

**From:** DMHC Licensing eFiling  
**Subject:** APL 19-006 (OPM) - Clinical Quality Improvement  
**Date:** Friday, February 15, 2019 2:06:23 PM  
**Attachments:** APL 19-006 (OPM) - Clinical Quality Improvement.pdf

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Dear Health Plan Representative,

Please see attached All Plan Letter Questionnaire regarding Clinical Quality Improvement. The Department requests each plan send their responses via the eFiling portal under Exhibit J-0 on or before **March 8, 2019**.

Thank you.



Govin Newsom, Governor  
State of California  
Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
980 9<sup>th</sup> Street, Suite 500  
Sacramento, CA 95814  
Phone: 916-324-8176 | Fax: 916-255-5241  
[www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

## ALL PLAN LETTER

**DATE:** February 15, 2019  
**TO:** Licensed Full Service Health Plans<sup>1</sup>  
**FROM:** Dan Southard, Deputy Director, Office of Plan Monitoring  
**SUBJECT:** APL 19-006 (OPM) Clinical Quality Improvement

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The Department of Managed Health Care (Department) seeks to understand which clinical measures each licensed full service health plan (Plan) collects and tracks pertaining to Antibiotic Stewardship, Asthma Care, Diabetes Care, Opioid Stewardship, and Smoking Cessation. The purpose of this data collection is to understand the alignment of measures for these particular areas and to understand each Plan's level of focus on each area. To assist the Department with these efforts, please complete this questionnaire. Please send your responses via the eFiling portal under Exhibit J-0. Please note "Clinical Quality Improvement" in the description area. The Department requests each Plan response on or before **March 8, 2019**.

For the purpose of this All Plan Letter, "antibiotic stewardship" and "opioid stewardship" mean a systematic effort to educate and enable prescribers of, respectively, antibiotics or opioids to follow evidence-based prescribing in order to stem antibiotic and opioid overuse. Quality Improvement Program (QIP) means a formal, documented set of quality commitments to improve clinical quality through focused targets and actions.

1. How often does the Plan assess delegated entities'/medical groups' clinical performance in:

| Clinical Area          | Select from the drop-down menu: |
|------------------------|---------------------------------|
| Antibiotic Stewardship |                                 |
| Asthma Care            |                                 |
| Diabetes Care          |                                 |
| Opioid Stewardship     |                                 |
| Smoking Cessation      |                                 |

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<sup>1</sup> This APL applies to all full-service health plans except for those plans with only Medicare Advantage lines of business.

Please add additional information, if necessary:

2. Does the Plan have a focused QIP or stewardship program in place for the following clinical areas:

| Clinical Area          | Yes | No |
|------------------------|-----|----|
| Antibiotic Stewardship |     |    |
| Asthma Care            |     |    |
| Diabetes Care          |     |    |
| Opioid Stewardship     |     |    |
| Smoking Cessation      |     |    |

Please add additional information, if necessary:

3. Please check the clinical measures the Plan collects and track for each Department-regulated line of business that applies to the Plan:

| Antibiotic Stewardship  | Commercial Group | Commercial Individual | Medi-Cal |
|---|------------------|-----------------------|----------|
| Avoidance of Antibiotic Treatment in Adults (age 18-64) with Acute Bronchitis (HEDIS, NQF 0058) |                  |                       |          |

|   |  |  |  |
|---|--|--|--|
| Appropriate Treatment for Children with Upper Respiratory Infection (% of children 3 months - 18 years who had upper respiratory infection and were not dispensed an antibiotic prescription). (HEDIS)  |  |  |  |
| Antibiotic Utilization: 1) Total number of antibiotic prescriptions. 2) Average number of antibiotic prescriptions/member. 3) Total days supplied for all antibiotic prescriptions. 4) Average days supplied per antibiotic prescriptions. 5) Total number of prescriptions for antibiotics of concern. 6) Average number of prescriptions PMPY for antibiotics of concern. 7) % of antibiotics of concern for all antibiotic prescriptions 8) Average number of antibiotics PMPY reported by drug class. (HEDIS) |  |  |  |

| <b>Asthma Care</b>   | Commercial Group | Commercial Individual | Medi-Cal |
|--|------------------|-----------------------|----------|
| Members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. (HEDIS, NQF 1800)  |                  |                       |          |
| Medication Management for People aged 5-64 With Asthma 1) The % who remained on an asthma controller medication for at least 50% of their treatment period. 2) The % who remained on an asthma controller medication for at least 75% of the treatment period. (HEDIS, NQF 1799) |                  |                       |          |

| <b>Diabetes Care</b>  | Commercial Group | Commercial Individual | Medi-Cal |
|---|------------------|-----------------------|----------|
| HbA1c Testing (DHCS)  |                  |                       |          |
| Members 18-75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg) (HEDIS, NQF 0061) |                  |                       |          |
| Members 18-75 years of age with diabetes (type 1 and type 2) who had HbA1c Control <8.0% (HEDIS, NQF 0575)                    |                  |                       |          |
| Members 18-75 years of age with diabetes (type 1 and type 2) who had HbA1c Poor Control > 9.0% (HEDIS, NQF 0059)              |                  |                       |          |
| Members 18-75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy (HEDIS, NQF 0062)      |                  |                       |          |

|  |  |  |  |
|--|--|--|--|
| Members 18-75 years of age with diabetes (type 1 and type 2) who had Eye Exam (Retinal) Performed (HEDIS, NQF 0055)  |  |  |  |
| Members 40-75 years of age who have diabetes who do not have clinical atherosclerotic cardiovascular disease who 1) Received Statin Therapy 2) Remained on a statin medication for at least 80% of the treatment period. (HEDIS) |  |  |  |
| Statin Use in Person with Diabetes (PQA, NQF 2712)   |  |  |  |
| Proportion of Days Covered by Medications: Oral Diabetes Medications (PQA, NQF 0541)   |  |  |  |
| Optimal Diabetes Care: Combination (HbA1c Control, Eye Exam, BP Control, Med Attention for Nephropathy) (IHA-HEDIS)  |  |  |  |
| Diabetes screening for People 18-64 years of age with Schizophrenia or Bipolar Disorder who are using antipsychotic medications and had a diabetes screening test (HEDIS, NQF 1932)  |  |  |  |
| Diabetes Monitoring for People With Diabetes and Schizophrenia (% of members with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test) (HEDIS, NQF 1934)   |  |  |  |

| <b>Opioid Stewardship</b>  | Commercial Group | Commercial Individual | Medi-Cal |
|--|------------------|-----------------------|----------|
| For members 18 years and older, the rate per 1,000 receiving prescription opioids for $\geq 15$ days during the measurement year at a high dosage (average morphine equivalent dose [MED] > 120mg) (NCQA, PQA)   |                  |                       |          |
| Concurrent use of opioids & benzodiazepines (PQA)  |                  |                       |          |
| For member 18 years and older, the rate per 1,000 receiving prescription opioids for $\geq 15$ days during the measurement year who received opioids from multiple providers. Three rates reported: 1) Multiple Prescribers (4 or more) 2) Multiple Pharmacies (4 or more) 3) Multiple Prescribers and Pharmacies (4 or more prescribers AND pharmacies) (HEDIS) |                  |                       |          |

| <b>Smoking Cessation</b>  | Commercial Group | Commercial Individual | Medi-Cal |
|---|------------------|-----------------------|----------|
| Medical Assistance With Smoking and Tobacco Use Cessation, for adults 18 years of age and older:<br>1) Advising smokers and tobacco users to quit. 2) Discussing cessation medications. 3) Discussing cessation strategies. (HEDIS, PCPI, NQF 0028) |                  |                       |          |

If the Plan collects and tracks clinical measures for Antibiotic Stewardship, Asthma Care, Diabetes Care, Opioid Stewardship, or Smoking Cessation that are not listed above, please use the space below to describe the measure(s), indicate the measure steward, and indicate if it applies to the Commercial Group, Commercial Individual, and/or Medi-Cal lines of business. Please attach a separate sheet if needed.

Please return the completed questionnaire and include a cover sheet that contains the name of the Plan and the name, phone number, and e-mail address of the Plan's QIP contact person.

If you have any questions, please contact Irina Harvey at [irina.harvey@dmhc.ca.gov](mailto:irina.harvey@dmhc.ca.gov) or at (916) 322-3930.