



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

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

# **AQM 2017 – Contraceptive Care - Postpartum Women Ages 21-44 (CCP) Core Measure PRA document**

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**Version 1.0  
08/24/2017**

**Document Number:** 259-QSSI-MACPro-PRA-AQM017-CCP-D  
**Contract Number:** HHSM-500-2007-00024I: HHSM-500-T0014

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# 1. Controlling High Blood Pressure (CBP) Core Measure Screenshots

## 1.1 Are you reporting on this measure?

The screenshot shows a web interface for the 'Contraceptive Care - Postpartum Women Ages 21-44 (CCP)' measure. The header includes navigation tabs for News, Tasks (3), Records, Reports, and Actions (highlighted). A user profile icon for 'Applan' is in the top right. The main content area displays the measure title and ID (CMS-10434 OMB 0938-1188) and the Medicaid Adult Core Quality Measure - ZZ - 2017. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The question 'Are you reporting on this measure?' has two radio button options: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It features a header 'Measurement Specification' and a collapse icon '+/-'. Below the header, there are two radio button options: 'U.S. Office of Population Affairs' (selected) and 'Other'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It features a header 'Measurement Specification' and a collapse icon '+/-'. Below the header, there are two radio button options: 'U.S. Office of Population Affairs' and 'Other' (selected). To the right of the radio buttons is a text area labeled 'Explain \*' with a collapse icon '+/-'.

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

**Data Source** +/-

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify\*

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

Among women ages 21 through 44 who had a live birth, the percentage that:

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

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

Three Days Postpartum Rate

Numerator	Denominator	Rate
5	10	50

Sixty Days Postpartum Rate

Numerator	Denominator	Rate
5	10	50

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

Three Days Postpartum Rate

Numerator	Denominator	Rate
5	10	50

Sixty Days Postpartum Rate

Numerator	Denominator	Rate
5	10	50

Figure 5: Performance Measure



# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement Specifications

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

- Yes
- No

Please select and explain the deviation(s)

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

**Three Days Postpartum Rate**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Sixty Days Postpartum Rate**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

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

**Three Days Postpartum Rate**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Sixty Days Postpartum Rate**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

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

Classification/Sub-category	Numerator	Denominator	Rate	
Three Days Postpartum Rate	5	10	50	Clear Row
Sixty Days Postpartum Rate	5	10	50	Clear Row

+ Additional/Alternative Classification/Sub-category

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

Classification/Sub-category	Numerator	Denominator	Rate	
Three Days Postpartum Rate	5	10	50	Clear Row
Sixty Days Postpartum Rate	5	10	50	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)

Figure 7: Optional Measure Stratification – Screenshot 1

Primary Spoken Language

English

Spanish

+ Additional Primary Spoken Language(s)

Disability Status

SSI

Non-SSI

+ Additional Disability Status(es)

Geography

Urban

Rural

+ Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

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

Classification/Sub-category	Numerator	Denominator	Rate	
Three Days Postpartum Rate	5	10	50	<a href="#">Clear Row</a>
Sixty Days Postpartum Rate	5	10	50	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

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

Classification/Sub-category	Numerator	Denominator	Rate	
-----	--	---	--	<a href="#">Row</a>
Sixty Days Postpartum Rate	5	10	50	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

**Figure 8: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

# **AQM 2017 – Adult Body Mass Index Assessment (ABA) Core Measure PRA document**

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**Version 1.0**

**08/24/2017**

**Document Number:** 255-QSSI-MACPro-PRA-AQM017-ABA-D

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

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# 1. Adult Body Mass Index Assessment (ABA) Core Measure Screenshots

## 1.1 Are you reporting on this measure?

The screenshot shows a web interface for the 'Adult Body Mass Index Assessment (ABA)' measure. The header includes navigation tabs for News, Tasks (3), Records, Reports, and Actions, along with the Applan logo. The main content area is titled 'Adult Body Mass Index Assessment (ABA)' with the identifier 'CMS-10434 OMB 0938-1188'. Below this, it specifies 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The primary question is 'Are you reporting on this measure?\*' with two radio button options: 'Yes' (which is selected) and 'No'.

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It features a title 'Measurement Specification' with a collapse/expand icon (+/-). Below the title, there are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (which is selected) and 'Other'. To the right, there is a field labeled 'Specify version of HEDIS used\*' with a dropdown menu currently showing '2017'. Below the dropdown, the text 'HEDIS: Healthcare Effectiveness Data and Information Set' is visible.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It features a title 'Measurement Specification' with a collapse/expand icon (+/-). Below the title, there are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (which is selected). To the right, there is a field labeled 'Explain\*' with a large, empty text area for providing details.

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**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 coming?**  
Must select only one

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

Specify\*

Figure 4: Data Source

# 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid enrollees ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented 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: 18-64

Numerator	Denominator	Rate
10	20	5

Age Range: 65-74

Numerator	Denominator	Rate
10	20	5

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\***

Character count: 0/4000

Figure 5: Performance Measure



# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Age Range: 65-74

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Figure 6: Deviations from Measurement Specifications

# 1.7 Optional Measure Stratification

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: 18-64	10	20	50	Clear Row
Age Range: 65-74	10	20	50	Clear Row

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)

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

- Sex
  - Male
  - Female

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

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

- Geography
  - Urban
  - Rural
  - + Additional Geographies

- Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	Clear Row
Age Range: 65-74	10	20	50	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)  
AQM 2017 – Admin Screen PRA document**

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**Version 1.0  
08/24/2017**

**Document Number:** 254-QSSI-MACPro-PRA-AQM017-AdminScreen-D

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

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# 1. Admin Screen Screenshots

## 1.1 Federal Fiscal Year

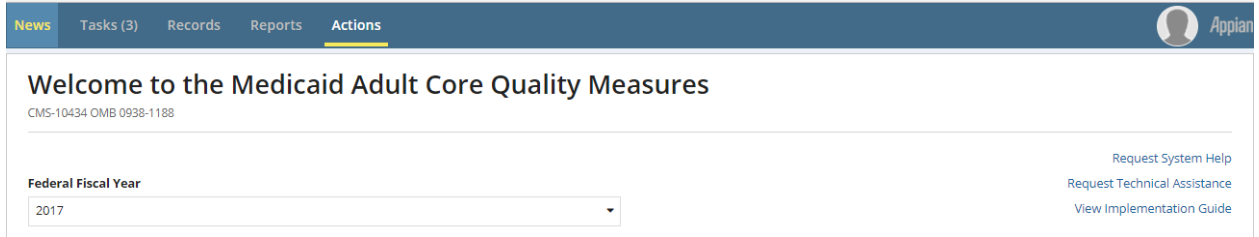


Figure 1: Federal Fiscal Year

# 1.2 Core Measures

## Core Measures

<input type="checkbox"/> Measure	Status	Reporting on the measure?	
<input type="checkbox"/> Adult Body Mass Index Assessment (ABA)	Not Started		✘
<input type="checkbox"/> Antidepressant Medication Management (AMM)	Not Started		✘
<input type="checkbox"/> Breast Cancer Screening (BCS)	Not Started		✘
<input type="checkbox"/> Controlling High Blood Pressure (CBP)	Not Started		✘
<input type="checkbox"/> Contraceptive Care - Postpartum Women Ages 21-44 (CCP)	Not Started		✘
<input type="checkbox"/> Cervical Cancer Screening (CCS)	Not Started		✘
<input type="checkbox"/> Screening for Clinical Depression and Follow-Up Plan (CDF)	Not Started		✘
<input type="checkbox"/> Chlamydia Screening in Women Ages 21-24 (CHL)	Not Started		✘
<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)	Not Started		✘
<input type="checkbox"/> Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence (FUA)	Not Started		✘
<input type="checkbox"/> Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH)	Not Started		✘
<input type="checkbox"/> Flu Vaccinations for Adults Ages 18 to 64 (FVA)	Not Started		✘
<input type="checkbox"/> Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C)	Not Started		✘
<input type="checkbox"/> Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)	Not Started		✘
<input type="checkbox"/> Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI)	Not Started		✘
<input type="checkbox"/> HIV Viral Load Suppression (HVL)	Not Started		✘
<input type="checkbox"/> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	Not Started		✘
<input type="checkbox"/> Annual Monitoring for Patients on Persistent Medications (MPM)	Not Started		✘
<input type="checkbox"/> Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	Not Started		✘
<input type="checkbox"/> Use of Opioids at High Dosage in Persons without Cancer (OHD)	Not Started		✘
<input type="checkbox"/> PC-01: Elective Delivery (PC01)	Not Started		✘
<input type="checkbox"/> PC-03: Antenatal Steroids (PC03)	Not Started		✘
<input type="checkbox"/> Plan All-Cause Readmissions (PCR)	Not Started		✘
<input type="checkbox"/> Prenatal & Postpartum Care: Postpartum Care (PPC)	Not Started		✘
<input type="checkbox"/> PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01)	Not Started		✘
<input type="checkbox"/> PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05)	Not Started		✘
<input type="checkbox"/> PQI 08: Heart Failure Admission Rate (PQI08)	Not Started		✘
<input type="checkbox"/> PQI 15: Asthma in Younger Adults Admission Rate (PQI15)	Not Started		✘
<input type="checkbox"/> Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)	Not Started		✘
<input type="checkbox"/> Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Not Started		✘

1 - 30 of 30

Figure 2: Core Measures

## 1.3 Delivery System

**Delivery System**

As of September 30, 2016, what percentage of your Medicaid/CHIP enrollees (above age 21) were enrolled in each delivery system?

Delivery System	Ages 21-64	Age 65 and older
Fee-for-service		
PCCM		
Managed care		
Other		

Figure 3: Delivery System

## 1.4 Audit or Validation of Measures

**Audit or Validation of Measures**

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

Yes  
 No

Which measures were audited or validated?	Who conducted the audit or validation?
FUA	John Doe

[Add Measure](#)

Figure 4: Audit or Validation of Measures

## 1.5 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

Character count: 0/4000

Figure 5: External Contractor



# 1.6 Report Documents

## 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)

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

EXIT

BEGIN REPORTING REQUEST STATE POC REVIEW

Figure 6: Report Documents

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

# **AQM 2017 – Antidepressant Medication Management (AMM) Core Measure PRA document**

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**Version 1.0**

**08/24/2017**

**Document Number:** 256-QSSI-MACPro-PRA-AQM017-AMM-D

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

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# 1. Antidepressant Medication Management (AMM) Core Measure Screenshots

## 1.1 Are you reporting on this measure?

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

**Antidepressant Medication Management (AMM)**  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

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

**Are you reporting on this measure?\***

Yes  
 No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

**Measurement Specification**

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

**Specify version of HEDIS used\***  
2017  
HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

**Measurement Specification**

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

**Explain\***

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

## Data Source

Administrative Data

Other

From where is the Administrative Data coming?

Must select one or more

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify\*

Figure 4: Data Source

# 1.5 Performance Measure

## Performance Measure

+/-

The percentage of Medicaid beneficiaries age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

- Effective Acute Phase Treatment. The percentage of Medicaid beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of Medicaid beneficiaries who remained on an antidepressant medication for at least 180 days (6 months).

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.

### Effective Acute Phase Treatment: Remained on medication for at least 84 days (12 weeks)

Age Range: 18-64

Numerator	Denominator	Rate
10	20	5

Age Range: 65 and older

Numerator	Denominator	Rate
10	20	5

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

### Effective Continuation Phase Treatment: Remained on medication for at least 180 days (6 months)

Age Range: 18-64

Numerator	Denominator	Rate
10	20	5

Age Range: 65 and older

Numerator	Denominator	Rate
10	20	5

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement Specifications

+/-

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

- Yes
- No

Please select and explain the deviation(s)

Effective Acute Phase Treatment: Remained on medication for at least 84 days (12 weeks)

Age Range: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications – Screenshot 1



Effective Continuation Phase Treatment: Remained on medication for at least 180 days (6 months)

Age Range: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Figure 7: Deviations from Measurement Specifications – Screenshot 2**

## 1.7 Optional Measure Stratification

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

**Effective Acute Phase Treatment: Remained on medication for at least 84 days (12 weeks)**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	50	20	Clear Row
Age Range: 65 and older	10	20	5	Clear Row

+ Additional/Alternative Classification/Sub-category

**Effective Continuation Phase Treatment: Remained on medication for at least 180 days (6 months)**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	20	30	5	Clear Row
Age Range: 65 and older	10	20	30	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)

**Figure 8: Optional Measure Stratification – Screenshot 1**

Sex

- Male
- Female

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

**Effective Acute Phase Treatment: Remained on medication for at least 84 days (12 weeks)**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	5	10	5	<a href="#">Clear Row</a>
Age Range: 65 and older	5	10	5	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

**Effective Continuation Phase Treatment: Remained on medication for at least 180 days (6 months)**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	5	10	5	<a href="#">Clear Row</a>
Age Range: 65 and older	5	10	5	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

**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 9: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

# **AQM 2017 – Breast Cancer Screening (BCS) Core Measure PRA document**

---

**Version 1.0**

**08/24/2017**

**Document Number:** 257-QSSI-MACPro-PRA-AQM017-BCS-D

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

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# 1. Breast Cancer Screening (BCS) Core Measure Screenshots

## 1.1 Are you reporting on this measure?

The screenshot shows a web interface for the Breast Cancer Screening (BCS) Core Measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Applan' is in the top right. Below the navigation bar, the title 'Breast Cancer Screening (BCS)' is displayed with the CMS ID 'CMS-10434 OMB 0938-1188'. Underneath, it says 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right side, there are three buttons: 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES'. A link for 'Request System Help' and 'View Implementation Guide' is also present. The main question is 'Are you reporting on this measure?\*' with two radio button options: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It has a title 'Measurement Specification' and a collapse icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. To the right, there is a dropdown menu labeled 'Specify version of HEDIS used \*' with '2017' selected. Below the dropdown, it says 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It has a title 'Measurement Specification' and a collapse icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (selected). To the right, there is a text area labeled 'Explain \*' which is currently empty.

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

**\* Specify**

**Specify\***

Figure 4: Data Source

# 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid-enrolled women ages 50 to 74 who received a mammogram to screen for breast cancer.

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: 50-64

Numerator	Denominator	Rate
10	20	5

Age Range: 65-74

Numerator	Denominator	Rate
5	10	2

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\***

Character count: 0/4000

Figure 5: Performance Measure



# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 50-64

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Age Range: 65-74

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Figure 6: Deviations from Measurement Specifications

# 1.7 Optional Measure Stratification

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: 50-64	10	20	5	Clear Row
Age Range: 65-74	5	10	2	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)

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

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

- Geography
  - Urban
  - Rural
  - + Additional Geographies

- Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 50-64	10	20	2	Clear Row
Age Range: 65-74	10	20	5	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 7: Optional Measure Stratification**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

# **AQM 2017 – Controlling High Blood Pressure (CBP) Core Measure PRA document**

---

**Version 1.0**

**08/24/2017**

**Document Number:** 258-QSSI-MACPro-PRA-AQM017-CBP-D

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

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# 1. Controlling High Blood Pressure (CBP) Core Measure Screenshots

## 1.1 Are you reporting on this measure?

The screenshot shows a web interface for the 'Controlling High Blood Pressure (CBP)' measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). The Applan logo is in the top right. The main heading is 'Controlling High Blood Pressure (CBP)' with the ID 'CMS-10434 OMB 0938-1188'. Below this, it says 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The question 'Are you reporting on this measure?' has two radio button options: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It has a title 'Measurement Specification' and a collapse icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. To the right, there is a dropdown menu labeled 'Specify version of HEDIS used \*' with '2017' selected. Below the dropdown, it says 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It has a title 'Measurement Specification' and a collapse icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (selected). To the right, there is a text area labeled 'Explain \*' with a collapse icon '+/-'.

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

**Data Source** +/-

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

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

Specify\*

Other

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid beneficiaries ages 18 to 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year based on the following criteria.

- Beneficiaries ages 18 to 59 whose BP was <140/90 mm Hg
- Beneficiaries ages 60 to 85 with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Beneficiaries ages 60 to 85 without a diagnosis of diabetes whose BP was <150/90 mm Hg

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: 18-64

Numerator	Denominator	Rate
10	20	5

Age Range: 65-85

Numerator	Denominator	Rate
1	2	5

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\*

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Age Range: 65-85

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Figure 6: Deviations from Measurement Specifications

# 1.7 Optional Measure Stratification

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: 18-64	10	20	5	Clear Row
Age Range: 65-85	10	20	5	Clear Row

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)

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

- Sex
  - Male
  - Female

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

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

- Geography
  - Urban
  - Rural
  - + Additional Geographies

- Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	6	Clear Row
Age Range: 65-85	5	10	2	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 7: Optional Measure Stratification**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

# **AQM 2017 – Cervical Cancer Screening (CCS) Core Measure PRA document**

---

**Version 1.0  
08/24/2017**

**Document Number:** 274-QSSI-MACPro-PRA-AQM017-CCS-D

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

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# 1. Cervical Cancer Screening (CCS) Core Measure Screenshots

## 1.1 Are you reporting on this measure

Cervical Cancer Screening (CCS)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Are you reporting on this measure? \*

Yes

No

View Implementation Guide

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

Measurement Specification

National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS) Specify version of HEDIS used \* 2017

Other

HEDIS: Healthcare Effectiveness Data and Information Set

Request System Help

+/-

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

Measurement Specification

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

Other

Request System Help

+/-

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

**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 coming?**  
Must select only one

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

Specify\*

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21 to 64 who had cervical cytology performed every 3 years
- Women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Numerator	Denominator	Rate
10	20	50

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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 6: Deviations from Measurement Specifications

# 1.7 Optional Measure Stratification

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-64	10	15	66.7	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)

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

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

- Geography
  - Urban
  - Rural
  - + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-64	10	50	20	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

# **AQM 2017 – Screening for Clinical Depression and Follow-Up Plan (CDF) Core Measure PRA document**

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**Version 1.0  
08/29/2017**

**Document Number:** 275-QSSI-MACPro-PRA-AQM017-CDF-D  
**Contract Number:** HHSM-500-2007-00024I: HHSM-500-T0014

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# 1. Screening for Clinical Depression and Follow-Up Plan (CDF) Core Measure Screenshots

## 1.1 Are you reporting on this measure

The screenshot shows a web form titled "Screening for Clinical Depression and Follow-Up Plan (CDF)" with the identifier "CMS-10434 OMB 0938-1188". Below the title is "Medicaid Adult Core Quality Measure - ZZ - 2017". On the right side, there are three buttons: "REQUEST TECHNICAL ASSISTANCE", "CLEAR", and "VIEW ALL RESPONSES". Above the "VIEW ALL RESPONSES" button is a link for "Request System Help". Below the buttons is a link for "View Implementation Guide". The main question is "Are you reporting on this measure? \*", with two radio button options: "Yes" (which is selected) and "No".

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows a "Measurement Specification" form. It has a title "Measurement Specification" and a collapse icon "+/-" on the right. The question is "Centers for Medicare and Medicaid Services (CMS)", with two radio button options: "Centers for Medicare and Medicaid Services (CMS)" (which is selected) and "Other".

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows a "Measurement Specification" form. It has a title "Measurement Specification" and a collapse icon "+/-" on the right. The question is "Centers for Medicare and Medicaid Services (CMS)", with two radio button options: "Centers for Medicare and Medicaid Services (CMS)" and "Other" (which is selected). Below the radio buttons is a text area labeled "Explain \*".

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

**Data Source** +/-

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

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

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

**Specify \***

Other

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid beneficiaries age 18 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Age Range: 18-64

Numerator	Denominator	Rate
10	230	5

Age Range: 65 and Older

Numerator	Denominator	Rate
50	100	50

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Age Range: 65 and Older

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Figure 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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: 18-64	10	20	5	Clear Row
Age Range: 65 and Older	50	200	10	Clear Row

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)

Ethnicity

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

Sex

- Male
- Female

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	5	Clear Row
Age Range: 65 and Older	20	40	10	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult 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)**

### **AQM 2017 – Chlamydia Screening in Women Ages 21-24 (CHL) Core Measure PRA document**

---

**Version 1.0**

**08/29/2017**

**Document Number:** 276-QSSI-MACPro-PRA-AQM017-CHL-D

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



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# 1. Chlamydia Screening in Women Ages 21-24 (CHL) Core Measure Screenshots

## 1.1 Are you reporting on this measure

The screenshot shows the top section of a web form. At the top left, it says 'Chlamydia Screening in Women Ages 21-24 (CHL)' with the ID 'CMS-10434 OMB 0938-1188'. Below that is 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right side, there are three buttons: 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES'. Above the 'VIEW ALL RESPONSES' button is a link for 'Request System Help'. Below the buttons is a link for 'View Implementation Guide'. On the left side, there is a question 'Are you reporting on this measure? \*' with two radio button options: 'Yes' (which is selected) and 'No'.

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It has a title 'Measurement Specification' and a collapse icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (which is selected) and 'Other'. To the right of these options is a dropdown menu labeled 'Specify version of HEDIS used \*' with '2017' selected. Below the dropdown is the text 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It has a title 'Measurement Specification' and a collapse icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (which is selected). To the right of these options is a text area labeled 'Explain \*' which is currently empty.

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify \*

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid-enrolled women ages 21 to 24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Numerator	Denominator	Rate
10	20	50

Figure 5: Performance Measure

## 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-24	10	20	50	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)

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-24	10	20	50	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



**Centers for Medicare & Medicaid  
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## **Medicaid and CHIP Program (MACPro)**

### **AQM 2017 – CPA Core Measure PRA document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 277-QSSI-MACPro-PRA-AQM017-CPA-D  
**Contract Number:** HHSM-500-2007-00024!; HHSM-500-T0014

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# 1. CPA Core Measure Screenshots

## 1.1 Did you collect this measure

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

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

**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 1: Did you collect this measure

## 1.2 Measurement Specification – Path 1

Measurement Specification +/-

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

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

Measurement Specification +/-

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

**Explain \***

Figure 3: Measurement Specification – Path 2



## 1.4 Data Source

**Data Source** +/-

**Which version of the CAHPS Survey was used? \***

CAHPS 5.0  
 CAHPS 5.0H  
 Other

**Which supplemental item sets were included in the survey?**

Select all that apply

No Supplemental Item Sets Were Included  
 Supplemental Items for Adult Survey 5.0H  
 Other CAHPS Item Set

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

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

**Specify \***

**Please Explain \***

**Please Explain \***

Figure 4: Data Source

## 1.5 Definition of Population Included in the Measure

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

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

Select all that apply. At least one must be selected.

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

**Specify \***

Figure 5: Definition of Population Included in the Measure

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>CPA</b>	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid)
<b>PRA</b>	Paperwork Reduction Act of 1995



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

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

### **AQM 2017 – FUA Core Measure PRA document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 278-QSSI-MACPro-PRA-AQM017-FUA-D  
**Contract Number:** HHSM-500-2007-00024I; HHSM-500-T0014

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# 1. FUA Core Measure Screenshots

## 1.1 Are you reporting on this measure

### Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence (FUA)

CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

[REQUEST TECHNICAL ASSISTANCE](#)

[CLEAR](#)

[VIEW ALL RESPONSES](#)

Are you reporting on this measure? \*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

### Measurement Specification

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

Specify version of HEDIS used \*

2017

HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

### Measurement Specification

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

Explain \*

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**Data Source** +/-

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify \*

Figure 4: Data Source

# 1.5 Performance Measure

## Performance Measure

+/-

Percentage of emergency department(ED) visits for Medicaid beneficiaries age 18 and older with a principal diagnosis of mental illness or alcohol or other drug(AOD) dependence, who had a follow-up visit for mental illness or AOD. Two rates are reported:

1. Percentage of ED visits for which the beneficiary had a follow-up visit for mental illness or AOD within 30 days of the ED visit.
2. Percentage of ED visits for which the beneficiary had a follow-up visit for mental illness or AOD within 7 days of the ED visit.

### 7 Day follow-up after ED visit

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65 and older

Numerator	Denominator	Rate
10	20	50

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

### 30 Day follow-up after ED visit

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65 and older

Numerator	Denominator	Rate
10	20	50

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

**Figure 5: Performance Measure**

# 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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 after ED visit**

**Age Range: 18-64**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Age Range: 65 and Older**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications – Screenshot 1



30 Day follow-up after ED visit

Age Range: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Figure 7: Deviations from Measurement Specifications – Screenshot 2**

## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

#### 7 Day follow-up after ED visit

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	Clear Row
Age Range: 65 and older	20	30	66.7	Clear Row

+ Additional/Alternative Classification/Sub-category

#### 30 Day follow-up after ED visit

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	30	40	75	Clear Row
Age Range: 65 and older	40	50	80	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)

Figure 8: Optional Measure Stratification – Screenshot 1

Sex
 

- Male
- Female

Primary Spoken Language
 

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

Disability Status
 

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

Geography
 

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

**7 Day follow-up after ED visit**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65 and older	20	30	66.7	<a href="#">Clear Row</a>

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

**30 Day follow-up after ED visit**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	30	40	75	<a href="#">Clear Row</a>
Age Range: 65 and older	40	50	80	<a href="#">Clear Row</a>

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

**Figure 9: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>FUA</b>	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence
<b>PRA</b>	Paperwork Reduction Act of 1995



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

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

### **AQM 2017 – FUH Core Measure PRA document**

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**Version 1.0**

**08/30/2017**

**Document Number:** 291-QSSI-MACPro-PRA-AQM017-FUH-D  
**Contract Number:** HHSM-500-2007-00024I; HHSM-500-T0014

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# 1. FUH Core Measure Screenshots

## 1.1 Are you reporting on this measure

The screenshot shows a web interface for the 'Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH)' measure. The header includes navigation tabs: News, Tasks (3), Records, Reports, and Actions (highlighted). A user profile icon for 'Applan' is in the top right. The main title is 'Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH)' with ID 'CMS-10434 OMB 0938-1188'. Below the title, it says 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The main question is 'Are you reporting on this measure?\*' with radio buttons for 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It has a title 'Measurement Specification' and a collapse icon '+/-'. The main question is 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' with radio buttons for 'Other' (selected) and 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)'. To the right, there is a dropdown menu labeled 'Specify version of HEDIS used \*' with '2017' selected and a collapse icon '+/-'. Below the dropdown, it says 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It has a title 'Measurement Specification' and a collapse icon '+/-'. The main question is 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' with radio buttons for 'Other' (selected) and 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)'. To the right, there is a text area labeled 'Explain \*' with a collapse icon '+/-'.

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**Data Source** +/-

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify \*

Figure 4: Data Source



# 1.5 Performance Measure

## Performance Measure

+/-

The percentage of discharges for Medicaid beneficiaries age 21 and older 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 the beneficiary received follow-up within 30 days of discharge.
- Percentage of discharges for which the beneficiary received follow-up within 7 days of discharge.

### Follow-up within 7 days of discharge

Age Range: 21-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65 and older

Numerator	Denominator	Rate
20	30	66.7

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\*

Character count: 0/4000

### Follow-up within 30 days of discharge

Age Range: 21-64

Numerator	Denominator	Rate
40	50	80

Age Range: 65 and older

Numerator	Denominator	Rate
50	60	83.3

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\*

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement Specifications

+/-

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

- Yes
- No

Please select and explain the deviation(s)

Follow-up within 7 days of discharge

Age Range: 21-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications – Screenshot 1

Follow-up within 30 days of discharge

Age Range: 21-64

Numerator

Denominator

Other

Age Range: 65 and Older

Numerator

Denominator

Other

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Explain \*

Figure 7: Deviations from Measurement Specifications – Screenshot 2

## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

Follow-up within 7 days of discharge

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-64	10	20	50	Clear Row
Age Range: 65 and older	30	40	75	Clear Row

+ Additional/Alternative Classification/Sub-category

Follow-up within 30 days of discharge

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-64	50	60	83.3	Clear Row
Age Range: 65 and older	70	80	87.5	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)

Figure 8: Optional Measure Stratification – Screenshot 1

Sex  
 Male  
 Female

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

Disability Status  
 SSI  
 Non-SSI  
[+ Additional Disability Status\(es\)](#)

Geography  
 Urban  
 Rural  
[+ Additional Geographies](#)

Adult Eligibility Group (ACA Expansion Group)

**Follow-up within 7 days of discharge**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65 and older	30	40	75	<a href="#">Clear Row</a>

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

**Follow-up within 30 days of discharge**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-64	60	70	85.7	<a href="#">Clear Row</a>
Age Range: 65 and older	80	90	88.9	<a href="#">Clear Row</a>

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

**Figure 9: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>FUH</b>	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older
<b>PRA</b>	Paperwork Reduction Act of 1995



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

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

# **AQM 2017 – Flu Vaccinations for Adults Ages 18 to 64 (FVA) Core Measure PRA document**

---

**Version 1.0**

**08/30/2017**

**Document Number:** 292-QSSI-MACPro-PRA-AQM017-FVA-D  
**Contract Number:** HHSM-500-2007-00024I; HHSM-500-T0014

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# 1. Flu Vaccinations for Adults Ages 18 to 64 (FVA) Core Measure Screenshots

## 1.1 Are you reporting on this measure

The screenshot shows a web interface for the 'Flu Vaccinations for Adults Ages 18 to 64 (FVA)' measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Applan' is in the top right. Below the navigation, the measure title 'Flu Vaccinations for Adults Ages 18 to 64 (FVA)' is displayed, along with the identifier 'CMS-10434 OMB 0938-1188' and 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The main question is 'Are you reporting on this measure?' with two radio button options: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It features a sub-header 'Measurement Specification' with a collapse/expand icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. To the right, there is a dropdown menu labeled 'Specify version of HEDIS used \*' with '2017' selected. Below the dropdown, it says 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It features a sub-header 'Measurement Specification' with a collapse/expand icon '+/-'. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (selected). To the right, there is a text area labeled 'Explain \*' for providing details about the 'Other' selection.

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

The screenshot shows the 'Data Source' section. It features a sub-header 'Data Source' with a collapse/expand icon '+/-'. There are three radio button options: 'CAHPS 5.0', 'CAHPS 5.0H', and 'Other' (selected). To the right, there is a text area labeled 'Explain \*' for providing details about the 'Other' selection.

Figure 4: Data Source

## 1.5 Performance Measure

### Performance Measure

+/-

The percentage of Medicaid enrollees ages 18 to 64 who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H adult survey was completed.

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
10	20	20

Figure 5: Performance Measure

## 1.6 Deviations from Measurement Specifications

### Deviations from Measurement 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: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

- Race (Non-Hispanic)
  - White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	30	Clear Row

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)

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

- Sex
  - Male
  - Female

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

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

- Geography
  - Urban
  - Rural
  - + Additional Geographies

- Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	30	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995



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

### **AQM 2017 – HA1C Core Measure PRA document**

**Version 1.0**

**08/30/2017**

**Document Number:** 293-QSSI-MACPro-PRA-AQM017-HA1C-D

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

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# 1. HA1C Core Measure Screenshots

## 1.1 Are you reporting on this measure

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

### Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C)

CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Are you reporting on this measure? \*

Yes

No

View Implementation Guide

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

### Measurement Specification

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

Other

Specify version of HEDIS used \*

2017

HEDIS: Healthcare Effectiveness Data and Information Set

+/-

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

### Measurement Specification

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

Other

Explain \*

+/-

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**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 coming?**  
Must select only one

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

**Specify \***

Figure 4: Data Source

# 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65-75

Numerator	Denominator	Rate
30	40	75

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

Figure 5: Performance Measure



# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65-75

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

+-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65-75	30	40	75	<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(es)

Sex

- Male
- Female

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65-75	30	40	75	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>HA1C</b>	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
<b>PRA</b>	Paperwork Reduction Act of 1995



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

### **AQM 2017 – HPC Core Measure PRA document**

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**Version 1.0**

**08/30/2017**

**Document Number:** 294-QSSI-MACPro-PRA-AQM017-HPC-D  
**Contract Number:** HHSM-500-2007-00024I; HHSM-500-T0014

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# 1. HPC Core Measure Screenshots

## 1.1 Are you reporting on this measure

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

### Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)

CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

View Implementation Guide

Are you reporting on this measure?\*

Yes

No

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

### Measurement Specification

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

Other

Specify version of HEDIS used \*

2017

HEDIS: Healthcare Effectiveness Data and Information Set

+/-

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

### Measurement Specification

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

Other

Explain \*

+/-

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**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 coming?**  
Must select only one

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

**Specify \***

Figure 4: Data Source

# 1.5 Performance Measure

**Performance Measure** +/-

Percentage of Medicaid enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had hemoglobin A1c in poor control (>9.0%).

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65-75

Numerator	Denominator	Rate
0	0	0

The option "Denominator Includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\***

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65-75

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications



## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

- Race (Non-Hispanic)
  - White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65-75	30	40	75	<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(es)

- Sex
  - Male
  - Female

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

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

- Geography
  - Urban
  - Rural
  - + Additional Geographies

- Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65-75	30	40	75	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>HPC</b>	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
<b>PRA</b>	Paperwork Reduction Act of 1995



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

### **AQM 2017 –HPCMI Core Measure PRA document**

**Version 1.0**

**08/30/2017**

**Document Number:** 300-QSSI-MACPro-PRA-AQM017-HPCMI-D

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

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# 1. HPCMI Core Measure Screenshots

## 1.1 Are you reporting on this measure

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

Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Are you reporting on this measure?\*

Yes  
 No

View Implementation Guide

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

Measurement Specification

National Committee for Quality Assurance (NCQA)  
 Other

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

Measurement Specification

National Committee for Quality Assurance (NCQA)  
 Other

Explain \*

Figure 3: Measurement Specification – Path 2

## 1.4 Data Source

**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 coming?**  
Must select only one

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

**Specify \***

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

Percentage of Medicaid beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) in poor control (>9.0%).

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65-75

Numerator	Denominator	Rate
30	40	75

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65-75

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65-75	30	40	75	<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(es)

Sex

- Male
- Female

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65-75	30	40	75	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification



## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>HPCMI</b>	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
<b>PRA</b>	Paperwork Reduction Act of 1995



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

# **AQM 2017 – HIV Viral Load Suppression (HVL) Core Measure PRA document**

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**Version 1.0  
08/31/2017**

**Document Number:** 303-QSSI-MACPro-PRA-AQM017-HVL-D  
**Contract Number:** HHSM-500-2007-00024I; HHSM-500-T0014

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# 1. HIV Viral Load Suppression (HVL) Core Measure Screenshots

## 1.1 Are you reporting on this measure

The screenshot shows a web interface for the 'HIV Viral Load Suppression (HVL)' core measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Applan' is in the top right. Below the navigation, the title 'HIV Viral Load Suppression (HVL)' is displayed with the identifier 'CMS-10434 OMB 0938-1188'. The measure is identified as 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right side, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with a 'Request System Help' link and a 'View Implementation Guide' link. The main question is 'Are you reporting on this measure?\*' with two radio button options: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It features a title 'Measurement Specification' and a collapse icon '+/-'. Below the title, there are two radio button options: '(HRSA) Health Resources and Services Administration' (selected) and 'Other'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It features a title 'Measurement Specification' and a collapse icon '+/-'. Below the title, there are two radio button options: '(HRSA) Health Resources and Services Administration' and 'Other' (selected). To the right of the radio buttons is a text area labeled 'Explain \*' with a collapse icon '+/-'.

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify\*

Figure 4: Data Source

# 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid enrollees age 18 and older with a diagnosis of HIV who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65 and Older

Numerator	Denominator	Rate
10	20	50

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why:\*

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Age Range: 65 and Older

- Numerator

Explain \*

- Denominator

Explain \*

- Other

Explain \*

Figure 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

### Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	Clear Row
Age Range: 65 and Older	30	40	75	Clear Row

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)

Ethnicity

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

Sex

- Male
- Female

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	Clear Row
Age Range: 65 and Older	20	30	66.7	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995





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

### **AQM 2017 –IET Core Measure PRA document**

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**Version 1.0**

**08/31/2017**

**Document Number:** 305-QSSI-MACPro-PRA-AQM017-IET-D  
**Contract Number:** HHSM-500-2007-00024!; HHSM-500-T0014

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# 1. IET Core Measure Screenshots

## 1.1 Are you reporting on this measure

The screenshot shows the top navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Applan' is in the top right. The main heading is 'Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)' with the ID 'CMS-10434 OMB 0938-1188'. Below this is 'Medicaid Adult Core Quality Measure - ZZ - 2017'. On the right, there are buttons for 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES', along with links for 'Request System Help' and 'View Implementation Guide'. The question 'Are you reporting on this measure?' has two radio buttons: 'Yes' (selected) and 'No'.

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section with a collapse icon '+/-'. It contains two radio buttons: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. To the right, there is a dropdown menu labeled 'Specify version of HEDIS used \*' with '2017' selected. Below the dropdown is the text 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – Path 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section with a collapse icon '+/-'. It contains two radio buttons: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (unselected) and 'Other' (selected). To the right, there is a text area labeled 'Explain \*' with a collapse icon '+/-'.

Figure 3: Measurement Specification – Path 2

# 1.4 Data Source

## Data Source

Administrative Data

Other

From where is the Administrative Data coming?

Must select one or more

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify\*

Figure 4: Data Source

# 1.5 Performance Measure

## Performance Measure

+/-

The percentage of Medicaid enrollees age 18 and older with a new episode of alcohol or other drug (AOD) dependence who:

- Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

### Initiation of AOD Treatment

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65 and older

Numerator	Denominator	Rate
10	20	50

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

### Engagement of AOD Treatment

Age Range: 18-64

Numerator	Denominator	Rate
10	20	50

Age Range: 65 and older

Numerator	Denominator	Rate
10	20	50

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

- Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

Figure 5: Performance Measure

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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 of AOD Treatment

Age Range: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Engagement of AOD Treatment

Age Range: 18-64

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 6: Deviations from Measurement Specifications

# 1.7 Optional Measure Stratification

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

## Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

### Initiation of AOD Treatment

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65 and older	10	20	50	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

### Engagement of AOD Treatment

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65 and older	10	20	50	<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

+ Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

### Initiation of AOD Treatment

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65 and older	10	20	50	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

### Engagement of AOD Treatment

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	10	20	50	<a href="#">Clear Row</a>
Age Range: 65 and older	10	20	50	<a href="#">Clear Row</a>

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>AQM</b>	Adult Quality Measures
<b>IET</b>	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
<b>PRA</b>	Paperwork Reduction Act of 1995





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

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

# **AQM 2017 - Annual Monitoring for Patients on Persistent Medications (MPM) Core Measure PRA document**

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**Version 1.0**

**08/30/2017**

**Document Number:** 296-QSSI-MACPro-PRA-AQM2017-MPM-D

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

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# 1. Annual Monitoring for Patients on Persistent Medications (MPM) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Annual Monitoring for Patients on Persistent Medications (MPM)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

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

Are you reporting on this measure? \*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – 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

HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

Measurement Specification

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

Other

Explain \*

Figure 3: Measurement Specification – 2

## 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify \*

Figure 4: Data Source

## 1.5 Performance Measure – Path 1

**Performance Measure** +/-

The percentage of Medicaid enrollees age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. Report each of the three rates separately and a total rate.

- Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for enrollees on digoxin.
- Annual monitoring for enrollees on diuretics.
- Total rate (the sum of the four numerators divided by the sum of the four denominators).

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.

**Annual Monitoring for Enrollees on ACE Inhibitors or ARBs**

Age Range: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Character count: 0/4000

Figure 5: Performance Measure – 1

**Annual Monitoring for Enrollees on Digoxin**  
 Age Range: 18-64  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Age Range: 65 and Older  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

**Annual Monitoring for Enrollees on Diuretics**  
 Age Range: 18-64  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

**Figure 6: Performance Measure – 2**

Age Range: 65 and Older  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

**Total Rate**  
 Age Range: 18-64  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

Age Range: 65 and Older  
**Please explain why data was not entered for this numerator/denominator/rate set \***

Character count: 0/4000

**Figure 7: Performance Measure – 3**

## 1.6 Performance Measure – Path 2

**Performance Measure** +/-

The percentage of Medicaid enrollees age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. Report each of the three rates separately and a total rate.

- Annual monitoring for enrollees on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for enrollees on digoxin.
- Annual monitoring for enrollees on diuretics.
- Total rate (the sum of the four numerators divided by the sum of the four denominators).

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.

**Annual Monitoring for Enrollees on ACE Inhibitors or ARBs**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

**Figure 8: Performance Measure – 4**

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

**Annual Monitoring for Enrollees on Digoxin**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

**Figure 9: Performance Measure – 5**

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

**Annual Monitoring for Enrollees on Diuretics**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

**Figure 10: Performance Measure – 6**

Dually-Eligible population included in this denominator?

Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

Character count: 0/4000

**Total Rate**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \*

**Figure 11: Performance Measure – 7**



# 1.7 Deviations from Measurement Specifications

## Deviations from Measurement Specifications

+/-

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

- Yes
- No

Please select and explain the deviation(s)

Annual Monitoring for Enrollees on ACE Inhibitors or ARBs:

Age Range: 18-64

Numerator

Explain \*

Denominator

Explain \*

Figure 12: Deviations from Measurement Specifications – 1

Other

Explain \*

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 13: Deviations from Measurement Specifications – 2

Annual monitoring for Enrollees on Digoxin:

Age Range: 18-64

Numerator

Denominator

Other

Age Range: 65 and Older

Numerator

Explain \*

Explain \*

Explain \*

Explain \*

Figure 14: Deviations from Measurement Specifications – 3

Denominator

Other

Annual monitoring for Enrollees on Diuretic:

Age Range: 18-64

Numerator

Denominator

Explain \*

Explain \*

Explain \*

Explain \*

Figure 15: Deviations from Measurement Specifications – 4

<input checked="" type="checkbox"/> Other	Explain *
	<input type="text"/>
<b>Age Range: 65 and Older</b>	
<input checked="" type="checkbox"/> Numerator	Explain
	<input type="text"/>
<input checked="" type="checkbox"/> Denominator	Explain *
	<input type="text"/>
<input checked="" type="checkbox"/> Other	Explain *
	<input type="text"/>

Figure 16: Deviations from Measurement Specifications – 5

Total Rate:	
Age Range: 18-64	
<input checked="" type="checkbox"/> Numerator	Explain *
	<input type="text"/>
<input checked="" type="checkbox"/> Denominator	Explain
	<input type="text"/>
<input checked="" type="checkbox"/> Other	Explain *
	<input type="text"/>
Age Range: 65 and Older	
<input checked="" type="checkbox"/> Numerator	Explain *
	<input type="text"/>

Figure 17: Deviations from Measurement Specifications – 6

Denominator

Explain \*

Other

Explain

Figure 18: Deviations from Measurement Specifications – 7

## 1.8 Optional Measure Stratification

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

**Annual Monitoring for Enrollees on ACE Inhibitors or ARBs**

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

+ Additional/Alternative Classification/Sub-category

**Annual Monitoring for Enrollees on Digoxin**

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

+ Additional/Alternative Classification/Sub-category

Figure 19: Optional Measure Stratification – 1

**Annual Monitoring for Enrollees on Diuretic**

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

+ Additional/Alternative Classification/Sub-category

**Total Rate**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	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)

**Figure 20: Optional Measure Stratification – 2**

Sex
   
 Male
   
 Female

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

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

Geography
   
 Urban
   
 Rural
   
 + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

**Annual Monitoring for Enrollees on ACE Inhibitors or ARBs**

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

+ Additional/Alternative Classification/Sub-category

**Figure 21: Optional Measure Stratification – 3**

Annual Monitoring for Enrollees on Digoxin				
Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	0	0	0	Clear Row
+ Additional/Alternative Classification/Sub-category				
Annual Monitoring for Enrollees on Duretic				
Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	0	0	0	Clear Row
+ Additional/Alternative Classification/Sub-category				
Total Rate				
Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	0	0	0	Clear Row
+ Additional/Alternative Classification/Sub-category				

Figure 22: Optional Measure Stratification – 4

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Medical Assistance With Smoking and Tobacco Use Cessation (MSC) Core Measure PRA document**

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**Version 1.0**

**08/30/2017**

**Document Number:** 297-QSSI-MACPro-PRA-AQM2017-MSC-D

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



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Figure 20: Optional Measure Stratification – 2 ..... 9

Figure 21: Optional Measure Stratification – 3 ..... 10

Figure 22: Optional Measure Stratification – 4 ..... 10

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# 1. Medical Assistance With Smoking and Tobacco Use Cessation (MSC) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

### Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

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

Are you reporting on this measure?\*

- Yes
- No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – 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

HEDIS: Healthcare Effectiveness Data and Information Set

+/-

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

### Measurement Specification

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

Explain\*

+/-

Figure 3: Measurement Specification – 2

## 1.4 Data Source

### Data Source

- CAHPS 5.0
- CAHPS 5.0H
- Other

Explain\*

+/-

Figure 4: Data Source

# 1.5 Performance Measure – Path 1

## Performance Measure

+/-

A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received medical assistance with smoking and tobacco use cessation during the measurement year. The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation and are reported as three separate rolling averages:

- Advising Smokers and Tobacco Users to Quit – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year
- Discussing Cessation Medications – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year
- Discussing Cessation Strategies – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies 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.

### Advising Smokers and Tobacco Users to Quit

Age Range: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Figure 5: Performance Measure – 1

### Discussing Cessation Medications

Age Range: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Character count: 0/4000

### Discussing Cessation Strategies

Age Range: 18-64

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

Character count: 0/4000

Figure 6: Performance Measure – 2

Age Range: 65 and Older

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

Character count: 0/4000

**Percentage of Current Smokers and Tobacco Users – Supplemental Calculation**

Age Range: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Character count: 0/4000

**Figure 7: Performance Measure – 3**

## 1.6 Performance Measure – Path 2

**Performance Measure** +/-

A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received medical assistance with smoking and tobacco use cessation during the measurement year. The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation and are reported as three separate rolling averages:

- Advising Smokers and Tobacco Users to Quit – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year
- Discussing Cessation Medications – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year
- Discussing Cessation Strategies – A rolling average represents the percentage of Medicaid enrollees age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies 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.

**Advising Smokers and Tobacco Users to Quit**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

**Figure 8: Performance Measure – 4**

Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

**Discussing Cessation Medications**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

**Figure 9: Performance Measure – 5**

**Discussing Cessation Strategies**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

**Percentage of Current Smokers and Tobacco Users - Supplemental Calculation**

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

**Figure 10: Performance Measure – 6**

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

Figure 11: Performance Measure – 7

## 1.7 Deviations from Measurement Specifications

### Deviations from Measurement Specifications +/-

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

Yes  
 No

Please select and explain the deviation(s)

Advising Smokers and Tobacco Users to Quit

Age Range: 18-64

Numerator

**Explain \***

Denominator

**Explain \***

Other

**Explain \***

Figure 12: Deviations from Measurement Specifications – 1

<input checked="" type="checkbox"/> Other	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>
<b>Age Range: 65 and Older</b>	
<input checked="" type="checkbox"/> Numerator	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>
<input checked="" type="checkbox"/> Denominator	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>
<input checked="" type="checkbox"/> Other	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>

**Figure 13: Deviations from Measurement Specifications – 2**

Discussing Cessation Medications	
<b>Age Range: 18-64</b>	
<input checked="" type="checkbox"/> Numerator	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>
<input checked="" type="checkbox"/> Denominator	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>
<input checked="" type="checkbox"/> Other	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>
<b>Age Range: 65 and Older</b>	
<input checked="" type="checkbox"/> Numerator	Explain *
	<div style="border: 1px solid #ccc; height: 40px;"></div>

**Figure 14: Deviations from Measurement Specifications – 3**



<input checked="" type="checkbox"/> Denominator	Explain *
<input checked="" type="checkbox"/> Other	Explain *
Discussing Cessation Strategies Age Range: 18-64 <input checked="" type="checkbox"/> Numerator	Explain *
<input checked="" type="checkbox"/> Denominator	Explain *

Figure 15: Deviations from Measurement Specifications – 4

<input checked="" type="checkbox"/> Other	Explain *
Age Range: 65 and Older <input checked="" type="checkbox"/> Numerator	Explain *
<input checked="" type="checkbox"/> Denominator	Explain *
<input checked="" type="checkbox"/> Other	Explain *

Figure 16: Deviations from Measurement Specifications – 5

Percentage of Current Smokers and Tobacco Users – Supplemental Calculation

**Age Range: 18-64**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

**Age Range: 65 and Older**

Numerator

Explain \*

**Figure 17: Deviations from Measurement Specifications – 6**

Denominator

Explain \*

Other

Explain \*

**Figure 18: Deviations from Measurement Specifications – 7**

## 1.8 Optional Measure Stratification

*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

**Advising Smokers and Tobacco Users to Quit**

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

+ Additional/Alternative Classification/Sub-category

**Discussing Cessation Medications**

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

+ Additional/Alternative Classification/Sub-category

**Figure 19: Optional Measure Stratification – 1**

**Discussing Cessation Strategies**

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

+ Additional/Alternative Classification/Sub-category

**Percentage of Current Smokers and Tobacco Users – Supplemental Calculation**

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	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)

**Figure 20: Optional Measure Stratification – 2**

Sex  
 Male  
 Female

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

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

Geography  
 Urban  
 Rural  
 + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

**Advising Smokers and Tobacco Users to Quit**

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

+ Additional/Alternative Classification/Sub-category

**Figure 21: Optional Measure Stratification – 3**

**Discussing Cessation Medications**

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

+ Additional/Alternative Classification/Sub-category

**Discussing Cessation Strategies**

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

+ Additional/Alternative Classification/Sub-category

**Percentage of Current Smokers and Tobacco Users – Supplemental Calculation**

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

+ Additional/Alternative Classification/Sub-category

**Figure 22: Optional Measure Stratification – 4**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017- Use of Opioids at High Dosage in Persons without Cancer (OHD) Core Measure PRA document**

---

**Version 1.0**

**08/30/2017**

**Document Number:** 298-QSSI-MACPro-PRA-AQM2017-OHD-D

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

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# 1. Use of Opioids at High Dosage in Persons without Cancer (OHD) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

### Use of Opioids at High Dosage in Persons without Cancer (OHD)

CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

[REQUEST TECHNICAL ASSISTANCE](#)

[CLEAR](#)

[VIEW ALL RESPONSES](#)

[View Implementation Guide](#)

Are you reporting on this measure? \*

Yes

No

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification

### Measurement Specification

Pharmacy Quality Alliance (PQA)

Other

Explain \*

+/-

Figure 2: Measurement Specification

## 1.3 Data Source

### Data Source

Administrative Data

From where is the Administrative Data coming?

Must select one or more

Medicaid Management Information System (MMIS)

Other

\* Specify

+/-

Other

Specify \*

Figure 3: Data Source



## 1.4 Performance Measure – Path 1

**Performance Measure** +/-

Rate per 1,000 Medicaid beneficiaries included in the denominator age 18 and older without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents (MME) for 90 consecutive days or longer. Patients in hospice are also excluded.

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: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Character count: 0/4000

Figure 4: Performance Measure – 1

## 1.5 Performance Measure – Path 2

**Performance Measure** +/-

Rate per 1,000 Medicaid beneficiaries included in the denominator age 18 and older without cancer who received prescriptions for opioids with a daily dosage greater than 120 morphine milligram equivalents (MME) for 90 consecutive days or longer. Patients in hospice are also excluded.

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: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Character count: 0/4000

Figure 5: Performance Measure – 2

# 1.6 Deviations from Measurement Specifications

## Deviations from Measurement 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: 18-64

Numerator

Explain \*

Denominator

Explain \*

Rate

Explain \*

Figure 6: Deviations from Measurement Specifications – 1

Age Range: 65 and Older

Numerator

Explain \*

Denominator

Explain \*

Rate

Explain \*

Figure 7: Deviations from Measurement Specifications – 2

## 1.7 Optional Measure Stratification

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: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	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)

Figure 8: Optional Measure Stratification – 1

Sex

- Male
- Female

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

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

+ Additional/Alternative Classification/Sub-category

Figure 9: Optional Measure Stratification – 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

### **AQM 2017 - Elective Delivery (PC01) – Core Measure PRA document**

---

**Version 1.0**

**08/30/2017**

**Document Number:** 299-QSSI-MACPro-PRA-AQM2017-PC01-D

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

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# 1. Elective Delivery (PC01) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

**PC-01: Elective Delivery (PC01)**  
CMS-10434 OMB 0938-1188

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Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

Are you reporting on this measure?\*

Yes  
 No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification

**Measurement Specification**

The Joint Commission  
 Other

Explain \*

Figure 2: Measurement Specification

## 1.3 Data Source

**Data Source**

Hybrid (Administrative and Medical Records Data)

Electronic Health Records

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 coming?  
 Must select only one

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

Specify \*

Figure 3: Data Source – 1

Other

Specify \*

Figure 4: Data Source – 2

## 1.4 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid and CHIP enrolled women with elective vaginal deliveries or elective cesarean sections at  $\geq 37$  and  $< 39$  weeks of gestation completed.

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 5: Performance Measure

## 1.5 Deviations from Measurement Specifications

**Deviations from Measurement 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 6: Deviations from Measurement Specifications



## 1.6 Optional Measure Stratification

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: 37-39	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)

Figure 7: Optional Measure Stratification – 1

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 37-39	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 8: Optional Measure Stratification – 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Antenatal Steroids (PC03) Core Measure PRA document**

---

**Version 1.0**

**08/31/2017**

**Document Number:** 295-QSSI-MACPro-PRA-AQM2017-PC03-D

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

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# 1. Antenatal Steroids (PC03) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

### PC-03: Antenatal Steroids (PC03)

CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - ZZ - 2017

[Request System Help](#)

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

[View Implementation Guide](#)

Are you reporting on this measure?\*

- Yes
- No

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification

### Measurement Specification

- The Joint Commission
- Other

Explain \*

Figure 2: Measurement Specification

## 1.3 Data Source

### Data Source

- 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

From where is the Medical Records coming?

Must select only one

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

Specify \*

- Other

Figure 3: Data Source

## 1.4 Performance Measure

### Performance Measure

+/-

The percentage of Medicaid and CHIP enrolled women at risk of preterm delivery at  $\geq 24$  and  $< 34$  weeks gestation that received antenatal steroids prior to delivering preterm newborns.  
 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 Measurement Specifications

### Deviations from Measurement 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 5: Deviations from Measurement Specifications

## 1.6 Optional Measure Stratification

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: 24-32	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)

Figure 6: Optional Measure Stratification – 1

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 24-32	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 7: Optional Measure Stratification – 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995





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

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

# **AQM 2017 - Plan All-Cause Readmissions (PCR) Core Measure PRA document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 283-QSSI-MACPro-PRA-AQM2017-PCR-D

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

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# 1. Plan All-Cause Readmissions (PCR) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

The screenshot shows the 'Plan All-Cause Readmissions (PCR)' form. At the top, it displays 'Plan All-Cause Readmissions (PCR)' and 'CMS-10434 OMB 0938-1188'. Below this, it identifies the measure as 'Medicaid Adult Core Quality Measure - NY - 2016'. On the right side, there are three buttons: 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES'. A 'Request System Help' link is also present. The main question is 'Are you reporting on this measure?\*' with two radio button options: 'Yes' (which is selected) and 'No'. A 'View Implementation Guide' link is located at the bottom right.

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – Path 1

The screenshot shows the 'Measurement Specification' section for Path 1. It features a toggle switch '+/-' on the right. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' (selected) and 'Other'. To the right, there is a field labeled 'Specify version of HEDIS used \*' with a dropdown menu currently showing 'Select Year'. Below the dropdown, it says 'HEDIS: Healthcare Effectiveness Data and Information Set'.

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

The screenshot shows the 'Measurement Specification' section for Path 2. It features a toggle switch '+/-' on the right. There are two radio button options: 'National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)' and 'Other' (which is selected). To the right, there is a field labeled 'Explain \*' with a large text input area below it.

Figure 3: Measurement Specification – 2

## 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify\*

Figure 4: Data Source

## 1.5 Performance Measure – Path 1

**Performance Measure** +/-

For Medicaid beneficiaries 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following three categories:

- Count of Index Hospital Stays (IHS)(denominator)
- Count of 30-Day Readmissions (numerator)
- Readmission Rate

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: 18-64

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

Character count: 0/4000

Age Range: 65+

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

Figure 5: Performance Measure - 1

## 1.6 Performance Measure – Path 2

**Performance Measure** +/-

For Medicaid beneficiaries 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. Data are reported in the following three categories:

- Count of Index Hospital Stays (IHS)(denominator)
- Count of 30-Day Readmissions (numerator)
- Readmission Rate

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: 18-64

Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmission (Num/Den)
0	0	0

Age Range: 65+

Count of Index Stays (Den)	Count of 30-Day Readmissions (Num)	Observed Readmission (Num/Den)
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes  
 No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected. please explain why: \***

Figure 6: Performance Measure - 2

## 1.7 Deviations from Measurement Specifications

**Deviations from Measurement 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: 18-64**

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 7: Deviations from Measurement Specifications – 1

Age Range: 65 and Older

Numerator

Denominator

Other

Explain \*

Explain \*

Explain \*

Figure 8: Deviations from Measurement Specifications – 2

## 1.8 Optional Measure Stratification

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65+	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 9: Optional Measure Stratification – 1

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65+	0	0	0	Clear Row

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

**Figure 10: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995





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

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

# **AQM 2017 - Prenatal & Postpartum Care: Postpartum Care Rate (PPC) Core Measure PRA document**

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**Version 1.0**

**08/29/2017**

**Document Number:** 284-QSSI-MACPro-PRA-AQM2017-PPC-D

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

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# 1. Prenatal & Postpartum Care: Postpartum Care Rate (PPC) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Prenatal & Postpartum Care: Postpartum Care Rate (PPC)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - NY - 2016

[Request System Help](#)

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

Are you reporting on this measure?\*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – 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

HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

Measurement Specification

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

Other

Explain \*

Figure 3: Measurement Specification – 2

## 1.4 Data Source

**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

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

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

Figure 4: Data Source – 1

Other

Specify \*

Figure 5: Data Source – 2

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

Numerator	Denominator	Rate
0	0	0

Figure 6: Performance Measure

## 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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 7: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-56	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)

Primary Spoken Language

English

•  Spanish

+ Additional Primary Spoken Language(s)

Figure 8: Optional Measure Stratification – 1

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 21-56	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 9: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Diabetes Short-Term Complications Admission Rate (PQI01) Core Measure PRA document**

---

**Version 1.0**

**08/29/2017**

**Document Number:** 285-QSSI-MACPro-PRA-AQM2017-PQI01-D

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



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# 1. Diabetes Short-Term Complications Admission Rate (PQI01) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Diabetes Short-Term Complications Admission Rate (PQI01)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - NY - 2016

[Request System Help](#)

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

Are you reporting on this measure?\*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification

Measurement Specification

AHRQ(Agency for Healthcare Research & Quality)

Other

Explain \*

Figure 2: Measurement Specification

## 1.3 Data Source

Data Source

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify \*

Figure 3: Data Source

## 1.4 Performance Measure – Path 1

**Performance Measure** +/-

The number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 enrollee months for Medicaid enrollees ages 18 and older.

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: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Figure 4: Performance Measure - 2

## 1.5 Performance Measure – Path 2

**Performance Measure** +/-

The number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 enrollee months for Medicaid enrollees ages 18 and older.

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: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Figure 5: Performance Measure - 2

# 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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: 18-64**

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

Figure 6: Deviations from Measurement Specifications – 1

**Age Range: 65 and Older**

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

Figure 7: Deviations from Measurement Specifications – 2

## 1.7 Optional Measure Stratification

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	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 8: Optional Measure Stratification – 1

Primary Spoken Language

English

•  Spanish

+ Additional Primary Spoken Language(s)

Disability Status

SSI

•  Non-SSI

+ Additional Disability Status(es)

Geography

Urban

•  Rural

+ Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

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

+ Additional/Alternative Classification/Sub-category

Figure 9: Optional Measure Stratification – 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05) Core Measure PRA document**

---

**Version 1.0**  
**08/29/2017**

**Document Number:** 286-QSSI-MACPro-PRA-AQM2017-PQI05-D

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

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# 1. Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05) – Screenshots

## 1.1 Are you reporting on this measure?

Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05)  
CMS-10434 OMB 0938-1188

---

Medicaid Adult Core Quality Measure - NY - 2016

[Request System Help](#)

Are you reporting on this measure? \*

Yes  
 No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification

Measurement Specification +/-

AHRQ(Agency for Healthcare Research & Quality)  
 Other

Explain \*

Figure 2: Measurement Specification

## 1.3 Data Source

Data Source +/-

Administrative Data  
  
 Other

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

Medicaid Management Information System (MMIS)  
 Other

\* Specify

Specify \*

Figure 3: Data Source

## 1.4 Performance Measure – Path 1

**Performance Measure** +/-

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 enrollee months for Medicaid enrollees age 40 and older.

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: 40-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Figure 4: Performance Measure – 1

## 1.5 Performance Measure – Path 2

**Performance Measure** +/-

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 enrollee months for Medicaid enrollees age 40 and older.

Age Range: 40-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Figure 5: Performance Measure – 2

## 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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: 40-64**

Numerator

Denominator

Other

Explain \*

Explain \*

Explain \*

Figure 6: Deviation from Measurement Specifications – 1

**Age Range: 65 and Older**

Numerator

Denominator

Other

Explain \*

Explain \*

Explain \*

Figure 7: Deviation from Measurement Specifications – 2

## 1.7 Optional Measure Stratification

*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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	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 8: Optional Measure Stratification – 1**

Primary Spoken Language

English

\*  Spanish

+ Additional Primary Spoken Language(s)

Disability Status

SSI

\*  Non-SSI

+ Additional Disability Status(es)

Geography

Urban

\*  Rural

+ Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

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

+ Additional/Alternative Classification/Sub-category

**Figure 9: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Heart Failure Admission Rate (PQI08) Core Measure PRA document**

---

**Version 1.0**  
**08/29/2017**

**Document Number:** 287-QSSI-MACPro-PRA-AQM2017-PQI08-D

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

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## List of Tables

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# 1. Heart Failure Admission Rate (PQI08) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Heart Failure Admission Rate (PQI08)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - NY - 2016

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

Are you reporting on this measure?\*

Yes

No

View Implementation Guide

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification

Measurement Specification

AHRQ(Agency for Healthcare Research & Quality)

Other

Explain\*

Figure 2: Measurement Specification

## 1.3 Data Source

Data Source

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify\*

Figure 3: Data Source



## 1.4 Performance Measure – Path 1

**Performance Measure** +/-

Number of inpatient hospital admissions for heart failure per 100,000 enrollee months for Medicaid beneficiaries age 18 and older.

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: 18-64

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

Character count: 0/4000

Age Range: 65 and Older

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

Figure 4: Performance Measure - 1

## 1.5 Performance Measure – Path 2

**Performance Measure** +/-

Number of inpatient hospital admissions for heart failure per 100,000 enrollee months for Medicaid beneficiaries age 18 and older.

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: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and Older

Numerator	Denominator	Rate
0	0	0

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was not selected in the "Definition of Population Included in the Measure." Is the Medicare and Medicaid Dually-Eligible population included in this denominator?

Yes

No

**"Denominator includes Medicare and Medicaid Dually-Eligible Population" was not selected, please explain why: \***

Figure 5: Performance Measure - 2

## 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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: 18-64**

Numerator

Denominator

Other

Explain \*

Explain \*

Explain \*

Figure 6: Deviations from Measurement Specifications – 1

**Age Range: 65 and Older**

Numerator

Denominator

Other

Explain \*

Explain \*

Explain \*

Figure 7: Deviations from Measurement Specifications – 2

## 1.7 Optional Measure Stratification

*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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65 and Older	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 8: Optional Measure Stratification – 1**

Primary Spoken Language

English

•  Spanish

+ Additional Primary Spoken Language(s)

Disability Status

SSI

•  Non-SSI

+ Additional Disability Status(es)

Geography

Urban

•  Rural

+ Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

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

+ Additional/Alternative Classification/Sub-category

**Figure 9: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Asthma in Younger Adults Admission Rate (PQI15) Core Measure PRA document**

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**Version 0.1**

**08/29/2017**

**Document Number:** 288-QSSI-MACPro-PRA-AQM2017-PQI15-D

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

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# 1. Asthma in Younger Adults Admission Rate (PQI15) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Asthma in Younger Adults Admission Rate (PQI15)  
CMS-10434 OMB 0938-1188

---

Medicaid Adult Core Quality Measure - NY - 2016

[Request System Help](#)

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Are you reporting on this measure? \*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure

## 1.2 Measurement Specification

Measurement Specification +/-

AHRQ(Agency for Healthcare Research & Quality)

Other

Explain \*

Figure 2: Measurement Specification

## 1.3 Data Source

Data Source +/-

Administrative Data

Other

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Specify \*

Figure 3: Data Source

## 1.4 Performance Measure

**Performance Measure** +/-

Number of inpatient hospital admissions-for asthma per 100,000 enrollee months for Medicaid enrollees ages 18 to 39.

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

## 1.5 Deviations from Measurement Specifications

**Deviations from Measurement 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: 18-39

Numerator

Explain \*

Denominator

Explain \*

Other

Explain \*

Figure 5: Deviations from Measurement Specifications

## 1.6 Optional Measure Stratification

*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
- + Additional Primary Spoken Language(s)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-39	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 6: Optional Measure Stratification – 1**

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 19-64	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 7: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995



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

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

# **AQM 2017 - Adherence to Antipsychotics for Individuals with Schizophrenia (SAA) Core Measure PRA document**

---

**Version 1.0**

**08/29/2017**

**Document Number:** 289-QSSI-MACPro-PRA-AQM2017-SAA-D

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

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# 1. Adherence to Antipsychotics for Individuals with Schizophrenia (SAA) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)  
CMS-10434 OMB 0938-1188

Medicaid Adult Core Quality Measure - NY - 2016

[Request System Help](#)

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Are you reporting on this measure?\*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – 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

HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

Measurement Specification

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

Other

Explain \*

Figure 3: Measurement Specification – 2

## 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify\*

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid enrollees ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure

## 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 19-64	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 7: Optional Measure Stratification – 1

Disability Status

SSI

•  Non-SSI

+ Additional Disability Status(es)

Geography

Urban

•  Rural

+ Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 19-64	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 8: Optional Measure Stratification – 2

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995





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

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

# **AQM 2017 – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Core Measure PRA document**

---

**Version 1.0**  
**08/29/2017**

**Document Number:** 290-QSSI-MACPro-PRA-AQM2017-SSD-D

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

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# 1. (SSD) Core Measure – Screenshots

## 1.1 Are you reporting on this measure?

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)  
CMS-10434 OMB 0938-1188

---

Medicaid Adult Core Quality Measure - NY - 2016

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

Are you reporting on this measure? \*

Yes

No

[View Implementation Guide](#)

Figure 1: Are you reporting on this measure?

## 1.2 Measurement Specification – 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

HEDIS: Healthcare Effectiveness Data and Information Set

Figure 2: Measurement Specification – 1

## 1.3 Measurement Specification – Path 2

Measurement Specification

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

Other

Explain \*

Figure 3: Measurement Specification – 2

## 1.4 Data Source

**Data Source** +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

\* Specify

Other

Specify\*

Figure 4: Data Source

## 1.5 Performance Measure

**Performance Measure** +/-

The percentage of Medicaid enrollees ages 18 to 64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure

## 1.6 Deviations from Measurement Specifications

**Deviations from Measurement 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 6: Deviations from Measurement Specifications

## 1.7 Optional Measure Stratification

*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
- + Additional Primary Spoken Language(s)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 7: Optional Measure Stratification – 1**

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Adult Eligibility Group (ACA Expansion Group)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

**Figure 8: Optional Measure Stratification – 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
<b>AQM</b>	Adult Quality Measure
<b>PRA</b>	Paper Reduction Act of 1995
<b>SDD</b>	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications