

Washington State Common Measure Set, 2019 (PMCC Approved, December 2018)

The following 46 measures are appropriate for **Population Health Monitoring AND Value-Based Contracting for Payment**.

							Required Units for Public Reporting in 2019				
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals
IMMUNIZATIONS											
1	Childhood Immunization Status (CIS) Combination 10	NCQA (HEDIS)	Yes 0038	IIS Registry	DOH	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Yes	Yes	Yes		
2	Immunizations for Adolescents (IMA)	NCQA (HEDIS)	Yes 1407	IIS Registry	DOH	The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Yes	Yes	Yes		
PRIMARY CARE AND PREVENTION - CHILDREN/ADOLESCENTS											
3	Children and Adolescents' Access to Primary Care Practitioners (CAP)	NCQA (HEDIS)	No	Claims	APCD	The percentage of members 12 months - 19 years of age who had a visit with a PCP. Report four separate rates: 12-24 months of age; 25 months - 6 years of age; 7-11 years of age; 12-19 years of age.	Yes	Yes	Yes		
4	Oral Health: Primary Caries Prevention Offered by Primary Care	HCA	No	Claims	HCA	Total number of patients (Age ≤ 6), who received a Fluoride Varnish(FV) application during a routine health visit with any non-dental health care provider who has received the appropriate training to apply FV. Measured and reported for Medicaid insured population only.	Yes	Yes	Yes - MCOs only		
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	NCQA (HEDIS)	Yes 0024	Claims and Clinical	Health Plans ³	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity. Report three separate rates.	Yes		Yes		
6	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA (HEDIS)	Yes 1392	Claims	APCD	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	Yes	Yes	Yes	Yes	
7	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NCQA (HEDIS)	Yes 1516	Claims	APCD	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Yes	Yes	Yes	Yes	

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PRIMARY CARE AND PREVENTION - ADULTS											
8	Adults Access to Preventive/ Ambulatory Health Services (AAP)	NCQA (HEDIS)	No	Claims	APCD	The percentage of members 20 years and older who had an ambulatory or preventive care visit. Report three separate rates: 20-44 years of age; 45-64 years of age; 65 years of age and older.	Yes	Yes	Yes		
9	Adult BMI Assessment (ABA)	NCQA (HEDIS)	No	Claims and Clinical	Health Plans ³	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Yes		Yes		
10	Breast Cancer Screening (BCS)	NCQA (HEDIS)	Yes 2372	Claims	APCD	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	Yes	Yes	Yes	Yes	
11	Cervical Cancer Screening (CCS)	NCQA (HEDIS)	Yes 0032	Claims	APCD	The percentage of women 21-64 years of age who were screened for cervical cancer using either of two methods defined by the measure. (interval dependent upon screening method)	Yes	Yes	Yes	Yes	
12	Chlamydia Screening in Women (CHL)	NCQA (HEDIS)	Yes 0033	Claims	APCD	The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Yes	Yes	Yes	Yes	
13	Colorectal Cancer Screening (COL)	NCQA (HEDIS)	Yes 0034	Claims	APCD	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. (interval dependent upon screening method)	Yes	Yes	Yes	Yes	
BEHAVIORAL HEALTH											
14	Mental Health Service Penetration (Broad Version)	DSHS	No	Claims	Health Plans ³ / DSHS	The percentage of members with a mental health service need who received mental health services in the measurement year. Separate reporting for two age groups: 6-17 years and 18 years and older.	Yes	Yes	Yes		
15	Substance Use Disorder Service Penetration	DSHS	No	Claims	DSHS	The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year. Reported for Medicaid only. Separate reporting for two age groups: 12-17 years and 18 years and older <u>Reported for Medicaid only.</u>	Yes	Yes	Yes		
16	Antidepressant Medication Management (AMM)	NCQA (HEDIS)	Yes 0105	Claims	APCD	The percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates reported: Effective Acute Phase Treatment and Effective Continuation Phase Treatment.	Yes	Yes	Yes	Yes	
17	Follow-up After Hospitalization for Mental Illness (FUH)	NCQA (HEDIS)	Yes 0576	Claims	Health Plans ³	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days and within 30 days of discharge.	Yes		Yes		

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BEHAVIORAL HEALTH (continued)											
18	Follow-up After Emergency Department Visit for Mental Illness (FUM)	NCQA (HEDIS)	Yes 2605	Claims	Health Plans ³	The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within 30 days of the ED visit.	Yes		Yes		
19	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	NCQA (HEDIS)	Yes 2605	Claims	Health Plans ³	The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD within 30 days of the ED visit.	Yes		Yes		
EFFECTIVE MANAGEMENT OF CHRONIC ILLNESS IN THE OUTPATIENT SETTING											
20	Patient Experience with Primary Care: How Well Providers Communicate with Patients	AHRQ	Yes 0005	Survey (CG CAHPS)	Unknown for 2019 ⁵	This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said "always" on a 4-point scale of: always, usually, sometimes and never.	Yes			Yes	
21	Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care	AHRQ	Yes 0005	Survey (CG CAHPS)	Unknown for 2019 ⁵	This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to three survey questions and reflects the percentage of respondents that said "always" on a 4-point scale of: always, usually, sometimes and never.	Yes			Yes	
22	Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing	NCQA (HEDIS)	Yes 0057	Claims	APCD	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an HbA1c test during the measurement year.	Yes	Yes	Yes	Yes	
23	Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%)	NCQA (HEDIS)	Yes 0059	Claims and Clinical	Health Plans ³	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.	Yes		Yes		
24	Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed	NCQA (HEDIS)	Yes 0055	Claims	APCD	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an retinal eye exam during the measurement year or the year prior.	Yes	Yes	Yes	Yes	
25	Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy	NCQA (HEDIS)	Yes 0062	Claims	APCD	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test or had evidence of nephropathy during the measurement year or the year prior.	Yes	Yes	Yes	Yes	
26	Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg)	NCQA (HEDIS)	Yes 0061	Claims and Clinical	Health Plans ³	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	Yes		Yes		

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EFFECTIVE MANAGEMENT OF CHRONIC ILLNESS IN THE OUTPATIENT SETTING (continued)											
27	Controlling High Blood Pressure (CBP)	NCQA (HEDIS)	Yes 0018	Claims and Clinical	Health Plans ³	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	Yes		Yes		
28	Statin Therapy for Patients with Cardiovascular Disease	NCQA (HEDIS)	No	Claims	APCD	Percentage of males 21-75 years of age and females 40-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: (1) Received statin therapy: Members who were dispensed at least one high or moderate-intensity statin medication.	Yes	Yes	Yes	Yes	
29	Asthma Medication Ratio (AMR)	NCQA (HEDIS)	Yes 1800	Claims	APCD	The percentage of 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.	Yes	Yes	Yes	Yes	
30	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NCQA (HEDIS)	Yes 0577	Claims	APCD	The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	Yes	Yes	Yes		
31	Follow-up Care for Children Prescribed ADHD Medication (ADD)	NCQA (HEDIS)	Yes 0108	Claims	APCD	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Continuation and Maintenance Phase rate reported.	Yes	Yes	Yes	Yes	
32	Annual Monitoring for Patients on Persistent Medications (MPM) - ACE/ARB	NCQA (HEDIS)	Yes 2371	Claims	APCD	The percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACE/ARB during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	Yes	Yes	Yes	Yes	
33	Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)	PQA	Yes 0541	Claims	APCD	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80%. A performance rate is calculated and reported separately for the following medication categories: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, and Statins.	Yes	Yes		Yes	
34	Medications: Generic Prescribing Rate	Washington Health Alliance	No	Claims	APCD	Percentage of total prescriptions that were written for generic medications in five therapeutic categories: (1) ACE inhibitor or angiotensin II receptor blockers (ARBs), (2) Attention Deficit Hyperactivity Disorder, (3) Proton Pump Inhibitors (PPIs), (4) antidepressant medications (SSRIs, SNRIs, and other second generation), and (5) Statins.	Yes	Yes		Yes	

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ENSURING APPROPRIATE CARE - AVOIDING OVERUSE											
35	Use of Imaging Studies for Low Back Pain (LBP)	NCQA (HEDIS)	Yes 0052	Claims	APCD	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Yes	Yes	Yes	Yes	
36	Appropriate Testing for Children with Pharyngitis (CWP)	NCQA (HEDIS)	Yes 0002	Claims	APCD	The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	Yes	Yes	Yes	Yes	
37	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	NCQA (HEDIS)	Yes 0058	Claims	APCD	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	Yes	Yes	Yes	Yes	
38	Potentially Avoidable Use of the Emergency Room	Washington Health Alliance	No	Claims	APCD	The percentage of total ER visits considered potentially avoidable based on an agreed-upon list of ICD codes. This is considered a conservative measure of potentially avoidable ER use.	Yes	Yes		Yes	Yes
EFFECTIVE HOSPITAL BASED CARE											
39	Patient Experience with Hospital Care: Discharge Information and Communication About Medicines	CMS	Yes 0166	Survey (H CAHPS)	Hospital Compare	Results are reported for two questions included on the HCAHPS patient experience survey instrument for patients that have been hospitalized: communication about medicines and discharge information. They were selected because of their relationship to care transitions and hospital readmissions.					Yes
40	Cesarean Birth (NTSV C-Section)	TJC	Yes 0471	Clinical	WSHA	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of five nationally implemented measures that address perinatal care. This is PC-02.	Yes				Yes
41	Catheter-Associated Urinary Tract Infections	CDC	Yes 0138	Clinical	WSHA	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) calculated among patients in inpatient care locations, including: (1) within Intensive Care Units (ICUs), excluding neonatal ICUs; and (2) outside of ICUs in specialty care areas including adult and pediatric, long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant.	Yes				Yes

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#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals
EFFECTIVE HOSPITAL BASED CARE (continued)											
42	Falls with Injury	ANA	Yes 0202	Clinical	WSHA	Total number of patient falls of injury level minor or greater by eligible hospital unit during the calendar month X 1000. Target population is adult acute care inpatient and adult rehabilitation patients. Eligible unit types include adult critical care, step-down, medical, surgical, medical-surgical combined, critical access, adult rehabilitation in-patient.	Yes				Yes
43	Stroke Care (STK-04): Thrombolytic Therapy	TJC	Yes 0437	Clinical	Hospital Compare	The proportion of acute ischemic stroke patients who arrive at hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	Yes				Yes
44	Patient Safety for Selected Indicators (composite measure)	AHRQ	Yes 0531	Claims	Hospital Compare	Patient safety for selected indicators is a weighted average of the adjusted observed-to-expected ratios for the following component indicators: (1) Pressure Ulcer Rate, (2) Iatrogenic Pneumothorax Rate, (3) Postoperative Hip Fracture Rate, (4) Postoperative Hemorrhage or Hematoma, (5) Physiologic and Metabolic Derangement, (6) Postoperative Respiratory Failure, (7) Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, (8) Postoperative Sepsis Rate, (9) Postoperative Wound Dehiscence Rate, and (10) Accidental Puncture or Laceration Rate.	Yes				Yes
45	Plan All-Cause Readmissions (PCR)	NCQA (HEDIS)	Yes 1768	Claims	APCD	For members 18 years of age and older, the number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Measure used for the commercially insured population only.	Yes	Yes	Yes	Yes	Yes
46	30-Day All-Cause Mortality Rate Following Acute Myocardial Infarction (AMI)	CMS	Yes 0230	Claims and Clinical	Hospital Compare	Estimates the 30-day risk-standardized mortality rate for a hospital. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI, or heart attack).	Yes				Yes

Washington State Common Measure Set, 2019 (PMCC Approved, December 2018)

The following 17 measures are appropriate for **Population Health Monitoring ONLY**.

							Required Units for Public Reporting in 2019				
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals
IMMUNIZATIONS											
1	Immunization for Influenza	AMA-PCPI	Yes 0041	IIS Registry BRFSS	DOH	Percentage of patients aged 6 months and older seen for a visit and who received an influenza immunization OR who reported previous receipt of an influenza immunization. Two rates are reported: (1) immunization for ages 6 months - 17 years (data source IIS); and (2) immunization for 18 and older (data source: BRFSS)	Yes	Yes			
2	Pneumococcal Vaccination Status for Older Adults (PNU)	CDC	No	IIS Registry	DOH	The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Yes	Yes			
PRIMARY CARE AND PREVENTION - CHILDREN/ADOLESCENTS											
3	Youth Obesity	DOH	No	Survey (HYS)	DOH	Percentage of 10th graders self-reporting a body mass index (BMI) of ≥ 30 (calculated based on self-reported height and weight)	Yes	Yes			
4	Audiological Evaluation No Later Than 3 Months of Age	CDC	Yes 1360	Clinical	DOH	The percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.	Yes	Yes			
5	Youth Substance Use	DOH	No	Survey (HYS)	DOH	Two rates will be produced: (1) the percentage of 10th graders who smoked cigarettes in the past 30 days; and (2) the percentage of 10th graders who used electronic vapor products in the past 30 days.	Yes	Yes			
PRIMARY CARE AND PREVENTION - ADULTS											
6	Adult Obesity	CDC	No	Survey (BRFSS)	DOH	Age-adjusted percent of adults 18 years and older self-reporting a body mass index (BMI) of ≥ 30 (calculated based on self-reported height and weight)	Yes	Yes			
7	Adult Tobacco Use	CDC	No	Survey (BRFSS)	DOH	The percentage of adults 18 years and older who answer "every day" or "some days" in response to the survey question, "Do you now smoke cigarettes every day, some days, or not at all?"	Yes	Yes			
8	Prenatal Care	DOH	No	Vital Statistics	DOH	The percentage of women who receive first trimester prenatal care.	Yes	Yes			
9	Unintended Pregnancies	CDC	No	Survey (PRAMS)	DOH	Percentage of pregnancies that was unintended at the time of conception.	Yes				
BEHAVIORAL HEALTH											
10	30-day Psychiatric Inpatient Readmissions	DSHS	No	Claims	DSHS	For members 18 years of age and older, the number of acute inpatient psychiatric stays that were followed by an acute readmission for a psychiatric diagnosis within 30 days. Report for Medicaid only.	Yes				

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#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals
OPIOID PRESCRIBING											
11	New Opioid Patient Days Supply of First Opioid Prescription	Bree Collaborative	No	RX	DOH PMP	Numerator: Number of patients with at least one opioid prescription in the current quarter by days supply (day supply categories: <3, 4-7, 8-13 and >14); Denominator: Patients with at least one opioid prescription in the current quarter who have no opioids prescribed in the prior quarter; Age stratify and report results for two groups: children/adolescents age 17 and younger, and adults age 18 and older	Yes	Yes			
12	New Opioid patients Transitioning to Chronic Opioids	Bree Collaborative	No	RX	DOH PMP	Numerator: Number of patients who are prescribed >60 days supply of opioids in the current calendar quarter with at least one opioid prescription in the previous quarter, and no opioid prescription in the prior quarter. Denominator: Number of patients with at least one opioid prescription in the previous quarter who have no opioids prescribed in the prior quarter. Report as incidence per 1,000 population, age and sex adjusted.	Yes	Yes			
13	Patients Prescribed High-Dose Chronic Opioid Therapy	Bree Collaborative	No	RX	DOH PMP	Numerator: Number of patients in the population prescribed >60 days supply of opioids at >50 mg/day or >90 mg/day MED; Denominator: Number of patients in the population prescribed >60 days supply of opioids in the calendar quarter; Report each results as prevalence per 1,000 population, age and sex adjusted.	Yes	Yes			
ENSURING APPROPRIATE CARE - AVOIDING OVERUSE											
14	Ambulatory Care (AMB) - ED Visits	NCQA (HEDIS)	No	Claims	Health Plans ³	Number of emergency department visits per 1,000 population and is calculated in member years for commercial data and member months for Medicaid data. Excludes encounters with any of the following: principal diagnosis of mental health or chemical dependency, psychiatry, electroconvulsive therapy, alcohol or drug rehab or detoxification.	Yes		Yes		

The following measures are appropriate for **Monitoring ONLY**.

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#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals
WASHINGTON STATE HEALTH CARE SPENDING											
15	Annual State-Purchased Health Care Spending Growth Relative to State GDP	HCA	No	Claims	HCA	Total state health care spending in relation to the overall Washington State Gross Domestic Product (GDP).	Yes				
16	Medicaid Per Enrollee Spending	HCA	No	Claims	HCA	Total Medicaid spending in the calendar year divided by the total number of Medicaid beneficiaries in the calendar year.	Yes				
17	Public Employee and Dependent per Enrollee Spending	HCA	No	Claims	HCA	Total State spending for public employees and dependents in the calendar year divided by the total number of beneficiaries in the calendar year.	Yes				

Washington State Common Measure Set, 2019 (Notes)

1. Measure Steward Organizations:

AHRQ = Agency for Health Care Research and Quality

AMA-PCI = AMA-convened Physician Consortium for Performance Improvement

ANA = American Nurses Association

CDC = Centers for Disease Control

CMS = Centers for Medicare and Medicaid Services

DOH = Washington State Department of Health

DOH PMP = Department of Health Prescription Monitoring Program

DSHS = Washington State Department of Social and Health Services

HCA = Washington State Health Care Authority

NCQA = National Committee for Quality Assurance

PQA = Pharmacy Quality Alliance

TJC = The Joint Commission

WHA = Washington Health Alliance

2. APCD = All Payer Claims Database

3. Source of health plan results is NCQA Quality Compass with the exception of the Mental Health Service Penetration measure which is calculated by commercial health plans and submitted for public reporting.

The Substance Use Disorder Service Penetration measure is calculated by DSHS for the Medicaid MCOs.

4. Includes primary care medical groups and clinics of four or more providers; may also include specialty medical groups of four or more providers.

Medical groups must have the opportunity to validate their results prior to public reporting.

5. There is insufficient funding to implement a statewide CG-CAHPS patient experience survey in 2019.