

Chart of Category A Quality Measures
Version 12/22/09

Category	Measure	Who collects measure?	Specific information collected, and source.	What is done with the measure once collected?	Cost of measurement	Properties of Measure
PREVENTION/HEALTH PROMOTION	<i>Prenatal/Perinatal</i>					
	➤ Freq. of ongoing PNC	Not collected.	N/A	N/A	N/A	N/A
	➤ Timeliness of PNC	Not collected.	N/A	N/A	N/A	N/A
	➤ % live births < 2,500 g	Not collected.	N/A	N/A	N/A	N/A
	➤ Csxn Rate for Low-risk 1 st Birth Women	Not collected.	N/A	N/A	N/A	N/A
	<i>Immunizations</i>					
	➤ Imms for 2 year-olds	OSIIS, Administrative data.	4 th DTaP	Feedback to practitioners and distributed within the agency to inform QI initiatives	N/A	N/A
	➤ Adolescent imms (NCQA rev. for 2010)	OSIIS.	N/A	N/A	N/A	N/A
	<i>Screening</i>					
	➤ BMI on 2 - 18 yo's	Part of a pilot project involving two large provider groups, with APS Healthcare (OHCA's QIO) performing the analysis.	HEDIS specifications, unmodified for our population. Data come from administrative claims as well as directly providers' systems.	N/A – no results are in yet. OHCA will decide whether to institute this measure statewide.	Cost is included in the QIO contract.	N/A
	➤ Rates of screening using std'zd screening tools for potential delays in SE development	Not collected.	N/A	N/A	N/A	N/A
	➤ Chlamydia screening 16-20 females (NCQA)	Currently being piloted in a larger study of possible measures to track. APS Healthcare (OHCA's QIO) is using OHCA data from administrative claims.	HEDIS specifications are being used (unmodified for our population).	N/A – it is in the pilot stage, so no results yet. We will decide whether to institute this measure for routine tracking.	Cost is included in the QIO contract.	N/A
	<i>Well-child Care</i>					
➤ Well-child Visits (WCV)-3 NCQA measures: 1) WCVs in 1 st 15 months of life; 2) WCVs in 3,4,5,6yo; 3) Adolescent WCV	APS Healthcare (OHCA's QIO) using OHCA administrative claims data.	We use all three of these HEDIS measures, using exact HEDIS specifications (unmodified for our population).	Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.	Cost is included in the QIO contract.	For CY 2008, 95% confidence intervals were as wide as 2.3% (total width) and as narrow as < 1%, depending on age group.	

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Version 12/22/09

	<p>Dental</p> <ul style="list-style-type: none"> ➤ Total eligibles receiving preventive dental services (EPSDT measure Line 12B) 	<p>APS Healthcare (OHCA's QIO) using OHCA administrative claims data. We do not report on this, only those with EPSDT visits.</p>	<p>We report the HEDIS measure on Annual Dental Visit, using exact HEDIS specifications (unmodified for our population).</p>	<p>Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.</p>	<p>Cost is included in the QIO contract.</p>	<p>For CY 2008, 95% confidence interval was 0.5% (total width).</p>
MANAGEMENT OF ACUTE CONDITIONS	<p>Appropriate Use of ABX</p> <ul style="list-style-type: none"> ➤ Pharyngitis - appropriate testing 	<p>APS Healthcare (OHCA's QIO) using OHCA administrative claims data</p>	<p>We use the HEDIS measure using exact specifications (unmodified for our population).</p>	<p>Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.</p>	<p>Cost is included in the QIO contract.</p>	<p>For CY 2008, 95% confidence interval was 1.4% (total width).</p>
	<ul style="list-style-type: none"> ➤ OME - avoidance of inappropriate use of systemic antimicrobials 	<p>Not collected.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
	<p>Dental</p> <ul style="list-style-type: none"> ➤ Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416 Line 12C) 	<p>APS Healthcare (OHCA's QIO) using OHCA administrative claims data. We do not report dental visits, only those with EPSDT visits.</p>	<p>We report the HEDIS measure Annual Dental Visit, using exact HEDIS specifications, unmodified for our population.</p>	<p>Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency purposes</p>	<p>Cost is included in the QIO contract.</p>	<p>For CY 2008, 95% confidence interval was 0.5% (total width).</p>
	<p>Emergency Department</p> <ul style="list-style-type: none"> ➤ ED Utilization - Avg number of emergency room visits per member per reporting period 	<p>APS Healthcare (OHCA's QIO) using OHCA administrative claims data</p>	<p>We report HEDIS measure Ambulatory Care using exact HEDIS specifications unmodified for our population.</p>	<p>Distributed within the agency to inform quality improvement initiatives.</p>	<p>Cost is included in the QIO contract.</p>	<p>Some age groups have as many as 145,000 members with more than 2 million months of eligibility.</p>
	<p>Inpatient</p> <ul style="list-style-type: none"> ➤ Pediatric catheter associated blood stream infection rates (ICU and high risk nursery patients) (CDC measure) 	<p>Not collected.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
MANAGEMENT OF CHRONIC CONDITION	<p>Asthma</p> <ul style="list-style-type: none"> ➤ Annual N of asthma pts (> 1 year-old) with > 1 asthma related ER visit (S/AL Medicaid Program) 	<p>APS Healthcare (OHCA's QIO) using OHCA administrative claims data</p>	<p>We use the HEDIS measure using exact specifications (unmodified for our population).</p>	<p>Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.</p>	<p>Cost is included in the QIO contract.</p>	<p>For CY 2008, the average 95% confidence interval for the three age groups was 3.5% (total width).</p>

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	<p>ADHD</p> <ul style="list-style-type: none"> ➤ F/U care for children prescribed ADHD medication (Continuation and Maintenance Phase) (HEDIS) 	Not routinely collected. SFY 2009 OHCA and APS Healthcare conducted a Quality Assurance study of ADHD medication (executive summary is available at okcha.org).	Administrative claims were analyzed to identify children with an ADHD diagnosis during CY 2007. % of children with ADHD-related prescriptions, counseling, or both were computed.	Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.	Cost is included in the QIO contract.	Sample size was large (N = 20,278). Co-morbidities were examined and demographic comparisons were made.
	<p>Mental Health</p> <ul style="list-style-type: none"> ➤ Child and adolescent Major Depressive Disorder (MDD) - suicide risk assessment (AMA PCPI) ➤ F/U after hospitalization for mental illness (NCQA) 	Not collected. OHCA's Behavioral Health Services provides care management to align members who are hospitalized for mental illness with outpatient providers at release.	N/A	N/A	N/A	N/A
	<p>Diabetes</p> <ul style="list-style-type: none"> ➤ Annual HgB A1C testing (all children and adolescents dx'd with diabetes) 	Not collected.	N/A	N/A	N/A	N/A
FAMILY EXPERIENCES OF CARE	<ul style="list-style-type: none"> ➤ HEDIS CAHPS 4.0, including supplements for children with chronic conditions and Medicaid Plans 	APS Healthcare and subcontractor The Myers Group.	We conduct adult and child CAHPS surveys on alternating years. HEDIS specifications are used to draw the samples and conduct the surveys.	Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.	Cost is included in the QIO contract.	We strive to achieve the NCQA-recommended sample size of 411 for stability of the statistical estimates.
	<ul style="list-style-type: none"> ➤ Use of Clinician & Group primary care CAHPS survey for practitioners participating in Medicaid and CHIP 	Not collected	N/A	N/A	N/A	N/A
AVAILABILITY	<ul style="list-style-type: none"> ➤ Annual dental visit 	APS Healthcare (OHCA's QIO) using OHCA administrative claims data	We use the HEDIS measure using exact specifications (unmodified for our population).	Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.	Cost is included in the QIO contract.	For CY 2008, the 95% confidence interval was 0.5% (total width).

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Version 12/22/09

	➤ Access to PCPs, by age and total	APS Healthcare (OHCA's QIO) using OHCA administrative claims data	HEDIS measure using exact specifications, unmodified for our population, is used. We collect the measures for children (four age groups) and adults (two age groups).	Distributed within the agency to inform QI initiatives, and publicly via OHCA website & publications for transparency.	Cost is included in the QIO contract.	For CY 2008, the average 95% confidence interval for the four age groups of children was 0.7% (total width). For adults, the average 95% confidence interval for the two age groups was 1.2% (total width).
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