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<th>BCBS</th>
<th>UCare*</th>
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<tbody>
<tr>
<td>ABMS Maintenance of Certification</td>
<td>x</td>
<td>Acute Otitis Media (AOM)</td>
<td>x</td>
<td>Alcohol or other drug treatment initiation</td>
<td>x</td>
<td>Annual monitoring of ACE &amp; ARB</td>
<td>x</td>
<td>Annual monitoring of diuretics</td>
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<td>Appropriate testing for children pharyngitis</td>
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<tr>
<td>Preventative services - Adolescent Combo 2</td>
<td>x</td>
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<tr>
<td>Preventative Services - Adult Primary Care - Combo 2</td>
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<tr>
<td>Screening - Blood Lead Test (as part of Child and Teen Checkups)</td>
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<tr>
<td>Screening – Breast Cancer</td>
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<tr>
<td>Screening - Cancer Screening Combined (cervical, breast, colorectal)</td>
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<td>Screening - Cervical Cancer</td>
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<td>Screening – Chlamydia</td>
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<tr>
<td>Screening Colorectal Cancer</td>
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<td>Spireometry use in assessment and diagnosis of COPD</td>
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<td>Standardized alcohol abuse screening questionnaire</td>
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<td>Use of high risk medications in the elderly</td>
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</tbody>
</table>
| ABMS Maintenance of Certification | Measure:  
• % of physicians who are actively involved in ABMS MOC™  
Providers  
• Primary care  
• Internal medicine  
• OB/GYN,  
• Cardiology  
• Behavioral health  
• Pediatrics  
Performance target: 10%  
Statewide Standardized Set  
• No | | | | | | | | | |
| Acute Otitis Media (AOM) | Measure:  
• % of pediatric patients between the ages of 2 months and 5 years with Acute Otitis Media (AOM) who had not been treated for AOM 60 days prior to the current visit who were prescribed a first line antibiotic or had no | | | | | | | | | |
| MN Community Measurement | State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs) | MHCP fee-for-service (FFS) providers | Bridges to Excellence (Employer program) | HealthPartners Pediatric Care: Bonus Pool* | HealthPartners Adult Primary Care: Bonus Pool | HealthPartners Specialty: Bonus Pool | Medica | Medica Public programs (Medica Choice Care and Medica MinnesotaCare) | BCBS | UCare

antibiotic prescribed at the current visit.

Data Source:
- Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)

Providers:
- Pediatrics
- Performance target: Target - 95%
- Statewide Standardized Set
- No
<table>
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</table>

Measure:
- % of adolescent and adults with a new episode of alcohol or other drug dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- % of members who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Data source:
- Administrative claims

Providers:
- Adult Primary Care
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<td>Performance target:</td>
<td>See reference 2 for details.</td>
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<tr>
<td>Targets are as follows:</td>
<td>Gold: Initiation: 25%, Engagement: 15%;</td>
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<td></td>
<td>Silver: Initiation: 20%, Engagement: 10%</td>
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<td>Statewide Standardized Set</td>
<td>Yes</td>
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<td>HealthPartners Specialty² Bonus Pool</td>
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</table>

Measure
- % of members 18 years and older who received at least a 180-day supply of ambulatory medication therapy for ACE and/or ARB during the measurement year and had at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

Data source:
- Administrative claims

Providers:
- Adult Primary Care

Performance target:
- See reference 2 for details.
- Targets (In combination with Diuretics) are as follows:
  - Gold: 90%,

Measure
- % of members 18 years and older who received at least a 180-day supply of ambulatory medication therapy for ACE and/or ARB during the measurement year and had at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

Data source:
- Administrative claims

Providers:
- Cardiology

Performance target:
- See reference 3 for details.
- Targets for cardiology (In combination with Diuretics) are as follows:
  - Gold: 95%, Silver:
## Annual monitoring of diuretics

| Measure: | % of members 18 years and older who received at least a 180-day supply of ambulatory medication therapy for diuretics during the measurement year and had at least one therapeutic monitoring event for the therapeutic agent in the measurement year. |
| Data source: | Administrative claims |
| Providers: | Adult Primary Care |

| Providers: | Adult Primary Care |
| Performance target: | See reference 2 for details. |
| Targets (In combination with ACE/ | See reference 2 for details. |

| Measure: | % of members 18 years and older who received at least a 180-day supply of ambulatory medication therapy for diuretics during the measurement year and had at least one therapeutic monitoring event for the therapeutic agent in the measurement year. |
| Data source: | Administrative claims |
| Providers: | Cardiology |
| Performance target: | See reference 3 for details. |
| Targets for cardiology (In combination with ACE/ | See reference 3 for details. |

### Providers
- Adult Primary Care
- Cardiology
### Appropriate testing for children pharyngitis

**Measure:**
- % children ages 2–18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

**Data Source:**
- Health plan administrative data

**Providers:**
- Pediatrics
- Convenience Care
- Urgent Care

**Statewide Standardized Set:**
- Yes

### Appropriate treatment for children with URI/bronchitis

**Measure:**
- % of pediatric patients age 3 months to 18 years with a diagnosis of URI and/or Bronchitis.

<table>
<thead>
<tr>
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<th>HealthPartners Adult Primary Care⁸ Bonus Pool</th>
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<td>Appropriate testing for children pharyngitis</td>
<td>Measure: % children ages 2–18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. Data Source: Health plan administrative data Providers: Pediatrics, Convenience Care, Urgent Care Statewide Standardized Set: Yes</td>
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</table>
| and were not dispensed an antibiotic prescription. | Data Source:  
- Health plan administrative data | Providers:  
- Pediatrics  
- Convenience Care  
- Urgent Care | Statewide Standardized Set  
- Yes | | | | | | | |
| Arthrodisis lumbar spinal surgery no complications | Measure:  
- % of patients with Arthrodisis lumbar spinal surgery who do not experience intraoperative or postoperative complication s including any of the following: neurologic deficit, dural tears, vascular injuries, wound infections and/or return to surgery. | | | | | | | | | |
<table>
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<tbody>
<tr>
<td><strong>Assisting smokers to quit – MN clinic fax referral program</strong></td>
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<td>Data Source: • Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)</td>
<td>Providers: • Spinal surgeons</td>
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<tr>
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<td>Asthma-pharmacology</td>
<td>NOTE: See Optimal Asthma Care measure for 2010-2011 description</td>
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<td>Performance target:</td>
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<td>• All providers must meet documentation of</td>
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<td>• % patients ages 5–56, who were identified as having persistent asthma and who were</td>
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<td>tobacco use status performance target to be</td>
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<td>appropriately prescribed medication.</td>
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<td>eligible for award.</td>
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<td>• Inhaled corticosteroid</td>
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</table>
| Avoidance of antibiotics in acute bronchitis | Measure:  
- % adults ages 18-64 with a dx of acute bronchitis who were not dispensed an antibiotic Rx.  

Data Source:  
- Health plan administrative data  

Providers:  
- Primary care  
- Convenience care  
- Urgent care  
- Statewide Standardized Set  
- Yes | Measure:  
- % of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. (Per HEDIS 2010 technical specification(s))  

Data Source:  
- MNCM  

Providers:  
- Adult Primary Care  

Performance target:  
- See reference 2 for details. |
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<tbody>
<tr>
<td>Body Mass Index (BMI)</td>
<td>GLAD: 65%, Silver: 55% Statewide Standardized Set Yes Measure % of all patients age 2 and older with documentation of an annual Body Mass Index (BMI) calculation at their last preventive service visit. And for patients with elevated BMI, the percentage of patients with documentation of assistance/action plan. Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD) Providers Measured once across all</td>
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| Colonoscopy – quality of colonoscopy performed | For 2011 Measure:  
  - Composite measure to assess the quality of colonoscopies performed at the medical group/clinic site.  
  For all patients ages 50 and older  
  - Was colonoscopy performed  
  - Did the colonoscope reach the cecum  
  - Was an Adenoma detected  
  
  Data Source:  
  - Direct Data Submission  
  Providers:  
  - Primary care  
  - Surgery  
  - Colon and Rectal surgery  
  - Gastroenterology  
  Statewide | | | | | | | | | | |

Specialties  
Performance Target: 65%  
Statewide Standardized Set  
Yes
<table>
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<tr>
<th>Standardized Set:</th>
<th>Follow up care for children prescribed ADHD medication</th>
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<tr>
<td></td>
<td>In 2011: Measure</td>
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<td>The 5 of children newly prescribed ADHD medication</td>
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<td>who have at least 3 follow up care visits in a 10</td>
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<td>month period, one of which is within 30 days of</td>
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<td>when the first ADHD medication was dispensed</td>
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<td>Data Source: Health plan administrative data</td>
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<td>Providers: Pediatrics</td>
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<td>Statewide Standardized Set</td>
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<td>No</td>
</tr>
<tr>
<td>Generics</td>
<td>Measure: % of all generic prescriptions filled during</td>
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<td>the measurement period and written by providers for</td>
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<td>members with a drug</td>
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<td>the measurement period and written by providers for</td>
</tr>
<tr>
<td></td>
<td>members with a drug</td>
</tr>
<tr>
<td></td>
<td>Measure: BH - % of all generic antidepressant</td>
</tr>
<tr>
<td></td>
<td>prescriptions filled during the measurement period</td>
</tr>
<tr>
<td></td>
<td>and written by behavioral</td>
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Minnesota ambulatory care pay for performance programs (compiled April 2010)
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| benefit.                 | Data Source:  
|                          |  • Administrative claims data                                                                  | Providers:                            | Performance target:                      | See Reference 1 for Performance target: details. | Target s are as follows: Gold: 78%, Silver: 73% | Statewide Standardized Set | Yes | health providers for HealthPartners members with a drug benefit.  
|                          |                                                                                            |  • Pediatrics                         | Performance target:                      | See Reference 2 for Performance target: details. | Target s are as follows: Gold: 83%, Silver: 78% | Statewide Standardized Set | Yes | • OB/GYN, Cardiology, ENT - % of all generic prescriptions filled during the measurement period and written by providers for members with a drug benefit.  
|                          |                                                                                            |  • Adult Primary Care                | Performance target:                      |                                                                                      |                                                                                      |                            |        |  
|                          |                                                                                            |  • Behavioral health                 | Performance target:                      |                                                                                                                                               |                                                                                      |                            |        |  
|                          |                                                                                            |  • OB/GYN                            | Performance target:                      |  
|                          |                                                                                            |  • ENT                               | Performance target:                      |  
|                          |                                                                                            |  • See Reference 3 for Performance target: details. | Targets for Behavioral health, Cardiology ENT, OB/GYN are as follows: |  
|                          |                                                                                            |                                                                                      |                                                                                                                                               |  
|                          |                                                                                            |                                                                                      |                                                                                                                                               |  

Reference 1 for Performance target: details.
Reference 2 for Performance target: details.
Reference 3 for Performance target: details.
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<th>UCare³</th>
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</thead>
</table>
| Health Information Technology (HIT) | Measure:  
- HIT implementation  
http://www.health.state.mn.us/healthreform/measurement/adoptedrule.html | Data Source:  
- Self-reported survey  
Providers  
- Primary care  
- Specialty care  
Statewide Standardized Set Yes | Gold: 83%, Silver: 78%  
Statewide Standardized Set Yes | Measure: All practices implementing IT as follows:  
- Electronic disease registry with at least two chronic disease and populated.  
- Electronic disease registry is linked with practice management system to populate chronic diseases.  
- Electronic disease registry electronically populated and electronically updated with lab values.  
- CCHIT certified electronic health record with ability to manage chronic diseases and with e-prescribing.  
- CCHIT certified | | | | | | |
<p>| Hypertension – controlling high blood pressure | Measure: % patients ages 18–85 with a diagnosis of hypertension whose blood pressure was adequately controlled at $&lt;140/90$ mmHg during the measurement year. | Measure: % of members 18 through 85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (less than $140/90$) during the measurement year. | + | + | + | + | + | + | + | + |
| Data Source: Hybrid - Health plan administrative | Data Source: MNCM |</p>
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| Immunizations – combo 3 (New combo 4-10) | e data and medical record review | Providers:  
- Primary care  
- Cardiovascular  
- Statewide Standardized Set  
- Yes | Measure:  
- % of children two years of age who received:  
  4 DTaP  
  4 pneumo  
  3 IPV  
  1MMR  
  2 H influenza type B  
  3 Hep B  
  1 VZV  
  Hep A  
  Rotavirus  
  Influenza  
  Data Source:  
- Hybrid – Health plan administrative data and medical record review | Measure:  
- % of enrolled children who receive all recommended immunizations (DTaP, OPV, MMR, Hib, HBV, VZV, PCV7-pneumococcal conjugate) within prescribed timeframes by 24 months of age. (per HEDIS 2010 technical specifications)  
  Data source:  
- MN Community Measurement | Measure:  
- % of enrolled children who receive all recommended immunizations (DTaP, OPV, MMR, Hib, HBV, VZV, PCV7-pneumococcal conjugate) within prescribed timeframes by 24 months of age. (per HEDIS 2010 technical specifications)  
  Data source:  
- MN Community Measurement | Providers:  
- Adult Primary Care  
- See reference 2 for details.  
- Targets are as follows:  
  Gold: 95%, Silver: 90%  
  Statewide Standardized Set  
  Yes |
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<tr>
<td>• Pediatrics</td>
<td>Statewide Standardized Set</td>
<td>Yes</td>
<td>Performance target:</td>
<td>See Reference 1 for Performance target:</td>
<td>Details</td>
<td>Performance target:</td>
<td>See Reference 2 for Performance target:</td>
<td>Details</td>
<td>Gold: 95%, Silver: 90% In combination with Adult Preventive Services - Combo 2 and Preventive Services Child and Adolescent - Combo 2)</td>
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<td></td>
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<td></td>
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<td>Gold: 95%, Silver: 90%</td>
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<td>Statewide Standardized Set: Yes</td>
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**Knee- Pre-surgical and post-surgical pain/function**

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<th>HealthPartners Adult Primary Care ³ Bonus Pool</th>
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<tr>
<td>Measure</td>
<td># and % of unique knee arthroplasty with both a pre-surgical pain/function assessment AND a 90-day pain/function assessment completed.</td>
<td>Data Source: Self report</td>
<td>Providers: Orthopedics</td>
<td>Performance target: See Reference 3 for Performance target details.</td>
<td>Target s are as follows Gold: Written documentation on received that demonstrate s registry development and use of standardized tool with process AND a longitudinal assessment rate of 75% or greater; Silver: Written</td>
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documentati on received that demonstrate s registry development and use of standardized tool with process AND a longitudinal assessment rate of 25% or greater

Statewide standardized set:
- No
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<td>BSBS UCare</td>
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Measure:
- % of patients that received appropriate acute low back pain care. Patients with an initial office visit for low back pain and not having any of the following in the first 6 weeks; surgical consultation, imaging and injection therapy referral or narcotics prescription.
- Identify and implement plan for overall improvement in optimal care within the first six weeks for acute low back pain patients based on evidence-based guideline care. (ICSI)

Data source:
- Administrative Providers:
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</table>

Optimal Asthma care for 2011: Measure:
- % of patients ages 5-50 with asthma receiving optimal care
- Asthma is well controlled (C-ACT or ACT ≥20, ACQ≤0.75, or ATAQ=0)
- Patient is not at increased risk of exacerbations (# of ED visits w/o hospitalization, # of hospitalizations, # of prednisone or steroid)

- Adult Primary Care Performance target:
  - See reference 2 for details.
  - Targets are as follows: Gold: 25%, Silver: 15%

Statewide Standardized Set
- Yes
<table>
<thead>
<tr>
<th>Minnesota ambulatory care pay for performance programs (compiled April 2010)</th>
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<td><strong>Page 26 of 42</strong></td>
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<tr>
<td>bursts in last 12 mos</td>
<td>• Patient is tobacco free (use and exposure)</td>
<td>• Patient has a current written asthma action/vig plan</td>
<td>• Groups/clinic s Direct Data Submission</td>
<td>• Primary care Med/Peds</td>
<td>• Pediatrics</td>
<td>• Allergy</td>
<td>• Pulmonology</td>
<td>• Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Optimal Depression Care**

| Measure: | • % of adults (>18) in the practice with Dx of Major Depression | • % of adults, in the practice with depression NOS | • % of pts with Dx of major depression who had a PHQ-9 | • % who had | • % of adult patients who have major depression who have reached remission (PHQ-9 score< 5) at six months (+/- 30 days) after being identified as having an initial PHQ-9 score > 9. | • % of members ages 18 and older on December 31st of the measurement year that were diagnosed with a new episode of depression in the measuremen t year and | • % of members ages 18 and older on December 31st of the measurement year that were diagnosed with a new episode of depression in the measurement year and | • % of patients 18 and older newly diagnosed with Major Depressive Disorder, appropriately diagnosed and progress in treatment is optimally monitored for depression | | |

**Data Source:**

- Yes
- Medical
## Minnesota Ambulatory Care Pay for Performance Programs (Compiled April 2010)

### Table: Optimal Diabetes Care (ODC)

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<td>MN Community Direct Data Submission</td>
<td>Top 20% of performance submissions Statewide Standardized Set Yes</td>
</tr>
<tr>
<td>LDL &lt; 100 mg/dL</td>
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<td>BP &lt; 130/80 mm Hg</td>
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<tr>
<td>Daily aspirin use if age 41</td>
<td></td>
<td>Statewide Standardized Set Yes</td>
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<tr>
<td>Measure</td>
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<td>Record chart review with Paper Audit Tools or Electronic Reporting (CD)</td>
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<td>HbA1c &lt; 8%</td>
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<td>Providers: Primary care</td>
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</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>years or older or contraindication to aspirin</td>
<td>Documented tobacco free</td>
<td>years or older or contraindication to aspirin</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Groups/clinic Direct Data Submission</td>
<td></td>
</tr>
<tr>
<td>Providers:</td>
<td>Primary care, Endocrinology</td>
<td></td>
</tr>
<tr>
<td>Statewide Standardized Set</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Performance target:**
- **Absolute Threshold** - 30%
- **Relative improvement over time** - see formula [http://www.health.state.mn.us/healthreporting/measurement/GIPSReport.pdf](http://www.health.state.mn.us/healthreporting/measurement/GIPSReport.pdf)

**Statewide Standardized Set**
- Yes

**Threshold**
- 250 up to twice in 12 months when physicians or APRNs render optimal chronic disease care to their qualifying MHCP recipients with CVD/diabetes

**Statewide Standardized Set**
- Yes

**Performance target:**
- No threshold: 10% pts over prior year’s score

**Statewide Standardized Set**
- Yes

**Performance target:**
- See reference 2 for details.
- Targets are as follows:
  - Gold: 50% (only if use within last year’s score), Silver: 40%

**Statewide Standardized Set**
- Yes

**Performance target:**
- Target goal partial: Improvement over baseline of at least 4 percentage points
- Target Goal Full: Improvement over baseline of at least 6 percentage points, or if<ref>

**Data Source:**
- MNCM Direct Data Submission
- No providers: Primary Care

**Performance target:**
- Target improvement over 2009 program performance: 5% improvement or 25% of attributed Medica members

**Statewide Standardized Set**
- Yes

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary care

**Performance target:**
- Target improvement over baseline of at least 4 percentage points
- Target Goal Full: Improvement over baseline of at least 6 percentage points, or if<ref>

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary Care

**Statewide Standardized Set**
- Yes

**Data Source:**
- Administrative claims data used to identify eye exams, Direct data submission

**Performance target:**
- See Reference 4 for Performance target details.

**Providers:**
- Primary Care

**Statewide Standardized Set**
- Yes

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary care

**Performance target:**
- Target improvement over baseline of at least 4 percentage points
- Target Goal Full: Improvement over baseline of at least 6 percentage points, or if<ref>

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary Care

**Statewide Standardized Set**
- Yes

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary care

**Performance target:**
- Target improvement over baseline of at least 4 percentage points
- Target Goal Full: Improvement over baseline of at least 6 percentage points, or if<ref>

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary Care

**Statewide Standardized Set**
- Yes

**Data Source:**
- MNCM Direct Data Submission
- Yes providers: Primary care

**Performance target:**
- Target improvement over baseline of at least 4 percentage points
- Target Goal Full: Improvement over baseline of at least 6 percentage points, or if<ref>
<table>
<thead>
<tr>
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<th>Performance target:</th>
<th>Performance threshold:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL &lt;100 mg/dL</td>
<td>No threshold: $250 up to twice in 12 months when physicians or APRNs consider optimal chronic disease care to their qualifying MHCP recipients with CVD or diabetes</td>
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<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Submission Providers:</td>
<td>Standardized Set: Current plan • Yes</td>
<td>Statewide Standardized Set: Current plan • Yes</td>
</tr>
<tr>
<td>Oswestry Disability Index</td>
<td>Measure: % of patients (ages 18+) with (any) spinal surgery who have completed the Oswestry Disability Index (ODI) - both pre-surgery and 6 months following surgery. Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)</td>
<td></td>
</tr>
<tr>
<td>Patient experience</td>
<td>Measure: CG-CAHPS Patient experience survey</td>
<td>Measure: The top box rates of members surveyed reflecting patient satisfaction, experience, and outcomes with pediatric primary care and service.</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Patient Survey</td>
<td>Data source: Member survey  Providers: Pediatrics Performance target: See Reference 1 for Performance target: details. Target s are as follows: Gold: Informed about your</td>
</tr>
<tr>
<td>Providers:</td>
<td>All</td>
<td>Providers:</td>
</tr>
<tr>
<td>Preventative services - Adolescent Combo 2</td>
<td>Measure:</td>
<td>Measure:</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<td>----------</td>
</tr>
<tr>
<td>% of enrolled members who were up to date for all appropriate preventive services</td>
<td>% of enrolled members who were up to date for all appropriate preventive services</td>
<td>details:</td>
</tr>
<tr>
<td>Target s are as follows: Gold: Informed about your needs: 77% Talked about pros and cons: 75% Silver: Informed about your needs: 72% Talked about pros and cons: 70%</td>
<td>Target s for cardiology and ENT are as follows: Gold: Informed about your needs: 90% Talked about pros and cons: 90% Silver: Informed about your needs: 85% Talked about pros and cons: 85%</td>
<td>Target s for OB/GYN and Ortho are as follows: Gold: Informed about your needs: 90% Talked about pros and cons: 95% Silver: Informed about your needs: 85% Talked about pros and cons: 85%</td>
</tr>
<tr>
<td>Statewide Standardized Set: No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Providers</td>
<td>Performance target</td>
</tr>
<tr>
<td>---------</td>
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<td>--------------------</td>
</tr>
<tr>
<td>Preventive Services - Adult Primary Care - Combo 2</td>
<td>Pediatric Care, Adult Primary Care</td>
<td>% of enrolled members who were up to date for all</td>
</tr>
<tr>
<td>Bridges to Excellence - Employer program</td>
<td>Pediatrics</td>
<td>Performance target</td>
</tr>
<tr>
<td>HealthPartners Pediatric Care: Bonus Pool</td>
<td>Pediatrics</td>
<td>Performance target</td>
</tr>
<tr>
<td>HealthPartners Adult Primary Care: Bonus Pool</td>
<td>Adult Primary Care</td>
<td>Performance target</td>
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<tr>
<td>HealthPartners Specialty: Bonus Pool</td>
<td>Adult Primary Care</td>
<td>Performance target</td>
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<td>State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)</td>
<td>MHCP fee-for-service (FFS) providers</td>
<td>Performance target</td>
</tr>
</tbody>
</table>

**Data Source:**
- Hybrid (MNCM, administrative claims)
- Administrative claims data
- See Reference 1, 2, 4 for Performance target details.

**Measure:**
- % of enrolled members who were up to date for all
<table>
<thead>
<tr>
<th>MN Community Measurement</th>
<th>State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)</th>
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<th>Bridges to Excellence (Employer program)</th>
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<th>HealthPartners Adult Primary Care: Bonus Pool</th>
<th>HealthPartners Specialty: Bonus Pool</th>
<th>Medica</th>
<th>Medica Public programs (Medica Choice Care and Medica MinnesotaCare)</th>
<th>BCBS</th>
<th>UCare</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Screening - Blood Lead Test (as part of Child and Teen Checkups)</th>
<th>Measure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• % of children 2 years of age who had 1 or more capillary or venous lead blood tests for lead poisoning by the 2nd birthday (Medicaid product line)</td>
</tr>
</tbody>
</table>

Data Source:
- Hybrid (MNCM, administrative claims)

Providers:
- Adult Primary Care

Performance target:
- See Reference 1 for Performance target details.
- Target is as follows: Gold: 95%, Silver: 90%

Statewide Standardized Set
- Yes

Measure:
- % of unique members seen for a well-child visit and also received a blood lead test (billed blood lead test may be done at any time or place in the measurement year).
<p>| Measure: | % women ages 40–69 who have had a mammogram in the measurement year or the year prior. |
| Measure: | Women 50 to 69 years of age who have had one or more mammograms in the measurement year or the year prior. |</p>
<table>
<thead>
<tr>
<th>Screening - Cancer Screening Combined (cervical, breast, colorectal)</th>
<th>Measure</th>
<th>Data Source</th>
<th>Performance target</th>
<th>Statewide Standardized Set</th>
<th>Providers</th>
<th>Data Source</th>
<th>Performance target</th>
<th>Statewide Standardized Set</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of adults ages 51–75 who received all three components appropriate cancer screening services (breast, cervical, colorectal)</td>
<td>Hybrid - Health plan administrative data and medical record review</td>
<td></td>
<td>Yes</td>
<td>Primary care, OBGYN</td>
<td>MNCM</td>
<td></td>
<td>Yes</td>
<td>OBGYN</td>
</tr>
<tr>
<td></td>
<td>% of women in OB/GYN care ages 50-80 who are current for appropriate cancer screening services (cervical, breast, colorectal).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MNCM</td>
<td></td>
<td>Yes</td>
<td>OBGYN</td>
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<tr>
<td>Measure</td>
<td>Standardized Set</td>
<td>Provider Type</td>
<td>Data Source</td>
<td>Performance Target</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% women ages 24–64 who received one or more Pap tests in the measurement year or the two years prior.</td>
<td>Yes</td>
<td>Health plan administrative data</td>
<td>Administrative claims data</td>
<td>See Reference 2 for details. Gold: TBD, Silver: TBD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of women age 24 and older who were screened in accordance with evidence-based standards (One screening pap smear in measurement year or two years prior for women 24-64 and no history of hysterectomy.)</td>
<td>Yes</td>
<td>Administrative data</td>
<td>Administrative data</td>
<td>See Reference 3 for details. Gold: TBD, Silver: TBD</td>
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<td>Administrative data</td>
<td>Administrative data</td>
<td>See Reference 3 for details. Gold: TBD, Silver: TBD</td>
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<td></td>
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<tr>
<td>Women 24-64 years of age who received one or more Pap tests to screen for cervical cancer during 2008, 2009 or 2010.</td>
<td>Yes</td>
<td>Administrative data</td>
<td>Administrative data</td>
<td>See Reference 4 for Performance target details. Statewide Standardized Set</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening – Chlamydia&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Measure:</td>
<td>% women ages 16 – 24 who were identified as sexually active and had at least one test for chlamydia.</td>
<td>Data Source:</td>
<td>Health plan administrative data</td>
<td>Providers:</td>
<td>Primary care, OBGYN</td>
<td>Statewide Standardized Set</td>
<td>Yes</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>Measure:</td>
<td>% of women 15 through 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.</td>
<td>Data Source:</td>
<td>MNCM</td>
<td>Providers:</td>
<td>OB/GYN</td>
<td>Performance target:</td>
<td>See Reference 3 for Performance target details.</td>
<td>Target: as follows Gold: 80%, Silver: 75%</td>
<td>Statewide Standardized Set</td>
</tr>
<tr>
<td>Measure:</td>
<td>% of sexually active female members who have had at least one chlamydia test in the past year.</td>
<td>Data Source:</td>
<td>MNCM</td>
<td>Providers:</td>
<td>OB/GYN</td>
<td>Performance target:</td>
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<tr>
<td>Measure:</td>
<td>% of sexually active women ages 16-24 years who have at least one Chlamydia screen during the measurement year.</td>
<td>Data Source:</td>
<td>Administrative claims data</td>
<td>Providers:</td>
<td>Primary Care</td>
<td>Performance target:</td>
<td>See Reference 4 for Performance target details.</td>
<td>Statewide Standardized Set</td>
<td>Yes</td>
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### Screening Colorectal Cancer

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</tr>
</thead>
<tbody>
<tr>
<td>% adults ages 51-75 who had appropriate screening for colorectal cancer.</td>
</tr>
<tr>
<td>A) Fecal Occult Blood test (FOBT) during the Report Period;</td>
</tr>
<tr>
<td>B) flexible sigmoidoscopy or double contrast barium enema in the past five years;</td>
</tr>
<tr>
<td>C) colonoscopy in the past 10 years, or</td>
</tr>
<tr>
<td>D) a documented refusal in the past year.</td>
</tr>
</tbody>
</table>

**Data Source:**

- Hybrid - Health plan administrative data and medical record review

**Providers:**

- Primary care

- Statewide Standardized Set
- Yes

---

The table below shows the performance targets for different care providers and programs:

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<th>Practice Area</th>
<th>Bonus Pool</th>
</tr>
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<tbody>
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<td>MHCP FFS providers</td>
<td>Bridges to Excellence (Employer program)</td>
<td>HealthPartners Pediatric Care: Bonus Pool</td>
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- **MN Community Measurement** (State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)

- **Bridges to Excellence (Employer program)**

- **HealthPartners Pediatric Care: Bonus Pool**

- **HealthPartners Adult Primary Care: Bonus Pool**

- **HealthPartners Specialty: Bonus Pool**

- **Medica**

- **BCBS**

- **UCare**

- **Members 50-75 years of age who have had one or more screenings for colorectal cancer.**

- **Appropriate screenings are defined by any one of the following criteria:**
  - Fecal occult blood test (FOBT) guaiac or immunochemical during the measurement year.
  - Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
  - Colonoscopy during the measurement year or the nine years prior to the measurement year.

**Data Source:**

- Administrativ e claims data

**Providers:**

- Primary Care

**Performance target:** See Reference 4 for Performance target details.
<table>
<thead>
<tr>
<th>Minnesota ambulatory care pay for performance programs (compiled April 2010)</th>
<th>Page 40 of 42</th>
</tr>
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<tbody>
<tr>
<td><strong>MN Community Measurement</strong></td>
<td><strong>State of MN PIP (State Employee Group Insurance Program and enrollees in state health care programs)</strong></td>
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<td><strong>Yes</strong></td>
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</tbody>
</table>

### Spirometry use in assessment and diagnosis of COPD

**Measure:**
- % of patients 40 years and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis

**Data Source:**
- Health plan administrative data

**Providers:**
- Primary care Med/Peds
- Pediatrics
- Allergy
- Pulmonology
- Statewide

**Standardized Set**
- Yes

### Standardized alcohol abuse screening questionnaire

**Measure:**
- % of patients 18 and older that completed a standardized alcohol abuse screening questionnaire at their last preventive service visit.
<table>
<thead>
<tr>
<th>MN Community Measurement</th>
<th>State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)</th>
<th>MHCP fee-for-service (FFS) providers</th>
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**Use of high risk medications in the elderly**

**Measure:**
- % of Medicare members 65 and older who received at least one high risk medication
- % of Medicare members 65 and older who received at least two different high risk medications

**Data Source:**
- Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)
- Providers
  - Primary care
  - Internal medicine
  - OB/GYN
  - Behavioral health

**Performance target:**
- Target - Top 20% of performance submissions

**Statewide Standardized Set:**
- Yes
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1 Each measure is assigned a percent of bonus pool. When the Gold target is met 100% of the assigned percent of bonus pool is paid out. When Silver target is met 25% of the assigned percent of bonus pool is paid out.

2 The methodology for allocating the percent of bonus pool according to Specialty. When the Gold target is met 100% of the assigned percent of bonus pool is paid out. When Silver target is met 25% of the assigned percent of bonus pool is paid out.

3 Payments will be made for each member up-to-date or provided service as specified below. If the care system performance is above the network 60th percentile for that measure, the system will receive full payment for all members up-to-date or provided service for that measure. If the care system performance achieves the minimum required improvement from the previous year, but is not above the network 60th percentile, the system will receive half payment for all members up-to-date or provided service for that measure. The care system must improve by 10% of the difference between their rate from the previous year and the network 60th percentile rate from the previous year (in absolute percentage points)

4 In 2010 MNCM will report on Specialties (endocrinology and cardiology) clinics that meet the minimum reporting thresholds for preventive measures.

5 Each measure is assigned a percent of bonus pool. When the Gold target is met 100% of the assigned percent of bonus pool is paid out. When Silver target is met 25% of the assigned percent of bonus pool is paid out.

6 Each measure is assigned a percent of bonus pool. When the Gold target is met 100% of the assigned percent of bonus pool is paid out. When Silver target is met 25% of the assigned percent of bonus pool is paid out.

7 The methodology for allocating the percent of bonus pool that is eligible for payout is based on the number of targets met. This methodology will assign a greater weight to measures when the targets are achieved. The methodology for primary care is outlined below along with examples.

8 Each measure is assigned a percent of bonus pool according to Specialty. When the Gold target is met 100% of the assigned percent of bonus pool is paid out. When Silver target is met 25% of the assigned percent of bonus pool is paid out.

9 Payments will be made for each member up-to-date or provided service as specified below. If the care system performance is above the network 60th percentile for that measure, the system will receive full payment for all members up-to-date or provided service for that measure. If the care system performance achieves the minimum required improvement from the previous year, but is not above the network 60th percentile, the system will receive half payment for all members up-to-date or provided service for that measure. The care system must improve by 10% of the difference between their rate from the previous year and the network 60th percentile rate from the previous year (in absolute percentage points)

10 Index visit symptom documentation - % of members who had documentation of 5 or more of the DSM-IV symptoms of Major Affective Disorder on the Index Episode Start Date. Follow-up visit symptom documentation - % of members who had documentation of 3 or more of the DSM-IV symptoms of Major Affective Disorder in a follow-up visit within 3 months of the Index Episode Start Date. Antidepressant Medication Management - % of members who had remained on their antidepressant medication for 6 months (same as HEDIS Description)

11 Measurement requires meeting the following criteria: Comprehensive documentation of DSM-IV-TR criteria for the disorder within one month of initial diagnosis. Standardized depression symptom severity assessment questionnaire is administered at diagnosis. The same standardized depression symptom severity assessment questionnaire is administered to 30 and 90 days of diagnosis.

12 The number of members who received, or were contraindicated for all appropriate preventive services for age/gender specific components and timeframes. (Vision (on or before 5th birthday); Height and Weight recorded on same day (in measurement year); Chlamydia Screening (in measurement year) members who met HEDIS codes for sexually active; Peds Immunization (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 1 VZV, 4 Pneumococcal) (UPTD as of December 31 of measurement year); Peds Immunization (DTaP booster, MMR #2, Polio #4, VZV #2) (UPTD on or before 7th birthday); Tdap or TD (Adolescent) (on or before 13th birthday); Meningococcal Immunization (on or before 13th birthday)

13 Cholesterol, total and HDL (measurement year or four years prior to measurement year), Colon Cancer Screening (colonoscopy - measurement year or nine years prior to measurement year, flex sig - measurement year or four years prior to measurement year or FOBT in measurement year), Breast cancer screening (measurement year or year prior to measurement year), Cervical cancer screening (measurement year or two years prior to measurement year), Chlamydia Screening (in measurement year for sexually active women per HEDIS specifications), Pneumococcal Vaccine (65 yrs and older) (once ever), Blood Pressure (measurement year and year prior to measurement year), Vision Screening 65 yrs and older (measurement year and four years prior to measurement year)

14 In 2010 MNCM will report on Specialties (endocrinology and cardiology) clinics that meet the minimum reporting thresholds for preventive measures.