

## 2011 QUALITY BASED INCENTIVE PROGRAM MEASURE ALIGNMENT

Background: Participation in multiple incentive (pay-for-performance) programs can lead to significant administrative, resource, and financial burdens. Often practices are required to submit data to multiple payers, in varying formats, requiring varying denominators and numerators.

In 2008, a group of community stakeholders collaborated in an effort to reduce the burdens associated with quality measurement and reporting. The stakeholder group agreed that wherever MN Community Measurement clinical quality measures exist, pay-for-performance (P4P) programs measuring these areas should use MN Community Measurement specifications. Minnesota's 2008 Health Care Reform Legislation also encouraged public and private payers to foster a more coordinated approach to measuring, reporting and paying for health care quality and required health plan companies to select measures from a set of standardized measures.

To track progress in measure alignment the Minnesota Medical Association (MMA) was tasked with cataloging all of the measures used in quality incentive programs each year, then assessing the degree to which the measures align with MN Community Measurement specifications and with the measures used across all incentive programs in Minnesota.

### 2011 Summary

- Collectively Minnesota's quality incentive programs utilize 33 measures, representing an increase of three measures over 2010.
- MNCM measures care in 19 clinical areas/domains.
- 13 (39%) of the measures reflect parallel clinical areas/domains of measurement areas of MNCM.
  - Of these 13 measures, 10 are aligned with MNCM specifications across all incentive programs; 3 do not have alignment with MNCM specifications across all incentive programs.
- 20 (61%) of the clinical areas/domains of measurement in Minnesota's P4P programs are not domains measured by MNCM.

### Comparative data from 2008-2011

- Overtime (2008-2011) there has been a 41% decrease in the number of measures used in Minnesota's incentive programs.
  - 2008 - 56 measures
  - 2009 - 48 measures, representing a 14% decrease in the number of measures used in incentive programs from 2008 to 2009.
  - 2010 - 30 measures, representing a 37% decrease from 2009 to 2010.
  - 2011- 33 measures, representing a 10% increase from 2010 to 2011.
- From 2009-2011 alignment of the incentive programs' clinical areas with clinical areas measured by MNCM has increased by 56%.
  - 2009 - 25% (12/48) of the measured clinical areas in P4P were also areas that MNCM measured.
  - 2010 - 50% (15/30) of the measured clinical areas in P4P were also areas that MNCM measured, representing an increase of 100% 2009 to 2010.
  - 2011 - 39% (13/33) of the measured clinical areas in P4P were also areas that MNCM measures and publically reports, representing a decrease of 22% from 2010 to 2011.
- From 2009-2011 incentive programs' measure specifications alignment with MNCM measure specifications has increased by 109%.
  - 2009 - 33% (4/12) of the measures used in P4P had aligned specifications with MNCM specifications.
  - 2010 - 46% (7/15) of the measures used in P4P had aligned specifications with MNCM specifications, representing an increase of 39% from 2009 to 2010.
  - 2011 - 69% (9/13) of the measures used in P4P had aligned specifications with MNCM specifications, representing an increase 50% from 2010 to 2011.
- The number of *independent measures* – or measures not used by MNCM or another incentive program - is unpredictable, but overtime has decreased by 11% (2008-2011)
  - 2008 - 59% (33/56) of measures used in P4P programs were not used in other incentive programs or by MNCM.

- 2009 - 67% (33/48) of measures used in P4P programs were not used in other incentive programs or by MNMCM, representing an increase of 14% from 2008 to 2009
- 2010 - 36% (11/30) of measures used in P4P programs were not used in other incentive programs or by MNMCM, representing a reduction of 46% from 2009 to 2010.
- 2011 - 52% (17/33) of measures used in P4P programs were not used in other incentive programs or by MNMCM, representing an increase of 44% from 2010 to 2011.

Minnesota ambulatory care pay for performance programs (FINAL compiled March 2011)

**Alignment with MN Community Measurement's measures**

	Measures reported by MN Community Measurement AND implemented in one or more incentive program	Of the MNMCM measures implemented in one or more incentive program, measures where there is <u>absolute alignment</u> across <u>100%</u> programs measuring the clinical area	Of the MNMCM measures implemented in one or more incentive programs, measures where there is misalignment across <u>all or some</u> of the programs measuring the clinical area
2011	13 <sup>1</sup>	9 Avoidance of antibiotics in acute bronchitis, information technology, hypertension, optimal asthma care, optimal diabetes care, optimal vascular care, combo 3 immunizations, breast cancer screening, cervical cancer screening	4 Optimal depression care, patient experience, chlamydia, screening, colorectal cancer screening
2010	15	7 Note the 7 are: URI in children, antibiotic use in acute bronchitis, controlling BP, Immunizations, optimal diabetes care, optimal vascular care, cervical cancer screen	8 Note the 8 are: HIT, Optimal Depression Care, patient experience, lead screening, breast cancer screening, cancer screening combined, Chlamydia, colorectal cancer screen
2009	12	4 Note: the 4 are: optimal vascular care, HIT, Immunizations, patient experience	8 Note the 8 are: depression, diabetes, blood lead screen, breast cancer screen, cervical cancer screen, Chlamydia screen, colorectal cancer screen, composite cancer screen
2008	15	7	8

**Alignment where NO MN Community Measurement measure exists**

	NO MN Community Measurement measure exists, but <u>more than one</u> incentive program measures the clinical area	Absolute alignment across <u>100%</u> programs measuring the clinical area	Misalignment across <u>all or some</u> of the programs measuring the clinical area
2011	2 Generics , screening for blood lead levels	2	0
2010	4	4	0
2009	3	1	2
2008	7	2	5

**Independent measures (NO Minnesota Community Measurement measure exists and only one incentive program measures the clinical area)**

2011	17 = Acute Otitis Media (AOM), Advanced care planning, Annual monitoring of ACE & AR, Annual monitoring of persistent medications –diuretics, Arthrodisis lumbar spinal surgery no complications, Attributed total cost of care, Body Mass Index (BMI), Knee arthroplasty Functional measure, Oswestry Disability Index, Preventative services - Adult - Combo 2, Preventive services – child and teen check up, Reduction of Cesarean Section Deliveries (first births), Reduction of Elective Inductions 37 – 39 weeks, Standardized alcohol abuse screening questionnaire, Tobacco cessation MN Clinic Fax Referral Program, Tobacco use – documentation, Use of Imaging Studies for Low Back Pain
2010	11
2009	33
2008	33

<sup>1</sup> Number of MNMCM Measure not included in any P4P programs =6

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

Measure summary

	MN Community Measurement <sup>2</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
Acute Otitis Media (AOM)										x		
Advanced care planning										x		
Annual monitoring of ACE & ARB						x	x					
Annual monitoring of persistent medications -diuretics						x	x					
Appropriate testing for children with Pharyngitis	x											
Appropriate treatment for children with URI	x											
Arthrodisis lumbar spinal surgery no complications										x		
Attributed total cost of care						x						
Avoidance of antibiotics in acute bronchitis	x					x						
Body Mass Index (BMI)										x		
Colonoscopy surveillance and quality	x											
Follow up for children on ADHD meds	x											
Generics				x	x	x	x					
Health Information Technology (HIT) Survey	x									x		
Hypertension – controlling high blood pressure	x					x				x		x
Knee arthroplasty Functional measure							x					
Optimal Asthma Care	x									x		
Depression Care	x		x			x	x			x		
Optimal diabetes care (ODC)	x	x	x	x		x		x	x	x	x	x
Optimal vascular care (OVC)	x	x	x			x	x	x		x	x	x
Oswestry Disability Index										x		
Patient experience	x				x	x	x					
Preventive services - Combo 3 Immunizations – (New combo 4-10)	x				x	x						
Preventative services – combo					x	x						

<sup>2</sup> MN Community Measurement is not a pay for performance program. They are a measure developer and report results publically.

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

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	MN Community Measurement <sup>2</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
2 child and adolescent												
Preventative services - Adult - Combo 2						x						
Preventive services – child and teen check up												x
Reduction of Cesarean Section Deliveries (first births)										x		
Reduction of Elective Inductions 37 – 39 weeks										x		
Screening - Blood Lead Test (as part of Child and Teen Checkups)								x				x
Screening – Breast Cancer <sup>3</sup>	x									x		x
Screening -Cancer Screening Combined (cervical, breast, colorectal).	x											
Screening - Cervical Cancer	x											x
Screening - Chlamydia	x						x	x		x		x
Screening Colorectal Cancer	x									x		x
Standardized alcohol abuse screening questionnaire										x		
Tobacco cessation MN Clinic Fax Referral Program										x		
Tobacco use - documentation										x		
Use of Imaging Studies for Low Back Pain										x		
Use of Spirometry testing in COPD	x											

<sup>3</sup> In 2010 MNMCM will report on Specialties (endocrinology and cardiology) clinics that meet the minimum reporting thresholds for preventive measures.

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

Measure Detail

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
Acute Otitis Media (AOM)										Measure: % patients between the ages of 3 months and 18 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 antibiotic prescribed at the current visit.  Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)  Providers: Pediatrics  Performance target: 88%  Statewide Standardized Set: No		
Advanced care planning										Measure: % eligible patients aged 55 years and older who have documentation		

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Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
										of an advance care plan.  Data source: Self Reported  Eligible practitioners: All		
Annual monitoring of ACE & ARB						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: Targets (In combination with Diuretics) are as follows: Gold: 95%, Silver:	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: Targets for cardiology (In combination with Diuretics) are as follows Gold: 95%, Silver:					

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						90%	90%					
						Statewide Standardized Set: Yes	Statewide Standardized Set: Yes					
Annual monitoring of persistent medications - 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  Performance target: Targets (In combination with ACE/ ARB) are as follows: Gold: 95%, Silver: 90%  Statewide	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: Targets for cardiology (In combination with ACE/ ARB) are as follows: Gold: 95%, Silver: 90%  Statewide					





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	Primary care Pediatrics Convenience Care Urgent Care  Statewide Standardized Set: Yes											
Arthrodisis lumbar spinal surgery no complications										Measure: % patients with Arthrodisis lumbar spinal surgery who do not experience intraoperative or postoperative complications including any of the following: neurologic deficits, dural tears, vascular injuries, wound infections and/or return to surgery.  Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)  Providers: Spinal surgeons  Performance target: 89%  Statewide Standardized Set: No		
Attributed total						Measure:						

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cost of care						<p>Medical group's risk adjusted cost<sup>5</sup> effectiveness combined with quality at managing their primary care attributed population.</p> <p>Data Source: MNCM, HealthPartners Clinical Indicators Report, HealthPartners Primary Care Adult and Child Surveys</p> <p>Providers: Internal Medicine Family Medicine Pediatrics Geriatrics OB/GYN</p> <p>Targets: Gold: 0.95 TCI and either a three or four star quality rating Silver: 1.00 TCI and either a three or four star quality rating</p> <p>Statewide Standardized Set: No</p>						

<sup>5</sup> The total cost of care includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology and other ancillary services.

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

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Avoidance of antibiotics in acute bronchitis	<p>Measure: % adults ages 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</p> <p>Data Source: Health plan administrative data</p> <p>Providers: Primary care Convenience care Urgent care</p> <p>Statewide Standardized Set: Yes</p>					<p>Measure: % of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. (Per MNCM technical specifications)</p> <p>Data Source: MNCM</p> <p>Providers: Adult Primary Care</p> <p>Performance target: Gold: 45%, Silver: 40%</p> <p>Statewide Standardized Set: Yes</p>						
Body Mass Index (BMI)										<p>Measure: Documentation of an annual Body Mass Index (BMI) calculation (BMI value or percentile) for 90% of patients ages 2 and older, at most recent preventive service visit.</p> <p>For patients with elevated BMI or</p>		



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	<p>recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.</p> <p>% of patients aged 18 and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp in previous colonoscopy findings who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report.</p> <p>Data Source: MN CM DDS</p> <p>Providers: Family Practice, Internal Medicine, Surgery, Colon &amp; Rectal Surgery, Gastroenterology (include all physicians who perform colonoscopies)</p>											

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Follow up for children on ADHD meds	<p>% of children ages 6-12 with newly prescribed ADHD medication who have at least one follow-up care visit within 30 days the medication was prescribed (Initiation Phase).</p> <p>% of children ages 6-12 who remained on the medication for at least 210 days, in addition to the visit in the Initiation Phase, had at least two follow-up visits within 9 months after the Initiation Phase ended (Continuation and Maintenance Phase).</p> <p>Data source Administrative data</p> <p>Providers Primary care Pediatrics</p>											
Generics				Measure: % of all generic prescriptions with generic equivalent filled	Measure: % of all generic prescriptions filled during the measurement	Measure: % of all generic prescriptions filled during the measurement	Measure: % of all generic prescriptions filled during the measurement					

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				during the measurement period for those  Data Source: Pharmacy claims data  Providers: XXX  Performance target Improvement over the current percentage  Statewide Standardized Set: Yes	period  Data Source: Administrative claims data  Providers: Pediatrics  Performance target: Gold: 81%, Silver: 78%  Statewide Standardized Set: Yes	period  Data Source: Administrative claims data  Providers: Adult Primary Care  Performance target: Gold: 83%, Silver: 80%  Statewide Standardized Set: Yes	period  Data Source: Administrative claims data  Providers: Cardiology Behavioral health OB/GYN ENT  Performance target: Behavioral health, OB/GYN Gold: 83%, Silver: 80%  Cardiology Gold: 83%, Silver: 78%  ENT Gold: 90%, Silver: 85%  Statewide Standardized Set: Yes					
Health Information Technology (HIT) Survey	Measure: HIT implementation survey <a href="http://www.health.state.mn.us/healthreform/measurement/adoptedrule.html">http://www.health.state.mn.us/healthreform/measurement/adoptedrule.html</a>  Data Source: Self-reported survey  Providers									Measure: Payment is based on the number of Meaningful Use Core Measures achieved  Data Source MNCM  Providers: Primary care Specialty care		



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	Primary care Specialty care  Statewide Standardized Set: Yes									Performance target: 1-3 Meaningful Use Core Measures 4-6 Meaningful Use Core Measures 7-8 Meaningful Use Core Measures 9-10 Meaningful Use Core Measures		
Hypertension – controlling high blood pressure	Measure: % patients ages 18–85 with a diagnosis of hypertension whose blood pressure was adequately controlled at < 140/90 mmHg during the measurement year.  Data Source: Hybrid - Health plan administrative data and medical record review  Providers Primary care Cardiovascular  Statewide Standardized Set: Yes					Measure: % of members 18-85 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: MNCM  Providers: Adult Primary Care  Performance target: Gold: 95%, Silver: 90%  Statewide Standardized Set: Yes				Measure: Percentage of patients ages 18 to 85 with diagnosis of hypertension whose blood pressure was adequately controlled at less than 140/90 mmHg during calendar year  Data source: MNCM  Eligible practitioners: Primary care		Measure: % Medicare Advantage, MSHO, and MSC+ members ages 18–85 with a diagnosis of hypertension whose blood pressure was adequately controlled at < 140/90 mmHg during the measurement year.  Data Source: Direct data submission  Providers Primary care  Statewide Standardized Set: Yes
Knee							Measure:					

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arthroplasty Functional measure							<p>Pre-surgical and post-surgical pain and function using a standardized instrument for patients undergoing knee arthroplasty, including percent of patients that have presurgical and 90-day pain/function scoring done within the measurement year.</p> <p>Data Source: Self report</p> <p>Providers: Orthopedics</p> <p>Performance target:                      Gold: Written documentation received that demonstrates registry development and use of standardized tool with process AND a longitudinal assessment rate of 75% or greater; Silver: Written documentation received that demonstrates</p>					

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							registry development and use of standardized tool with process AND a longitudinal assessment rate of 50% or greater  Statewide standardized set: Yes					
Optimal Asthma Care	<p>Measure: % of pediatric and adult patients ages 5-50 who have asthma.</p> <ul style="list-style-type: none"> <li>Asthma is well controlled</li> <li>Patient is not at increased risk of exacerbation</li> <li>Patient has a current written asthma action/management plan</li> </ul> <p>Data Source: DDS</p> <p>Providers: Family Practice Internal Medicine General Practice,</p>									<p>Measure: % of pediatric patients who have asthma.</p> <ul style="list-style-type: none"> <li>Asthma is well controlled</li> <li>Patient is not at increased risk of exacerbations</li> <li>Patient has a current written asthma action/management plan</li> </ul> <p>Data Source: MNCM</p> <p>Eligible Practitioners: Pediatrics</p> <p>Performance Target: Top 20% of performance</p>		

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	Pediatrics, Allergy/ Immunology, Pulmonology  Statewide Measure Set: Yes									submissions		
Depression Care	<p>Measure:</p> <ul style="list-style-type: none"> <li>• %of pts with Dx of major depression who had a PHQ-9 score less than 5</li> <li>• % remission rate at 6 months</li> <li>• % remission rate at 12 months</li> <li>• Response rate at 6 months</li> <li>• Response rate at 12 months</li> </ul> <p>Data Source: Groups/clinics Direct Data Submission</p> <p>Providers: Primary care Behavioral health</p> <p>Statewide Measure set: Yes</p>		<p>Measure: % of adult patients who have major depression who have reached remission (PHQ-9 score&lt; 5) at six months (+/- 30 days) after being identified as having an initial PHQ-9 score &gt; 9.</p> <p>Data source: MNMCM Direct Data Submission</p> <p>Providers: Primary care Behavioral health</p> <p>Performance target: Absolute Threshold Tier 1: 10% Tier 2: 20% Tier 3: 30%</p> <p>Improvement threshold: 5% pts over prior year's score.</p>			<p>Measure % of members ages 18 and older that were diagnosed with a new episode of depression in the measurement year and treated with antidepressant medication and who are optimally managed.</p> <p>Data source: Hybrid (chart review, administrative claims)</p> <p>Providers: Adult Primary Care</p> <p>Performance target: Gold: 50%, Silver: 45%</p> <p>Statewide Standardized Set: Yes</p>	<p>Measure: % of members ages 18 and older that were diagnosed with a new episode of depression in the measurement year and treated with antidepressant medication and who are optimally managed</p> <p>Data source: Hybrid (chart review, administrative claims)</p> <p>Providers: Behavioral health</p> <p>Performance target: Gold: 67%, Silver: 57%</p> <p>Statewide Standardized Set: Yes</p>			<p>Measure: % patients 18 and older with a primary diagnosis of Major Depressive Disorder or Dysthymia, with an index contact PHQ-9 score greater than 9 AND whose 6 months (+/- 30 days) PHQ-9 score is less than 5.</p> <p>Data Source: MNMCM</p> <p>Providers: Behavioral health</p> <p>Performance target: Top 20% of performance submissions</p> <p>Statewide Standardized Set: Yes</p>		

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
			Statewide Standardized Set: Yes									
Optimal diabetes care (ODC)	<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>LDL &lt;100 mg/dL</li> <li>BP&lt; 140/90 mm Hg</li> <li>Daily aspirin use if co-morbidity of Ischemic Vascular Disease or contraindication to aspirin</li> <li>Documented tobacco free</li> </ul> <p>Data Source: Groups/clinics Direct Data Submission</p> <p>Providers: Primary care, Endocrinology</p> <p>Statewide Standardized Set: Yes</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>LDL &lt;100 mg/dL</li> <li>BP&lt; 140/90 mm Hg</li> <li>Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>Documented tobacco free</li> </ul> <p>Data source: Minnesota Statewide Quality Reporting and Measurement System</p> <p>Performance target: Absolute Threshold = 37% Other tiers TBD</p> <p>Relative improvement overtime formula 92%- previous year's rate x10%+ previous year's rate</p> <p>Statewide Standardized Set: Yes</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>LDL &lt;100 mg/dL</li> <li>BP&lt; 140/90 mm Hg</li> <li>Daily aspirin use for patients with co-morbidity of Ischemic Vascular/Car diovascular Disease, all ages</li> <li>Documented tobacco free</li> </ul> <p>Data source: MNMCM Direct Data Submission</p> <p>Performance target: Absolute Threshold Tier 1: 48% Tier 2: 58% Tier 3: 68%</p> <p>Improvement threshold: 10% pts over prior year's score (based on recalculated rates due to measure spec changes)</p> <p>Statewide Standardized Set: Yes</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>LDL &lt;100 mg/dL</li> <li>BP&lt; 140/90 mm Hg</li> <li>Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>Documented tobacco free</li> </ul> <p>Data Source: Groups/clinics Direct Data Submission</p> <p>Providers: Primary care, Endocrinology</p> <p>Statewide Standardized Set: Yes</p>		<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8</li> <li>LDL &lt; 100</li> <li>BP &lt; 140/90</li> <li>Documented tobacco free</li> <li>Daily aspirin use for patients with Ischemic Vascular/Car diovascular Disease</li> </ul> <p>Data source: MNMCM Direct Data Submission</p> <p>Providers: Adult Primary Care</p> <p>Performance target: Gold: 60%, Silver: 50%</p> <p>Statewide Standardized Set: Yes</p>		<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>BP&lt; 140/90 mmHg</li> <li>LDL-C &lt; 100 mg/dl</li> <li>Daily aspirin use (41-75 years of age)</li> <li>Documented as tobacco-free in medical record</li> </ul> <p>Data source: MNMCM Direct Data Submission</p> <p>Providers: Endocrinology, Family Practice, General Practice, Geriatric Medicine, Internal Medicine, Med/Peds, MD, Physician Assistant, Nurse Practitioner</p> <p>Performance target: Target goal partial Improvement over baseline of at least 4 percentage</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>BP&lt; 140/90 mmHg</li> <li>LDL-C &lt; 100 mg/dl</li> <li>Daily aspirin use (41-75 years of age)</li> <li>Documented as tobacco-free in medical record</li> </ul> <p>Data source: MNMCM Direct Data Submission</p> <p>Provider: Participating providers eligible for MNMCM and a minimum of 20 Medica MHCP members with diabetes</p> <p>Performance target: Target improvement over 2009 program performance – 5% improvement or 25% of attributed Medica members</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>% 18 and 75 YO patients meeting all of the following components:</li> <li>HbA1c &lt; 8%</li> <li>LDL &lt;100 mg/dL</li> <li>BP&lt; 140/90 mm Hg</li> <li>Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>Documented tobacco free</li> </ul> <p>Data source: MNMCM Direct Data Submission</p> <p>Providers: Family Practice and Internal Medicine</p> <p>Performance target: 37%</p> <p>Statewide Standardized Set: Yes</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>HbA1c &lt; 8%</li> <li>LDL &lt;100 mg/dL</li> <li>BP&lt; 140/90 mm Hg</li> <li>Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>Documented tobacco free</li> </ul> <p>Data source: MNMCM Direct Data Submission</p> <p>Performance target: No 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</p> <p>Statewide Standardized Set: Yes</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>Members on MN Health Care Programs Medicare Advantage, MSHO, and MSC+ 18-75 years</li> <li>Eye exam (retinal) performed</li> <li>In control payment for: &lt;100mg/dL</li> <li>HbA1c &lt;8%</li> <li>Blood Pressure &lt;140/90 mm Hg</li> <li>Aspirin therapy</li> <li>Smoking cessation</li> </ul> <p>Measured separately: Reduction in % of patients with poor HbA1c control (HbA1c &gt;9%)</p> <p>Data Source: Administrative claims data used to identify eye exams. Direct data submission</p> <p>Performance target: Full</p>

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
								points  Target Goal-Full Improvement over baseline of at least 6 percentage points; <u>or</u> if at 90th percentile of MNCM aggregate  Statewide Standardized Set: Yes	Statewide Standardized Set: Yes			payment above 60 <sup>th</sup> percentile half payment for 20% improvement  Providers: Primary Care  Statewide Standardized Set: Yes
Optimal vascular care (OVC)	<p>Measure: % patients ages 18–75 who have vascular disease and have reached all of the following four treatment goals:</p> <ul style="list-style-type: none"> <li>• Blood Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• LDL-C &lt; 100 mg/dl</li> <li>• Daily aspirin use, all ages</li> <li>• Documented tobacco-free status</li> </ul> <p>Data Source: Groups/clinics Direct Data</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>• LDL &lt;100 mg/dL</li> <li>• Blood Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>• Documented tobacco free</li> </ul> <p>Data source: Minnesota Statewide Quality Reporting and Measurement System</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>• LDL &lt;100 mg/dL</li> <li>• Blood Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• Daily aspirin use, all ages</li> <li>• Documented tobacco free</li> </ul> <p>Data Source: MNCM Direct Data Submission</p> <p>Performance target: Absolute</p>			<p>Measure:</p> <ul style="list-style-type: none"> <li>• LDL &lt; 100</li> <li>• BP &lt;140/90 for patients with IVD and diabetes and &lt;130/80 for all other IVD patients</li> <li>• Daily aspirin use if age 41 years or older or contraindication Documented status as tobacco free</li> </ul> <p>Data Source: MNCM Direct Data Submission</p> <p>Providers: Adult Primary Care</p> <p>Performance target: Gold: 60%, Silver:</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>• LDL &lt;100 mg/dL</li> <li>• BP &lt;140/90 for patients with IVD and diabetes and &lt;130/80 for all other IVD patients</li> <li>• Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>• Documented tobacco free</li> </ul> <p>Data Source: MNCM Direct Data Submission</p> <p>Providers: Cardiology</p> <p>Performance target: Gold: 60% Silver: 55%</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>• LDL &lt;100 mg/dL</li> <li>• Blood Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>• Documented tobacco free</li> </ul> <p>Data Source: MNCM Direct Data Submission</p> <p>Providers: Cardiologist managing care</p>		<p>Measure:</p> <p>% 18 and 75 YO patients meeting all of the following components:</p> <ul style="list-style-type: none"> <li>• Blood Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• LDL-C &lt; 100 mg/dl</li> <li>• Daily aspirin use, all ages</li> <li>• Documented tobacco-free status</li> </ul> <p>Data Source: MNCM Direct Data Submission</p> <p>Providers:</p>	<p>Measure:</p> <ul style="list-style-type: none"> <li>• LDL &lt;100 mg/dL</li> <li>• Blood Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• Daily aspirin use if age 41 years or older or contraindication to aspirin</li> <li>• Documented tobacco free</li> </ul> <p>Data source: MNCM Direct Data Submission</p> <p>Performance target: No threshold:</p>	<p>Measure:</p> <p>Members on MN Health Care Programs Medicare Advantage, MSHO, and MSC+ 18-75 years of age</p> <ul style="list-style-type: none"> <li>• LDL-C &lt;100mg/dL</li> <li>• Pressure &lt; 140/90 for patients with IVD and Diabetes</li> <li>• Blood Pressure &lt; 130/80 for all other patients with IVD</li> <li>• Aspirin therapy</li> <li>• Smoking cessation discussion</li> </ul> <p>Data Source: Direct data submission</p>

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
	<p>Submission</p> <p>Providers: Primary care Cardiology</p> <p>Statewide Standardized Set: Yes</p>	<p>Performance target: Absolute Threshold = 46%</p> <p>Relative improvement overtime formula 100%- previous year's rate x10%+ previous year's rate</p> <p>Statewide Standardized Set: Yes</p>	<p>Threshold Tier 1: 55% Tier 2: 65% Tier 3: 75%</p> <p>Improvement threshold: 10% pts over prior year's score (based on recalculated rates due to measure spec changes)</p> <p>Statewide Standardized Set: Yes</p>			<p>55%</p> <p>Statewide Standardized Set: Yes</p>	<p>Statewide Standardized Set: Yes</p>	<p>(not device check only) Family Practice General Practice Geriatric Medicine Internal Medicine Med/Peds.</p> <p>Performance target: Target goal partial Improvement over baseline of at least 4 percentage points</p> <p>Target Goal-Full Improvement over baseline of at least 6 percentage points; <u>or</u> if at 90th percentile of MNCM aggregate</p> <p>Statewide Standardized Set: Yes</p>		<p>Family practice, Internal Medicine Cardiology</p> <p>Performance target: Primary care = 45%</p> <p>Cardiology = 45%</p> <p>Statewide Standardized Set: Yes</p>	<p>\$250 up to twice in 12 months when physicians or APRNs ender optimal chronic disease care to their qualifying MHCP recipients with CVD/diabetes</p> <p>Statewide Standardized Set: Yes</p>	<p>Providers: Primary Care</p> <p>Performance target: Full payment above 60<sup>th</sup> percentile half payment for 20% improvement</p> <p>Statewide Standardized Set: Yes</p>
Oswestry Disability Index										<p>Measure: % of patients ages 18+ with (any) spinal surgery who have completed the Oswestry Disability Index both presurgery and 6 months following surgery.</p>		

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
										Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)  Providers: Spinal surgeons  Performance target: Top 20% of performance submissions  Statewide Standardized Set: No		
Patient experience	Measure: CG-CAHPS Patient experience survey  Data Source: Patient Survey  Providers: All adult providers  Statewide Standardized Set: Yes				Measure: Home grown survey - The top box rates of patients surveyed during the measurement period, reflecting patient satisfaction, experience, and outcomes with pediatric care and service.  Data source: Member survey  Providers: Pediatrics  Performance target: Target s are as follows: Gold: Informed about	Measure: Home grown survey - The top box rates of patients surveyed during the measurement period, reflecting patient satisfaction, experience, and outcomes with adult primary care and service  Data source: Member survey  Providers: Adult Primary Care  Performance target: Gold: Informed about your	Measure: Home grown survey - The top box rates of patients surveyed during the measurement period, reflecting patient satisfaction, experience, and outcomes with adult primary care and service  Data source: Member survey  Providers: Cardiology ENT OB/GYN Ortho  Performance target:					



Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
					your needs: 77%, Silver: Informed about your needs: 72%  Statewide Standardized Set: Yes	needs: 77% Silver: Informed about your needs: 72%  Statewide Standardized Set: Yes	OB/GYN = Gold: Informed about your needs: 95% Silver: Informed about your needs: 90% Cardiology = Gold: Informed about your needs: 87% Silver: Informed about your needs: 92% Ortho, ENT = Gold: Informed about your needs: 90% Silver: Informed about your needs: 85%  Statewide Standardized Set: Yes					
Preventive services - Combo 3 Immunizations – (New combo 4-10)	Measure: % of children two years of age who received: 4 DTaP/ DT, 4 pneumo, 3 IPV, 1MMR, 3 H influenza type B, 3 Hep B, 1 VZV. Combination 3.  Data Source: Hybrid - Health plan administrative data, Minnesota Immunization Registry, and medical record review				Measure: % of children who receive all recommended immunizations (DTaP, OPV, MMR, Hib, HBV, VZV, PCV7-pneumococcal conjugate) within prescribed timeframes by 24 months of age.  Data source: MN Community Measurement  Providers:	Measure: % of children who receive all recommended immunizations (DTaP, OPV, MMR, Hib, HBV, VZV, PCV7-pneumococcal conjugate) within prescribed timeframes by 24 months of age.  Data source: MN Community Measurement  Providers: Adult Primary						

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
	Providers: Primary care Pediatrics  Statewide Standardized Set: Yes				Pediatrics  Performance target: Gold: 95%, Silver: 90% In combination with Combo 2 measure.  Statewide Standardized Set: Yes	Care  Performance target: Gold: 95%, Silver: 90% In combination with Adult Preventive Services - Combo 2 and Preventive Services Child and Adolescent - Combo 2)  Statewide Standardized Set: Yes						
Preventative services – combo 2 child and adolescent					Measure: % patients 18 and under who received all appropriate preventive services for age/gender specific components and timeframes <ul style="list-style-type: none"> <li>• Vision</li> <li>• Height and Weight recorded</li> <li>• Chlamydia Screening members who meet HEDIS codes for sexually active</li> <li>• Peds Imm Combo (4 DTaP, 3</li> </ul>	Measure: % patients 18 and under who received all appropriate preventive services for age/gender specific components and timeframes (in combination with combo 3): <ul style="list-style-type: none"> <li>• Vision</li> <li>• Height and Weight recorded</li> <li>• Chlamydia Screening members who meet HEDIS codes for sexually active</li> <li>• Peds Imm</li> </ul>						

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
					<p>Polio, 1 MMR, 3 HiB, 1 VZV, 4 Pneumococcal</p> <ul style="list-style-type: none"> <li>• Peds Imm Combo (DTaP booster, MMR #2, Polio #4, VZV #2) (UTD on or before 7th birthday)</li> <li>• Tdap or TD (Adolescent) (on or before 13th birthday)</li> <li>• Meningococcal Immunization (on or before 13th birthday)</li> <li>• HPV (series of 3) (by 12/31 of measurement year)</li> </ul> <p>Data source: Hybrid (MNCM, administrative claims, chart review)</p> <p>Providers: Pediatrics</p> <p>Performance target: Gold:</p>	<p>Combo (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 1 VZV, 4 Pneumococcal</p> <ul style="list-style-type: none"> <li>• Peds Imm Combo (DTaP booster, MMR #2, Polio #4, VZV #2) (UTD on or before 7th birthday)</li> <li>• Tdap or TD (Adolescent) (on or before 13th birthday)</li> <li>• Meningococcal Immunization (on or before 13th birthday)</li> <li>• HPV (series of 3) (by 12/31 of measurement year)</li> </ul> <p>Data source: Hybrid (MNCM, administrative claims, chart review)</p> <p>Providers: Pediatrics</p>						

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
					85%, Silver: 80% In combination with Childhood Immunizations, combo 3  Statewide Standardized Set: Yes	Performance target: Gold: 85%, Silver: 80% In combination with Childhood Immunizations, combo 3 and Adult Preventive Services - Combo 2  Statewide Standardized Set: Yes						
Preventative services - Adult - Combo 2						Measure: % of enrolled members 19 and older up to date for all appropriate preventive services for age/gender specific components and timeframes  <ul style="list-style-type: none"> <li>• Cholesterol , total and HDL</li> <li>• Colon Cancer Screening</li> <li>• Breast cancer screening</li> <li>• Cervical cancer screening</li> <li>• Chlamydia Screening</li> <li>• Pneumococcal Vaccine</li> <li>• Blood</li> </ul>						

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
						<ul style="list-style-type: none"> <li>• Pressure Vision Screening 65 yrs and older</li> </ul> <p>Data Source: Hybrid (MNCM, administrative claims, chart review)</p> <p>Providers: Adult Primary Care</p> <p>Performance target: Gold: 95%, Silver: 90% In combination with Preventive Services – Child and Adolescent - Combo 2 and MNCM Childhood Immunizations - Combo 3)</p> <p>Statewide Standardized Set: Yes</p>						

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
Preventive services – child and teen check up												Measure: Members on MN Health Care Programs 0-20 years who had required number of complete C&TCs during the measurement year  Data Source: Administrative claims data  Providers: Primary Care  Performance target: Full payment above 60 <sup>th</sup> percentile half payment for 20% improvement  Statewide Standardized Set: Yes
Reduction of Cesarean Section Deliveries (first births)										Measure: Percentage of cesarean deliveries for first births  Data source: MNCM  Eligible practitioners: Family practice, OB/GYN and perinatologist practitioners		

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
Reduction of Elective Inductions 37 – 39 weeks										Measure: Percentage of electively induced deliveries between 37 – 39 weeks gestational age  Data Source: MNCM  Eligible Practitioners: Family practice, OB/GYN and perinatologist practitioners		
Screening - Blood Lead Test (as part of Child and Teen Checkups)									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 to count)  Data Source: MNCM  Provider Participating providers eligible for MNCM and a minimum of 10 Medica MHCP members appropriate for a well-child visit  Performance		Measure: Members on MN Health Care Programs ages 9-30 months who received one or more capillary or venous blood lead tests during the measurement year  Data Source: Administrative claims data  Providers: Primary Care  Performance target: Full payment above 60 <sup>th</sup> percentile half payment for 20% improvement	

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
									target: Target improvement over 2009 program performance – 10% improvement <u>or</u> 90% of attributed Medica members  Statewide Standardized Set: Yes			Statewide Standardized Set: Yes
Screening – Breast Cancer <sup>6</sup>	Measure: % women ages 52-69 who have had a mammogram to screen for breast cancer in the measurement year or the year prior.  Data Source: Health plan administrative data  Providers: Primary care OBGYN  Statewide Standardized Set: Yes									Measure: Percentage of women ages 52-69 who received a mammogram within the measurement year or the year prior  Data source: Administrative data/Chart abstraction  Eligible practitioners: PCP/OBGYN		Measure: Women on MN Health Care Programs, Medicare Advantage, MSHO, and MSC+ members 52 - 69 years of age (with a 2-year look back period) who have had one or more mammograms in the measurement year or the year prior.  Data Source Administrative claims data  Providers: Primary Care  Performance

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



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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
												target: Full payment above 60 <sup>th</sup> percentile half payment for 20% improvement  Statewide Standardized Set: Yes
Screening - Cancer Screening Combined (cervical, breast, colorectal).	Measure: % adults ages 51–75 who received all three components appropriate cancer screening services (breast, cervical, colorectal)  Data Source: Hybrid - Health plan administrative data and medical record review  Providers: Primary care OBGYN  Statewide Standardized Set: Yes											
Screening - Cervical Cancer	Measure: % women ages 24– 64 who received one or more Pap tests in the measurement year or the two											Measure: Women on MN Health Care Programs 24-64 years of age who received one or more Pap tests to screen

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
	<p>years prior.</p> <p>Data Source: Health plan administrative data</p> <p>Providers: Primary care OBGYN</p> <p>Statewide Standardized Set: Yes</p>											<p>for cervical cancer during 2008, 2009 or 2010.</p> <p>Data Source Administrative claims data</p> <p>Providers: Primary Care</p> <p>Performance target: Full payment above 60<sup>th</sup> percentile half payment for 20% improvement</p> <p>Statewide Standardized Set: Yes</p>
Screening - Chlamydia	<p>Measure: % women ages 16 – 24 who were identified as sexually active and had at least one test for chlamydia.</p> <p>Data Source: Health plan administrative data</p> <p>Providers: Primary care OBGYN</p> <p>Statewide Standardized Set: Yes</p>						<p>Measure: % 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.</p> <p>Data Source: MNCM</p> <p>Providers: OB/GYN</p> <p>Performance target: Gold: 75%, Silver:</p>	<p>Measure: % of sexually active female members who have had at least one chlamydia test in the past year</p> <p>Data source: MNCM - Medical Record Review</p> <p>Providers Participating providers eligible for MNCM and a minimum of 45 Medica MHCP members</p> <p>Performance target:</p>		<p>Measure: % sexually active women ages 16-24 years of age who had at least one test for Chlamydia.</p> <p>Data source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)</p> <p>Providers OB/GYN</p> <p>Performance target: 67%</p>	<p>Measure % women on MN Health Care Programs that are sexually active 16-24 years of age who have had at least one Chlamydia screen</p> <p>Data Source pharmacy and administrative claims data</p> <p>Providers: Primary Care</p> <p>Performance target: Full payment above</p>	

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
							70% Statewide Standardized Set: Yes	Target improvement over 2009 program performance – 10% improvement <u>or</u> 90% of attributed Medica members  Statewide Standardized Set: Yes		Statewide Standardized Set Yes		60 <sup>th</sup> percentile half payment for 20% improvement  Statewide Standardized Set: Yes
Screening Colorectal Cancer	Measures: % adults ages 51-75 who had appropriate screening for colorectal cancer. <ul style="list-style-type: none"> <li>• Fecal Occult Blood test (FOBT);</li> <li>• Flexible sigmoidoscopy or double contrast barium enema in the past five years;</li> <li>• Colonoscopy in the past 10 years, or</li> <li>• Documented refusal in the past year.</li> </ul> Data Source: DDS  Providers: Family Medicine Internal									Measure: The percentage of adults ages 50-75 who had appropriate screening for colorectal cancer  Data source: MNCM  Eligible practitioners: Family practice, internal medicine and OB/GYN		Measure Members on MN Health Care Programs Medicare Advantage, MSHO, and MSC+ 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: <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) guaiac or immunochemical during the measurement year.</li> <li>• Flexible sigmoidoscopy during the measurement year or the four</li> </ul>

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	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
	Medicine Geriatric Medicine Obstetrics/Gynecology  Statewide Standardized Set: Yes											years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year.  Data Source Administrative claims data  Providers: Primary Care  Performance target: Full payment above 60 <sup>th</sup> percentile half payment for 20% improvement  Statewide Standardized Set: Yes
Standardized alcohol abuse screening questionnaire										Measure % patients 18 and older that completed a standardized alcohol abuse screening questionnaire during diagnostic evaluation; and  If screening is positive documentation of brief intervention to		

Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
										reduce use of alcohol or abstain..  Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)  Providers Behavioral health  Performance target: 82% Statewide Standardized Set: Yes		
Tobacco cessation MN Clinic Fax Referral Program										Measure: Documentation of successful enrollment to any of Minnesota's telephone – based tobacco use cessation counseling programs through the MN Clinic Fax Referral Program  Data Source: Medical Record chart review with Paper Audit Tools or Electronic Reporting (CD)  Enrollment		



Minnesota ambulatory care pay for performance programs (2011 report year; 2010 dates of service)

	MN Community Measurement <sup>4</sup>	State of MN P4P (State Employee Group Insurance Program and enrollees in state health care programs)	Bridges to Excellence (Employer program)	Preferred One	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	MHCP fee-for-service (FFS) providers	UCare
	and older, with a new diagnosis of COPD, who received spirometry testing to confirm the diagnosis within a reasonable period of time.  Data Source: Health plan administrative data  Providers: Primary care											

