



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

Medicaid and CHIP Program (MACPro)

**CQM 2018 - Live Births Weighing Less Than 2,500
Grams (LBW-CH) Core Measure PRA Document**

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1. Live Births Weighing Less Than 2,500 Grams (LBW-CH) Screenshots

1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

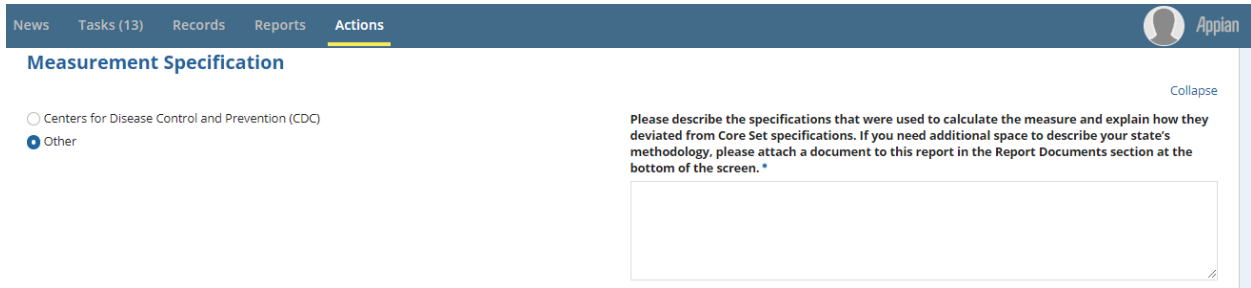


Figure 2: Measurement Specifications – Path 2

1.3 Data Source

The screenshot shows the 'Data Source' configuration page. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Tasks (3)' tab is active. On the right side of the navigation bar, there is a user profile icon and the name 'Appian'. Below the navigation bar, the page title is 'Data Source'. On the right side of the page, there is a 'Collapse' link. The main content area is divided into two columns. The left column has two sections: 'Administrative Data' with a checked checkbox, and 'Other' with a checked checkbox. The right column has a section titled 'What is the Administrative Data source?' with the instruction 'Must select one or more'. Below this, there are three checked checkboxes: 'Vital Records', 'Linked Vital Records and MMIS data', and 'Other'. There are two text input fields: one labeled '* Specify' and another labeled 'Specify *'.

Figure 3: Data Source

1.4 Date Range

The screenshot shows the 'Date Range' configuration page. At the top, there is a navigation bar with 'News', 'Tasks (13)', 'Records', 'Reports', and 'Actions'. The 'Tasks (13)' tab is active. On the right side of the navigation bar, there is a user profile icon and the name 'Appian'. Below the navigation bar, the page title is 'Date Range'. On the right side of the page, there is a 'Collapse' link. Below the title, there is a paragraph of text: '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."' Below the text, there are two sections: 'Start Date' and 'End Date'. Each section has two dropdown menus: 'Select Month' and 'Select Year'. Below each dropdown menu, the words 'Month' and 'Year' are displayed.

Figure 4: Date Range

1.5 Definition of Population Included in the Measure

[Collapse](#)

Definition of Population Included in the Measure

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.

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 5: Definition of Population Included in the Measure

1.6 Performance Measure

Figure 6: Performance Measure

1.7 Deviations from Measure Specifications

Figure 7: Deviations from Measure Specifications

1.8 Combined Rate(s) from Multiple Reporting Units

Figure 8: Combined Rate(s) from Multiple Reporting Units

1.9 Additional Notes/Comments on Measure (Optional)

Figure 9: Additional Notes/Comments on Measure (Optional)

1.10 Optional Measure Stratification – Screenshot 1

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

Figure 10: Optional Measure Stratification – Screenshot 1

1.11 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.

Check all that apply

Race (Non-Hispanic)

White

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
As per the measure specifications	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

Sex

Primary Spoken Language

Disability Status

Geography

Figure 11: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995