

**Performance Measure Category**  
**Recap from Previous Webinars**

<b><u>Performance Measure Category</u></b>	<b><u>Performance Measures</u></b>	<b><u>Webinar Discussion</u></b>	<b><u>Stakeholder Recommendation</u></b>
<b>Access to Care</b>	<p>1. Percentage of CYSHCN 1 – 20 years of age who had a visit with a <u>primary care physician (PCP)</u> during the reporting period</p> <p><b>Numerator:</b> Number of unique children, within the defined age range, with CCS-eligible medical conditions, who had a visit with a PCP during the reporting period</p> <p><b>Denominator:</b> All unique children, within the defined age range, with CCS-eligible medical conditions during the reporting period</p>	<p><b>Description:</b> Definition of primary care physician (PCP) is too restrictive there are instances where the client's PCP is not always a physician but a NP or similar clinician. Verify if counties are able to access/see the data (PCP)</p>	<p>Revise description of performance measure from “primary care physician” to “primary care provider/practitioner”</p>
<b>Access to Care</b>	<p>2. Percentage of CYSHCN 12 – 20 years of age screened for clinical depression, and if positive, has a follow-up plan documented on the date of the positive screen</p> <p><b>Numerator:</b> Number of unique CCS children screened for clinical depression on the date of the encounter using an age- appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen</p> <p><b>Denominator:</b> Number of unique children 12 – 20 years of age with CCS medical conditions</p>	<p><b>Numerator:</b> Define “screening” reporting period</p> <p><b>Denominator:</b> Define reporting period Recommendation: reporting period will be calendar year (following NCQA model)</p> <p><b>Denominator:</b> Add exclusions criteria</p>	<p><b>Numerator:</b> Screening would be annually</p> <p><b>Denominator:</b> Reporting period will be calendar year (following NCQA model)</p> <p><b>Denominator:</b> Add in exclusions criteria those who are unable to have a screening or follow up appointment</p> <p><b>Data Source:</b> Potentially (if viable) include EPIC, EMR, claims, EHR, charts as needed</p>

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<b>Access to Care</b>	3.Utilization of out-patient (OP), pharmacy, and mild/moderate mental health services Numerator: Number of: -OP visits -Prescriptions -Mild to moderate mental health visits	<b>Description:</b> Performance measure is too broad as defined, needs to be more actionable. Does the measure need to be broken down into more than one measure?	<b>Numerator:</b> Screening would be annually <b>Denominator:</b> Reporting period will be calendar year (following NCQA model) <b>Denominator:</b> Add in exclusions criteria those who are unable to have a screening or follow up appointment <b>Data Source:</b> Potentially (if viable) include EPIC, EMR, claims, EHR, charts as needed
<b>Care Coordination</b>	1. Percentage of CYSHCN with select conditions who have a documented special care center (SCC) visit within 90-days of referral <b>Numerator:</b> Number of unique CCS children with select conditions who have an initial visit with a SCC within 90days of a CCS Program (State or County) receiving a service authorization request (SAR) to a SCC <b>Denominator:</b> Number of unique CCS children with an initial SAR to a SCC	<b>Description:</b> Define diagnosis group for selected conditions, conditions listed in NL 01-0108 is too extensive (17 diagnoses) <b>Denominator:</b> Revise description	Better define measure for both FFS and managed care as the prior authorizations are handled differently  Remove “initial” SAR to a SCC
<b>Care Coordination</b>	2. The number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30- days, and had a predicted probability of an acute	Performance measure does not add value, not considered useful, low admission rate for children.	Managed care dashboard currently reports measures separately.

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	<p>readmission for CCS children &lt;21 years of age</p> <p><b>Numerator:</b> Number of unique CCS children with at least one acute readmission for any diagnosis within 30-days of the index discharge date</p> <p><b>Denominator:</b> All acute inpatient discharges for unique CCS children &lt;21 years of age, as of the index discharge date, who had one or more discharges on or between January 1 – December 1 of the measurement year</p>		
<b>Care Coordination</b>	<p>3. Utilization of emergency room (ER) visits and inpatient (IP) services for CYSHCN</p> <p><b>Numerator:</b> Number of: ER visits ER visits with an IP admission IP admission</p> <p><b>Denominator:</b> 1,000 member months</p>	<p>Does the measure need to be combined with Access to Care Performance Measure 2 utilization of services</p> <p><b>Numerator:</b> Possibility of including additional category: acute inpatient admission. Additionally, research if ability to differentiate if admission is scheduled or not</p>	<p>Managed care dashboard currently reports measures separately.</p>
<b>Care Coordination</b>	<p>4. Percentage of CYSHCN discharged from a hospital who had at least 1 follow-up contact or visit within 28 days post- discharge</p>	<p><b>Description:</b> Define follow up visit</p> <p>Recommendation: visit is the same as control, consultation, with PCP, within 28 days of discharge</p> <p><b>Numerator:</b> Define who provides visit, definition is too broad</p>	<p>Define the provider types who are providing the post discharge visit. Define setting inclusions/exclusions i.e.: telemedicine touch point as an inclusion and telephone phone calls as an exclusion</p>