Emergency Department Utilization:
Average number of emergency room visits per member per reporting period.

Well-Child Visits – First 15 months of life
Percentage of members who received 0, 1, 2, 3, 4, 5, and 6 or more well child visits with a primary care practitioner during the first 15 months of life.

Rates of screening using standardized screening tools for potential delays in social and emotional development
1) Screening Occurrence: Proportion of children who have had a standardized, validated developmental screening assessment at their 9, 18 or 30 month well-child visit within past 12 months
2) Abnormal Screening Result: proportion of children with an abnormal screening results documented on their problem list within the past 12 months.
3) Specialist follow-up proportion of children seen by specialist for developmental concerns within the past 12 months who had their specialist note reviewed by their primary clinician

Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication
The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
1. Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Additional QTIP suggestions for ADHD:
- Use and documentation of standardized tools in the diagnosis and follow up of ADHD
Total Eligibles Receiving Preventative Dental Services
The total number of children age 1 – 20 years who are eligible for Medicaid and/or CHIP and enrolled who received preventative dental services.

Additional QTIP suggestions for Preventative Dental areas of focus:
- Performing and documenting an oral health risk assessment between 12 - 36 months
- Referral of the patient to a dental home
- Application of fluoride varnish to high risk patients between 12 and 36 months of age
- Discuss fluoride in the family’s drinking water source.

Children and Adolescents’ Access to Primary Care Practitioners (PCP)
The percentage of members 12 months – 19 years of age who had a visit with a PCP.
- Children 12 – 24 months and 25 months – 6 years who had a visit with a PCP during the measurement year
- Children 7 – 11 years and adolescents 12 – 19 years who had a visit with a PCP during the measurement year of the year prior to the measurement year.

Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan Survey 4.0H, Child Version
This measure provides information on parents’ experience with their child’s health plan. Results summarize member experience through rating, composites and individual question summary rates.

Four global rating questions reflect overall satisfaction.
1) Rating of All Health Care
2) Rating of Personal Doctor
3) Rating of Specialist Seen Most Often
4) Rating of Health Plan

Five composite scores summarize responses in key areas:
1) Customer Service
2) Getting Care Quickly
3) Getting Needed Care
4) How Well Doctors Communicate
5) Shared Decision Making

Children with Chronic Conditions (CCC) Description:
This measure provides information on parents’ experience with their child’s health plan for the population of children with chronic conditions. Results include the same rating, composites and individual question summary rates as those reported for the CAHPS Health Plan Survey 4.0H, child Version. In addition, three CCC composites summarize satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions.
1. Access to Specialized Services
2. Family Centered Care: Personal Doctor Who Knows Child
3. Coordination of Care for Children with Chronic Conditions

Item-specific question summary rates are reported for each composite question. Question summary rates are also reported individually for two items summarizing the following concepts:
1. Access to Prescription Medicines
2. Family Centered Care: Getting Needed Information.
Focus of Quality Measures – February 2012

Frequency of Ongoing Prenatal Care
The percentage of Medicaid deliveries…that received the following number of expected prenatal visits:
- < 2% of expected visits
- 21% - 40% of expected visits
- 41% - 60% of expected visits
- 61% - 80% of expected visits
- >81% of expected visits

Percent of live births weighing less than 2,500 grams
The measure assesses the number of resident live births less than 2,500 grams as a percent of the number of resident live births in the State reporting period.

Cesarean rate for nulliparous singleton vertex
Percentage of women who had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex – NTSV births) at 37 weeks of gestation or later.

Annual number of asthma patients (2 – 20 years old) with one or more asthma-related emergency room visit
Asthma emergency department utilization for all children 2 through 20 years of age diagnosed with asthma or treatment with at least 2 short-acting beta adrenergic agents during the measurement year with one or more asthma-related ED visits.

Additional QTIP suggestions:
1. Developing an Asthma Action Plan at the patient level
   - Proper use of asthma control and rescue medications. Stepwise approach to identify treatment options and maintain therapy based on asthma control
2. Avoiding or reducing asthma triggers
3. Patient education
4. Monitoring regular follow up with a primary care provider for those with 1 ED visit with a primary diagnosis of Asthma
5. Follow up visits/Monitoring Frequencies:
   - Monitor in 2 to 6 week interval for patients beginning therapy or whose therapy is being stepped or when poor control noted.
   - Monitor in 1 to 6 month intervals after asthma control is achieved to determine if asthma control is maintained.
   - Monitor in 3 month intervals for patients who therapy is being stepped down.
6. Was a flu shot given in the past 12 months?
Focus of Quality Measures – July 2012

Weigh Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: BMI Assessment for Children/Adolescents
The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP … and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Because BMI norms for youth vary with age and gender, this measure evaluations whether BMI percentile is assessed rather than an absolute BMI value.

Additional QTIP suggestions for BMI areas of focus:
- Is the BMI noted in the record if greater than 95%?
- Is there a diagnosis code entered for obesity or overweight when appropriate in the chart?
- For children with obesity, is there advice recorded in the chart regarding activity, media exposure, diet, or motivational interviewing?

Annual Pediatric Hemoglobin (HbA1c) Testing and Control
Patients with annual diabetes testing and glycemic control.