



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

**Medicaid and CHIP Program (MACPro)
CQM 2018 – WCC-CH Core Measure PRA
Document**

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1. WCC-CH Screenshots

1.1 Measurement Specifications – Path 1

The screenshot shows a form titled "Measurement Specification". On the left, there are two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" which is selected, and "Other". On the right, there is a label "Specify version of HEDIS used *" followed by a dropdown menu with "Select Year" as the current selection. A "+/-" icon is visible to the right of the dropdown.

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

The screenshot shows a web application interface. At the top, there is a navigation bar with "News", "Tasks (3)", "Records", "Reports", and "Actions" (which is highlighted). On the right of the navigation bar is a user profile icon and the name "Applan". Below the navigation bar, the page title is "Measurement Specification" with a "Collapse" link to its right. On the left, there are two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" and "Other", with "Other" selected. On the right, there is a text 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 instruction is a large, empty text area for input.

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Data Source
Collapse

Administrative Data

Hybrid (Administrative and Medical Records Data)

Electronic Health Records

Other

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

Medicaid Management Information System (MMIS)

Other

* Specify

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

Medicaid Management Information System (MMIS)

Other

* Specify

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 *

Specify *

Figure 3: Data Source

1.4 Date Range

News Tasks (13) Records Reports Actions
 Appian

Date Range

Collapse

For all measures, states should report start and end dates for the measurement period. For some measures, the specifications require a "look-back period" before or after the measurement period to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should not include the "look-back period."

Start Date

Month

Year

End Date

Month

Year

Figure 4: Date Range

1.5 Definition of Population Included in the Measure

Definition of Population Included in the Measure
Collapse

Definition of Denominator *

Denominator includes CHIP (Title XXI) population only
 Denominator includes Medicaid (Title XIX) population only
 Denominator includes CHIP and Medicaid (Title XIX)

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded

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

Yes
 No

What is the sample size? *

What is the measure-eligible population? *

Which delivery systems are represented in the Denominator? *

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

<p><input checked="" type="checkbox"/> Fee-for-Service</p> <p><input checked="" type="checkbox"/> Primary Care Case Management (PCCM)</p> <p><input checked="" type="checkbox"/> Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)</p> <p><input checked="" type="checkbox"/> Integrated Care Models (ICM)</p> <p><input checked="" type="checkbox"/> Other</p>	<p>Percentage of total state FFS population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p style="font-size: x-small;">The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.</p> <p>Percentage of total state PCCM population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p style="font-size: x-small;">The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.</p> <p>Number of Health Plans *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p>Percentage of total state MCO/PIHP population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p style="font-size: x-small;">The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.</p> <p>Percentage of total state ICM population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p style="font-size: x-small;">The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.</p> <p>Describe *</p> <div style="border: 1px solid #ccc; height: 40px; margin-bottom: 10px;"></div> <p>Percentage of total other population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p style="font-size: x-small;">The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.</p> <p>If applicable, list the number of Health Plans represented</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div>
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Figure 5: Definition of Population Included in the Measure

1.6 Performance Measure - Path 1

Performance Measure Collapse

Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index(BMI) percentile documentation during the measurement year.

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.

Age 3-11 years

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Age 12-17 years

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Age Total

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Figure 6: Performance Measure - Path 1

1.7 Performance Measure - Path 2

Performance Measure Collapse

Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index(BMI) percentile documentation during the measurement year.

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.

Age 3-11 years

Numerator	Denominator	Rate
0	0	0

Age 12-17 years

Numerator	Denominator	Rate
0	0	0

Age Total

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure - Path 2

1.8 Deviations from Measure Specifications

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

Deviations from Measure Specifications Collapse

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

Yes
 No

Please select and explain the deviation(s)

Ages 3-11

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Total (Ages 3-17)

Numerator
 Denominator
 Other

Figure 8: Deviations from Measure Specifications

1.9 Combined Rate(s) from Multiple Reporting Units

News Tasks (13) Records Reports Actions Appian

Combined Rate(s) from Multiple Reporting Units Collapse

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

Yes
 No

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

The rates are weighted based on the size of the measure-eligible population for each reporting unit
 The rates are weighted based on another weighting factor

Describe the other weighting factor:

•

The rates are not weighted

Figure 9: Combined Rate(s) from Multiple Reporting Units

1.10 Additional Notes/Comments on Measure (Optional)

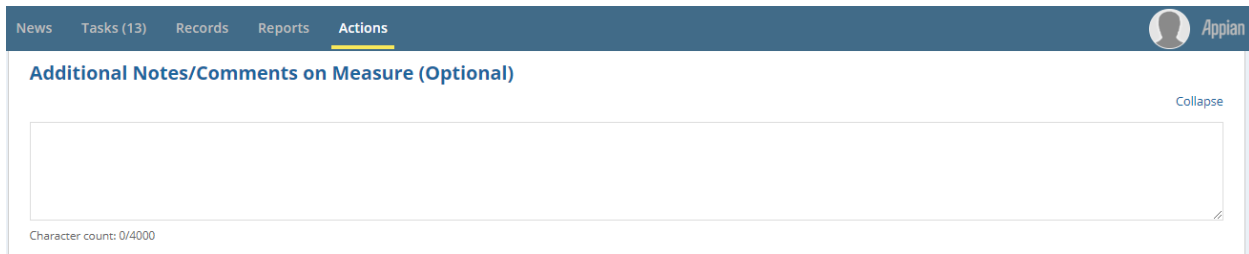


Figure 10: Additional Notes/Comments on Measure (Optional)

1.11 Optional Measure Stratification – Screenshot 1

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

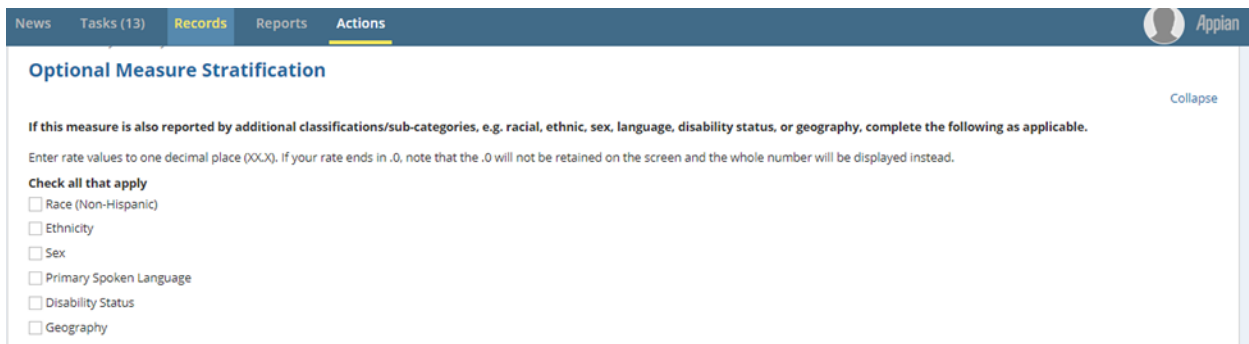


Figure 11: Optional Measure Stratification – Screenshot 1

1.12 Optional Measure Stratification – Screenshot 2

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 3-11	0	0	0	Clear Row
Ages 12-17	0	0	0	Clear Row
Total (Ages 3-17)	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
- Sex
- Primary Spoken Language
- Disability Status
- Geography

Figure 12: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents
PRA	Paperwork Reduction Act of 1995