



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) Core Measure PRA Document**

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**Version 1.0**

**06/25/2018**

**Document Number:** 385-CQM 2018-ADD-CH-PRA-D

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

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# 1. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

Specify version of HEDIS used \*  
 Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

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 Specifications – Path 2

## 1.3 Data Source

News Tasks (10) Records Reports **Actions**

**Data Source**

Administrative Data
  Electronic Health Records
  Other

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

Medicaid Management Information System (MMIS)
  Other

\* Specify

Describe Electronic Health Records data source \*

Specify \*

Figure 3 : Data Source

# 1.4 Date Range

Figure 4: Date Range

# 1.5 Definition of Population Included in the Measure – Screenshot 1

Figure 5: Definition of Population Included in the Measure – Screenshot 1

## 1.6 Definition of Population Included in the Measure – Screenshot 2

Primary Care Case Management (PCCM)

Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)

Integrated Care Models (ICM)

Other

**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 6: Definition of Population Included in the Measure – Screenshot 2

## 1.7 Performance Measure - Path 1

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

 Appian

**Performance Measure** +/-

Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

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.

Initiation Phase

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

Character count: 0/4000

Continuation and Maintenance (C&M) Phase

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

Character count: 0/4000

Figure 7: Performance Measure - Path 1

## 1.8 Performance Measure - Path 2

**Performance Measure**

Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation Phase.

Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

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.

Initiation Phase

Numerator	Denominator	Rate
0	0	0

Continuation and Maintenance (C&M) Phase

Numerator	Denominator	Rate
0	0	0

Figure 8: Performance Measure - Path 2

## 1.9 Deviations from Measure Specifications – Screenshot 1

**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)

**Initiation Phase**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Continuation and Maintenance (C&M) Phase**

Numerator

Explain \*

Figure 9: Deviations from Measure Specifications – Screenshot 1

## 1.10 Deviations from Measure Specifications – Screenshot 2

The screenshot shows the 'Actions' tab in the CMS interface. The left sidebar is titled 'Continuation and Maintenance (C&M) Phase' and contains three checked items: 'Numerator', 'Denominator', and 'Other'. The main content area has three 'Explain \*' text boxes corresponding to each item.

Figure 10: Deviations from Measure Specifications – Screenshot 2

## 1.11 Combined Rate(s) from Multiple Reporting Units

The screenshot shows the 'Actions' tab in the CMS interface. The main content area is titled 'Combined Rate(s) from Multiple Reporting Units'. It contains a question: 'Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? \*'. There are two radio button options: 'Yes' (selected) and 'No'. Below this, there is a section for 'If yes, indicate whether the state-level rate is weighted' with two radio button options: 'The rates are weighted based on the size of the measure-eligible population for each reporting unit' (unselected) and 'The rates are weighted based on another weighting factor' (selected). Below this, there is a text box labeled 'Describe the other weighting factor:' and a radio button option 'The rates are not weighted'.

Figure 11: Combined Rate(s) from Multiple Reporting Units

## 1.12 Additional Notes/Comments on Measure (Optional)

The screenshot shows the 'Actions' tab in the CMS interface. The main content area is titled 'Additional Notes/Comments on Measure (Optional)'. It contains a large text box for entering notes or comments. Below the text box, there is a character count: 'Character count: 0/4000'.

Figure 12: Additional Notes/Comments on Measure (Optional)



### 1.13 Optional Measure Stratification – Screenshot 1

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

Figure 13 : Optional Measure Stratification – Screenshot 1

### 1.14 Optional Measure Stratification – Screenshot 2

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

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	0	0	0	Clear Row
Continuation and Maintenance (C&M) Phase	0	0	0	Clear Row

Figure 14: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)  
CQM 2018 – Admin Screen PRA document**

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06/25/2018**

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

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# 1. Admin Screen Screenshots

## 1.1 Federal Fiscal Year



Figure 1: Federal Fiscal Year

## 1.2 Core Measures

### Core Measures

<input type="checkbox"/> Measure	Status	Reporting on the measure?	
<input type="checkbox"/> Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	In Progress	Yes	🕒
<input type="checkbox"/> Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Not Started		❌
<input type="checkbox"/> Asthma Medication Ratio: Ages 5-18 (AMR-CH)	Not Started		❌
<input type="checkbox"/> Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)	In Progress	Yes	🕒
<input type="checkbox"/> Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Not Started		❌
<input type="checkbox"/> Audiological Diagnosis No Later than 3 Months of Age (AUD-CH)	Not Started		❌
<input type="checkbox"/> Adolescent Well-Care Visits (AWC-CH)	Not Started		❌
<input type="checkbox"/> Children and Adolescents Access to Primary Care Practitioners (CAP-CH)	Not Started		❌
<input type="checkbox"/> Contraceptive Care - Postpartum Women Ages 15-20 (CCP-CH)	Not Started		❌
<input type="checkbox"/> Contraceptive Care - All Women Ages 15-20 (CCW-CH)	Not Started		❌
<input type="checkbox"/> Screening for Depression and Follow-up Plan: Ages 12-17 (CDF-CH)	Not Started		❌
<input type="checkbox"/> Chlamydia Screening in Women Ages 16-20 (CHL-CH)	Not Started		❌
<input type="checkbox"/> Childhood Immunization Status (CIS-CH)	Not Started		❌
<input type="checkbox"/> Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)*	Complete		✅
<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	Not Started		❌
<input type="checkbox"/> Developmental Screening in the First Three Years of Life (DEV-CH)	Not Started		❌
<input type="checkbox"/> Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH-CH)	Not Started		❌
<input type="checkbox"/> Immunizations for Adolescents (IMA-CH)	In Progress	Yes	🕒
<input type="checkbox"/> Live Births Weighing Less Than 2,500 Grams (LBW-CH)	Not Started		❌
<input type="checkbox"/> PC-02: Cesarean Birth (PC02-CH)	Not Started		❌
<input type="checkbox"/> Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)*	Complete		✅
<input type="checkbox"/> Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	Not Started		❌
<input type="checkbox"/> Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	Not Started		❌
<input type="checkbox"/> Well-Child Visits in the First 15 Months of Life (W15-CH)	In Progress	Yes	🕒
<input type="checkbox"/> Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH)	Not Started		❌
<input type="checkbox"/> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-CH)	In Progress	Yes	🕒

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\*CLABSI and PDENT measures will be calculated by CMS and states need not report on this measure. The screens for these two measures are available in read-only mode.

**Figure 2: Core Measures**

### 1.3 Delivery System

Delivery System	Medicaid (under age 21)	CHIP
Fee-for-service		
PCCM		
Managed care		
Integrated Care Model (ICM)		
Other		

Figure 3: Delivery System

### 1.4 Audit or Validation of Measures

Were any of the Core Set measures audited or validated? \*

Yes

No

Which measures were audited or validated?	Who conducted the audit or validation?
-- Select --	

[Add Measure](#)

Figure 4: Audit or Validation of Measures

### 1.5 External Contractor

Optional: Please indicate whether your state obtained assistance from one or more external contractors in collecting, calculating, and/or reporting Core Set data

Select all that apply :

External quality review organization (EQRO)

MMIS contractor

Data analytics contractor

Other

Please Explain

None of the above, we calculated all the measures internally

Figure 5: External Contractor

# 1.6 Report Documents

The screenshot displays the 'Report Documents' page within a navigation menu. The menu includes 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (which is highlighted). A user profile icon for 'Appian' is visible in the top right. The main content area is titled 'Report Documents' and includes a 'Collapse' link. Under 'Saved Documents', there are three bullet points: 'Maximum documents that can be uploaded for this report: 84', 'Maximum file size : 2MB', and 'Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx'. Below this is a table with columns: Name, Description, Date Created, Updated By, Size, and Type. The table is currently empty, showing 'No items available'. An 'UPLOAD' button with a file icon and the text 'Drop file here' is present. At the bottom right of the main area are 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons. A 'PRA Disclosure Statement' is provided in small text. At the very bottom, there are 'EXIT', 'BEGIN REPORTING', and 'REQUEST STATE POC REVIEW' buttons.

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

## Report Documents

Collapse

**Saved Documents**

- Maximum documents that can be uploaded for this report: 84
- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

<input type="checkbox"/>	Name	Description	Date Created	Updated By	Size	Type
No items available						

UPLOAD Drop file here

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

*PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

EXIT BEGIN REPORTING REQUEST STATE POC REVIEW

Figure 6: Report Documents



## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Ambulatory Care - Emergency Department (ED) Visits (AMB-CH) Core Measure PRA Document**

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**Version 1.0**

**06/25/2018**

**Document Number:** 381-CQM-2018-AMB-CH-PRA-D

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

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# 1. Ambulatory Care - Emergency Department (ED) Visits (AMB-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

News Tasks (9) Records Reports **Actions** Appian

**Measurement Specification** Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

Specify version of HEDIS used \*  
 Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

News Tasks (10) Records Reports **Actions** Appian

**Measurement Specification** Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

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 Specifications – Path 2

## 1.3 Data Source

News Tasks (10) Records Reports **Actions** Appian

**Data Source** Collapse

Administrative Data
  Other

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

Medicaid Management Information System (MMIS)
  Other

\* Specify

Specify \*

Figure 3: Data Source

# 1.4 Data Range

News Tasks (13) Records Reports **Actions**

**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 in the Measure – Screenshot 1

News Tasks (13) Records Reports **Actions**

**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

Explain which populations are excluded and why \*

Specify Total Measure Eligible Population \*

Figure 5: Definition of Population in the Measure – Screenshot 1

## 1.6 Definition of Population in the Measure – Screenshot 2

**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 6: Definition of Population in the Measure – Screenshot 2

# 1.7 Performance Measure - Path 1

## Performance Measure

Collapse

Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

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 1

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

Character count: 0/4000

Ages 1-9

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

Character count: 0/4000

Ages 10-19

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

Character count: 0/4000

Unknown

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

Character count: 0/4000

Total (Ages <1-19)

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

Character count: 0/4000

Figure 7: Performance Measure - Path 1



# 1.8 Performance Measure - Path 2

**Performance Measure** Collapse

Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

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.

<Age 1

Numerator	Denominator	Rate
0	0	0

Ages 1-9

Numerator	Denominator	Rate
0	0	0

Ages 10-19

Numerator	Denominator	Rate
0	0	0

Unknown

Numerator	Denominator	Rate
0	0	0

Total (Ages <1-19)

Numerator	Denominator	Rate
0	0	0

Figure 8: Performance Measure - Path 2

## 1.9 Deviations from Measure Specifications – Path 1

**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)

**<Age 1**

Numerator  
 Denominator  
 Other

**Ages 1-9**

Numerator  
 Denominator  
 Other

**Ages 10-19**

Numerator  
 Denominator  
 Other

**Unknown**

Numerator  
 Denominator  
 Other

**Total (Ages <1-19)**

Numerator  
 Denominator  
 Other

Figure 9: Deviations from Measure Specifications – Path 1

## 1.10 Deviations from Measure Specifications – Path 2

Note: Same N/D/R sets are displayed under each 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)

**<Age 1**

Numerator Explain \*  
 Denominator Explain \*  
 Other Explain \*

**Ages 10-19**

Numerator  
 Denominator  
 Other

**Unknown**

Numerator  
 Denominator  
 Other

**Total (Ages <1-19)**

Numerator  
 Denominator  
 Other

Figure 10: Deviations from Measure Specifications – Path 2

## 1.11 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

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 11: Combined Rate(s) from Multiple Reporting Units

## 1.12 Additional Notes/Comments on Measure (Optional)

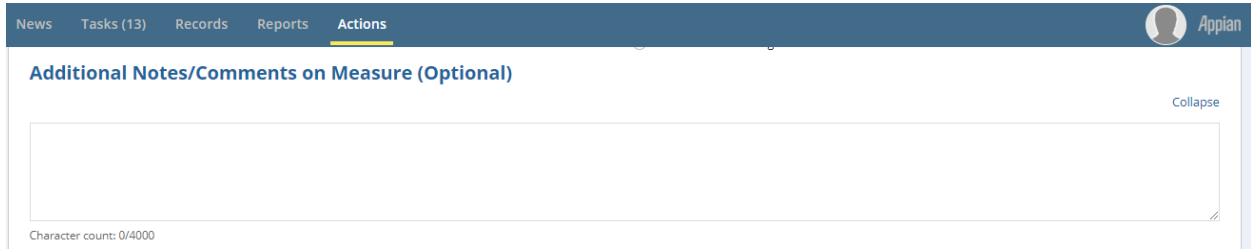


Figure 12: Additional Notes/Comments on Measure (Optional)

## 1.13 Optional Measure Stratification – Screenshot 1

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

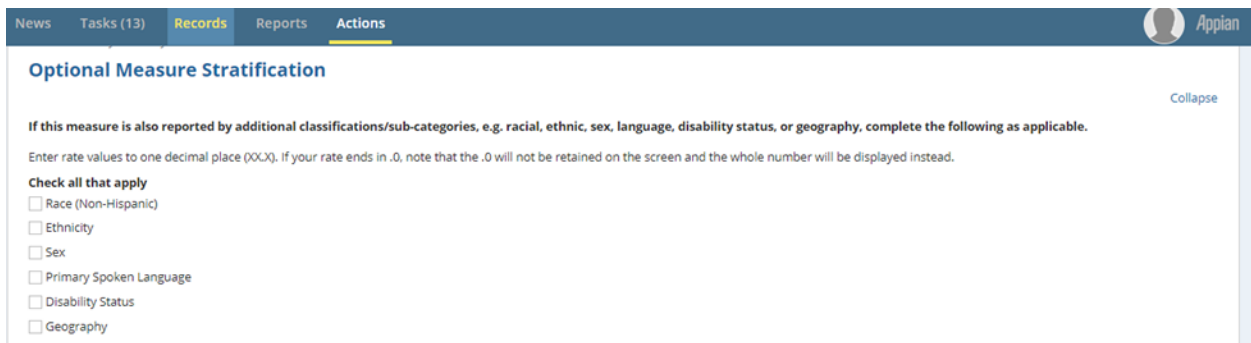


Figure 13 : Optional Measure Stratification – Screenshot 1

## 1.14 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	
<Age 1	0	0	0	Clear Row
Ages 1-9	0	0	0	Clear Row
Ages 10-19	0	0	0	Clear Row
Unknown	0	0	0	Clear Row
Total (Ages <1-19)	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 14: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Asthma Medication Ratio: Ages 5-18 (AMR-CH) Core Measure PRA Document**

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**Version 1.0**

**07/18/2018**

**Document Number:** 382-CQM-2018-AMR-CH-PRA-D

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

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## 1.1 Measurement Specifications – Path 1

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

**Measurement Specification** Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)  Other

Specify version of HEDIS used \*  
Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

**Measurement Specification** Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)  Other

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 Specifications – Path 2

# 1.3 Data Source

Figure 3: Data Source

# 1.4 Date Range

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

### 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

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.

Primary Care Case Management (PCCM)

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.

Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)

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.

Integrated Care Models (ICM)

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.

Other

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 - Path 1

### Performance Measure

[Collapse](#)

The percentage of beneficiaries ages 5 to 18 who were identified who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Enter rate values to one decimal places (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.

Ages 5-11

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

Character count: 0/4000

Ages 12-18

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

Character count: 0/4000

Total (Ages 5-18)

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](#)

The percentage of beneficiaries ages 5 to 18 who were identified who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Enter rate values to one decimal places (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.

Ages 5-11

Numerator	Denominator	Rate
0	0	0

Ages 12-18

Numerator	Denominator	Rate
0	0	0

Total (Ages 5-18)

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure - Path 2

## 1.8 Deviations from Measure Specifications – Screenshot 1

Note: N/D/R sets are same for each Age

**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 5-11**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Ages 12-18**

Numerator  
 Denominator  
 Other

**Total (Ages 5-18)**

Numerator  
 Denominator  
 Other

Figure 8: Deviations from Measure Specifications – Screenshot 1

## 1.9 Deviations from Measure Specifications – Screenshot

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

**Deviations from Measure Specifications** Collapse

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

Yes  
 No

Figure 9: Deviations from Measure Specifications – Screenshot 2

## 1.10 Combined Rate(s) from Multiple Reporting Units

Figure 10: Combined Rate(s) from Multiple Reporting Units

## 1.11 Additional Notes/Comments on Measure (Optional)

Figure 11: Additional Notes/Comments on Measure (Optional)

## 1.12 Optional Measure Stratification – Screenshot 1

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

Figure 12: Optional Measure Stratification – Screenshot 1

## 1.13 Optional Measure Stratification – Screenshot 2

### 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 5-11	0	0	0	Clear Row
Ages 12-18	0	0	0	Clear Row
Total (Ages 5-18)	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)

Figure 13: Optional Measure Stratification – Screenshot 2

## 1.14 Optional Measure Stratification – Screenshot 3

### 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)
- Ethnicity
  - Hispanic or Latino
  - Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 5-11	0	0	0	Clear Row
Ages 12-18	0	0	0	Clear Row
Total (Ages 5-18)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

Figure 14: Optional Measure Stratification - Screenshot 3



## 1.15 Optional Measure Stratification – Screenshot 4

### 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)

Ethnicity

Sex

Male

Female

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 5-11	0	0	0	Clear Row
Ages 12-18	0	0	0	Clear Row
Total (Ages 5-18)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 15: Optional Measure Stratification - Screenshot 4

## 1.16 Optional Measure Stratification – Screenshot 5

### 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)

Ethnicity

Sex

Primary Spoken Language

English

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 5-11	0	0	0	Clear Row
Ages 12-18	0	0	0	Clear Row
Total (Ages 5-18)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Spanish

+ Additional Primary Spoken Language(s)

Figure 16: Optional Measure Stratification - Screenshot 5

## 1.17 Optional Measure Stratification – Screenshot 6

**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)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
  - SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 5-11	0	0	0	Clear Row
Ages 12-18	0	0	0	Clear Row
Total (Ages 5-18)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Non-SSI  
+ Additional Disability Status(es)

Figure 17: Optional Measure Stratification - Screenshot 6

## 1.18 Optional Measure Stratification – Screenshot 7

**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)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography
  - Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 5-11	0	0	0	Clear Row
Ages 12-18	0	0	0	Clear Row
Total (Ages 5-18)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Rural  
+ Additional Geographies

Figure 18: Optional Measure Stratification - Screenshot 7

## 1.19 Appendix A: Acronyms

**Table 1: Acronyms**

<b>Acronym</b>	<b>Definition</b>
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) Core Measure PRA Document**

---

**Version 1.0**

**06/25/2018**

**Document Number:** 383-CQM 2018 APC-CH-PRA-D

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

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## 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

Figure 3: Data Source

# 1.4 Date Range

**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

## 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

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 5: Definition of Population Included in the Measure

## 1.6 Performance Measure - Path 1

News Tasks (10) Records Reports **Actions** Appian

**Performance Measure** Collapse

Percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for atleast 90 consecutive days 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 1 - 5  
Please explain why data was not entered for this numerator/denominator/rate set \*

Character count: 0/4000

Age 6 - 11  
Please explain why data was not entered for this numerator/denominator/rate set \*

Character count: 0/4000

Age 12 - 17  
Please explain why data was not entered for this numerator/denominator/rate set \*

Figure 6: Performance Measure - Path 1

## 1.7 Performance Measure - Path 2

News Tasks (10) Records Reports **Actions** Appian

**Performance Measure** Collapse

Percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for atleast 90 consecutive days 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 1 - 5

Numerator	Denominator	Rate
0	0	0

Age 6 - 11

Numerator	Denominator	Rate
0	0	0

Age 12 - 17

Numerator	Denominator	Rate
0	0	0

Total (Ages 1-17)

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 Age 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 1-5**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Ages 6-11**

Numerator  
 Denominator  
 Other

**Ages 12-17**

Numerator  
 Denominator  
 Other

**Total (Ages 1-17)**

Numerator  
 Denominator  
 Other

Figure 8: Deviations from Measure Specifications

## 1.9 Combined Rate(s) from Multiple Reporting Units – Path 1

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

## 1.10 Additional Notes/Comments on Measure (Optional)

Figure 10 : Additional Notes/Comments on Measure

## 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 1-5	0	0	0	Clear Row
Ages 6-11	0	0	0	Clear Row
Ages 12-17	0	0	0	Clear Row
Total (Ages 1-17)	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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) Core Measure PRA Document**

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**Version 1.0**

**07/18/2018**

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# 1. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

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

### Measurement Specification

Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)

Other

Specify version of HEDIS used \*

Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

### Measurement Specification

Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)

Other

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 Specifications – Path 2

# 1.3 Data Source

## Data Source

Collapse

Administrative Data

### What is the Administrative Data source?

Must select one or more

- Medicaid Management Information System (MMIS)
- Immunization Registry
- Other

\* Specify

Hybrid (Administrative and Medical Records Data)

### What is the Administrative Data source?

Must select one or more

- Medicaid Management Information System (MMIS)
- Immunization Registry
- Other

\* Specify

Other

### What is the Medical Records data source?

Must select only one

- Electronic Health Record (EHR) Data
- Paper
- Both (EHR and Paper)

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**

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

**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

**Explain which populations are excluded and why\***

**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 – Screenshot 1

**Performance Measure** Collapse

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

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.

Meningococcal

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

Character count: 0/4000

Tdap

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

Character count: 0/4000

Human Papillomavirus (HPV)

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

Character count: 0/4000

Combination 1 (Meningococcal, Tdap)

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

Character count: 0/4000

Combination 2 (Meningococcal, Tdap, HPV)

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

Character count: 0/4000

**Figure 6: Performance Measure - Screenshot 1**

## 1.7 Performance Measure – Screenshot 2

### Performance Measure

[Collapse](#)

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

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.

Meningococcal

Numerator	Denominator	Rate
0	0	0

Tdap

Numerator	Denominator	Rate
0	0	0

Human Papillomavirus (HPV)

Numerator	Denominator	Rate
0	0	0

Combination 1 (Meningococcal, Tdap)

Numerator	Denominator	Rate
0	0	0

Combination 2 (Meningococcal, Tdap, HPV)

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure - Screenshot 2

## 1.8 Deviations from Measure Specifications

Note: Same N/D/R sets are displayed under each of the deviations 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)

**Meningococcal**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Tdap**

- Numerator
- Denominator
- Other

**Human Papillomavirus (HPV)**

- Numerator
- Denominator
- Other

**Combination 1 (Meningococcal, Tdap)**

- Numerator
- Denominator
- Other

**Combination 2 (Meningococcal, Tdap, HPV)**

- 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

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

Collapse

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

## 1.10 Additional Note/Comments on Measure (Optional)

News Tasks (13) Records Reports **Actions**

Appian

### Additional Notes/Comments on Measure (Optional)

Character count: 0/4000

Collapse

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

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

Appian

### Optional Measure Stratification

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)  
 Ethnicity  
 Sex  
 Primary Spoken Language  
 Disability Status  
 Geography

Collapse

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	
Meningococcal	0	0	0	Clear Row
Tdap	0	0	0	Clear Row
Human Papillomavirus (HPV)	0	0	0	Clear Row
Combination 1 (Meningococcal, Tdap)	0	0	0	Clear Row
Combination 2 (Meningococcal, Tdap, HPV)	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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)**

**CQM 2018 - Audiological Evaluation No Later  
than Three Months of Age (AUD-CH) Core  
Measure PRA Document**

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**Version 1.0**

**06/27/2018**

**Document Number:** 384-CQM 2018-AUD-CH-PRA-D

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

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# 1. Audiological Evaluation No Later than Three Months of Age (AUD-CH) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

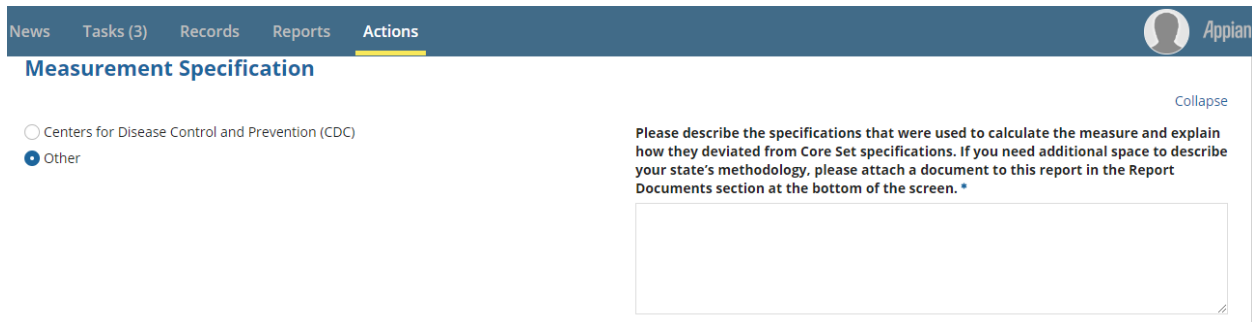


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source



Figure 3: Data Source

# 1.4 Date Range

The screenshot shows a web interface with a dark blue header. On the left, there are navigation tabs: 'News', 'Tasks (13)', 'Records', 'Reports', and 'Actions'. The 'Reports' tab is selected. On the right of the header, there is a user profile icon and the name 'Appian'. Below the header, the page title 'Date Range' is displayed in blue. To the right of the title is a 'Collapse' link. A paragraph of text explains that states should report start and end dates for the measurement period, and that some measures require a 'look-back period'. Below this text, there are two sections: 'Start Date' and 'End Date'. Each section contains 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

**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

**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 5: Definition of Population Included in the Measure**

## 1.6 Performance Measure

News Tasks (9) Records Reports **Actions**

Appian

### Performance Measure

Collapse

Percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age (90 days).

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 6: Performance Measure

## 1.7 Deviations from Measure Specifications

### 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)

0 - 3 Months  
 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 on Measure

Figure 9: Additional Notes/Comments on Measure

## 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

News Tasks (3) Records Reports Actions

 Appian

### Optional Measure Stratification +/-

**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	
0 - 3 Months	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
  - 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

Figure 11: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Adolescent Well-Care Visit (AWC-CH) Core Measure PRA Document**

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**Version 1.0**

**06/29/2018**

**Document Number:** 386-CQM 2018-AWC-CH-PRA-D

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

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## 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 - Screenshot 1

Figure 3: Data Source – Screenshot 1

## 1.4 Data Source – Screenshot 2

News Tasks (11) Records Reports **Actions**

Appian

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

Electronic Health Record (EHR) Data  
 Paper  
 Both (EHR and Paper)

**Specify \***

Other

Figure 4: Data Source – Screenshot 2

## 1.5 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 5: Date Range



# 1.6 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.

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

### Explain which populations are excluded and why \*

### 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 6: Definition of Population Included in the Measure

# 1.7 Performance Measure

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

### Performance Measure

Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner 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.

Numerator	Denominator	Rate
0	0	

Figure 7: Performance Measure

# 1.8 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)

12 - 21 Years

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 8: Deviations from Measure Specifications

## 1.9 Combined Rate(s) from Multiple Reporting Units

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

## 1.10 Additional Notes/Comments on Measure

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

**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 12-21	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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Children and Adolescents' Access to Primary Care Practitioners (CAP-CH) Core Measure PRA Document**

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**Version 1.0  
06/29/2018**

**Document Number:** 387-CQM 2018-CAP-CH-PRA-D

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

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# 1. Children and Adolescents' Access to Primary Care Practitioners (CAP-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

Specify version of HEDIS used \*  
 Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

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. \*

Collapse

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

News Tasks (11) Records Reports **Actions**

**Data Source**

Administrative Data
  Other

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

Medicaid Management Information System (MMIS)
  Other

\* Specify

Specify \*

Collapse

Figure 3: Data Source

# 1.4 Date Range

**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

## 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.

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

**Explain which populations are excluded and why \***

**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 - Screenshot 1

**Performance Measure** Collapse

Percentage of children and adolescents ages 12 months to age 19 who had a visit with a primary care practitioner (PCP). Four separate percentages are reported:

- Children ages 12 to 24 months and 25 months to age 6 who had a visit with a PCP during the measurement year
- Children ages 7 to 11 and adolescents ages 12 to 19 who had a visit with a PCP during the measurement

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.

Ages 12-24 Months

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

Character count: 0/4000

Ages 12 Months - 6 Years

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

Character count: 0/4000

Ages 7-11

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

Character count: 0/4000

Ages 12-19

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

Character count: 0/4000

Figure 6: Performance Measure - Screenshot 1

## 1.7 Performance Measure - Screenshot 2

**Performance Measure** Collapse

Percentage of children and adolescents ages 12 months to age 19 who had a visit with a primary care practitioner (PCP). Four separate percentages are reported:

- Children ages 12 to 24 months and 25 months to age 6 who had a visit with a PCP during the measurement year
- Children ages 7 to 11 and adolescents ages 12 to 19 who had a visit with a PCP during the measurement

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.

Ages 12-24 Months

Numerator	Denominator	Rate
0	0	0

Ages 12 Months - 6 Years

Numerator	Denominator	Rate
0	0	0

Ages 7-11

Numerator	Denominator	Rate
0	0	0

Ages 12-19

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure –Screenshot 2

## 1.8 Deviations from Measure Specifications – Path 1

**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 12-24 Months**

Numerator  
 Denominator  
 Other

**Ages 12 Months - 6 Years**

Numerator  
 Denominator  
 Other

**Ages 7-11**

Numerator  
 Denominator  
 Other

**Ages 12-19**

Numerator  
 Denominator  
 Other

Figure 8: Deviations from Measure Specifications – Path 1

## 1.9 Deviations from Measure Specifications – Path 2

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

### 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 12-24 Months**

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

**Ages 12 Months - 6 Years**

- Numerator
- Denominator
- Other

**Ages 7-11**

- Numerator
- Denominator
- Other

**Ages 12-19**

- Numerator
- Denominator
- Other

Figure 9: Deviations from Measure Specifications – Path 2

## 1.10 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 10: Combined Rate(s) from Multiple Reporting Units

## 1.11 Additional Notes/Comments on Measure (Optional)

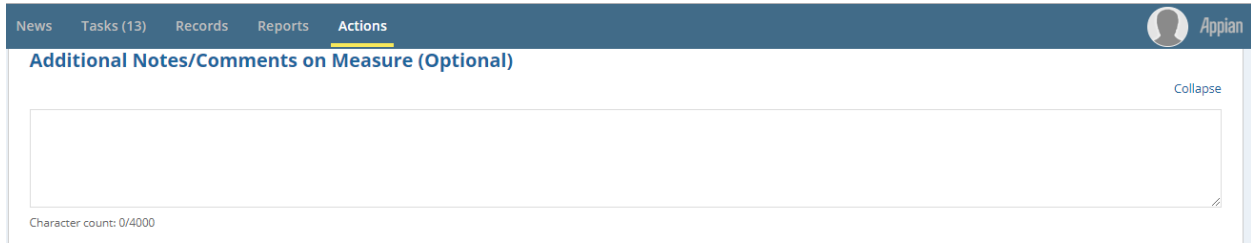


Figure 11: Additional Notes/Comments on Measure (Optional)

## 1.12 Optional Measure Stratification – Screenshot 1

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

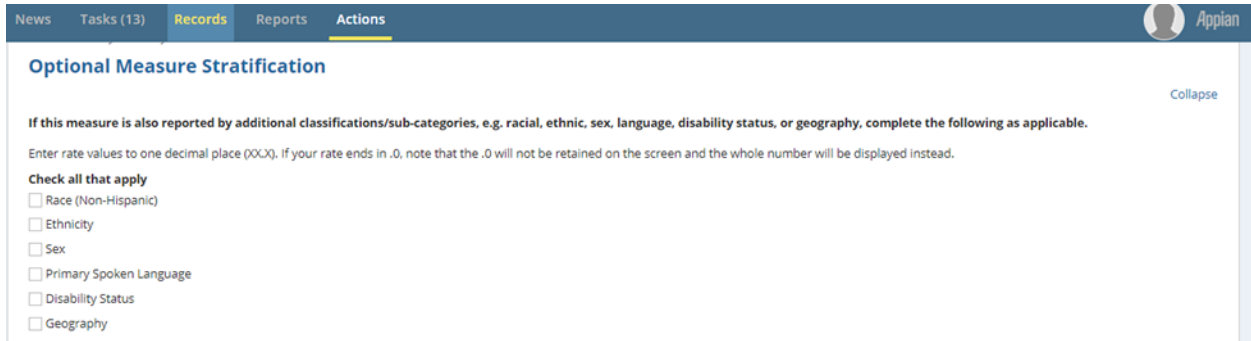


Figure 12: Optional Stratification – Screenshot 1

## 1.13 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 12-24 Months	0	0	0	Clear Row
Ages 12 Months - 6 Years	0	0	0	Clear Row
Ages 7-11	0	0	0	Clear Row
Ages 12-19	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 13: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Contraceptive Care - Postpartum Women Ages 15-20 (CCP-CH) Core Measure PRA Document**

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**Version 1.0**

**07/9/2018**

**Document Number:** 389-CQM 2018-CCP-CH-PRA-D

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

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# 1. Contraceptive Care – Postpartum Women Ages 15-20 (CCP-CH) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

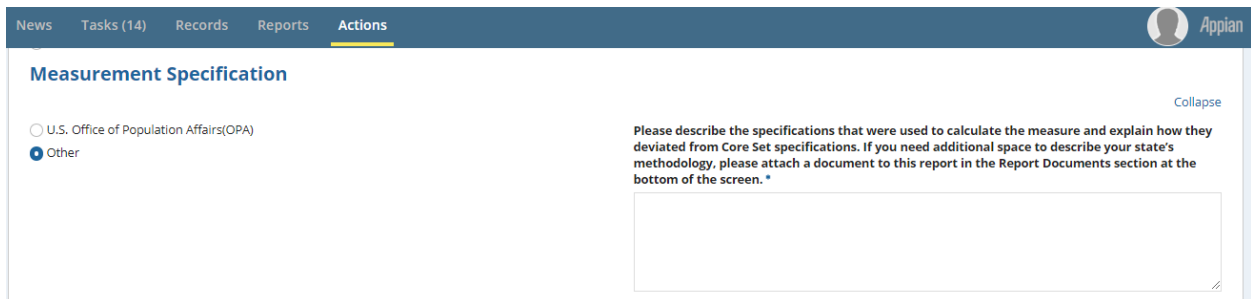


Figure 2: Measurement Specifications – Path 2

# 1.3 Data Source

News Tasks (11) Records Reports **Actions**

Appian

### Data Source

Collapse

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

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**

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

## 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.

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

### Explain which populations are excluded and why \*

### 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 - Path 1

## Performance Measure

Collapse

Among women ages 15 to 20 who had a live birth, the percentage that:

- 1. Were provided most effective or moderately effective methods of contraception within 3 and 60 days of delivery.
- 2. Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

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.

### Rate 1: Most effective or moderately effective method of contraception

Three Days Postpartum Rate

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

Character count: 0/4000

Sixty Days Postpartum Rate

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

Character count: 0/4000

### Rate 2: Long-acting reversible method of contraception (LARC)

Three Days Postpartum Rate

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

Character count: 0/4000

Sixty Days Postpartum Rate

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

Among women ages 15 to 20 who had a live birth, the percentage that:

1. Were provided most effective or moderately effective methods of contraception within 3 and 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

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.

### Rate 1: Most effective or moderately effective method of contraception

Three Days Postpartum Rate

Numerator	Denominator	Rate
0	0	0

Sixty Days Postpartum Rate

Numerator	Denominator	Rate
0	0	0

### Rate 2: Long-acting reversible method of contraception (LARC)

Three Days Postpartum Rate

Numerator	Denominator	Rate
0	0	0

Sixty Days Postpartum Rate

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure – Path 2

## 1.8 Deviations from Measure Specifications – Path 1

### 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)

**Rate 1: Most effective or moderately effective FDA-approved method of contraception**

**Three Days Postpartum Rate**

- Numerator
- Denominator
- Other

**Sixty Days Postpartum Rate**

- Numerator
- Denominator
- Other

**Rate 2: Long-acting reversible method of contraception (LARC)**

**Three Days Postpartum Rate**

- Numerator
- Denominator
- Other

**Sixty Days Postpartum Rate**

- Numerator
- Denominator
- Other

Figure 8: Deviations from Measure Specifications – Path 1

## 1.9 Deviations from Measure Specifications – Path 2

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

Please select and explain the deviation(s)

**Rate 1: Most effective or moderately effective FDA-approved method of contraception**

**Three Days Postpartum Rate**

Numerator

Denominator

Other

**Sixty Days Postpartum Rate**

Numerator

Denominator

Other

**Rate 2: Long-acting reversible method of contraception (LARC)**

**Three Days Postpartum Rate**

Numerator

Denominator

Other

**Sixty Days Postpartum Rate**

Numerator

Denominator

Other


Explain \*

Explain \*

Explain \*

Figure 9: Deviations from Measure Specifications – Path 2

## 1.10 Combined Rate(s) from Multiple Reporting Units

News Tasks (13) Records Reports **Actions** 

**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 10: Combined Rate(s) from Multiple Reporting Units

## 1.11 Additional Notes/Comments on Measure (Optional)

The screenshot shows a web interface with a dark blue header containing navigation tabs: News, Tasks (13), Records, Reports, and Actions (which is highlighted). A user profile icon and the name 'Applan' are visible in the top right. Below the header, the page title is 'Additional Notes/Comments on Measure (Optional)'. A large, empty text area is provided for input, with a 'Collapse' link in the top right corner. At the bottom left of the text area, it says 'Character count: 0/4000'.

Figure 11: Additional Notes/Comments on Measure (Optional)

## 1.12 Optional Measure Stratification – Screenshot 1

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

The screenshot shows the 'Optional Measure Stratification' section of the CMS XLC interface. The header is the same as in Figure 11. The page title is 'Optional Measure Stratification'. Below the title, there is a 'Collapse' link. The main content area contains the following text: '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.' This is followed by the instruction: '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.' Below this is a section titled 'Check all that apply' with a list of checkboxes: Race (Non-Hispanic), Ethnicity, Sex, Primary Spoken Language, Disability Status, and Geography.

Figure 12: Optional Measure Stratification – Screenshot 1

## 1.13 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, 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

Rate 1: Most effective or moderately effective FDA-approved method of contraception

Classification/Sub-category	Numerator	Denominator	Rate	
Three Days Postpartum Rate	0	0	0	Clear Row
Sixty Days Postpartum Rate	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Rate 2: Long-acting reversible method of contraception (LARC)

Classification/Sub-category	Numerator	Denominator	Rate	
Three Days Postpartum Rate	0	0	0	Clear Row
Sixty Days Postpartum Rate	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

Figure 13: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Contraceptive Care – All Women Ages 15-20 (CCW-CH) Core Measure PRA Document**

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**Version 1.0**

**07/10/2018**

**Document Number:** 390-CQM 2018-CCW-CH-PRA-D

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



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## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

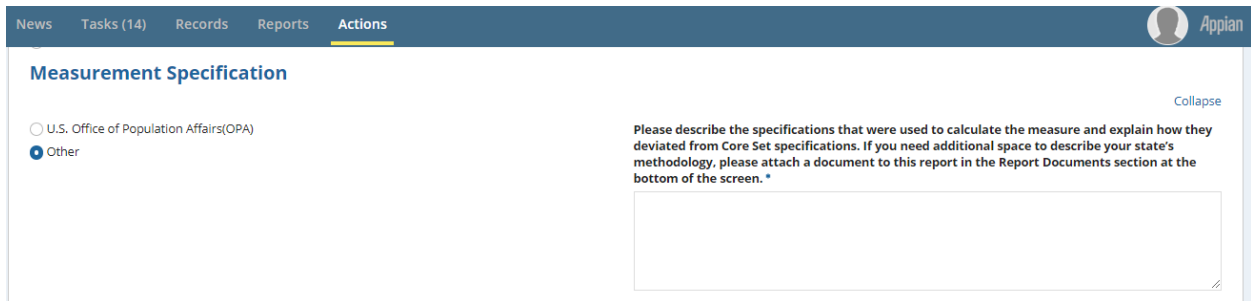


Figure 2: Measurement Specifications – Path 2

### 1.3 Data Source

News Tasks (11) Records Reports **Actions**

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#### Data Source

[Collapse](#)

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify\*

Figure 3: Data Source

### 1.4 Date Range

News Tasks (14) 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

## 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

Explain which populations are excluded and why \*

What is the sample size? \*

What is the measure-eligible population? \*

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 5: Definition of Population Included in the Measure

## 1.6 Performance Measure - Path 1

### Performance Measure

Collapse

Among women ages 15 to 20 who had a live birth, the percentage that:

1. Were provided most effective or moderately effective methods of contraception within 3 and 60 days of delivery.
2. Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

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.

**Rate 1: Most effective or moderately effective method of contraception**

Three Days Postpartum Rate

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

Character count: 0/4000

Sixty Days Postpartum Rate

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

Character count: 0/4000

**Rate 2: Long-acting reversible method of contraception (LARC)**

Three Days Postpartum Rate

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

Character count: 0/4000

Sixty Days Postpartum Rate


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

News   Tasks (3)   Records   Reports   Actions

 Appian

### Performance Measure Collapse

Among women ages 15 to 20 at risk of unintended pregnancy, the percentage that:

1. Were provided a most effective or moderately effective method of contraception.
2. Were provided a long-acting reversible method of contraception (LARC).

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.

**Rate 1: Most effective or moderately effective method of contraception**

Ages 15-20

Numerator	Denominator	Rate
0	0	0

**Rate 2: Long-acting reversible method of contraception (LARC)**

Ages 15-20

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure – Path 2

# 1.8 Deviations from Measure Specifications

**Deviations from Measure Specifications** Collapse

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

Yes  
 No

**Rate 1: Most effective or moderately effective FDA-approved method of contraception**

**Ages 15-20**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Rate 2: Long-acting reversible method of contraception (LARC)**

**Ages 15-20**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Figure 8: Deviations from Measure Specifications**



## 1.9 Combined Rate(s) from Multiple Reporting Units

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, 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

**Rate 1: Most effective or moderately effective FDA-approved method of contraception**

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 15-20	0	0	0	Clear Row

[+ Additional/Alternative Classification/Sub-category](#)

**Rate 2: Long-acting reversible method of contraception (LARC)**

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 15-20	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

**Figure 12: Optional Measure Stratification – Screenshot 2**

## Appendix 1: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Screening for Depression and Follow-up Plan: Ages 12-17 (CDF-CH) Core Measure PRA Document**

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**Version 1.0  
07/19/2018**

**Document Number:** 428-CQM-2018-CDF-CH-PRA-D

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

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# 1. Screening for Depression and Follow-up Plan: Ages 12-17 (CDF-CH) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

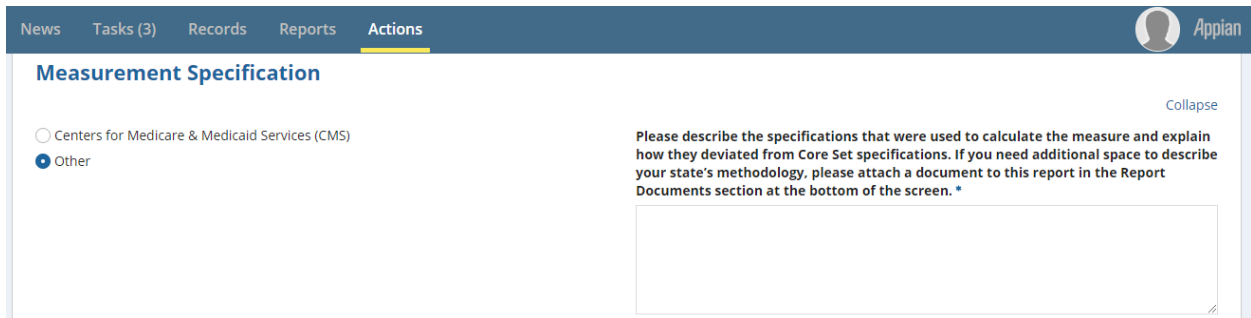


Figure 2: Measurement Specifications – Path 2

# 1.3 Data Source

## Data Source

Hybrid (Administrative and Medical Records Data)

### 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 \*


Electronic Health Records

Other

Collapse

Figure 3 : Data Source

# 1.4 Date Range

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

## 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

### 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

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.

Primary Care Case Management (PCCM)

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.

Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)

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.

Integrated Care Models (ICM)

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.

Other

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

**Performance Measure** Collapse

Percentage of beneficiaries ages 12 to 17 screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

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 6: Performance Measure

## 1.7 Deviations from Measure Specifications- Screenshot 1

**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 12-17

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 7: Deviations from Measure Specifications – Screenshot 1

## 1.8 Deviations from Measure Specifications – Screenshot 2

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

**Deviations from Measure Specifications** Collapse

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

Yes

No

Figure 8: Deviations from Measure Specifications – Screenshot 2

## 1.9 Combined Rate(s) from Multiple Reporting Units

News Tasks (3) 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)

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

**Additional Notes/Comments on Measure (Optional)** Collapse

Character count: 0/4000

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

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

**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)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography

Figure 11: Optional Measure Stratification – Screenshot 1

## 1.12 Optional Measure Stratification – Screenshot 2

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

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

Classification/Sub-category	Numerator	Denominator	Rate
Ages 12-17	0	0	0 <span style="float: right;">Clear Row</span>

[+ Additional/Alternative Classification/Sub-category](#)

Figure 12: Optional Measure Stratification – Screenshot 2

### 1.13 Optional Measure Stratification – Screenshot 3

**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)

Ethnicity

Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 12-17	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Not Hispanic or Latino  
+ Additional Ethnicity(ies)

Figure 13: Optional Measure Stratification- Screenshot 3

### 1.14 Optional Measure Stratification – Screenshot 4

**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)

Ethnicity

Sex

Male

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 12-17	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Female

Figure 14: Optional Measure Stratification-Screenshot 4

## 1.15 Optional Measure Stratification – Screenshot 5

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

**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)
- Ethnicity
- Sex
- Primary Spoken Language
  - English
  - Spanish
  - [+ Additional Primary Spoken Language\(s\)](#)

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 12-17	0	0	0	Clear Row

[+ Additional/Alternative Classification/Sub-category](#)

Figure 15: Optional Measure Stratification - Screenshot 5

## 1.16 Optional Measure Stratification – Screenshot 6

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

**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)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
  - SSI
  - Non-SSI
  - [+ Additional Disability Status\(es\)](#)

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 12-17	0	0	0	Clear Row

[+ Additional/Alternative Classification/Sub-category](#)

Figure 16: Optional Measure Stratification- Screenshot 6

## 1.17 Optional Measure Stratification – Screenshot 7

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

**Applan**

### 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)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography
  - Urban
  - Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Ages 12-17	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 17: Optional Measure Stratification - Screenshot 7**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995





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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Chlamydia Screening in Women Ages 16-20 (CHL-CH) Core Measure PRA Document**

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**Version 1.0**

**07/10/2018**

**Document Number:** 391-CQM 2018-CHL-CH-PRA-D

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

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# 1. Chlamydia Screening in Women Ages 16-20 (CHL-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

Specify version of HEDIS used \*  
 Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

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 Specifications – Path 2

## 1.3 Data Source

News Tasks (14) Records Reports **Actions**

**Data Source**

Administrative Data
  Electronic Health Records
  Other

What is the Administrative Data source?  
 Must select one or more  
 Medicaid Management Information System (MMIS)  
 Other  
 \* Specify

Describe Electronic Health Records data source \*

Specify \*

Figure 3: Data Source

# 1.4 Date Range

**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

## 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 XXI)

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

**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)

**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.

- Integrated Care Models (ICM)

- Other

**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

The screenshot shows the 'Performance Measure' form. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. A user profile icon for 'Appian' is in the top right. The main content area has a title 'Performance Measure' and a description: 'Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for chlamydia during the measurement year.' Below the description is a note: '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.' At the bottom, there is a table with three columns: 'Numerator', 'Denominator', and 'Rate'. The 'Numerator' and 'Denominator' cells contain the value '0'. The 'Rate' cell is highlighted with a red border and contains the value '0'.

Numerator	Denominator	Rate
0	0	0

Figure 6: Performance Measure

## 1.7 Deviations from Measure Specifications

The screenshot shows the 'Deviations from Measure Specifications' form. It has the same navigation bar as Figure 6. The main content area has a title 'Deviations from Measure Specifications' and a question: 'Did your calculation of the measure deviate from the measure specification in any way? \*'. There are two radio buttons: 'Yes' (selected) and 'No'. Below the question is a section 'Please select and explain the deviation(s)'. Under this section, there are three categories: '16 - 20 Years', 'Numerator', 'Denominator', and 'Other'. Each category has a checkbox. The 'Numerator', 'Denominator', and 'Other' checkboxes are checked. To the right of each checked checkbox is an 'Explain \*' label and a text input field. The '16 - 20 Years' checkbox is not checked and has no 'Explain \*' label.

Figure 7: Deviations from Measure Specifications

## 1.8 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 8: Combined Rate(s) from Multiple Reporting Units

## 1.9 Additional Notes/Comments on Measure

News Tasks (13) Records Reports **Actions** Appian

**Additional Notes/Comments on Measure (Optional)** Collapse

Character count: 0/4000

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

News Tasks (13) **Records** Reports **Actions** Appian

**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 (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.

**Check all that apply**

Race (Non-Hispanic)  
 Ethnicity  
 Sex  
 Primary Spoken Language  
 Disability Status  
 Geography

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

Classification/Sub-category	Numerator	Denominator	Rate	
16 - 20 Years	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
16 - 20 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

Primary Spoken Language

Disability Status

Geography

Figure 11: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Childhood Immunization Status (CIS- CH) Core Measure PRA Document**

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**Version 1.0**

**06/29/2018**

**Document Number:** 392-CQM 2018-CIS-CH-PRA-D

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

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# 1. Childhood Immunization Status (CIS-CH) Screenshots

## 1.1 Are you reporting on this measure?

The screenshot shows the Appian interface for the 'Childhood Immunization Status (CIS-CH)' measure. The top navigation bar includes 'News', 'Tasks (14)', 'Records', 'Reports', and 'Actions'. The user profile 'Appian' is visible in the top right. The main heading is 'Childhood Immunization Status (CIS-CH)' with the identifier 'CMS-10434 OMB 0938-1188'. Below this, it specifies 'Medicaid and CHIP Child Core Quality Measures - 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?\*' is followed by two radio buttons: 'Yes' (which is selected) and 'No'.

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specifications – Path 1

The screenshot shows the 'Measurement Specification' section of the form. It features a sidebar with 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 the text 'Select Year' and a plus/minus icon.

Figure 2: Measurement Specifications – Path 1

## 1.3 Measurement Specifications – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. The sidebar has two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (unselected) and 'Other' (selected). To the right, there is a 'Collapse' link and 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 the instruction is a large empty text area for input.

Figure 3: Measurement Specifications – 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 \***

**Specify \***

Figure 4 : Data Source

# 1.5 Date Range

News Tasks (14) Records Reports **Actions**



### 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 5: Date Range

# 1.6 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.

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

### 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 6: Definition of Population Included in the Measure



# 1.7 Performance Measure - Path 1 – Screenshot 1

News Tasks (14) Records Reports **Actions** 

### Performance Measure Collapse

Percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HIB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

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.

DTaP

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

Character count: 0/4000

IPV

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

Character count: 0/4000

Figure 7: Performance Measure - Path 1 – Screenshot 1

## 1.8 Performance Measure - Path 1 – Screenshot 2

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

Character count: 0/4000

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

Character count: 0/4000

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

Character count: 0/4000

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

Character count: 0/4000

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

Character count: 0/4000

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

Character count: 0/4000

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

Character count: 0/4000

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

Character count: 0/4000

Figure 8: Performance Measure - Path 1 – Screenshot 2

## 1.9 Performance Measure - Path 1 – Screenshot 3

Combo 2  
Please explain why data was not entered for this numerator/denominator/rate set\*

Character count: 0/4000

Combo 3  
Please explain why data was not entered for this numerator/denominator/rate set\*

Character count: 0/4000

Combo 4  
Please explain why data was not entered for this numerator/denominator/rate set\*

Character count: 0/4000

Combo 5  
Please explain why data was not entered for this numerator/denominator/rate set\*

Character count: 0/4000

Figure 9: Performance Measure - Path 1 – Screenshot 3

## 1.10 Performance Measure - Path 1 – Screenshot 4

Combo 6  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Combo 7  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Combo 8  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Combo 9  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Combo 10  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Figure 10: Performance Measure - Path 1 – Screenshot 4

# 1.11 Performance Measure – Path 2- Screenshot 1

**Performance Measure** Collapse

Percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HIB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

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.

DTaP

Numerator	Denominator	Rate
0	0	0

Rate should be greater than zero

IPV

Numerator	Denominator	Rate
0	0	0

MMR

Numerator	Denominator	Rate

Figure 11: Performance Measure – Path 2- Screenshot 1

# 1.12 Performance Measure – Path 2 – Screenshot 2

HIB

Numerator	Denominator	Rate
0	0	0

Hep B

Numerator	Denominator	Rate
0	0	0

VZV

Numerator	Denominator	Rate
0	0	0

PCV

Numerator	Denominator	Rate

Figure 12: Performance Measure – Path 2 – Screenshot 2

### 1.13 Performance Measure – Path 2 – Screenshot 3, 4, 5

<input checked="" type="checkbox"/> Hep A		
Numerator	Denominator	Rate
0	0	0
<input checked="" type="checkbox"/> RV		
Numerator	Denominator	Rate
0	0	0
<input checked="" type="checkbox"/> Flu		
Numerator	Denominator	Rate
0	0	0
<input checked="" type="checkbox"/> Combo 2		
Numerator	Denominator	Rate
0	0	0

Figure 13: Performance Measure – Path 2- Screenshot 3

<input checked="" type="checkbox"/> Combo 3		
Numerator	Denominator	Rate
0	0	0
<input checked="" type="checkbox"/> Combo 4		
Numerator	Denominator	Rate
0	0	0
<input checked="" type="checkbox"/> Combo 5		
Numerator	Denominator	Rate
0	0	0
<input checked="" type="checkbox"/> Combo 6		
Numerator	Denominator	Rate
0	0	0

Figure 14: Performance Measure – Path 2- Screenshot 4

Combo 7

Numerator	Denominator	Rate
0	0	0

Combo 8

Numerator	Denominator	Rate
0	0	0

Combo 9

Numerator	Denominator	Rate
0	0	0

Combo 10

Numerator	Denominator	Rate
0	0	0

**Figure 15: Performance Measure – Path 2- Screenshot 5**

# 1.14 Deviations from Measure Specifications – Path 1-Screenshot 1

## 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)

**DTaP**

- Numerator
- Denominator
- Other

**IPV**

- Numerator
- Denominator
- Other

**MMR**

- Numerator
- Denominator
- Other

**HiB**

- Numerator
- Denominator
- Other

**Hep B**

- Numerator
- Denominator
- Other

**VZV**

- Numerator
- Denominator
- Other

**PCV**

- Numerator
- Denominator
- Other

**Hep A**

- Numerator
- Denominator
- Other

**RV**

- Numerator
- Denominator
- Other

**Flu**

- Numerator
- Denominator
- Other

Figure 16: Deviations from Measure Specifications – Path 1 Screenshot 1



## 1.15 Deviations from Measure Specifications – Path 1- Screenshot 2

- Combo 3**
  - Numerator
  - Denominator
  - Other
- Combo 4**
  - Numerator
  - Denominator
  - Other
- Combo 5**
  - Numerator
  - Denominator
  - Other
- Combo 6**
  - Numerator
  - Denominator
  - Other
- Combo 7**
  - Numerator
  - Denominator
  - Other
- Combo 8**
  - Numerator
  - Denominator
  - Other
- Combo 9**
  - Numerator
  - Denominator
  - Other
- Combo 10**
  - Numerator
  - Denominator
  - Other

Figure 17: Deviations from Measure Specifications – Path 1 - Screenshot 2

## 1.16 Deviations from Measure Specifications- Path 2

Note: Same N/D/R sets are displayed under each of the specification categories shown above

**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)

**DTaP**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 18: Deviations from Measure Specifications – Path 2

## 1.17 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 19: Combined Rate(s) from Multiple Reporting Units

## 1.18 Additional Notes/Comments on Measure

News Tasks (13) Records Reports Actions Appian

**Additional Notes/Comments on Measure (Optional)** Collapse

Character count: 0/4000

Figure 20: Additional Notes/Comments on Measure (Optional)

## 1.19 Optional Measure Stratification – Screenshot 1

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

**Optional Measure Stratification**

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	Clear Row
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
Hib	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row

Figure 21: Optional Measure Stratification – Screenshot 1

## 1.20 Optional Measure Stratification – Screenshot 2

Flu		0	0	0	Clear Row
Combo 2		0	0	0	Clear Row
Combo 3		0	0	0	Clear Row
Combo 4		0	0	0	Clear Row
Combo 5		0	0	0	Clear Row
Combo 6		0	0	0	Clear Row
Combo 7		0	0	0	Clear Row
Combo 8		0	0	0	Clear Row
Combo 9		0	0	0	Clear Row
Combo 10		0	0	0	Clear Row

Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 + Additional Race(s)  
 Ethnicity  
 Hispanic or Latino  
 Not Hispanic or Latino

+ Additional/Alternative Classification/Sub-category

Figure 22: Optional Measure Stratification – Screenshot 2

## 1.21 Optional Measure Stratification – Screenshot 3

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

Figure 23: Optional Measure Stratification – Screenshot 3

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)**

**CQM 2018 - CLABSI-CH: Pediatric Central Line-  
Associated Blood Stream Infections Core  
Measure PRA Document**

---

**Version 1.0  
07/01/2018**

**Document Number:** 423-CQM 2018-CLABSI-CH-PRA-D

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

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# 1. CLABSI-CH: Pediatric Central Line-Associated Blood Stream Infections Screenshots

## 1.1 Header

**Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)**

CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - PA - 2018 [Request System Help](#)

Because the data for this measure are collected by hospitals and are not readily available to states, CMS plans to obtain data to calculate this measure from the National Healthcare Safety Network. Thus, states do not need to report this measure. [REQUEST TECHNICAL ASSISTANCE](#)

[View Implementation Guide](#)

**Are you reporting on this measure?**

Yes  
 No

**Please explain why you are not reporting on the measure:**  
Select all that apply (must select at least one)

Service not covered  
 Population not covered

Data not available

**Portion of population not covered**

Entire population not covered  
 Partial population not covered

**Explain the partial population not covered**

Data Source Not Easily Accessible

*Select all that apply*

Requires Medical Record Review  
 Requires Data Linkage which does not currently exist  
 Other

**Explain**

Information Not Collected

*Select all that apply*

Not Collected by Provider (Hospital/Health Plan)  
 Other

**Explain**

Other

**Explain**

**Enter Specific Sample Size**

**Explain Other Reason Why Data Not Reported**

Figure 1: Header for “Read Only”

## 1.2 Measurement Specifications

News Tasks (13) Records Reports **Actions**

Appian

**Measurement Specification** +/-

Centers for Disease Control and Prevention (CDC)

Other

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 Specifications

## 1.3 Data Source

News Tasks (13) Records Reports **Actions**

Appian

**Data Source** Collapse

Medical records (CDC's National Healthcare Safety Network)

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**  **End Date**

Format should be mm/yyyy

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

**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 5: Definition of Population Included in the Measure**

# 1.6 Performance Measure

**Performance Measure** +/-

The Standardized Infection Ratio (SIR) of central line-associated bloodstream infections (CLABSI) in pediatric and neonatal intensive care units (ICUs).

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.

**Pediatric Intensive Care Unit**

Numerator	Denominator	Rate

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

**Neonatal Intensive Care Unit**

Numerator	Denominator	Rate

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

Figure 6: Performance Measure

# 1.7 Deviations from Measure Specification

**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)

**Pediatric Intensive Care Unit**

Numerator Explain

Denominator Explain

Other Explain

**Neonatal Intensive Care Unit**

Numerator Explain

Denominator Explain

Other Explain

Figure 7: Deviations from Measure Specification

## 1.8 Other Performance Measure

News Tasks (13) Records Reports **Actions**

Appian

### Other Performance Measure

Collapse

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.

**Please describe the other methodology used**

Please describe the rate (e.g., 18-64)

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate

Figure 8: Other Performance Measure

## 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**

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 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, 2, 3, 4, 5

**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
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

American Indian or Alaska Native

Figure 11: Optional Measure Stratification – Screenshot 1

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			
<input type="checkbox"/> Asian			

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			
<input type="checkbox"/> Ethnicity			
<input type="checkbox"/> Hispanic or Latino			

**Figure 12: Optional Measure Stratification – Screenshot 2**

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			
<input type="checkbox"/> Not Hispanic or Latino			

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			
<input type="checkbox"/> Sex			
<input type="checkbox"/> Male			

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			
<input type="checkbox"/> Female			

**Figure 13: Optional Measure Stratification – Screenshot 3**



Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Primary Spoken Language

English

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Spanish

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Disability Status

SSI

**Figure 14: Optional Measure Stratification – Screenshot 4**

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Geography

Urban

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Rural

Classification/Sub-category	Numerator	Denominator	Rate
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

**Figure 15: Optional Measure Stratification – Screenshot 5**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

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

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**Version 1.0  
07/18/2018**

**Document Number:** 424-CQM 2018-CPC-CH-PRA-D

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

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## 1.1 Measurement Specifications – Path 1

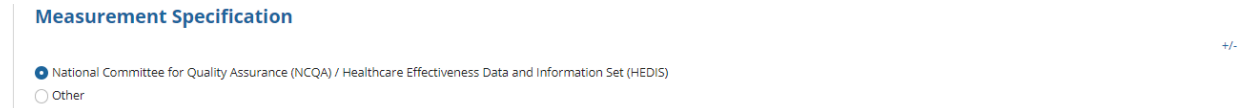


Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

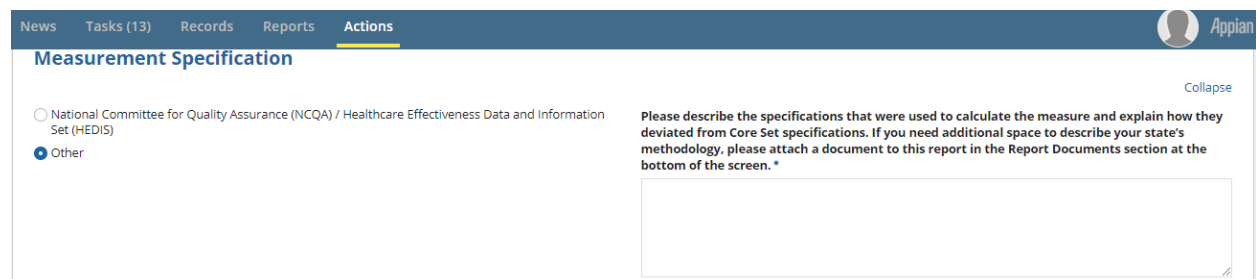


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

**Data Source** Collapse

**Which version of the CAHPS® survey was used? \***

CAHPS 5.0  
 CAHPS 5.0H  
 Other

**Specify \***

**Which Supplemental Item Sets were included in the survey?**

Select all that apply

No Supplemental Item Sets were included  
 CAHPS Item Set for Children with Chronic Conditions  
 Other CAHPS Item Set

**Which administrative protocol was used to administer the survey? \***

NCQA HEDIS CAHPS 5.0H administrative protocol  
 AHRQ CAHPS administrative protocol  
 Other administrative protocol

**Please explain \***

**Please explain \***

Figure 3: Data Source

## 1.4 Definition of Population Included in the Measure

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

**Definition of Population Included in the Measure** +/-

**Definition of population included in the survey sample \***

Survey sample includes CHIP (Title XXI) population only.  
 Survey sample includes Medicaid (Title XIX) population only.  
 Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined.  
 Two sets of survey results submitted: survey samples include CHIP and Medicaid

Figure 4: Definition of Population Included in the Measure

## 1.5 Performance Measure

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

**Performance Measure** Collapse

This measure provides information on parents' experiences with their child's health care and gives a general indication of how well the health care meets their expectations. Results summarize children's experiences through ratings, composites, and individual question summary rates.

The Children with Chronic Conditions supplemental item provides information on parents' experience with their child's health care for the population of children with chronic conditions.

Figure 5: Performance Measure

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)**

**CQM 2018 - Developmental Screening in the First  
Three Years of Life (DEV-CH) Core Measure PRA  
Document**

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**Version 1.0  
07/01/2018**

**Document Number:** 404-CQM 2018-DEV-CH-PRA-D

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



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# 1. Developmental Screening in the First Three Years of Life (DEV-CH) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

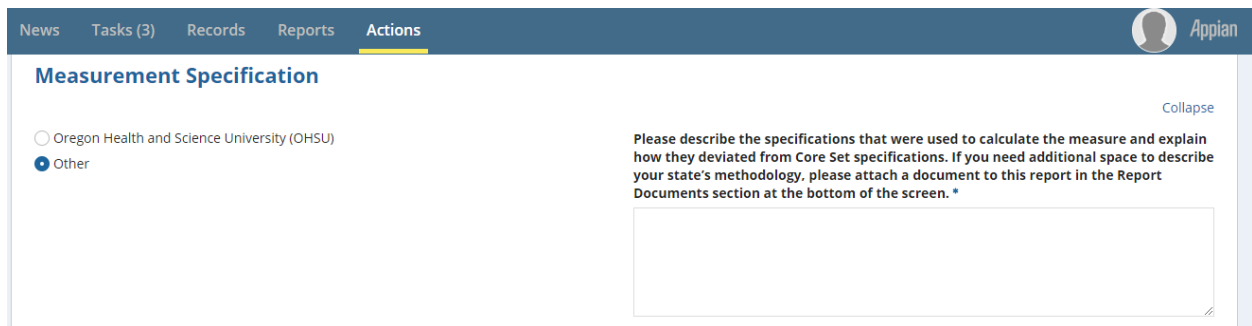


Figure 2: Measurement Specifications – Path 2

# 1.3 Data Source

**Data Source** Collapse

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\*

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

[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 - Path 1

## Performance Measure

[Collapse](#)

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

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.

Children screened by 12 months of age

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

Character count: 0/4000

Children screened by 24 months of age

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

Character count: 0/4000

Children screened by 36 months of age

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

Character count: 0/4000

Children 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

Figure 7: Performance Measure - Path 2

## 1.8 Deviations from Measure Specifications – Screenshot 1

Figure 8: Deviations from Measure Specifications – Screenshot 1

## 1.9 Deviations from Measure Specifications – Screenshot 2

The screenshot shows a web application interface with a dark blue header. The header contains navigation tabs: 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. On the right side of the header is a user profile icon labeled 'Appian'. The main content area is split into two columns. The left column contains a list of measure specifications, each with a checked checkbox and a label: 'Denominator', 'Other', 'Children screened by 36 months of age' (with a sub-item 'Numerator'), 'Denominator', and 'Other'. The right column contains five text input boxes, each preceded by the label 'Explain \*'. The interface is clean and professional, with a light blue sidebar on the left and a vertical scrollbar on the right.

Figure 9: Deviations from Measure Specifications – Screenshot 2

## 1.10 Deviations from Measure Specifications – Screenshot 3

The screenshot shows a web application interface similar to Figure 9. The header is identical, with 'Records' highlighted. The main content area shows a list of measure specifications with checked checkboxes and labels: 'Other', 'Children Total' (with a sub-item 'Numerator'), 'Denominator', and 'Other'. The right column contains four text input boxes, each preceded by the label 'Explain \*'. The layout and styling are consistent with the previous screenshot.

Figure 10: Deviations from Measure Specifications – Screenshot 3



## 1.11 Combined Rate(s) from Multiple Reports Units

Figure 11: Combined Rate(s) from Multiple Reporting Units

## 1.12 Additional Notes/Comments on Measure

Figure 12: Additional Notes/Comments on Measure (Optional)

## 1.13 Optional Measure Stratification – Screenshot 1

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

Figure 13: Optional Measure Stratification – Screenshot 1

## 1.14 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	
Children screened by 12 months of age	0	0	0	Clear Row
Children screened by 24 months of age	0	0	0	Clear Row
Children screened by 36 months of age	0	0	0	Clear Row
Children Total	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 14: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH-CH) Core Measure PRA Document**

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**Version 1.0  
07/01/2018**

**Document Number:** 413- CQM 2018-FUH-CH-PRA-D

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

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## 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

Figure 3: Data Source

# 1.4 Date Range

**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

## 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.

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

### Explain which populations are excluded and why \*

### 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 - Path 1

Figure 6: Performance Measure - Path 1

## 1.7 Performance Measure - Path 2

7 Day Follow-Up		
Numerator	Denominator	Rate
0	0	0

30 Day Follow-Up		
Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure - Path 2

## 1.8 Deviations from Measure Specifications – Screenshot 1

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

### 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)

**7 Day Follow-Up**

Numerator

Denominator

Other

**30 Day Follow-Up**

Numerator

Explain \*

Explain \*

Explain \*

Explain \*

Figure 8: Deviations from Measure Specifications – Screenshot 1

## 1.9 Deviations from Measure Specifications – Screenshot 2

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

Denominator

Other

Explain \*

Explain \*

Figure 9 : Deviations from Measure Specifications – Screenshot 2

## 1.10 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 10: Combined Rate(s) from Multiple Reporting Units

## 1.11 Additional Note/Comments on Measure (Optional)

News Tasks (13) Records Reports **Actions** Appian

**Additional Notes/Comments on Measure (Optional)** Collapse

Character count: 0/4000

Figure 11: Additional Notes/Comments on Measure (Optional)

## 1.12 Optional Measure Stratification – Screenshot 1

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

News Tasks (13) **Records** Reports **Actions** Appian

**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)  
 Ethnicity  
 Sex  
 Primary Spoken Language  
 Disability Status  
 Geography

Figure 12: Optional Measure Stratification – Screenshot 1

## 1.13 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	
7 Day Follow-Up	0	0	0	Clear Row
30 Day Follow-Up	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 13: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Immunizations for Adolescents (IMA- CH) Core Measure PRA Document**

---

**Version 1.0**

**07/01/2018**

**Document Number:** 414-CQM 2018-IMA-CH-PRA-D

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

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# 1. Immunizations for Adolescents (IMA-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" below it. A small "+/-" icon is visible in the top right corner of the form area.

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 tabs for "News", "Tasks (3)", "Records", "Reports", and "Actions", with "Actions" being the active tab. A user profile icon and the name "Appian" are in the top right. 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 this text is a large empty text box for input.

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

**Data Source**
Collapse

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)

Immunization Registry

Other

\* Specify

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

Medicaid Management Information System (MMIS)

Immunization Registry

Other

\* Specify

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

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

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**

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

**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.

<input checked="" type="checkbox"/> Fee-for-Service	<p><b>Percentage of total state FFS population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Primary Care Case Management (PCCM)	<p><b>Percentage of total state PCCM population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)	<p><b>Number of Health Plans *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <p><b>Percentage of total state MCO/PIHP population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Integrated Care Models (ICM)	<p><b>Percentage of total state ICM population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Other	<p><b>Describe *</b></p> <div style="border: 1px solid #ccc; height: 40px; margin-bottom: 5px;"></div> <p><b>Percentage of total other population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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><b>If applicable, list the number of Health Plans represented</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div>

**Figure 5: Definition of Population Included in the Measure**

# 1.6 Performance Measure – Path 1 – Screenshot 1

**Performance Measure** Collapse

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

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.

Meningococcal

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

Character count: 0/4000

Tdap

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

Character count: 0/4000

Human Papillomavirus (HPV)

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

Character count: 0/4000

Combination 1 (Meningococcal, Tdap)

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

Character count: 0/4000

Combination 2 (Meningococcal, Tdap, HPV)

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

Character count: 0/4000

**Figure 6: Performance Measure – Screenshot 1**

## 1.7 Performance Measure – Path 1 – Screenshot 2

### Performance Measure

[Collapse](#)

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

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.

Meningococcal

Numerator	Denominator	Rate
0	0	0

Tdap

Numerator	Denominator	Rate
0	0	0

Human Papillomavirus (HPV)

Numerator	Denominator	Rate
0	0	0

Combination 1 (Meningococcal, Tdap)

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

Character count: 0/4000

Combination 2 (Meningococcal, Tdap, HPV)

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure – Screenshot 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)

**Meningococcal**

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

**Tdap**

- Numerator
- Denominator
- Other

**Human Papillomavirus (HPV)**

- Numerator
- Denominator
- Other

**Combination 2 (Meningococcal, Tdap, HPV)**

- 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	
Meningococcal	0	0	0	Clear Row
Tdap	0	0	0	Clear Row
Human Papillomavirus (HPV)	0	0	0	Clear Row
Combination 1 (Meningococcal, Tdap)	0	0	0	Clear Row
Combination 2 (Meningococcal, Tdap, HPV)	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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



**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**

---

**Version 1.0  
06/29/2018**

**Document Number:** 415-CQM 2018-LBW-CH-PRA-D

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

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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

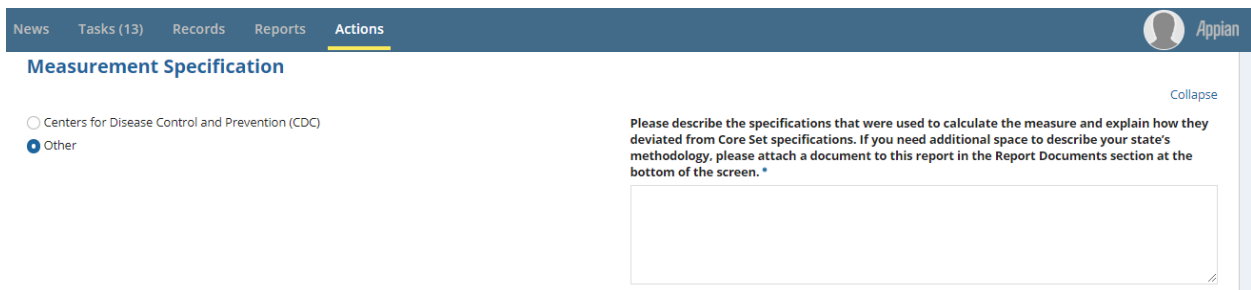


Figure 2: Measurement Specifications – Path 2

# 1.3 Data Source

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

### Data Source

[Collapse](#)

Administrative Data

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

Vital Records

Linked Vital Records and MMIS data

Other

\* Specify

Other

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**

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.

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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)**

**CQM 2018 – PC-02: Cesarean Section (PC02-CH)  
Core Measure PRA Document**

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**Version 1.0  
06/29/2018**

**Document Number:** 416-CQM 2018-PC02-CH-PRA-D

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

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# 1. PC-02: Cesarean Section (PC02-CH) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

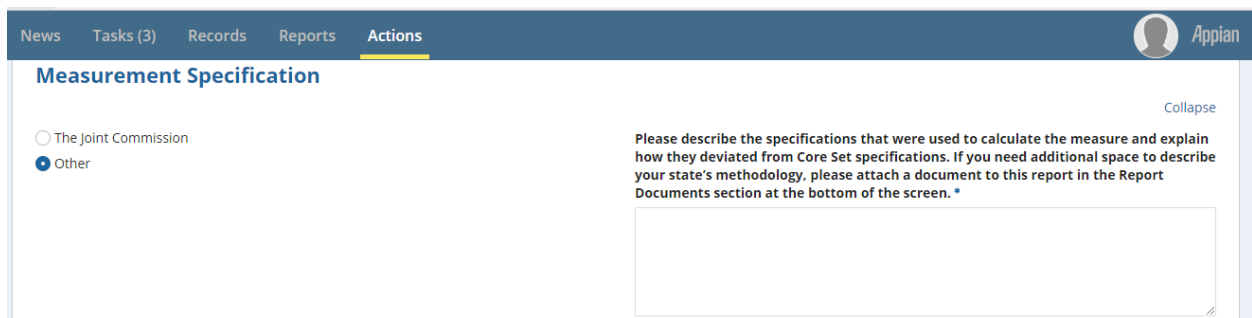


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

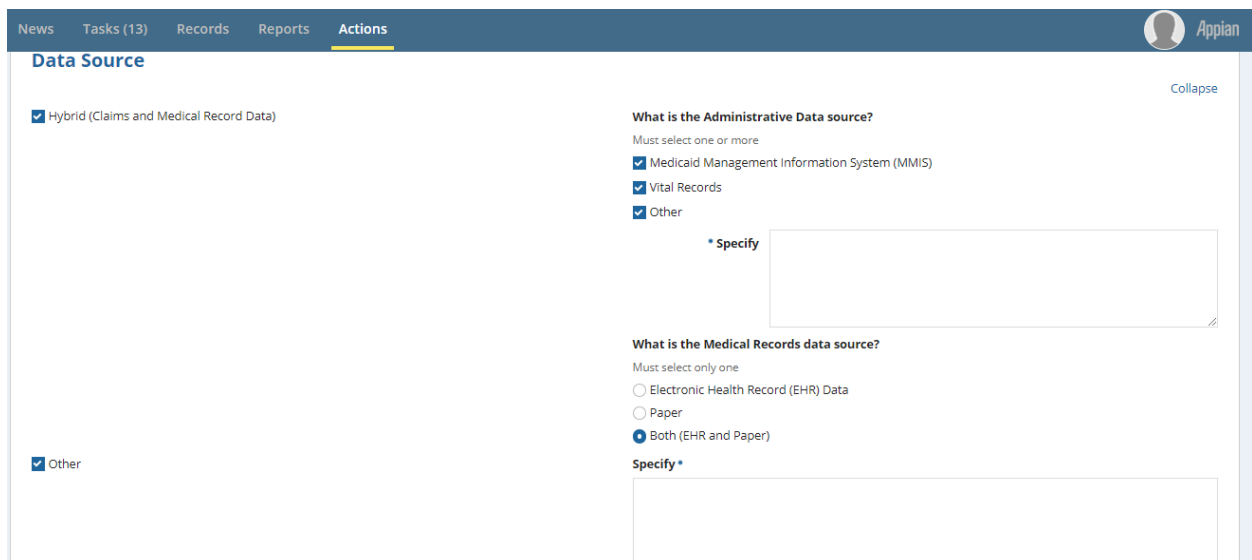



Figure 3: Data Source

# 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.

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

Performance Measure +/-

Percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.

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 6: Performance Measure

## 1.7 Deviations from Measure Specifications

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)

As per the measure specifications

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 7: Deviations from Measure Specifications

## 1.8 Combines 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	
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
- Primary Spoken Language
- Disability Status
- Geography

**Figure 11: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)**

**CQM 2018 - PDENT-CH: Percentage of Eligibles  
Who Received Preventive Dental Services Core  
Measure PRA Document**

---

**Version 1.0  
06/29/2018**

**Document Number:** 417-CQM-2018-PDENT-CH-PRA-D

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

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# 1. PDENT-CH: Percentage of Eligibles Who Received Preventive Dental Services Screenshots

## 1.1 PDENT- CH - Header

**Percentage of Eligibles Who Received Preventive Dental Services (PDENT)**

CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - PA - 2018

Request System Help

In an effort to reduce state burden of reporting on the Child Core Set measures, CMS will be calculating this measure for your state based on data submitted as part of the annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

[REQUEST TECHNICAL ASSISTANCE](#)

[View Implementation Guide](#)

**Are you reporting on this measure?**

Yes

No

**Please explain why you are not reporting on the measure:**

Select all that apply (must select at least one)

Service not covered

Population not covered

Data not available

**Portion of population not covered**

Entire population not covered

Partial population not covered

**Explain the partial population not covered**

**Explain why data not available:**

Select all that apply (must select at least one)

Budget Constraints

Staff Constraints

Data Inconsistencies/Accuracy

**Please Explain**

Data Source Not Easily Accessible

Select all that apply

Requires Medical Record Review

Requires Data Linkage which does not currently exist

Other

**Explain**

Information Not Collected

Select all that apply

Not Collected by Provider (Hospital/Health Plan)

Other

**Explain**

Other

**Explain**

**Enter Specific Sample Size**

**Explain Other Reason Why Data Not Reported**

Small Sample Size (less than 30)

Other

Figure 1: PDENT- CH Header (READ ONLY)



## 1.2 Measurement Specifications

Figure 2: Measurement Specifications

## 1.3 Data Source

Figure 3: Data Source

## 1.4 Date Range

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

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)

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

- Integrated Care Models (ICM)

- Other

Figure 5: Definition of Population Included in the Measure

## 1.6 Performance Measure

The screenshot shows the 'Performance Measure' form. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Appian' is in the top right. The main heading is 'Performance Measure' with a '+/-' icon. Below the heading is a descriptive paragraph: 'Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for EPSDT services, and who received at least one preventive dental services during the reporting period.' This is followed by a note: '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.' Below this is a table with three columns: 'Numerator', 'Denominator', and 'Rate'. Underneath the table is a text area with the prompt 'Please explain why data was not entered for this numerator/denominator/rate set'.

Figure 6: Performance Measure

## 1.7 Deviations from Measure Specification

The screenshot shows the 'Deviations from Measure Specifications' form. It has the same navigation bar as Figure 6. The main heading is 'Deviations from Measure Specifications' with a '+/-' icon. The first question is 'Did your calculation of the measure deviate from the measure specification in any way?' with radio button options for 'Yes' and 'No'. Below this is the instruction 'Please select and explain the deviation(s)'. There are three checkboxes: 'Numerator', 'Denominator', and 'Other'. To the right of each checkbox is a text area labeled 'Explain' for providing details.

Figure 7: Deviations from Measure Specification

## 1.8 Other Performance Measure

News Tasks (13) Records Reports **Actions**

Other Performance Measure Collapse

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.

Please describe the other methodology used

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate

Figure 8: Other Performance Measure

## 1.9 Combined Rate(s) from Multiple Reporting Units

News Tasks (13) Records Reports **Actions**

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 9: Combined Rate(s) from Multiple Reporting Units

## 1.10 Additional Notes/Comments on Measure (Optional)

News Tasks (13) Records Reports **Actions**

Additional Notes/Comments on Measure (Optional) Collapse

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

# 1.11 Optional Measure Stratification

**Optional Measure Stratification** +/-

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

	Numerator	Denominator	Rate

Black or African American

	Numerator	Denominator	Rate

American Indian or Alaska Native

	Numerator	Denominator	Rate

Asian

	Numerator	Denominator	Rate

Native Hawaiian or Other Pacific Islander

	Numerator	Denominator	Rate

Ethnicity

Hispanic or Latino

	Numerator	Denominator	Rate

Not Hispanic or Latino

	Numerator	Denominator	Rate

Sex

Male

	Numerator	Denominator	Rate

Female

	Numerator	Denominator	Rate

Primary Spoken Language

English

	Numerator	Denominator	Rate

Spanish

	Numerator	Denominator	Rate

Disability Status

SSI

	Numerator	Denominator	Rate

Non-SSI

	Numerator	Denominator	Rate

Geography

Urban

	Numerator	Denominator	Rate

Rural

	Numerator	Denominator	Rate

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Figure 11: Optional Measure Stratification**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) Core Measure PRA Document**

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**Version 1.0**

**06/29/2018**

**Document Number:** 418-CQM 2018-PPC-CH-PRA-D

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

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## 1.1 Measurement Specifications – Path 1

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

Specify version of HEDIS used \*  
 Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)
  Other

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 Specifications – Path 2

## 1.3 Data Source

**Data Source**
Collapse

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)

Vital Records

Other

\* Specify

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

Medicaid Management Information System (MMIS)

Vital Records

Other

\* Specify

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

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

Specify\*

Figure 3: Data Source

## 1.4 Date Range

News Tasks (13) Records Reports Actions
 Applan

**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.

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

**Performance Measure**

The percentage of Medicaid/CHIP deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a prenatal care visit in the first trimester, on the enrollment date, or within 42 days of enrollment in Medicaid/CHIP.

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

**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)

As per the measure specifications

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 7: Deviations from Measure Specifications

## 1.8 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 8: Combined Rate(s) from Multiple Reporting Units

## 1.9 Additional Notes/Comments (Optional)

News Tasks (13) Records Reports **Actions** Appian

The rates are not weighted

### Additional Notes/Comments on Measure (Optional) Collapse

Character count: 0/4000

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

**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 (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.

**Check all that apply**

- Race (Non-Hispanic)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography

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 (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.

**Check all that apply**

- Race (Non-Hispanic)
  - White
- Black or African American
- 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)
- Primary Spoken Language
  - English
  - Spanish
  - + Additional Primary Spoken Language(s)
- Disability Status
  - SSI
  - Non-SSI
  - + Additional Disability Status(es)
- Geography
  - Urban
  - Rural
  - + Additional Geographies

Classification/Sub-category	Numerator	Denominator	Rate	
As per the measure specifications	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 11: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995





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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH) Core Measure PRA Document**

---

**Version 1.0  
06/29/2018**

**Document Number:** 419-CQM 2018-SEAL-CH-PRA-D

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

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## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

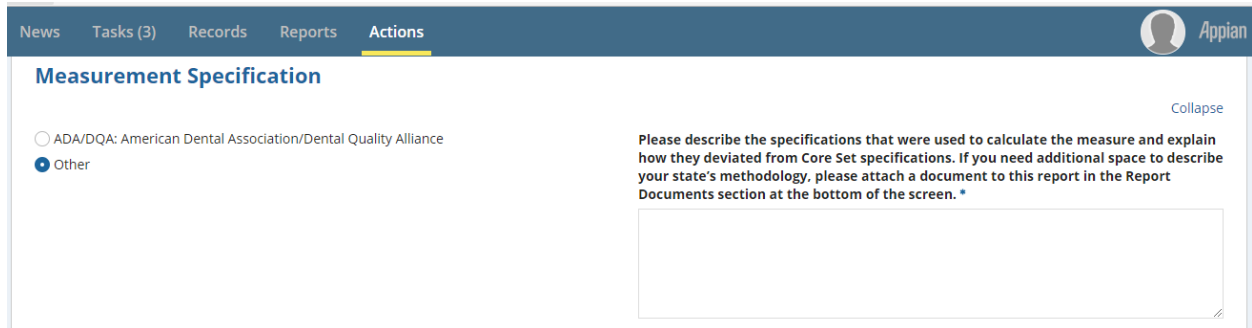


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

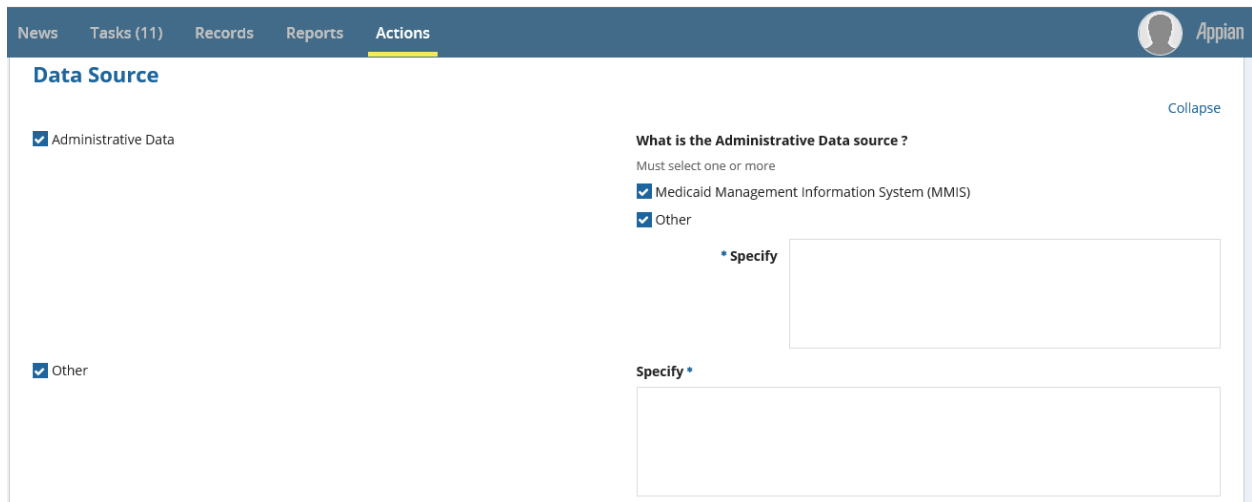


Figure 3: Data Source

# 1.4 Date Range

**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

[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

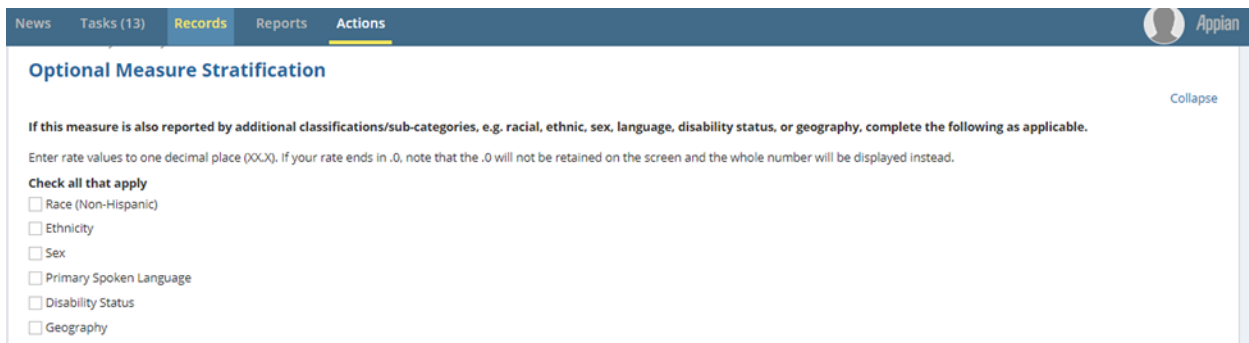


Figure 10: Optional Measure Stratification – Screenshot 1

## 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.

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 6-9	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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Well-Child Visits in the First 15 Months of Life (W15-CH) Core Measure PRA Document**

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**Version 1.0  
06/29/2018**

**Document Number:** 420-CQM 2018-W15-CH-PRA-D

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

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# 1. Well-Child Visits in the First 15 Months of Life (W15-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

### 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 \*

Figure 3: Data Source

# 1.4 Date Range

News Tasks (13) Records Reports **Actions**

Appian

### Date Range

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

**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.

<input checked="" type="checkbox"/> Fee-for-Service	<p><b>Percentage of total state FFS population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Primary Care Case Management (PCCM)	<p><b>Percentage of total state PCCM population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Managed Care Organization / Pre-paid Inpatient Health Plan (MCO / PIHP)	<p><b>Number of Health Plans *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <p><b>Percentage of total state MCO/PIHP population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Integrated Care Models (ICM)	<p><b>Percentage of total state ICM population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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>
<input checked="" type="checkbox"/> Other	<p><b>Describe *</b></p> <div style="border: 1px solid #ccc; height: 40px; margin-bottom: 5px;"></div> <p><b>Percentage of total other population represented *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></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><b>If applicable, list the number of Health Plans represented</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div>

**Figure 5: Definition of Population Included in the Measure**

# 1.6 Performance Measure - Path 1

**Performance Measure** Collapse

Percentage of children that turned 15 months old during the measurement year and who had the following number of well child visits with a primary care practitioner (PCP) during their first 15 months of life:

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.

No well-child visits

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

Character count: 0/4000

One well-child visits

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

Character count: 0/4000

Two well-child visits

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

Character count: 0/4000

Three well-child visits

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

Character count: 0/4000

Four well-child visits

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

Character count: 0/4000

Five well-child visits

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

Character count: 0/4000

Six or more well-child visits

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

Character count: 0/4000

Figure 6: Performance Measure - Path 1 – Screenshot 1



# 1.7 Performance Measure - Path 2

**Performance Measure** Collapse

Percentage of children that turned 15 months old during the measurement year and who had the following number of well child visits with a primary care practitioner (PCP) during their first 15 months of life:

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.

No well-child visits

Numerator	Denominator	Rate
0	0	0

One well-child visits

Numerator	Denominator	Rate
0	0	0

Two well-child visits

Numerator	Denominator	Rate
0	0	0

Three well-child visits

Numerator	Denominator	Rate
0	0	0

Four well-child visits

Numerator	Denominator	Rate
0	0	0

Five well-child visits

Numerator	Denominator	Rate
0	0	0

Six or more well-child visits

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure - Path 1 – Screenshot 2

## 1.8 Deviations from Measure Specifications – Screenshot 1

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

The screenshot shows a web form titled "Deviations from Measure Specifications" with a "Collapse" button in the top right. The form asks, "Did your calculation of the measure deviate from the measure specification in any way?\*" with radio buttons for "Yes" (selected) and "No". Below this, it says "Please select and explain the deviation(s)".

The form is divided into two main sections:

- 0 Visits:** Contains three rows of checkboxes for "Numerator", "Denominator", and "Other". Each row has a corresponding "Explain\*" text box.
- 1 Visit:** Contains three rows of checkboxes for "Numerator", "Denominator", and "Other". Each row has a corresponding "Explain\*" text box.

Figure 8: Deviations from Measure Specifications – Screenshot 1

## 1.9 Deviations from Measure Specifications – Screenshot 2

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

**2 Visits**  
 Numerator Explain \*  
 Denominator Explain \*  
 Other Explain \*

**3 Visits**  
 Numerator Explain \*  
 Denominator Explain \*

---

Other Explain \*

**4 Visits**  
 Numerator  
 Denominator  
 Other

**5 Visits**  
 Numerator  
 Denominator  
 Other

**6+ Visits**  
 Numerator  
 Denominator  
 Other

Figure 9: Deviations from Measure Specifications – Screenshot 2

## 1.10 Combined Rate(s) from Multiple Reporting Units

News Tasks (13) Records Reports **Actions** Applan

**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 10: Combined Rate(s) from Multiple Reporting Units

## 1.11 Additional Notes/Comments on Measure (Optional)

News Tasks (13) Records Reports **Actions** Applan

**Additional Notes/Comments on Measure (Optional)** Collapse

Character count: 0/4000

Figure 11: Additional Notes/Comments on Measure (Optional)

## 1.12 Optional Measure Stratification – Screenshot 1

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

News Tasks (13) **Records** Reports **Actions** Applan

**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)  
 Ethnicity  
 Sex  
 Primary Spoken Language  
 Disability Status  
 Geography

Figure 12: Optional Measure Stratification – Screenshot 1

# 1.13 Optional Measure Stratification – Screenshot 2

## 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	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	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 13: Optional Measure Stratification – Screenshot 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



**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**

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**Version 1.0**

**06/29/2018**

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

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

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# 1. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

Measurement Specification

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)

Other

Specify version of HEDIS used \*

Select Year

+/-

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

News Tasks (3) Records Reports Actions

Appian

Measurement Specification

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)

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 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 \*

Figure 3: Data Source

### 1.4 Date Range

News Tasks (13) Records Reports **Actions**

**Date Range**

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.

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

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

Explain \*

Denominator

Explain \*

Other

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
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995





**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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**Version 1.0  
06/29/2018**

**Document Number:** 422-CQM 2018-WCC-CH-PRA-D

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

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**No table of figures entries found.**

# 1. WCC-CH Screenshots

## 1.1 Measurement Specifications – Path 1

**Measurement Specification**

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)

Other

Specify version of HEDIS used \*  
Select Year

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

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

**Measurement Specification** Collapse

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)

Other

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 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><b>Percentage of total state FFS population represented *</b></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><b>Percentage of total state PCCM population represented *</b></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><b>Number of Health Plans *</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p><b>Percentage of total state MCO/PIHP population represented *</b></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><b>Percentage of total state ICM population represented *</b></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><b>Describe *</b></p> <div style="border: 1px solid #ccc; height: 40px; margin-bottom: 10px;"></div> <p><b>Percentage of total other population represented *</b></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><b>If applicable, list the number of Health Plans represented</b></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 - 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)

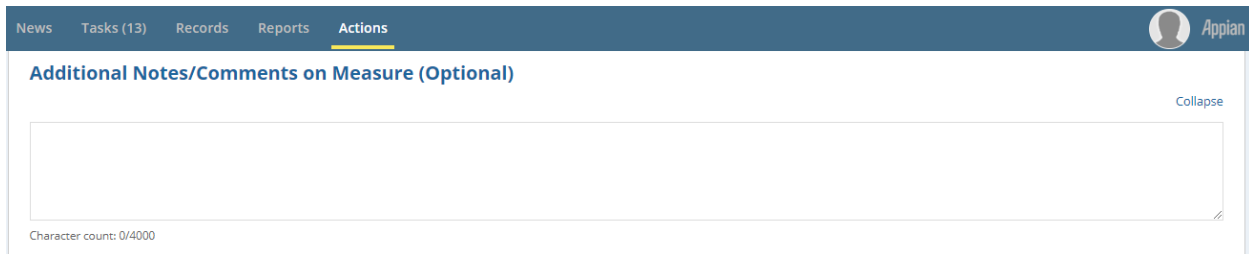


Figure 10: Additional Notes/Comments on Measure (Optional)

## 1.11 Optional Measure Stratification – Screenshot 1

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

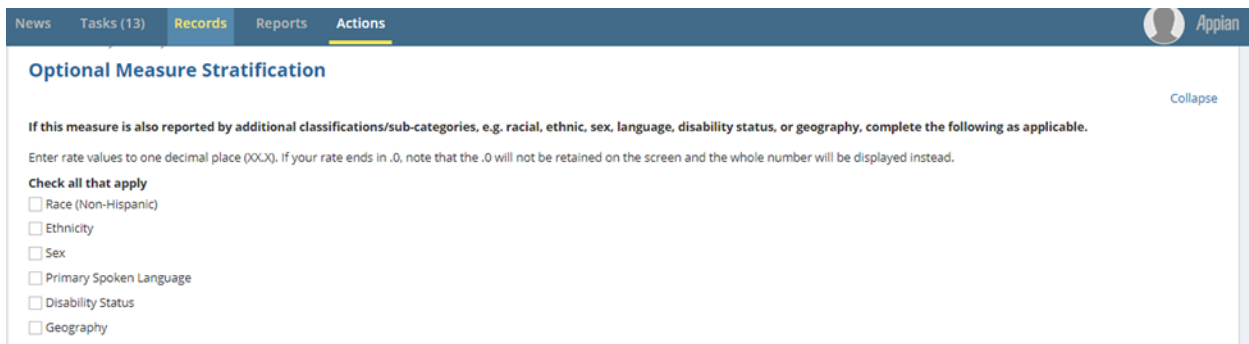


Figure 11: Optional Measure Stratification – Screenshot 1

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