

Initial RCO Quality Measures Recommended by RCO Quality Assurance Committee and Approved by Alabama Medicaid Agency

Topic Category	Measure	Description
Internal Medicine	1. Comprehensive Diabetes Care	The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: Hemoglobin A1c (HbA1c) testing (NQF#0057), HbA1c poor control (≥9.0 percent) (NQF#0059), HbA1c control (≤8.0 percent) (NQF#0575), HbA1c control (≤7.0 percent) for a selected population, Eye exam (retinal) performed (NQF#0055), Medical attention for nephropathy (NQF#0062), Smoking status and cessation advice or treatment
	2. Medication Management for People with Asthma	The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. Percentage of members who remained on an asthma controller medication for at least 50 percent of the treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75 percent of the treatment period.
	3. ER Utilization Rate for Asthma Patients	ER Utilization rate for Asthma patients, this is the same metric currently used by PCNAs.
	4. Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer (AQM is 42-69 with two-year look-back period).
	5. Cervical Cancer Screening	Percentage of women 21–64 years of age received one or more Pap tests to screen for cervical cancer.
Pediatrics	6. Childhood Immunization Status	Percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two 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.

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	7. Immunizations for Adolescents	The percentage of adolescents 13 years of age who had recommended immunizations by their 13th birthday.
	8. Children's and Adolescents' Access to Primary Care Practitioners	This measure is used to assess the percentage of members 12 months to 24 months, 25 months to 6 years, 7 years to 11 years and 12 years to 19 years of age who had a visit with a primary care practitioner (PCP). The organization reports four separate percentages for each age stratification and product line (commercial and Medicaid).
	9. Well-Child Visits in the First 15 Months of Life	Percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. Seven rates are reported: <ol style="list-style-type: none"> 1. No well-child visits 2. One well-child visit 3. Two well-child visits 4. Three well-child visits 5. Four well-child visits 6. Five well-child visits 7. Six or more well-child visits
	10. Developmental Screening in the First Three Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.
	11. Well-Child Visits in the Third, Fourth, Fifth and Six Years of Life	Percentage of members three – six years of age who received one or more well-child visits with a PCP during the measurement year.
	12. Adolescent Well-Care Visits	At least one comprehensive well-care visit with a PCP or an obstetrics and gynecology (OB/GYN) practitioner during the measurement year. The PCP does not have to be assigned to the member.
Inpatient Care	13. Elective Delivery	This measure assesses patients with elective vaginal deliveries or elective cesarean greater than or equal to 37 and less than 39 weeks of gestation completed.

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	14. Plan All-Cause Readmission	<p>For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:</p> <ol style="list-style-type: none"> 1. Count of Index Hospital Stays (IHS) (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission 4. Observed Readmission (Numerator/Denominator) 5. Total Variance
	15. Ambulatory Care-Sensitive Condition Admission	Ambulatory care sensitive conditions: Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital, per 100,000 population under age 75 years.
Oral Health	16. Total Eligibles Who received Preventive Dental Services (ages 1-20)	The total unduplicated number of children receiving dental preventive services.
	17. Rate of Dental Procedures performed in surgical units	Rate of inpatient claims with dental procedures performed in the hospital. Limit the population to only children younger than 19, with the denominator to be total population.
Maternity/ Infant Mortality	18. Prenatal and Postpartum Care	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ol style="list-style-type: none"> 1. Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. 2. Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

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	19. Frequency of Ongoing Prenatal Care	<p>Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits:</p> <ol style="list-style-type: none"> 1. Less than 21 percent of expected visits 2. 21 percent–40 percent of expected visits 3. 41 percent–60 percent of expected visits 4. 61 percent–80 percent of expected visits 5. Greater than or equal to 81 percent of expected visits <p>This measure uses the same denominator as the Prenatal and Postpartum Care measure.</p>
	20. Percentage of Live Births Weighing Less Than 2,500 Grams	The percentage of births with birth weight less than 2,500 grams.
	21. Percentage of Live Births Weighing Less Than 1,500 Grams	The percentage of births with birth weight less than 1,500 grams.
Chemical Dependency	22. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<p>The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following:</p> <ol style="list-style-type: none"> 1. Initiation of AOD Treatment: The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
	23. Identification of Alcohol and Other Drug Services	The number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year: Any service, inpatient, intensive outpatient or partial hospitalization and outpatient or ED.

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	24. Medical Assistance With Smoking and Tobacco Use Cessation	<p>Assesses different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ol style="list-style-type: none"> 1. Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year. 2. Discussing Cessation Medications: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. 3. Discussing Cessation Strategies: A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided smoking cessation methods or strategies during the measurement year.
	25. Assessment and management of chronic pain	This measure is used to assess the percentage of patients age 16 years and older diagnosed with chronic pain who are screened for chemical dependency before being prescribed opioid medication.
Mental Health / Behavioral Health	26. Follow-Up Care for Children Prescribed ADHD Medication	<p>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:</p> <ol style="list-style-type: none"> 1. 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. 2. 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 (nine months) after the Initiation Phase ended.
	27. Antidepressant Medication Management	<p>The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

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	28. Follow-Up After Hospitalization (within 30 days) (behavioral health-related primary diagnosis)	This measure assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. <i>Rate:</i> The percentage of members who received follow-up within 30 days of discharge.
	29. Mental illness: risk-adjusted rate of readmission following discharge for a mental illness.	This measure is used to assess the risk-adjusted rate of readmission following discharge for a mental illness for individuals 15 years and older. A case is counted as a readmission if it is for a selected mental illness diagnosis and if it occurs within 30 days of the index episode of inpatient care. An episode of care refers to all contiguous hospitalizations and same-day surgery visits in general hospitals.
	30. Screening for Clinical Depression and Follow-up	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented. <i>Follow up:</i> Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score greater than 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.
	31. Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 years through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.
	32. Diabetes Screening for people With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	The percentage of individuals 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed any antipsychotic medication and had a diabetes screening during the measurement year.
	33. Adherence to Antipsychotic Medications for Individuals With Schizophrenia	This measure is used to assess the percentage of members 19 to 64 years of age with schizophrenia during the measurement year who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

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Cardiovascular / Obesity	34. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage of children 3-17 years of age who had an outpatient visit with a PCP or an OB/GYN and who had evidence of: 1. Body mass index (BMI) percentile documentation 2. Counseling for nutrition 3. Counseling for physical activity during the measurement year
	35. Adult BMI Assessment	Percentage of adults 18 years old or older with valid BMI documentation in the past 24 month.
Access to Care/ Equitable Health Outcomes	36. Ambulatory Care, ED Visits	This Measure summarizes the utilization of Emergency Department (ED) Visits for the Medicaid population. Numerator is the number of ED visits, Denominator is the eligible population. Reported as an ED rate.
	37. Adults' Access to Preventive/ Ambulatory Services [All Ages]	This measure is used to assess the percentage of members 20 to 44 years, 45 to 64 years, and 65 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each age stratification and product line (commercial, Medicaid and Medicare) and a total rate.
Patient Safety	38. Patients who reported that staff "Always" explained about medicine before giving it to them.	Patients who reported that staff "Always" explained about medicine before giving it to them. This is a standardized question from HCAHPS.
	39. Patients who reported that YES, they were given information about what to do during their recovery at home.	Patients who reported that YES, they were given information about what to do during their recovery at home. This is a standardized question from HCAHPS.
Transition of Care	40. Care Transition – Transition Record Transmitted to Health Care Professional	Care transitions: percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.

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Care Coordination	41. HBIPS-6 Post discharge continuing care plan created	The proportion of patients discharged from a hospital-based inpatient psychiatric setting with a post discharge continuing care plan created.
	42. HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	The proportion of patients discharged from a hospital-based inpatient psychiatric setting with a complete post discharge continuing care plan, all the components of which are transmitted to the next level of care provider upon discharge.