



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

**Medicaid and CHIP Program (MACPro)
MIHQM 2017 – CCW Core Measure PRA
document**

**Version 1.0
09/06/2017**

Document Number: 316-QSSI-MACPro-PRA-MIHQM017-CCW-D

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

Table of Contents

- 1. CCW Core Measure Screenshots 1**
- 1.1 Are you reporting on this measure? 1
- 1.2 Measurement Specification – Path 1..... 1
- 1.3 Measurement Specification – Path 2..... 1
- 1.4 Data Source 2
- 1.5 Performance Measure..... 2
- 1.6 Deviations from Measurement Specifications 3
- 1.7 Optional Measure Stratification 4
- Appendix A: Acronyms..... 6**

List of Figures

- Figure 1: Are you reporting on this measure 1
- Figure 2: Measurement Specification – Path 1..... 1
- Figure 3: Measurement Specification – Path 2..... 1
- Figure 4: Data Source 2
- Figure 5: Performance Measure..... 2
- Figure 6: Deviations from Measurement Specifications – Screenshot 1 3
- Figure 7: Deviations from Measurement Specifications – Screenshot 2 4
- Figure 8: Optional Measure Stratification 5

List of Tables

- Table 1: Acronyms 6

1. CCW Core Measure Screenshots

1.1 Are you reporting on this measure?

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

Applan

Maternal and Infant Health Initiative Measure: Contraceptive Care - All Women Ages 15-44 (CCW)

CMS-10434 OMB 0938-1188

MIH Quality Measure - ZZ - 2017

Federal Fiscal Year
2017

Are you reporting on this measure?*

Yes
 No

Request System Help

REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES

View Implementation Guide

Figure 1: Are you reporting on this measure

1.2 Measurement Specification – Path 1

Measurement Specification

For non-grantee states, the measure is optional. Submission of the Maternal and Infant Health report is not required.

Office of Population Affairs(OPA)/Centers for Disease Control and Prevention(CDC)
 Other

Figure 2: Measurement Specification – Path 1

1.3 Measurement Specification – Path 2

Measurement Specification

For non-grantee states, the measure is optional. Submission of the Maternal and Infant Health report is not required.

Office of Population Affairs(OPA)/Centers for Disease Control and Prevention(CDC)
 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 women ages 15-44 at risk of unintended pregnancy that:

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

The first measure is an intermediate outcome measure, and it is desirable to have a high percentage of women who are using the most effective or moderately effective contraceptive methods. The second measure is an access measure, and the focus is on making sure that women have access to LARC methods.

Two rates are reported for each measure, one for ages 15-20 and one for ages 21-44.

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

Ages 15-20

Numerator	Denominator	Rate
0	0	0

Ages 21-44

Numerator	Denominator	Rate
0	0	0

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

Ages 15-20

Numerator	Denominator	Rate
0	0	0

Ages 21-44

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure

1.6 Deviations from Measurement Specifications

Deviations from Measure Specifications

+/-

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

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

Yes

No

Please select and explain the deviation(s):

Ages 15-20

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Ages 21-44

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 6: Deviations from Measurement Specifications – Screenshot 1

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

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

Yes
 No

Please select and explain the deviation(s):

Ages 15-20

Numerator

Denominator

Other

Ages 21-44

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 displayed under each of the stratification categories.

Optional Measure Stratification

+/-

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.

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

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	
Age Range: 15-20	10	20	30	Clear Row
Age Range: 21-44	10	20	30	Clear Row

+ Additional/Alternative Classification/Sub-category

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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 15-20	10	20	30	Clear Row
Age Range: 21-44	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)
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)
- Geography
 - Urban
 - Rural
 - + Additional Geographies
- Program Authority
 - Waiver/SPA
 - General Medicaid
- Delivery System
 - Managed Care
 - Fee-for-Service
 - Primary Care Case Management(PCCM)
 - Other

Figure 8: Optional Measure Stratification

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
MIHQM	Maternal and Infant Health Quality Measures
CCW	Maternal and Infant Health Initiative Measure: Contraceptive Care - All Women Ages 15-44
PRA	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)
MIHQM 2017 – Admin Screen PRA document**

**Version 1.0
09/06/2017**

Document Number: 312-QSSI-MACPro-PRA-MIHQM017-AdminScreen-D

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

Table of Contents

1. Admin Screen Screenshots	1
1.1 Federal Fiscal Year	1
1.2 Core Measures.....	1
1.3 Delivery System	1
1.4 Audit or Validation of Measures	2
1.5 External Contractor	2
1.6 Report Documents	2
Appendix A: Acronyms.....	3

List of Figures

Figure 1: Federal Fiscal Year	1
Figure 2: Core Measures.....	1
Figure 3: Delivery System	1
Figure 4: Audit or Validation of Measures	2
Figure 5: External Contractor	2
Figure 6: Report Documents	2

List of Tables

Table 1: Acronyms	3
-------------------------	---

1. Admin Screen Screenshots

1.1 Federal Fiscal Year

The screenshot shows a web interface with a navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main heading is 'Welcome to the CMCS Maternal and Infant Health Initiative Developmental Measures Reporting Template' with the identifier 'CMS-10434 OMB 0938-1188'. A 'Federal Fiscal Year' dropdown menu is set to '2017'. On the right, there are links for 'Request System Help', 'Request Technical Assistance', and 'View Implementation Guide'. A question asks if the state is participating in the 'Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP' grant, with 'Yes' selected. Below this, instructions are provided for reporting on the 'Contraceptive Care - All Women Ages 15-44 (CCW)' measure, including a note that for non-grantee states, the measure is optional and reporting is not required.

Figure 1: Federal Fiscal Year

1.2 Core Measures

Core Measures

Measure	Status	Reporting on the measure?
<input type="checkbox"/> Maternal and Infant Health Initiative Measure: Contraceptive Care - All Women Ages 15-44 (CCW)	Not Started	<input type="checkbox"/>

Figure 2: Core Measures

1.3 Delivery System

Delivery System

As of September 30, 2016, what percentage of your Medicaid/CHIP enrollees (under age 45) were enrolled in each delivery system?

Delivery System	Ages 15-20	Ages 21-44
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?

CCW

[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

Please Explain

Character count: 0/4000

None of the above, we calculated all the measures internally

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
MIHQM	Maternal and Infant Health Quality Measures
PRA	Paperwork Reduction Act of 1995