



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

AQM 2018 – Cervical Cancer Screening (CCS) Core Measure PRA document

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1. Cervical Cancer Screening (CCS) Core Measure Screenshots

1.1 Are you reporting on this measure?

The screenshot shows a web interface for the 'Cervical Cancer Screening (CCS-AD)' measure. At the top, there is a navigation bar with 'News', 'Tasks (11)', 'Records', 'Reports', and 'Actions' (highlighted). The user's profile 'Appian' is visible in the top right. The main content area displays the measure title 'Cervical Cancer Screening (CCS-AD)' with the identifier 'CMS-10434 OMB 0938-1188' and 'Medicaid Adult Core Quality Measure - PA - 2018'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The question 'Are you reporting on this measure? *' has two radio button options: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure?

1.2 Measurement Specification – Path 1

Measurement Specification

The screenshot shows the 'Measurement Specification' section for Path 1. It features two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. To the right, there is a dropdown menu labeled 'Specify version of HEDIS used *' with '2018' selected. Below the dropdown, it says 'HEDIS: Healthcare Effectiveness Data and Information Set'. A 'Collapse' link is in the top right corner.

Figure 2: Measurement Specification – Path 1

1.3 Measurement Specification – Path 2

Measurement Specification

The screenshot shows the 'Measurement Specification' section for Path 2. It features two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (selected). To the right, there is a text area with the instruction: 'Please describe the specifications that were used to calculate the measure and explain how they deviated from Core Set specifications. If you need additional space to describe your state's methodology, please attach a document to this report in the Report Documents section at the bottom of the screen. *'. Below this is a large empty text box for input. A 'Collapse' link is in the top right corner.

Figure 3: Measurement Specification – Path 2

1.4 Data Source

Data Source
Collapse

Administrative Data

What is the Administrative Data source?
Must select one or more

Medicaid Management Information System (MMIS)

Other

* Specify

Hybrid (Administrative and Medical Records Data)

What is the Administrative Data source?
Must select one or more

Medicaid Management Information System (MMIS)

Other

* Specify

Electronic Health Records

What is the Medical Records data source?
Must select only one

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

Describe Electronic Health Records data source *

Other

Specify *

Figure 4: Data Source

1.5 Performance Measure

Performance Measure
Collapse

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

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

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure

1.6 Deviations from Measurement Specifications

Deviations from Measurement Specifications

Did your calculation of the measure deviate from the measure specification in any way? *

- Yes
- No

Please select and explain the deviation(s)

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 6: Deviations from Measurement Specifications

1.7 Optional Measure Stratification

Note: Same N/D/R sets are displayed under each of the stratification categories.

Optional Measure Stratification

Collapse

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

- Race (Non-Hispanic)
 - White

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 21-64	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)

- Ethnicity
- Primary Spoken Language
- Disability Status
- Geography
- Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 21-64	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
AQM	Adult Quality Measures
PRA	Paperwork Reduction Act of 1995