Welcome to the Medicaid and CHIP Child Core Quality Measures

Federal Fiscal Year

2015

Authority *

CHIP Only

Request Technical Assistance

View Implementation Guide

Core Measures

	Measure	Status	
	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Not Started	
	Ambulatory Care - Emergency Department (ED) Visits (AMB)	Not Started	
	Adolescent Well-Care Visit (AWC)	Not Started	
	Maternity Care - Behavioral Health Risk Assessment (BHRA)	Not Started	
	Child and Adolescent Access to Primary Care Practitioners (CAP)	Not Started	
	Chlamydia Screening in Women (CHL)	Not Started	
	Childhood Immunization Status (CIS)	Not Started	
	Pediatric Central Line-Associated Blood Stream Infections - Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI)*	Complete	
	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)	Not Started	
	Developmental Screening in the First Three Years of Life (DEV)	Not Started	
	Frequency of Ongoing Prenatal Care (FPC)	Not Started	
	Follow-Up After Hospitalization for Mental Illness (FUH)	Not Started	
	Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV)	Not Started	
	Immunization Status for Adolescents (IMA)	Not Started	
	Live Births Weighing Less Than 2,500 Grams (LBW)	Not Started	
	Medication Management for People with Asthma (MMA)	Not Started	
	Cesarean Section for Nulliparous Singleton Vertex (PC02)	Not Started	
	Percentage of Eligibles that Received Preventive Dental Services (PDENT)*	Complete	
	Timeliness of Prenatal Care (PPC)	Not Started	
	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)	Not Started	
	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)	Not Started	
	Well-Child Visits in the First 15 Months of Life (W15)	Not Started	

☐	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Not Started	⊗
☐	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)	Not Started	⊗

1-24 of 24

Additional Measures

	Measure	Status	
☐	State-Specific Measures	Not Started	⊗

Delivery System

+/-

External Contractor

+/-

Report Documents

+/-

Saved Documents

- *Maximum documents that can be uploaded for this report: 84*
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	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Document(s)

Exit Begin Reporting Request State POC Review

Welcome to the Medicaid and CHIP Child Core Quality Measures

Federal Fiscal Year

2015

Authority *

Medicaid Only

Request Technical Assistance

View Implementation Guide

Core Measures

	Measure	Status	
	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Not Started	
	Ambulatory Care - Emergency Department (ED) Visits (AMB)	Not Started	
	Adolescent Well-Care Visit (AWC)	Not Started	
	Maternity Care - Behavioral Health Risk Assessment (BHRA)	Not Started	
	Child and Adolescent Access to Primary Care Practitioners (CAP)	Not Started	
	Chlamydia Screening in Women (CHL)	Not Started	
	Childhood Immunization Status (CIS)	Not Started	
	Pediatric Central Line-Associated Blood Stream Infections - Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI)*	Complete	
	Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)	Not Started	
	Developmental Screening in the First Three Years of Life (DEV)	Not Started	
	Frequency of Ongoing Prenatal Care (FPC)	Not Started	
	Follow-Up After Hospitalization for Mental Illness (FUH)	Not Started	
	Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV)	Not Started	
	Immunization Status for Adolescents (IMA)	Not Started	
	Live Births Weighing Less Than 2,500 Grams (LBW)	Not Started	
	Medication Management for People with Asthma (MMA)	Not Started	
	Cesarean Section for Nulliparous Singleton Vertex (PC02)	Not Started	
	Percentage of Eligibles that Received Preventive Dental Services (PDENT)*	Complete	
	Timeliness of Prenatal Care (PPC)	Not Started	
	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)	Not Started	
	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)	Not Started	
	Well-Child Visits in the First 15 Months of Life (W15)	Not Started	

☐	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Not Started	⊗
☐	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)	Not Started	⊗

1-24 of 24

Additional Measures

	Measure	Status	
☐	State-Specific Measures	Not Started	⊗

Delivery System

+/-

External Contractor

+/-

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*

	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Document(s)

Exit Begin Reporting Request State POC Review

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2014

Measurement Specification

+/-

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

Explain *

testing

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify testing

[x] Other

Specify *

testing

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

February — Month

2003 — Year

End Date

May ▼ | 2006 ▼

Month | Year

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

testing

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

- (●) Yes
- ( ) No

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 *

45

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 *

45

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 *

4

Percentage of total state MCO/PIHP population represented *

5

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.

☑ Integrated Care Models (ICM)

Percentage of total state ICM population represented *

45

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

testing

Percentage of total other population represented *

45

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

45

Other Performance Measure

+/-

Please describe the other methodology used *

testing

Character count: 7/100

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate	
test	40	70	50	Clear Row
test	20	40	20	Clear Row

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

testing

Character count: 7/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	40	30	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	20	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	10	30	30	Clear Row
Continuation and Maintenance (C&M) Phase	10	30	20	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	30	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	20	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	30	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	50	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	30	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

testing

Delete Race

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	40	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	30	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

testing ethnicity

Delete Ethnicity

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

additional ethinicity

Delete Ethnicity

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	40	Clear Row
Continuation and Maintenance (C&M) Phase	30	50	60	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	10	Clear Row
Continuation and Maintenance (C&M) Phase	30	40	50	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	10	Clear Row
Continuation and Maintenance (C&M) Phase	30	40	10	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

additional primary spoken language

Delete Language

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

additional primary spoken language

Delete Language

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	30	50	40	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	

Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	30	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	50	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	40	20	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	50	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

additional geographical region

Delete Geographical Region

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	10	20	40	Clear Row
Continuation and Maintenance (C&M) Phase	10	20	40	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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).

Note: If validation fails, errors will appear in red above.

Cancel Save Go to Admin Screen Go to Next Measure

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

2014

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify** testing

[x] Other

Specify *

testing

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

February (Month) | 2003 (Year)

End Date

May | 2006

Month Year

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

testing

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

- (●) Yes
- ( ) No

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.

[x] Fee-for-Service

Percentage of total state FFS population represented *

45

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.

[x] Primary Care Case Management (PCCM)

Percentage of total state PCCM population represented *

45

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.

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

Number of Health Plans *

4

Percentage of total state MCO/PIHP population represented *

5

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.

[x] Integrated Care Models (ICM)

Percentage of total state ICM population represented *

45

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.

[x] Other

Describe

testing

Percentage of total other population represented *

45

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

45

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

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Continuation and Maintenance (C&M) Phase

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

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.

1. Initation 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 practioner with prescribing authority during the 30-day Iniation Phase.
2. Continuation and Maintenace (C&M) Phase: Percentage of children 6 to 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and, in addition to the visit in the Initation Phase, had at least two follow-up visits with a practioner within 270 days (9 months) after the Initation Phase ended.

☑ Initiation Phase

Numerator	Denominator	Rate
0	0	0

☐ Continuation and Maintenance (C&M) Phase

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

Character count: 0/2000

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

Additional Notes/Comments on Measure (Optional)

+/-

testing

Character count: 7/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	40	30	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	20	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	10	30	30	Clear Row
Continuation and Maintenance (C&M) Phase	10	30	20	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	30	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	20	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	30	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	50	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	30	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

testing

Delete Race

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase				Clear

	20	30	40	Row
Continuation and Maintenance (C&M) Phase	20	30	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	40	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	30	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

testing ethnicity

Delete Ethnicity

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

additional ethinicity

Delete Ethnicity

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	40	Clear Row
Continuation and Maintenance (C&M) Phase	30	50	60	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	10	Clear Row
Continuation and Maintenance (C&M) Phase	30	40	50	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	10	Clear Row

Continuation and Maintenance (C&M) Phase	30	40	10	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

additional primary spoken language

Delete Language

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

additional primary spoken language

Delete Language

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	30	50	40	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	30	40	30	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	50	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	40	20	Clear Row
Continuation and Maintenance (C&M) Phase	20	40	50	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	20	30	40	Clear Row
Continuation and Maintenance (C&M) Phase	20	30	40	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

additional geographical region

Delete Geographical Region

Classification/Sub-category	Numerator	Denominator	Rate	
Initiation Phase	10	20	40	Clear Row
Continuation and Maintenance (C&M) Phase	10	20	40	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Admin Screen

Ambulatory Care - Emergency Department (ED) Visits (AMB)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2013

Measurement Specification

+/-

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

Specify version of HEDIS used *

2015

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

testing

[x] Other

Specify *

testing

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

May — Month

2002 — Year

End Date

February

2008

Month Year

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

testing

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 *

testing

Specify Total Measure Eligible Population *

testing

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 *

23

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 *

23

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 *

3

Percentage of total state MCO/PIHP population represented *

5

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.

☑ Integrated Care Models (ICM)

Percentage of total state ICM population represented *

34

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

testing

Percentage of total other population represented *

25

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

3

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 *

testing

☑ Denominator

Explain *

testing

☑ Other

Explain *

testing

Age Range: 1 to 9 Years

☑ Numerator

Explain *

testing

☑ Denominator

Explain *

testing

☑ Other

Explain *

testing

Age Range: 10 to 19 Years

☑ Numerator

Explain *

testing

☑ Denominator

Explain *

testing

☑ Other

Explain *

testing

Age Range: Total

☑ Numerator

Explain *

testing

☑ Denominator

Explain *

testing

☑ Other

Explain *

testing

Performance Measure

+/-

Rate of ED visits per 1,000 enrollee months among children up to age 19.

☑ Age Range: <1 Year

Numerator	Denominator	Rate
1	10	30

☐ Age Range: 1 to 9 Years

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

testing

Character count: 7/2000

☑ Age Range: 10 to 19 Years

Numerator	Denominator	Rate
30	40	50

☐ Age Range: Total

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

testing

Character count: 7/2000

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

- ( ) 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
- (●) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row

Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year				Clear

	0	0	0	Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
				Clear

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row

Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Admin Screen Go to Next Measure

Ambulatory Care - Emergency Department (ED) Visits (AMB)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- (●) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

TESTING

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify: testing

- [x] Other

Specify *

testing

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

May	2002
Month	Year

End Date

February ▼ Month

2008 ▼ Year

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

testing

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 *

testing

Specify Total Measure Eligible Population *

testing

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 *

23

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 *

23

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 *

3

Percentage of total state MCO/PIHP population represented *

5

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.

☑ Integrated Care Models (ICM)

Percentage of total state ICM population represented *

34

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

testing

Percentage of total other population represented *

25

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

3

Other Performance Measure

+/-

Please describe the other methodology used *

TEST

Character count: 4/100

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate	
TEST	20	40	40	Clear Row

+ Additional/Other Rate(s)

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

- ( ) 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
- (●) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

TESTING

Character count: 7/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row

Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row

Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: <1 Year	0	0	0	Clear Row
Age Range: 1 to 9 Years	0	0	0	Clear Row
Age Range: 10 to 19 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Admin Screen Go to Next Measure

Adolescent Well-Care Visit (AWC)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2010

Measurement Specification

+/-

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

Specify version of HEDIS used *

2015

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

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 *

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.

Numerator	Denominator	Rate
0	0	0

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

- ( ) 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
- (●) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

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

+ Additional/Alternative Classification/Sub-category

  - [x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

  - [x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Adolescent Well-Care Visit (AWC)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2010

Measurement Specification

+/-

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

Explain *

TEST

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Maternity Care - Behavioral Health Risk Assessment (BHRA)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2010

Measurement Specification

+/-

- (●) American Medical Association (AMA) - Physician Consortium for Performance Improvement (PCPI)
- ( ) Other

Data Source

+/-

- [x] Electronic Health Records

Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month — Month

Select Year — Year

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?

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.

☑ 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

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)

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

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.

Numerator	Denominator	Rate
0	0	0

Combined Rate(s) from Multiple Reporting Units

+/-

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

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

- (●) Yes
- ( ) No

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

[x] Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Maternity Care - Behavioral Health Risk Assessment (BHRA)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- ( ) American Medical Association (AMA) - Physician Consortium for Performance Improvement (PCPI)
- (●) Other

Explain *

TEST

Data Source

+/-

- [x] Electronic Health Records

Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month — Month

Select Year — Year

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

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

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)

- [x] Submitted raw data to AHRQ (CAHPS Database)
- [x] Other

Explain *

Character count: 0/2000

Measurement Specification

+/-

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

Explain *

Definition of Population Included in the Measure

+/-

Definition of population included in the survey sample *

- ( ) Survey sample includes CHIP (Title XXI) population only.
- ( ) Survey sample includes Medicaid (Title XIX) population only.
- ( ) Survey sample includes CHIP (Title XXI) and Medicaid (Title XIX) populations, combined.
- (●) Two sets of survey results submitted: survey samples include CHIP and Medicaid

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

- [x] No Supplemental Item Sets Were Included
- [x] 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*
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- *Valid file extensions : pdf; ppt; doc; docx; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Child and Adolescent Access to Primary Care Practitioners (CAP)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2012

Measurement Specification

+/-

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

Specify version of HEDIS used *

2014

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month

Select Year

Month Year

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?

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.

☑ 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

Deviations from Measure Specifications

+/-

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

◉ Yes
○ No

Please select and explain the deviation(s)

Age Range: 12-24 Months

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: 25 Months - 6 Years

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: 7-11 Years

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: 12-19 Years

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

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.

☑ Age Range: 12-24 Months

Numerator	Denominator	Rate
0	0	0

☐ Age Range: 25 Months - 6 Years

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

Character count: 0/2000

☑ Age Range: 7-11 Years

Numerator	Denominator	Rate
0	0	0

☐ Age Range: 12-19 Years

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

Character count: 0/2000

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

- ( ) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 12-24 Months	0	0	0	Clear Row
				Clear

Age Range: 25 Months - 6 Years	0	0	0	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

☑ Black or African American

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☑	Name	Description	Date Created	Updated By	Size	Type
☑	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel | Save | Go to Previous Measure | Go to Admin Screen | Go to Next Measure

Child and Adolescent Access to Primary Care Practitioners (CAP)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

TEST

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month ▼	Select Year ▼
Month	Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

complete the following as applicable.

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 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

☑ Black or African American

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

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
	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☑	Name	Description	Date Created	Updated By	Size	Type
☑	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Chlamydia Screening in Women (CHL)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2013

Measurement Specification

+/-

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

Specify version of HEDIS used *

2014

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month

Select Year

Month Year

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?

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.

☑ 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

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 *

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- ( ) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

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

+ Additional/Alternative Classification/Sub-category

  - [x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

  - [x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

  - [x] Asian

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

+ Additional/Alternative Classification/Sub-category

  - [x] Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Chlamydia Screening in Women (CHL)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

***Specify**

- [x] Other

Specify *

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

Select Month ▼ | Select Year ▼

Month | Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

complete the following as applicable.

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

Please define the race *

Delete Race

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

Please define the language *

Delete Language

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

Please define the disability *

Delete Disability

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the geographical region *

Delete Geographical Region

Please define the geographical region *

Delete Geographical Region

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Childhood Immunization Status (CIS)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

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View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

2014

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

MMR

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

HiB

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Hep B

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

VZV

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

PCV

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Hep A

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

RV

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Flu

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Combo 2

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Combo 3

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Combo 4

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Combo 5

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Combo 6

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Combo 7

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Combo 8

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Combo 9

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Combo 10

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Performance 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 hepatitus B (Hep B), one chicken pox (VZV); four pneumonococcal 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.

☑ DTap

Numerator	Denominator	Rate
0	0	0

☐ IPV

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

Character count: 0/2000

☐ MMR

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

Character count: 0/2000

☐ HiB

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

Character count: 0/2000

☐ Hep B

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

Character count: 0/2000

☐ VZV

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

Character count: 0/2000

☐ PCV

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

Character count: 0/2000

☐ Hep A

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

Character count: 0/2000

☐ RV

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

Character count: 0/2000

☐ Flu

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

Character count: 0/2000

☐ Combo 2

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

Character count: 0/2000

☐ Combo 3

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

Character count: 0/2000

☐ Combo 4

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

Character count: 0/2000

☐ Combo 5

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

Character count: 0/2000

☐ Combo 6

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

Character count: 0/2000

☐ Combo 7

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

Character count: 0/2000

☐ Combo 8

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

Character count: 0/2000

☐ Combo 9

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

Character count: 0/2000

☑ Combo 10

Numerator	Denominator	Rate
0	0	0

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

- ( ) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row

Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row

IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row

VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

ADDITIONAL RACE

Delete Race

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
				Clear

Combo 4	0	0	0	Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row

Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row

HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row

Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

ADDITIONAL PRIMARY SPOKEN LANGUAGE

Delete Language

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

Combo 2				Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row

Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row

Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☐ Urban

* ☐ Rural

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Childhood Immunization Status (CIS)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row

Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	

DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row

Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the race *

ADDITIONAL RACE

Delete Race

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
				Clear

Combo 3	0	0	0	Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row

Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row

Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the ethnicity *

Delete Ethnicity

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row

MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row

PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Please define the language *

ADDITIONAL PRIMARY SPOKEN LANGUAGE

Delete Language

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

Flu	0	0	0	Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row

Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row
Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
DTap	0	0	0	Clear Row
IPV	0	0	0	Clear Row
MMR	0	0	0	Clear Row
HiB	0	0	0	Clear Row
Hep B	0	0	0	Clear Row
VZV	0	0	0	Clear Row
PCV	0	0	0	Clear Row
Hep A	0	0	0	Clear Row
RV	0	0	0	Clear Row
Flu	0	0	0	Clear Row
Combo 2	0	0	0	Clear Row
Combo 3	0	0	0	Clear Row
Combo 4	0	0	0	Clear Row
Combo 5	0	0	0	Clear Row
Combo 6	0	0	0	Clear Row
Combo 7	0	0	0	Clear Row

Combo 8	0	0	0	Clear Row
Combo 9	0	0	0	Clear Row
Combo 10	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☐ Urban

* ☐ Rural

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

CLABSI-CH: Pediatric Central Line-Associated Blood Stream Infections

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Because the data for this measure are collected by hospitals and are not readily available to states, CMS plans to obtain data to calculate this measure from the National Healthcare Safety Network. Thus, states do not need to report this measure.

Request Technical Assistance

View Implementation Guide

Are you reporting on 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

Portion of population not covered

- Entire population not covered
- Partial population not covered

Explain the partial population not covered

- Data not available

Explain why data not available:

Select all that apply (must select at least one)

- Budget Constraints
- Staff Constraints
- Data Inconsistencies/Accuracy

Please Explain

- 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

☐ Other

Explain Other Reason Why Data Not Reported

Status of Data Reported

+/-

What is the status of the data being reported?

- ○ Provisional
- ○ Final
- ○ Same data as reported in a previous year's annual report.

Specify the year of the annual report in which data previously reported. The data from that year will be copied over to this year and may be revised by the state as necessary.

Measurement Specification

+/-

- ○ Centers for Disease Control and Prevention (CDC)
- ○ Other

Explain

Data Source

+/-

☐ Other

Specify

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

Format should be mm/yyyy

End Date

Format should be mm/yyyy

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

What is the sample size?

What is the measure-eligible population?

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.

- [ ] 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

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

Performance Measure

+/-

Standardized rate of central line-associated blood stream infections (CLABSI) in pediatric and neonatal intensive care units (ICUs).

Pediatric Intensive Care Unit

Numerator	Denominator	Rate

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

Neonatal Intensive Care Unit

Numerator	Denominator	Rate

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

Other Performance Measure

+/-

Please describe the other methodology used

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

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
- The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Optional Measure Stratification

+/-

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

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

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
Pediatric Intensive Care Unit			
Neonatal Intensive Care Unit			

Primary Spoken Language

English

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

Spanish

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

Disability Status

SSI

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

Non-SSI

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

Geography

Urban

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

Rural

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

Cancel | Go to Previous Measure | Go to Admin Screen | Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2010

Measurement Specification

+/-

- ( ) Child and Adolescent Health Measurement Initiative (CAHMI)
- (●) Other

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- ( ) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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				Clear

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

of age				Row
Children screened by 36 months of age	0	0	0	Clear Row
Children Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- (●) Child and Adolescent Health Measurement Initiative (CAHMI)
- ( ) Other

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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 *

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Deviations from Measure Specifications

+/-

Performance Measure

+/-

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.

☑ Children screened by 12 months of age

Numerator	Denominator	Rate
0	0	0

☑ Children screened by 24 months of age

Numerator	Denominator	Rate
0	0	0

☐ Children screened by 36 months of age

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

Character count: 0/2000

☐ Children Total

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

Character count: 0/2000

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Frequency of Ongoing Prenatal Care (FPC)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2010

Measurement Specification

+/-

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

Specify version of HEDIS used *

2014

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

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)

< 21 percent of expected visits

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

21 percent - 40 percent of expected visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

41 percent - 60 percent of expected visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

61 percent - 80 percent of expected visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

≥ 81 percent of expected visits

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

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

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

☑ < 21 percent of expected visits

Numerator	Denominator	Rate
0	0	0

☑ 21 percent - 40 percent of expected visits

Numerator	Denominator	Rate
0	0	0

☐ 41 percent - 60 percent of expected visits

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

Character count: 0/2000

☐ 61 percent - 80 percent of expected visits

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

Character count: 0/2000

☐ ≥ 81 percent of expected visits

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

Character count: 0/2000

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

- ( ) 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
- (●) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	

< 21 percent of expected visits	0	0	0	Clear Row
21 percent - 40 percent of expected visits	0	0	0	Clear Row
41 percent - 60 percent of expected visits	0	0	0	Clear Row
61 percent - 80 percent of expected visits	0	0	0	Clear Row
≥ 81 percent of expected visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

expected visits	0	0	0	Row
≥ 81 percent of expected visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☐ Urban

* ☐ Rural

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Frequency of Ongoing Prenatal Care (FPC)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- (●) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

Both (EHR and Paper)

Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month — Month

Select Year — Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
< 21 percent of expected visits	0	0	0	Clear Row
21 percent - 40 percent of expected visits	0	0	0	Clear Row

41 percent - 60 percent of expected visits	0	0	0	Clear Row
61 percent - 80 percent of expected visits	0	0	0	Clear Row
≥ 81 percent of expected visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☐ Urban

* ☐ Rural

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel | Save | Go to Previous Measure | Go to Admin Screen | Go to Next Measure

Follow-Up After Hospitalization for Mental Illness (FUH)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

2012

Measurement Specification

+/-

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

Specify version of HEDIS used *

2015

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month

Select Year

Month Year

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?

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.

☑ 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

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 *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

Percentage of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported:

1. Percentage of discharges for which children received follow-up within 7 days of discharge
2. 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

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

- ( ) 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
- (●) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, gender, 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

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

☑ American Indian or Alaska Native

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

☑ Asian

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

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

☑ Not Hispanic or Latino

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

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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

☑ Primary Spoken Language

☑ English

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

☑ Spanish

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

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

☑ Non-SSI

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

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

☑ Rural

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

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel | Save | Go to Previous Measure | Go to Admin Screen

Follow-Up After Hospitalization for Mental Illness (FUH)

Medicaid and CHIP Child Core Quality Measures - AL - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month ▼	Select Year ▼
Month	Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] 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

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

☑ American Indian or Alaska Native

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

☑ Asian

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

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

☑ Not Hispanic or Latino

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

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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

☑ Primary Spoken Language

☑ English

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

☑ Spanish

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

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

☑ Non-SSI

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

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

☑ Rural

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

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created	Updated By	Size	Type
☐	App_Freeze		10/1/2015 12:38 PM EDT	ALStateEdit	269.706 KB	DOC

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel

Save | Go to Previous Measure | Go to Admin Screen

Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

2015

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

Performance Measure

+/-

Percentage of female adolescents 13 years old who had three doses of the human papillomavirus (HPV) vacine by their 13th birthday.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Admin Screen Go to Next Measure

Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate	
No items available				

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Admin Screen Go to Next Measure

Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

Performance Measure

+/-

Percentage of female adolescents 13 years old who had three doses of the human papillomavirus (HPV) vacine by their 13th birthday.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

- *Maximum documents that can be uploaded for this report: 84*
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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Admin Screen Go to Next Measure

Immunization Status for Adolescents (IMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

2015

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Immunization Registry
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Immunization Registry
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Deviations from Measure Specifications

+/-

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

- ◉ Yes
- ○ No

Please select and explain the deviation(s)

Meningococcal

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Tdap/Td

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Combination (Meningococcal, Tdap/Td)

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

Percentage of adolescents 13 years old who had one dose of meningococcal vaccine and one tetanus, diptheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

☑ Meningococcal

Numerator	Denominator	Rate
0	0	0

☑ Tdap/Td

Numerator	Denominator	Rate

0	0	0

☑ Combination (Meningococcal, Tdap/Td)

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row

Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
				No items available		

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Immunization Status for Adolescents (IMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Immunization Registry
- [x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Immunization Registry
- [x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

- (●) Electronic Health Record (EHR) Data
- ( ) Paper

- [ ] Both (EHR and Paper)

- [x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

- [x] 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.

- [x] 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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

◉ 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
- The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	

Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row

Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Immunization Status for Adolescents (IMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Immunization Registry
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Immunization Registry
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Deviations from Measure Specifications

+/-

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

- ◉ Yes
- ○ No

Please select and explain the deviation(s)

Meningococcal

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Tdap/Td

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Combination (Meningococcal, Tdap/Td)

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

Percentage of adolescents 13 years old who had one dose of meningococcal vaccine and one tetanus, diptheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

☑ Meningococcal

Numerator	Denominator	Rate
0	0	0

☑ Tdap/Td

Numerator	Denominator	Rate

0	0	0

☑ Combination (Meningococcal, Tdap/Td)

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row

Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	
Meningococcal	0	0	0	Clear Row
Tdap/Td	0	0	0	Clear Row
Combination (Meningococcal, Tdap/Td)	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
				No items available		

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- (●) Centers for Disease Control and Prevention (CDC)
- ( ) Other

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Linked Vital Records and MMIS data
- [x] Other

***Specify**

[x] Other

Specify *

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

Select Month ▼ | Select Year ▼

Month | Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

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.

☑ 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

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
- [ ] Denominator
- [ ] Other

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

complete the following as applicable.

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
	0	0	0	Clear

				Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- (●) Centers for Disease Control and Prevention (CDC)
- ( ) Other

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Linked Vital Records and MMIS data
- [x] Other

***Specify**

[x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

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.

☑ 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

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
- [ ] Denominator
- [ ] Other

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

complete the following as applicable.

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	
	0	0	0	Clear

				Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

- *Maximum documents that can be uploaded for this report: 84*
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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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).

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- ( ) Centers for Disease Control and Prevention (CDC)
- (●) Other

Explain *

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Linked Vital Records and MMIS data
- [x] Other

***Specify**

- [x] Other

Specify *

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

Select Month ▼ Select Year ▼

Month Year

End Date

Select Month ▼ Select Year ▼

Month Year

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

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

◉ 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
○ The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Medication Management for People with Asthma (MMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- (●) American Medical Association (AMA) - Physician Consortium for Performance Improvement (PCPI)
- ( ) Other

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

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.

☑ 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

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

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Age Range: 12-18 Years

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Age Range: 19-20 Years

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: Total

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Remained on Asthma Medication for 75% of Treatment Period

Age Range: 5-11 Years

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: 12-18 Years

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Age Range: 19-20 Years

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Age Range: Total

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Performance Measure

+/-

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

Two rates are reported:

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

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

Remained on Asthma Medication for 50% of Treatment Period

☑ Age Range: 5-11 Years

Numerator	Denominator	Rate
0	0	0

☑ Age Range: 12-18 Years

Numerator	Denominator	Rate
0	0	0

☑ Age Range: 19-20 Years

Numerator	Denominator	Rate
0	0	0

☑ Age Range: Total

Numerator	Denominator	Rate
0	0	0

Remained on Asthma Medication for 75% of Treatment Period

☑ Age Range: 5-11 Years

Numerator	Denominator	Rate
0	0	0

☑ Age Range: 12-18 Years

Numerator	Denominator	Rate
0	0	0

☑ Age Range: 19-20 Years

Numerator	Denominator	Rate
0	0	0

☑ Age Range: Total

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	

Age Range: 5-11 Years	0	0	0	Clear Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Female

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Medication Management for People with Asthma (MMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- ( ) American Medical Association (AMA) - Physician Consortium for Performance Improvement (PCPI)
- (●) Other

Explain *

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month ▼ | Select Year ▼

Month | Year

End Date

Select Month ▼ | Select Year ▼

Month | Year

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

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	

Age Range: 5-11 Years	0	0	0	Clear Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	
	0	0	0	Clear

Age Range: 5-11 Years				Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 5-11 Years				Clear

	0	0	0	Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Female

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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
	0	0	0	Clear

Age Range: Total				Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Medication Management for People with Asthma (MMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- ( ) American Medical Association (AMA) - Physician Consortium for Performance Improvement (PCPI)
- (●) Other

Explain *

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month ▼ | Select Year ▼

Month | Year

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

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	

Age Range: 5-11 Years	0	0	0	Clear Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	
	0	0	0	Clear

Age Range: 5-11 Years				Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Remained on Asthma Medication for 50% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 5-11 Years				Clear

	0	0	0	Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Female

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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
	0	0	0	Clear

Age Range: Total				Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Medication Management for People with Asthma (MMA)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- ( ) American Medical Association (AMA) - Physician Consortium for Performance Improvement (PCPI)
- (●) Other

Explain *

Data Source

+/-

- [x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 5-11 Years	0	0	0	Clear Row

Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 5-11 Years	0	0	0	Clear Row

Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

Classification/Sub-category	Numerator	Denominator	Rate	

Age Range: 5-11 Years	0	0	0	Clear Row
Age Range: 12-18 Years	0	0	0	Clear Row
Age Range: 19-20 Years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

Remained on Asthma Medication for 50% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

Remained on Asthma Medication for 75% of Treatment Period

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Cesarean Section for Nulliparous Singleton Vertex (PC02)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- (●) The Joint Commission
- ( ) Other

Data Source

+/-

[x] Hybrid (Claims and Medical Record Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Select Year ▼

Month Year

End Date

Select Month ▼ Select Year ▼

Month Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

Performance Measure

+/-

Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Cesarean Section for Nulliparous Singleton Vertex (PC02)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- (●) The Joint Commission
- ( ) Other

Data Source

+/-

[x] Hybrid (Claims and Medical Record Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Select Year ▼

Month Year

End Date

Select Month ▼ Select Year ▼

Month Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

Performance Measure

+/-

Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Cesarean Section for Nulliparous Singleton Vertex (PC02)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- ( ) The Joint Commission
- (●) Other

Explain *

Data Source

+/-

- [x] Hybrid (Claims and Medical Record Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

- [x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
				No items available		

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Cesarean Section for Nulliparous Singleton Vertex (PC02)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- ( ) The Joint Commission
- (●) Other

Explain *

Data Source

+/-

- [x] Hybrid (Claims and Medical Record Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

- [x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

PDENT-CH: Percentage of Eligibles that Received Preventive Dental Services

Medicaid and CHIP Child Core Quality Measures - OR - 2015

In an effort to reduce state burden of reporting on the Child Core Set measures, CMS will be calculating this measure for your state based on data submitted as part of the annual EPSDT report (Form CMS-416). If you are unfamiliar with the data reported by your state on the Form CMS-416, CMS encourages communication with the responsible staff to ensure familiarity with the data as it will be reported publicly in the Annual Secretary's Report.

Request Technical Assistance

View Implementation Guide

Are you reporting on 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

Portion of population not covered

- Entire population not covered
- Partial population not covered

Explain the partial population not covered

- Data not available

Explain why data not available:

Select all that apply (must select at least one)

- Budget Constraints
- Staff Constraints
- Data Inconsistencies/Accuracy

Please Explain

- 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

☐ Other

Explain Other Reason Why Data Not Reported

Status of Data Reported

+/-

What is the status of the data being reported?

- ○ Provisional
- ○ Final
- ○ Same data as reported in a previous year's annual report.

Specify the year of the annual report in which data previously reported. The data from that year will be copied over to this year and may be revised by the state as necessary.

Measurement Specification

+/-

- ○ Centers for Medicare and Medicaid Services (CMS)
- ○ Other

Explain

Data Source

+/-

☐ Administrative Data

From where is the Administrative Data coming?

Must select one or more

☐ Medicaid Management Information System (MMIS)

☐ Other

Specify

☐ Other

Specify

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

Format should be mm/yyyy

End Date

Format should be mm/yyyy

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

What is the sample size?

What is the measure-eligible population?

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.

☐ 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

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

Performance Measure

+/-

Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for EPSDT services, and who received at least one preventive dental services during the reporting period.

Numerator	Denominator	Rate

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

Other Performance Measure

+/-

Please describe the other methodology used

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

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
- The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Optional Measure Stratification

+/-

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

Check all that apply

- [ ] Race (Non-Hispanic)
  - [ ] White

Numerator	Denominator	Rate

  - [ ] Black or African American

Numerator	Denominator	Rate

American Indian or Alaska Native

Numerator	Denominator	Rate

Asian

Numerator	Denominator	Rate

Native Hawaiian or Other Pacific Islander

Numerator	Denominator	Rate

Ethnicity

Hispanic or Latino

Numerator	Denominator	Rate

Not Hispanic or Latino

Numerator	Denominator	Rate

Sex

Male

Numerator	Denominator	Rate

Female

Numerator	Denominator	Rate

Primary Spoken Language

English

Numerator	Denominator	Rate

Spanish

Numerator	Denominator	Rate

Disability Status

SSI

Numerator	Denominator	Rate

Non-SSI

Numerator	Denominator	Rate

☐ Geography

☐ Urban

Numerator	Denominator	Rate

☐ Rural

Numerator	Denominator	Rate

Cancel

Go to Previous Measure | Go to Admin Screen | Go to Next Measure

Timeliness of Prenatal Care (PPC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel

Save | Go to Previous Measure | Go to Admin Screen | Go to Next Measure

Timeliness of Prenatal Care (PPC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel

Save | Go to Previous Measure | Go to Admin Screen | Go to Next Measure

Timeliness of Prenatal Care (PPC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

- (●) Electronic Health Record (EHR) Data
- ( ) Paper

- [ ] Both (EHR and Paper)

- [x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

- [x] 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.

- [x] 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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

◉ 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
- ○ The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Timeliness of Prenatal Care (PPC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Vital Records
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

- (●) Electronic Health Record (EHR) Data
- ( ) Paper

Both (EHR and Paper)

Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month — Month

Select Year — Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

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

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

- No
- The rates are weighted based on another weighting factor
- The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

- [x] Race (Non-Hispanic)
  - [x] White

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

+ Additional/Alternative Classification/Sub-category

  - [x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

  - [x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

  - [x] Asian

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

+ Additional/Alternative Classification/Sub-category

  - [x] Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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).

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- (●) ADA/DQA: American Dental Association/Dental Quality Alliance
- ( ) Other

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Other

Specify *

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

Select Month ▼ | Select Year ▼

Month | Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

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.

☑ 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

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)

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

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.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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

The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

Race (Non-Hispanic)

White

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

+ Additional/Alternative Classification/Sub-category

Black or African American

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

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

Asian

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

+ Additional/Alternative Classification/Sub-category

Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

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Choose File No file chosen

Delete Document(s) Save Documents

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).

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- (●) ADA/DQA: American Dental Association/Dental Quality Alliance
- ( ) Other

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

[x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

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.

☑ 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

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)

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

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.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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

The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

Race (Non-Hispanic)

White

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

+ Additional/Alternative Classification/Sub-category

Black or African American

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

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

Asian

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

+ Additional/Alternative Classification/Sub-category

Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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

○ Yes ◉ No

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- ( ) ADA/DQA: American Dental Association/Dental Quality Alliance
- (●) Other

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

***Specify**

[x] Other

Specify *

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

Select Month | Select Year

Month Year

End Date

Select Month ▼ Select Year ▼

Month Year

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

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

◉ 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
○ The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- ( ) ADA/DQA: American Dental Association/Dental Quality Alliance
- (●) Other

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

***Specify**

[x] Other

Specify *

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

Select Month | Select Year

Month Year

End Date

Select Month ▼ Select Year ▼

Month Year

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?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
				Clear

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

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Saved Documents

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Delete Document(s) Save Documents

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).

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- (●) National Committee for Quality Assurance (NCQA)
- ( ) Other

Specify version of HEDIS used *

Select Year

HEDIS: Healthcare Effectiveness Data and Information Set

Data Source

+/-

- [x] Electronic Health Records

Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month — Month

Select Year — Year

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

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.

☑ 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

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)

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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○ Yes ◉ No

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

- (●) National Committee for Quality Assurance (NCQA)
- ( ) Other

Specify version of HEDIS used *

Select Year

HEDIS: Healthcare Effectiveness Data and Information Set

Data Source

+/-

- [x] Electronic Health Records

Specify

- [x] Other

Specify *

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

Select Month — Month

Select Year — Year

End Date

Select Month — Month

Select Year — Year

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

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.

☑ 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

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)

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

Performance Measure

+/-

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

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

- ( ) National Committee for Quality Assurance (NCQA)
- (●) Other

Explain *

Data Source

+/-

- [x] Electronic Health Records

Specify

- [x] Other

Specify *

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

Select Month ▼ | Select Year ▼

Month | Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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?

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 Visits

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

1 Visit

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

2 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

3 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

4 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

5 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

6+ Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

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.

☑ 0 Visits

Numerator	Denominator	Rate
0	0	0

☑ 1 Visit

Numerator	Denominator	Rate
0	0	0

☑ 2 Visits

Numerator	Denominator	Rate
0	0	0

☑ 3 Visits

Numerator	Denominator	Rate
0	0	0

☑ 4 Visits

Numerator	Denominator	Rate
0	0	0

☑ 5 Visits

Numerator	Denominator	Rate
0	0	0

☑ 6+ Visits

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	

0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row

2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row

5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 Visits

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

1 Visit

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

2 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

3 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

4 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

5 Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

6+ Visits

- [x] Numerator

Explain *

- [x] Denominator

Explain *

- [x] Other

Explain *

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.

☑ 0 Visits

Numerator	Denominator	Rate
0	0	0

☑ 1 Visit

Numerator	Denominator	Rate
0	0	0

☑ 2 Visits

Numerator	Denominator	Rate
0	0	0

☑ 3 Visits

Numerator	Denominator	Rate
0	0	0

☑ 4 Visits

Numerator	Denominator	Rate
0	0	0

☑ 5 Visits

Numerator	Denominator	Rate
0	0	0

☑ 6+ Visits

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	

0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row

2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row

5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

+ Additional/Alternative Classification/Sub-category

☑ American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row

5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

Classification/Sub-category	Numerator	Denominator	Rate	
				Clear

0 Visits	0	0	0	Row
1 Visit	0	0	0	Clear Row
2 Visits	0	0	0	Clear Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

Classification/Sub-category	Numerator	Denominator	Rate	
0 Visits	0	0	0	Clear Row
1 Visit	0	0	0	Clear Row
2 Visits				Clear

	0	0	0	Row
3 Visits	0	0	0	Clear Row
4 Visits	0	0	0	Clear Row
5 Visits	0	0	0	Clear Row
6+ Visits	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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

☐ Denominator

☐ Other

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.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

[x] Asian

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

+ Additional/Alternative Classification/Sub-category

[x] Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

Classification/Sub-category	Numerator	Denominator	Rate	

	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

- *Maximum documents that can be uploaded for this report: 84*
- *Maximum file size : 2MB*
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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Explain *

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

- [x] Medicaid Management Information System (MMIS)
- [x] Other

*Specify

From where is the Medical Records Data coming?

Must select only one

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

☑ Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

Other Performance Measure

+/-

Please describe the other methodology used *

Character count: 0/100

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

+ Additional/Other Rate(s)

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

◉ 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

The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

Race (Non-Hispanic)

White

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

+ Additional/Alternative Classification/Sub-category

Black or African American

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

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

Asian

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

+ Additional/Alternative Classification/Sub-category

Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

- *Maximum documents that can be uploaded for this report: 84*
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☐	Name	Description	Date Created ↑	Updated By	Size	Type
No items available						

Choose File No file chosen

Delete Document(s) Save Documents

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).

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

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

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

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 *

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.

Numerator	Denominator	Rate
0	0	0

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

[x] Race (Non-Hispanic)

[x] White

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

+ Additional/Alternative Classification/Sub-category

[x] Black or African American

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

+ Additional/Alternative Classification/Sub-category

[x] American Indian or Alaska Native

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

+ Additional/Alternative Classification/Sub-category

☑ Asian

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

+ Additional/Alternative Classification/Sub-category

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

☑ Not Hispanic or Latino

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

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

+ Additional/Alternative Classification/Sub-category

☑ Female

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

+ Additional/Alternative Classification/Sub-category

☑ Primary Spoken Language

☑ English

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

+ Additional/Alternative Classification/Sub-category

☑ Spanish

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

+ Additional/Alternative Classification/Sub-category

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

+ Additional/Alternative Classification/Sub-category

☑ Non-SSI

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

+ Additional/Alternative Classification/Sub-category

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

+ Additional/Alternative Classification/Sub-category

☑ Rural

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

+ Additional/Alternative Classification/Sub-category

+ Additional Geographical Region(s)

Report Documents

+/-

Saved Documents

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☐	Name	Description	Date Created ↑	Updated By	Size	Type
			No items available			

Choose File No file chosen

Delete Document(s) Save Documents

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).

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Cancel Save Go to Previous Measure Go to Admin Screen Go to Next Measure

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- (●) Provisional
- ( ) Final
- ( ) Same data as reported in a previous year's annual report.

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: Total

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

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

☑ 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

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

☑ American Indian or Alaska Native

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

☑ Asian

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

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

☑ Not Hispanic or Latino

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				Clear

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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

☑ Primary Spoken Language

☑ English

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

☑ Spanish

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

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

☑ Non-SSI

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

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

☑ Rural

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

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
				No items available		

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

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.

☑ 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

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 *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: Total

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

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

☑ 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

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

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

Check all that apply

☑ Race (Non-Hispanic)

☑ White

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

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

☑ American Indian or Alaska Native

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

☑ Asian

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

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

☑ Not Hispanic or Latino

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				Clear

	0	0	0	Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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

☑ Primary Spoken Language

☑ English

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

☑ Spanish

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

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

☑ Non-SSI

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

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

☑ Rural

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

+ Additional Geographical Region(s)

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; xlsx; xls; pptx*

	Name	Description	Date Created	Updated By	Size	Type
				No items available		

Choose File No file chosen

Delete Document(s) Save Documents

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.

Cancel Save Go to Previous Measure Go to Admin Screen

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)

Medicaid and CHIP Child Core Quality Measures - OR - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *

- (●) Yes
- ( ) No

Status of Data Reported

+/-

What is the status of the data being reported? *

- ( ) Provisional
- ( ) Final
- (●) Same data as reported in a previous year's annual report.

Specify year of annual report in which data previously reported *

--Select a Year--

Measurement Specification

+/-

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

Specify version of HEDIS used *

Select Year

Data Source

+/-

[x] Administrative Data

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

[x] Hybrid (Administrative and Medical Records Data)

From where is the Administrative Data coming?

Must select one or more

[x] Medicaid Management Information System (MMIS)

[x] Other

***Specify**

From where is the Medical Records Data coming?

Must select only one

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

[x] Other

Specify *

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

Select Month ▼ Month

Select Year ▼ Year

End Date

Select Month ▼ Month

Select Year ▼ Year

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

What is the sample size? *

What is the measure-eligible population?

Explain which populations are excluded and why *

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.

☑ 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

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 *

☑ Denominator

Explain *

☑ Other

Explain *

Age Range: Total

☑ Numerator

Explain *

☑ Denominator

Explain *

☑ Other

Explain *

Performance Measure

+/-

Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practioner (PCP) or obstetrical/gynelogical (OB/GYN) practinioner and who had evidence of BMI percentile documentation during the measurement year.

☑ 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

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

- (●) 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
- ( ) The rates are not weighted

Additional Notes/Comments on Measure (Optional)

+/-

Character count: 0/2000

Optional Measure Stratification

+/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, gender, language, disability status, or geography, complete the following as applicable.

Check all that apply

☑ Race (Non-Hispanic)

☑ White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 3-11 years	0	0	0	Clear Row
Age Range: 12-17 years	0	0	0	Clear Row
Age Range: Total	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

☑ Black or African American

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

☑ American Indian or Alaska Native

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

☑ Asian

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

☑ Native Hawaiian or Other Pacific Islander

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

+ Additional Race(s)

☑ Ethnicity

☑ Hispanic or Latino

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

☑ Not Hispanic or Latino

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

+ Additional Ethnicity(ies)

☑ Sex

☑ Male

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

☑ Female

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

☑ Primary Spoken Language

☑ English

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

☑ Spanish

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

+ Additional Primary Spoken Language(s)

☑ Disability Status

☑ SSI

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

☑ Non-SSI

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

+ Additional Disability Status(es)

☑ Geography

☑ Urban

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

☑ Rural

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

+ Additional Geographical Region(s)

Report Documents

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Would you like to validate the core measure data at this time?

Yes No

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Warning: Any field containing more than 4000 characters will be truncated when saved.

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CMS.gov
Centers for Medicare & Medicaid Services

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on 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

  Portion of population not covered *
  - ◉ Entire population not covered
  - ○ Partial population not covered
- ☑ Data not available

  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

    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 *
- ☑ Other

  Explain *

Report Documents

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CMS.gov
Centers for Medicare & Medicaid Services

Ambulatory Care - Emergency Department (ED) Visits (AMB)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *
- ○ Yes
- ◉ No

Please explain why you are not reporting on the measure:
Select all that apply (must select at least one)

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- ☑ Population not covered

  Portion of population not covered *
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  - ○ Partial population not covered
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  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

    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 *
- ☑ Other

  Explain *

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CMS.gov
Centers for Medicare & Medicaid Services

Adolescent Well-Care Visit (AWC)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

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Are you reporting on this measure? *
- Yes
- No

Please explain why you are not reporting on the measure:
Select all that apply (must select at least one)

- [x] Service not covered
- [x] Population not covered

  Portion of population not covered *
  - Entire population not covered
  - Partial population not covered
- [x] Data not available

  Reason why data not available
  Select all that apply (must select at least one)
  - [x] Budget Constraints
  - [x] Staff Constraints
  - [x] Data Inconsistencies/Accuracy

    *Explain
  - [x] Data Source Not Easily Accessible

    Select all that apply
    - [x] Requires Medical Record Review
    - [x] Requires Data Linkage which does not currently exist
    - [x] Other

    *Explain
  - [x] Information Not Collected

    Select all that apply
    - [x] Not Collected by Provider (Hospital/Health Plan)
    - [x] Other

    *Explain
  - [x] Other

    *Explain
- [x] Small Sample Size (less than 30)

  Enter Specific Sample Size *
- [x] Other

  Explain *

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CMS.gov
Centers for Medicare & Medicaid Services

Maternity Care - Behavioral Health Risk Assessment (BHRA)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on 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

  Portion of population not covered *
  - ◉ Entire population not covered
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- ☑ Data not available

  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

    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 *
- ☑ Other

  Explain *

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Centers for Medicare & Medicaid Services

Child and Adolescent Access to Primary Care Practitioners (CAP)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *
- ○ Yes
- ◉ No

Please explain why you are not reporting on the measure:
Select all that apply (must select at least one)

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  - ◉ Entire population not covered
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  Reason why data not available
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  - ☑ Staff Constraints
  - ☑ Data Inconsistencies/Accuracy

    *Explain
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    - ☑ Requires Data Linkage which does not currently exist
    - ☑ Other

    *Explain
  - ☑ Information Not Collected

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    - ☑ Not Collected by Provider (Hospital/Health Plan)
    - ☑ Other

    *Explain
  - ☑ Other

    *Explain
- ☑ Small Sample Size (less than 30)

  Enter Specific Sample Size *
- ☑ Other

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CMS.gov
Centers for Medicare & Medicaid Services

Chlamydia Screening in Women (CHL)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *
- Yes
- No

Please explain why you are not reporting on the measure:
Select all that apply (must select at least one)

- [x] Service not covered
- [x] Population not covered

  Portion of population not covered *
  - Entire population not covered
  - Partial population not covered
- [x] Data not available

  Reason why data not available
  Select all that apply (must select at least one)
  - [x] Budget Constraints
  - [x] Staff Constraints
  - [x] Data Inconsistencies/Accuracy

    *Explain
  - [x] Data Source Not Easily Accessible

    Select all that apply
    - [x] Requires Medical Record Review
    - [x] Requires Data Linkage which does not currently exist
    - [x] Other

    *Explain
  - [x] Information Not Collected

    Select all that apply
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    - [x] Other

    *Explain
  - [x] Other

    *Explain
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  Explain *

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CMS.gov
Centers for Medicare & Medicaid Services

Childhood Immunization Status (CIS)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *
- Yes
- No

Please explain why you are not reporting on the measure:
Select all that apply (must select at least one)

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- [x] Population not covered

  Portion of population not covered *
  - Entire population not covered
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  - [x] Staff Constraints
  - [x] Data Inconsistencies/Accuracy

    *Explain
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    - [x] Requires Data Linkage which does not currently exist
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    *Explain
  - [x] Information Not Collected

    Select all that apply
    - [x] Not Collected by Provider (Hospital/Health Plan)
    - [x] Other

    *Explain
  - [x] Other

    *Explain
- [x] Small Sample Size (less than 30)

  Enter Specific Sample Size *
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  Explain *

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Centers for Medicare & Medicaid Services

Consumer Assessment of Healthcare Providers and Systems® (CAHPS) 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

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)

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- ☑ Population not covered

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  - ☑ Staff Constraints
  - ☑ Data Inconsistencies/Accuracy

    *Explain
  - ☑ Data Source Not Easily Accessible

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    *Explain
  - ☑ Information Not Collected

    Select all that apply
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    - ☑ Other

    *Explain
  - ☑ Other

    *Explain
- ☑ Small Sample Size (less than 30)

  Enter Specific Sample Size *
- ☑ Other

  Explain *

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CMS.gov
Centers for Medicare & Medicaid Services

Developmental Screening in the First Three Years of Life (DEV)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

View Implementation Guide

Are you reporting on this measure? *
- Yes
- No

Please explain why you are not reporting on the measure:
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    - [x] Other

    *Explain
  - [x] Information Not Collected

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    - [x] Other

    *Explain
  - [x] Other

    *Explain
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CMS.gov
Centers for Medicare & Medicaid Services

Frequency of Ongoing Prenatal Care (FPC)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

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Are you reporting on this measure? *
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- ◉ No

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  - ☑ Information Not Collected

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CMS.gov
Centers for Medicare & Medicaid Services

Follow-Up After Hospitalization for Mental Illness (FUH)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

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Are you reporting on this measure? *
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- ◉ No

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  - ☑ Information Not Collected

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CMS.gov
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Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

Request Technical Assistance | Clear | View All Responses

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- ○ Yes
- ◉ No

Please explain why you are not reporting on the measure:
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- ☑ Population not covered
  - **Portion of population not covered** *
    - ◉ Entire population not covered
    - ○ Partial population not covered
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  - **Reason why data not available**
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    - ☑ Staff Constraints
    - ☑ Data Inconsistencies/Accuracy
      - *Explain
    - ☑ 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** *
- ☑ Other
  - **Explain** *

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Centers for Medicare & Medicaid Services

Immunization Status for Adolescents (IMA)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Are you reporting on this measure? *
- Yes
- No

Please explain why you are not reporting on the measure:
Select all that apply (must select at least one)

- [x] Service not covered
- [x] Population not covered

  Portion of population not covered *
  - Entire population not covered
  - Partial population not covered
- [x] Data not available

  Reason why data not available
  Select all that apply (must select at least one)
  - [x] Budget Constraints
  - [x] Staff Constraints
  - [x] Data Inconsistencies/Accuracy

    *Explain
  - [x] Data Source Not Easily Accessible

    Select all that apply
    - [x] Requires Medical Record Review
    - [x] Requires Data Linkage which does not currently exist
    - [x] Other

    *Explain
  - [x] Information Not Collected

    Select all that apply
    - [x] Not Collected by Provider (Hospital/Health Plan)
    - [x] Other

    *Explain
  - [x] Other

    *Explain
- [x] Small Sample Size (less than 30)

  Enter Specific Sample Size *
- [x] Other

  Explain *

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CMS.gov
Centers for Medicare & Medicaid Services

Live Births Weighing Less Than 2,500 Grams (LBW)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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- ◉ No

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Medication Management for People with Asthma (MMA)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Are you reporting on this measure? *
- ○ Yes
- ◉ No

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Cesarean Section for Nulliparous Singleton Vertex (PC02)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Timeliness of Prenatal Care (PPC)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Well-Child Visits in the First 15 Months of Life (W15)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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Are you reporting on this measure? *
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- ◉ No

Please explain why you are not reporting on the measure:
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- ☑ Population not covered
  - **Portion of population not covered** *
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- ☑ Data not available
  - **Reason why data not available**
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    - ☑ Staff Constraints
    - ☑ Data Inconsistencies/Accuracy
      - *Explain
    - ☑ 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** *
- ☑ Other
  - **Explain** *

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Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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- ○ Yes
- ◉ No

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)

Medicaid and CHIP Child Core Quality Measures - PA - 2015

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