

EXHIBIT A
Quality and Outcomes Framework for Medical Services Initiative (MSI)
Medical Homes

<i>Administrative Measures</i>	<i>Frequency</i>	<i>PCP Weight</i>	<i>Clinic Weight</i>
1. Total unduplicated assigned membership	a. Measured at the end of the year	14%	6%
2. MSI Connect adoption and usage	a. Monthly ER completed and attempted referrals b. Looking up patient's clinical data	18%	12%
3. Application Incentives (Clinics only)	a. Tracked monthly and totaled at end of FY	N/A	14%
<i>Clinical Measures</i>			
1. Chronic Conditions (Recommended Tests) a. Diabetes (Hba1c, LDL-C) b. Cholesterol Management for patients with cardiovascular conditions (LDL-C) c. Use of Appropriate Medications for People with Asthma	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%	34%
2. Primary & Preventive Care a. Cervical Cancer Screening* b. Mammogram* c. Prostate Cancer Screening d. Flu Shots	a. At least once during the current fiscal year for women 24-64 b. At least once during the current fiscal year for women 42-64 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%	34% *Excluded measures

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 30, 2010) 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 2009 – 2010 Fiscal Year. The fiscal year began September 1, 2009, and ended on October 31, 2010.

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 only one allowable gap 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 October 31, 2010. 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.

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

² <http://www.iha.org/>.

Clinical Measures

1. Chronic Conditions

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 using claims data:

If they had *two* face-to-face encounters on different dates of service in an outpatient setting or nonacute inpatient setting or *one* face-to-face encounter in an acute inpatient or ED setting with a diagnosis of diabetes since September 1, 2006:

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

Or if had been dispensed one of the following insulin or oral hypoglycemics/anti-hyperglycemics during current or prior 2 program years:

Description	Prescription
Alpha-glucosidase inhibitors	• acarbose • miglitol
Amylin analogs	• pramlintide
Antidiabetic combinations	• glimepiride-pioglitazone • glyburide-metformin • metformin-rosiglitazone • glimepiride-rosiglitazone • metformin-pioglitazone • metformin-sitagliptin • glipizide-metformin
Insulin	• insulin aspart • insulin lispro • insulin aspart-insulin aspart protamine • insulin lispro-insulin lispro protamine • insulin detemir • insulin regular beef-pork • insulin glargine • insulin regular human • insulin glulisine • insulin regular pork • insulin inhalation • insulin zinc beef-pork • insulin isophane beef-pork • insulin zinc extended human • insulin isophane human • insulin zinc human • insulin isophane pork • insulin zinc pork • insulin isophane-insulin regular
Meglitinides	• nateglinide • repaglinide
Miscellaneous antidiabetic agents	• exenatide • sitagliptin
Sulfonylureas	• acetohexamide • glimepiride • glyburide • tolbutamide • chlorpropamide • glipizide • tolazamide
Thiazolidinediones	• pioglitazone • rosiglitazone

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

CPT	CPT Category II	LOINC
83036, 83037	3044F, 3045F, 3046F	4548-4, 4549-2, 17856-6

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	LOINC
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F	2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2

a. 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. Members were identified as part of the eligible population if they were discharged during the measurement year for acute myocardial infarctions (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions(PCI):

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
PCI	92980, 92982, 92995	G0290		00.66, 36.06, 36.07

Members were also identified as part of the eligible population if they had at least one outpatient visit, or at least one acute visit with any IVD (ischemic vascular disease) diagnosis:

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

b. Use of Appropriate Medications for People with Asthma –The criterion for this measure is one prescription for a preferred asthma treatment medication within the current year.

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 medications were used (identified by the NDC as listed on the NCQA website <http://www.ncqa.org/tabid/1090/Default.aspx>) to identify asthma medication dispensing events.

Type	Description	Prescriptions		
Controller	Antiasthmatic combinations	• dyphylline-guaifenesin	• guaifenesin-theophylline	• potassium iodide-theophylline
	Antibody inhibitor	• omalizumab		
	Inhaled steroid combinations	• budesonide-formoterol	• fluticasone-salmeterol	
	Inhaled corticosteroids	• beclomethasone • budesonide	• ciclesonide • 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	
Reliever	Short-acting, inhaled beta-2 agonists	• albuterol • levalbuterol	• metaproterenol • pirbuterol	

The following diagnosis for asthma was used:

Description	ICD-9-CM Diagnosis
Asthma	493

The following medications were identified by NDC code as preferred medications:

Description	Prescriptions		
Antiasthmatic combinations	• dyphylline-guaifenesin	• guaifenesin-theophylline	• potassium iodide-theophylline
Antibody inhibitor	• omalizumab		
Inhaled steroid combinations	• budesonide-formoterol	• fluticasone-salmeterol	
Inhaled corticosteroids	• beclomethasone • flunisolide	• fluticasone CFC free • mometasone	• triamcinolone
Leukotriene modifiers	• montelukast	• zafirlukast	• zileuton
Mast cell stabilizers	• cromolyn	• nedocromil	
Methylxanthines	• aminophylline • dyphylline	• oxtriphylline • theophylline	

The following codes were used to identify members who were excluded from the analysis:

Description	ICD-9-CM Diagnosis
Emphysema	492, 506.4, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
Cystic fibrosis	277.0
Acute respiratory failure	518.81

1.Primary and Preventive Care

a. *Cervical Cancer Screening* – The criterion for this measure is at least one Pap test in the measurement year for Women 21 to 64 years of age that have not had a hysterectomy.

Hysterectomies were identified from claims data going back to September 1, 2006. The following codes were used to identify hysterectomies.

Description	CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Hysterectomy	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	618.5, V67.01, V76.47, V88.01, V88.03	68.4-68.8

The following codes were used to identify cervical cancer screening:

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	LOINC
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	V72.32, V76.2	91.46	0923	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

The following codes were used to identify exclusions to the denominator:

Description	ICD-9-CM Diagnosis
Dysplasia of cervix	622.1
Nonspecific abnormal Pap test	795.0, 795.1
Cervical cancer	180, 233.1, V10.41
Diethylstilbestrol (DES) exposure	760.76
HIV	042, V08, 079.53
HPV	079.4, 795.05, 795.15

b. *Breast Cancer Screening* – The percentage of women who had at least one mammogram in the measurement year.

The following codes were used to identify breast cancer screening:

CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
77055-77057	G0202, G0204, G0206	V76.11, V76.12	87.36, 87.37	0401, 0403

The following codes were used to identify women who had a bilateral mastectomy or two unilateral mastectomies.

Description	CPT	ICD-9-CM Procedure
Bilateral mastectomy	19180, 19200, 19220, 19240, 19303-19307 <i>WITH</i> Modifier .50 or modifier code 09950*	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy (members must have 2 separate occurrences on 2 different dates of service)	19180, 19200, 19220, 19240, 19303-19307	85.41, 85.43, 85.45, 85.47

c. 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

d. 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 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, 90662	G0008	V04.81, V06.6, V06.8

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.