

Medicaid Adult Quality Measures Template

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: IL

Reporting Period: 2014 *Note: Federal Fiscal Year 2014 starts 10/1/2013 and ends /30/2014.*

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REPORTING OF THE CORE SET OF HEALTH CARE QUALITY MEASURES FOR MEDICAID-ELIGIBLE ADULTS (MEDICAID ADULT CORE SET)

BACKGROUND

Section 1139B of the Affordable Care Act required the Secretary of the Department of Health and Human Services (HHS) to identify and publish an initial core set of health quality measures for adult Medicaid enrollees (Medicaid Adult Core Set). The Affordable Care Act also required the Secretary to publish annual changes to the Medicaid Adult Core Set measures beginning in January 2014. One measure (Annual HIV/AIDS Medicaid Visit) was retired from the Medicaid Adult Core Set in 2014 and replaced with HIV Viral Load Suppression. Table 1 lists the Medicaid Adult Core Set measures, their measure stewards, and a general description of each measure. Measure abbreviations were added in 2014.

Additionally, the law required the development of a standardized reporting format for states that volunteer to report on the Medicaid Adult Core Set measures. This CARTS template will be used for standardized reporting on these measures.

The Technical Specifications and Resource Manual for the Medicaid Adult Core Set can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf>

Measure Abbreviation	Measure	Measure Steward	Measure Description
FVA-AD	Flu Vaccinations for Adults Ages 18 to 64	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 64 who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H adult survey was completed.
ABA-AD	Adult Body Mass Index Assessment	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 74 who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.
BCS-AD	Breast Cancer Screening	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid-enrolled women ages 50 to 74 who received a mammogram to screen for breast cancer.
CCS-AD	Cervical Cancer Screening	NCQA/HEDIS (http://www.ncqa.org)	Percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: Women ages 21 to 64 who had cervical cytology performed every 3 years; or, women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
MCS-AD	Medical Assistance With Smoking and Tobacco Use Cessation	NCQA/HEDIS (http://www.ncqa.org)	A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received medical assistance with smoking and tobacco use cessation during the measurement year.

CDF-AD	Screening for Clinical Depression and Follow-Up Plan	CMS (http://www.usqualitymeasures.org)	Percentage of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen.
PCR-AD	Plan All-Cause Readmission Rate	NCQA/HEDIS (http://www.ncqa.org)	For Medicaid enrollees age 18 and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following three categories: (1) Count of Index Hospital Stays (IHS), (2) Count of 30-Day Readmissions, and (3) Average Adjusted Probability of Readmission.
PQI01-AD	PQI 01: Diabetes Short-Term Complications Admission Rate	AHRQ (http://www.qualityindicators.ahrq.gov)	Number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 member months for Medicaid enrollees age 18 and older.
PQI105-AD	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	AHRQ (http://www.qualityindicators.ahrq.gov)	Number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.
PQI108-AD	PQI 08: Heart Failure Admission Rate	AHRQ (http://www.qualityindicators.ahrq.gov)	Number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older.
PQI15-AD	PQI 15: Asthma in Younger Adults Admission Rate	AHRQ (http://www.qualityindicators.ahrq.gov)	Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39 and younger.
CHL-AD	Chlamydia Screening in Women Ages 21 to 24	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid-enrolled women ages 21 to 24 who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.
FUH-AD	Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS (http://www.ncqa.org)	Percentage of discharges for Medicaid enrollees age 21 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge.

PC01-AD	PC-01 Elective Delivery	The Joint Commission (http://www.jointcommission.org)	Percentage of Medicaid and CHIP enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.
PC03-AD	PC-03 Antenatal Steroids	The Joint Commission (http://www.jointcommission.org)	Percentage of Medicaid and CHIP enrolled women at risk of preterm delivery at ≥ 24 and < 32 weeks gestation who received antenatal steroids prior to delivering preterm newborns.
HMV-AD	HIV Viral Load Suppression	Health Resources and Services Administration (www.hrsa.gov)	Percentage of Medicaid enrollees age 18 and older with a diagnosis of HIV who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
CBP-AD	Controlling High Blood Pressure	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled ($< 140/90$) during the measurement year.
LDL-AD	Comprehensive Diabetes Care: LDL-C Screening	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a LDL-C screening test.
HA1C-AD	Comprehensive Diabetes Care: Hemoglobin A1c Testing	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a Hemoglobin A1c test.
AMM-AD	Antidepressant Medication Management	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) and for at least 180 days (6 months).
SAA-AD	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.
MPM-AD	Annual Monitoring for Patients on Persistent Medications	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year.

CPA-AD	Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan Survey 5.0H – Adult Questionnaire	AHRQ NCQA/HEDIS (http://www.ncqa.org)	Survey on adult Medicaid enrollees' age 18 and older experiences with care.
CTR-AD	Care Transition – Timely Transmission of Transition Record	American Medical Association/Physician Consortium for Performance Improvement (PCPI) (http://www.ama-assn.org)	Percentage of Medicaid enrollees age 18 and older discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.
IET-AD	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence who: (a) Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. (b) Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
PPC-AD	Postpartum Care Rate	NCQA/HEDIS (http://www.ncqa.org)	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

GUIDANCE FOR REPORTING

States should report performance measurement data for the performance period specified in the technical specifications (to the extent that data are available). Additional instructions for completing each section of the template are provided below. Data entry in all fields is required unless otherwise specified.

Did you Report on this Measure?

States should indicate whether or not they are reporting the measure by selecting either Yes or No.

If Data Not Reported, Please Explain Why:

If your state cannot report a specific measure, please check the box that applies to why data are not being reported for each measure. The user may select any applicable reason why data are not being reported, but must select at least one response as follows.

- **Service not covered:** Check this box if your program does not cover this service.
- **Population not covered:** Check this box if your program does not cover the population included in the measure. If this box is selected, users will also need to indicate whether the entire population

or partial population was not covered under its program. A detailed explanation is required if partial population is not covered.

- **Data not available:** Check this box if data are not available for this measure in your state. If this box is selected, users will also need to explain why data are not available for reporting. Reasons may include “Budget Constraints”, “Staff Constraints”, “Data Inconsistencies/Accuracy”, “Data Source Not Easily Accessible”, “Information Not Collected” and “Other”.
- **Small Sample Size (less than 30):** Check this box if the denominator size for this measure is less than 30. If the denominator size is less than 30, your state is not required to report a rate on the measure. However, the state will need to indicate the exact denominator size in the space provided.
- **Other:** Please specify if there is another reason why your state cannot report the measure.

Although the Medicaid Adult Core Set measures are voluntarily reported, if the state does not report data on a specific measure, it is important for CMS to understand why each state is not reporting on specific measures. Your selection of a reason for not reporting and/or provision of an “Other” reason for not reporting will assist CMS in that understanding.

The Information for this Measure is Being Provided as Part of the Adult Medicaid Quality Measures Grant:

States should indicate whether they are reporting a specific measure: as part of the Adult Medicaid Quality Measures Grant Program (“Yes”), for voluntary reporting of the Medicaid Adult Core Set (“No”), or for purposes of both the Adult Medicaid Quality Measures Grant program and voluntary reporting of the Medicaid Adult Core Set (“Both”).

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

- **Provisional:** Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for the current CARTS reporting period.
- **Final:** Check this box if the data you are reporting are considered final for the current CARTS reporting period.

Measurement Specification:

For each measure, the state should indicate whether a measure adheres to the Medicaid Adult Core Set technical specifications provided by the measure steward (e.g., NCQA, AHRQ) or “Other” measurement specifications. If NCQA is selected, the HEDIS® Version field must be completed. If “Other” measurement specification is selected, an explanation must be provided.

CMS encourages states to use the technical specifications outlined in the [Technical Specifications and Resource Manual](#).

- **HEDIS® Version:**
Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the NCQA measurement specification.
- **“Other” Measurement Specification Explanation:**
The explanation field must be completed when “Other” measurement specification has been selected.

Data Source:

Data for the Medicaid Adult Core Set measures may come from several sources, including medical claims and medical records. For each measure, the state must indicate the source of data or methodology used to calculate the measure using the following options (some options are unavailable for some measures):

- **Administrative Data:** Medical claims and encounter data or other administrative data source (e.g. immunization registry, vital records). If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or describe another administrative data source.
- **Hybrid:** A combination of administrative and medical records data. If this box is selected, the user must then indicate whether the administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record data for a measure are coming from electronic health records (EHR), paper, or EHR and paper.
- **Survey Data:** The state should specify the survey used.
- **Other:** An explanation box is available for the state to specify the other source of data.

Date Range:

Define the date range for the reporting period based on the “From” time period as the month and year that corresponds to the beginning period in which utilization took place and define the “To” time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Definition of Population Included in the Measure:

Definition of the Denominator:

Indicate the definition of the population included in the denominator for each measure by checking all boxes that apply to indicate whether the data are for the Medicaid population (Title XIX), the CHIP population (e.g., pregnant women; Title XXI), the Medicare and Medicaid dually-eligible populations, or another population using the “Other” check box. If “Other” is selected, the state must specify the population included in the denominator.

Does this Denominator Represent your Total Eligible Population as Defined by the Technical Specification for this Measure?

States should indicate whether the denominator selected in the preceding question represents your state’s total eligible population for the measure, as defined by the Technical Specifications for the measure by selecting either Yes or No.

Which Delivery Systems are Represented in the Denominator?

For each measure, the state is asked to indicate which delivery systems are represented in the denominator, the percentage of the total state population represented in the measure for each delivery system, and the number of health plans represented in the measure for each delivery system (where applicable) across the following options:

- Fee-for-Service
- Primary Care Case Management (PCCM)
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
- Integrated Care Models (ICM)
- Other

Examples:

1. If the measure-eligible population represents all managed care enrollees, enter 100 percent.
2. If fee-for-service enrollees are excluded from the calculation, enter 0 percent.
3. If a portion of the health plans are excluded, enter the proportion of the population represented by the reporting health plans (e.g., 60 percent).
- 4.

Deviation from Measure Specifications:

Did your Calculation of this Measure Deviate from the Measure Specifications in any way?

If the data provided for a measure deviate from the measure technical specifications, please select the type(s) of measure specification deviation. When one or more of the types of deviations are selected, states are required to provide an explanation.

The three types (and examples) of deviations are:

- Numerator (e.g., coding issues)
- Denominator (e.g., different age groups, definition of continuous enrollment)
- Other (please describe in detail)

Performance Measure:

Report the numerators, denominators, and rates for each measure (or component) in this section. The template provides two sections for entering the data, depending on whether you are reporting using the technical specifications provided by the measure steward for each measure or another methodology. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you enough space to fully report on the measure, please use the “additional notes” section. “Additional Notes/Comments on Measure” may be entered but is not required. Please note that some measures require reporting of multiple rates.

The reporting unit for each measure is the state as a whole. If states calculate rates for multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state-level rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure.”

For the question, “**Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?**,” states should indicate whether state-level rates were calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. For additional guidance on developing a state-level rate, refer to the Technical Assistance Brief “Approaches to Developing State-Level Rates for Children’s Health Care Quality Measures Based on Data from Multiple Sources,” available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>.

Other Performance Measure:

If the state selected “Other” in the “Measure Specification” section of the template, and is thus reporting using another methodology, the user is required to provide a description of the measure, along with the numerator, denominator, and rate in the “Other Performance Measure” section. If reporting with another methodology, and the form fields do not give you enough space to fully report on the measure, please upload the information to the attachment facility, along with a brief description of the measure (e.g. “data reported for individuals in the 18-64 age range”). “Additional Notes/Comments on Measure” may be entered but is not required.

Optional Measure Stratification:

If states are able to stratify data for a measure by race (non-Hispanic), ethnicity, sex, primary spoken language, disability status, or geography, states may provide these data in the “Optional Measure Stratification” section. While reporting in this section is not required (unless reporting to meet the requirements of the Adult Quality Grants), this information will help CMS track and monitor health and health care disparities both nationally and within states.

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications your state wants to report that are not specified in the form provided, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Maternal and Infant Health Initiative Measures:

To determine baseline and assess progress towards the [CMS Maternal and Infant Health Initiative](#) goals, states have the option to voluntarily report on 2 measures:

1. Postpartum Care Rate (Measure PPC-AD) from the Medicaid Adult Core Set; and
2. A developmental measure on Contraception Utilization.

Postpartum Care Rate and the developmental contraception measure can be found as the last two measures in both the CARTS web-based template and this Word template. The technical specifications for the Postpartum Care measure are available in the [Technical Specifications and Resource Manual](#).

The technical specifications for the developmental measure are available at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html>.

Certification

After a state has completed data entry, certify the data submission on the certification page. Once data are certified, no further data entry or editing is allowed unless a request is made to CMS to uncertify these data.

Measure FVA-AD: Flu Vaccinations for Adults Ages 18 to 64

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Did you Report on this Measure?

- Yes
- No

If Data Not Reported, Please Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered
 Explain the partial population not covered:

- Data not available.
 - Explain why data not available
 - Budget constraints
 - Staff constraints
 - Data inconsistencies/accuracy
 - Please explain:
 - Data source not easily accessible
 - Select all that apply:
 - Requires medical record review
 - Requires data linkage which does not currently exist
 - Other:
 - Information not collected
 - Select all that apply:
 - Not collected by provider (hospital/health plan)
 - Other:
 - Other:

- Small sample size (less than 30).
 - Enter specific sample size:

- Other. Explain: While CAHPS is conducted in the adult population at the plan level, the data are not available to report at this time.

The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:

- Yes (as part of the grant)
- No (this information is for voluntary core set reporting)
- Both (as part of the grant and voluntary core set reporting)

Status of Data Reported:

- Provisional
- Final.

Measurement Specification:

- NCQA
 - Specify version of HEDIS used:
- Other. Explain:

Data Source:

- CAHPS 5.0H
- Other. Explain:

Date Range:

Start Date: (mm/yyyy)
End Date: (mm/yyyy)

Definition of Population Included in the Measure:

Definition of denominator:

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
 - Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
 - Percentage of total state PCCM population represented:

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<input type="checkbox"/> Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: Percentage of total state MCO/PIHP population represented: <input type="checkbox"/> Integrated Care Models (ICM) Percentage of total state ICM population represented: <input type="checkbox"/> Other Describe: Percentage of total other population represented: If applicable, number of health plans represented:	
Deviations from Measure Specifications: Did your calculation of this measure deviate from the measure specifications in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all that apply: <input type="checkbox"/> Numerator. Explain: <input type="checkbox"/> Denominator. Explain: <input type="checkbox"/> Other. Explain:	
Performance Measure A rolling average represents the percentage of Medicaid enrollees 50-64 years of age who received an influenza vaccine between September 1 of the measurement year and the date when the CAHPS 5.0H adult survey was completed.	
Numerator: Denominator: Rate: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? <input type="checkbox"/> Yes If yes, indicate whether the state-level rate is weighted: <input type="checkbox"/> The rates are weighted based on the size of the measure-eligible population for each reporting unit <input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
Additional notes/comments on measure:	
Other Performance Measure: If reporting with another methodology, please describe: Numerator: Denominator: Rate: If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").	
Optional Measure Stratification If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:

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Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure ABA-AD: Adult Body Mass Index Assessment

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<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available. Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30). Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>	
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (grant as part of the grant and voluntary core set reporting)</p>	
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final.</p>	
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>	
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. Specify:</p>	
<p>Date Range: Start Date: (mm/yyyy) 01/2012 End Date: (mm/yyyy) 12/2013</p>	
<p>Definition of Population Included in the Measure: Definition of denominator: <i>Select all that apply:</i></p>	

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- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees ages 18 to 74 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.

Age Range 18-64
Numerator: 23961
Denominator: 408004
Rate: 5.9

Age Range 65-74
Numerator: 561
Denominator: 6773
Rate: 8.3

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

FFY 2014

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
Numerator:
Denominator:
Rate:

American Indian or Alaska Native
Numerator:
Denominator:
Rate:

Native Hawaiian or Other Pacific Islander
Numerator:
Denominator:
Rate:

Black or African American
Numerator:
Denominator:
Rate:

Asian
Numerator:
Denominator:
Rate:

Ethnicity

Hispanic or Latino
Numerator:
Denominator:
Rate:

Not Hispanic or Latino
Numerator:
Denominator:
Rate:

Sex

Male
Numerator:
Denominator:
Rate:

Female
Numerator:
Denominator:
Rate:

Primary Spoken Language

English
Numerator:
Denominator:
Rate:

Spanish
Numerator:
Denominator:
Rate:

Disability Status

SSI
Numerator:
Denominator:
Rate:

Non-SSI
Numerator:
Denominator:
Rate:

Geography

Urban
Numerator:
Denominator:
Rate:

Rural
Numerator:
Denominator:
Rate:

Measure BCS-AD: Breast Cancer Screening

FFY 2014

<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available <i>Select all that apply (Must select at least one):</i> Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30). Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other Specify: <input type="checkbox"/> Other: Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 10/2011 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

FFY 2014

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid-enrolled women ages 50 to 74 who received a mammogram to screen for breast cancer.

Age Range: 50-64
Numerator: 16514
Denominator: 32586
Rate: 50.7

Age Range: 65-74
Numerator: 4377
Denominator: 9349
Rate: 46.8

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Due to changes in HEDIS specifications, data are not comparable to those reported last year. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

FFY 2014	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure CCS-AD: Cervical Cancer Screening

FFY 2014

<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available. Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30). Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2011 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input checked="" type="checkbox"/> Denominator includes Medicaid population</p>

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- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed every 3 years
- Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Numerator: 245225
Denominator: 396239
Rate: 61.9

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Due to changes in HEDIS specifications, data are not comparable to those reported last year. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014. The date range entered into CARTS reflects Step 1, but both steps were programmed into this measure.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report,

FFY 2014	
<p>please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").</p>	
<p>Optional Measure Stratification</p> <p>If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.</p>	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure: MCS-AD: Medical Assistance with Smoking and Tobacco Use Cessation

FFY 2014

Did you Report on this Measure?

- Yes
- No

If Data Not Reported, Please Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered
 Explain the partial population not covered:
- Data not available.

Select all that apply (Must select at least one):

- Explain why data not available
 - Budget constraints
 - Staff constraints
 - Data inconsistencies/accuracy
 Please explain:
 - Data source not easily accessible
 - Select all that apply:
 - Requires medical record review
 - Requires data linkage which does not currently exist
 - Other:
 - Information not collected
 - Select all that apply:
 - Not collected by provider (hospital/health plan)
 - Other:
 - Other:
- Small sample size (less than 30).
Enter specific sample size:
- Other. Explain: While CAHPS is conducted in the adult population at the plan level, the data are not available to report at this time.

The information for this measure is being provided as part of for the Adult Medicaid Quality Measures Grant:

- Yes (as part of the grant)
- No (this information is for voluntary core set reporting)
- Both (part of the grant and voluntary core set reporting)

Status of Data Reported:

- Provisional
- Final

Measurement Specification:

- NCQA
Specify version of HEDIS used:
- Other. Explain:

Data Source:

- CAHPS5.0H
- Other. Specify:

Date Range:

Start Date: (mm/yyyy)
End Date: (mm/yyyy)

Definition of Population Included in the Measure:

Definition of denominator:

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

FFY 2014

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received medical assistance during the measurement year. The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation and are reported as three separate rolling averages:

- Advising Smokers and Tobacco Users to Quit – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year
- Discussing Cessation Medications – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year
- Discussing Cessation Strategies – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year

Advising Smokers and Tobacco Users to Quit:

Age Range: 18-64

Numerator:

Denominator:

Rate:

Age Range: 65 and older

Numerator:

Denominator:

Rate:

Discussing Cessation Medications:

Age Range: 18-64

Numerator:

Denominator:

Rate:

Age Range: 65 and older

Numerator:

Denominator:

Rate:

Discussing Cessation Strategies:

Age Range: 18-64

Numerator:

Denominator:

Rate:

Age Range: 65 and older

Numerator:

FFY 2014

Denominator:
Rate:

Percentage of Current Smokers and Tobacco Users – Supplemental Calculation:

Age Range: 18-64

Numerator:
Denominator:
Rate:

Age Range: 65 and older

Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

Yes

If yes, indicate whether the state-level rate is weighted:

- The rates are weighted based on the size of the measure-eligible population for each reporting unit
- The rates are weighted based on another weighting factor
- The rates are not weighted

No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White

Numerator:
Denominator:
Rate:

American Indian or Alaska Native

Numerator:
Denominator:
Rate:

Native Hawaiian or Other Pacific Islander

Numerator:
Denominator:
Rate:

Black or African American

Numerator:
Denominator:
Rate:

Asian

Numerator:
Denominator:
Rate:

Ethnicity

Hispanic or Latino

Numerator:
Denominator:
Rate:

Not Hispanic or Latino

Numerator:
Denominator:
Rate:

Sex

Male

Numerator:
Denominator:
Rate:

Female

Numerator:
Denominator:
Rate:

Primary Spoken Language

English

Numerator:
Denominator:

Spanish

Numerator:
Denominator:

FFY 2014	
Rate:	Rate:
Disability Status	
<input type="checkbox"/> SSI Numerator: Denominator: Rate:	<input type="checkbox"/> Non-SSI Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> Urban Numerator: Denominator: Rate:	<input type="checkbox"/> Rural Numerator: Denominator: Rate:

Measure CDF-AD: Screening for Clinical Depression and Follow-Up Plan

FFY 2014
<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Partial population not covered</p> <p style="padding-left: 40px;">Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available</p> <p style="padding-left: 20px;">Explain why data not available</p> <p style="padding-left: 40px;"><input type="checkbox"/> Budget constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Staff constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="padding-left: 40px;">Please explain:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Data source not easily accessible</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires medical record review</p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires data linkage which does not currently exist</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Information not collected</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Not collected by provider (hospital/health plan)</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30).</p> <p style="padding-left: 20px;">Enter specific sample size:</p> <p><input checked="" type="checkbox"/> Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure, however, requires medical record review for the mandatory exclusions. HFS must consider whether resources (e.g., financial, staff) exist to report measures that are based on medical record review.</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:</p> <p><input type="checkbox"/> Yes (as part of the grant)</p> <p><input type="checkbox"/> No (this information is for voluntary core set reporting)</p> <p><input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional</p> <p><input type="checkbox"/> Final</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> CMS</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input type="checkbox"/> Hybrid (Administrative and Medical Records Data)</p> <p>From where is the Administrative Data coming?</p> <p><i>Must select one or more:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Medicaid Management Information System (MMIS)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other. Specify:</p> <p>From where is the Medical Records Data coming?</p> <p><i>Must select one:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Electronic Health Record (EHR) Data</p> <p style="padding-left: 20px;"><input type="checkbox"/> Paper</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both (EHR and paper)</p> <p><input type="checkbox"/> Other. Specify:</p>
<p>Date Range:</p> <p>Start Date: (mm/yyyy)</p> <p>End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><i>Select all that apply:</i></p> <p><input type="checkbox"/> Denominator includes Medicaid population</p>

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- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Age Range: 18-64

Numerator:

Denominator:

Rate:

Age Range: 65 and older

Numerator:

Denominator:

Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:

Denominator:

Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for

FFY 2014	
individuals in the 18-64 age range").	
Optional Measure Stratification If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure PCR-AD: Plan All-Cause Readmission Rate

FFY 2014

Did you Report on this Measure?

- Yes
- No

If Data Not Reported, Please Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered
 Explain the partial population not covered:

- Data not available
 - Explain why data not available
 - Budget constraints
 - Staff constraints
 - Data inconsistencies/accuracy
 - Please explain:
 - Data source not easily accessible
 - Select all that apply:*
 - Requires medical record review
 - Requires data linkage which does not currently exist
 - Other:
 - Information not collected
 - Select all that apply:*
 - Not collected by provider (hospital/health plan)
 - Other:
 - Other:
- Small sample size (less than 30).
 - Enter specific sample size:

Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure has not been programmed.

The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:

- Yes (as part of the grant)
- No (this information is for voluntary core set reporting)
- Both (as part of the grant and voluntary core set reporting)

Status of Data Reported:

- Provisional
- Final

Measurement Specification:

- NCQA
 - Specify version of HEDIS used:
- Other. Explain:

Data Source:

- Administrative Data Only
 - From where is the Administrative Data coming?
 - Must select one or more if Administrative Data is selected:*
 - Medicaid Management Information Systems (MMIS)
 - Other. Specify:
- Other: Specify:

Date Range:

Start Date: (mm/yyyy)
End Date: (mm/yyyy)

Definition of Population Included in the Measure:

Definition of denominator:

- Select all that apply:*
- Denominator includes Medicaid population
 - Denominator includes CHIP population (e.g. pregnant women).
 - Denominator includes Medicare and Medicaid Dually-Eligible population.
 - Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications

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for this measure?

- Yes
 No

Which delivery systems are represented in the denominator?

Select all that apply (Must select at least one):

- Fee-for-Service
 Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
 Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
 Number of health plans:
 Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
 Percentage of total state ICM population represented:
- Other
 Describe:
 Percentage of total other population represented:
 If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
 No

If yes, select all that apply:

- Numerator. Explain:
 Denominator. Explain:
 Other. Explain:

Performance Measure

For Medicaid enrollees 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

- Count of Index Hospital Stays (IHS) (denominator)
- Count of 30-Day Readmissions (numerator)
- Average Adjusted Probability of Readmission (rate)

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
 If yes, indicate whether the state-level rate is weighted:
 The rates are weighted based on the size of the measure-eligible population for each reporting unit
 The rates are weighted based on another weighting factor
 The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
 Denominator:
 Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

- | | |
|--|---|
| <input type="checkbox"/> <u>White</u>
Numerator:
Denominator:
Rate:

<input type="checkbox"/> <u>American Indian or Alaska Native</u> | <input type="checkbox"/> <u>Black or African American</u>
Numerator:
Denominator:
Rate:

<input type="checkbox"/> <u>Asian</u> |
|--|---|

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Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Table 1. Plan All-Cause Readmission Rates by Age, Gender, and Risk Assessment:Age 18-64

Age	Sex	Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmission (Num/Den)
18-44	Male			
	Female			
	Total			
45-54	Male			
	Female			
	Total			
55-64	Male			
	Female			
	Total			
Total 18-64	Male			
	Female			
	Total			

Table 2. Plan All-Cause Readmission Rates by Age, Gender, and Risk Assessment: Age 65+

Age	Sex	Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmission (Num/Den)
65-74	Male			
	Female			
	Total			
75-84	Male			
	Female			
	Total			
85+	Male			
	Female			
	Total			
Total 65+	Male			
	Female			
	Total			

Measure: PQI 01: Diabetes, Short-term Complications Admission Rate

FFY 2014
<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30). Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> AHRQ <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which delivery systems are represented in the denominator?</p>

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Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain: For consistency with tables driving our quality measure programming, age is calculated using a 12/31/YYYY anchor date, rather than using admission date or date of service as described in the measure specifications. Member months are calculated as members' total enrolled days divided by 30.4 days. This approach adjusts for months with 30/31 days and, when it applies, we also adjust for leap year.
- Other. Explain:

Performance Measure

The number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 member months for Medicaid enrollees ages 18 and older.

Age Range: 18-64
Numerator: 1774
Denominator: 11077220
Rate: 16.0

Age Range: 65 and older
Numerator: 17
Denominator: 232502
Rate: 7.3

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and

FFY 2014	
rate(s), along with a brief description of the stratification, to the attachment facility.	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure PQI 05-AD: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

FFY 2014
<p>Did you Report on this Measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available <i>Select all that apply (Must select at least one):</i> Explain why data not available</p> <p><input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30). Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided to meet the requirements for the Adult Medicaid Quality Measures Grant:</p> <p><input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> AHRQ <input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i></p> <p><input checked="" type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other Specify: <input type="checkbox"/> Other: Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i></p> <p><input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain: For consistency with tables driving our quality measure programming, age is calculated using a 12/31/YYYY anchor date, rather than using admission date or date of service as described in the measure specifications. Member months are calculated as members' total enrolled days divided by 30.4 days. This approach adjusts for months with 30/31 days and, when it applies, we also adjust for leap year.
- Other. Explain:

Performance Measure

Number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.

Age Range: 40-64
Numerator: 4462
Denominator: 3681544
Rate: 121.2

Age Range: 65 and older
Numerator: 338
Denominator: 232502
Rate: 145.4

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

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Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility

Race (non-Hispanic)

<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	

Ethnicity

<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
---	---

Sex

<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
---	---

Primary Spoken Language

<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
--	--

Disability Status

<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
--	--

Geography

<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:
--	--

Measure PQI 08: Heart Failure Admission Rate

FFY 2014

Did you Report on this Measure?

- Yes
- No

If Data Not Reported, Please Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered
 Explain the partial population not covered:

- Data not available

Select all that apply (Must select at least one):

Explain why data not available

- Budget constraints
- Staff constraints
- Data inconsistencies/accuracy

Please explain:

- Data source not easily accessible

Select all that apply:

- Requires medical record review
- Requires data linkage which does not currently exist
- Other:

- Information not collected

Select all that apply:

- Not collected by provider (hospital/health plan)
- Other:

- Other:

- Small sample size (less than 30).

Enter specific sample size:

- Other. Explain:

The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant

- Yes (as part of the grant)
- No (this information is for voluntary core set reporting)
- Both (grant as part of the grant and voluntary core set reporting)

Status of Data Reported:

- Provisional
- Final

Measurement Specification:

- AHRQ
- Other. Explain:

Data Source:

- Administrative Data Only

From where is the Administrative Data coming?

Must select one or more if Administrative Data is selected:

- Medicaid Management Information System (MMIS)
- Other Specify:

- Other: Specify:

Date Range:

Start Date: (mm/yyyy) 01/2013

End Date: (mm/yyyy) 12/2013

Definition of Population Included in the Measure:

Definition of denominator:

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

FFY 2014

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain: For consistency with tables driving our quality measure programming, age is calculated using a 12/31/YYYY anchor date, rather than using admission date or date of service as described in the measure specifications. Member months are calculated as members' total enrolled days divided by 30.4 days. This approach adjusts for months with 30/31 days and, when it applies, we also adjust for leap year.
- Other. Explain:

Performance Measure

Number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older.

Age Range: 18-64
Numerator: 2736
Denominator: 11077220
Rate: 24.7

Age Range: 65 and older
Numerator: 248
Denominator: 232502
Rate: 106.7

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
 - If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report,

FFY 2014

or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	

Ethnicity

<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
---	---

Sex

<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
---	---

Primary Spoken Language

<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
--	--

Disability Status

<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
--	--

Geography

<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:
--	--

Measure PQI 15-AD: Asthma in Younger Adults Admission Rate

FFY 2014
<p>Did you Report on this Measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30). Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:</p> <p><input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final.</p>
<p>Measurement Specification:</p> <p><input checked="" type="checkbox"/> AHRQ <input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i></p> <p><input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i></p> <p><input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which delivery systems are represented in the denominator?</p>

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Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:

If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain: For consistency with tables driving our quality measure programming, age is calculated using a 12/31/YYYY anchor date, rather than using admission date or date of service as described in the measure specifications. Member months are calculated as members' total enrolled days divided by 30.4 days. This approach adjusts for months with 30/31 days and, when it applies, we also adjust for leap year.
- Other. Explain:

Performance Measure

Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to39.

Numerator: 754
Denominator: 7395676
Rate: 10.2

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White

Numerator:
Denominator:
Rate:

Black or African American

Numerator:
Denominator:
Rate:

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<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure CHL-AD: Chlamydia Screening in Women Ages 21 to 24

FFY 2014
<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCCA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state MCO/PIHP population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid-enrolled women ages 21 to 24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Numerator: 22650
Denominator: 42126
Rate: 53.8

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

- White
Numerator:
Denominator:
Rate:
- American Indian or Alaska Native
Numerator:

- Black or African American
Numerator:
Denominator:
Rate:
- Asian
Numerator:

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Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure FUH-AD: Follow-Up After Hospitalization for Mental Illness

FFY 2014
<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCCA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

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Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of discharges for Medicaid enrollees age 21 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported:

- Percentage of discharges for which the enrollee received follow-up within 30 days of discharge.
- Percentage of discharges for which the enrollee received follow-up within 7 days of discharge.

Follow-up within 7 days of discharge:

Age Range: 21-64
Numerator: 466
Denominator: 2511
Rate: 18.6

Age Range: 65 and older
Numerator:
Denominator:
Rate:

Follow-up within 30 days of discharge:

Age Range: 21-64
Numerator: 819
Denominator: 2511
Rate: 32.6

Age Range: 65 and older:
Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: In compliance with the statement in the "Instructions" section of this report regarding small sample size in the denominator, since the denominator for those age 65 and older is less than 30 the data

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are not reported here. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.	
<p>Other Performance Measure: If reporting with another methodology, please describe:</p> <p>Numerator: Denominator: Rate:</p> <p>If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").</p>	
<p>Optional Measure Stratification If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.</p>	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure PC01-AD: Elective Delivery

FFY 2014
<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Partial population not covered</p> <p style="padding-left: 40px;">Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available</p> <p style="padding-left: 20px;">Explain why data not available</p> <p style="padding-left: 40px;"><input type="checkbox"/> Budget constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Staff constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="padding-left: 40px;">Please explain:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Data source not easily accessible</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires medical record review</p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires data linkage which does not currently exist</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Information not collected</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Not collected by provider (hospital/health plan)</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p style="padding-left: 20px;">Enter specific sample size:</p> <p><input checked="" type="checkbox"/> Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure, however, requires medical record review. HFS must consider whether resources (e.g., financial, staff) exist to report measures that are based on medical record review.</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:</p> <p><input type="checkbox"/> Yes (as part of the grant)</p> <p><input type="checkbox"/> No (this information is for voluntary core set reporting)</p> <p><input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional</p> <p><input type="checkbox"/> Final</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> The Joint Commission</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input type="checkbox"/> Hybrid (Administrative and Medical Records Data)</p> <p>From where is the Administrative Data coming?</p> <p><i>Must select one or more:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Medicaid Management Information System (MMIS)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vital Records</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other. Specify:</p> <p>From where is the Medical Records Data coming?</p> <p><i>Must select one:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Electronic Health Record (EHR) Data</p> <p style="padding-left: 20px;"><input type="checkbox"/> Paper</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both (EHR and paper)</p> <p><input type="checkbox"/> Other. Specify:</p>
<p>Date Range:</p> <p>Start Date: (mm/yyyy)</p> <p>End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p>

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Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid and CHIP enrolled women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.

Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range.")

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and

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rate(s), along with a brief description of the stratification, to the attachment facility.	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure: PC-03 Antenatal Steroids

FFY 2014
<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Partial population not covered</p> <p style="padding-left: 40px;">Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available</p> <p style="padding-left: 20px;">Explain why data not available</p> <p style="padding-left: 40px;"><input type="checkbox"/> Budget constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Staff constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="padding-left: 40px;">Please explain:</p> <p><input type="checkbox"/> Data source not easily accessible</p> <p style="padding-left: 20px;"><i>Select all that apply:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> Requires medical record review</p> <p style="padding-left: 40px;"><input type="checkbox"/> Requires data linkage which does not currently exist</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Information not collected</p> <p style="padding-left: 20px;"><i>Select all that apply:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> Not collected by provider (hospital/health plan)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p style="padding-left: 20px;">Enter specific sample size:</p> <p><input checked="" type="checkbox"/> Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure, however, requires medical record review. HFS must consider whether resources (e.g., financial, staff) exist to report measures that are based on medical record review.</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:</p> <p><input type="checkbox"/> Yes (as part of the grant)</p> <p><input type="checkbox"/> No (this information is for voluntary core set reporting)</p> <p><input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional</p> <p><input type="checkbox"/> Final</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> The Joint Commission</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input type="checkbox"/> Hybrid (Administrative and Medical Records Data)</p> <p>From where is the Administrative Data coming?</p> <p><i>Must select one or more:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Medicaid Management Information System (MMIS)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Vital Records</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other. Specify:</p> <p>From where is the Medical Records Data coming?</p> <p><i>Must select one:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Electronic Health Record (EHR) Data</p> <p style="padding-left: 20px;"><input type="checkbox"/> Paper</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both (EHR and paper)</p> <p><input type="checkbox"/> Other. Specify:</p>
<p>Date Range:</p> <p>Start Date: (mm/yyyy)</p> <p>End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure:</p>

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Definition of denominator:

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid and CHIP enrolled women at risk of preterm delivery at ≥ 24 and < 32 weeks gestation who received antenatal steroids prior to delivering preterm newborns.

Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report,

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or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	

Ethnicity

<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
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Primary Spoken Language

<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
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Disability Status

<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
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Geography

<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:
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Measure HMV-AD: HIV Viral Load Suppression

FFY 2014

<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input checked="" type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input checked="" type="checkbox"/> Data inconsistencies/accuracy Please explain: While HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future, this measure is not likely to be able to be reported as HFS does not use LOINC codes which are required to determine HIV viral load for the numerator. <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input type="checkbox"/> Final</p>
<p>Measurement Specification: <input type="checkbox"/> HRSA <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <i>Select all that apply:</i> <input type="checkbox"/> Denominator includes Medicaid population <input type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify: Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees age 18 and older with a diagnosis of HIV who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Age Range: 18-64

Numerator:
Denominator:
Rate:

Age Range: 65 and older

Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

- White
- Black or African American

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Numerator: Denominator: Rate: <input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	Numerator: Denominator: Rate: <input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure CBP-AD: Controlling High Blood Pressure

FFY 2014

<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure, however, requires medical record review. HFS must consider whether resources (e.g., financial, staff) exist to report measures that are based on medical record review.</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input type="checkbox"/> Final</p>
<p>Measurement Specification: <input type="checkbox"/> NCQA Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure:</p>

Definition of denominator:

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.

Age Range: 18-64
Numerator:
Denominator:
Rate:

Age Range: 65-85
Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

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If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	

Ethnicity

<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
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Sex

<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
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Primary Spoken Language

<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
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Disability Status

<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
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Geography

<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:
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Measure LDL-AD: Comprehensive Diabetes Care: LDL-C Screening

FFY 2014

<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure:</p>
<p>Definition of denominator:</p>

FFY 2014

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees ages 18 to75 with diabetes (type 1 and type 2) who had a LDL-C screening test.

Age Range 18-64
Numerator: 41601
Denominator: 61686
Rate: 67.4

Age Range 65-75
Numerator: 2848
Denominator: 3807
Rate: 74.8

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

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If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
 Numerator:
 Denominator:
 Rate:

American Indian or Alaska Native
 Numerator:
 Denominator:
 Rate:

Native Hawaiian or Other Pacific Islander
 Numerator:
 Denominator:
 Rate:

Black or African American
 Numerator:
 Denominator:
 Rate:

Asian
 Numerator:
 Denominator:
 Rate:

Ethnicity

Hispanic or Latino
 Numerator:
 Denominator:
 Rate:

Not Hispanic or Latino
 Numerator:
 Denominator:
 Rate:

Sex

Male
 Numerator:
 Denominator:
 Rate:

Female
 Numerator:
 Denominator:
 Rate:

Primary Spoken Language

English
 Numerator:
 Denominator:
 Rate:

Spanish
 Numerator:
 Denominator:
 Rate:

Disability Status

SSI
 Numerator:
 Denominator:
 Rate:

Non-SSI
 Numerator:
 Denominator:
 Rate:

Geography

Urban
 Numerator:
 Denominator:
 Rate:

Rural
 Numerator:
 Denominator:
 Rate:

Measure HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1c Testing

FFY 2014

<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? <i>Must select one or more:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 01/2013 End Date: (mm/yyyy) 12/2013</p>
<p>Definition of Population Included in the Measure: Definition of denominator:</p>

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Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women).
- Denominator includes Medicare and Medicaid Dually-Eligible population.
- Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.

Age Range: 18-64
Numerator: 46750
Denominator: 61686
Rate: 75.8

Age Range: 65-75
Numerator: 3074
Denominator: 3807
Rate: 80.8

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

FFY 2014

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
 Numerator:
 Denominator:
 Rate:

American Indian or Alaska Native
 Numerator:
 Denominator:
 Rate:

Native Hawaiian or Other Pacific Islander
 Numerator:
 Denominator:
 Rate:

Black or African American
 Numerator:
 Denominator:
 Rate:

Asian
 Numerator:
 Denominator:
 Rate:

Ethnicity

Hispanic or Latino
 Numerator:
 Denominator:
 Rate:

Not Hispanic or Latino
 Numerator:
 Denominator:
 Rate:

Sex

Male
 Numerator:
 Denominator:
 Rate:

Female
 Numerator:
 Denominator:
 Rate:

Primary Spoken Language

English
 Numerator:
 Denominator:
 Rate:

Spanish
 Numerator:
 Denominator:
 Rate:

Disability Status

SSI
 Numerator:
 Denominator:
 Rate:

Non-SSI
 Numerator:
 Denominator:
 Rate:

Geography

Urban
 Numerator:
 Denominator:
 Rate:

Rural
 Numerator:
 Denominator:
 Rate:

Measure AMM-AD: Antidepressant Medication Management

FFY 2014

<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 05/2012 End Date: (mm/yyyy) 04/2013</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input checked="" type="checkbox"/> Denominator includes Medicaid population <input checked="" type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

FFY 2014

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees age 18 and older with a diagnosis of major depression and were treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported:

- Effective Acute Phase Treatment. The percentage of newly diagnosed and treated Medicaid enrollees who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated Medicaid enrollees who remained on an antidepressant medication for at least 180 days (6 months).

Effective Acute Phase Treatment: Remained on medication for at least 84 days (12 weeks):

Age Range: 18-64
Numerator: 10334
Denominator: 28111
Rate: 36.8

Age Range: 65 and older
Numerator: 123
Denominator: 270
Rate: 45.6

Effective Continuation Phase Treatment: Remained on medication for at least 180 days (6 months):

Age Range: 18-64
Numerator: 5019
Denominator: 28111
Rate: 17.9

Age Range: 65 and older
Numerator: 75
Denominator: 270
Rate: 27.8

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: This measure is provisional as testing has not been completed. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

FFY 2014

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
Numerator:
Denominator:
Rate:

American Indian or Alaska Native
Numerator:
Denominator:
Rate:

Native Hawaiian or Other Pacific Islander
Numerator:
Denominator:
Rate:

Black or African American
Numerator:
Denominator:
Rate:

Asian
Numerator:
Denominator:
Rate:

Ethnicity

Hispanic or Latino
Numerator:
Denominator:
Rate:

Not Hispanic or Latino
Numerator:
Denominator:
Rate:

Sex

Male
Numerator:
Denominator:
Rate:

Female
Numerator:
Denominator:
Rate:

Primary Spoken Language

English
Numerator:
Denominator:
Rate:

Spanish
Numerator:
Denominator:
Rate:

Disability Status

SSI
Numerator:
Denominator:
Rate:

Non-SSI
Numerator:
Denominator:
Rate:

Geography

Urban
Numerator:
Denominator:
Rate:

Rural
Numerator:
Denominator:
Rate:

Measure SAA-AD: Adherence to Antipsychotics for Individuals with Schizophrenia

FFY 2014

<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure has not been programmed.</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input type="checkbox"/> Final</p>
<p>Measurement Specification: <input type="checkbox"/> NCQA Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i> <input type="checkbox"/> Denominator includes Medicaid population <input type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women). <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population. <input type="checkbox"/> Other. Specify:</p> <p>Does this denominator represent your total measure eligible population as defined by the Technical Specifications</p>

FFY 2014

for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all that delivery systems apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
Numerator:
Denominator:
Rate:

Black or African American
Numerator:
Denominator:
Rate:

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<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure MPM-AD: Annual Monitoring for Patients on Persistent Medications

FFY 2014

Did you Report on this Measure?

- Yes
- No

If Data Not Reported, Please Explain Why:

Select all that apply (Must select at least one):

- Service not covered
- Population not covered
 - Entire population not covered
 - Partial population not covered
 Explain the partial population not covered:

- Data not available
 - Explain why data not available
 - Budget constraints
 - Staff constraints
 - Data inconsistencies/accuracy
 - Please explain:
 - Data source not easily accessible
 - Select all that apply:
 - Requires medical record review
 - Requires data linkage which does not currently exist
 - Other:
 - Information not collected
 - Select all that apply:
 - Not collected by provider (hospital/health plan)
 - Other:
 - Other:
- Small sample size (less than 30)
 - Enter specific sample size:

Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure has not been programmed.

The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:

- Yes (as part of the grant)
- No (this information is for voluntary core set reporting)
- Both (as part of the grant and voluntary core set reporting)

Status of Data Reported:

- Provisional
- Final

Measurement Specification:

- NCQA
 - Specify version of HEDIS used:
- Other. Explain:

Data Source:

- Administrative Data Only
 - From where is the Administrative Data coming?
 - Must select one or more if Administrative Data is selected:
 - Medicaid Management Information Systems (MMIS)
 - Other. Specify:
- Other. Specify:

Date Range:

Start Date: (mm/yyyy)
End Date: (mm/yyyy)

Definition of Population Included in the Measure:

Definition of denominator:

- Select all that apply:
- Denominator includes Medicaid population
 - Denominator includes CHIP population (e.g. pregnant women).
 - Denominator includes Medicare and Medicaid Dually-Eligible population.
 - Other. Specify:

Does this denominator represent your total measure eligible population as defined by the Technical Specifications

for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
 - Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
 - Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
 - Integrated Care Models (ICM)
Percentage of total state ICM population represented:
 - Other
Describe:
Percentage of total other population represented:
- If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. Report each of the four rates separately and a total rate.

- Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for enrollees on digoxin.
- Annual monitoring for enrollees on diuretic.
- Annual monitoring for enrollees on anticonvulsants.
- Total rate (the sum of the four numerators divided by the sum of the four denominators).

Annual Monitoring for Enrollees on ACE Inhibitors or ARBs:

Age Range: 18-64
Numerator:
Denominator:
Rate:

Age Range: 65 and older
Numerator:
Denominator:
Rate:

Annual Monitoring for Enrollees on Digoxin

Age Range: 18-64
Numerator:
Denominator:
Rate:

Age Range: 65 and older
Numerator:
Denominator:
Rate:

Annual Monitoring for Enrollees on Diuretic:

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Age Range: 18-64
 Numerator:
 Denominator:
 Rate:

Age Range: 65 and older
 Numerator:
 Denominator:
 Rate:

Annual Monitoring for Enrollees on Anti-convulsants:

Age Range: 18-64
 Numerator:
 Denominator:
 Rate:

Age Range: 65 and older
 Numerator:
 Denominator:
 Rate:

Total Rate (sum of the four rates)

Age Range: 18-64
 Numerator:
 Denominator:
 Rate:

Age Range: 65 and older
 Numerator:
 Denominator:
 Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
 If yes, indicate whether the state-level rate is weighted:
 The rates are weighted based on the size of the measure-eligible population for each reporting unit
 The rates are weighted based on another weighting factor
 The rates are not weighted
 No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
 Denominator:
 Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
 Numerator:
 Denominator:
 Rate:

 American Indian or Alaska Native
 Numerator:

Black or African American
 Numerator:
 Denominator:
 Rate:

 Asian
 Numerator:

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Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure CPA-AD: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.0H – Adult Questionnaire

FFY 2014

Did you Collect this Measure?

- Yes
 No

If Yes, How Did you Report this Measure (select all that apply):

- Submitted raw data to AHRQ (CAHPS Database)
 Submitted a summary report to CMS using CARTS attachment Facility (NOTE: do not submit raw CAHPS data to CMS)
 Other. Explain:

If Data Not Reported, Please Explain Why:

Select all that apply (Must select at least one):

- Service not covered
 Population not covered
 Entire population not covered
 Partial population not covered
 Explain the partial population not covered:

 Data not available
 Explain why data not available
 Budget constraints
 Staff constraints
 Data inconsistencies/accuracy
 Please explain:
 Data source not easily accessible
 Select all that apply:
 Requires medical record review
 Requires data linkage which does not currently exist
 Other:
 Information not collected
 Select all that apply:
 Not collected by provider (hospital/health plan)
 Other:
 Other:
 Small sample size (less than 30)
 Enter specific sample size:
 Other. Explain: While CAHPS is conducted within plans serving the adult population, the aggregate data are not available to report at this time. Over the next year, HFS will investigate our capacity to report summary rates as specified in the Adult Core Measures or to conduct a statewide CAHPS among the adult population.

The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:

- Yes ((as part of the grant)
 No (this information is for voluntary core set reporting)
 Both (as part of the grant and voluntary core set reporting)

Measurement Specification:

- AHRQ & NCQA
 Other. Explain:

Data Source:

- CAHPS 5.0H
 Other. Specify:

Which Supplemental Item Sets were Included in the Survey?

- No supplemental item sets were included
 Supplemental items for Adult Survey 5.0H
 Other CAHPS item set

Explain:

Which Administrative Protocol was Used to Administer the Survey?

- NCQA HEDIS CAHPS 5.0H administrative protocol
 AHRQ CAHPS administrative protocol
 Other administrative protocol

Explain:

Definition of Population Included in the Measure:

Definition of denominator:

Select all that apply:

- Denominator includes Medicaid population
 Denominator includes CHIP population (e.g. pregnant women).
 Denominator includes Medicare and Medicaid Dually-Eligible population.

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Other. Specify:

Please submit a CAHPS summary report to CMS using the CARTS attachment facility (Note: do NOT submit raw CAHPS data to CMS). States should calculate survey results for two age groups (as applicable): ages 18 to 64 and ages 65 and older.

Measure CTR-AD: Care Transition – Timely Transmission of Transition Record

FFY 2014

<p>Did you Report on this Measure?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Partial population not covered</p> <p style="padding-left: 40px;">Explain the partial population not covered:</p> <p><input checked="" type="checkbox"/> Data not available</p> <p style="padding-left: 20px;">Explain why data not available</p> <p style="padding-left: 40px;"><input type="checkbox"/> Budget constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Staff constraints</p> <p style="padding-left: 40px;"><input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="padding-left: 40px;">Please explain:</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> Data source not easily accessible</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input checked="" type="checkbox"/> Requires medical record review</p> <p style="padding-left: 60px;"><input checked="" type="checkbox"/> Requires data linkage which does not currently exist</p> <p style="padding-left: 60px;"><input checked="" type="checkbox"/> Other: The numerator definition for this measure is "Enrollees for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge." Currently, HFS does not gather the necessary data to identify the numerator population.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Information not collected</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Not collected by provider (hospital/health plan)</p> <p style="padding-left: 60px;"><input type="checkbox"/> Other:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p style="padding-left: 20px;">Enter specific sample size:</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:</p> <p><input type="checkbox"/> Yes (as part of the grant)</p> <p><input type="checkbox"/> No (this information is for voluntary core set reporting)</p> <p><input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional</p> <p><input type="checkbox"/> Final</p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> AMA/PCPI</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>Data Source:</p> <p><input type="checkbox"/> Hybrid (Administrative and Medical Records Data)</p> <p>From where is the Administrative Data coming?</p> <p><i>Must select one or more:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Medicaid Management Information System (MMIS)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other. Specify:</p> <p>From where is the Medical Records Data coming?</p> <p><i>Must select one:</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> Electronic Health Record (EHR) Data</p> <p style="padding-left: 20px;"><input type="checkbox"/> Paper</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both (EHR and paper)</p> <p><input type="checkbox"/> Other. Specify:</p>
<p>Date Range:</p> <p>Start Date: (mm/yyyy)</p> <p>End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: <i>Select all that apply:</i></p> <p><input type="checkbox"/> Denominator includes Medicaid population</p> <p><input type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women).</p> <p><input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population.</p> <p><input type="checkbox"/> Other. Specify:</p>

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees age 18 years and older discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

Age Range: 18-64

Numerator:
Denominator:
Rate:

Age Range: 64 and older

Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

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Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
<input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	

Ethnicity

<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
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Sex

<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
---	---

Primary Spoken Language

<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
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Disability Status

<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
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Geography

<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:
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Measure IET-AD: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

FFY 2014

<p>Did you Report on this Measure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input checked="" type="checkbox"/> Other. Explain: For years, HFS has collected data that are used to program and report on a variety of measures. This effort was driven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoting continuous quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting by programming additional measures from the Adult Core Set that will be reported in the future. This measure has not been programmed.</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input type="checkbox"/> Final</p>
<p>Measurement Specification: <input type="checkbox"/> NCQA Specify version of HEDIS used: <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Other: Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) End Date: (mm/yyyy)</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <i>Select all that apply:</i> <input type="checkbox"/> Denominator includes Medicaid population <input type="checkbox"/> Denominator includes CHIP population (e.g. pregnant women) <input type="checkbox"/> Denominator includes Medicare and Medicaid Dually-Eligible population <input type="checkbox"/> Other. Specify: Does this denominator represent your total measure eligible population as defined by the Technical Specifications</p>

for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented:
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of total state MCO/PIHP population represented:
- Integrated Care Models (ICM)
Percentage of total state ICM population represented:
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of Medicaid enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence who:

- Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis (initiation of AOD treatment).
- Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit (engagement of AOD treatment).

Initiation of AOD Treatment:

Age Range: 18-64
Numerator:
Denominator:
Rate:

Age Range: 65 and older
Numerator:
Denominator:
Rate:

Engagement of AOD Treatment:

Age Range: 18-64
Numerator:
Denominator:
Rate:

Age Range: 65 and older
Numerator:
Denominator:
Rate:

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 The rates are weighted based on the size of the measure-eligible population for each reporting unit

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<input type="checkbox"/> The rates are weighted based on another weighting factor <input type="checkbox"/> The rates are not weighted <input type="checkbox"/> No	
Additional notes/comments on measure:	
Other Performance Measure: If reporting with another methodology, please describe: Numerator: Denominator: Rate: If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").	
Optional Measure Stratification If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.	
Race (non-Hispanic)	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Sex	
<input type="checkbox"/> <u>Male</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Female</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate:

Measure PPC-AD: Postpartum Care Rate

FFY 2014

<p>Did you Report on this Measure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i> <input type="checkbox"/> Service not covered <input type="checkbox"/> Population not covered <input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered Explain the partial population not covered: <input type="checkbox"/> Data not available Explain why data not available <input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy Please explain: <input type="checkbox"/> Data source not easily accessible <i>Select all that apply:</i> <input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other: <input type="checkbox"/> Information not collected <i>Select all that apply:</i> <input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Small sample size (less than 30) Enter specific sample size: <input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Adult Medicaid Quality Measures Grant: <input type="checkbox"/> Yes (as part of the grant) <input checked="" type="checkbox"/> No (this information is for voluntary core set reporting) <input type="checkbox"/> Both (as part of the grant and voluntary core set reporting)</p> <p>The information for this measure is being provided as part of the Improving Maternal and Infant Health Outcomes in Medicaid and CHIP Reporting Incentive Grant: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Final</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> NCQA Specify version of HEDIS used: 2014 <input type="checkbox"/> Other. Explain:</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative Data Only From where is the Administrative Data coming? <i>Must select one or more if Administrative Data is selected:</i> <input checked="" type="checkbox"/> Medicaid Management Information Systems (MMIS) <input type="checkbox"/> Other. Specify: <input type="checkbox"/> Hybrid (Administrative and Medical Record Data) From where is the Administrative Data coming? <i>Must select one or more:</i> <input type="checkbox"/> Medicaid Management Information System (MMIS) <input type="checkbox"/> Other. Specify: From where is the Medical Records Data coming? <i>Must select one:</i> <input type="checkbox"/> Electronic Health Record (EHR) Data <input type="checkbox"/> Paper <input type="checkbox"/> Both (EHR and paper) <input type="checkbox"/> Other. Specify:</p>
<p>Date Range: Start Date: (mm/yyyy) 11/2012 End Date: (mm/yyyy) 11/2013</p>
<p>Definition of Population Included in the Measure: Definition of denominator:</p>

Select all that apply:

- Denominator includes Medicaid population
- Denominator includes CHIP population (e.g. pregnant women)
- Denominator includes Medicare and Medicaid Dually-Eligible population
- Other. Specify:

Does this denominator represent your total eligible measure population as defined by the Technical Specifications for this measure?

- Yes
- No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

- Fee-for-Service
Percentage of total state FFS population represented: 0
- Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented: 0
- Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: 0
Percentage of total state MCO/PIHP population represented: 0
- Integrated Care Models (ICM)
Percentage of total state ICM population represented: 0
- Other
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
- No

If yes, select all that apply:

- Numerator. Explain:
- Denominator. Explain:
- Other. Explain:

Performance Measure

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

Numerator: 42225
Denominator: 77933
Rate: 54.2

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
If yes, indicate whether the state-level rate is weighted:
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit
 - The rates are weighted based on another weighting factor
 - The rates are not weighted
- No

Additional notes/comments on measure: The specifications state that numerator hits can be based on bundled services only if they contain the dates for when prenatal care began or when postpartum care was rendered. Our bundled service claims do not have that specificity and, therefore, cannot be used for this measure. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was audited by HSAG during fall 2014.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
Denominator:
Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range").

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and

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rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

White
 Numerator:
 Denominator:
 Rate:

American Indian or Alaska Native
 Numerator:
 Denominator:
 Rate:

Native Hawaiian or Other Pacific Islander
 Numerator:
 Denominator:
 Rate:

Black or African American
 Numerator:
 Denominator:
 Rate:

Asian
 Numerator:
 Denominator:
 Rate:

Ethnicity

Hispanic or Latino
 Numerator:
 Denominator:
 Rate:

Not Hispanic or Latino
 Numerator:
 Denominator:
 Rate:

Primary Spoken Language

English
 Numerator:
 Denominator:
 Rate:

Spanish
 Numerator:
 Denominator:
 Rate:

Disability Status

SSI
 Numerator:
 Denominator:
 Rate:

Non-SSI
 Numerator:
 Denominator:
 Rate:

Geography

Urban
 Numerator:
 Denominator:
 Rate:

Rural
 Numerator:
 Denominator:
 Rate:

Maternal and Infant Health Initiative Developmental Measure: Contraception Utilization

2014
<p>Did you Report on this Measure?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <i>Select all that apply (Must select at least one):</i></p> <p><input type="checkbox"/> Service not covered</p> <p><input type="checkbox"/> Population not covered</p> <p style="padding-left: 20px;"><input type="checkbox"/> Entire population not covered <input type="checkbox"/> Partial population not covered</p> <p style="padding-left: 40px;">Explain the partial population not covered:</p> <p><input type="checkbox"/> Data not available</p> <p style="padding-left: 20px;">Explain why data not available</p> <p style="padding-left: 40px;"><input type="checkbox"/> Budget constraints <input type="checkbox"/> Staff constraints <input type="checkbox"/> Data inconsistencies/accuracy</p> <p style="padding-left: 40px;">Please explain:</p> <p><input type="checkbox"/> Data source not easily accessible</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Requires medical record review <input type="checkbox"/> Requires data linkage which does not currently exist <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Information not collected</p> <p style="padding-left: 40px;"><i>Select all that apply:</i></p> <p style="padding-left: 60px;"><input type="checkbox"/> Not collected by provider (hospital/health plan) <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Small sample size (less than 30)</p> <p style="padding-left: 20px;">Enter specific sample size:</p> <p><input type="checkbox"/> Other. Explain:</p>
<p>The information for this measure is being provided as part of the Improving Maternal and Infant Health Outcomes in Medicaid and CHIP Reporting Incentive Grant:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Status of Data Reported:</p> <p><input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Final</p>
<p>Measurement Specification:</p> <p>Rate 1: Most effective or moderately effective contraception</p> <p><input checked="" type="checkbox"/> CDC/OPA <input type="checkbox"/> Other. Explain:</p> <p>Rate 2: Long-acting reversible contraception</p> <p><input checked="" type="checkbox"/> CDC/OPA <input type="checkbox"/> Other. Explain:</p>

Data Source:

Rate 1: The most effective or moderately effective contraception

Administrative Data Only

From where is the Administrative Data coming?

Must select one or more if Administrative Data is selected:

Medicaid Management Information Systems (MMIS)

Other. Specify:

Other: Specify:

Rate 2: Long-acting reversible contraception

Administrative Data Only

From where is the Administrative Data coming?

Must select one or more if Administrative Data is selected:

Medicaid Management Information Systems (MMIS)

Other. Specify:

Other: Specify:

Date Range:

Start Date: (mm/yyyy) 01/2013

End Date: (mm/yyyy) 12/2013

Definition of Population Included in the Measure:**Definition of denominator:**

Select all that apply:

Denominator includes Medicaid population

Denominator includes CHIP population (e.g. pregnant women).

Denominator includes Medicare and Medicaid Dually-Eligible population.

Other. Specify: Denominator includes Illinois Healthy Women (IHW) participants who have partial benefits only for the provision of contraceptive services. These women are excluded from other measures since they do not have full medical benefits. They are included here, however, since the measure focus is consistent with services IHW women receive.

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

Yes

No

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent.

Fee-for-Service

Percentage of total state FFS population represented: 0

Primary Care Case Management (PCCM)

Percentage of total state PCCM population represented: 0

Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)

Number of health plans: 0

Percentage of total state MCO/PIHP population represented: 0

Integrated Care Models (ICM)

Percentage of total state ICM population represented: 0

Other

Describe:

Percentage of total other population represented:

If applicable, number of health plans represented:

Deviations from Measure Specifications:

Did your calculation of this measure deviate from the measure specifications in any way?

- Yes
 No

If yes, select all that apply:

- Numerator. Explain:
 Denominator. Explain:
 Other. Explain:

Performance Measure

The proportion of women aged 15-44 years who are at risk of unintended pregnancy who adopt or continue use of:

- 1) The most effective or moderately effective FDA-approved methods of contraception
- 2) An FDA-approved, long-acting reversible method of contraception.

The most effective or moderately effective contraception

Age Range: 15-20:
 Numerator: 29512
 Denominator: 146737
 Rate: 20.1

Age Range: 21-44:
 Numerator: 158429
 Denominator: 339044
 Rate: 46.7

Long-acting reversible contraception

Age Range: 15-20:
 Numerator: 5497
 Denominator: 146737
 Rate: 3.7

Age Range: 21-44:
 Numerator: 27106
 Denominator: 339044
 Rate: 8.0

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?

- Yes
 If yes, indicate whether the state-level rate is weighted:
 The rates are weighted based on the size of the measure-eligible population for each reporting unit
 The rates are weighted based on another weighting factor
 The rates are not weighted
 No

Additional notes/comments on measure: This measure is provisional as testing has not been completed. Rejected claims are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it was not programmed at the time of the audit.

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator:
 Denominator:
 Rate:

If reporting with another methodology, and there are additional numerators, denominators and rates you want to report, please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for individuals in the 18-64 age range.")

Optional Measure Stratification

If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

Race (non-Hispanic)

2014	
<input type="checkbox"/> <u>White</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Black or African American</u> Numerator: Denominator: Rate: <input type="checkbox"/> <u>Asian</u> Numerator: Denominator: Rate:
Ethnicity	
<input type="checkbox"/> <u>Hispanic or Latino</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Not Hispanic or Latino</u> Numerator: Denominator: Rate:
Primary Spoken Language	
<input type="checkbox"/> <u>English</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Spanish</u> Numerator: Denominator: Rate:
Disability Status	
<input type="checkbox"/> <u>SSI</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Non-SSI</u> Numerator: Denominator: Rate:
Geography	
<input type="checkbox"/> <u>Urban</u> Numerator: Denominator: Rate:	<input type="checkbox"/> <u>Rural</u> Numerator: Denominator: Rate: