



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/24/2017

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

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

Table of Contents

1. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2	1
1.3 Data Source	1
1.4 Performance Measure - Path 1	2
1.5 Performance Measure - Path 2	2
1.6 Deviations from Measure Specifications – Screenshot 1	3
1.7 Deviations from Measure Specifications – Screenshot 2	3
1.8 Optional Measure Stratification – Screenshot 1	4
1.9 Optional Measure Stratification – Screenshot 2	4
Appendix A: Acronyms.....	5

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1	2
Figure 5: Performance Measure - Path 2	2
Figure 6: Deviations from Measure Specifications – Screenshot 1	3
Figure 7 : Deviations from Measure Specifications – Screenshot 2	3
Figure 8 : Optional Measure Stratification – Screenshot 1	4
Figure 9: Optional Measure Stratification – Screenshot 2	4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Figure 3 : Data Source

1.4 Performance Measure - Path 1

Performance Measure

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

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

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

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

Initiation Phase

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

Character count: 0/4000

Continuation and Maintenance (C&M) Phase

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

Character count: 0/4000

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2

Performance Measure

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

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

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

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

Initiation Phase

Numerator	Denominator	Rate
0	0	0

Continuation and Maintenance (C&M) Phase

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure - Path 2

1.6 Deviations from Measure Specifications – Screenshot 1

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

Initiation Phase

Numerator Explain *

Denominator Explain *

Other Explain *

Continuation and Maintenance (C&M) Phase

Numerator Explain *

Figure 6: Deviations from Measure Specifications – Screenshot 1

1.7 Deviations from Measure Specifications – Screenshot 2

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

Continuation and Maintenance (C&M) Phase

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 7 : Deviations from Measure Specifications – Screenshot 2

1.8 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
- + Additional Ethnicity(ies)
- Sex
 - Male
 - Female
- Primary Spoken Language
 - English
 - Spanish
- + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
- + Additional Disability Status(es)
- Geography
 - Urban
 - Rural
- + Additional Geographies

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

+ Additional/Alternative Classification/Sub-category

Figure 8 : Optional Measure Stratification – Screenshot 1

1.9 Optional Measure Stratification – Screenshot 2

Optional Measure Stratification

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

Figure 9: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

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

**Version 1.0
08/30/2017**

Document Number: 308-QSSI-MACPro-PRA-CQM2017-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 – Screenshot 1.....	1
1.3 Core Measures – Screenshot 2.....	2
1.4 Delivery System	2
1.5 Audit or Validation of Measures	2
1.6 External Contractor	3
Appendix A: Acronyms.....	4

List of Figures

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

List of Tables

No table of figures entries found.

1. Admin Screen Screenshots

1.1 Federal Fiscal Year

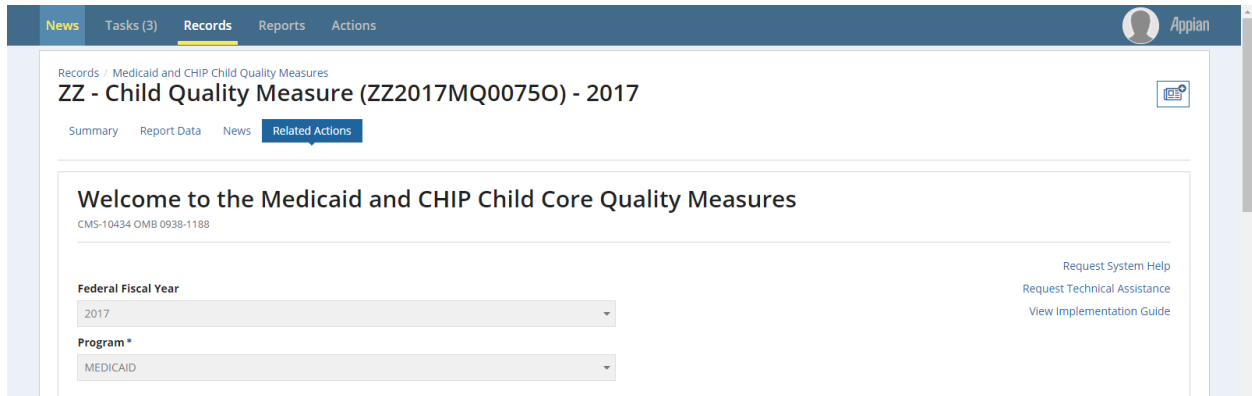


Figure 1: Federal Fiscal Year

1.2 Core Measures – Screenshot 1

Measure	Status	Reporting on the measure?	
<input type="checkbox"/> Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)	Not Started		✘
<input type="checkbox"/> Ambulatory Care - Emergency Department (ED) Visits (AMB)	In Progress	Yes	⊙
<input type="checkbox"/> Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	In Progress	Yes	⊙
<input type="checkbox"/> Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	In Progress	Yes	⊙
<input type="checkbox"/> Audiological Evaluation No Later than Three Months of Age (AUD)	In Progress	Yes	⊙
<input type="checkbox"/> Adolescent Well-Care Visit (AWC)	Not Started		✘
<input type="checkbox"/> Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)	In Progress	Yes	⊙
<input type="checkbox"/> Children and Adolescents' Access to Primary Care Practitioners (CAP)	In Progress	Yes	⊙
<input type="checkbox"/> Contraceptive Care - Postpartum Women Ages 15-20 (CCP)	Not Started		✘
<input type="checkbox"/> Chlamydia Screening in Women Ages 16-20 (CHL)	In Progress	Yes	⊙
<input type="checkbox"/> Childhood Immunization Status (CIS)	In Progress	Yes	⊙
<input type="checkbox"/> Pediatric Central Line-Associated Blood Stream Infections (CLABSIs)*	Complete		✔
<input type="checkbox"/> Consumer Assessment of Healthcare Providers and Systems® (CAHPS) Health Plan Survey 5.0H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)	In Progress	No	⊙
<input type="checkbox"/> Developmental Screening in the First Three Years of Life (DEV)	In Progress	Yes	⊙
<input type="checkbox"/> Frequency of Ongoing Prenatal Care (FPC)	In Progress	Yes	⊙
<input type="checkbox"/> Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH)	In Progress	Yes	⊙
<input type="checkbox"/> Immunizations for Adolescents (IMA)	In Progress	Yes	⊙
<input type="checkbox"/> Live Births Weighing Less Than 2,500 Grams (LBW)	Not Started		✘
<input type="checkbox"/> Medication Management for People with Asthma (MMA)	In Progress	Yes	⊙
<input type="checkbox"/> ...	In Progress	Yes	⊙

Figure 2 : Core Measures – Screenshot 1

1.3 Core Measures – Screenshot 2

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

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

1 - 27 of 27

Additional Measures

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

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

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

Figure 3: Core Measures – Screenshot 2

1.4 Delivery System

The screenshot shows the 'Delivery System' section with a table for reporting Medicaid/CHIP enrollment data as of September 30, 2016.

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

Figure 4: Delivery System

1.5 Audit or Validation of Measures

The screenshot shows the 'Audit or Validation of Measures' section. It includes a question about whether any core set measures were audited or validated, with radio buttons for 'Yes' (selected) and 'No'. There is also a table for recording which measures were audited and by whom.

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

Yes
 No

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

[Add Measure](#)

Figure 5: Audit or Validation of Measures

1.6 External Contractor

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

External Contractor +/-

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

Select all that apply:

- External quality review organization (EQRO)
- MMIS contractor
- Data analytics contractor
- Other

None of the above, we calculated all the measures internally

Please Explain

Report Documents +/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1168. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Figure 6: External Contractor

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

**Version 1.0
08/25/2017**

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

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

Table of Contents

1. Ambulatory Care - Emergency Department (ED) Visits (AMB) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2	1
1.3 Data Source	1
1.4 Performance Measure - Path 1	2
1.5 Performance Measure - Path 2 – Screenshot 1	2
1.6 Performance Measure - Path 2 – Screenshot 2	3
1.7 Deviations from Measure Specifications – Screenshot 1	3
1.8 Deviations from Measure Specifications – Screenshot 2	4
1.9 Deviations from Measure Specifications – Screenshot 3	4
1.10 Deviations from Measure Specifications – Screenshot 4	5
1.11 Optional Measure Stratification – Screenshot 1	5
1.12 Optional Measure Stratification – Screenshot 2	6
Appendix A: Acronyms.....	7

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3 : Data Source.....	1
Figure 4: Performance Measure - Path 1.....	2
Figure 5: Performance Measure - Path 2 – Screenshot 1.....	2
Figure 6: Performance Measure - Path 2 – Screenshot 2.....	3
Figure 7: Deviations from Measure Specifications – Screenshot 1.....	3
Figure 8 : Deviations from Measure Specifications – Screenshot 2.....	4
Figure 9: Deviations from Measure Specifications – Screenshot 3.....	4
Figure 10: Deviations from Measure Specifications – Screenshot 4.....	5
Figure 11 : Optional Measure Stratification – Screenshot 1.....	5
Figure 12: Optional Measure Stratification – Screenshot 2.....	6

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

The screenshot shows a form titled "Measurement Specification". On the left, there are two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" (selected) and "Other". On the right, there is a dropdown menu labeled "Specify version of HEDIS used" with the text "Select Year" below it. A small "+/-" icon is visible in the top right corner of the form area.

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

The screenshot shows a form titled "Measurement Specification". On the left, there are two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" (unselected) and "Other" (selected). On the right, there is a text area labeled "Explain *". A small "+/-" icon is visible in the top right corner of the form area.

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

The screenshot shows a web application interface with a navigation bar at the top containing "News", "Tasks (3)", "Records", "Reports", and "Actions" (highlighted). A user profile icon for "Appian" is in the top right. The main content area is titled "Data Source". On the left, there are two checked checkbox options: "Administrative Data" and "Other". On the right, there is a section titled "From where is the Administrative Data coming?" with the instruction "Must select one or more". Below this, there are two checked checkbox options: "Medical Management Information System (MMIS)" and "Other". Under "Other", there is a text area labeled "* Specify". Below that, there is another text area labeled "Specify *". A small "+/-" icon is visible in the top right corner of the form area.

Figure 3 : Data Source

1.4 Performance Measure - Path 1

The screenshot shows the 'Performance Measure' interface for Path 1. It includes a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The main content area is titled 'Performance Measure' and contains the following text: 'Rate of emergency department (ED) visits per 1,000 enrollee months among children up to age 19. Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' Below this, there are five rows, each representing an age range with a checked checkbox: '<1 Year', '1 to 9 Years', '10 to 19 Years', 'Unknown', and 'Total'. Each row contains a table with three columns: 'Numerator', 'Denominator', and 'Rate'. The 'Numerator' and 'Denominator' columns each have a text input field containing the number '0'. The 'Rate' column has a text input field containing '0'. A red border highlights the 'Rate' input field in each row.

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2 – Screenshot 1

The screenshot shows the 'Performance Measure' interface for Path 2. It includes the same navigation bar as Figure 4. The main content area is titled 'Performance Measure' and contains the same introductory text as Figure 4. Below this, there are four rows, each representing an age range with an unchecked checkbox: '<1 Year', '1 to 9 Years', '10 to 19 Years', and 'Unknown'. Each row contains a text input field for the 'Rate' column, which is currently empty. Below each empty rate field is a larger text area with the prompt 'Please explain why data was not entered for this numerator/denominator/rate set *'. Below each explanation text area is a 'Character count: 0/4000' label. The interface is designed to capture reasons for missing data for each age group.

Figure 5: Performance Measure - Path 2 – Screenshot 1

1.6 Performance Measure - Path 2 – Screenshot 2

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

Appian

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

Character count: 0/4000

Age Range: Total

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

Character count: 0/4000

Figure 6: Performance Measure - Path 2 – Screenshot 2

1.7 Deviations from Measure Specifications – Screenshot 1

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

Appian

Deviations from Measure Specifications

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

Yes

No

Please select and explain the deviation(s)

Age Range: <1 Year

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: 1 to 9 Years

Numerator Explain *

Figure 7: Deviations from Measure Specifications – Screenshot 1

1.8 Deviations from Measure Specifications – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. A user profile icon for 'Appian' is in the top right. The main content area is divided into two columns. The left column contains a list of items, each with a checked checkbox and a label: 'Denominator', 'Other', 'Age Range: 10 to 19 Years' (with a sub-item 'Numerator'), 'Denominator', and 'Other'. The right column contains five corresponding 'Explain' text boxes, each with a small 'x' icon in the top right corner. A vertical scrollbar is visible on the right side of the interface.

Figure 8 : Deviations from Measure Specifications – Screenshot 2

1.9 Deviations from Measure Specifications – Screenshot 3

The screenshot shows a web application interface similar to the previous one. The top navigation bar is the same. The main content area has two columns. The left column contains a list of items with checked checkboxes and labels: 'Age Range: Unknown' (with a sub-item 'Numerator'), 'Denominator', 'Other', 'Age Range: Total' (with a sub-item 'Numerator'), and 'Denominator'. The right column contains five corresponding 'Explain' text boxes, each with a small 'x' icon in the top right corner. A vertical scrollbar is visible on the right side of the interface.

Figure 9: Deviations from Measure Specifications – Screenshot 3

1.10 Deviations from Measure Specifications – Screenshot 4



Figure 10: Deviations from Measure Specifications – Screenshot 4

1.11 Optional Measure Stratification – Screenshot 1

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

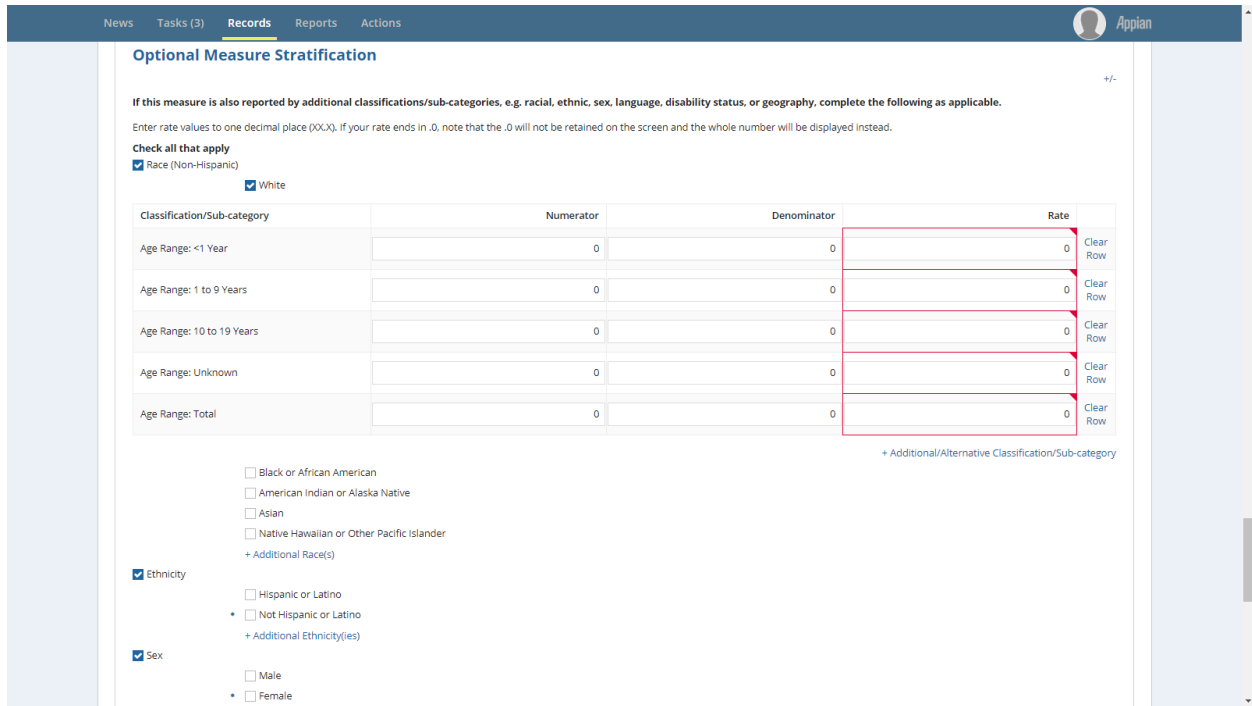


Figure 11 : Optional Measure Stratification – Screenshot 1

1.12 Optional Measure Stratification – Screenshot 2

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

 Appian

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Report Documents +/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

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

Yes No

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

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

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

Figure 12: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/24/2017

Document Number: 281-QSSI-MACPro-PRA-CQM2017-APC-D

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

Table of Contents

- 1. Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure - Path 1 2
 - 1.5 Performance Measure - Path 2 2
 - 1.6 Deviations from Measure Specifications – Screenshot 1 3
 - 1.7 Deviations from Measure Specifications – Screenshot 2 3
 - 1.8 Deviations from Measure Specifications – Screenshot 3 4
 - 1.9 Optional Measure Stratification – Screenshot 1 4
 - 1.10 Optional Measure Stratification – Screenshot 2 5
- Appendix A: Acronyms..... 6**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure - Path 1 2
- Figure 5: Performance Measure - Path 2 2
- Figure 6: Deviations from Measure Specifications – Screenshot 1 3
- Figure 7 : Deviations from Measure Specifications – Screenshot 2 3
- Figure 8 : Deviations from Measure Specifications – Screenshot 3 4
- Figure 9 : Optional Measure Stratification – Screenshot 1 4
- Figure 10: Optional Measure Stratification – Screenshot 2 5

List of Tables

No table of figures entries found.

1. Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) Screenshots

1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Figure 3 : Data Source

1.4 Performance Measure - Path 1

The screenshot shows the 'Performance Measure' interface for Path 1. At the top, there are navigation tabs: News, Tasks (3), Records, Reports, and Actions. The 'Records' tab is active. The main heading is 'Performance Measure' with a '+/-' icon. Below the heading, the description reads: 'Percentage of children and adolescents ages 1 to 17 who were on two or more concurrent antipsychotic medications'. A note states: 'Enter rate values to one decimal place (0XX). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' There are four age range options, each with an unchecked checkbox and a text area for explanation:

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

 Each age range section includes a 'Please explain why data was not entered for this numerator/denominator/rate set *' label and a large empty text area. A character count of '0/4000' is visible for each section.

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2

The screenshot shows the 'Performance Measure' interface for Path 2. The navigation and heading are the same as in Path 1. The description and note are also the same. In this view, all four age range checkboxes are checked:

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

 Below each checked checkbox is a table with three columns: 'Numerator', 'Denominator', and 'Rate'. Each table has a header row and a data row. The data rows show '0' in the Numerator and Denominator columns, and an empty 'Rate' column with a red border. A character count of '0/4000' is visible for each section.

Figure 5: Performance Measure - Path 2

1.6 Deviations from Measure Specifications – Screenshot 1

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

Age Range: 1 to 5 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: 6 to 11 Years

Numerator Explain *

Denominator Explain *

Figure 6: Deviations from Measure Specifications – Screenshot 1

1.7 Deviations from Measure Specifications – Screenshot 2

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

Denominator Explain *

Other Explain *

Age Range: 12 to 17 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: Total

Numerator Explain *

Figure 7 : Deviations from Measure Specifications – Screenshot 2

1.8 Deviations from Measure Specifications – Screenshot 3

Figure 8 : Deviations from Measure Specifications – Screenshot 3

1.9 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.
 Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

Race (Non-Hispanic)

White

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

+ Additional/Alternative Classification/Sub-category

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

Ethnicity

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

Sex

Male
 Female

Primary Spoken Language

English

Figure 9 : Optional Measure Stratification – Screenshot 1

1.10 Optional Measure Stratification – Screenshot 2

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

 Appian

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Report Documents +/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

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

Yes No

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

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

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

Figure 10: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/24/2017

Document Number: 282-QSSI-MACPro-PRA-CQM2017-APP-D

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

Table of Contents

1. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2	1
1.3 Data Source	1
1.4 Performance Measure - Path 1	2
1.5 Performance Measure - Path 2	2
1.6 Deviations from Measure Specifications – Screenshot 1	3
1.7 Deviations from Measure Specifications – Screenshot 2	3
1.8 Deviations from Measure Specifications – Screenshot 3	4
1.9 Optional Measure Stratification – Screenshot 1	4
1.10 Optional Measure Stratification – Screenshot 2	5
Appendix A: Acronyms.....	6

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1	2
Figure 5: Performance Measure - Path 2	2
Figure 6: Deviations from Measure Specifications – Screenshot 1	3
Figure 7 : Deviations from Measure Specifications – Screenshot 2	3
Figure 8 : Deviations from Measure Specifications – Screenshot 3	4
Figure 9 : Optional Measure Stratification – Screenshot 1	4
Figure 10: Optional Measure Stratification – Screenshot 2	5

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Figure 3 : Data Source

1.4 Performance Measure - Path 1

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

Performance Measure +/-

Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Age Range: 1 to 5 Years
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Age Range: 6 to 11 Years
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Age Range: 12 to 17 Years
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Age Range: Total
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/4000

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2

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

Performance Measure +/-

Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Age Range: 1 to 5 Years

Numerator	Denominator	Rate
0	0	0

Age Range: 6 to 11 Years

Numerator	Denominator	Rate
0	0	0

Age Range: 12 to 17 Years

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure - Path 2

1.6 Deviations from Measure Specifications – Screenshot 1

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

Age Range: 1 to 5 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: 6 to 11 Years

Numerator Explain *

Denominator Explain *

Figure 6: Deviations from Measure Specifications – Screenshot 1

1.7 Deviations from Measure Specifications – Screenshot 2

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

Denominator Explain *

Other Explain *

Age Range: 12 to 17 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: Total

Numerator Explain *

Denominator Explain *

Figure 7 : Deviations from Measure Specifications – Screenshot 2

1.8 Deviations from Measure Specifications – Screenshot 3

Figure 8 : Deviations from Measure Specifications – Screenshot 3

1.9 Optional Measure Stratification – Screenshot 1

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

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

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

Figure 9 : Optional Measure Stratification – Screenshot 1

1.10 Optional Measure Stratification – Screenshot 2

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

Under the 'Records' tab, there are three main sections:

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

Below these sections is the **Report Documents** section, which includes:

- Saved Documents:** A list of documents with columns for Name, Description, Date Created, Updated By, Size, and Type. The current state shows 'No items available'.
- Upload:** An 'UPLOAD' button with a file icon.
- Actions:** 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons.

At the bottom of the section, there is a validation question: 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No' (selected). A note below states: '(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS).'

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

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

Figure 10: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/30/2017

Document Number: 301-QSSI-MACPro-PRA-CQM2017-AUD-D

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

Table of Contents

- 1. Audiological Evaluation No Later than Three Months of Age (AUD)**
- Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

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

Measurement Specification +/-

Centers for Disease Control and Prevention (CDC)
 Other

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

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

Measurement Specification +/-

Centers for Disease Control and Prevention (CDC)
 Other

Explain *

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

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

Data Source +/-

Electronic Health Records
 Other

Specify

Specify *

Figure 3 : Data Source

1.4 Performance Measure

Performance Measure

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

Deviations from Measure Specifications

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

Yes

No

Please select and explain the deviation(s)

0 - 3 Months

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Sex
 - Male
 - Female
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)
- Geography
 - Urban
 - Rural

Classification/Sub-category	Numerator	Denominator	Rate	
0 - 3 Months	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

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

 Appian

+ Additional Primary Spoken Language(s)

Disability Status

- SSI
- Non-SSI

+ Additional Disability Status(es)

Geography

- Urban
- Rural

+ Additional Geographies

Report Documents +/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

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

Yes No

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

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

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

CANCEL
SAVE
GO TO ADMIN SCREEN
GO TO NEXT MEASURE

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Adolescent Well-Care Visit (AWC) Core Measure PRA Document

Version 1.0

08/25/2017

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

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

Table of Contents

- 1. Adolescent Well-Care Visit (AWC) Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2..... 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure..... 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 3
- Appendix A: Acronyms..... 4**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2..... 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure - Path 1 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6 : Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 3

List of Tables

No table of figures entries found.

1. Adolescent Well-Care Visit (AWC) Screenshots

1.1 Measurement Specifications – Path 1

Measurement Specification +/-

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

Other
 Select Year

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Measurement Specification +/-

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

Other

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

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

Data Source +/-

Administrative Data
 From where is the Administrative Data coming?

Medicaid Management Information System (MMIS)
 *** Specify**

Other
 From where is the Administrative Data coming?

Medicaid Management Information System (MMIS)
 *** Specify**

Other
 From where is the Medical Records Data coming?

Electronic Health Record (EHR) Data
 Specify *

Paper

Both (EHR and Paper)

Figure 3 : Data Source

1.4 Performance Measure

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

Performance Measure +/-

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure - Path 1

1.5 Deviations from Measure Specifications

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

12 - 21 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Sex
 - Male
 - Female
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)

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

+ Additional/Alternative Classification/Sub-category

Figure 6 : Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

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

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Behavioral Health Risk Assessment (for Pregnant Women) (BHRA) Core Measure PRA Document

Version 1.0

08/29/2017

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

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

Table of Contents

- 1. Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)**
- Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

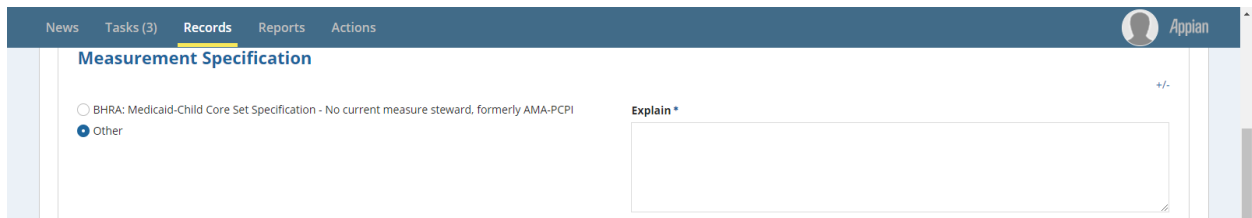


Figure 2: Measurement Specifications – Path 2

1.3 Data Source

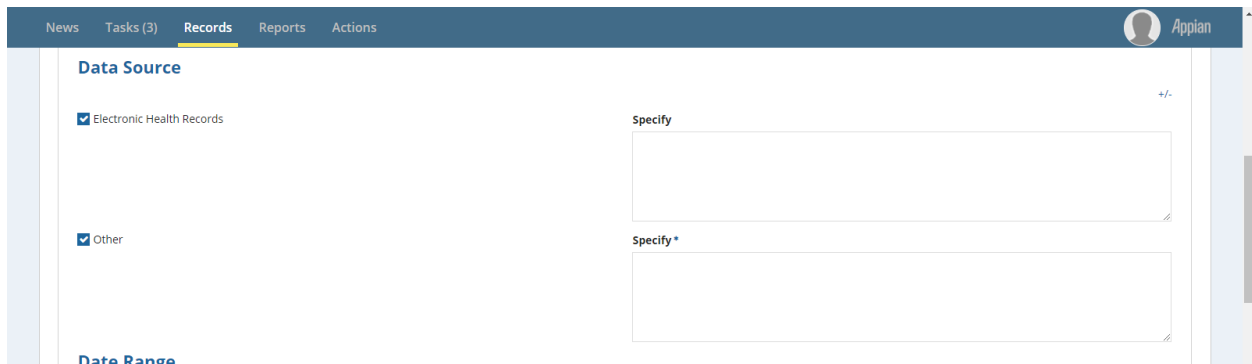


Figure 3 : Data Source

1.4 Performance Measure

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

Performance Measure +/-

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

As per the measure specifications

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation bar, there are filter options: a dropdown menu set to 'SSI', a checkbox for 'Non-SSI' with a sub-option '+ Additional Disability Status(es)', a checked checkbox for 'Geography' with sub-options for 'Urban' and 'Rural' (both unchecked) and '+ Additional Geographies', and a '+/-' icon.

The main content area is titled 'Report Documents' and contains a section for 'Saved Documents'. It lists the following constraints:

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

Below this is a table with the following columns: Name, Description, Date Created, Updated By, Size, and Type. The table is currently empty, displaying 'No items available'.

There is an 'UPLOAD' button with a file icon, and two buttons on the right: 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)'. Below the table, there is a validation section:

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.

A 'PRA Disclosure Statement' is provided at the bottom of the form, followed by a 'CANCEL' button on the left and 'SAVE', 'GO TO ADMIN SCREEN', and 'GO TO NEXT MEASURE' buttons on the right.

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Children and Adolescents' Access to Primary Care Practitioners (CAP) Core Measure PRA Document

**Version 1.0
08/25/2017**

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

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

Table of Contents

1. Children and Adolescents' Access to Primary Care Practitioners (CAP)	
Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2	1
1.3 Data Source	1
1.4 Performance Measure - Path 1	2
1.5 Performance Measure - Path 2	2
1.6 Performance Measure - Path 3	3
1.7 Deviations from Measure Specifications – Screenshot 1	3
1.8 Deviations from Measure Specifications – Screenshot 2	4
1.9 Deviations from Measure Specifications – Screenshot 3	4
1.10 Optional Measure Stratification – Screenshot 1	5
1.11 Optional Measure Stratification – Screenshot 2	5
1.12 Optional Measure Stratification – Screenshot 3	6
Appendix A: Acronyms	7

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1	2
Figure 5 : Performance Measure - Path 2	2
Figure 6: Performance Measure - Path 3	3
Figure 7: Deviations from Measure Specifications – Screenshot 1	3
Figure 8 : Deviations from Measure Specifications – Screenshot 2	4
Figure 9 : Deviations from Measure Specifications – Screenshot 3	4
Figure 10 : Optional Measure Stratification – Screenshot 1	5
Figure 11: Optional Measure Stratification – Screenshot 2	5
Figure 12: Optional Measure Stratification – Screenshot 3	6

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

Measurement Specification

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

Other

Specify version of HEDIS used *

Select Year

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Measurement Specification

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

Other

Explain *

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

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

Data Source

Administrative Data

Other

From where is the Administrative Data coming?

Must select one or more

Medical Management Information System (MMIS)

Other

* Specify

Specify *

Figure 3 : Data Source

1.4 Performance Measure - Path 1

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

Appian

Performance Measure

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

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

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

Age Range: 12-24 Months

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

Character count: 0/4000

Age Range: 25 Months - 6 Years

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

Character count: 0/4000

Age Range: 7-11 Years

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

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2

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

Appian

Performance Measure

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

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

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

Age Range: 7-11 Years

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

Character count: 0/4000

Age Range: 12-19 Years

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

Character count: 0/4000

Figure 5 : Performance Measure - Path 2

1.6 Performance Measure - Path 3

Figure 6: Performance Measure - Path 3

1.7 Deviations from Measure Specifications – Screenshot 1

Figure 7: Deviations from Measure Specifications – Screenshot 1

1.8 Deviations from Measure Specifications – Screenshot 2

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

- Age Range: 25 Months - 6 Years**
 - Numerator
 - Denominator
 - Other
- Age Range: 7-11 Years**
 - Numerator
 - Denominator
 - Other

Each section has a corresponding 'Explain *' text area for providing details on the deviation.

Figure 8 : Deviations from Measure Specifications – Screenshot 2

1.9 Deviations from Measure Specifications – Screenshot 3

The screenshot shows the same web application interface as Figure 8. The main content area displays deviation entries for the age range 12-19 Years:

- Age Range: 12-19 Years**
 - Denominator
 - Other
 - Numerator

Each entry has a corresponding 'Explain *' text area for providing details on the deviation.

Figure 9 : Deviations from Measure Specifications – Screenshot 3

1.10 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification +/-

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - [+ Additional Race\(s\)](#)

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 12-24 Months	0	0	0	Clear Row
Age Range: 25 Months - 6 Years	0	0	0	Clear Row
Age Range: 7-11 Years	0	0	0	Clear Row
Age Range: 12-19 Years	0	0	0	Clear Row

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

Figure 10 : Optional Measure Stratification – Screenshot 1

1.11 Optional Measure Stratification – Screenshot 2

- [+ 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

Figure 11: Optional Measure Stratification – Screenshot 2

1.12 Optional Measure Stratification – Screenshot 3

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

Under the 'Records' tab, the 'Geography' section is active, showing checkboxes for 'Urban' and 'Rural'. The 'Rural' checkbox is selected. Below these are options for '+ Additional Geographies'.

The 'Report Documents' section is titled and includes a '+/-' expand/collapse icon. Underneath, the 'Saved Documents' section provides instructions: 'Maximum documents that can be uploaded for this report: 84', 'Maximum file size : 2MB', and 'Valid file extensions: pdf; ppt; doc; docx; xls; pptx'.

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

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

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

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

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

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

Figure 12: Optional Measure Stratification – Screenshot 3

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Chlamydia Screening in Women Ages 16-20 (CHL) Core Measure PRA Document

Version 1.0

08/25/2017

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

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

Table of Contents

- 1. Chlamydia Screening in Women Ages 16-20 (CHL) Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2..... 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure..... 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms..... 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2..... 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure..... 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

The screenshot shows a form titled "Measurement Specification". On the left, there are two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" (selected) and "Other". On the right, there is a dropdown menu labeled "Specify version of HEDIS used" with the text "Select Year" and a plus/minus icon.

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

The screenshot shows a form titled "Measurement Specification". On the left, there are two radio button options: "National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)" and "Other" (selected). On the right, there is a text area labeled "Explain" with a plus/minus icon.

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

The screenshot shows a web application interface with a navigation bar at the top containing "News", "Tasks (3)", "Records", "Reports", and "Actions" (highlighted). A user profile icon for "Appian" is in the top right. The main content area is titled "Data Source". On the left, there are two checked checkbox options: "Administrative Data" and "Other". On the right, there is a section titled "From where is the Administrative Data coming?" with the instruction "Must select one or more". Below this, there are two checked checkbox options: "Medical Management Information System (MMIS)" and "Other". There are two text areas: one labeled "Specify" next to the "Other" checkbox, and another labeled "Specify" below the MMIS checkbox. A plus/minus icon is visible in the top right of the form area.

Figure 3 : Data Source

1.4 Performance Measure

Performance Measure

Percentage of women ages 16 to 20 who were identified as sexually active and had at least one test for chlamydia during the measurement year.

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

Deviations from Measure Specifications

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

Yes

No

Please select and explain the deviation(s)

16 - 20 Years

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.
 Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions
Applan

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

Report Documents

+/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

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

Yes No

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

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

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

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

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Childhood Immunization Status (CIS) Core Measure PRA Document

Version 1.0

08/25/2017

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

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

Table of Contents

1. Childhood Immunization Status (CIS) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2.....	1
1.3 Data Source	1
1.4 Performance Measure - Path 1 – Screenshot 1	2
1.5 Performance Measure - Path 1 – Screenshot 2	2
1.6 Performance Measure - Path 1 – Screenshot 3	3
1.7 Performance Measure - Path 1 – Screenshot 4	3
1.8 Performance Measure - Path 1 – Screenshot 5	4
1.9 Performance Measure - Path 2 – Screenshot 1	4
1.10 Performance Measure - Path 2 – Screenshot 2	5
1.11 Performance Measure - Path 2 – Screenshot 3	5
1.12 Deviations from Measure Specifications – Screenshot 1	6
1.13 Deviations from Measure Specifications – Screenshot 2	6
1.14 Deviations from Measure Specifications – Screenshot 3	7
1.15 Deviations from Measure Specifications – Screenshot 4	7
1.16 Deviations from Measure Specifications – Screenshot 5	8
1.17 Deviations from Measure Specifications – Screenshot 6	8
1.18 Deviations from Measure Specifications – Screenshot 7	9
1.19 Deviations from Measure Specifications – Screenshot 8	9
1.20 Deviations from Measure Specifications – Screenshot 9	10
1.21 Deviations from Measure Specifications – Screenshot 10	10
1.22 Deviations from Measure Specifications – Screenshot 11	11
1.23 Deviations from Measure Specifications – Screenshot 12	11
1.24 Optional Measure Stratification – Screenshot 1	12
1.25 Optional Measure Stratification – Screenshot 2	13
1.26 Optional Measure Stratification – Screenshot 3	13
Appendix A: Acronyms.....	14

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2.....	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1 – Screenshot 1	2
Figure 5: Performance Measure - Path 1 – Screenshot 2	2
Figure 6: Performance Measure - Path 1 – Screenshot 3	3

Figure 7: Performance Measure - Path 1 – Screenshot 4 3

Figure 8: Performance Measure - Path 1 – Screenshot 5 4

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

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

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

Figure 12: Deviations from Measure Specifications – Screenshot 1 6

Figure 13: Deviations from Measure Specifications – Screenshot 2 6

Figure 14: Deviations from Measure Specifications – Screenshot 3 7

Figure 15: Deviations from Measure Specifications – Screenshot 4 7

Figure 16: Deviations from Measure Specifications – Screenshot 5 8

Figure 17: Deviations from Measure Specifications – Screenshot 6 8

Figure 18: Deviations from Measure Specifications – Screenshot 7 9

Figure 19: Deviations from Measure Specifications – Screenshot 8 9

Figure 20: Deviations from Measure Specifications – Screenshot 9 10

Figure 21: Deviations from Measure Specifications – Screenshot 10 10

Figure 22: Deviations from Measure Specifications – Screenshot 11 11

Figure 23: Deviations from Measure Specifications – Screenshot 12 11

Figure 24: Optional Measure Stratification – Screenshot 1 12

Figure 25: Optional Measure Stratification – Screenshot 2 13

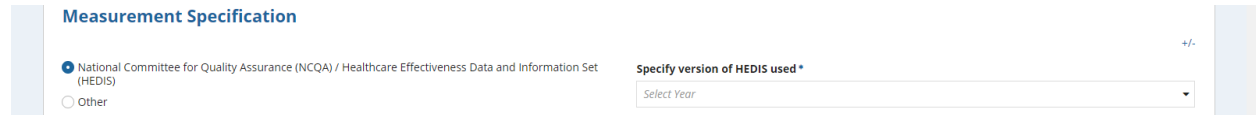
Figure 26: Optional Measure Stratification – Screenshot 3 13

List of Tables

No table of figures entries found.

1. Childhood Immunization Status (CIS) Screenshots

1.1 Measurement Specifications – Path 1



Measurement Specification

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

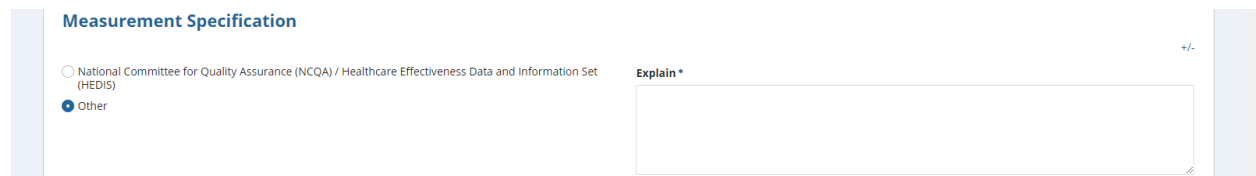
Other

Specify version of HEDIS used *

Select Year

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2



Measurement Specification

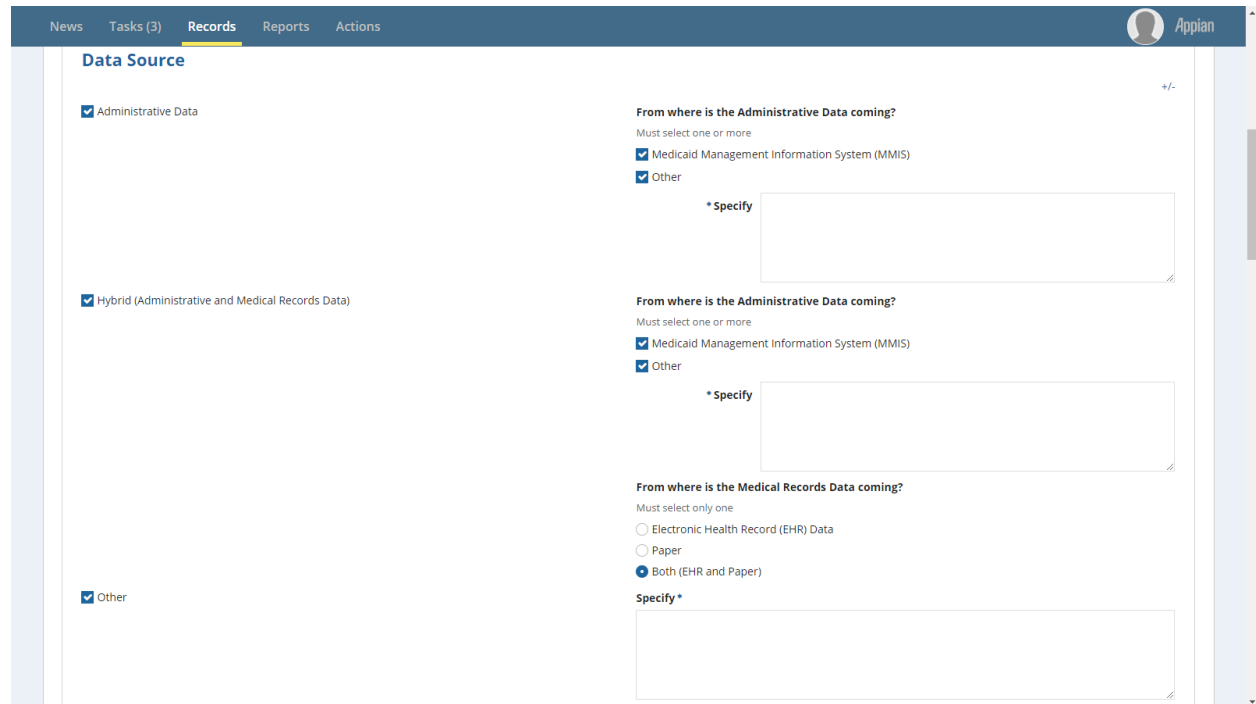
National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS) +/-

Other

Explain *

Figure 2: Measurement Specifications – Path 2

1.3 Data Source



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

Data Source +/-

Administrative Data

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

Medicaid Management Information System (MMIS)

Other

* Specify

Hybrid (Administrative and Medical Records Data)

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

Medicaid Management Information System (MMIS)

Other

* Specify

Other

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

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)

Specify *

Figure 3 : Data Source

1.4 Performance Measure - Path 1 – Screenshot 1

The screenshot shows the 'Performance Measure' section of a software interface. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. Below the navigation bar, the title 'Performance Measure' is displayed. A detailed description of the measure is provided: 'Percentage of children 2 years old who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HIB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.' Below this, a note states: 'Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' The 'DTaP' checkbox is selected. A text input field is provided for the user to explain why data was not entered, with a character count of 0/4000. Below this, the 'IPV' checkbox is also selected, followed by another text input field and character count. The 'MMR' checkbox is unselected, followed by a third text input field and character count. The 'HIB' checkbox is unselected, followed by a fourth text input field and character count.

Figure 4: Performance Measure - Path 1 – Screenshot 1

1.5 Performance Measure - Path 1 – Screenshot 2

This screenshot shows the lower portion of the 'Performance Measure' interface. It features the same navigation bar and user profile as the previous screenshot. The 'HIB' checkbox is unselected, followed by a text input field for an explanation and a character count of 0/4000. The 'Hep B' checkbox is unselected, followed by another text input field and character count. The 'VZV' checkbox is unselected, followed by a third text input field and character count. The 'PCV' checkbox is unselected, followed by a fourth text input field and character count.

Figure 5: Performance Measure - Path 1 – Screenshot 2

1.6 Performance Measure - Path 1 – Screenshot 3

The screenshot shows a web application interface with a dark blue header. The header contains navigation tabs: 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. On the right side of the header is a user profile icon and the name 'Appian'. Below the header, the main content area displays four items, each with a checkbox and a text input field. Each item has a 'Character count: 0/4000' label. The items are: 1. 'Hep A' with a checkbox and a text input field containing the prompt 'Please explain why data was not entered for this numerator/denominator/rate set *'. 2. 'RV' with a checkbox and a text input field containing the same prompt. 3. 'Flu' with a checkbox and a text input field containing the same prompt. 4. 'Combo 2' with a checkbox and a text input field containing the same prompt. A vertical scrollbar is visible on the right side of the content area.

Figure 6: Performance Measure - Path 1 – Screenshot 3

1.7 Performance Measure - Path 1 – Screenshot 4

The screenshot shows a web application interface with a dark blue header. The header contains navigation tabs: 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. On the right side of the header is a user profile icon and the name 'Appian'. Below the header, the main content area displays four items, each with a checkbox and a text input field. Each item has a 'Character count: 0/4000' label. The items are: 1. 'Combo 3' with a checkbox and a text input field containing the prompt 'Please explain why data was not entered for this numerator/denominator/rate set *'. 2. 'Combo 4' with a checkbox and a text input field containing the same prompt. 3. 'Combo 5' with a checkbox and a text input field containing the same prompt. 4. 'Combo 6' with a checkbox and a text input field containing the same prompt. A vertical scrollbar is visible on the right side of the content area.

Figure 7: Performance Measure - Path 1 – Screenshot 4

1.8 Performance Measure - Path 1 – Screenshot 5

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

Figure 8: Performance Measure - Path 1 – Screenshot 5

1.9 Performance Measure - Path 2 – Screenshot 1

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Performance Measure' and includes a detailed description of the measure: 'Percentage of children 2 years old who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.' Below this is a note: 'Enter rate values to one decimal place (XXX). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' There are checkboxes for 'DTaP', 'IPV', 'MMR', 'HIB', 'Hep B', and 'VZV', all of which are checked. Below each checked checkbox is a table with three columns: 'Numerator', 'Denominator', and 'Rate'. Each table row has input fields with '0' entered in the 'Numerator' and 'Denominator' fields, and an empty 'Rate' field with a red border.

Figure 9: Performance Measure - Path 2 – Screenshot 1

1.10 Performance Measure - Path 2 – Screenshot 2

The screenshot shows a web interface with a navigation bar at the top containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is on the right. Below the navigation bar, there are seven rows of data, each representing a different performance measure. Each row includes a checkbox on the left, followed by a table with three columns: 'Numerator', 'Denominator', and 'Rate'. All values in these columns are '0'. The measures listed are VZV, PCV, Hep A, RV, Flu, Combo 2, and Combo 3.

Measure	Numerator	Denominator	Rate
<input checked="" type="checkbox"/> VZV	0	0	0
<input checked="" type="checkbox"/> PCV	0	0	0
<input checked="" type="checkbox"/> Hep A	0	0	0
<input checked="" type="checkbox"/> RV	0	0	0
<input checked="" type="checkbox"/> Flu	0	0	0
<input checked="" type="checkbox"/> Combo 2	0	0	0
<input checked="" type="checkbox"/> Combo 3	0	0	0

Figure 10: Performance Measure - Path 2 – Screenshot 2

1.11 Performance Measure - Path 2 – Screenshot 3

The screenshot shows a web interface similar to Figure 10, with a navigation bar and a user profile icon for 'Applan'. Below the navigation bar, there are seven rows of data, each representing a different performance measure. Each row includes a checkbox on the left, followed by a table with three columns: 'Numerator', 'Denominator', and 'Rate'. All values in these columns are '0'. The measures listed are Combo 4, Combo 5, Combo 6, Combo 7, Combo 8, Combo 9, and Combo 10.

Measure	Numerator	Denominator	Rate
<input checked="" type="checkbox"/> Combo 4	0	0	0
<input checked="" type="checkbox"/> Combo 5	0	0	0
<input checked="" type="checkbox"/> Combo 6	0	0	0
<input checked="" type="checkbox"/> Combo 7	0	0	0
<input checked="" type="checkbox"/> Combo 8	0	0	0
<input checked="" type="checkbox"/> Combo 9	0	0	0
<input checked="" type="checkbox"/> Combo 10	0	0	0

Figure 11: Performance Measure - Path 2 – Screenshot 3

1.12 Deviations from Measure Specifications – Screenshot 1

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

Applan

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

DTap

Numerator Explain *

Denominator Explain *

Other Explain *

IPV

Numerator Explain *

Figure 12: Deviations from Measure Specifications – Screenshot 1

1.13 Deviations from Measure Specifications – Screenshot 2

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

Applan

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

MMR

Denominator Explain *

Other Explain *

Numerator Explain *

DTap

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 13: Deviations from Measure Specifications – Screenshot 2

1.14 Deviations from Measure Specifications – Screenshot 3

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

Appian

HIB
 Numerator
 Denominator

Hep B
 Numerator
 Denominator

Explain *

Explain *

Explain *

Explain *

Explain *

Figure 14: Deviations from Measure Specifications – Screenshot 3

1.15 Deviations from Measure Specifications – Screenshot 4

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

Appian

Denominator
 Numerator

VZV
 Numerator
 Denominator

PCV
 Numerator
 Denominator

Explain *

Explain *

Explain *

Explain *

Explain *

Figure 15: Deviations from Measure Specifications – Screenshot 4

1.16 Deviations from Measure Specifications – Screenshot 5

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

Appian

PCV

- Numerator
- Denominator
- Other

Hep A

- Numerator
- Denominator

Explain *

Explain *

Explain *

Explain *

Explain *

Figure 16: Deviations from Measure Specifications – Screenshot 5

1.17 Deviations from Measure Specifications – Screenshot 6

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

Appian

- Other

RV

- Numerator
- Denominator

- Other

Flu

- Numerator

Explain *

Explain *

Explain *

Explain *

Explain *

Figure 17: Deviations from Measure Specifications – Screenshot 6

1.18 Deviations from Measure Specifications – Screenshot 7

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

- Denominator (checked)
- Other (checked)
- Combo 2
 - Numerator (checked)
- Denominator (checked)
- Other (checked)

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

Figure 18: Deviations from Measure Specifications – Screenshot 7

1.19 Deviations from Measure Specifications – Screenshot 8

The screenshot shows the same web application interface as Figure 18. The records in this screenshot are:

- Combo 3
 - Numerator (checked)
- Denominator (checked)
- Other (checked)
- Combo 4
 - Numerator (checked)
- Denominator (checked)

Each record has an 'Explain *' text box to its right.

Figure 19: Deviations from Measure Specifications – Screenshot 8

1.20 Deviations from Measure Specifications – Screenshot 9

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

Figure 20: Deviations from Measure Specifications – Screenshot 9

1.21 Deviations from Measure Specifications – Screenshot 10

The screenshot shows the same web application interface as Figure 20. The 'Records' tab is active. The list of items in the left column is: 'Combo 6' (with a sub-item 'Numerator'), 'Denominator', 'Other', 'Combo 7' (with a sub-item 'Numerator'), and 'Denominator'. The right column contains five corresponding 'Explain' text boxes. The layout and navigation elements are consistent with the previous screenshot.

Figure 21: Deviations from Measure Specifications – Screenshot 10

1.22 Deviations from Measure Specifications – Screenshot 11

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

Applan

Other

Explain *

Combo 8

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Combo 9

Numerator

Explain *

Figure 22: Deviations from Measure Specifications – Screenshot 11

1.23 Deviations from Measure Specifications – Screenshot 12

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

Applan

Denominator

Explain *

Other

Explain *

Combo 10

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 23: Deviations from Measure Specifications – Screenshot 12

1.24 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.
 Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	Clear Row
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
Hib	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row

Figure 24: Optional Measure Stratification – Screenshot 1

1.25 Optional Measure Stratification – Screenshot 2

The screenshot displays the 'Records' tab of the optional measure stratification tool. At the top, there are navigation tabs: 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. The user's name 'Appian' is visible in the top right corner. The main content area shows a table with the following structure:

Measure	Value 1	Value 2	Value 3	Action
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

Below the table, there are several demographic categories with checkboxes:

- 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

A link '+ Additional/Alternative Classification/Sub-category' is located at the bottom right of the table area.

Figure 25: Optional Measure Stratification – Screenshot 2

1.26 Optional Measure Stratification – Screenshot 3

The screenshot displays the 'Reports' tab of the optional measure stratification tool. At the top, there are navigation tabs: 'News', 'Tasks (3)', 'Records', 'Reports' (highlighted), and 'Actions'. The user's name 'Appian' is visible in the top right corner. The main content area shows a list of demographic categories with checkboxes:

- 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

Below the list is a section titled 'Report Documents' with a sub-section 'Saved Documents' containing the following information:

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

Below this information is a table for saved documents:

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

At the bottom left, there is an 'UPLOAD' button with a document icon. At the bottom right, there are two buttons: 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)'.

Figure 26: Optional Measure Stratification – Screenshot 3

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0
08/30/2017

Document Number: 314-QSSI-MACPro-PRA-CQM017-CLABSI-D

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

Table of Contents

1. CLABSI-CH: Pediatric Central Line-Associated Blood Stream Infections	1
Screenshots	1
1.1 Measurement Specifications	1
1.2 Data Source	1
1.3 Performance Measure	1
1.4 Deviations from Measure Specification – Screenshot 1	2
1.5 Deviations from Measure Specification – Screenshot 2	2
1.6 Optional Measure Stratification – Screenshot 1	3
1.7 Optional Measure Stratification – Screenshot 2	3
1.8 Optional Measure Stratification – Screenshot 3	4
1.9 Optional Measure Stratification – Screenshot 4	4
Appendix A: Acronyms	5

List of Figures

Figure 1: Measurement Specifications	1
Figure 2 : Data Source	1
Figure 3: Performance Measure	1
Figure 4: Deviations from Measure Specification – Screenshot 1	2
Figure 5: Deviations from Measure Specification – Screenshot 2	2
Figure 6: Optional Measure Stratification – Screenshot 1	3
Figure 7: Optional Measure Stratification – Screenshot 2	3
Figure 8: Optional Measure Stratification – Screenshot 3	4
Figure 9: Optional Measure Stratification – Screenshot 4	4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications

Figure 1: Measurement Specifications

1.2 Data Source

Figure 2 : Data Source

1.3 Performance Measure

Numerator	Denominator	Rate

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

Numerator	Denominator	Rate

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

Figure 3: Performance Measure

1.4 Deviations from Measure Specification – Screenshot 1

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

Appian

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

Pediatric Intensive Care Unit

Numerator Explain

Denominator Explain

Other Explain

Neonatal Intensive Care Unit

Numerator Explain

Figure 4: Deviations from Measure Specification – Screenshot 1

1.5 Deviations from Measure Specification – Screenshot 2

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

Appian

Denominator Explain

Other Explain

Figure 5: Deviations from Measure Specification – Screenshot 2

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification +/-

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

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

Check all that apply

Race (Non-Hispanic)

White

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

Black or African American

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

American Indian or Alaska Native

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

Asian

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

Native Hawaiian or Other Pacific Islander

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

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

Neonatal Intensive Care Unit

Native Hawaiian or Other Pacific Islander

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

Ethnicity

Hispanic or Latino

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

Not Hispanic or Latino

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

Sex

Male

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

Female

Classification/Sub-category	Numerator	Denominator	Rate

Figure 7: Optional Measure Stratification – Screenshot 2

1.8 Optional Measure Stratification – Screenshot 3

The screenshot displays a web interface for optional measure stratification. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Appian' is in the top right. The main content area consists of five filter sections, each with a table and a checkbox:

- Primary Spoken Language:** Includes a checkbox for 'English' and a table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows include 'Pediatric Intensive Care Unit' and 'Neonatal Intensive Care Unit'.
- Spanish:** Includes a checkbox for 'Spanish' and a similar table.
- Disability Status:** Includes a checkbox for 'SSI' and a similar table.
- Non-SSI:** Includes a checkbox for 'Non-SSI' and a similar table.
- Unlabeled Section 1:** A table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows include 'Pediatric Intensive Care Unit' and 'Neonatal Intensive Care Unit'.
- Unlabeled Section 2:** A table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows include 'Pediatric Intensive Care Unit' and 'Neonatal Intensive Care Unit'.

Figure 8: Optional Measure Stratification – Screenshot 3

1.9 Optional Measure Stratification – Screenshot 4

This screenshot shows the continuation of the stratification interface. It features three filter sections and a footer area:

- Non-SSI:** Includes a checkbox for 'Non-SSI' and a table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows include 'Pediatric Intensive Care Unit' and 'Neonatal Intensive Care Unit'.
- Geography:** Includes checkboxes for 'Urban' and 'Rural', and a table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows include 'Pediatric Intensive Care Unit' and 'Neonatal Intensive Care Unit'.
- Unlabeled Section:** A table with columns: Classification/Sub-category, Numerator, Denominator, Rate. Rows include 'Pediatric Intensive Care Unit' and 'Neonatal Intensive Care Unit'.

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

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

At the bottom right, there are three buttons: 'CANCEL', 'GO TO ADMIN SCREEN', and 'GO TO NEXT MEASURE'.

Figure 9: Optional Measure Stratification – Screenshot 4

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 –CPC Core Measure PRA document

**Version 1.0
08/29/2017**

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

Table of Contents

- 1. CPC Core Measure Screenshots 1**
 - 1.1 Did you collect this measure - Path 1 – Screenshot 1 1
 - 1.2 Did you collect this measure - Path 1 – Screenshot 2 2
 - 1.3 Did you collect this measure - Path 2..... 2
 - 1.4 Measurement Specification – Path 1..... 3
 - 1.5 Measurement Specification – Path 2..... 3
 - 1.6 Data Source 3
 - 1.7 Definition of Population Included in the Measure 4
- Appendix A: Acronyms..... 5**

List of Figures

- Figure 1: Did you collect this measure 2
- Figure 2: Measurement Specification – Path 1..... 3
- Figure 3: Measurement Specification – Path 2..... 3
- Figure 4: Data Source 3
- Figure 5: Definition of Population Included in the Measure 4

List of Tables

No table of figures entries found.

1. CPC Core Measure Screenshots

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

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

Consumer Assessment of Healthcare Providers and Systems® (CAHPS) Health Plan Survey 5.0H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)
CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - ZZ - 2017 [Request System Help](#)

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

Did you collect this measure?*
 Yes
 No

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

Service not covered
 Population not covered

Data not available

Portion of population not covered*
 Entire population not covered
 Partial population not covered

*** Explain the partial population not covered**

Reason why data not available
 Select all that apply (must select at least one)

Budget Constraints
 Staff Constraints
 Data Inconsistencies/Accuracy

*** Explain**

Data Source Not Easily Accessible

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

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

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

Data Source Not Easily Accessible
 Select all that apply
 Requires Medical Record Review
 Requires Data Linkage which does not currently exist
 Other
 * Explain

Information Not Collected
 Select all that apply
 Not Collected by Provider (Hospital/Health Plan)
 Other
 * Explain

Other
 * Explain

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

Other

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

1.3 Did you collect this measure - Path 2

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

Consumer Assessment of Healthcare Providers and Systems® (CAHPS) Health Plan Survey 5.0H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)
 CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - ZZ - 2017

Request System Help
 REQUEST TECHNICAL ASSISTANCE CLEAR VIEW ALL RESPONSES
 View Implementation Guide

Did you collect this measure? *
 Yes
 No

How did you report this measure?
 Select all that apply (must select at least one)
 Submitted raw data to AHRQ (CAHPS Database)
 Other

Explain *
 Character count: 0/4000

Figure 3: Did you collect this measure – Path 2

1.4 Measurement Specification – Path 1

Measurement Specification +/-

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

Figure 4: Measurement Specification – Path 1

1.5 Measurement Specification – Path 2

Measurement Specification +/-

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

Explain *

Figure 5: Measurement Specification – Path 2

1.6 Data Source

News Tasks (3) Records Reports Actions

Applan

Data Source +/-

Which Version of the CAHPS® Survey was Used? *

CAHPS 5.0
 CAHPS 5.0H
 Other

Specify *

Which supplemental item sets were included in the survey?
Select all that apply

No Supplemental Item Sets Were Included
 CAHPS Item Set for Children with Chronic Conditions
 Other CAHPS Item Set

Please explain *

Which Administrative Protocol was Used to Administer the Survey? *

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

Please explain *

Report Documents +/-

Saved Documents

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

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

Figure 6: Data Source

1.7 Definition of Population Included in the Measure

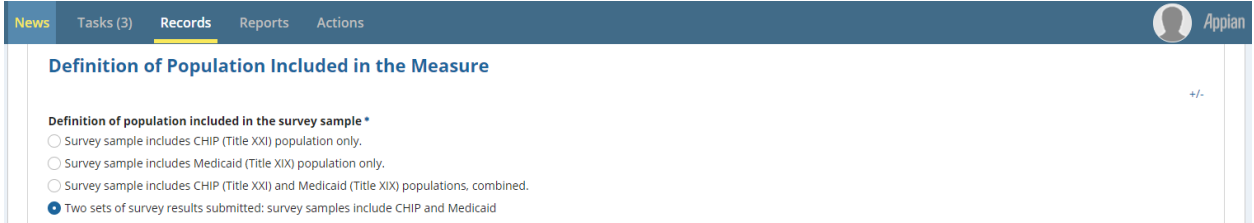


Figure 7: Definition of Population Included in the Measure

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
CPC	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) Health Plan Survey 5.0H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/25/2017

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

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

Table of Contents

- 1. Developmental Screening in the First Three Years of Life (DEV) Screenshots.. 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2..... 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure - Path 1 2
 - 1.5 Performance Measure - Path 2 2
 - 1.6 Deviations from Measure Specifications – Screenshot 1 3
 - 1.7 Deviations from Measure Specifications – Screenshot 2 3
 - 1.8 Deviations from Measure Specifications – Screenshot 3 4
 - 1.9 Optional Measure Stratification – Screenshot 1 4
 - 1.10 Optional Measure Stratification – Screenshot 2 5
- Appendix A: Acronyms..... 6**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source..... 1
- Figure 4: Performance Measure - Path 1..... 2
- Figure 5: Performance Measure - Path 2..... 2
- Figure 6: Deviations from Measure Specifications – Screenshot 1 3
- Figure 7 : Deviations from Measure Specifications – Screenshot 2..... 3
- Figure 8: Deviations from Measure Specifications – Screenshot 3..... 4
- Figure 9: Optional Measure Stratification – Screenshot 1..... 4
- Figure 10: Optional Measure Stratification – Screenshot 2..... 5

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2



Figure 2: Measurement Specifications – Path 2

1.3 Data Source

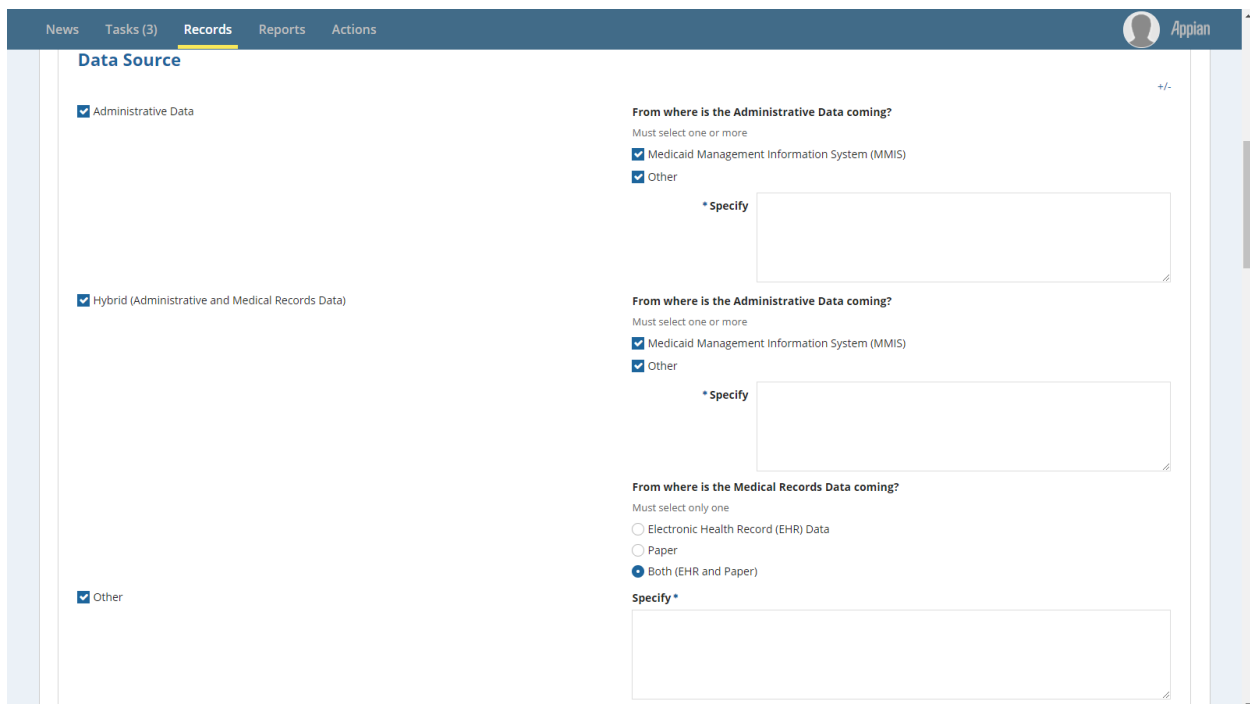


Figure 3 : Data Source

1.4 Performance Measure - Path 1

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2

Figure 5: Performance Measure - Path 2

1.6 Deviations from Measure Specifications – Screenshot 1

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

Appian

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

Children screened by 12 months of age

Numerator Explain *

Denominator Explain *

Other Explain *

Children screened by 24 months of age

Numerator Explain *

Children screened by 36 months of age

Numerator Explain *

Figure 6: Deviations from Measure Specifications – Screenshot 1

1.7 Deviations from Measure Specifications – Screenshot 2

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

Appian

Denominator Explain *

Other Explain *

Children screened by 36 months of age

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 7 : Deviations from Measure Specifications – Screenshot 2

1.8 Deviations from Measure Specifications – Screenshot 3

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

Figure 8: Deviations from Measure Specifications – Screenshot 3

1.9 Optional Measure Stratification – Screenshot 1

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

The screenshot shows the 'Optional Measure Stratification' section. It includes instructions on how to enter rate values and a list of stratification categories. A table displays the following data:

Classification/Sub-category	Numerator	Denominator	Rate	
Children screened by 12 months of age	0	0	0	Clear Row
Children screened by 24 months of age	0	0	0	Clear Row
Children screened by 36 months of age	0	0	0	Clear Row
Children Total	0	0	0	Clear Row

Below the table, there are checkboxes for various demographic categories: Race (Non-Hispanic) with 'White' selected; Ethnicity with 'Hispanic or Latino' and 'Not Hispanic or Latino' options; and Sex with 'Male' selected. A '+ Additional/Alternative Classification/Sub-category' link is also present.

Figure 9: Optional Measure Stratification – Screenshot 1

1.10 Optional Measure Stratification – Screenshot 2

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

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Report Documents

+/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

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

Yes No

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

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

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

Figure 10: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Frequency of Ongoing Prenatal Care (FPC) Core Measure PRA Document

Version 1.0

08/25/2017

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

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

Table of Contents

1.	Frequency of Ongoing Prenatal Care (FPC) Screenshots.....	1
1.1	Measurement Specifications – Path 1	1
1.2	Measurement Specifications – Path 2.....	1
1.3	Data Source	1
1.4	Performance Measure – Path 1 – Screenshot 1	2
1.5	Performance Measure – Path 1 – Screenshot 2	2
1.6	Performance Measure – Path 2	3
1.7	Deviations from Measure Specifications – Screenshot 1	3
1.8	Deviations from Measure Specifications – Screenshot 2	4
1.9	Deviations from Measure Specifications – Screenshot 3	4
1.10	Deviations from Measure Specifications – Screenshot 4	5
1.11	Optional Measure Stratification – Screenshot 1	5
1.12	Optional Measure Stratification – Screenshot 2	6
 Appendix A: Acronyms.....		 7

List of Figures

Figure 1:	Measurement Specifications – Path 1	1
Figure 2:	Measurement Specifications – Path 2.....	1
Figure 3 :	Data Source	1
Figure 4 :	Performance Measure – Path 1 – Screenshot 1	2
Figure 5:	Performance Measure – Path 1 – Screenshot 2	2
Figure 6:	Performance Measure – Path 2	3
Figure 7:	Deviations from Measure Specifications – Screenshot 1	3
Figure 8:	Deviations from Measure Specifications – Screenshot 2	4
Figure 9:	Deviations from Measure Specifications – Screenshot 3	4
Figure 10:	Deviations from Measure Specifications – Screenshot 4	5
Figure 11 :	Optional Measure Stratification – Screenshot 1	5
Figure 12:	Optional Measure Stratification – Screenshot 2	6

List of Tables

No table of figures entries found.

1. Frequency of Ongoing Prenatal Care (FPC) Screenshots

1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Figure 3 : Data Source

1.4 Performance Measure – Path 1 – Screenshot 1

The screenshot shows a web interface for a performance measure. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main heading is 'Performance Measure'. Below this, there is a description: 'Percentage of Medicaid/CHIP deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:'. A bulleted list follows:

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

 Below the list, a note states: 'Enter rate values to one decimal place (XXX). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' The first category, '< 21 percent of expected visits', is selected with a checkbox. Below it is a text input field with the prompt 'Please explain why data was not entered for this numerator/denominator/rate set *' and a character count of '0/4000'. The second category, '21 percent to 40 percent of expected visits', is also selected with a checkbox and has a similar text input field and character count. The third category, '41 percent to 60 percent of expected visits', is selected with a checkbox and has a similar text input field and character count. The fourth and fifth categories are not selected.

Figure 4 : Performance Measure – Path 1 – Screenshot 1

1.5 Performance Measure – Path 1 – Screenshot 2

This screenshot shows the bottom portion of the performance measure interface. It continues from the previous screenshot. The first category shown is '61 percent to 80 percent of expected visits', which is selected with a checkbox. Below it is a text input field with the prompt 'Please explain why data was not entered for this numerator/denominator/rate set *' and a character count of '0/4000'. The second category shown is '≥ 81 percent of expected visits', which is also selected with a checkbox. Below it is another text input field with the same prompt and character count. The other categories are not visible in this view.

Figure 5: Performance Measure – Path 1 – Screenshot 2

1.6 Performance Measure – Path 2

Percentage of Medicaid/CHIP deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:

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

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

< 21 percent of expected visits

Numerator	Denominator	Rate
0	0	0

21 percent to 40 percent of expected visits

Numerator	Denominator	Rate
0	0	0

41 percent to 60 percent of expected visits

Numerator	Denominator	Rate
0	0	0

61 percent to 80 percent of expected visits

Numerator	Denominator	Rate
0	0	0

≥ 81 percent of expected visits

Numerator	Denominator	Rate
0	0	0

Figure 6: Performance Measure – Path 2

1.7 Deviations from Measure Specifications – Screenshot 1

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

Yes
 No

Please select and explain the deviation(s)

< 21 percent of expected visits

Numerator

Explain *

Denominator

Explain *

Other

Explain *

21 percent to 40 percent of expected visits

Numerator

Explain *

Figure 7: Deviations from Measure Specifications – Screenshot 1

1.8 Deviations from Measure Specifications – Screenshot 2

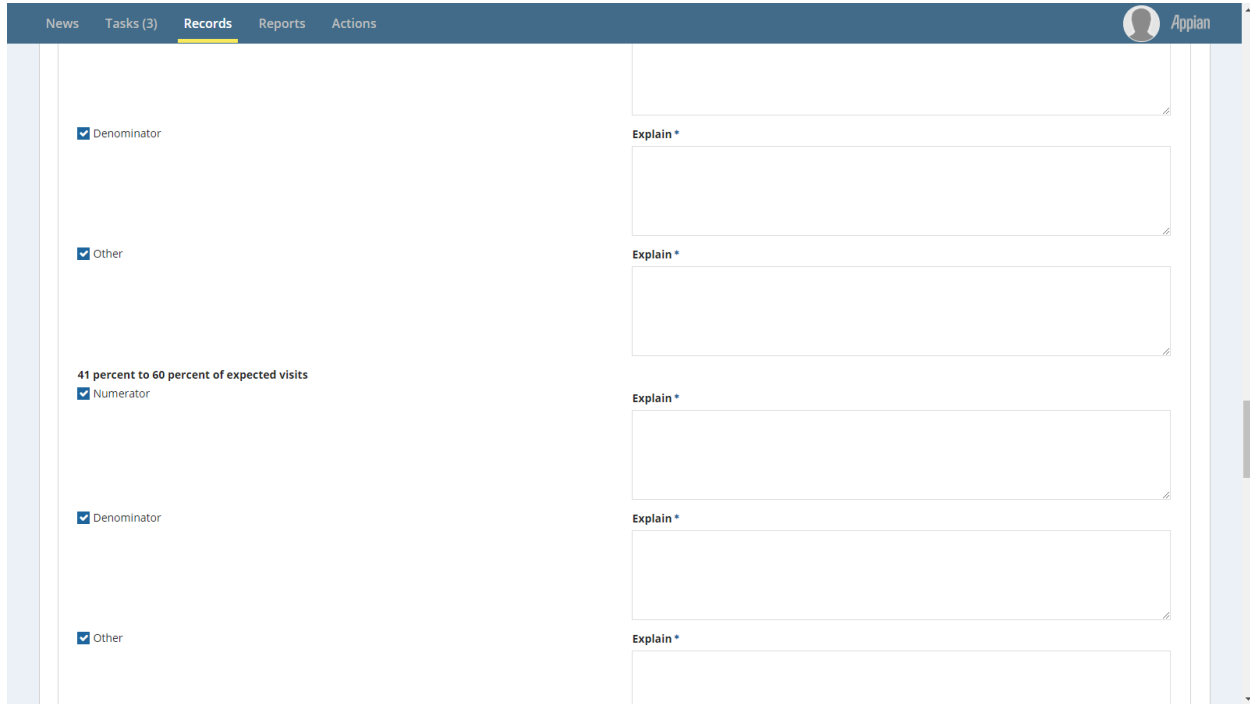


Figure 8: Deviations from Measure Specifications – Screenshot 2

1.9 Deviations from Measure Specifications – Screenshot 3

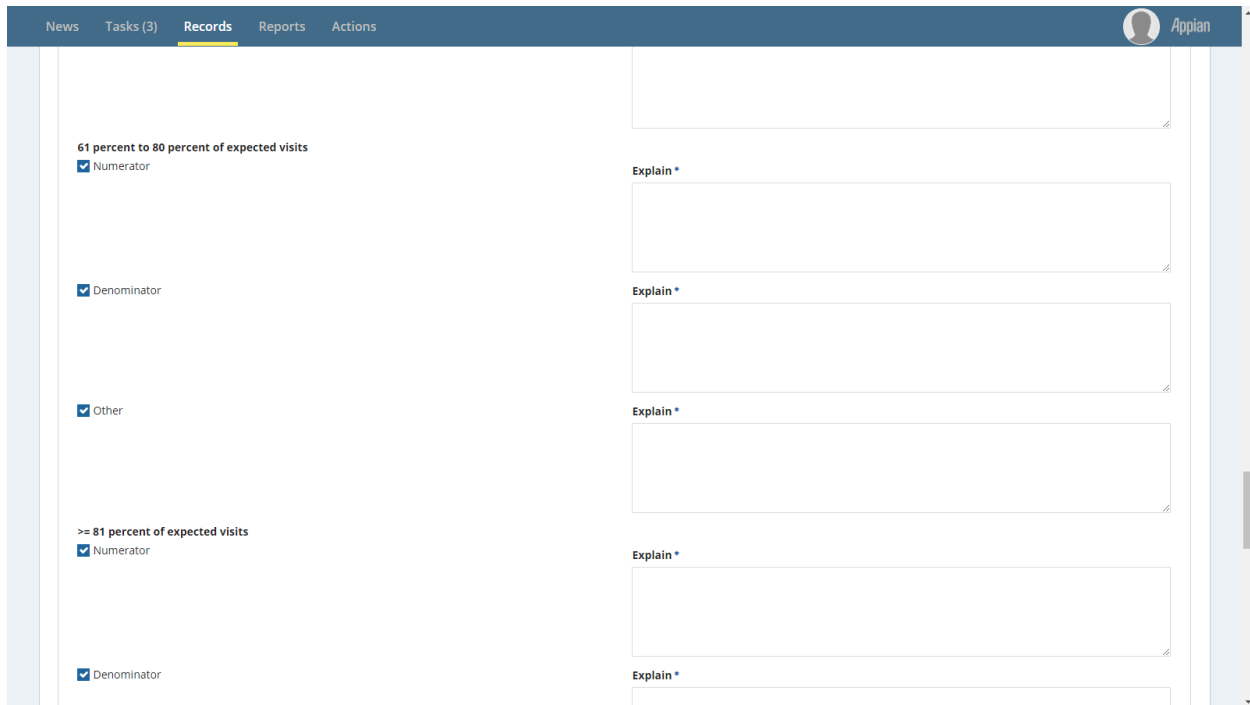


Figure 9: Deviations from Measure Specifications – Screenshot 3

1.10 Deviations from Measure Specifications – Screenshot 4

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

Figure 10: Deviations from Measure Specifications – Screenshot 4

1.11 Optional Measure Stratification – Screenshot 1

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

The screenshot displays the 'Optional Measure Stratification' section. It includes instructions on how to report rates and a table for data entry. The table has columns for 'Classification/Sub-category', 'Numerator', 'Denominator', and 'Rate'. Below the table are checkboxes for various racial and ethnic groups, with 'Race (Non-Hispanic)' and 'White' selected.

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


Below the table, there are checkboxes for the following categories:

- 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 Ethnicities

Figure 11 : Optional Measure Stratification – Screenshot 1

1.12 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions

 Appian

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Report Documents

+/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

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

Figure 12: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/28/2017

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

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

Table of Contents

1. Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH)	1
Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2	1
1.3 Data Source	1
1.4 Performance Measure - Path 1	2
1.5 Performance Measure - Path 2	2
1.6 Deviations from Measure Specifications – Screenshot 1	3
1.7 Deviations from Measure Specifications – Screenshot 2	3
1.8 Optional Measure Stratification – Screenshot 1	4
1.9 Optional Measure Stratification – Screenshot 2	5
Appendix A: Acronyms	6

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1	2
Figure 5: Performance Measure - Path 2	2
Figure 6: Deviations from Measure Specifications – Screenshot 1	3
Figure 7 : Deviations from Measure Specifications – Screenshot 2	3
Figure 8 : Optional Measure Stratification – Screenshot 1	4
Figure 9: Optional Measure Stratification – Screenshot 2	5

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

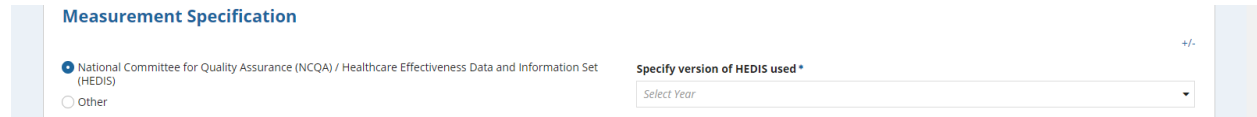


Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

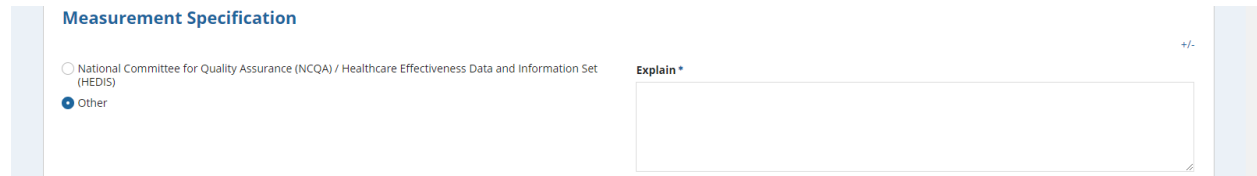


Figure 2: Measurement Specifications – Path 2

1.3 Data Source

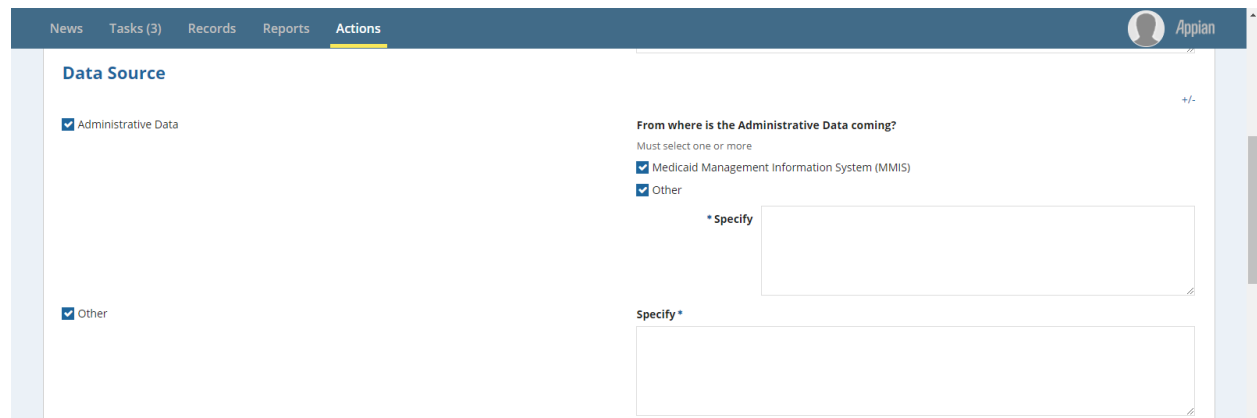


Figure 3 : Data Source

1.4 Performance Measure - Path 1

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

Performance Measure +/-

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

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

7 Day Follow-Up

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

Character count: 0/4000

30 Day Follow-Up

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

Character count: 0/4000

[Deviations from Measure Specifications](#)

Figure 4: Performance Measure - Path 1

1.5 Performance Measure - Path 2

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

Performance Measure +/-

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

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

7 Day Follow-Up

Numerator	Denominator	Rate
0	0	0

30 Day Follow-Up

Numerator	Denominator	Rate
0	0	0

Figure 5: Performance Measure - Path 2

1.6 Deviations from Measure Specifications – Screenshot 1

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

Applan

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

7 Day Follow-Up

Numerator Explain *

Denominator Explain *

Other Explain *

30 Day Follow-Up

Numerator Explain *

Figure 6: Deviations from Measure Specifications – Screenshot 1

1.7 Deviations from Measure Specifications – Screenshot 2

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

Applan

Denominator Explain *

Other Explain *

Figure 7 : Deviations from Measure Specifications – Screenshot 2

1.8 Optional Measure Stratification – Screenshot 1

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

News
Tasks (3)
Records
Reports
Actions

 Appian

Optional Measure Stratification

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

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
7 Day Follow-Up	0	0	0	Clear Row
30 Day Follow-Up	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

+ Additional Race(s)

Ethnicity

Hispanic or Latino

 Not Hispanic or Latino

 + Additional Ethnicity(ies)

Sex

Male

 Female

Primary Spoken Language

English


 Spanish

 + Additional Primary Spoken Language(s)

Figure 8 : Optional Measure Stratification – Screenshot 1

1.9 Optional Measure Stratification – Screenshot 2

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

 **Applan**

Disability Status

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

Geography


- Urban
- Rural
- + Additional Geographies

Report Documents +/-

Saved Documents

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

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

UPLOAD 

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

Yes No

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

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

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

Figure 9: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Immunizations for Adolescents (IMA) Core Measure PRA Document

Version 1.0

08/28/2017

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

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

Table of Contents

1.	Immunizations for Adolescents (IMA) Screenshots	1
1.1	Measurement Specifications – Path 1	1
1.2	Measurement Specifications – Path 2.....	1
1.3	Data Source	1
1.4	Performance Measure – Path 1 – Screenshot 1	2
1.5	Performance Measure – Path 1 – Screenshot 2	2
1.6	Performance Measure – Path 2	3
1.7	Deviations from Measure Specifications – Screenshot 1	4
1.8	Deviations from Measure Specifications – Screenshot 2	4
1.9	Deviations from Measure Specifications – Screenshot 3	5
1.10	Deviations from Measure Specifications – Screenshot 4	5
1.11	Optional Measure Stratification – Screenshot 1	6
1.12	Optional Measure Stratification – Screenshot 2	7
Appendix A: Acronyms.....		8

List of Figures

Figure 1:	Measurement Specifications – Path 1	1
Figure 2:	Measurement Specifications – Path 2.....	1
Figure 3 :	Data Source	1
Figure 4:	Performance Measure – Path 1 – Screenshot 1	2
Figure 5:	Performance Measure – Path 1 – Screenshot 2	2
Figure 6:	Performance Measure – Path 2	3
Figure 7:	Deviations from Measure Specifications – Screenshot 1	4
Figure 8:	Deviations from Measure Specifications – Screenshot 2	4
Figure 9 :	Deviations from Measure Specifications – Screenshot 3	5
Figure 10:	Deviations from Measure Specifications – Screenshot 4	5
Figure 11 :	Optional Measure Stratification – Screenshot 1	6
Figure 12:	Optional Measure Stratification – Screenshot 2	7

List of Tables

No table of figures entries found.

1. Immunizations for Adolescents (IMA) Screenshots

1.1 Measurement Specifications – Path 1

Measurement Specification

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

Specify version of HEDIS used *

Select Year

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Measurement Specification

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

Explain *

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

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

Data Source

Administrative Data

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

Medicaid Management Information System (MMIS)
 Immunization Registry
 Other

* Specify

Hybrid (Administrative and Medical Records Data)

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

Medicaid Management Information System (MMIS)
 Immunization Registry
 Other

* Specify

Other

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

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

Specify *

Figure 3 : Data Source

1.4 Performance Measure – Path 1 – Screenshot 1

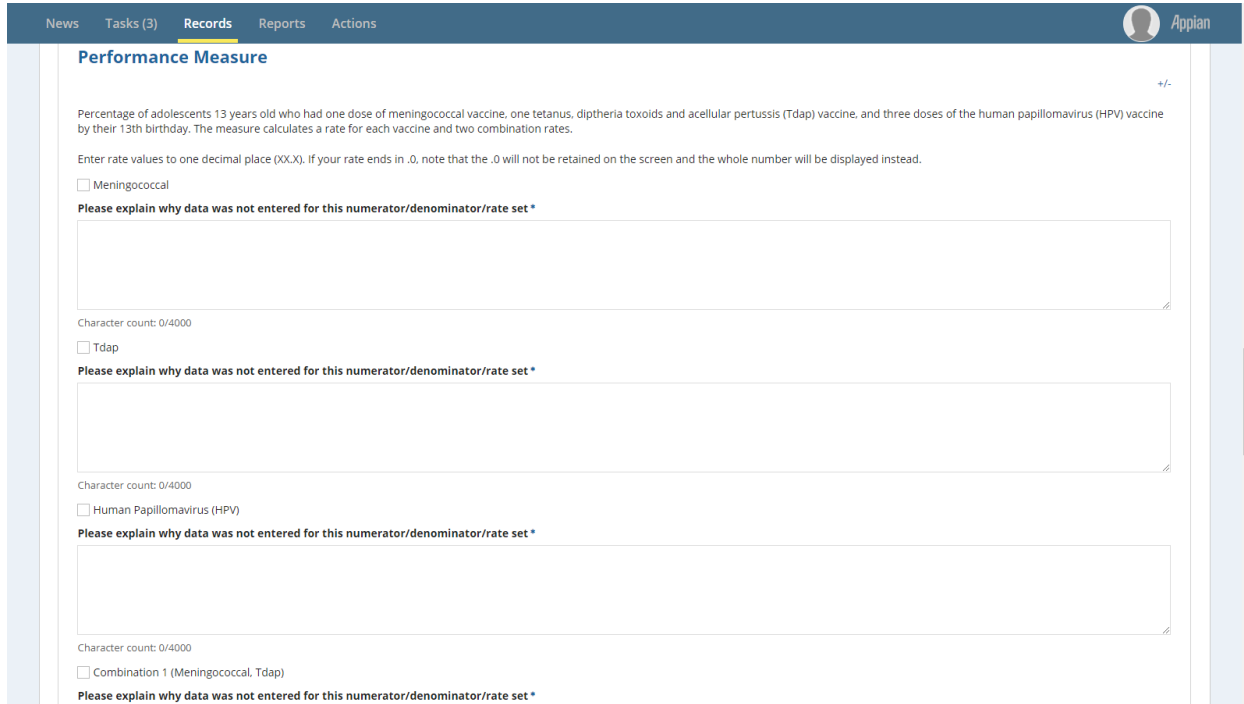


Figure 4: Performance Measure – Path 1 – Screenshot 1

1.5 Performance Measure – Path 1 – Screenshot 2

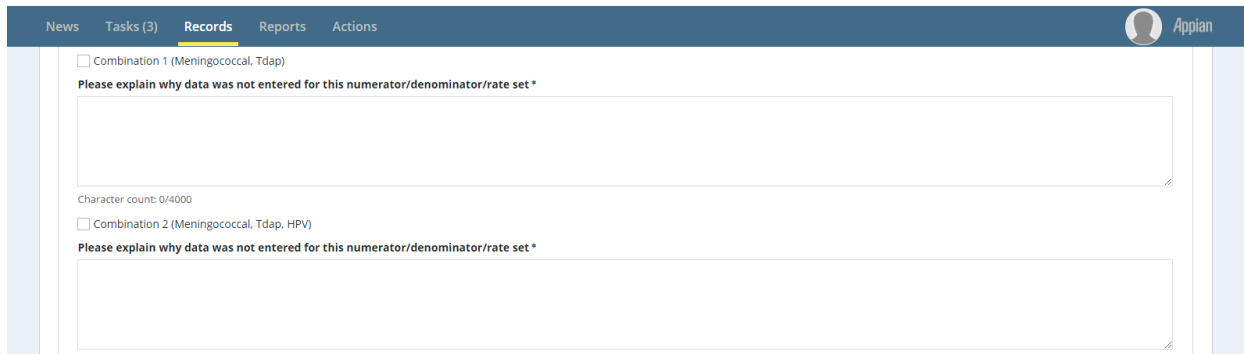


Figure 5: Performance Measure – Path 1 – Screenshot 2

1.6 Performance Measure – Path 2

News
Tasks (3)
Records
Reports
Actions

 Appian

Performance Measure +/-

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

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

Meningococcal

Numerator	Denominator	Rate
0	0	0

Tdap

Numerator	Denominator	Rate
0	0	0

Human Papillomavirus (HPV)

Numerator	Denominator	Rate
0	0	0

Combination 1 (Meningococcal, Tdap)

Numerator	Denominator	Rate
0	0	0

Combination 2 (Meningococcal, Tdap, HPV)

Numerator	Denominator	Rate
0	0	0

Figure 6: Performance Measure – Path 2

1.7 Deviations from Measure Specifications – Screenshot 1

The screenshot shows a web interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. The main heading is 'Deviations from Measure Specifications'. Below this, a question asks 'Did your calculation of the measure deviate from the measure specification in any way?' with radio buttons for 'Yes' (selected) and 'No'. A section titled 'Please select and explain the deviation(s)' lists two measures: 'Meningococcal' and 'Tdap'. For 'Meningococcal', three checkboxes are selected: 'Numerator', 'Denominator', and 'Other'. For 'Tdap', the 'Numerator' checkbox is selected. To the right of each selected checkbox is an 'Explain *' label and a text input field.

Figure 7: Deviations from Measure Specifications – Screenshot 1

1.8 Deviations from Measure Specifications – Screenshot 2

This screenshot shows the same web interface as Figure 7, but with the 'Human Papillomavirus (HPV)' measure selected. The 'Meningococcal' and 'Tdap' sections are no longer visible. For 'Human Papillomavirus (HPV)', the 'Numerator' checkbox is selected. Below it, three other checkboxes are selected: 'Denominator', 'Other', and another 'Denominator' checkbox. Each selected checkbox has an 'Explain *' label and a corresponding text input field to the right.

Figure 8: Deviations from Measure Specifications – Screenshot 2

1.9 Deviations from Measure Specifications – Screenshot 3

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

Applan

Combination 1 (Meningococcal, Tdap)

- Numerator
- Denominator
- Other

Combination 2 (Meningococcal, Tdap, HPV)

- Numerator
- Denominator

Explain *

Explain *

Explain *

Explain *

Explain *

Figure 9 : Deviations from Measure Specifications – Screenshot 3

1.10 Deviations from Measure Specifications – Screenshot 4

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

Applan

- Denominator
- Other

Explain *

Explain *

[Combined Data\(s\) from Multiple Reporting Units](#)

Figure 10: Deviations from Measure Specifications – Screenshot 4

1.11 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap	0	0	0	Clear Row
Human Papillomavirus (HPV)	0	0	0	Clear Row
Combination 1 (Meningococcal, Tdap)	0	0	0	Clear Row
Combination 2 (Meningococcal, Tdap, HPV)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

+ Additional Race(s)

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Figure 11 : Optional Measure Stratification – Screenshot 1

1.12 Optional Measure Stratification – Screenshot 2

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

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

Below these options is the **Report Documents** section, which includes a sub-section for **Saved Documents**. This section lists the following constraints:

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

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

At the bottom of the interface, there is an **UPLOAD** button with a file icon, and two buttons: **DELETE DOCUMENT(S)** and **SAVE DOCUMENT(S)**. A question at the bottom asks, 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No'.

Figure 12: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

**Version 1.0
08/29/2017**

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

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

Table of Contents

- 1. Live Births Weighing Less Than 2,500 Grams (LBW) Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2..... 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure..... 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms..... 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2..... 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure..... 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

1. Live Births Weighing Less Than 2,500 Grams (LBW) Screenshots

1.1 Measurement Specifications – Path 1

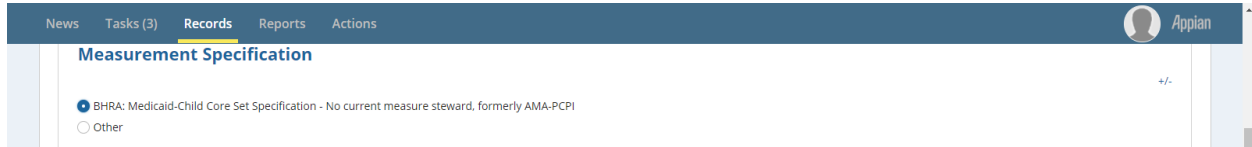


Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

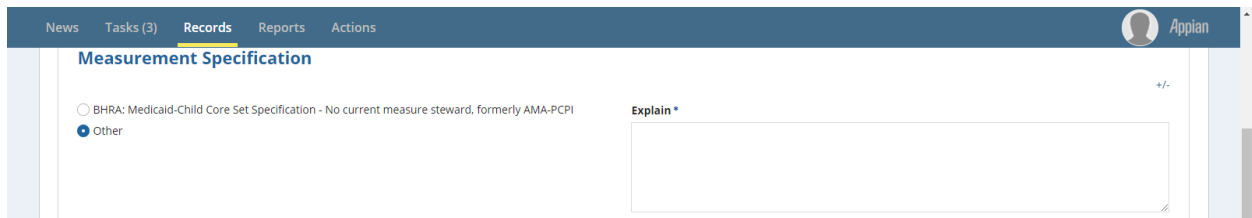


Figure 2: Measurement Specifications – Path 2

1.3 Data Source

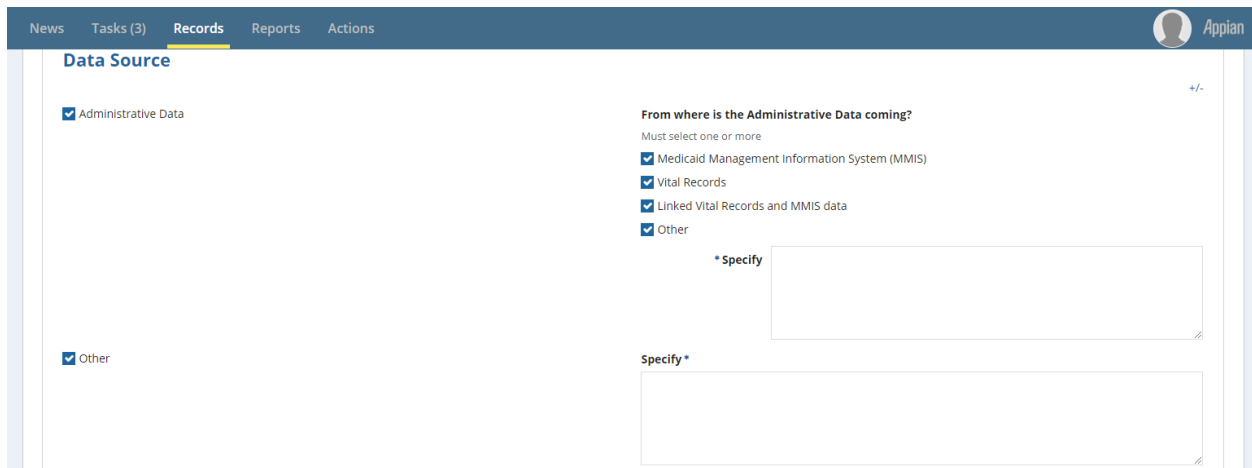


Figure 3 : Data Source

1.4 Performance Measure

Performance Measure +/-

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

As per the measure specifications

Numerator Explain *

Denominator Explain *


Other Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

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

 /Appian

Optional Measure Stratification +/-

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

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

Check all that apply

- Race (Non-Hispanic)
 - White

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

+ Additional/Alternative Classification/Sub-category

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Sex
 - Male
 - Female
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

The screenshot displays a web application interface for configuring a report. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon and the name 'Appian' are visible in the top right corner.

The main content area is divided into several sections:

- Disability Status:** Includes a checked checkbox for 'Disability Status', a '+ Additional Primary Spoken Language(s)' link, and sub-options for 'SSI' and 'Non-SSI' (both unchecked).
- Geography:** Includes a checked checkbox for 'Geography', a '+ Additional Disability Status(es)' link, and sub-options for 'Urban' and 'Rural' (both unchecked).
- Report Documents:** A section with a '+/' expand/collapse icon. Below it, under 'Saved Documents', there are instructions: 'Maximum documents that can be uploaded for this report: 84', 'Maximum file size: 2MB', and 'Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx'. Below these instructions is a table with columns: Name, Description, Date Created, Updated By, Size, and Type. The table is currently empty, showing 'No items available'.
- Upload and Action Buttons:** An 'UPLOAD' button with a file icon is on the left. On the right, there are 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons.
- Validation Section:** A question 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No' (selected). A note below states: '(Note: While the measure does not need to be validated at this time in order to proceed, each measure must be validated for the measure to be marked as 'complete' and before the report can be submitted to CMS). A warning follows: 'Warning: Any field containing more than 4000 characters will be truncated when saved.'
- Footer/Disclaimer:** A 'PRA Disclosure Statement' is provided at the bottom, detailing the Paperwork Reduction Act of 1995 and providing contact information for the PRA Reports Clearance Officer.
- Navigation Buttons:** At the bottom, there are 'CANCEL', 'SAVE', 'GO TO PREVIOUS MEASURE', and 'GO TO ADMIN SCREEN' buttons.

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Medication Management for People with Asthma (MMA) Core Measure PRA Document

Version 1.0

08/29/2017

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

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

Table of Contents

1. Medication Management for People with Asthma (MMA) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2.....	1
1.3 Data Source	1
1.4 Performance Measure - Path 1 – Screenshot 1	2
1.5 Performance Measure - Path 1 – Screenshot 2	2
1.6 Performance Measure - Path 1 – Screenshot 3	3
1.7 Performance Measure - Path 2 – Screenshot 1	3
1.8 Performance Measure - Path 2 – Screenshot 2	4
1.9 Deviations from Measure Specifications – Screenshot 1	4
1.10 Deviations from Measure Specifications – Screenshot 2	5
1.11 Deviations from Measure Specifications – Screenshot 3	5
1.12 Deviations from Measure Specifications – Screenshot 4	6
1.13 Deviations from Measure Specifications – Screenshot 5	6
1.14 Deviations from Measure Specifications – Screenshot 6	7
1.15 Optional Measure Stratification – Screenshot 1	7
1.16 Optional Measure Stratification – Screenshot 2	8
Appendix A: Acronyms.....	9

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2.....	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1 – Screenshot 1	2
Figure 5: Performance Measure - Path 1 – Screenshot 2	2
Figure 6: Performance Measure - Path 1 – Screenshot 3	3
Figure 7: Performance Measure - Path 2 – Screenshot 1	3
Figure 8: Performance Measure - Path 2 – Screenshot 2	4
Figure 9: Deviations from Measure Specifications – Screenshot 1	4
Figure 10: Deviations from Measure Specifications – Screenshot 2	5
Figure 11: Deviations from Measure Specifications – Screenshot 3	5
Figure 12: Deviations from Measure Specifications – Screenshot 4	6

Figure 13: Deviations from Measure Specifications – Screenshot 5	6
Figure 14 : Deviations from Measure Specifications – Screenshot 6	7
Figure 15 : Optional Measure Stratification – Screenshot 1	7
Figure 16: Optional Measure Stratification – Screenshot 2	8

List of Tables

No table of figures entries found.

1. Medication Management for People with Asthma (MMA) Screenshots

1.1 Measurement Specifications – Path 1

Measurement Specification

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

Specify version of HEDIS used *
 Select Year

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Measurement Specification

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

Explain *

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Data Source

Administrative Data
 Other

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

Medicald Management Information System (MMIS)
 Other

* Specify

Specify *

Figure 3 : Data Source

1.4 Performance Measure - Path 1 – Screenshot 1

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Performance Measure' and includes a description of the measure: 'Percentage of children ages 5 to 20 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period'. It lists two rates: 'Percentage of children who remained on an asthma controller medication for at least 50 percent of their treatment period' and 'Percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period'. Below this, it states the measure is reported using age ranges: 5 to 11 years, 12 to 18 years, 19 to 20 years, and total. The 'Remained on Asthma Medication for 50% of Treatment Period' section is active, showing a 'Total' age range selected. There are three empty text boxes for explaining why data was not entered for this numerator/denominator/rate set, each with a character count of 0/4000.

Figure 4: Performance Measure - Path 1 – Screenshot 1

1.5 Performance Measure - Path 1 – Screenshot 2

The screenshot shows the same web application interface as Figure 4. The 'Records' tab is still selected. The main content area is titled 'Performance Measure'. The 'Remained on Asthma Medication for 75% of Treatment Period' section is active, showing a 'Total' age range selected. There are three empty text boxes for explaining why data was not entered for this numerator/denominator/rate set, each with a character count of 0/4000.

Figure 5: Performance Measure - Path 1 – Screenshot 2

1.6 Performance Measure - Path 1 – Screenshot 3

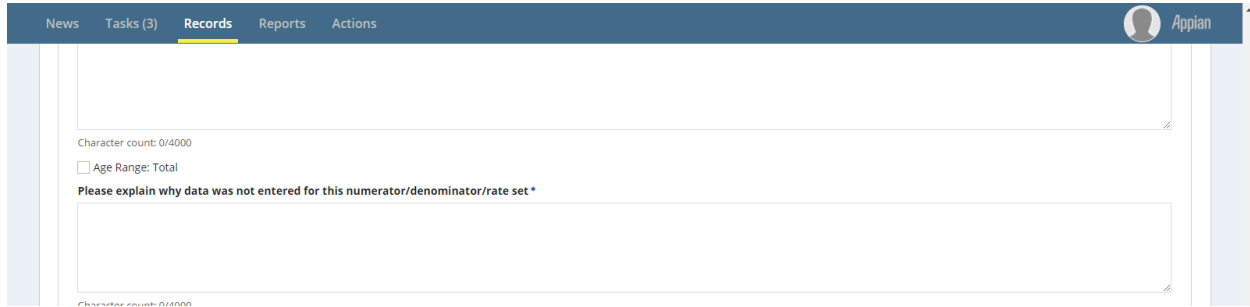


Figure 6: Performance Measure - Path 1 – Screenshot 3

1.7 Performance Measure - Path 2 – Screenshot 1

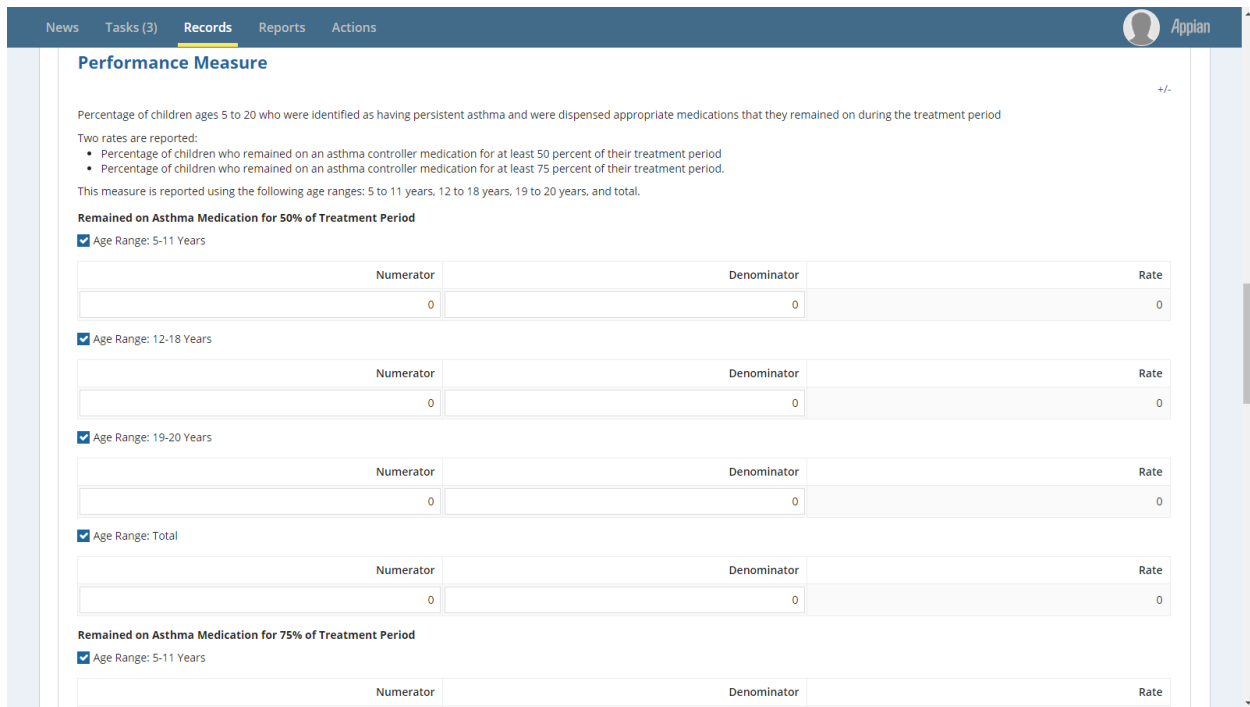


Figure 7: Performance Measure - Path 2 – Screenshot 1

1.8 Performance Measure - Path 2 – Screenshot 2

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

Figure 8: Performance Measure - Path 2 – Screenshot 2

1.9 Deviations from Measure Specifications – Screenshot 1

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

Remained on Asthma Medication for 50% of Treatment Period

Age Range: 5-11 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: 12-18 Years

Numerator Explain *

Figure 9: Deviations from Measure Specifications – Screenshot 1

1.10 Deviations from Measure Specifications – Screenshot 2

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

Appian

Denominator

Explain *

Other

Explain *

Age Range: 19-20 Years

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 10: Deviations from Measure Specifications – Screenshot 2

1.11 Deviations from Measure Specifications – Screenshot 3

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

Appian

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Remained on Asthma Medication for 75% of Treatment Period

Age Range: 5-11 Years

Numerator

Explain *

Figure 11: Deviations from Measure Specifications – Screenshot 3

1.12 Deviations from Measure Specifications – Screenshot 4

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

Appian

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

Figure 12: Deviations from Measure Specifications – Screenshot 4

1.13 Deviations from Measure Specifications – Screenshot 5

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

Appian

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

Figure 13: Deviations from Measure Specifications – Screenshot 5

1.14 Deviations from Measure Specifications – Screenshot 6

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation bar, there is a form with a checked checkbox labeled 'Other' and a text area labeled 'Explain *'.

Figure 14 : Deviations from Measure Specifications – Screenshot 6

1.15 Optional Measure Stratification – Screenshot 1

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

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation bar, there is a section titled 'Optional Measure Stratification'. It includes a heading 'Optional Measure Stratification' and a sub-heading 'Remained on Asthma Medication for 50% of Treatment Period'. Below this, there is a table with columns for 'Classification/Sub-category', 'Numerator', 'Denominator', and 'Rate'. The table has four rows: 'Age Range: 5-11 Years', 'Age Range: 12-18 Years', 'Age Range: 19-20 Years', and 'Age Range: Total'. Each row has a 'Clear Row' button next to the 'Rate' column. Below the table, there is a link '+ Additional/Alternative Classification/Sub-category'. There is also a section for 'Remained on Asthma Medication for 75% of Treatment Period' with a similar table structure.

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

Figure 15 : Optional Measure Stratification – Screenshot 1

1.16 Optional Measure Stratification – Screenshot 2

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

Age Range: Total 0 0 0 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

[Report Documents](#)

+/-

Figure 16: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

**Version 1.0
08/30/2017**

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

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

Table of Contents

- 1. PC-02: Cesarean Section (PC02) Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2..... 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure..... 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms..... 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2..... 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure..... 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2



Figure 2: Measurement Specifications – Path 2

1.3 Data Source

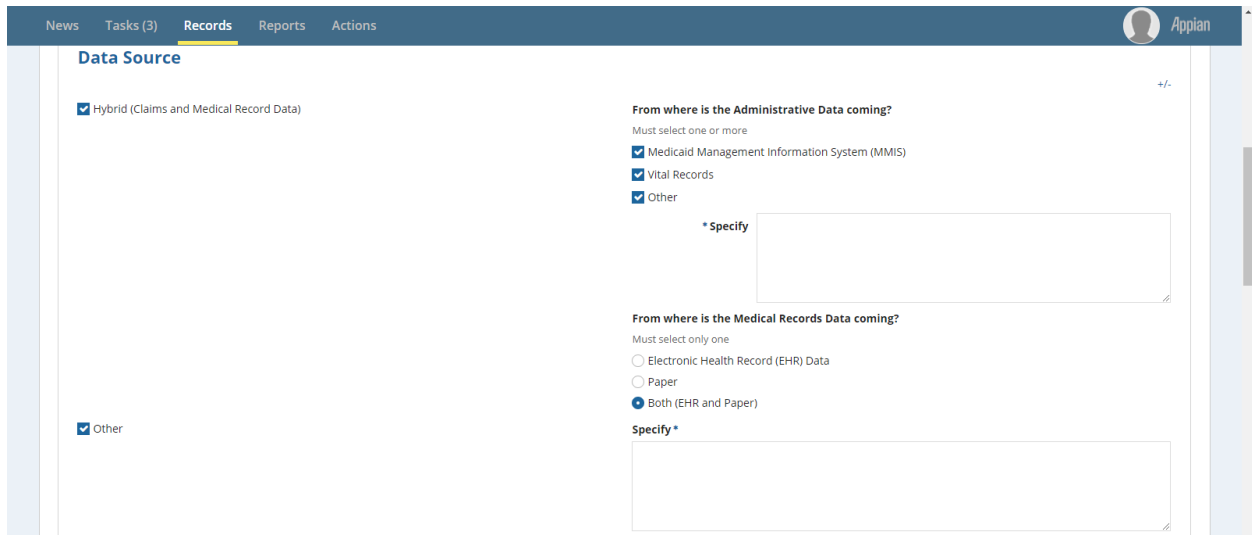


Figure 3 : Data Source

1.4 Performance Measure

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

Performance Measure +/-

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

As per the measure specifications

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions

Applan

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

Report Documents

+/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

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

Yes No

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

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

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

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

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

**Version 1.0
08/30/2017**

Document Number: 313-QSSI-MACPro-PRA-CQM017-PDENT-D

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

Table of Contents

- 1. PDENT-CH: Percentage of Eligibles Who Received Preventive Dental Services Screenshots 1**
 - 1.1 Measurement Specifications 1
 - 1.2 Data Source 1
 - 1.3 Performance Measure 1
 - 1.4 Deviations from Measure Specification 2
 - 1.5 Optional Measure Stratification 2
- Appendix A: Acronyms 3**

List of Figures

- Figure 1: Measurement Specifications 1
- Figure 2 : Data Source 1
- Figure 3: Performance Measure 1
- Figure 4: Deviations from Measure Specification 2
- Figure 5: Optional Measure Stratification 2

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications

Figure 1: Measurement Specifications

1.2 Data Source

Figure 2 : Data Source

1.3 Performance Measure

Figure 3: Performance Measure

1.4 Deviations from Measure Specification

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

Deviations from Measure Specifications

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

Yes

No

Please select and explain the deviation(s)

Numerator

Explain

Denominator

Explain

Other

Explain

Figure 4: Deviations from Measure Specification

1.5 Optional Measure Stratification

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

Other Performance Measure

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

Please describe the other methodology used

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

Figure 5: Optional Measure Stratification

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/28/2017

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

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

Table of Contents

- 1. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)**
- Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure - Path 1 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

1. Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC) Screenshots

1.1 Measurement Specifications – Path 1

Measurement Specification +/-

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

Specify version of HEDIS used * +/-

Select Year ▼

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Measurement Specification +/-

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

Explain * +/-

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

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

Data Source +/-

Administrative Data

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

Medicaid Management Information System (MMIS)
 Vital Records
 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)
 Vital Records
 Other

* Specify +/-

Other

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

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

Specify * +/-

Figure 3 : Data Source

1.4 Performance Measure

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

Performance Measure +/-

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure - Path 1

1.5 Deviations from Measure Specifications

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

As per the measure specifications

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status
 - SSI
 - Non-SSI
 - + Additional Disability Status(es)

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions

Applan

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

Report Documents

+/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

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

Yes No

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

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

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

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/30/2017

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

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

Table of Contents

- 1. Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)**
- Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

1. Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL) Screenshots

1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2



Figure 2: Measurement Specifications – Path 2

1.3 Data Source

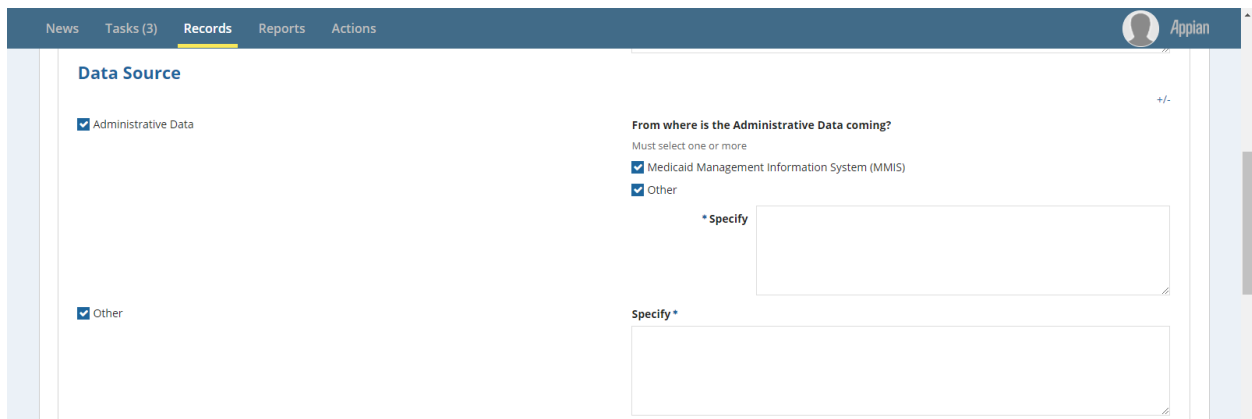


Figure 3 : Data Source

1.4 Performance Measure

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

Performance Measure +/-

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

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

Deviations from Measure Specifications +/-

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

Yes
 No

Please select and explain the deviation(s)

6 - 9 Years

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

Race (Non-Hispanic)

- White

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

+ Additional/Alternative Classification/Sub-category

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

+ Additional Race(s)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

+ Additional Ethnicity(ies)

Sex

- Male
- Female

Primary Spoken Language

- English
- Spanish

+ Additional Primary Spoken Language(s)

Disability Status

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

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

 Appian

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Report Documents +/-

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

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

Yes No

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

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

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

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/29/2017

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

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

Table of Contents

- 1. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure 2
- Figure 6: Deviations from Measure Specifications 2
- Figure 8 : Optional Measure Stratification – Screenshot 1 3
- Figure 9: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

1. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) Screenshots

1.1 Measurement Specifications – Path 1



Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2



Figure 2: Measurement Specifications – Path 2

1.3 Data Source

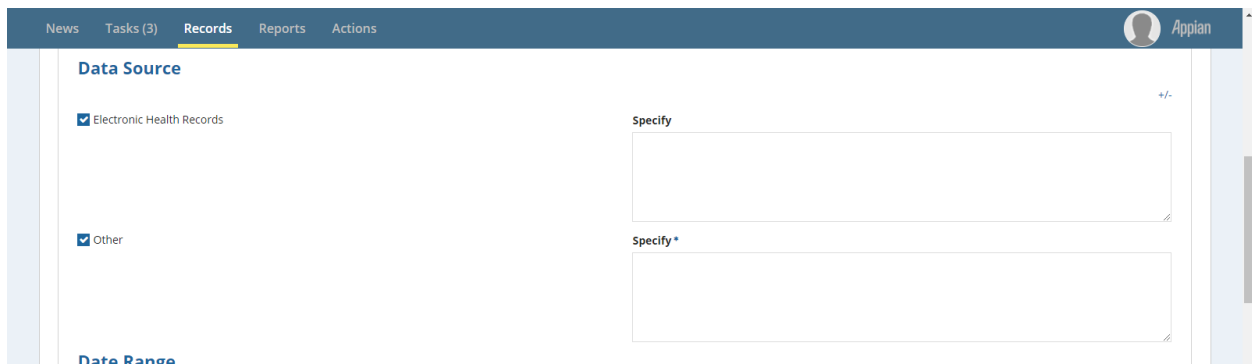


Figure 3 : Data Source

1.4 Performance Measure

The screenshot shows the 'Performance Measure' configuration page. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. Below the navigation bar, the page title is 'Performance Measure' with a '+/-' icon. The main content area contains the following text: 'Percentage of patient visits for those beneficiaries ages 6 to 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.' and 'Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' Below this text is a table with three columns: 'Numerator', 'Denominator', and 'Rate'. Each column has a text input field containing the value '0'. The 'Rate' field is highlighted with a red border.

Figure 4: Performance Measure

1.5 Deviations from Measure Specifications

The screenshot shows the 'Deviations from Measure Specifications' configuration page. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon for 'Appian' is in the top right. Below the navigation bar, the page title is 'Deviations from Measure Specifications' with a '+/-' icon. The main content area contains the following text: 'Did your calculation of the measure deviate from the measure specification in any way? *' with radio buttons for 'Yes' (selected) and 'No'. Below this is the text 'Please select and explain the deviation(s)' and 'Visits for enrollees ages 6 - 17 Years'. There are three checked checkboxes: 'Numerator', 'Denominator', and 'Other'. To the right of each checked checkbox is a text area labeled 'Explain *'.

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

- Race (Non-Hispanic)
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - + Additional Race(s)
- Ethnicity
 - Hispanic or Latino
 - Not Hispanic or Latino
 - + Additional Ethnicity(ies)
- Sex
 - Male
 - Female
- Primary Spoken Language
 - English
 - Spanish
 - + Additional Primary Spoken Language(s)
- Disability Status

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

+ Additional/Alternative Classification/Sub-category

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

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

- Disability Status:** A checked checkbox. Below it are sub-options: SSI, Non-SSI, and a link '+ Additional Disability Status(es)'. A bullet point is next to 'Non-SSI'.
- Geography:** A checked checkbox. Below it are sub-options: Urban, Rural, and a link '+ Additional Geographies'. A bullet point is next to 'Rural'.
- Report Documents:** A section header with a '+/-' icon to its right.
- Saved Documents:** A sub-section header with a list of instructions:
 - Maximum documents that can be uploaded for this report: 84
 - Maximum file size : 2MB
 - Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx
- Table:** A table with columns: Name, Description, Date Created, Updated By, Size, and Type. The table is currently empty, displaying 'No items available'.
- Upload Section:** An 'UPLOAD' button with a file icon, and 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons.
- Validation Section:** A question 'Would you like to validate the core measure data at this time?' with radio buttons for 'Yes' and 'No' (selected).
- Notes:** A note about validation timing and a warning about character truncation.
- Disclaimer:** A PRA Disclosure Statement at the bottom.

Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)
CQM 2017 - State-Specific Measures PRA
Document**

**Version 1.0
08/30/2017**

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

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

Table of Contents

1. State-Specific Measures Screenshots	1
1.1 Report Documents	1
Appendix A: Acronyms.....	2

List of Figures

Figure 1: Report Documents	1
----------------------------------	---

List of Tables

No table of figures entries found.

1. State-Specific Measures Screenshots

1.1 Report Documents

State-Specific Measures
CMS-10434 OMB 0938-1188

Medicaid and CHIP Child Core Quality Measures - ZZ - 2017

Request System Help
[REQUEST TECHNICAL ASSISTANCE](#) [VIEW ALL RESPONSES](#)
[View Implementation Guide](#)

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

Report Documents +/-

Saved Documents

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

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

[UPLOAD](#)

[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

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

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

Figure 1: Report Documents

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

CQM 2017 - Well-Child Visits in the First 15 Months of Life (W15) Core Measure PRA Document

Version 1.0

08/26/2017

Document Number: 270-QSSI-MACPro-PRA-CQM2017-W15-D

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

Table of Contents

1. Well-Child Visits in the First 15 Months of Life (W15) Screenshots	1
1.1 Measurement Specifications – Path 1	1
1.2 Measurement Specifications – Path 2.....	1
1.3 Data Source	1
1.4 Performance Measure - Path 1 – Screenshot 1	2
1.5 Performance Measure - Path 1 – Screenshot 2	2
1.6 Performance Measure - Path 2 – Screenshot 1	3
1.7 Performance Measure - Path 2 – Screenshot 2	3
1.8 Deviations from Measure Specifications – Screenshot 1	4
1.9 Deviations from Measure Specifications – Screenshot 2	4
1.10 Deviations from Measure Specifications – Screenshot 3	5
1.11 Deviations from Measure Specifications – Screenshot 4	5
1.12 Deviations from Measure Specifications – Screenshot 5	6
1.13 Optional Measure Stratification – Screenshot 1	6
1.14 Optional Measure Stratification – Screenshot 2	7
Appendix A: Acronyms.....	8

List of Figures

Figure 1: Measurement Specifications – Path 1	1
Figure 2: Measurement Specifications – Path 2.....	1
Figure 3 : Data Source	1
Figure 4: Performance Measure - Path 1 – Screenshot 1	2
Figure 5: Performance Measure - Path 1 – Screenshot 2	2
Figure 6: Performance Measure - Path 2 – Screenshot 1	3
Figure 7: Performance Measure - Path 2 – Screenshot 2	3
Figure 8: Deviations from Measure Specifications – Screenshot 1	4
Figure 9: Deviations from Measure Specifications – Screenshot 2	4
Figure 10: Deviations from Measure Specifications – Screenshot 3	5
Figure 11: Deviations from Measure Specifications – Screenshot 4	5
Figure 12: Deviations from Measure Specifications – Screenshot 5	6
Figure 13 : Optional Measure Stratification – Screenshot 1	6

Figure 14: Optional Measure Stratification – Screenshot 2 7

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Figure 3 : Data Source

1.4 Performance Measure - Path 1 – Screenshot 1

The screenshot shows the 'Performance Measure' section of a software interface. At the top, there is a navigation bar with 'News', 'Tasks (3)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is titled 'Performance Measure' and includes a description: 'Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life.' Below this is an instruction: 'Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' The form contains four sections, each for a different number of visits:

- 0 Visits:** Includes a checkbox, a text input field with a 'Please explain why data was not entered for this numerator/denominator/rate set *' label, and a 'Character count: 0/4000' indicator.
- 1 Visit:** Includes a checkbox, a text input field with the same explanation label, and a 'Character count: 0/4000' indicator.
- 2 Visits:** Includes a checkbox, a text input field with the same explanation label, and a 'Character count: 0/4000' indicator.
- 3 Visits:** Includes a checkbox, a text input field with the same explanation label, and a 'Character count: 0/4000' indicator.

Figure 4: Performance Measure - Path 1 – Screenshot 1

1.5 Performance Measure - Path 1 – Screenshot 2

This screenshot continues the 'Performance Measure' form from the previous one, showing the categories for 3, 4, 5, and 6+ visits. Each category follows the same layout:

- 3 Visits:** Includes a checkbox, a text input field with a 'Please explain why data was not entered for this numerator/denominator/rate set *' label, and a 'Character count: 0/4000' indicator.
- 4 Visits:** Includes a checkbox, a text input field with the same explanation label, and a 'Character count: 0/4000' indicator.
- 5 Visits:** Includes a checkbox, a text input field with the same explanation label, and a 'Character count: 0/4000' indicator.
- 6+ Visits:** Includes a checkbox, a text input field with the same explanation label, and a 'Character count: 0/4000' indicator.

 At the bottom of the form, there is a link labeled 'Distinction from Measure Certification'.

Figure 5: Performance Measure - Path 1 – Screenshot 2

1.6 Performance Measure - Path 2 – Screenshot 1

Performance Measure

Percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well child visits with a primary care practitioner (PCP) during their first 15 months of life.

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

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

Figure 6: Performance Measure - Path 2 – Screenshot 1

1.7 Performance Measure - Path 2 – Screenshot 2

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

Deviations from Measure Specifications

Figure 7: Performance Measure - Path 2 – Screenshot 2

1.8 Deviations from Measure Specifications – Screenshot 1

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

Figure 8: Deviations from Measure Specifications – Screenshot 1

1.9 Deviations from Measure Specifications – Screenshot 2

This screenshot shows the same form as Figure 8, but with the '2 Visits' section expanded. In addition to the '0 Visits' section, there are two more checked checkboxes: 'Denominator' and 'Other'. Each of these four checkboxes is followed by an 'Explain *' label and a text input field. The '1 Visit' section from the previous screenshot is also visible at the bottom of the form.

Figure 9: Deviations from Measure Specifications – Screenshot 2

1.10 Deviations from Measure Specifications – Screenshot 3

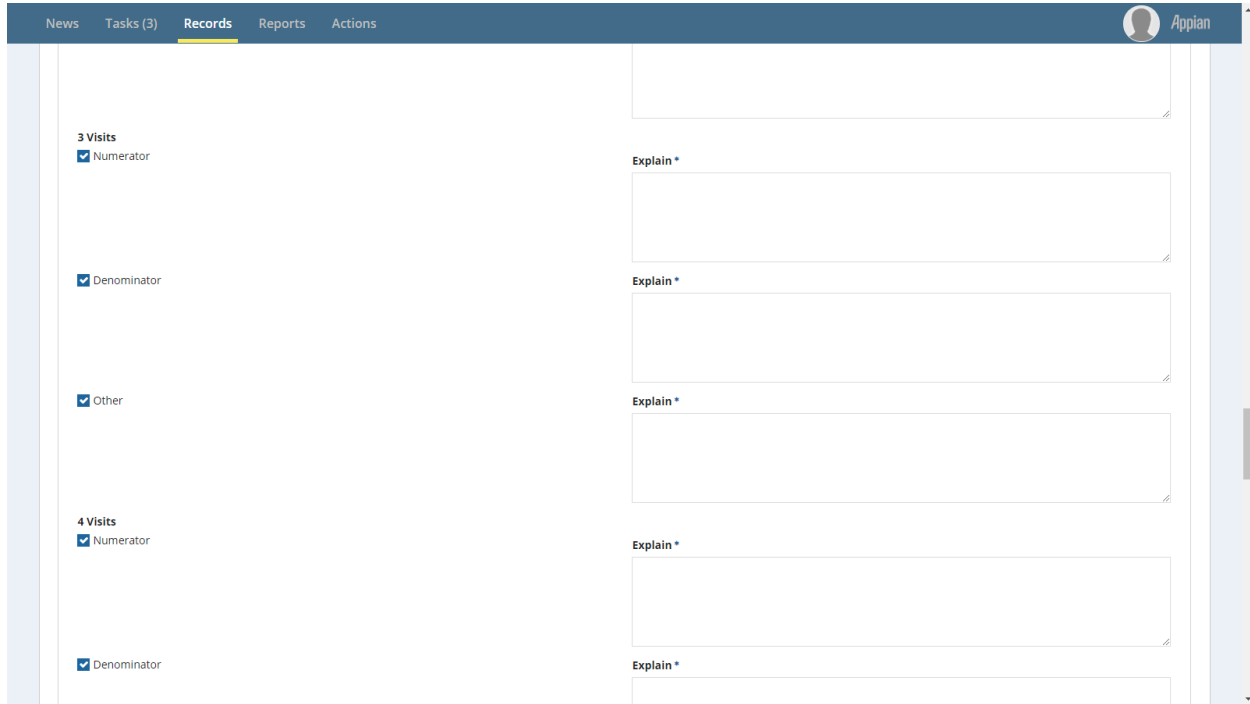


Figure 10: Deviations from Measure Specifications – Screenshot 3

1.11 Deviations from Measure Specifications – Screenshot 4

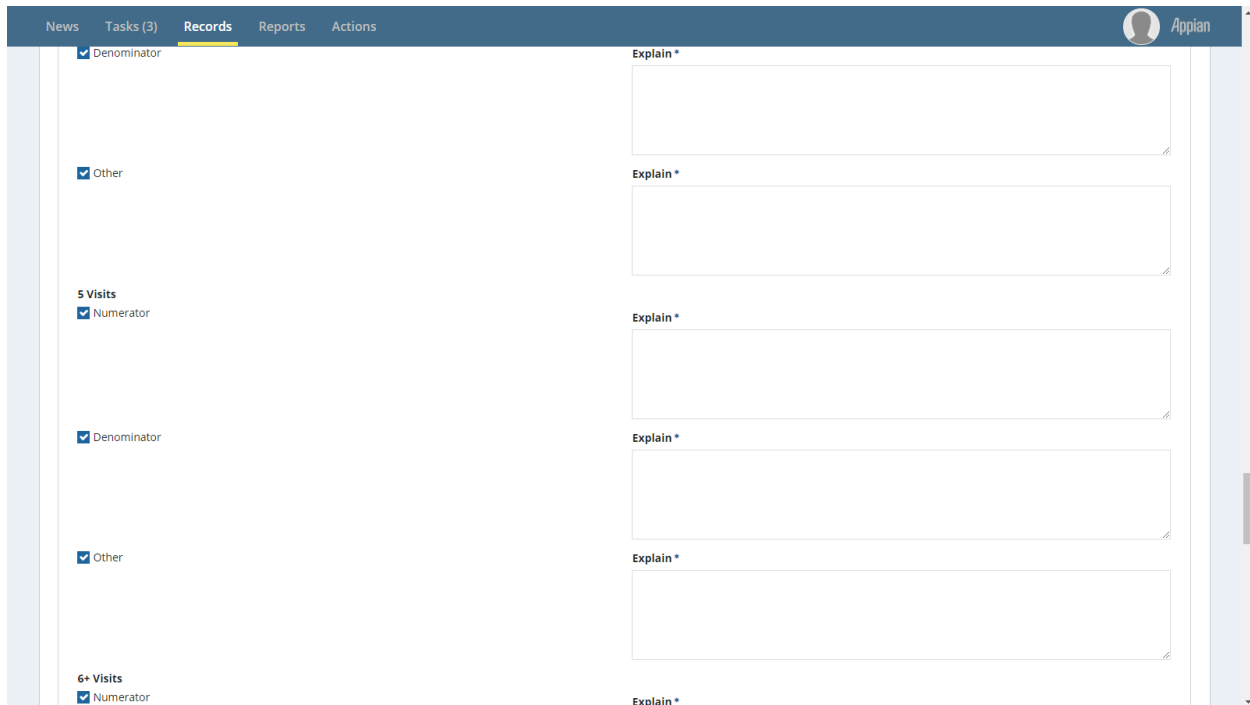


Figure 11: Deviations from Measure Specifications – Screenshot 4

1.12 Deviations from Measure Specifications – Screenshot 5

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

Figure 12: Deviations from Measure Specifications – Screenshot 5

1.13 Optional Measure Stratification – Screenshot 1

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

The screenshot shows the 'Optional Measure Stratification' section. It includes instructions: 'If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable. Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.' Below this, there are checkboxes for 'Race (Non-Hispanic)' with 'White' selected. A table follows with columns for 'Classification/Sub-category', 'Numerator', 'Denominator', and 'Rate'. The table has rows for 0, 1, 2, 3, 4, 5, and 6+ visits. Each row has input fields for Numerator and Denominator, and a 'Rate' field with a 'Clear Row' button. Below the table are checkboxes for 'Black or African American', 'American Indian or Alaska Native', 'Asian', and 'Native Hawaiian or Other Pacific Islander'. A '+ Additional/Alternative Classification/Sub-category' link is at the bottom right.

Classification/Sub-category	Numerator	Denominator	Rate
0 Visits	0	0	0
1 Visit	0	0	0
2 Visits	0	0	0
3 Visits	0	0	0
4 Visits	0	0	0
5 Visits	0	0	0
6+ Visits	0	0	0

Figure 13 : Optional Measure Stratification – Screenshot 1

1.14 Optional Measure Stratification – Screenshot 2

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

Appian

Race
 Native Hawaiian or Other Pacific Islander
 + Additional Races)

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

Sex
 Male
 Female

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

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

Geography
 Urban
 Rural
 + Additional Geographies

Report Documents

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
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Figure 14: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

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

Version 1.0

08/28/2017

Document Number: 271-QSSI-MACPro-PRA-CQM2017-W34-D

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

Table of Contents

- 1. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)**
- Screenshots 1**
 - 1.1 Measurement Specifications – Path 1 1
 - 1.2 Measurement Specifications – Path 2 1
 - 1.3 Data Source 1
 - 1.4 Performance Measure 2
 - 1.5 Deviations from Measure Specifications 2
 - 1.6 Optional Measure Stratification – Screenshot 1 3
 - 1.7 Optional Measure Stratification – Screenshot 2 4
- Appendix A: Acronyms 5**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure - Path 1 2
- Figure 5: Deviations from Measure Specifications 2
- Figure 6: Optional Measure Stratification – Screenshot 1 3
- Figure 7: Optional Measure Stratification – Screenshot 2 4

List of Tables

No table of figures entries found.

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

1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

Figure 3 : Data Source

1.4 Performance Measure

Performance Measure

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

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

Numerator	Denominator	Rate
0	0	0

Figure 4: Performance Measure - Path 1

1.5 Deviations from Measure Specifications

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

3 - 6 Years

Numerator

Explain *

Denominator

Explain *

Other

Explain *

Figure 5: Deviations from Measure Specifications

1.6 Optional Measure Stratification – Screenshot 1

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

Optional Measure Stratification

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

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

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
3 - 6 Years	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

+ Additional Race(s)

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

+ Additional Ethnicity(ies)

Sex

Male

Female

Primary Spoken Language

English

Spanish

+ Additional Primary Spoken Language(s)

Disability Status

Figure 6: Optional Measure Stratification – Screenshot 1

1.7 Optional Measure Stratification – Screenshot 2

News Tasks (3) Records Reports Actions
Applan

+ Additional Primary Spoken Language(s)

Disability Status

- SSI
- Non-SSI

+ Additional Disability Status(es)

Geography

- Urban
- Rural

+ Additional Geographies

Report Documents

+/-

Saved Documents

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

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

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

Yes No

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

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

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Figure 7: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
CQM	Child Quality Measures
PRA	Paperwork Reduction Act of 1995



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

**Medicaid and CHIP Program (MACPro)
CQM 2017 - WCC Core Measure PRA Document**

**Version 1.0
08/28/2017**

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

Table of Contents

- 1. WCC Screenshots..... 1**
- 1.1 Measurement Specifications – Path 1 1
- 1.2 Measurement Specifications – Path 2..... 1
- 1.3 Data Source 1
- 1.4 Performance Measure- Path 1 2
- 1.5 Performance Measure- Path 2 2
- 1.6 Deviations from Measure Specifications – Screenshot 1 3
- 1.7 Deviations from Measure Specifications – Screenshot 2 3
- 1.8 Optional Measure Stratification – Screenshot 1 4
- 1.9 Optional Measure Stratification – Screenshot 2 5
- Appendix A: Acronyms..... 6**

List of Figures

- Figure 1: Measurement Specifications – Path 1 1
- Figure 2: Measurement Specifications – Path 2..... 1
- Figure 3 : Data Source 1
- Figure 4: Performance Measure- Path 1 2
- Figure 5: Performance Measure - Path 2 2
- Figure 6: Deviations from Measure Specifications – Screenshot 1 3
- Figure 7: Deviations from Measure Specifications – Screenshot 2 3
- Figure 8 : Optional Measure Stratification – Screenshot 1 4
- Figure 9: Optional Measure Stratification – Screenshot 2 5

List of Tables

No table of figures entries found.

1. WCC Screenshots

1.1 Measurement Specifications – Path 1

Measurement Specification +/-

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

Other

Figure 1: Measurement Specifications – Path 1

1.2 Measurement Specifications – Path 2

Measurement Specification +/-

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

Other

Figure 2: Measurement Specifications – Path 2

1.3 Data Source

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Data Source +/-

Administrative Data
 From where is the Administrative Data coming?

Hybrid (Administrative and Medical Records Data)
 Must select one or more

Other

 Medicaid Management Information System (MMIS)

* Specify

Other
 From where is the Administrative Data coming?

Must select one or more

Medicaid Management Information System (MMIS)
 * Specify

Electronic Health Record (EHR) Data

Paper

Both (EHR and Paper)
 Specify *

Figure 3 : Data Source

1.4 Performance Measure- Path 1

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

Performance Measure +/-

Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year.

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

Age Range: 3-11 years

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

Character count: 0/4000

Age Range: 12-17 years

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

Character count: 0/4000

Age Range: Total

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

Character count: 0/4000

Figure 4: Performance Measure- Path 1

1.5 Performance Measure- Path 2

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

Performance Measure +/-

Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of BMI percentile documentation during the measurement year.

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

Age Range: 3-11 years

Numerator	Denominator	Rate
0	0	0

Age Range: 12-17 years

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
0	0	0

Rate should be greater than zero

Figure 5: Performance Measure - Path 2

1.6 Deviations from Measure Specifications – Screenshot 1

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

Deviations from Measure Specifications

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

Yes
 No

Please select and explain the deviation(s)

Age Range: 3-11 years

Numerator Explain *

Denominator Explain *

Other Explain *

Age Range: 12-17 years

Numerator Explain *

Figure 6: Deviations from Measure Specifications – Screenshot 1

1.7 Deviations from Measure Specifications – Screenshot 2

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

Denominator Explain *

Other Explain *

Age Range: Total

Numerator Explain *

Denominator Explain *

Other Explain *

Figure 7: Deviations from Measure Specifications – Screenshot 2

1.8 Optional Measure Stratification – Screenshot 1

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

News Tasks (3) Records Reports Actions
Appian

Optional Measure Stratification

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

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

Check all that apply

Race (Non-Hispanic)

- White
- 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

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 3-11 years	0	0	0	Clear Row
Age Range: 12-17 years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

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

Figure 8 : Optional Measure Stratification – Screenshot 1

1.9 Optional Measure Stratification – Screenshot 2

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

Appian

Primary Spoken Language

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

Disability Status

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

Geography

- Urban
- Rural
- + Additional Geographies

Report Documents

Saved Documents

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

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

UPLOAD

DELETE DOCUMENT(S) **SAVE DOCUMENT(S)**

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

Yes No

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

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

Figure 9: Optional Measure Stratification – Screenshot 2

Appendix A: Acronyms

Table 1: Acronyms

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