

Appendix B

One Care Performance Improvement Goals

1. INTRODUCTION

This appendix describes the requirements for the Quality Improvement Goals, Performance Improvement Projects, and Performance Measures as specified in **Section 2.14** of the Contract.

Performance Improvement Cycle

The Performance Improvement measurement cycle typically includes a planning/baseline period and up to 2 remeasurement cycles to allow for tracking of improvement gains. For each Performance Improvement cycle, EOHHS will establish a series of Performance Improvement Project domains as well as approve and/or designate measurement and quality improvement activities for each of those domains. The following paragraphs outline the CY23 PIP Cycle.

The One Care Plans are expected to conduct and report on a minimum of 2 Performance Improvement Projects (PIPs). The PIPs must be conducted in accordance with the PIP domains as specified in this Appendix or otherwise be approved by EOHHS. Additionally, all PIPs must be aligned with the performance measures outlined in Exhibit 1 of this Appendix, unless otherwise specified or approved by EOHHS. EOHHS will provide standardized forms for all required reporting activities, including Quality Improvement Plans, PIP Progress Reports, and PIP Annual Reports.

a. QI IMPLEMENTATION DETAILS

The following section provides detailed information about the PIP implementation periods, their associated activities.

Table 1: PIP Implementation Periods

<i>Timeframe</i>	<i>Activities</i>	<i>Deliverable</i>
Contract Year 1	Project planning and baselining for a minimum of two PIPs	Baseline Report for each PIP (total of two reports)
Contract Year 2	Implementation of a minimum of two PIPs	Remeasurement Reports for each implemented PIP (total of two reports)
Contract Year 3	Continuation of a minimum of two PIPs	Remeasurement/Closeout Reports for each implemented PIP (total of two reports)

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b. One Care PIP DOMAIN AREAS

One Care Plans are required to submit at least two distinct PIPs annually. PIP topics shall be consistent with QI domain areas described in Table 2. In addition to addressing each PIP domain, PIPs will also include a sub-focus on health equity.

Table 2: PIP Domain Areas – Reserved for Updates	
Domain 1:	
Project Focus:	
Domain 2:	
Project Focus:	

c. DOMAIN MEASURES AND INTERVENTIONS

One Care plans shall identify specific measures and interventions within their PIPs that are reflective of the quality performance and monitoring measures identified in Exhibit 1 of this Appendix.

d. One Care REPORTS, SUBMISSIONS, AND TEMPLATES

One Care plans will submit Performance Improvement Reports using the PIP Submission Templates developed and distributed by EOHHS or its designee. PIP Reporting submissions shall include quantitative and qualitative data as well as specific progress made on each measure, barriers encountered, lessons learned, and planned next steps. For specific instructions on the submission process and detail on the submission templates, One Care Plans shall refer to guidance to be distributed by EOHHS or its designee.

- Reporting on the interventions should at a minimum include the following items (to be described with greater specificity in the forthcoming Submission Guide Document):
- Rationale for selecting proposed/implemented interventions
- Description of current interventions
- Analysis of short-term indicators, HEDIS rates as applicable, data collection procedures and methodology, and interpretation of results
- Assessment of intervention successes and challenges, and potential intervention modifications for future implementation periods.

Evaluation of PIP Reports: EOHHS or its designee will review PIP Reports using a standardized Evaluation Template. The scoring elements in the Evaluation Template will correspond directly with the elements documented on the reporting templates. Feedback will be provided to the One Care plans for each implementation period and deliverables.

Cultural Competency

Participating One Care plans shall design and implement all PIP activities and interventions in a culturally competent manner.

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Performance Measures

EOHHS has defined performance measures pursuant to **Section 2.14.3.1** of the Contract and reserves the right to modify the list of performance measures as deemed necessary and determined by EOHHS. EOHHS will calculate select measures on behalf of the One Care plans as indicated in Exhibit 1. One Care-calculated measures shall be submitted annually to EOHHS. The Contractor shall report measures separately for Dual Eligible and Medicaid only eligible Enrollees. In accordance with the Medicaid Managed Care Rule, the performance measures may be used by EOHHS to publicly report One Care performance. EOHHS reserves the right to withhold reporting of a measure(s) as determined by EOHHS.

EXHIBIT 1 – One Care Quality Measures (Prospective Measures, 2026-2031)

Measure Name	Measure Description	Data Source	Measure Steward	NQF
1. Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	The percentage of adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	Claims	NCQA	1879
2. Adults' Access to Preventive/Ambulatory Health Services (AAP)	The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.	Claims	NCQA	
3. Antidepressant Medication Management (AMM)*	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.</p> <ul style="list-style-type: none"> • Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). • Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). 	Claims	NCQA	0105
4. Asthma Medication Ratio (AMR)	Percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller	Claims	NCQA	1800

* Quality Withhold Measure

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
	medications to total asthma medications of 0.50 or greater			
5. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	The percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. A higher rate indicates appropriate treatment for bronchitis/bronchiolitis (i.e., the percentage of episodes that were not prescribed an antibiotic).	Claims	NCQA	0058
6. Breast Cancer Screening (BCS-E)*	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	ECDS	NCQA	2372
7. Cervical Cancer Screening (CCS)	<p>The percentage of women 21–64 years of age who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • Women 21–64 years of age who had cervical cytology performed within the last 3 years. • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. 	Hybrid	NCQA	
8. Chlamydia Screening in Women (CHL)	The percentage of women 18–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Claims	NCQA	0033

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
9. Controlling High Blood Pressure (CBP)*	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	Hybrid	NCQA	0018
10. Colon Cancer Screening (COL)*	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer	Hybrid	NCQA	0034
11. Diabetes Care: Blood Sugar Controlled (HBD)*	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> • HbA1c control (<8.0%). • HbA1c poor control (>9.0%). 	Hybrid	NCQA	0575
12. Diagnosed Mental Health Disorders (DMH)	The percentage of members who were diagnosed with a mental health disorder during the measurement year.	Claims	NCQA	N/A
13. Diagnosed Substance Use Disorders (DSU)	<p>The percentage of members 18 years of age and older who were diagnosed with a substance use disorder during the measurement year. Four rates are reported:</p> <ul style="list-style-type: none"> • The percentage of members diagnosed with an alcohol disorder. • The percentage of members diagnosed with an opioid disorder. • The percentage of members diagnosed with a disorder for other or unspecified drugs. • The percentage of members diagnosed with any substance use disorder. 	Claims	NCQA	N/A

* Quality Withhold Measure

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
14. Follow-Up After Emergency Department Visit for Substance Use (FUA)	<p>The percentage of emergency department (ED) visits among members with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	Claims	NCQA	2605
15. Follow-Up After Emergency Department Visit for Mental Illness (FUM)	<p>The percentage of emergency department (ED) visits for members 18 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). 	Claims	NCQA	N/A
16. Follow-up After Hospitalization for Mental Illness (FUH)*	Percentage of emergency department (ED) visits for adults 18 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days	Claims	NCQA	0576

* Quality Withhold Measure

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
17. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	<p>The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 18 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:</p> <ul style="list-style-type: none"> • The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. • The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge. 	Claims	NCQA	
18. Influenza Vaccination (FVO)	The percentage of adults in commercial and Medicaid plans receiving an influenza vaccination between July 1 of the measurement year and the date when the commercial CAHPS survey was completed.	Survey	NCQA	0041
19. Member Experience – (MA PDP CAHPS)*	Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys	Survey	CMS	N/A
20. Documentation of Care Goals*	Documentation of Care Plan Goals - Percent of members with documented discussions of care goals. (Measure to be calculated by EOHHS).	Claims	CMS	N/A
21. EOHHS Long-Term Services and Supports Minimizing Facility Length of Stay*	The proportion of admissions to a facility among Medicaid MLTSS participants age 18 and older that result in successful discharge to	Claims	CMS	3457

* Quality Withhold Measure

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
	<p>the community - community residence for 60 or more days within 100 days of admission. (Measure to be calculated by EOHHS).</p>			
<p>22. Initiation and Engagement of SUD treatment (IET) – Initiation Total and Engagement Total*</p>	<p>The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. 	<p>Claims</p>	<p>NCQA</p>	<p>0004</p>
<p>23. Long-Term Services and Supports Comprehensive Care Plan and Update (CPU)</p>	<p>The percentage of long-term services and supports (LTSS) organization members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified time frame that includes core elements. The following rates are reported:</p> <ul style="list-style-type: none"> • Care Plan with Core Elements Documented. Members who had a comprehensive LTSS care plan with 9 core elements documented within 120 days of enrollment (for new members) or during the measurement year (for established members). • Care Plan with Supplemental Elements Documented. Members who had a comprehensive LTSS care plan with 9 core 	<p>Case Record Review</p>	<p>NCQA</p>	<p>N/A</p>

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
	elements and at least 4 supplemental elements documented within 120 days of enrollment (for new members) or during the measurement year (for established members).			
24. Plan All-Cause Readmission (PCR)*	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	Claims	NCQA	1768
25. Prenatal Postpartum Care (PPC)	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. 	Claims	NCQA	1517
26. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an	Claims	NCQA	1932

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Measure Name	Measure Description	Data Source	Measure Steward	NQF
Using Antipsychotic Medications (SSD)	antipsychotic medication and had a diabetes screening test during the measurement year			
27. Transitions of Care (TRC) <ul style="list-style-type: none"> • Notification of Inpatient Admission. • Receipt of Discharge Information • Patient Engagement After Inpatient Discharge. • Medication Reconciliation Post-Discharge* 	The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported: <ul style="list-style-type: none"> • Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). • Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). • Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • Medication Reconciliation Post-Discharge[†]. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). 	Hybrid	NCQA	N/A

* Quality Withhold Measure

APPENDIX E
Performance Improvement Goals