Delivery System Reform Incentive Payment (DSRIP) Program Detailed Measure Reporting Specifications

DSRIP Measure Reporting Specifications – Version 1.2

Prepared by Office of Quality Assurance and Improvement
NH Department of Health and Human Services (DHHS)
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The Department of Health and Human Services’ Mission is to join communities and families in providing opportunities for citizens to achieve health and independence
Contents

Introduction .................................................................................................................................................. 1

Use of Comprehensive Core Standardized Assessment by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.01) .......................................................................................................................... 2

Appropriate Follow-Up Plan for Positive Screenings for Potential Depression and/or Substance Use Disorder by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.02) ................................................................................................. 6

Selected U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.03) ........................................................................................................... 16

Smoking and Tobacco Cessation Screening and Counseling for Tobacco Users by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.04) ................................................................................................................. 34

Appendix A: Meta-Data Definitions ........................................................................................................... 38

Appendix B: Selected U.S. Preventive Services Task Force (USPSTF) A&B Recommended Services ....... 40
Introduction

The DSRIP Program Detailed Measure Reporting Specifications is a detailed manual providing the Independent Delivery Networks (IDN) the necessary information to report performance measures to DHHS. The manual will be updated periodically to reflect changes in the DSRIP program and provide further clarity as needed.
Use of Comprehensive Core Standardized Assessment by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.01)

Identifier:
ASSESS_SCREEN.01

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of patients seen by the IDN’s Medicaid billing providers during the previous 12-months for a visit, who had a completed Comprehensive Core Standardized Assessment by the most recent visit during the measure reporting period* as indicated in the EHR or other electronic tracking system.

*For reporting periods see: Measure Data Source Period Preview.

Eligible Population:
Any NH Medicaid* patient 12 years and older at the end of the reporting period with a visit to an IDN Medicaid Billing Provider. The visit must have:

- Occurred in the measure data reporting period;
- Occurred in an office or community-based setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

Technical Definition:
Numerator, denominator and rate are calculated per data element specifications.

Submeasures:
None

Definitions:

IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Comprehensive Core Assessment - The assessment documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.


EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other
Use of Comprehensive Core Standardized Assessment By the IDN’s Medicaid Billing Providers

activities electronically.

**Exclusions:**
Patients with only Inpatient and Emergency Department Hospital visits during the reporting period.

**Data Source/Type:**
Administrative Data: Electronic Health records

**Contract Reference:**
CMS NH DSRIP Protocols C and D

**Measure Submission Frequency:**
Semi-annual for the first submission, annually thereafter.

**Data Source Life Span:**
2017-07-01 - 2020-12-31

**Measure Data Source Time Period:**
6 months for the first submission, 12 months thereafter

**Measure Data Source Period Preview:**
Submission #1: 2017-07-01 - 2017-12-31
Submission #2: 2017-07-01 - 2018-06-30
Submission #3: 2018-01-01 - 2018-12-31
Submission #5: 2019-01-01 - 2019-12-31
Submission #6: 2019-07-01 - 2020-06-30
Submission #7: 2020-01-01 - 2020-12-31

**Submission Due Date Lag Period:**
3 months.

**Measure Due Date Previews:**
Submission #1: 2018-04-01
Submission #2: 2018-10-01
Submission #3: 2019-04-01
Submission #4: 2019-10-01
Submission #5: 2020-04-01
Submission #6: 2020-10-01
Submission #7: 2021-04-01
ASSESS SCREEN.01 – Data Element Specifications

Identifier:
ASSESS_SCREEN.01-NUM

Class:
Numerator

Type:
Numeric

Technical Definition:
Members in the eligible population whose EHR or other electronic tracking system shows evidence of a completed Comprehensive Core Assessment within the past 12 months of the most recent visit during the measure reporting period with the IDN’s Medicaid Billing Provider.

The most recent visit must have:

- Occurred in the measure data reporting period;
- Occurred in an office or community-based setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

Business Rules:
- Must be >= 0.000

Identifier:
ASSESS_SCREEN.01-DEN

Class:
Denominator

Type:
Numeric

Technical Definition:
The eligible population.

Business Rules:
- Must be >= 1.00

Identifier:
ASSESS_SCREEN.01-RATE

Class:
Rate

Type:
Numeric

Technical Definition:
Use of Comprehensive Core Standardized Assessment By the IDN’s Medicaid Billing Providers

Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be >= 1.00; Must be <= 100.00
Appropriate Follow-Up Plan for Positive Screenings for Potential Depression and/or Substance Use Disorder by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.02)

Identifier:
ASSESS_SCREEN.02

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of positive screenings for potential substance use disorder and/or depression for patients seen at the IDN’s Medicaid Billing providers with appropriate follow-up plan in place* as documented in the EHR or other electronic tracking system as of the date of the positive screening.

*The measure is only assessing whether follow-up plan is in place, not that the follow-up plan has been implemented.

Eligible Population:
Any NH Medicaid patient* age 12 years and older, who during a visit at the IDN’s Medicaid billing provider:

- Received a substance use disorder and/or depression screening; and
- Received a positive screening for depression and/or substance use disorder.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office or community-based setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service: and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

Technical Definition:
This measure is a parent measure that groups together related submeasures. Data is submitted only for submeasures. After submission of submeasure data DHHS calculates the parent measure by totaling together the submitted submeasures. Each submeasure has its own measure and data element technical specifications detail. The information below provides a general technical description of the measure as a whole.

Submeasures:
The measure is reported for 2 submeasures including:
A. Positive Screenings for Depression.
B. Positive Screenings for Substance Use Disorder.

Definitions:
Appropriate Follow-Up Plan for Positive Screenings for Potential Depression and/or Substance Use Disorder

IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Screenings – Tools used for this measure should be a part of the comprehensive core assessment documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

Positive Screenings - Screening results that indicate a member is at risk of developing or having depression or substance use disorder as documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.


Appropriate Follow-up Plan - Documented plan following the requirements documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
A patient is not eligible if one or more of the following conditions are documented:
1. Patient refuses to participate in the follow-up plan;
2. Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status;
3. Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools. For example: certain court appointed cases or cases of delirium; or
4. Any other exclusion documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare..

Data Source/Type:
Administrative Data: Electronic Health records

Contract Reference:
CMS NH DSRIP Protocols C and D

Measure Submission Frequency: Semi-annually.

Data Source Life Span:
2017-07-01 - 2020-12-31

Measure Data Source Time Period:
6 months.

Measure Data Source Period Preview:
Submission #1: 2017-07-01 - 2017-12-31
Submission #3: 2018-07-01 - 2018-12-31
### Appropriate Follow-Up Plan for Positive Screenings for Potential Depression and/or Substance Use Disorder

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<td>#6</td>
<td>2020-01-01 - 2020-06-30</td>
</tr>
<tr>
<td>#7</td>
<td>2020-07-01 - 2020-12-31</td>
</tr>
</tbody>
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**Submission Due Date Lag Period:**
3 months.

**Measure Due Date Previews:**
- Submission #1: 2018-04-01
- Submission #2: 2018-10-01
- Submission #3: 2019-04-01
- Submission #4: 2019-10-01
- Submission #5: 2020-04-01
- Submission #6: 2020-10-01
- Submission #7: 2021-04-01
**Appropriate Follow-Up Plan by Medicaid Billing IDN Providers for Positive Screenings for Potential Substance Use Disorder and/or Depression: A – Depression**

**Identifier:**
ASSESS_SCREEN.02-A

**Summary of Measure Changes:**
This is a new measure

**Last Modified:**
This is a new measure

**Measure Description:**
Percent of positive screenings for potential depression for patients seen at the IDN’s Medicaid Billing providers with appropriate follow-up plan in place* as documented in the EHR or other electronic tracking system on the date of the positive screening.

*The measure is only assessing whether follow-up plan is in place, not that the follow-up plan has been implemented.

**Eligible Population:**
Any NH Medicaid patient* age 12 years and older, who during a visit at the IDN’s Medicaid billing provider:

- Received a depression screening; and
- Received a positive screening for depression.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office or community-based setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Technical Definition:**
Numerator, denominator and rate are calculated per data element specifications.

**Submeasures:**
None.

**Definitions:**

**IDN’s Medicaid Billing Provider** - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

**Screenings** – Tools used for this measure should be a part of the comprehensive core assessment documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

**Positive Screenings** - Screening results that indicate a member is at risk of developing or having depression documented in the IDN’s approved implementation project plan and protocols for DSRIP.
Appropriate Follow-up Plan for Positive Screenings for Potential Depression and/or Substance Use Disorder

Core Competency Project: B1 Integrated Healthcare.


Appropriate Follow-up Plan - Documented plan following the requirements described in the DSRIP Core Competency Project: B1 Integrated Healthcare.

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
A patient is not eligible if one or more of the following conditions are documented:

1. Patient refuses to participate in the follow-up plan
2. Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status
3. Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools. For example: certain court appointed cases or cases of delirium; or
4. Any other exclusion documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

Data Source/Type:
Administrative Data: Electronic Health records

Contract Reference:
CMS NH DSRIP Protocols C and D
**ASSESS_SCREEN.02-A – Data Element Specifications**

**Identifier:**
ASSESS_SCREEN.02-A-NUM

**Class:**
Numerator

**Type:**
Numeric

**Technical Definition:**
The number of screenings in the denominator that have a follow-up plan in place for depression documented in the EHR or other electronic tracking system on the date of the positive screening.

Note: The numerator is only assessing whether follow-up plan is in place, not that the follow-up plan has been implemented.

**Business Rules:**
- Must be $\geq 0.000$

**Identifier:**
ASSESS_SCREEN.02-A-DEN

**Class:**
Denominator

**Type:**
Numeric

**Technical Definition:**
The number of positive screenings occurring in the eligible population.

**Business Rules:**
- Must be $\geq 1.00$

**Identifier:**
ASSESS_SCREEN.02-A-RATE

**Class:**
Rate

**Type:**
Numeric

**Technical Definition:**
Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be $\geq 1.00$
- Must be $\leq 100.00$
Appropriate Follow-Up Plan by Medicaid Billing IDN Providers for Positive Screenings for Potential Substance Use Disorder and/or Depression: B – Substance Use Disorder

Identifier:
ASSESS SCREEN.02-B

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of positive screenings for potential substance use disorder for patients seen at the IDN’s Medicaid Billing providers with appropriate follow-up plan in place* as documented in the EHR or other electronic tracking system as of the date of the positive screening.

*The measure is only assessing whether follow-up plan is in place, not that the follow-up plan has been implemented.

Eligible Population:
Any NH Medicaid patient* age 12 years and older, who during a visit at the IDN’s Medicaid billing provider:

- Received a substance use disorder screening; and
- Received a positive screening for substance use disorder.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office or community-based setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service: and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

Technical Definition:
Numerator, denominator and rate are calculated per data element specifications.

Submeasures:
None.

Definitions:

IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Screenings – Tools used for this measure should be a part of the comprehensive core assessment documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

Positive Screenings - Screening results that indicate a member is at risk of developing or having depression or substance use disorder as documented in the IDN’s approved implementation project
plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.


Appropriate Follow-up Plan - Documented plan following the requirements documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
A patient is not eligible if one or more of the following conditions are documented:

1. Patient refuses to participate in the follow-up plan;
2. Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status;
3. Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools. For example: certain court appointed cases or cases of delirium; or
4. Any other exclusion documented in the IDN’s approved implementation project plan and protocols for DSRIP Core Competency Project: B1 Integrated Healthcare.

Data Source/Type:
Administrative Data: Electronic Health Records

Contract Reference:
CMS NH DSRIP Protocols C and D
### ASSESS_SCREEN.02-B – Data Element Specifications

**Identifier:**
ASSESS_SCREEN.02-B-NUM

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**Technical Definition:**
The number of screenings in the denominator that have a follow-up plan in place for substance use disorder documented in the EHR or other electronic tracking system on the date of the positive screening.

**Note:** The numerator is only assessing whether follow-up plan is in place, not that the follow-up plan has been implemented.

**Business Rules:**
- Must be $\geq 0.000$

**Identifier:**
ASSESS_SCREEN.02-B-DEN

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**Technical Definition:**
The number of positive screenings occurring in the eligible population.

**Business Rules:**
- Must be $\geq 1.00$

**Identifier:**
ASSESS_SCREEN.02-B-RATE

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</table>

**Technical Definition:**
Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be $\geq 1.00$
- Must be \( \leq 100.00 \)
**Selected U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.03)**

**Identifier:**
ASSESS_SCREEN.03

**Summary of Measure Changes:**
This is a new measure

**Last Modified:**
This is a new measure

**Measure Description:**
Percent of IDN’s attributable behavioral health patients seen at the IDN’s Medicaid Billing providers who’s EHR or other electronic tracking system contains evidence of all applicable selected recommended USPSTF A&B Services by the most recent office visit in the measure reporting period*.

*For reporting periods see: Measure Data Source Period Preview

**Eligible Population:**
Any NH Medicaid patient* age 6 years and older in the IDN’s attributable behavioral health population group with an office visit during the measurement period at the IDN’s Medicaid Billing providers.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Technical Definition:**
This measure is a parent measure that groups together related submeasures. Data is submitted only for submeasures. After submission of submeasure data DHHS calculates the parent measure by totaling together the submitted submeasures. Each submeasure has its own measure and data element technical specifications detail. The information below provides a general technical description of the measure as a whole.

**Submeasures:**
The measure is reported for 4 submeasures including:

A. Children Ages 6-17 with behavioral health conditions
B. Females Ages 18-49 with behavioral health conditions
C. Males Ages 18-49 with behavioral health conditions
D. Adults Ages 50 and older with behavioral health conditions

**Definitions:**
*IDN’s Medicaid Billing Provider* - A provider who is part of the reporting Independent Delivery Network
who is enrolled as a NH Medicaid Billing provider.

**Attributable Behavioral Health Population** – Because IDN’s do not have all the data needed to determine whether a patient is included in the behavioral health population for this measure, DHHS will supply person specific detail of each IDN’s attributed behavioral health population to the IDN lead or contracted designee four months after the end of each measure data source time period. The IDN will use this file from DHHS to determine which IDN patient seen during the measure data source time period shall be considered in the behavioral health population for this measure. Specifics of DHHS's method for assigning the behavioral health indicator are included in the NH DSRIP Outcome Measure Specifications.

**Selected recommended USPSTF A&B Services** – See Appendix B for the definition of services.

**Office Visit** – Medical or behavioral health office visit. Use UB Codes 11 – Office, 49 – Independent Clinic, 50 – Federally Qualified Health Center, 53 – Mental Health Center, 57 – Non-Residential Substance Abuse Treatment Facility, 62 - Comprehensive Outpatient Rehabilitation Facility 72 – Rural Health Clinic

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

**Exclusions:**
None.

**Data Source/Type:**
Administrative Data: Electronic Health Records

**Contract Reference:**
CMS NH DSRIP Protocols C and D

**Measure Submission Frequency:** Annually.

**Data Source Life Span:**
2018-01-01 - 2020-12-31

**Measure Data Source Time Period:**
12 months.

**Measure Data Source Period Preview:**
Submission #1: 2018-01-01 - 2018-12-31
Submission #2: 2019-01-01 - 2019-12-31
Submission #3: 2020-01-01 - 2020-12-31

**Submission Due Date Lag Period:**
7 months.

**Measure Due Date Previews:**
Submission #1: 2019-08-01
Submission #2: 2020-08-01
Submission #3: 2021-08-01
**Selected U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by IDN Providers: A – BH Children Ages 6-17**

**Identifier:**
ASSESS_SCREEN.03-A

**Summary of Measure Changes:**
This is a new measure

**Last Modified:**
This is a new measure

**Measure Description:**
Percent of IDN’s attributable behavioral health patients ages 6-17, seen at the IDN’s Medicaid Billing providers in the past 12 months whose EHR or other electronic tracking system contains evidence of all applicable selected recommended USPSTF A&B Services at the end of the most recent office visit.

**Eligible Population:**
Any NH Medicaid patient* ages 6-17, in the IDN’s attributable behavioral health population group with an office visit during the measurement period at the IDN’s Medicaid Billing providers. Patient’s age is determined as of the end of the most recent office visit during the measurement period.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:
- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Technical Definition:**
Numerator, denominator and rate are calculated per data element specifications.

**Submeasures:**
None.

**Definitions:**
**IDN’s Medicaid Billing Provider** - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

**Attributable Behavioral Health Population** – Because IDN’s do not have all the data needed to determine whether a patient is included in the behavioral health population for this measure, DHHS will supply person specific detail of each IDN’s attributed behavioral health population to the IDN lead or contracted designee four months after the end of each measure data source time period. The IDN will use this file from DHHS to determine which IDN patient seen during the measure data source time period shall be considered in the behavioral health population for this measure. Specifics of DHHS’s method for assigning the behavioral health indicator are included in the NH DSRIP Outcome Measure Specifications.
Selected recommended USPSTF A&B Services – See Appendix B for the definition of services.

Office Visit – Medical or behavioral health office visit. Use UB Codes 11 – Office, 49 – Independent Clinic, 50 – Federally Qualified Health Center, 53 – Mental Health Center, 57 – Non-Residential Substance Abuse Treatment Facility, 62 - Comprehensive Outpatient Rehabilitation Facility 72 – Rural Health Clinic

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
None.

Data Source/Type:
Administrative Data: Electronic Health Records

Contract Reference:
CMS NH DSRIP Protocols C and D
**ASSESS_SCREEN.03-A – Data Element Specifications BH Children Ages 6-17**

**Identifier:**
ASSESS_SCREEN.03-A-NUM

**Class:**
Numerator

**Type:**
Numeric

**Technical Definition:**
The number of the IDN’s attributable behavioral health patients in the eligible population whose EHR or other electronic tracking system indicates all of the following services have been conducted in the recommended timeframes by the end the most recent office visit that meet the criteria for the denominator:

- Obesity screening. Obese children should be offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status.
- Tobacco use interventions, such as education and/or brief counseling to prevent tobacco use. (age 12 – 17 only).

See Appendix B for USPSTF A&B Service details including recommended timeframes.

The most recent visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Business Rules:**
- Must be >= 0.000

**Identifier:**
ASSESS_SCREEN.03-A-DEN

**Class:**
Denominator

**Type:**
Numeric

**Technical Definition:**
The eligible population.

**Business Rules:**
- Must be >= 1.00
### ASSESS_SCREEN.03-A-RATE

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**Technical Definition:**
Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be $\geq 1.00$
- Must be $\leq 100.00$
Selected U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by IDN Providers: B–BH Adult Females Age 18-49

Identifier:
ASSESS_SCREEN.03-B

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of the IDN’s attributable female behavioral health patients ages 18-49 seen at the IDN’s Medicaid Billing providers in the past 12 months whose EHR or other electronic tracking system record contains evidence of all applicable selected recommended USPSTF A&B Services at the end of the most recent office visit.

Eligible Population:
Any NH Medicaid female patient* ages 18-49 in the IDN’s attributable behavioral health population group with an office visit during the measurement period at the IDN’s Medicaid Billing providers. Patient’s age is determined as of the end of the most recent office visit during the measurement period.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:
- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

Technical Definition:
Numerator, denominator and rate are calculated per data element specifications.

Submeasures:
None.

Definitions:
IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Attributable Behavioral Health Population – Because IDN’s do not have all the data needed to determine whether a patient is included in the behavioral health population for this measure, DHHS will supply person specific detail of each IDN’s attributed behavioral health population to the IDN lead or contracted designee four months after the end of each measure data source time period. The IDN will use this file from DHHS to determine which IDN patient seen during the measure data source time period shall be considered in the behavioral health population for this measure. Specifics of DHHS's method for assigning the behavioral health indicator are included in the NH DSRIP Outcome Measure Specifications.
Selected recommended USPSTF A&B Services – See Appendix B for the definition of services.

Office Visit – Medical or behavioral health office visit. Use UB Codes 11 – Office, 49 – Independent Clinic, 50 – Federally Qualified Health Center, 53 – Mental Health Center, 57 – Non-Residential Substance Abuse Treatment Facility, 62 – Comprehensive Outpatient Rehabilitation Facility 72 – Rural Health Clinic

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
None.

Data Source/Type:
Administrative Data: Electronic Health Records

Contract Reference:
CMS NH DSRIP Protocols C and D
ASSESS_SCREEN.03-B – Data Element Specifications BH Adult Females Age 18-49

**Identifier:**
ASSESS_SCREEN.03-B-NUM

**Class:**
Numerator

**Type:**
Numeric

**Technical Definition:**
The number of the IDN’s attributable behavioral health patients in the eligible population whose EHR or other electronic tracking system indicates all of the following services have been completed in the recommended timeframes by the end of the most recent office visit that meet the criteria for the denominator:

- Blood pressure screening.
- Intimate partner violence screening, and if screened positive, are provided or referred to intervention services.
- Lipid disorder screening (Age 20-49 with risk for coronary heart disease only).
- Cardiovascular disease (CVD) prevention weight and/or diet counseling (Obese or overweight adults with CVD risk factors only).
- Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling (Age 40-49 only).
- Obesity screening. Obese adults are offered or referred to intensive behavioral counseling.

See Appendix B for USPSTF A&B Service details including recommended timeframes.

The most recent visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Business Rules:**
- Must be >= 0.000

**Identifier:**
ASSESS_SCREEN.03-B-DEN

**Class:**
Denominator

**Type:**
Numeric

**Technical Definition:**
The eligible population.
**Business Rules:**
- Must be $\geq 1.00$

**Identifier:**
ASSESS_SCREEN.03-B-RATE

**Class:**
Rate

**Type:**
Numeric

**Technical Definition:**
Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be $\geq 1.00$
- Must be $\leq 100.00$
Selected U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by IDN Providers: C – BH Adult Males Age 18-49

Identifier:
ASSESS_SCREEN.03-C

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of IDN’s attributable male behavioral health patients ages 18-49 seen at the IDN’s Medicaid Billing providers in the past 12 months whose EHR or other electronic tracking system contains evidence of all applicable selected recommended USPSTF A&B Services at the end of the most recent office visit.

Eligible Population:
Any NH Medicaid patient* ages 18-49 in the IDN’s attributable behavioral health population group with an office visit during the measurement period at the IDN’s Medicaid Billing providers. Patient’s age is determined as of the end of the most recent office visit during the measurement period.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:
- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

Technical Definition:
Numerator, denominator and rate are calculated per data element specifications.

Submeasures:
None.

Definitions:
IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Attributable Behavioral Health Population – Because IDN’s do not have all the data needed to determine whether a patient is included in the behavioral health population for this measure, DHHS will supply person specific detail of each IDN’s attributed behavioral health population to the IDN lead or contracted designee four months after the end of each measure data source time period. The IDN will use this file from DHHS to determine which IDN patient seen during the measure data source time period shall be considered in the behavioral health population for this measure. Specifics of DHHS’s method for assigning the behavioral health indicator are included in the NH DSRIP Outcome Measure Specifications.
Selected recommended USPSTF A&B Services – See Appendix B for the definition of services.

Office Visit – Medical or behavioral health office visit. Use UB Codes 11 – Office, 49 – Independent Clinic, 50 – Federally Qualified Health Center, 53 – Mental Health Center, 57 – Non-Residential Substance Abuse Treatment Facility, 62 – Comprehensive Outpatient Rehabilitation Facility 72 – Rural Health Clinic

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
None.

Data Source/Type:
Administrative Data: Electronic Health Records

Contract Reference:
CMS NH DSRIP Protocols C and D
### ASSESS_SCREEN.03-C – Data Element Specifications BH Adult Males Age 18-49

**Identifier:**
ASSESS_SCREEN.03-C-NUM

**Class:**
Numerator

**Type:**
Numeric

**Technical Definition:**
The number of IDN’s attributable behavioral health patients in the eligible population whose EHR or other electronic tracking system indicates all of the following services have occurred in the recommended timeframes by the end the most recent office visit that meet the criteria for the denominator:

- Blood pressure screening.
- Lipid disorder screening high risk (Age 20-34 with increased risk of coronary heart disease)
- Lipid disorder screening (Age 35-49 only)
- Cardiovascular disease (CVD) prevention weight and/or diet counseling (Obese or overweight adults with CVD risk factors only).
- Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling. (Age 40-49 only)
- Obesity screening. Obese adults are offered or referred to intensive behavioral counseling.

See Appendix B for USPSTF A&B Service details including recommended timeframes.

The most recent visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Business Rules:**
- Must be >= 0.000

**Identifier:**
ASSESS_SCREEN.03-C-DEN

**Class:**
Denominator

**Type:**
Numeric

**Technical Definition:**
The eligible population.
**Business Rules:**
- Must be >= 1.00

**Identifier:**
ASSESS_SCREEN.03-C-RATE

**Class:**
Rate

**Type:**
Numeric

**Technical Definition:**
Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be >= 1.00
- Must be <= 100.00
Selected U.S. Preventive Services Task Force (USPSTF) A&B Services Provided for Behavioral Health Population by IDN Providers: D – BH Adults Age 50 and older

Identifier:
ASSESS_SCREEN.03-D

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of IDN’s attributable behavioral health patients age 50 and older seen at the IDN’s Medicaid Billing providers in the past 12 months whose EHR or other tracking contains evidence of all applicable selected recommended USPSTF A&B Services at the end of the most recent office visit.

Eligible Population:
Any NH Medicaid patient* age 50 and older in the IDN’s attributable behavioral health population group with an office visit during the measurement period at the IDN’s Medicaid Billing providers.

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

The visit must have:
- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

Technical Definition:
Numerator, denominator and rate are calculated per data element specifications.

Submeasures:
None.

Definitions:
IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Attributable Behavioral Health Population – Because IDN’s do not have all the data needed to determine whether a patient is included in the behavioral health population for this measure, DHHS will supply person specific detail of each IDN’s attributed behavioral health population to the IDN lead or contracted designee four months after the end of each measure data source time period. The IDN will use this file from DHHS to determine which IDN patient seen during the measure data source time period shall be considered in the behavioral health population for this measure. Specifics of DHHS’s method for assigning the behavioral health indicator are included in the NH DSRIP Outcome Measure Specifications.

Selected recommended USPSTF A&B Services – See Appendix B for the definition of services.
Office Visit – Medical or behavioral health office visit. Use UB Codes 11 – Office, 49 – Independent Clinic, 50 – Federally Qualified Health Center, 53 – Mental Health Center, 57 – Non-Residential Substance Abuse Treatment Facility, 62 – Comprehensive Outpatient Rehabilitation Facility 72 – Rural Health Clinic

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

Exclusions:
None.

Data Source/Type:
Administrative Data: Electronic Health Records

Contract Reference:
CMS NH DSRIP Protocols C and D
### ASSESS_SCREEN.03-D – Data Element Specifications BH Adults Age 50 and older

**Identifier:**
ASSESS_SCREEN.03-D-NUM

**Class:**
Numerator

**Type:**
Numeric

**Technical Definition:**
The number of IDN’s attributable behavioral health patients in the eligible population whose EHR or other electronic tracking system indicates all of the following services have been conducted within the recommended timeframes by the most recent office visit that meet the criteria for the denominator:

- Blood pressure screening.
- High risk lipid disorder screening. (Females age 50 and older only with risk for coronary heart disease only).
- Lipid disorder screening. (Male only)
- Diabetes screening for obese or overweight adults. Adults with abnormal blood glucose are referred to intensive behavioral counseling. (Age 50-70 only)
- Obesity screening. Adults with high body mass index are referred to intensive behavioral counseling.

See Appendix B for USPSTF A&B Service details including recommended timeframes.

The most recent visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Business Rules:**
- Must be >= 0.000

**Identifier:**
ASSESS_SCREEN.03-D-DEN

**Class:**
Denominator

**Type:**
Numeric

**Technical Definition:**
The eligible population.
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<th><strong>Business Rules:</strong></th>
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<tbody>
<tr>
<td>- Must be &gt;= 1.00</td>
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</table>

**Identifier:**

ASSESS_SCREEN.03-D-RATE

**Class:**

Rate

**Type:**

Numeric

**Technical Definition:**

Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**

- Must be >= 1.00
- Must be <= 100.00
Smoking and Tobacco Cessation Screening and Counseling for Tobacco Users by the IDN’s Medicaid Billing Providers (ASSESS_SCREEN.04)

Identifier:
ASSESS_SCREEN.04

Summary of Measure Changes:
This is a new measure

Last Modified:
This is a new measure

Measure Description:
Percent of positive screenings for tobacco use in the past 24 months for patients seen by the IDN's Medicaid billing providers for an office visit during the measure reporting period*, who received Cessation counseling intervention on the date of the positive screening.

*For reporting periods see: Measure Data Source Period Preview.

Eligible Population:
Any NH Medicaid patient* 18 years and older, who during a visit at the IDN’s Medicaid billing provider:

- Received a screening for tobacco use; and
- Received a positive screening for tobacco use.

The visit must have:

- Occurred in the measure data reporting period;
- Occurred in an office based setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider

*Includes NH Medicaid patients enrolled in Fee-for-Service, Managed Care Organizations, or Qualified health plans.

Technical Definition:
See numerator and denominator for greater details.

Submeasures:
None

Definitions:
IDN’s Medicaid Billing Provider - A provider who is part of the reporting Independent Delivery Network who is enrolled as a NH Medicaid Billing provider.

Tobacco User – Includes any type of tobacco use as identified by the provider’s tobacco use screening.

Tobacco Cessation Counseling Intervention - Includes brief counseling (3 minutes or less), and/or pharmacotherapy.

Office Visit – Medical or behavioral health office visit. Use UB Codes 11 – Office, 49 – Independent Clinic, 50 – Federally Qualified Health Center, 53 – Mental Health Center, 57 – Non-Residential
Substance Abuse Treatment Facility, 62 - Comprehensive Outpatient Rehabilitation Facility 72 – Rural Health Clinic

EHR or Other electronic tracking system – Electronic Health Record or other electronic tracking system such as a shared care plan that allows IDN providers to store and query evidence assessments or other activities electronically.

**Exclusions:**
Patients in hospice.

**Data Source/Type:**
Administrative Data: Electronic Health Records

**Contract Reference:**
CMS NH DSRIP Protocols C and D

**Measure Submission Frequency:** Semi-annually.

**Data Source Life Span:**
2018-01-01 - 2020-12-31

**Measure Data Source Time Period:**
6 months for the first submission, 12 months thereafter

**Measure Data Source Period Preview:**
Submission #2: 2018-01-01 - 2018-12-31
Submission #4: 2019-01-01 - 2019-12-31
Submission #5: 2019-07-01 - 2020-06-30
Submission #6: 2020-01-01 - 2020-12-31

**Submission Due Date Lag Period:**
3 months.

**Measure Due Date Previews:**
Submission #1: 2018-10-01
Submission #2: 2019-04-01
Submission #3: 2019-10-01
Submission #4: 2020-04-01
Submission #5: 2020-10-01
Submission #6: 2021-04-01
**ASSESS_SCREEN.04 – Data Element Specifications**

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<tr>
<td>Type:</td>
<td>Numeric</td>
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</tbody>
</table>

**Technical Definition:**
Members in the eligible population whose most recent office visit with the IDN’s Medicaid Billing Provider shows evidence in the EHR or other electronic tracking system of cessation counseling intervention on the same day as the positive screening for tobacco use. The most recent visit must have:

- Occurred in the measure data reporting period (See Measure Data Source Period Preview);
- Occurred in an office setting (this excludes hospital or other facility settings);
- Been for a NH Medicaid billable service; and
- Been conducted by a provider at a primary care practice, or behavioral health provider.

**Business Rules:**
- Must be \( \geq 0.000 \)

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<td>Class:</td>
<td>Denominator</td>
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<td>Type:</td>
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**Technical Definition:**
The number of positive screenings in the eligible population.

**Business Rules:**
- Must be \( \geq 1.00 \)

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<th>ASSESS_SCREEN.04-RATE</th>
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</thead>
<tbody>
<tr>
<td>Class:</td>
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<tr>
<td>Type:</td>
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</tr>
</tbody>
</table>

**Technical Definition:**
Numerator/Denominator*100 (percent rounded to 1 decimal place)

**Business Rules:**
- Must be $\geq 1.00$; Must be $\leq 100.00$
## Appendix A: Meta-Data Definitions

**Business Rules:** A framework for ensuring DHHS accepts reasonable values for each measure. Wherever possible, DHHS will base business rules on historic data submitted for each measure. DHHS will update and fine tune business rules as more data becomes available. Established business rules appear with the description of each data element within the specification.

For example, if a data value of “0” is submitted for a measure with a business rule “Must be >= 1.00”, the data will be rejected.

**Class:** Identifies whether the report is a rate, numerator, or denominator.

**Data Source/Type:** Data that should be used to calculate the measure (e.g. Administrative data, survey data, health care record review).

**Data Source Life Span:** the valid data source reporting period for multiple submissions of a measure that describes the lifespan of all submissions. The lifespan is generated from the combination of the Data Source Life Span Start and End Dates (e.g. 2013-12-01 to 2099-12-31). Active measures will have a Data Source Life Span End Date of 2099-12-31. Data submitters should draw data as specified by the Measure Data Source Period Previews.

**Data Source Life Span Start Date:** Valid data source reporting period start date for multiple submissions of a measure. Range indicates the time period (e.g. using service dates) that a submitter would draw on to calculate the measure (e.g. lifespan of the measure).

**Data Source Life Span End Date:** Valid data source reporting period end date for multiple submissions of a measure. Range indicates the time period (e.g. using service dates) that a submitter would draw on to calculate the measure (e.g. lifespan of the measure).

**Definitions:** Further detail on terms used in the measure, submeasure, or data element.

**Eligible Population:** A detailed description of the population the measure describes, including age ranges, gender, continuous enrollment and other characteristics important for the measure.

**Exclusions:** Individuals or scenarios who should not be included in the measure.

**Identifier:** The alpha-numericly unique value for each measure or submeasure. Where possible, DHHS will utilize identifiers that match or relate to the identifiers assigned by the measure stewards (i.e., CMS Adult Core, CMS Child Core Set, HEDIS, CAHPS, etc.). In the case of submeasures, all related submeasures will utilize identifiers with the parent measure identifier as the base.

**Last Modified:** The date the measure was last changed.

**Measure Due Date Previews:** Specific due date that the submitter must report by for a specific measure source data period, corresponding to the Measure Data Source Periods.

**Measure Data Source Time Period:** The generic length of time prescribing the date spans for slices of source data reporting periods that a submitter would draw on to calculate a measure (e.g. 1 year, 2 years, 3 years, 4 years, 5 years, quarter, month, week).
**Measure Data Source Period Previews**: Specific source data periods (dates) that the submitter must draw from to produce a measure for the specific time period, showing a preview of the next four source data periods. The end date will include the year the data represents from a reporting perspective.

**Measure Submission Frequency**: The frequency of how often the data submitter will submit data (e.g. annually, quarterly, monthly, or weekly).

**Submission Due Date Lag Period**: The length of time, in whole months or whole days, from the end of each specific Measure Data Source Time Period by which a data submitter must submit data (e.g. three months, six months, annual).

**Summary of Measure Changes**: Changes that have occurred to the measure since the previous version.

**Technical Definition**: Specific details about the measure, submeasure, or data element.

**Type**: The format the value is submitted. Typically this is numeric.
Appendix B: Selected U.S. Preventive Services Task Force (USPSTF) A&B Recommended Services

Appendix B will provide detail on each of the selected USPSTF A&B Recommended Services used to calculate ASSESS.SCREEN.03. The two tables below give a crosswalk for each of the services for different ages and genders. The remainder of Appendix B will provide detail for each of the services, in alphabetical order.

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<td>12-17</td>
<td>18-19</td>
<td>20-34</td>
<td>35-39</td>
<td>40-70</td>
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<table>
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</table>
**Blood Pressure Screening**

**Service Description:**
Members age 18 year or older were screened for high blood pressure (BP) with a properly measured office BP.

**Frequency/Intervals:**
1. Annual screening - Adults 40 years or older and those who are at increased risk for high BP.
2. Once every 3-5 years - Adults ages 18 – 39 with normal BP (<130/85 mm Hg) who do not have other risk factors.

**Definitions:**
Properly Measured Blood Pressure – includes having the patient seated for at least 5 minutes between entry into the office and BP measurement, using a manual or automated sphygmomanometer with an appropriately sized arm cuff placed on a bare arm at the level of the right atrium during measurement. Back and feet should be supported and legs uncrossed.

Risk Factors for High BP – individuals who have a normal BP 130-139/85-89 mm Hg, those who are overweight or obese, and African Americans.
**Cardiovascular Disease Prevention High Risk**

**Service Description:**
Adults age 18 and older who are overweight or obese and have additional cardiovascular disease (CVD) risk factors were referred to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.

**Frequency/Intervals:**
At a minimum with the most recent well care visit.

**Definitions:**
- Cardiovascular disease risk factors – include tobacco use, hypertension, dyslipidemia, impaired fasting glucose, or metabolic syndrome.
- Overweight – BMI of 25-25.9
- Obese – BMI of >30+
- Intensive behavioral counseling – interventions that engage a person in healthy behaviors includes healthy eating and physical activity and limits unhealthy ones. Intensive counseling takes place over a period of time with multiple contacts.
**Diabetes Screening for Obese and Overweight Adults**

**Service Description:**
Adults age 40 to 70 who are overweight or obese were screened for abnormal blood glucose as part of cardiovascular risk assessment; clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

**Frequency/Intervals:**
1. Every 3 years for adults with normal blood glucose levels.
2. At least annually for adults with abnormal blood glucose levels.

**Definitions:**
- **Cardiovascular Risk Factors**—include tobacco use, hypertension, dyslipidemia, impaired fasting glucose, or metabolic syndrome.
- **Abnormal blood glucose** — HbA1c >9
- **Blood glucose screening** - screening includes measuring HbA1c.
- **Overweight** – BMI of 25-25.9
- **Obese** – BMI of >30+
- **Intensive behavioral counseling** – interventions that engage a person in healthy behaviors includes healthy eating and physical activity and limits unhealthy ones. Intensive counseling takes place over a period of time with multiple contacts.
Appendix B: Selected USPSTF Recommended Services

**Intimate Partner Violence Screening**

**Service Description:**
Women of childbearing age 18-49 who were screened with an evidenced-based screening tool for intimate partner violence and provided or referred women who screened positive to intervention services (includes women who do not have signs or symptoms of abuse)

**Frequency/Intervals:**
1. Non-pregnant women - At a minimum with the most recent well care visit.
2. Pregnant women during :
   a. The first prenatal visit;
   b. Every trimester; and
   c. The post-partum visit.

**Definitions:**
**Intimate partner violence** – includes physical, sexual, or psychological harm by a current or former partner or spouse.

**Screening tool** - Evidenced-based Screening tools that identify IPV include (not a complete list): Hurt, Insult, Threaten, Scream (HITS); Ongoing Abuse Screen/Ongoing Violence Assessment (OAS/OVAT); Slapped, Threatened, and Throw (STaT); Humiliation, Afraid, Rape, Kick (HARK); Modified Childhood Trauma Questionnaire-Short Form (CTQ-SF); and Women Abuse Screen Tool (WAST); Partner Violence Screen (PVS); and Abuse Assessment Screen (AAS)

**Intervention Services** - Interventions may include counseling, home visits, information cards, referrals to community services and mentoring services.

- Counseling may include information on safety behaviors and community resources
- Home visits may include counseling, emotional support, education on problem-solving strategies, and parenting support
### Lipid (Dyslipidemia) Disorder Screening

**Service Description:**
Males aged 35 years and older were screened for lipid disorders.

**Frequency/Intervals:**
Every 5 years.

**Definitions:**
Screening tool - Preferred screening tests for dyslipidemia (lipid disorders) are total cholesterol and HDL-C on non-fasting or fasting samples.
Lipid (Dyslipidemia) Disorder Screening – High Risk

Service Description:
Males ages 20-35 years and Females ages 20 years and older who have increased risk for coronary heart disease.

Frequency/Intervals:
Less than 5 years.

Definitions:
Screening tool - Preferred screening tests for dyslipidemia (lipid disorders) are total cholesterol and HDL-C on non-fasting or fasting samples.

Coronary Heart Disease risk – includes at least one of the following:

- Diabetes
- Previous history of coronary heart disease (CHD) or non-coronary atherosclerosis
- A family history of cardiovascular disease before the age 50 in male relatives or age 60 in female relatives
- Tobacco use
- Hypertension
- Obesity (BMI > 30)
Obesity Screening and Counseling - Adult

Service Description:
All adults age 18 and older are screened for obesity and overweight; clinicians should offer or refer patients with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.

Frequency/Intervals:
1. Screening should be conducted at a minimum during the most recent well care visit.
2. Intervention should be offered or referral made during the measurement year.

Definitions:
Screening – Body Mass Index.

Intensive, multicomponent behavioral interventions - includes multiple behavioral management activities such as group sessions, individual sessions, setting weight-loss goals, improving diet or nutrition, physical activity sessions, addressing barriers to change, active use of self-monitoring, and strategizing how to maintain a healthy lifestyle changes conducted in 12-26 sessions per year.

Obesity – BMI of >30+
**Obesity and Overweight Screening and Counseling - Child**

**Service Description:**
Children age 6 years to 17 years who were screened for obesity and offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight.

**Frequency/Intervals:**
1. Screening should be conducted at a minimum during the most recent well care visit.
2. Intervention should be offered or referral made during the measurement year.

**Definitions:**
**Screening:** Body Mass Index

**Intensive, multicomponent behavioral interventions** - include weight management programs that include counseling and other interventions that target diet and physical activity. Moderate to high-intensity programs involve > 25 hours of contact with the child and/or family over a 6-month period and showed results including improved weight status, defined as an absolute and/or relative decrease in the BMI 12 months after the beginning of the intervention.

**Obesity** - age and gender-specific BMI > 95th percentile.
Tobacco Use Interventions

**Service Description:**
Children aged 12-17 years are provided intervention, including education or brief counseling, to prevent initiation of tobacco use.

**Frequency/Intervals:**
At a minimum during the most recent well care visit.

**Definitions:**
- Brief Counseling and Education – Includes face-to-face or phone interactions with a care provider, print materials, videos, and computer applications.
- Tobacco Use – Includes any type of tobacco use.