| | | | | Appendix B: Hawaii Med-QUEST Quality Strategy Perfor | mance Me | asures, Baseli | ne and Targets | | | | | | | | | | | | | |
|---------------------------|--------------|----------------------|---|--|------------------------------------|------------------|--|---------------------------|--|-------------------------|------------|----------|--|------------------|-----------------------|--------------|-------------------------------|------------------------|---------------------|--------------------|
| # NQF# | Measure | | | | Baseline Reporting Year (RY) | Baseline (Value) | RY2023 or RY2024 Target/ | Quality Strategy Objectiv | | | | | Addressed | ldressed Repo | | | Reporting Agencies/Facilities | | | |
| | Steward | PM Code | Performance Measure (PM) Name | PM Indicator | | [STATEWIDE] | Target Setting Method | 2 3 | 4 5 | 6 | 7 8 9 | 10 11 | 12 13 14 | 4 15 | Cycle | | ns CCS Plan Hos | spitals Nurs Facili | rsing lities MQE | QD Other (Specify) |
| 1 NA | NCQA | | | Adults' Access to Preventive/Ambulatory Health Services (Total) | 2019 | 74.50% | 77.48% | | | | | | | | Every Yea | | | | | |
| 2 NA | NCQA NCQA | | Adult Body Mass Index Assessment | Adult Body Mass Index Assessment | 2020 | NA NA | 1% improvement per year | | | + | | | | | Every Yea | _ | + | | | |
| 3 0326 4 0108 | NCQA | | Advance Care Planning Follow-Up Care for Children Prescribed ADHD Medication | Advance Care Planning Initiation Phase | 2020 2019 | NA 64.29% | 1% improvement per year 66.86% | | | | | | | | Odd year Every Yea | | | | | |
| 5 0108 | NCQA | | Follow-Up Care for Children Prescribed ADHD Medication | Continuation and Maintenance Phase | 2019 | 52.06% | 54.14% | | | | | | | | Every Yea | | | | | |
| 6 NA | NCQA | AMB | Ambulatory Care ▼ | Emergency Department (ED) Visits (per 1,000 member months) | 2019 | 43.73 | 41.98 | | | | | | | | Every Yea | ır X | X | | | |
| 7 NA | NCQA | AMB | Ambulatory Care | Outpatient Visits Including Telehealth (per 1,000 member months) | 2019 | 346.41 | 360.27 | | | | | | | | Every Yea | _ | X | | | |
| 8 0105 9 0106 | NCQA NCQA | | Antidepressant Medication Management Antidepressant Medication Management | Effective Acute Phase Treatment Effective Continuation Phase Treatment | 2019 2019 | 52.80% 36.83% | 54.91% 38.30% | | | | | ++ | | ++ | Every Yea | | X | | | $\overline{}$ |
| 10 1800 | NCQA | | Asthma Medication Ratio | Asthma Medication Ratio | 2019 | NA | 1% improvement per year | | | | | | | | Every Yea | | ^ | | | |
| 11 2800 | NCQA | | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose Testing | 2021 | NA | 1% improvement per year | | | | | | | | Even year | _ | | | | |
| 12 2800 | NCQA | | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Cholesterol Testing | 2021 | NA | 1% improvement per year | | | | | | | | Even year | | | | | |
| 13 2800 | NCQA | APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | Blood Glucose and Cholesterol Testing | 2021 | NA | 1% improvement per year | _ | | | | ++ | | | Even year | rs X | ++ | | | |
| 14 2801 15 1360 | NCQA CDC | APP AUD-CH | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Audiological Diagnosis No Later Than 3 Months of Age | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics Audiological Diagnosis No Later Than 3 Months of Age | 2021 | NA NA | 1% improvement per year 1% improvement per year | \perp | | | | | | | Even year Odd year | | | | | |
| 16 NA | NCQA | | | Adolescent Well-Care Visits | 2019 | 50.59% | 52.61% | | | + | | ++ | | ++ | Every Year | | | | | |
| 17 2372 | NCQA | | Breast Cancer Screening | Breast Cancer Screening | 2019 | 59.14% | 61.51% | | | | | | | | Every Yea | | | | | |
| 18 NA | MQD | | Behavioral Health Assessment | Behavioral Health Assessment completion within 30 days of enrollment | 2019 | 46.20% | 48.05% | | | | | | | | Every Yea | | Х | | | |
| 19 0018 | NCQA OPA | CBP AD: CCB CH | Controlling High Blood Pressure (<140/90) | Controlling High Blood Pressure (<140/90) | 2020 | NA NA | 1% improvement per year | | | ++ | + | ++ | ++ | ++ | Every Yea | _ | | | | |
| 20 2902 21 2902 | OPA OPA | | Contraceptive Care - Postpartum Women Contraceptive Care - Postpartum Women | Long-Acting Reversible Method of Contraception (LARC)—3 Days Long-Acting Reversible Method of Contraception (LARC)—60 Days | 2021 2021 | NA NA | 1% improvement per year 1% improvement per year | | ++ | ++ | ++ | ++ | | ++ | Every Yea | | | | | |
| 22 2902 | OPA | | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—3 Days | 2021 | NA NA | 1% improvement per year | | | 1 1 | | \vdash | | 1 1 | Every Yea | | | | | |
| 23 2902 | OPA | | Contraceptive Care—Postpartum Women | Most or Moderately Effective Contraception—60 Days | 2021 | NA | 1% improvement per year | | | | | | | | Every Yea | ar X | | | | |
| 24 0032 25 2903 | NCQA OPA | CCS | Cervical Cancer Screening Contraceptive Care—All Women Ages 21 to 44 | Cervical Cancer Screening Most Effective or Moderately Effective Method of Contraception | 2019 | 59.57% NA | 61.95% 1% improvement per year | | | ++ | ++ | | | | Every Yea | | | | | |
| 26 2904 | OPA | | Contraceptive Care—All Women Ages 21 to 44 | Long-Acting Reversible Method of Contraception (LARC) | 2021 | NA NA | 1% improvement per year | | | ++ | ++ | | | | Every Yea | | | | | |
| | | CDC | Comprehensive Diabetes Care | Eye Exam (Retinal) Performed | 2019 | 65.97% | | | | + | | ++ | ++ | | | | 4 | | | \longrightarrow |
| 27 0055 28 0575 | NCQA NCQA | CDC | | HbA1c Control (<8%) | 2019 | 49.28% | 68.61% 51.25% | | | + | | ++ | | | Every Yea | | | | $\overline{}$ | |
| 29 0059 | NCQA | CDC | Comprehensive Diabetes Care | HbA1c Poor Control (>9%) | 2019 | 38.76% | 37.21% | | | | | | | | Every Yea | | | | | |
| 30 0057 | NCQA | CDC | , | HbA1c Testing | 2019 | 88.20% | 91.73% | | | 1 | | + | | | Every Yea | | | | | |
| 31 0061 32 0418; 0418e | NCQA CMS | CDC CH: CDE AD | Comprehensive Diabetes Care Screening for Depression and Follow-Up Plan | BP Control (<140/90 mm Hg) Negative Screen for Depression During an Outpatient Visit Using A Standardized Tool | 2019 2020 | 58.80% NA | 61.15% 1% improvement per year | | | | | | | | Every Yea | | | | | |
| 33 0033 | NCQA | CHI | Chlamydia Screening in Women | Chlamydia Screening in Women (Total) | 2020 | 52.22% | 54.31% | | | | | | | ++ | Every Yea | | + | | | |
| 34 0038 | NCQA | CIS | Childhood Immunization Status | Combination 2 | 2019 | NA | 1% improvement per year | | | + | | + + - | | + | Every Yea | _ | | | | |
| 35 0038 | NCQA | CIS | Childhood Immunization Status | Combination 3 | 2019 | 68.59% | 71.33% | | | | | | | | Every Yea | | | | | |
| 36 0038 | NCQA | CIS | Childhood Immunization Status | Combination 4 | 2021 | NA | 1% improvement per year | | | | | | | | Every Yea | | | | | |
| 37 0038 38 0038 | NCQA NCQA | CIS CIS | Childhood Immunization Status Childhood Immunization Status | Combination 5 Combination 6 | 2021 2021 | NA NA | 1% improvement per year 1% improvement per year | _ | ++ | ++ | | ++ | +++ | ++ | Every Yea | | + | | | $\overline{}$ |
| 39 0038 | NCQA | CIS | Childhood Immunization Status | Combination 7 | 2021 | NA NA | 1% improvement per year | | + | + | | + + - | | ++ | Every Yea | | + | | | |
| 40 0038 | NCQA | CIS | Childhood Immunization Status | Combination 8 | 2021 | NA | 1% improvement per year | | | | | | | | Every Yea | | | | | |
| 41 0038 | NCQA | CIS | Childhood Immunization Status | Combination 9 | 2021 | NA | 1% improvement per year | | | \perp | | | | \perp | Every Yea | _ | | | | |
| 42 0038 | NCQA | CIS | Childhood Immunization Status | Combination 10 | 2021 | NA | 1% improvement per year | _ | ++ | | | ++ | | | Every Yea | | + | | | |
| 43 3389 | PQA | COB-AD | Concurrent Use of Opioids and Benzodiazepines | Concurrent Use of Opioids and Benzodiazepines | 2021 | NA | 1% improvement per year | | | | | ++ | $\sqcup \bot$ | | Even year | | | | | |
| 44 0034 45 1448 | NCQA OHSU | COL DEV-CH | Colorectal Cancer Screening Developmental Screening in the First Three Years of Life | Colorectal Cancer Screening Developmental Screening in the First Three Years of Life | 2020 2021 | NA NA | 1% improvement per year 1% improvement per year | | ++- | + | + | ++ | | ++ | Odd year Every Yea | _ | ++ | | | |
| 46 NA | NCQA | ENPA | Enrollment by Product Line—Total Medicaid | Enrollment by Product Line—Total Medicaid member-months | 2021 | 4,004,253 | NA (monitor as needed) | \dashv | ++ | + | ++ | ++ | | | Every Yea | _ | X | | | |
| 47 0101 | NCQA | Falls1 | Falls: Screening for Future Fall Risk | Part 1: Screening | 2020 | NA | 1% improvement per year | | | | | | | | Odd year | s X | | | | |
| 48 0101 | NCQA | | Falls: Screening for Future Fall Risk | Part 2: Risk Assessment | 2020 | NA | 1% improvement per year | | | \Box | | | | \Box | Odd year | | | | | |
| 49 0101 50 3488 | NCQA NCQA | | Falls: Screening for Future Fall Risk Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence | Part 3: Plan of Care 30-Day Follow-Up (Total) | 2020 2019 | NA 20.06% | 1% improvement per year 20.86% | | | | | + | ++ | | Odd year Every Yea | | X | | | |
| 51 3488 | NCQA | | Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence | 7-Day Follow-Up (Total) | 2019 | 12.48% | 12.98% | \dashv | | | | ++ | | | Every Yea | | - ^ - | | | |
| 52 0576 | NCQA | | | 30-Day Follow-Up | 2019 | 53.30% | 55.43% | | | | | | | | Every Yea | _ | - ^ - | | | |
| 53 0576 | NCQA | | Follow-Up After Hospitalization for Mental Illness | 7-Day Follow-Up | 2019 | 34.33% | 35.70% | | | | | | | | Every Yea | _ | _ ^ | | | |
| 54 3489 | NCQA | | | 30-Day Follow-Up (Total) | 2019 | 49.10% | 51.06% | _ | | | | ++ | | | Every Yea | | | | | \longrightarrow |
| 55 3489 56 NA | NCQA MQD | | Follow-Up After Emergency Department Visit for Mental Illness Follow-up With Assigned PCP Following Hospitalization for Mental Illness | 7-Day Follow-Up (Total) Follow-up With Assigned PCP Following Hospitalization for Mental Illness | 2019 2019 | 32.31% 36.41% | 33.60% 37.87% | + | | | | ++ | +++ | | Every Year Odd year | | X | | | |
| 57 NA | NCQA | | Hospitalization for Potentially Preventable Complications | Hospitalization for Potentially Preventable Complications | 2020 | NA | 1% improvement per year | | | | | | | | Odd year | | | | | |
| 58 2607 | NCQA | HPCMI-AD | Diabetes Care for People with SMI: HbA1c Poor Control (>9.0%) | Diabetes Care for People with SMI: HbA1c Poor Control (>9.0%) | 2022 | NA | 1% improvement per year | | | | | | | | Odd year | | | | | |
| 59 2082; 3210e | HRSA | HVL-AD | • | HIV Viral Load Suppression | 2022 | NA | 1% improvement per year | | | | | | | | Odd year | s X | | | | |
| 60 0004 | NCQA | | Initiation and Engagement of AOD Abuse or Dependence Treatment | Initiation of AOD Treatment (Total) | 2019 | 35.24% | 36.65% | | | | | | | | Every Yea | | | | | |
| 61 0005 | NCQA NCQA | IET | Initiation and Engagement of AOD Abuse or Dependence Treatment Immunizations for Adolescents | Engagement of AOD Treatment (Total) | 2019 | 11.69% | 12.16% | + | | | | ++ | ++ | | Every Yea | | | | | |
| 62 1407 63 1408 | NCQA NCQA | IMA IMA | Immunizations for Adolescents Immunizations for Adolescents | Combination 1 (Meningococcal, Tdap) Combination 2 (Meningococcal, Tdap, HPV) | 2019 2019 | 64.71% 29.41% | 67.30% 30.59% | \downarrow | | | + | | | | Every Yea | _ | | | | |
| 64 NA | NCQA | | Inpatient Utilization—General Hospital/Acute Care ▼ | Inpatient Utilization—General Hospital/Acute Care (Total, Days per 1000 member months) | 2019 | 36.26 | 34.81 | | | $\downarrow \downarrow$ | | | | | Every Yea | | | | | |
| 65 1382 | CDC | LBW-CH | Live Births Weighing Less Than 2,500 Grams | Live Births Weighing Less Than 2,500 Grams | 2018 | 8.30% | 7.89% | | + | + | $\bot\bot$ | | | + | Every Yea | | | | | CDC |
| 66 NA 67 NA | CMS | LTSS-AIF LTSS-AIF | LTSS Admission to an Institution from the Community | Short Term Stay Medium-Term Stay | 2021 2021 | NA NA | 1% improvement per year | + | ++ | ++ | + | ++ | X | ++ | Even year | | | | | |
| U/ NA | CMS CMS | LTSS-AIF LTSS-AIF | LTSS Admission to an Institution from the Community LTSS Admission to an Institution from the Community | Long-Term Stay | 2021 | NA NA | 1% improvement per year 1% improvement per year | + | ++ | ++ | ++- | ++ | × | ++ | Even year | | | | | |
| 68 NA | 00 | | LTSS Comprehensive Assessment and Update | Assessment of Core Elements | 2022 | NA NA | 1% improvement per year | \dashv | + + | + + | - | 1 | X | + | Odd year | _ | | | | |
| 68 NA 69 NA | CMS | LTSS-CA | 2100 comprehensive rissessment and opuate | 7.55C55ITICITE OF COTE Elements | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | ' | | | - 1 | | | | | | | |
| 69 NA 70 NA | CMS | LTSS-CA | LTSS Comprehensive Assessment and Update | Assessment of Supplemental Elements | 2022 | NA | 1% improvement per year | | | | | | X | | Odd year | s X | | | | |
| 69 NA 70 NA 71 NA | CMS CMS | LTSS-CA LTSS-CCP | LTSS Comprehensive Assessment and Update LTSS Comprehensive Care Plan and Update | Assessment of Supplemental Elements Assessment of Core Elements | 2022 2022 | NA | 1% improvement per year 1% improvement per year | | | | | | x | | Odd year Odd year | rs X | | | | |
| 69 NA 70 NA | CMS | LTSS-CA | LTSS Comprehensive Assessment and Update | Assessment of Supplemental Elements | 2022 | | 1% improvement per year | | | | | | × | | Odd year | rs X rs X | | | | |

| | | | | | Appendix B: Hawaii Med-QUEST Quality Strategy Perform | mance Me | asures, Basel | ine and Targets | | | | | | | | | | | | |
|------------|-----------------------|--------------|--------------------------|--|---|------------------------|------------------|---|--|---|--|---|--|----------|--|----------------------|-------------------------------|-----------|---------------------------|--------------------|
| # | | Measure | | | | Baseline Baseline (Val | Baseline (Value) | RY2023 or RY2024 Target/ | | Quality S | trategy Objectives Addressed | | | | Rep | orting | Reporting Agencies/Facilities | | | |
| NQF# | NQF# | Steward | PM Code | Performance Measure (PM) Name | PM Indicator | Reporting Year (RY) | [STATEWIDE] | Target Setting Method | 1 2 3 | 4 5 6 | 7 8 | 9 10 11 | 12 13 | 14 15 | C | cle | ns CCS Plan | Hospitals | Nursing Facilities MQD | Other (Specify) |
| 1 | NA | NCQA | AAP | Adults' Access to Preventive/Ambulatory Health Services | Adults' Access to Preventive/Ambulatory Health Services (Total) | 2019 | 74.50% | 77.48% | | | | | | | | y Year X | | | | |
| 75 | NA NA | CMS | LTSS-PCP | LTSS Shared Care Plan with Primary Care Practitioner | LTSS Shared Care Plan with Primary Care Practitioner | 2022 | NA NA | 1% improvement per year | +++ | +++ | | -+ | Х | | | years X | | | | |
| 76 | NA NA | CMS CMS | LTSS-TRAN LTSS-TRAN | LTSS Successful Transition After Long-Term Institutional Stay LTSS Successful Transition After Long-Term Institutional Stay | Observed Rate Risk-adjusted Rate | 2021 | NA NA | 1% improvement per year | ++ | + + + | + | -+ | X | | | years X | | | | |
| 78 | NA NA | CMS | LTSS-UAD | LTSS Re-Assessment/Care Plan Update After Inpatient Discharge | Reassessment after Inpatient Discharge | 2021 | NA NA | 1% improvement per year 1% improvement per year | | +++ | | | X | | | years X | | | | |
| 79 | NA | CMS | LTSS-UAD | LTSS Re-Assessment/Care Plan Update After Inpatient Discharge | Reassessment and Care Plan after Inpatient Discharge | 2022 | NA | 1% improvement per year | | | | | Х | | | years X | | | | |
| 80 | NA | CMS | LTSS-UAD | LTSS Re-Assessment/Care Plan Update After Inpatient Discharge | Exclusion Rate—Member could not be contacted for assessment and/or care planning | 2022 | NA | 1% improvement per year | | | | | × | | | years X | | | | |
| 81 | NA | CMS | LTSS-UAD | LTSS Re-Assessment/Care Plan Update After Inpatient Discharge | Exclusion Rate—Member refused to participate in assessment and/or care planning | 2022 | NA | 1% improvement per year | | | | | X | | | years X | | | | |
| 82 | NA | NCQA | MPTA | Mental Health Utilization—Total Medicaid - telehealth/access | Mental Health Utilization—Total Medicaid (Any service) | 2019 | 10.37% | 10.78% | | | | - | +++ | | | y Year X | X | | | |
| 83 | 2940 | PQA | OHD-AD | Use of Opioids at High Dosage in Persons Without Cancer* | Use of Opioids at High Dosage in Persons Without Cancer | 2020 | NA | 1% improvement per year | | | | | $\perp \perp \downarrow \perp$ | | | y Year X | | | | |
| 84 | 3400 | CMS | OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Total (Rate 1) | 2021 | NA | 1% improvement per year | | + + + - | | | +++ | | | y Year X | | | | |
| 85 | 3400 3400 | CMS CMS | OUD-AD OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder Use of Pharmacotherapy for Opioid Use Disorder | Buprenorphine (Rate 2) Oral Naltrexone (Rate 3) | 2021 2021 | NA NA | 1% improvement per year 1% improvement per year | | | | - | +++ | | | y Year X y Year X | | | | |
| 87 | 3400 | CMS | OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Long-Acting, Injectable Naltrexone (Rate 4) | 2021 | NA NA | 1% improvement per year | | | | | | | | Year X | | | | |
| 88 | 3400 | CMS | OUD-AD | Use of Pharmacotherapy for Opioid Use Disorder | Methadone (Rate 5) | 2021 | NA NA | 1% improvement per year | | | | | +++ | | | Year X | | | | |
| 89 | 1768 | NCQA | PCR | Plan All-Cause Readmissions | Index Total Stays—Observed/Expected Ratio—Total | 2019 | 0.71 | 73.84% | | | | | | | | y Year X | | | | |
| 90 | 1517 | NCQA | PPC | Prenatal and Postpartum Care | Timeliness of Prenatal Care | 2019 | 79.18% | 82.35% | | | | | | \Box | Evei | Year X | | | | |
| 91 | 1517 | NCQA | PPC | Prenatal and Postpartum Care | Postpartum Care | 2019 | 57.40% | 59.70% | | + | | \perp | \bot \bot | | | y Year X | | | | |
| 92 | 0272 | AHRQ | PQI01-AD | PQI 01: Diabetes Short-Term Complications Admission Rate | PQI 01: Diabetes Short-Term Complications Admission Rate | 2020 | NA | 1% improvement per year | | | | | | | Evei | y Year X | | | | |
| 93 | 0275 | AHRQ | PQI05-AD | PQI 05: COPD or Asthma in Older Adults Admission Rate * | PQI 05: COPD or Asthma in Older Adults Admission Rate | 2020 | NA | 1% improvement per year | | | | | | | Evei | y Year X | | | | |
| 94 | 0277 | AHRQ | PQI08-AD | PQI 08: Heart Failure Admission Rate | PQI 08: Heart Failure Admission Rate | 2020 | NA | 1% improvement per year | | | | | | | Evei | y Year X | | | | |
| 95 | 0283 | AHRQ | | PQI 15: Asthma in Younger Adults Admission Rate | PQI 15: Asthma in Younger Adults Admission Rate | 2020 | NA NA | 1% improvement per year | | +++ | | + | + + + | | | y Year X | | | | |
| 95 | | AHRQ | PQI15-AD PQI-92 | <u>-</u> | | | NA NA | | +++ | +++ | | + | +++ | | | | | | | |
| 96 | NA NA ¹ | NCQA | PQI-92 SAA | PQI 92: Chronic Conditions Composite Adherence to Antipsychotic Medications for Individuals With Schizophrenia | PQI 92: Chronic Conditions Composite Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 2021 | NA NA | 1% improvement per year 1% improvement per year | | | | - - | + + + | ++ | | y Year X y Year X | V | | | |
| 98 | NA NA | MQD | | SBIRT Training | SBIRT Training | 2020 | NA NA | 1% improvement per year | | | | + | +++ | + | | y Year X | ^ | | | |
| 99 | 1932 | NCQA | SSD | Diabetes Screening for People w/ Schizophrenia or Bipolar Dx using Antipsychotics | Diabetes Screening for People w/ Schizophrenia or Bipolar Dx using Antipsychotics | 2019 | 73.15% | 76.08% | | | | | | | | y Year X | | | | |
| 100 | NA | MQD | THP | Telehealth Plan | Telehealth Plan | 2021 | NA (Process) | Progress along continuum | | | | | | | One | time X | | | | |
| 101 | 0028 | PCPI | ТОВ | Preventive Care and Screening: Tobacco Use | Screening and Cessation | 2020 | NA | 1% improvement per year | | | | | | | Odo | years X | | | | |
| 102 | 1392 | NCQA | W15 | Well-Child Visits in the First 15 Months of Life | 6 or More Visits | 2019 | 71.97% | 74.85% | | | | | | | Evei | y Year X | | | | |
| 103 | 1392 | NCQA | W30 | Well-Child Visits in the First 30 Months of Life | 15 Months | 2021 | NA | 1% improvement per year | | +++ | + | - | +++ | \dashv | | y Year X | | | | |
| 104 | 1392 | NCQA | W30 | Well-Child Visits in the First 30 Months of Life | 30 Months | 2021 | NA 70.77% | 1% improvement per year | | +++ | +- | | +++ | \dashv | | Year X | | | | |
| 105 | 1516 0024 | NCQA NCQA | | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Weight Assessment and Counseling for Nutrition/Physical Activity | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life BMI Percentile Documentation | 2019 2019 | 70.77% 85.97% | 73.60% 89.41% | | +++ | + | - | +++ | + | | y Year X y Year X | | | | |
| 107 | 0024 | NCQA | | Weight Assessment and Counseling for Nutrition/Physical Activity | Counseling for Nutrition | 2019 | 77.20% | 80.29% | | + + + + | + | | 1 1 | + | | Year X | | | | |
| 108 | 0024 | NCQA | WCC | Weight Assessment and Counseling for Nutrition/Physical Activity | Counseling for Physical Activity | 2019 | 72.80% | 75.71% | | 1 1 1 | \Box | | 1 1 1 | | | Year X | | | | |
| 109 | 1516 | NCQA | WCV | Child and Adolescent Well-Care Visits | Child and Adolescent Well-Care Visits | 2021 | NA | 1% improvement per year | | | | | | | Evei | Year X | | | | |
| 110 | 0684 | CMS | N024.01 | Long Stay Urinary Tract Infections ▼ | Percentage of long-stay residents with a urinary tract infection | 2018 | 2.24% | 2.13% | | | | | X | | Evei | y Year | | | Х | |
| 111 | NA | CMS | N031.02 | Long Stay Antipsychotic Medications ▼ | Percent of Residents Who Received an Antipsychotic Medication (Long-Stay) | 2018 | 7.24% | 6.88% | | | | | X | | Evei | y Year | | | Х | |
| 112 | 0679 | CMS | N015.01 | Long Stay Pressure Ulcers ▼ | Percent of High-Risk Residents With Pressure Ulcers (Long Stay) | 2018 | 5.15% | 4.89% | | | | | X | | Evei | y Year | | | Х | |
| 113 | 2375 | AHCA | NA | PointRight Pro 30 - Rehospitalizations ▼ | Risk adjusted rehospitalization rate | 2017 | 9.31% | 8.75% | | | | | X | | Evei | y Year | | | Х | |
| 114 | 2827 | AHCA | NA | PointRight Pro Long Stay - Hospitalizations ▼ | Risk-adjusted rate of hospitalization of long-stay patients | 2017 | 8.27% | 7.77% | | | | | × | | Evei | y Year | | | Х | |
| 115 | NA | AHCA | NA | BONUS: AHCA/NCAL National Quality Award | Number of facilities with a AHCA/NCAL Gold award for excellence in quality | 2019 | 0 | 0.00% | | | | | Х | | Evei | y Year | | | X | |
| 116 | NA | MQD | NA | SBIRT Screening | SBIRT screenings provided to a % of Medicaid beneficiaries over age 15 years | 2019 | 5.5% | 5.72% | | | + | | | \perp | Evei | y Year | | Х | | |
| 117 | NA | MQD | NA | Social Determinants of Health Collaborative | Design and implement a program to track the social determinants associated with patients | 2021 | NA (Process) | Progress along continuum | | | | | | | Evei | y Year | | Х | | |
| 118 | NA | MQD | NA NA | Perinatal Collaborative | Design and implement a program to improve the quality of care for mothers and babies | 2021 | NA (Process) | Progress along continuum | | | | | | | | y Year | | X | | |
| 120 | NA NA | NCQA NYU | NA NA | 30 Day All Cause Readmissions ▼ Preventable ER Visits (NYU Algorithm) ▼ | Index Total Stays—Observed/Expected Ratio—Total Total Visits - Number Preventable | 2019 2019 | 1.056 47.44% | 1.0138 45.54% | | + + + | + + - | - - | + + + | | | y Year y Year | | X | | |
| 121 | NA NA | HAH | NA NA | Reducing ED Visits for Patients with 4 or more visits ▼ | ED treat and release visits for patients with 4+ visits to the same facility in a calendar year | 2019 | 47.44% NA | 1% improvement per year | | +++ | | | $\dagger \dagger \dagger$ | | | y Year y Year | | X | | |
| 122 | OP-18 | CMS | OP-18 | Time from ED Admit to Discharge ▼ | Average time patients spent in the emergency department before being sent home | 2021 | NA | 1% improvement per year | | | | \dashv | | | Evei | y Year | | Х | | |
| 123 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Getting Needed Care | Composite Measure: Getting Needed Care (CHIP) | 2019 | 76.00% | 79.04% | | | | | | | | y Year | | | Х | |
| 124 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Getting Needed Care | Composite Measure: Getting Needed Care (Adults) | 2018 | 83.40% | 87.57% | | | | | | | | years | | | Х | |
| 125 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Getting Care Quickly | Composite Measure: Getting Care Quickly (CHIP) | 2019 | 85.30% | 88.71% | | | | | | | | y Year | | | Х | |
| 126 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Getting Care Quickly | Composite Measure: Getting Care Quickly (Adults) | 2018 | 81.80% | 85.89% | +++ | ++ | | $-\!\!\!\!\!+$ | | | | years | | | X | |
| 127 | 0006 | NCQA NCQA | CAHPS 5.0H | Composite Measure: How Well Doctors Communicate | Composite Measure: How Well Doctors Communicate (Adults) | 2018 | 93.40% | 98.07% | | ++ | | + | +++ | | | years | | | X | |
| 128 129 | 0006 0006 | NCQA NCQA | CAHPS 5.0H CAHPS 5.0H | Composite Measure: How Well Doctors Communicate Composite Measure: Customer Service | Composite Measure: How Well Doctors Communicate (CHIP) Composite Measure: Customer Service (CHIP) | 2019 2019 | 95.80% 84.70% | 99.63% 88.09% | | + + + | | - - | + + + | | | y Year y Year | | | X | |
| 130 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Customer Service Composite Measure: Customer Service | Composite Measure: Customer Service (Chir) Composite Measure: Customer Service (Adults) | 2019 | 89.30% | 93.77% | | | | - | | | | years | | | X | |
| 131 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Shared Decision Making | Composite Measure: Shared Decision Making (Adults) | 2018 | 83.10% | 87.26% | | | | | | | | years | | | X | |
| 132 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Shared Decision Making | Composite Measure: Shared Decision Making (CHIP) | 2019 | 75.90% | 78.94% | | | | | | | | y Year | | | X | |
| 133 | 0006 | NCQA | CAHPS 5.0H | Individual Measures: Coordination of Care | Individual Measures: Coordination of Care (Adults) | 2018 | 84.00% | 88.20% | | | | | \bot \Box | | | years | | | Х | |
| 134 | 0006 | NCQA | CAHPS 5.0H | Individual Measures: Coordination of Care | Individual Measures: Coordination of Care (CHIP) | 2019 | 91.20% | 94.85% | | | | $-\!\!\!\!\!+$ | + | | - | y Year | | | X | |
| 135 | 0006 | NCQA | CAHPS 5.0H | Individual Measures: Health Promotion and Education | Individual Measures: Health Promotion and Education (Adults) | 2018 | 77.40% | 81.27% | | + + - | + | - | 1 1 | | | years | | | X | |
| 136 | 0006 0006 | NCQA NCQA | CAHPS 5.0H CAHPS 5.0H | Individual Measures: Health Promotion and Education Composite Measure: Rating of Health Plan | Individual Measures: Health Promotion and Education (CHIP) Rating of Health Plan (Adults) | 2019 2018 | 75.30% 63.10% | 78.31% 66.26% | | +++ | ++ | + | + + + | | | y Year years | | | X | |
| 137 | 0006 | NCQA NCQA | CAHPS 5.0H CAHPS 5.0H | Composite Measure: Rating of Health Plan Composite Measure: Rating of All Health Care | Rating of All Health Care (Adults) | 2018 | 56.50% | 59.33% | | +++ | ++ | ++ | + + + | | | years | | | X | |
| 139 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Rating of Health Plan | Rating of Health Plan (CHIP) | 2018 | 71.40% | 74.26% | | | | - | | | | y Year | | | X | |
| 140 | 0006 | NCQA | CAHPS 5.0H | Composite Measure: Rating of All Health Care | Rating of All Health Care (CHIP) | 2019 | 66.40% | 69.06% | | | | | | | | y Year | | | X | |
| 141 | NA | CMS | EPSDT | Screening Ratio | Observed:Expected ratio of number of screenings | 2020 | 1.00 | 1.00 | | | | | | | | Year X | | | | |
| 142 | NA | CMS | | Participant Ratio | Observed:Expected ratio of eligibles receiving at least one initial or periodic screen | 2020 | 87.00% | 89.61% | | + $+$ $+$ | \Box | \bot | + | | | y Year X | | | | |
| 143 | NA NA | CMS | | Dental Care | Percent of eligibles receiving any dental or oral health services | 2020 | 58.86% | 60.63% | | +++ | + | + | +++ | + | | Year X | | | | |
| 144 | NA | CMS | EPSDT | Dental Care | Percent of eligibles receiving preventive dental services | 2020 | 44.60% | 45.94% | | | | | | | I Evei | y Year X | | | | |

| | Appendix B: Hawaii Med-QUEST Quality Strategy Performance Measures, Baseline and Targets | | | | | | | | | | | | | | | | | | | | |
|-----|--|---------|---------------|---|--|------------------------------------|---------------------------------|------------------------------|---|-----|-----|-----|--------|----------|--------|-----------|------------|-------------------------------|--------------------|---------------------------|--------------------|
| # | NOT # | Measure | DNA Code | Performance Measure (PM) Name | PM Indicator | Baseline Reporting Year (RY) | Baseline (Value) [STATEWIDE] | ne) RY2023 or RY2024 Target/ | Quality Strategy Objectives Addressed et/ | | | | | | | Reporting | | Reporting Agencies/Facilities | | | |
| | NQF# | Steward | PM Code | | | | | Target Setting Method | 1 2 | 3 4 | 5 6 | 7 8 | 9 10 1 | 11 12 13 | 3 14 1 | 5 16 17 | Cycle | QI Plans | CCS Plan Hospitals | Nursing Facilities MQD | Other (Specify) |
| 1 | NA | NCQA | AAP | Adults' Access to Preventive/Ambulatory Health Services | Adults' Access to Preventive/Ambulatory Health Services (Total) | 2019 | 74.50% | 77.48% | | | | | | | | | Every Year | Х | | | |
| 145 | NA | CMS | CAHPS Hospice | Rating of Hospice | % family caregivers rating the hospice agency a 9 or 10 on a scale of 0 (worst) to 10 (best) | 2017-19 | 80.40% | 81.20% | | | | | | | | | Every Year | | | | CMS |
| 146 | 3235 | CMS | NA | Hospice and Palliative Care Composite Process Measure | Comprehensive Assessment at Admission | 2018-19 | 95.60% | 96.60% | | | | | | | | | Every Year | | | | CMS |
| 147 | NA | CMS | NA | Hospice Visits when Death is Imminent | % patients receiving at least one visit from a provider in the last 3 days of life | 2018-19 | 84.70% | 85.50% | | | | | | | | | Every Year | | | | CMS |

[▼] Indicates an inverse measure. A lower rate indicates better performance.

NA Indicates that a data element was not applicable to the measure (i.e., no NQF number available, etc.).