

WE WANT YOUR FEEDBACK!

Please Print

Name: _____

Organization: _____

Which industry do you represent? (Check one)

- Medicaid Enrollee or Advocate
- Direct Patient Care
- Employee or sub-contractor of a Managed Care Organization (MCO)
- Hospital or Health Care System
- Professional Organization
- Other (please specify) _____

Adult Measures

Vote below for quality measures by checking \$ or M. Please select no more than 2 incentive measures per category.

- | | \$ | M | | \$ | M |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | • Adult Access to Preventive/Ambulatory Services | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Flu Vaccinations for Adults Ages 18 to 64 | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Adult Body Mass Index Assessment | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Chlamydia Screening in Women-Total | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Cervical Cancer Screening | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Breast Cancer Screening | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Colorectal Cancer Screening | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • HIV Screening* | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • HCV Screening* | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Medical Assistance With Smoking and Tobacco Use Cessation | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Controlling High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Diabetes Short-Term Complications Admission Rate | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Statin Therapy for Patients with Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Heart Failure Admission Rate | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Comprehensive Diabetes Care | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Asthma in Younger Adults Admission Rate | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • HIV Viral Load Suppression | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | • Use of Imaging Studies for Low Back Pain* | <input type="checkbox"/> | <input type="checkbox"/> |

\$ = Incentive Measure / M = Monitor without financial incentive / Write in your Recommendations

Reproductive and Maternal Health Measures

Vote below for quality measures by checking \$ or M. Please select no more than 2 incentive measures per category.

- | \$ | M | | \$ | M | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • Syphilis Screening During Pregnancy – 3 rd Trimester* | <input type="checkbox"/> | <input type="checkbox"/> | • Initiation of Injectable Progesterone for Preterm Birth Prevention |
| <input type="checkbox"/> | <input type="checkbox"/> | • Prenatal and Postpartum Care: Timeliness of Prenatal Care | <input type="checkbox"/> | <input type="checkbox"/> | • Appropriate Use of Antenatal Steroids* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Elective Delivery or Early Induction Without Medical Indication | <input type="checkbox"/> | <input type="checkbox"/> | • Percentage of Low Birthweight Births |
| <input type="checkbox"/> | <input type="checkbox"/> | • Cesarean Rate for Low-Risk First Birth Women | <input type="checkbox"/> | <input type="checkbox"/> | • Contraceptive Care – All Women Ages 21–44* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Prenatal and Postpartum Care: Postpartum Care | <input type="checkbox"/> | <input type="checkbox"/> | • Contraceptive Care – Postpartum Women Ages 21–44 |
| <input type="checkbox"/> | <input type="checkbox"/> | • Unexpected Complications in Term Newborns* | <input type="checkbox"/> | <input type="checkbox"/> | • Non-recommended Cervical Cancer Screening in Adolescent Females* |

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Behavioral Health Measures

Vote below for quality measures by checking \$ or M. Please select no more than 2 incentive measures per category.

\$ M Adult Behavioral Health

- Follow-Up After Hospitalization for Mental Illness
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Concurrent Use of Opioids and Benzodiazepines*
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Antidepressant Medication Management

\$ M Pediatric Behavioral Health

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication

Both

- Depression Screening and Follow-Up for Adolescents and Adults*
- Depression Remission or Response for Adolescents and Adults*

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Emergency Medicine Measures

Vote below for quality measures by checking \$ or M. Please select no more than 2 incentive measures per category.

- \$ M
- Ambulatory Care: Emergency Department Visits
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence*
- Potentially Preventable ED Visits*

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Care Process Measures

Vote below for quality measures by checking \$ or M. Please select no more than 2 incentive measures per category.

- | \$ | M | | \$ | M |
|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | • Plan All-Cause Readmissions | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | • Potentially Preventable Readmissions* | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | • Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.0H – Child Version (Medicaid) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | • Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 5.0H, Adult Version (Medicaid) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

- Percentage of members who complete the initial health needs assessment within 90 calendar days of the enrollee's effective date of enrollment*
- Percentage of provider payments linked to a value-based payment model account in the measurement year*

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Evaluation

What was useful about this presentation? _____

What could be improved? _____

How would you like to learn about future quality initiatives in Medicaid? _____

Thank you for your valuable feedback!