OMB Control Number 0938-1148 Expiration date: 10/31/2014

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

BACKGROUND

The Affordable Care Act (Section 1139B) 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). Additionally, the law required the development of a standardized reporting format for states that volunteer to report on the Medicaid Adult Core measures. This CARTS template will be used for standardized reporting on these measures.

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

Measure	Measure Steward	Measure Description
Flu Shots for Adults Ages 50 to 64	NCQA/HEDIS (http://www.ncqa.org)	Rolling average represents the percentage of Medicaid enrollees ages 50 to 64 that received an influenza vaccination between September 1 of the measurement year and the date when the CAHPS 5.0H survey was completed
Adult Body Mass Index (BMI) Assessment	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 74 that had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year
Breast Cancer Screening	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid-enrolled women ages 42 to 69 that received a mammogram in the measurement year or the year prior to the measurement year
Cervical Cancer Screening	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid-enrolled women ages 24 to 64 that received one or more PAP tests during the measurement year or the two years prior to the measurement year
Medical Assistance With Smoking and Tobacco Use Cessation	NCQA/HEDIS (http://www.ncqa.org)	Rolling average represents the percentage of Medicaid enrollees age 18 and older that were current smokers or tobacco users and who received advice to quit, discussed or were recommended cessation medications, and discussed or were provided cessation methods or strategies during the measurement year
Screening for Clinical Depression and Follow-Up Plan	CMS (http:// www.usqualitymeasures.o rg)	Percentage of patients age 18 and older screened for clinical depression using a standardized tool, and if positive, a follow-up plan is documented on the date of the positive screen

Plan All-Cause Readmission Rate	NCQA/HEDIS (http://www.ncqa.org)	For Medicaid enrollees age 18 and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission
PQI 01: Diabetes Short- Term Complications Admission Rate	AHRQ (http:// www.qualityindicators.ahr g.gov)	Number of discharges for diabetes short-term complications per 100,000 Medicaid enrollees age 18 and older
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate	AHRQ (http:// www.qualityindicators.ahr q.gov)	Number of discharges for COPD per 100,000 Medicaid enrollees age 18 and older
PQI 08: Congestive Heart Failure (CHF) Admission Rate	AHRQ (http:// www.qualityindicators.ahr q.gov)	Number of discharges for CHF per 100,000 Medicaid enrollees age 18 and older
PQI 15: Adult Asthma Admission Rate	AHRQ (http:// www.qualityindicators.ahr q.gov)	Number of discharges for asthma per 100,000 Medicaid enrollees age 18 and older
Chlamydia Screening in Women Ages 21 to 24	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrolled women ages 21 to 24 that were identified as sexually active and that had at least one test for Chlamydia during the measurement year
Follow-Up After Hospitalization for Mental Illness	NCQA/HEDIS (http://www.ncqa.org)	Percentage of discharges for Medicaid enrollees age 21 and older that were hospitalized for treatment of selected mental health disorders 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
PC-01: Elective Delivery	The Joint Commission (http://www.jointcommission.org)	Percentage of Medicaid and CHIP enrolled females with elective vaginal deliveries or elective cesarean sections delivering newborns with >= 37 and < 39 weeks of gestation completed
PC-03: Antenatal Steroids	The Joint Commission (http://www.jointcommission.org)	Percentage of Medicaid and CHIP enrolled females at risk of preterm delivery with a full course of antenatal steroids completed prior to delivery of a preterm infant
Annual HIV/AIDS Medical Visit	NCQA (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older with a diagnosis of HIV/AIDS and with at least two medical visits during the measurement year, with a minimum of 90 and 180 days between each visit

Controlling High Blood Pressure	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 85 that had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year
Comprehensive Diabetes Care: LDL-C Screening	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) that had a LDL-C screening test
Comprehensive Diabetes Care: Hemoglobin A1c Testing	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) that had a Hemoglobin A1c test
Antidepressant Medication Management	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older with a diagnosis of major depression, that were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) and for at least 180 days (6 months)
Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees ages 19 to 64 with schizophrenia that were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period
Annual Monitoring for Patients on Persistent Medications	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older that received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent and that received annual monitoring for the therapeutic agent during the measurement year
CAHPS Health Plan Survey 5.0H – Adult Questionnaire	AHRQ NCQA/HEDIS (http://www.ncqa.org)	Survey on adult Medicaid enrollees' age 18 and older experiences with care
Care Transition – Transition Record Transmitted to Health Care Professional	American Medical Association/Physician Consortium for Performance Improvement (PCPI) (http://www.ama-assn.org)	Percentage of Medicaid enrollees age 18 and older discharged from an inpatient facility 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
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA/HEDIS (http://www.ncqa.org)	Percentage of Medicaid enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence who: (a) Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis (b) Initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit

Postpartum Care Rate	NCQA/HEDIS	Percentage of deliveries of live births between
	(http://www.ncqa.org)	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 current year (to the extent that data are available). Additional instructions for completing each section of the template are provided below. Data entry in all fields is required unless otherwise specified.

Did you Report on this Measure?

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

If Data Not Reported, Please Explain Why:

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

- Service not covered: Check this box if your program does not cover this service.
- <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 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.
- Other: Please specify if there is another reason why your state cannot report the measure.

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

The Information for this Measure is Being Provided to Meet the Requirements for the Adult Medicaid Quality Measures Grant:

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

Status of Data Reported:

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

- <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 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 (with the exception of the annual HIV/AIDS medical visits measure). 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 Resource Manual</u>.

HEDIS® Version:

Please specify HEDIS® Version (example HEDIS 2011, HEDIS 2012). This field must be completed only when a user selects the NCQA measurement specification.

"Other" Measurement Specification Explanation:
 The explanation field must be completed when "Other" measurement specification has been selected.

Data Source:

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

- Administrative Data: Medical claims and encounter data. 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. An explanation box is available
 for the state to provide more detailed information about how the two sources were used to create
 the rate
- Survey Data: The state should specify the survey used.
- Other: An explanation box is available for the state to describe 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 please report the "To" time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Definition of Population Included in the Measure:

Definition of the Denominator:

Indicate the definition of the population included in the denominator for each measure by checking one box to indicate whether the data are for the Medicaid population only (Title XIX), the CHIP population only (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, state must specify the population.

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

States should indicate whether the denominator selected in the preceding question represents your state's total eligible population 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 population is represented in the delivery system, and the number of health plans represented in the 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

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 and denominators, 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.

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

reporting unit numerators, denominators, and rates in the field labeled "Additional Notes on Measure," along with a description of the method used to derive the state-level rate. For additional guidance on developing a state-level rate, refer to the Technical Assistance Brief "Approaches to Developing State-Level Rates for Children's Health Care Quality Measures Based on Data from Multiple Sources," available at: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf.

Other Performance Measure:

If the state selected "Other" in the "Measure Specification" section of the template, and is thus reporting using another methodology, the user is required to provide a description of the measure, along with the numerator, denominator, and rate in the "Other Performance Measure" section. If reporting with another methodology, and the form fields do not give you enough space to fully report on the measure, please use 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.

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 1: Flu Shots for Adults

	FFY 2013
Did yo	ou Report on this Measure?
Y	es
N	0
If Date	a Not Deposited Disease Explain Why.
	a Not Reported, Please Explain Why: t all that apply (Must select at least one):
	ervice not covered.
ПР	opulation not covered.
	Entire population not covered
	Partial population not covered
	Explain the partial population not covered:
П	ata 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 identified as key priority area for this year
	Not collected by provider (hospital/health plan)
	Other:
	Other:
	mall sample size (less than 30).
	Enter specific sample size:
<u></u> □ 0	ther. Explain:
	nformation for this measure is being provided to meet the requirements for the Adult caid Quality Measures Grant:
Y	es (to fulfill grant requirement)
N	o (this information is for voluntary core set reporting)
В	oth (grant requirement and voluntary core set reporting)
Status	s of Data Reported:
P	rovisional
	inal.
	urement Specification:
	CQA
	Specify version of HEDIS used:
	ther. Explain: Source:
	AHPS 5.0H
	other. Explain:
	инет. Елупшт.

FFY 2013	
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 eligible population as defined by the Technical Specifications for this measure?	
Yes	
No	
Which delivery systems are represented in the denominator? Select all that apply (Must select at least one):	
Fee-for-Service	
Percentage of population represented:	
Primary Care Case Management (PCCM) Percentage of population represented:	
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: Percentage of population represented:	
Integrated Care Models (ICM) Percentage of population represented:	
Other	
Describe:	
Percentage of population represented: If applicable, number of health plans represented:	
Deviations from Measure Specifications:	
·	
Did your calculation of this measure deviate from the measure specifications in any way?	
Yes	
No	
If yes, select all that apply:	
Numerator. Explain:	
Denominator. Explain:	
Other. Explain:	
Performance Measure	
A rolling average represents the percentage of Medicaid enrollees 50-64 years of age who	
received an influenza vaccine between September 1 of the measurement year and the date when the CAHPS 5.0H adult survey was completed.	
Numerator:	
Denominator:	
Rate: Additional notes/comments on measure:	
Additional notes/comments on measure.	

FFY 2013		
Other Performance Measure:		
If reporting with another methodology, please describe:		
Numerator: Denominator:		
Rate:		
If reporting with another methodology, and there a rates you want to report, please upload the inform description of the measure (e.g. "data reported fo	nation to the attachment facility, along with a brief	
Optional Measure Stratification		
If there are other or additional racial, ethnic, sex, stratifications you want to report, please upload the along with a brief description of the stratification, to	ne numerator(s), denominator(s), and rate(s), so the attachment facility.	
Race (non	-Hispanic)	
White	Black or African American	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
Nate.	Nate.	
American Indian or Alaska Native	Asian	
Numerator: Denominator:	Numerator: Denominator:	
Rate: Denominator. Rate:		
Native Hawaiian or Other Pacific Islander		
Numerator:		
Denominator:		
Rate: Ethnicity		
Hispanic or Latino	Not Hispanic or Latino	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
Se	ex	
Male	<u>Female</u>	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
Primary Spoken Language		
English	Spanish	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate: Disabilit	Rate: v Status	
Disability States		
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
Geography		

FFY 2013		
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 2: Adult BMI Assessment

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. 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 identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		FFY 2013
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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 identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		Budget constraints
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 identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		Staff constraints
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 identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
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 identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Requires medical record review Requires data linkage which does not currently exist Other: Information not collected Select all that apply: Not identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Requires data linkage which does not currently exist Other: Information not collected Select all that apply: Not identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Information not collected Select all that apply: Not identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Information not collected Select all that apply: Not identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
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Not identified as key priority area for this year 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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
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 to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Other: Other: Small sample size (less than 30). Enter specific sample size: Other. Explain: The information for this measure is being provided to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Other: Small sample size (less than 30). Enter specific sample size: Other. Explain: The information for this measure is being provided to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Small sample size (less than 30). Enter specific sample size: Other. Explain: The information for this measure is being provided to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Enter specific sample size: Other. Explain: The information for this measure is being provided to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
The information for this measure is being provided to meet the requirements for the Adult Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Medicaid Quality Measures Grant: Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		Other. Explain:
Yes (to fulfill grant requirement) No (this information is for voluntary core set reporting) Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Both (grant requirement and voluntary core set reporting) Status of Data Reported:		
Status of Data Reported:		No (this information is for voluntary core set reporting)
		Both (grant requirement and voluntary core set reporting)
Provisional.		Provisional.
Final.		Final.
Measurement Specification:	Mea	surement Specification:
NCQA		
Specify version of HEDIS used:		
Other. Explain:		Otner. Explain:

FFY 2013
Data Source:
Administrative Data Only
From where is the Administrative Data coming?
Must select one if Administrative Data is selected:
Medicaid Management Information System (MMIS)
Other Specify:
Medical Records Data
Must select one if Medical Records Data is selected:
Electronic Health Record (EHR) Data
Paper
Both (EHR and paper)
Hybrid (administrative and medical records data)
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 eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator? Select all that apply (Must select at least one):
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM) Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other
Describe:
Percentage of population represented: If applicable, number of health plans represented:

	FFY 2013		
Deviations from Measure Specifications:			
Did your calculation of this measure dev Yes No	iate from the measure specifications in any way?		
If yes, select all that apply: Numerator. Explain: Denominator. Explain: Other. Explain: Performance Measure The percentage of Medicaid enrollees ages 18-74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. Age Range 18-64 Numerator: Denominator:			
Rate: Age Range 65-74 Numerator: Denominator: Rate:			
Additional notes/comments on measure: Other Performance Measure:	Additional notes/comments on 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.			
White Numerator: Denominator: Rate:	e (non-Hispanic) Black or African American Numerator: Denominator: Rate:		
American Indian or Alaska Native Numerator: Denominator: Rate:	Asian Numerator: Denominator: Rate:		
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:	Ethnicity		

FFY 2013		
Hispanic or Latino	Not Hispanic or Latino	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Sex	
Male	Female	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Primary Spoken Language		
<u>English</u>	<u>Spanish</u>	
Numerator:	Numerator:	
Denominator: Denominator:		
Rate: Rate:		
Disability Status		
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator: Denominator:		
Rate:	Rate:	
	Geography	
<u>Urban</u>	Rural	
Numerator:	ator: Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 3: Breast Cancer Screening

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported: Provisional
Final Measurement Specification:
NCQA
Specify version of HEDIS used:
Other. Explain:

FFY 2013
Data Source:
Administrative Data Only
From where is the Administrative Data coming?
Must select one if Administrative Data is selected:
Medicaid Management Information System (MMIS)
Other Specify:
Medical Records Data
Must select one if Medical Records Data is selected:
Electronic Health Record (EHR) Data
Paper
Both (EHR and paper)
Hybrid (Administrative and Medical Records Data)
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:
Cuter. Openiy.
Does this denominator represent your total eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery evetems are represented in the denominator?
Which delivery systems are represented in the denominator? Select all that apply (Must select at least one):
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other
Describe: Percentage of population represented:
If applicable, number of health plans represented:

FF	Y 2013
Deviations from Measure Specifications:	
Did your calculation of this measure deviate	from the measure specifications in any way?
Yes	nom the measure opermeations in the many may.
No	
140	
If yes, select all that apply:	
Numerator. Explain:	
Denominator. Explain:	
Other. Explain:	
Performance Measure The percentage of Medicaid-enrolled women ac	les 42-69 who received a mammogram to screen
for breast cancer.	is 12 00 who received a manifely am to corecin
Age Range: 42-64	
Numerator: Denominator:	
Rate:	
Age Range: 65-69	
Numerator: Denominator:	
Rate:	
Additional notes/comments on measure:	
Other Performance Measure:	
If reporting with another methodology, please do	escribe:
Numerator:	
Denominator:	
Rate:	
If reporting with another methodology, and there	e are additional numerators, denominators and
rates you want to report, please upload the info	mation to the attachment facility, along with a brief
description of the measure (e.g. "data reported Optional Measure Stratification	for individuals in the 18-64 age range").
Optional Measure Stratification	
If there are other or additional racial, ethnic, sex	
stratifications you want to report, please upload along with a brief description of the stratification	
	on-Hispanic)
White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alacka Nativo	Acion
American Indian or Alaska Native Numerator:	Asian Numerator:
Denominator:	Denominator:
Rate:	Rate:
Notive Houseign or Other Besific Islander	
Native Hawaiian or Other Pacific Islander Numerator:	
Denominator:	
Rate:	
	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator: Denominator:	Numerator: Denominator:
Rate:	Rate:
Primary S	poken Language

FFY 2013	
<u>English</u>	Spanish
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Disa	bility Status
SSI	Non-SSI
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
G	eography
<u>Urban</u>	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure 4: Cervical Cancer Screening

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final
Measurement Specification:
NCQA Specify version of HEDIS used:
Other. Explain:

FFY 2013
Data Source:
Administrative Data Only
From where is the Administrative Data coming? Must select one if Administrative Data is selected:
Medicaid Management Information System (MMIS)
Other. Specify:
Medical Records Data
Must select one if Medical Records Data is selected:
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 denominators
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 eligible population as defined by the Technical Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator?
Select all that apply (Must select at least one):
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other
Describe:
Percentage of 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:

FFY 2013	
Performance Measure The percentage of Medicaid-enrolled ages wor screen for cervical cancer.	nen 21-64 who received one or more Pap tests to
Numerator: Denominator: Rate:	
Additional notes/comments on measure:	
Other Performance Measure:	
If reporting with another methodology, please o	lescribe:
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, se stratifications you want to report, please upload along with a brief description of the stratification	d the numerator(s), denominator(s), and rate(s),
	non-Hispanic)
White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alaska Native Numerator:	Asian Numerator:
Denominator:	Denominator:
Rate:	Rate:
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:	
	thnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate: poken Language
English Numerator:	Spanish Numerator:
Denominator:	Denominator:
Rate:	Rate:
Disab	pility Status
<u>SSI</u>	Non-SSI
Numerator: Denominator:	Numerator: Denominator:
Rate:	Rate:
	ography
Urban	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure 5: Medical Assistance with Smoking and Tobacco Use

FFY 2013
Did you Report on this Measure?
Yes
No
If Data Not Reported, Please Explain Why: <u>Sele</u> ct 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:
Select all that apply:
Not identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting) Status of Data Reported:
Provisional
Final
Measurement Specification:
NCQA
Specify version of HEDIS used:
Other. Explain:
Data Source:
CAHPS5.OH
Other. Specify:
Date Range:
Start Date: (mm/yyyy)
End Date: (mm/yyyy)

nition of Population Included in the Measure: nition of denominator: ct 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: sthis denominator represent your total eligible population as defined by the Technical cifications for this measure? Yes No Ch delivery systems are represented in the denominator? ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: Percentage of population represented:
Denominator includes Medicaid population Denominator includes CHIP population (e.g. pregnant women). Denominator includes Medicare and Medicaid Dually-Eligible population. Dther. Specify: Is this denominator represent your total eligible population as defined by the Technical diffications for this measure? Yes No Ch delivery systems are represented in the denominator? Ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Denominator includes CHIP population (e.g. pregnant women). Denominator includes Medicare and Medicaid Dually-Eligible population. Other. Specify: Is this denominator represent your total eligible population as defined by the Technical cifications for this measure? Yes No Ch delivery systems are represented in the denominator? Ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Denominator includes Medicare and Medicaid Dually-Eligible population. Other. Specify: Is this denominator represent your total eligible population as defined by the Technical cifications for this measure? Yes No Ch delivery systems are represented in the denominator? Ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Other. Specify: s this denominator represent your total eligible population as defined by the Technical cifications for this measure? Yes No ch delivery systems are represented in the denominator? ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
s this denominator represent your total eligible population as defined by the Technical cifications for this measure? Yes No Ch delivery systems are represented in the denominator? Ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Ch delivery systems are represented in the denominator? ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Ch delivery systems are represented in the denominator? Ct all that apply (Must select at least one): Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Fee-for-Service Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Percentage of population represented: Primary Care Case Management (PCCM) Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Number of health plans:
Integrated Care Models (ICM) Percentage of population represented:
Other
Describe:
Percentage of population represented: If applicable, number of health plans represented:
ations from Measure Specifications:
your calculation of this measure deviate from the measure specifications in any way?
Yes
No.
s, select all that apply: umerator. Explain:
Denominator. Explain:
Other. Explain:
ormance Measure ling average represents the percentage of Medicaid enrollees age 18 and older who were ent smokers or tobacco users and who received medical assistance during the measurement The following components of this measure assess different facets of providing medical stance with smoking and tobacco use cessation and are reported as three separate rolling ages: Advising Smokers and Tobacco Users to Quit; Discussing Cessation Medications; and

	FFY 2013
Advising smokers and tobacco users to quit	
Age Range: 18-64	
Numerator: Denominator:	
Rate:	
Age Range: 65 and older	
Numerator:	
Denominator:	
Rate:	
Discussing Cessation Medications	
Age Range: 18-64	
Numerator:	
Denominator:	
Rate: Age Range: 65 and older	
Numerator:	
Denominator:	
Rate:	
Discussion Constitut Strategies	
Discussing Cessation Strategies Age Range: 18-64	
Numerator:	
Denominator:	
Rate:	
Age Range: 65 and older Numerator:	
Denominator:	
Rate:	
Additional notes/comments on measure:	
Other Performance Measure:	o describe:
If reporting with another methodology, pleas	e describe.
Numerator:	
Denominator:	
Rate:	
If reporting with another methodology, and t	here are additional numerators, denominators and
	information to the attachment facility, along with a brief
description of the measure (e.g. "data report	
Optional Measure Stratification	
If the up are attenues and distance we sign attends	and law war and a dischility at the angle and a second while
	sex, language, disability status, or geographic oad the numerator(s), denominator(s), and rate(s),
along with a brief description of the stratifica	
	e (non-Hispanic)
White	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alaska Native	Asian
Numerator:	Numerator:
Denominator: Rate:	Denominator: Rate:
ruic.	rate.
Native Hawaiian or Other Pacific Islander	
Numerator:	
Denominator:	
Rate:	
	Ethnicity
Hispanic or Latino	Not Hispanic or Latino
Numerator:	Numerator:
Denominator: Rate:	Denominator: Rate:
ivale.	ivaic.

FFY 2013	
	Sex
Male	<u>Female</u>
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Primary	Spoken Language
<u>English</u>	Spanish
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Disability Status	
SSI	Non-SSI
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Geography	
Urban	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure 6: Screening for Clinical Depression and Follow-Up Plan

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting) Status of Data Reported:
Provisional
Final
Measurement Specification:
CMS
Other. Explain:

	FFY 2013
Data	Source:
	Administrative Data Only
	where is the Administrative Data coming?
Must	select one if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
Must	select one if Medical Records Data is selected:
	Electronic Health Record (EHR) Data
	Paper Paper
	Both (EHR and Paper)
	Other: Specify:
	Range:
	: Date: (mm/yyyy) Date: (mm/yyyy)
Liiu	Date. (1111111 3333)
Defi	nition of Population Included in the Measure:
	nition of denominator:
	ct all that apply:
$\overline{}$	Denominator includes Medicaid population
	Denominator includes CHIP population (e.g. pregnant women).
	Denominator includes Medicare and Medicaid Dually-Eligible population.
	Other. Specify:
Does	s this denominator represent your total eligible population as defined by the Technical cifications for this measure?
	Yes
	No
	ch delivery systems are represented in the denominator? ct all that apply (Must select at least one):
	Fee-for-Service
	Percentage of population represented:
	Primary Care Case Management (PCCM) Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: Percentage of population represented:
	Integrated Care Models (ICM) Percentage of population represented:
	Other
	Describe:
	Percentage of population represented: If applicable, number of health plans represented:

FFY 2013							
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							
Percentage of Medicaid enrollees age 18 and ol standardized depression screening tool and, if p of the positive screen.	der screened for clinical depression using a lositive, a follow-up plan is documented on the date						
Age Range: 18-64 Numerator:							
Denominator:							
Rate: Age Range: 65 and older							
Numerator:							
Denominator: Rate:							
Additional notes/comments on measure:							
Other Performance Measure: If reporting with another methodology, please de	escribe:						
	Solibe.						
Numerator: Denominator:							
Rate:							
If reporting with another methodology, and there you want to report, please upload the informatio description of the measure (e.g. "data reported to							
with a brief description of the stratification, to the	the numerator(s), denominator(s), and rate(s), along attachment facility.						
<u> </u>	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:	Numerator:						
Denominator: Rate:	Denominator: Rate:						
Tato.	Sex						
Male	<u>Female</u>						
Numerator:	Numerator:						
Denominator: Rate:	Denominator: Rate:						

FFY 2013						
Primary Sp	poken Language					
<u>English</u>	<u>Spanish</u>					
Numerator:	Numerator:					
Denominator:	Denominator:					
Rate:	Rate:					
Disability Status						
SSI	Non-SSI					
Numerator:	Numerator:					
Denominator:	Denominator:					
Rate:	Rate:					
Geography						
<u>Urban</u>	Rural					
Numerator:	Numerator:					
Denominator:	Denominator:					
Rate:	Rate:					

Measure 7: Plan All-Cause Readmission Rate

	FFY 2013
Did you Report on this Me	easure?
Yes	
No	
If Data Not Reported, Plea	se Explain Why:
Select all that apply (Must s	
Service not covered	
Population not covered	
Entire population	not covered
Partial population	n not covered
	al population not covered:
Data not available	
Explain why data not	
Budget constrair	IS
Staff constraints	
Data inconsisten	cies/accuracy
Please explain:	ageily aggestible
Select all that app	easily accessible plv:
	edical record review
	ata linkage which does not currently exist
Other:	and in manage of the controlling
Information not o	ollected
Select all that app	
	d as key priority area for this year
	d by provider (hospital/health plan)
Other:	
Other:	
Small sample size (les	s than 30)
Enter specific sample	
Other. Explain:	
The information for this n Medicaid Quality Measure	neasure is being provided to meet the requirements for the Adult
Yes (to fulfill grant requ	
	for voluntary core set reporting)
=	nt and voluntary core set reporting)
Status of Data Reported:	it and voluntary core set reporting)
Provisional	
Final	
Management Considerati	
Measurement Specification NCQA	л.
Specify version of HED	DIS used:
Other. Explain:	

FFY 2013						
Data Source:						
Administrative Data Only						
From where is the Administrative Data coming?						
Must select one if Administrative Data is selected:						
Medicaid Management Information Systems (MMIS)						
Other. Specify:						
Medical Records Data						
Must select one if Medical Records Data is selected:						
Electronic Health Record (EHR) Data						
Paper 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						
Denominator includes CHIP population (e.g. pregnant women).						
Denominator includes Medicare and Medicaid Dually-Eligible population.						
Other. Specify:						
Does this denominator represent your total eligible population as defined by the Technical Specifications for this measure?						
Yes						
No						
Which delivery systems are represented in the denominator? Select all that apply (Must select at least one):						
Select all that apply (Must select at least one).						
Fee-for-Service						
Percentage of population represented:						
Primary Care Case Management (PCCM)						
Percentage of population represented:						
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)						
Number of health plans:						
Percentage of population represented:						
Integrated Care Models (ICM)						
Percentage of population represented:						
Other						
Describe: Percentage of population represented:						
If applicable, number of health plans represented:						

Deviations from Measure Specifications:						
Did your calculation of this measure deviate from the measure specifications in any way?						
Yes						
No						
If yes, select all that apply:						
Numerator. Explain:						
Denominator. Explain:						
Other. Explain: Performance Measure						
For Medicaid enrollees 18 years and older, the number of acute inpatient stays during the						
measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:						
Count of Index Hospital Stays (IHS) (denominator)						
 Count of 30-Day Readmissions (numerator) Average Adjusted Probability of Readmission 						
,						
Additional notes/comments on measure. If using a risk-adjustment methodology, describe:						
Other Performance Measure: If reporting with another methodology, please describe:						
37.1						
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, 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						
White Black or African American Numerator: Numerator:						
Denominator: Denominator:						
Rate: Rate:						
American Indian or Alaska Native Asian						
Numerator: Numerator: Denominator: Denominator:						
Denominator: Denominator: Rate:						
Numerator:						
Denominator:						
Rate: Ethnicity						
Hispanic or Latino Not Hispanic or Latino						
Numerator: Numerator:						
Denominator: Denominator: Rate:						
Primary Spoken Language						
English Spanish						
Numerator: Numerator: Denominator: Denominator:						
Rate: Rate: Disability Status						

FFY 2013				
SSI	Non-SSI			
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			
G	eography			
<u>Urban</u>	Rural			
Numerator:	Numerator:			
Denominator:	Denominator:			
Rate:	Rate:			

Table _ Per Measure 7

Age	Sex	Count of Index Stays (Den)	Count of 30- Day Readmissions (Num)	Observed Readmission (Num/Den)	Average Adjusted Probability	Total Variance	O/E/ Ratio (Observed Readmission/Av erage Adjusted Probability)
18-44	Male						
	Female						
	Total						
45-54	Male						
	Female						
	Total						
55-64	Male						
	Female						
	Total						
Total	Male						
	Female						
	Total						

Age	Sex	Count of Index Stays (Den)	Count of 30- Day Readmissions (Num)	Observed Readmission (Num/Den)	Average Adjusted Probability	Total Variance	O/E/ Ratio (Observed Readmission/Av erage Adjusted Probability)
65-74	Male						
	Female						
	Total						
75-84	Male						
	Female						
	Total						
85+	Male						
	Female						
	Total						
Total	Male						
	Female						
	Total						

Measure 8: PQI 01: Diabetes, Short-term Complications Admission Rate

	FFY 2013
Did	you Report on this Measure?
	Yes
	No
If D	nte Net Deported Diseas Cynlein Why.
	ata Not Reported, Please Explain Why: ect 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:
$\overline{}$	
	Data not available
	Explain why data not available
	Budget constraints Chaff 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 identified as key priority area for this year
	Not collected by provider (hospital/health plan)
	Other:
	Other:
	Small sample size (less than 30).
	Enter specific sample size:
The	Other. Explain: information for this measure is being provided to meet the requirements for the Adult
Med	licaid Quality Measures Grant:
	Yes (to fulfill grant requirement)
	No (this information is for voluntary core set reporting)
	Both (grant requirement and voluntary core set reporting)
Stat	tus of Data Reported:
$\vdash\vdash$	Provisional
	Final
Mea	surement Specification:
	AHRQ
1]	Other Evoluin:

	FFY 2013
Data	Source:
	Administrative Data Only
	where is the Administrative Data coming?
Musi	select one if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
Musi	select one if Medical Records Data is selected:
	Electronic Health Record (EHR) Data
	Paper
	Both (EHR and Paper)
\neg	Other: Specify:
_	Range:
	Date: (mm/yyyy)
Ξnd	Date: (mm/yyyy)
Defi	nition of Population Included in the Measure:
Defi	nition of denominator:
	ct all that apply:
	Denominator includes Medicaid population
	Denominator includes CHIP population (e.g. pregnant women).
	Denominator includes Medicare and Medicaid Dually-Eligible population.
一	Other. Specify:
	outer. Specify.
Doe:	s this denominator represent your total eligible population as defined by the Technical cifications for this measure?
	Yes
=	No
	NU
Whi	ch delivery systems are represented in the denominator?
Sele	ct all that apply (Must select at least one):
	Fee-for-Service
	Percentage of population represented:
	Primary Care Case Management (PCCM)
	Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
	Percentage of population represented:
	Integrated Care Models (ICM)
	Percentage of population represented:
	Other
	Describe:
	Percentage of population represented:
f an	plicable, number of health plans represented:

FFY 2013			
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:	If we select all that anniv		
Numerator. Explain:			
Denominator. Explain:			
Other. Explain:			
Performance Measure The number of discharges for diabetes short-term complications per 100,000 Medicaid enrollees ages 18 and older.			
Age Range: 18-64 Numerator:			
Denominator:			
Rate: Age Range: 65 and older			
Numerator:			
Denominator: Rate:			
Additional nates/comments on massure			
Additional notes/comments on measure: Other Performance Measure:			
If reporting with another methodology, please of	lescribe:		
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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.			
	(non-Hispanic)		
<u> White</u> Numerator:	Black or African American Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
American Indian or Alaska Native	Asian		
Numerator:	Numerator:		
Denominator: Rate:	Denominator: Rate:		
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate:			
	Ethnicity		
<u>Hispanic or Latino</u> Numerator:	Not Hispanic or Latino Numerator:		
Denominator:	Denominator:		
Rate:	Rate: Sex		
Male	Female Female		
Numerator:	Numerator:		
Denominator: Rate:	Denominator: Rate:		

FFY 2013		
Primary Spoken Language		
English	Spanish	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Disability Status		
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Geography		
<u>Urban</u>	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 9: PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate

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
No If Data Not Reported, Please Explain Why: Select all that apply (Must select at least one): Service not covered
If Data Not Reported, Please Explain Why: Select all that apply (Must select at least one): Service not covered
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final Measurement Specification:
Other. Explain:

FFY 2013
Data Source:
Administrative Data Only
From where is the Administrative Data coming?
Must select one if Administrative Data is selected:
Medicaid Management Information System (MMIS)
Other Specify:
Medical Records Data
Must select one if Medical Records Data is selected:
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 demanders
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 eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator? Select all that apply (Must select at least one):
उनिन्दा या that apply (Must select at least one).
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other
Describe:
Percentage of 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:

FFY 2013			
Performance Measure			
The number of discharges for chronic obstructive pulmonary disease (COPD) per 100,000 Medicaid enrollees age 18 and older.			
Age Range: 18-64			
Numerator:			
Denominator:			
Rate:			
Age Range: 65 and older			
Numerator:			
Denominator: Rate:			
Rate.			
Additional notes/comments on measure:			
Other Performance Measure:			
If reporting with another methodology, please d	escribe:		
Numerator:			
Denominator:			
Rate:			
rate.			
	rmation 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			
stratifications you want to report, please upload	the numerator(s), denominator(s), and rate(s),		
along with a brief description of the stratification			
Race (n	on-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:			
E1	thnicity		
Hispanic or Latino	Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
	Sex		
<u>Male</u>	<u>Female</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Primary Sp	oken Language		
English	Spanish		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Disability Status			
SSI	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

FFY 2013		
Geography		
<u>Urban</u>	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 10: PQI 08: Congestive Heart Failure (CHF) Admission Rate

FFY 2013	
Did you Report on this Measure?	
Yes	
L 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 identified as key priority area for this year	
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 to meet the requirements for the Adult	
Medicaid Quality Measures Grant:	
Yes (to fulfill grant requirement)	
No (this information is for voluntary core set reporting)	
Both (grant requirement and voluntary core set reporting)	
Status of Data Reported:	
Provisional	
Final	
Measurement Specification:	
AHRQ Other Fundain	
Other. Explain:	

FFY 2013	
Data Source:	
Administrative Data Only	
From where is the Administrative Data coming? Must select one if Administrative Data is selected:	
Medicaid Management Information System (MMIS)	
Other Specify:	
Medical Records Data	
Must select one if Medical Records Data is selected:	
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 demandant	
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 eligible population as defined by the Technical Specifications for this measure? Yes No	
Which delivery systems are represented in the denominator? Select all that apply (Must select at least one):	
Fee-for-Service	
Percentage of population represented:	
Primary Care Case Management (PCCM) Percentage of population represented:	
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans: Percentage of population represented:	
Integrated Care Models (ICM) Percentage of population represented:	
Other	
Describe:	
Percentage of 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:	

FFY 2013			
Performance Measure			
	art failure (CHF) per 100,000 Medicaid enrollees age		
Age Range: 18-64			
Numerator:			
Denominator:			
Rate:			
Age Range: 65 and older Numerator:			
Denominator:			
Rate:			
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 Optional Measure Stratification	ed 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, 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:		
American Indian or Alaska Native	Asian		
Numerator:	Numerator:		
Denominator: Rate:	Denominator: Rate:		
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	<u>Female</u>		
Numerator:	Numerator:		
Denominator: Rate:	Denominator: Rate:		
	Spoken Language		
	Spanish		
English Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Disability Status			
SSI	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

FFY 2013		
Geography		
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 11: PQI 15: Adult Asthma Admission Rate

FFY 2013
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 identified as key priority area for this year 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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported: Provisional.
Final.
I i iiidi.
Measurement Specification:
AHRQ
Other. Explain:

	FFY 2013
Data :	Source:
П	dministrative Data Only
	where is the Administrative Data coming?
Must s	select one if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
М	ledical Records Data
Must s	select one if Medical Records Data is selected:
	Electronic Health Record (EHR) Data
	Paper
	Both (EHR and Paper)
	ther: Specify:
	Range:
	Date: (mm/yyyy)
End C	Pate: (mm/yyyy)
Defini	ition of Population Included in the Measure:
	ition of denominator:
	tall that apply:
	enominator includes Medicaid population
_	• •
_	enominator includes CHIP population (e.g. pregnant women).
طا	enominator includes Medicare and Medicaid Dually-Eligible population.
O1	ther. Specify:
Does	this denominator represent your total eligible population as defined by the Technical
	fications for this measure?
$=\mid$ Y	es
N	0
Which	n delivery systems are represented in the denominator?
	t all that apply (Must select at least one):
F	ee-for-Service
	Percentage of population represented:
P	rimary Care Case Management (PCCM)
	Percentage of population represented:
	lanaged Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans:
	Percentage of population represented:
	ntegrated Care Models (ICM)
	Percentage of population represented:
	other
	Describe: Percentage of population represented:
	icable, number of health plans represented:

FFY 2013		
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 number of discharges for asthma in adults	per 100,000 Medicaid enrollees age 18 and older.	
Age Range 18-64	per 100,000 Medicald enfolices age 16 and older.	
Numerator: Denominator:		
Rate:		
Age Range 65 and older Numerator:		
Denominator:		
Rate:		
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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.		
	(non-Hispanic)	
<u>White</u>	Black or African American	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
American Indian or Alaska Native	Asian	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
Traie.	raie.	
Native Hawaiian or Other Pacific Islander		
Numerator: Denominator:		
Rate:	Tab minite.	
Hispanic or Latino	Ethnicity Not Hispanic or Latino	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
TAGE.	Sex	
Male	<u>Female</u>	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
Primary 9	Spoken Language	

FFY 2013			
English	<u>Spanish</u>		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Disability Status			
SSI	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
<u>Urban</u>	Rural		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

Measure 12: Chlamydia Screening in Women Ages 21 to 24

	FFY 2013
Did y	you Report on this Measure?
	Yes
	No
14 D-	to Net Deposited Disease Fundain Wilson
	ta Not Reported, Please Explain Why: ct 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 identified as key priority area for this year
	Not collected by provider (hospital/health plan)
	Other:
	Other:
	Small sample size (less than 30)
	Enter specific sample size: Other. Explain:
$\overline{}$	information for this measure is being provided to meet the requirements for the Adult
	icaid Quality Measures Grant:
	Yes (to fulfill grant requirement)
	No (this information is for voluntary core set reporting)
	Both (grant requirement and voluntary core set reporting)
	us of Data Reported:
	Provisional
	Final
Mea	surement Specification:
	NCQA
	Specify version of HEDIS used:
	Other. Explain:

	FFY 2013
Data Source:	
Administrative Data Only	
From where is the Administrative Data co	
Must select one if Administrative Data is	
Medicaid Management Inform	ation Systems (MMIS)
Other. Specify:	
Medical Records Data	
Must select one if Medical Records Data	
Electronic Health Record (EH	R) Data
Paper	
Both (EHR and Paper)	
Other: Specify:	
Date Range:	
Start Date: (mm/yyyy)	
End Date: (mm/yyyy)	
Definition of Population Included in th	e Measure:
Definition of denominator:	
Select all that apply:	
Denominator includes Medicaid pop	ulation
Denominator includes CHIP populat	ion (e.g. pregnant women).
	Medicaid Dually-Eligible population.
Other. Specify:	modicale Death, Englishe population.
Does this denominator represent your Specifications for this measure?	total eligible population as defined by the Technical
Yes	
No	
NO	
Which delivery systems are represent	
Select all that apply (Must select at least	one):
Fee-for-Service	tod:
Percentage of population represent	
Primary Care Case Management (P Percentage of population represen	ted:
Managed Care Organization/Prepaid	l Inpatient Health Plan (MCO/PIHP)
Number of health plans:	A - d.
Percentage of population represen	leu:
Integrated Care Models (ICM)	tod
Percentage of population represen	ieu.
Other Describe:	
Percentage of population represer	nted:
If applicable, number of health pla	

FFY 2013			
Deviations from Measure Specifications:			
Did your calculation of this measure deviate Yes No	e from the measure specifications in any way?		
If yes, select all that apply: Numerator. Explain: Denominator. Explain: Other. Explain:			
active and who had at least one test for Chlam	1-24 years of age who were identified as sexually ydia during the measurement year.		
Numerator (Ages 21-24): Denominator (Ages 21-24): Rate (Ages 21-24):			
Additional notes/comments on measure: Other Performance Measure: If reporting with another methodology, please of 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.			
	(non-Hispanic)		
<u>White</u> Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:		
American Indian or Alaska Native 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:		
Primary S	poken Language		
English Numerator: Denominator: Rate:	Spanish Numerator: Denominator: Rate:		

FFY 2013			
SSI	Non-SSI		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		
Geography			
<u>Urban</u>	Rural		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate:	Rate:		

Measure 13: Follow-Up After Hospitalization for Mental Illness

FFY 2013
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
Dlaca explain:
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final
Measurement Specification:
NCQA
Specify version of HEDIS used:
Other. Explain:

	FFY 2013
Data	a Source:
	Administrative Data Only
Fron	n where is the Administrative Data coming?
Mus	t select one if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
Mus	t select one if Medical Records Data is selected:
	Electronic Health Record (EHR) Data
	Paper Reth (FUD and Baser)
	Both (EHR and Paper)
	Other: Specify:
	t Date: (mm/yyyy)
End	Date: (mm/yyyy)
Defi	nition of Population Included in the Measure:
	·
	nition of denominator: ect all that apply:
	Denominator includes Medicaid population
	Denominator includes CHIP population (e.g. pregnant women).
H	Denominator includes Medicare and Medicaid Dually-Eligible population.
	Other. Specify:
	s this denominator represent your total eligible population as defined by the Technical
Spe	cifications for this measure?
H	Yes
	No
	ch delivery systems are represented in the denominator? cct all that apply (Must select at least one):
	Fee-for-Service
	Percentage of population represented:
	Primary Care Case Management (PCCM)
	Percentage of population represented: Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans:
	Percentage of population represented:
	Integrated Care Models (ICM)
	Percentage of population represented:
	Other Describe:
	Percentage of population represented:
	plicable, number of health plans represented:
Dev	iations from Measure Specifications:
Did	your calculation of this measure deviate from the measure specifications in any way?
	Yes
	No
If ve	es, select all that apply:
	Numerator. Explain:
	Denominator. Explain:
	·
	Other. Explain:

FFY 2013		
for treatment of selected mental health disor outpatient encounter or partial hospitalization	rollees age 21 years and older who were hospitalized rders and who had an outpatient visit, an intensive n with a mental health practitioner. Two rates are	
	the patient received follow-up within 30 days of	
 discharge. Percentage of discharges for which the discharge. 	e patient received follow-up within seven days of	
Age Range: 21-64		
Follow-up within seven days of discharge: Numerator:		
Denominator: Rate:		
Age Range: 65 and older Follow-up within seven days of discharge: Numerator: Denominator:		
Rate:		
Age Range: 21-64 Follow-up within 30 days of discharge: Numerator: Denominator:		
Rate:		
Age Range: 65 and older Follow-up within 30 days of discharge:		
Numerator:		
Denominator: Rate:		
Additional notes/comments on measure:		
Other Performance Measure:		
If reporting with another methodology, please d	escribe:	
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, 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)	
<u>White</u>	Black or African American	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
American Indian or Alaska Native	Asian	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
Native Hawaiian or Other Pacific Islander		
Numerator: Denominator:		
Rate:		
	Ethnicity	

FFY 2013		
Hispanic or Latino	Not Hispanic or Latino	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Sex	
Male	Female	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Primary Spoken Language		
English	Spanish	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Disability Status		
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Geography		
<u>Urban</u>	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 14: PC-01 Elective Delivery

	FFY 2013
Did	you Report on this Measure?
	Yes
П	No
	ata Not Reported, Please Explain Why:
Seie	ect all that apply (Must select at least one): Service not covered
	Population not covered
	Entire population not covered
	Explain the partial population not covered:
	Explain the partial population not covered.
	Data not available
	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 identified as key priority area for this year
	Not collected by provider (hospital/health plan)
	Other:
	Other:
	Small sample size (less than 30)
	Enter specific sample size:
<u></u>	Other. Explain:
The Med	information for this measure is being provided to meet the requirements for the Adult dicaid Quality Measures Grant:
	Yes (to fulfill grant requirement)
П	No (this information is for voluntary core set reporting)
	Both (grant requirement and voluntary core set reporting)
<u> </u>	tus of Data Reported:
	Provisional
	Final
	asurement Specification:
1 -	The Joint Commission
H	

	FFY 2013
Da	ta Source:
	Administrative Data Only
	om where is the Administrative Data coming? st select one if Administrative Data is selected:
IVIC	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
ML	st select one if Medical Records Data is selected:
	Electronic Health Record (EHR) Data
	Paper
	Both (EHR and Paper)
	Other: Specify:
	te Range:
	art Date: (mm/yyyy)
En	d Date: (mm/yyyy)
	finition of Population Included in the Measure:
De	inition of Population included in the Measure.
	finition of denominator:
Se	lect 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:
	Journal Specify.
	es this denominator represent your total eligible population as defined by the Technical ecifications for this measure?
	Yes
	No
	ich delivery systems are represented in the denominator?
Se	lect all that apply (Must select at least one):
	Fee-for-Service
	Percentage of population represented:
	Primary Care Case Management (PCCM)
	Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans:
	Percentage of population represented:
	Integrated Care Models (ICM)
	Percentage of population represented:
	Other
	Describe:
	Percentage of population represented: If applicable, number of health plans represented:

FFY 2013		
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 females with elective vaginal deliveries or elective cesarean sections at \geq 37 and $<$ 39 weeks of gestation completed.		
Numerator:		
Denominator: Rate:		
Additional notes/comments on measure:		
Other Performance Measure: If reporting with another methodology, please de	escribe:	
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, 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: Rate:	Denominator: Rate:	
American Indian or Alaska Native	Asian	
Numerator: Denominator:	Numerator: 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:	
	ooken Language	
English Numerator:	Spanish Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

FI	FY 2013	
Geography		
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 15: PC-03 Antenatal Steroids

	FFY 2013
Did	you Report on this Measure?
	Yes
	No
	ata Not Reported, Please Explain Why: ect 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 identified as key priority area for this year
	Not collected by provider (hospital/health plan)
	Other:
	Other:
	Small sample size (less than 30) Enter specific sample size:
	Other. Explain:
	e information for this measure is being provided to meet the requirements for the Adult dicaid Quality Measures Grant:
IVIC	Yes (to fulfill grant requirement)
	No (this information is for voluntary core set reporting)
	Both (grant requirement and voluntary core set reporting)
Sta	tus of Data Reported:
	Provisional
	Final
Mea	asurement Specification:
	The Joint Commission
	Other. Explain:

FFY 2013		
Data Source:		
	Administrative Data Only	
	om where is the Administrative Data coming?	
M	ust select one if Administrative Data is selected:	
	Medicaid Management Information Systems (MMIS)	
_	Other. Specify:	
	Medical Records Data	
M	ust select one if Medical Records Data is selected:	
	Electronic Health Record (EHR) Data	
	Paper	
	Both (EHR and Paper)	
	Other: Specify:	
St	ate Range: art Date: (mm/yyyy) nd Date: (mm/yyyy)	
De	efinition of Population Included in the Measure:	
D	efinition of denominator:	
	elect 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:	
Do Sp	nes this denominator represent your total eligible population as defined by the Technical electrications for this measure?	
Г	Yes	
	No	
_		
	hich delivery systems are represented in the denominator?	
	Fee-for-Service	
	Percentage of population represented:	
	Primary Care Case Management (PCCM)	
	Percentage of population represented:	
L	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:	
	Percentage of population represented:	
L	Integrated Care Models (ICM) Percentage of population represented:	
	Other	
	Describe:	
	Percentage of population represented: If applicable, number of health plans represented:	

FFY 2013			
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 females at risk of preterm delivery at ≥24 and <32 weeks gestation that received antenatal steroids prior to delivering preterm newborns.			
Numerator: Denominator:			
Rate:			
Additional notes/comments on measure: Other Performance Measure:			
If reporting with another methodology, pleas	e 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			
stratifications you want to report, please uplo	If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, 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:			
American Indian or Alaska Native	Asian		
Numerator: Denominator:	Numerator: Denominator:		
Rate:	Rate:		
Native Hawaiian or Other Pacific Islander Numerator:			
Denominator:			
Rate:	Ethnicity		
Hispanic or Latino	Ethnicity Not Hispanic or Latino		
Numerator:	Numerator:		
Denominator:	Denominator:		
Rate: Primary	Rate: Spoken Language		
English	Spanish		
Numerator:	Numerator:		
Denominator: Rate:	Denominator: Rate:		
	ability Status		
SSI	Non-SSI		
Numerator: Denominator:	Numerator: Denominator:		
Rate:	Rate:		

FFY 2013		
	Geography	
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 16: Annual HIV/AIDS Medical Visit

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting) Status of Data Reported:
Provisional
Final
Measurement Specification:
NCQA
Other. Explain:

	FFY 2013
Da	ata Source:
	Administrative Data Only
Fr	om where is the Administrative Data coming?
M	ust select one or more if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
М	ust select one if Medical Records Data is selected:
	☐ Electronic Health Record (EHR) Data
	□ Paper
	☐ Both (EHR and Paper)
	Hybrid (Administrative and Medical Records Data)
	Other: Specify:
	ıte Range: art Date: (mm/yyyy)
	nd Date: (mm/yyyy)
	finition of Population Included in the Measure:
De	efinition of denominator:
	elect 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:
	bes this denominator represent your total eligible population as defined by the Technical ecifications for this measure?
	Yes
	No
	hich delivery systems are represented in the denominator? Elect all that apply (Must select at least one):
	Fee-for-Service Percentage of population represented:
	Primary Care Case Management (PCCM) Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans:
	Percentage of population represented:
	Integrated Care Models (ICM) Percentage of population represented:
	Other
	Describe:
If a	Percentage of population represented: applicable, number of health plans represented:
	eviations from Measure Specifications:
DI	d your calculation of this measure deviate from the measure specifications in any way? \Box .
	Yes
	No
lf ·	yes, select all that apply:
i.	Numerator. Explain:
	Denominator. Explain:
	Other. Explain:

FFY 2013			
least two medical visits during the measu between each visit.	.8 and older with a diagnosis of HIV/AIDS and with at rement year, with a minimum of 90 and 180 days		
Enrollees with at least two medical visits duri between each visit: Age Range: 18-64 Numerator: Denominator: Rate:	ng the measurement year, with a minimum of 90 days		
Age Range: 65 and older Numerator: Denominator: Rate:			
Enrollees with at least two medical visits duri days between each visit: Age Range: 18-64 Numerator: Denominator: Rate:	ng the measurement year, with a minimum of 180		
Age Range: 65 and older Numerator: Denominator: Rate:			
Additional notes/comments on measure:			
Other Performance Measure: If reporting with another methodology, please	e 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.			
Race	(non-Hispanic)		
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:		
American Indian or Alaska Native Numerator: Denominator: Rate:	Asian 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: Sex		

FFY 2013		
Male	<u>Female</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Primary	Spoken Language	
English	Spanish	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Dis	sability Status	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Geography		
<u>Urban</u>	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 17: Controlling High Blood Pressure

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final Measurement Specification:
NCQA
Specify version of HEDIS used:
Other. Explain:

	FFY 2013
Da	ata Source:
	Administrative Data Only
Fr	om where is the Administrative Data coming?
M	ust select one or more if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
М	ust select one if Medical Records Data is selected:
	☐ Electronic Health Record (EHR) Data
	□ Paper
	☐ Both (EHR and Paper)
	Hybrid (Administrative and Medical Records Data)
	Other: Specify:
	ıte Range: art Date: (mm/yyyy)
	nd Date: (mm/yyyy)
	finition of Population Included in the Measure:
De	efinition of denominator:
	elect 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:
	bes this denominator represent your total eligible population as defined by the Technical ecifications for this measure?
	Yes
	No
	hich delivery systems are represented in the denominator? Elect all that apply (Must select at least one):
	Fee-for-Service Percentage of population represented:
	Primary Care Case Management (PCCM) Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans:
	Percentage of population represented:
	Integrated Care Models (ICM) Percentage of population represented:
	Other
	Describe:
If a	Percentage of population represented: applicable, number of health plans represented:
	eviations from Measure Specifications:
DI	d your calculation of this measure deviate from the measure specifications in any way? \Box .
	Yes
	No
lf ·	yes, select all that apply:
i.	Numerator. Explain:
	Denominator. Explain:
	Other. Explain:

FFY 2013		
and whose blood pressure was adequately Use the Hybrid Method for this measure.	5 years of age who had a diagnosis of hypertension controlled (<140/90) during the measurement year.	
Age Range: 18-64 Numerator: Denominator: Rate:		
Age Range: 65-85 Numerator: Denominator:		
Rate: Additional notes/comments on measure:		
Other Performance Measure: If reporting with another methodology, please	e describe:	
Numerator: Denominator: Rate:		
rates you want to report, please upload the in description of the measure (e.g. "data reporte	nere are additional numerators, denominators and information to the attachment facility, along with a brief ed 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.		
Race	(non-Hispanic)	
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:	
American Indian or Alaska Native 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:	
	Sex	
Male Numerator: Denominator:	Female Numerator: Denominator:	
Rate:	Rate:	
	Spoken Language	
English Numerator:	Spanish Numerator:	
Denominator:	Denominator:	
Rate:	Rate: ability Status	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
	Geography	

FFY 2013	
<u>Urban</u>	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure 18: Comprehensive Diabetes Care: LDL-C Screening

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final Measurement Specification:
Measurement Specification: NCQA
Specify version of HEDIS used:
Other. Explain:

	FFY 2013
	Data Source:
	Administrative Data Only
	From where is the Administrative Data coming?
1	Must select one or more if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
Г	Other. Specify:
	Medical Records Data Must select one if Medical Records Data is selected:
,	
	Electronic Health Record (EHR) Data Paper
	Both (EHR and Paper)
ſ	Other: Specify:
	Date Range:
	Start Date: (mm/yyyy)
	End Date: (mm/yyyy)
·	Definition of Population Included in the Measure:
	Definition of denominator:
Ţ	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:
L	
	Does this denominator represent your total eligible population as defined by the Technical
;	Specifications for this measure?
	Yes
	No
,	Which delivery systems are represented in the denominator?
	Select all that apply (Must select at least one):
	Fee-for-Service
Г	Percentage of population represented:
	Primary Care Case Management (PCCM)
Г	Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans: Percentage of population represented:
l	Integrated Care Models (ICM) Percentage of population represented:
	Other
L	Describe:
	Percentage of population represented:
	f applicable, number of health plans represented: Deviations from Measure Specifications:
	Deviations from Measure Specifications.
ļ	Did your calculation of this measure deviate from the measure specifications in any way?
	Yes
	No
[f yes, select all that apply:
	Numerator. Explain:
	Denominator. Explain:
	Other. Explain:
	Performance Measure
	The percentage of Medicaid enrollees 18-75 years of age with diabetes (type 1 and type 2) who had a LDL-C screening test.

FFY 2013		
Age Range 18-64		
Numerator:		
Denominator: Rate:		
· · · · · · · · · · · · · · · · · · ·		
Age Range 65-75		
Numerator: Denominator:		
Rate:		
Additional notes/comments on measure: Other Performance Measure:		
If reporting with another methodology, please	e describe:	
Numerator:		
Denominator: Rate:		
, tate.		
	nere are additional numerators, denominators and information to the attachment facility, along with a brief ed 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, please upload the numerator(s), denominator(s), and rate(s),		
along with a brief description of the stratificat	ion, to the attachment facility. (non-Hispanic)	
White Numerator:	Black or African American Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
American Indian or Alaska Native	Asian	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
Native Hawaiian or Other Pacific Islander		
Numerator:		
Denominator: Rate:		
Trace.	Ethnicity	
Hispanic or Latino	Not Hispanic or Latino	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate: Sex	
Male	Female Female	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Spoken Language	
English	Spanish	
Numerator: Denominator:	Numerator: Denominator:	
Rate:	Rate:	
Dis	ability Status	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate: Geography	

FFY 2013	
<u>Urban</u>	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure 19: Comprehensive Diabetes Care: Hemoglobin A1c Testing

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final Measurement Specification:
NCQA
Specify version of HEDIS used:
Other. Explain:

	FFY 2013
Da	ata Source:
	Administrative Data Only
Fr	om where is the Administrative Data coming?
M	ust select one or more if Administrative Data is selected:
	Medicaid Management Information Systems (MMIS)
	Other. Specify:
	Medical Records Data
М	ust select one if Medical Records Data is selected:
	☐ Electronic Health Record (EHR) Data
	□ Paper
	☐ Both (EHR and Paper)
	Hybrid (Administrative and Medical Records Data)
	Other: Specify:
	ıte Range: art Date: (mm/yyyy)
	nd Date: (mm/yyyy)
	finition of Population Included in the Measure:
De	efinition of denominator:
	elect 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:
	bes this denominator represent your total eligible population as defined by the Technical ecifications for this measure?
	Yes
	No
	hich delivery systems are represented in the denominator? Elect all that apply (Must select at least one):
	Fee-for-Service Percentage of population represented:
	Primary Care Case Management (PCCM) Percentage of population represented:
	Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
	Number of health plans:
	Percentage of population represented:
	Integrated Care Models (ICM) Percentage of population represented:
	Other
	Describe:
If a	Percentage of population represented: applicable, number of health plans represented:
	eviations from Measure Specifications:
DI	d your calculation of this measure deviate from the measure specifications in any way? \Box .
	Yes
	No
lf ·	yes, select all that apply:
i.	Numerator. Explain:
	Denominator. Explain:
	Other. Explain:

FFY 2013		
Performance Measure		
The percentage of Medicaid enrollees 18-75 years of age with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.		
Age Range: 18-64 Numerator:		
Denominator:		
Rate:		
Age Range: 65-75		
Numerator: Denominator:		
Rate:		
Additional notes/comments on measure:		
Other Performance Measure: If reporting with another methodology, please	e describe:	
Numerator:		
Denominator: Rate:		
If you put in a suith property and the selection of the s		
rates you want to report, please upload the in description of the measure (e.g. "data report	nere are additional numerators, denominators and nformation to the attachment facility, along with a brief do for individuals in the 18-64 age range").	
Optional Measure Stratification	sex, language, disability status, or geographic	
stratifications you want to report, please uplo	ad the numerator(s), denominator(s), and rate(s),	
along with a brief description of the stratificat	ion, to the attachment facility. (non-Hispanic)	
White Numerator:	Black or African American Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
American Indian or Alaska Native	Asian	
Numerator:	Numerator:	
Denominator: Rate:	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:	
Mala	Sex	
Male Numerator:	Female Numerator:	
Denominator:	Denominator:	
Rate:	Rate: Spoken Language	
English	Spanish	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
	ability Status	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
	Geography	

FFY 2013	
<u>Urban</u>	Rural
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:

Measure 20: Antidepressant Medication Management

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final
Measurement Specification:
NCQA Specify version of HEDIS used:
Other. Explain:

FFY 2013
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:
Medical Records Data
Must select one if Medical Records Data is selected:
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 Fopulation 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 eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator?
Select all that apply (Must select at least one): Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of population represented:
Integrated Care Models (ICM) Percentage of population represented:
Other
Describe:
Percentage of 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:

FFY 2013	
Performance Measure	
The percentage of Medicaid enrollees age 1st were newly treated with antidepressant medi medication treatment. Two rates are reported. • Effective Acute Phase Treatment. The enrollees who remained on an antidep. • Effective Continuation Phase Treatment Medicaid enrollees who remained on	B and older with a diagnosis of major depressions who cation, and who remained on an antidepressant d. Be percentage of newly diagnosed and treated Medicaid ressant medication for at least 84 days(12 weeks). Bent. The percentage of newly diagnosed and treated an antidepressant medication for at least 180 days (6)
months).	on modication for at least 0.4 days(1.2 weeks):
Effective Acute Phase Treatment: Remained Age Range: 18-64 Numerator: Denominator: Rate:	on medication for at least 84 days(12 weeks):
Age Range: 65 and older	
Numerator:	
Denominator:	
Rate:	
Effective Continuation Phase Treatment: Rel Age Range: 18-64 Numerator: Denominator: Rate:	mained on medication for at least 180 days(6 months):
Ago Dango, CE and older	
Age Range: 65 and older Numerator:	
Denominator:	
Rate:	
Additional notes/comments on measure:	
Other Performance Measure:	
If reporting with another methodology, please	e describe:
Numerator:	
Denominator: Rate:	
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, 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)
<u>White</u>	Black or African American
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
American Indian or Alaska Native	<u>Asian</u>
Numerator:	Numerator:
Denominator:	Denominator:
Rate:	Rate:
Native Hawaiian or Other Pacific Islander	
Numerator:	
Denominator: Rate:	
Tato.	Ethnicity
Hispanic or Latino	
Hispanic or Latino	Numerator:
Numerator: Denominator:	Numerator: Denominator:
Rate:	Rate:

FFY 2013		
	Sex	
Male	<u>Female</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Primary Spoken Language		
<u>English</u>	<u>Spanish</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Disability Status		
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Geography		
<u>Urban</u>	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate: Rate:		

Measure 21: Adherence to Antipsychotics for Individuals with Schizophrenia

FFY 2013
Did you Report on this Measure?
Yes
No
If Data Not Deported Disease Explain Why
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final
Measurement Specification: NCQA
Specify version of HEDIS used:
Other. Explain:

FFY 2013
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:
Medical Records Data
Must select one if Medical Records Data is selected:
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
Denominator includes CHIP population (e.g. pregnant women).
Denominator includes Medicare and Medicaid Dually-Eligible population.
Other. Specify:
Does this denominator represent your total eligible population as defined by the Technical
Specifications for this measure?
Yes
No
NO
Which delivery systems are represented in the denominator?
Select all that apply (Must select at least one):
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans: Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other
Describe:
Percentage of population represented:
If applicable, number of health plans represented: 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:
Numerator. Explain:
Denominator. Explain:
Other. Explain:
Performance Measure
The percentage of Medicaid enrollees ages 19-64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Numerator: Denominator: Rate: 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility. Race (non-Hispanic) White Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Pemmary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language Penominator: Rate: Rate: Primary Spoken Language Penominator: Rate: Rate: Primary Spoken Language Penominator: Rate: R		FFY 2013
Rate: 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. "fata 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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility. Race (non-Hispanic) White Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Disability Status Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Disability Status Numerator: Denominator: Rate: Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Disability Status Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate:		
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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility. Race (non-Hispanic) White Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Sex Maile Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Disability Status Numerator: Denominator: Rate: Disability Status Numerator: Denominator: Rate: Disability Status Numerator:		
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, 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: Asian Numerator: Denominator: Rate: Asian Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Penominator: Rate: Penominator: Rate: Penominator: Rate: Penominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Numerator: Denominator: Rate: Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Numerator: Denominator: Rate: Rat):
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, 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 White Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Pemale Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Disability Status Numerator: Denominator: Rate: Primary Spoken Language Denominator: Rate: Numerator: Denominator: Rate: Nu		ise describe:
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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility. Race (non-Hispanic) White Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Asian Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Disability Status Numerator: Denominator: Rate: Disability Status	Numerator:	
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, 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		
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, 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 White Black or African American	Rate:	
If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, 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	rates you want to report, please upload the description of the measure (e.g. "data repo	information to the attachment facility, along with a brief
Race (non-Hispanic) White Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Asian Numerator: Denominator: Rate: Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Hispanic or Latino Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Rate: Rate: Sex Male Numerator: Denominator: Rate: Rate: Rate: Female Numerator: Denominator: Rate: Rate: Rate: Rate: Rate: Denominator: Rate: Ra	If there are other or additional racial, ethnic stratifications you want to report, please up	pload the numerator(s), denominator(s), and rate(s),
Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Sex Female Numerator: Denominator: Rate: Rate: Sex Female Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Rate: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate:		
Denominator: Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Rate: Sex Male Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Rate: Rate: Rate: SSI Numerator: Numerato	<u>White</u>	Black or African American
Rate: American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Penominator: Denominator: Rate: Rate: Sex Male Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate:		
American Indian or Alaska Native Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Ethnicity Hispanic or Latino Numerator: Denominator: Rate: Rate: Sex Male Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: R		
Numerator: Denominator: Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Not Hispanic or Latino		
Denominator: Rate: Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Asian
Rate: Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Hispanic or Latino Numerator: Denominator: Rate: Rate: Sex Male Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Penominator: Denominator: Rate: Sex Pemale Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Rate: Rate: Disability Status Non-SSI Numerator: Numerator:		
Native Hawaiian or Other Pacific Islander Numerator: Denominator: Rate: Hispanic or Latino Numerator: Denominator: Rate: Sex Male Numerator: Denominator: Pate: Sex Male Numerator: Denominator: Denominator: Denominator: Denominator: Denominator: Denominator: Denominator: Primary Spoken Language English Numerator: Denominator: Rate: Primary Spoken Language Spanish Numerator: Denominator: Rate: Rate: Denominator: Rate: Rate: Denominator: Rate: Rate: Denominator: Rate: Rate: Numerator: Denominator: Rate: Numerator: Denominator: Rate: Rate: Numerator: Denominator: Rate: Rate: Numerator:		
Hispanic or Latino Numerator: Denominator: Denominator: Rate: Sex Male Numerator: Denominator: Denominator: Denominator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Denominator: Denominator: Rate: Sex Primary Spoken Language English Numerator: Denominator: Denominator: Rate: Denominator: Rate: Numerator: Denominator: Rate: Disability Status Numerator:	Numerator: Denominator:	
Numerator: Denominator: Rate: Rate: Sex Male Numerator: Denominator: Numerator: Denominator: Numerator: Denominator: Rate: Rate: Primary Spoken Language English Numerator: Denominator: Numerator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Denominator: Rate: Numerator: Denominator: Rate: Numerator: Numerator: Numerator: Rate: Numerator: Numerator: Numerator: Numerator: Numerator: Numerator:		
Denominator: Rate: Rate: Sex Male Numerator: Denominator: Pate: Numerator: Denominator: Primary Spoken Language English Numerator: Denominator: Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Rate: Disability Status Numerator:		
Sex Male		
Male Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Denominator: Denominator: Denominator: Denominator: Rate: Disability Status Numerator:	Rate:	
Numerator: Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Numerator: Denominator: Denominator: Denominator: Rate: Disability Status SSI Numerator:		
Denominator: Rate: Primary Spoken Language English Numerator: Denominator: Numerator: Denominator: Rate: Denominator: Rate: Disability Status Numerator: Numerator: Numerator: Numerator: Numerator: Numerator: Numerator: Numerator:		
Rate: Primary Spoken Language English Numerator: Denominator: Rate: Disability Status SSI Numerator:		
English Numerator: Denominator: Rate: Disability Status Spanish Numerator: Denominator: Rate: Disability Status Numerator: Numerator: Numerator:		
Numerator: Denominator: Rate: Disability Status SSI Numerator: Numerator: Numerator: Numerator: Numerator: Numerator:		
Denominator: Rate: Disability Status SSI Numerator: Numerator: Numerator:		
Rate: Disability Status SSI Numerator: Numerator:		
SSI Numerator: Numerator:		
Numerator: Numerator:		Disability Status
Denominator: Denominator:		
Rate: Rate:		
Geography		
<u>Urban</u> <u>Rural</u>	Urban	Rural
Numerator: Numerator:	Numerator:	Numerator:
Denominator: Denominator: Rate: Rate:		

Measure 22: Annual Monitoring for Patients on Persistent Medications

FFY 2013
Did you Report on this Measure?
Yes
No
If Data Not Deported Disease Explain Why
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final
Measurement Specification: NCQA
Specify version of HEDIS used:
Other. Explain:

FFY 2013
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:
Medical Records Data
Must select one if Medical Records Data is selected:
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
Denominator includes CHIP population (e.g. pregnant women).
Denominator includes Medicare and Medicaid Dually-Eligible population.
Other. Specify:
Does this denominator represent your total eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator?
Select all that apply (Must select at least one):
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM) Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) Number of health plans:
Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other
Describe:
Percentage of 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:

FFY 2013

Performance Measure

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

Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).

Annual monitoring for members on digoxin. Annual monitoring for members on diuretic. Annual monitoring for members on anticonvulsants. Total rate (the sum of the four numerators divided by the sum of the four denominators). Annual Monitoring for Members on ACE Inhibitors or ARBs (ages 18-64): Numerator: Denominator: Rate: Annual Monitoring for Members on ACE Inhibitors or ARBs (ages 65 and older): Numerator: Denominator: Rate: Annual Monitoring for Members on Digoxin (ages 18-64): Numerator: Denominator: Rate: Annual Monitoring for Members on Digoxin (ages 65 and older): Numerator: Denominator: Rate: Annual monitoring for members on diuretic (ages 18-64): Numerator: Denominator: Rate: Annual Monitoring for Members on Diuretic (ages 65 and older): Numerator: Denominator: Rate: Annual Monitoring for Members on Anti-convulsants (ages18-64): Numerator: Denominator: Rate: Annual Monitoring for Members on Anti-convulsants (ages 65 and older): Numerator: Denominator: Rate: Total Rate for Four Rates (ages 18-64): Numerator: Denominator:

Additional notes/comments on measure:

Other Performance Measure:

If reporting with another methodology, please describe:

Numerator: Denominator:

Rate:

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 2013		
Optional Measure Stratification If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications you want to report, 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:	
American Indian or Alaska Native Numerator: Denominator: Rate:	Asian 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:		
	Sex	
<u>Male</u>	<u>Female</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Spoken Language	
English English	Spanish	
Numerator:	Numerator:	
Denominator: Rate:	Denominator: Rate:	
	sability Status	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
	Geography	
Urban	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 23: CAHPS Health Plan Survey 5.0H – Adult Questionnaire

FFY 2013	
Did you Report on this Measure?	
Yes	
No	
If Date Not Deposited Disease Fundain Why.	
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 identified as key priority area for this year	
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 to meet the requirements for the Adul Medicaid Quality Measures Grant:	lt
Yes (to fulfill grant requirement)	
No (this information is for voluntary core set reporting)	
Both (grant requirement and voluntary core set reporting)	
Measurement Specification:	
AHRQ & NCQA	
Other. Explain:	

FFY 2013
Data Source:
CAHPS 5.0H
Other
Which Supplemental Item Sets were Included in the Survey?
No supplemental item sets were included
Supplemental items for Adult Survey 5.0H
Other CAHPS item set
Explain:
Which Administrative Protocol was Used to Administer the Survey?
NCQA HEDIS CAHPS 5.0H administrative protocol
AHRQ CAHPS administrative protocol
Other administrative protocol
Explain:
Definition of Population Included in the Measure:
Definition of denominator:
Select all that apply:
Denominator includes Medicaid population
Denominator includes CHIP population (e.g. pregnant women).
Denominator includes Medicare and Medicaid Dually-Eligible population.
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 24: Care Transition – Transition Record Transmitted to Health Care Professional

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final Measurement Specification:
AMA/PCPI
Other, Explain:

FFY 2013
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:
Medical Records Data
Must select one if Medical Records Data is selected:
Electronic Health Record (EHR) Data
Paper
Under Specific
Other: Specify: Date Range:
Start Date: (mm/yyyy)
End Date: (mm/yyyy) Definition of Population Included in the Measure:
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 eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator?
Select all that apply (Must select at least one): Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of population represented:
Integrated Care Models (ICM) Percentage of population represented:
Other
Describe:
Percentage of 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:

FFY 2013		
Performance Measure Percentage of Medicaid enrollees age 18 years and older discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.		
Age Range: 18-64 Numerator: Denominator: Rate:		
Age Range: 64 and older Numerator: Denominator: Rate:		
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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.		
Race	(non-Hispanic)	
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:	
American Indian or Alaska Native 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:	
1,000.	Sex	
Male Numerator: Denominator: Rate:	Female Numerator: Denominator: Rate:	
Primary	Spoken Language	
English Numerator: Denominator: Rate:	Spanish Numerator: Denominator: Rate: ability Status	

FFY 2013		
SSI Numerator: Denominator: Rate:	Non-SSI Numerator: Denominator: Rate:	
Geography		
Urban Numerator: Denominator: Rate:	Rural Numerator: Denominator: Rate:	

Measure 25: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

FFY 2013
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 identified as key priority area for this year
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 to meet the requirements for the Adult
Medicaid Quality Measures Grant:
Yes (to fulfill grant requirement)
No (this information is for voluntary core set reporting)
Both (grant requirement and voluntary core set reporting)
Status of Data Reported:
Provisional
Final Measurement Specification:
NCQA
Specify version of HEDIS used:
Other. Explain:

FFY 2013
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)
U Other. Specify:
Hybrid (Administrative and Medical Record Data)
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:
Other. Specify.
Does this denominator represent your total eligible population as defined by the Technical
Specifications for this measure?
Yes
No
Which delivery systems are represented in the denominator?
Select all that apply (Must select at least one):
Fee-for-Service
Percentage of population represented:
Primary Care Case Management (PCCM)
Percentage of population represented:
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)
Number of health plans:
Percentage of population represented:
Integrated Care Models (ICM)
Percentage of population represented:
Other Describe:
Percentage of 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:

FFY 2013	
 (AOD) dependence who received the following Initiation of AOD Treatment: The peroperature of through an inpatient AOD admission, of hospitalization within 14 days of the dispersion of AOD Treatment: The peroperature of AOD Treatment: The peroperature of AOD Treatment of AOD Treatment 	centage of Medicaid enrollees who initiated treatment outpatient visit, intensive outpatient encounter or partial
Initiation of AOD Treatment (ages 18-64) Numerator: Denominator: Rate:	
Initiation of AOD Treatment (ages 65 and old Numerator: Denominator: Rate:	der)
Engagement of AOD Treatment (ages 18-64 Numerator: Denominator: Rate:	
Engagement of AOD Treatment (ages 65 and older) Numerator: Denominator: Rate:	
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").	
	sex, language, disability status, or geographic ad the numerator(s), denominator(s), and rate(s), ion, 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:	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:
	Sex

FFY 2013		
Male	<u>Female</u>	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Primary	Spoken Language	
English	Spanish	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Dis	ability Status	
SSI	Non-SSI	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	
Geography		
<u>Urban</u>	Rural	
Numerator:	Numerator:	
Denominator:	Denominator:	
Rate:	Rate:	

Measure 26: Postpartum Care Rate

FFY 2013	
Did you Report on this Measure?	
Yes	
No	
If Data Not Departed Disease Explain Why	
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 identified as key priority area for this year	
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 to meet the requirements for the Adult	
Medicaid Quality Measures Grant:	
Yes (to fulfill grant requirement)	
No (this information is for voluntary core set reporting)	
Both (grant requirement and voluntary core set reporting)	
Status of Data Reported: Provisional	
Final	
Measurement Specification:	
NCQA	
Specify version of HEDIS used:	
Other. Explain:	

FFY 2013	_
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 Record Data)	
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:	
Other. Specify.	
Does this denominator represent your total eligible population as defined by the Technical Specifications for this measure?	
Yes	
No	
Which delivery systems are represented in the denominator?	
Select all that apply (Must select at least one):	
Fee-for-Service	
Percentage of population represented:	
Primary Care Case Management (PCCM) Percentage of population represented:	
Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP)	
Number of health plans:	
Percentage of population represented:	
Integrated Care Models (ICM) Percentage of population represented:	
Other	
Describe:	
Percentage of population represented: If applicable, number of health plans represented:	
Deviations from Measure Specifications:	_
Did your coloulation of this massaure deviate from the massaure enesitiestions in any year?	
Did your calculation of this measure deviate from the measure specifications in any way?	
Yes	
No	
If yes, select all that apply:	
Numerator. Explain:	
Denominator. Explain:	
Other. Explain:	
Performance Measure	_
The percentage of deliveries of live births between November 6 of the year prior to the	
measurement year and November 5 of the measurement year who had a postpartum visit on or between 21 and 56 days after delivery.	ſ
Numerator:	
Denominator: Rate:	

FFY 2013		
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, please upload the numerator(s), denominator(s), and rate(s), along with a brief description of the stratification, to the attachment facility.		
Race ((non-Hispanic)	
White Numerator: Denominator: Rate:	Black or African American Numerator: Denominator: Rate:	
American Indian or Alaska Native 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:	
Primary S	Spoken Language	
English Numerator: Denominator: Rate:	Spanish Numerator: Denominator: Rate:	
Disability Status		
SSI Numerator: Denominator: Rate:	Non-SSI Numerator: Denominator: Rate:	
G	eography	
Urban Numerator: Denominator: Rate:	Rural Numerator: Denominator: Rate:	

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estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.