



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

Medicaid and CHIP Program (MACPro)

AQM 2018 – Concurrent Use of Opioids and Benzodiazepines (COB-AD) Core Measure PRA document

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1. (COB) Core Measure – Screenshots

1.1 Are you reporting on this measure?

Concurrent Use of Opioids and Benzodiazepines (COB-AD)
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - PA - 2018

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Are you reporting on this measure? *

Yes

No

View Implementation Guide

Figure 1: Are you reporting on this measure?

1.2 Measurement Specification

Measurement Specification

- Pharmacy Quality Alliance (PQA)
- Other

Collapse

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. *

Figure 2: Measurement Specification

1.3 Data Source

Data Source

- Administrative Data

Collapse

What is the Administrative Data source?

Must select one or more

- Medicaid Management Information System (MMIS)

- Other

* Specify

- Other

Specify *

Figure 3: Data Source

1.4 Definition of Population Included in the Measure

Definition of Population Included in the Measure

Collapse

Definition of Denominator *

Select all that apply (Must select at least one)

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

Specify *

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

- Yes
- No

Explain which populations are excluded and why *

Specify Total 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.

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

Percentage of total state FFS population represented *

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.

Percentage of total state PCCM population represented *

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.

Number of Health Plans *

Percentage of total state MCO/PIHP population represented *

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.

Percentage of total state ICM population represented *

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.

Describe *

Percentage of total other population represented *

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.

If applicable, list the number of Health Plans represented

Figure 4: Definition of Population Included in the Measure

1.5 Combined Rate(s) from Multiple Reporting Units

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

Must select one

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 5: Combined Rate(s) from Multiple Reporting Units

1.6 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
- Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 18-64	0	0	0	Clear Row
Ages 65 and Older	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
[+ Additional Race\(s\)](#)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

[+ Additional Ethnicity\(ies\)](#)

Sex

- Male
- Female

Primary Spoken Language

- English
- Spanish

[+ Additional Primary Spoken Language\(s\)](#)

Disability Status

- SSI
- Non-SSI

[+ Additional Disability Status\(es\)](#)

Geography

- Urban
- Rural

[+ Additional Geographies](#)

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 18-64	0	0	0	Clear Row
Ages 65 and Older	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification

1.7 Additional Notes/Comments on Measure (Optional)

Additional Notes/Comments on Measure (Optional) Collapse

Additional Notes/Comments on Measure (Optional)

Character count: 0/4000

Figure 7: Additional Notes/ Comment on Measure (Optional)

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
PRA	Paper Reduction Act of 1995