



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

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

# **CQM 2017 - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD) Core Measure PRA Document**

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**Version 1.0**

**08/24/2017**

**Document Number:** 260-QSSI-MACPro-PRA-CQM2017-ADD-D

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

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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 Performance Measure - Path 1

**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 4: Performance Measure - Path 1

## 1.5 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 5: Performance Measure - Path 2



## 1.6 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)

**Initiation Phase**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

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

Numerator Explain \*

Figure 6: Deviations from Measure Specifications – Screenshot 1

## 1.7 Deviations from Measure Specifications – Screenshot 2

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

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

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 7 : Deviations from Measure Specifications – Screenshot 2

## 1.8 Optional Measure Stratification – Screenshot 1

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

Figure 8 : Optional Measure Stratification – Screenshot 1

## 1.9 Optional Measure Stratification – Screenshot 2

Figure 9: 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 2017 – Admin Screen PRA document**

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**Version 1.0  
08/30/2017**

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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

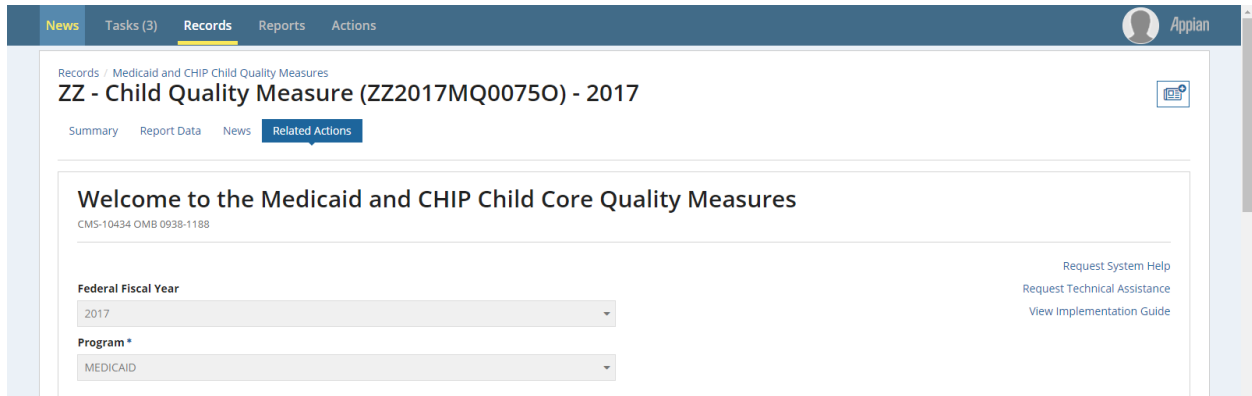


Figure 1: Federal Fiscal Year

## 1.2 Core Measures – Screenshot 1

Measure	Status	Reporting on the measure?	
<input type="checkbox"/> Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)	Not Started		✖
<input type="checkbox"/> Ambulatory Care - Emergency Department (ED) Visits (AMB)	In Progress	Yes	⊙
<input type="checkbox"/> Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	In Progress	Yes	⊙
<input type="checkbox"/> Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	In Progress	Yes	⊙
<input type="checkbox"/> Audiological Evaluation No Later than Three Months of Age (AUD)	In Progress	Yes	⊙
<input type="checkbox"/> Adolescent Well-Care Visit (AWC)	Not Started		✖
<input type="checkbox"/> Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)	In Progress	Yes	⊙
<input type="checkbox"/> Children and Adolescents' Access to Primary Care Practitioners (CAP)	In Progress	Yes	⊙
<input type="checkbox"/> Contraceptive Care - Postpartum Women Ages 15-20 (CCP)	Not Started		✖
<input type="checkbox"/> Chlamydia Screening in Women Ages 16-20 (CHL)	In Progress	Yes	⊙
<input type="checkbox"/> Childhood Immunization Status (CIS)	In Progress	Yes	⊙
<input type="checkbox"/> Pediatric Central Line-Associated Blood Stream Infections (CLABSIs)*	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)	In Progress	No	⊙
<input type="checkbox"/> Developmental Screening in the First Three Years of Life (DEV)	In Progress	Yes	⊙
<input type="checkbox"/> Frequency of Ongoing Prenatal Care (FPC)	In Progress	Yes	⊙
<input type="checkbox"/> Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH)	In Progress	Yes	⊙
<input type="checkbox"/> Immunizations for Adolescents (IMA)	In Progress	Yes	⊙
<input type="checkbox"/> Live Births Weighing Less Than 2,500 Grams (LBW)	Not Started		✖
<input type="checkbox"/> Medication Management for People with Asthma (MMA)	In Progress	Yes	⊙
<input type="checkbox"/> ...	In Progress	Yes	⊙

Figure 2 : Core Measures – Screenshot 1

### 1.3 Core Measures – Screenshot 2

The screenshot shows a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. A table lists various core measures:

Measure	Status	Reporting on the measure?
Medication Management for People with Asthma (MMA)	In Progress	Yes
PC-02: Cesarean Section (PC02)	In Progress	Yes
Percentage of Eligibles Who Received Preventive Dental Services (PDENT)*	Complete	
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)	In Progress	Yes
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)	In Progress	Yes
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)	Not Started	
Well-Child Visits in the First 15 Months of Life (W15)	In Progress	Yes
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	In Progress	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)	In Progress	Yes

Additional Measures section:

Please note that the following (State Specific Measures) is optional. If the state is not reporting any State-Specific measures, there is no need to select this measure - the measure can be skipped. Do not report any of the Core Set measures in this section.

Measure	Status	Reporting on the measure?
State-Specific Measures	Not Started	

\*CLASI 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 3: Core Measures – Screenshot 2

### 1.4 Delivery System

The screenshot shows a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. The page title is 'Delivery System'. Below the title is a question: 'As of September 30, 2016, what percentage of your Medicaid/CHIP enrollees (under age 21) were enrolled in each delivery system?'

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

Figure 4: Delivery System

### 1.5 Audit or Validation of Measures

The screenshot shows a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. The page title is 'Audit or Validation of Measures'. Below the title is a question: 'Were any of the Core Set measures audited or validated?'

Radio buttons for 'Yes' (selected) and 'No' are present.

Form fields include:

- Which measures were audited or validated? (Text input)
- Who conducted the audit or validation? (Text input)
- ADD (Dropdown menu)
- Add Measure (Link)

Figure 5: Audit or Validation of Measures

# 1.6 External Contractor

**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

None of the above, we calculated all the measures internally

Please Explain

**Report Documents**

Saved Documents

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

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

UPLOAD

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 0938-1168. 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 6: External Contractor



## 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 2017 - Ambulatory Care - Emergency Department (ED) Visits (AMB) Core Measure PRA Document**

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**Version 1.0  
08/25/2017**

**Document Number:** 261-QSSI-MACPro-PRA-CQM2017-AMB-D

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

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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 Performance Measure - Path 1

**Performance Measure** +/-

Rate of emergency department (ED) visits per 1,000 enrollee 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 Range: <1 Year

Numerator	Denominator	Rate
0	0	0

Age Range: 1 to 9 Years

Numerator	Denominator	Rate
0	0	0

Age Range: 10 to 19 Years

Numerator	Denominator	Rate
0	0	0

Age Range: Unknown

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure - Path 1

## 1.5 Performance Measure - Path 2 – Screenshot 1

**Performance Measure** +/-

Rate of emergency department (ED) visits per 1,000 enrollee 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 Range: <1 Year

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

Character count: 0/4000

Age Range: 1 to 9 Years

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

Character count: 0/4000

Age Range: 10 to 19 Years

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

Character count: 0/4000

Age Range: Unknown

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

Figure 5: Performance Measure - Path 2 – Screenshot 1

## 1.6 Performance Measure - Path 2 – Screenshot 2

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

Appian

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

Character count: 0/4000

Age Range: Total

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

Character count: 0/4000

Figure 6: Performance Measure - Path 2 – Screenshot 2

## 1.7 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)

**Age Range: <1 Year**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: 1 to 9 Years**

Numerator Explain \*

Figure 7: Deviations from Measure Specifications – Screenshot 1

## 1.8 Deviations from Measure Specifications – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. On the right side of the header, there is a user profile icon labeled 'Appian'. The main content area is divided into two columns. The left column contains a list of deviation items, each with a checked checkbox and a label: 'Denominator', 'Other', 'Age Range: 10 to 19 Years', 'Denominator', and 'Other'. The right column contains five text input fields, each labeled 'Explain \*', corresponding to the deviation items on the left. A vertical scrollbar is visible on the right edge of the content area.

Figure 8 : Deviations from Measure Specifications – Screenshot 2

## 1.9 Deviations from Measure Specifications – Screenshot 3

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. On the right side of the header, there is a user profile icon labeled 'Appian'. The main content area is divided into two columns. The left column contains a list of deviation items, each with a checked checkbox and a label: 'Age Range: Unknown', 'Denominator', 'Other', 'Age Range: Total', and 'Denominator'. The right column contains five text input fields, each labeled 'Explain \*', corresponding to the deviation items on the left. A vertical scrollbar is visible on the right edge of the content area.

Figure 9: Deviations from Measure Specifications – Screenshot 3



## 1.10 Deviations from Measure Specifications – Screenshot 4

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

Applan

Other

Explain \*

Figure 10: Deviations from Measure Specifications – Screenshot 4

## 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

Applan

### 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	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Unknown	0	0	0	Clear Row
Age Range: Total	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

Figure 11 : Optional Measure Stratification – Screenshot 1

## 1.12 Optional Measure Stratification – Screenshot 2

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

 Appian

**Primary Spoken Language**

- English
- Spanish
- + Additional Primary Spoken Language(s)

**Disability Status**

- SSI
- Non-SSI
- + Additional Disability Status(es)

**Geography**

- Urban
- Rural
- + Additional Geographies

**Report Documents** +/-

**Saved Documents**

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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 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 2017 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) Core Measure PRA Document**

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**Version 1.0**

**08/24/2017**

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**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 Performance Measure - Path 1

The screenshot shows the 'Performance Measure' interface for Path 1. At the top, there are navigation tabs: 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation is a header with a user profile icon labeled 'Applan'. The main content area is titled 'Performance Measure' and contains the following text: 'Percentage of children and adolescents ages 1 to 17 who were on two or more concurrent antipsychotic medications' and 'Enter rate values to one decimal place (0XX). 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.' There are four sections, each corresponding to an age range: 'Age Range: 1 to 5 Years', 'Age Range: 6 to 11 Years', 'Age Range: 12 to 17 Years', and 'Age Range: Total'. Each section has a checkbox (all are unchecked), a 'Please explain why data was not entered for this numerator/denominator/rate set \*' label, and a large empty text area for explanation. Below each text area is a 'Character count: 0/4000' indicator.

Figure 4: Performance Measure - Path 1

# 1.5 Performance Measure - Path 2

The screenshot shows the 'Performance Measure' interface for Path 2. It features the same navigation and header as Path 1. The main content area is titled 'Performance Measure' and contains the same introductory text. Below this, there are four sections for age ranges: 'Age Range: 1 to 5 Years', 'Age Range: 6 to 11 Years', 'Age Range: 12 to 17 Years', and 'Age Range: Total'. Each section has a checked checkbox. Below each checkbox is a table with three columns: 'Numerator', 'Denominator', and 'Rate'. Each column has a text input field containing the number '0'. The 'Rate' column has a red border around its input field.

Figure 5: Performance Measure - Path 2

## 1.6 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)

**Age Range: 1 to 5 Years**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: 6 to 11 Years**

Numerator Explain \*

Denominator Explain \*

Figure 6: Deviations from Measure Specifications – Screenshot 1

## 1.7 Deviations from Measure Specifications – Screenshot 2

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

Denominator Explain \*

Other Explain \*

**Age Range: 12 to 17 Years**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: Total**

Numerator Explain \*

Figure 7 : Deviations from Measure Specifications – Screenshot 2



## 1.8 Deviations from Measure Specifications – Screenshot 3

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

Applan

Denominator

Explain \*

Other

Explain \*

Figure 8 : Deviations from Measure Specifications – Screenshot 3

## 1.9 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

Applan

**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
Age Range: 1 to 5 Years	0	0	0 Clear Row
Age Range: 6 to 11 Years	0	0	0 Clear Row
Age Range: 12 to 17 Years	0	0	0 Clear Row
Age Range: Total	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

Figure 9 : Optional Measure Stratification – Screenshot 1

# 1.10 Optional Measure Stratification – Screenshot 2

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

 Appian

**Primary Spoken Language**

- English
- Spanish
- + Additional Primary Spoken Language(s)

**Disability Status**

- SSI
- Non-SSI
- + Additional Disability Status(es)

**Geography**

- Urban
- Rural
- + Additional Geographies

**Report Documents** +/-

**Saved Documents**

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

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

UPLOAD 

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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 10: 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 2017 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) Core Measure PRA Document**

---

**Version 1.0**

**08/24/2017**

**Document Number:** 282-QSSI-MACPro-PRA-CQM2017-APP-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 Performance Measure - Path 1

The screenshot shows the 'Performance Measure' interface for Path 1. The main heading is 'Performance Measure' with a '+/-' icon. Below it is the description: 'Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.' There are four age range options, each with a 'Please explain why data was not entered for this numerator/denominator/rate set\*' label and an empty text area:

- Age Range: 1 to 5 Years
- Age Range: 6 to 11 Years
- Age Range: 12 to 17 Years
- Age Range: Total

Each text area has a character count of 0/4000.

Figure 4: Performance Measure - Path 1

## 1.5 Performance Measure - Path 2

The screenshot shows the 'Performance Measure' interface for Path 2. The main heading is 'Performance Measure' with a '+/-' icon. Below it is the description: 'Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.' There are four age range options, each with a table showing Numerator, Denominator, and Rate. The 'Age Range: Total' option is selected:

Age Range	Numerator	Denominator	Rate
<input type="checkbox"/> Age Range: 1 to 5 Years	0	0	0
<input type="checkbox"/> Age Range: 6 to 11 Years	0	0	0
<input type="checkbox"/> Age Range: 12 to 17 Years	0	0	0
<input checked="" type="checkbox"/> Age Range: Total	0	0	0

Figure 5: Performance Measure - Path 2

## 1.6 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)

**Age Range: 1 to 5 Years**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: 6 to 11 Years**

Numerator Explain \*

Denominator Explain \*

Figure 6: Deviations from Measure Specifications – Screenshot 1

## 1.7 Deviations from Measure Specifications – Screenshot 2

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

Denominator Explain \*

Other Explain \*

**Age Range: 12 to 17 Years**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: Total**

Numerator Explain \*

Denominator Explain \*

Figure 7 : Deviations from Measure Specifications – Screenshot 2



## 1.8 Deviations from Measure Specifications – Screenshot 3

Figure 8 : Deviations from Measure Specifications – Screenshot 3

## 1.9 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.

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)
- Sex
  - Male
  - Female
- Primary Spoken Language
  - English
  - Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 1 to 5 Years	0	0	0	Clear Row
Age Range: 6 to 11 Years	0	0	0	Clear Row
Age Range: 12 to 17 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 9 : Optional Measure Stratification – Screenshot 1

# 1.10 Optional Measure Stratification – Screenshot 2

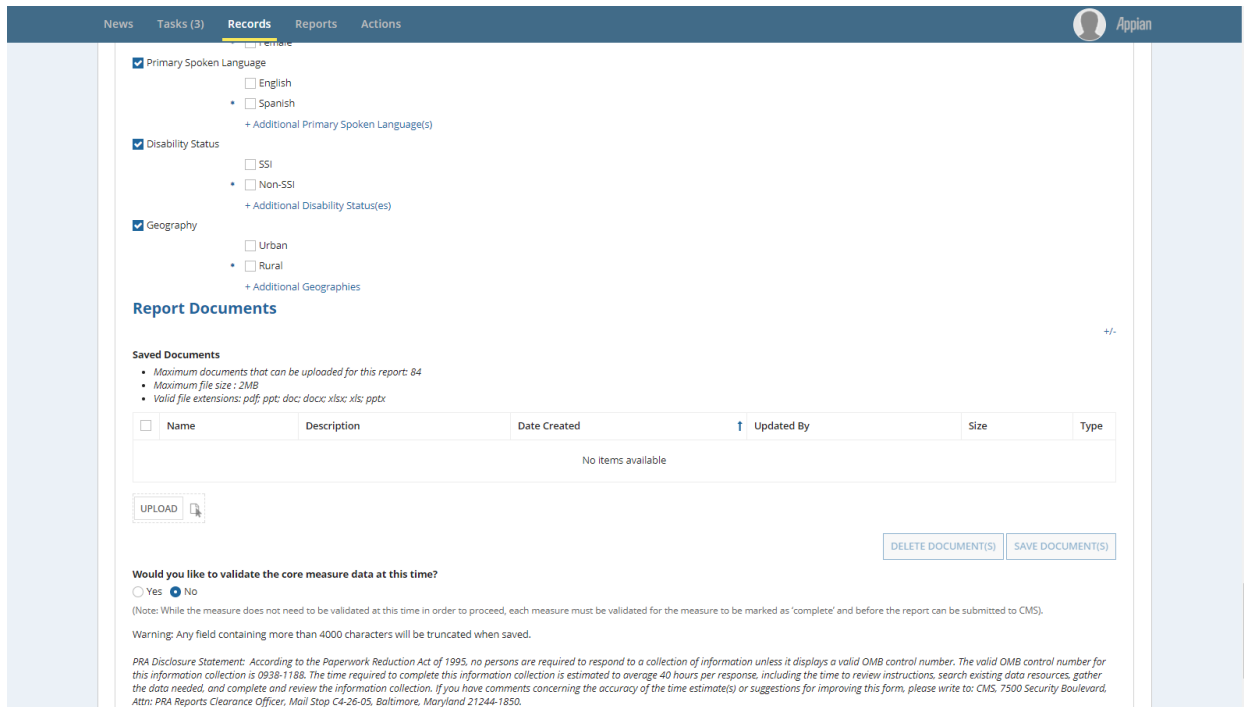


Figure 10: Optional Measure Stratification – Screenshot 2

## 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 2017 - Audiological Evaluation No Later  
than Three Months of Age (AUD) Core Measure  
PRA Document**

---

**Version 1.0**

**08/30/2017**

**Document Number:** 301-QSSI-MACPro-PRA-CQM2017-AUD-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) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

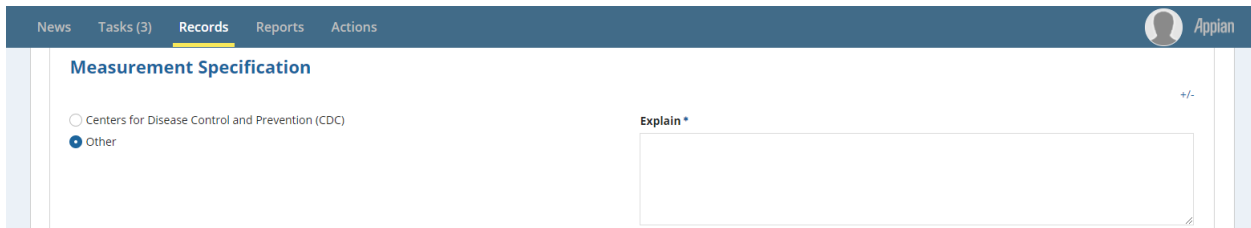


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

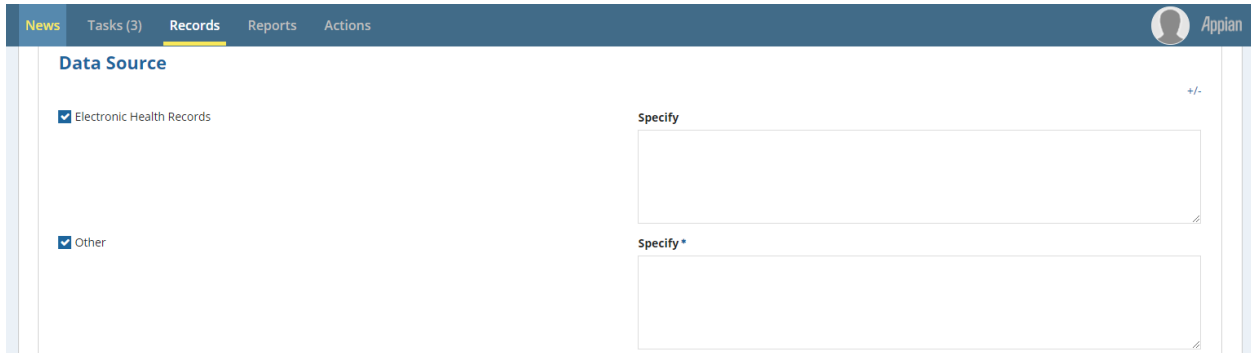


Figure 3 : Data Source

## 1.4 Performance Measure

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

**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 4: Performance Measure

## 1.5 Deviations from Measure Specifications

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

**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)

0 - 3 Months

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 5: Deviations from Measure Specifications

## 1.6 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)
  - White

Classification/Sub-category	Numerator	Denominator	Rate	
0 - 3 Months	0	0	0	<a href="#">Clear Row</a>

+ 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 6: Optional Measure Stratification – Screenshot 1**



## 1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions

 Appian

+ Additional Primary Spoken Language(s)

Disability Status

- SSI
- Non-SSI

+ Additional Disability Status(es)

Geography

- Urban
- Rural

+ Additional Geographies

### Report Documents +/-

**Saved Documents**

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

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

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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 7: 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 2017 - Adolescent Well-Care Visit (AWC) Core Measure PRA Document**

---

**Version 1.0**

**08/25/2017**

**Document Number:** 262-QSSI-MACPro-PRA-CQM2017-AWC-D

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

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# 1. Adolescent Well-Care Visit (AWC) 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

**Measurement Specification**

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

Other

**Explain \***

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

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

**Data Source** +/-

Administrative Data

**From where is the Administrative Data coming?**  
Must select one or more

Medicaid Management Information System (MMIS)

Other

\* Specify

Hybrid (Administrative and Medical Records Data)

**From where is the Administrative Data coming?**  
Must select one or more

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

**From where is the Medical Records Data coming?**  
Must select only one

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

**Specify \***

Figure 3 : Data Source

# 1.4 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	0

Figure 4: Performance Measure - Path 1

# 1.5 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 5: Deviations from Measure Specifications

## 1.6 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
- 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)

Classification/Sub-category	Numerator	Denominator	Rate	
12 - 21 Years	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 6 : Optional Measure Stratification – Screenshot 1

## 1.7 Optional Measure Stratification – Screenshot 2

Spanish

+ Additional Primary Spoken Language(s)

Disability Status

- SSI
- Non-SSI
- + Additional Disability Status(es)

Geography

- Urban
- Rural
- + Additional Geographies

Figure 7: 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 2017 - Behavioral Health Risk Assessment (for Pregnant Women) (BHRA) Core Measure PRA Document**

---

**Version 1.0  
08/29/2017**

**Document Number:** 279-QSSI-MACPro-PRA-CQM2017-BHRA-D

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

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# 1. Behavioral Health Risk Assessment (for Pregnant Women) (BHRA) Screenshots

## 1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

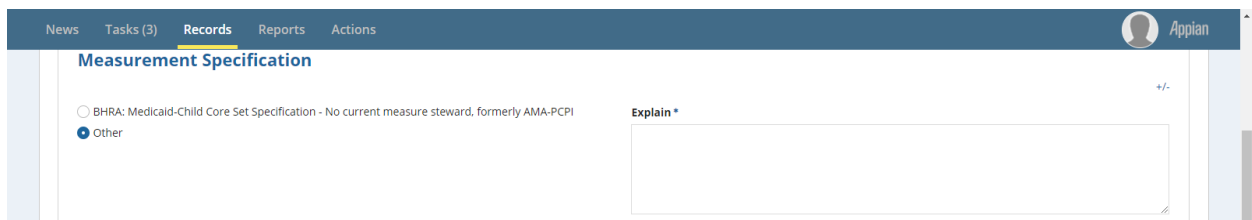


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

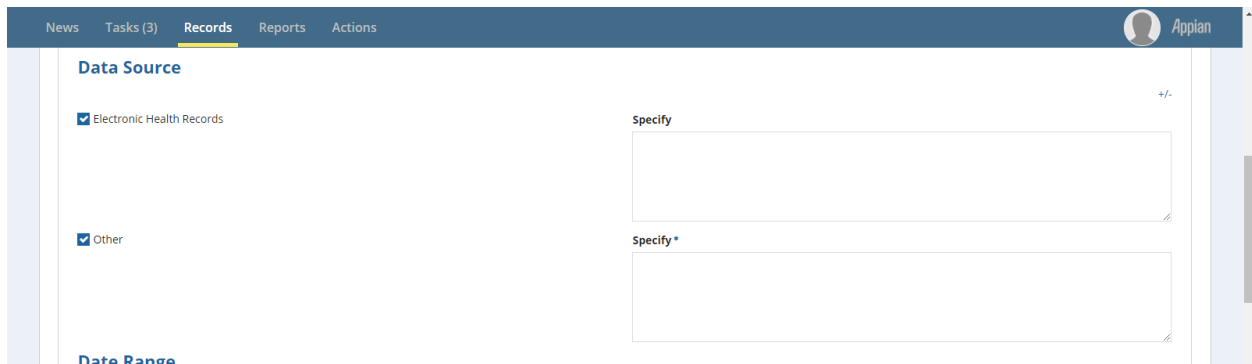


Figure 3 : Data Source

## 1.4 Performance Measure

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

**Performance Measure**

Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug-use screening (illicit and prescription, over the counter), and intimate partner violence screening.

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 4: Performance Measure

## 1.5 Deviations from Measure Specifications

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

**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 5: Deviations from Measure Specifications

## 1.6 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
  - 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)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

## 1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions
Appian

- SSI
  - Non-SSI
  - + Additional Disability Status(es)
- Geography
  - Urban
  - Rural
  - + Additional Geographies

### Report Documents

+/-

**Saved Documents**

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

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

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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.*

CANCEL SAVE GO TO ADMIN SCREEN GO TO NEXT MEASURE

Figure 7: 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 2017 - Children and Adolescents' Access to Primary Care Practitioners (CAP) Core Measure PRA Document**

---

**Version 1.0**  
**08/25/2017**

**Document Number:** 263-QSSI-MACPro-PRA-CQM2017-CAP-D

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

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

**Measurement Specification**

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

Other

Explain \*

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

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

Appian

**Data Source**

Administrative Data

Other

From where is the Administrative Data coming?

Must select one or more

Medical Management Information System (MMIS)


Other

\* Specify

Specify \*

Figure 3 : Data Source

# 1.4 Performance Measure - Path 1

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

### Performance Measure +/-

Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages:

- Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year.
- Children ages 7 to 11 and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to 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 Range: 12-24 Months

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

Character count: 0/4000

Age Range: 25 Months - 6 Years

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

Character count: 0/4000


Age Range: 7-11 Years

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

Character count: 0/4000

Figure 4: Performance Measure - Path 1

# 1.5 Performance Measure - Path 2

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

Age Range: 7-11 Years

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

Character count: 0/4000

Age Range: 12-19 Years

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

Character count: 0/4000

Figure 5 : Performance Measure - Path 2

## 1.6 Performance Measure - Path 3

**Performance Measure**

Percentage of children and adolescents ages 12 months to 19 years that had a visit with a primary care practitioner (PCP), including four separate percentages:

- Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year.
- Children ages 7 to 11 and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to 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 Range: 12-24 Months

Age Range	Numerator	Denominator	Rate
12-24 Months	0	0	0
25 Months - 6 Years	0	0	0
7-11 Years	0	0	0
12-19 Years	0	0	0

**Deviations from Measure Specifications**

Figure 6: Performance Measure - Path 3

## 1.7 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)

Age Range: 12-24 Months

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 25 Months - 6 Years

Figure 7: Deviations from Measure Specifications – Screenshot 1

## 1.8 Deviations from Measure Specifications – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. On the right side of the header, there is a user profile icon and the name 'Applan'. The main content area is divided into two sections based on age ranges. The first section is for 'Age Range: 25 Months - 6 Years' and contains three rows of deviation entries. Each row has a checked checkbox for 'Numerator', and unchecked checkboxes for 'Denominator' and 'Other'. To the right of each row is a large, empty text box labeled 'Explain \*'. The second section is for 'Age Range: 7-11 Years' and contains two rows of deviation entries. Each row has a checked checkbox for 'Numerator', and unchecked checkboxes for 'Denominator' and 'Other'. To the right of each row is a large, empty text box labeled 'Explain \*'. A vertical scrollbar is visible on the right edge of the content area.

Figure 8 : Deviations from Measure Specifications – Screenshot 2

## 1.9 Deviations from Measure Specifications – Screenshot 3

The screenshot shows the same web application interface as Figure 8. The 'Records' tab is active. The main content area displays deviation entries for the 'Age Range: 12-19 Years'. There are four rows of entries. The first row has a checked checkbox for 'Denominator' and unchecked checkboxes for 'Numerator' and 'Other'. The second row has a checked checkbox for 'Other' and unchecked checkboxes for 'Numerator' and 'Denominator'. The third row has a checked checkbox for 'Numerator' and unchecked checkboxes for 'Denominator' and 'Other'. The fourth row has a checked checkbox for 'Denominator' and unchecked checkboxes for 'Numerator' and 'Other'. To the right of each row is a large, empty text box labeled 'Explain \*'. A vertical scrollbar is visible on the right edge of the content area.

Figure 9 : Deviations from Measure Specifications – Screenshot 3

## 1.10 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
  - 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	
Age Range: 12-24 Months	0	0	0	Clear Row
Age Range: 25 Months - 6 Years	0	0	0	Clear Row
Age Range: 7-11 Years	0	0	0	Clear Row
Age Range: 12-19 Years	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 10 : Optional Measure Stratification – Screenshot 1

## 1.11 Optional Measure Stratification – Screenshot 2

- Ethnicity
  - + Additional Race(s)
  - 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

Figure 11: Optional Measure Stratification – Screenshot 2

## 1.12 Optional Measure Stratification – Screenshot 3

The screenshot displays the 'Records' section of the CMS XLC interface. At the top, there are navigation tabs: News, Tasks (3), Records (selected), Reports, and Actions. A user profile icon for 'Applan' is visible in the top right corner.

Under the 'Records' tab, there are filters for 'Geography':
 

- Geography
  - Urban
  - \*  Rural
  - + Additional Geographies

Below the filters is the 'Report Documents' section, which includes a '+/-' expand/collapse icon. Underneath, the 'Saved Documents' section provides instructions:
 

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

A table is present with the following columns: Name, Description, Date Created, Updated By, Size, and Type. The table currently contains the text 'No items available'.

Below the table is an 'UPLOAD' button with a file icon. To the right of the table area are two buttons: 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)'.

A validation question is asked: 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No' (selected).

A note follows: '(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).'

A warning is provided: 'Warning: Any field containing more than 4000 characters will be truncated when saved.'

At the bottom, a 'PRA Disclosure Statement' is included: '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 12: 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 2017 - Chlamydia Screening in Women Ages 16-20 (CHL) Core Measure PRA Document**

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**Version 1.0**

**08/25/2017**

**Document Number:** 264-QSSI-MACPro-PRA-CQM2017-CHL-D

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

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

**Measurement Specification**

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

Explain \*

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

**Data Source**

Administrative Data
  Other

From where is the Administrative Data coming?  
 Must select one or more

Medical Management Information System (MMIS)
  Other

\* Specify

Specify \*

Figure 3 : Data Source

## 1.4 Performance Measure

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

**Performance Measure** +/-

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.

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 4: Performance Measure

## 1.5 Deviations from Measure Specifications

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)

16 - 20 Years

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 5: Deviations from Measure Specifications

## 1.6 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
  - 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)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

# 1.7 Optional Measure Stratification – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation bar, there are filter options: 'Non-SSI' (unchecked), '+ Additional Disability Status(es)', 'Geography' (checked), 'Urban' (unchecked), 'Rural' (unchecked), and '+ Additional Geographies'. A section titled 'Report Documents' shows a table with columns: Name, Description, Date Created, Updated By, Size, and Type. The table is currently empty with the text 'No items available'. Below the table is an 'UPLOAD' button with a document icon. To the right of the table are buttons for 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)'. A question asks 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No' (selected). A note states: '(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS). A warning says: 'Warning: Any field containing more than 4000 characters will be truncated when saved.' A 'PRA Disclosure Statement' is provided at the bottom. At the very bottom of the interface are buttons for 'CANCEL', 'SAVE', 'GO TO PREVIOUS MEASURE', 'GO TO ADMIN SCREEN', and 'GO TO NEXT MEASURE'.

Figure 7: 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 2017 - Childhood Immunization Status (CIS) Core Measure PRA Document**

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**Version 1.0**

**08/25/2017**

**Document Number:** 265-QSSI-MACPro-PRA-CQM2017-CIS-D

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

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Figure 9: Performance Measure - Path 2 – Screenshot 1 ..... 4

Figure 10: Performance Measure - Path 2 – Screenshot 2 ..... 5

Figure 11: Performance Measure - Path 2 – Screenshot 3 ..... 5

Figure 12: Deviations from Measure Specifications – Screenshot 1 ..... 6

Figure 13: Deviations from Measure Specifications – Screenshot 2 ..... 6

Figure 14: Deviations from Measure Specifications – Screenshot 3 ..... 7

Figure 15: Deviations from Measure Specifications – Screenshot 4 ..... 7

Figure 16: Deviations from Measure Specifications – Screenshot 5 ..... 8

Figure 17: Deviations from Measure Specifications – Screenshot 6 ..... 8

Figure 18: Deviations from Measure Specifications – Screenshot 7 ..... 9

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# 1. Childhood Immunization Status (CIS) Screenshots

## 1.1 Measurement Specifications – Path 1

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

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

The screenshot shows a web application interface with a navigation bar at the top containing "News", "Tasks (3)", "Records", "Reports", and "Actions". The "Records" tab is active. The main content area is titled "Data Source" and contains three sections, each with a checked checkbox on the left and a form on the right. The first section is "Administrative Data", the second is "Hybrid (Administrative and Medical Records Data)", and the third is "Other". Each section has a question "From where is the Administrative Data coming?" with a "Must select one or more" instruction. The "Administrative Data" and "Hybrid" sections have radio button options for "Medicaid Management Information System (MMIS)" and "Other", both of which are selected. Each of these sections also has a "Specify" text area. The "Other" section has radio button options for "Electronic Health Record (EHR) Data", "Paper", and "Both (EHR and Paper)", with "Both (EHR and Paper)" selected. It also has a "Specify" text area. A "+/-" icon is visible in the top right corner of the form area.

Figure 3 : Data Source

# 1.4 Performance Measure - Path 1 – Screenshot 1

The screenshot shows the 'Performance Measure' section of a software interface. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Performance Measure' and includes a detailed description of the measure: 'Percentage of children 2 years old 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.' Below this, there is an instruction: '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.' The 'DTaP' checkbox is selected. Below it is a text input field with the prompt 'Please explain why data was not entered for this numerator/denominator/rate set \*' and a character count of '0/4000'. This structure is repeated for 'IPV', 'MMR', and 'HIB', each with its respective checkbox and text input field.

Figure 4: Performance Measure - Path 1 – Screenshot 1

# 1.5 Performance Measure - Path 1 – Screenshot 2

This screenshot shows the lower portion of the 'Performance Measure' interface. It continues with the 'Hep B' section, where the checkbox is unselected, followed by a text input field for explanations and a '0/4000' character count. This is followed by the 'VZV' section, also with an unselected checkbox, an explanation text field, and a '0/4000' character count. Finally, the 'PCV' section is shown with an unselected checkbox, an explanation text field, and a '0/4000' character count. The navigation bar and user profile icon remain visible at the top.

Figure 5: Performance Measure - Path 1 – Screenshot 2

## 1.6 Performance Measure - Path 1 – Screenshot 3

The screenshot shows a web application interface with a dark blue header bar. The header contains navigation tabs: 'News', 'Tasks (3)', 'Records' (highlighted in yellow), 'Reports', and 'Actions'. On the right side of the header, there is a user profile icon and the name 'Appian'. Below the header, the main content area displays a list of four items, each with a checkbox and a text input field. The items are: 'Hep A', 'RV', 'Flu', and 'Combo 2'. Each item has a 'Character count: 0/4000' label above the checkbox. The text input fields are empty and have a placeholder text: 'Please explain why data was not entered for this numerator/denominator/rate set \*'. The interface has a light blue sidebar on the left and a vertical scrollbar on the right.

Figure 6: Performance Measure - Path 1 – Screenshot 3

## 1.7 Performance Measure - Path 1 – Screenshot 4

The screenshot shows a web application interface similar to the previous one, with a dark blue header bar. The header contains navigation tabs: 'News', 'Tasks (3)', 'Records' (highlighted in yellow), 'Reports', and 'Actions'. On the right side of the header, there is a user profile icon and the name 'Appian'. Below the header, the main content area displays a list of four items, each with a checkbox and a text input field. The items are: 'Combo 3', 'Combo 4', 'Combo 5', and 'Combo 6'. Each item has a 'Character count: 0/4000' label above the checkbox. The text input fields are empty and have a placeholder text: 'Please explain why data was not entered for this numerator/denominator/rate set \*'. The interface has a light blue sidebar on the left and a vertical scrollbar on the right.

Figure 7: Performance Measure - Path 1 – Screenshot 4

## 1.8 Performance Measure - Path 1 – Screenshot 5

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area contains four identical sections, each starting with a checkbox labeled 'Combo 7' through 'Combo 10'. Below each checkbox is a text input field with the placeholder text 'Please explain why data was not entered for this numerator/denominator/rate set \*'. Underneath each input field is a character count: 'Character count: 0/4000'.

Figure 8: Performance Measure - Path 1 – Screenshot 5

## 1.9 Performance Measure - Path 2 – Screenshot 1

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Performance Measure' and includes a detailed description of the measure: 'Percentage of children 2 years old 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.' Below this is a note: '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.' There are six checkboxes for 'DTaP', 'IPV', 'MMR', 'HIB', 'Hep B', and 'VZV', all of which are checked. Each checked checkbox is followed by a table with three columns: 'Numerator', 'Denominator', and 'Rate'. Each table has input fields with '0' entered in the Numerator and Denominator columns, and a red-bordered input field with '0' in the Rate column.

Figure 9: Performance Measure - Path 2 – Screenshot 1

### 1.10 Performance Measure - Path 2 – Screenshot 2

The screenshot displays a web interface with a navigation bar at the top containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is visible in the top right. The main content area lists seven performance measures, each with a checked checkbox and a corresponding data row. Each row contains three input fields: 'Numerator', 'Denominator', and 'Rate'. The 'Numerator' and 'Denominator' fields for all measures contain the value '0'. The 'Rate' field for each measure is highlighted with a red border and contains the value '0'. The measures listed are VZV, PCV, Hep A, RV, Flu, Combo 2, and Combo 3.

Figure 10: Performance Measure - Path 2 – Screenshot 2

### 1.11 Performance Measure - Path 2 – Screenshot 3

The screenshot displays a web interface similar to Figure 10, with a navigation bar and a user profile icon for 'Applan'. The main content area lists seven performance measures, each with a checked checkbox and a corresponding data row. Each row contains three input fields: 'Numerator', 'Denominator', and 'Rate'. The 'Numerator' and 'Denominator' fields for all measures contain the value '0'. The 'Rate' field for each measure is highlighted with a red border and contains the value '0'. The measures listed are Combo 4, Combo 5, Combo 6, Combo 7, Combo 8, Combo 9, and Combo 10.

Figure 11: Performance Measure - Path 2 – Screenshot 3



## 1.12 Deviations from Measure Specifications – Screenshot 1

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)

**DTap**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**IPV**

Numerator Explain \*

Figure 12: Deviations from Measure Specifications – Screenshot 1

## 1.13 Deviations from Measure Specifications – Screenshot 2

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

Applan

Denominator Explain \*

Other Explain \*

**MMR**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 13: Deviations from Measure Specifications – Screenshot 2

### 1.14 Deviations from Measure Specifications – Screenshot 3

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

Appian

**HIB**  
 Numerator  
 Denominator  
 Other

**Hep B**  
 Numerator  
 Denominator

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Figure 14: Deviations from Measure Specifications – Screenshot 3

### 1.15 Deviations from Measure Specifications – Screenshot 4

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

Appian

Denominator  
 Other

**VZV**  
 Numerator

Denominator  
 Other

**PCV**  
 Numerator

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Figure 15: Deviations from Measure Specifications – Screenshot 4

## 1.16 Deviations from Measure Specifications – Screenshot 5

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

Appian

PCV

- Numerator
- Denominator
- Other

Hep A

- Numerator
- Denominator

Flu

- Numerator
- Denominator

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Figure 16: Deviations from Measure Specifications – Screenshot 5

## 1.17 Deviations from Measure Specifications – Screenshot 6

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

Appian

- Other

RV

- Numerator
- Denominator

- Other

Flu

- Numerator
- Denominator

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Figure 17: Deviations from Measure Specifications – Screenshot 6

## 1.18 Deviations from Measure Specifications – Screenshot 7

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area is a list of deviation records. Each record has a group name and a list of categories with checkboxes:

- Record 1: **Denominator** (checked)
- Record 2: **Other** (checked)
- Record 3: **Combo 2** (group name), **Numerator** (checked)
- Record 4: **Denominator** (checked)
- Record 5: **Other** (checked)

To the right of each record is a text box labeled 'Explain \*'.

Figure 18: Deviations from Measure Specifications – Screenshot 7

## 1.19 Deviations from Measure Specifications – Screenshot 8

The screenshot shows the same web application interface as Figure 18. The list of deviation records is:

- Record 1: **Combo 3** (group name), **Numerator** (checked)
- Record 2: **Denominator** (checked)
- Record 3: **Other** (checked)
- Record 4: **Combo 4** (group name), **Numerator** (checked)
- Record 5: **Denominator** (checked)

To the right of each record is a text box labeled 'Explain \*'.

Figure 19: Deviations from Measure Specifications – Screenshot 8

## 1.20 Deviations from Measure Specifications – Screenshot 9

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area is divided into two columns. The left column contains a list of deviation items, each with a checked checkbox and a label: 'Denominator', 'Other', 'Combo 5' (with a sub-item 'Numerator'), 'Denominator', 'Other', and 'Combo 6' (with a sub-item 'Numerator'). The right column contains a series of empty text boxes, each preceded by the label 'Explain \*'. A vertical scrollbar is visible on the right side of the interface.

Figure 20: Deviations from Measure Specifications – Screenshot 9

## 1.21 Deviations from Measure Specifications – Screenshot 10

The screenshot shows the same web application interface as Figure 20. The 'Records' tab is active. The list of deviation items in the left column is: 'Combo 6' (with a sub-item 'Numerator'), 'Denominator', 'Other', 'Combo 7' (with a sub-item 'Numerator'), and 'Denominator'. The right column contains five empty text boxes, each preceded by the label 'Explain \*'. A vertical scrollbar is visible on the right side of the interface.

Figure 21: Deviations from Measure Specifications – Screenshot 10

## 1.22 Deviations from Measure Specifications – Screenshot 11

Figure 22: Deviations from Measure Specifications – Screenshot 11

## 1.23 Deviations from Measure Specifications – Screenshot 12

Figure 23: Deviations from Measure Specifications – Screenshot 12

## 1.24 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	
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 24: Optional Measure Stratification – Screenshot 1

## 1.25 Optional Measure Stratification – Screenshot 2

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

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

+ 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

Figure 25: Optional Measure Stratification – Screenshot 2

## 1.26 Optional Measure Stratification – Screenshot 3

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

+ Additional Ethnicity(ies)

- Sex
  - Male
  - Female
- Primary Spoken Language
  - English
  - Spanish
  - + Additional Primary Spoken Language(s)
- Disability Status
  - SSI
  - Non-SSI
  - + Additional Disability Status(es)
- Geography
  - Urban
  - Rural
  - + Additional Geographies

**Report Documents**

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 26: 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 2017 - CLABSI-CH: Pediatric Central Line-  
Associated Blood Stream Infections Core  
Measure PRA Document**

---

**Version 1.0  
08/30/2017**

**Document Number:** 314-QSSI-MACPro-PRA-CQM017-CLABSI-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 Measurement Specifications

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

Appian

**Measurement Specification**

Centers for Disease Control and Prevention (CDC)

Other

Explain

Figure 1: Measurement Specifications

## 1.2 Data Source

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

Appian

**Data Source**

Other

Specify

Figure 2 : Data Source

## 1.3 Performance Measure

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

Appian

**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 3: Performance Measure

## 1.4 Deviations from Measure Specification – 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)

**Pediatric Intensive Care Unit**

Numerator Explain

Denominator Explain

Other Explain

**Neonatal Intensive Care Unit**

Numerator Explain

Figure 4: Deviations from Measure Specification – Screenshot 1

## 1.5 Deviations from Measure Specification – Screenshot 2

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

Numerator Explain

Denominator Explain

Other Explain

Figure 5: Deviations from Measure Specification – Screenshot 2

## 1.6 Optional Measure Stratification – Screenshot 1

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

**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
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

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

Asian

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

Native Hawaiian or Other Pacific Islander

Figure 6: Optional Measure Stratification – Screenshot 1

## 1.7 Optional Measure Stratification – Screenshot 2

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

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

Native Hawaiian or Other Pacific Islander

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

Ethnicity

Hispanic or Latino

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

Not Hispanic or Latino

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

Sex

Male

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

Female

Classification/Sub-category	Numerator	Denominator	Rate

Figure 7: Optional Measure Stratification – Screenshot 2

## 1.8 Optional Measure Stratification – Screenshot 3

The screenshot displays a web interface with a navigation bar at the top containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is visible in the top right. The main content area is divided into five stratification sections, each with a table and a filter checkbox:

- Primary Spoken Language:** Filter  English. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.
- Spanish:** Filter  Spanish. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.
- Disability Status:** Filter  SSI. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.
- Non-SSI:** Filter  Non-SSI. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.
- Unlabeled Section:** Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.

Figure 8: Optional Measure Stratification – Screenshot 3

## 1.9 Optional Measure Stratification – Screenshot 4

The screenshot displays a web interface with a navigation bar at the top containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is visible in the top right. The main content area is divided into two stratification sections, each with a table and a filter checkbox:

- Non-SSI:** Filter  Non-SSI. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.
- Geography:** Filter  Urban. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.
- Rural:** Filter  Rural. Table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows: Pediatric Intensive Care Unit, Neonatal Intensive Care Unit.

At the bottom of the page, there is a PRA Disclosure Statement:

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.

Navigation buttons at the bottom include: CANCEL, GO TO ADMIN SCREEN, and GO TO NEXT MEASURE.

Figure 9: Optional Measure Stratification – Screenshot 4

## 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 2017 –CPC Core Measure PRA document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 307-QSSI-MACPro-PRA-CQM2017-CPC-D  
**Contract Number:** HHSM-500-2007-00024I; HHSM-500-T0014

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# 1. CPC Core Measure Screenshots

## 1.1 Did you collect this measure - Path 1 – Screenshot 1

The screenshot shows a web application interface for reporting on a measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. On the right of the navigation bar is a user profile icon and the name 'Appian'. Below the navigation bar, the page title is '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)'. Below the title is the identifier 'CMS-10434 OMB 0938-1188'. The main heading is 'Medicaid and CHIP Child Core Quality Measures - ZZ - 2017'. On the right side, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with links for 'Request System Help' and 'View Implementation Guide'. The main content area contains the following sections:

- Did you collect 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

[Text input field]
- Reason why data not available**

Select all that apply (must select at least one)

  - Budget Constraints
  - Staff Constraints
  - Data Inconsistencies/Accuracy

\* Explain

[Text input field]
- Data Source Not Easily Accessible

Figure 1: Did you collect this measure - Path 1 – Screenshot 1

## 1.2 Did you collect this measure - Path 1 – Screenshot 2

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area contains a form with the following elements:

- 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
- Small Sample Size (less than 30)
  - Enter Specific Sample Size\*
  - Explain\*
- Other

Figure 2: Did you collect this measure - Path 1 – Screenshot 2

## 1.3 Did you collect this measure - Path 2

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area contains the following information:

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)  
 CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - ZZ - 2017

Request System Help

[REQUEST TECHNICAL ASSISTANCE](#) [CLEAR](#) [VIEW ALL RESPONSES](#)

[View Implementation Guide](#)

Did you collect this measure? \*  
 Yes  
 No

How did you report this measure?  
 Select all that apply (must select at least one)

- Submitted raw data to AHRQ (CAHPS Database)
- Other

Explain\*

Character count: 0/4000

Figure 3: Did you collect this measure – Path 2

## 1.4 Measurement Specification – Path 1

**Measurement Specification** +/-

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

Figure 4: Measurement Specification – Path 1

## 1.5 Measurement Specification – Path 2

**Measurement Specification** +/-

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

**Explain \***

Figure 5: Measurement Specification – Path 2

## 1.6 Data Source

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

**Applan**

**Data Source** +/-

**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

**Please explain \***

**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 \***

**Report Documents** +/-

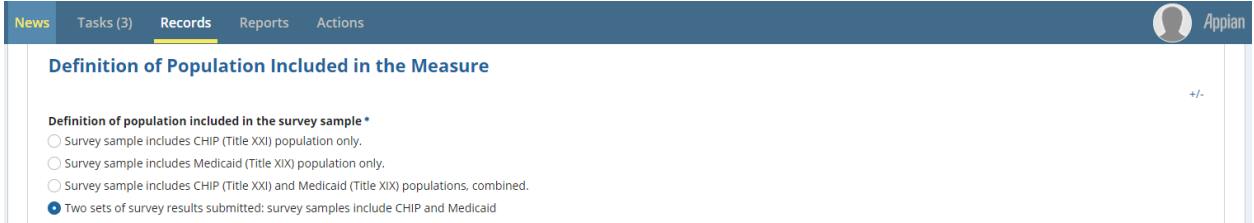
**Saved Documents**

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

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

Figure 6: Data Source

## 1.7 Definition of Population Included in the Measure



**Figure 7: Definition of Population Included in the Measure**

## Appendix A: Acronyms

Table 1: Acronyms

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



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

**Medicaid and CHIP Program (MACPro)**

**CQM 2017 - Developmental Screening in the First  
Three Years of Life (DEV) Core Measure PRA  
Document**

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**Version 1.0**

**08/25/2017**

**Document Number:** 306-QSSI-MACPro-PRA-CQM2017-DEV-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

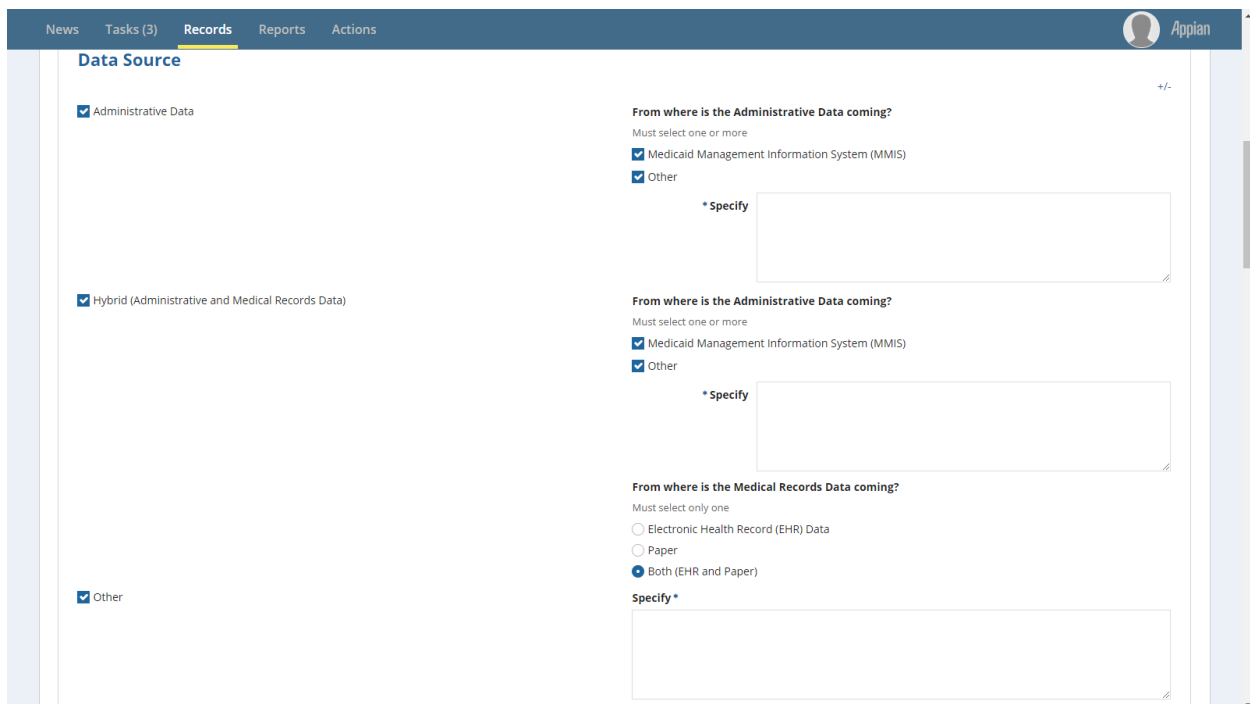


Figure 3 : Data Source

## 1.4 Performance Measure - Path 1

Figure 4: Performance Measure - Path 1

## 1.5 Performance Measure - Path 2

Figure 5: Performance Measure - Path 2

## 1.6 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)

Children screened by 12 months of age

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Children screened by 24 months of age

Numerator Explain \*

Children screened by 36 months of age

Numerator Explain \*

Figure 6: Deviations from Measure Specifications – Screenshot 1

## 1.7 Deviations from Measure Specifications – Screenshot 2

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

Appian

Denominator Explain \*

Other Explain \*

Children screened by 24 months of age

Denominator Explain \*

Other Explain \*

Figure 7 : Deviations from Measure Specifications – Screenshot 2

## 1.8 Deviations from Measure Specifications – Screenshot 3

The screenshot shows the 'Records' tab with a navigation bar (News, Tasks (3), Records, Reports, Actions) and a user profile (Appian). On the left, there are four checked categories: 'Other', 'Children Total', 'Numerator', and 'Denominator'. Each category has a corresponding 'Explain \*' text area on the right.

Figure 8: Deviations from Measure Specifications – Screenshot 3

## 1.9 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. It includes instructions: '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.' Below this, there are checkboxes for 'Race (Non-Hispanic)' (checked) and 'White' (checked). A table displays data for 'Children screened by 12, 24, and 36 months of age' and 'Children Total'. The table has columns for 'Classification/Sub-category', 'Numerator', 'Denominator', and 'Rate'. The 'Rate' column values are 0 for all rows. There are 'Clear Row' buttons next to each row. Below the table, there are checkboxes for 'Black or African American', 'American Indian or Alaska Native', 'Asian', 'Native Hawaiian or Other Pacific Islander', and 'Ethnicity' (checked). Under 'Ethnicity', there are checkboxes for 'Hispanic or Latino' and 'Not Hispanic or Latino'. There are also checkboxes for 'Sex' (checked) and 'Male'.

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

Figure 9: Optional Measure Stratification – Screenshot 1

## 1.10 Optional Measure Stratification – Screenshot 2

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

 Appian

Primary Spoken Language
 

- English
- Spanish
- + Additional Primary Spoken Language(s)

Disability Status
 

- SSI
- Non-SSI
- + Additional Disability Status(es)

Geography
 

- Urban
- Rural
- + Additional Geographies

### Report Documents

+/-

**Saved Documents**

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

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

UPLOAD

DELETE DOCUMENT(S)

SAVE DOCUMENT(S)

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

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 10: 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 2017 - Frequency of Ongoing Prenatal Care (FPC) Core Measure PRA Document**

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**Version 1.0**

**08/25/2017**

**Document Number:** 266-QSSI-MACPro-PRA-CQM2017-FPC-D

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

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# 1. Frequency of Ongoing Prenatal Care (FPC) 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 Performance Measure – Path 1 – Screenshot 1

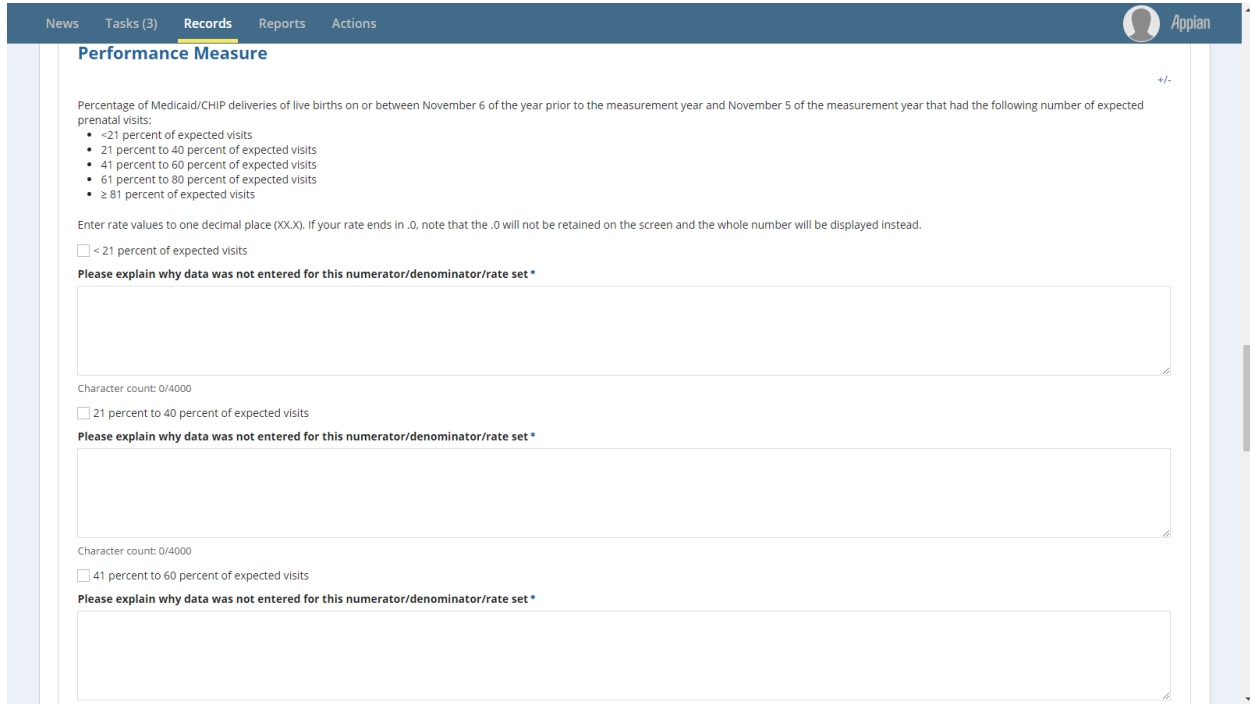


Figure 4 : Performance Measure – Path 1 – Screenshot 1

# 1.5 Performance Measure – Path 1 – Screenshot 2

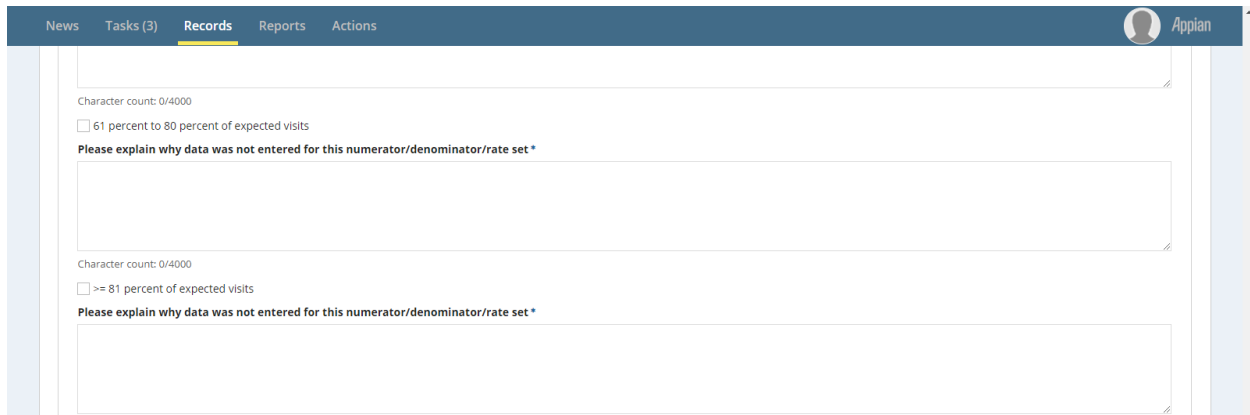


Figure 5: Performance Measure – Path 1 – Screenshot 2

## 1.6 Performance Measure – Path 2

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 the following number of expected prenatal visits:

- < 21 percent of expected visits
- 21 percent to 40 percent of expected visits
- 41 percent to 60 percent of expected visits
- 61 percent to 80 percent of expected visits
- ≥ 81 percent of expected visits

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.

< 21 percent of expected visits

Numerator	Denominator	Rate
0	0	0

21 percent to 40 percent of expected visits

Numerator	Denominator	Rate
0	0	0

41 percent to 60 percent of expected visits

Numerator	Denominator	Rate
0	0	0

61 percent to 80 percent of expected visits

Numerator	Denominator	Rate
0	0	0

≥ 81 percent of expected visits

Numerator	Denominator	Rate
0	0	0

Figure 6: Performance Measure – Path 2

## 1.7 Deviations from Measure Specifications – Screenshot 1

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

Yes  
 No

Please select and explain the deviation(s)

< 21 percent of expected visits

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

21 percent to 40 percent of expected visits

Numerator

Explain \*

Figure 7: Deviations from Measure Specifications – Screenshot 1

## 1.8 Deviations from Measure Specifications – Screenshot 2

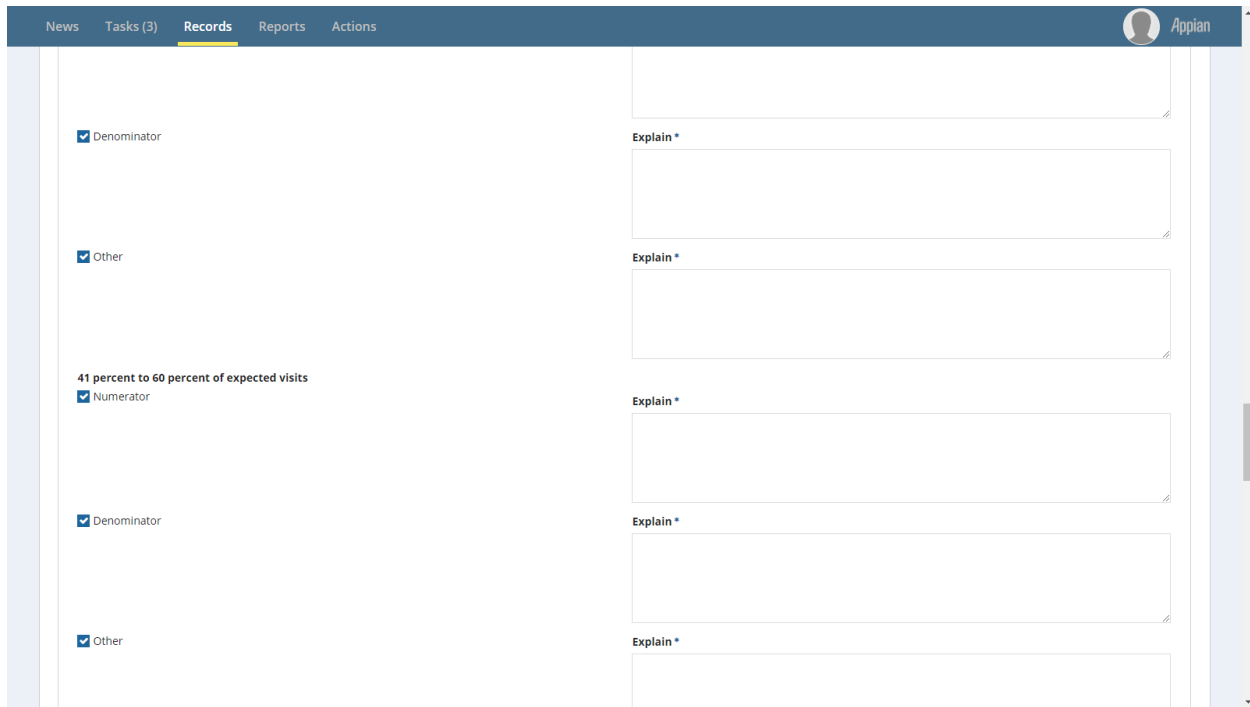


Figure 8: Deviations from Measure Specifications – Screenshot 2

## 1.9 Deviations from Measure Specifications – Screenshot 3

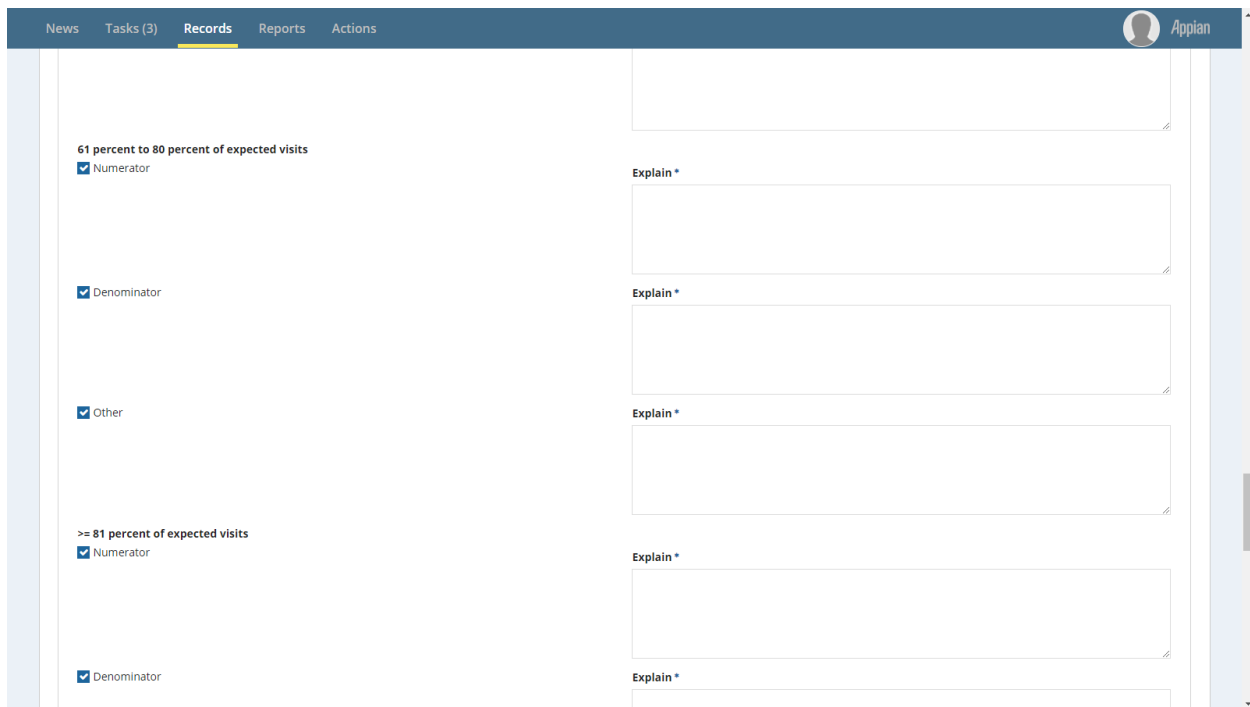


Figure 9: Deviations from Measure Specifications – Screenshot 3

## 1.10 Deviations from Measure Specifications – Screenshot 4

The screenshot shows a user interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation bar, there are two checked checkboxes: 'Denominator' and 'Other'. To the right of each checkbox is a large text area labeled 'Explain \*' for providing details about the deviation.

Figure 10: Deviations from Measure Specifications – Screenshot 4

## 1.11 Optional Measure Stratification – Screenshot 1

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

The screenshot displays the 'Optional Measure Stratification' section. It includes instructions: '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.' Below this, there are checkboxes for 'Race (Non-Hispanic)' (checked) and 'White' (checked). A table is provided for data entry:

Classification/Sub-category	Numerator	Denominator	Rate	
< 21 percent of expected visits	0	0	0	Clear Row
21 percent to 40 percent of expected visits	0	0	0	Clear Row
41 percent to 60 percent of expected visits	0	0	0	Clear Row
61 percent to 80 percent of expected visits	0	0	0	Clear Row
>= 81 percent of expected visits	0	0	0	Clear Row

Below the table, there are checkboxes for 'Ethnicity' (checked) and 'Not Hispanic or Latino' (checked). There are also expandable sections for 'Additional Racets)' and 'Additional Ethnicities)'. A link '+ Additional/Alternative Classification/Sub-category' is located at the bottom right of the table area.

Figure 11 : Optional Measure Stratification – Screenshot 1

## 1.12 Optional Measure Stratification – Screenshot 2

The screenshot displays a web interface for optional measure stratification. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is visible in the top right. The main content area is divided into several sections:

- Primary Spoken Language:** Includes checkboxes for English and Spanish, and a link for '+ Additional Primary Spoken Language(s)'. The 'Primary Spoken Language' checkbox is checked.
- Disability Status:** Includes checkboxes for SSI and Non-SSI, and a link for '+ Additional Disability Status(es)'. The 'Disability Status' checkbox is checked.
- Geography:** Includes checkboxes for Urban and Rural, and a link for '+ Additional Geographies'. The 'Geography' checkbox is checked.
- Report Documents:** A section with a '+/-' icon.
- Saved Documents:** A section with a list of saved documents. The list is currently empty, showing 'No items available'. Above the list, there are instructions: 'Maximum documents that can be uploaded for this report: 84', 'Maximum file size: 2MB', and 'Valid file extensions: pdf, ppt, doc, docx, xls, xlsx, pptx'. Below the list is an 'UPLOAD' button with a file icon.
- Validation:** A section with the question 'Would you like to validate the core measure data at this time?' and radio buttons for 'Yes' and 'No'. The 'No' option is selected. A note below states: '(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).'
- Warning:** A warning message at the bottom: 'Warning: Any field containing more than 4000 characters will be truncated when saved.'

At the bottom right of the document list area, there are two buttons: 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)'.

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 2017 - Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH) Core Measure PRA Document**

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**Version 1.0**

**08/28/2017**

**Document Number:** 267-QSSI-MACPro-PRA-CQM2017-FUH-D

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

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# 1. Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH) 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

**Measurement Specification**

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

Explain \*

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

**Data Source**

Administrative Data
  Other

From where is the Administrative Data coming?  
 Must select one or more

Medical Management Information System (MMIS)
  Other

\* Specify

Specify \*

Figure 3 : Data Source

## 1.4 Performance Measure - Path 1

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

**Performance Measure** +/-

Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- Percentage of discharges for which children received follow-up within 7 days of discharge
- Percentage of discharges for which children received follow-up within 30 days of discharge

7 Day Follow-Up

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

Character count: 0/4000

30 Day Follow-Up

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

Character count: 0/4000

[Deviations from Measure Specifications](#)

Figure 4: Performance Measure - Path 1

## 1.5 Performance Measure - Path 2

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

**Performance Measure** +/-

Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- Percentage of discharges for which children received follow-up within 7 days of discharge
- Percentage of discharges for which children received follow-up within 30 days of discharge

7 Day Follow-Up

Numerator	Denominator	Rate
0	0	0

30 Day Follow-Up

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure - Path 2

## 1.6 Deviations from Measure Specifications – Screenshot 1

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)

**7 Day Follow-Up**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**30 Day Follow-Up**

Numerator Explain \*

Figure 6: Deviations from Measure Specifications – Screenshot 1

## 1.7 Deviations from Measure Specifications – Screenshot 2

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

Applan

Denominator Explain \*

Other Explain \*

Figure 7 : Deviations from Measure Specifications – Screenshot 2

## 1.8 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.

**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

- Hispanic or Latino
- Not Hispanic or Latino
- + Additional Ethnicity(ies)

Sex

- Male
- Female

Primary Spoken Language

- English
- Spanish
- + Additional Primary Spoken Language(s)

Figure 8 : Optional Measure Stratification – Screenshot 1

## 1.9 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions
Applan

**Disability Status**

- SSI
- Non-SSI
- + Additional Disability Status(es)

**Geography**

- Urban
- Rural
- + Additional Geographies

**Report Documents** +/-

**Saved Documents**

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

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

**UPLOAD**

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

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 9: 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 2017 - Immunizations for Adolescents (IMA) Core Measure PRA Document**

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**Version 1.0**

**08/28/2017**

**Document Number:** 268-QSSI-MACPro-PRA-CQM2017-IMA-D

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

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# 1. Immunizations for Adolescents (IMA) 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

**Measurement Specification**

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

**Explain \***

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

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

**Data Source**

Administrative Data

**From where is the Administrative Data coming?**  
Must select one or more

Medicaid Management Information System (MMIS)  
 Immunization Registry  
 Other

\* Specify

Hybrid (Administrative and Medical Records Data)

**From where is the Administrative Data coming?**  
Must select one or more

Medicaid Management Information System (MMIS)  
 Immunization Registry  
 Other

\* Specify

Other

**From where is the Medical Records Data coming?**  
Must select only one

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

**Specify \***

Figure 3 : Data Source

## 1.4 Performance Measure – Path 1 – Screenshot 1

The screenshot shows a web application interface for a performance measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Performance Measure' and includes a description: 'Percentage of adolescents 13 years old who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. 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 are three sections, each with a checkbox and a text area for explanation:
 

- Meningococcal: 'Please explain why data was not entered for this numerator/denominator/rate set \*'
- Tdap: 'Please explain why data was not entered for this numerator/denominator/rate set \*'
- Human Papillomavirus (HPV): 'Please explain why data was not entered for this numerator/denominator/rate set \*'

 Each section also has a 'Character count: 0/4000' label. At the bottom, there is a fourth checkbox:
 

- Combination 1 (Meningococcal, Tdap): 'Please explain why data was not entered for this numerator/denominator/rate set \*'

Figure 4: Performance Measure – Path 1 – Screenshot 1

## 1.5 Performance Measure – Path 1 – Screenshot 2

This screenshot shows a continuation of the performance measure interface. It features the same navigation bar and user profile as Figure 4. The main content area shows two sections:
 

- Combination 1 (Meningococcal, Tdap): 'Please explain why data was not entered for this numerator/denominator/rate set \*'
- Combination 2 (Meningococcal, Tdap, HPV): 'Please explain why data was not entered for this numerator/denominator/rate set \*'

 Each section includes a 'Character count: 0/4000' label.

Figure 5: Performance Measure – Path 1 – Screenshot 2

## 1.6 Performance Measure – Path 2

News Tasks (3) Records Reports Actions

 Appian

### Performance Measure +/-

Percentage of adolescents 13 years old who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and three doses of the human papillomavirus (HPV) vaccine 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 6: Performance Measure – Path 2

## 1.7 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)

**Meningococcal**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Tdap**

Numerator Explain \*

Figure 7: Deviations from Measure Specifications – Screenshot 1

## 1.8 Deviations from Measure Specifications – Screenshot 2

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

Appian

Denominator Explain \*

Other Explain \*

**Human Papillomavirus (HPV)**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 8: Deviations from Measure Specifications – Screenshot 2



## 1.9 Deviations from Measure Specifications – Screenshot 3

Figure 9 : Deviations from Measure Specifications – Screenshot 3

## 1.10 Deviations from Measure Specifications – Screenshot 4

Figure 10: Deviations from Measure Specifications – Screenshot 4

# 1.11 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	
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

Hispanic or Latino

Not Hispanic or Latino

Figure 11 : Optional Measure Stratification – Screenshot 1

## 1.12 Optional Measure Stratification – Screenshot 2

The screenshot displays the 'Records' tab in the CMS XLC interface. The top navigation bar includes 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile for 'Appian' is visible in the top right corner. The main content area is divided into several sections:

- Sex:** Includes checkboxes for 'Male' and 'Female'.
- Primary Spoken Language:** Includes checkboxes for 'English' and 'Spanish', and a link for '+ Additional Primary Spoken Language(s)'.
- Disability Status:** Includes checkboxes for 'SSI' and 'Non-SSI', and a link for '+ Additional Disability Status(es)'.
- Geography:** Includes checkboxes for 'Urban' and 'Rural', and a link for '+ Additional Geographies'.

Below these options is the **Report Documents** section, which includes a sub-section for **Saved Documents**. This section provides instructions: 'Maximum documents that can be uploaded for this report: 84', 'Maximum file size: 2MB', and 'Valid file extensions: pdf; ppt; doc; docx; xls; pptx'. Below the instructions is a table with columns for 'Name', 'Description', 'Date Created', 'Updated By', 'Size', and 'Type'. The table currently contains the text 'No items available'. An 'UPLOAD' button is located below the table. At the bottom right of the 'Report Documents' section are buttons for 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)'. At the very bottom of the interface, there is a question: 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No'.

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 2017 - Live Births Weighing Less Than 2,500  
Grams (LBW) Core Measure PRA Document**

---

**Version 1.0  
08/29/2017**

**Document Number:** 302-QSSI-MACPro-PRA-CQM2017-LBW-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

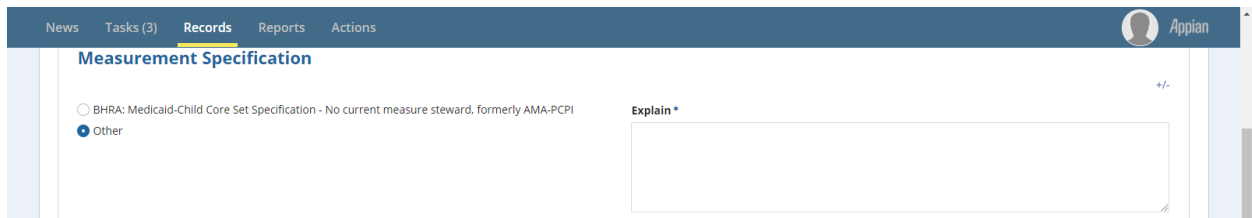


Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

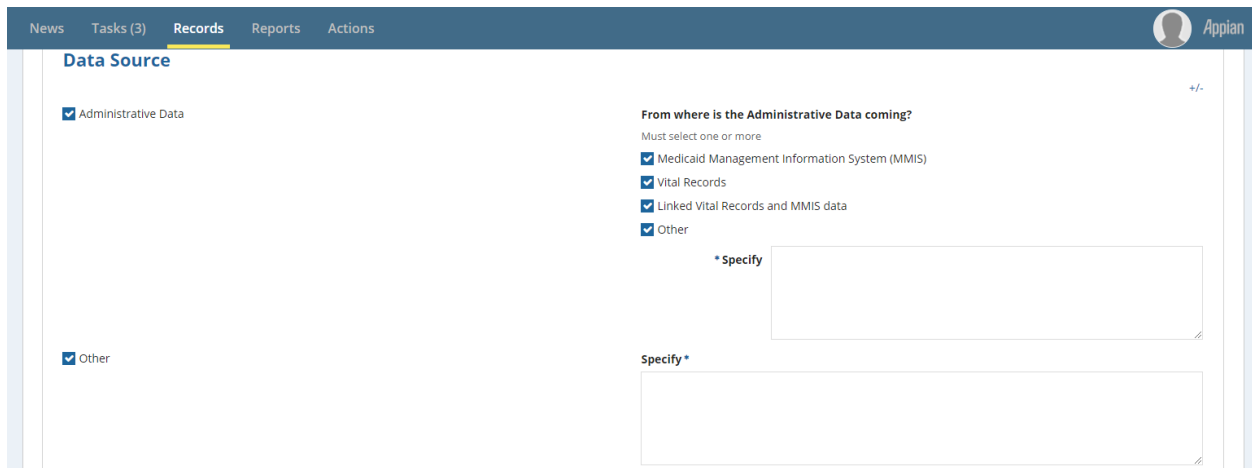


Figure 3 : Data Source

# 1.4 Performance Measure

Performance Measure +/-

Percentage of live births that weighed less than 2,500 grams in the state during the reporting period.

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 4: Performance Measure

# 1.5 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 5: Deviations from Measure Specifications



## 1.6 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)
  - White

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

Figure 6: Optional Measure Stratification – Screenshot 1

## 1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions

 Appian

+ Additional Primary Spoken Language(s)

Disability Status

- SSI
- Non-SSI

+ Additional Disability Status(es)

Geography

- Urban
- Rural

+ Additional Geographies


### Report Documents

+/-

**Saved Documents**

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

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



DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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.*

CANCEL
SAVE
GO TO PREVIOUS MEASURE
GO TO ADMIN SCREEN

Figure 7: 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 2017 - Medication Management for People with Asthma (MMA) Core Measure PRA Document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 273-QSSI-MACPro-PRA-CQM2017-MMA-D

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

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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 Performance Measure - Path 1 – Screenshot 1

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

**Performance Measure** +/-

Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

Two rates are reported:

- Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period
- Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period.

This measure is reported using the following age ranges: 5 to 11 years, 12 to 18 years, 19 to 20 years, and total.

**Remained on Asthma Medication for 50% of Treatment Period**

Age Range: 5-11 Years

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

Character count: 0/4000

Age Range: 12-18 Years

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

Character count: 0/4000

Age Range: 19-20 Years

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

Character count: 0/4000

Figure 4: Performance Measure - Path 1 – Screenshot 1

## 1.5 Performance Measure - Path 1 – Screenshot 2

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

Character count: 0/4000

Age Range: Total

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

Character count: 0/4000

**Remained on Asthma Medication for 75% of Treatment Period**

Age Range: 5-11 Years

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

Character count: 0/4000

Age Range: 12-18 Years

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

Character count: 0/4000

Age Range: 19-20 Years

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

Figure 5: Performance Measure - Path 1 – Screenshot 2



## 1.6 Performance Measure - Path 1 – Screenshot 3

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

Character count: 0/4000

Age Range: Total

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

Figure 6: Performance Measure - Path 1 – Screenshot 3

## 1.7 Performance Measure - Path 2 – Screenshot 1

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

**Performance Measure**

Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

Two rates are reported:

- Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period
- Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period.

This measure is reported using the following age ranges: 5 to 11 years, 12 to 18 years, 19 to 20 years, and total.

**Remained on Asthma Medication for 50% of Treatment Period**

Age Range: 5-11 Years

Numerator	Denominator	Rate
0	0	0

Age Range: 12-18 Years

Numerator	Denominator	Rate
0	0	0

Age Range: 19-20 Years

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
0	0	0

**Remained on Asthma Medication for 75% of Treatment Period**

Age Range: 5-11 Years

Numerator	Denominator	Rate

Figure 7: Performance Measure - Path 2 – Screenshot 1

## 1.8 Performance Measure - Path 2 – Screenshot 2

	Numerator	Denominator	Rate
	0	0	0
<input checked="" type="checkbox"/> Age Range: 12-18 Years			
	0	0	0
<input checked="" type="checkbox"/> Age Range: 19-20 Years			
	0	0	0
<input checked="" type="checkbox"/> Age Range: Total			
	0	0	0

Figure 8: Performance Measure - Path 2 – Screenshot 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)

Remained on Asthma Medication for 50% of Treatment Period

**Age Range: 5-11 Years**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: 12-18 Years**

Numerator Explain \*

Figure 9: Deviations from Measure Specifications – Screenshot 1

## 1.10 Deviations from Measure Specifications – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main content area is divided into two columns. The left column lists several measure specifications, each with a checked checkbox: 'Denominator', 'Other', 'Age Range: 19-20 Years' (with a checked 'Numerator' checkbox), 'Denominator', and 'Other'. The right column contains five empty text boxes, each labeled 'Explain \*', corresponding to the specifications on the left. A vertical scrollbar is visible on the right side of the content area.

Figure 10: Deviations from Measure Specifications – Screenshot 2

## 1.11 Deviations from Measure Specifications – Screenshot 3

The screenshot shows a web application interface similar to Figure 10. The top navigation bar is the same. The left column lists measure specifications with checked checkboxes: 'Age Range: Total' (with a checked 'Numerator' checkbox), 'Denominator', 'Other', and 'Remained on Asthma Medication for 75% of Treatment Period' (with a checked 'Age Range: 5-11 Years' and a checked 'Numerator' checkbox). The right column contains four empty text boxes, each labeled 'Explain \*', corresponding to the specifications on the left. A vertical scrollbar is visible on the right side of the content area.

Figure 11: Deviations from Measure Specifications – Screenshot 3

## 1.12 Deviations from Measure Specifications – Screenshot 4

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

Appian

- Denominator Explain \*
- Other Explain \*
- Age Range: 12-18 Years
  - Numerator Explain \*
  - Denominator Explain \*
  - Other Explain \*

Figure 12: Deviations from Measure Specifications – Screenshot 4

## 1.13 Deviations from Measure Specifications – Screenshot 5

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

Appian

- Age Range: 19-20 Years
  - Numerator Explain \*
  - Denominator Explain \*
  - Other Explain \*
- Age Range: Total
  - Numerator Explain \*
  - Denominator Explain \*

Figure 13: Deviations from Measure Specifications – Screenshot 5

## 1.14 Deviations from Measure Specifications – Screenshot 6

The screenshot shows a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile for 'Applan' is visible in the top right. The main content area contains a form with a checked checkbox labeled 'Other' and a text input field labeled 'Explain \*'.

Figure 14 : Deviations from Measure Specifications – Screenshot 6

## 1.15 Optional Measure Stratification – Screenshot 1

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

The screenshot displays the 'Optional Measure Stratification' section. It includes instructions: '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.' Below this, 'Check all that apply' is checked, with 'Race (Non-Hispanic)' and 'White' also checked. Two tables are shown, one for 50% and one for 75% of the treatment period. Each table has the following structure:

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 5-11 Years	0	0	0	Clear Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

Additional text below the tables includes '+ Additional/Alternative Classification/Sub-category'.

Figure 15 : Optional Measure Stratification – Screenshot 1

## 1.16 Optional Measure Stratification – Screenshot 2

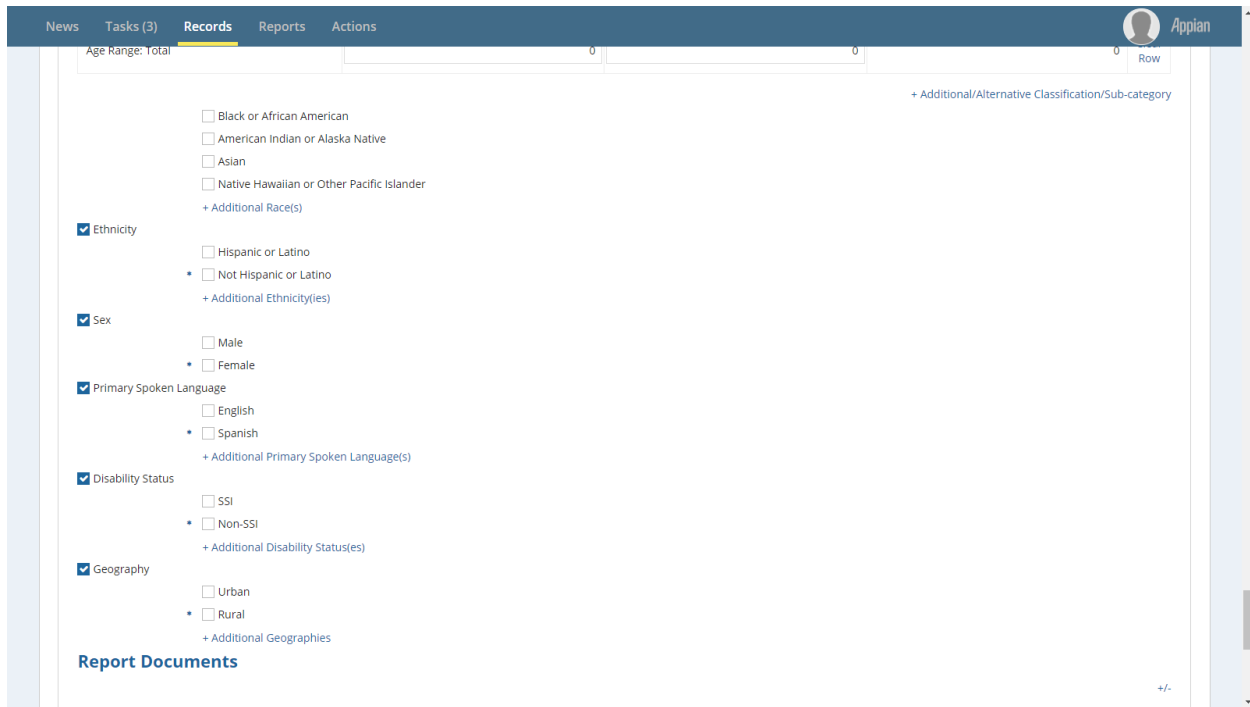


Figure 16: Optional Measure Stratification – Screenshot 2

## 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 2017 - PC-02: Cesarean Section (PC02) Core  
Measure PRA Document**

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**Version 1.0  
08/30/2017**

**Document Number:** 309-QSSI-MACPro-PRA-CQM2017-PC02-D

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



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

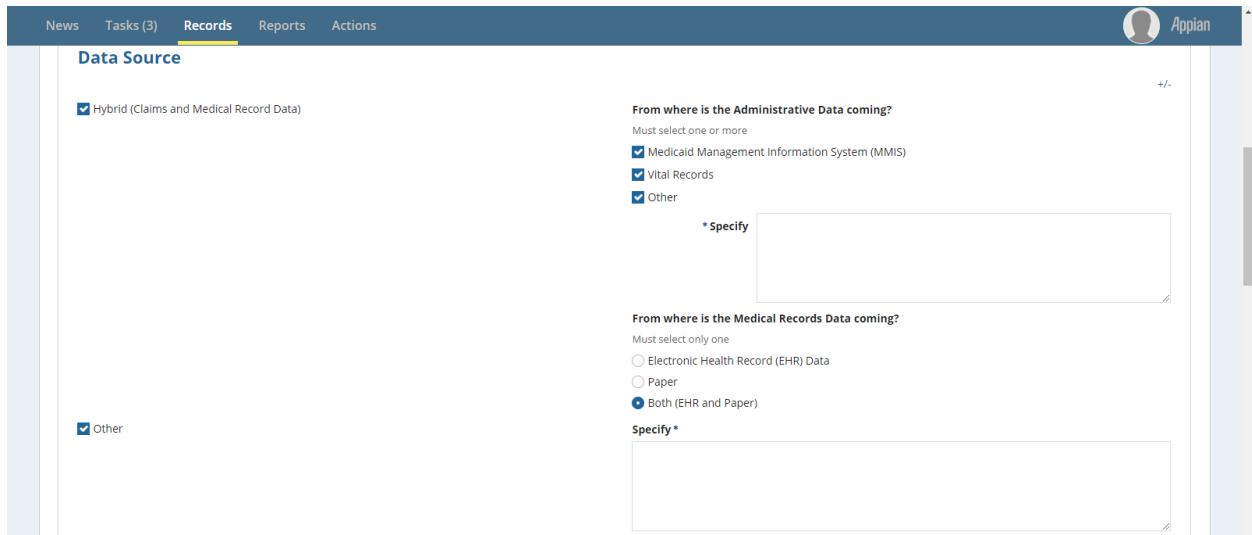


Figure 3 : Data Source

## 1.4 Performance Measure

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

**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 4: Performance Measure

## 1.5 Deviations from Measure Specifications

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)

As per the measure specifications

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 5: Deviations from Measure Specifications

# 1.6 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
  - 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)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

# 1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions
Applan

- Non-SSI
  - + Additional Disability Status(es)
- Geography
  - Urban
  - Rural
  - + Additional Geographies

### Report Documents

+/-

**Saved Documents**

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

**Would you like to validate the core measure data at this time?**  
 Yes  No  
(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).  
Warning: Any field containing more than 4000 characters will be truncated when saved.

*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.*

CANCEL
SAVE
GO TO PREVIOUS MEASURE
GO TO ADMIN SCREEN
GO TO NEXT MEASURE

**Figure 7: 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 2017 - PDENT-CH: Percentage of Eligibles  
Who Received Preventive Dental Services Core  
Measure PRA Document**

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**Version 1.0  
08/30/2017**

**Document Number:** 313-QSSI-MACPro-PRA-CQM017-PDENT-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 Measurement Specifications

Figure 1: Measurement Specifications

## 1.2 Data Source

Figure 2 : Data Source

## 1.3 Performance Measure

Numerator	Denominator	Rate

Figure 3: Performance Measure

## 1.4 Deviations from Measure Specification

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)

Numerator Explain

Denominator Explain

Other Explain

Figure 4: Deviations from Measure Specification

## 1.5 Optional Measure Stratification

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

### Other Performance Measure +/-

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 5: 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 2017 - Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC) Core Measure PRA Document**

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**Version 1.0**

**08/28/2017**

**Document Number:** 269-QSSI-MACPro-PRA-CQM2017-PPC-D

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

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Figure 4: Performance Measure - Path 1

# 1.5 Deviations from Measure Specifications

Figure 5: Deviations from Measure Specifications

## 1.6 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
  - 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)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1



# 1.7 Optional Measure Stratification – Screenshot 2

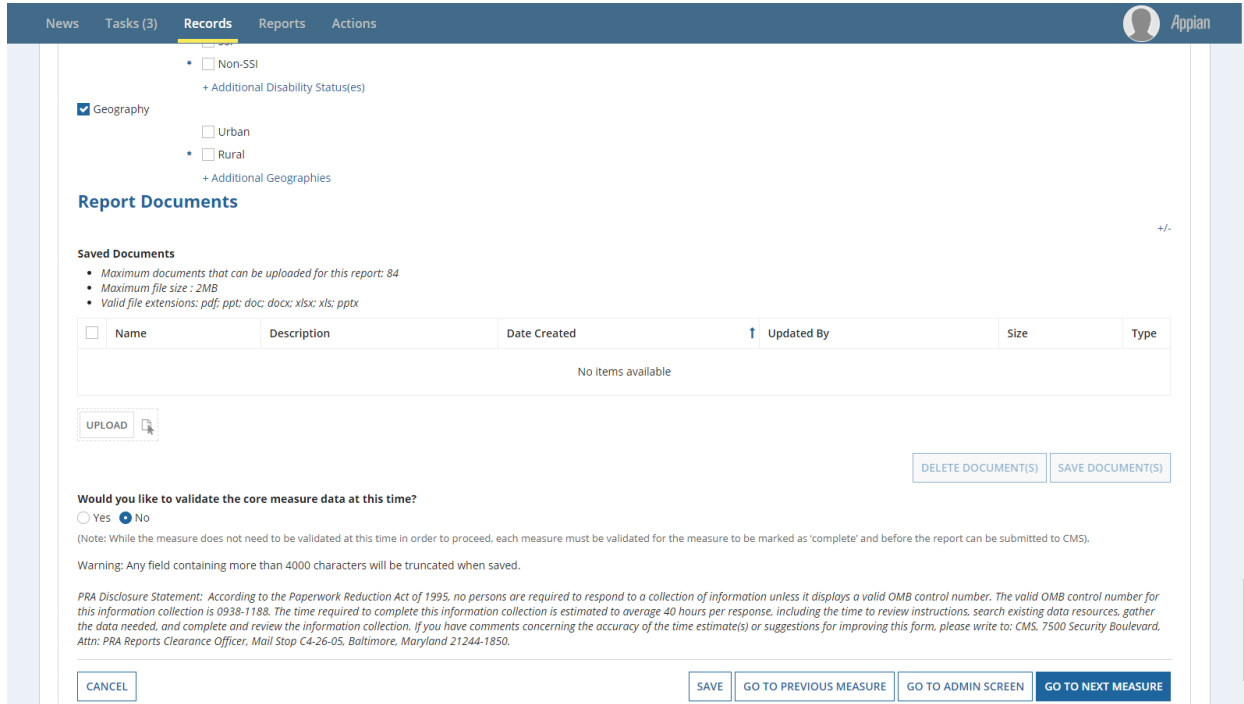


Figure 7: Optional Measure Stratification – Screenshot 2

## 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 2017 - Dental Sealants for 6-9 Year Old  
Children at Elevated Caries Risk (SEAL) Core  
Measure PRA Document**

---

**Version 1.0**

**08/30/2017**

**Document Number:** 304-QSSI-MACPro-PRA-CQM2017-SEAL-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

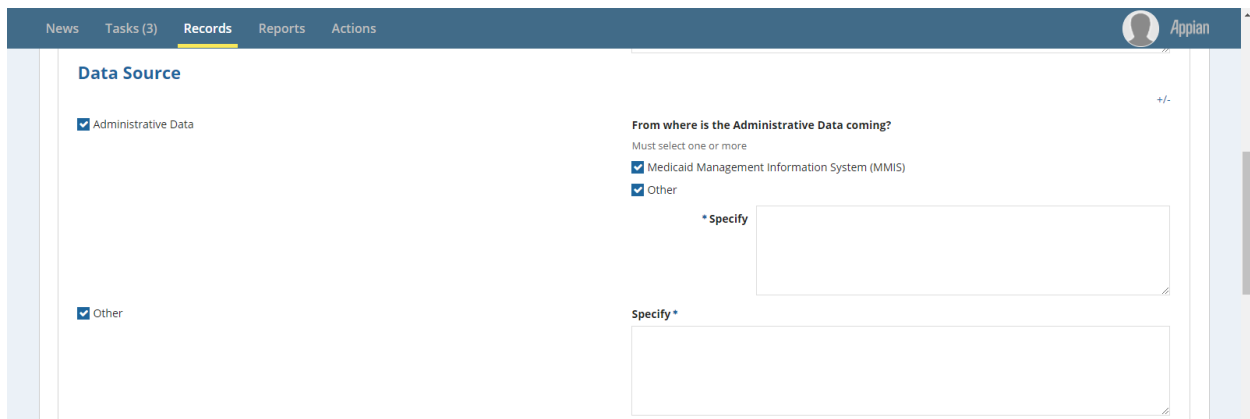


Figure 3 : Data Source

## 1.4 Performance Measure

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

**Performance Measure** +/-

Percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e. "moderate" or "high") who received a sealant on a permanent first molar tooth within the reporting 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 4: Performance Measure

## 1.5 Deviations from Measure Specifications

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)

6 - 9 Years

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 5: Deviations from Measure Specifications

# 1.6 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
- 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)

Classification/Sub-category	Numerator	Denominator	Rate	
6 - 9 Years	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

## 1.7 Optional Measure Stratification – Screenshot 2

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

 Appian

**Disability Status**

- SSI
- Non-SSI
- + Additional Disability Status(es)

**Geography**

- Urban
- Rural
- + Additional Geographies

**Report Documents** +/-

**Saved Documents**

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

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

**Would you like to validate the core measure data at this time?**

Yes    No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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 7: 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 2017 - Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) Core Measure PRA Document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 280-QSSI-MACPro-PRA-CQM2017-SRA-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

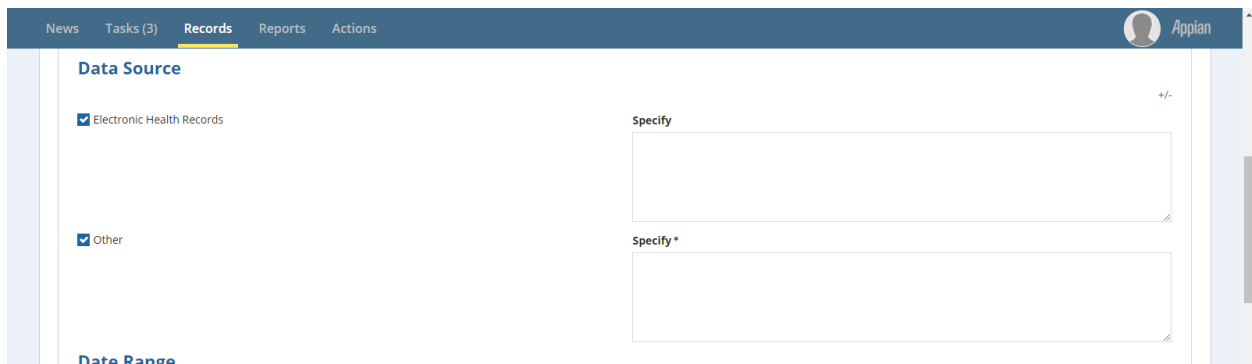


Figure 3 : Data Source

# 1.4 Performance Measure

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

Appian

### Performance Measure

+/-

Percentage of patient visits for those beneficiaries ages 6 to 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

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 4: Performance Measure

# 1.5 Deviations from Measure Specifications

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)

Visits for enrollees ages 6 - 17 Years

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 5: Deviations from Measure Specifications

## 1.6 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
  - 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

Classification/Sub-category	Numerator	Denominator	Rate	
Visits for enrollees ages 6 - 17 Years	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

# 1.7 Optional Measure Stratification – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is divided into several sections:

- Disability Status:** Includes a checked checkbox for 'Disability Status', with sub-options for 'SSI' and 'Non-SSI'. A '+ Additional Disability Status(es)' link is present.
- Geography:** Includes a checked checkbox for 'Geography', with sub-options for 'Urban' and 'Rural'. A '+ Additional Geographies' link is present.
- Report Documents:** A section header with a '+/-' icon to its right.
- Saved Documents:** A sub-section with a list of document constraints:
  - Maximum documents that can be uploaded for this report: 84
  - Maximum file size: 2MB
  - Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx
- Table:** A table with columns: Name, Description, Date Created, Updated By, Size, and Type. The table is currently empty, displaying 'No items available'.
- Upload Section:** Features an 'UPLOAD' button with a file icon, and 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons.
- Validation Section:** A question 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No' (selected).
- Notes:** A note states that each measure must be validated before submission. A warning indicates that fields with more than 4000 characters will be truncated.
- Disclaimer:** A PRA Disclosure Statement at the bottom regarding the Paperwork Reduction Act of 1995.

Figure 7: 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 2017 - State-Specific Measures PRA  
Document**

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**Version 1.0  
08/30/2017**

**Document Number:** 315-QSSI-MACPro-PRA-CQM017-StateSpecific-D

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

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# 1. State-Specific Measures Screenshots

## 1.1 Report Documents

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

### State-Specific Measures

CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - ZZ - 2017

Request System Help

[REQUEST TECHNICAL ASSISTANCE](#) [VIEW ALL RESPONSES](#)

[View Implementation Guide](#)

In addition to reporting the children's core quality measures, if your state has developed state-specific quality measures as part of the CHIPRA Quality Demonstration Grant project, the state may report that data in MACPro. The State may attach documents/data regarding the state-specific measures by using the Upload button. Please provide a brief description of the attachment in the space provided when submitting the attachment.

#### Report Documents

+/-

**Saved Documents**

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

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

[UPLOAD](#)

[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.

[CANCEL](#) [SAVE](#) [GO TO PREVIOUS MEASURE](#) [GO TO ADMIN SCREEN](#)

Figure 1: 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 2017 - Well-Child Visits in the First 15 Months of Life (W15) Core Measure PRA Document**

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**Version 1.0  
08/26/2017**

**Document Number:** 270-QSSI-MACPro-PRA-CQM2017-W15-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 Performance Measure - Path 1 – Screenshot 1

The screenshot shows a web interface for a performance measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is on the right. The main heading is 'Performance Measure'. Below it, a description states: 'Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life.' A note says: '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.' There are four input sections, each with a checkbox for a visit count and a text area for an explanation: 0 Visits, 1 Visit, 2 Visits, and 3 Visits. Each text area has a character count of 0/4000.

Figure 4: Performance Measure - Path 1 – Screenshot 1

# 1.5 Performance Measure - Path 1 – Screenshot 2

This screenshot continues the performance measure interface from the previous one. It shows the input sections for 3, 4, 5, and 6+ visits. Each section includes a checkbox, a text area for an explanation, and a character count of 0/4000. The interface is consistent with the previous screenshot, showing the same navigation and header elements.

Figure 5: Performance Measure - Path 1 – Screenshot 2

## 1.6 Performance Measure - Path 2 – Screenshot 1

**Performance Measure** +/-

Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more 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.

0 Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0
1 Visit	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0
2 Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0
3 Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0
4 Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0
5 Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>			

Figure 6: Performance Measure - Path 2 – Screenshot 1

## 1.7 Performance Measure - Path 2 – Screenshot 2

5 Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0
6+ Visits	Numerator	Denominator	Rate
<input checked="" type="checkbox"/>	0	0	0

**Deviations from Measure Specifications**

Figure 7: Performance Measure - Path 2 – Screenshot 2

## 1.8 Deviations from Measure Specifications – Screenshot 1

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main heading is 'Deviations from Measure Specifications'. Below it, a question asks 'Did your calculation of the measure deviate from the measure specification in any way?\*' with radio buttons for 'Yes' (selected) and 'No'. A prompt says 'Please select and explain the deviation(s)'. Under '0 Visits', the 'Numerator' checkbox is checked. To the right of this selection is a text area labeled 'Explain \*'. Below this, the 'Denominator' and 'Other' checkboxes are also checked, each with its own 'Explain \*' text area. Under '1 Visit', the 'Numerator' checkbox is checked with an 'Explain \*' text area.

Figure 8: Deviations from Measure Specifications – Screenshot 1

## 1.9 Deviations from Measure Specifications – Screenshot 2

This screenshot shows the same form as Figure 8, but with the '2 Visits' section selected. Under '2 Visits', the 'Numerator' checkbox is checked. Below this, the 'Denominator' and 'Other' checkboxes are also checked, each with its own 'Explain \*' text area. The '1 Visit' section is no longer visible.

Figure 9: Deviations from Measure Specifications – Screenshot 2

### 1.10 Deviations from Measure Specifications – Screenshot 3

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 and the name 'Appian'. The main content area is divided into two columns. The left column lists deviation categories: '3 Visits' (with a checked 'Numerator' checkbox), 'Denominator' (with a checked checkbox), 'Other' (with a checked checkbox), '4 Visits' (with a checked 'Numerator' checkbox), and 'Denominator' (with a checked checkbox). The right column contains five text input fields, each labeled 'Explain \*', corresponding to the deviation categories on the left. A vertical scrollbar is visible on the right side of the content area.

Figure 10: Deviations from Measure Specifications – Screenshot 3

### 1.11 Deviations from Measure Specifications – Screenshot 4

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 and the name 'Appian'. The main content area is divided into two columns. The left column lists deviation categories: 'Denominator' (with a checked checkbox), 'Other' (with a checked checkbox), '5 Visits' (with a checked 'Numerator' checkbox), 'Denominator' (with a checked checkbox), 'Other' (with a checked checkbox), and '6+ Visits' (with a checked 'Numerator' checkbox). The right column contains five text input fields, each labeled 'Explain \*', corresponding to the deviation categories on the left. A vertical scrollbar is visible on the right side of the content area.

Figure 11: Deviations from Measure Specifications – Screenshot 4

## 1.12 Deviations from Measure Specifications – Screenshot 5

The screenshot shows a user interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. On the left, under '6+ Visits', there are three checked checkboxes: 'Numerator', 'Denominator', and 'Other'. To the right of each checkbox is a text area labeled 'Explain \*'. Below these fields, the text 'Combined Rate(s) from Multiple Reporting Units' is partially visible.

Figure 12: Deviations from Measure Specifications – Screenshot 5

## 1.13 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. It includes instructions: '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.' Below this, it says 'Check all that apply' with checked boxes for 'Race (Non-Hispanic)' and 'White'. A table follows with columns for 'Classification/Sub-category', 'Numerator', 'Denominator', and 'Rate'. The table has rows for 0, 1, 2, 3, 4, 5, and 6+ visits. Each row has input fields for Numerator and Denominator, and a 'Rate' field with a 'Clear Row' button. Below the table are checkboxes for 'Black or African American', 'American Indian or Alaska Native', 'Asian', and 'Native Hawaiian or Other Pacific Islander'. A '+ Additional/Alternative Classification/Sub-category' link is at the bottom right.

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

Figure 13 : Optional Measure Stratification – Screenshot 1

## 1.14 Optional Measure Stratification – Screenshot 2

The screenshot displays the 'Records' section of the CMS XLC interface. The top navigation bar includes 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is visible in the top right. The main content area is divided into several sections:

- Stratification Options:** A list of categories with checkboxes and expandable options:
  - Assign
  - Native Hawaiian or Other Pacific Islander
  - + Additional Races)
  - Ethnicity
    - Hispanic or Latino
    - Not Hispanic or Latino
    - + Additional Ethnicity(ies)
  - Sex
    - Male
    - Female
  - Primary Spoken Language
    - English
    - Spanish
    - + Additional Primary Spoken Language(s)
  - Disability Status
    - SSI
    - Non-SSI
    - + Additional Disability Status(es)
  - Geography
    - Urban
    - Rural
    - + Additional Geographies
- Report Documents:** A section with a '+/-' icon and a 'Saved Documents' subsection.
  - Saved Documents:**
    - Maximum documents that can be uploaded for this report: 84
    - Maximum file size: 2MB
    - Valid file extensions: pdf; ppt; doc; docx; xls; pptx
- Table Header:** A table with columns: Name, Description, Date Created, Updated By, Size, and Type.

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 2017 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) Core Measure PRA Document**

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**Version 1.0**

**08/28/2017**

**Document Number:** 271-QSSI-MACPro-PRA-CQM2017-W34-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) 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 Performance Measure

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

**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 4: Performance Measure - Path 1

## 1.5 Deviations from Measure Specifications

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

**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 5: Deviations from Measure Specifications

## 1.6 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)

- White

Classification/Sub-category	Numerator	Denominator	Rate	
3 - 6 Years	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

Figure 6: Optional Measure Stratification – Screenshot 1

## 1.7 Optional Measure Stratification – Screenshot 2

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

**Applan**

+ Additional Primary Spoken Language(s)

**Disability Status**

- SSI
- Non-SSI

+ Additional Disability Status(es)

**Geography**

- Urban
- Rural

+ Additional Geographies

**Report Documents** +/-

**Saved Documents**

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

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

**Would you like to validate the core measure data at this time?**

Yes    No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

*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 7: 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 2017 - WCC Core Measure PRA Document**

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**Version 1.0  
08/28/2017**

**Document Number:** 272-QSSI-MACPro-PRA-CQM2017-WCC-D  
**Contract Number:** HHSM-500-2007-00024I: HHSM-500-T0014

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# 1. WCC 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

**Measurement Specification**

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

Explain \*

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

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

**Data Source**

Administrative Data

Hybrid (Administrative and Medical Records Data)

Other

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

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

**From where is the Medical Records Data coming?**  
 Must select only one
  Electronic Health Record (EHR) Data
  Paper
  Both (EHR and Paper)
   
Specify \*

Figure 3 : Data Source

## 1.4 Performance Measure- Path 1

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

**Performance Measure** +/-

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 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 Range: 3-11 years

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

Character count: 0/4000

Age Range: 12-17 years

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

Character count: 0/4000

Age Range: Total

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

Character count: 0/4000

Figure 4: Performance Measure- Path 1

## 1.5 Performance Measure- Path 2

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

**Performance Measure** +/-

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 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 Range: 3-11 years

Numerator	Denominator	Rate
0	0	0

Age Range: 12-17 years

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
0	0	0

Rate should be greater than zero

Figure 5: Performance Measure - Path 2

## 1.6 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)

**Age Range: 3-11 years**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

**Age Range: 12-17 years**

Numerator Explain \*

Figure 6: Deviations from Measure Specifications – Screenshot 1

## 1.7 Deviations from Measure Specifications – Screenshot 2

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

Appian

Denominator Explain \*

Other Explain \*

**Age Range: Total**

Numerator Explain \*

Denominator Explain \*

Other Explain \*

Figure 7: Deviations from Measure Specifications – Screenshot 2

## 1.8 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	
Age Range: 3-11 years	0	0	0	Clear Row
Age Range: 12-17 years	0	0	0	Clear Row
Age Range: Total	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

Figure 8 : Optional Measure Stratification – Screenshot 1

## 1.9 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions

 Appian

Primary Spoken Language

- English
- Spanish
- + Additional Primary Spoken Language(s)

Disability Status

- SSI
- Non-SSI
- + Additional Disability Status(es)

Geography


- Urban
- Rural
- + Additional Geographies

### Report Documents

**Saved Documents**

- Maximum documents that can be uploaded for this report: 84
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<input type="checkbox"/>	Name	Description	Date Created	Updated By	Size	Type
No items available						



**Would you like to validate the core measure data at this time?**

Yes  No

(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).

Warning: Any field containing more than 4000 characters will be truncated when saved.

**Figure 9: 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