




HUMAN SERVICES
DEPARTMENT

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary Designate
Nicole Comeaux, J.D., M.P.H., Director

Letter of Direction #24

Date: January 24, 2020

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 

Subject: 2020 Performance Measures and Targets

Title: 2020 Performance Measures and Targets

This Letter of Direction (LOD) serves as notification to Centennial Care 2.0 Managed Care Organizations that Performance Measures outlined in the Medicaid Managed Care Services Agreement, Section 4.12.8 are revised for Calendar Year (CY) 2020. This LOD replaces section 4.12.8 of the Medicaid Managed Care Services Agreement.

4.12.8 Performance Measures

4.12.8.1 All performance measures (PMs) and targets shall be based on HEDIS technical specifications for current reporting year. In the event that NCQA alters the measure or technical specifications for the PMs listed, the CONTRACTOR will follow relevant and current NCQA standards. PMs and targets shall be reasonable and based on industry standards that are applicable to substantially similar populations. The CONTRACTOR shall meet performance targets specified by HSD. The PMs will be required to meet HSD designated targets for CY 2020, 2021, 2022 and 2023 detailed with each PM below.

Each CY target is a result of the CY 18 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 18 Quality Compass Regional Averages plus 1 percentage point. Failure to meet the HSD designated target for individual performance measures during the Calendar Year will result in a monetary penalty based on two percent (2%) of the total capitation paid to the CONTRACTOR for the Agreement year, divided by the number of performance measures specified in the Agreement year, as stated in Section 7.3.3.6.7 of this Agreement. Each measure listed below shall be subject to the penalty. The CONTRACTOR will be required to collect, track, trend and report performance measures quarterly as directed by HSD and/or its designee. The CONTRACTOR shall provide quality data and other relevant information as requested to HSD and/or its designee.

Reporting elements and data are to be provided to HSD in the same format as the template attached to this LOD. The reporting period is based upon one (1) quarter of a calendar year (e.g., Q1 Total=January-March). For the measurement period, please refer to the relevant technical specifications. For the reporting period, the MCO must refresh data for the previous two (2) quarters of the current calendar year. If a report includes data which has been refreshed beyond two (2) quarters, the report will be rejected by HSD. The report must be submitted within twenty-five (25) calendar days from the end of each reporting period. If the twenty-fifth (25th) calendar day is not a business day, then the report must be submitted the following business day. If HSD requests any revisions to reports

previously submitted by the MCO, the MCO shall make the changes and re-submit the reports according to the time frame set forth by HSD. The naming convention for this report is: MCO.HSDLODX.QXCYYX.vX. If the proper naming convention is not used, the report will be rejected by HSD.

4.12.8.2 The performance measures (PMs) shall be evaluated using the following criteria:

4.12.8.2.1 PM #1 (1 point) – Well Child Visits in the First fifteen (15) Months of Life (W15)

The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits.

CY 2020 target is 62.62%.

CY 2021 target is 63.72%.

CY 2022 target is 64.82%.

CY 2023 target is 65.91%.

4.12.8.2.2 PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The percentage of Members ages three (3) through seventeen (17) years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.

CY 2020 target is 48.52%.

CY 2021 target is 53.33%.

CY 2022 target is 58.14%.

CY 2023 target is 62.93%.

4.12.8.2.3 PM #3 (1 point) – Prenatal and Postpartum Care (PPC)

The percentage of Member deliveries of live births between October 8 of the year prior to the measurement years and October 7 of the measurement year that received a prenatal care visit as a Member of the CONTRACTOR's MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO.

CY 2020 target is 78.67%.

CY 2021 target is 80.70%.

CY 2022 target is 82.73%.

CY 2023 target is 84.75%.

4.12.8.2.4 PM #4 (1 point) – Prenatal and Postpartum Care (PPC)

The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery.

CY 2020 target is 63.35%.

CY 2021 target is 64.65%.

CY 2022 target is 65.95%.

CY 2023 target is 67.26%.

4.12.8.2.5 PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3

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); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

CY 2020 target is 68.01%,
CY 2021 target is 69.27%,
CY 2022 target is 70.53%,
CY 2023 target is 71.78%.

4.12.8.2.6 PM #6 (1 point) – Antidepressant Medication Management (AMM): Continuous Phase

The percentage of Members age eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) Calendar Days (6 months) of continuous treatment with an antidepressant medication.

CY 2020 target is 34.33%,
CY 2021 target is 34.76%,
CY 2022 target is 35.19%,
CY 2023 target is 35.61%.

4.12.8.2.7 PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation

The total percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) dependence who received the following; Initiation of AOD Treatment.

CY 2020 target is 43.34%,
CY 2021 target is 44.74%,
CY 2022 target is 46.14%,
CY 2023 target is 47.54%.

4.12.8.2.8 PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge.

CY 2020 target is 48.42%,
CY 2021 target is 50.22%,
CY 2022 target is 52.02%,
CY 2023 target is 53.80%.

4.12.8.2.9 PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit.

CY 2020 target is 43.52%,
CY 2021 target is 45.01%,
CY 2022 target is 46.50%,
CY 2023 target is 48.00%.

4.12.8.2.10 PM #10 (1 point) – Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD).

The percentage of Members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

CY 2020 target is 80.63%,
CY 2021 target is 81.35%,
CY 2022 target is 82.07%,
CY 2023 target is 82.78%.

LOD #24 Attachment 1 – PM #1 Well Child Visits in the First 15 Months of Life (W15)

The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year and who had six (6) or more visits with a PCP during their first 15 months of life. (Numerator)				
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year and who had six (6) or more visits with a PCP during their first 15 months of life. (Numerator)				
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year and who had six (6) or more visits with a PCP during their first 15 months of life. (Numerator)				
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year and who had six (6) or more visits with a PCP during their first 15 months of life. (Numerator)				
Number of Medicaid recipients who turned fifteen (15) months old during the measurement year. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #1 – Well Child Visits in the First 15 Months of Life (W15)	
Reporting Period	through
MCO Name	
Report Run Date	

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
4. Provide additional information pertinent to the reporting period.	
5. Was there a 5% or more shift in the data provided compared to the previous quarter? If so, what was the cause?	
6. Please provide the name and title of the individual who populated the data provided.	
7. Please provide the name and title of the individual who validated the data provided.	
8. Was there a quality check completed before being submitted? If so, please provide the name and title of the individual who completed it.	

LOD #24 Attachment 1 – PM #2 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients 3-17 years of age that had one or more visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year. (Numerator)				
Number of Medicaid recipients 3 to 17 years of age as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specification's for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients 3-17 years of age that had one or more visit with a PCP or OB/GYN and who had evidence of of counseling for physical activity during the measurement year. (Numerator)				
Number of Medicaid recipients 3 to 17 years of age as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specification's for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients 3-17 years of age that had one or more visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year. (Numerator)				
Number of Medicaid recipients 3 to 17 years of age as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specification's for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
Number of Medicaid recipients 3-17 years of age that had one or more visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year. (Numerator)				
Number of Medicaid recipients 3 to 17 years of age as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specification's for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #2 – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Reporting Period		through	
MCO Name			
Report Run Date			

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
4. Provide additional information pertinent to the reporting period.	
5. Was there a 5% or more shift in the data provided compared to the previous quarter? If so, what was the cause?	
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7. Please provide the name and title of the individual who validated the data provided.	
8. Was there a quality check completed before being submitted? If so, please provide the name and title of the individual who completed it.	

LOD #24 Attachment 1 – PM #3 Prenatal and Postpartum Care (PPC)

The percentage of deliveries and live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a Member of the Contractor's MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the Contractor's MCO.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients with deliveries and live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a member in the first trimester or within 42 calendar days of enrollment. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients with deliveries and live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a member in the first trimester or within 42 calendar days of enrollment. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients with deliveries and live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a member in the first trimester or within 42 calendar days of enrollment. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients with deliveries and live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a member in the first trimester or within 42 calendar days of enrollment. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #3 – Prenatal and Postpartum Care (PPC)	
Reporting Period	through
MCO Name	
Report Run Date	

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
4. Provide additional information pertinent to the reporting period.	
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8. Was there a quality check completed before being submitted? If so, please provide the name and title of the individual who completed it.	

LOD #24 Attachment 1 – PM #4 Prenatal and Postpartum Care (PPC)

The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The Percentage of Medicaid recipients with deliveries that had a postpartum visit on or between 7 and 84 days after delivery. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The Percentage of Medicaid recipients with deliveries that had a postpartum visit on or between 7 and 84 days after delivery. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The Percentage of Medicaid recipients with deliveries that had a postpartum visit on or between 7 and 84 days after delivery. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The Percentage of Medicaid recipients with deliveries that had a postpartum visit on or between 7 and 84 days after delivery. (Numerator)				
The number of Member deliveries of live births between the measurement period. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #4 – Prenatal and Postpartum Care (PPC)	
Reporting Period	through
MCO Name	
Report Run Date	

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
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LOD #24 Attachment 1 – PM #5 Childhood Immunization Status (CIS): Combination 3

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 Hemophilus influenza type B (HiB); three hepatitis B (hepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
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 Hemophilus influenza type B (HiB); three hepatitis B (hepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. (Numerator)				
The number of Medicaid recipients who are enrolled on or before the child's second birthday. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
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 Hemophilus influenza type B (HiB); three hepatitis B (hepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. (Numerator)				
The number of Medicaid recipients who are enrolled on or before the child's second birthday. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
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 Hemophilus influenza type B (HiB); three hepatitis B (hepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. (Numerator)				
The number of Medicaid recipients who are enrolled on or before the child's second birthday. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
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 Hemophilus influenza type B (HiB); three hepatitis B (hepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday. (Numerator)				
The number of Medicaid recipients who are enrolled on or before the child's second birthday. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #5 – Childhood Immunization Status (CIS): Combination 3

Reporting Period		through	
MCO Name			
Report Run Date			

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
4. Provide additional information pertinent to the reporting period.	
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8. Was there a quality check completed before being submitted? If so, please provide the name and title of the individual who completed it.	

LOD #24 Attachment 1 – PM #6 Antidepressant Medication Management (AMM): Continuous Phase

The number of Members after eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) Calendar Days (6 Months) of continuous treatment with an antidepressant medication.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients 18 years of age or older as of April 30 of the measurement year who were diagnosed with with a new episode of major depression during the intake period and received at least 180 calendar days (6 months) of continuous treatment with an antidepressant medication. (Numerator)				
The number of Members 18 years of age or older as of April 30 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients 18 years of age or older as of April 30 of the measurement year who were diagnosed with with a new episode of major depression during the intake period and received at least 180 calendar days (6 months) of continuous treatment with an antidepressant medication. (Numerator)				
The number of Members 18 years of age or older as of April 30 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients 18 years of age or older as of April 30 of the measurement year who were diagnosed with with a new episode of major depression during the intake period and received at least 180 calendar days (6 months) of continuous treatment with an antidepressant medication. (Numerator)				
The number of Members 18 years of age or older as of April 30 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipients 18 years of age or older as of April 30 of the measurement year who were diagnosed with with a new episode of major depression during the intake period and received at least 180 calendar days (6 months) of continuous treatment with an antidepressant medication. (Numerator)				
The number of Members 18 years of age or older as of April 30 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #6 – Antidepressant Medication Management (AMM): Continuous Phase

Reporting Period		through	
MCO Name			
Report Run Date			

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
4. Provide additional information pertinent to the reporting period.	
5. Was there a 5% or more shift in the data provided compared to the previous quarter? If so, what was the cause?	
6. Please provide the name and title of the individual who populated the data provided.	
7. Please provide the name and title of the individual who validated the data provided.	
8. Was there a quality check completed before being submitted? If so, please provide the name and title of the individual who completed it.	

LOD #24 Attachment 1 – PM #7 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation

The total percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) dependence who received the following; Initiation of AOD Treatment.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of adolescent and adult Medicaid recipients 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. (Numerator)				
The number of adolescent and adult members (13 years of age or older). Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of adolescent and adult Medicaid recipients 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. (Numerator)				
The number of adolescent and adult members (13 years of age or older). Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of adolescent and adult Medicaid recipients 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. (Numerator)				
The number of adolescent and adult members (13 years of age or older). Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of adolescent and adult Medicaid recipients 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. (Numerator)				
The number of adolescent and adult members (13 years of age or older). Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #7 – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation

Reporting Period		through
MCO Name		
Report Run Date		

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
4. Provide additional information pertinent to the reporting period.	
5. Was there a 5% or more shift in the data provided compared to the previous quarter? If so, what was the cause?	
6. Please provide the name and title of the individual who populated the data provided.	
7. Please provide the name and title of the individual who validated the data provided.	
8. Was there a quality check completed before being submitted? If so, please provide the name and title of the individual who completed it.	

LOD #24 Attachment 1 – PM #8 Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day

The percentage of discharges for members six (6) years of age and older who were hospitalized for treatment of selected mental illness diagnosis and who had a follow-up visit with a mental health practitioner within 30 days after discharge.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of discharges for Medicaid recipients 6 years of age or older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health practitioner within 30 days after discharge. (Numerator)				
The number of Medicaid recipients 6 years of age or older as of the date of discharge. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of discharges for Medicaid recipients 6 years of age or older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health practitioner within 30 days after discharge. (Numerator)				
The number of Medicaid recipients 6 years of age or older as of the date of discharge. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of discharges for Medicaid recipients 6 years of age or older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health practitioner within 30 days after discharge. (Numerator)				
The number of Medicaid recipients 6 years of age or older as of the date of discharge. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of discharges for Medicaid recipients 6 years of age or older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health practitioner within 30 days after discharge. (Numerator)				
The number of Medicaid recipients 6 years of age or older as of the date of discharge. Please refer to the relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #8 – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day

Reporting Period		through	
MCO Name			
Report Run Date			

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
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LOD #24 Attachment 1 – PM #9 Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day

The percentage of emergency department (ED) visits for members 6 years of age or older with a principal diagnosis of mental illness, who had a follow -up visit for mental illness within 30 days of the ED visit.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipient emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED visit (31 total days). (Numerator)				
The number of Medicaid recipients 6 years of age and older as of the date of the ED visit. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipient emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED visit (31 total days). (Numerator)				
The number of Medicaid recipients 6 years of age and older as of the date of the ED visit. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipient emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED visit (31 total days). (Numerator)				
The number of Medicaid recipients 6 years of age and older as of the date of the ED visit. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid recipient emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED visit (31 total days). (Numerator)				
The number of Medicaid recipients 6 years of age and older as of the date of the ED visit. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #9 – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day

Reporting Period		through	
MCO Name			
Report Run Date			

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
2. Explanation of changes (positive or negative).	
3. Discuss action plans implemented for performance improvement activities addressing any negative changes.	
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LOD #24 Attachment 1 – PM #10 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD).

The percentage of Members eighteen (18) to sixty-four (64) years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

2019	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (Numerator)				
The number of Medicaid members ages 18-64 as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2020	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (Numerator)				
The number of Medicaid members ages 18-64 as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2021	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (Numerator)				
The number of Medicaid members ages 18-64 as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

2022	Q1 Total Jan-Mar	Q2 Total Jan-Jun	Q3 Total Jan-Sep	Q4 Total Jan-Dec
The percentage of Medicaid members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (Numerator)				
The number of Medicaid members ages 18-64 as of December 31 of the measurement year. Please refer to relevant reporting year HEDIS Technical Specifications for Health Plans. (Denominator)				
Percentages	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

PM #10 – Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD).

Reporting Period		through	
MCO Name			
Report Run Date			

1. Identify any changes from the previous reporting period, as well as trends identified over time.	
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