

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

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

Pediatric Measures

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

- | \$ | M | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | • Well-Child Visits in the First 15 Months of Life |
| <input type="checkbox"/> | <input type="checkbox"/> | • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life |
| <input type="checkbox"/> | <input type="checkbox"/> | • Adolescent Well-Care Visits |
| <input type="checkbox"/> | <input type="checkbox"/> | • Developmental Screening in the First Three Years of Life* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Lead Screening in Children* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Percentage of Eligibles Who Received Preventive Dental Services* |

- | \$ | M | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | • Childhood Immunization Status |
| <input type="checkbox"/> | <input type="checkbox"/> | • Immunizations for Adolescents |
| <input type="checkbox"/> | <input type="checkbox"/> | • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents |
| <input type="checkbox"/> | <input type="checkbox"/> | • Appropriate Treatment for Children With Upper Respiratory Infection* |

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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

- Syphilis Screening During Pregnancy – 3rd Trimester*
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Elective Delivery or Early Induction Without Medical Indication
- Cesarean Rate for Low-Risk First Birth Women
- Prenatal and Postpartum Care: Postpartum Care
- Unexpected Complications in Term Newborns*

\$ M

- Initiation of Injectable Progesterone for Preterm Birth Prevention
- Appropriate Use of Antenatal Steroids*
- Percentage of Low Birthweight Births
- Contraceptive Care – All Women Ages 21–44*
- Contraceptive Care – Postpartum Women Ages 21–44
- 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 | <u>Adult Behavioral Health</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • Follow-Up After Hospitalization for Mental Illness |
| <input type="checkbox"/> | <input type="checkbox"/> | • Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |
| <input type="checkbox"/> | <input type="checkbox"/> | • Concurrent Use of Opioids and Benzodiazepines* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Adherence to Antipsychotic Medications for Individuals with Schizophrenia |
| <input type="checkbox"/> | <input type="checkbox"/> | • Antidepressant Medication Management |

- | \$ | M | <u>Pediatric Behavioral Health</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication |

Both

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | • Depression Screening and Follow-Up for Adolescents and Adults* |
| <input type="checkbox"/> | <input type="checkbox"/> | • 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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | • Plan All-Cause Readmissions |
| <input type="checkbox"/> | <input type="checkbox"/> | • Potentially Preventable Readmissions* |
| <input type="checkbox"/> | <input type="checkbox"/> | • Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version (Medicaid) |
| <input type="checkbox"/> | <input type="checkbox"/> | • Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) |

- | \$ | M | |
|--------------------------|--------------------------|--|
| <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* |
| <input type="checkbox"/> | <input type="checkbox"/> | • 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!