DRAFT OF PROPOSED QUALITY MEASURES

February 2019
## Adult Measures

<table>
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<tr>
<th>Measures</th>
<th>Measure Description</th>
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</thead>
</table>
| Adult Access to Preventive/Ambulatory Services| The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported:  
  - 20-44 years  
  - 45-64 years  
  - 65 years and older  
  - Total                                                                                                                                         | NCQA            | Better Care                           |
| Flu Vaccinations for Adults Ages 18 to 64    | The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period.                                                                                       | NCQA            | Healthier People, Healthier Communities |
| Adult Body Mass Index Assessment             | The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement or the year prior to the measurement year.                                      | NCQA            | Healthier People, Healthier Communities |
| Chlamydia Screening in Women                 | The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.                                                          | NCQA            | Healthier People, Healthier Communities |
| Cervical Cancer Screening                    | Percentage of women 21-64 years of age who were screened for cervical cancer:  
  - Women 21-64 who had cervical cytology performed every 3 years.  
  - Women 30-64 who had cervical cytology/HPV co-testing performed every 5 years.                                                                 | NCQA            | Healthier People, Healthier Communities |
| Breast Cancer Screening                      | Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.                                                                                                                             | NCQA            | Healthier People, Healthier Communities |
## Adult Measures

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<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>HIV Screening *</td>
<td>The percentage of eligible members who had appropriate screening for HIV infection.</td>
<td>State</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>HCV Screening *</td>
<td>The percentage of eligible members who had appropriate screening for HCV infection.</td>
<td>State</td>
<td>Healthier People, Healthier Communities</td>
</tr>
</tbody>
</table>
| Medical Assistance With Smoking and Tobacco Use Cessation | Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions):  
- Advising Smokers and Tobacco Users to Quit  
- Discussing Cessation Medications  
- Discussing Cessation Strategies | NCQA            | Healthier People, Healthier Communities  |
| Controlling High Blood Pressure               | The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year | NCQA            | Healthier People, Healthier Communities  |
| Diabetes Short-Term Complications Admission Rate | Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older. | AHRQ            | Healthier People, Healthier Communities  |

*Note: A lower rate indicates better performance.*
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<td>Diabetes Short-Term Complications Admission Rate</td>
<td>Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older.</td>
<td>AHRQ</td>
<td>Healthier People, Healthier Communities</td>
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<td><em>Note: A lower rate indicates better performance.</em></td>
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<tr>
<td>Statin Therapy for Patients with Cardiovascular Disease</td>
<td><em>The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.)</em></td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td></td>
<td><em>The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.)</em></td>
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<tr>
<td>Heart Failure Admission Rate</td>
<td>Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).</td>
<td>AHRQ</td>
<td>Healthier People, Healthier Communities</td>
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| Comprehensive Diabetes Care | The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:  
  - Hemoglobin A1c (HbA1c) testing  
  - HbA1c poor control (>9.0%)  
  - HbA1c control (<8.0%)  
  - HbA1c control (<7.0%) for a selected population*  
  - Eye exam (retinal) performed  
  - Medical attention for nephropathy.  
  - BP control (<140/90 mm Hg) | NCQA | Healthier People, Healthier Communities |
<p>| Asthma in Younger Adults Admission Rate | Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39. | AHRQ | Healthier People, Healthier Communities |
| Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate | This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older. | AHRQ | Healthier People, Healthier Communities |
| HIV Viral Load Suppression | Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200. | HRSA | Healthier People, Healthier Communities |</p>
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<tr>
<td>Measures for stratified data: Adult: Colorectal Cancer Screening, HIV</td>
<td>Refer to individual measures, will be stratified by race/ethnicity and urban/rural status.</td>
<td>Various</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Viral Load Suppression, Controlling High Blood Pressure</td>
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<tr>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis *</td>
<td>The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</td>
<td>NCQA</td>
<td>Smarter Spending</td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain *</td>
<td>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</td>
<td>NCQA</td>
<td>Smarter Spending</td>
</tr>
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<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</td>
<td>NCQA</td>
<td>Better Care</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.</td>
<td>NCQA</td>
<td>Better Care</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.</td>
<td>NCQA</td>
<td>Better Care</td>
</tr>
<tr>
<td>Developmental Screening in the First Three Years of Life *</td>
<td>The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.</td>
<td>OHSU</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Lead Screening in Children *</td>
<td>The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Percentage of Eligibles Who Received Preventive Dental Services *</td>
<td>The percentage of individuals ages 1 to 20 who are enrolled for at least 90 continuous days, are eligible EPSDT services, and who received at least one preventive dental service during the reporting period.</td>
<td>CMS</td>
<td>Healthier People, Healthier Communities</td>
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<tr>
<td>Childhood Immunization Status</td>
<td>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); 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.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
</tbody>
</table>
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents | Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender. The percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner, with evidence of:  
- BMI percentile documentation  
- Counseling for nutrition  
- Counseling for physical activity | NCQA | Healthier People, Healthier Communities |
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<tr>
<td>Measures for stratified data: Child: Developmental Screening in the First Three Years of Life, Percentage of Eligibles Who Received Preventive Dental Services, Immunizations for Adolescents</td>
<td>Refer to individual measures, will be stratified by race/ethnicity and urban/rural status</td>
<td>Various</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection ∗</td>
<td>The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.</td>
<td>NCQA</td>
<td>Smarter Spending</td>
</tr>
</tbody>
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## Reproductive and Maternal Health Measures

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<tr>
<td>Syphilis Screening During Pregnancy – 3rd Trimester *</td>
<td>The percentage of pregnant members who received appropriate syphilis screening</td>
<td>State</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care: Timeliness of Prenatal Care</td>
<td>The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Elective Delivery or Early Induction Without Medical Indication</td>
<td>This measure assesses patients with elective vaginal deliveries or elective cesarean sections at &gt;= 37 and &lt; 39 weeks of gestation completed</td>
<td>TJC</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Cesarean Rate for Low-Risk First Birth Women</td>
<td>The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).</td>
<td>TJC</td>
<td>Healthier People, Healthier Communities</td>
</tr>
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<td>Note: A lower rate indicates better performance.</td>
<td></td>
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<tr>
<td>Prenatal and Postpartum Care: Postpartum Care</td>
<td>The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Unexpected Complications in Term Newborns *</td>
<td>The percentage of infants with unexpected newborn complications among full term newborns with no preexisting conditions.</td>
<td>TJC</td>
<td>Healthier People, Healthier Communities</td>
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<td><strong>Initiation of Injectable Progesterone for Preterm Birth Prevention</strong></td>
<td>The percentage of women 15-45 years of age with evidence of a previous preterm singleton birth event (24-36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement year.</td>
<td>State</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td><strong>Appropriate Use of Antenatal Steroids</strong></td>
<td>Percentage of women at risk of preterm delivery at ≥24 and &lt;34 weeks gestation that received antenatal steroids prior to delivering preterm newborns.</td>
<td>JCAHO</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td><strong>Percentage of Low Birthweight Births</strong></td>
<td>Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.</td>
<td>AHRQ</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td><strong>Contraceptive Care – All Women Ages 21–44</strong></td>
<td>The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.</td>
<td>OPA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td><strong>Contraceptive Care – Postpartum Women Ages 21–44</strong></td>
<td>The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery or were provided a LARC within 3 and 60 days of delivery. Four rates are reported.</td>
<td>OPA</td>
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<tr>
<td>Measures for stratified data: Pregnancy: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages 21-44, Initiation of Injectable Progesterone for Preterm Birth Prevention</td>
<td>Refer to individual measures, will be stratified by race/ethnicity and urban/rural status</td>
<td>Various</td>
<td>Healthier People, Healthier Communities</td>
</tr>
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</table>
| Non-recommended Cervical Cancer Screening in Adolescent Females *       | The percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.  
  *Note: A lower rate indicates better performance.*                         | NCQA             | Smarter Spending                         |
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| Follow-Up After Hospitalization for Mental Illness                     | The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:  
  - The percentage of discharges for which the member received follow-up within 30 days after discharge.  
  - The percentage of discharges for which the member received follow-up within 7 days after discharge. | NCQA            | Better Care                     |
<p>| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. | NCQA            | Better Care                     |
| Concurrent Use of Opioids and Benzodiazepines *                         | Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded. | PQA             | Healthier People, Healthier Communities |</p>
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| Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment * | The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.  
  - Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.  
  - Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit. | NCQA            | Healthier People, Healthier Communities |
<p>| Adherence to Antipsychotic Medications for Individuals with Schizophrenia | The measure calculates the percentage of individuals 19 years of age or greater as of the beginning of the measurement year with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement year (12 consecutive months). | NCQA            | Healthier People, Healthier Communities |
| Antidepressant Medication Management | The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. | NCQA            | Healthier People, Healthier Communities |</p>
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<td>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics *</td>
<td>The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</td>
<td>NCQA</td>
<td>Healthier People, Healthier Communities</td>
</tr>
</tbody>
</table>
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication | The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.  
  - Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.  
  - Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. | NCQA            | Healthier People, Healthier Communities  |
## Behavioral Health Measures - Both Adult and Pediatric

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| Depression Screening and Follow-Up for Adolescents and Adults * | The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.  
  - *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.  
  - *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of screening positive for depression. | NCQA            | Better Care       |
| Depression Remission or Response for Adolescents and Adults * | The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.  
  - *Follow-Up PHQ-9.* The percentage of members who have a follow-up PHQ-9 score documented within the 4–8 months after the initial elevated PHQ-9 score.  
  - *Depression Remission.* The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.  
  - *Depression Response.* The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score. | NCQA            | Better Care       |
## Emergency Medicine Measures

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<td>Ambulatory Care: Emergency Department Visits</td>
<td>This measure summarizes utilization of ambulatory care ED Visits per 1,000 member months.</td>
<td>NCQA</td>
<td>Better Care</td>
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<td><strong>Note:</strong> A lower rate indicates better performance.</td>
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</tbody>
</table>
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence * | The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:  
  - The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).  
  - The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). | NCQA            | Better Care  |
<p>| Potentially Preventable ED Visits *                                      | The rate of ED visits resulting in diagnoses that indicate that the visit may potentially have been preventable (3M software)                                                                                           | State           | Better Care  |</p>
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<tr>
<td>Plan All-Cause Readmissions</td>
<td>For members 18 - 64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.</td>
<td>NCQA</td>
<td>Better Care</td>
</tr>
<tr>
<td>Potentially Preventable Readmissions *</td>
<td>The rate of hospital readmissions that may have been preventable (3M software)</td>
<td>State</td>
<td>Better Care</td>
</tr>
<tr>
<td>Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version (Medicaid)</td>
<td>This measure provides information on parents’ experience with their child’s Medicaid organization.</td>
<td>NCQA</td>
<td>Better Care</td>
</tr>
<tr>
<td>Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid)</td>
<td>This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members’ expectations.</td>
<td>NCQA</td>
<td>Better Care</td>
</tr>
<tr>
<td>Percentage of members who complete the initial health needs assessment within 90 calendar days of the enrollee’s effective date of enrollment *</td>
<td>Refer to measure name</td>
<td>N/A</td>
<td>Healthier People, Healthier Communities</td>
</tr>
<tr>
<td>Provider payments tied to incentivized quality measures *</td>
<td>Refer to measure name</td>
<td>N/A</td>
<td>Smarter Spending</td>
</tr>
</tbody>
</table>