

## UPDATE TO Configuring the MCAS Quality Measure Set

By Ben Fouts, Data Analyst

Aliados Health

May 9, 2023



# Agenda

1. Changes to MCAS Quality Measure Approaches
2. Value Set References for Data Elements That Already Exist
3. MCAS Quality Measures that Use Medications in Different Ways



# Brief Introduction

- MCAS = Medi-Cal Managed Care Accountability Set
- A new version of the MCAS Instruction Manual to be released this week
- Today's presentation builds on what was discussed last month
- Most of the MCAS Quality Measures have been finalized and appear in the Relevant Library



# New Instruction Manual

**MCAS Quality Measure Instructions**  
*How to Set-up the Data Elements for the New Measures*  
Version 1  
By Ben Fouts MPH, Data Analyst, Aliados Health

Note: **yellow highlighting** in the document indicated information that is pending (not officially approved or in existence) as of the release of the document.

**Introduction**

The acronym MCAS stands for "Medi-Cal Managed Care Accountability Set." There are 39 measures on the full list from the California Department of Health Care Services<sup>1</sup>, but not all measures are applicable to or can be tracked by primary medical clinics. Some measures (like Breast Cancer Screening and Controlling High Blood Pressure) are already being tracked by other reporting agencies, like the Bureau of Primary Health Care (the UDS Report) and Partnership HealthPlan (the QIP and ECDS Reports). A document that compares the measures of common reporting agencies is available from Aliados Health<sup>2</sup>.

Aliados Health contracted with Relevant to create a set of MCAS Quality Measures that did not already exist and were pertinent to member community health centers. These measures are defined on a federal level by the Centers for Medicare & Medicaid Services. Technical specifications are available for Adult Health Care Quality Measures<sup>3</sup> and Children's Health Care Quality Measures<sup>4</sup>. The Quality Measures have been designed based on the 2022 version of the measure specifications because these are reported in the calendar year 2023. There are plans to update this measure set annually as new specifications become available.

The list of MCAS Quality Measures designed by Relevant for this project appears in the table below<sup>5</sup>. Quality Measures can be downloaded from the Relevant Measures Library when they become available.

Measure Name to use in Document	Abbreviation	Alignment	Name of Quality Measure(s) in Relevant
Lead Screening in Children	LSC	HEDIS	Lead Screening in Children (Aligns with 2022 HEDIS Measure LSC)
Topical Fluoride for Children	TFL	DQA	Topical Fluoride for Children (Aligns with 2022 CMS Measure TFL-CH)
Well-Child Visits for Age 15 Months to 30 Months	W30	HEDIS	Well-Child Visits for Age 15 Months-30 Months (Aligns with 2022 HEDIS Measure W30)

<sup>1</sup> <https://www.dhcs.ca.gov/dataandstats/reports/Pages/MedCareQualPerFEAS.aspx>  
<sup>2</sup> Named "Comparison of Measurements Between Different Projects and Funders" (v20 for the 2022 version)  
<sup>3</sup> <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>  
<sup>4</sup> <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>  
<sup>5</sup> One measure was dropped from this list due to technical issues with its complexity. This measure is named One measure mentioned in this presentation was extremely complex and therefore not developed this round: Use of Opioids at High Dosage in Persons Without Cancer (OHD)

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First Version



**MCAS Quality Measure Instructions**  
*How to Set-up the Data Elements for the New Measures*

Version 2  
By Ben Fouts MPH, Data Analyst, Aliados Health

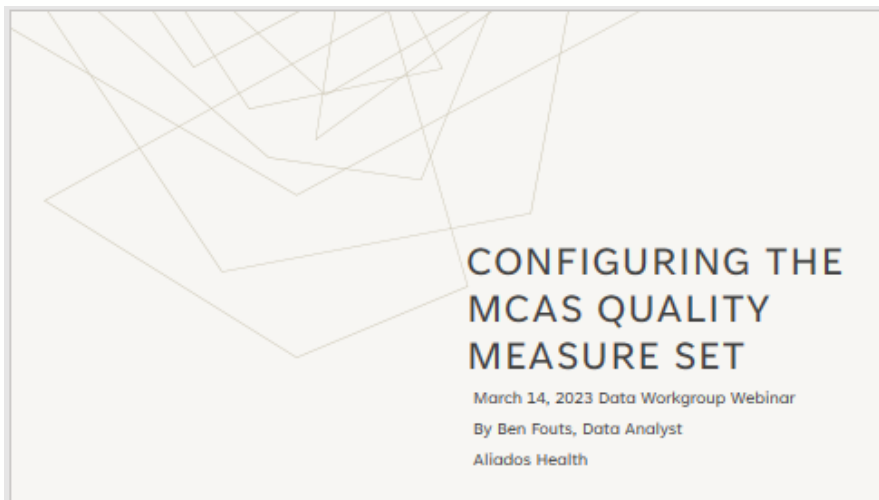
**Aliados Health** 1110 Redwood Way, Suite 105 | Petaluma, CA 94954  
3700 Barrett Avenue | Richmond, CA 94805

Second Version

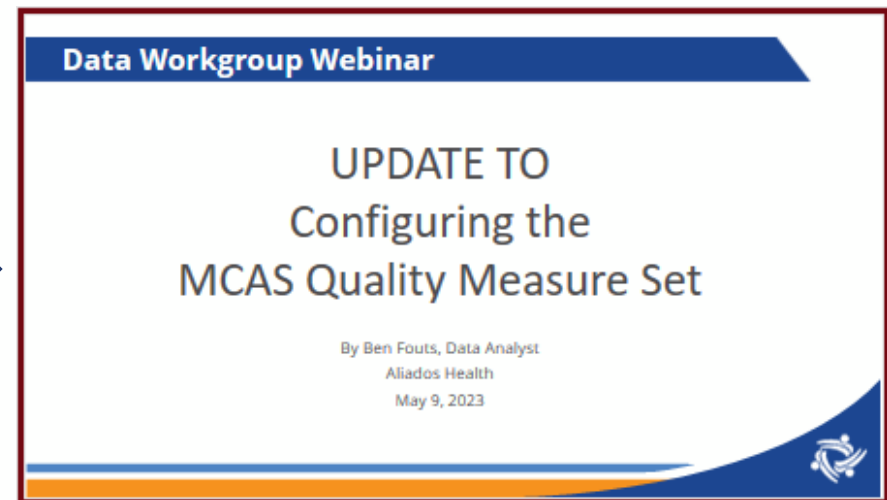


# Quality Measure Finalization

- As the final versions of the measures were developed and approved, some aspects of the design changed



Last Month



This Month



# Most Measures Are Available in the Relevant Measures Library

## Measure Library

Import quality measures into your instance of Relevant. Use as-is, or tweak them to meet your needs. [Read more about the Library.](#)

Search measures

Tags  
MCAS

EHR  
All

Imported status  
All

Search path  
All

Displaying 4 of 4 rows

[Chlamydia Screening in Women \(Aligns with 2022 HEDIS Measure CHL\)](#) MCAS

Percentage of women ages 16 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year

Import

[Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications \(Aligns with 2022 HEDIS Measure SSD\)](#) MCAS

Percentage of patients ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Import

[Prenatal and Postpartum Care: Timeliness of Prenatal Care \(Aligns with 2022 HEDIS Measure PPC\)](#) MCAS

Percentage of deliveries of live births on or between 85 days prior to the start of the measurement year and 85 days prior to the end of the measurement year that received a prenatal care visit in the first trimester

Import

[Prenatal Immunization Status \(Aligns with 2022 HEDIS Measure PRS\)](#) MCAS

Percentage of deliveries in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations

Import



# Changes to MCAS Quality Measure Approaches

*... since last month*



# Antidepressant Medication Management (AMM)

- Definition of Major Depression Cases for the measure
- The plan discussed last month was to modify the existing Data Element “Depression Cases.” This has changed.

## DEPRESSION\_CASES

- This Data Element already exists
- Because it is used for the UDS depression screening measure, it is linked to the CQM Value Set for “Major Depression Including Remission”
- The Antidepressant Medication Management measure uses only a sub-set of the CQM codes (i.e., “Major Depression” and not “Remission”)
- Therefore, the HEDIS Value Set should also be joined in the Data Element. Where they overlap, the new field `major_depression = TRUE` (the name of the column is not yet official). There is a code example in the instructions for this.

*Slide from last month is outdated*





# Antidepressant Medication Management (AMM)

- This Data Element was never modified (so programmers have not lost any work)
- Instead of adding columns to the existing Data Element that can be used to identify sub-groups (and instead of making a third depression Data Element), the HEDIS Major Depression Value Set is used directly in the SQL code of the Quality Measure



# Antidepressant Medication Management (AMM)

The HEDIS Value Set for “Major Depression” (OID = 2.16.840.1.113883.3.464.1004.1166) for this measure has different diagnosis codes than the depression Value Sets currently in use with other Relevant Quality Measures:

1. Depression Remission at Twelve Months uses CQM Value Set “Major Depression Including Remission” (OID = 2.16.840.113883.3.67.1.101.3.2444)
2. Screening for Depression and Follow-Up Plan uses CQM Value Set “Depression Diagnosis” (OID = 2.16.840.1.113883.3.600.145)



# Antidepressant Medication Management (AMM)



# Concurrent Use of Opioids and Benzodiazepines (COB)

- Definition of “Sickle Cell Disease Cases” for the measure
- The measure will no longer have a distinct Data Element named sickle\_cell\_disease\_cases to define this exclusion

New Data Element Name	Value Set code type	General Measure Name
sickle_cell_disease_cases	Diagnosis	Concurrent Use of Opioids and Benzodiazepines

*Slide from last month is outdated*



# Concurrent Use of Opioids and Benzodiazepines (COB)

- The Value Set is instead used directly in the Quality Measure SQL code
- This same approach is being used for another exclusion (for the Value Set “Cancer”) in this measure. But this approach was already made before the presentation last month. Therefore, it did not appear in the instruction manual or the presentation last month



# Contraceptive Care Measures (CCW and CCP)

- Reference to the Data Element “Infertility Cases”
- Version 1 of the instruction manual said that this Data Element was used on both contraception Quality Measures (i.e., measures for ‘all women’ and for ‘postpartum patients’)
- It is, in fact, only used in Contraceptive Care: Most or Moderately Effective Contraception (All Women)
- Obviously, postpartum patients would not have “infertility” as an exclusion



# Antipsychotic Medications

- This general class of medications is used on two measures:
  - ✓ Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
  - ✓ Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- At one point, it was thought that all “antipsychotic medications” would go on one Data Element

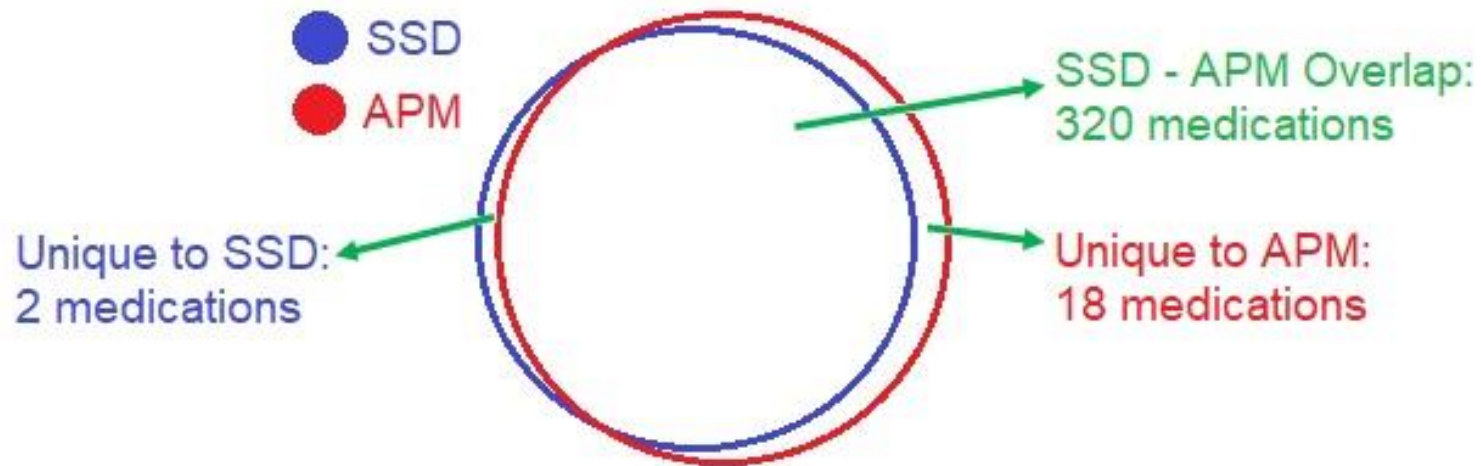
New Data Element Name	Value Set code type	General Measure Name
antipsychotic_medications	Medications	1. Metabolic Monitoring for Children and Adolescents on Antipsychotics 2. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

*Slide from last month is outdated*



# Antipsychotic Medications

- The Value Set Codes are not the same between the two measures





# Two Antipsychotic Medication Approaches

## 1. Metabolic Monitoring for Children and Adolescents on Antipsychotics

- The Data Element Antipsychotic Medications will only be used on the APM measure
- Map Data Element Antipsychotic Medications to NDC Value Sets that appear on the table `hedis_medication_lists`

Antipsychotic Medications	2.16.840.1.113883.3.464.1004.1737
Antipsychotic Combination Medications	2.16.840.1.113883.3.464.1004.1738
Prochlorperazine Medications	2.16.840.1.113883.3.464.1004.2195



# Two Antipsychotic Medication Approaches

## 2. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- The SQL code of the measure uses the Value Set directly from the table `hedis_medication_lists`
- Thus, this measure will not use a Data Element for SSD Antipsychotic Medications

SSD Antipsychotic Medications	2.16.840.1.113883.3.464.1004.2173
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# Developmental Screening in the First Three Years of Life (DEV)

- This is not a change, but rather an *emphasis*
- The recommendation is to map the appropriate **global** developmental screen(s) from Structured Data to the Data Element “Childhood Development Screens”
- Example of a **global** screen: Ages and Stages Questionnaire (ASQ-3) **APPROPRIATE**
- Example of a domain-specific screen: M-CHAT (for autism) **NOT APPROPRIATE**



# Developmental Screening CPT Codes

- The specification document mentions CPT codes, but it is likely that these are not specific enough to distinguish global screens from domain-specific screens
- There is a new line on Table 6A of the 2023 UDS for “Childhood Development Screenings and Evaluations” that features the following codes: CPT-4: 96110, 96112, 96113; ICD-10: Z13.4-
- These UDS codes are likely **not** specific enough for use with the MCAS measure by themselves.



# Value Set References for Data Elements That Already Exist

*For Data Elements Already In-Use for Other Measures*



# QIP Report Set Update

- Work is happening in May 2023
- There will be a new 2023 Aliados Health Instruction Manual
- Topic for the Data Workgroup June 6 (note: one week early)
- Some Data Elements based on HEDIS measures overlap QIP and MCAS measures



# Value Set References

- All references to the old Partnership Value Set table named “relevant\_qip\_2019\_value\_set” should be replaced by references to the new HEDIS Value Set table “hedis\_value\_set\_codes”
- The new instruction manual will contain a table of all HEDIS Value Sets for the QIP measures



# Well-Child Visits for Age 15 Months to 30 Months (W30)

- Uses the same Data Element as the other well-child measures:
  - ✓ Well-Child Visits in the First 15 Months of Life (QIP 2022)
  - ✓ Child and Adolescent Well-Care Visits (QIP 2022)
- The QIP measures and this Data Element were established before the HEDIS Value Set table was available in Relevant
- Make sure that your Data Element (or associated Transformers) are using the correct HEDIS Value Set





# Data Element: Well Child Interventions

- Join table: hedis\_value\_set\_codes
- value\_set\_oid = '2.16.840.1.113883.3.464.1004.1262'
- value\_set\_name = 'Well-Care'



# Prenatal Immunization Status (PRS)

- Uses a Data Element that is also used for the Quality Measure “Immunizations for Adolescents (QIP 2021)”
- The Data Element “TDAP Immunizations” (or associated Transformers) should be reconfigured to JOIN to the main HEDIS Value Set table
- Join table: hedis\_value\_set\_codes
- value\_set\_oid = '2.16.840.1.113883.3.464.1004.1791'
- value\_set\_name = 'Tdap Immunization'



# **MCAS Quality Measures that Use Medications in Different Ways**



# MCAS Measures That Use Medications

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- Contraceptive Care: Most or Moderately Effective Contraception (All Women) (CCW)
- Contraceptive Care: Most or Moderately Effective Contraception (Postpartum) (CCP)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Antidepressant Medication Management (AMM)
- Concurrent Use of Opioids and Benzodiazepines (COB)



# Observation Vs. Duration

- Discussed in more detail last month
- Which approach depends on the measure perspective:
  - ✓ Observation: Was the patient using the medication at all in a period of time?
  - ✓ Duration: How long (in days) was the patient using the medication in a period of time?



# Medication Observations

- Normally based on the Transformer relevant\_medications
- This table displays instances when some action is taken on the patient's medication list. The provider enters an action, like a medication start or discontinuation, a dosage change, the patient is still taking the medication, etc.
- Although a prescription may be made at the same time as a medication observation record is entered, relevant\_medications contains a lot more records than actual prescriptions



# Medication Duration

- Normally based on the Transformer relevant\_prescriptions
- This Transformer pulls from actual prescriptions. In eCW, it pulls from ePrescriptions, the RxHub Scriptlog, as well as printed or faxed prescriptions.
- This Transformer is new and being tested right now. It is not yet available at all health centers
- We need to know the actual number of days of medication given to a patient on a prescription. This is the **duration**



# Medication Quality Measures

- Quality Measures that use medication observations are available now
- Quality Measures that use medication prescriptions are being finished (hopefully this month) at the same time as the new Transformer
- Duration Quality Measures not yet available:
  - Pharmacotherapy for Opioid Use Disorder (POD)
  - Antidepressant Medication Management (AMM)
  - Concurrent Use of Opioids and Benzodiazepines (COB)





# Updating Medication Transformers and Data Elements

- The procedure and sample SQL code will be placed in the MCAS Instruction Manual
- Add the NDC code to the Transformer relevant\_medications and the Data Element Medications
- Ensure that the RxNorm code is also displayed on that Transformer/Data Element pair (this may already exist)

medications	
id	bigint = nextval('medication...')
patient_id	bigint
visit_id	bigint
medication_name	varchar
rxnorm_code	varchar
started_on	date
ended_on	date
ndc_normalized	varchar
ndc_raw	varchar



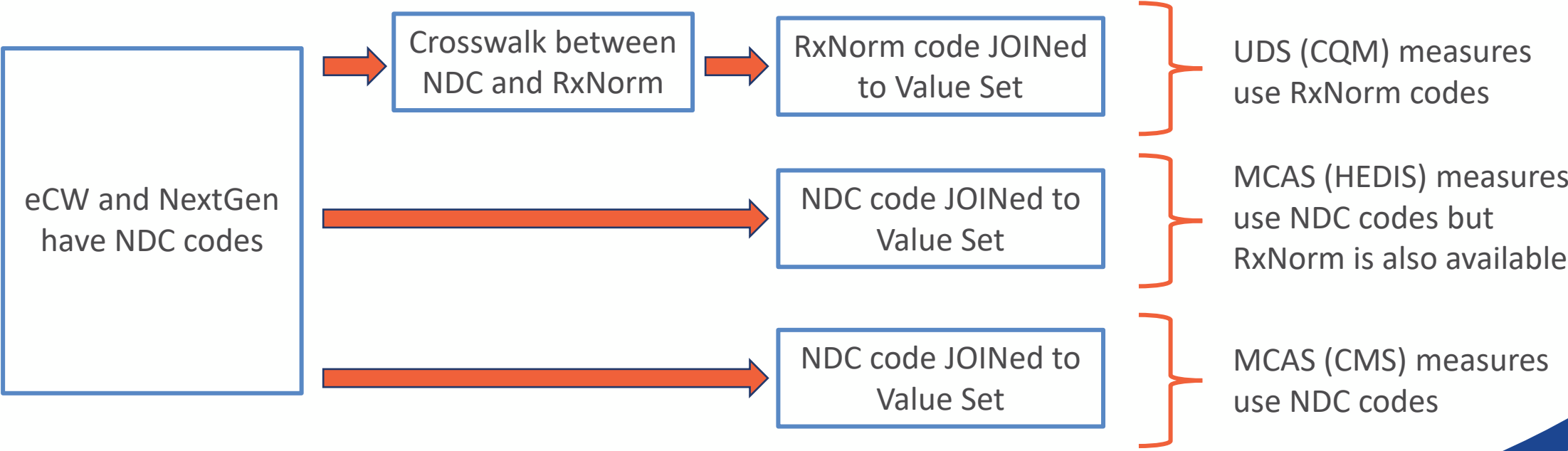
# Direct Medication JOIN

- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- As mentioned previously, this Quality Measure has a join in the SQL code to the Medications Data Element through the NDC code
- It will **not** show any patients in the denominator until the NDC code is available



# NDC vs RxNorm Codes

- For the other measures, the instruction manual is generally recommending using NDC codes for the JOIN to the HEDIS Value Sets since NDC codes are available



# Health Centers Can Research Using NDC vs RxNorm Codes

Data Elements for Quality Measures available now that can be researched

- antipsychotic\_medications
- contraceptive\_observations (medication portion)



# Code Lag Problem

- There will always be a Value Set lag
- New NDC codes are continually being assigned and used. EHR medication compendiums (or prescribing software) may be frequently updated
- The Value Sets are published annually
- How big is this problem? Does it impact our measures? What can health centers do about it?



Questions?

