6/21/202
Performance Measure Rate Reporting Template
with Measure Specification Guidelines for Measurement Year (MY) 2022 Arizona Division of Developmental Disabilities (DDD)
ALTCS-DD
Instructions
This Excel workbook has locked cells that include formulas and are highlighted yellow. Each MCO should only provide data i
unlocked cells and shall not make a copy of this workbook-this exact workbook must be used for reporting.
1. Starting with the "MCO Info" tab, please provide the date of submission, the MCO name, population, reporting unit, NCQA submissio
information (if applicable); and the name, title, phone number, and email address of the contact for the MCO.
2. After populating the "MCO Info" tab, please populate each measure-specific tab within the workbook. Please note that all applicable
"Total" and "Subtotal" stratifications are calculated using formulas and do not require direct input from the MCO. This includes any
measure-specific tabs that are highlighted yellow, which indicates a tab that does not contain any unlocked cells and does not require
any direct input from the MCO. Additionally, for measures that are included in both NCQA HEDIS and the CMS Adult or Child Core Sets
and for which the measure specifications include differing stratifications, separate tabs were included to capture HEDIS-specific and
Core Set-specific tabs in such instances. Please note that if the only difference in stratifications between the two measure stewards wa
the inclusion of "Subtotal" or "Total" rates, these were combined within the same measure-specific tab. MCOs should populate the
measure-specific tabs with the information described below:
a. Data Collection Methodology – The AHCCCS-required data collection method has been included on each tab. For measures
required to be reported as hybrid, please denote if your MCO utilized hybrid or administrative data collection in the applicable cell.
h Elizible Deputation. The number of envolues that estisfied all encodied elizible negulation exitaria including and continuous
b. Eligible Population – The number of enrollees that satisfied all specified eligible population criteria, including age, continuous
enrollment, benefit, event, and the anchor date enrollment criteria. For administrative measures with optional and/or required
exclusions, enter the Eligible Population after any exclusions have been applied. c. <u>Hybrid Measures only</u> : Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions) – Enter
the administrative numerator events after applying administrative required exclusions, but prior to applying any optional exclusions
(as defined within each hybrid measure's applicable specification). d. Final Numerator Used for Rate Calculation – The number of all numerator events that were used for rate calculation.
e. Other data elements (indicated by a blank white cell) requested where appropriate (i.e., Numerator events by supplemental dat
Number of required exclusions, etc.).
f. Final Denominator Used for Rate Calculation – This should be the final denominator that was used for rate calculation, after ALI
exclusions have been applied

exclusions have been applied. 3. The Audit Review Table tab is for auditor-MCO rate review communications. Do not enter any data or text in the Audit Review Table tab during the initial rate submission as these fields will be used during preliminary and final rate review.

Division of Developmental Disabilities - ALTCS-DD

Arizona Health Care Cost Containment System (AHCCCS) Performance Measure Data Submission for Managed Care Organizations (MCOs)

HEDIS® Reporti	HEDIS [®] Reporting Year 2023 or Federal Fiscal Year 2023/Measurement Year 2022									
Date Submitted: (Please enter the date each time a new version is submitted)	7/7/2023									
MCO Name:	Mercy Care									
Population: (i.e., ACC, ALTCS E/PD, etc.)	ALTCS-DD									
Reporting Unit: (i.e., county, multi-county, or region)										
Corresponding NCQA Organization & Submission ID Numbers (<i>if applicable</i>) :	14847									
MCO Contact:	Colleen Soeder									
Contact Email Address:	soederc@mercycareaz.org									
Contact Phone Number:	602-377-3167									
Comments:										

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		opmental Disabilities ble—To Be Complet	
	Measure	Audit Designation	Auditor Comments
1	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)		
2	Follow-Up Care for Children Prescribed ADHD Medication (ADD)		
3	Ambulatory Care—Total (AMB)		
4	Antidepressant Medication Management (AMM)		
5	Antidepressant Medication Management—Adult Core Set (AMM-AD)		
6	Asthma Medication Ratio (AMR)		
7	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		
8	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)		
9	Breast Cancer Screening (BCS)		
10	Breast Cancer Screening—Adult Core Set (BCS-AD)		
11	Controlling High Blood Pressure (CBP)		
12	Controlling High Blood Pressure—Adult Core Set (CBP-AD)		
13	Controlling High Blood Pressure (CBP) Race		
14	Controlling High Blood Pressure (CBP) Ethnicity		
15	Contraceptive Care—Postpartum Women—Adult Core Set (CCP-AD)		
16	Contraceptive Care—Postpartum Women—Child Core Set (CCP-CH)		
17	Contraceptive Care—Postpartum Women—Total (CCP-Tot)		
18	Cervical Cancer Screening (CCS)		
19	Contraceptive Care—All Women—Adult Core Set (CCW-AD)		
20	Contraceptive Care—All Women—Child Core Set (CCW-CH)		

		pmental Disabilities le—To Be Complet	
	Measure	Audit Designation	Auditor Comments
21	Contraceptive Care—All Women—Total (CCW-Tot)		
22	Screening for Depression and Follow-Up Plan—Adult Core Set (CDF-AD)		
23	Screening for Depression and Follow-Up Plan—Child Core Set (CDF-CH)		
24	Screening for Depression and Follow-Up Plan—Total (CDF-Tot)		
25	Chlamydia Screening in Women (CHL)		
26	Childhood Immunization Status (CIS)		
27	Concurrent Use of Opioids and Benzodiazepines—Adult Core Set (COB-AD)		
28	Developmental Screening in the First Three Years of Life—Child Core Set (DEV-CH)		
29	Diagnosed Mental Health Disorders (DMH)		
30	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)		
31	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		
32	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—Adult Core Set (FUA-AD)		
33	Follow-Up After Hospitalization for Mental Illness (FUH)		
34	Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
35	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD)		
36	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes—Adult Core Set (HBD-AD)		
37	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) Race		
38	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) Ethnicity		
39	Use of Opioids at High Dosage (HDO)		
40	Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0 Percent)—Adult Core Set (HPCMI-AD)		

		pmental Disabilities le—To Be Complet	
	Measure	Audit Designation	Auditor Comments
41	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)		
42	Immunizations for Adolescents (IMA)		
43	Lead Screening in Children (LSC)		
44	LTSS Comprehensive Assessment and Update (LTSS-CAU)		
45	LTSS Comprehensive Care Plan and Update (LTSS-CPU)		
46	LTSS Shared Care Plan With Primary Care Practitioner (LTSS-SCP)		
47	Oral Evaluation, Dental Services—Child Core Set (OEV-CH)		
48	Use of Pharmacotherapy for Opioid Use Disorder—Adult Core Set (OUD-AD)		
49	Plan All-Cause Readmissions (PCR)		
50	Prenatal and Postpartum Care (PPC)		
51	Prenatal and Postpartum Care (PPC) Race		
52	Prenatal and Postpartum Care (PPC) Ethnicity		
53	Diabetes Short-Term Complications Admission Rate—Adult Core Set (PQI 01-AD)		
54	COPD or Asthma in Older Adults Admission Rate—Adult Core Set (PQI 05-AD)		
55	Heart Failure Admission Rate—Adult Core Set (PQI 08-AD)		
56	Asthma in Younger Adults Admission Rate—Adult Core Set (PQI 15-AD)		
57	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)		
58	Sealant Receipt on Permanent First Molars—Child Core Set (SFM-CH)		
59	Diabetes Screening for People with Schizophrenia or Biplar Disorder Who Are Using Antipsychotic Medication (SSD)		
60	Topical Fluoride for Children—Child Core Set (TFL-CH)		

Division of Developmental Disabilities - ALTCS-DD Audit Review Table—To Be Completed by Auditor									
	Measure	Audit Designation	Auditor Comments						
61	Well-Child Visits in the First 30 Months of Life (W30)								
62	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)								
63	Child and Adolescent Well-Care Visits (WCV)								

Division of Developmental Disabilities - ALTCS-DD Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (NCQA HEDIS)														
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
	General Measure Avoidance Antibiotic Treatment													
Data Element	Data	3 months- 17 Years	18-64 Years	65+ Years	Subtotal (18+ Years)	Total								
Measurement Year	2022													
Data Collection Methodology	Α	A	А	А	А	А								
Eligible Population		112	70	3	73	185								
Administrative Required Exclusions		0	0	0	0	0								
Final Denominator		112	70	3	73	185								
Numerator Events by Administrative Data		50	28	2	30	80								
Numerator Events by Supplemental Data		0	0	0	0	0								
Total Numerator		50	28	2	30	80								
Reported Rate		55.36%	60.00%	NA	58.90%	56.76%								

Division of Developmental Disabilities - ALTCS-DD Follow-Up Care for Children Prescribed ADHD Medication (ADD) (NCQA HEDIS)												
HEDIS Reporting Year 2023/Measurement Year 2022												
Data Collection Methodology: Administrative												
Data Element General Measure Initiation Continuat												
Measurement Year	2022											
Data Collection Methodology	Α	Α	А									
Eligible Population		279	81									
Administrative Required Exclusions		2	0									
Final Denominator		277	81									
Numerator Events by Administrative Data		146	41									
Numerator Events by Supplemental Data		3	0									
Total Numerator		149	41									
Reported Rate		53.79%	50.62%									
Note: If NA is displayed in place of the rate, this indicates the denominator was too report a valid rate.	small (i.e., <30) to											

	Division of Developmental Disabilities - ALTCS-DD Ambulatory Care (AMB) (NCQA HEDIS)																					
HEDIS Reporting Year 2023/Measurement Year 2022																						
Data Collection Methodology: Administrative																						
Doto Element	General Measure Data				Outpatier	nt Visits ir	cluding T	elehealth									ED Visits	;				
Data Element	Age	<1	1-9	10-19	20-44	45-64	65-74	75-84	85+	Unknown	Total	<1	1-9	10-19	Subtotal (0-19)	20-44	45-64	65-74	75-84	85+	Unknown	Total
Measurement Year	2022																					
Data Collection Methodology	Α	А	A	А	А	А	А	А	Α	Α	А	А	А	А	Α	А	A	A	А	А	A	А
Member Months		258	49444	61564	57223	12788	2932	777	35	0	185021	258	49444	61564	111266	57223	12788	2932	777	35	0	185021
Visits		378	28236	25895	25088	9528	2746	648	22	0	92541	6	2124	1636	3766	1905	692	289	59	4	0	6715
Total Numerator		378	28236	25895	25088	9528	2746	648	22	0	92541	6	2124	1636	3766	1905	692	289	59	4	0	6715
Visits / 1,000 Member Months		NA	6852.84	5047.43	5261.10	8940.88	11238.74	10007.72	NA	NA	6001.98	NA	515.49	318.89	406.16	399.49	649.36	1182.81	911.20	NA	NA	435.52
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <360) to report	a valid rate.																				

Division of Developmental Disabilities - ALTCS-DD Antidepressant Medication Management (AMM) (NCQA HEDIS)												
HEDIS Reporting Year 2023/Measurement Year 2022												
Data Collection Methodology: Administrative												
Data Element General Measure Acute Continua												
Measurement Year	2022											
Data Collection Methodology	А	Α	А									
Eligible Population		381	381									
Administrative Required Exclusions		294	294									
Final Denominator		87	87									
Numerator Events by Administrative Data		54	48									
Numerator Events by Supplemental Data		0	0									
Total Numerator		54	48									
Reported Rate		62.07%	55.17%									
Note: If NA is displayed in place of the rate, this indicates the denominator ware port a valid rate.	as too small (i.e., <30) to											

Division of Developmental Disabilities - ALTCS-DD Antidepressant Medication Management (AMM-AD) (CMS Adult Core Set) Federal Fiscal Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative												
Data Element General Measure 65+ Years 65+ Years												
Data Element	Data	Acute	Continuation	Acute	Continuation							
Measurement Year	2022											
Data Collection Methodology	A	A	А	А	А							
Eligible Population		368	13	368	13							
Administrative Required Exclusions		285	9	285	9							
Final Denominator		83	4	83	4							
Numerator Events by Administrative Data		51	3	45	3							
Numerator Events by Supplemental Data		0	0	0	0							
Total Numerator		51	3	45	3							
Reported Rate		61.45%	NA	54.22%	NA							

Division of Developmental Disabilities - ALTCS-DD Asthma Medication Ratio (AMR) (NCQA HEDIS)															
	HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative															
Data Element General Measure Data 5–11 Years 12–18 Years Subtotal (5–18 Years) 19–50 Years 51–64 Years Subtotal (19–64 Years)															
Measurement Year	2022														
Data Collection Methodology	Α	А	А	А	А	А	A	А							
Eligible Population		163	153	316	168	17	185	501							
Administrative Required Exclusions		61	59	120	81	13	94	214							
Final Denominator		102	94	196	87	4	91	287							
Numerator Events by Administrative Data		81	63	144	70	3	73	217							
Numerator Events by Supplemental Data		0	0	0	0	0	0	0							
Total Numerator		81	63	144	70	3	73	217							
Reported Rate		79.41%	67.02%	73.47%	80.46%	NA	80.22%	75.61%							

	Division of Developmental Disabilities - ALTCS-DD Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) (NCQA HEDIS)										
HEDIS Reporting Year 2023/Measurement Year 2022											
Data Collection Methodology: Administrative											
	General	Blo	od Glucose Tes	ting	C	holesterol Testir	ng	Blood Gluc	ose and Cholest	erol Testing	
Data Element	Measure Data	1-11	12-17	Total	1-11	12-17	Total	1-11	12-17	Total	
Measurement Year	2022										
Data Collection Methodology	А	А	А	A	A	A	А	А	А	А	
Eligible Population		244	546	790	244	546	790	244	546	790	
Administrative Required Exclusions		0	0	0	0	0	0	0	0	0	
Final Denominator		244	546	790	244	546	790	244	546	790	
Numerator Events by Administrative Data		109	310	419	81	257	338	78	254	332	
Numerator Events by Supplemental Data		28	74	102	21	73	94	20	74	94	
Total Numerator		137	384	521	102	330	432	98	328	426	
Reported Rate		56.15%	70.33%	65.95%	41.80%	60.44%	54.68%	40.16%	60.07%	53.92%	

Use of First-Line Psychosocial Care for Child	Division of Developmental Disabilities - ALTCS-DD Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) (NCQA HEDIS)										
HEDIS Reporting Year 2023/Measurement Year 2022											
Data Collection Methodology: Administrative											
Data Element	General Measure Data	1-11 Years	12-17 Years	Total							
Measurement Year	2022										
Data Collection Methodology	Α	Α	А	А							
Eligible Population		115	148	263							
Administrative Required Exclusions		95	111	206							
Final Denominator		20	37	57							
Numerator Events by Administrative Data		3	7	10							
Total Numerator		3	7	10							
Reported Rate		NA	18.92%	17.54%							

Division of Developmental Disabilities - ALTC Breast Cancer Screening (BCS) (NCQA HEDIS)	S-DD
HEDIS Reporting Year 2023/Measurement Year 2	022
Data Collection Methodology: Administrative	
Data Element	General Measure Data
Measurement Year	2022
Data Collection Methodology (Administrative)	A
Eligible Population	395
Number of Optional Exclusions	4
Number of Required Exclusions	7
Final Denominator	384
Numerator Events by Administrative Data	139
Numerator Events by Supplemental Data	47
Total Numerator	186
Reported Rate	48.44%
Note: If NA is displayed in place of the rate, this indicates the denominator was too report a valid rate.	small (i.e., <30) to

Year 2022 Strative Measure ta 50–64 Years 65–74 Year 22 A A A A A 301 94
Measure ta50–64 Years65–74 Year22AAA30194
ta 50–64 Years 65–74 Year 22 A A A 301 94
A A A 301 94
301 94
3 1
6 1
292 92
110 29
33 14
143 43
48.97% 46.74%

Division of Developmental Disabilities - ALT Controlling High Blood Pressure (CBP (NCQA HEDIS)	
HEDIS Reporting Year 2023/Measurement Year	2022
Data Collection Methodology: Hybrid	
Data Element	General Measure Data
Measurement Year	2022
Data Collection Methodology	Н
Eligible Population	689
Administrative Required Exclusions	5
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)	266
Current Year's Administrative Rate (Before Exclusions)	38.61%
Minimum Required Sample Size (MRSS)	411
Oversampling Rate	0.05
Number of Oversample Records	21
Number of Numerator Events by Administrative Data in MRSS	171
Administrative Rate on MRSS	41.61%
Number of Medical Records Excluded Because of Valid Data Errors	1
Number of Administrative Data Records Excluded	0
Number of Medical Data Records Excluded	0
Number of Employee/Dependent Medical Records Excluded	0
Records Added From the Oversample List	1

Final Denominator	411
Numerator Events by Administrative Data	115
Numerator Events by Medical Records	144
Numerator Events by Supplemental Data	56
Total Numerator	315
Reported Rate	76.64%
Note: If NA is displayed in place of the rate, this indicates the denominator w <30) to report a valid rate.	as too small (i.e.,

Division of Developmental Disabilities - ALTCS-DD Controlling High Blood Pressure (CBP-AD) (CMS Adult Core Set)												
Federal Fiscal Year 2023/Measurement Year 2022												
Data Collection Method	Data Collection Methodology: Hybrid											
Data Element	General Measure Data	18–64 Years	65–85 Years									
Measurement Year	2022											
Data Collection Methodology	н	н	н									
Eligible Population		588	101									
Administrative Required Exclusions		4	1									
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		229	37									
Current Year's Administrative Rate (Before Exclusions)		38.95%	36.63%									
Minimum Required Sample Size (MRSS)		356	55									
Oversampling Rate		0.05	0.05									
Number of Oversample Records		18	3									
Number of Numerator Events by Administrative Data in MRSS		146	25									
Administrative Rate on MRSS		41.01%	45.45%									
Number of Medical Records Excluded Because of Valid Data Errors		1	0									
Number of Administrative Data Records Excluded		0	0									
Number of Medical Data Records Excluded		0	0									
Number of Employee/Dependent Medical Records Excluded		0	0									
Records Added From the Oversample List		1	0									

Final Denominator		356	55
Numerator Events by Administrative Data		97	18
Numerator Events by Medical Records		129	15
Numerator Events by Supplemental Data		49	7
Total Numerator		275	40
Reported Rate		77.25%	72.73%
Note: If NA is displayed in place of the rate, this indicates the denominator w	as too small (i.e.,		

<30) to report a valid rate.

										on of Developm Controlling Hig (NC														
									HEDIS	S Reporting Yea	r 2023/Measuren	nent Year 2022												
										Data Collection	n Methodology:	Hybrid	_	-		-		-	_	_				
Data Element	General Measure Data		Race (Indirect Data): White	,	Data): Black or		t Race (Total or Data): Black or African American	Data):	Data): American Indian or	Data): American Indian or		Race (Indirect Data): Asian	Race (Total Data): Asian		Data): Native Hawaiian and	Data): Native Hawaiian and	Data): Some	Race (Indirect Data): Some Other Race	Data): Some	Data): Two or	Race (Indirect Data): Two or More Races	Data): Two or	Data): Asked	Data):
Measurement Year	2022																							
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		308	0	308	44	0	44	9	0	9	6	0	6	0	0	0	0	0	0	0	0	0	0	322
Final Denominator		180	0	180	24	0	24	4	0	4	2	0	2	0	0	0	0	0	0	0	0	0	0	201
Numerator Events		141	0	141	18	0	18	3	0	3	2	0	2	0	0	0	0	0	0	0	0	0	0	151
Reported Rate		78.33%	NA	78.33%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	75.12%

	Division of Developmental Disabilities - ALTCS-DD Controlling High Blood Pressure (CBP) (NCQA HEDIS)												
	HEDIS Reporting Year 2023/Measurement Year 2022												
Data Collection Methodology: Hybrid													
Data Element	General Measure Data	Ethnicity (Direct Data): Hispanic/Latino	Ethnicity (Indirect Data): Hispanic/Latino	Data):	Ethnicity (Direct Data): Not Hispanic/Latino	Ethnicity (Indirect Data): Not Hispanic/Latino	Ethnicity (Total Data): Not Hispanic/Latino	Ethnicity (Direct Data): Asked but No Answer	Ethnicity (Indirect Data): Unknown				
Measurement Year	2022												
Data Collection Methodology	Н	н	Н	Н	н	Н	н	Н	н				
Eligible Population		164	0	164	9	0	9	0	516				
Final Denominator		103	0	103	4	0	4	0	304				
Numerator Events		78	0	78	3	0	3	0	234				
Reported Rate		75.73%	NA	75.73%	NA	NA	NA	NA	76.97%				

-	n Women (CCF			
al Year 2023/Measu	rement Year 202	2		
ction Methodology:				
General Measure		-	-	g Reversible 1—21–44 Years
Data	3 Days	90 Days	3 Days	90 Days
2022				
A	A	А	А	A
	4	4	4	4
	4	4	4	4
	0	0	0	0
	0	0	0	0
	NA	NA	NA	NA
	Care—Postpartum (CMS Adult Core cal Year 2023/Measu action Methodology: General Measure Data 2022	Care—Postpartum Women (CCF (CMS Adult Core Set) cal Year 2023/Measurement Year 202 Contraception Contraception General Measure Data Most or Model Contraception 2022 A A A 4 4 0 0 0 0	Care—Postpartum Women (CCP-AD) (CMS Adult Core Set)cal Year 2023/Measurement Year 2022AdministrativeMost or Moderately Effective Contraception—21-44 Years3 Days90 Days2022AA <td>Care—Postpartum Women (CCP-AD) (CMS Adult Core Set) cal Year 2023/Measurement Year 2022 Most or Moderately Effective Contraception—21–44 Years General Measure Data Most or Moderately Effective Contraception—21–44 Years Long-Acting Contraception Jata Most or Moderately Effective Contraception—21–44 Years Long-Acting Contraception Jata A A A A A A A A A A A A A A A A A Q Q Q Q Image: Q Q Q Q Q Q Q Q Q Image: Q Q Q<!--</td--></br></br></td>	Care—Postpartum Women (CCP-AD) (CMS Adult Core Set) cal Year 2023/Measurement Year 2022 Most or Moderately Effective Contraception—21–44 Years General Measure Data Most or Moderately Effective Contraception—21–44 Years Long-Acting

Contraceptive 0	elopmental Disal Care—Postpartun (CMS Child Core	n Women (CCP			
Federal Fisca	ll Year 2023/Measu	rement Year 202	2		
Data Collec	tion Methodology:				
Data Element	General Measure		rately Effective —15–20 Years	-	g Reversible —15–20 Years
Data Liement	Data	3 Days	90 Days	3 Days	90 Days
Measurement Year	2022				
Data Collection Methodology	А	A	А	А	А
Eligible Population		0	0	0	0
Final Denominator		0	0	0	0
Numerator Events by Administrative Data		0	0	0	0
Total Numerator		0	0	0	0
Reported Rate		NA	NA	NA	NA

Division of Developmental Disabilities - ALTCS-DD Contraceptive Care—Postpartum Women (CCP-Tot)							
Federal Fiscal	Year 2023/Measu	rement Year 202	2				
Data Collecti	on Methodology:	Administrative					
Data Element	General Measure		Most or Moderately Effective Contraception—Total		Long-Acting Reversible Contraception—Total		
	Data	3 Days	90 Days	3 Days	90 Days		
Measurement Year	2022						
Data Collection Methodology	А	Α	А	А	А		
Eligible Population		4	4	4	4		
Final Denominator		4	4	4	4		
Numerator Events by Administrative Data		0	0	0	0		
Total Numerator		0	0	0	0		
Reported Rate		NA	NA	NA	NA		

Division of Developmental Disabilities - ALTCS-DD Cervical Cancer Screening (CCS) (NCQA HEDIS)						
HEDIS Reporting Year 2023/Measurement Year 2022						
Data Collection Methodology: Hyb	orid					
Data Element	General Measure Data	Cervical Cancer Screening				
Measurement Year	2022					
Data Collection Methodology	н	н				
Eligible Population		1848				
Administrative Required Exclusions		15				
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		324				
Current Year's Administrative Rate (Before Exclusions)		17.53%				
Minimum Required Sample Size (MRSS)		411				
Oversampling Rate		0.05				
Number of Oversample Records		21				
Number of Numerator Events by Administrative Data in MRSS		78				
Administrative Rate on MRSS		18.98%				
Number of Medical Records Excluded Because of Valid Data Errors		0				
Number of Administrative Data Records Excluded		0				
Number of Medical Data Records Excluded		0				
Number of Employee/Dependent Medical Records Excluded		0				
Records Added From the Oversample List		0				

Final Denominator	411
Numerator Events by Administrative Data	69
Numerator Events by Medical Records	8
Numerator Events by Supplemental Data	9
Total Numerator	86
Reported Rate	20.92%

Division of Developmental Disabilities - ALTCS-DD Contraceptive Care—All Women (CCW-AD) (CMS Adult Core Set)							
Federal Fiscal Year 2023/Measurement Year 2022							
Data Collection Methodology	: Administrative						
Data Element	General Measure Data	Most or Moderately Effective Contraception	Long-Acting Reversible Contraception				
		21–44 Years	21–44 Years				
Measurement Year	2022						
Data Collection Methodology	А	А	А				
Eligible Population		1616	1616				
Final Denominator		1616	1616				
Numerator Events by Administrative Data		383	28				
Total Numerator		383	28				
Reported Rate		23.70%	1.73%				
Total Numerator	small (i.e., <30) to	383	28				

Division of Developmental Disabilities - ALTCS-DD Contraceptive Care—All Women (CCW-CH) (CMS Child Core Set)							
Federal Fiscal Year 2023/Measurement Year 2022							
Data Collection Methodology	: Administrative						
Data Element	General Measure Data	Most or Moderately Effective Contraception	Long-Acting Reversible Contraception				
		15–20 Years	15–20 Years				
Measurement Year	2022						
Data Collection Methodology	Α	A	А				
Eligible Population		868	868				
Final Denominator		868	868				
Numerator Events by Administrative Data		151	21				
Total Numerator		151	21				
Reported Rate		17.40%	2.42%				

Division of Developmental Disabilities - ALTCS-DD Contraceptive Care—All Women (CCW-Tot)						
Federal Fiscal Year 2023/Measurement Year 2022						
Data Collection Methodology	: Administrative					
Data Element	General Measure Data	Most or Moderately Effective Contraception	Long-Acting Reversible Contraception			
		Total	Total			
Measurement Year	2022					
Data Collection Methodology	Α	Α	Α			
Eligible Population		2484	2484			
Final Denominator		2484	2484			
Numerator Events by Administrative Data		534	49			
Total Numerator		534	49			
Reported Rate		21.50%	1.97%			

Division of Developmental Disabilities - ALTCS-DD Screening for Depression and Follow-Up Plan (CDF-AD) (CMS Adult Core Set)							
Federal Fiscal Year 2023/Meas	urement Year 202	2					
Data Collection Methodology	: Administrative						
Data Element General Measure Data Compared Data							
Measurement Year	2022						
Data Collection Methodology	А	А	Α				
Eligible Population		4005	185				
Final Denominator		4005	185				
Numerator Events by Administrative Data		271	11				
Total Numerator		271	11				
Reported Rate		6.77%	5.95%				

Division of Developmental Disabilities - ALTCS-DD Screening for Depression and Follow-Up Plan (CDF-CH) (CMS Child Core Set)						
Federal Fiscal Year 2023/Measurement Year 2022						
Data Collection Methodology: Adminis	strative					
Data Element	General Measure Data	12–17 Years				
Measurement Year	2022					
Data Collection Methodology	Α	А				
Eligible Population		2313				
Final Denominator		2313				
Numerator Events by Administrative Data		21				
Total Numerator		21				
Reported Rate		0.91%				

Division of Developmental Disabilities - ALTCS-DD Screening for Depression and Follow-Up Plan (CDF-Tot)							
Federal Fiscal Year 2023/Measurement Year 2022							
Data Collection Methodology: Admini	strative						
Data Element	General Measure Data	Total (12+ Years)					
Measurement Year	2022						
Data Collection Methodology	А	А					
Eligible Population		6503					
Final Denominator		6503					
Numerator Events by Administrative Data		303					
Total Numerator		303					
Reported Rate		4.66%					

Division of Developmental Disabilities - ALTCS-DD Chlamydia Screening in Women (CHL) (NCQA HEDIS)							
HEDIS Reporting Year 2023/Measurement Year 2022							
Data Collection Meth	odology: Admini	strative					
Data Element General Measure Data 21-24 Years Tot							
Measurement Year	2022						
Data Collection Methodology	A	A	A	А			
Eligible Population		270	190	460			
Administrative Required Exclusions		0	0	0			
Administrative Optional Exclusions		36	19	55			
Final Denominator		234	171	405			
Numerator Events by Administrative Data		40	19	59			
Numerator Events by Supplemental Data		4	8	12			
Total Numerator		44	27	71			
Reported Rate		18.80%	15.79%	17.53%			
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <30) to						

					of Developmen hildhood Immur (NCQ/		
				HEDIS F	Reporting Year 20)23/Measuremen	t Yea
			-		Data Collection M	lethodology: Hyl	brid
Data Element	General Measure Data	DTaP	IPV	MMR	HiB	Hepatitis B	
Measurement Year	2022						
Data Collection Methodology	н	н	н	н	н	н	
Eligible Population		47	47	47	47	47	
Administrative Required Exclusions		5	5	5	5	5	
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		31	38	36	37	34	
Current Year's Administrative Rate (Before Exclusions)		65.96%	80.85%	76.60%	78.72%	72.34%	
Minimum Required Sample Size (MRSS)		47	47	47	47	47	
Oversampling Rate		0	0	0	0	0	
Number of Oversample Records		0	0	0	0	0	
Number of Numerator Events by Administrative Data in MRSS		31	38	36	37	34	
Administrative Rate on MRSS		65.96%	80.85%	76.60%	78.72%	72.34%	
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0	0	0	
Number of Administrative Data Records Excluded		0	0	0	0	0	
Number of Medical Data Records Excluded		0	0	0	0	0	
Number of Employee/Dependent Medical Records Excluded		0	0	0	0	0	
Records Added From the Oversample List		0	0	0	0	0	
Final Denominator		47	47	47	47	47	
Numerator Events by Administrative Data		5	7	28	11	4	
Numerator Events by Medical Records		0	0	0	0	0	
Numerator Events by Supplemental Data		26	31	8	26	30	
Total Numerator		31	38	36	37	34	
Reported Rate		65.96%	80.85%	76.60%	78.72%	72.34%	

LTCS-DD

ear 2022 Pneumococcal VZV Hepatitis A Rotavirus Influenza Combo 3 Combo 7 Combo 10 Conjugate н н н н н н н н 78.72% 57.45% 76.60% 27.66% 55.32% 51.06% 23.40% 19.15% 78.72% 57.45% 76.60% 27.66% 55.32% 51.06% 23.40% 19.15% 78.72% 57.45% 76.60% 27.66% 55.32% 51.06% 23.40% 19.15%

Division of Development Concurrent Use of Opioids a (CMS Adu)											
Federal Fiscal Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
Data Collection Methodology: Administrative Data Element General Measure Data 18–64 Years 65+ Years Total														
Measurement Year	2022													
Data Collection Methodology	А	Α	А	А										
Eligible Population		44	4	48										
Final Denominator		44	4	48										
Numerator Events by Administrative Data		5	1	6										
Total Numerator		5	1	6										
Reported Rate		11.36%	NA	12.50%										

Division of Deve Developmental Screenin (C	-	ree Years of L			
Federal Fiscal	Year 2023/Measu	rement Year 202	2		
Data Col	lection Methodolo	ogy: Hybrid	-		-
Data Element	General Measure Data	1 Year	2 Years	3 Years	Total
Measurement Year	2022				
Data Collection Methodology	н	н	н	н	н
Eligible Population		13	53	120	186
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		4	25	54	83
Current Year's Administrative Rate (Before Exclusions)		30.77%	47.17%	45.00%	44.62%
Minimum Required Sample Size (MRSS)		13	53	120	186
Oversampling Rate		0.00	0.00	0.00	0
Number of Oversample Records		0	0	0	0
Records Added From the Oversample List		0	0	0	0
Final Denominator		13	53	120	186
Numerator Events by Administrative Data		4	25	54	83
Numerator Events by Medical Records		2	5	14	21
Numerator Events by Supplemental Data		0	0	0	0
Total Numerator		6	30	68	104
Reported Rate		NA	56.60%	56.67%	55.91%

Division of Deve Diagnosed M	lopmental Disal lental Health Di (NCQA HEDIS	sorders (DMH)												
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative Mental Health Disorders														
Data Element General Measure Mental Health Disorders Data 1-17 18-64 65+														
Measurement Year	2022													
Data Collection Methodology	А	А	А	А	A									
Eligible Population		7834	6903	331	15068									
Administrative Required Exclusions		4	6	5	15									
Final Denominator		7830	6897	326	15053									
Numerator Events by Administrative Data		5921	4102	213	10236									
Total Numerator		5921	4102	213	10236									
Reported Rate		75.62%	59.48%	65.34%	68.00%									

			-	bilities - ALTCS dolescents and)			
	I	HEDIS Reporting	y Year 2023/Meas	surement Year 20)22				
	Da	ta Collection Me		tronic Health Re	cord				
	General		Depression	n Screening	[Follow-Up on I	Positive Screen	[
Data Element	Measure Data	12–17 Years	18–64 Years	65+ Years	Total	12–17 Years	18–64 Years	65+ Years	Total
Measurement Year	2022								
Data Collection Methodology	EHR	EHR	EHR	EHR	EHR	EHR	EHR	EHR	EHR
Initial Population		3072	6464	292	9828	3072	6464	292	9828
Number of Exclusions from EHR		8	74	5	87	8	74	5	87
Number of Exclusions from Case Management Review		0	0 0 0 O		0	0	0	0	
Number of Exclusions from HIE Registry		0	5	0	5	0	5	0	5
Number of Exclusions from Administrative Data Sources		441	1246	76	1763	441	1246	76	1763
Total Exclusions		449	1325	81	1855	449	1325	81	1855
Denominator		3064	6390	287	9741	3064	6390	287	9741
Numerator Events by EHR		0	0	0	0	0	0	0	0
Numerator Events by Case Management Review		0	0	0	0	0	0	0	0
Numerator Events by HIE Registry		0	0	0	0	0	0	0	0
Numerator Events by Administrative Data Sources		0	0	0	0	0	0	0	0
Total Numerator Events		0	0	0	0	0	0	0	0
Reported Rate		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Division of Developmental Disabilities - ALTCS-DD Follow-Up After ED Visit for Substance Use (FUA) (NCQA HEDIS)														
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
Data Element General Measure 7 Day Follow-up 30 Day Follow-up														
Data Element Data 13–17 Years 18+ Years Total 13–17 Years 18+ Years Total														
Measurement Year	2022													
Data Collection Methodology	Α	Α	А	А	А	А	A							
Eligible Population		3	7	10	3	7	10							
Administrative Required Exclusions		0	0	0	0	0	0							
Final Denominator		3	7	10	3	7	10							
Numerator Events by Administrative Data		2	1	3	1	1	2							
Numerator Events by Supplemental Data		0	0	0	0	0	0							
Total Numerator		2	1	3	1	1	2							
Reported Rate		NA	NA	NA	NA	NA	NA							

Division of Developmental Disabilities - ALTCS-DD Follow-Up After ED Visit for Substance Use (FUA-AD) (CMS Adult Core Set)														
Federal Fiscal Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative General Measure 7 Day Follow-Up 30 Day Follow-Up														
Data Element General Measure 7 Day Follow-Up 30 Day Follow-Up Data 18–64 Years 65+ Years 18–64 Years 65+ Years														
Measurement Year	2022													
Data Collection Methodology	А	А	Α	Α	Α									
Eligible Population		7	0	7	0									
Administrative Required Exclusions		0	0	0	0									
Final Denominator		7	0	7	0									
Numerator Events by Administrative Data		1	0	1	0									
Numerator Events by Supplemental Data		0	0	0	0									
Total Numerator		1	0	1	0									
Reported Rate		NA	NA	NA	NA									

report a valid rate.

			lopmental Disal spitalization for (NCQA HEDIS	r Mental Illness											
	I	HEDIS Reporting	g Year 2023/Meas	urement Year 20	22										
	-	Data Collecti	on Methodology:												
Data Element	General Measure		7 Day Fo	ollow-up	r		30 Day F	ollow-up							
Data Element	Data 6–17 Years 18–64 Years 65+ Years Total 6–17 Years 18–64 Y														
Measurement Year	2022														
Data Collection Methodology	А	А	А	А	А	А	А	А	A						
Eligible Population		98	160	3	261	98	160	3	261						
Administrative Required Exclusions		0	0	0	0	0	0	0	0						
Final Denominator		98	160	3	261	98	160	3	261						
Numerator Events by Administrative Data		71	104	2	177	85	132	2	219						
Numerator Events by Supplemental Data		0	0	0	0	0	0	0	0						
Total Numerator		71	104	2	177	85	132	2	219						
Reported Rate		72.45%	65.00%	NA	67.82%	86.73%	82.50%	NA	83.91%						
Note: If NA is displayed in place of the rate, this indicates the denominator was report a valid rate.	too small (i.e., <30) to														

			opmental Disat ED Visit for Me (NCQA HEDIS	ental Illness (FL											
	HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative															
	Data Element General Measure 7 Day Follow-up 30 Day Follow-up Data 6–17 Years 18–64 Years 65+ Years Total 6–17 Years 18–64 Years Total														
Data Element															
Measurement Year	2022														
Data Collection Methodology	A	А	А	А	А	А	А	A	А						
Eligible Population		52	65	0	117	52	65	0	117						
Administrative Required Exclusions		0	0	0	0	0	0	0	0						
Final Denominator		52	65	0	117	52	65	0	117						
Numerator Events by Administrative Data		35	39	0	74	45	48	0	93						
Numerator Events by Supplemental Data		0	0	0	0	0	0	0	0						
Total Numerator		35	39	0	74	45	48	0	93						
Reported Rate		67.31%	60.00%	NA	63.25%	86.54%	73.85%	NA	79.49%						
displayed in place of the rate, this indicates the denominator was too	small (i.e. <30) to														

Division of Developmental Disa Hemoglobin A1c Control for Patien (NCQA HEDIS)	ts With Diabete		
HEDIS Reporting Year 2023/Mea	22		
Data Collection Methodo			
Data Element	General Measure Data	Adequate HbA1c Control	Poor HbA1c Control
Measurement Year	2022		
Data Collection Methodology	н	н	н
Eligible Population		605	605
Administrative Required Exclusions		9	9
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		255	326
Current Year's Administrative Rate (Before Exclusions)		42.15%	53.88%
Minimum Required Sample Size (MRSS)		411	411
Oversampling Rate		0.05	0.05
Number of Oversample Records		21	21
Number of Numerator Events by Administrative Data in MRSS		191	75
Administrative Rate on MRSS		46.47%	18.25%
Number of Medical Records Excluded Because of Valid Data Errors		4	4
Number of Administrative Data Records Excluded		0	0
Number of Medical Data Records Excluded		0	0
Number of Employee/Dependent Medical Records Excluded		0	0
Records Added From the Oversample List		4	4

Final Denominator		411	411
Numerator Events by Administrative Data		36	55
Numerator Events by Medical Records		95	17
Numerator Events by Supplemental Data		155	20
Total Numerator		286	92
Reported Rate		69.59%	22.38%
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <30) to		

report a valid rate.

Division of Devel Hemoglobin A1c Contr (C	•	With Diabetes							
Federal Fiscal V	Year 2023/Measu	rement Year 202	2						
Data Coll	ection Methodol		tral (<9.09/)						
Data Element	General Measure Data	18–64 Years	trol (<8.0%) 65–75 Years						
Measurement Year	2022	10-04 16015			65–75 Years				
Data Collection Methodology	н	н	н	н	н				
Eligible Population		555	59	555	59				
Administrative Required Exclusions		7	2	7	2				
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		238	17	286	40				
Current Year's Administrative Rate (Before Exclusions)		42.88%	28.81%	51.53%	67.80%				
Minimum Required Sample Size (MRSS)		369	42	369	42				
Oversampling Rate		0.05	0.05	0.05	0.05				
Number of Oversample Records		19	3	19	3				
Number of Numerator Events by Administrative Data in MRSS		173	18	65	10				
Administrative Rate on MRSS		46.88%	42.86%	17.62%	23.81%				
Number of Medical Records Excluded Because of Valid Data Errors		4	0	4	0				
Number of Administrative Data Records Excluded		0	0	0	0				
Number of Medical Data Records Excluded		0	0	0	0				
Number of Employee/Dependent Medical Records Excluded		0	0	0	0				
Records Added From the Oversample List		4	0	4	0				
Final Denominator		369	42	369	42				
Numerator Events by Administrative Data		30	6	45	10				
Numerator Events by Medical Records		84	11	16	1				
Numerator Events by Supplemental Data		143	12	20	0				
Total Numerator		257	29	81	11				
Reported Rate		69.65%	69.05%	21.95%	26.19%				

report a valid rate.

																			Heme	oglobin A1c C	velopmental Disa ontrol for Patien (NCQA HEDI ing Year 2023/Mea	its With Diabe S)	tes (HBD)																					
	Data Collection Methodology: Hybrid																																											
Data Element	A line A line<															ta): Unknown																												
	Measure Dat	Adequate HbA1c Contro	Poor HbA1c	Adequate HbA1c Control	Poor HbA1c Control	Adequat HbA1c Con	te Poor HbA1c ntrol Control	Adequate	Poor HbA1c	Adequate	Poor HbA1c ol Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control H	Adequate Poo bA1c Control C	r HbA1c A ontrol HbA	Adequate Poor HbA A1c Control Contro	c Adequate HbA1c Contro	Poor HbA10 ol Control	c Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate Po HbA1c Control	Poor HbA1c Control	Adequate Poor H HbA1c Control Con	IbA1c Ade trol HbA1c	uate Poor HbA1 Control Control	1c Adequate HbA1c Cont	Poor HbA1c rol Control	c Adequate HbA1c Contro	Poor HbA1c ol Control	C Adequate	Poor HbA1c I Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate Po HbA1c Control	or HbA1c A Control HbA	Adequate Poor HbA A1c Control Control	c Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control
Measurement Year	2022																																											
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	нн	н	н	н	н	н	н	н	н	нн		і н	н	н	н	н	н	н	н	н	н	н	нн	н	н	н	н
Eligible Population		200	200	0	0	200	200	36	36	0	0	36	36	20	20	0	0	20 20	10	10	0	0	10	10	0	0	0 0) 0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	339	339
Final Denominator		142	142	0	0	142	142	21	21	0	0	21	21	14	14	0	0	14 14	6	6	0	0	6	6	0	0	0 0) 0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	228	228
Numerator Events		98	30	0	0	98	30	12	8	0	0	12	8	13	1	0	0	13 1	5	1	0	0	5	1	0	0	0 0) 0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	158	52
Reported Rate		69.01%	21.13%	NA	NA	69.01%	6 21.13%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA NA	NA	NA	NA	NA	NA	NA	NA	NA	NA N/	4 N	A NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA NA	NA	NA	69.30%	22.81%
ote: If NA is displayed in place of the rate, this indicates the denominator report a valid rate.	r was too small (i.e., <30,																															-												

						globin A1c Con		bilities - ALTCS ts With Diabete S)									
	HEDIS Reporting Year 2023/Measurement Year 2022																
	Data Collection Methodology: Hybrid Ethnicity (Direct Data): Ethnicity (Indirect Data): Other Data): Not Ethnicity (Indirect Data): Not Ethnicity (Total Data): Not Ethnicity (Direct Data): N																
Data Element	Data Element Ethnicity (Direct Data): Ethnicity (Indirect Data): Ethnicity (Total Data): Ethnicity (Indirect Data): Not Ethnicity (Indirect Data): Not Ethnicity (Total Data): Not Ethnicity (Total Data): Not Ethnicity (Direct Data): Not Ethnicity (Direc															,	
Data Element	Measure Data	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control
Measurement Year	2022																
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		168	168	0	0	168	168	20	20	0	0	20	20	0	0	417	417
Final Denominator		108	108	0	0	108	108	14	14	0	0	14	14	0	0	289	289
Numerator Events		68	30	0	0	68	30	13	1	0	0	13	1	0	0	205	61
Reported Rate		62.96%	27.78%	NA	NA	62.96%	27.78%	NA	NA	NA	NA	NA	NA	NA	NA	70.93%	21.11%
Note: If NA is displayed in place of the rate, this indicates the denominator was report a valid rate.	too small (i.e., <30) to																

Division of Developmental Disabilities - Use of Opioids at High Dosage (I (NCQA HEDIS)												
HEDIS Reporting Year 2023/Measurement	Year 2022											
Data Collection Methodology: Administrative General Measure Opioid Use High												
Data Element	General Measure Data	Opioid Use High Dosage										
Measurement Year	2022											
Data Collection Methodology	Α	А										
Eligible Population		52										
Administrative Required Exclusions		5										
Final Denominator		47										
Numerator Events by Administrative Data		3										
Total Numerator		3										
Reported Rate		6.38%										

Division of Development Diabetes Care for People with Serious Mental IIIn (CMS Adu) Percent) (HPC	CMI-AD)
Federal Fiscal Year 202	3/Measurement \	(ear 2022		
Data Collection N		orid		
Data Element	General Measure Data	18–64 Years	65–75 Years	Total
Measurement Year	2022			
Data Collection Methodology	н	н	н	н
Eligible Population		130	7	137
Administrative Required Exclusions		0	0	0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		23	1	24
Current Year's Administrative Rate (Before Exclusions)		17.69%	14.29%	17.52%
Minimum Required Sample Size (MRSS)		130	7	137
Oversampling Rate		0.00	0.00	0.00
Number of Oversample Records		0	0	0
Number of Numerator Events by Administrative Data in MRSS		23	1	24
Administrative Rate on MRSS		17.69%	14.29%	17.52%
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0
Number of Administrative Data Records Excluded		1	0	1
Number of Medical Data Records Excluded		0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0
Records Added From the Oversample List		0	0	0

Final Denominator	130	7	137
Numerator Events by Administrative Data	15	1	16
Numerator Events by Medical Records	4	0	4
Numerator Events by Supplemental Data	8	0	8
Total Numerator	27	1	28
Reported Rate	20.77%	NA	20.44%

																	Div Initiatio	vision of Deve on and Engage	lopmental Dis ment of Subs (NCQA HED	stance Use Di	TCS-DD isorder (IET)																		
																	H	IEDIS Reportin	g Year 2023/Me	asurement Yea	ar 2022																		
												_						Data Collect	on Methodolog	y: Administrat	ive																		
											Initia	tion																			Engagement					İ			
Data Element	General Measure Data			Alcohol					Opioid					Other					Total					Alcohol				Орі	oid				Other					Total	
		13-17	18-64	65+	Subtot (18+ Yea	al Total ars) (13+ Yea	s) 13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal T (18+ Years) (13+	al 13- ears)	17 1	8-64 65	5+ Su (18+	btotal To Years) (13+)	otal Years) 13-1	7 18	64 65+	Subtotal (18+ Years	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years
Measurement Year	2022																																						
Data Collection Methodology	А	А	A	A	A	A	А	A	A	А	А	А	Α	А	А	A	A	A	A	А	A	Α	Α	А	A	. 4	\	A /	A	A .	A A		A A	A	A	A	A	А	А
Eligible Population		2	11	1	12	14	0	10	2	12	12	7	26	3	29	36	9	47	6	53	62	2	11	1	12	<mark>4</mark> С)	10 2	2	12 1	27	2	6 3	29	36	9	47	6	53
dministrative Required Exclusions		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	C)	0 0)	0 (0 0	() 0	0	0	0	0	0	0
Final Denominator		2	11	1	12	14	0	10	2	12	12	7	26	3	29	36	9	47	6	53	62	2	11	1	12	4 ()	10 2	2	12 1	27	2	6 3	29	36	9	47	6	53
nerator Events by Administrative Data		1	2	0	2	3	0	3	2	5	5	2	11	2	13	15	3	16	4	20	23	0	0	0	0	()	0 0)	0 (0 2		0	4	6	2	4	0	4
nerator Events by Supplemental Data		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	()	0 0)	0 (0 0	() 0	0	0	0	0	0	0
Total Numerator		1	2	0	2	3	0	3	2	5	5	2	11	2	13	15	3	16	4	20	23	0	0	0	0	()	0 0)	0	0 2		• 0	4	6	2	4	0	4
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	41.67%	NA	34.04%	NA	37.74%	37.10%	NA	NA	NA	NA	4 N	A	NA N	A		IA NA	N	A NA	NA	16.67%	NA	8.51%	NA	7.55%

	of Development munizations fo (NCQA					
	eporting Year 20					
Data Element	Data Collection M General Measure Data		rid Tdap	HPV	Combo 1	Combo 2
Measurement Year	2022					
Data Collection Methodology	н	н	н	н	н	н
Eligible Population		500	500	500	500	500
Administrative Required Exclusions		2	2	2	2	2
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		396	402	157	393	153
Current Year's Administrative Rate (Before Exclusions)		79.20%	80.40%	31.40%	78.60%	30.60%
Minimum Required Sample Size (MRSS)		411	411	411	411	411
Oversampling Rate		0.05	0.05	0.05	0.05	0.05
Number of Oversample Records		21	21	21	21	21
Number of Numerator Events by Administrative Data in MRSS		324	328	141	321	136
Administrative Rate on MRSS		78.83%	79.81%	34.31%	78.10%	33.09%
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0	0	0
Number of Administrative Data Records Excluded		0	0	0	0	0
Number of Medical Data Records Excluded		0	0	0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0	0	0
Records Added From the Oversample List		0	0	0	0	0
Final Denominator		411	411	411	411	411
Numerator Events by Administrative Data		262	263	107	256	102

Numerator Events by Medical Records		9	12	11	9	10
Numerator Events by Supplemental Data		62	65	34	65	34
Total Numerator		333	340	152	330	146
Reported Rate		81.02%	82.73%	36.98%	80.29%	35.52%
Note: If NA is displayed in place of the rate, this indicates the denominator was too so report a valid rate.	mall (i.e., <30) to				-	

Division of Developmental Disabilities Lead Screening in Children (LS (NCQA HEDIS)		
HEDIS Reporting Year 2023/Measurement	t Year 2022	
Data Collection Methodology: Hyb	orid	
Data Element	General Measure Data	Lead Screening
Measurement Year	2022	
Data Collection Methodology	н	н
Eligible Population		47
Administrative Required Exclusions		5
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		9
Current Year's Administrative Rate (Before Exclusions)		19.15%
Minimum Required Sample Size (MRSS)		47
Oversampling Rate		0.00
Number of Oversample Records		0
Number of Numerator Events by Administrative Data in MRSS		9
Administrative Rate on MRSS		19.15%
Number of Medical Records Excluded Because of Valid Data Errors		0
Number of Administrative Data Records Excluded		0
Number of Medical Data Records Excluded		0
Number of Employee/Dependent Medical Records Excluded		0
Records Added From the Oversample List		0

Final Denominator	47
Numerator Events by Administrative Data	8
Numerator Events by Medical Records	1
Numerator Events by Supplemental Data	1
Total Numerator	10
Reported Rate	21.28%

D	Division of Developmental Disabilities - ALTCS-DD Oral Evaluation, Dental Services (OEV-CH) (CMS Child Core Set)													
	Federal Fiscal	(ear 2023/I	Measurem	ent Year 2	2022									
Data Collection Methodology: Administrative														
Data Element	Age	<1 Year	1–2 Years	3–5 Years	6–7 Years	8–9 Years	10–11 Years	12–14 Years	15–18 Years	19–20 Years	Total			
Measurement Year	2022													
Data Collection Methodology	А	А	A	А	A	A	A	A	A	A	А			
Eligible Population		6	157	1405	1261	1225	1074	1564	2110	941	9743			
Final Denominator		6	157	1405	1261	1225	1074	1564	2110	941	9743			
Numerator Events by Administrative Data		0	57	721	695	633	582	855	1055	417	5015			
Total Numerator		0	57	721	695	633	582	855	1055	417	5015			
Visits / 1,000 Member Months		NA	0.36	0.51	0.55	0.52	0.54	0.55	0.50	0.44	0.51			
Note: If NA is displayed in place of the rate, this indicates the denominator was to	o small (i.e., <30) to	•			-		-	-	-		-			

	Division of Developmental Disabilities - ALTCS-DD Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) (CMS Child Core Set)														
	al Fiscal Year 202														
Data	Collection Metho	odology: Admini	strative		T										
Data Element	Data Data Buprenorphine Naltrexone Injectable Methadone Naltrexone														
Measurement Year	2022														
Data Collection Methodology	Α	А	A	А	А	А									
Eligible Population		23	23	23	23	23									
Final Denominator		23	23	23	23	23									
Numerator Events by Administrative Data		4	0	1	1	3									
Total Numerator		4	0	1	1	3									
Reported Rate		NA	NA	NA	NA	NA									
Note: If NA is displayed in place of the rate, this indicates the denominator was too s report a valid rate.	small (i.e., <30) to														

					Plan All-C	ause Readmiss (NCQA HEDIS)										
				H	IEDIS Reporting	Year 2023/Meas	urement Year 20)22								
					Data Collectio	on Methodology:	Administrative		-							
A Beneral Data Element General Measure Data Image: Second measure data Image: Se																
sure Data			Outliers	O/E Ratio			Outliers	O/E Ratio			Outliers	O/E Ratio			Outliers	O/E Ratio
2022																
A	А	Α	Α	А	А	А	А	А	А	A	А	А	А	А	А	A
	287	287	287	287	48	48	48	48	34	34	34	34	369	369	369	369
	330	330	287	31.3309	59	59	48	6.0932	49	49	34	7.2957	438	438	369	44.7198
	28	31.3309	19	28	5	6.0932	1	5	4	7.2957	1	4	37	44.7198	21	37
	28	31.3309	19	28	5	6.0932	1	5	4	7.2957	1	4	37	44.7198	21	37
	8.48%	9.49%	0.0662	0.8937	8.47%	10.33%	0.0208	NA	8.16%	14.89%	0.0294	NA	8.45%	10.21%	0.0569	0.8274
20	ure Data	Ure DataObserved Readmissions022AAA287330330282828288.48%8.48%	Observed ReadmissionsExpected Readmissions022CExpected ReadmissionsAAAAAA2872873303302831.33092831.33098.48%9.49%	Observed ReadmissionsExpected ReadmissionsOutliers022IIIAAAA2872872873303302872831.3309198.48%9.49%0.0662	Observed Readmissions Expected Readmissions Outliers O/E Ratio 022 Image: Comparison of the compariso	18-44 Years Observed Readmissions Expected Readmissions Outliers O/E Ratio Observed Readmissions 022 A <th>18-44 Years 45-54 Observed Readmissions Expected Readmissions Outliers O/E Ratio Observed Readmissions Expected Readmissions 022 Image: Colspan="4">Image: Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 023 Image: Colspan="4">Colspan="4">Colspan="4">45-54 024 Image: Colspan="4">Colspan="4">Colspan="4">45-54 025 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4"Colspan="4">Colspan="4"</th> <th>neral ure Data18-44 Years45-54 YearsObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliers022Image: Construction of the text of t</th> <th>Observed ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E Ratio022Image: Constraint of the constraint of</th> <th>Normal Iner Data18-44 Years45-54 YearsObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsD22Image: Colspan="6">Image: Colspan="6">1 Image: Colspan="6">O/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsD22Image: Colspan="6">Image: Colspan="6">1 Image: Colspan="6">1 Image: Colspan="6">1 Image: Colspan="6" /th> <th>neral ure Data18-44 Years55-64 Years55-64 YearsObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsD22Image: Comparison of the comparison of th</th> <th>Ner 18-4 YearsSigned FeadmissionsSigned FeadmissionsSigne Feadmissions<th>INPUTINPUTSUBInterplateImage: Signed ReadmissionsCoultiersOutliersOutliersOutliersOutliersOBserved ReadmissionsExpected ReadmissionsOutliersOutliersOBserved ReadmissionsExpected ReadmissionsOutliersOutliersOBserved ReadmissionsExpected ReadmissionsOutliersOutliersOUE RatioObserved ReadmissionsExpected ReadmissionsOutliersImage: Single Colspan="4">Single Colspan="4"Observed ReadmissionsExpected ReadmissionsOutliersOutliersOutliersColspan="4">Colspan="4">Colspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"OutliersOutliersOutliersOutliersColspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"OutliersOutliersOutliersOutliersColspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"Image: Colspan="4"OutliersOutliersOutliersImage: Colspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"Image: Colspan="4">Single Colspan="4"OutliersOutliersImage: Colspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"Image: Colspan="4"Image: Colspan="4"Image: Colspan="4"Colspan="4"Image: Colspan="4"Image: Colspan="4</th><th>IN-18-24 YersISE-18-24 YersSE-16-44 Y</th><th>Interpretation in the sector of the sector</th><th>Arr Pre Pre Pre Pre Pre Pre Pre Pre Pre P</th></th>	18-44 Years 45-54 Observed Readmissions Expected Readmissions Outliers O/E Ratio Observed Readmissions Expected Readmissions 022 Image: Colspan="4">Image: Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">45-54 023 Image: Colspan="4">Colspan="4">Colspan="4">45-54 024 Image: Colspan="4">Colspan="4">Colspan="4">45-54 025 Image: Colspan="4">Colspan="4">Colspan="4">45-54 022 Image: Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4"Colspan="4">Colspan="4"	neral ure Data18-44 Years45-54 YearsObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliers022Image: Construction of the text of t	Observed ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E Ratio022Image: Constraint of the constraint of	Normal Iner Data18-44 Years45-54 YearsObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsD22Image: Colspan="6">Image: Colspan="6">1 Image: Colspan="6">O/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsD22Image: Colspan="6">Image: Colspan="6">1 Image: Colspan="6">1 Image: Colspan="6">1 Image: Colspan="6"	neral ure Data18-44 Years55-64 Years55-64 YearsObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsExpected ReadmissionsD22Image: Comparison of the comparison of th	Ner 18-4 YearsSigned FeadmissionsSigned FeadmissionsSigne Feadmissions <th>INPUTINPUTSUBInterplateImage: Signed ReadmissionsCoultiersOutliersOutliersOutliersOutliersOBserved ReadmissionsExpected ReadmissionsOutliersOutliersOBserved ReadmissionsExpected ReadmissionsOutliersOutliersOBserved ReadmissionsExpected ReadmissionsOutliersOutliersOUE RatioObserved ReadmissionsExpected ReadmissionsOutliersImage: Single Colspan="4">Single Colspan="4"Observed ReadmissionsExpected ReadmissionsOutliersOutliersOutliersColspan="4">Colspan="4">Colspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"OutliersOutliersOutliersOutliersColspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"OutliersOutliersOutliersOutliersColspan="4">Single Colspan="4"OutImage: Colspan="4">Image: 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Colspan="4"OutImage: Colspan="4">Image: Colspan="4"OutliersOutliersOutliersOutliersColspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"OutliersOutliersOutliersOutliersColspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"Image: Colspan="4"OutliersOutliersOutliersImage: Colspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"Image: Colspan="4">Single Colspan="4"OutliersOutliersImage: Colspan="4">Single Colspan="4"OutImage: Colspan="4">Image: Colspan="4"Image: Colspan="4"Image: Colspan="4"Image: Colspan="4"Colspan="4"Image: Colspan="4"Image: Colspan="4	IN-18-24 YersISE-18-24 YersSE-16-44 Y	Interpretation in the sector of the sector	Arr Pre Pre Pre Pre Pre Pre Pre Pre Pre P

to report a valid rate.

Division of Developmental Disa Prenatal and Postpartun (NCQA HEDIS	n Care (PPC)	-DD	
HEDIS Reporting Year 2023/Meas	surement Year 20	22	
Data Collection Methodol	ogy: Hybrid		
Data Element	General Measure Data	Timeliness of Prenatal Care	Postpartum Car
Measurement Year	2022		
Data Collection Methodology	н	н	н
Eligible Population		7	7
Administrative Required Exclusions		0	0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		3	3
Current Year's Administrative Rate (Before Exclusions)		42.86%	42.86%
Minimum Required Sample Size (MRSS)		7	7
Oversampling Rate		0.00	0.00
Number of Oversample Records		0	0
Number of Numerator Events by Administrative Data in MRSS		3	3
Administrative Rate on MRSS		42.86%	42.86%
Number of Medical Records Excluded Because of Valid Data Errors		0	0
Number of Administrative Data Records Excluded		0	0
Number of Medical Data Records Excluded		0	0
Number of Employee/Dependent Medical Records Excluded		0	0
Records Added From the Oversample List		0	0

Final Denominator		7	7
Numerator Events by Administrative Data		3	3
Numerator Events by Medical Records		1	3
Numerator Events by Supplemental Data		0	0
Total Numerator		4	6
Reported Rate		NA	NA
Note: If NA is displayed in place of the rate, this indicates the denominator was to	o small (i.e., <30) to		

report a valid rate.

																				Prenatal a	lopmental Disabi and Postpartum (NCQA HEDIS)	Care (PPC)																				
																					g Year 2023/Measu		22																			
	Data Collection Methodology: Hybrid																																									
Data Element	General Measure Da	11000 (D	rect Data): White	Race (Indire	ct Data): White	Race (T	Γotal Data): White		t Data): Black o n American		ect Data): Black or n American	Race (Total I African	Data): Black or American	Race (Direct Data Indian and Alas		e (Indirect Data): dian and Alaska I		e (Total Data): America lian and Alaska Native	Race (Direc	t Data): Asian	Race (Indirect	Data): Asian	Race (Total Da	ı): Asian	Race (Direct Data): Nat Hawaiian and Other Pa Islander	ce (Indirect Data): Na waiian and Other Pao Islander	ific Hawaiian	tal Data): Native and Other Pacific slander	Race (Direct		Race (Indirect Other		Race (Total Data Rac		Race (Direct Data More Rac	.,	ace (Indirect Data): T More Races	wo or Race (1	otal Data): Two or More Races	Race (Direct Data No Answ	: Asked but er	e (Indirect Data): Unkno
		Timelines Prenatal C	-	Timeliness of Prenatal Care	Postpartum Care	Timeliness Prenatal Ca	s of Postpartum Care Care	n Timeliness o Prenatal Care	f Postpartum care	n Timeliness of Prenatal Car	of Postpartum re Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	ostpartum Time Care Pren	eliness of Post latal Care (partum Timel Care Prena	iness of Postpartun atal Care Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	•	Timeliness of Postpar Prenatal Care Care	eliness of Postpar natal Care Care		of Postpartum re Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Perenatal Care	ostpartum Ti Care Pi	meliness of Postpa enatal Care Car		as of Postpartum Care Care	Timeliness of P Prenatal Care		eliness of Postpartu natal Care Care
Measurement Year	2022																																									
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н н	н	н	н	н	н	н	нн	нн	н	н	н	н	н	н	н	н	н	н	нн	н	н	н	н	нн
Eligible Population		0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0 0	0	0	0	0	0	0	0 0	0 0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	6 6
Final Denominator		0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0 0	0	0	0	0	0	0	0 0	0 0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	6 6
Numerator Events		0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0 0	0	0	0	0	0	0	0 0	0 0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	3 5
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA NA	NA	NA	NA	NA	NA	NA	NA NA	NA NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA NA	NA NA	NA	NA	NA	NA NA
Note: If NA is displayed in place of the rate, this indicates the denominat to report a valid rate.	ntor was too small (i.e., <3	0)																																								

					Div		opmental Disa nd Postpartun (NCQA HEDIS	n Care (PPC)	S-DD								
HEDIS Reporting Year 2023/Measurement Year 2022																	
Data Collection Methodology: Hybrid																	
Data Element	Data Element Ethnicity (Direct Data): Hispanic/Latino Ethnicity (Indirect Data): Hispanic/Latino Ethnicity (Total Data): Not Hispanic/Latino Ethnicity (Indirect Data): Not Hispanic/Latino															•	
	Measure Data	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartur Care
Measurement Year	2022																
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		4	4	0	0	4	4	0	0	0	0	0	0	0	0	3	3
Final Denominator		4	4	0	0	4	4	0	0	0	0	0	0	0	0	3	3
Numerator Events		2	3	0	0	2	3	0	0	0	0	0	0	0	0	2	3
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Division of Developmen Diabetes Short-Term Complica (CMS Adu			AD)											
Federal Fiscal Year 202	3/Measurement Y	/ear 2022												
Data Collection Meth	odology: Adminis	strative												
Data Conection Methodology: Administrative Data Element General Measure Data 18–64 Years 65+ Years Total Measurement Year 2022 Image: Conection Methodology: Administrative														
Measurement Year	2022													
Data Collection Methodology	А	Α	А	A										
Eligible Population		81458	3852	85310										
Final Denominator		81458	3852	85310										
Numerator Events by Administrative Data		10	1	11										
Total Numerator		10	1	11										
Reported Rate		12.28	25.96	12.89										
Note: If NA is displayed in place of the rate, this indicates the denominator was too s report a valid rate.	small (i.e., <360) to													

Division of Developmen COPD or Asthma in Older Adu (CMS Adu			D)											
Federal Fiscal Year 202	3/Measurement \	(ear 2022												
Data Collection Meth	odology: Adminis	strative												
Data Collection Methodology: Administrative Data Element General Measure Data 40–64 Years 65+ Years Total Measurement Year 2022 Image: Collection Methodology A A A														
Measurement Year	2022													
Data Collection Methodology	A	А	А	А										
Eligible Population		18306	3852	22158										
Final Denominator		18306	3852	22158										
Numerator Events by Administrative Data		0	1	1										
Total Numerator		0	1	1										
Reported Rate		0.00	25.96	4.51										
Note: If NA is displayed in place of the rate, this indicates the denominator was too s report a valid rate.	small (i.e., <360) to													

Division of Development Heart Failure Admis (CMS Adu															
Federal Fiscal Year 202	3/Measurement \	Year 2022													
Data Collection Metho	Data Collection Methodology: Administrative Data Element General Measure Data Element Data														
General Measure															
Measurement Year	2022														
Data Collection Methodology	A	A	A	А											
Eligible Population		81458	3852	85310											
Final Denominator		81458	3852	85310											
Numerator Events by Administrative Data		4	2	6											
Total Numerator		4	2	6											
Reported Rate		4.91	51.92	7.03											
Note: If NA is displayed in place of the rate, this indicates the denominator was too s report a valid rate.	mall (i.e., <360) to														

Division of Developmental Disabilities Asthma in Younger Adults Admission Ra (CMS Adult Core Set)		
Federal Fiscal Year 2023/Measurement	Year 2022	
Data Collection Methodology: Admini	strative	
Data Element	General Measure Data	18–39 Years
Measurement Year	2022	
Data Collection Methodology	А	А
Eligible Population		63152
Final Denominator		63152
Numerator Events by Administrative Data		2
Total Numerator		2
Reported Rate		3.17

Division of Developmental Disabilities Adherence to Antipsychotic Medications for Individual (NCQA HEDIS)		hrenia (SAA)
HEDIS Reporting Year 2023/Measuremen	t Year 2022	
Data Collection Methodology: Admini	strative	
Data Element	General Measure Data	Adherence Antipsychotics
Measurement Year	2022	
Data Collection Methodology	Α	А
Eligible Population		308
Administrative Required Exclusions		106
Final Denominator		202
Numerator Events by Administrative Data		176
Numerator Events by Supplemental Data		0
Total Numerator		176
Reported Rate		87.13%
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <30) to	

Division of Developmental Disa Sealant Receipt on Permanent F (CMS Child Core	irst Molars (SFM													
Federal Fiscal Year 2023/Meas	urement Year 202	2												
Data Collection Methodology: Administrative														
Data Element	General Measure Data	At Least One Sealant	All Four Molars Sealed											
Measurement Year	2022													
Data Collection Methodology	А	Α	А											
Eligible Population		477	477											
Final Denominator		477	477											
Numerator Events by Administrative Data		127	85											
Total Numerator		127	85											
Reported Rate		26.62%	17.82%											

Division of Developmental Disabilities Diabetes Screening for People with Schizophrenia or Big Antipsychotic Medication (SS (NCQA HEDIS)	oolar Disorder V	Vho Are Using
HEDIS Reporting Year 2023/Measuremen	t Year 2022	
Data Collection Methodology: Admini	strative	
Data Element	General Measure Data	Diabetes Screening
Measurement Year	2022	
Data Collection Methodology	Α	А
Eligible Population		704
Administrative Required Exclusions		280
Final Denominator		424
Numerator Events by Administrative Data		364
Numerator Events by Supplemental Data		15
Total Numerator		379
Reported Rate		89.39%

										Topical	Fluoride (CMS Ch	for Childı hild Core S	-	H)														
	Federal Fiscal Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative																											
	General Measure Data				Dentral or	Oral Heal	th Service	s		Data Coll		nodology: .	Administrat		ntal Servio	ces												
Data Element	Age	1–2 Years	3–5 Years	6–7 Years	8–9 Years	10–11 Years	12–14 Years	15–18 Years	19–20 Years	Total	1–2 Years	3–5 Years	6–7 Years	8–9 Years	10–11 Years	12–14 Years	15–18 Years	19–20 Years	Total	1–2 Years	3–5 Years	6–7 Years	8–9 Years	10–11 Years	12–14 Years	15–18 Years	19–20 Years	Total
Measurement Year	2022																											
Data Collection Methodology	А	Α	A	A	A	Α	Α	A	Α	Α	А	A	A	A	Α	A	A	Α	А	A	А	Α	А	А	Α	A	Α	A
Eligible Population		112	1,175	1,192	1,181	1,046	1,523	2,066	915	9210	112	1,175	1,192	1,181	1,046	1,523	2,066	915	9210	112	1,175	1,192	1,181	1,046	1,523	2,066	915	9210
Final Denominator		112	1,175	1,192	1,181	1,046	1,523	2,066	915	9210	112	1,175	1,192	1,181	1,046	1,523	2,066	915	9210	112	1,175	1,192	1,181	1,046	1,523	2,066	915	9210
Numerator Events by Administrative Data		22	260	288	273	259	360	432	165	2059	19	259	288	272	257	358	431	165	2049	3	1	0	0	0	0	0	0	4
Total Numerator		22	260	288	273	259	360	432	165	2059	19	259	288	272	257	358	431	165	2049	3	1	0	0	0	0	0	0	4
Visits / 1,000 Member Months															0.00	0.00												
Note: If NA is displayed in place of the rate, this indicates the denominator was	too small (i.e., <30) to repo	ort a valid rate	Э.																									

Division of Developmental Disa Well-Child Visits in the First 30 I (NCQA HEDIS	Months of Life (
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
Data Element	General Measure Data	First 15 Months	15-30 Months											
Measurement Year	2022													
Data Collection Methodology	A	А	Α											
Eligible Population		15	70											
Administrative Required Exclusions		0	1											
Final Denominator		15	69											
Numerator Events by Administrative Data		3	44											
Numerator Events by Supplemental Data		1	1											
Total Numerator		4	45											
Reported Rate		NA	65.22%											
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <30) to													

. report a valid rate.

Weight	Assessment a				- ALTCS-DD ctivity for Child	ren/Adolescen	ts (WCC)							
		HEDIS R	eporting Year 20	23/Measuremen	it Year 2022									
Data Collection Methodology: Hybrid BMI Percentile Documentation Counseling for Nutrition														
Data Element	General Measure Data													
	Measure Data	3–11 Years	12–17 Years	Total	3–11 Years	12–17 Years	Total	3–11 Years	12–17 Years	Total				
Measurement Year	2022													
Data Collection Methodology	н	Н	н	Н	н	н	Н	н	н	Н				
Eligible Population		3943	2585	6528	3943	2585	6528	3943	2585	6528				
Administrative Required Exclusions		0	3	3	0	3	3	0	3	3				
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		1148	837	1985	1069	609	1678	389	312	701				
Current Year's Administrative Rate (Before Exclusions)		29.11%	32.38%	30.41%	27.11%	23.56%	25.70%	9.87%	12.07%	10.74%				
Minimum Required Sample Size (MRSS)		411	411	411	411	411	411	411	411	411				
Oversampling Rate		0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05				
Number of Oversample Records		21	21	21	21	21	21	21	21	21				
Number of Numerator Events by Administrative Data in MRSS		91	57	148	85	42	127	33	19	52				
Administrative Rate on MRSS		22.14%	13.87%	36.01%	20.68%	10.22%	30.90%	8.03%	4.62%	12.65%				
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0	0	0	0	0	0	0				
Number of Administrative Data Records Excluded		0	0	0	0	0	0	0	0	0				
Number of Medical Data Records Excluded		0	0	0	0	0	0	0	0	0				
Number of Employee/Dependent Medical Records Excluded		0	0	0	0	0	0	0	0	0				
Records Added From the Oversample List		0	0	0	0	0	0	0	0	0				
Final Denominator		255	156	411	255	156	411	255	156	411				
Numerator Events by Administrative Data		91	54	145	85	42	127	33	19	52				
Numerator Events by Medical Records		111	56	167	109	68	177	119	72	191				
Numerator Events by Supplemental Data		0	3	3	0	0	0	0	0	0				
Total Numerator		202	113	315	194	110	304	152	91	243				
Reported Rate		79.22%	72.44%	76.64%	76.08%	70.51%	73.97%	59.61%	58.33%	59.12%				

Division of Developmental Disabilities - ALTCS-DD Child and Adolescent Well-Care Visits (WCV) (NCQA HEDIS)														
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
Data Element	General Measure Data	3-11 Years	12-17 Years	18-21 Years	Total									
Measurement Year	2022													
Data Collection Methodology	A	А	А	А	А									
Eligible Population		4606	3116	1770	9492									
Administrative Required Exclusions		0	3	1	4									
Final Denominator		4606	3113	1769	9488									
Numerator Events by Administrative Data		2745	1769	772	5286									
Numerator Events by Supplemental Data		49	28	17	94									
Total Numerator		2794	1797	789	5380									
Reported Rate		60.66%	57.73%	44.60%	56.70%									

																Child and A	elopmental Disabilities - AL olescent Well-Care Visits ((NCQA HEDIS)	TCS-DD VCV)																	
																HEDIS Report	ting Year 2023/Measurement Year	2022																	
Data Collection Methodology. Administrative																																			
Data Element	General	Race (Direct Data): White	Race (Indirect Data): W hite	Race (Total Data): W hite	Race (Direct Data): Black or African American	Race (Indirect Data): Black or African Ar	merican Race (To	otal Data): Black or African American	Race (Direct Data): America	can Indian and Alaska Native Race (Indir	ect Data): American Indian and Alaska Native	Race (Total Data): American India	an and Alaska Native	Race (Direct Data):		Race (Indirect Data): Asia		Race (Total Data): Asian	Race (Direct I	ata): Native Hawaiian and Other Pacific Rad Islander	ace (Indirect Data): Native Isla	ve Hawaiian and Other Pacific Race (To ander	otal Data): Native Hawaiian and Other Pacific Islander	Race (Direct Da	ata): Some Other Race	Race (Indirect Data): Some Other Race	Race	(Total Data): Some Other Race	Race (Direct Data): Two or M	More Races	Race (Indirect Data): Two or More Races	Race (Total Data): Two or More	Races Race (Direc	t Data): Asked but No Answer	Race (Indirect Data): Unknown
	Measure Data	3-11 Years 12-17 Years 18-21 Years Tota	3-11 Years 12-17 Years 18-21 Years	otal 3-11 Years 12-17 Years 18-21 Years Total	3-11 Years 12-17 Years 18-21 Years To	otal 3-11 Years 12-17 Years 18-21 Years	Total 3-11 Years	12-17 Years 18-21 Years Total	3-11 Years 12-17 Years	18-21 Years Total 3-11 Years	12-17 Years 18-21 Years Total	3-11 Years 12-17 Years 18-21	1 Years Total 3-11	Years 12-17 Years 18-21	Years Total 3-11 Yea	s 12-17 Years 18-21 Yea	rs Total 3-11 Years	12-17 Years 18-21 Years	Total 3-11 Years	2-17 Years 18-21 Years Total 3-11	11 Years 12-17 Years	18-21 Years Total 3-11 Years	rs 12-17 Years 18-21 Years Total	3-11 Years 12-17 Year	rs 18-21 Years Total 3-11 Y	ears 12-17 Years 18-21 Years T	Гotal 3-11 Years 1	2-17 Years 18-21 Years Total 3-11	(Years 12-17 Years 18-21	Years Total 3-1'	Years 12-17 Years 18-21 Years	Total 3-11 Years 12-17 Years 18-21 Years	s Total 3-11 Years 12-1	7 Years 18-21 Years Tot	al 3-11 Years 12-17 Years 18-21 Years Total
Measurement Year	2022																																		
Data Collection Methodology	А	A A A A	A A A	A A A A A	A A A	A A A A	A A	A A A	A A	A A A	A A A	A A	A A	A A	A A A	A A	A A	A A	A A	A A A	A A	A A A	A A A	A A	A A A	A A	A A	A A A	A A /	A A	A A A	A A A A	A A	A A A	A A A A
Eligible Population		729 536 440 1705	0 0 0	0 729 536 440 1705	187 108 54 34	4 <mark>9</mark> 0 0 0	0 187	108 54 349	40 35	15 <mark>90</mark> 0	0 0 0	40 35 1	<mark>15 90</mark> 2	23 26 2	22 71 0	0 0	0 23	26 22	71 0	0 0 0	0 0	0 0 0	0 0 0	0 0	0 0 0	0 0	0 0	0 0 0	0 0 r	ა <u>0</u>	J 0 0	0 0 0 0	0 0	0 0 0	3627 2411 1239 7277
Final Denominator		729 536 440 1705	0 0 0	0 729 536 440 1705	187 107 54 34	48 0 0 0	0 187	107 54 348	40 35	15 <mark>90</mark> 0	0 0 0	40 35 1	15 90 2	23 26 2	22 71 0	0 0	0 23	26 22	71 0	0 0 0	0 0	0 0 0	0 0 0	0 0	0 0 0	0 0	0 0	0 0 0	0 0 r	ა <u>ი</u>	J 0 0	0 0 0 0	0 0	0 0 0) 3627 2409 1238 <mark>7274</mark>
Numerator Events		520 276 159 955	0 0 0	0 520 276 159 955	132 74 28 23	34 0 0 0	0 132	74 28 234	28 23	9 60 0	0 0 0	28 23	<mark>9 60</mark> 1	6 12 1	12 40 0	0 0	0 16	12 12	40 0	0 0 0	0 0	0 0 0	0 0 0	0 0	0 0 0	0 0	0 0	0 0 0	0 0 r	ა <u>ი</u>	J 0 0	0 0 0 0	0 0	0 0 0	2098 1412 581 4091
Reported Rate		71.33% 51.49% 36.14% 56.01%	NA NA NA	NA 71.33% 51.49% 36.14% 56.01%	70.59% 69.16% 51.85% 67.2	24% NA NA NA	NA 70.59%	<u>69.16%</u> <u>51.85%</u> <u>67.24%</u>	70.00% 65.71%	NA 66.67% NA	NA NA NA	70.00% 65.71% N	NA 66.67% N	IA NA N	NA 56.34% NA	NA NA	NA NA	NA NA	56.34% NA	NA NA NA	NA NA	NA NA NA	NA NA NA	NA NA	NA NA NA	NA NA	NA NA	NA NA NA	NA NA N	IA NA	A NA NA	NA NA NA NA	NA NA	NA NA N/	. 57.84% 58.61% 46.93% 56.24%
Note: If NA is displayed in place of the rate, this indica small (i.e., <30) to report a valid rate.	cates the denominator was too																																		

															elopmental Disab olescent Well-Ca (NCQA HEDIS)	are Visits (WCV																	
HEDIS Reporting Year 2023/Measurement Year 2022																																	
Data Collection Methodology: Administrative																																	
Data Element	General	Etl	hnicity (Direct D	ata): Hispanic/La	atino	E	thnicity (Indirect I	Data): Hispanic/L	atino	Et	hnicity (Total Da	ata): Hispanic/Lati	no	Ethr	nicity (Direct Data)	: Not Hispanic/I	_atino	Ethnicity (Indirect Data): Not Hispanic/Latino					nicity (Total Data)	: Not Hispanic/L	atino.	Ethni	city (Direct Data)	: Asked but No A	nswer	Ethnicity (Indirect Data): Unknown			
Data Element	Measure Data	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total
Measurement Year	2022																																
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	Н	н	н	н	н	н	н	н	н	н	н	н	Н	н	н	н	н	н
Eligible Population		227	607	477	1311	0	0	0	0	227	607	477	1311	40	35	15	90	4339	2474	1278	8091	4379	2509	1293	8181	0	0	0	0	0	0	0	0
Final Denominator		227	606	476	1309	0	0	0	0	227	606	476	1309	40	35	15	90	4339	2472	1278	8089	4379	2507	1293	8179	0	0	0	0	0	0	0	0
Numerator Events		162	23	272	457	0	0	0	0	162	23	272	457	28	23	9	60	2604	1363	508	4475	2632	1386	517	4535	0	0	0	0	0	0	0	0
Reported Rate		71.37%	3.80%	57.14%	34.91%	NA	NA	NA	NA	71.37%	3.80%	57.14%	34.91%	70.00%	65.71%	NA	66.67%	60.01%	55.14%	39.75%	55.32%	60.11%	55.29%	39.98%	55.45%	NA	NA	NA	NA	NA	NA	NA	NA
lote: If NA is displayed in place of the rate, this indicates the denominatc eport a valid rate.	r was too small (i.e., <30) to																																