

## Appendix 2 to Attachment 7: Measurement Specifications

QHP Issuers shall use the following metrics to establish baseline measurements for Attachment 7 requirements and demonstrate improvement on each of these measurements over time. These metrics were reported in the 2017 Application for Certification or in subsequent data requests and must be reported according to the table below. Additionally, QHP Issuers must report these metrics as necessary upon Covered California's request. Covered California and QHP Issuers shall work collaboratively during the term of this Agreement to enhance these specifications to further define the requirements.

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
1	3.01	Self-Reported Racial or Ethnic Identity	Report members self-identifying racial and ethnic group through the enrollment application, web site registration, health assessment, reported at provider site, etc.	Covered California members enrolled during the applicable Plan Year who self-identified a racial or ethnic group.	Total Covered California membership for the applicable Plan Year. Exclude members actively selecting an option to decline self-report (e.g. "decline to state" or "prefer not to say").	Administrative Data (enrollment)	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Applications for Certification - QIS	<ul style="list-style-type: none"> <li>California SB 853: The Health Care Language Assistance Act</li> </ul>
2	3.01	Racial or Ethnic Identity	Report racial and ethnic identity based on self-report or proxy methodology (i.e. zip code or surname analysis, or both)	Covered California members enrolled during the applicable Plan Year with racial and ethnic group identified	Total Covered California membership for the applicable Plan Year	Administrative Data (enrollment)	Semi-annual / ad hoc	January 1 – December 31 of applicable measurement year	2017 Application for Certification, potential inclusion in future Applications	<ul style="list-style-type: none"> <li>California SB 853: The Health Care Language Assistance Act</li> </ul>
3	3.01	Diabetes Care: HbA1c Control < 8.0% (NQF 0575)	Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native, not Hispanic or Latino</li> <li>Asian, not Hispanic or Latino</li> <li>Black or African American, not Hispanic or Latino</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or Other Pacific Islander, not Hispanic or Latino</li> <li>White, not Hispanic or Latino</li> </ul> </li> </ul>	HEDIS numerator administrative specifications for HbA1c Control <8.0%	HEDIS eligible population specifications for Comprehensive Diabetes Care (NQF 0731)	Administrative and clinical data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>NCQA</li> <li>Medi-Cal External Accountability Set</li> <li>IHA P4P</li> <li>Quality Rating System</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul>							
4	3.01	CBP – Controlling High Blood Pressure (NQF 0018)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul>	HEDIS numerator specifications for Controlling High Blood Pressure	HEDIS eligible population specifications for Controlling High Blood Pressure	Clinical data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• NCQA</li> <li>• Medi-Cal External Accountability Set</li> <li>• IHA P4P</li> <li>• Quality Rating System</li> </ul>
5	3.01	AMR - Asthma Medication Ratio Ages 5-85 (NQF 1800)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or Other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul>	HEDIS numerator specifications for Asthma Medication Ratio	HEDIS eligible population specifications for Asthma Medication Ratio	Administrative data	Annually	January 1 – December 31 of applicable measurement year and prior measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• NCQA</li> <li>• IHA P4P</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
6	3.01	Antidepressant Medication Management (NQF 0105)	Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native, not Hispanic or Latino</li> <li>Asian, not Hispanic or Latino</li> <li>Black or African American, not Hispanic or Latino</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or Other Pacific Islander, not Hispanic or Latino</li> <li>White, not Hispanic or Latino</li> <li>Some Other Race, not Hispanic or Latino</li> <li>Two or More Races, not Hispanic or Latino</li> <li>Unknown Race, not Hispanic or Latino</li> <li>Declined, not Hispanic or Latino</li> </ul> </li> </ul>	HEDIS numerator specifications for Antidepressant Medication Management	HEDIS eligible population specifications for Antidepressant Medication Management	Pharmacy data	Annually	May 1 of prior measurement year – April 30 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>NCQA</li> <li>IHA P4P</li> </ul>
7	3.01	Depression Response at Twelve Months-Progress Towards Remission (NQF 1885)	Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories: <ul style="list-style-type: none"> <li>Gender</li> <li>Racial or ethnic group: <ul style="list-style-type: none"> <li>American Indian or Alaska Native, not Hispanic or Latino</li> <li>Asian, not Hispanic or Latino</li> <li>Black or African American, not Hispanic or Latino</li> <li>Hispanic or Latino</li> <li>Native Hawaiian or Other Pacific Islander, not Hispanic or Latino</li> <li>White, not Hispanic or Latino</li> <li>Some Other Race, not Hispanic or Latino</li> <li>Two or More Races, not Hispanic or Latino</li> <li>Unknown Race, not Hispanic or Latino</li> <li>Declined, not Hispanic or Latino</li> </ul> </li> </ul>	MN Community Measurement specifications for numerator	MN Community Measurement specifications for denominator	Clinical data	Annually	January 1 – December 31 of applicable measurement year	Deferred until further notice	<ul style="list-style-type: none"> <li>CMS Consensus Core Set: ACO and PCMH Primary Care Measures</li> </ul>
8	3.01	Diabetes Hospitalization Measure	Combine the following AHRQ PQI measures for the Diabetes Hospitalization Measure: <ul style="list-style-type: none"> <li>PQI #1 – Diabetes Short-Term Complications Admissions Rate</li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Deferred until further notice	

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>• PQI #3 – Diabetes Long-Term Complications Admissions Rate</li> <li>• PQI #14 - Uncontrolled Diabetes Admission Rate</li> <li>• PQI #16 – Lower-Extremity Amputation among Patients with Diabetes Rate</li> </ul> <p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>							
9	3.01	Admissions for Diabetes Short-term Complications among Members with Diabetes, based on PQI #1 – Diabetes Short-Term Complications Admissions Rate (NQF 0272)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian not Hispanic or Latino</li> <li>▪ Black or African American not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• Medicaid 2016 Adult Core Set</li> <li>• NQF Population Health Measures</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>							
10	3.01	Admissions for Diabetes Long-Term Complications among Members with Diabetes, based on PQI #3 – Diabetes Long-Term Complications Admissions Rate (NQF 0274)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• NQF Population Health Measures</li> </ul>
11	3.01	Admissions for Uncontrolled Diabetes among Members with Diabetes, based on PQI #14 – Uncontrolled Diabetes Admission Rate (NQF 0638)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• NQF Population Health Measures</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>							
12	3.01	Admissions for Lower-Extremity Amputation among Members with Diabetes, based on PQI #16 - Lower-Extremity Amputation among Patients with Diabetes Rate (NQF 0285)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• NQF Population Health Measures</li> </ul>
13	3.01	Hypertension Hospitalization Measure	<p>Combine the following AHRQ PQI measures for the Hypertension Hospitalization Measure:</p> <ul style="list-style-type: none"> <li>• PQI #7 – Hypertension Admission Rate</li> <li>• PQI #8 – Heart Failure Admission Rate</li> <li>• PQI #13 – Angina Without Procedure Admission Rate</li> </ul> <p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Deferred until further notice	

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>							
14	3.01	Admissions for Hypertension among Members with Hypertension, based on PQI #7 - Hypertension Admission Rate	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native</li> <li>▪ Asian</li> <li>▪ Black or African American</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander</li> <li>▪ White, not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	
15	3.01	Admissions for Heart Failure among Members with Hypertension, based on PQI #8 – Heart Failure Admission Rate (NQF 0277)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• Medicaid 2016 Adult Core Set</li> <li>• Accountable Care Organization Quality Measures (Shared Savings Program)</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			Refer to Covered California Metric Specifications for technical details.							
16	3.01	Asthma Hospitalization Measure	<p>Combine the following AHRQ PQI measures for the Asthma Hospitalization Measure:</p> <ul style="list-style-type: none"> <li>• PQI #5 COPD or Asthma in Older Adults Admission Rate</li> <li>• PQI #11: Bacterial Pneumonia Admission Rate</li> <li>• PQI #15: Asthma in Younger Adults Admission Rate</li> </ul> <p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Deferred until further notice	
17	3.01	Admissions for Asthma among Older Adults with Asthma, based on PQI #5 - COPD or Asthma in Older Adults Admission Rate (NQF 0275)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• Medicaid 2016 Adult Core Set</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>							
18	3.01	Admissions for Bacterial Pneumonia among Members with Asthma, based on PQI #11 - Bacterial Pneumonia Admission Rate (NQF 0279)	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> </li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	
19	3.01	Admissions for Asthma among Children and Younger Adults with Asthma, based on PQI #15 - Asthma in Younger Adults Admission Rate	<p>Report one rate for all lines of business excluding Medicare (Commercial, Marketplace, Medicaid) for the following categories:</p> <ul style="list-style-type: none"> <li>• Gender</li> <li>• Racial or ethnic group: <ul style="list-style-type: none"> <li>▪ American Indian or Alaska Native, not Hispanic or Latino</li> <li>▪ Asian, not Hispanic or Latino</li> <li>▪ Black or African American, not Hispanic or Latino</li> <li>▪ Hispanic or Latino</li> <li>▪ Native Hawaiian or other Pacific Islander, not Hispanic or Latino</li> <li>▪ White, not Hispanic or Latino</li> <li>▪ Some Other Race, not Hispanic or Latino</li> </ul> </li> </ul>	Refer to Covered California Metric Specifications	Refer to Covered California Metric Specifications	Administrative data	Annually	January 1 – December 31 of applicable measurement year	Submit reporting template via Extranet	<ul style="list-style-type: none"> <li>• Medicaid 2016 Adult Core Set</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			<ul style="list-style-type: none"> <li>▪ Two or More Races, not Hispanic or Latino</li> <li>▪ Unknown Race, not Hispanic or Latino</li> <li>▪ Declined, not Hispanic or Latino</li> </ul> <p>Refer to Covered California Metric Specifications for technical details.</p>							
20	4.01	Primary Care Physician Selection	Report members by product in the health plan's Covered California business with a personal care physician (PCP)	Number of Covered California members enrolled during the applicable Plan Year who have selected or were assigned to a PCP	Total Covered California membership enrolled during the applicable Plan Year	Administrative data	Quarterly	January 1 – December 31 (quarterly reporting periods to be defined upon request by Covered California)	2017, 2018, and 2019 Application for Certification - QIS / quarterly reports as requested	
21	4.02	Primary Care Payment Strategies	Report the type of payment strategies used for primary care services and the number and percentage of providers paid under each strategy. Identify which strategies align with reforms to incent providers to adopt accessible, data-driven, team-based care with accountability for improving triple aim metrics	Number of providers paid under each payment strategy	Total primary care providers in network	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2018 and 2019 Application for Certification - QIS	
22	4.03	Membership Attributed to IHMs	Report the number and percentage of California members in each product who are managed under an IHM	Number of California members enrolled during the applicable Plan Year managed under an IHM	Total California membership enrolled during the applicable Plan Year	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
23	4.03	Membership Attributed to IHMs	Report the number and percentage of Covered California members in each product who are managed under an IHM	Number of Covered California members enrolled during the applicable Plan Year managed under an IHM	Total Covered California membership enrolled during the applicable Plan Year	Administrative / financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
24	5.03	Hospitals reporting to CMQCC	Report hospital participation in CMQCC	Number of network hospitals reporting to CMQCC	Total number of hospitals providing maternity services in network	Network data/CMQCC participant list	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	• CalSIM
25	5.03	Hospitals meeting	Report hospital network performance for meeting CalSIM NTSV C-Section goal	Number of hospitals meeting CalSIM goal of	Total number of hospitals providing	Network data/clinical data	Annually	January 1 – December 31 of applicable	Not to be reported to Covered	• CalSIM

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
		CalSIM goal for C-sections		NTSV C-Section rate at or below 23.9 percent	maternity services in network	submitted to CMQCC		measurement year	California. Contractor to use data for network analysis and contracting.	<ul style="list-style-type: none"> <li>Healthy People 2020 NTSV target of 23.9%</li> </ul>
26	5.03	NTSV C-Section rate for each network hospital	For the plan's network of hospitals providing maternity services, report each hospital name, location, product network (HMO, PPO, EPO), and NTSV C-Section rate	Total number of NTSV C-Section deliveries	Total number of NTSV deliveries	Network data/clinical data submitted to CMQCC	Annually	January 1 – December 31 of applicable measurement year	Not to be reported to Covered California. Contractor to use data for network analysis and contracting	<ul style="list-style-type: none"> <li>CalSIM</li> <li>Healthy People 2020 NTSV target of 23.9%</li> </ul>
27	5.01	Payment strategies for maternity services	Report number of hospitals paid under each type of payment strategy for maternity services and the denominator (total number of network hospitals)	Number of hospitals paid under payment strategy or each payment strategy	Total number of network hospitals providing maternity services	Network data/financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
28	5.02	Opioid Adverse Events (Patients Treated with Naloxone)	Report rate for each network hospital:  Opioid-related ADE caused by medical error and/or adverse drug reactions  Rate Calculation: (Numerator / Denominator) x 100  Target-setting approach: six months historical data for baseline; 25th percentile figure from PfP Campaign (e.g., based on AHA/HRET Hospital Engagement Network data)	Number of inpatients treated with an opioid who received naloxone	Number of inpatients who received an opioid (top 5-10 prescribed)	Clinical data (medical record review, incident reporting systems, pharmacy reporting system) reported to CMS; HQI proposed	Annually	January 1 – December 31 of applicable measurement year	Deferred until further notice	<ul style="list-style-type: none"> <li>CMS Hospital Improvement Innovation Networks (HIINs)</li> </ul>
29	5.02	CAUTI SIR for all hospitals	Report SIR for each network hospital excluding small-denominator hospitals::	Number of observed inpatient healthcare-	Number of predicted inpatient healthcare-associated CAUTIs	CMS Hospital Quality Compare <sup>1</sup>	Annually	January 1 – December 31 of applicable	Not to be reported to Covered	<ul style="list-style-type: none"> <li>CMS Hospital Engagement Networks (HENS)</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
			CAUTI Standardized Infection Ration (SIR) – All Tracked Units – Relative performance  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline	associated CAUTIs for all tracked units	for all tracked units (determined by NHSN)			measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	California. Contractor to use data for network analysis and contracting	
30	5.02	CLABSI SIR	Report SIR for each network hospital:  CLABSI SIR – All Tracked Units  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed inpatient CLABSIs for all tracked units	Number of expected inpatient CLABSIs for all tracked units (determined by NHSN)	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	Not to be reported to Covered California. Contractor to use data for network analysis and contracting	<ul style="list-style-type: none"> <li>• CMS Hospital Engagement Networks (HENS)</li> <li>• CDPH – HAI Annual Report</li> </ul>
31	5.02	<i>Clostridium difficile</i> SIR	Report SIR for each network hospital:  Lab-Identified C. Difficile SIR  Rate Calculation: Numerator / Denominator  Target Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed inpatient hospital-onset C. difficile lab identified events for all tracked units	Number of expected inpatient hospital-onset cases of C. difficile for all tracked units	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	Not to be reported to Covered California. Contractor to use data for network analysis and contracting	<ul style="list-style-type: none"> <li>• CMS Hospital Engagement Networks (HENS)</li> <li>• CDPH – HAI Annual Report</li> </ul>

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
32	5.02	SSI-Colon SIR	Report SIR for each network hospital:  Colon Surgery SSI SIR  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed SSIs for colon surgeries (based on NHSN definition)	Number of predicted SSIs for colon surgeries (determined by NHSN definition)	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	Not to be reported to Covered California. Contractor to use data for network analysis and contracting	<ul style="list-style-type: none"> <li>• CMS Hospital Engagement Networks (HENS)</li> <li>• CDPH – HAI Annual Report</li> </ul>
33	5.02	MRSA BSI SIR	Report SIR for each network hospital:  MRSA BSI SIR  Rate Calculation: Numerator / Denominator  Target-Setting Approach: Twelve months historical data for baseline (various possible data sources: NHSN, 2013 CHART, 2014 CDPH)	Number of observed MRSA BSI cases	Number of predicted MRSA BSI cases	NHSN, CDPH, or Partnership for Patients data reported to CMS	Annually	January 1 – December 31 of applicable measurement year. For hospitals with predicted infections of less than 0.2, report the combined, 2-year SIR for the measurement year and the previous year.	Not to be reported to Covered California. Contractor to use data for network analysis and contracting	<ul style="list-style-type: none"> <li>• CMS Hospital Engagement Networks (HENS)</li> <li>• CDPH – HAI Annual Report</li> </ul>
34	5.01	Hospital Reimbursement at Risk for Quality Performance	Report the percentage of hospital performance at risk for quality performance (metrics may include but are not limited to HACs, readmissions, patient satisfaction, etc.)	Hospital payment dollars tied to quality performance	Total hospital payment dollars	Financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	
35	5.01	Hospitals with Reimbursement at Risk for Quality Performance	Report the number and percentage of hospitals with reimbursement at risk for quality performance (metrics may include but are not limited to HACs, readmission, patient satisfaction, etc.)	Hospitals with payment tied to quality performance	Total number of network hospitals	Network data/financial data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification - QIS	

Metric No.	2017 Contract Section	Measure Name	Description	Numerator	Denominator	Data Source	Reporting Frequency	Measurement Period	Reporting Method	Alignment with Federal/State Programs, Laws, and/or other quality organizations
36	6.01	Members Using Wellness Benefit	Report the number and percentage of members who have a preventive care visit (\$0 member cost share)	Members incurring at least one preventive care visit/service	Total membership across all lines of membership excluding Medicare	Claim/ encounter data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification	
37	6.01	Members identified as obese who are participating in a weight management program	Report the number of obese members who are participating in weight management programs	Number of California members identified as obese who are participating in weight management program	California members identified as obese	Claims/ encounter data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification	
38	6.01	Members identified as tobacco dependent who are participating in a smoking cessation program	Report the number of tobacco-dependent members who are participating in smoking cessation programs	California members identified as tobacco dependent participating in smoking cessation program	California members identified as tobacco dependent	Claims/ encounter data	Annually	January 1 – December 31 of applicable measurement year	2017, 2018, and 2019 Application for Certification	