

**DEPARTMENT OF SOCIAL SERVICES  
STATE INNOVATION MODEL  
MEDICAID QUALITY IMPROVEMENT SHARED SAVINGS PROGRAM (MQISSP)  
PROPOSED SHARED SAVINGS MEASURES**

**TASK**

To identify the clinical measures upon which provider participants of the MQISSP will be assessed for purposes of determining eligibility for shared savings payments.

**DEPARTMENT RECOMMENDATION**

The Department recommends that MQISSP use an updated version of the measures that are currently use for the PCMH initiative, as well as additional measures determined through review and comment by the Care Management Committee (including, but not limited to, measures of under-service)as starting point the measures upon which eligibility for shared savings payments will be based..

The Department makes this recommendation because:

- 1) these are measures of primary care clinical integration, which is the foundation of what we expect from MQISSP participating providers;
- 2) these measures are nationally vetted and already known to and approved by CMS;
- 3) these measures will allow us to continue to demonstrate alignment with those used by the state employee health plan; and
- 4) these measures are already familiar to providers.

**PROCEDURAL NOTES**

- The Department is not proposing to make any changes to the structure of or payment model that is associated with the DSS Person-Centered Medical Home initiative.
- As was initially discussed during the February meeting of the Care Management Committee, the measures currently used by the Department and CHNCT to calculate and provide performance payments for PCMH are in need of revision. Of the original set of nine pediatric and nine adult measures, one pediatric and two adult measures are no longer in use or are due to be retired.
- We therefore propose the following:
  - that the Committee review and comment on the Department’s proposed updates to the PCMH measures; and
  - that the Care Management Committee review the PCMH measure setfor use under MQISSP and advise the Department what additional measures the Committee believes should be incorporated in the set of measures upon which shared savings will be based. Review by the committee should be based on the larger list of measures that was previously circulated by the Department.

Please note that the updated and updated list of PCMH measures will not the only means of measuring quality under either PCMH or QISSP... As was shared with the Committee, the Department and CHN currently use a broad range of HEDIS and other measures to track quality for all Medicaid beneficiaries, and will continue to do so under MQISSP.

## THE MEASURES

### Pediatric Quality Measures

- Well-child visits in the first 15 months of life
- Well-child visits in the third, fourth, fifth and sixth years of life
- Adolescent well-care visits
- Percentage of eligible beneficiaries ages 2-21 with at least one dental visit during the measurement year (age correction)
- Medication Management for people with Asthma. Percent of patients with *persistent* asthma who were prescribed and remained on asthma “controller medication.” Age ranges, 5-11, 12-18. (new)
- Rate of emergency department visits per 1,000 member months (ages birth-19)
- Developmental screening in the first three years of life. Three age breakouts (ages 1, 2, and 3)
- Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (new)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (new)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (new)
- PCMH CAHPS Survey

### Adult Quality Measures

- Adults ages 18-75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year (new)
- Adults ages 18-75 with a diagnosis of Type I or Type II diabetes who received at least one eye screening for diabetic retinal disease in a two year period
- Post-Admission Follow-up: Percentage of adults ages 21-75 with inpatient “medicine” admissions with a claim for post-admission follow-up with a physician, PA, or APRN within seven days of the inpatient discharge.
- Medication Management for people with Asthma. Percent of patients with *persistent* asthma who were prescribed and remained on asthma “controller medication.” (new)
- Percentage of adults given a new psychiatric diagnoses, and medication, by a PCP who received a follow-up visit within 30 days
- Readmission rate within 30 days after discharge
- Emergency department usage
- Pharmacotherapy Management of COPD Exacerbation Age 40 and older (new)
- PCMH CAHPS Survey

## BACKGROUND ON THE USE OF THIS MEASURE SET IN PCMH

These measures have been used to provide two types of incentive payments to PCMH providers since the program was implemented in 2012. Measures are stratified based upon care provided by PCMH clinicians to pediatric patients (for which pediatricians and family physicians are eligible) and to adult patients (for which family physicians, internists and geriatricians are eligible).

The first type of incentive payments are based upon the providers' performance as compared to other PCMH providers. These payments were first issued after six months of claims run out after the first year of the program in June, 2013 and again in June, 2014. The second type of performance payments are based upon each individual provider's performance as compared to their performance in the prior year. For this measure, performance must be measured in each of two years, and as such, these payments were issued for the first time in June 2014.

The original measures were chosen based upon several factors. The first was their clinical importance to the health and well-being of Medicaid members; the second was ability of the factors being measured, if improved, to better the health of the members; the third was the relative ease of collecting the data to compute the measure, i.e. from claims data; and fourth, with the exception of the pediatric measures, which are exclusively being used by Medicaid, to mirror measures that were being used for the state employee health plan PCMH initiative.