Ohio Comprehensive Primary Care

2021 CPC Efficiency Metrics Overview

January 20th, 2021
## 2021 CPC Efficiency Metric Requirements

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rationale</th>
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</table>
| **Ambulatory Care-sensitive Inpatient Admits Per 1,000** | • Strong correlation with total cost of care for large practices  
• Metric that PCPs have stronger ability to influence, compared to all IP admissions |
| **HEDIS MY 2020 Ambulatory Care** * | • Limited range of year over year variability for smaller panel sizes  
• Aligned with change in providers’ behavior that the program wants to incentivize |
| **HEDIS MY 2020 Mental Health Utilization (Inpatient) ** * | • Reinforces desired provider practice patterns, with focus on the behavioral health population  
• Relevant for a significant number of smaller practices  
• Stronger correlation to total cost of care than other BH-related metrics |

### Preferred Drug List Adherence Ratio

• Assist providers in developing cost-effective prescribing patterns

### Episodes-Related Metric

Note: Episodes-Related Metric will continue to appear on reports, however as of the Q2 2021 reports, all values will reflect ‘0’.

*Adjusted, Unaudited HEDIS Rate

Source: ODM working group conversations and stakeholder input.
**Ambulatory care-sensitive inpatient admits/1,000**

**Description**
Prevention Quality Indicators (PQI) overall composite per 1,000 member months, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

**Numerator**
Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs:
- PQI #1 Diabetes Short-Term Complications Admission Rate
- PQI #3 Diabetes Long-Term Complications Admission Rate
- PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #7 Hypertension Admission Rate
- PQI #8 Heart Failure Admission Rate
- PQI #10 Dehydration Admission Rate
- PQI #11 Bacterial Pneumonia Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate
- PQI #13 Angina Without Procedure Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #16 Lower-Extremity Amputation among Patients with Diabetes Admission Rate

Discharges that meet the inclusion and exclusion rules for the numerator in more than one of the above PQIs are counted only once in the composite numerator.

**Denominator**
Population ages 18 years and older.
<table>
<thead>
<tr>
<th>Description</th>
<th>Member Months</th>
<th>Events and Calculation</th>
<th>Exclusions</th>
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</table>
| This measure summarizes utilization of ambulatory care in the ED visit category | Report all member months for the measurement year | ▪ Count each visit to an ED that does not result in an inpatient encounter once, regardless of the intensity or duration of the visit  
▪ Count multiple ED visits on the same date of service as one visit  
▪ Report ED visits as a rate per 1,000 member months | Claims and encounters that indicate the encounter was for mental health or chemical dependency, defined as meeting any of the following criteria  
▪ A principal diagnosis of mental health or chemical dependency  
▪ Psychiatry  
▪ Electroconvulsive therapy. |
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| This measure summarizes utilization of mental health services in the inpatient setting | Report all member months for the measurement year | ▪ Count all acute and non-acute inpatient discharges from either a hospital or a treatment facility with a mental health principal diagnosis  
▪ Report BH-related IP admits as a rate per 1,000 member months | None |

1 Derived from the HEDIS mental health utilization metric; inpatient subset only; rate per thousand rather than percentage of members
## Preferred Drug List* Adherence Ratio

<table>
<thead>
<tr>
<th>Description</th>
<th>Threshold definition</th>
<th>UPDL Drug Category</th>
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<tbody>
<tr>
<td>The ratio of members with UPDL prescriptions with a &quot;preferred&quot; NDC to members with one or more (i.e. &quot;preferred&quot; or &quot;non-preferred&quot; NDC) UPDL prescriptions during the measurement year (MY), for the identified UPDL drug categories.</td>
<td>Pass/Fail determination- The CPC practice must meet or exceed the minimum adherence standard for at least 2 of the 4 UPDL categories in order to achieve a ‘Passing’ rate for the Preferred Drug List Adherence metric. The Preferred Drug List Adherence efficiency metric is ‘Reporting Only’ for CY 2021.</td>
<td>CPC Adherence UPDL Category:</td>
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<td>Numerator: The number of unduplicated members with one or more prescriptions with a &quot;preferred&quot; NDC on the UPDL, during the measurement year, by Category.</td>
<td>The Preferred Drug List Adherence efficiency metric is ‘Reporting Only’ for CY 2021. Adherence ratios will be reported for each category and a ‘Met’ or ‘Not Met’ determination will be made based on evaluation against the standard. A ‘Pass’ or ‘Did Not Pass’ determination will be made for the metric for CY 2021, however the metric will not be used to determine PMPM or shared savings payments.</td>
<td>· Antidiabetics, Insulin, Lantus only</td>
</tr>
<tr>
<td>Denominator: The number of unduplicated members with one or more prescriptions (i.e. &quot;preferred&quot; or &quot;non-preferred&quot; NDC) on the UPDL, during the measurement year, by Category.</td>
<td></td>
<td>· Antidiabetics, DPPIV Inhibitors</td>
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<tr>
<td></td>
<td></td>
<td>· Asthma</td>
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<td>· COPD</td>
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*Unified PDL (UPDL) is a list available online that specifies which prescription drugs are covered by Fee-for-Service (FFS) and the Medicaid Managed Care Plans (MCPs). Coverage is specified by therapeutic category and drug status (no prior authorization [PA] required, step therapy required, clinical PA required, and prior authorization required). The current list can be viewed at: https://pharmacy.medicaid.ohio.gov/drug-coverage