

**Medi-Cal P4P Core Measure Set  
DATA COLLECTION & REPORTING**

One key concern for the Advisory Committee was the data collection and reporting capabilities of Medi-Cal plans and their contracted providers. Specifically, Advisory Committee members agreed that the methods used to capture the data for the core measures should not be too labor intensive or costly and should not disrupt the status quo of established Medi-Cal P4P programs. To inform the discussion, an overview of each method – administrative and hybrid – as well as two enhanced data collection methods described below. The administrative with supplemental clinical data is the optimal data collection approach because it merges both plans’ administrative data and providers’ clinical data at the whole population level. For more sophisticated medical groups/IPAs, access to electronic supplemental data through their EHRs may already be available. One approach for other providers that do not have access to this data would be to focus on two or three measures to test their capabilities (e.g. access to lab data for the blood sugar control measure).

	Data Collection Methodologies		Enhanced Data Collection Opportunities	
	Administrative	Hybrid	Administrative with Supplemental Clinical Data	Provider Self-Reporting
<b>Overview</b>	The administrative method uses only administrative data sources to calculate the measures. When administrative data are used, the entire population is included in the denominator.	The hybrid method merges both administrative data sources and medical record data to determine the numerator. For the denominator, a sample of the measure’s eligible population is used.	This enhancement merges plans’ administrative data and providers’ clinical data while allowing the entire population to be included in the denominator. Contracted providers share electronic clinical data with the plans who use the supplemental clinical data to report more accurate results.	This enhancement merges providers’ claims and encounter data and provider’s clinical data and allows the entire population to be included in the denominator. Providers are allowed to use electronic clinical data and to self-report results subject to external audit.
<b>Denominator Population</b>	Whole	Sample	Whole	Whole
<b>Accountability Level</b>	Plan reports results	Plan reports results	Plan reports results	Provider reports results
<b>Data Source</b>	Claims & Encounters	Claims/Encounters with Medical Record Data	Claims/Encounters and electronic supplemental data including: <ul style="list-style-type: none"> <li>▪ Laboratory data</li> <li>▪ Registry data</li> <li>▪ Electronic Health Records</li> </ul>	Claims/Encounters and electronic supplemental data including: <ul style="list-style-type: none"> <li>▪ Laboratory data</li> <li>▪ Registry data</li> <li>▪ Electronic Health Records</li> </ul>
<b>Feasibility</b>	Most cost-effective data method for plans	More labor intensive for plans; must have resources to review medical records for sample population for all contracted providers.	Providers must have access to the data as well as a standard/systematic way to share supplemental data with plans (e.g. through a provider portal).	Providers must have access to the data and must develop capabilities to self-report results; results subject to external audit, which can be costly.
<b>PROS</b>	<ul style="list-style-type: none"> <li>▪ Readily available and more cost-effective</li> </ul>	<ul style="list-style-type: none"> <li>▪ Produces more accurate results than administrative only data</li> </ul>	<ul style="list-style-type: none"> <li>▪ Produces more accurate results at a whole population level</li> <li>▪ Providers share data with plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ Produces more accurate results at a whole population level and providers gain greater understanding of their data which can be used for QI and other beneficial activities</li> </ul>
<b>CONS</b>	<ul style="list-style-type: none"> <li>▪ Problems with coding accuracy and data completeness</li> <li>▪ No clinical data</li> </ul>	<ul style="list-style-type: none"> <li>▪ Can be both expensive and time consuming to collect</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providers must have access to the data and collect it in a format that can be sent to the plans.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data must be audited, which can be costly</li> <li>▪ Health plans do not have access to all the data</li> </ul>