

## Letter of Direction #58

**Date:** February 12, 2021

**To:** Centennial Care 2.0 Managed Care Organizations

**From:** Nicole Comeaux, Director, Medical Assistance Division 

**Subject:** CY 20 Performance Measures Revision

**Title:** CY 20 Performance Measures Revision

The purpose of this Letter of Direction (LOD) is to inform the Centennial Care 2.0 Managed Care Organizations that effective immediately, PM #1 Well Child Visits in the First fifteen (15) months of Life (W15) is being revised to align with the NCQA MY2020 and MY2021 HEDIS measure specifications.

NCQA revised the measure name to Well-Child Visits in the First 30 Months of Life (W30), retired the 0, 1, 2, 3, 4 and 5 well-child visit rates and added Rate 2 for children who turned 30 months old during the measurement year and had two or more well-child visits in the last 15 months.

### Description of measure:

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

Rate 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

Rate 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

MCOs are directed to continue reporting Rate 1. This performance measure will be required to meet HSD designated targets for CY 2020, 2021, 2022 and 2023 and there will be no changes to the reporting elements, data, and assessment of monetary penalties for this PM. This PM shall be evaluated using the following criteria:

#### 4.12.8.2.1 PM #1 (1 point) - Well-Child Visits in the First 30 Months of Life (W30)

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%.

HSD has modified and attached the new reporting template to this LOD effective CY21 Q2 report submission.

Please contact Kathy Leyba at [Katherine.Leyba@state.nm.us](mailto:Katherine.Leyba@state.nm.us) or Amy Salazar at [Amy.Salazar@state.nm.us](mailto:Amy.Salazar@state.nm.us) for questions related to this LOD.

This LOD will sunset upon inclusion in the Medicaid Managed Care Services Agreement.

**LOD #58 Attachment 1 – PM #1 Well Child Visits in the First 30 Months of Life (W30)**

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

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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 30 Months of Life (W30)	
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 #58 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.**

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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)**

<b>Reporting Period</b>		through	
<b>MCO Name</b>			
<b>Report Run Date</b>			

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 #58 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.	
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 #58 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.**

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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.	
4. Provide additional information pertinent to the reporting period.	
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**LOD #58 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**

<b>Reporting Period</b>		through	
<b>MCO Name</b>			
<b>Report Run Date</b>			

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 #58 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**

<b>Reporting Period</b>		through	
<b>MCO Name</b>			
<b>Report Run Date</b>			

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 #58 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.**

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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**

<b>Reporting Period</b>		through
<b>MCO Name</b>		
<b>Report Run Date</b>		

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 #58 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.**

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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**

<b>Reporting Period</b>		through	
<b>MCO Name</b>			
<b>Report Run Date</b>			

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 #58 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.**

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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**

<b>Reporting Period</b>		through	
<b>MCO Name</b>			
<b>Report Run Date</b>			

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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6. Please provide the name and title of the individual who populated the data provided.	
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**LOD #58 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.**

<b>2019</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2020</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2021</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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!

<b>2022</b>	<b>Q1 Total Jan-Mar</b>	<b>Q2 Total Jan-Jun</b>	<b>Q3 Total Jan-Sep</b>	<b>Q4 Total Jan-Dec</b>
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).**

<b>Reporting Period</b>		through	
<b>MCO Name</b>			
<b>Report Run Date</b>			

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