



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

Medicaid and CHIP Program (MACPro)
AQM, CQM & MIH - Additional Notes PRA
document

Version 1.0
08/24/2017

Document Number: 245-QSSI-MACPro-PRA-AdditionalNotes-D

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

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1. Additional Notes – Screenshots

Note: This section is applicable to all core measures except the following: “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),” “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Additional Notes

Additional Notes/Comments on Measure (Optional)

+/-

Additional Notes/Comments on Measure (Optional)

Character count: 0/4000

Figure 1: Additional Notes

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
CQM	Child Quality Measures
MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)
AQM & MIH - Definition of Population PRA
document

Version 1.0
08/24/2017

Document Number: 246-QSSI-MACPro-PRA-AQM-MIH-DefOfPopulation-D

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

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1. Definition of Population – Screenshots

Note: This section is applicable to all core measures except the following: “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)”.

1.1 Definition of Population – Path 1 – Data Source – Hybrid or Other

Note: This path does not apply to MIH.

Definition of Population Included in the Measure +/-

Definition of Denominator
Select all that apply (Must select at least one)

Denominator includes Medicaid population

Denominator includes CHIP population (e.g. pregnant women.)

Denominator includes Medicare and Medicaid Dually-Eligible population

Other

Specify *

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? *

Yes

No

what is the sample size? *

what is the measure-eligible population? *

Which delivery systems are represented in the Denominator?

Figure 1: Definition of Population – Hybrid or Other

1.2 Definition of Population – Path 2 – Data Source - Administrative

Definition of Population Included in the Measure +/-

Definition of Denominator
Select all that apply (Must select at least one)

Denominator includes Medicaid population

Denominator includes CHIP population (e.g. pregnant women.)

Denominator includes Medicare and Medicaid Dually-Eligible population

Other

Specify *

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? *

Yes

No

Explain which populations are excluded and why *

Specify Total Measure Eligible Population *

Which delivery systems are represented in the Denominator?

Figure 2: Definition of Population – Administrative

1.3 Definition of Population – Delivery Systems

Which delivery systems are represented in the Denominator?

Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure eligible population represented by that service delivery system. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent for MCO.

Fee-for-Service

Percentage of total state FFS population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Primary Care Case Management (PCCM)

Percentage of total state PCCM population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

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

Number of Health Plans *

Percentage of total state MCO/PIHP population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Figure 3: Delivery Systems - 1

Integrated Care Models (ICM)

Other

Percentage of total state ICM population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Describe *

Percentage of total other population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

If applicable, list the number of Health Plans represented

Figure 4: Delivery Systems - 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)
AQM, CQM & MIH - Combined Rates PRA
document

Version 1.0
08/24/2017

Document Number: 247-QSSI-MACPro-PRA-CombinedRates-D

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

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1. Combined Rates – Screenshots

Note: This section is applicable to all core measures except the following: “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),” “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Combined Rates

Combined Rate(s) from Multiple Reporting Units +/-

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? *

Yes
 No

If yes, indicate whether the state-level rate is weighted

Must select one

The rates are weighted based on the size of the measure-eligible population for each reporting unit
 The rates are weighted based on another weighting factor

Describe the other weighting factor:

The rates are not weighted

Figure 1: Combined Rates

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
CQM	Child Quality Measures
MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)
CQM - Definition of Population PRA document

Version 1.0
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Document Number: 248-QSSI-MACPro-PRA-CQM_DefOfPopulation-D

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Table 1: Acronyms 3

1. Definition of Population – Screenshots

Note: This section is applicable to all core measures except the following: “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)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Definition of Population

Definition of Population Included in the Measure +/-

Definition of Denominator *

- Denominator includes CHIP (Title XXI) population only
- Denominator includes Medicaid (Title XIX) population only
- Denominator includes CHIP and Medicaid (Title XIX)

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded

Does this denominator represent your total eligible population as defined by the Technical Specifications for this measure? *

Yes

No

Explain which populations are excluded and why *

Specify Total Measure Eligible Population *

Which delivery systems are represented in the Denominator?

Figure 1: Definition of Population - 1

Which delivery systems are represented in the Denominator?

Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure-eligible population represented by that service delivery system. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent for MCO.

Fee-for-Service

Percentage of total state FFS population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Primary Care Case Management (PCCM)

Percentage of total state PCCM population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

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

Number of Health Plans *

Percentage of total state MCO/PIHP population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Figure 2: Definition of Population – 2

Integrated Care Models (ICM)

Percentage of total state ICM population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

Other

Describe

Percentage of total other population represented *

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

If applicable, list the number of Health Plans represented

Figure 3: Definition of Population – 3

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
CQM	Child Quality Measures
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)
AQM, CQM & MIH - Date Range PRA document

Version 1.0
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Document Number: 249-QSSI-MACPro-PRA-DateRange-D

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

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1. Date Range – Screenshots

Note: This section is applicable to all core measures except the following: “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),” “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Date Range

Date Range +/-

For all measures, states should report start and end dates for the measurement period. For some measures, the specifications require a “look-back period” before or after the measurement period to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should not include the “look-back period.”

Start Date

Month

Year

End Date

Month

Year

Figure 1: Date Range

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
CQM	Child Quality Measures
MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

AQM, CQM & MIH - Not Reporting on a Measure PRA document

Version 1.0

08/24/2017

Document Number: 250-QSSI-MACPro-PRA-NotReporting-D

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

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Table 1: Acronyms 3

1. Not Reporting on a Measure – Screenshots

Note: This section is applicable to all core measures except the following: “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),” “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Not Reporting on a Measure

Are you reporting on this measure? *

Yes

No

[View Implementation Guide](#)

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

Entire population not covered

Partial population not covered

*** Explain the partial population not covered**

Explain why data not available

Select all that apply (must select at least one)

Budget Constraints

Staff Constraints

Data Inconsistencies/Accuracy

*** Explain**

Data Source Not Easily Accessible

Select all that apply

Requires Medical Record Review

Figure 1: Not Reporting – 1

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)
 Other

Enter Specific Sample Size *

Explain Other Reason Why Data Not Reported *

Figure 2: Not Reporting – 2

Other
 Explain Other Reason Why Data Not Reported *

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).

Figure 3: Not Reporting – 3

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
CQM	Child Quality Measures
MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

AQM, CQM & MIH - Other Performance Measure PRA document

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1. Other Performance Measure – Screenshots

Note: This section is applicable to all core measures except the following: “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),” “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Other Performance Measure

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 *

Character count: 0/4000

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate	
	0	0	0	Clear Row

+ Additional/Other Rate(s)

Figure 1: Other Performance Measure

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
CQM	Child Quality Measures
MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)

AQM, CQM & MIH - Status of Data Reported PRA document

Version 1.0

08/24/2017

Document Number: 252-QSSI-MACPro-PRA-StatusOfData-D

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

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1. Status of Data Reported – Screenshots

Note: This section is applicable to all core measures except the following: “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),” “Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H, Adult Version (Medicaid) (CPA)” and “State-Specific Measures”. This section will be available in read-only format for the following core measures: “Pediatric Central Line-Associated Blood Stream Infections (CLABSI)” and “Percentage of Eligibles Who Received Preventive Dental Services (PDENT).”

1.1 Status of Data Reported

Status of Data Reported

What is the status of the data being reported? *

Provisional

Final

+/-

Figure 1: Status of Data Reported

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
AQM	Adult Quality Measure
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MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995



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

Medicaid and CHIP Program (MACPro)
AQM, CQM & MIH - Technical Assistance PRA
document

Version 1.0
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Figure 3: Technical Assistance Core Measure – 1 2

Figure 4: Technical Assistance Core Measure – 2 2

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1. Technical Assistance – Screenshots

1.1 Technical Assistance from the Admin Screen

Federal Fiscal Year

2017

[Close Technical Assistance](#)

[View Implementation Guide](#)

Technical Assistance

Technical assistance is available through the Technical Assistance and Analytic Support mailbox for questions about core set reporting, such as how to develop state rates based on data from multiple data sources, or questions about the measure technical specifications. Please refer to the Help Desk for more information about using the MACPro system.

A [Consolidated Implementation Guide](#) and [Technical Specifications and Resource Manual](#) are also available for further assistance.

Do you have a Technical Assistance request for the Technical Assistance and Analytic Support mailbox in the current year? *

Yes

No

From

ZZ EDIT <sgattu@qssinc.com>

CC

Multiple email ids separated by comma can be entered

Subject

ZZ-2017-AQM Admin Screen

Additional text in subject

Message *

Figure 1: Technical Assistance Admin - 1

Do you want Technical Assistance with Quality Measures reporting in a future year? *

Yes

No

Please check the type of assistance you want *

General

Specific

Describe *

[SEND REQUEST](#)

Figure 2: Technical Assistance Admin – 2

1.2 Technical Assistance from a Core Measure

Technical Assistance

Technical assistance is available through the Technical Assistance and Analytic Support mailbox for questions about core set reporting, such as how to develop state rates based on data from multiple data sources, or questions about the measure technical specifications. Please refer to the Help Desk for more information about using the MACPro system.

A [Consolidated Implementation Guide](#) and [Technical Specifications and Resource Manual](#) are also available for further assistance.

Do you have a Technical assistance request for the Technical assistance and Analytic Support mailbox related to the measure in the current year? *

- Yes
- No

From

ZZ EDIT <sgattu@qssinc.com>

CC

Multiple email ids separated by comma can be entered

Subject

ZZ-2017-AQM-Adult Body Mass Index Assessment

Additional text in subject

Message *

Character count: 0/4000

Figure 3: Technical Assistance Core Measure – 1

Do you want Technical Assistance with reporting this measure in a future year? *

- Yes
- No

SEND REQUEST

Figure 4: Technical Assistance Core Measure – 2

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
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MIH	Maternal and Infant Health Quality Measure
PRA	Paper Reduction Act of 1995