

# MQISSP PROPOSED MEASURE LIST

August 26, 2015

Draft and Subject to Revision

**State of Connecticut Department of Social Services (DSS)  
Medicaid Quality Improvement and Shared Savings Program (MQISSP) Measure Selection Criteria and Guiding Principles:**

- Leverage current DSS Patient Centered Medical Home reporting.
- Measures that are primarily claims based.
- Nationally recognized measures whenever possible.
- Use common CPT and HCPCS billing codes.
- Do not have extended look-back periods.
- Are relevant to Medicaid population:
  - Advance DSS’ emphasis on preventative and primary care.
  - Focus on conditions highly prevalent in Medicaid populations.
- State Innovation Model proposed measures may supplement the MQISSP measure set when aligned with MQISSP goals.
- Target measures that identify and eliminate under-service utilization.

MQISSP Proposed Measures

Measure Title	Measure Description	Measure Steward	NQF #	ACO #
<b>Adolescent Well-Care Visits</b>	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrics and gynecology practitioner during the measurement year.	NCQA		Pediatric Prevention Composite
<b>Annual Fluoride Treatment Ages Birth to Four Years</b>	Annual fluoride treatment ages 0<4 (in a pediatric setting).	To be created by DSS		

Measure Title	Measure Description	Measure Steward	NQF #	ACO #
<b>Annual Monitoring for Persistent Medications (roll-up)</b>	The percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. <ul style="list-style-type: none"> <li>• Angiotensin converting enzyme inhibitors or angiotensin receptor blockers.</li> <li>• Digoxin.</li> <li>• Diuretics.</li> <li>• <b>Total Rate will be measured</b> (the sum of the three numerators divided by the sum of the three denominators).</li> </ul>	NCQA	2371	
<b>Appropriate Treatment for Children with Upper Respiratory Infection</b>	Percentage of children three months to eighteen years of age with a diagnosis of upper respiratory infection who were not dispensed an antibiotic medication. A higher rate indicates appropriate care (i.e., the proportion for whom antibiotics were not prescribed).	NCQA	0069	
<b>Asthma Medication Ratio</b>	The percentage of members 5–64 (19–64 breakout can be used for adult practices) years of age with persistent asthma and had a ratio of controller medications to total medications of 0.50 or greater during the measurement year.	NCQA	1800	
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</b>	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate care (i.e., the proportion for whom antibiotics were not prescribed).	NCQA	0058	
<b>Behavioral Health Screening Ages 1–17</b>	The percentage of children ages 1–17, who were screened for developmental or behavioral problems using a validated survey instrument, approved by the AAP.	NCQA		
<b>Breast Cancer Screening</b>	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in a two year period.	NCQA	2372	20

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<b>Cervical Cancer Screening</b>	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>• Women age 21–64 who had cervical cytology performed every three years.</li> <li>• Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.</li> </ul>	NCQA	0032	
<b>Chlamydia Screening in Women</b>	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	NCQA	0033	
<b>Developmental Screening in the First Three Years of Life. Three Age Breakouts (ages 1, 2, and 3)</b>	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age, and by 36 months of age.	OHSU	1448	Pediatric Prevention Composite
<b>Diabetes Eye Exam</b>	The percentage of patients 18–75 years of age with diabetes (Type I or Type II) who had an eye exam (retinal) performed in a two year period.	NCQA	0055	DM-41
<b>Diabetes HbA1c Screening</b>	Adults age 18–75 with a diagnosis of Type I or Type II diabetes who received at least one HbA1c screening during the measurement year.	NCQA	0057	27
<b>Diabetes: Medical Attention for Nephropathy</b>	The percentage of patients 18–75 years of age with diabetes (Type I or Type II) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.	NCQA	0062	
<b>Emergency Department Usage</b>	Emergency department usage (all ages, but 0–19 can be broken out for pediatric practices). Excludes mental health and chemical dependency services.	NCQA		

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<b>Follow-up Care for Children Prescribed ADHD Medication</b>	<p>The percentage of children ages 6–12 as of the Index Prescription Start Date newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Initiation Phase: The percentage with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li>• Continuation and Maintenance Phase: The percentage with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.</li> </ul>	NCQA	0108	
<b>Frequency of Ongoing Prenatal Care</b>	<p>Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:</p> <ul style="list-style-type: none"> <li>• &gt; or = 81% of expected visits.</li> </ul>	NCQA	1391	
<b>HPV for Female Adolescents</b>	<p>The percentage of female adolescents 13 years of age who had three doses of the HPV vaccine by their thirteenth birthday.</p>	NCQA	1959	
<b>Medication Management for People with Asthma</b>	<p>Medication Management for people with asthma age 5–64 (age 5–18 breakout can be used for pediatric practices). Percent of patients with <b>persistent</b> asthma who were prescribed and remained on asthma "controller medication" for at least 75% of their treatment period.</p>	NCQA	1799	
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b>	<p>Percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.</p>	NCQA		

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<b>Oral Evaluation, Dental Services</b>	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year.	American Dental Association	2517	
<b>PCMH CAHPS</b>	Consumer Assessment of Healthcare Providers and Systems ® (CAHPS) — Person-Centered Medical Home (PCMH) version. Supplemental questions can be added.		N/A	
<b>Plan All-Cause Readmission</b>	The number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days; for members 18 years of age or older.	NCQA	1768	
<b>Post-Hospital Admission Follow-Up</b>	Percentage of adults age 21–75 with an inpatient “medical” or psych admission with a claim for post-admission follow-up with a physician, Physician Assistant, or advanced practice registered nurse within seven days of the inpatient discharge. Medical admissions are defined as all admissions that are not maternity or surgery related.	DSS		
<b>Prenatal Care and Postpartum Care</b>	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: <ul style="list-style-type: none"> <li>• Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization.</li> <li>• Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</li> </ul>	NCQA	1517	
<b>Use of Imaging Studies for Low Back Pain</b>	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).	NCQA	0052	

Measure Title	Measure Description	Measure Steward	NQF #	ACO #
<b>Well-Child Visits in the First Fifteen Months of Life</b>	Percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: <ul style="list-style-type: none"> <li>• Six or more well-child visits.</li> </ul>	NCQA	1392	Pediatric Prevention Composite
<b>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</b>	Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	NCQA	1516	Pediatric Prevention Composite

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