

**Quality and Outcomes Framework (QOF) for
Medical Services Initiative (MSI) PCP Medical Homes**

Summary of QOF Measures

Administrative Measures	Frequency	Weight
1. Total unduplicated enrollment throughout the year.		18% (\$45,000)
Clinical Measures		
1. Chronic Conditions (Recommended Tests) <ul style="list-style-type: none"> a. Diabetes (Hba1c, LDL-C) b. Cholesterol Management for patients with cardiovascular conditions (LDL-C) c. Use of Appropriate Medications for People with Asthma (not used for current year because pharmaceutical data not available) 	<ul style="list-style-type: none"> a. Hba1c & LDL-C: at least once in current fiscal year b. LDL-C at least once in current fiscal year c. At least one prescription for the current fiscal year of an approved asthma medication 	34% (\$85,000)
2. Primary & Preventive Care <ul style="list-style-type: none"> a. Cervical Cancer Screening b. Mammogram c. Prostate Cancer Screening d. Flu Shots 	<ul style="list-style-type: none"> a. At least once during the current fiscal year for women 24-64 b. At least once during the current fiscal year for women 21-64 c. At least once during the current fiscal year for men 50 and older d. At least once during the current fiscal year for adults 50 and over 	34% (\$85,000)
3. MSI Connect adoption and usage	<ul style="list-style-type: none"> a. Monthly ER completed and attempted referrals b. Looking up patient's clinical data 	14% (\$35,000)

Medical Services Initiative (MSI) QOF Methodology

Clinical quality measures, unless otherwise noted, were adopted from the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)—the most widely used set of performance measures in the managed care industry.¹ These measures, with the exception of the criteria for asthma (derived from the 2008 manual) were published in the Integrated Healthcare Association's (IHA) California Pay for Performance Program (P4P) Measurement Year 2009 Manual (updated November 17, 2009) and used as the basis for this evaluation.²

General Criteria

Providers who discontinue their service to MSI members prior to the disbursement of QOF payments will not receive QOF payments.

Time Period. Claims data were evaluated only for dates of service during the MSI 2008 – 2009 Fiscal Year. The fiscal year began September 1, 2008, and ended on August 31, 2009.

Continuous Enrollment. Members were captured only if they were assigned for 120 days or more to a particular Medical Home. Continuous enrollment was defined as being greater than or equal to 120 days, with allowable gaps of 30 days. Enrollment periods were combined when gaps were less than or equal to 30 days. The NCQA defines continuous enrollment for most measures as the current fiscal year and the previous year, with allowable gaps in coverage less than or equal to 45 days. MSI had to adjust this criterion in order to be consistent with the scope of benefits offered at the time of evaluation.

Anchor Dates. Members had to be within the specified age range for the measure by August 31, 2009. The NCQA anchor date is December 31. NCQA also requires that members be enrolled as of this anchor date in order to be included in calculations. For MSI calculations this criterion was not used to be consistent with the MSI fiscal year. Instead, members only needed to have been continuously enrolled (defined as 120 days or more with no gaps greater than 30 days) at some point within the current fiscal year.

Administrative Measures

1. The total unduplicated enrollment throughout the year.

Clinical Measures

1. Average number of visits to that provider by their assigned population.

¹ <http://www.ncqa.org/tabid/675/Default.aspx>.

² <http://www.iha.org/>.

2. Chronic Conditions

- a. *Diabetes* – The proportion of eligible diabetic patients assigned to the Medical Home who received at least one Hba1c test plus the proportion of patients that received at least one LDL-C test. Patients were identified as eligible if they had *either* one of the following diagnosis codes since September 1, 2006:

Description	ICD-9-CM Diagnosis
Diabetes	250, 357.2, 362.0, 366.41, 648.0

Or had been dispensed one of the following insulin or oral hypoglycemics/anti-hyperglycemics since May 18, 2007:

Description	Prescription
Alpha-glucosidase inhibitors	<ul style="list-style-type: none"> • acarbose • miglitol
Amylin analogs	<ul style="list-style-type: none"> • pramlintide
Antidiabetic combinations	<ul style="list-style-type: none"> • glimepiride-pioglitazone • glimepiride-rosiglitazone • glipizide-metformin • metformin-pioglitazone • metformin-rosiglitazone • metformin-sitagliptin
Insulin	<ul style="list-style-type: none"> • insulin aspart • insulin aspart-insulin aspart protamine • insulin detemir • insulin glargine • insulin glulisine • insulin inhalation • insulin isophane beef-pork • insulin isophane human • insulin isophane pork • insulin isophane-insulin regular • insulin lispro • insulin lispro-insulin lispro protamine • insulin regular beef-pork • insulin regular pork • insulin zinc beef-pork • insulin zinc extended human • insulin zinc human • insulin zinc pork
Meglitinides	<ul style="list-style-type: none"> • nateglinide • repaglinide
Miscellaneous antidiabetic agents	<ul style="list-style-type: none"> • exenatide • pramlintide • sitagliptin
Sulfonylureas	<ul style="list-style-type: none"> • acetohexamide • chlorpropamide • glimepiride • glipizide • glyburide • tolazamide • tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> • pioglitazone • rosiglitazone • troglitazone

One Hba1c test during the program year was the minimum criterion. The following codes were used to identify this test:

CPT	CPT Category II
83036, 83037	3044F, 3045F, 3046F, 3047F

One LDL-C test during the program year was the minimum criterion. The following codes were used to identify this test:

CPT	CPT Category II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

- b. *Cholesterol management for patients with cardiovascular conditions* – The proportion of eligible members assigned to the Medical Home who received at least one LDL-C test. Both events and diagnoses were used to identify eligible members. Events were defined by the following codes for acute myocardial infarctions (AMI), coronary artery bypass graft (CABG), and percutaneous transluminal coronary angioplasty (PTCA):

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
AMI (inpatient only)			410.x1	
CABG (inpatient only)	33510-33514, 33516-33519, 33521-33523, 33533-33536	S2205-S2209		36.1, 36.2
PTCA	33140, 92980, 92982, 92995			00.66, 36.06, 36.07, 36.09

Diagnoses were defined by the following codes for ischemic vascular disease (IVD):

Description	ICD-9-CM Diagnosis
IVD	411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4, 444, 445

The minimum criterion was for an LDL-C test to have been performed during the current fiscal year. LDL-C tests were identified by the following codes:

CPT	CPT Category II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

- c. *Use of Appropriate Medications for People with Asthma* –The criterion for this measure is one prescription for an approved asthma treatment medication within the current year. For 2009, the approved medications were as follows:

Description	Prescriptions		
Antiasthmatic combinations	• dyphylline-guaifenesin	• guaifenesin-theophylline	• potassium iodide-theophylline
Inhaled steroid combinations	• budesonide-formoterol	• fluticasone-salmeterol	
Inhaled corticosteroids	• beclomethasone • budesonide	• flunisolide • fluticasone CFC free	• mometasone • triamcinolone
Leukotriene modifiers	• montelukast	• zafirlukast	• zileuton
Long-acting, inhaled beta-2 agonists	• aformoterol	• formoterol	• salmeterol
Mast cell stabilizers	• cromolyn	• nedocromil	
Methylxanthines	• aminophylline • dyphylline	• oxtriphylline • theophylline	
Short-acting, inhaled beta-2 agonists	• albuterol • bitolterol	• levalbuterol • pirbuterol	

Asthma patients were identified as individuals who met at least one of the following criteria:

- At least one ED visit with asthma as the principal diagnosis
- At least one acute inpatient discharge, with asthma as the principal diagnosis
- At least four outpatient visits, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events
- At least four asthma medication dispensing events

The following diagnosis for asthma was used:

Description	ICD-9-CM Diagnosis
Asthma	493

3. Primary and Preventive Care

- a. *Prostate Cancer Screening* – The American Cancer Society and the American Urological Society recommend that physicians *offer* the option of prostate cancer screening to men 50 years or older.³ This screening includes the prostate specific antigen (PSA) test, or the digital rectal exam (DRE). This measure was calculated as the proportion of men 50 years or older assigned to a Medical Home who received at least one PSA or DRE during the current year.

CPT	HCPCS
84152-84154	G0102-G0103

- b. *Flu Shot* – HEDIS® reports flu vaccinations should be given annually to adults 50 years and older.⁴ This measure was calculated as the proportion of eligible members assigned to a

³ [American Cancer Society. Cancer Facts and Figures 2008. Atlanta, Ga: American Cancer Society; 2008.](#)

⁴ http://www.ncqa.org/Portals/0/HEDISQM/HEDIS2008/2008_Measures.pdf.

Medical Home who received at least one flu shot during the current year. The following codes were used to identify flu shots.

CPT	HCPCS	ICD-9-CM Diagnosis
90471-90474, 90656, 90658, 90660	G0008	V04.81, V06.6, V06.8

Calculation of QOF Payments

The following values were calculated:

1. The total proportion of members assigned to a Medical Home out of all members assigned to all Medical Homes.
2. The total proportion of the average number of visits to a Medical Home out of the total of all average numbers of visits to all Medical Homes.
3. The total proportion of services for chronic conditions (proportion of Hba1c tests and LDL-C tests for diabetics, plus the proportion of LDL-C tests for patients with cardiovascular conditions, plus the proportion of asthma medications dispensed for individuals with asthma) out of the total of all proportions of services by all Medical Homes.
4. The total proportion of services for primary and preventive care (proportion of eligible members assigned to Medical Homes receiving prostate cancer screening, and flu shots) out of the total of all proportions of services by all Medical Homes.

1. The total proportion of days providers were registered with Community Connect out of the total of all days providers were registered with Community Connect.

All of these proportions were then multiplied by the total pool of funds for each area to give the QOF payment for each Medical Home.