

Medi-Cal Pay for Performance Core Measure Set
Frequently Asked Questions (FAQ)

(1) What is the value of a core measure set?

The adoption of a core measure set across all Medi-Cal P4P programs would create greater efficiency for providers by eliminating redundant work and decreasing the administrative workload associated with multiple programs and multiple measure sets. In addition, a consistent approach to performance measurement at the provider level will provide the foundation for payment incentives that could help stimulate high-quality, more affordable care.

(2) What is the problem?

The Medi-Cal program has been growing rapidly. As enrollment increases, and the Medi-Cal population shifts to managed care, an imperative is emerging for consistent and comparative performance measurement. To assess the quality of care delivered to Medi-Cal members, the Department of Health Care Services (DHCS) currently requires Medi-Cal Managed Care plans to annually report on a set of performance measures called the External Accountability Set (EAS). While obtaining information at the plan level is valuable in identifying quality deficiencies and opportunities for improvement, performance measurement and payment incentives are more actionable at the provider level, closer to where care is delivered.

A majority of Medi-Cal plans have embraced pay for performance (P4P) strategies to align financial incentives with provider performance; however, the existing programs vary substantially with very little alignment of measures across Medi-Cal P4P programs. Currently only one metric – blood sugar testing for people with diabetes – aligns across all Medi-Cal P4P programs. While some variation is useful, it is critical that stakeholders reach consensus on a unified direction, similar to what commercial health plans and physician organizations have done for the last decade through the IHA-led Pay for Performance program.

(3) What is the project?

In April 2015, IHA was awarded a grant from the Blue Shield of California Foundation aimed at increasing the effectiveness of Medi-Cal P4P programs through a greater standardization of performance measurement. The original goal of the project was to identify a core measure set that all Medi-Cal plans could incorporate into their existing pay-for-performance (P4P) program and a menu of additional measures that plans can use to supplement the core measure set at the local level. IHA recruited an Advisory Committee, made up of Medi-Cal managed care plans, providers serving Medi-Cal beneficiaries, DHCS, and other stakeholders to provide expertise and guidance on project activities.

Over the first twelve month of the project, IHA's Advisory Committee has met several times via webinar and one in-person meeting in order to reach consensus on both a core and a supplemental measure set. With additional funding from the Pacific Business Group on Health under their Transforming Clinical Practices Initiative grant from the Center for Medicare & Medicaid Innovation, the project will continue for another two years and focus on implementation of the core measure set. Specifically, the project will focus on three key tasks: (1) identifying opportunities for greater measurement set alignment across the policy landscape; (2) supporting the implementation of the core measure set across Medi-Cal plans; and (3) spreading the adoption of the core measure set across Medi-Cal plans not participating on the Advisory Committee.

(4) What is included in the core measure set?

Based on feedback from the Advisory Committee, the core measure set was developed with the goal of attaining broad adoption across all Medi-Cal P4P programs. It includes three features. First, no more than ten measures are included in the measure set. Second, only measures from the EAS, the measures that plans are currently held

accountable for, are included in the measure set. Finally, only those measures that a wide range of provider entities can report using administrative data are included in the measure set. The core measure set has been finalized for Measurement Year 2017 and the ten core measures are included in the table below.

	Measures	Steward	NQF #	Alignment*
Cardiovascular	Annual Monitoring for Patients on Persistent Medications: <ul style="list-style-type: none"> ACE/ARB indicator 	NCQA	2371	EAS, QRS, CMS
Cardiovascular	Annual Monitoring for Patients on Persistent Medications: <ul style="list-style-type: none"> Diuretics indicator 	NCQA	2371	EAS, QRS, CMS
Diabetes Care	HbA1c Testing	NCQA	0057	EAS, AA, QRS, CMS, NCQA
	HbA1c Control (<8.0%)	NCQA	0575	EAS & QRS
	Eye Exam	NCQA	0055	EAS, QRS, NCQA
Maternity	Timeliness of Prenatal Care	NCQA	1517	EAS, AA, QRS, CMS, NCQA
Prevention	Childhood Immunizations, Combo 3	NCQA	0038	EAS, AA, QRS, CMS, NCQA, UDS
	Well-Child Visits in 3 rd , 4 th , 5 th , and 6 th Years of Life	NCQA	1516	EAS, AA, QRS, CMS
	Cervical Cancer Screening	NCQA	0032	EAS, AA, QRS, CMS, NCQA, UDS
Respiratory	Asthma Medication Ration	NCQA	1800	EAS, NCQA

*EAS=External Accountability Set; AA=Auto-Assignment; QRS=Covered California Quality Rating System; CMS=Medicaid Core Measures for Adults and Children; NCQA=Medicaid Managed Care Health Plan Accreditation Standards; and UDS= Uniform Data System

(5) What are the specific benefits?

The adoption of a core measure set across all Medi-Cal P4P programs has several benefits, including:

1. Enhancing provider effectiveness by “strengthening the signal” regarding key priority areas on which to focus quality improvement efforts and helping providers to target resources more systematically.
2. Decreasing both the redundant work and the administrative workload of providers contracting across multiple plans which would allow them to participate more fully in P4P programs. One large FQHC serving the Los Angeles area reported that its providers contracted with three separate Medi-Cal plans, and that each plan operated its own independent P4P program with its own distinct measure set. This created numerous challenges for providers. To simplify dealing with the array of measures across programs, FQHC staff created a single set of tracking metrics for physicians, choosing a subset from a broader set of measures used by any of the incentive programs.
3. Facilitating the comparability of performance results and benchmarking statewide. Creating greater transparency and availability of data on peer performance can be strong motivators for provider quality improvement.

(6) What is and is not included in the project’s scope of work?

Project Breakdown	
What the project is:	What the project is not:
<ul style="list-style-type: none"> ▪ Incorporating a core measure set, developed by an Advisory Committee, into all Medi-Cal Managed Care P4P programs (voluntary) 	<ul style="list-style-type: none"> ▪ Developing a new P4P program, similar to IHA’s commercial program, that all Medi-Cal plans can adopt
<ul style="list-style-type: none"> ▪ Focusing provider level measurement on a subset of measures included in DHCS’s EAS 	<ul style="list-style-type: none"> ▪ Focusing plan level measurement on all of the measures included in DHCS’s EAS, or on measures not included in the EAS
<ul style="list-style-type: none"> ▪ Varying the unit of measurement by health plans and their contracted provider entities 	<ul style="list-style-type: none"> ▪ Standardizing performance measurement at the physician group level across all Medi-Cal plans
<ul style="list-style-type: none"> ▪ Potential for providing comparative data benchmarked to peers and national metrics, for internal reporting only 	<ul style="list-style-type: none"> ▪ Publicly reporting provider performance data
<ul style="list-style-type: none"> ▪ Creating a recommended approach to data collection and reporting for plans to consider 	<ul style="list-style-type: none"> ▪ Developing a standard data collection method to be used across all plans
<ul style="list-style-type: none"> ▪ Sharing incentive design best practices with participating health plans to facilitate discussion 	<ul style="list-style-type: none"> ▪ Creating greater standardization of incentive design structures or universal adoption of one incentive design structure

About the Integrated Healthcare Association

The Integrated Healthcare Association (IHA) is a nonprofit multi-stakeholder leadership group that promotes healthcare quality improvement, accountability and affordability for the benefit of all Californians. IHA has over a decade of experience leading regional and statewide performance measurement and incentive programs, and serving as an incubator for pilot programs and demonstration projects.

As a regional healthcare improvement collaborative, IHA convenes diverse, cross-sector organizations to collaborate on challenging healthcare issues. IHA membership includes industry-leading health plans, physician groups, and hospital systems, plus academic, consumer, purchaser, pharmaceutical and technology representatives. Principal projects and activities include the California Value Based Pay for Performance Program, performance measurement, payment innovation, administrative simplification, and promoting the use of health information technology and integrated care delivery.

Contact

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