

## Appendix 2 to Attachment 7: Measurement Specifications

QHP Issuers shall use the following metrics to establish baseline measurements for Attachment 7 requirements and demonstrate improvement on each of these measurements over time. These metrics were reported in the 2017 Application for Certification or in subsequent data requests and must be reported according to the table below. Additionally, QHP Issuers must report these metrics as necessary upon Covered California's request. Covered California and QHP Issuers shall work collaboratively during the term of this Agreement to enhance these specifications to further define the requirements. Hospitalization metrics for disparities measurement are to be reported as both a composite metric of combined Prevention Quality Indicators (PQI) by condition as well as separately reported PQI measures. Covered California will assess these two approaches during the baseline measurement years (2015 and 2016) and anticipates a smaller set of measures for measurement year 2017.

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
1	3.01	Self-Reported Racial or Ethnic Identity	Report members self-identifying racial and ethnic group through the enrollment application, web site registration, health assessment, reported at provider site, etc.	Covered California members enrolled during the applicable Plan Year who self-identified a racial or ethnic group.	Total Covered California membership for the applicable Plan Year. Exclude members actively selecting an option to decline self-report (e.g. "decline to state" or "prefer not to say").	Administrative Data (enrollment)	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Applications for Certification - QIS	<ul style="list-style-type: none"> <li>California SB 853: <a href="#">The Health Care Language Assistance Act</a></li> </ul>
2	3.01	Racial or Ethnic Identity	Report racial and ethnic identity based on self-report or proxy methodology (i.e. zip code or surname analysis, or both)	Covered California members enrolled during the applicable Plan Year with racial and ethnic group identified	Total Covered California membership for the applicable Plan Year	Administrative Data (enrollment)	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - Covered California eValue8 RFI	<ul style="list-style-type: none"> <li>California SB 853: <a href="#">The Health Care Language Assistance Act</a></li> </ul>
3	3.01	Diabetes Care: HbA1c Control < 8.0% (NQF 0575)	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> </ul> </li> </ul>	<u>QRS-HEDIS</u> numerator administrative specifications for HbA1c Control <8.0%	HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)	Administrative and clinical data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>NCQA</li> <li>Medi-Cal External Accountability Set</li> <li>IHA P4P</li> <li>Quality Rating System</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ Native Hawaiian or Other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul>							
4	3.01	CBP – Controlling High Blood Pressure (NQF 0018)	<p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or Other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	<a href="#">QRS-HEDIS</a> numerator specifications for Controlling High Blood Pressure	HEDIS eligible population specifications for Controlling High Blood Pressure	Clinical data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">NCQA</a></li> <li>• <a href="#">Medi-Cal External Accountability Set</a></li> <li>• <a href="#">IHA P4P</a></li> <li>• <a href="#">Quality Rating System</a></li> </ul>
5	3.01	Asthma Medication Ratio Ages 5-85 (NQF 1800)	<p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or Other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	HEDIS numerator specifications for Asthma Medication Ratio	HEDIS eligible population specifications for Asthma Medication Ratio	Administrative data	Annually	January 1 – December 31 of applicable measurement year and prior measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">NCQA</a></li> <li>• <a href="#">IHA P4P</a></li> </ul>
6	3.01	Antidepressant Medication Management (NQF 0105)	<p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or Other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	<a href="#">QRS-HEDIS</a> numerator specifications for Antidepressant Medication Management	HEDIS eligible population specifications for Antidepressant Medication Management	Pharmacy data	Annually	May 1 of prior measurement year – April 30 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">NCQA</a></li> <li>• <a href="#">IHA P4P</a></li> </ul>
7	3.01	Depression Response at Twelve Months-Progress Towards Remission (NQF 1885)	<p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or Other Pacific Islander</li> </ul> </li> </ul>	MN Community Measurement specifications for numerator	MN Community Measurement specifications for denominator	Clinical data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Consensus Core Set: ACO and PCMH Primary Care Measures</a></li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ White, not Hispanic or Latino</li> </ul>							
8	3.01	Diabetes Hospitalization Measure	<p>Combine the following AHRQ PQI measures for the Diabetes Hospitalization Hybrid Measure:</p> <ul style="list-style-type: none"> <li>• PQI #1 – Diabetes Short-Term Complications Admissions Rate</li> <li>• PQI #3 – Diabetes Long-Term Complications Admissions Rate</li> <li>• PQI #14 - Uncontrolled Diabetes Admission Rate</li> <li>• PQI #16 – Lower-Extremity Amputation among Patients with Diabetes Rate</li> </ul> <p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	Combine AHRQ measure numerator specifications for PQI #1, 3, 14, 16	HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)	Administrative data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
<a href="#">9</a>	<a href="#">3.01</a>	<a href="#">Admissions for diabetes short-term complications, based on PQI #1 – Diabetes Short-Term Complications Admissions Rate (NQF 0272)</a>	<p><a href="#">Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Gender</a></li> <li>• <a href="#">Racial or ethnic group:</a> <ul style="list-style-type: none"> <li>▪ <a href="#">American Indian or Alaska Native</a></li> <li>▪ <a href="#">Asian</a></li> <li>▪ <a href="#">Black or African American</a></li> <li>▪ <a href="#">Hispanic or Latino</a></li> <li>▪ <a href="#">Native Hawaiian or other Pacific Islander</a></li> <li>▪ <a href="#">White, not Hispanic or Latino</a></li> </ul> </li> </ul>	<a href="#">AHRQ PQI #1 numerator specifications</a>	<a href="#">HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)</a>	<a href="#">Administrative data</a>	<a href="#">Annually</a>	<a href="#">January 1 – December 31 of applicable measurement year</a>	<a href="#">2017, 2018, and 2019 Application for Certification - QIS</a>	<ul style="list-style-type: none"> <li>• <a href="#">Medicaid 2016 Adult Core Set</a></li> <li>• <a href="#">NQF Population Health Measures</a></li> </ul>
<a href="#">10</a>	<a href="#">3.01</a>	<a href="#">Admissions for diabetes long-term complications, based on PQI #3 – Diabetes Long-Term Complications</a>	<p><a href="#">Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Gender</a></li> <li>• <a href="#">Racial or ethnic group:</a> <ul style="list-style-type: none"> <li>▪ <a href="#">American Indian or Alaska Native</a></li> <li>▪ <a href="#">Asian</a></li> <li>▪ <a href="#">Black or African American</a></li> </ul> </li> </ul>	<a href="#">AHRQ PQI #3 numerator specifications</a>	<a href="#">HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)</a>	<a href="#">Administrative data</a>	<a href="#">Annually</a>	<a href="#">January 1 – December 31 of applicable measurement year</a>	<a href="#">2017, 2018, and 2019 Application for Certification - QIS</a>	<ul style="list-style-type: none"> <li>• <a href="#">NQF Population Health Measures</a></li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
		<a href="#">Admissions Rate (NQF 0274)</a>	<ul style="list-style-type: none"> <li>▪ <a href="#">Hispanic or Latino</a></li> <li>▪ <a href="#">Native Hawaiian or other Pacific Islander</a></li> <li>▪ <a href="#">White, not Hispanic or Latino</a></li> </ul>							
11	3.01	<a href="#">Admissions for uncontrolled diabetes, based on PQI #14 – Uncontrolled Diabetes Admission Rate (NQF 0638)</a>	<p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• <a href="#">Gender</a></li> <li>• <a href="#">Racial or ethnic group:</a> <ul style="list-style-type: none"> <li>▪ <a href="#">American Indian or Alaska Native</a></li> <li>▪ <a href="#">Asian</a></li> <li>▪ <a href="#">Black or African American</a></li> <li>▪ <a href="#">Hispanic or Latino</a></li> <li>▪ <a href="#">Native Hawaiian or other Pacific Islander</a></li> <li>▪ <a href="#">White, not Hispanic or Latino</a></li> </ul> </li> </ul>	<a href="#">AHRQ PQI #14 numerator specifications</a>	<a href="#">HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)</a>	<a href="#">Administrative data</a>	<a href="#">Annually</a>	<a href="#">January 1 – December 31 of applicable measurement year</a>	<a href="#">2017, 2018, and 2019 Application for Certification - QIS</a>	<ul style="list-style-type: none"> <li>• <a href="#">NQF Population Health Measures</a></li> </ul>
12	3.01	<a href="#">Admissions for lower-extremity amputation, based on PQI #16 - Lower-Extremity Amputation among Patients with Diabetes Rate (NQF 0285)</a>	<p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• <a href="#">Gender</a></li> <li>• <a href="#">Racial or ethnic group:</a> <ul style="list-style-type: none"> <li>▪ <a href="#">American Indian or Alaska Native</a></li> <li>▪ <a href="#">Asian</a></li> <li>▪ <a href="#">Black or African American</a></li> <li>▪ <a href="#">Hispanic or Latino</a></li> <li>▪ <a href="#">Native Hawaiian or other Pacific Islander</a></li> <li>▪ <a href="#">White, not Hispanic or Latino</a></li> </ul> </li> </ul>	<a href="#">AHRQ PQI #16 numerator specifications</a>	<a href="#">HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)</a>	<a href="#">Administrative data</a>	<a href="#">Annually</a>	<a href="#">January 1 – December 31 of applicable measurement year</a>	<a href="#">2017, 2018, and 2019 Application for Certification - QIS</a>	<ul style="list-style-type: none"> <li>• <a href="#">NQF Population Health Measures</a></li> </ul>
139	3.01	Hypertension Hospitalization Measure	<p>Combine the following AHRQ PQI measures for the Hypertension Hospitalization Hybrid Measure:</p> <ul style="list-style-type: none"> <li>• PQI #7 – Hypertension Admission Rate</li> <li>• PQI #8 – Heart Failure Admission Rate</li> <li>• PQI #13 – Angina Without Procedure Admission Rate</li> </ul> <p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• <a href="#">Gender</a></li> <li>• <a href="#">Racial or ethnic group:</a> <ul style="list-style-type: none"> <li>▪ <a href="#">American Indian or Alaska Native</a></li> <li>▪ <a href="#">Asian</a></li> <li>▪ <a href="#">Black or African American</a></li> <li>▪ <a href="#">Hispanic or Latino</a></li> <li>▪ <a href="#">Native Hawaiian or other Pacific Islander</a></li> <li>▪ <a href="#">White, not Hispanic or Latino</a></li> </ul> </li> </ul>	Combine AHRQ measure numerator specifications for PQI #7, 8, 13	<a href="#">HEDIS eligible population specifications for Controlling High Blood Pressure</a>	<a href="#">Administrative data</a>	<a href="#">Annually</a>	<a href="#">January 1 – December 31 of applicable measurement year</a>	<a href="#">2017, 2018, and 2019 Application for Certification - QIS</a>	

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
14	3.01	Admissions for hypertension, based on PQI #7 - Hypertension Admission Rate	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	AHRQ PQI #7 numerator specifications	HEDIS eligible population specifications for Controlling High Blood Pressure	Administrative data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
15	3.01	Admissions for heart failure, based on PQI #8 – Heart Failure Admission Rate (NQF 0277)	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	AHRQ PQI #8 numerator specifications	HEDIS eligible population specifications for Controlling High Blood Pressure	Administrative data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• Medicaid 2016 Adult Core Set</li> <li>• Accountable Care Organization Quality Measures (Shared Savings Program)</li> </ul>
16	3.01	Admissions for angina, based on PQI #13 – Angina Without Procedure Admission Rate	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	AHRQ PQI #13 numerator specifications	HEDIS eligible population specifications for Controlling High Blood Pressure	Administrative data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
4017	3.01	Asthma Hospitalization Measure	Combine the following AHRQ PQI measures for the Hypertension Hospitalization Hybrid Measure: <ul style="list-style-type: none"> <li>• PQI #5 COPD or Asthma in Older Adults Admission Rate</li> <li>• PQI #11: Bacterial Pneumonia Admission Rate</li> <li>• PQI #15: Asthma in Younger Adults Admission Rate</li> </ul> Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:	Combine AHRQ measure numerator specifications for PQI #5, 11, 15. Exclude COPD codes from PQI #5.	HEDIS eligible population specifications for Asthma Medication Ratio. Use age range of 18 years and older.	Administrative data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White, not Hispanic or Latino</li> </ul> </li> </ul>							
<u>18</u>	<u>3.01</u>	<u>Admissions for asthma in older adults, based on PQI #5 - COPD or Asthma in Older Adults Admission Rate (NQF 0275)</u>	<u>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</u> <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White, not Hispanic or Latino</li> </ul> </li> </ul>	<u>AHRQ PQI #5 numerator specifications. Exclude COPD codes.</u>	<u>HEDIS eligible population specifications for Asthma Medication Ratio. Use age range of 18 years and older.</u>	<u>Administrative data</u>	<u>Annually</u>	<u>January 1 – December 31 of applicable measurement year</u>	<u>2017, 2018, and 2019 Application for Certification - QIS</u>	<u>• Medicaid 2016 Adult Core Set</u>
<u>19</u>	<u>3.01</u>	<u>Admissions for bacterial pneumonia, based on PQI #11 - Bacterial Pneumonia Admission Rate (NQF 0279)</u>	<u>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</u> <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White, not Hispanic or Latino</li> </ul> </li> </ul>	<u>AHRQ PQI #11 numerator specifications</u>	<u>HEDIS eligible population specifications for Asthma Medication Ratio. Use age range of 18 years and older.</u>	<u>Administrative data</u>	<u>Annually</u>	<u>January 1 – December 31 of applicable measurement year</u>	<u>2017, 2018, and 2019 Application for Certification - QIS</u>	
<u>20</u>	<u>3.01</u>	<u>Admissions for asthma in younger adults, based on PQI #15 - Asthma in Younger Adults Admission Rate</u>	<u>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</u> <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Black or African American</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White, not Hispanic or Latino</li> </ul> </li> </ul>	<u>AHRQ PQI #15 numerator specifications</u>	<u>HEDIS eligible population specifications for Asthma Medication Ratio. Use age range of 18 years and older.</u>	<u>Administrative data</u>	<u>Annually</u>	<u>January 1 – December 31 of applicable measurement year</u>	<u>2017, 2018, and 2019 Application for Certification - QIS</u>	<u>• Medicaid 2016 Adult Core Set</u>
<u>4421</u>	<u>4.01</u>	<u>Primary Care Physician Selection</u>	<u>Report members by product in the health plan's Covered California business with a personal care physician (PCP)</u>	<u>Number of Covered California members</u>	<u>Total Covered California membership enrolled during</u>	<u>Administrative data</u>	<u>Quarterly</u>	<u>January 1 – December 31 (quarterly reporting)</u>	<u>2017, 2018, and 2019 Application for Certification -</u>	

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
				enrolled during the applicable Plan Year who have selected or were assigned to a PCP	the applicable Plan Year			periods to be defined upon request by Covered California)	QIS / quarterly reports as requested	
<a href="#">4222</a>	4.02	Primary Care Payment Strategies	Report the number and percentage of California members attributed to providers for whom a payment strategy is deployed to adopt accessible, data-driven, team-based care with accountability for improving triple aim metrics	Number of California members enrolled during the applicable Plan Year attributed to a provider with a payment reform strategy	Total California membership enrolled during the applicable Plan Year	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2018 and 2019 Application for Certification - QIS	
<a href="#">4323</a>	4.02	Primary Care Payment Strategies	Report the number and percentage of Covered California members attributed to providers for whom a payment strategy is deployed to adopt accessible, data-driven, team-based care with accountability for improving triple aim metrics	Number of Covered California members enrolled during the applicable Plan Year attributed to a provider with a payment reform strategy	Total Covered California membership enrolled during the applicable Plan Year	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2018 and 2019 Application for Certification - QIS	
<a href="#">4424</a>	4.03	Membership Attributed to IHMs	Report the number and percentage of California members in each product who are managed under an IHM	Number of California members enrolled during the applicable Plan Year managed under an IHM	Total California membership enrolled during the applicable Plan Year	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
<a href="#">4525</a>	4.03	Membership Attributed to IHMs	Report the number and percentage of Covered California members in each product who are managed under an IHM	Number of Covered California members enrolled during the applicable Plan Year managed under an IHM	Total Covered California membership enrolled during the applicable Plan Year	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	



Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
<a href="#">4626</a>	5.03	Hospitals reporting to CMQCC	Report hospital participation in CMQCC	Number of network hospitals reporting to CMQCC	Total number of hospitals providing maternity services in network	Network data/CMQCC participant list	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CalSIM</a></li> </ul>
<a href="#">4727</a>	5.03	Hospitals meeting CalSIM goal for C-sections	Report hospital network performance for meeting CalSIM NTSV C-Section goal	Number of hospitals meeting CalSIM goal of NTSV C-Section rate at or below 23.9 percent	Total number of hospitals providing maternity services in network	Network data/clinical data submitted to CMQCC	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CalSIM</a></li> <li>• <a href="#">Healthy People 2020 NTSV target of 23.9%</a></li> </ul>
<a href="#">4828</a>	5.03	NTSV C-Section rate for each network hospital	For the plan's network of hospitals providing maternity services, report each hospital name, location, product network (HMO, PPO, EPO), and NTSV C-Section rate	Total number of NTSV C-Section deliveries	Total number of NTSV deliveries	Network data/clinical data submitted to CMQCC	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CalSIM</a></li> <li>• <a href="#">Healthy People 2020 NTSV target of 23.9%</a></li> </ul>
<a href="#">4929</a>	5.01	Payment strategies for maternity services	Report number of hospitals paid under each type of payment strategy for maternity services and the denominator (total number of network hospitals)	Number of hospitals paid under payment strategy or each payment strategy	Total number of network hospitals providing maternity services	Network data/financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
<a href="#">2030</a>	5.02	Opioid Adverse Events (Patients Treated with Naloxone)	Report rate for each network hospital: Opioid-related ADE caused by medical error and/or adverse drug reactions  Rate Calculation: (Numerator / Denominator) x 100  Target-setting approach: six months historical data for baseline; 25th percentile figure from PfP Campaign (e.g., based on AHA/HRET Hospital Engagement Network data)	Number of inpatients treated with an opioid who received naloxone	Number of inpatients who received an opioid (top 5-10 prescribed)	Clinical data (medical record review, incident reporting systems, pharmacy reporting system) reported to CMS; HQI proposed	Annually	January 1 – December 31 of applicable measurement year	Reporting in 2017 pending data source – 2018 and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Improvement Innovation Networks (HIINs)</a></li> </ul>
<a href="#">222431</a>	5.02	CAUTI SIR for all hospitals excluding small-denominator hospitals	Report SIR for each network hospital excluding small-denominator hospitals:  CAUTI Standardized Infection Ration (SIR) – All Tracked Units – Relative performance	Number of observed inpatient healthcare-associated	Number of predicted inpatient healthcare-associated	CMS Hospital Quality Compare <sup>1</sup>	Annually	January 1 – December 31 of applicable measurement year. For	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> </ul>

<sup>1</sup> Datasets containing the CAUTI SIR for all California hospitals from 2005 through 2015 are available here: <https://data.medicare.gov/data/archives/hospital-compare>



Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline	CAUTIs for all tracked units	CAUTIs for all tracked units (determined by NHSN)			hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.		
<a href="#">2232</a>	5.02	Urinary Catheter Utilization Ratio	Report rate for each network hospital:  Urinary Catheter Utilization Ratio – All Tracked Units  Rate Calculation: (Numerator / Denominator) x 100  Lower ratios are generally associated with better performance and may also impact the CAUTI rate	Number of inpatient indwelling urinary catheter days for all tracked units	Number of inpatient bed days for all tracked units	NHSN or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> </ul>
<a href="#">2333</a>	5.02	CLABSI SIR	Report SIR for each network hospital:  CLABSI SIR – All Tracked Units  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed inpatient CLABSIs for all tracked units	Number of expected inpatient CLABSIs for all tracked units (determined by NHSN)	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> <li>• <a href="#">CDPH – HAI Annual Report</a></li> </ul>
<a href="#">2434</a>	5.02	Central Line Utilization Ratio	Report rate for each network hospital:  Central Line Utilization Ratio – All Tracked Units  Rate Calculation: (Numerator / Denominator) x 100	Number of inpatient central line days for all tracked units	Number of inpatient bed days for all tracked units	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			Lower ratios are generally associated with better performance and may also impact the CLABSI rate							
<a href="#">2635</a>	5.02	C. Diff SIR	Report SIR for each network hospital:  Lab-Identified C. Diff SIR  Rate Calculation: Numerator / Denominator  Target Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed inpatient hospital-onset C. diff lab identified events for all tracked units	Number of expected inpatient hospital-onset cases of C. diff for all tracked units	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> <li>• <a href="#">CDPH – HAI Annual Report</a></li> </ul>
<a href="#">2636</a>	5.02	SSI-Colon SIR	Report SIR for each network hospital::  Colon Surgery SSI SIR  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed SSIs for colon surgeries (based on NHSN definition)	Number of predicted SSIs for colon surgeries (determined by NHSN definition)	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> <li>• <a href="#">CDPH – HAI Annual Report</a></li> </ul>
<a href="#">2737</a>	5.02	MRSA BSI SIR	Report SIR for each network hospital:  MRSA BSI SIR  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed MRSA BSI cases	Number of predicted MRSA BSI cases	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the	2017, 2018, and 2019 Application for Certification - QIS	<ul style="list-style-type: none"> <li>• <a href="#">CMS Hospital Engagement Networks (HENS)</a></li> <li>• <a href="#">CDPH – HAI Annual Report</a></li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
								combined, 2-year SIR for the measurement year and the previous year.		
<del>2838</del>	5.01	Hospital Reimbursement at Risk for Quality Performance	Report the percentage of hospital performance at risk for quality performance (metrics may include but are not limited to HACs, readmissions, patient satisfaction, etc.)	Hospital payment dollars tied to quality performance	Total hospital payment dollars	Financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
<del>2939</del>	5.01	Hospitals with Reimbursement at Risk for Quality Performance	Report the number and percentage of hospitals with reimbursement at risk for quality performance (metrics may include but are not limited to HACs, readmission, patient satisfaction, etc.)	Hospitals with payment tied to quality performance	Total number of network hospitals	Network data/financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
<del>3040</del>	6.01	Members Using Wellness Benefit	Report the number and percentage of members who have a preventive care visit (\$0 member cost share)	Members incurring at least one preventive care visit/service	Total membership across all lines of membership excluding Medicare	Claim/ encounter data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification	
<del>3441</del>	6.01	Members identified as obese who are participating in a weight management program	Report the number of obese members who are participating in weight management programs	Number of California members identified as obese who are participating in weight management program	California members identified as obese	Claims/ encounter data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - Covered California eValue8 RFI	
<del>3242</del>	6.01	Members identified as tobacco dependent who are participating in a smoking cessation program	Report the number of tobacco-dependent members who are participating in smoking cessation programs	California members identified as tobacco dependent participating in smoking cessation program	California members identified as tobacco dependent	Claims/ encounter data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - Covered California eValue8 RFI	