

MEDI-CAL P4P CORE MEASURE SET DEVELOPMENT

CORE MEASURE SET			
Domain	Measures	NQF #	DHCS Acronym
Cardiovascular	Annual Monitoring for Patients on Persistent Medications: ACE or ARB	0021	MPM-ACE
	Annual Monitoring for Patients on Persistent Medications: Diuretics	0021	MPM-DIU
Diabetes Care	HbA1c Testing	0057	CDC-HT
	HbA1c Control (<8.0%)	0575	CDC-H8
	Eye Exam	0055	CDC-E
Maternity	Timeliness of Prenatal Care	1517	PPC-Pre
Prevention	Childhood Immunizations, Combo 3	0038	CIS-3
	Well-Child Visits in 3 rd , 4 th , 5 th , and 6 th Years of Life	1516	W-34
	Cervical Cancer Screening	0032	CCS
Respiratory	Asthma Medication Ratio	1800	TBD

MEASURE SELECTION PRINCIPLES

To assist in the development of a core measure set, IHA first developed a set of guiding principles to inform the selection of appropriate measures. Additional information about the core measure set and a summary of the five guiding principles is included below.

(1) Importance	The core measure set for Medi-Cal P4P programs will measure areas that have the greatest impact on Medi-Cal patients.
Advisory Committee members recommended the core measure set include measures focused on children and mothers, as well as the new larger adult expansion population. An overview of the specific priority areas included in the core measure set, as well as the targeted populations, is outlined below.	
Priority Area	<ul style="list-style-type: none"> ▪ 2 Cardiovascular Measure ▪ 3 Diabetes Measures ▪ 1 Maternity Measure ▪ 3 Prevention Measures ▪ 1 Respiratory Measure
Population	<ul style="list-style-type: none"> ▪ 7 Adult Measures ▪ 3 Child Measures
(2) Scientific Acceptability	The core measure set will include measures that are evidence-based and have been appropriately vetted, endorsed, and approved.
All the measures included in the core measure set are NCQA measures and have been NQF endorsed.	
(3) Usefulness	The core measure set will include measures in priority areas where plans and providers have room for improvement and are able to demonstrate meaningful changes in performance.
NCQA's Quality Compass provides comparative and descriptive performance information on hundreds of Commercial, Medicaid and Medicare health plan submissions as well as national, regional and state benchmarks.	

The table below includes Medicaid benchmarks, at both the State and National level, for the core measure set. Overall, California's Medi-Cal plans perform better than the National Medicaid HMO average on 2 of the 10 measures.

In addition to the benchmark data, DHCS has identified several measures from the External Accountability Set where there is room for improvement statewide and are areas of focus for their quality strategy. Six of the ten core measures are on that list and are highlighted in the table below.

Measure Name	2016 MMC Range (Low to High)	Medicaid 2016		Commercial 2016
		California HMO Average	National HMO Average	HMO Average
Annual Monitoring for Patients on Persistent Medications: ACE or ARB	78.82 – 88.58	86.09 (↓)	87.51	85.55
Annual Monitoring for Patients on Persistent Medications: Diuretics	80.46 – 87.70	85.93 (↓)	87.49	84.09
HbA1c Testing	77.37 – 94.44	85.78 (↓)	85.94	91.73
HbA1c Control (<8%)	39.90 – 68.29	45.54 (↓)	49.53	65.10
Eye Exam	35.04 – 81.51	52.68 (↓)	54.64	56.37
Timeliness of Prenatal Care	72.44 – 91.94	80.42 (↓)	80.03	87.97
Childhood Immunizations, Combo 3	54.89 – 81.48	68.46 (↓)	68.99	80.69
Cervical Cancer Screening	36.74 – 63.22	52.71 (↓)	55.85	76.57
Well-Child Visits in 3 rd , 4 th , 5 th , and 6 th Years of Life	56.87 – 82.18	70.23 (↓)	71.27	72.57
Asthma Medication Ratio	19.41 – 65.36	51.83 (↓)	59.67	70.87

(4) Alignment

The core measure set will align with other existing performance measurement requirements for Medi-Cal providers and existing Medi-Cal P4P programs in order to minimize resource demands and allow for comparison across managed care plans and populations.

All the core measures included in the core measure set are External Accountability Set (EAS) measures, five of which are also Auto-Assignment (AA) measures. The measures are also included in several other existing quality measurement requirements for Medi-Cal plans and providers including: Covered California's Quality Rating System (QRS), CMS's Medicaid Core Measures for Adults and Children, NQCA's Medicaid Managed Care Health Plan Accreditation Standards, and the Health Center Data & Reporting (HRSA) Uniform Data System (UDS). An overview of the alignment across existing measure sets is included in the table below.

Measures	EAS	AA	QRS	CMS	NCQA	UDS
Annual Monitoring for Patients on Persistent Medications: ACE or ARB	X		X	X		
Annual Monitoring for Patients on Persistent Medications: Diuretics	X		X	X		
HbA1c Testing	X	X	X	X	X	
HbA1c Control	X		X			
Eye Exam	X		X		X	
Timeliness of Prenatal Care	X	X	X	X	X	
Childhood Immunizations, Combo 3	X	X	X	X	X	X
Well-Child Visits in 3 rd , 4 th , 5 th , and 6 th Years of Life	X	X	X	X		
Cervical Cancer Screening	X	X	X	X	X	X
Asthma Medication Ratio	X				X	
Total Measures	10	5	9	7	6	2

(5) Feasibility	The core measure set will include measures that have clear specifications and data collection methodologies that do not impose an undue burden on plans and their contracted providers.
Advisory Committee members agreed that the core measures set would include only measures that a wide range of provider entities can report using administrative data. An overview of the data collection methods and measure type are outlined below.	
Data Collection Method	<ul style="list-style-type: none"> ▪ 4 Measures collected via the Administrative Only method ▪ 6 Measures collected via the Administrative OR Hybrid method
Measure Type	<ul style="list-style-type: none"> ▪ 9 Process Measures ▪ 1 Outcome Measure