



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

Medicaid and CHIP Program (MACPro)

CQM 2018 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) Core Measure PRA Document

Version 1.0

06/29/2018

Document Number: 421-CQM 2018-W34-CH-PRA-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

Table of Contents

1. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH)	
Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2	1
1.3 Data Source	2
1.4 Date Range	2
1.5 Definition of Population Included in the Measure	3
1.6 Performance Measure	4
1.7 Deviations from Measure Specifications	4
1.8 Combined Rate(s) from Multiple Reporting Units	5
1.9 Additional Notes/Comments (Optional)	5
1.10 Optional Measure Stratification – Screenshot 1	5
1.11 Optional Measure Stratification – Screenshot 2	6
Appendix A: Acronyms.....	7

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3: Data Source	2
Figure 4: Date Range	2
Figure 5: Definition of Population Included in the Measure	3
Figure 6: Performance Measure.....	4
Figure 7: Deviations from Measure Specifications	4
Figure 8: Combined Rate(s) from Multiple Reporting Units	5
Figure 9: Additional Notes/Comments on Measure (Optional)	5
Figure 10: Optional Measure Stratification – Screenshot 1	5
Figure 11: Optional Measure Stratification – Screenshot 2	6

List of Tables

No table of figures entries found.

1. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-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 dropdown menu labeled "Specify version of HEDIS used" with the text "Select Year" and a small +/- icon to its right.

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 "Appian". Below the navigation bar, the page title is "Measurement Specification". 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 area with a "Collapse" link above it. The text area contains 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 the text area is a large empty text box for input.

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Data Source

Administrative Data

Hybrid (Administrative and Medical Records Data)

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)
Specify *

[Collapse](#)

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

Select Month Select Year

Month Year

End Date

Select Month Select Year

Month Year

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.

<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><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.</small></p> <p>Percentage of total state PCCM population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p><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.</small></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><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.</small></p> <p>Percentage of total state ICM population represented *</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p><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.</small></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><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.</small></p> <p>If applicable, list the number of Health Plans represented</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div>
---	--

Figure 5: Definition of Population Included in the Measure

1.6 Performance Measure

News Tasks (3) **Records** Reports Actions Applan

Performance Measure +/-

The percentage of children ages 3 to 6 that had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.

Enter rate values to one decimal place (XXX). 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 6: Performance Measure

1.7 Deviations from Measure Specifications

News Tasks (3) **Records** Reports Actions Applan

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

3 - 6 Years

Numerator

Denominator

Other

Explain *

Explain *

Explain *

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 (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.

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	
3 - 6 Years	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