

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.

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method
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
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
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"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White, not Hispanic or Latino 	QRS numerator administrative specifications for HbA1c Control <8.0%	QRS-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

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method
4	3.01	CBP – Controlling High Blood Pressure (NQF 0018)	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White, not Hispanic or Latino 	QRS numerator specifications for Controlling High Blood Pressure	QRS-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
5	3.01	Asthma Medication Ratio Ages 5-85 (NQF 1800)	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White, not Hispanic or Latino 	HEDIS numerator specifications for Asthma Medication Ratio	HEDIS eligible population specifications for Asthma Medication Ratio	Administrative and clinical data	Annually	January 1 – December 31 of applicable measurement year and prior measurement year	2017, 2018, and 2019 Application for Certification - QIS
6	3.01	Antidepressant Medication Management (NQF 0105)	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White, not Hispanic or Latino 	QRS numerator specifications for Antidepressant Medication Management	QRS-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
7	3.01	Depression Response at Twelve Months- Progress Towards Remission (NQF 1885)	Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander 	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

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8	3.01	Diabetes Hospitalization Hybrid Measure	<ul style="list-style-type: none"> White, not Hispanic or Latino <p>Combine the following AHRQ PQI measures for the Diabetes Hospitalization Hybrid Measure:</p> <ul style="list-style-type: none"> PQI #1 – Diabetes Short-Term Complications Admissions Rate PQI #3 – Diabetes Long-Term Complications Admissions Rate PQI #14 - Uncontrolled Diabetes Admission Rate PQI #16 – Lower-Extremity Amputation among Patients with Diabetes Rate <p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native <ul style="list-style-type: none"> Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino <ul style="list-style-type: none"> Native Hawaiian or other Pacific Islander White, not Hispanic or Latino 	Combine AHRQ measure numerator specifications for PQI #1, 3, 14, 16	QRS-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
9	3.01	Hypertension Hospitalization Hybrid Measure	<p>Combine the following AHRQ PQI measures for the Hypertension Hospitalization Hybrid Measure:</p> <ul style="list-style-type: none"> PQI #7 – Hypertension Admission Rate PQI #8 – Heart Failure Admission Rate PQI #13 – Angina Without Procedure Admission Rate <p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> Gender Racial or ethnic group: <ul style="list-style-type: none"> American Indian or Alaska Native <ul style="list-style-type: none"> Asian, Native Hawaiian or other Pacific Islander Black or African American Hispanic or Latino <ul style="list-style-type: none"> Native Hawaiian or other Pacific Islander 	Combine AHRQ measure numerator specifications for PQI #7, 8, 13	QRS-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

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			<ul style="list-style-type: none"> ▪ White, not Hispanic or Latino 						
10	3.01	Asthma Hospitalization Hybrid Measure	<p>Combine the following AHRQ PQI measures for the Hypertension Hospitalization Hybrid Measure:</p> <ul style="list-style-type: none"> • PQI #5 COPD or Asthma in Older Adults Admission Rate • PQI #11: Bacterial Pneumonia Admission Rate • PQI 15 Asthma in Younger Adults Admission Rate <p>Report rates by all lines of business excluding Medicare (commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> • Gender • Racial or ethnic group: <ul style="list-style-type: none"> ▪ American Indian or Alaska Native ▪ Asian, Native Hawaiian or other Pacific Islander ▪ Black or African American ▪ Hispanic or Latino ▪ Native Hawaiian or other Pacific Islander ▪ White, not Hispanic or Latino 	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
11	4.01	Primary Care Physician Selection	Report members by product in the health plan's Covered California business with a personal care physician (PCP)	Number of Covered California members enrolled during the applicable Plan Year who have selected or were assigned to a PCP	Total Covered California membership enrolled during the applicable Plan Year	Administrative data	Quarterly	January 1 – December 31 (quarterly reporting periods to be defined upon request by Covered California)	2017, 2018, and 2019 Application for Certification - QIS / quarterly reports as requested
12	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
13	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	Number of Covered California members	Total Covered California membership enrolled during	Administrative/ financial data	Annually	January 1 – December 31 of applicable	2018 and 2019 Application for

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method
			accessible, data-driven, team-based care with accountability for improving triple aim metrics	enrolled during the applicable Plan Year attributed to a provider with a payment reform strategy	the applicable Plan Year			measurement year	Certification - QIS
14	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
15	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
16	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
17	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
18	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
19	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	Total number of network hospitals providing	Network data/financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS

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20	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 P4P Campaign (e.g., based on AHA/HRET Hospital Engagement Network data)	payment strategy Number of inpatients treated with an opioid who received naloxone	maternity services 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	2017, 2018, and 2019 Application for Certification— QIS Reporting in 2017 pending data source – 2018 and 2019 Application for Certification - QIS
21	5.02	CAUTI Rate for small-denominator hospitals	Report rate for network hospitals below TBD denominator threshold: CAUTI Rate— All Tracked Units —to evaluate improvement Rate Calculation: (Numerator / Denominator) x 1,000 Target Setting Approach: Twelve months historical data for baseline	Number of inpatient healthcare-associated CAUTIs for all tracked units	Number of inpatient indwelling urinary catheter days for all tracked units	National Healthcare Safety Network (NHSN) or Partnership for Patients data reported to CMS	Annually	January 1— December 31 of applicable measurement year and prior measurement year	2017, 2018, and 2019 Application for Certification— QIS
22	5.02	CAUTI SIR for all hospitals excluding small-denominator hospitals	Report SIR for each network hospital excluding small-denominator hospitals: CAUTI Standardized Infection Ratio (SIR) – All Tracked Units – Relative performance Rate Calculation: Numerator / Denominator Target-Setting Approach: Twelve months historical data for baseline	Number of observed inpatient healthcare-associated CAUTIs for all tracked units	Number of predicted inpatient healthcare-associated CAUTIs for all tracked units (determined by NHSN)	NHSN or Partnership for Patients data reported to CMS CMS Hospital Quality Compare	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

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23 22	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
24	6.02	CLABSI Rate for small-denominator hospitals	Report rate for each network hospital below TBD denominator threshold: CLABSI Rate—All Tracked Units Rate Calculation: (Numerator / Denominator) x 1,000 Target-Setting Approach: Twelve or twenty-four months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed inpatient healthcare-associated CLABSIs for all tracked units	Number of inpatient central line days for all tracked units	NHSN, California Department of Public Health (CDPH), or Partnership for Patients data reported to CMS	Annually	January 1—December 31 of applicable measurement year and prior measurement year	2017, 2018, and 2019 Application for Certification—QIS
25 23	5.02	CLABSI SIR for all hospitals excluding small-denominator hospitals	Report SIR for each network hospital excluding small-denominator hospitals : 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. <u>For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.</u>	2017, 2018, and 2019 Application for Certification - QIS
26 24	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

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method
			Lower ratios are generally associated with better performance and may also impact the CLABSI rate						
27	5.02	C- Diff Rate for small-denominator hospitals	Report rate for each network hospital below TBD denominator threshold: Lab-Identified C- Diff Rate Rate Calculation: (Numerator / Denominator) x 1,000 Target Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of inpatient hospital-onset C- diff lab identified events 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 and prior measurement year	2017, 2018, and 2019 Application for Certification— QIS
28 25	5.02	C. Diff SIR for all hospitals excluding small-denominator hospitals	Report SIR for each network hospital-excluding small-denominator hospitals: 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
29	5.02	SSI-Colon Rate for small-denominator hospitals	Report rate for each network hospital below TBD denominator threshold: Colon Surgery SSI Rate Rate Calculation: (Numerator / Denominator) x 100 Target Setting Approach: Twelve or twenty-four months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of SSIs related to colon surgeries (based on NHSN definition)	Inpatients having the colon procedures included in the NHSN operative procedure category	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1— December 31 of applicable measurement year and prior measurement year	2017, 2018, and 2019 Application for Certification— QIS
30 26	5.02	SSI-Colon SIR for all hospitals excluding small-	Report SIR for each network hospital-excluding small-denominator hospitals: Colon Surgery SSI SIR	Number of observed SSIs for colon surgeries (based	Number of predicted SSIs for colon surgeries	NHSN, CDPH, or Partnership for Patients	Annually	January 1 – December 31 of applicable measurement	2017, 2018, and 2019 Application for

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		denominator hospitals	Rate Calculation: Numerator / Denominator Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	on NHSN definition)	(determined by NHSN definition)	data reported to CMS		year. <u>For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.</u>	Certification - QIS
27	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 combined, 2-year SIR for the measurement year and the previous year.	2017, 2018, and 2019 Application for Certification - QIS
34 28	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
32 29	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
33 30	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
34 31	6.01	Members identified as obese who are	Report the number of obese members who are participating in weight management programs	Number of California members	California members	Claims/ encounter data	Annually	January 1 – December 31 of applicable	2017, 2018, and 2019 Application for

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		participating in a weight management program		identified as obese who are participating in weight management program	identified as obese			measurement year	Certification - Covered California eValue8 RFI
35 32	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

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