

**Medica 2009 Pay for Performance programs –
Eligibility and measurement methodology**

Choice Care Quality Improvement (CCQI) program

CCQI: Area of Focus	% of incentive*	2009 Program Measure (2009 DOS)	Method	Age	Baseline Measure
Blood Lead Test (as part of Child and Teen Checkups)	40%	Percent 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)	Report based on claims	9 to 30 months of age	Percent of unique members seen for a well-child visit and also received a blood lead test in 2008 (DOS 2008)
Optimally Managed Diabetes Care	30%	Percent of members with diabetes (Type I and Type II) who meet criteria as optimally managed: <ul style="list-style-type: none"> ▪ HbA1c less than 8%** ▪ Blood pressure less than 130/80 mmHg ▪ LDL-C less than 100 mg/dl ▪ Daily aspirin use (41-75 years of age) ▪ Documented as tobacco-free in medical record 	MN Community Measurement Results ¹ Health plan: claims and medical record review -- random sample <i>OR</i> Direct data submission: must have both baseline and comparison year	18 to 75 years of age	Percent of members with diabetes who met criteria as optimally managed in 2008 (2008 DOS)
Chlamydia Screening ²	30%	Percent of sexually active female members who have had at least one chlamydia test in the past year	Medical Record Review	13 to 25 years of age	Percent of sexually active female members who had at least one chlamydia test in 2008 (2008 DOS)
<p>* % of Incentive: Percentage of incentive dollars potentially available for this measure. ** This measure recently changed to amend the HbA1c goal to < 8% for 2009 (from 7% in prior years). This Medica measure is aligned with MN Community Measurement and therefore is subject to change accordingly. ¹ Consult www.mnhealthcare.org for related MN Community Measurement medical group attribution information. ² Consult www.icsi.org for related guideline information.</p>					

Products: Medica Choice CareSM and Medica MinnesotaCare.

Program Goals for each measure: A proportional 10% increase over baseline score or maintain a score of 90% or above. *Example of proportional 10% increase: If a clinic/group had a baseline score of 80%, a score of 82% is needed to meet the goal. (100-80 = 20 and 10% of 20 = 2. 80 + 2 = 82%)

Program Eligibility: Medica’s Choice Care Quality Improvement program supports health improvement goals specifically for Medica Choice Care and Medica MinnesotaCare members, enrolled in Minnesota Health Care Programs (MHCP). Clinic groups that serve the majority of Medica’s MHCP members are eligible for this program. Program payout each year is determined by *two factors*: providers’ clinical results *and* the financial performance of Medica’s MHCP products. The CCQI program is specific to primary care and includes the following: family practice, internal medicine, Ob/Gyn and pediatrics. The measures included for each group are dependent on their patient population.