MCG message

Title: **Core quality measures**

Category: Blue Cross Complete

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As we continue working to improve the quality of care for our shared members, we're now required by Michigan Department of Health and Human Services to monitor and report on **Core Quality Measures**. In the near future, MDHHS will be monitoring Medicaid Health Plans performance on these measures.

Core Quality Measures can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or early intervention can prevent complications or more severe disease.

The Centers for Medicare & Medicaid Services, commercial plans, Medicare and Medicaid managed care plans, physicians and other care provider organizations, and consumers worked together through the Core Quality Measures Collaborative to identify core sets of quality measures.

The guiding principles used by the collaborative in developing these measures were:

- Promotion of measurement that is evidence-based and generates valuable information for quality improvement
- Consumer decision-making
- Reduction in the variability in measure selection
- Decreased provider's collection burden and cost

Core quality measures:

- Diabetes short-term complications admission rate (PQI 01)
- Chronic obstructive pulmonary disease or asthma in older adults admission rate (PQI05)
- Heart failure admission rate (PQI 08)
- Asthma in younger adults admission rate (PQI 15)
- Developmental screening in the first three years of life (DEV-CH)
- Live births weighing less than 2,500 grams (LBW-CH)

If you have any questions, please contact your Blue Cross Complete provider account executive or Blue Cross Complete Provider Inquiry at 1-888-312-5713.

Thank you for all you do and for your continued partnership in providing the highest quality care to our shared members.