DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory:					IL	
Reporting Period: 2014		2014		Note: Fede	eral Fiscal Year 2014 starts	10/1/2013and ends /30/2014.
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Submission	Date:	1/26/2015				

*Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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: <u>http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-</u> <u>Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf</u>

Measure Abbreviation	Measure	Measure Steward	Measure Description
FVA-AD	Flu Vaccinations for Adults Ages 18 to 64	NCQA/HEDIS (<u>http://www.ncqa.org</u>)	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 (<u>http://www.ncqa.org</u>)	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 (<u>http://www.ncqa.org</u>)	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 (<u>http://www.ncqa.org</u>)	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 (<u>http://www.ncqa.org</u>)	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	CMS	Percentage of Medicaid enrollees
	Depression and Follow-Up Plan	(<u>http://www.usquality</u> <u>measures.org</u>)	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 (<u>http://www.ncqa.org</u>)	positive screen. 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 (<u>http://www.qualityindi</u> <u>cators.ahrq.gov</u>)	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 (<u>http://www.qualityindi</u> <u>cators.ahrq.gov</u>)	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 (<u>http://www.qualityindi</u> <u>cators.ahrq.gov</u>)	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 (<u>http://www.qualityindi</u> <u>cators.ahrq.gov</u>)	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 (<u>http://www.ncqa.org</u>)	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 (<u>http://www.ncqa.org</u>)	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	The Joint Commission	Percentage of Medicaid and CHIP
	Delivery	(http://www.jointcomm	enrolled women with elective vaginal
	_ = = = = ; ;	ission.org)	deliveries or elective cesarean
		<u>iccienterg</u> /	sections at $>= 37$ and < 39 weeks of
			gestation completed.
PC03-AD	PC-03 Antenatal	The Joint Commission	Percentage of Medicaid and CHIP
1 000 AD	Steroids	(http://www.jointcomm	enrolled women at risk of preterm
	Oteroida	ission.org)	delivery at >=24 and <32 weeks
		<u>1001011.01g</u>)	gestation who received antenatal
			steroids prior to delivering preterm
			newborns.
HMV-AD	HIV Viral Load	Health Resources and	Percentage of Medicaid enrollees
	Suppression	Services	age 18 and older with a diagnosis of
		Administration	HIV who had a HIV viral load less
		(<u>www.hrsa.gov/</u>)	than 200 copies/mL at last HIV viral
			load test during the measurement
			year.
CBP-AD	Controlling High	NCQA/HEDIS	Percentage of Medicaid enrollees
	Blood Pressure	(http://www.ncqa.org)	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	NCQA/HEDIS	Percentage of Medicaid enrollees
	Diabetes Care: LDL-	(http://www.ncqa.org)	ages 18 to 75 with diabetes (type 1
	C Screening		and type 2) who had a LDL-C
			screening test.
HA1C-AD	Comprehensive	NCQA/HEDIS	Percentage of Medicaid enrollees
	Diabetes Care:	(http://www.ncqa.org)	ages 18 to 75 with diabetes (type 1
	Hemoglobin A1c		and type 2) who had a Hemoglobin
	Testing		A1c test.
AMM-AD	Antidepressant	NCQA/HEDIS	Percentage of Medicaid enrollees
	Medication	(http://www.ncqa.org)	age 18 and older with a diagnosis of
	Management		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
SAA-AD	Adherence to	NCQA/HEDIS	days (6 months).
SAA-AD		(http://www.ncqa.org)	Percentage of Medicaid enrollees
	Antipsychotics for Individuals with	(<u>map.//www.ncqa.org</u>)	ages 19 to 64 with schizophrenia who were dispensed and remained
	Schizophrenia		on an antipsychotic medication for at least 80 percent of their treatment
			period.
MPM-AD	Annual Monitoring	NCQA/HEDIS	Percentage of Medicaid enrollees
	for Patients on	(http://www.ncqa.org)	age 18 and older who received at
	Persistent		least 180 treatment days of
	Medications		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.
		1	agont 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 (<u>http://www.ncqa.org</u>)	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) (<u>http://www.ama-</u> <u>assn.org</u>)	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 (<u>http://www.ncqa.org</u>)	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 (<u>http://www.ncqa.org</u>)	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.

- <u>Service not covered</u>: Check this box if your program does not cover this service.
- <u>Population not covered</u>: 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.

- <u>Data not available</u>: 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".
- <u>Small Sample Size (less than 30)</u>: 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.
- <u>Other</u>: 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 <u>and</u> 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:

- <u>Provisional</u>: 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.
- <u>Final</u>: 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 <u>Technical Specifications and</u> <u>Resource Manual</u>.

HEDIS® Version:

Please specify HEDIS® Version (example HEDIS 2014). This field must be completed only when a user selects the NCQA measurement specification.

• <u>"Other" Measurement Specification Explanation</u>: 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):

- <u>Administrative Data</u>: 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.
- <u>Hybrid</u>: 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.
- <u>Survey Data</u>: 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. <u>Do not</u> 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, 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: <u>http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf</u>.

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 <u>CMS Maternal and Infant Health Initiative</u> 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 <u>Technical Specifications and Resource Manual</u>. The technical specifications for the developmental measure are available at: <u>http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html</u>.

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

FFY 2014
Did you Report on this Measure?
□ Yes
If Data Not Reported, Please Explain Why:
Select all that apply (Must select at least one):
Population not covered
Entire population not covered
Partial population not covered Fundation the partial population pat environde
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:
🗌 Final.
Measurement Specification:
Specify version of HEDIS used:
Other. Explain:
Data Source:
Other. Explain:
Date Range: Start Date: (mm/usuu)
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?
T Yes
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 percentage and the measure. For example, if the measure of each delivery system, enter the percentage all
of the total state population represented in the measure. For example, if the measure-eligible population represents all
managed care enrollees, enter 100 percent.
Percentage of total state FFS population represented:
Primary Care Case Management (PCCM)
Percentage of total state PCCM population represented:

	FFY 2014
Managed Care Organization/Prepaid Inpatient Health	Plan (MCO/PIHP)
Number of health plans:	
Percentage of total state MCO/PIHP population re	presented:
Integrated Care Models (ICM)	
Percentage of total state ICM population represent	ted:
☐ 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	e measure specifications in any way?
	a measure specifications in any way.
If yes, select all that apply:	
Numerator. Explain:	
Denominator. Explain:	
Other. Explain:	
Performance Measure	
	enrollees 50-64 years of age who received an influenza vaccine
	date when the CAHPS 5.0H adult survey was completed.
Numerator:	
Denominator:	
Rate:	
Did you Combine Rates from Multiple Reporting Unit	s (e.g., health plans, delivery systems, programs) to Create a
State-Level Rate?	
☐ Yes	
If yes, indicate whether the state-level rate is weighter	ed:
The rates are weighted based on the size of the n	
The rates are weighted based on another weightin	
☐ The rates are not weighted	
Additional notes/comments on measure:	
Other Performance Measure:	
If reporting with another methodology, please describe:	
Numerator:	
Denominator:	
Rate:	
Nate.	
If reporting with another methodology, and there are add	itional numerators, denominators and rates you want to report,
	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	ge, disability status, or geographic stratifications you want to report,
	eing provided, please upload the numerator(s), denominator(s), and
rate(s), along with a brief description of the stratification,	to the attachment facility.
Race	e (non-Hispanic)
U White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
	Rate:
Rate:	
D American Indian an Alexia Nation	
American Indian or Alaska Native	Asian
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Native Hawaiian or Other Pacific Islander	
Numerator:	
Denominator:	
Rate:	
	Ethnicity
L Hispanic or Lating	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator:	Not Hispanic or Latino Numerator:
	Not Hispanic or Latino

	FFY 2014		
	Sex		
□ <u>Male</u>	Eemale		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Primary Spoken Language		
English	Spanish		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Disability Status		
	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
Urban	Rural		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

Measure ABA-AD: Adult Body Mass Index Assessment

	FFY 2014
	Did you Report on this Measure?
L	No
ŀ	f 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:
Γ	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:
[☐ 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:
	T Provisional.
	⊠ Final.
	Measurement Specification:
	Specify version of HEDIS used: 2014
	Other. Explain:
	Data Source:
	Administrative Data Only From where is the Administrative Data coming?
	Must select one or more if Administrative Data is selected:
'	Must select one of more if Administrative Data is selected.
	Other. Specify:
Г	Hybrid (Administrative and Medical Records Data)
	From where is the Administrative Data coming?
	Must select one or more:
	Medicaid Management Information System (MMIS)
	Other. Specify:
	From where is the Medical Records Data coming?
/	Must select one:
	Electronic Health Record (EHR) Data
г	Both (EHR and paper)
	Other. Specify: Date Range:
L	Jare Range: Start Date: (mm/yyyy) 01/2012
	End Date: (mm/yyyy) 07/2012
	Definition of Population Included in the Measure:
L	•
L	
[Definition of denominator: Select all that apply:

	FFY 2014
	Denominator includes Medicaid population Denominator includes CHIP population (e.g. pregnant women). Denominator includes Medicare and Medicaid Dually-Eligible population. Other. Specify:
for	es this denominator represent your total measure eligible population as defined by the Technical Specifications this measure? Yes No
Sel of ti	ich delivery systems are represented in the denominator? lect all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage the total state population represented in the measure. For example, if the measure-eligible population represents all naged 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:
Did	If applicable, number of health plans represented: viations from Measure Specifications: I your calculation of this measure deviate from the measure specifications in any way? Yes
□N □D Per The doc	es, select all that apply: Numerator. Explain: Denominator. Explain: Dther. Explain: rformance Measure e percentage of Medicaid enrollees ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was cumented during the measurement year or the year prior to the measurement year.
Nur Der Rat Age Nur	e Range 18-64 merator: 23961 nominator: 408004 te: 5.9 e Range 65-74 merator: 561 nominator: 6773
Rat Did Sta □`	te: 8.3 A you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a nte-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
adju	ditional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are udicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it s not programmed at the time of the audit.

	FFY 2014
Other Performance Measure:	
If reporting with another methodology, please desc	cribe:
Numerates	
Numerator: Denominator:	
Rate:	
Nato.	
	re additional numerators, denominators and rates you want to report, icility, along with a brief description of the measure (e.g. "data reported for
Optional Measure Stratification	
If there are other or additional racial, ethnic, sex, la or if stratified data for measures with multiple rates rate(s), along with a brief description of the stratific	anguage, disability status, or geographic stratifications you want to report, s are being provided, please upload the numerator(s), denominator(s), and sation to the attachment facility
	Race (non-Hispanic)
White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alaska Native	Asian
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Native Hawaiian or Other Pacific Islander	
Numerator:	
Denominator:	
Rate:	
Hispanic or Latino	Ethnicity
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Sex
Male	Female
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Primary Spoken Language
Numerator: Denominator:	Numerator: Denominator:
Rate:	Rate:
140.	Disability Status
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Goography
Urban	Geography
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure BCS-AD: Breast Cancer Screening

T

FFY 2014

FF1 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 data linkage which does not currently exist Other:
□ Information not collected
Select all that apply:
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 (as part of the grant and voluntary core set reporting)
Status of Data Reported:
⊠ Final
Measurement Specification:
Specify version of HEDIS used: 2014
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) 10/2011
 End Date: (mm/yyyy) 12/2013 Definition of Population Included in the Measure:
Definition of denominatory
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

٦

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?
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			
☐ White	Black or African American		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
American Indian or Alaska Native	Asian		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Native Hawaiian or Other Pacific Islander			
Numerator:			
Denominator:			
Rate:			
Ethnicity			
Hispanic or Latino	Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Primary Spoken Language			
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Disability Status			
	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
🗌 Urban	Rural		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
nuto.	Nuto.		

Measure CCS-AD: Cervical Cancer Screening

FFY 2014

FFY 2014
Did you Report on this Measure?
□ 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 Destine population not covered
Partial population not covered Fundain the method sequences
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 of the terration
Select all that apply:
Requires medical record review
Requires data linkage which does not currently exist
□ Information not collected
Select all that apply:
☐ Not collected by provider (hospital/health plan)
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 (as part of the grant and voluntary core set reporting)
Status of Data Reported:
☐ Provisional ⊠ Final
Measurement Specification:
⊠NCQA Specific version of UEDIS used: 2014
Specify version of HEDIS used: 2014 Other. Explain:
Data Source:
Administrative Data Only
From where is the Administrative Data coming?
Must select one or more if Administrative Data is selected:
Music select one of more in Administrative Data is selected.
☐ Other. Specify:
Hybrid (Administrative and Medical Records Data)
From where is the Administrative Data coming?
Must select one or more:
Madi Select one of more.
☐ Other. Specify:
From where is the Medical Records Data coming?
r rom whore is the Wedlear Neovius Data coming:
Must select one:
Must select one:
Must select one:
Must select one: Electronic Health Record (EHR) Data Paper Both (EHR and paper)
Must select one: Electronic Health Record (EHR) Data Paper Both (EHR and paper) Other: Specify:
Must select one: Electronic Health Record (EHR) Data Paper Both (EHR and paper) Other: Specify: Date Range:
Must select one: Electronic Health Record (EHR) Data Paper Both (EHR and paper) Other: Specify: Date Range: Start Date: (mm/yyyy) 01/2011
Must select one: Electronic Health Record (EHR) Data Paper Both (EHR and paper) Other: Specify: Date Range: Start Date: (mm/yyyy) 01/2011 End Date: (mm/yyyy) 12/2013
Must select one:

 □ Denominator includes CHIP population (e.g. pregnant women). □ Denominator includes Medicaid Dually-Eligible population. □ Other. Specify: □ Other. Other. Specification: Presented: □ Other. Other. Specification: Presented: □ Other. Other. Specification: Presented: □ Other. Other. Specification: In any way? □ Other. Specify: □ Other. Specify:<th></th><th>FFY 2014</th>		FFY 2014
Denominator includes Medicare and Medicaid Dually-Eligible population. Deres this denominator represent your total measure eligible population as defined by the Technical Specification for this measure? Weight in the intervent of the interv		Denominator includes CHIP population (e.g. pregnant women).
□Other: Specify: □Desc this denominator represent your total measure eligible population as defined by the Technical Specification for this measure? □ No □ No ■ No ■ Other: Specify: □ No ■ Other: Specify: □ No ■ No ■ Other: Specify: □ No ■ Other: Specify: □ No ■ Other: Specify: □ No: □ No: □ Other: Specify: □ No: □ Other: Specify: □ No: □ Other: Specify:		enominator includes Medicare and Medicaid Dually-Eligible population
Does this denominator represent your total measure eligible population as defined by the Technical Specification of this measure? Yell > 6 Yell > 7		
or this measure? □ Yes □ No Which delivery systems are represented in the denominator? Select all delivery systems that gapk in your state (Must select at least one); for each delivery system, enter the percentag of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care encollese, scheme 700 percent. □ Fee-for-Service Percentage of total state FCS population represented: 0 □ Princery Care Case Management (PCCM) Purposential of total state PCCM population represented: 0 □ Princery Care Case Management (PCCM) Purposentiage of total state PCCM population represented: 0 □ Princery Care Case Management (PCCM) Purposentiage of total state PCCM population represented: 0 □ Princery Case Case Management population represented: 0 Increasing of total state PCCM population represented: 0 □ Cubre Percentage of total state ICM population represented: 0 □ Deviations from Measure Specifications: Deviations from Measure Specifications: 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:		aner. Specity.
or this measure? □ Yes □ No Which delivery systems are represented in the denominator? Select all delivery systems that gapk in your state (Must select at least one); for each delivery system, enter the percentag of the total state population represented in the measure. For example, if the measure-eligible population represents all managed care encollese, scheme 700 percent. □ Fee-for-Service Percentage of total state FCS population represented: 0 □ Princery Care Case Management (PCCM) Purposential of total state PCCM population represented: 0 □ Princery Care Case Management (PCCM) Purposentiage of total state PCCM population represented: 0 □ Princery Care Case Management (PCCM) Purposentiage of total state PCCM population represented: 0 □ Princery Case Case Management population represented: 0 Increasing of total state PCCM population represented: 0 □ Cubre Percentage of total state ICM population represented: 0 □ Deviations from Measure Specifications: Deviations from Measure Specifications: 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:	Dee	a this denominator represent your total measure clinible nerviction as defined by the Technical Specifications
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managed care enrollees, enter 100 percent. □ Fee-for-Service □ Percentage of total state FCFS population represented: 0 □ Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: 0 Percentage of total state PCCM population represented: 0 □ Integrated Care Models (ICM) □ Percentage of total state ICM population represented: 0 □ Other □ Describe: Percentage of total state ICM population represented: □ Other □ Describe: Percentage of total state model in plans represented: □ Deviations from Measure Specifications: □ Deviations from Measure Specifications: □ Deviation of this measure deviate from the measure specifications in any way? □ Yes □ No If yes, select all that apply: □ Unmentator, Explain: □ Other, Explain: □ Othe		
managed care enrollees, enter 100 percent. □ Fee-for-Service □ Percentage of total state FCFS population represented: 0 □ Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: 0 Percentage of total state PCCM population represented: 0 □ Integrated Care Models (ICM) □ Percentage of total state ICM population represented: 0 □ Other □ Describe: Percentage of total state ICM population represented: □ Other □ Describe: Percentage of total state model in plans represented: □ Deviations from Measure Specifications: □ Deviations from Measure Specifications: □ Deviation of this measure deviate from the measure specifications in any way? □ Yes □ No If yes, select all that apply: □ Unmentator, Explain: □ Other, Explain: □ Othe	of th	ne total state population represented in the measure. For example, if the measure-eligible population represents all
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Percentage of total state FFS population represented: 0 Primary Care Case Management (PCCM) Percentage of total state PCCM population represented: 0 Managed Care Organization/Perpetid Inpatient Health Plan (MCO/PIHP) Number of health plans: 0 Percentage of total state MCO/PIHP population represented: 0 Other Describe: Percentage of total state NCO/PIHP population represented: 1 Describe: Percentage of total state NCO/PIHP population represented: 1 Describe: Percentage of total other population represented: If applicable, number of health plans represented: If yes, select all that apply: Outpatients 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: Other. Performance Measure The percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 4 years Marrierator: 245225 Denominator: 398238 Rate: 61.9 Madditional notes/comments on measure:		
Percentage of total state FFS population represented: 0 Primary Care Case Management (PCCM) Percentage of total state PCCM population represented: 0 Managed Care Organization/Perpetid Inpatient Health Plan (MCO/PIHP) Number of health plans: 0 Percentage of total state MCO/PIHP population represented: 0 Other Describe: Percentage of total state NCO/PIHP population represented: 1 Describe: Percentage of total state NCO/PIHP population represented: 1 Describe: Percentage of total other population represented: If applicable, number of health plans represented: If yes, select all that apply: Outpatients 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: Other. Performance Measure The percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 3 years Women ages 30 to 64 who had cervical cytology performed every 4 years Marrierator: 245225 Denominator: 398238 Rate: 61.9 Madditional notes/comments on measure:		-ae-for-Service
 □ Primary Caré 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 ICM population represented: 0 □ Integrated Care Models (ICM) □ Percentage of total state ICM population represented: 0 □ Other □ Describe: □ Percentage of total other population represented: 0 □ Other □ Describe: □ Percentage of total other population represented: 0 □ Other □ Describe: □ Percentage of total other population represented: 0 □ Describe: □ Percentage of total other population represented: 0 □ Detremation of this measure deviate from the measure specifications in any way? □ Yes s □ No If yes, select all that apply: □ Numerator. Explain: □ Denominator. 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 30 to 64 who had cervical cytology/numan papillomavirus (HPV) co-testing performed every 5 years Numerator: 245225 Denominator: 36239 Rate: 61.9 Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? □ No Additional notes/comments 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 the size of the measure-eligible population for each reporting unit time to not migant measurement. This measure was audited by HSAG during fal 2014. The date range entered into CARI reflects Step 1,		
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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: De rates are weighted based on the size of the measure-eligible population for each reporting unit De rates are weighted based on another weighting factor De 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 CART reflects Step 1, but both steps were programmed into this measure. Other Performance Measure: If reporting with another methodology, please describe: Numerator: Denominator: Rate:	•	Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years
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please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported 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 repoor if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s), a rate(s), along with a brief description of the stratification, to the attachment facility. Race (non-Hispanic) Race (non-Hispanic) Uhite Black or African American Numerator: Denominator: Rate: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Rate: Rate: Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Rate: Rate: Primary Spoken Language Denominator: Rate: Rate: Primary Spoken Language Denominator: Rate: Rate: Panominator: Denominator: Rate: Rate: Primary Spoken Language Denominator:		FFY 2014
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Measure: MCS-AD: Medical Assistance with Smoking and Tobacco Use Cessation

FFY 2014
Did you Report on this Measure?
If Data Not Reported, Please Explain Why:
Select all that apply (Must select at least one):
Service 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 Chart
□ Information not collected
Select all that apply:
Not collected by provider (hospital/health plan)
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:
Sector Se
□ No (this information is for voluntary core set reporting)
Both (part of the grant and voluntary core set reporting)
Status of Data Reported:
Provisional
Measurement Specification:
Specify version of HEDIS used:
Other. Explain:
Data Source:
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?
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.
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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:
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?
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
0 0
Numerator:
Denominator:
Rate:
Discussing Cessation Medications:
Age Range: 18-64
Numerator:
Denominator:
Rate:
Age Range: 65 and older
Numerator:
Denominator:
Rate:
Discussing Cospetion Strategies
Discussing Cessation Strategies:
Age Range: 18-64
Numerator:
Denominator:
Rate:
Age Range: 65 and older
Numerator:
Humorator.

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 State-Level Rate? ☐ Yes	J Units (e.g., health plans, delivery systems, programs) to Create a		
If yes, indicate whether the state-level rate is we			
	the measure-eligible population for each reporting unit		
The rates are weighted based on another we	eighting factor		
The rates are not weighted			
Additional notes/comments on measure:			
Other Performance Measure:			
If reporting with another methodology, please descr	ribe:		
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			
or if stratified data for measures with multiple rates	nguage, disability status, or geographic stratifications you want to report, are being provided, please upload the numerator(s), denominator(s), and the attachment facility.		
rate(s), along with a brief description of the stratifica	Race (non-Hispanic)		
White Numerator:	Black or African American Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
American Indian or Alaska Native	Asian		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Native Hawaiian or Other Pacific Islander Numerator:			
Denominator:			
Rate:			
	Ethnicity		
Hispanic or Latino	Not Hispanic or Latino		
Numerator: Denominator:	Numerator: Denominator:		
Rate:	Rate:		
Sex			
□ <u>Male</u>	Emale Female		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Primary Spoken Language			
English	□ <u>Spanish</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		

FFY 2014			
Rate:	Rate:		
	Disability Status		
	□ <u>Non-SSI</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
Urban			
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

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

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, 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.	
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:	
Final	
Measurement Specification:	
CMS Other. Explain:	
Data Source:	
Hybrid (Administrative and Medical Records Data)	
From where is the Administrative Data coming?	
Must select one or more:	
 Medicaid Management Information System (MMIS) Other. Specify: 	
From where is the Medical Records Data coming?	
Must select one:	
Electronic Health Record (EHR) Data	
Paper Both (EHR and paper)	
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	

	FFY 2014
Denomina	tor includes CHIP population (e.g. pregnant women).
Denomina	tor includes Medicare and Medicaid Dually-Eligible population.
Other. Spe	cify:
Does this de	nominator represent your total measure eligible population as defined by the Technical Specificatio
or this meas	sure?
Yes	
No	
Which delive	ry systems are represented in the denominator?
	very systems that apply in your state (Must select at least one); for each delivery system, enter the percenta
	ate population represented in the measure. For example, if the measure-eligible population represents all
	e enrollees, enter 100 percent.
0	
Fee-for-Se	rrvice
Percen	tage of total state FFS population represented:
	are Case Management (PCCM)
	age of total state PCCM population represented:
	Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Numbe	r of health plans:
	age of total state MCO/PIHP population represented:
	Care Models (ICM)
	tage of total state ICM population represented:
Other	
Describ	
	tage of total other population represented:
	cable, number of health plans represented:
Deviations fr	om Measure Specifications:
	undering of this measure devices from the measure encoding time in any work?
	culation of this measure deviate from the measure specifications in any way?
] Yes	
No No	
	all that apply:
Numerator.	
Denominat	or. Explain:
	lain:
Other. Expl	Measure
Other. Exp Performance	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior
Other. Exp Performance	Measure
Other. Exp Performance The percentag screening too	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen.
Other. Exp Performance The percenta screening too Age Range: 1	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen.
Other. Expl Performance The percentagescreening too Age Range: 1 Numerator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64
Other. Exp Performance The percentae screening too Age Range: 1 Numerator: Denominator: Rate:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64
Other. Exp Performance The percentae screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depressior I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64
Other. Exp Performance The percentages screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older
Other. Expl Performance The percentages Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older
Other. Expl Performance The percentages screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com State-Level F	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create
☐ Other. Exp Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create
☐ Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes If yes, ind	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate?
☐ Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes If yes, ind ☐ The ra	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 55 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? iccate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit
☐ Other. Expl Performance The percentagen screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes If yes, ind ☐ The ra ☐ The ra	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 35 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? iccate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted based on another weighting factor
☐ Other. Exp Performance The percentagen screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes If yes, ind ☐ The ra ☐ The ra ☐ The ra	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 55 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? iccate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit
☐Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes	 Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted based on another weighting factor tes are not weighted
☐ Other. Exp Performance The percentagent Screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F ☐ Yes If yes, ind ☐ The ra ☐ The ra ☐ The ra ☐ No Additional no	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted based on another weighting factor tes are not weighted based on measure:
☐ Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Denominator	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted based on another weighting factor tes are not weighted based on measure: mance Measure:
☐Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F Yes If yes, ind The ra The ra No Additional no Other Perform	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression l, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted based on another weighting factor tes are not weighted based on measure:
□Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Denominator: Rate: Did you Com State-Level F □ Yes If yes, ind □ The ra □ The ra	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression I, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create Rate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted based on another weighting factor tes are not weighted based on measure: mance Measure:
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Age Range: 6 Numerator: Denominator: Rate: Did you Com State-Level F Yes If yes, ind The ra No Additional ne Other Perfor If reporting wi Numerator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression a, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create tate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted tes are not weighted otes/comments on measure: mance Measure: th another methodology, please describe:
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F Yes If yes, ind The ra The ra No Additional no Other Perfor If reporting wi Numerator:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression a, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create tate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted tes are not weighted otes/comments on measure: mance Measure: th another methodology, please describe:
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F Yes	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression a, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create tate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted tes are not weighted otes/comments on measure: mance Measure: th another methodology, please describe:
Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F Yes If yes, ind □ The ra □ The ra □ The ra Other Perform If reporting wi Numerator: Denominator: Denominator.	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression a, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create tate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted tes are not weighted otes/comments on measure: mance Measure: th another methodology, please describe:
☐ Other. Expl Performance The percentag screening too Age Range: 1 Numerator: Denominator: Rate: Did you Com State-Level F Yes If yes, ind ☐ The ra ☐ The ra ☐ No Additional no Other Perforn If reporting wi Numerator: Denominator: Rate:	Measure ge of Medicaid enrollees age 18 and older screened for clinical depression using a standardized depression a, and if positive, a follow-up plan is documented on the date of the positive screen. 8-64 i5 and older bine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create tate? icate whether the state-level rate is weighted: tes are weighted based on the size of the measure-eligible population for each reporting unit tes are weighted tes are not weighted otes/comments on measure: mance Measure: th another methodology, please describe:

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

	FFY 2014
	Did you Report on this Measure?
I	X No
ľ	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
	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)
	Contraction of the second seco
	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)
ſ	□ No (this information is for voluntary core set reporting)
	Both (as part of the grant and voluntary core set reporting) Status of Data Reported:
i I	Provisional
	Final
	Measurement Specification:
	Specify version of HEDIS used:
ł	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:
ļ	Other: Specify:
	Date Range:
	Start Date: (mm/yyyy) End Date: (mm/yyyy)
	Definition of Population Included in the Measure:
	Deminion of Fopulation moluted in the measure.
r	Definition of denominator:
	Select all that apply:
i	Denominator includes Medicaid population
ļ	Denominator includes Medicald population (e.g. pregnant women).
ļ	Denominator includes Medicare and Medicaid Dually-Eligible population.
	Other. Specify:

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for this measure?				
Yes				
□ No				
Which delivery systems are represented in the d	lenominator?			
Select all that apply (Must select at least one):				
Fee-for-Service				
Percentage of total state FFS population repre	esented [.]			
Primary Care Case Management (PCCM)				
Percentage of total state PCCM population re	presented:			
Managed Care Organization/Prepaid Inpatient H	ealth Plan (MCO/PIHP)			
Number of health plans:				
Percentage of total state MCO/PIHP population	on represented:			
Integrated Care Models (ICM) Percentage of total state ICM population represented				
Other	esenteu.			
Describe:				
Percentage of total other population represent	ted:			
If applicable, number of health plans represer				
Deviations from Measure Specifications:				
Did your calculation of this measure deviate from	m the measure specifications in any way?			
□ No				
If yes, select all that apply:				
Numerator. Explain:				
Denominator. Explain:				
Other. Explain:				
Performance Measure				
	ber of acute inpatient stays during the measurement year that were			
	within 30 days and the predicted probability of an acute readmission.			
Data are reported in the following categories:				
Count of Index Hospital Stays (IHS) (deno				
Count of 30-Day Readmissions (numerator)				
Average Adjusted Probability of Readmis	Units (e.g., health plans, delivery systems, programs) to Create a			
State-Level Rate?	onns (e.g., nearin plans, derivery systems, programs) to create a			
T Yes				
If yes, indicate whether the state-level rate is we	eighted:			
The rates are weighted based on the size of	the measure-eligible population for each reporting unit			
The rates are weighted based on another we	eighting factor			
The rates are not weighted				
Additional notes/comments on measure: Other Performance Measure:				
If reporting with another methodology, please descri	ihe			
If reporting with another methodology, please descri	ibe.			
Numerator:				
Denominator:				
Rate:				
	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				
			•	naugae disability status or accorrangic stratifications you want to report
			If there are other or additional racial, ethnic, sex, lan	nguage, disability status, or geographic stratifications you want to report, are being provided please upload the numerator(s) denominator(s) and
If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates a	are being provided, please upload the numerator(s), denominator(s), and			
If there are other or additional racial, ethnic, sex, lan	are being provided, please upload the numerator(s), denominator(s), and tition, to the attachment facility.			
If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates a rate(s), along with a brief description of the stratifica	are being provided, please upload the numerator(s), denominator(s), and ition, to the attachment facility. Race (non-Hispanic)			
If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates a rate(s), along with a brief description of the stratifica	are being provided, please upload the numerator(s), denominator(s), and tition, to the attachment facility.			
If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates a rate(s), along with a brief description of the stratifica <u>White</u> Numerator:	are being provided, please upload the numerator(s), denominator(s), and ition, to the attachment facility. Race (non-Hispanic) Black or African American			
If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates a rate(s), along with a brief description of the stratifica <u>White</u> Numerator: Denominator:	are being provided, please upload the numerator(s), denominator(s), and tition, to the attachment facility. Race (non-Hispanic) Black or African American Numerator:			
If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates a	are being provided, please upload the numerator(s), denominator(s), and tition, to the attachment facility. Race (non-Hispanic) Black or African American Numerator:			

FFY 2014			
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Native Hawaiian or Other Pacific Islander			
Numerator:			
Denominator:			
Rate:	Estado -		
D Bloom in the form	Ethnicity		
Hispanic or Latino	Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	imary Spoken Language		
English	Spanish		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Disability Status		
	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
Urban	Rural		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

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			

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

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

Measure: PQI 01: Diabetes, Short-term Complications 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	d.
	d.
Data not available	
Explain why data not available	
Budget constraints	
Staff constraints	
Data inconsistencies/accuracy	
Please explain:	
Select all that apply:	
Requires medical record review	
Requires data linkage which does r	ot currently exist
Other:	
Information not collected	
Select all that apply:	
☐ Not collected by provider (hospital/ł ☐ Other:	ieaith pian)
☐ Other:	
Small sample size (less than 30).	
Enter specific sample size:	
Other. Explain:	
	ded as part of the Adult Medicaid Quality Measures Grant:
☐ Yes (as part of the grant)	
☑ No (this information is for voluntary core set rep ☐ Both (part of the grant and voluntary core set re	
Status of Data Reported:	Joining)
🛛 Final	
Measurement Specification:	
Other. Explain: Data Source:	
Administrative Data Only	
From where is the Administrative Data coming?	
Must select one or more if Administrative Data is se	elected:
Medicaid Management Information Syste	ms (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	9:
•	
Definition of denominator:	
Select all that apply:	
Denominator includes Medicald population	anant women)
Denominator includes Medicare and Medicaid D	
Other. Specify:	·····
_ , ,	
	sure eligible population as defined by the Technical Specifications
for this measure?	
⊠ Yes □ No	
Which delivery systems are represented in the	denominator?

	FFY 2014
of the	ct all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage e total state population represented in the measure. For example, if the measure-eligible population represents all aged care enrollees, enter 100 percent.
⊠ F	ee-for-Service
	Percentage of total state FFS population represented: 0
🛛 P	rimary Care Case Management (PCCM)
M	Percentage of total state PCCM population represented: 0 anaged Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans: 0
	Percentage of total state MCO/PIHP population represented: 0
🛛 In	tegrated Care Models (ICM)
Πo	Percentage of total state ICM population represented: 0
	Describe:
	Percentage of total other population represented:
	plicable, number of health plans represented:
Devi	ations from Measure Specifications:
	our calculation of this measure deviate from the measure specifications in any way?
	s, select all that apply:
	Imerator. Explain: enominator. Explain: For consistency with tables driving our quality measure programming, age is calculated using a
	I/YYYY anchor date, rather than using admission date or date of service as described in the measure specifications.
Mem	ber months are calculated as members' total enrolled days divided by 30.4 days. This approach adjusts for months wit
	I days and, when it applies, we also adjust for leap year.
	her. Explain: prmance Measure
	number of discharges for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000
mem	ber months for Medicaid enrollees ages 18 and older.
	Range: 18-64 erator: 1774
	ominator: 11077220
Rate	: 16.0
Ade	Range: 65 and older
	erator: 17
	ominator: 232502
Rate	: 7.3
	ou Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a
	e-Level Rate?
	es 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
Ľ	The rates are weighted based on another weighting factor
	The rates are not weighted
M N	0
	tional notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are
	dicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it not programmed at the time of the audit.
	r Performance Measure:
If rep	orting with another methodology, please describe:
Num	erator:
	pminator:
Rate	
lf rer	orting with another methodology, and there are additional numerators, denominators and rates you want to report,
	se upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported fo
picuc	duals in the 18-64 age range").
indivi	
indivi Opti	onal Measure Stratification re are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report,

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

Measure PQI 05-AD: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults 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 inection record receive Requires data linkage which does not currently exist Other: Information not collected Select all that apply:
<pre>Other:</pre>
Small sample size (less than 30).
Enter specific sample size:
The information for this measure is being provided to meet the requirements for 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: MAHRQ □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:
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

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	
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?	
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	a
State-Level Rate?	
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 (semments on measure, Delected claims are included. Deading claims are each doit because the	_
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 HSAC during fall 2014 since it	
adjudicated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since i was not programmed at the time of the audit.	it.
Other Performance Measure:	
If reporting with another methodology, please describe:	
n reporting with another methodology, piedoe 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").	

	FFY 2014
Optional Measure Stratification	
report, or if stratified data for measures with multiple denominator(s), and rate(s), along with a brief descri	
٦ ٦	Race (non-Hispanic)
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:
American Indian or Alaska Native Numerator: Denominator: Rate:	Asian Numerator: Denominator: Rate:
☐ <u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator: Denominator:	Numerator: Denominator:
Rate:	Rate:
Nale.	Sex
☐ Male	
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Primary Spoken Language
	Spanish
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Disability Status
	□ <u>Non-SSI</u>
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Geography
Urban	
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	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:** 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: 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? X 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
	total state population represented in the measure. For example, if the measure-eligible population represents all
	red care enrollees, enter 100 percent.
manag	leu care emonees, enter 100 percent.
	e-for-Service
	Percentage of total state FFS population represented: 0
	nary Care Case Management (PCCM)
	Percentage of total state PCCM population represented: 0
🛛 Ma	naged Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans: 0
	Percentage of total state MCO/PIHP population represented: 0
	egrated Care Models (ICM)
	Percentage of total state ICM population represented: 0
🗌 Oth	
	Oscribe:
	Percentage of total other population represented:
	f applicable, number of health plans represented:
Devia	ions from Measure Specifications:
Diduc	ur coloulation of this measure douists from the measure encoding tions in any up 2
	ur calculation of this measure deviate from the measure specifications in any way?
=	
🗌 No	
и.	enter de la deserver
	select all that apply:
	nerator. Explain:
	ominator. 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.
	er months are calculated as members' total enrolled days divided by 30.4 days. This approach adjusts for months wit
	days and, when it applies, we also adjust for leap year.
	er, Explain:
	mance Measure
	er of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older.
	ange: 18-64
	ator: 2736
Denon	ninator: 11077220
Rate: 2	24.7
Age R	ange: 65 and older
Nume	ator: 248
Denon	ninator: 232502
Rate: 7	106.7
Did yo	u Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a
	Level Rate?
T Yes	
_	, res, 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	
اء: ام ام ۸	and nation/commants on manufar Delected claims are included. Dending claims are evoluted because they are
	onal notes/comments on measure: Rejected claims are included. Pending claims are excluded because they are
	cated in sufficient time to not impact measurement. This measure was not audited by HSAG during fall 2014 since it
	t programmed at the time of the audit.
	Performance Measure:
lf repo	rting with another methodology, please describe:
N.	
Nume	
	ninator:
Rate:	
If repo	rting with another methodology, and there are additional numerators, denominators and rates you want to report,
	upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported fo
	uals in the 18-64 age range").
	nal Measure Stratification
option	
If there	are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report,
	are only or additional radial, on the son, language, disability status, or geographic straincations you want to report,

	FFY 2014
or if stratified data for measures with multiple ra	ates are being provided, please upload the numerator(s), denominator(s), and
rate(s), along with a brief description of the stra	atification, to the attachment facility.
	Race (non-Hispanic)
White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Rale.	Kale.
American Indian or Alaska Native	Asian
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Nate.	Nate.
Native Hawaiian or Other Pacific Islander	
Numerator:	
Denominator:	
Rate:	
	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Sex
☐ Male	
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Primary Spoken Language
English	Spanish
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Disability Status
	Non-SSI
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Geography
Urban	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

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

FFY 2014	
Did you Report on this Measure?	
⊠ Yes	
If Data Not Reported, Please Explain Why:	
Select all that apply (Must select at least one):	
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 data linkage which does not currently exist	
_ Other:	
□ Information not collected	
Select all that apply:	
\Box 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:	
\square 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:	
⊠AHRQ	
Other. Explain:	
Data Source:	
From where is the Administrative Data coming?	
Must select one or more if Administrative Data is selected:	
Medicaid Management Information Systems (MMIS)	
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?	
Which delivery systems are represented in the denominator?	

	FFY 2014
	Must select at least one); for each delivery system, enter the percentage sure. For example, if the measure-eligible population represents all
 Fee-for-Service Percentage of total state FFS population repre Primary Care Case Management (PCCM) 	esented: 0
Percentage of total state PCCM population rep Managed Care Organization/Prepaid Inpatient He Number of health plans: 0	ealth Plan (MCO/PIHP)
Percentage of total state MCO/PIHP populatio Integrated Care Models (ICM) Percentage of total state ICM population repre	
 Other Describe: Percentage of total other population represented 	ed:
If applicable, number of health plans represented: Deviations from Measure Specifications:	
Did your calculation of this measure deviate from ⊠ Yes □ No	n the measure specifications in any way?
If yes, select all that apply:	
Denominator. Explain: For consistency with tables 12/31/YYYY anchor date, rather than using admissic	s driving our quality measure programming, age is calculated using a on date or date of service as described in the measure specifications. The days divided by 30.4 days. This approach adjusts for months with eap year.
Performance Measure Number of discharges for asthma per 100,000 memb	ber months for Medicaid enrollees ages 18 to 39
Numerator: 754 Denominator: 7395676 Rate: 10.2	
Did you Combine Rates from Multiple Reporting State-Level Rate?	Units (e.g., health plans, delivery systems, programs) to Create a
If yes, indicate whether the state-level rate is wei	the measure-eligible population for each reporting unit
No	
	d claims are included. Pending claims are excluded because they are nent. This measure was not audited by HSAG during fall 2014 since it
Other Performance Measure: If reporting with another methodology, please describ	be:
Numerator: Denominator: Rate:	
	additional numerators, denominators and rates you want to report, lity, along with a brief description of the measure (e.g. "data reported for
	guage, disability status, or geographic stratifications you want to report, are being provided, please upload the numerator(s), denominator(s), and tion, to the attachment facility.
	Race (non-Hispanic)
White Numerator:	Black or African American Numerator:
Denominator: Rate:	Denominator: Rate:

FFY 2014		
American Indian or Alaska Native	Asian	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Native Hawaiian or Other Pacific Islander		
Numerator:		
Denominator:		
Rate:		
	Ethnicity	
Hispanic or Latino	Not Hispanic or Latino	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Sex	
□ <u>Male</u>	Female	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
P	rimary Spoken Language	
English	□ <u>Spanish</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Disability Status	
□ <u>ssi</u>	□ <u>Non-SSI</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Geography		
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

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

	FFY 2014
	Did you Report on this Measure?
	Yes
L] No
H	f Data Not Reported, Please Explain Why:
	Select all that apply (Must select at least one):
-	Service not covered
	Population not covered
L	Entire population not covered
	Partial population not covered
	Explain the partial population not covered:
Ľ	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:
Ε	☐ Small sample size (less than 30)
	Enter specific sample size:
	Other. Explain:
Т	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
	Neasurement Specification:
г	Specify version of HEDIS used: 2014
	Other. Explain:
	Data Source:
	Administrative Data Only
	From where is the Administrative Data coming?
Λ	Aust select one or more if Administrative Data is selected:
	☑ Medicaid Management Information Systems (MMIS)
г	Other. Specify:
	Date Range:
	Start Date: (mm/yyyy) 01/2013
	End Date: (mm/yyyy) 01/2013
	Definition of Population Included in the Measure:
	איז
Г	Definition of denominator:
_	Select all that apply:
	Denominator includes Medicaid population
	Denominator includes CHIP population (e.g. pregnant women).
	Denominator includes of the population (e.g. pregnant women).
	Other. Specify:
-	Does this denominator represent your total measure eligible population as defined by the Technical Specifications
C	
C f	or this measure?
C f	

	FFY 2014	
Which delivery systems are represented in the o	denominator?	
	Must select at least one); for each delivery system, enter the percentage	
of the total state population represented in the mea	sure. For example, if the measure-eligible population represents all	
managed care enrollees, enter 100 percent.		
⊠ Fee-for-Service		
Percentage of total state FFS population repr	esented: 0	
☑ Primary Care Case Management (PCCM)		
Percentage of total state PCCM population re	epresented: 0	
Managed Care Organization/Prepaid Inpatient H		
Number of health plans: 0		
Percentage of total state MCO/PIHP population	on represented: 0	
Integrated Care Models (ICM)		
Percentage of total state MCO/PIHP population	on represented: 0	
Describe:		
Percentage of total other population represer	nted:	
If applicable, number of health plans represe		
Deviations from Measure Specifications:		
Didensing a landaritan diriti		
Did your calculation of this measure deviate from	m the measure specifications in any way?	
☐ Yes ⊠ No		
If yes, select all that apply:		
Numerator. Explain:		
Denominator. Explain:		
Other. Explain:		
Performance Measure	04 to 04 warm who ware identified as assually active and who had at least	
one test for Chlamydia during the measurement yea	21 to 24 years who were identified as sexually active and who had at least	
Numerator: 22650	ai.	
Denominator: 42126		
Rate: 53.8		
	Units (e.g., health plans, delivery systems, programs) to Create a	
State-Level Rate?		
☐ Yes If yes, indicate whether the state-level rate is we	hightod.	
	the measure-eligible population for each reporting unit	
The rates are weighted based on another we		
The rates are not weighted		
⊠ No		
Additional notes/comments on measure: Rejecte	ed claims are included. Pending claims are excluded because they are	
Other Performance Measure:	ment. This measure was audited by HSAG during fall 2014.	
If reporting with another methodology, please descr	ibe:	
Numerator:		
Denominator:		
Rate:		
If reporting with another methodology, and there are	e additional numerators, denominators and rates you want to report,	
	ility, along with a brief description of the measure (e.g. "data reported for	
individuals in the 18-64 age range").	mity, along with a bhor accomption of the measure (e.g. data reported for	
Optional Measure Stratification		
If there are other or additional racial, ethnic, sex, lar	If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report,	
	are being provided, please upload the numerator(s), denominator(s), and	
rate(s), along with a brief description of the stratifica		
	Race (non-Hispanic)	
White	Black or African American	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
American Indian or Alaska Native	Asian	
Numerator:	Numerator:	

FFY 2014			
Denominator:	Denominator:		
Rate:	Rate:		
<u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:			
	Ethnicity		
Hispanic or Latino	Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
P	rimary Spoken Language		
English	Spanish Spanish		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Disability Status			
	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
Urban	<u>Rural</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

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

FFY 2014
Did you Report on this Measure?
□ 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
Content of the state of the sta
☐ Information not collected
Select all that apply:
Not collected by provider (hospital/health plan)
☐ 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 (as part of the grant and voluntary core set reporting)
Status of Data Reported:
Measurement Specification:
Specify version of HEDIS used: 2014
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) 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

	FFY 2014
Whie	ch delivery systems are represented in the denominator?
	ct all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage
	e total state population represented in the measure. For example, if the measure-eligible population represents all
	aged care enrollees, enter 100 percent.
🛛 F	ee-for-Service
	Percentage of total state FFS population represented: 0
🛛 P	rimary Care Case Management (PCCM)
_	Percentage of total state PCCM population represented: 0
	lanaged Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans: 0
	Percentage of total state MCO/PIHP population represented: 0
	ntegrated Care Models (ICM) Percentage of total state ICM population represented: 0
	ther
	Describe:
	Percentage of total other population represented:
If ap	plicable, number of health plans represented:
	ations from Measure Specifications:
	•
Did	your calculation of this measure deviate from the measure specifications in any way?
ΞÝ	
🖾 N	0
	s, select all that apply:
	umerator. Explain:
	enominator. Explain:
	ther. Explain:
	ormance Measure
	percentage of discharges for Medicaid enrollees age 21 years and older who were hospitalized for treatment of selected tal illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a
	tal health practitioner. Two rates are reported:
- Inch	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.
Follo	w-up within 7 days of discharge:
Age	Range: 21-64
	erator: 466
Deno	ominator: 2511
Rate	: 18.6
	Range: 65 and older
-	erator:
	ominator:
Rate	
Follo	w-up within 30 days of discharge:
A	Panga: 24.64
	Range: 21-64 erator: 819
-	erator: 819 ominator: 2511
	: 32.6
Nale	. 02.0
Age	Range: 65 and older:
	erator:
-	ominator:
Rate	
Did	you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a
	e-Level Rate?
ΠY	
	f 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
	itional notes/comments on measure: In compliance with the statement in the "Instructions" section of this report
rega	rding small sample size in the denominator, since the denominator for those age 65 and older is less than 30 the data

	FFY 2014
time to not impact measurement. This measure was	I. Pending claims are excluded because they are adjudicated in sufficient s audited by HSAG during fall 2014.
Other Performance Measure: If reporting with another methodology, please desci	rihe.
in reporting with another methodology, please descri	100.
Numerator: Denominator: Rate:	
	e additional numerators, denominators and rates you want to report, sility, along with a brief description of the measure (e.g. "data reported for
Optional Measure Stratification If there are other or additional racial, ethnic, sex, la or if stratified data for measures with multiple rates rate(s), along with a brief description of the stratifica	nguage, disability status, or geographic stratifications you want to report, are being provided, please upload the numerator(s), denominator(s), and ation, to the attachment facility
	Race (non-Hispanic)
□ <u>White</u>	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alaska Native	Asian
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Native Hawaiian or Other Pacific Islander Numerator: Denominator:	
Rate:	
	Ethnicity
Hispanic or Latino Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Sex
Male	Female
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate: rimary Spoken Language
	□ <u>Spanish</u>
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Disability Status
	Non-SSI
Numerator:	Numerator:
Denominator: Rate:	Denominator: Rate:
1\αις.	Geography
Urban	
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure PC01-AD: Elective Delivery

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
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
Information not collected
Select all that apply:
\square 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, however,
requires medical record review. HFS must consider whether resources (e.g., financial, staff) exist to report measures that an
 based on medical record review.
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:
Measurement Specification:
 Other. Explain:
Data Source: U Hybrid (Administrative and Medical Records Data)
From where is the Administrative Data coming?
Must select one or more:
Medicaid Management Information System (MMIS)
□ Vital Records
Other. Specify:
From where is the Medical Records Data coming?
Must select one:
Paper
Both (EHR and paper)
 Other. Specify:
Date Range:
Start Date: (mm/yyyy)
 End Date: (mm/yyyy)
Definition of Population Included in the Measure:

FFY 2014
Select all that apply:
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?
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

	FFY 2014
rate(s), along with a brief description of the stratific	ation, to the attachment facility.
	Race (non-Hispanic)
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:
☐ <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	☐ <u>Asian</u> Numerator: Denominator: Rate:
<u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	
	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	rimary Spoken Language
English	Spanish
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Disability Status
	□ <u>Non-SSI</u>
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Geography
Urban	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure: PC-03 Antenatal Steroids

	FFY 2014
Did you Re	port on this Measure?
🗌 Yes	
🖾 No	
	Reported, Please Explain Why:
	at apply (Must select at least one):
	not covered
	on not covered
	tire population not covered
	irtial population not covered
	Explain the partial population not covered:
Data no	available
	in why data not available
	idget constraints
	aff constraints
	ata inconsistencies/accuracy
	lease explain:
	ata source not easily accessible
	elect all that apply:
0	Requires medical record review
	Requires the lickage which does not currently exist
	Other:
	formation not collected
	elect all that apply:
3	
	 Not collected by provider (hospital/health plan) Other:
	mple size (less than 30)
	specific sample size:
Other. E	xplain: For years, HFS has collected data that are used to program and report on a variety of measures. Th
	riven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promoti
	quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting b
	g additional measures from the Adult Core Set that will be reported in the future. This measure, however,
	dical record review. HFS must consider whether resources (e.g., financial, staff) exist to report measures the
	n medical record review.
	ation for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:
	part of the grant)
	information is for voluntary core set reporting)
	part of the grant and voluntary core set reporting) pata Reported:
	ent Specification:
Other. E	
Data Source	e:
Hybrid (Administrative and Medical Records Data)
From where	is the Administrative Data coming?
	one or more:
Med	icaid Management Information System (MMIS)
	Records
	r. Specify:
	e is the Medical Records Data coming?
Must select	
	tronic Health Record (EHR) Data
	(EHR and paper)
Other. S	
Date Range	
	(mm/yyyy)
	(mm/yyyy)
	of Population Included in the Measure:

FFY 2014	
Definition of denominator:	
Select all that apply:	
Denominator includes Medicaid population Denominator includes CHIP population (e.g. pregnant women).	
Denominator includes Chip population (e.g. pregnant women).	
Other. Specify:	
Does this denominator represent your total measure eligible population as defined by the Technical Specificat	ions
for this measure?	
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 percer	
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:	
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	
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	1
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 Creat State-Level Rate?	ea
State-Level Rate?	
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	
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 reporte	
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 re	port,

	FFY 2014
or if stratified data for measures with multiple	e rates are being provided, please upload the numerator(s), denominator(s), and
rate(s), along with a brief description of the s	stratification, to the attachment facility.
	Race (non-Hispanic)
White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alaska Native	Asian
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Native Hawaiian or Other Pacific Islander	
Numerator:	
Denominator:	
Rate:	
	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
140.	Primary Spoken Language
English	
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Disability Status
	Non-SSI
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
	Geography
Urban	
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure HMV-AD: HIV Viral Load Suppression

Γ

FFY 2014

FFY 2014
Did you Report on this Measure?
□ Yes
\boxtimes 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
☐ 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.
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 (as part of the grant and voluntary core set reporting)
Status of Data Reported:
Measurement Specification:
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.
Does this denominator represent your total measure eligible population as defined by the Technical Specifications
for this measure?

	FFY 2014
	Nhich 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.
I	☐ 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
1	f yes, select all that apply:
	Numerator. Explain:
	Denominator. 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 20
(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:
	Dther Performance Measure:
	f reporting with another methodology, please describe:
	Numerator:
	Denominator:
I	Rate:
	f reporting with another methodology, and there are additional numerators, denominators and rates you want to report, blease upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported for
	ndividuals in the 18-64 age range").
(Optional Measure Stratification
	f 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
1	ate(s), along with a brief description of the stratification, to the attachment facility. Race (non-Hispanic)
🗌 Whit	

	FFY 2014
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
☐ <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	☐ <u>Asian</u> Numerator: Denominator: Rate:
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:	
	Ethnicity
Hispanic or Latino Numerator: Denominator: Rate:	Not Hispanic or Latino Numerator: Denominator: Rate:
	Sex
☐ <u>Male</u> Numerator: Denominator: Rate:	Female Numerator: Denominator: Rate:
English	Primary Spoken Language
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Disability Status
SSI Numerator: Denominator: Rate:	Numerator: Denominator: Rate:
	Geography
Urban Numerator: Denominator: Rate:	Rural Numerator: Denominator: Rate:

Measure CBP-AD: Controlling High Blood Pressure

	port on this Measure?
☐ Yes	
🛛 No	
If Data Not	Reported, Please Explain Why:
	at apply (Must select at least one):
Service	not covered
	on not covered
	ntire population not covered
	artial population not covered
	Explain the partial population not covered:
Data no	available
	in why data not available
	udget constraints
	aff constraints
	ata inconsistencies/accuracy
Р	lease explain:
🗌 Da	ata source not easily accessible
S	elect all that apply:
	Requires medical record review
	Requires data linkage which does not currently exist
	□ Other:
	formation not collected
S	elect all that apply:
	Not collected by provider (hospital/health plan)
	Other:
	imple size (less than 30)
	specific sample size:
	xplain: For years, HFS has collected data that are used to program and report on a variety of measures. The riven by HFS' interest in assessing the quality of care delivered to the populations we serve and for promo-
	quality improvement in the healthcare delivery system. HFS is increasing our measurement and reporting l
	ig additional measures from the Adult Core Set that will be reported in the future. This measure, however,
	ig additional measures from the Addit Core Set that will be reported in the ruture. This measure, however, idical record review. HFS must consider whether resources (e.g., financial, staff) exist to report measures t
	n medical record review.
	ation for this measure is being provided as part of the Adult Medicaid Quality Measures Grant:
	part of the grant)
	information is for voluntary core set reporting)
	part of the grant and voluntary core set reporting)
	bata Reported:
Final	
Measurem	ent Specification:
☐NCQA	
Spec	ify version of HEDIS used:
Other. E	(plain:
Data Sour	
Data Source	e: Administrative and Medical Records Data)
	e is the Administrative Data coming?
	one or more:
	licaid Management Information System (MMIS)
	er. Specify:
	e is the Medical Records Data coming?
Must select	
	tronic Health Record (EHR) Data
	(EHR and paper)
Other. S	
Date Rang	ð .
	 (mm/yyyy)
	(mm/yyyy)
	of Population Included in the Measure:

FFY 2014	
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:	
Dens this demonstration operation to the transmission of the trans	
Does this denominator represent your total measure eligible population as defined by the Technical S for this measure?	specifications
The Yes	
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	
of the total state population represented in the measure. For example, if the measure-eligible population repre	esents 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:	
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?	
□ No	
If yes, select all that apply:	
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 measurement	
Age Range: 18-64	
Numerator:	
Denominator:	
Rate:	
Age Penge: 65.95	
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:	

FFY 2014		
please upload the information to the attachm individuals in the 18-64 age range"). Optional Measure Stratification If there are other or additional racial, ethnic, s	ere are additional numerators, denominators and rates you want to report, ent facility, along with a brief description of the measure (e.g. "data reported for sex, language, disability status, or geographic stratifications you want to report, e rates are being provided, please upload the numerator(s), denominator(s), and tratification, to the attachment facility.	
	Race (non-Hispanic)	
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:	
American Indian or Alaska Native Numerator: Denominator: Rate:	☐ <u>Asian</u> Numerator: Denominator: Rate:	
☐ Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:	Ethnicity	
Hispanic or Latino	□ Not Hispanic or Latino	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
nuto.	Sex	
☐ Male		
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Primary Spoken Language	
	Spanish	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Disability Status	
	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Geography	
🗌 Urban		
Numerator:	Numerator:	
Denominator:	Denominator:	

Measure LDL-AD: Comprehensive Diabetes Care: LDL-C Screening

FFY 2014
Did you Report on this Measure?
X Yes
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
☐ 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
☐ 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 (as part of the grant and voluntary core set reporting)
Status of Data Reported:
🛛 Final
Measurement Specification:
⊠NCQA
Specify version of HEDIS used: 2014
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:
Hybrid (Administrative and Medical Records Data)
From where is the Administrative Data coming?
Must select one or more:
Medicaid Management Information System (MMIS)
Other. Specify:
From where is the Medical Records Data coming?
Must select one:
Electronic Health Record (EHR) Data
Both (EHR and paper)
Other. Specify:
D (D
Date Range:
Start Date: (mm/yyyy) 01/2013
End Date: (mm/yyyy) 12/2013
Definition of Population Included in the Measure:
Definition of Population Included in the Measure:
Definition of Population Included in the Measure: Definition of denominator:

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?
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?
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		
please upload the information to the attachme individuals in the 18-64 age range"). Optional Measure Stratification	ere are additional numerators, denominators and rates you want to report, ant facility, along with a brief description of the measure (e.g. "data reported for	
or if stratified data for measures with multiple rate(s), along with a brief description of the sti	ex, language, disability status, or geographic stratifications you want to report, rates are being provided, please upload the numerator(s), denominator(s), and ratification, to the attachment facility.	
	Race (non-Hispanic)	
White	Black or African American	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
American Indian or Alaska Native	Asian	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
<u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:	Ethnicity	
Hispanic or Latino	Ethnicity	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Sex	
□ <u>Male</u>	Emale <u>Female</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Primary Spoken Language	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Disability Status	
	□ Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Geography	
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

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

FFY 2014 Did you Report on this Measure? Yes 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 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 (as part of the grant and voluntary core set reporting) Status of Data Reported: Provisional 🛛 Final Measurement Specification: Specify version of HEDIS used: 2014 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: Hybrid (Administrative and Medical Records Data) From where is the Administrative Data coming? Must select one or more: Medicaid Management Information System (MMIS) Other. Specify: From where is the Medical Records Data coming? Must select one: Electronic Health Record (EHR) Data
 Paper
 Both (EHR and paper) 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:

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

Measure AMM-AD: Antidepressant Medication Management

FFY 2014 Did you Report on this Measure? Yes 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 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 (as part of the grant and voluntary core set reporting) Status of Data Reported: Provisional 🗌 Final Measurement Specification: **NCQA** Specify version of HEDIS used: 2014 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) 05/2012 End Date: (mm/yyyy) 04/2013 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

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 pe	ercentad
of the total state population represented in the measure. For example, if the measure-eligible population represented	
managed care enrollees, enter 100 percent.	o un
managoa dare em oneco, enter ree 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	h
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	
on an antidepressant medication for at least 84 days (12 weeks).	
Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated Medicaid enror	ollees w
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 C	reate a
State-Level Rate?	
If yes, indicate whether the state-level rate is weighted:	
\square 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. Reject	ted clain
are included. Pending claims are excluded because they are adjudicated in sufficient time to not impact measurem	
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:				
please upload the information to the attachment fac individuals in the 18-64 age range").	e additional numerators, denominators and rates you want to report, ility, along with a brief description of the measure (e.g. "data reported for			
Optional Measure Stratification If there are other or additional racial, ethnic, sex, lar or if stratified data for measures with multiple rates rate(s), along with a brief description of the stratifica	nguage, disability status, or geographic stratifications you want to report, are being provided, please upload the numerator(s), denominator(s), and then the attackment facility.			
	Race (non-Hispanic)			
	Black or African American			
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			
American Indian or Alaska Native	Asian			
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:				
	Ethnicity			
Hispanic or Latino	Not Hispanic or Latino			
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			
	Sex			
☐ <u>Male</u> Numerator:	Female Numerator:			
	Denominator:			
Denominator: Rate:	Rate:			
Primary Spoken Language				
English				
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			
	Disability Status			
	□ <u>Non-SSI</u>			
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			
	Geography			
Numerator:	Numerator:			
Denominator: Rate:	Denominator: Rate:			
המוד.	Nait.			

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

FFY 2014 Did you Report on this Measure? ∏ Yes 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 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

	FFY 2014
for this measure?	
□ No	
of the total state population represented in the me	e denominator? e (Must select at least one); for each delivery system, enter the percentage easure. For example, if the measure-eligible population represents all
managed care enrollees, enter 100 percent.	
Fee-for-Service Percentage of total state FFS population re	ppresented:
Primary Care Case Management (PCCM) Percentage of total state PCCM population	
Managed Care Organization/Prepaid Inpatient	
Percentage of total state MCO/PIHP popula	ation represented:
Integrated Care Models (ICM) Percentage of total state ICM population re	presented:
Describe: Percentage of total other population repres	sented:
If applicable, number of health plans represented	
Deviations from Measure Specifications:	н
Did your calculation of this measure deviate f	rom the measure specifications in any way?
□ No	
If yes, select all that apply:	
Numerator. Explain:	
Denominator. Explain:	
Performance Measure	
The percentage of Medicaid enrollees ages antipsychotic medication for at least 80 percent of	19 to64 with schizophrenia who were dispensed and remained on an f their treatment period.
Numerator: Denominator:	
Rate:	
Did you Combine Rates from Multiple Reporti State-Level Rate?	ng Units (e.g., health plans, delivery systems, programs) to Create a
If yes, indicate whether the state-level rate is	
	of the measure-eligible population for each reporting unit
 The rates are weighted based on another The rates are not weighted 	weighting ractor
Additional notes/comments on measure:	
Other Performance Measure:	
If reporting with another methodology, please des	scribe:
Numerator:	
Denominator:	
Rate:	
please upload the information to the attachment f	are additional numerators, denominators and rates you want to report, acility, along with a brief description of the measure (e.g. "data reported for
individuals in the 18-64 age range"). Optional Measure Stratification	
•	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)
	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

FFY 2014			
American Indian or Alaska Native Numerator: Denominator: Rate:	Asian Numerator: Denominator: Rate:		
<u>Native Hawaiian or Other Pacific Islander</u> Numerator: Denominator: Rate:			
	Ethnicity		
Hispanic or Latino Numerator: Denominator: Rate:	Not Hispanic or Latino Numerator: Denominator: Rate:		
	Sex		
Male Numerator: Denominator: Rate:	☐ <u>Female</u> Numerator: Denominator: Rate:		
	Primary Spoken Language		
English Numerator: Denominator: Rate:	Spanish Numerator: Denominator: Rate:		
Disability Status			
SSI Numerator: Denominator: Rate:	□ <u>Non-SSI</u> Numerator: Denominator: Rate:		
Geography			
Urban Numerator: Denominator: Rate:	☐ <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 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 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

	FFY 2014
for this meas	Carl
🗌 No	
Which delive	ry systems are represented in the denominator?
	very systems that apply in your state (Must select at least one); for each delivery system, enter the percentage
	te population represented in the measure. For example, if the measure-eligible population represents all
managed care	enrollees, enter 100 percent.
☐ Fee-for-Se	
	age of total state FFS population represented:
	are Case Management (PCCM)
	age of total state PCCM population represented:
Managed C	Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	of health plans:
Percenta	age of total state MCO/PIHP population represented:
	Care Models (ICM)
	age of total state ICM population represented:
Other	
Describ	e.
	tage of total other population represented:
	number of health plans represented:
	om Measure Specifications:
Deviations in	in measure opecifications.
Did your calc	ulation of this measure deviate from the measure specifications in any way?
If yes, select	all that apply:
Numerator.	
Other. Expl	
Performance	
	ge of Medicaid enrollees age 18 and older who received at least 180 treatment days of ambulatory medication
	select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic
	easurement year. Report each of the four rates separately and a total rate.
	monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers
(ARB).	
 Annual r 	monitoring for enrollees on digoxin.
Annual	monitoring for enrollees on diuretic.
	monitoring for enrollees on anticonvulsants.
Total rat	te (the sum of the four numerators divided by the sum of the four denominators).
	pring for Enrollees on ACE Inhibitors or ARBs:
Age Range: 1	3-64
Numerator:	
Denominator:	
Rate:	
riato.	
Age Range: 6	5 and older
Numerator:	
Denominator:	
Rate:	
Nate.	
Annual Monito	ring for Enrollees on Digoxin
Age Range: 1	8-64
Numerator:	
Denominator:	
Rate:	
rdle.	
Aco Bonco G	5 and older
Age Range: 6	
Numerator:	
Denominator:	
Rate:	
Annual Monito	ring for Enrollees on Diuretic:

Age Range: 16-64 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: Annual Monitoring for Enrollees on Anti-convulsants: Age Range: 18-64 Numerator: Denominator: Rate: Total Rate (sum of the four rates) Age Range: 18-64 Numerator: Denominator: Rate: Total Rate (sum of the four rates) Age Range: 18-64 Numerator: Denominator: Rate: Total Rate (sum of the four rates) Age Range: 18-64 Numerator: Denominator: Rate: Total Rate (sum of the four rates) Age Range: 55 and older Numerator: Denominator: Rate: Denominator: Rate: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a Context of the rates are weighted Rate: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a Context of the rates are weighted Rate: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a Context of the rates are weighted Rate: Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a Context of the rates are weighted Context of the measure-eligible population for each reporting unit Context of the rates are weighted Context of the rates are weighted Context of the rates are weighted Context of the rates are additional numerators, denominators and rates you want to report, Please upload the information table, afteric, sex, language, disability status, or geographic stratifications you want to report, or it stratified data for measures: Context Stratification If there is the additional rate, language, disability status, or geographic stratifications you want to report, or it stratified data for measures are being provided, please upload the numerator(s), denominator: Rate: Denominator: Rate: Denominator: Rate: Denominator: Rate: Denominator: Rate: Denominator: Rate: Denominator		FFY 2014
Denominator: Rete: Age Range: 65 and older Numerator: Denominator: Rate: Annual Montoring for Enrollees on Anti-convulsants: Age Range: 18-64 Numerator: Denominator: Rate: Age Range: 65 and older Numerator: Denominator: Rate: Age Range: 66 and older Numerator: Denominator: Rate: Total Rate (sum of the four rates) Age Range: 68 and older Numerator: Denominator: Rate: Total Rate (sum of the four rates) Age Range: 68 and older Numerator: Denominator: Rate: Denominator: Ra	Age Range: 18-64	
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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 fo 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) Race (non-Hispanic) White Numerator: Denominator: Black or African American Numerator: Denominator: Rate: Rate: American Indian or Alaska Native Asian		
please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported fo 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	Rate:	
please upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported fo 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		
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		
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		chment facility, along with a brief description of the measure (e.g. "data reported for
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		
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 Numerator: Numerator: Denominator: Denominator: Rate: Rate:		nic sex language disability status or geographic stratifications you want to report
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		
Race (non-Hispanic) White Black or African American Numerator: Numerator: Denominator: Denominator: Rate: Rate: American Indian or Alaska Native Asian		
White Black or African American Numerator: Numerator: Denominator: Denominator: Rate: Rate: American Indian or Alaska Native Asian		
Numerator: Numerator: Denominator: Denominator: Rate: Rate:		· · · ·
Denominator: Denominator: Rate: Rate:		
Rate: Rate: American Indian or Alaska Native Asian		
American Indian or Alaska Native		
	Nato.	1/010.
	American Indian or Alaska Native	
Numerator: Numerator:		

	FFY 2014		
Denominator:	Denominator: Denominator:		
Rate:	Rate:		
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:			
	Ethnicity		
Hispanic or Latino	Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Sex		
□ <u>Male</u>	Emale Female		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Primary Spoken Language		
English	Spanish Spanish		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Disability Status		
	□ <u>Non-SSI</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
Urban	Rural		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	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 surrently exist	
Requires data linkage which does not currently exist	
☐ 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?	
AHRQ CAHPS administrative protocol	
Other administrative protocol	
Explain:	
Definition of Population Included in the Measure:	
Definition of denominatory	
Definition of denominator:	
Select all that apply:	
Denominator includes Medicald population Denominator includes CHIP population (e.g. pregnant women).	
Denominator includes Medicare and Medicaid Dually-Eligible population.	

FFY	2014

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

Γ

FFY 2014
Did you Report on this Measure?
\square 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: 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.
☐ Information not collected
Select all that apply:
Not collected by provider (hospital/health plan)
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 (as part of the grant and voluntary core set reporting)
Status of Data Reported:
Measurement Specification:
Other. Explain:
Data Source:
Hybrid (Administrative and Medical Records Data)
From where is the Administrative Data coming?
Must select one or more:
Medicaid Management Information System (MMIS)
Other. Specify:
From where is the Medical Records Data coming?
Must select one:
Electronic Health Record (EHR) Data
Both (EHR and paper)
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.

	FFY 2014
for	es this denominator represent your total measure eligible population as defined by the Technical Specificat this measure?
_	Yes
Ш	No
\ \ /i	nich delivery systems are represented in the denominator?
	lect all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percei
	the total state population represented in the measure. For example, if the measure-eligible population represents all
ma	naged care enrollees, enter 100 percent.
	Fee-for-Service
ш	Percentage of total state FFS population represented:
	Primary Care Case Management (PCCM)
ш	Percentage of total state PCCM population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
ш	
	Number of health plans:
—	Percentage of total state MCO/PIHP population represented:
Ц	Integrated Care Models (ICM)
_	Percentage of total state ICM population represented:
Ш	Other
	Describe:
	Percentage of total other population represented:
	pplicable, number of health plans represented:
De	viations from Measure Specifications:
Б.	durant calculation of this machine deviate from the machine and 10 of the large of
	d your calculation of this measure deviate from the measure specifications in any way?
	Yes
Ц	No
IF -	real calact all that apply
	ves, select all that apply:
	Numerator. Explain:
	Denominator. Explain:
	Other. Explain:
	rformance Measure
	e percentage of Medicaid enrollees age 18 years and older discharged from an inpatient facility (e.g., hospital inpat
	servation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition
	s transmitted to the facility or primary physician or other health care professional designated for follow-up care wit
	urs of discharge.
	e Range: 18-64
Nu	merator:
De	nominator:
Ra	te:
	e Range: 64 and older
_ `	merator:
	nominator:
Ra	te:
.	
	d you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Creat
	ate-Level Rate?
Ц	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
Ad	ditional notes/comments on measure:
Ot	her Performance Measure:
	eporting with another methodology, please describe:
Nu	merator:
	nominator:
Ra	
-	
lf r	eporting with another methodology, and there are additional numerators, denominators and rates you want to report
	ase upload the information to the attachment facility, along with a brief description of the measure (e.g. "data reported

	FFY 2014	
	Race (non-Hispanic)	
☐ <u>White</u> Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:	
American Indian or Alaska Native Numerator: Denominator: Rate:	☐ <u>Asian</u> Numerator: Denominator: Rate:	
☐ Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:		
	Ethnicity	
Hispanic or Latino Numerator: Denominator:	Not Hispanic or Latino Numerator: Denominator:	
Rate:	Rate:	
☐ <u>Male</u> Numerator: Denominator: Rate:	Sex Female Numerator: Denominator: Rate:	
	Primary Spoken Language	
☐ <u>English</u> Numerator: Denominator: Rate:	Spanish Numerator: Denominator: Rate:	
Disability Status		
SSI Numerator: Denominator: Rate:	Non-SSI Numerator: Denominator: Rate: Geography	
Urban Numerator: Denominator: Rate:	Image: Selectraphy Image: Record record Numerator: Denominator: Rate:	

Measure IET-AD: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

FF1 2014
Did you Report on this Measure?
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
Information not collected
Select all that apply:
Not collected by provider (hospital/health plan)
☐ 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:
Measurement Specification:
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)
Cther. Specify:
Deter: Specify:
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:
Door this denominator represent your total measure alimital negulation or defined by the Technical Constituations
Does this denominator represent your total measure eligible population as defined by the Technical Specifications

	FFY 2014
for this measure?	
Which delivery systems	are represented in the denominator?
	that apply in your state (Must select at least one); for each delivery system, enter the percentage
	n represented in the measure. For example, if the measure-eligible population represents all
managed care enrollees, e	nter 100 percent.
_	
Fee-for-Service	
	state FFS population represented:
Primary Care Case Mai	
Percentage of total s	state PCCM population represented:
Managed Care Organiz	ation/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health pla	
	tate MCO/PIHP population represented:
Integrated Care Models	
	state ICM population represented:
	tale form population represented.
Describe:	
	other population represented:
	other population represented:
If applicable, number of he	
Deviations from Measure	specifications:
	nis measure deviate from the measure specifications in any way?
Yes	
🗌 No	
If yes, select all that appl	v :
Numerator. Explain:	·
Denominator. Explain:	
Other. Explain:	
Performance Measure	
	and annulance and 18 and alder with a new anisode of alashed or other drug (AOD) dependence
	aid enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence
who:	
	nt through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial
	ithin 14 days of the diagnosis (initiation of AOD treatment).
 Initiated treatme 	nt and who had two or more additional services with a diagnosis of AOD within 30 days of the
initiation visit (en	ngagement of AOD treatment).
Initiation of AOD Treatmen	it:
Age Range: 18-64	
Numerator:	
Denominator:	
Rate:	
Nale.	
Are Dennes CE and older	
Age Range: 65 and older	
Numerator:	
Denominator:	
Rate:	
Engagement of AOD Treat	ment:
Age Range: 18-64	
Numerator:	
Denominator:	
Rate:	
1000	
Age Range: 65 and older	
Numerator:	
Denominator:	
Rate:	
	rom Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a
State-Level Rate?	
Yes	
If yes, indicate whether	r the state-level rate is weighted:
	nted based on the size of the measure-eligible population for each reporting unit

FFY 2014					
The rates are weighted based on another	weighting factor				
The rates are not weighted					
Additional notes/comments on measure:					
Other Performance Measure:					
If reporting with another methodology, please des	scribe:				
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 stratif	ication, to the attachment facility. Race (non-Hispanic)				
White	Black or African American				
Numerator:	Numerator:				
Denominator:	Denominator:				
Rate:	Rate:				
American Indian or Alaska Native	Asian				
Numerator:	Numerator:				
Denominator:	Denominator:				
Rate:	Rate:				
Native Hawaiian or Other Pacific Islander					
Numerator:					
Denominator:					
Rate:	Ethnicity				
Hispanic or Latino	Not Hispanic or Latino				
Numerator:	Numerator:				
Denominator:	Denominator:				
Rate:	Rate: Sex				
☐ Male					
Numerator:	Numerator:				
Denominator:	Denominator:				
Rate:	Rate: Primary Spoken Language				
English					
Numerator:	Numerator:				
Denominator:	Denominator:				
Rate:	Rate:				
	Disability Status				
Numerator:	Numerator:				
Denominator:	Denominator:				
Rate:	Rate:				
	Geography				
Urban	□ <u>Rural</u> Numerator:				
Numerator: Denominator:	Denominator:				
Rate:	Rate:				
rait.	rait.				

FFY 2014
Did you Report on this Measure?
X Yes
\square 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)
Cther:
☐ 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 (as part of the grant and voluntary core set reporting)
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:
Status of Data Reported:
Measurement Specification:
Specify version of HEDIS used: 2014
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)
Hybrid (Administrative and Medical Record Data)
From where is the Administrative Data coming?
Must select one or more:
Medicaid Management Information System (MMIS)
Other. Specify: From where is the Medical Records Data coming?
From where is the Medical Records Data coming? Must select one:
Electronic Health Record (EHR) Data
Paper
Both (EHR and paper)
Other. Specify:
Date Range:
Start Date: (mm/yyyy) 11/2012
End Date: (mm/yyyy) 11/2013
Definition of Population Included in the Measure:
Definition of denominator:

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:		
Deep this depending to represent your total aligible measure perulation or defined by the Technical Specifications		
Does this denominator represent your total eligible measure population as defined by the Technical Specifications for this measure?		
⊠ Yes		
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?		
\square Tes		
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 the size of the measure-eligible population for each reporting unit		
The rates are not weighted based on another weighting factor		
⊠ 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		

FFY 2014				
rate(s), along with a brief description of the stratification, to the attachment facility.				
Race (non-Hispanic)				
☐ <u>White</u> Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:			
☐ <u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	☐ <u>Asian</u> Numerator: Denominator: Rate:			
Native Hawaiian or Other Pacific Islander 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:	□ <u>Non-SSI</u> Numerator: Denominator: Rate:			
Geography				
Urban Numerator: Denominator: Rate:	Rural Numerator: Denominator: Rate:			

Maternal and Infant Health Initiative Developmental Measure: Contraception Utilization

	2014				
Did you Report on this Measu	ure?				
🛛 Yes					
🗌 No					
If Data Not Reported, Please					
Select all that apply (Must select at least one):					
Service not covered					
Population not covered					
Entire population not o					
Partial population not					
Explain the partial p	opulation not covered:				
☐ Data not available					
Explain why data not ava	ilable				
Budget constraints					
\Box Staff constraints					
☐ Data inconsistencies/a	accuracy				
Please explain:					
Data source not easily	/ accessible				
Select all that apply:					
Requires medic	al record review				
	inkage which does not currently exist				
Other:	с , , , , , , , , , , , , , , , , , , ,				
Information not collect	ted				
Select all that apply:					
Not collected by	y provider (hospital/health plan)				
Other:					
Other:					
Small sample size (less than					
Enter specific sample siz	e:				
Other. Explain:					
	sure is being provided as part of the Improving Maternal and Infant				
	and CHIP Reporting Incentive Grant:				
Status of Data Reported:					
Final					
Measurement Specification:					
Poto 1: Most offective or mode	rately offective contraception				
Rate 1: Most effective or moderately effective contraception					
☐ CDC/OPA ☐ Other. Explain:					
Rate 2: Long-acting reversible	contraception				
CDC/OPA					
Other. Explain:					

2014
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:
/ /
Data Dawaa
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 Medicald 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
Percentage of total state FFS population represented: 0
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
Describe:
Percentage of total other population represented:
If applicable, number of health plans represented:

2014			
Deviations from Measure Specifications:			
Did your calculation of this measure deviate from the measure specifications in any way?			
⊠ 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 EDA environment methods of contracentian			
 The most effective or moderately effective FDA-approved methods of contraception An FDA-approved, long-acting reversible method of contraception. 			
2) All DA-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			
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:			
Numeronten			
Numerator:			
Denominator:			
Rate:			
If separation with enother methodology, and there are additional summaries descention of the			
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			
White	Black or African American		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
<u>American Indian or Alaska Native</u> Numerator: Denominator: Rate:	☐ <u>Asian</u> Numerator: Denominator: Rate:		
☐ Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:			
Ethr	nicity		
Hispanic or Latino	Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Primary Spok	ten Language		
English	Spanish		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Disability Status			
	□ <u>Non-SSI</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
Urban	□ <u>Rural</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		