

Maine IHOC Pediatric Measures Master List with Numerator/Denominators

* Updated January 2013 *

Overview: The Maine Improving Health Outcomes for Children (IHOC) Program recommends these Pediatric core measures based on clinical evidence and their broad base of support. The list contains alignment across NCQA/Quality organizations, AAP's Bright Futures Program/EPSTD, CMS priority areas (hearing, vision, dental and obesity) and the CHIPRA Core Quality Measures. These measures serve as a framework upon which other metrics can be added in the future. Members of the group who have reviewed these measures include: The Maine Chapter of the AAP Quality Improvement Committee: Mike Ross, MD, Husson Pediatrics, Steve DiGiovanni, MD, and Amy Belisle, MD; Quality Counts: Lisa Letourneau, MD; and the Maine CDC: Steve Meister, MD, MHSA, Medical Director, Family Health Division and member of the Maine EPSTD Committee, and Nath Anderson at the Muskie School of Public Service, USM. Members of the Measures and Practice Improvement Committee that are part of IHOC also reviewed these recommendations. The four Pediatric Patient Centered Medical Home (PCMH) sites will pilot collecting data on the first 29 measures on the list from their Electronic Medical Record (EMR). The next set (30 to 36) are claims based measures for the PCMH project. The final group of measures on the list (37 to 51) are CHIPRA required claims and EMR based measures (including hospital based measures) and a patient experience of care survey. These measures will be collected by the Muskie School of Public Service, USM on behalf of the MaineCare program for reporting to the Federal Government, but are not currently being asked of the PCMH groups to collect on all children. The last measure (#52) will require coordination between the hospital setting and the outpatient practices.

January 2013 Updates:

Originally developed in 2010, the IHOC Pediatric Measures Master List has been revised several times to maintain alignment with revised Meaningful Use and CHIPRA measures, and to respond to feedback from project stakeholders. The January 2013 revision includes revisions and footnotes that reflect Meaningful Use Stage 2 specifications released by the Centers for Medicare and Medicaid Services (CMS) in October 2012, a revised set of asthma measures from the Maine Health Management Coalition, and revisions to CHIPRA measures released by CMS in November 2012. Specific updates include:

- Immunization measures (1 – 4): Clarified numerator definitions to note that doses must be given on or before the child's birthday
- Healthy Weight (6): Updated measure to align with modifications to Meaningful Use healthy weight measure (NQF #0024). Added documentation of height and weight (in addition to BMI percentile) to the numerator definition, and modified age range for denominator to include children ages 3 - < 18. (Previously, age range was 2 - <18).
- Fluoride Varnish (16): Added denominator exclusion for children who have a dental home.
- Asthma measures (23 – 29): In August, 2012, the Maine Health Management Coalition's (MHMC) Pathways to Excellence (PTE) initiative updated its child health asthma measure definitions to align with national measure sets from the National Quality Forum (NQF), Meaningful Use (MU), and Bridges to Excellence (BTE). To maintain alignment across organizations, the revisions to the PTE asthma measures were incorporated into the IHOC measures list.
- Asthma Patient Body Mass Index (29): This measure replaced an adult tobacco use and cessation counseling measure that was included in prior versions of the IHOC measure list.
- ADHD Follow-up (36): Clarified definitions of the two components of this measure -- 1) the Initiation Phase, and 2) Continuation and Maintenance Phase
- Preventive Dental and Dental Treatment (38, 39): Updated denominator age ranges to align with CHIPRA measure specifications. Corrected age range includes children 1 - < 21 (instead of all children under age 21).

- Otitis Media with Effusion (40): Added note that CMS announced the retirement of this CHIPRA measure in December 2012.
- ED Utilization (41): Clarified specifications for calculation of the rate of ED visits per 1,000 member months.
- Follow-up After Hospitalization for Mental Illness (44): Updated denominator age range to align with CHIPRA measure specifications – members age 6 - <21 only. (Previously, age range included ages 6 and older).
- Removed table from end of document: “Master IHOC Pediatric Measures List by Topic, Source, and Potential Partners”. (Information from that table is reported in other IHOC documents).

Source Listing: The table below provides links to source documents for the IHOC Pediatric Master Measures List.

Source	Link(s)
ACIP - Advisory Committee on Immunization Practices	http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf http://www.cdc.gov/vaccines/recs/schedules/downloads/child/7-18yrs-schedule-pr.pdf
Bridges to Excellence (BTE) Asthma Program	http://www.hci3.org/sites/default/files/files/BTE%20Asthma%20Clinician%20Guide%2002.02.2012.pdf
Bright Futures Periodicity Schedule (AAP)	http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf
CHIPRA Initial Core Set of Children’s Health Care Quality Measures	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html
EPSDT (Early, Periodic Screening, Diagnosis and Treatment)	https://www.cms.gov/medicaidearlyperiodicscrn/01_Overview.asp
Maine Childhood Lead Poisoning Prevention Program	http://www.maine.gov/dhhs/eohp/lead/providers.shtml
Maine Lead Poisoning Control Act	http://www.mainelegislature.org/legis/statutes/22/title22ch252.pdf
Meaningful Use, AAP Guide	http://www2.aap.org/informatics/pdfs/MU-QualityReportingRequirements.pdf
Meaningful Use Measure Database (AHRQ)	http://ushik.ahrq.gov/MeaningfulUseMeasures?system=mu
NCQA Measures (individual PDFs)	http://www.ncqa.org/tabid/1083/Default.aspx
National Quality Forum-endorsed measures	http://www.qualityforum.org/QPS/
U.S. Preventive Services Task Force (USPSTF)	http://www.ahrq.gov/clinic/uspstfix.htm

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
EMR Measures - First priority for the PCMH				
1	Immunizations: % of children who turn 2 yo who have at least 4 DTaP; 3 IPV, 1 MMR; 3 HiB; 3 Hep B; 1 VZV; 4 PCV; 2 Hep A; 2 or 3 RV; and 2 influenza vaccines by their 2nd birthday. The measure calculates a combination rate and eleven separate vaccine rates. ^{1,2}	<p>Denominator for all of the following: The number of patients who turn 2 yo during the measurement year and are active patients at the practice.³ For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 24 through 35 months as of the end date of the measurement year; the end date is defined as the 15th of the previous month.</p> <p>1. Combination rate</p> <p>Numerator: Of those in the denominator, the number of patients who received each of the following vaccines on or before their 2nd birthday: 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps, rubella (MMR), 3 H influenza type B (HiB)⁴, 3 Hepatitis B (Hep B), 1 varicella (VZV) and 4 Pneumococcal (PCV), 2 Hepatitis A (Hep A)⁵, 2 or 3 rotavirus (RV), and 2 influenza.</p> <p>1a. Four diphtheria, tetanus and acellular pertussis (DTaP)</p> <p>Numerator: Of those in the denominator, the number of patients who have at least 4 DtaP on or before their 2nd birthday.</p> <p>1b. Three polio (IPV)</p> <p>Numerator: Of those in the denominator, the number of patients who have at least 3 IPV on or before their 2nd birthday.</p> <p>1c. One measles, mumps and rubella (MMR)</p> <p>Numerator: Of those in the denominator, the number of patients who have at least 1 MMR on or before their 2nd birthday.</p> <p>1d. Three H influenza type B (HiB)</p> <p>Numerator: Of those in the denominator, the number of patients who have at least 3 HiB on or before their 2nd birthday.</p>	NCQA/HEDIS, CHIPRA (5), Meaningful Use #0038, Bright Futures, ACIP	Process

¹ For IHOC reports produced in ImmPact2, the numerator definitions for this measure follow ACIP guidelines which only count “valid” doses of vaccine; to be considered valid, vaccine doses must be administered between the minimum and maximum recommended ages, and for multiple dose vaccines, must be administered with the minimum recommended interval between doses. CHIPRA measure numerator specifications do not include all of the ACIP dose validation requirements, such as minimum between-dose intervals for IPV and HepB, nor the maximum age of 8 months for the final dose of RV. As a result, reports that use the CHIPRA specifications (e.g. CHIP Annual Report that is submitted to CMS) will not align exactly with IHOC reports produced by ImmPact2.

² Some children are excluded from the measure, such as those “with an anaphylactic reaction to one or more of the vaccines.” Please see CHIPRA Core Set Technical Manual for further details.

³ The CHIPRA definition of “active patient” uses Medicaid (MaineCare) enrollment status, defining “active patient” as one who was enrolled in MaineCare for 12 months prior to the child’s second birthday, with no more than a one month gap in enrollment. For IHOC reports in ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

⁴ The Stage 1 Meaningful Use definition (effective 2011 through 2013) required only 2 HiB vaccines, whereas the CHIPRA definition requires 3 HiB vaccines. The Stage 2 Meaningful Use definition (updated in October 2012 and effective in 2014) will require 3 HiB vaccines for compliance.

⁵ The CHIPRA measure specification and Stage 1 Meaningful Use specification (effective 2011 through 2013) both require 2 Hep A doses. The Stage 2 Meaningful Use specification (effective in 2014) will require only 1 Hep A vaccine for numerator compliance.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
		<p>1e. Three hepatitis B (HepB) Numerator: Of those in the denominator, the number of patients who have at least 3 HepB on or before their 2nd birthday.</p> <p>1f. One varicella or chicken pox (VZV) Numerator: Of those in the denominator, the number of patients who have at least 1 varicella vaccine on or before their 2nd birthday.</p> <p>1g. Four pneumococcal conjugate (PCV) Numerator: Of those in the denominator, the number of patients who have at least 4 pneumococcal conjugate (PCV) on or before their 2nd birthday.</p> <p>1h. Two hepatitis A (HepA) Numerator: Of those in the denominator, the number of patients who have at least 2 HepA on or before their 2nd birthday.</p> <p>1i. Two or Three rotavirus (RV) Numerator: Of those in the denominator, the number of patients who have one of the following dose combinations on or before their 2nd birthday:</p> <ul style="list-style-type: none"> • Two doses of the two-dose vaccine, or • One dose of the two-dose vaccine and two doses of the three-dose vaccine, or • Three doses of the three-dose vaccine. <p>1j. Two influenza (flu) vaccines Numerator: Of those in the denominator, the number of patients who have at least 2 influenza vaccines on or before their 2nd birthday.</p>		
2	Immunizations: % of children who have received their MMR, VZV, DTaP and IPV boosters by 6 yo; Report each vaccine separately and a combination rate.	<p>Denominator: The number of patients who turn 6 yo during the measurement and are active patients at the practice.⁶ For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 72 through 83 months as of the end date of the measurement year; the end date is defined as the 15th of the previous month.</p> <p>Numerator: Of those in the denominator, the number of patients who received each of the following on or before their 6th birthday: booster shots for MMR, Varicella, DTaP and IPV.</p>	Bright Futures, ACIP	Process

⁶ For IHOC reports in ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
3	Immunezations: % of adolescents who have had meningococcal vaccine and Tdap or Td by 13 yo; Report each vaccine separately and a combination rate.	Denominator: The number of patients who turn 13 yo during the measurement year and are active patients at the practice. ⁷ For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 156 through 167 months as of the end date of the measurement year; the end date is defined as the 15 th of the previous month. Numerator: Of those in the denominator, the number of patients who received each of the following on or before their 13 th birthday: 1 MCV and 1 Tdap or 1 tetanus (Td) immunization.	Bright Futures, CHIPRA (6) ACIP, NCQA/HEDIS	Process
4	Immunezations: % of adolescents who have completed the HPV series of 3 vaccines on or before their 13 th birthday. Report separate rate for boys/girls. (Combined rate for boys and girls when available.)	Denominator: The number of patients who turn 13 yo during the measurement year and are active patients at the practice. ⁸ For IHOC reports in ImmPact2, the denominator population is defined as children who were ages 156 through 167 months as of the end date of the measurement year; the end date is defined as the 15 th of the previous month. Numerator: Of those in the denominator, the number of patients who completed the HPV series of 3 vaccines on or before their 13 th birthday.	ACIP Bright Futures, CDC ⁹ , NCQA/HEDIS (girls only)	Process

⁷ The CHIPRA definition of “active patient” uses Medicaid (MaineCare) enrollment status, defining “active patient” as one who was enrolled in MaineCare for 12 months prior to the child’s 13th birthday, with no more than a one month gap in enrollment. For IHOC reports in ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

⁸ For IHOC reporting using ImmPact2, “active patient” is defined as all patients assigned to the practice who have not been flagged as MOGE (Moved or Gone Elsewhere).

⁹ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a5.htm?s_cid=mm5920a5_e

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
5	<p>Healthy Weight: Weight Assessment and BMI Classification: % 3-<18 yo who had an outpatient visit with documentation of BMI percentile. (Report 3-<12 yo, 12-<18 yo age groups and total.)</p> <p>Also report BMI classification¹⁰: underweight <5%; healthy weight; 5 to 84%; overweight: 85%-94%; obese 95%-98%, BMI>99%¹¹</p>	<p>5. Denominator: Patients 3-<18 yo who had an outpatient visit during the measurement yr with a PCP.</p> <p>Numerator: Of those in the denominator, number of patients who have evidence of Body Mass Index (BMI) percentile documentation during the measurement year.</p> <p>5a. Denominator: Patients 3-<12 yo who had an outpatient visit during the measurement yr with a PCP.</p> <p>Numerator: Same as above.</p> <p>5b. Denominator: Patients 12-<18 yo who had an outpatient visit during the measurement yr with a PCP.</p> <p>Numerator: Same as above.</p> <p>(Note: If using medical record review, use a systematic sample drawn from the eligible population for the Total age band: 3-<18 years. Total sample stratified by age to report rates for ages 3-<12 and for ages 12-<18. Also, documentation must include height, weight <u>and</u> BMI percentile during the measurement year to be counted in the numerator.)</p>	CHIPRA (7) Bright Futures, NCQA/HEDIS, NHANES	Process
6	<p>Healthy Weight: Weight Assessment and Counseling for Nutrition and Physical Activity: % 3-<18 yo who had an outpatient visit with a PCP who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.</p>	<p>6. Denominator: Patients 3-<18 yo, active patients, who had an outpatient visit during the measurement year.</p> <p>Numerator: Of those in the denominator, number of patients who have evidence of height, weight and Body Mass Index (BMI) percentile documentation and counseling for nutrition and physical activity during the measurement year.¹²</p> <p>6a. Denominator: Patients 3-<12 yo, active patients, who had an outpatient visit during the measurement year.</p> <p>Numerator: Same as above.</p> <p>6b. Denominator: Patients 12-<18 yo, active patients, who had an outpatient visit during the measurement year.</p> <p>Numerator: Same as above.</p>	NCQA/HEDIS, Meaningful Use #0024 ¹³ , Bright Futures	Process

¹⁰ Reporting of BMI percentile results are not part of the CHIPRA measure. BMI classification was added to this measure at the request of IHOC stakeholders.

¹¹ <http://www.cdc.gov/nchs/nhanes.htm>

¹² Healthy Habits (5210) Survey: covers counseling for nutrition and physical activity

¹³ CMS released the Meaningful Use Stage 2 measures (effective in 2014) in October 2012 with the following modifications to NQF #0024: patient age criteria changed to 3 – 17 (from 2 – 17), and added the patient’s height and weight (in addition to BMI percentile) to the numerator criteria.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
7	Developmental Screening: % with documented use of a developmental screening tool by 12 mo	Numerator: Number of children who turn 12 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 6 mo and were screened with a standardized documented developmental tool ¹⁴ prior to turning 12 mo of age. Denominator: Number of children who turn 12 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 6 mo.	CHIPRA (8), Bright Futures, EPSDT	Process
8	Developmental Screening: % with documented use of a developmental screening tool by 24 mo	Numerator: Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 12 mo and were screened with a standardized documented developmental tool ¹⁵ prior to 24 mo of age. Denominator: Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 12 mo.	CHIPRA (8), Bright Futures, EPSDT	Process
9	Developmental Screening: % with documentation of an autism-specific screening tool between 16-30 mo of age; Also report individual rates of screening 1 or 2 times	Numerator: Number of children who turn 30 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 14 mo and were screened 1 or 2 times with a standardized autism screening tool ¹⁶ between 16 and 30 months of age. Denominator: Number of children who turn 30 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 14 mo.	Bright Futures, EPSDT	Process
10	Developmental Screening: % with documented use of a developmental screening tool between 24-36 mo.	Numerator: Number of children who turn 36 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 12 mo and were screened with a standardized documented developmental tool ¹⁷ prior to 36 mo of age. Denominator: Number of children who turn 36 mo during the measurement year who were seen for a wcc or other PCP visit in the previous 12 mo.	CHIPRA (8), Bright Futures, EPSDT	Process
EMR - Second Priority for the PCMH				
11	Hearing: % of all children who received at least on 1 hearing test during / prior to age 6	Numerator: Total number of patients who turn 6 during the measurement year and were active patients in the practice since their 4th birthday who had a wcc or other PCP visit during the measurement year who had at least one hearing test recorded in the chart. Denominator: Total number of patients who turn 6 during the measurement year and were active patients in the practice since their 4th birthday who had a wcc or other PCP visit during the measurement year.	EPSDT Bright Futures	Process

¹⁴ PEDS or ASQ are examples, target is screening at 9 mo wcc

¹⁵ PEDS or ASQ are examples, target is screening at 18 mo wcc

¹⁶ MCHAT I and II are examples- target is screening at 18-24 mo wcc

¹⁷ PEDS or ASQ are examples- target is screening at 24-30 mo wcc

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
12	Vision: % of children ages 3-6 yo with a documented visual acuity test	Numerator: Number of children ages 3, 4, 5, 6 during the measurement year and were seen for a wcc or PCP visit during the measurement year that have a documented visual acuity test in their chart. Denominator: Number of children ages 3, 4, 5, 6 during the measurement year and were seen for a wcc or PCP visit during the measurement year.	EPSDT Bright Futures	Process
13	Vision: % children with at least one documented visual acuity prior to age 6	Numerator: total number of patients who turn 6 during the measurement year and were active patients in the practice since their 3rd birthday and were seen for a wcc or PCP visit who have at least one documented visual acuity recorded in the chart. Denominator: Number of children who turn 6 during the measurement year and were active patients in the practice since their 3 rd birthday and were seen for a wcc or PCP visit ¹⁸ during the measurement year.	EPSDT Bright Futures USPSTF	Process
14	Oral Health: % of children with oral health risk assessment completed between ages 6 mo and < 4 years Report total and four separate age groups: 6 - <12mo, 12-<24mo, 24-<36mo, and 36mo -<4yo	Numerator for all of the following: Of those in the denominator, total number of children with oral health risk assessment completed in the past year with classification as high/mod risk or low risk. 14. Denominator: Total number of children ages 6 mo to <4 yo seen for a wcc or PCP visit in the past year. 14a. Denominator: Number of children ages 6 to <12 mo seen for a wcc or PCP visit in the past year. 14b. Denominator: Number of children ages 12 to <24 mo seen for a wcc or PCP visit in the past year. 14c. Denominator: Number of children ages 24 to <36 mo seen for a wcc or PCP visit in the past year. 14d. Denominator: Number of children ages 36 mo to <4 yo seen for a wcc or PCP visit in the past year.	MaineCare, EPSDT, Bright Futures	Process
15	Oral Health: % children ages 6 mo - <4 yo with documentation of a dental home (defined as a dental office) Report total and four separate age groups: 6 - <12mo, 12-<24mo, 24-<36mo, and 36mo -<4yo	Numerator for all of the following: Of those in the denominator, total number of children with dental home documentation completed (either yes or no) in the past year. 15. Denominator: Total number of children ages 6 mo to <4 yo seen for a wcc or PCP visit in the past year. 15a. Denominator: Number of children ages 6 to <12 mo seen for a wcc or PCP visit in the past year. 15b. Denominator: Number of children ages 12 to <24 mo seen for a wcc or PCP visit in the past year. 15c. Denominator: Number of children ages 24 to <36 mo seen for a wcc or PCP visit in the past year.	MaineCare, EPSDT, Bright Futures, ADA, AAP, Maine Law about coverage ¹⁹	Outcome

¹⁸ <http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm>

¹⁹ LD 1773 SP0680, An Act To Improve Dental Insurance Coverage for Maine Children. Signed 03/31/10, PUBLIC LAWS, Chapter 578.

http://mainelegislature.org/legis/bills/bills_124th/chapters/PUBLIC578.asp

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
		15d. Denominator: Number of children ages 36 mo to <4 yo seen for a wcc or PCP visit in the past year.		
16	Oral Health: % of children ages 6 mo - <4 yo with fluoride varnish applied who had a high/moderate oral health risk assessment Report total and four separate age groups: 6 - <12mo, 12-<24mo, 24-<36mo, and 36mo -<4yo	Numerator for all of the following: Of those in the denominator, total number of children with fluoride varnish applied (code D1206 in claims data). Do not count fluoride varnish applied by a dental provider. 16. Denominator: Total number of children ages 6 mo to <4 yo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment. Exclude children who have a dental home from this and all denominators below. 16a. Denominator: Number of children ages 6 to <12 mo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment. 16b. Denominator: Number of children ages 12 to <24 mo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment. 16c. Denominator: Number of children ages 24 to <36 mo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment. 16d. Denominator: Number of children ages 36 mo to <4 yo seen for a wcc or PCP visit in the past year with high/moderate risk on the oral health risk assessment.	MaineCare, EPSDT, Bright Futures	Process
17	Lead: % of all children with whom a lead risk assessment questionnaire was done to determine a child's level of risk between 12 - 23 mo	Numerator: Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in the last 12 mo who had a lead screening questionnaire completed on or before the child's second birthday. ²⁰ Denominator: Number of children who turn 24 mo during the measurement year who were seen for a wcc or other PCP visit in last 12 mo.	Maine Lead Screening Program, Maine Law, Bright Futures	Process
18	Lead: % children enrolled in MaineCare that had a venous or capillary blood	Numerator: Number of children enrolled in MaineCare who turn 24 mo during the measurement year who had a lead test completed on or before the child's second birthday. Denominator: Number of children enrolled in MaineCare who turn 24 mo during the measurement year.	Maine Lead Screening Program, Maine Law,	Process

²⁰ Use the following lead risk questionnaire to determine a child's level of risk at 12 mo and 24 mo of age:

- a. Does your child spend more than 10 hours per week in any house built before 1950?
- b. Does your child spend more than 10 hours per week in any house built before 1978 that was renovated or remodeled within the past 6 mo?
- c. Does your child spend time with an adult whose job exposes him or her to lead? (Examples: construction, painting, metalwork)
- d. Is your child enrolled in MaineCare? (All children with MaineCare need a blood lead test performed.)

If the parent answers "yes" or "I don't know" to any of these questions, a blood lead test should be performed.

In addition to testing children on the basis of risk, consider testing for lead exposure in:

- e. Children diagnosed with pica, developmental delays, behavioral problems or ADHD
- f. Children presenting with unexplained illness such as severe anemia, lethargy or abdominal pain

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
	sample tested for lead between 12 - 23 mo ²¹		USPSTF, NCQA/HEDIS	
19	Lead: % of all children with whom a lead risk assessment questionnaire was used to determine a child's level of risk between 24 - 35 mo	Numerator: Number of children who turn 36 mo during the measurement year who were seen for a wcc or other PCP visit in the last 12 mo who had a lead screening questionnaire completed on or before the child's third birthday. Denominator: Number of children who turn 36 mo during the measurement year who were seen for a wcc or other PCP visit in the last 12 mo.	Maine Lead Screening Program, Maine Law, Bright Futures	Process
20	Lead: % of children enrolled in MaineCare who had a venous or capillary blood sample test for lead between 24 - 35 mo ²²	Numerator: Number of children enrolled in MaineCare who turn 36 mo during the measurement year who had a lead test completed on or before the child's third birthday. Denominator: Number of children enrolled in MaineCare who turn 36 mo during the measurement year.	Maine Lead Screening Program, Maine Law, USPSTF	Process
21	Lead: % of all children enrolled in MaineCare who have had 2 lead tests by 36 mo	Numerator: Number of children enrolled in MaineCare who turn 36 mo during the measurement year who had 2 lead tests completed on or before the child's third birthday. Denominator: Number of children enrolled in MaineCare who turn 36 mo during the measurement year.	Maine Lead Screening Program, Maine Law	Process
22	Anemia: % of children enrolled in MaineCare who had a test for anemia between 12 – 23 mo and 24 – 35 mo	22a. Numerator: Number of children enrolled in MaineCare who turn 24 mo during the measurement year who had an hemoglobin/hematocrit (H/H) completed on or before the child's second birthday. Denominator: Number of children enrolled in MaineCare who turn 24 mo during the measurement year. 22b. Numerator: Number of children enrolled in MaineCare who turn 36 mo during the measurement year who had an hemoglobin/hematocrit (H/H) completed on or before the child's third birthday. Denominator: Number of children enrolled in MaineCare who turn 36 mo during the measurement year.	EPSDT Committee, Bright Futures	Process

²¹<http://www.uspreventiveservicestaskforce.org/uspstf06/lead/leadsum.htm> The section states: "Medicaid's Early and Periodic Screening, Diagnostic, and Treatment Program requires that all children be considered at risk and must be screened for lead poisoning. CMS requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. At this time, states may not adopt a statewide plan for screening children for lead poisoning that does not require lead screening for all Medicaid-eligible children."

²² See footnote 17 above.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
Asthma Measures from EMR - Priority for Maine Health Management Coalition(MHMC) Pathways to Excellence (PTE) Program				
23	Asthma Assessment : ²³ % of patients with diagnosis of asthma ages 2 and <19, who were evaluated during at least one office visit within 12 mo for daytime and nocturnal asthma symptoms.	Numerator: Total number of children 2<19 yo with a diagnosis of asthma who were evaluated within 12 mo for the frequency (numeric) of daytime and nocturnal asthma symptoms. ²⁴ Denominator: Patients between the ages of 2 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of asthma.	Meaningful Use #0001 (5-40 yo), BTE, AMA, PTE #1	Process
24	Asthma: Lung Function Testing : ²⁵ % of patients with diagnosis of asthma ages 5 and <19 yo in which one or more spirometry result(s) have been obtained within the past 24 months	Numerator: Number of patients 5 < 19 yo who have had spirometry completed at least once in the last 24 mo. Denominator: Patients between the ages of 5 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of asthma.	BTE (5-75 yo), NHLBI 2007 ²⁶ , PTE #2	Process
25	Asthma: Medication Therapy: ²⁷ % of patients who were identified as having persistent asthma and were appropriately prescribed controller medication (included age ranges vary)	25a. Numerator (PTE): Total number of patients age 2-<19 identified with persistent asthma who were appropriately prescribed controller medication within the last 12 mo. Denominator: Patients between the ages of 2 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of persistent asthma. 25b. Numerator (Meaningful Use): Total number of patients age 5-<65 during the measurement year identified with persistent asthma who were appropriately prescribed controller medication during the measurement year.	BTE, Meaningful Use #0036, NCQA/HEDIS, PTE #3	Process

²³ Adapted from Meaningful Use, NQF #0001, AMA (currently ages 5 – 40)

²⁴ For asthma control tests, these tools are validated: Test for Respiratory and Asthma Control in Kids (TRACK, for children 2 < 4 years of age), and Asthma Control Test (ACT, for children ≥ 4 years of age)

²⁵ Adapt BTE Lung Function and Spirometry Metric (Currently ages 5-75 and yearly evaluation)

²⁶ **NHLBI 2007 Guidelines:** The Expert Panel recommends the following frequencies for spirometry measurements:

(1) at the time of initial assessment (Evidence C); (2) after treatment is initiated and symptoms and PEF have stabilized, to document attainment of (near) “normal” airway function; (3) during a period of progressive or prolonged loss of asthma control; and (4) at least every 1–2 years to assess the maintenance of airway function (Evidence B, extrapolation from clinical trials). Spirometry may be indicated more often than every 1–2 years, depending on the clinical severity and response to management (Evidence D). These spirometry measures should be followed over the patient’s lifetime to detect potential for decline and rate of decline of pulmonary function over time (Evidence C).

²⁷ PTE measure uses the Meaningful Use specification with a modified age breakout (2-<19). Meaningful Use specification (NQF #0036) includes ages 5 – 64, and reports separate rates for each of the following age groups: 5-11, 12-18, 19-50, and 51-64 yo. BTE specification includes ages 5 – 75.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
		Denominator: Total number of patients age 5- <65 during the measurement year identified with persistent asthma. (Also compute separate numerator/denominators for patient populations that include only ages 5 – 11, 12 – 18, 19 – 50, and 51 – 64 yo.)		
26	Asthma: Influenza Vaccination: ²⁸ % of patients with diagnosis of asthma ages 2 and <19 yo who have a documented flu shot within the past 12 mo	Numerator: Total number of patients ages 2<19 yo with flu shot documented within the last 12 mo Denominator: Patients between the ages of 2 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of asthma.	BTE, ACIP, PTE #4	Process
27	Asthma: Patient Self-Management Plan: ²⁹ % of patients with asthma, 2-75 yo, that have a current written action plan on file updated within the last year	Numerator: Number of patients 2<19 yo with a written action plan ³⁰ updated within the last 12 mo. Denominator: Patients between the ages of 2 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of asthma.	BTE, PTE #5	Process
28	Tobacco Exposure and Use: ³¹ % of patients with diagnosis of asthma ages 2 and <19 yo with annual documentation of tobacco exposure/ tobacco use	Numerator: Total number of children ages 2 and <19 yo with documentation of tobacco exposure ³² and for children ages 10 and <19 assessed for tobacco use within the last 12 mo. Denominator: Patients between the ages of 2 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of asthma.	BTE, PTE #6	Process

²⁸ Adapt BTE Influenza Vaccination Metric (Currently ages 5 -75 years)

²⁹ Adapt BTE Patient Self-Management Plan Metric (Currently ages 5 -75 years)

³⁰ An asthma action plan (also called a management plan) is a written plan that is developed by a provider with a family that outlines a patient's medical therapy and asthma symptoms that warrant further treatment or action

³¹ Meaningful Use Stage 2 has a related measure for adults age 18 and older: #0028, Tobacco use, screening and cessation intervention

³² Tobacco exposure is defined as someone who uses tobacco who lives in the household or is a primary caregiver.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
29	Asthma Patient Body Mass Index: ³³ % of patients with diagnosis of asthma ages 2 and <19 yo with BMI percentile documented	Numerator: Patients 2<19yo who have evidence of Body Mass Index (BMI) percentile documentation within the last 12 mo. Denominator: Patients between the ages of 2 and <19 years who have been under the care of the participating practice for at least 24 months and have a documented diagnosis of asthma.	BTE, PTE #7	Process
Claims Based Measures for the PCMH, Currently being collected by Muskie School of Public Service				
30	Pharyngitis: % of children 2–<18 yo who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Numerator: Number of children who had a strep test administered in the 7 day period from 3 days prior though 3 days after the first presentation of illness. Denominator: children 2 - <18 yo who had an outpatient visit with a diagnosis of pharyngitis and were dispensed an antibiotic, who were active patients in the practice 30 days prior to the episode date through 3 days after the episode date.	NCQA/HEDIS, CHIPRA (15), Meaningful Use #0002, BTE	Process
31	WCC: % of children with 6 or more wcc in the first 15 mo	Numerator: The number of children who received 0,1,2,3,4,5,6 or more well child care (wcc) with a PCP during their first 15 mo. Calculate rates for each number of visit. Denominator: Children who turn 15 mo during the measurement year. An active patient in the practice 31 days - 15 mo of age.	NCQA/HEDIS, CHIPRA (10), Bright Futures	Process
32	WCC: % of children who received wcc at 15, 18 and 24 mo	Numerator: The number of children who received who received 0, 1, 2, 3 wcc with a PCP from 15 mo of age to their 3 yr birth date. Denominator: Children who turn 3 yo during the measurement year. An active patient in practice from 15 mo to three yo.	Bright Futures	Process
33	WCC: % of children 3-6 yo with at least one wcc/year	Numerator: Number of patients in 3rd, 4th, 5th, 6th year of life who received at least one wcc visit during the measurement year. Denominator: Number of active patients in practice in the 3rd, 4th, 5th, 6th year of life during the measurement year. Anchor date: Dec 31st of the measurement year.	NCQA/HEDIS, CHIPRA (11), Bright Futures	Process
34	WCC: % of children 7-11 yo with at least one wcc/year	Numerator: Number of patients in 7th, 8th, 9th, 10th and 11th year of life who received at least one wcc visit during the measurement year. Denominator: Number of active patients at the practice in the 7th, 8th, 9th, 10th and 11th year of life during the measurement year. Anchor date: Dec 31st of the measurement year.	Bright Futures	Process

³³ Adapt BTE Body Mass Index Metric (Currently percentage of patients ages 18-75). Note: This IHOC measure replaces an adult tobacco use and cessation counseling status measure that was included in earlier versions of the IHOC list.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
35	WCC: % of children 12-21 yo with at least one wcc/year	Numerator: Number of active patients at the practice in the 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st year of life who received at least one wcc during the measurement year. Denominator: Number of active patients at the practice in the 12th, 13th, 14th, 15th, 16 th , 17th, 18th, 19th, 20th and 21st year of life during the measurement year. Anchor date: Dec 31st of the measurement year.	NCQA/HEDIS, Bright Futures, CHIPRA (12)	Process
36	ADHD Follow-Up: % of children 6-12 yo who had at least 1 follow-up visits within 30 days after initiation of ADHD medication (Initiation Phase); and who had at least 2 additional visits within 10 months (Continuation and Maintenance Phase).	Initiation Phase Numerator: Children age 6-12 yo at the start of medication for ADHD that had at least one follow-up visit with a prescribing practitioner within 30 days after the initiation of medication. Denominator: Children age 6-12 yo at the start of medication, with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 10 mo after starting treatment. Continuation and Maintenance Phase Numerator: Children age 6-12 yo at the start of medication for ADHD, who in addition to the visit during the Initiation Phase, had at least two additional follow-up visits with a practitioner within 10 mo after the initiation of medication. Denominator: Children 6-12 yo at the start of medication, with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 10 mo after starting treatment.	NCQA/HEDIS CHIPRA (21)	Process
Claims Based Measures Not Being Recommended for PCMH, but are CHIPRA Measures and will be collected by Muskie				
37	Chlamydia Screening for Women	Numerator: Women 16-20 yrs of age as of Dec 31st of the measurement year who were identified as sexually active who had at least one chlamydia test during the measurement year. Denominator: Women 16-20 yrs of age as of Dec 31st of the measurement year who were identified as sexually active. Continuous enrollment during the measurement year.	CHIPRA (9) NCQA/HEDIS, Meaningful Use #0033 (16-24 yo)	
38	Preventive Dental: Total eligibles receiving preventive dental services (EPSDT CMS Form 416, Line 12B)	Numerator: The total unduplicated number of children receiving dental treatment services defined by HCPCS codes D1000-D1999 (ADA codes D1000-D1999). Denominator: The total no. of children shown on line 12b of the CMS-416 Form which represents the total unduplicated number of all individuals ages 1 - <21 ³⁴ determined to be eligible for EPSDT services. Unduplicated means each child is counted only once for the purposes of this line if multiple services were received.	CHIPRA (13), CMS	
39	Dental Treatment: Total EPSDT eligibles who received dental treatment services (EPSDT CMS Form 416, Line 12C)	Numerator: The total unduplicated number of children receiving dental treatment services defined by HCPCS codes D2000-D9999 (ADA/CDT codes 02000-09999). Denominator: The total no. of children shown on line 12c of the CMS-416 Form which represents the total unduplicated number of all individuals ages 1 - <21 ³⁵ determined to be eligible for EPSDT services. Unduplicated means that each child is counted only once for purposes of this line if multiple services were received.	CHIPRA (17)	

³⁴ EPSDT/CMS 416 dental measure includes ages < 1; CHIPRA measure limited to ages 1 - <21.

³⁵ EPSDT/CMS 416 dental measure includes ages < 1; CHIPRA measure limited to ages 1 - <21.

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
40	OME: Otitis Media with Effusion	Numerator: Number of patients who were not prescribed systemic antimicrobials. Denominator: All patients ages 2 mos-12 yrs with a diagnosis of Otitis Media with Effusion. ** In December 2012, CMS announced this CHIPRA measure is being retired. **	CHIPRA (16), AMA	
41	Emergency Department (ED) Utilization: The rate of emergency department (ED) visits per 1,000 member months among children up to age 19. (Report three separate age ranges: < 1, 1-<10 and 10-<20)	Numerator: Total number of ED visits during the measurement year for children enrolled in the program age < 20 yo as of the date of service. Denominator: Total number of member months = Total number of months enrolled in the program summed across all children. Denominator includes only children age < 20 yo as of the date of service.	CHIPRA (18)	
42	Asthma ED visits: Annual number of asthma patients ages 2 - <21 yo with at least 1 asthma related ER visit	Numerator: Number of children in the denominator sample who had at least 1 ED visit(s) during the measurement year where the primary diagnosis assigned on the claim was asthma. Denominator: All children age 2 - <21 yo diagnosed with asthma during the measurement year.	CHIPRA (20)	
43	Hemoglobin A1C: Annual hemoglobin A1C testing (all children and adolescents diagnosed with diabetes)	Numerator: The number of patients in the denominator sample who have documentation of date and result for the most recent HbA1c test during the 12-month reporting period. Denominator: A systematic sample of patients, ages 5-17, with a diagnosis of diabetes and/or notation of prescribed insulin/oral hypoglycemics/ antihyperglycemics for at least 12 months. This is defined by documentation of a face-to-face visit for diabetes care between the physician and patient that predates the most recent visit by at least 12 months.	CHIPRA (22)	
44	Follow up after hospitalization for mental illness	Numerator: People in the denominator without an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner within a.) 7 days after discharge or b.) 30 days after discharge (calculate both rates) Denominator: Members 6 - <21 yrs of age who were hospitalized for treatment of selected mental health disorders and discharged. Continuous enrollment date of discharge through 30 days after discharge.	CHIPRA(23), NCQA/HEDIS	
45	Children and adolescents' access to primary care practitioners (PCP), by age and total	Numerator: Number of members in each age stratification who had at least one visit with a PCP (calculate rate for each age range and total). Denominator: Children who fall into the following age groups: 12-24 months, 25 months-6 yrs, 7-11 yrs, and 12-19 yrs as of December 31 of the measurement year. (Continuous enrollment for 12-24 months & 25 months-6 yrs is the measurement year; for 7-11 yrs & 12-19 yrs, it is the measurement year and the year prior to the measurement year).	CHIPRA (14), NCQA/HEDIS	

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
Hospital Based Measures for CHIPRA, not for the PCMH that will be collected by Muskie				
46	Frequency of Ongoing Prenatal Care	Numerator: Women in the denominator sample who had an unduplicated count of less than 21%; 21-40%; 41-60%; 61-80%; or more than 81% of expected visits, adjusted for the month of pregnancy at enrollment and gestational age. Denominator: Medicaid-enrolled women who delivered a live birth on/between Nov 6 of the yr prior to measurement yr & Nov 5 of the measurement yr. (Continuous enrollment is 43 days prior to delivery through 56 days after delivery). Data can be reported separately for adolescent women.	CHIPRA (2) NCQA/HEDIS	
47	Timeliness of Prenatal Care	Numerator: Number of women in the denominator sample who had a prenatal visit in the first trimester or within 42 days of enrollment. Denominator: All deliveries during the measurement year. (Continuous enrollment is 43 days prior to delivery through 56 days after delivery). Data can be reported separately for adolescent women.	CHIPRA (1), NCQA/HEDIS	
48	Percent of Live Births weighing < 2,500 grams	Numerator: Number of resident live births less than 2500 grams. Denominator: Number of resident live births in the state during the reporting period. Data can be reported separately for adolescents.	CHIPRA (3), CDC, NVSS	
49	Percent of cesarean section delivery rate for nulliparous singleton vertex	Numerator: Number of women in the denominator who had a cesarean section delivery. Denominator: First live singleton births (also known as nulliparous term singleton (NTSV) births) at 37 weeks of gestation or later with vertex presentation (no breech/transverse fetal positions).	CHIPRA (4)	
50	Percent of Pediatric central-line associated blood stream infections - Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	Numerator: Number of catheter-associated blood stream infections identified during the month selected for surveillance. Denominator: Number of central line days during the month selected for surveillance.	CHIPRA (19), CDC	
Survey Based Measure				
51	HEDIS CAHPS® 4.0 instruments including supplements for children with chronic conditions and Medicaid plans	This measure provides information on parents' experience with their child's health plan. Results summarize member experiences through ratings, composites and individual question summary rates. Topics covered in the survey include: rating of all health care and personal doctor, customer service, getting care quickly, getting needed care, how well doctors communicate, shared decision making, family centered care, coordination of care for children with chronic conditions, and access to prescription medicines. Denominator: All children enrolled in MaineCare during measurement period.	CHIPRA (24), NCQA	

#	Measure	Operational Definition Numerator/Denominator	Measure Steward	Measure Type
Hospital Based Measure that would require coordination with the infant's medical home				
52	Newborn hearing screen and audiologic evaluation ³⁶	<p>52a) Numerator: Number of infants in the measurement year who had a hearing screen prior to 1 mo of age. Denominator: Number of infants born in the measurement year.</p> <p>52b) Numerator: Number of infants in the measurement year who did not pass the newborn hearing test at 1 mo of age, who that had an audiologic evaluation by 3 mo of age. Denominator: Number of infants born in the measurement year who did not pass the newborn hearing test at 1 mo of age seen for a 4 mo wcc.</p>	USPSTF ³⁷	

³⁶ Universal newborn hearing tests are currently reported in the CHILDLINK program. The issue is how to capture the children who do not pass the test and need to get an audiologic examination by 3 mo of age and to coordinate follow-up with the infant's medical home.

³⁷ <http://www.uspreventiveservicestaskforce.org/uspstf08/newbornhear/newbhearrs.htm>