"Health plans increasingly realize that quality management, including performance reporting, is critical to their competitive success" (Heinen, Peterson, Pion, & Leatherman, 1993). While Jackson & Kroenke (1997) indicate that competition

is a driving force only for non-Federal health care systems, recent governmental activities indicate otherwise. Increased Congressional interest in the MHS has resulted in not only numerous General Accounting Office studies on cost-effectiveness as compared to civilian health systems, but also the initiation of demonstration projects such as TRICARE Senior Prime and the Federal Employees Health Benefits Plan 65 (FEHBP-65). Without a doubt, leaders of the MHS' managed care program, TRICARE, must recognize the necessity of performance measurement processes.

Fundamental to their success will be the regional Lead Agent staff's ability to benchmark their performance indicators. Benchmarking can be defined as "the continuous process of measuring products, services, and practices against the toughest competitors or those companies recognized as industry leaders" (Patrick & Alba, 1994). For Lead Agents, these comparisons should not only include the federal healthcare industry leaders but also civilian health plans that are increasingly becoming competitors of the MHS. Numerous studies (Gordan, 1996; Jordan, Straus, & Bailit, 1995; Joshi, 1994; Patrick & Alba, 1994) highlight the benefits of benchmarking in healthcare and provide lessons learned from previous initiatives.

"As the Department of Defense transitions to a capitated health care system modeled after managed care organizations, assessment and accountability of system effects on the quality

of health care delivery are critical" (Jackson & Kroenke, 1997). This challenge is exacerbated by the primary readiness mission of the MHS (Paul, 1997). In order to appropriately define the critical performance indicators, the Lead Agent executive staff "must view the reporting process as important from a strategic perspective, and establish processes and allocate resources to produce a report in an efficient and cost-effective manner that will meet the information needs of key stakeholders" (Slovensky et al, 1998).

Purpose

The purpose of this study is to identify the critical performance metrics to support executive decisions in the management of TRICARE Southwest. As suggested in the literature review, this will involve: assessing the performance indicators currently in use, exploring the quality improvement initiatives of other federal as well as civilian health plans, determining the interests of the executive management and key stakeholders, verifying the capabilities for collecting quality, accessible, and timely data, and recommending a performance measurement system for establishment at the Lead Agent Office, DoD HSR 6.

Methods and Procedures

The strategy for accomplishing this GMP involved naturalistic inquiry, qualitative data collection, and content analysis using a decision-making tool (Patton, 1989). This approach provided the best avenue for ensuring a flexible process for the identification of a value-added performance measurement system. Naturalistic inquiry involved the observation of internal and external Lead Agent Office operations (e.g. the Regional Executive Council meetings, the MCS Contractor's Program Management Reviews, and the Lead Agent staff's strategic planning sessions) and the investigation of two other managed care organizations' performance measurement activities. The qualitative data collected would then be systematically compared, using a decision-making tool, to determine the optimal performance indicators.

Data Collection

The existing management metrics for TRICARE Southwest were obtained through a variety of sources. This included interactions with Lead Agent staff members, involvement with the contractor's Program Management Review meetings, and participation in the Lead Agent staff's strategic planning sessions. This effort was timely as the Office of the Region 6 Lead Agent underwent reorganization in Winter 1998-99, and new

leadership sought opportunities for improvement under a visionary management framework.

There were numerous metrics gathered, and all were categorized by description, point of contact, source, and frequency of monitoring. The Contract Data Requirements Listings (CDRLs) specify reports and metrics that the Managed Care Support Contractor is required to submit to the Government. Of the hundreds of CDRLs originally identified for contract monitoring, the Lead Agent staff has narrowed the necessary regional submissions to 63, which were included in the study. Over 180 metrics reviewed through the Program Management Review were also catalogued in the list of existing measurements. Finally, the metrics established for the TRICARE Senior Prime Program were included. These metrics were identified by the TRICARE Senior Prime Quality Council as the performance indicators for their health plan. The listing of existing metrics for TRICARE Southwest is identified in Appendix A.

In order to provide an appropriate comparison, the performance measurement activities of the TRICARE Northwest Lead Agent Office (HSR 11) and a local civilian health plan, PacifiCare of Texas, were also selected for assessment. Region 11 provided an example of another DoD Lead Agent's approach with the same MCS contractor. Furthermore, TRICARE Northwest was a more mature region and had more experiences to draw upon. Their

metrics are listed in Appendix B and include the metrics supporting their "Border to Border Goals and Objectives" and selected ones from the Region 11 Program Management Review. PacifiCare served as an example of another plan's activities within the same geographical region. As a non-governmental health plan, it also facilitated some other unique comparisons. PacifiCare's metrics are included in Appendix C and include metrics that reflect their for-profit status.

Once the existing metrics for TRICARE Southwest, TRICARE Northwest, and PacifiCare were collected, the second step was to determine their candidacy as critical performance indicators for TRICARE Southwest. All metrics were considered as candidates unless one of the following conditions applied: (1) the identified measurement was not actually a metric (e.g. a narrative report such as a network provider listing); (2) the measurement was an MTF, FHFS, or external-organization specific metric (e.g. an operating profit margin); or (3) the measurement was not a metric for executive level management consideration (e.g. a total number of surveys processed). When there was any uncertainty, the point of contact for the metric was queried regarding the potential candidacy. These determinations are included in the respective metrics' listings in appendices A, B, and C.

The next step in the critical performance indicator identification process was to determine the core domains or performance drivers for TRICARE Southwest and to verify primary stakeholder acceptance. The Executive Staff, during a strategic management off-site meeting, identified the organization's 3 core domains: health status, operations/member services, and cost accountability. Subsequently, the Executive Staff drafted a goal for each domain. The 3 domains and their goals were clearly supported by the agenda of a primary stakeholder in the performance measurement process, the Regional Executive Council (REC).

The REC's membership is comprised of the MTF Commanders within the Southwest Region, to include 13 Air Force facilities, 4 Army facilities, and 1 Navy facility. The REC meets on a quarterly basis and discusses issues facing the TRICARE program. As a part of this process, they define the Critical Initiatives for the Lead Agent staff to target as opportunities for performance improvement activities. The most recent REC meetings were held in November 1998 and February 1999, during which their discussions and decisions supported the core domains and goals for regional performance measurement. Members of the REC agreed that the role of the Lead Agent's Office is not solely to monitor contract compliance, but to serve as a partner with the Managed Care Support Contractor in an effort to build

and maintain the best healthcare system possible. As such, these key stakeholders expect the Lead Agent staff to identify and track the fundamental measurements for operating a successful, regional healthcare delivery system.

In this effort, the next step was to organize the potential critical performance indicators by the 3 core domains and specific metric types. This step is important to ensure that the final metrics identified, following the content analysis, can assist the Executive Staff in determining, for each goal, potential objectives that are definable and measurable. This also allowed the combination of metrics from the 3 organizations, to eliminate redundancy and produce a consolidated list of critical performance indicator candidates. Table 1 depicts the 14 resulting categories for content analysis.

Table 1

Categories for Content Analysis

Health Status (Appendix D)	**Operations/ Member Services (Appendix E)**	**Cost Accountability (Appendix F)**
Utilization Management	Provider Services	Enrollment Based Capitation
Quality Management	Customer Service	Resource Sharing
Case Management	Customer Satisfaction	Claims Processing
Health Care Information Lines	Enrollment	Pharmaceuticals
Clinical Indicators	Access to Care	

Content Analysis

The next stage in the process of identifying the critical performance indicators for TRICARE Southwest involved the use of a quantitative decision-making tool, known as the JUDGE (Judging Utility: a Decision Generator and Evaluator) Model. The JUDGE model provides an analytical method of making a decision and provides a mathematical best choice. However, the user of the model may have to consider additional factors before making the final decision. Using the JUDGE Model allowed the potential performance indicators identified for Region 6 to be compared with those of TRICARE Northwest and PacifiCare of Texas, by core domain and metric type.

The first step of the model was to specify the attributes of competing alternatives. In this case, that involved specifying the important attributes of a good metric. Seven attributes were used to describe the potential metrics: data quality, data accessibility, data timeliness, data actionable, strategic link, external benchmark, and stakeholder value.

The attributes used were identified in the literature (Gundacker, 1998; National Performance Review, 1997; Roadman, 1999) as fundamental characteristics of good performance measurements. Data quality, listed first, refers to the accuracy of the metric's source data. Secondly, the data's accessibility indicates the ease or difficulty in obtaining the

metric's source data. The currency of the metric's source data is assessed by the third attribute, data timeliness. The fourth attribute, termed data actionable, refers to the meaningfulness of the metric and the degree to which it facilitates executive level decision-making. The fifth attribute identified as strategic link indicates whether or not the metric is aligned with the TRICARE Southwest's mission, vision, and goals. Sixth, external benchmark evaluates the proliferation of the metric among the 3 organizations. Finally, the seventh attribute, stakeholder value, compares the metric to the critical initiatives and key interests of TRICARE Southwest's primary stakeholder, the REC.

The second step of the model was to rate the attributes. Each attribute was rated on a 9-point scale. The bipolar relative rating scale is anchored at each point, with the measurement of 1 representing extremely undesirable and 9 representing extremely desirable. While none of the attributes are undesirable, their significance in the identification of the critical performance indicators is scored relative to one another.

Ratings were then recoded and rescaled (step three) so that a neutral point of zero could be obtained. This was accomplished by subtracting 5 from each of the ratings previously assigned on the 9-point scale. The ratings were then

rescaled by multiplying the recoded ratings by a scaling factor of 5.56. This factor is used so that the rescaled ratings sum to 100. The same initial and recoded ratings were included in all 14 JUDGE Model calculations that are found in Appendix G.

Step four was to identify the alternatives. There are a multitude of metrics in the healthcare industry. Again, the alternatives were limited to those critical performance indicator candidates that are: (1) already used at TRICARE Southwest, (2) used at TRICARE Northwest, and (3) used at PacifiCare of Texas. Writing the alternative equations in linear form produces the following:

- Alternative A (Current Metric at TRICARE SW):

  $Y^{(1)} = {}_1w_1V^{(1)} + {}_1w_2V^{(2)} + \ldots\ldots {}_1w_{10}V^{(10)}$

- Alternative B (Metric at TRICARE NW):

  $Y^{(2)} = {}_2w_1V^{(1)} + {}_2w_2V^{(2)} + \ldots\ldots {}_2w_{10}V^{(10)}$

- Alternative C (Metric at PacifiCare of TX):

  $Y^{(3)} = {}_3w_1V^{(1)} + {}_3w_2V^{(2)} + \ldots\ldots {}_3w_{10}V^{(10)}$

where Y is the alternative, w is the attribute's utility, and V is the rescaled rating.

Step six was to judge each attribute's utility in relation to each attribute. Table 2 indicates the method used in determining the utility of each attribute:

Table 2

Methods Used to Determine Attribute Utility

Attribute Number	Attribute Description	Method Used For Determining Utility	Source
1	Data Quality	Data Review	LA Info Mgt
2	Data Accessibility	Data Review	LA Info Mgt
3	Data Timeliness	Data Review	LA Info Mgt
4	Data Actionable	Data Review	Resident
5	Strategic Link	Exec. Interaction	Resident
6	External Benchmark	Data Review	Resident
7	Stakeholder Value	REC Review	Resident

The utility for attributes 1-3 was based on the responses of the Lead Agent's Chief of Data Quality and Analysis, Captain Barna Lambert, as she investigated the metrics. For attributes 4-7, the utility of each attribute was judged using a subjective, "best estimate" method based upon the Resident's interactions with the Executive Management Team, Lead Agent Staff Members, the Regional Executive Council, and representatives of the two external organizations. This involved assessing the importance of the metric to the organization based upon its need in executive level decision-making activities.

Step seven was a comparison of alternative decision indices. Calculating a weighted composite score for the alternatives for each attribute allowed a comparison of alternatives. The weighted composite score was calculated by multiplying the valence for each attribute by the weights for each alternative.

Evaluation of the decision components was the eighth step. Appendix G shows the final attribute scores for each alternative. After reviewing these attributes it was decided that no adjustment to ratings or weighted values would be necessary. The final step of the model is to determine the conclusion. Based upon the JUDGE model analyses, scores were calculated for each metric type and are also included in Appendix G.

The Results

Health Status

JUDGE Model calculations under the health status core domain were accomplished for utilization management, quality management, case management, clinical indicators, and healthcare information lines. For all five metric types, TRICARE Southwest's method scored highest. With the exception of healthcare information lines (which PacifiCare data did not include), PacifiCare's method scored second for each of the metric types. Several explanations exist for these findings.

The success of the TRICARE Southwest performance indicators for health status is largely due to the metrics that were included from the TRICARE Senior Prime demonstration. The utilization management, quality management, and case management metrics that are being used with the Senior Prime population

should also be considered for use with the Prime population. This would mirror the practice used by PacifiCare, whereby metrics examined for the senior population are also measured for their commercial product. Furthermore, it should be noted that the clinical indicators of PacifiCare outscored those of TRICARE Southwest on the attributes of data actionable, strategic link, and stakeholder value. However, the pervasive lack of quality, accessible, and timely MHS clinical data from the TRICARE Southwest perspective largely prohibits PacifiCare's clinical indictors from usage at the Region 6 Lead Agent.

While TRICARE Northwest certainly has metrics measuring health status, their minimal representation in the metric types examined resulted in lower scores. Since TRICARE Northwest also includes a TRICARE Senior Prime demonstration, it is likely that they actually have more clinical metrics than were included in this study. Finally, their measurement for the healthcare information line is identical to that used by TRICARE Southwest, since the metric is a CDRL of the MCSC, Foundation Health Federal Services.

Operations/Member Services

JUDGE Model calculations under the operations/member services core domain were accomplished for provider services, customer service, customer satisfaction, enrollment, and access

to care. The results for this core domain were mixed across the three organizations, and there were some noteworthy trends.

TRICARE Southwest scored highest for both provider services and customer service. The importance of examining network adequacy coupled with issues such as provider satisfaction highlighted Region 6's efforts. Measuring customer service metrics are included in the quarterly performance management review of the MCSC, and emphasize compliance with contractual standards. PacifiCare, however, best measured customer satisfaction, through a process examining member complaints.

TRICARE Northwest scored highest for measuring enrollment as well as access to care. While the comprehensive list of metrics surrounding enrollment is similar between Regions 11 and 6, TRICARE Northwest has carefully extracted those specific performance measurements that are worthy of executive oversight. This resulted in higher weighted composite scores for their enrollment indicators. In measuring access to care, TRICARE Northwest excels by examining not only the civilian network compliance with access standards, but also the performance of the regional MTFs or the direct care system. This provides Region 11's executive team with a snapshot of the entire region's performance.

Cost Accountability

JUDGE Model calculations under the cost accountability core domain were accomplished for enrollment based capitation, resource sharing, claims processing, and pharmaceuticals. TRICARE Northwest performance indicators scored a perfect 100 for three of the metric types: enrollment based capitation, resource sharing, and pharmaceuticals.

Enrollment based capitation (EBC) and resource sharing are reflective of relatively new business practices for the MHS. In fact, EBC has not yet been implemented as a funding methodology for the MHS. Anticipating this future budgeting methodology, TRICARE Northwest monitors performance indicators both inter- and intra- regionally to assess their health plan's financial condition. While TRICARE Southwest is aware of resource sharing target savings versus actual savings, TRICARE Northwest monitors this regularly as a formal objective. Moreover, their executive staff also monitors regional pharmaceutical costs through inventory levels, utilization summary, and other health insurance off-sets. Data from PacifiCare did not indicate any monitoring activity surrounding pharmaceuticals.

Claims processing metrics for TRICARE Northwest scored just higher than those of TRICARE Southwest. Claims processing has increasingly become an area of focus for the MHS, and as a result, are receiving additional attention by performance

measurement activities. Areas of emphasis include claims' inventory levels, electronic claim volumes, and top five denial reasons. Two of TRICARE Northwest's "Border to Border" objectives are targeted at improving claims processing activities.

Limitations

As with any research effort, limitations of the study did exist. The procedures used in the data collection and content analysis phase required some amount of subjective interpretation by the resident and organizational points of contact. Attempts were made, however, to reduce the influence of subjectivity by establishing decision-making criteria and using the quantitative JUDGE Model. Furthermore, Regions other than 6 and 11 might be able to benefit from this GMP effort, but the recommended performance indicators are specific to Region 6 and reflect the perspective of TRICARE Southwest. Those Regions just beginning healthcare delivery may be slow in establishing the processes to collect the appropriate data and will also need to measure other metrics associated with a new MCSC.

Discussion

Clearly, the findings of this research provide some applicable information for Office of the Lead Agent. Comparing

TRICARE Southwest with TRICARE Northwest and PacifiCare of Texas yielded both similarities and differences that are noteworthy. Furthermore, the key characteristics of the critical performance indicators spotlight the fundamental requirements of appropriate health plan metrics. Finally, there are challenges that must be faced and, more importantly, addressed before an appropriate performance measurement system can be implemented. These issues (similarities/differences, key traits, and challenges) are addressed in detail below.

Similarities and Differences

As might be expected, the similarities among the three organizations were most often between the two DoD entities. The fact that both Lead Agent Offices work with the same Managed Care Support Contractor results in common CDRLs in many instances. Other similarities noted were the metrics established by TRICARE Southwest for the TRICARE Senior Prime program and the metrics used by PacifiCare for their senior citizen product line, Secure Horizons. This is largely due to the requirements that the Health Care Financing Administration (HCFA) places on health plans for Medicare patients.

The differences among the metrics of the three organizations also highlight some interesting points. PacifiCare of Texas, as a for-profit company, certainly had more

financial measurements than the two federal organizations. These measurements not only addressed cost accounting but also revenue management. Additionally, it should be noted that PacifiCare largely monitored the same metrics for both their commercial and senior product lines. Whereas, TRICARE Southwest segregates their existing performance measurement processes. Finally, TRICARE Northwest grouped their metrics by the organization's goals and objectives, while TRICARE Southwest does not have an existing system in place for indexing the metrics utilized.

Key Traits

Regardless of the source organization, the critical performance indicators identified possess some key traits that contribute extensively to their effectiveness as management metrics. For those metrics that address the health status of the population, an important feature was a focus on conditions that are principally treatable through modification of health behaviors. This provides the organization with targeted opportunities for health promotion and preventive medicine efforts with the goal of improved patient outcomes. Examples include smoking cessation, cardiovascular exercise, and nutritional education for health plan membership. Another focus of health status metrics is the utilization of health services.

The organization can use this information to consider the deployment of demand management techniques as well as to determine the acuity level of their health plan membership.

The critical performance indicators for operations and member services also have some distinguishing features. Compliance with standards is important for ensuring access to care, and it also impacts customer satisfaction levels. Member services such as toll-free telephone lines must be monitored rigorously to ensure that customers receive timely, accurate information. In addition, enrollment processes must be clearly defined and efficient, not only to expedite eligibility verification but more importantly to provide health plan members with the tools needed to access health services. Finally, provider-focused metrics must address credentialing processes and network adequacy.

Cost accountability has become increasingly important for Lead Agent Offices. With the potential implementation of Enrollment Based Capitation, the fiscal state of the region must be assessed proactively so that proper arrangements are established with the Managed Care Support Contractors. TRICARE Northwest has established metrics to accomplish this, providing true indicators of a critical performance area. Resource sharing opportunities must also be identified and evaluated to determine potential savings. Another area that has drawn

national attention for TRICARE, more so than civilian health plans, is claims processing. Several critical performance indicators for claims processing should be monitored regularly to maintain productive relationships with civilian network providers.

Challenges for Implementation

Undoubtedly, there are some formidable challenges for TRICARE Southwest as they seek to establish an effective performance management system. Issues surrounding data quality should be addressed regionally, just as they currently are at the DoD level. It is also vital that the Lead Agent Office hold the entire health system accountable and not solely the contracted portion. Moreover, for a performance measurement system to be implemented, TRICARE Southwest's executive team should focus its sights on the strategic landscape they are facing. This requires that they identify the internal organization's strengths and weaknesses and the external environment's opportunities and threats.

From discussions with and actions of MHS leadership, it is clear that several concerns surround data quality. The usage of multiple information systems, that are often incompatible, hamper data extraction. Issues surrounding the uncertain accuracy of the data that is collected give rise to speculation

among decisionmakers. The lack of standard business practices among the three services (Army, Navy, and Air Force) further exacerbates the problem. To address these and other data quality concerns, national MHS organizations, such as TMA, are creating teams focused on data management. A continuous improvement approach will be necessary to navigate this complicated terrain, and TRICARE Southwest should plan to address these hurdles from the regional perspective.

A second major challenge for the Lead Agent Office in establishing performance measurement processes is the disparity that exists between the MTFs and civilian provider networks. While Lead Agent staff members aggressively monitor the MCS Contractors performance, MTFs are not held accountable for the same results. This is due to the lack of command and control authority of Lead Agents over the MTFs in TRICARE Regions. The three services maintain authority over their respective facilities. This presents a tremendous obstacle for effective and efficient operations from a regional health plan perspective. Notwithstanding the current MHS structure, Lead Agent Offices, such as TRICARE Southwest, can seek to identify MTF performance deficiencies through a systems approach and through tactful, diplomatic relationships improve overall MHS performance.

Finally, TRICARE Southwest must build upon clearly defined goals and objectives as they address performance measurement activities. The organization currently has three overarching goals: (1) optimize the health status or the regional population; (2) optimize member-focused services for the regional population; and (3) optimize fiscal performance in the region. The critical performance indicators identified for each of the 3 core domains and the aforementioned related goals should assist the executive staff in determining measurable objectives. Once established, these foundational elements should provide TRICARE Southwest with the basis for an effective performance measurement system.

Conclusions and Recommendations

As the Region 6 Lead Agent Office prepares for future MHS rightsizing and potential restructuring, a well established performance measurement system that monitors the critical performance indicators will provide a mechanism for executive management decision support. Through a comparative analysis of similar health plans, the critical indicators have been identified for each of the core domains. Appendix H provides a matrix that lists, by their core domains, the critical performance indicators identified through the JUDGE Model calculations and provides executives a tool to indicate

applicability across the TRICARE Southwest's "Family of Health Plans."

This GMP wholeheartedly concurs with the fundamental elements required for an effective performance measurement process as identified in 1997 by the National Performance Review. The central findings of the "Benchmarking Study Report" were:

- Leadership is critical in designing and deploying effective performance measurement and management systems.
- A conceptual framework is needed for the performance measurement and management system.
- Effective internal and external communications are the keys to successful performance measurement.
- Accountability for results must be clearly assigned and well understood.
- Performance measurement systems must provide intelligence for decisionmakers, not just compile data.
- Compensation, rewards, and recognition should be linked to performance measurements.
- Performance measurement systems should be positive, not punitive.
- Results and progress toward program commitments should be openly shared with employees, customers, and stakeholders.

The executive staff of TRICARE Southwest should consider these tenets of quality management as they further develop their performance measurement processes.

Without a doubt, the MHS will continue to face budgetary pressures. Identifying the critical performance indicators for regional management of TRICARE is simply the beginning of the continuous improvement efforts that should be sought. Future research should be targeted toward improving the overall operations of the TRICARE program through trend analyses and business practice enhancements. Furthermore, additional studies to determine *specific* benchmarking opportunities with civilian health plans would benefit the MHS as it seeks to implement the industry's best practices.

The Lead Agent Office of Region 6 is well positioned for a dynamic future. In their quest to optimize MHS performance, the established core domains and goals provide targets to guide the arrows of effort. A comparison with similar health plans allowed the identification of critical performance indicators to be monitored. Through consistent assessment activities, TRICARE Southwest can translate vision into reality and truly become the premier MHS health plan.

Appendix A

TRICARE Southwest

Existing Metrics

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
CDRL	A001	Resource Sharing Agreements	SGLR/Major Valdez	FHFS	NO	1	Quarterly
CDRL	A004	Resource Support Report	SGLR/Major Valdez	FHFS	NO	3	Quarterly
CDRL	A005	Provider Satisfaction Report	SGLB/Lt Col Jones	FHFS	NO	1	Annually
CDRL	A006	Beneficiary Satisfaction Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A008	Contractor Weekly Status Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A009	Quality Management Activity Report	SGLC/Major(s) Ryan	FHFS	NO	1	Quarterly
CDRL	A00A	Catchment Area-Specific Meeting Minutes	SGLU/TSgt Osborne	FHFS	NO	1	Quarterly
CDRL	A00B	Enrollment Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A00C	Health Care Finder Activity Report	SGLU/TSgt Osborne	FHFS	NO	3	Quarterly
CDRL	A00E	Network Adequacy Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A00F	Resource Sharing Reporting & Certification Report	SGLR/Major Valdez	FHFS	NO	1	Quarterly
CDRL	A00Q	OCHAMPUS Contractor Monthly Workload Report in-System	SGLB/Lt Col Jones	FHFS	NO	3	Quarterly
CDRL	A00R	OCHAMPUS Contractor Monthly Workload Report-out-of-System	SGLB/Lt Col Jones	FHFS	NO	3	Quarterly
CDRL	A00S	OCHAMPUS Contractor Monthly Cycle Time/Aging Report-in-System	SGLB/Lt Col Jones	FHFS	NO	3	Quarterly
CDRL	A00T	OCHAMPUS Contractor Monthly Cycle Time/Aging Report-out-of-System	SGLB/Lt Col Jones	FHFS	NO	3	Quarterly
CDRL	A00U	Status Location Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A00W	CHAMPUS Fraud & Abuse Summary Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A00Y	Quarterly Provider Representatives Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A00Z	Contractor Weekly Report	SGLC/Major(s) Ryan	FHFS	YES		Weekly
CDRL	A010	Toll-Free Telephone Report	SGLB/Lt Col Jones	FHFS	YES		Quarterly
CDRL	A015	Utilization Management Report	SGLU/TSgt Osborne	FHFS	NO	3	Quarterly
CDRL	A017	Quarterly News Bulletin	SGLO/Major Richard	FHFS	NO	1	Quarterly
CDRL	A019	Provider and Beneficiary on Prepayment Review	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01A	Case Management Report	SGLU/TSgt Osborne	FHFS	NO	3	Quarterly
CDRL	A01B	Health Care Services Dollars Paid Report	SGLR/Lt Col Carden	FHFS	NO	3	Quarterly

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
CDRL	A01C	Quarterly Financial Statement	SGLR/SSgt Benson	FHFS	NO	3	Quarterly
CDRL	A01D	Annual Audited Financial Statements	SGLR/TOM/RJ	FHFS	NO	1	Annually
CDRL	A01G	Network Providers Lists	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01H	TRICARE Service Center Telephone Report	SGLB/Lt Col Jones	FHFS	NO	3	Quarterly
CDRL	A01J	Clinical Quality Management Annual Report	SGLU/TSgt Osborne	FHFS	NO	1	Annually
CDRL	A01M	Enrollment Program Progress Reports	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01N	Staffing Level Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01P	Audits	SGLC/APM/Major(s)	FHFS	NO	3	Quarterly
CDRL	A01Q	Report of Clinical Quality Management Program	SGLU/TSgt Osborne	FHFS	NO	3	Quarterly
CDRL	A01R	Network Newsletters	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01S	Health Care Information Report	SGLP/Lt Col Blamire	FHFS			Quarterly
CDRL	A01AA	Managed Care Performance Measurements	SGLU/CPM/TSgt Os	FHFS	NO	1	Quarterly
CDRL	A01AB	Health Risk Appraisal	SGLP/Lt Col Blamire	FHFS			Quarterly
CDRL	A01AC	Health Care Finder Preauthorization Function	SGLU/TSgt Osborne	FHFS	NO	3	Quarterly
CDRL	A01AD	Health Care Finder Function for MTF PCMs	SGLU/TSgt Osborne	FHFS	NO	3	Quarterly
CDRL	A01AE	Outpatient Record Abstraction & Coding	SGLP/Lt Col Blamire	FHFS	NO	3	Quarterly
CDRL	A01AF	Utilization Management Requirements	SGLU/TSgt Osborne	FHFS	NO	1	Quarterly
CDRL	A01AG	Quarterly Rebundling Summary Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01AH	CHAMPUS Representatives Visit Plan (Quarterly)	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01AI	Consultative Efforts and Status Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01AJ	MTF Specific HMO Development Plans(A01AJ is included in A01AI)	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01AK	MTF Specific Summary Report	SGLC/APM/Major(s)	FHFS	NO	3	Quarterly
CDRL	A01AL	Development of Two Clinical Pathways	SGLC/CPM/TSgt Os	FHFS	NO	3	Quarterly
CDRL	A01A0	List of All Network Providers	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A01AS	Inappropriate Admissions	SGLU/TSgt Osborne	FHFS	NO	1	Quarterly
CDRL	A01AT	Report of Number & Percentage of NASs	LAU	FHFS	NO	3	Quarterly
CDRL	A01AU 03-09	Monthly Utilization Management Reports	SGLU/TSgt Osborne	FHFS	NO	3	Monthly
CDRL	A01AY	Preventative Reports	LAP	FHFS	NO	1	Quarterly
CDRL		SHCP Monthly Workload Report	SGLB/Lt Col Jones	FHFS	NO	3	Monthly

TRICARE Southwest		TRICARE Southwest Performance Indicators					
		Existing Management Metrics:			CRITICAL PERF. IND.	DENIAL	
	REF #	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREQ.
CDRL		CHCBP Claims & Correspondence Monthly Cycle/Time Aging & Workload Reports	SGLB/Lt Col Jones	FHFS	NO	3	Monthly
CDRL		Medicare Drug Claims & Correspondence Monthly Cycle/Time Aging & Workload Reports	SGLB/Lt Col Jones	FHFS	NO	3	Monthly
CDRL		Quarterly Claims Processing	SGLB/Lt Col Jones	FHFS	NO	3	Quarterly
CDRL		Pharmacy Quarterly Report	SGLB/Lt Col Jones	FHFS	NO	1	Quarterly
CDRL	A00M	Annual Management Quality Control Plan	SGLU/Lt Col Stonue	FHFS	NO	1	Annually
CDRL	A01W	Annual National Quality Monitoring Plan	SGLU/Lt Col Stonue	FHFS	NO	1	Annually
CDRL	A00G	Annual Utilization Management Program Plan w/Revisions	SGLU/Lt Col Stonue	FHFS	NO	1	Annually
CDRL	A00H	Annual Clinical Quality Management Program Plan & Grievance Plan	SGLU/Lt Col Stonue	FHFS	NO	1	Annually
CDRL		Suggestion Box Responses from TRICARE Svc. Centers (June 1998)	SGLC/Mr. Chippie	FHFS	NO	1	Quarterly
TSP		Credentialing					
TSP		# adverse actions	SGLOS	MTFs	YES		Quarterly
TSP		# privileged providers by specialty	SGLOS	MTFs	YES		Annually
TSP		#privileged providers by adverse actions	SGLOS	MTFs	YES		Annually
TSP		Appeals and Grievances					
TSP		total number (%) appeals	TSgt Osborne	LA	YES		
TSP		total number (%) grievances	TSgt Osborne	LA	YES		
TSP		total number outstanding appeals	TSgt Osborne	LA	YES		
TSP		total number outstanding grievances-	TSgt Osborne	LA	YES		
TSP		Consumer Satisfaction					
TSP		Results of CAHPS	SGLOS	HCFA	NO	2	Annually
TSP		Provider Satisfaction					
TSP		Results of survey	LTC Minderler	LA	YES		Annually
TSP		Status of workplan					
TSP		Results reported quarterly	LTC Minderler	LA	NO	3	Quarterly

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
TSP		UM					
TSP		ER visits per 1000 enrollees	SGLOS	CEIS	YES		Quarterly
TSP		Hospital admissions per 1000 enrollees	SGLOS	CEIS	YES		Quarterly
TSP		Specialty referrals per 1000 enrollees	SGLOS	FHFS	YES		Quarterly
TSP		Average LOS by DRG	SGLOS	CEIS	YES		Quarterly
TSP		Outpt visits per specialist per 1000 enrollees	SGLOS	CEIS	YES		Quarterly
TSP		Skilled nursing facilities referrals per 1000 enrollees	SGLOS	FHFS	NO	2	Quarterly
TSP		Home health agency referrals per 1000 enrollees	SGLOS	FHFS	NO	2	Quarterly
TSP		Proportion of enrollees accepted for case managers among those considered	SGLOS	FHFS	NO	2	Quarterly
TSP		Proportion of enrollees with at least one visit per yr	SGLOS	CEIS	NO	2	Annually
TSP		Proportion of enrollees with at least 5 or more visits per year	SGLOS	CEIS	NO	2	Annually
TSP		Outpt visits per 1000 among enrollees with at least one visit per year	SGLOS	CEIS	NO	2	Annually
TSP		QM - HEDIS 3.0					
TSP		Results reported annually	SGLOS	TMA	NO	2	Annually
TSP		Risk Management					
TSP		# medical malpractice claims paid	SGLOS	MTFs	NO	2	Annually
PMR-RS		Resource Sharing	Susan Thomas	FHFS - PMR			Quarterly
1	C-2.a.(4).(a).2	A revised Resource Sharing plan shall be submitted to the Lead Agents sixty (60) days prior to the start of each new health care option period.			NO	1	

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
2	C-2.a.(4).(a).3	Provide the MTF Commanders a complete cost analysis within 30 calendar days of a written request for consideration of a potential resource sharing opportunity by the MTF Commander.			NO	2	
3	C-2.a. (4).(b).9	Except for external resource sharing agreements, services delivered under resource sharing agreements and capitated arrangements must also be reported on a HCSR in all cases where the care is delivered by professional practitioners.			NO	3	
4	C-2.a.(4). (b).9.(a)	Annual audits by independent CPA firms shall be performed on each Resource Sharing agreement to validate that it is correctly reported under contract provisions.			NO	3	
5	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by agreed to date and time.			NO	2	
PMR-TSC		TRICARE Service Center	Ken Ansell/George B	FHFS - PMR			Quarterly
1	C-9f.(2)(b)	Ninety percent (90%) of all calls must be acknowledged by a telephone representative or Automated Response Unit (ARU) within 120 seconds after initial greeting.			YES		
2	C-9f.(2)(b)	Eighty percent (80%) of calls must be handled to completion during the inital call.			YES		
3	C-9f.(2)(b)	If call is not completed during initial call, call back must be made within 2 days.			YES		
4	C-9f.(2)(b)	Ninety-five percent (95%) of all final call backs or written replies must be provided within 10 days.			YES		
5	C-9f.(2)(b)	One hundred percent (100%) of all final call backs or written replies must be provided within 20 days.			YES		

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
6	C-2a (5)b.(2)	Beneficiaries telephoning the TSC shall be placed on hold for no longer than 5 minutes.			YES		
7	C.8.h/OPM Pt 1/Ch.1, Sec IV	The contractor shall have a Quality Control Program of supervisory review of all telephone responses. The sample shall include at least one percent (1%) of telephone responses.			NO	3	
8	BAFO IX-80	Ninety-eight percent (98%) of walk-in inquiries will be resolved within the initial visit. The balance will be tracked to ensure final response is rendered within 2 days of receipt of the inquiry.			YES		
9	BAFO IX-80	Walk-in beneficiaries will be greeted within 5 minutes of arrival.			YES		
10	C-2a(2)	Referral Services available at TSCs with no more than a 15 minute wait for beneficiaries visiting the HCF.			YES		
11	Internal Goal	Customer Service available at TSCs with no more than a 15 minute wait for beneficiaries visiting the BSR.			YES		
12	C-2a(1)	Contractor shall keep updated on current status of MTF capabilities via close liaison with TSCs.			NO	3	
13	C-2a(5)	Quarterly review of QA, UM, Marketing, Network Development, Resource Sharing and other activities with MTF Commanders and Lead Agents.			NO	3	
14	BAFO IV-53	Beneficiary Service Representatives will ensure applications are completed accurately at the TSC.			NO	3	
15	BAFO IV-61	Within 24 hours of receipt the TSC staff will pre-screen the application and forward to the P.O. Box.			NO	3	

TRICARE Southwest		TRICARE Southwest Performance Indicators					
		Existing Management Metrics:			CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	
	REF #	TITLE	POC	SOURCE			FREQ.
16	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-QM		Quality Management	Jim Thomason/Carla	FHFS - PMR			Quarterly
1	Sec C-9h OPM-I. Chap 1 Sec III.G3	Medical/Surgical: Quality Management shall process 95% of all grievances to completion within (60) calendar days from the date of receipt.			NO	3	
2	Internal Goal	Medical Record Audits: Medical/Surgical Standard-5 Physician Offices Per Quarter.			NO	2	
3	Internal Goal	Quality Review Studies: Medical/Surgical Standard-2 studies per year.			NO	2	
4	Sec C-9h OPM-I. Chap 1 Sec III.G3	Mental Health: Quality Management shall process 95% of all grievances to completion within (60) calendar days from the date of receipt.			NO	3	
5	Internal Goal	Medical Record Audits: Mental Health Standard-5 Physician Offices Per Quarter.			NO	2	
6	Internal Goal	Quality Review Studies: Mental Health-Standard-1 study per year.			NO	2	
7	c-9.h	Grievance Inquiries: All written grievances shall be date stamped (with the actual date of receipt) within 3 workdays.			NO	3	
8	c-9.h	Grievance Inquiries: Provide written response by the 30th calendar day for all Grievances not processed to completion by that date. The response must include the delay reason and an estimated completion date.			YES		
9	OPM-1, Chap 1, Sec IV.D.1	The FI/Contractor shall have a quality control program that includes a review of at least 1% of all appeals and correspondence processed and telephonic responses completed.			NO	3	

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
10	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-CM		Case Management	Eileen Rodgers/Jim	FHFS - PMR			Quarterly
1	C-3.d.(19).b.(1)	Medical/Surgical evaluations shall be initiated on at least 100% of the cases within (1) workday.			NO	3	
2	C-3.d.(19).b.(1)	Medical/Surgical evaluations shall be completed on 100% of the cases within (5) workdays.			YES		
3	C-3.d.(19).b.(1)	Mental Health evaluations shall be initiated on at least 100% of the cases within (1) workday.			NO	3	
4	C-3.d.(19).b.(1)	Mental Health evaluations shall be completed on 100% of the cases within (5) workdays.			YES		
5	Internal Goal	Case Management has a projected Cost Avoidance savings based on the previous year's actual cost avoidance.			NO	2	
6	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-UM		Utilization Management	Eileen Rodgers/Jim	FHFS - PMR			Quarterly
1	C-3.d.(7).f	Medical/Surgical preauthorization determinations on at least 90% of all requests shall be issued within (1) workday.			NO	3	
2	C-3.d.(7).f	Medical/Surgical preauthorization determinations on 100% of all requests shall be issued within (5) workdays.			YES		
3	C-3.d.(7).g	Mental Health preauthorization determinations on 90% of all requests shall be issued within (1) workday.			NO	3	
4	C-3.d.(7).g	Mental Health preauthorization determinations on 100% of all requests shall be issued within (5) workdays.			YES		

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
5	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-IPS		Integrated Pharmaceutical Services	Ray Nan Berry	FHFS - PMR			Quarterly
1	C-8 f(4).(a),1	Produce a quarterly report on pharmacy provider network to FHFS.			NO	2	
2	C-8 f.(1).a	Send monthly report to FHFS on the toll-free help desk telephone service.			NO	2	
3	C-5.1.a	Transmit paid claims data to FHFS' current claims system.			NO	2	
4	C-1 c.(2)	Ensure that TRICARE PRIME program benefits are uniform across the civilian network pharmacies.			NO	1	
5	C-3 a.(2)(c)7.b	Inform providers of program changes and developments through timely and accurate communication.			NO	1	
6	C-3 b.	Identify and resolve provider relations issues within 30 calendar days of identification.			YES		
7	C-3 b.	Operate a clinical quality management program which results in demonstrable quality improvement of health care provided to beneficiaries and of the process and services delivered by the subcontractor.			NO	1	
8	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-PS		Provider Services	Pat Garvin	FHFS - PMR			Quarterly
1	Tech. Prop III 128	Provider Education/Provider Relation representatives will conduct 1,000 site visits per month to spot check CHAMPUS requirements and complete a site visit survey.			NO	3	

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
2	c-3.(4).a	Ensure an adequate provider/beneficiary ratio of 1 PCM:2,000 enrollees, and 1 Provider (all types): 1,200 enrollees.			YES		
3	c-3.(4).b	A sufficient level of delivery sites to ensure access to care.			YES		
4	c-3.(4).c	Contract drive times not to exceed 30 minutes for primary care or 60 minutes for specialty care.			YES		
5	c-3.(4).d	Access to emergency services 24 hours per day, 7 days per week.			YES		
6	c-3.(4).e	Office wait times in non-emergency situations shall not exceed 30 minutes.			YES		
7	c-3.(4).f	Appointment wait times: well visit wait shall not exceed 4 weeks.			YES		
8	c-3.(4).f	Appointment wait times: routine visit wait shall not exceed one week.			YES		
9	c-3.(4).f	Appointment wait times: acute visit shall not exceed one day.			YES		
10	c-3.(5).(2).c	Appointment wait times: specialty care visit wait shall not exceed 4 weeks.			YES		
11	c-3.(4).g	Accessibility needs of the handicapped.			NO	3	
12	c-3.(5).a	PCMs shall be available 24 Hours per day, 7 days per week.			YES		
13	Provider Educ. Plan Sec. V	Provider Newsletters will be sent out Quarterly (Due 10/98).			NO	1	
14	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-M		Marketing	Alex Barberena	FHFS - PMR			Quarterly

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
1	Marketing Plan 4.1 p19	Two TRICARE briefings conducted monthly in each Catchment Area and at least one per quarter in each PRIME Non-Catchment Area.			NO	3	
2	Marketing Plan 1.1 p13	News release about the TRICARE program sent monthly to each MTF/Base Newspaper.			NO	2	
3	Marketing Plan 2.2 p16	Stuffers containing TRICARE program and preventive care information to be included in CEOBs sent to CHAMPUS users.			NO	3	
4	Marketing Plan 2.3 p16	A monthly mailing to parents of newborn children or newly adopted children, encouraging the parents to enroll their child in TRICARE PRIME. Based on data from the PRIME Newborn Beneficiary Report.			NO	3	
5	Marketing Plan 2.5 p17	A mailing, conducted monthly, to the top 2,000 TRICARE Standard users and top 2,000 Extra participants.			NO	3	
6	Marketing Plan 3.1 p18	Ongoing Telemarketing services provided for TRICARE beneficiaries.			NO	3	
7	Marketing Plan 4.1 p19	Marketing Representatives to contact and follow-up with local spouse clubs, retiree groups, officer's associations, etc., to arrange opportunities to present the TRICARE program to eligible beneficiaries.			NO	3	
8	Marketing Plan 4.2 p19	Ongoing coordinated marketing activities at military installations. Activities include placement of marketing materials and fliers at base exchanges, commissaries, family support centers, etc.			NO	3	
9	Marketing Plan	Ongoing renewal follow-up telephone calls conducted by the Telemarketing Unit based on data provided by the Enrollment Department.			NO	3	

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
10	Marketing Plan 1.2 p14	Newsletters: Beneficiary Newsletters (three times per year).			NO	3	
11	Marketing Plan 4.2 p19	Special events/promotions and participation at health fairs, air shows, picnics, golf tournaments, etc. as scheduled at each MTF (at least one special event per year).			NO	2	
12	Marketing Plan 4.1 p19	A set of TRICARE briefing slides to be used at TRICARE briefings to educate beneficiaries about their TRICARE benefits (once per year).			NO	3	
13	Marketing Plan 2.1 p15	Direct Mail pieces sent to non-enrolled MTF users. The MTF will provide mailing lists and/or other distribution methods (no more than twice annually at MTFs that support project).			NO	2	
14	BAFO Section 4.1.1, pIV-19	One hundred hours professional marketing consultation services provided to the Southwest Lead Agent (once per year upon request by SWLA).			NO	3	
15	Marketing Plan 5.1 p20	FHFS will produce a limited supply of give-away items for use in promoting the program (ongoing during the Option Period).			NO	3	
16	Marketing Plan 5.2 p20	Production and distribution of posters.			NO	3	
17	Contract Mod A00010	Upgrade display booth graphics as mutually agreed by Southwest Lead Agent and the Region 6 Marketing Manager.			NO	3	
18	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-E		Enrollment	Dan Carlson	FHFS - PMR			Quarterly

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
1	Internal Goal	Meet or exceed the Enrollment projection goals as set forth in the Annual Enrollment Plan (A00N).			YES		
2	BAFO IV 61	Applications will be date stamped upon receipt.			NO	3	
3	c-4.b.(5).d	Applications: Process date must be within 10 days of lock box receipt date or within 48 hours of enrollment receipt date.			YES		
4	c-4.b.(4)a	Disenrollment confirmation letter and survey must be mailed within 48 hours of keyed date.			YES		
5	c-4.b.(4)a	Disenrollment requiring approval must be reviewed by MTF Commander/Lead Agent.			NO	2	
6	c-4.b.(5)	Retro Enrollment: Verify on every case that the effective date is not earlier than the 1st of the month the request is received.			NO	3	
7	c-4.b.(5)	Retro Enrollment: Log the request in the retro Enrollment Binder.			NO	3	
8	BAFO IV 60	ID Cards/Enrollment material will be mailed within 10 days from the entered date.			YES		
9	BAFO IV 60	ID Cards/Enrollment material mailed before the first day of the effective date.			YES		
10	c-4.b.(5)	Annual quality check: Retired/Active Duty Dependents will be disenrolled if payment or coupon is not received by the end of the 10 day grace period. Disenrollment will be effective on through date.			NO	3	
11	c-4.b.(5)	Quarterly quality check: will be disenrolled if payment is not received by the end of the grace period. Disenrollment will be effective at the end of the grace period.			YES		
12	Internal Goal	Notices Annual/Quarterly mailings are monitored for accuracy.			NO	3	

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
13	Internal Goal	Telephone reports are monitored for service level, talk-time and number of calls.			NO	2	
14	Internal Goal	Changes request forms are monitored for accuracy and completeness (i.e. date stamps).			NO	2	
15	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	2	
PMR-HCIL		Health Care Information Line	Eileen Rodgers	FHFS - PMR			Quarterly
1	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	2	
PMR-CP		Claims Processing	John Pabich	FHFS - PMR			Quarterly
1	c-5.b	Claims/Adjustment Claims Receipt and Control: Hard Copy Claims ICN & entered within 5 workdays.			NO	3	
2	c-5.b	Claims/Adjustment Claims Receipt and Control: Retrieve claim within 15 Days.			NO	3	
3	c-5.b.(4)	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (In-System).			YES		
4	c-5.b.(4)	Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (Out-of-System).			NO	3	
5	Tech Prop.Task VIII	Conduct Claims Audits. Pre-Payment Audits include: New Employee, Employee Specific, High Dollar Claims, and High Dollar Checkwrite. Perform Quarterly Quality Review Program Post Payment Audits.			NO	3	

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
6	c-5.i.(1)	Claims and Adjustment Claims Inventory Level (over 30 calendar days from receipt) shall not exceed a 2.5 times the average daily net receipts for the month (In-System).			YES		
7	c-5.i.(1)	Claims and Adjustment Claims Inventory Level (over 30 calendar days from receipt) shall not exceed a 2.5 times the average daily net receipts for the month (Out-of-System).			NO	3	
8	c-5.i.(2)	Claims and Adjustment Claims Inventory Level (over 60 calendar days from receipt) shall not exceed 0.6 times the average daily net receipts for the month In-System).			YES		
9	c-5.i.(2)	Claims and Adjustment Claims Inventory Level (over 60 calendar days from receipt) shall not exceed 0.6 times the average daily net receipts for the month (Out-of-System).			NO	3	
10	c-5.f	Claims System Requirements for Processing & Reporting: The contractor must maintain at least 15 months of claims history from the previous contractor; at least 27 months of combined/new claims data.			NO	3	
11	c-5.f	The contractor shall retain copies of the beneficiary history file, after purge from active file, for at least 6 years after the purge.			NO	3	
12	c-5.o.(3)	Supplemental Health Care Program (SHCP): All incoming SHCP claims will be stamped with an Internal Control Number within 3 workdays and are entered into the system within 5 workdays of receipt of claim.			NO	3	

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
13	c-5.o.(3)	SHCP claims must be retrievable (within 10 workdays of receipt of claim) by: Active Duty Member's name/Sponsor's name, Social Security Number, and/or MTF claims office DMIS code.			NO	3	
14	c-5.o.(3)	Ninety-five percent (95%) of all SHCP claims and adjustments shall be priced to completion within 13 days of receipt of claim.			YES		
15	c-5.o.(3)	One hundred percent (100%) of all SHCP claims and adjustments shall be priced to completion within 27 workdays of receipt of claim.			YES		
16	c-5.o.(3)	Callers, whose SHCP phone inquiries cannot be completed within 2 workdays must be notified. Callers with outstanding inquiries also receive an interim phone response on the 7th day from original call receipt.			NO	3	
17	c-5.o.(3)	Congressional written inquiries must be referred to the Service Project Officer within 72 hours of identification as a SHCP claim.			NO		
18	c-5.p.(5)	File Maintenance: The Contractor shall file claims/adjustment claims with attached documentation by ICN and contract number, within 5 work days after processing to completion.			NO	3	
19	c-5.b.2	Electronic Media Claims (EMC) divided by total claims received (by Option Period) will be at least twenty percent (20%) (for Option Period 3).			YES		
20	f-9	OHI: The contractor will identify/pursue proper payment of OHI claims to avoid payment of benefit dollars equal to or below twenty-two percent (22%) (for Option Period 3).			YES		

TRICARE Southwest	TRICARE Southwest Performance Indicators						
		Existing Management Metrics:			CRITICAL PERF. IND.	DENIAL	
	REF #	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREQ.
21	c-5.m	Third Party Liability: Claims with diagnostic codes 800-999 will be automatically identified. DD Form 2527 will be sent to the provider. If the form is not returned in 35 days, the contractor shall deny the claim.			NO	3	
22	f-10.a.(1)	Claims and Adjustment Claims Processing Accuracy: The absolute value of the payment errors shall not exceed two percent (2%) of the total billed charges.			NO	3	
23	f-10.a.(2)	Claims and Adjustment Claims Processing Accuracy: The HCSR Occurrence Error Rate shall not exceed three percent (3%) for all types of HCSRs.			NO	3	
24	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-PI		Program Integrity	Loretta Lotz	FHFS - PMR			Quarterly
1	Internal Goal	Program Integrity has a projected savings of $2,880,000 for calendar year 1998.			NO	2	
2	C-6.c.(7)	Fraud and Abuse Reports are to be published and forwarded to the TMA Program Integrity Branch within 45 days of the end of the calendar quarter.			NO	2	
3	C-8f.(4)(a)5	Monthly Operational Reviews shall be provided to the Contracting Officer and Lead Agent within ten (10) calendar days following the end of each reporting month.			NO	3	
4	C-6.c	Program Integrity will have a fraud hotline in which calls are logged and acknowledged within seven (7) calendar days of receipt.			NO	3	

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
5	C-6.c.(7)	Program Integrity will refer all identified cases of fraud/abuse over $1,000 to the TMA Program Integrity Branch.			NO	2	
6	C-6.c(2)	Program Integrity will participate in an information-sharing system including state and federal case coordination, Health Care Fraud Task Force working groups and NHCAA to identify individuals who are defrauding the TRICARE program.			NO	3	
7	C-8.a(1), C-6	Program Integrity will ensure all subcontractors adhere to the CHAMPUS Operations Manual provisions as related to Program Integrity functions by conducting annual assessments of activities.			NO	3	
8	C-6.c(1)	Program Integrity will maintain, review, and update intelligence/informational files regarding health care providers/beneficiaries associated with fraud/abuse practices on a monthly basis.			NO	3	
9	C-6.c	The dedicated Fraud Investigation Unit (FIU) will gather direct evidence for the development of criminal and civil action.			NO	3	
10	C-6.c(6)	Program Integrity will ensure FHFS adherence to internal security measures and controls to protect against fraudulent activities or embezzlement by potentially dishonest employees by annually assessing activities.			NO	3	
11	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-FM		Fiscal Management and Controls	Jan Florence/John P	FHFS - PMR			Quarterly

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
1	H. 9. b.	Financial Reporting Requirements: Current Assets to Current Liabilities must be equal to or greater than 1.00:1.			NO	3	
2	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
3	C-7.a.(2)	Directly, or through either manual or automated offset procedures, as specified in Operations Manual; recouping monies owed by providers, beneficiaries, or parents/guardians of minor or incompetent beneficiaries.			NO	3	
4	C-7.c.	Check Release Timeliness Statistics: All benefit checks, CEOBs and Summary Vouchers must be mailed no later than two (2) workdays following the issue date.			NO	3	
5	C-7.e.(1)-(2)	For all paid claims, the check number, issue date, payee name and ICN must be available within one (1) workday of the date the check was written and retrievable within one (1) workday of an inquiry.			NO	3	
6	C-7.f.(4)	Ninety percent (90%) of all vouchers/batches having HCSRs failing the edit system shall be corrected and resubmitted to TMA within (30) calendar days.			NO	3	
7	C-7.g.(2)	Claims Processing shall meet ninety percent (90%) of HCSRs (initial submissions, resubmissions and adjustment/cancellations) passing through the following TMA Edits.			NO	2	

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
8	C-7.g.(3)	Ninety percent (90%) of all vouchers/batches must be accepted by the HCSR edit system within (3) resubmissions (excluding batch header rejects).			NO	3	
9	C-7.g.(4)	One hundred percent (100%) of all vouchers/batches must be accepted by the HCSR edit system within (5) resubmissions (excluded batch header rejects).			NO	3	
PMR-PC		Program Compliance	Randy Kirchner	FHFS - PMR			Quarterly
1	Task VIII 8.1.7, p.258	A semi-annual questionnaire will be sent to the Lead Agent, MTF Commander, TMA, and Health Affairs to help identify potential report issues that the users of this information may have.			NO	3	
2	Task VIII, 8.1.4, p165	FHFS will conduct semi-annual on-site performance reviews at each subcontractor to enhance communication, evaluate performance and resolve problems.			NO	3	
3	Internal Goal	BAFO, Task VIII, Sec 8.1.4—Program Compliance shall submit and/or complete deliverable items. Internal Goal: 96%			NO	2	
PMR-CI		Congressional Inquiries	Chuck George	FHFS - PMR			Quarterly
1	c-9.f	Incoming Congressional Inquiries must be date stamped within 3 days of receipt.			NO	3	
2	c-9.f	Responses to Congressional Inquiries must be eighty-five percent (85%) complete within 10 calendar days.			NO	3	
3	c-9.f	Responses to Congressional Inquiries must be one hundred percent (100%) complete within 30 calendar days.			YES		

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
4	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-TFT		Toll-Free Telephone	John Pabich	FHFS - PMR			Quarterly
1	c-9.f.(2).(d).1	The Toll-Free telephone busy signal rate shall never exceed 20%			YES		
2	c-9.f.(2).(b).1	Eighty percent (80%) of all calls shall be acknowledged within twenty (20) seconds by an individual or electronic device.			YES		
3	c-9.f.(2).(b).2	Ninety percent (90%) of all calls must be handled by a telephone representative or automated response unit (ARU) within 120 seconds after acknowledgment.			YES		
4	c-9.f.(2).(b).2	Delayed callers will hear a message informing the caller of the delay and advise the caller regarding information needed to answer common questions.			NO	3	
5	c-9.f.(2).(b).2	Eighty percent (80%) of calls must be handled to completion during the initial call (calls are complete when the caller has all of the information needed regarding their situation).			YES		
6	c-9.f.(2).(b).2	Incomplete callers must receive return calls within 2 working days.			YES		
7	c-9.f.(2).(b).3	Ninety-five percent (95%) of all calls that were not handled to completion during the initial call must be completed within 10 calendar days.			YES		
8	c-9.f.(2).(b).3	One hundred percent (100%) of all calls must be resolved within 20 calendar days.			YES		

TRICARE Southwest

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
9	c-9.f.(2).(b)	Each telephone representative must be monitored monthly for accuracy, responsiveness, clarity and tone. The monitored sample size shall be the greater of 3% of the average daily calls or 10 calls/day.			NO	3	
10	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-C		Correspondence	John Pabich	FHFS - PMR			Quarterly
1	c-9.f	Routine Written Correspondence: All routine written inquiries shall be stamped with the actual date of receipt within 3 workdays of receipt.			NO	3	
2	c-9.f	Routine Written Correspondence: Final responses to eighty-five percent (85%) of all Routine Written Inquiries will be provided within 15 calendar days of receipt.			NO	3	
3	c-9.f	Routine Written Correspondence: Final responses to ninety-seven percent (97%) of all Routine Written Inquiries will be provided within 30 calendar days of receipt.			NO	3	
4	c-9.f	Routine Written Correspondence: Final responses to one hundred percent (100%) of all Routine Written Inquiries will be provided within 45 calendar days of receipt.			NO	3	
5	c-9.f	Priority Inquiries: Inquiries shall be stamped with the actual date of receipt within 3 workdays of receipt.			NO	3	
6	c-9.f	Priority Inquiries: Final responses to eighty-five percent (85%) of inquiries will be provided within 10 calendar days of receipt.			NO	3	

TRICARE Southwest Performance Indicators

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
7	c-9.f	Priority Inquiries: Final responses to one hundred percent (100%) of inquiries will be provided within 30 calendar days of receipt.			NO	3	
8	c-8.h	Supervisor shall review at least 1% of all appeals & correspondence to insure the correspondence is accurate, responsive, clear, timely and that its tone conveys concern and a desire to be of service.			NO	3	
9	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-A		Appeals	Cathleen Fischbach	FHFS - PMR			Quarterly
1	c-9.h	Appeals Inquiries: date stamp all written appeal requests and attached documents within 3 workdays of receipt.			NO	3	
2	c-9.h	Process ninety-five percent (95%) of reconsiderations to completion within 60 calendar days from receipt of the date the determination is mailed.			NO	3	
3	c-9.h	Process one hundred percent (100%) of reconsiderations to completion within 90 calendar days.			NO	3	
4	c-9.h	Provide written response by the 30th calendar day after receipt for all reconsiderations not processed to completion advising the appealing party that the reconsideration determination will be made within 60 days.			YES		

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
5	c-9.h	Reprocess all determinations reversed by the appeal process within 21 calendar days from the date of receipt of the action notice from TMA or the date of the Contractor's appeal determination notice.			NO	3	
6	c-9.h	Send to TMA a legible copy of the entire contents of the appeal file or provider sanction initial determination within 5 work days of receipt of the telephoned request from TMA.			NO	2	
7	c-9.g	Ensure that ninety percent (90%) of reconsideration cases received at TMA as a formal TMA review cases (or provider sanction initial determinations) have been processed and documented accurately.			NO	3	
8	c-9.g	Ensure that ninety percent (90%) of reconsideration cases have been processed accurately and that the processing is consistent with the Operations Manual requirements and the documentation in the case file.			NO	3	
9	OPM-1, Chap 1, Sec F.1	One Hundred Percent (100%) of requests for expedited preadmission/preprocedure reconsiderations to completion within three (3) working days of receipt of the reconsideration request.			YES		
10	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	
PMR-IT		Information Technology	Gary Wright	FHFS - PMR			Quarterly
1	Tech Prop 10.IX.22	Computer hardware must be available at least 99.5% of the time.			NO	3	

TRICARE Southwest Performance Indicators

TRICARE Southwest

Existing Management Metrics:

	REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
2	Tech Prop 10.IX.22	Computer terminal network must be available 98.5% of the time.			NO	3	
3	Post Rehearsal Report	The data required to restore CHAMPUS ADP at a backup facility is backed up daily and stored off-site in a vault to ensure the safety of the data.			NO	3	
4	IS Report & Procedure Manual	Information security staff review and verify all computer access requests for the proper level of access and signature authority.			NO	3	
5	IS Report & Procedure Manual	Information security staff disable accounts upon termination of employees.			NO	3	
6	IS Report & Procedure Manual	Computer room access is reviewed by the Data Center Manager and access is granted based on the need to support the computer center operations.			NO	3	
7	Internal Goal	Submit deliverables and the review and approval form to Program Compliance by the agreed to date and time.			NO	3	

* Reasons for denying candidacy as critical performance indicator:

1. Not a specific metric (e.g. a narrative report)
2. An MTF, FHFS, HCFA, or external organization-specific metric
3. Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)

Appendix B

TRICARE Northwest

Existing Metrics

Appendix B

TRICARE NORTHWEST	TRICARE Northwest Performance Indicators						
	Existing Management Metrics:				CRITICAL		
					PERF. IND.	DENIAL	
	REF #	TITLE	POC	SOURCE	CANDIDATE	REASON*	FREQ.
	B1-1	Actual vs Projected Revenues - Regionally	LT Toland	Internal	YES		Quarterly
	B1-2	Actual vs Projected Revenues - MTF Level	LT Toland	Internal	YES		Quarterly
	B1-3	(Actual vs Projected Revenues) vs Other Regions	LT Toland	Internal	YES		Quarterly
	B2-1	MTF Care Purchased Out of Region	LT Toland	Internal	YES		Quarterly
	B2-2	% of External Care Delivered to Non-enrollees	LT Toland	Internal	YES		Quarterly
	B2-3	Measurements for the Quality of Referrals*	COL Brammer	Internal	NO	Not Dev.	Quarterly
	B3-1	% of PC Acute Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	B3-1	% of PC Routine Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	B3-1	% of PC Well Appts Meeting Prime Access Std	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	B3-2	% of Specialty Appts Meeting Prime Access Std*	LT Toland	CHCS AOP Ad Hoc	YES		Quarterly
	B4-1	MTF-Enrolled Prime Pts' Usage of ER Visits (or Equiv) During Normal Clinic Hrs	LT Toland	CHCS Ad Hoc (com	YES		Quarterly
	B4-2	Patient Satisfaction Regarding Appt Access	LT Toland	DoD (HA) Pt Sat Sur	YES		Quarterly
	B4-3	Patient Satisfaction of Referrals of MTFs Prime Benes to Civilian Network*	LT Toland	Internal	YES		Quarterly
	B4-4	HEAR data vs Beneficiary Utilization data	LT Toland	HEAR & Trendstar	YES		Quarterly
	B5-1	Prime Disengagements from MTF due to failure to meet access stds	LT Toland	HCF report for out of	YES		Quarterly
	B5-2	MTF Prime Enrollment vs Civilian Network Enrollment	LT Toland	FHFS	YES		Quarterly
	B5-3	Qtrly Report of Cost Reduction Trends in Catchment Areas*	LT Toland	Internal	NO	1	Quarterly
	B6-1	CEIS Utilization Rates	LT Toland	CEIS	NO	2	Quarterly
	B6-2	CEIS Reports Accessed	LT Toland	CEIS	NO	2	Quarterly
	B10-1	Comparison of FY98 & 99 Avg Capitation Eligibiles Population (by catchment area)	LT Toland	MCFAS	YES		Quarterly
	B10-2 RR2	Projected vs Actual Enrollment	LT Toland	FHFS	YES		Quarterly
	B10-3	Enrollment Administrative Processing	LT Toland	Internal Enrollment	YES		Quarterly
	B10-4	MTF PCM Capacity % Levels	LT Toland	TRICARE Status Re	YES		Quarterly

TRICARE Northwest Performance Indicators

TRICARE NORTHWEST

Existing Management Metrics:

REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
B10-5	Reason for TRICARE Enrollment Call	Lori Melton	Internal	YES		Quarterly
B10-6a	Disenrollment by Patient Category	LT Toland	Internal	YES		Quarterly
B10-6b	Reason for Disenrollment	LT Toland	Internal	YES		Quarterly
B10-6c	Disenrollment Survey Statistics	LT Toland	Internal	YES		Quarterly
B10-7	Network Adequacy	LT Toland	FHFS - RR20 Report	YES		Quarterly
B10-8	Utilization of TRICARE Regional Appt Center	LT Toland	Internal	NO	2	Quarterly
B10-9a	TRICARE Service Center Walk-ins	Alice Acker	Monthly TSC Report	YES		Quarterly
B10-9b	Reasons for TSC Walk-ins	Alice Acker	Monthly TSC Report	YES		Quarterly
B10-10a	TRICARE Service Center Calls Answered	Alice Acker	Monthly TSC Report	YES		Quarterly
B10-10b	Reasons for TSC Calls	Alice Acker	Monthly TSC Report	YES		Quarterly
B10-11a	HCIL - Total Call Distribution by Services Utilized	LT Toland	HCIL Report -AH (	YES		Quarterly
B10-11b	HCIL - Entered Records By Catchment Area	LT Toland	HCIL Report	NO	3	Quarterly
B10-11c	HCIL - Nurse Handled Call Types	LT Toland	HCIL Report -AH (	NO	3	Quarterly
B10-11d	HCIL - Self-Reported Redirection	LT Toland	HCIL Report	NO	3	Quarterly
B10-12a	UM - HCF Activity: Med/Surg Non-Network Reason	LT Toland	Health Care Finder	YES		Quarterly
B10-12b	UM - HCF Activity: Case Outcome by Site	LT Toland	Health Care Finder	YES		Quarterly
B10-13	QM - Grievances Processed in (60) Days	LT Toland	On-going Daily Griev	YES		Quarterly
B10-14	HEAR Surveys Processed	Kim Lewis	HEAR Survey	NO	3	Quarterly
B10-15	Claims Processed in 21 Days	LT Toland	Monthly Cycle Time	YES		Quarterly
B10-16	GSU Claims Processed in 21 Days (In-System)	LT Toland	GSU Monthly Cycle	YES		Quarterly
B10-17a	GSU Denied Claims	Pam Bohall	Internal Report	YES		Quarterly
B10-17b	GSU Denied Claims - Top 5 Denial Codes	Pam Bohall	Internal Report	YES		Quarterly
B10-17c	GSU ADFM Denied Claims	Pam Bohall	Internal Report	NO	3	Quarterly
B10-17d	GSU ADFM Denied Claims - Top 5 Denial Codes	Pam Bohall	Internal Report	NO	3	Quarterly
B10-18	Electronic Claim Volumes	LT Toland	Monthly Workload R	YES		Quarterly
B10-19a	Integrated Pharmaceutical Services - Claim Cost	Ray Nan Berry	IPS	YES		Quarterly
B10-19b	IPS - 30 Day vs. 31 Day or Greater Supply Trend	Ray Nan Berry	IPS	YES		Quarterly
B10-19c	IPS - Generic Drug Utilization Summary	Ray Nan Berry	IPS	YES		Quarterly
B10-19d	IPS - OHI Cost Avoidance Reported by Argus	Ray Nan Berry	IPS	YES		Quarterly
B10-20a	Resource Sharing - Estimated Target Expenses vs Actual Expenses (Aggregate & by MTF)	LT Toland	Internal Resource S	YES		Quarterly

TRICARE Northwest Performance Indicators

TRICARE NORTHWEST

Existing Management Metrics:

REF #	TITLE	POC	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
B10-20b	Resource Sharing - Estimated Target Savings vs Actual Savings (Aggregate & by MTF)	LT Toland	Internal Resource S	YES		Quarterly
B10-20c	Resource Sharing - MTF Agreement Status	LT Toland	Internal Resource S	YES		Quarterly

* Reasons for denying candidacy as critical performance indicator:

1. Not a specific metric (e.g. a narrative report)
2. An MTF, FHFS, HCFA, or external organization-specific metric
3. Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)

Appendix C

PacifiCare of Texas

Existing Metrics

Appendix C

PacifiCare of Texas

PacifiCare of Texas Performance Indicators

Existing Management Metrics:

REF #	TITLE	POC (*not the OPR*)	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
C1-1	Medical Loss Ratio	Troy McGilvra	Internal	NO	2	Monthly
C1-2	Administrative Cost Ratio	Troy McGilvra	Internal	NO	2	Monthly
C1-3	Overall Loss Ratio (the two above combined)	Troy McGilvra	Internal	NO	2	Monthly
C1-4	Operating Profit Margin	Troy McGilvra	Internal	NO	2	Monthly
C1-5	Net Income	Troy McGilvra	Internal	NO	2	Monthly
C1-6	Total Membership	Troy McGilvra	Internal	YES		Monthly
C1-7	Commercial product membership	Troy McGilvra	Internal	NO	2	Monthly
C1-8	Medicare product membership (group retiree and individual)	Troy McGilvra	Internal	NO	2	Monthly
C1-9	Disenrollment rate	Troy McGilvra	Internal	YES		Monthly
C1-10	Commercial product	Troy McGilvra	Internal	NO	2	Monthly
C1-11	Medicare product	Troy McGilvra	Internal	NO	2	Monthly
C1-12	Average Age	Troy McGilvra	Internal	YES		Monthly
C1-13	Commercial product	Troy McGilvra	Internal	NO	2	Monthly
C1-14	Medicare product	Troy McGilvra	Internal	NO	2	Monthly
	Providers (by product)					
C1-16	PCPs Family/General Practice	Troy McGilvra	Internal	NO	3	Monthly
C1-17	PCPs Internal Medicine	Troy McGilvra	Internal	NO	3	Monthly
C1-18	PCPs Pediatrics	Troy McGilvra	Internal	NO	3	Monthly
C1-19	PCPs Geriatrics	Troy McGilvra	Internal	NO	3	Monthly
C1-20	PCP Total	Troy McGilvra	Internal	YES		Monthly
C1-21	% PCP Board Certified	Troy McGilvra	Internal	NO	3	Monthly
C1-22	% PCP open panel	Troy McGilvra	Internal	NO	2	Monthly
C1-23	% PCP closed panel	Troy McGilvra	Internal	NO	2	Monthly
C1-24	% PCP established	Troy McGilvra	Internal	NO	2	Monthly
C1-25	PCP Turnover rate	Troy McGilvra	Internal	NO	2	Monthly
C1-26	PCP to member ratio	Troy McGilvra	Internal	YES		Monthly
C1-27	Specialists – Total	Troy McGilvra	Internal	YES		Monthly
C1-28	Specialists – Board Certified	Troy McGilvra	Internal	NO	3	Monthly
C1-29	Hospitals – Total	Troy McGilvra	Internal	YES		Monthly

PacifiCare of Texas

PacifiCare of Texas Performance Indicators

Existing Management Metrics:

REF #	TITLE	POC (*not the OPR*)	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
	Pharmacies					
C1-31	Total	Troy McGilvra	Internal	YES		Monthly
C1-32	Generic Fill rate (by product)	Troy McGilvra	Internal	YES		Monthly
	Utilization (by product)					
C1-34	Admissions per thousand	Troy McGilvra	Internal	YES		Monthly
C1-35	Days per thousand	Troy McGilvra	Internal	YES		Monthly
C1-36	ALOS	Troy McGilvra	Internal	YES		Monthly
C1-37	C-section rate	Troy McGilvra	Internal	NO	2	Monthly
C1-38	PCP encounters PMPY	Troy McGilvra	Internal	YES		Monthly
C1-39	Specialists encounters PMPY	Troy McGilvra	Internal	YES		Monthly
	Regional Customer service center					
C1-41	% calls answered in 30sec	Troy McGilvra	Internal	NO	C2-40	Monthly
C1-42	Average speed of answer	Troy McGilvra	Internal	NO	C2-39	Monthly
C1-43	Abandonment rate	Troy McGilvra	Internal	NO	C2-41	Monthly
C1-44	% clean claims processed in 30 days	Troy McGilvra	Internal	YES		Monthly
C1-45	Financial accuracy of claims	Troy McGilvra	Internal	YES		Monthly
C1-46	Payment accuracy of claims	Troy McGilvra	Internal	YES		Monthly
C1-47	Procedural accuracy of claims	Troy McGilvra	Internal	YES		Monthly
	Utilization Management (for each product)					
C2-2	Bed days PTMPY (per thousand members per year)	Troy McGilvra	Internal	YES		Quarterly
	Membership growth and retention					
C2-4	Commercial % growth	Troy McGilvra	Internal	YES		Quarterly
C2-5	1-year commercial retention	Troy McGilvra	Internal	YES		Quarterly
C2-6	Commercial voluntary transfer rate	Troy McGilvra	Internal	YES		Quarterly
C2-7	Senior % growth	Troy McGilvra	Internal	NO	2	Quarterly
C2-8	90-day senior retention	Troy McGilvra	Internal	NO	2	Quarterly
C2-9	1 year senior retention	Troy McGilvra	Internal	NO	2	Quarterly
C2-10	Senior voluntary disenrollements	Troy McGilvra	Internal	NO	2	Quarterly
C2-11	Market penetration	Troy McGilvra	Internal	YES		Quarterly
	Satisfaction (for each product)					

PacifiCare of Texas

PacifiCare of Texas Performance Indicators

Existing Management Metrics:

REF #	TITLE	POC (*not the OPR*)	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
C2-13	Commercial Member satisfaction with plan	Troy McGilvra	Internal	YES		Quarterly
C2-14	Commercial Member satisfaction with Medical Group	Troy McGilvra	Internal	YES		Quarterly
C2-15	Member satisfaction with practitioner	Troy McGilvra	Internal	YES		Quarterly
C2-16	Provider Satisfaction	Troy McGilvra	Internal	YES		Quarterly
	Accessibility					
C2-18	Timeliness of preventive care appointments in 42 calendar days	Troy McGilvra	Internal	YES		Quarterly
C2-19	Timeliness of routine primary care appointments within 7 days	Troy McGilvra	Internal	YES		Quarterly
C2-20	Timeliness of urgent care appointments within 24 hours	Troy McGilvra	Internal	YES		Quarterly
C2-21	Timeliness of emergency care (immediately)	Troy McGilvra	Internal	YES		Quarterly
C2-22	ER appeals received PTMPY (each product)	Troy McGilvra	Internal	YES		Quarterly
C2-23	Access to after hours care (24hrs/7days a week/365 days year)	Troy McGilvra	Internal	YES		Quarterly
	Complaints (each product)					
C2-25	Complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
C2-26	Access related complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
C2-27	Delay, denial, referral complaints PTMPY	Troy McGilvra	Internal	YES		Quarterly
	Case Findings					
C2-29	# of Quality of Care Issues received YTD PTMPY	Troy McGilvra	Internal	YES		Quarterly
C2-30	# pending	Troy McGilvra	Internal	YES		Quarterly
C2-31	% of QI issues resolved within 30 days	Troy McGilvra	Internal	YES		Quarterly
C2-32	# of cases refered to Quality Council	Troy McGilvra	Internal	YES		Quarterly
	Appeals and Grievances (each product)					
C2-34	# Appeals	Troy McGilvra	Internal	YES		Quarterly
C2-35	Appeals PTMPY	Troy McGilvra	Internal	YES		Quarterly
C2-36	% Expedited appeals (72hours)	Troy McGilvra	Internal	YES		Quarterly
C2-37	Overturned appeals	Troy McGilvra	Internal	YES		Quarterly
	Customer Service Center Standards					
C2-39	Avg response time Less than 20 seconds	Troy McGilvra	Internal	YES		Quarterly
C2-40	% of calls answered in 30 seconds	Troy McGilvra	Internal	YES		Quarterly

PacifiCare of Texas

PacifiCare of Texas Performance Indicators

Existing Management Metrics:

REF #	TITLE	POC (*not the OPR*)	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
C2-41	Abandonment rate	Troy McGilvra	Internal	YES		Quarterly
C2-42	Member satisfaction with call center	Troy McGilvra	Internal	YES		Quarterly
	Claims					
C2-44	% Clean claims processed in thirty days	Troy McGilvra	Internal	YES		Quarterly
C2-45	% non contracted physician clean claims in thirty days	Troy McGilvra	Internal	YES		Quarterly
C2-46	% of contracted physician clean claims in thirty days	Troy McGilvra	Internal	YES		Quarterly
	Credentialling					
C2-48	# of practitioners credentialed	Troy McGilvra	Internal	YES		Quarterly
C2-49	Average credentialling time less than 180 days	Troy McGilvra	Internal	YES		Quarterly
C2-50	# of applicants rejected	Troy McGilvra	Internal	YES		Quarterly
C2-51	% of PCP recredentialled within 2 years	Troy McGilvra	Internal	NO	2	Quarterly
C2-52	% of specialists recredentialled within 2 years	Troy McGilvra	Internal	NO	2	Quarterly
C2-53	# of PCP recredentialled	Troy McGilvra	Internal	NO	2	Quarterly
C2-54	# of specialists recredentialled	Troy McGilvra	Internal	NO	2	Quarterly
	Clinical indicators					
	Diabetes					
C3-2	Hemoglobin A1C tests	Troy McGilvra	Internal	YES		Quarterly
C3-3	Diabetic retinal exam (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-4	Diabetic readmission rate PTMPY	Troy McGilvra	Internal	YES		Quarterly
C3-5	% of diabetics who receive annual screens for protein in the urine	Troy McGilvra	Internal	YES		Quarterly
C3-6	% of diabetics whose blood sugar is in control	Troy McGilvra	Internal	YES		Quarterly
C3-7	% of diabetics who receive annual foot exams	Troy McGilvra	Internal	YES		Quarterly
C3-8	% of diabetics whose lipids are at safe levels	Troy McGilvra	Internal	YES		Quarterly
C3-9	% of diabetics who receive advice to quit smoking	Troy McGilvra	Internal	YES		Quarterly
C3-10	% of diabetics who smoked and quit	Troy McGilvra	Internal	YES		Quarterly
C3-11	% of diabetics satisfied with their care	Troy McGilvra	Internal	YES		Quarterly
C3-12	% of diabetics who work who lose time form work because of their illness	Troy McGilvra	Internal	YES		Quarterly
	Women's and children's health					

PacifiCare of Texas

PacifiCare of Texas Performance Indicators

Existing Management Metrics:

REF #	TITLE	POC (*not the OPR*)	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
C3-14	% of children who are fully immunized by two years of age (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-15	% of adolescents immunized by 13 years of age (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-16	% of women who receive prenatal care during the 1st trimester (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-17	C-section rate	Troy McGilvra	Internal	YES		Quarterly
C3-18	VBAC Rate	Troy McGilvra	Internal	YES		Quarterly
C3-19	Low birth weight (less than 1500 grams)	Troy McGilvra	Internal	YES		Quarterly
C3-20	(less than 2500 grams)	Troy McGilvra	Internal	YES		Quarterly
C3-21	Mammography Rate (By product) (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-22	Cervical cancer screening (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
	Cardiovascular health					
C3-24	AMI re-admission rate – within 7 days	Troy McGilvra	Internal	YES		Quarterly
C3-25	% of eligible members taking aspirin daily	Troy McGilvra	Internal	YES		Quarterly
C3-26	% of eligible members taking beta blockers (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-27	% of eligible members taking ACE inhibitors	Troy McGilvra	Internal	YES		Quarterly
C3-28	% of eligibles members with cholesterol screens performed 6 months AMI	Troy McGilvra	Internal	YES		Quarterly
C3-29	% of eligible members with elevated cholesterol 6 mths AMI taking cholesterol lowering drugs	Troy McGilvra	Internal	YES		Quarterly
C3-30	% of eligible members who had stress test after AMI	Troy McGilvra	Internal	YES		Quarterly
C3-31	% of eligible members counseled to quit smoking	Troy McGilvra	Internal	YES		Quarterly
C3-32	% of eligible members taking Digoxin	Troy McGilvra	Internal	YES		Quarterly
C3-33	% CHE re-admission rate within 7 days	Troy McGilvra	Internal	YES		Quarterly
C3-34	% of eligible members taking diuretic	Troy McGilvra	Internal	YES		Quarterly
C3-35	% of eligible members counseled on low sodium diet	Troy McGilvra	Internal	YES		Quarterly
C3-36	% of eligible members counseled on fluid restrictions	Troy McGilvra	Internal	YES		Quarterly
	Depression					

PacifiCare of Texas

PacifiCare of Texas Performance Indicators

Existing Management Metrics:

REF #	TITLE	POC (*not the OPR*)	SOURCE	CRITICAL PERF. IND. CANDIDATE	DENIAL REASON*	FREQ.
C3-38	% of members hospitalized for depression seen by mental health provider within 30 days of discharge (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-39	% of members improved significantly with in 6 months after diagnosis	Troy McGilvra	Internal	YES		Quarterly
C3-40	% of members received prescription greater than 9 months	Troy McGilvra	Internal	YES		Quarterly
C3-41	% patients able to continue daily work activities - 6 months	Troy McGilvra	Internal	YES		Quarterly
C3-42	% patients coping well with the disease – 6 months	Troy McGilvra	Internal	YES		Quarterly
C3-43	% members satisfied with the care the receive for depression – 6 mths post diagnosis	Troy McGilvra	Internal	YES		Quarterly
	Stop Smoking					
C3-45	Number participants (both products)	Troy McGilvra	Internal	YES		Quarterly
C3-46	% members counseled to quit (HEDIS measure)	Troy McGilvra	Internal	YES		Quarterly
C3-47	Quit rates (quit for 12 months)	Troy McGilvra	Internal	YES		Quarterly
C3-48	% members who smoke	Troy McGilvra	Internal	YES		Quarterly
	Senior influenza					
C3-50	% eligible members who received vaccination	Troy McGilvra	Internal	NO	2	Quarterly

* Reasons for denying candidacy as critical performance indicator:

1. Not a specific metric (e.g. a narrative report)
2. An MTF, FHFS, HCFA, or external organization-specific metric
3. Not a metric for executive management level consideration (e.g. "in the weeds" or purely contract compliance)

Appendix D

Health Status

Critical Performance Indicator Candidates

Critical Performance Indicator Candidates

All CPI Candidates for **Health Status** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Utilization Management									
	TSW	UM	0.45	0.40	0.30	0.60	0.70	0.50	0.35
	TNW	UM	0.10	0.20	0.10	0.10	0.10	0.10	0.30
	PoT	UM	0.45	0.40	0.60	0.30	0.20	0.40	0.35
ER visits per 1000 enrollees	TSW	UM							
MTF-Enrolled Prime Pts' Usage of ER Visits During Normal Clinic Hrs	TNW	UM							
Hospital admissions per 1000 enrollees	TSW	UM							
Admissions per thousand	PoT	UM							
Days per thousand	PoT	UM							
Bed days PTMPY (per thousand members per year)	PoT	UM							
PCP encounters PMPY	PoT	UM							
Specialty referrals per 1000 enrollees	TSW	UM							
Outpt visits per specialist per 1000 enrollees	TSW	UM							
Specialists encounters PMPY	PoT	UM							
Average LOS by DRG	TSW	UM							
ALOS	PoT	UM							
Medical/Surgical preauthorization determinations on 100% of all requests shall be issued within (5) workdays.	TSW	UM							
Mental Health preauthorization determinations on 100% of all requests shall be issued within (5) workdays.	TSW	UM							
UM - HCF Activity: Med/Surg Non-Network Reason	TNW	UM							
UM - HCF Activity: Case Outcome by Site	TNW	UM							
HEAR data vs Beneficiary Utilization data	TNW	UM							

Critical Performance Indicator Candidates

All CPI Candidates for **Health Status** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Quality Management									
	TSW	QM	0.40	0.40	0.40	0.50	0.70	0.40	0.50
	TNW	QM	0.20	0.20	0.20	0.00	0.00	0.00	0.00
	PoT	QM	0.40	0.40	0.40	0.50	0.30	0.60	0.50
Grievance Inquiries: Provide written response by the 30th calendar day for all Grievances not processed to completion by that date. The response must include the delay reason and an estimated completion date.	TSW	QM							
total number (%) grievances	TSW	QM							
total number outstanding grievances-	TSW	QM							
QM - Grievances Processed in (60) Days	TNW	QM							
Provide written response by the 30th calendar day after receipt for all reconsiderations not processed to completion advising the appealing party that the reconsideration determination will be made within 60 days.	TSW	QM							
One Hundred Percent (100%) of requests for expedited preadmission/preprocedure reconsiderations to completion within three (3) working days of receipt of the reconsideration request.	TSW	QM							
# Appeals	PoT	QM							
Appeals PTMPY	PoT	QM							
% Expedited appeals (72hours)	PoT	QM							
Overturned appeals	PoT	QM							
total number (%) appeals	TSW	QM							
total number outstanding appeals	TSW	QM							

Critical Performance Indicator Candidates

All CPI Candidates for **Health Status** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Case Management									
	TSW	CM	0.70	0.80	0.75	0.40	0.30	0.50	0.50
	TNW	CM	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	PoT	CM	0.30	0.20	0.25	0.60	0.70	0.50	0.50
Case Management									
Medical/Surgical evaluations shall be completed on 100% of the cases within (5) workdays.	TSW	CM							
Mental Health evaluations shall be completed on 100% of the cases within (5) workdays.	TSW	CM							
Case Findings									
# of Quality of Care Issues received YTD PTMPY	PoT	CM							
# pending	PoT	CM							
% of QI issues resolved within 30 days	PoT	CM							
# of cases refered to Quality Council	PoT	CM							
Health Care Information Lines									
	TSW	HL	0.50	0.50	0.50	0.50	0.50	0.50	0.50
	TNW	HL	0.50	0.50	0.50	0.50	0.50	0.50	0.50
	PoT	HL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health Care Information Report	TSW	HL							
HCIL - Total Call Distribution by Services Utilized	TNW	HL							

Critical Performance Indicator Candidates									
All CPI Candidates for Health Status scored for JUDGE Model:									
TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Clinical Indicators									
	TSW	CI	0.80	0.90	0.85	0.20	0.30	0.60	0.50
	TNW	CI	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	PoT	CI	0.20	0.10	0.15	0.80	0.70	0.40	0.50
Clinical indicators									
Health Risk Appraisal	TSW	CI							
CI- Diabetes									
Hemoglobin A1C tests	PoT	CID							
Diabetic retinal exam (HEDIS measure)	PoT	CID							
Diabetic readmission rate PTMPY	PoT	CID							
% of diabetics who receive annual screens for protein in the urine	PoT	CID							
% of diabetics whose blood sugar is in control	PoT	CID							
% of diabetics who receive annual foot exams	PoT	CID							
% of diabetics whose lipids are at safe levels	PoT	CID							
% of diabetics who receive advice to quit smoking	PoT	CID							
% of diabetics who smoked and quit	PoT	CID							
% of diabetics satisfied with their care	PoT	CID							
% of diabetics who work who lose time form work because of their illness	PoT	CID							
CI- Women's and children's health									
% of children who are fully immunized by two years of age (HEDIS measure)	PoT	CIW							
% of adolescents immunized by 13 years of age (HEDIS measure)	PoT	CIW							
% of women who receive prenatal care during the 1st trimester (HEDIS measure)	PoT	CIW							
C-section rate	PoT	CIW							
VBAC Rate	PoT	CIW							
Low birth weight (less than 1500 grams)	PoT	CIW							
(less than 2500 grams)	PoT	CIW							
Mammography Rate (By product) (HEDIS measure)	PoT	CIW							
Cervical cancer screening (HEDIS measure)	PoT	CIW							

Critical Performance Indicator Candidates									
All CPI Candidates for **Health Status** scored for JUDGE Model:									
TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
CI- Cardiovascular health									
AMI re-admission rate – within 7 days	PoT	CIC							
% of eligible members taking aspirin daily	PoT	CIC							
% of eligible members taking beta blockers (HEDIS measure)	PoT	CIC							
% of eligible members taking ACE inhibitors	PoT	CIC							
% of eligibles members with cholesterol screens performed 6 months AMI	PoT	CIC							
% of eligible members with elev. cholesterol 6 mths AMI taking cholesterol lowering drugs	PoT	CIC							
% of eligible members who had stress test after AMI	PoT	CIC							
% of elig. members counseled to quit smoking	PoT	CIC							
% of eligible members taking Digoxin	PoT	CIC							
% CHE re-admission rate within 7 days	PoT	CIC							
% of eligible members taking diuretic	PoT	CIC							
% of eligible members counseled on low sodium diet	PoT	CIC							
% of eligible members counseled on fluid restrictions	PoT	CIC							
CI- Depression									
% of members hospitalized for depression seen by mental health provider within 30 days of discharge (HEDIS measure)	PoT	CIP							
% of members improved significantly with in 6 months after diagnosis	PoT	CIP							
% of members received prescription greater than 9 months	PoT	CIP							
% patients able to continue daily work activities - 6 months	PoT	CIP							
% patients coping well with the disease – 6 months	PoT	CIP							
% members satisfied with the care the receive for depression – 6 mths post diagnosis	PoT	CIP							
CI- Smoking Cessation	PoT								
Number participants (both products)	PoT	CIS							
% members counseled to quit (HEDIS meas.)	PoT	CIS							
Quit rates (quit for 12 months)	PoT	CIS							
% members who smoke	PoT	CIS							

Appendix E

Operations/Member Services

Critical Performance Indicator Candidates

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Provider Services									
	TSW	PS	0.7	0.8	0.75	0.3	0.6	0.45	0.65
	TNW	PS	0.1	0.1	0.1	0.1	0.1	0.1	0.1
	PoT	PS	0.3	0.2	0.25	0.6	0.3	0.45	0.25
Provider Satisfaction									
Results of survey	TSW	PS							
Provider Satisfaction	PoT	PS							
Providers (by product)									
PCP Total	PoT	PS							
PCP to member ratio	PoT	PS							
Specialists – Total	PoT	PS							
Hospitals – Total	PoT	PS							
Network Adequacy Report	TSW	PS							
Network Adequacy	TNW	PS							
Credentialing									
# of practitioners credentialed	PoT	PS							
Average credentialing time less than 180 days	PoT	PS							
# of applicants rejected	PoT	PS							
# adverse actions	TSW	PS							
# privileged providers by specialty	TSW	PS							
#privileged providers by adverse actions	TSW	PS							
Pharmacies									
Total	PoT	PS							
Generic Fill rate (by product)	PoT	PS							
Integrated Pharmaceutical Services		PS							
Identify and resolve provider relations issues within 30 calendar days of identification.	TSW	PS							

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Customer Service									
	TSW	CS	0.60	0.30	0.40	0.70	0.60	0.45	0.60
	TNW	CS	0.30	0.60	0.50	0.20	0.25	0.45	0.30
	PoT	CS	0.10	0.10	0.10	0.10	0.15	0.10	0.10
TRICARE Service Center									
Ninety percent (90%) of all calls must be acknowledged by a telephone representative or Automated Response Unit (ARU) within 120 seconds after initial greeting.	TSW	CS							
Eighty percent (80%) of calls must be handled to completion during the inital call.	TSW	CS							
If call is not completed during initial call, call back must be made within 2 days.	TSW	CS							
Ninety-five percent (95%) of all final call backs or written replies must be provided within 10 days.	TSW	CS							
One hundred percent (100%) of all final call backs or written replies must be provided within 20 days.	TSW	CS							
Beneficiaries telephoning the TSC shall be placed on hold for no longer than 5 minutes.	TSW	CS							
Ninety-eight percent (98%) of walk-in inquiries will be resolved within the initial visit. The balance will be tracked to ensure final response is rendered within 2 days of receipt of the inquiry.	TSW	CS							
Walk-in beneficiaries will be greeted within 5 minutes of arrival.	TSW	CS							
Referral Services available at TSCs with no more than a 15 minute wait for beneficiaries visiting the HCF.	TSW	CS							
Customer Service available at TSCs with no more than a 15 minute wait for beneficiaries visiting the BSR.	TSW	CS							
TRICARE Service Center Walk-ins	TNW	CS							
Reasons for TSC Walk-ins	TNW	CS							
TRICARE Service Center Calls Answered	TNW	CS							
Reasons for TSC Calls	TNW	CS							

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Toll-Free Telephone									
The Toll-Free telephone busy signal rate shall never exceed 20%	TSW	CS							
Eighty percent (80%) of all calls shall be acknowledged within twenty (20) seconds by an individual or electronic device.	TSW	CS							
Ninety percent (90%) of all calls must be handled by a telephone representative or automated response unit (ARU) within 120 seconds after acknowledgment.	TSW	CS							
Eighty percent (80%) of calls must be handled to completion during the initial call (calls are complete when the caller has all of the information needed regarding their situation).	TSW	CS							
Incomplete callers must receive return calls within 2 working days.	TSW	CS							
Ninety-five percent (95%) of all calls that were not handled to completion during the initial call must be completed within 10 calendar days.	TSW	CS							
One hundred percent (100%) of all calls must be resolved within 20 calendar days.	TSW	CS							
Toll-Free Telephone Report	TSW	CS							
Customer Service Center Standards									
Avg response time Less than 20 seconds	PoT	CS							
% of calls answered in 30 seconds	PoT	CS							
Abandonment rate	PoT	CS							

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Customer Satisfaction									
	TSW	CT	0.30	0.50	0.60	0.10	0.15	0.30	0.30
	TNW	CT	0.20	0.30	0.30	0.10	0.15	0.35	0.35
	PoT	CT	0.50	0.20	0.10	0.80	0.70	0.35	0.35
Complaints									
Complaints PTMPY	PoT	CT							
Delay, denial, referral complaints PTMPY	PoT	CT							
Satisfaction (for each product)		CT							
Commercial Member satisfaction with plan	PoT	CT							
Commercial Member satisfaction with Medical Group	PoT	CT							
Member satisfaction with practitioner	PoT	CT							
Member satisfaction with call center	PoT	CT							
Patient Satisfaction of Referrals of MTFs Prime Benes to Civilian Network*	TNW	CT							
Congressional Inquiries									
Responses to Congressional Inquiries must be one hundred percent (100%) complete within 30 calendar days.	TSW	CT							

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Enrollment									
	TSW	EN	0.30	0.40	0.20	0.20	0.10	0.40	0.10
	TNW	EN	0.60	0.50	0.70	0.60	0.80	0.40	0.80
	PoT	EN	0.10	0.10	0.10	0.20	0.10	0.20	0.10
Enrollment Report	TSW	EN							
Meet or exceed the Enrollment projection goals as set forth in the Annual Enrollment Plan (A00N).	TSW	EN							
Applications: Process date must be within 10 days of lock box receipt date or within 48 hours of enrollment receipt date.	TSW	EN							
Disenrollment confirmation letter and survey must be mailed within 48 hours of keyed date.	TSW	EN							
ID Cards/Enrollment material will be mailed within 10 days from the entered date.	TSW	EN							
ID Cards/Enrollment material mailed before the first day of the effective date.	TSW	EN							
Quarterly quality check: will be disenrolled if payment is not received by the end of the grace period. Disenrollment will be effective at the end of the grace period.	TSW	EN							
MTF Prime Enrollment vs Civilian Network Enrollment	TNW	EN							
Comparison of FY98 & 99 Avg Capitation Eligibiles Population (by catchment area)	TNW	EN							
Projected vs Actual Enrollment	TNW	EN							
Enrollment Administrative Processing	TNW	EN							
MTF PCM Capacity % Levels	TNW	EN							
Reason for TRICARE Enrollment Call	TNW	EN							
Disenrollment by Patient Category	TNW	EN							
Reason for Disenrollment	TNW	EN							
Disenrollment Survey Statistics	TNW	EN							

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Total Membership	PoT	EN							
Disenrollment rate	PoT	EN							
Average Age	PoT	EN							
Membership growth and retention									
Commercial % growth	PoT	EN							
1-year commercial retention	PoT	EN							
Commercial voluntary transfer rate	PoT	EN							
Market penetration	PoT	EN							
Access to Care									
	TSW	AC	0.40	0.30	0.20	0.45	0.20	0.40	0.25
	TNW	AC	0.50	0.60	0.70	0.45	0.70	0.40	0.60
	PoT	AC	0.10	0.10	0.10	0.10	0.10	0.20	0.15
Accessibility									
Timeliness of preventive care appointments in 42 calendar days	PoT	AC							
Timeliness of routine primary care appointments within 7 days	PoT	AC							
Timeliness of urgent care appointments within 24 hours	PoT	AC							
Timeliness of emergency care (immediately)	PoT	AC							
ER appeals received PTMPY (each product)	PoT	AC							
Access to after hours care (24hrs/7days a week/365 days year)	PoT	AC							
% of PC Acute Appts Meeting Prime Access Std	TNW	AC							
% of PC Routine Appts Meeting Prime Access Std	TNW	AC							
% of PC Well Appts Meeting Prime Access Std	TNW	AC							

Critical Performance Indicator Candidates

All CPI Candidates for **Operations/Member Services** scored for JUDGE Model:

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
% of Specialty Appts Meeting Prime Access Std*	TNW	AC							
Patient Satisfaction Regarding Appt Access	TNW	AC							
Prime Disengagements from MTF due to failure to meet access stds	TNW	AC							
Access related complaints PTMPY	PoT	AC							
Ensure an adequate provider/beneficiary ratio of 1 PCM:2,000 enrollees, and 1 Provider (all types): 1,200 enrollees.	TSW	AC							
A sufficient level of delivery sites to ensure access to care.	TSW	AC							
Contract drive times not to exceed 30 minutes for primary care or 60 minutes for specialty care.	TSW	AC							
Access to emergency services 24 hours per day, 7 days per week.	TSW	AC							
Office wait times in non-emergency situations shall not exceed 30 minutes.	TSW	AC							
Appointment wait times: well visit wait shall not exceed 4 weeks.	TSW	AC							
Appointment wait times: routine visit wait shall not exceed one week.	TSW	AC							
Appointment wait times: acute visit shall not exceed one day.	TSW	AC							
Appointment wait times: specialty care visit wait shall not exceed 4 weeks.	TSW	AC							
PCMs shall be available 24 Hours per day, 7 days per week.	TSW	AC							

Appendix F

Cost Accountability

Critical Performance Indicator Candidates

Critical Performance Indicator Candidates

All CPI Candidates for **Cost Accountability** scored for JUDGE

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Enrollment Based Capitation									
	TSW	EC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TNW	EC	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	EC	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actual vs Projected (EBC) Revenues - Regionally	TNW	EC							
Actual vs Projected (EBC) Revenues - MTF Level	TNW	EC							
(Actual vs Projected Revenues) vs Other Regions	TNW	EC							
MTF Care Purchased Out of Region	TNW	EC							
% of External Care Delivered to Non-enrollees	TNW	EC							
Resource Sharing									
	TSW	RS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TNW	RS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	RS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Resource Sharing									
Resource Sharing - Estimated Target Expenses vs Actual Expenses (Aggregate & by MTF)	TNW	RS							
Resource Sharing - Estimated Target Savings vs Actual Savings (Aggregate & by MTF)	TNW	RS							
Resource Sharing - MTF Agreement Status	TNW	RS							

Critical Performance Indicator Candidates

All CPI Candidates for **Cost Accountability** scored for JUDGE

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Claims Processing									
	TSW	CP	0.35	0.40	0.50	0.45	0.35	0.40	0.35
	TNW	CP	0.45	0.40	0.40	0.45	0.50	0.40	0.45
	PoT	CP	0.2	0.20	0.10	0.10	0.15	0.20	0.20
Claims Processing									
Contractor Weekly Report	TSW	CP							
Claims and Adjustment Claims Processing Timeliness: Seventy-five percent (75%) of all claims completed within 21 days (In-System).	TSW	CP							
Claims and Adjustment Claims Inventory Level (over 30 calendar days from receipt) shall not exceed a 2.5 times the average daily net receipts for the month (In-System).	TSW	CP							
Claims and Adjustment Claims Inventory Level (over 60 calendar days from receipt) shall not exceed 0.6 times the average daily net receipts for the month In-System).	TSW	CP							
Ninety-five percent (95%) of all SHCP claims and adjustments shall be priced to completion within 13 days of receipt of claim.	TSW	CP							
One hundred percent (100%) of all SHCP claims and adjustments shall be priced to completion within 27 workdays of receipt of claim.	TSW	CP							
Electronic Media Claims (EMC) divided by total claims received (by Option Period) will be at least twenty percent (20%) (for Option Period 3).	TSW	CP							
OHI: The contractor will identify/pursue proper payment of OHI claims to avoid payment of benefit dollars equal to or below twenty-two percent (22%) (for Option Period 3).									
Claims Processed in 21 Days	TNW	CP							
GSU Claims Processed in 21 Days (In-System)	TNW	CP							
GSU Denied Claims	TNW	CP							
GSU Denied Claims - Top 5 Denial Codes	TNW	CP							
Electronic Claim Volumes	TNW	CP							
Integrated Pharmaceutical Services - Claim Cost	TNW	CP							

Critical Performance Indicator Candidates

All CPI Candidates for **Cost Accountability** scored for JUDGE

TITLE	ORG.	METRIC TYPE	DATA QUALITY	DATA ACCESSIBILITY	DATA TIMELINESS	DATA ACTIONABLE	STRATEGIC LINK	EXTERNAL BENCHMARK	STAKEHOLDER VALUE
Claims									
% Clean claims processed in thirty days	PoT	CP							
% non contracted physician clean claims in thirty days	PoT	CP							
% of contracted physician clean claims in thirty days	PoT	CP							
% clean claims processed in 30 days	PoT	CP							
Financial accuracy of claims	PoT	CP							
Payment accuracy of claims	PoT	CP							
Procedural accuracy of claims	PoT	CP							
Pharmaceuticals									
	TSW	PH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TNW	PH	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	PoT	PH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pharmacy									
IPS - 30 Day vs. 31 Day or Greater Supply Trend	TNW	PH							
IPS - Generic Drug Utilization Summary	TNW	PH							
IPS - OHI Cost Avoidance Reported by Argus	TNW	PH							

Appendix G

JUDGE Models

Judging Utility: a Decision Generator and Evaluator
Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

Core Domain: Health Status
Metric Type Evaluated: Utilization Management

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.45	0.10	0.45	10.00	2.22	10.00
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.40	0.20	0.40	6.67	3.33	6.67
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.30	0.10	0.60	5.00	1.67	10.00
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.60	0.10	0.30	10.00	1.67	5.00
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.70	0.10	0.20	7.78	1.11	2.22
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.50	0.10	0.40	2.78	0.56	2.22
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.35	0.30	0.35	3.89	3.33	3.89
	TOTALS		18							40.00

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

	TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Health Status
Metric Type Evaluated: Quality Management

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.40	0.20	0.40	8.89	4.44	8.89
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.40	0.20	0.40	6.67	3.33	6.67
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.40	0.20	0.40	6.67	3.33	6.67
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.50	0.00	0.50	8.33	0.00	8.33
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.70	0.00	0.30	7.78	0.00	3.33
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.40	0.00	0.60	2.22	0.00	3.33
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.50	0.00	0.50	5.56	0.00	5.56
	TOTALS		18							42.78

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

	TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Health Status

Judging Utility: a Decision Generator and Evaluator
Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

Metric Type Evaluated: Case Management

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.7	0	0.3	15.56	0.00	6.67
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.8	0	0.2	13.33	0.00	3.33
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.75	0	0.25	12.50	0.00	4.17
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.4	0	0.6	6.67	0.00	10.00
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.3	0	0.7	3.33	0.00	7.78
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.5	0	0.5	2.78	0.00	2.78
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.5	0	0.5	5.56	0.00	5.56
	TOTALS		18							40.28

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Health Status
Metric Type Evaluated: HC Information Lines

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.5	0.5	0	11.11	11.11	0.00
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.5	0.5	0	8.33	8.33	0.00
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.5	0.5	0	8.33	8.33	0.00
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.5	0.5	0	8.33	8.33	0.00
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.5	0.5	0	5.56	5.56	0.00
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.5	0.5	0	2.78	2.78	0.00
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.5	0.5	0	5.56	5.56	0.00
	TOTALS		18							

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Health Status
Metric Type Evaluated: Clinical Indicators

(Vj) (1wj) (2wj) (3wj)

Judging Utility: a Decision Generator and Evaluator
Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	Rescaled Rating	Alt. A	Alt. B	Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.8	0	0.2	17.78	0.00	4.44
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.9	0	0.1	15.00	0.00	1.67
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.85	0	0.15	14.17	0.00	2.50
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.2	0	0.8	3.33	0.00	13.33
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.3	0	0.7	3.33	0.00	7.78
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.6	0	0.4	3.33	0.00	2.22
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.5	0	0.5	5.56	0.00	5.56
	TOTALS		18							37.50

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

	TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Operations/Member Services
Metric Type Evaluated: Provider Services

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.7	0.1	0.3	15.56	2.22	6.67
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.8	0.1	0.2	13.33	1.67	3.33
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.75	0.1	0.25	12.50	1.67	4.17
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.3	0.1	0.6	5.00	1.67	10.00
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.6	0.1	0.3	6.67	1.11	3.33
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.45	0.1	0.45	2.50	0.56	2.50
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.65	0.1	0.25	7.22	1.11	2.78
	TOTALS		18							32.78

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

	TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Operations/Member Services
Metric Type Evaluated: Customer Service

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C

Judging Utility: a Decision Generator and Evaluator
Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

1. Data Quality: metric is accurate & understandable	9	4	22.22	0.6	0.3	0.1	13.33	6.67	2.22
2. Data Accessibility: metric is readily retrievable	8	3	16.67	0.3	0.6	0.1	5.00	10.00	1.67
3. Data Timeliness: metric reflects current figures	8	3	16.67	0.4	0.5	0.1	6.67	8.33	1.67
4. Data Actionable: metric facilitates decision-making	8	3	16.67	0.7	0.2	0.1	11.67	3.33	1.67
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.6	0.25	0.15	6.67	2.78	1.67
6. External Benchmark: metric is used by other health plans	6	1	5.56	0.45	0.45	0.1	2.50	2.50	0.56
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.6	0.3	0.1	6.67	3.33	1.11
TOTALS		18						36.94	

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Operations/Member Services
Metric Type Evaluated: Customer Satisfaction

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Alt. B	Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.3	0.2	0.5	6.67	4.44	11.11
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.5	0.3	0.2	8.33	5.00	3.33
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.6	0.3	0.1	10.00	5.00	1.67
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.1	0.1	0.8	1.67	1.67	13.33
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.15	0.15	0.7	1.67	1.67	7.78
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.3	0.35	0.35	1.67	1.94	1.94
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.3	0.35	0.35	3.33	3.89	3.89
	TOTALS		18					33.33		

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Operations/Member Services
Metric Type Evaluated: Enrollment

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Alt. B	Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.3	0.6	0.1	6.67	13.33	2.22
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.4	0.5	0.1	6.67	8.33	1.67

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3. Data Timeliness: metric reflects current figures	8	3	16.67	0.2	0.7	0.1	3.33	11.67	1.67
4. Data Actionable: metric facilitates decision-making	8	3	16.67	0.2	0.6	0.2	3.33	10.00	3.33
5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.1	0.8	0.1	1.11	8.89	1.11
6. External Benchmark: metric is used by other health plans	6	1	5.56	0.4	0.4	0.2	2.22	2.22	1.11
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.1	0.8	0.1	1.11	8.89	1.11
TOTALS		18					24.44		

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Operations/Member Services
Metric Type Evaluated: Access to Care

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Alt. B	Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.4	0.5	0.1	8.89	11.11	2.22
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.3	0.6	0.1	5.00	10.00	1.67
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.2	0.7	0.1	3.33	11.67	1.67
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.45	0.45	0.1	7.50	7.50	1.67
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.2	0.7	0.1	2.22	7.78	1.11
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.4	0.4	0.2	2.22	2.22	1.11
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.25	0.6	0.15	2.78	6.67	1.67
	TOTALS		18					31.94		

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Cost Accountability
Metric Type Evaluated: Enrollment Based Capitation

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Alt. B	Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0	1	0	0.00	22.22	0.00
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0	1	0	0.00	16.67	0.00
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0	1	0	0.00	16.67	0.00
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0	1	0	0.00	16.67	0.00

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Determining Appropriate Performance Indicators Through a Comparative Analysis of Similar Health Plans

5. Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0	1	0	0.00	11.11	0.00
6. External Benchmark: metric is used by other health plans	6	1	5.56	0	1	0	0.00	5.56	0.00
7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0	1	0	0.00	11.11	0.00
TOTALS		18							

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Cost Accountability
Metric Type Evaluated: Resource Sharing

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0	1	0	0.00	22.22	0.00
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0	1	0	0.00	16.67	0.00
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0	1	0	0.00	16.67	0.00
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0	1	0	0.00	16.67	0.00
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0	1	0	0.00	11.11	0.00
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0	1	0	0.00	5.56	0.00
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0	1	0	0.00	11.11	0.00
	TOTALS		18							

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Cost Accountability
Metric Type Evaluated: Claims Processing

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0.35	0.45	0.2	7.78	10.00	4.44
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0.4	0.4	0.2	6.67	6.67	3.33
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0.5	0.4	0.1	8.33	6.67	1.67
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0.45	0.45	0.1	7.50	7.50	1.67
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0.35	0.5	0.15	3.89	5.56	1.67
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0.4	0.4	0.2	2.22	2.22	1.11

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7. Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0.35	0.45	0.2	3.89	5.00	2.22
TOTALS		18					40.28		

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Core Domain: Cost Accountability
Metric Type Evaluated: Pharmaceuticals

Nr.	Metric Attribute (TSW Perspective)	9-point Rating	Coded Rating	(Vj) Rescaled Rating	(1wj) Alt. A	(2wj) Alt. B	(3wj) Alt. C	Weighted Composite Alt. A	Weighted Composite Alt. B	Weighted Composite Alt. C
1.	Data Quality: metric is accurate & understandable	9	4	22.22	0	1	0	0.00	22.22	0.00
2.	Data Accessibility: metric is readily retrievable	8	3	16.67	0	1	0	0.00	16.67	0.00
3.	Data Timeliness: metric reflects current figures	8	3	16.67	0	1	0	0.00	16.67	0.00
4.	Data Actionable: metric facilitates decision-making	8	3	16.67	0	1	0	0.00	16.67	0.00
5.	Strategic Link: metric is aligned with mission, vision, goals, & objective	7	2	11.11	0	1	0	0.00	11.11	0.00
6.	External Benchmark: metric is used by other health plans	6	1	5.56	0	1	0	0.00	5.56	0.00
7.	Stakeholder Value: metric reflects customer(s) agenda(s)	7	2	11.11	0	1	0	0.00	11.11	0.00
	TOTALS		18							

Scaling Factor = 5.56

Rescaled total = 100
(Check = 100)

TRICARE Southwest Y(1)	TRICARE Northwest Y(2)	PacifiCare of Texas Y(3)

Appendix H

Critical Performance Indicators

Appendix H

Critical Performance Indicators									
(As identified through comparative analysis using JUDGE Model)									
	METRIC		FAMILY OF HEALTH PLANS						
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
TSW	UM	ER visits per 1000 enrollees	X	X					
TSW	UM	Hospital admissions per 1000 enrollees	X	X					
TSW	UM	Specialty referrals per 1000 enrollees	X	X					
TSW	UM	Outpt visits per specialist per 1000 enrollees	X	X					
TSW	UM	Average LOS by DRG	X	X					
TSW	UM	Medical/Surgical preauthorization determinations on 100% of all requests shall be issued within (5) workdays.	X	X					
TSW	UM	Mental Health preauthorization determinations on 100% of all requests shall be issued within (5) workdays.	X	X					
TSW	QM	Total number (%) grievances	X	X					
TSW	QM	Total number outstanding grievances-	X	X					
TNW	QM	Grievances Processed in (60) Days		X					
TSW	QM	Total number (%) appeals	X	X					
TSW	QM	Total number outstanding appeals	X	X					
TSW	CM	Medical/Surgical evaluations shall be completed on 100% of the cases within (5) workdays.		X					
TSW	CM	Mental Health evaluations shall be completed on 100% of the cases within (5) workdays.		X					
TNW	HC	HCIL - Total Call Distribution by Services Utilized		X					
TSW	CI	Health Risk Appraisal (HEAR Stats)		X					
PoT	CI	Diabetes							
PoT	CI	Women's and children's health							
PoT	CI	Cardiovascular health							

Critical Performance Indicators									
(As identified through comparative analysis using JUDGE Model)									
	METRIC				FAMILY OF HEALTH PLANS				
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
PoT	CI	Depression							
PoT	CI	Smoking Cessation							
TSW	PS	Provider Satisfaction Survey		X					
TSW	PS	Network Adequacy Report		X					
TSW	PS	# adverse actions	X	X					
TSW	PS	# privileged providers by specialty	X	X					
TSW	PS	#privileged providers by adverse actions	X	X					
TSW	PS	Identify and resolve provider relations issues within 30 calendar days of identification.		X					
		TRICARE Service Center							
TSW	CS	Ninety percent (90%) of all calls must be acknowledged by a telephone representative or Automated Response Unit (ARU) within 120 seconds after initial greeting.	X	X					
TSW	CS	Eighty percent (80%) of calls must be handled to completion during the inital call.	X	X					
TSW	CS	If call is not completed during initial call, call back must be made within 2 days.	X	X					
TSW	CS	Ninety-five percent (95%) of all final call backs or written replies must be provided within 10 days.	X	X					
TSW	CS	One hundred percent (100%) of all final call backs or written replies must be provided within 20 days.	X	X					
TSW	CS	Beneficiaries telephoning the TSC shall be placed on hold for no longer than 5 minutes.	X	X					

Critical Performance Indicators (As identified through comparative analysis using JUDGE Model)									
	METRIC		FAMILY OF HEALTH PLANS						
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
TSW	CS	Ninety-eight percent (98%) of walk-in inquiries will be resolved within the initial visit. The balance will be tracked to ensure final response is rendered within 2 days of receipt of the inquiry.	X	X					
TSW	CS	Walk-in beneficiaries will be greeted within 5 minutes of arrival.	X	X					
TSW	CS	Referral Services available at TSCs with no more than a 15 minute wait for beneficiaries visiting the HCF.	X	X					
TSW	CS	Customer Service available at TSCs with no more than a 15 minute wait for beneficiaries visiting the BSR.	X	X					
TNW	CS	Reasons for TSC Walk-ins	X	X					
TNW	CS	Reasons for TSC Calls	X	X					
TSW	CS	The Toll-Free telephone busy signal rate shall never exceed 20%	X	X					
TSW	CS	Eighty percent (80%) of all calls shall be acknowledged within twenty (20) seconds by an individual or electronic device.	X	X					
TSW	CS	Ninety percent (90%) of all calls must be handled by a telephone representative or automated response unit (ARU) within 120 seconds after acknowledgment.	X	X					
TSW	CS	Eighty percent (80%) of calls must be handled to completion during the initial call (calls are complete when the caller has all of the information needed regarding their situation).	X	X					
TSW	CS	Incomplete callers must receive return calls within 2 working days.	X	X					

Critical Performance Indicators (As identified through comparative analysis using JUDGE Model)									
	METRIC		FAMILY OF HEALTH PLANS						
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
TSW	CS	Ninety-five percent (95%) of all calls that were not handled to completion during the initial call must be completed within 10 calendar days.	X	X					
TSW	CS	One hundred percent (100%) of all calls must be resolved within 20 calendar days.	X	X					
TSW	CS	Toll-Free Telephone Report	X	X					
PoT	CT	Complaints PTMPY	X	X					
PoT	CT	Delay, denial, referral complaints PTMPY	X	X					
PoT	CT	Commercial Member satisfaction with plan	X	X					
PoT	CT	Commercial Member satisfaction with Medical Group	X	X					
PoT	CT	Member satisfaction with practitioner	X	X					
TNW	CT	Patient Satisfaction of Referrals of MTFs Prime Benes to Civilian Network*	X	X					
TNW	EN	MTF Prime Enrollment vs Civilian Network Enrollment		X					
TNW	EN	Comparison of FY98 & 99 Avg Capitation Eligibiles Population (by catchment area)		X					
TNW	EN	Projected vs Actual Enrollment	X	X					
TNW	EN	Enrollment Administrative Processing		X					
TNW	EN	MTF PCM Capacity % Levels	X	X					
TNW	EN	Reason for TRICARE Enrollment Call	X	X					
TNW	EN	Disenrollment by Patient Category		X					
TNW	EN	Reason for Disenrollment	X	X					
TNW	EN	Disenrollment Survey Statistics	X	X					

Critical Performance Indicators (As identified through comparative analysis using JUDGE Model)									
	METRIC		FAMILY OF HEALTH PLANS						
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
TNW	AC	% of PC Acute Appts Meeting Prime Access Std	X	X					
TNW	AC	% of PC Routine Appts Meeting Prime Access Std	X	X					
TNW	AC	% of PC Well Appts Meeting Prime Access Std	X	X					
TNW	AC	% of Specialty Appts Meeting Prime Access Std*	X	X					
TNW	AC	Patient Satisfaction Regarding Appt Access	X	X					
TNW	AC	Prime Disengagements from MTF due to failure to meet access stds	X	X					
TNW	EC	Actual vs Projected (EBC) Revenues - Regionally		X					
TNW	EC	Actual vs Projected (EBC) Revenues - MTF Level		X					
TNW	EC	(Actual vs Projected Revenues) vs Other Regions		X					
TNW	EC	MTF Care Purchased Out of Region		X					
TNW	EC	% of External Care Delivered to Non-enrollees							
TNW	RS	Resource Sharing - Estimated Target Expenses vs Actual Expenses (Aggregate & by MTF)		X					
TNW	RS	Resource Sharing - Estimated Target Savings vs Actual Savings (Aggregate & by MTF)		X					
TNW	RS	Resource Sharing - MTF Agreement Status		X					
TNW	CP	Claims Processed in 21 Days		X					

Appendix H

Critical Performance Indicators									
(As identified through comparative analysis using JUDGE Model)									
	METRIC		FAMILY OF HEALTH PLANS						
SOURCE	TYPE	TITLE			Extra	Standard	Remote	FEHBP	DP
TNW	CP	GSU Claims Processed in 21 Days (In-System)		X					
TNW	CP	GSU Denied Claims		X					
TNW	CP	GSU Denied Claims - Top 5 Denial Codes		X					
TNW	CP	Electronic Claim Volumes		X					
TNW	CP	Integrated Pharmaceutical Services - Claim Cost		X					
TNW	PH	IPS - 30 Day vs. 31 Day or Greater Supply Trend		X					
TNW	PH	IPS - Generic Drug Utilization Summary		X					
TNW	PH	IPS - OHI Cost Avoidance Reported by Argus		X					
** For the remaining product lines, applicability should be determined by the Executive Staff.									