

### A COMPARISON OF MEDI-CAL MANAGED CARE P4P MEASURE SETS

The matrix below provides a comparison of all measures included in Medi-Cal P4P programs and the measures included in DHCS's External Accountability Set and Auto-Assignment program. It is arranged in alphabetical order by the name of the managed care plan and includes all measures included in the plans' primary care P4P programs. The measures are broken down by domain—including access, clinical quality, encounter submission, patient experience, utilization and all other measures.

| Measure   | DHCS EAS | DHCS Auto Assignment Measure Set | Anthem | California Health & Wellness | CalOptima | CenCal | Central California Alliance for Health | Health Net | Health Plan of San Joaquin | Health Plan of San Mateo | Inland Empire Health Plan | Kern Health Systems | L.A. Care Health Plan | Partnership Health Plan | San Francisco Health Plan | Measure Overlap Across P4P Programs |
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| ACCESS  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |
| Children and Adolescents' Access to PCPs  | X        |                                  |        |                              |           |        | X                                      |            |                            |                          |                           | X                   |                       |                         |                           | 2                                   |
| Cycle time  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         | 1                                   |
| Extended hours  |          |                                  |        |                              |           | X      |  |            |                            | X                        |                           |                     |                       | X                       | X                         | 4                                   |
| Improvement in access as measured by CG-CAHPS   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         | 1                                   |
| Member reassignments  |          |                                  |        |                              |           |        | X                                      |            |                            |                          |                           |                     |                       |                         |                           | 1                                   |
| Patient auto assignment   |          |                                  |        |                              |           |        |  |            |                            | X                        |                           |                     |                       |                         |                           | 1                                   |
| PCP office visits per member per year   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| Practice open to new members  |          |                                  |        |                              |           | X      |  |            |                            |                          |                           |                     |                       | X                       |                           | 2                                   |
| Third next available appointment  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       | X                         | 2                                   |
| CLINICAL  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |
| Depression screen   |          |                                  |        |                              |           |        |  |            |                            | X                        |                           |                     |                       |                         |                           | 1                                   |
| Annual monitoring for patients on persistent medications: ACE or ARB, Digoxin, Diuretics, Anticonvulsants | X        |                                  |        |                              |           |        |  |            | X                          |                          |                           |                     | X                     | X                       | X                         | 4                                   |
| Controlling high blood pressure   | X        |                                  |        | X                            |           |        |  |            |                            |                          |                           |                     |                       | X                       | X                         | 3                                   |
| Comprehensive chronic pain management   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         | 1                                   |
| Diabetes blood pressure control   | X        |                                  |        | X                            |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 2                                   |



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| CLINICAL   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |
| Counseling for nutrition 3-17 years                                | X        |                                  |        |                              |           |        |  |            | X                          |                          | X                         | X                   |                       | X                       |                           | 4                                   |
| Counseling for physical activity 3-17 years                        | X        |                                  |        |                              |           |        |  |            | X                          |                          | X                         | X                   |                       | X                       |                           | 4                                   |
| Healthy weight for life form                                       |          |                                  |        |                              |           |        | X                                      |            |                            |                          |                           |                     |                       |                         |                           | 1                                   |
| Smoking status & intervention                                      |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         | 1                                   |
| Well child visit with PCP 3-6 years                                | X        | X                                | X      | X                            | X         | X      | X                                      |            | X                          | X                        | X                         | X                   | X                     | X                       | X                         | 12                                  |
| Well infant care 0-15 months                                       |          |                                  |        |                              |           | X      |  |            |                            |                          | X                         |                     |                       |                         |                           | 2                                   |
| Women's Health Exam (Pap, pelvic, breast)                          |          |                                  |        |                              |           |        |  |            |                            | X                        | X                         |                     |                       |                         |                           | 2                                   |
| Appropriate testing for children with pharyngitis                  |          |                                  |        |                              | X         |        | X                                      |            |                            |                          |                           |                     | X                     |                         |                           | 3                                   |
| Appropriate treatment for children with URI                        |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           | 1                                   |
| Asthma health assessment/action plan                               |          |                                  |        |                              |           | X      |  |            |                            |                          |                           |                     |                       |                         |                           | 1                                   |
| Avoidance of antibiotic treatment for adults with acute bronchitis | X        |                                  |        |                              |           |        | X                                      |            |                            |                          |                           | X                   | X                     |                         |                           | 3                                   |
| Use of appropriate medications for people with asthma              | X        |                                  |        |                              |           | X      |  |            |                            |                          | X                         | X                   | X                     |                         |                           | 4                                   |
| PATIENT EXPERIENCE   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |
| Appointment with specialist  |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           | 1                                   |
| Implement survey (such as CAHPS)                                   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     | X                     | X                       |                           | 2                                   |
| Implement training   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| Meet PCMH criteria   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |

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| PATIENT EXPERIENCE  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |   |
| Rating of all healthcare                                    |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Rating of PCP   |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Staff satisfaction improvement strategies                   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         |                                     | 1 |
| Team based care   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         |                                     | 1 |
| Timely patient visits                                       |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Overall rating of health network                            |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Overall satisfaction with UM process                        |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| RESOURCE USE  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |   |
| All-cause readmissions following acute inpatient stays      | X        |                                  |        |                              |           | X      | X                                      |            | X                          |                          |                           |                     | X                     | X                       |                           |                                     | 5 |
| Ambulatory care sensitive admissions                        |          |                                  |        |                              |           |        | X                                      |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Avoidable emergency department visits                       |          |                                  |        |                              |           |        | X                                      |            | X                          |                          |                           |                     | X                     | X                       | X                         |                                     | 5 |
| Emergency department visits per 1,000 member years          | X        |                                  |        |                              |           | X      |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Generic prescription and formulary compliance rates         |          |                                  |        |                              |           | X      |  |            | X                          |                          |                           |                     |                       | X                       |                           |                                     | 3 |
| Inpatient bed days per 1,000 member years                   |          |                                  |        |                              |           | X      | X                                      |            |                            |                          |                           |                     | X                     | X                       |                           |                                     | 4 |
| Physician and outpatient expenses not covered by capitation |          |                                  |        |                              |           | X      |  |            |                            |                          |                           |                     |                       |                         |                           |                                     | 1 |
| Potentially preventable admissions                          |          |                                  |        |                              |           | X      |  |            | X                          |                          |                           |                     |                       |                         |                           |                                     | 2 |
| ENCOUNTER AREA  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |   |
| Timeliness, completeness, acceptance rate of data submitted |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         |                                     | 1 |

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| ENCOUNTER AREA  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |
| Data accuracy between encounter and medical record data |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         | X                         | 1                                   |
| Encounter data submission                               |          |                                  | X      |                              |           | X      |  | X          |                            |                          | X                         |                     | X                     |                         |                           | 5                                   |
| OTHER   |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       |                         |                           |                                     |
| Call abandonment  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| Provider continuity                                     |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| Show rate/no show rate                                  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       | X                         | 2                                   |
| Initial health assessment                               |          |                                  |        |                              |           |        |  |            |                            | X                        | X                         | X                   |                       |                         |                           | 3                                   |
| Meaningful use of health IT                             |          |                                  |        |                              | X         |        |  |            |                            |                          |                           |                     | X                     |                         |                           | 2                                   |
| Medicare DualChoice Annual Visit                        |          |                                  |        |                              |           |        |  |            |                            |                          | X                         |                     |                       |                         |                           | 1                                   |
| Outreach to patients recently discharged from hospital  |          |                                  |        |                              |           |        |  |            |                            | X                        |                           |                     |                       | X                       | X                         | 3                                   |
| PCMH recognition  |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| Peer led self management support groups                 |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| POLST/advanced care planning form                       |          |                                  |        |                              |           |        |  |            |                            |                          |                           |                     |                       | X                       |                           | 1                                   |
| Utilization of CAIR                                     |          |                                  |        |                              |           |        |  |            |                            | X                        |                           |                     |                       | X                       |                           | 2                                   |
| TOTAL NUMBER OF MEASURES                                | 22       | 5                                | 7      | 10                           | 16        | 21     | 17                                     | 3          | 17                         | 19                       | 19                        | 17                  | 23                    | 34                      | 24                        |                                     |