

Appendix C: New Performance Measures

DOM Performance Measures	Relevant HEDIS Measure(s)	HEDIS 2012 Benchmark 50 th Percentile The 50 th percentile benchmarks are an indicator that half of the health plans performed above the benchmark rates and half had rates below the benchmark rates.
Effectiveness of Care Measures		
OBESITY		
1. BMI for adults Percentage of members who had an outpatient visit and their body mass index (BMI) documented during the measurement period.	Adult BMI Assessment (ABA)	57.94 percent
2. BMI, weight assessment for nutrition and physical activity counseling for children and adolescents Percentage of members who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year (BMI Percentile Total)	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (Total)	47.45 percent
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Nutrition (Total)	54.88 percent
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Counseling for Physical Activity (Total)	43.29 percent
ASTHMA		
3. Use of appropriate medications for people with asthma	84.80	88.91 percent

<p><i>Percentage of members age 5-11 and 12-50 who were identified as having persistent asthma and who were appropriately prescribed medications during the measurement year</i></p>		
<p>4. Asthma-related ER visits</p> <p><i>Percentage reduction in asthma-related ER visits</i></p>	<p>The 2012 data for members with diagnosis of asthma (specified dx codes) and calculate the percentage that asthma related ER visits. Then for 2013, report the percentage of reduction in asthma related (specified dx codes) ER visits</p>	<p>TBD after first year of reporting new measure</p>
<p>5. Avoidable asthma-related re-hospitalizations</p> <p><i>Percentage reduction in avoidable asthma-related hospitalizations</i></p>	<p>The 2012 data for members with diagnosis of asthma (specified dx codes) and calculate the percentage of asthma related re-hospitalizations-the number of members who were admitted during 2012 with diagnosis of asthma more than once (re-hospitalization). Then for 2013, report the percentage of reduction in asthma related re-hospitalization-get percentage by taking number of asthma related admissions that had more than one admission for asthma related diagnosis and compare it to the 2012 to report the percentage</p>	<p>TBD after first year of reporting new measure</p>
<p>WELL-CHILD AND EPSDT</p>		
<p>6. Lead Screening for Children</p> <p><i>Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday</i></p>	<p>Lead Screening in Children (LSC)</p>	<p>71.41percent</p>
<p>7. Childhood Immunizations</p> <p><i>Percentage of children 2 years of age had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis (HepA); two or three rotavirus (RV); and two</i></p>	<p>Childhood Immunization Status-Combo 2 (CIS)</p> <p>*Note: The HEDIS measure calculates a rate for each vaccine and nine separate combination rates. This sample HEDIS measure uses Combo 2, which is a combination of vaccines</p>	<p>75.35 percent (HEDIS)</p> <p>DOM contract requirement Immunization rate of 90 percentile</p>

<i>influenza (flu) vaccines by their second birthday</i>		
8. Well-Child Visits in the First 15 months of Life (HEDIS Modifier) <i>DOM modified to limit to first 12 months of life</i>	Well-Child Visits (HEDIS)	62.95percent
9. EPSDT Screening <i>Percentage of children age one or under the age of one who received a Periodic Health Screening Assessment</i>	Annual CMS 416 Report	DOM Target: Screening rate of 85 percent. For a child enrolled from birth to 12 months, EPSDT periodicity schedule dictates six (6) screens
DIABETES		
10. Nephropathy Screening <i>Percentage of members with diabetes who received a nephropathy screening test</i>	Comprehensive Diabetes Care (CDC) Medical Attention for Nephropathy	78.71 percent
11. Cholesterol Screening for diabetes <i>Percentage of members with diabetes who received a LDL-C Screening test</i>	Comprehensive Diabetes Care (CDC) LDL Screening	76.16 percent
12. Cholesterol control for diabetics <i>Percentage of members 18 through 75 years of age with diabetes mellitus (Type 1 and Type 2) whose most recent low-density lipoprotein cholesterol (LDL-C) level is less than 100 mg/dl</i>	Comprehensive Diabetes Care (CDC) LDL Poor Control (< 100 mg/dl)	35.86 percent
13. Blood sugar poorly controlled in people with diabetes <i>Percentage of members with HbA1c results greater than or equal to 9.0 percent</i>	Comprehensive Diabetes Care (CDC) HbA1c Poor Control (> 9.0 percent)	41.68 percent

<p>14. Blood sugar well controlled in people with diabetes</p> <p><i>Percentage of members with HbA1c results less than or equal to 8.0 percent</i></p>	<p>Comprehensive Diabetes Care (CDC) HbA1c Good Control (< 8.0 percent)</p>	<p>48.72 percent</p>
<p>CONGESTIVE HEART FAILURE</p>		
<p>15. Ace inhibitor therapy</p> <p><i>Percentage of members 18 or older on persistent medications (ACE inhibitors) for at least 180 days who received at least one annual monitoring</i></p>	<p>Annual Monitoring for Patients on Persistent Medications (MPM)</p>	<p>86.89 percent</p>
<p>16. Congestive Heart Failure</p> <p><i>Percentage decrease in CHF-related hospital readmissions</i></p>	<p>The 2012 data for members with diagnosis of CHF (specific dx codes) and calculate the percentage of CHF related re-hospitalizations- the number of members who were admitted during 2012 with diagnosis of CHF more than once (re-hospitalization). Then for 2013, report the percentage of reduction in CHF related re-hospitalization- percentage by taking number of CHF related admissions that had more than one admission for CHF related diagnosis and compare it to the 2012 to report the percentage</p>	<p>TBD after first year of reporting new measure</p>

MATERNAL AND CHILD HEALTH		
<p>17. Pre and post-natal complications</p> <p>a) <i>Number and percent of deliveries that meet the following criteria, based on gestational weight: low birth weight, very low birth weight, or large for gestational age</i></p> <p>b) <i>Number and percentage of deliveries with prenatal complications (list prenatal complications)</i></p>	<p>Number and percent of deliveries that meet the following criteria:</p> <ul style="list-style-type: none"> • Get the weight for low birth weight • Get the weight for very low birth weight • Get the weight for large for gestational age <p>Pre-natal complications include members with the following—Pregnancy Induced Hypertension (PIH), gestational diabetes, alcohol/drug/smoking dependence, poor nutrition status, maternal co-morbidities, pre-term labor, maternal age</p> <p>Report the number and percent of deliveries that due to pre-natal complications listed, resulted in low birth weight, very low birth weight and large for gestational age</p>	<p>TBD after first year of reporting new measure</p>
<p>18. Pregnancy Outcome for Members Enrolled Throughout the Pregnancy</p> <p><i>For those members who were enrolled in the first trimester and maintained enrollment with the same CCO throughout the pregnancy and receiving case management services, report the outcome of the pregnancy</i></p>	<p>For these members report any that non-scheduled delivery prior to 38 weeks of gestation.</p>	<p>TBD after first year of reporting new measure</p>
<p>19. Prenatal and Postpartum Care</p> <p>a) <i>Timeliness of Prenatal Care: Percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization</i></p> <p>b) <i>Postpartum Care: Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</i></p> <p>c) <i>Report the number of members (that received a postpartum visit on or between 21 and 56 days of delivery</i></p>	<p>Modified HEDIS</p>	<p>a) TBD after first year of reporting new measure</p> <p>b) TBD after first year of reporting new measure with expansion population</p> <p>c) TBD after first year of reporting new measure with expansion population</p>

MEMBER SATISFACTION		
<p>20. Member Satisfaction</p> <p>a) <i>Improve overall rating of health plan (CCO)</i></p> <p>b) <i>Improve percentage of members reporting they receive needed care</i></p>	CAHPS	<p>DOM established to increase by 5% the :</p> <p>a) Overall rating of the health plan (CCO)</p> <p>b) Percentage of members reporting they receive needed care</p>
BEHAVIORAL HEALTH		
<p>21. Mental Health Utilization</p> <p>a) <i>Number and percentage of members receiving mental health services by service type (e.g., any service inpatient, intensive outpatient/partial hospitalization, outpatient or Emergency Department)</i></p> <p>b) <i>All members receiving behavioral health services must be enrolled in high-risk case management. For this subset of the population:</i></p> <ul style="list-style-type: none"> ➤ <i>Treatment plan: number and percentage of members receiving behavioral health services with a treatment plan (therapy, medications, etc.)</i> ➤ <i>Number of emergency department visits for members receiving behavioral health services</i> 	<p>Percentage of members receiving mental health services (e.g., any service, inpatient, intensive outpatient/partial hospitalization, outpatient or ED) and what was the outcome of the visit- therapy, medications, day treatment, intensive therapy, etc.</p>	TBD after first year of reporting new measure
<p>22. Screening for Clinical Depression and Follow-Up Plan</p> <p>a) <i>Number and percent of members 18 years and older who were screened for clinical depression using a standardized tool</i></p> <p>b) <i>Number of members screened who were referred to the behavioral health subcontractor for case management or behavioral health services (Note: Initial performance measure would involve the CCO developing and using a standardized tool)</i></p>	<p>Percentage of members 18 years and older screened for clinical depression using a standardized tool and with documented follow-up, including referral to therapy, inpatient treatment, medication, intensive therapy, etc.</p> <p>CMS Core Adult Measure</p>	TBD after first year of reporting new measure
<p>23. Follow-up After Hospitalization for Mental Illness (HEDIS)</p> <p>a) <i>Percentage of members completing a follow-up appointment after hospitalization for a mental illness within 30 days and/or 7 days of discharge.</i></p>	<p>Percentage of members completing a follow-up appointment after hospitalization for a mental illness within 30 days and/or 7 days of discharge</p>	<p>a) 30 days-67.65 percent</p> <p>b) 7 days-46.06</p>

<p>b) CCO to report percentage of members who did not complete a follow-up appointment within the standards who had a re-admission for mental illness within 15 days of what would have been the 7 day appointment or 45 days from what should have been the 30 day appointment.</p>		
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