SNAPSHOT: QUALITY DOMAINS AND ILLUSTRATIVE MEASURES

Measure	Measure Steward	NQF[1]
1. Utilization/Cost Savings		
% new Medicaid LTSS users first receiving services in the community or % of members receiving community services.	LTSS[2] Score Card	
% of long-stay NH residents (residing in a NH continuously for 100 days prior to the second quarter of the calendar year) who were hospitalized within 6 months of baseline assessment.	LTSS Score Card	
Plan All Cause Readmissions: The # 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 for members 18 years of age+. (Note: This measure is not included in HEDIS® 2013 set for Medicaid Plans).	NCQA/HEDIS®[3]	X
2. Clinical Care		
Antidepressant Medication Management: The % of members 18 + who were diagnosed with a new episode of major depression and treated w/ anti-depressant medication, and who remained on anti-depressant medication.	NCQA/HEDIS	X
Pneumonia Vaccination Status for Older Adults	CAHPS®[4]	X
Comprehensive Diabetes Care: The % of members 18-75 with diabetes (type 1 & 2) who had each of the following (Hemoglobin A1c testing, HbA1C poor control (>9%), HbA1c control (<8%), HbA1c control (<7%) for a selected population), eye exam, LDL-C screening, LCL-C control (<100mg/dL), medical attention for nephropathy, BP Control (<140/80 mm Hg), BP Control (<140/90 mm Hg).	NCQA/HEDIS®	X
Controlling High Blood Pressure: The % of members 18-85 years of age who had a diagnosis of hypertension and who BP was adequately controlled (<140/90) during the measurement year.	NCQA/HEDIS®	X
Annual Monitoring for Patients on Persistent Medications: % of member 18+ who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year (ACE/ARB, Digoxin, Diuretics, Anticonvulsants and total rate).	NCQA/HEDIS®	X
3. Person Centered Care		
% of Caregivers usually or always getting needed support: % of adults who provided regular care or assistance to a	LTSS Score Card	

[1] National Quality Forum (www.nqf.org)
[2] Long Term Services and Supports Score Care, Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers (http://www.longtermscorecard.org/)
[3] HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA).
[4] Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the US Agency for Healthcare Research and Quality (AHRQ).

friend or family member during the past month and who usually or always received needed social and emotional support.		
Opportunities to Make Choices about Services: Degree of active consumer participation in decisions concerning their treatment.	CARF[5]	
NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire	CAHPS®	X
Patient Activation Measure®[6]: Assessment gauges the knowledge, skills and confidence essential to managing one's own health and healthcare.	Insignia	
4. Integration of Services		
Coordination of Medicare & Medicaid Services: The organizations helps members obtain services they are eligible to receive regardless of payers by coordinating Medicare & Medicaid coverage (MCO Specific).	NCQA	
5. Access		
Adults Access to Preventive/Ambulatory Care Services: % of members 20+ who had an ambulatory or preventative care visit.	HEDIS®	
CAHPS® Clinician/Group Surveys (Patient Experience Survey)	CAHPS®	X
CAHPS® v.4 Adult Survey (Patient Experience Survey)	CAHPS®	X
7. Poverty Issues		
% of adults age 18+ with disabilities in the community usually or always getting needed support.	LTSS Score Card	
8. Quality of Life		
Fall Risk Screening: % of patients 65+ who were screened for Fall Risk (2 or more Falls in the past year or any fall with injury in the past year) at least 1x within 12 months.	NCQA/HEDIS®	X
Fall Risk Management: Discussing Fall Risk: The % of Medicare members 75 years of age and older or 65-74 years with balance or walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking. Managing Fall Risk: % of Medicare members 65+ and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.	NCQA/HEDIS®	X
Care for Older Adults*:* The percentage of adults 65 years and older who received the following during the measurement year (Advance care planning, Medication review, Functional status assessment, Pain screening).	NCQA/HEDIS®	X
Screening for Clinical Depression & Follow Up Plan: % of patients 18+ screened for clinical depression using a	CMS[7]	X

[5] Commission on Accreditation of Rehabilitation Facilities

[6] **Patient Activation Measure® is a registered trademark of Insignia Health**

standardized tool AND follow up documented.		
9. Care Management		
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: The % of adolescent and adults with a new episode of AOD dependence who: a) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospital within 14 days of diagnosis B) Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	NCQA/HEDIS®	X
Follow Up After Hospitalization for Mental Illness: 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.	NCQA/HEDIS®	X
Medication Reconciliation Post Discharge: % of discharges from 1/1-12/1 of the measurement year for members 66 + for whom medications were reconciled on/or within 30 days.	NCQA/HEDIS	X
10. Care Transitions		
Timely Transition of Transition Record (Inpatient to Home or other Site): % 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.	AMA-PCPI[8]	X
Care Transitions Measure (CMT 3): Self reported survey that measures the quality of preparation for care transitions.	CTI® (Dr. Coleman)[9]	X

[7] Center for Medicare and Medicaid Services
[8] American Medical Association- Physician Consortium for Performance Improvement
[9] Care Transitions Program®