

Memorandum

To: Gold Coast Health Plan Providers

From: Kim Timmerman, Director of Quality Improvement
Nancy R. Wharfield, M.D., Chief Medical Officer

Re: **DHCS Changes in Monitoring Quality in Managed Care**

Date: June 20, 2019

The state Department of Health Care Services (DHCS) recently announced changes to its Quality Improvement (QI) and Performance Monitoring Program. These changes are aligned with Governor Gavin Newsom’s goal of strengthening all early childhood programs and services.

Performance Measure Changes to Measurement Year 2019 / Reporting Year 2020

Currently, all Medi-Cal Managed Care Plans (MCPs) – including Gold Coast Health Plan (GCHP) – monitor and report performance measures based on the Healthcare Effectiveness Data and Information Set (HEDIS®), referred to as the External Accountability Set (EAS). Starting with Measurement Year (MY) 2019 / Reporting Year (RY) 2020, plans will report on a new set of performance measures.

The new set of metrics will be primarily based on the Centers for Medicare and Medicaid Services (CMS) Child and Adult Core Set Measures and will be referred to as the Managed Care Accountability Set (MCAS). In addition to a new set of measures, plans will be held to a higher benchmark than previously required, increasing the Minimum Performance Level (MPL) from the 25th percentile to the 50th percentile.

There are 39 MCAS performance measures GCHP will monitor and report to DHCS. As seen in Table 1, 19 measures will be held to the 50th percentile MPL. Although the remaining measures in Table 2 are not held to MPL, they will be monitored for performance by DHCS as they are focus areas when evaluating the quality of care provided to members.

Table 1: MCAS Performance Measures Held to MPL

#	Measure Acronym	Measure	Measure Steward
1	PCR	Plan All-Cause Readmissions	NCQA
2	AWC*	Adolescent Well-Care Visits	NCQA
3	ABA*	Adult Body Mass Index Assessment	NCQA

4	AMM – Acute*	Antidepressant Medication Management – Acute Phase Treatment	NCQA
5	AMM – Cont*	Antidepressant Medication Management – Continuation Phase Treatment	NCQA
6	AMR	Asthma Medication Ratio	NCQA
7	BCS	Breast Cancer Screening	NCQA
8	CCS	Cervical Cancer Screening	NCQA
9	CIS – 10*	Childhood Immunization Status – Combo 10	NCQA
10	CHL*	Chlamydia Screening in Women Ages 16 to 24	NCQA
11	CDC – HT	Comprehensive Diabetes Care – HbA1c Testing	NCQA
12	CDC – H9	Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%)	NCQA
13	CBP	Controlling High Blood Pressure <140/90 mm Hg	NCQA
14	IMA – 2	Immunizations for Adolescents – Combo 2 (Meningococcal, Tdap, HPV)	NCQA
15	PPC – Pre	Prenatal and Postpartum Care – Timeliness of Prenatal Care	NCQA
16	PPC – Post	Prenatal and Postpartum Care – Postpartum Care	NCQA
17	WCC – BMI	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessments for Children / Adolescents	NCQA
18	W15*	Well-Child Visits in the First 15 months of Life – Six or More Well-Child Visits	NCQA
19	W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA

Table 2: MCAS Performance Measures Not Held to MPL

#	Measure Acronym	Measure	Measure Steward
20	AMB – ED	Ambulatory Care: Emergency Department (ED) Visits	NCQA
21	ADD – Init*	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Initiation Phase	NCQA
22	ADD – C/M*	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medications – Continuation and Maintenance Phase	NCQA
23	CAP	Children & Adolescents' Access to Primary Care Practitioners: 12 to 24 Months	NCQA

24	CAP	Children & Adolescents' Access to Primary Care Practitioners: 25 Months to 6 Years	NCQA
25	CAP	Children & Adolescents' Access to Primary Care Practitioners: Ages 7 to 11	NCQA
26	CAP	Children & Adolescents' Access to Primary Care Practitioners: Ages 12 to 19	NCQA
27 28	CCW*	Contraceptive Care: All Women Ages 15 to 44 <ul style="list-style-type: none"> • Most or moderately effective contraception • Long Acting Reversible Contraception (LARC) 	OPA
29 30 31 32	CCP*	Contraceptive Care: Postpartum Women Ages 15 to 44 <ul style="list-style-type: none"> • Most or moderately effective contraception – 3 days • Most or moderately effective contraception – 60 days • LARC – 3 days • LARC – 60 days 	OPA
33	DEV*	Developmental Screening	OHSU
34	HIV*	HIV Viral Load Suppression	HRSA
35	MPM – Ace/Arb	Annual Monitoring for Patients on Persistent Medications: ACE Inhibitors or ARBs	NCQA
36	MPM – Diu	Annual Monitoring for Patients on Persistent Medications: Diuretics	NCQA
37	COB*	Concurrent Use of Opioids and Benzodiazepines	PQA
38	OHD*	Use of Opioids at High Dosage in Persons without Cancer	PQA
39	CDF*	Screening for Depression and Follow-Up Plan: Age 12 and Older	CMS

*Indicates a performance metric not measured in MY 2018 / RY 2019

Next Steps

The Quality Improvement Department will update provider resources, including tip sheets, to help providers understand the measure requirements and provide guidance for compliance. Starting in July, providers will receive bi-monthly member-level gap reports that will include the new MCAS measures. Stay tuned for these resources in future communications.

In the meantime, GCHP would like to offer Plan providers the opportunity to reach out with any questions or concerns regarding the quality metrics. GCHP's QI team is eager to listen to provider experiences and collaborate with clinic partners to provide the best care for the Plan's members.

Resources

Please feel free to contact the GCHP Quality Improvement Department at hedis@goldchp.org.