



Maternal and Child Health Services Title V Block Grant

Title V/Title XIX Intra-Agency Agreement (IAA) and Related Documents



KANSAS
MATERNAL &
CHILD HEALTH

2016 Intra-Agency Agreement, Contract #KDHE2017-079 3

Intra-agency Agreement between the Division of Health Care Finance and the Division of Public Health of the Kansas Department of Health and Environment for Implementing the Provision of Health Care to Persons Eligible for Services Under Titles V, XIX, and XXI of the Social Security Act

2019 Maternal Mortality Review Committee Amendment 9

Added data sharing capabilities for the Maternal Mortality Review Committee.

Crosswalk of Title XIX and Title V Measures 16

Overlap between Medicaid Priorities and Title V priorities.

- *Medicaid Pay for Performance Measures..... 17*
- *Medicaid HEDIS 2015 Measures..... 20*
- *2016 Core Set of Children’s Health Care Quality Measures
for Medicaid and CHIP (Child Core Set) 23*

2016 Intra-Agency Agreement



Intra-agency Agreement between the Division of Health Care Finance and the Division of Public Health of the Kansas Department of Health and Environment for Implementing the Provision of Health Care to Persons Eligible for Services Under Titles V, XIX, and XXI of the Social Security Act

**Intra-agency Agreement between the Division of Health Care Finance and the Division of Public Health
of the Kansas Department of Health and Environment
for Implementing the Provision of Health Care to Persons Eligible for Services
Under Titles V, XIX, and XXI of the Social Security Act
Contract #KDHE2017-079**

1. Parties to Agreement

- 1.1. The Kansas Department of Health and Environment (KDHE) is comprised of three Divisions: Division of Health Care Finance (DHCF), Division of Public Health (DOPH), and Division of Environment (DOE).
- 1.2. KDHE Division of Health Care Finance, Medicaid [DHCF],
 - 1.2.1. DHCF is the division of the KDHE designated through K.S.A. 75-7401 et seq. to supervise and administer Kansas' Medicaid Program. As the authority to supervise and administer the Medicaid program, DHCF is responsible for the operational and purchasing responsibilities for the regular medical portion of the state Medicaid program and is responsible to ensure that all funds expended under the Medicaid program are spent appropriately and in accordance with federal and state law. Except to the extent provided by K.S.A. 75-7401 et seq., DHCF is not responsible for health care planning, administration, purchasing and data with respect to the program set out in K.S.A. 75-5945.
- 1.3. KDHE Division of Public Health [DOPH],
 - 1.3.1. DOPH is the division of the KDHE established pursuant to K.S.A. 75-5603 and under the Secretary of KDHE's authority, and has general supervision of the health of the people of the State of Kansas. The Title V Maternal and Child Health (MCH) Services Block Grant, administered by the KDHE Bureau of Family Health (BFH).

The Parties agree to the following terms and conditions.

2. Purpose of Agreement

The purpose of this Agreement (#KDHE2017-079) is to set forth the duties of DOPH and DHCF with regard to the provision services to Kansans served by both parties. The Agreement defines the following:

- 2.1. Responsibilities of DHCF and DOPH duties with respect to providing health care to persons eligible for health care services under Titles V, XIX, and XXI of the Social Security Act;
- 2.2. Ability to use Title V, XIX, and XXI funds for allowable administrative costs incurred;
- 2.3. Responsibilities of the divisions for sharing funding under Titles V, XIX, and XXI for administrative activities and program services provided to eligible persons received services;
- 2.4. Roles and responsibilities of each division for payment of services to Medicaid enrollees the programs under DOPH;
- 2.5. Roles and responsibilities of each division regarding policy development and management as well as administration and implementation of the policy at the state and federal levels; and
- 2.6. Guidelines for data sharing between divisions.

3. General Collaboration and Partnership

- 3.1. DOPH and DHCF will:
 - 3.1.1. Designate program liaisons to foster cooperative working relationships among DOPH and DHCF, including Managed Care Organization (MCO) contactors, and confer as needed to assure effective delivery of services associated with those outlined in this Agreement.

- 3.1.2. Participate in cooperative program planning and monitoring of MCH services and activities covered by Title XIX and Title V.
- 3.1.3. Communicate between Divisions and coordinate services for dually eligible consumers.
- 3.1.4. Provide service and program materials for distribution to dually-eligible consumers.
- 3.1.5. Provide information upon request by the other Division and support staff and sub-contracted partners in the appropriate knowledge of shared goals, aligned services, and available supports for consumers.
- 3.1.6. Coordinate appropriate enrollment, certification, or qualifications for providers of services associated with those outlined in this Agreement.

4. Access to Information: Matching Vital Records and Medicaid Claim Records

- 4.1.1. DOPH will:
 - 4.1.1.1. Submit a written request to DHCF outlining the Medicaid data needed for analysis from the eligibility and claims files. The request will specify a covered time frame and any applicable DRG, ICD10, diagnosis, and procedure codes on any claim form. .
 - 4.1.1.2. Match vital records with Medicaid/CHIP administrative/claims data for reporting the Core and Title V measures and a number of additional purposes, including monitoring additional outcome variables, calculating the fraction of births in a state paid by Medicaid/CHIP, and obtaining data on maternal risk factors.
 - 4.1.1.3. Develop recommendations for advanced analysis and research using the matched data set. The recommended research will assist the HCF in tracking changes in the Medicaid program and evaluating their impact on birth outcomes in the Medicaid population.
 - 4.1.1.4. Evaluate birth outcomes for medical assistance recipients using data available through the Medicaid claims data and vital records.
 - 4.1.1.5. Prepare an annual report providing an analysis of the files and summary of birth outcomes.
 - 4.1.1.6. Post the annual report on the KDHE website.
 - 4.1.1.7. Submit a written request to the HCF outlining additional Medicaid data and formats needed for advanced analysis and research.
 - 4.1.1.8. Share matched data with any academic or external requester only with express DHCF written approval.
 - 4.1.1.9. Provide analytical statistics for geographic areas with populations exceeding 20,000.
 - 4.1.1.10. Comply with all CMS confidentiality requirements.
- 4.1.2. DHCF will:
 - 4.1.2.1. Provide the data from the Medicaid eligibility files, paid claims files (institutional and professional), and encounter data within a mutually agreed timeline of receipt of the written request from DOPH.
 - 4.1.2.2. Review statistics of any reports.
 - 4.1.2.3. Consult as needed on DRG, ICD10 CPT, or HCPCS codes to

incorporate into data request.

5. Programs

5.1. As the single state Medicaid agency, DHCF will review and approve any contracts, grants or proposals that involve the use of Medicaid funds to determine whether they qualify for Federal Financial Participation (FFP).

5.2. Special Health Care Needs (SHCN) Program Collaboration

5.2.1. DOPH and DHCF will:

5.2.1.1. Coordinate to assure monthly sharing of data on consumers dually-enrolled in Medicaid and the SHCN program, including demographic and case management information. Since both parties have data protection and security requirements, each will follow their applicable data protection and security requirements, including HIPAA, Privacy Act, and correlative federal regulations and state statutes, as part of the sharing of information.

5.2.1.2. Establish effective care coordination practices, including shared responsibility of dually-enrolled consumers.

5.2.1.3. Establish a reciprocal referral process and guidance for case managers and care coordinators across Divisions to support collaborative care coordination efforts.

5.2.1.3.1. DHCF will oversee the Managed Care Organizations provision of care coordination services for consumers identified as special health care needs, based upon the monthly SHCN client list and/or MCO contractor case management assessment.

5.2.1.3.2. DOPH will be responsible for coordinating care and services with the MCO for consumers who are not assigned Medicaid case manager.

5.2.1.4. Coordinate across Divisions, to assure appropriate oversight, qualification, and payment of services for pediatric wheelchair management and seating clinics.

5.2.2. DOPH will:

5.2.2.1. Share with DHCF, including MCO contracted case managers, the SHCN family-centered action plan, addressing needs and services authorized.

5.2.2.2. Make appropriate referrals to support continued coverage of services from Medicaid.

5.2.2.3. Provide care coordination to assist dually-enrolled participants to receive KBH follow-up appointments and referral for EPSDT services, if applicable.

5.2.2.4. Provide consumers and families with information and assistance, upon request, relative to appeals when a referral or service is denied by Medicaid.

5.2.2.5. Host an annual meeting among DOPH, DHCF, and MCO contractors, to collaborate on system improvements for dually-enrolled consumers.

5.2.3. DHCF will:

- 5.2.3.1. Encourage MCO contractors to share care plans with SHCN Program staff to support effective cross-system coordination and maintain partnership with SHCN care coordinators to support effective and quality care provision for dually-enrolled clients and reduce duplication of effort or services.
- 5.2.3.2. Promote referral of Medicaid applicants, ages 0-21, who may be eligible for SHCN services, including the referral in the event of a lapse in Medicaid coverage.
- 5.2.3.3. Provide SHCN staff limited access to the appropriate Kansas Medicaid systems that supports accurately and timely eligibility determination of applicants to the SHCN program. Information available shall allow for:
 - 5.2.3.3.1. Verification of current Medicaid coverage status for SHCN applicants, including the effective date of coverage;
 - 5.2.3.3.2. Identification of the assigned MCO for Medicaid beneficiaries;
 - 5.2.3.3.3. Confirmation of the beneficiaries most recent Kan-Be-Healthy screenings;
 - 5.2.3.3.4. Verification of the beneficiary demographic information;
 - 5.2.3.3.5. Verification of the number of persons in the household and benefits received through social service programs, such as SSI, TANF, SNAP, and other income from state public assistance programs.
- 5.2.3.4. Provide SHCN staff limited access to the appropriate Kansas Medicaid systems in order to view current Medicaid maximum allowable rates for services and procedures and align the SHCN reimbursement fee scheduled with Kansas Medicaid.
- 5.2.3.5. Provide designated contact information for each MCO contractor who will be available to answer questions regarding Medicaid services for dually-enrolled clients.

6. Payment

- 6.1. The Divisions agree that in the event DHCF and DOPH have paid for the same services, DOPH will be the payor of last resort as specified by federal law and regulation.
- 6.2. DHCF will transfer the federal share of allowable administrative costs expended by DOPH.
- 6.3. DOPH will maintain records of all administrative costs to document the costs with the administrative services provided.
- 6.4. In accordance with 42 C.F.R. Sec. 447.15, providers must accept Medicaid payment as payment in full. DOPH will reimburse DHCF for all payments advanced for Medicaid-reimbursable expenditures made by DHCF on behalf of DOPH.
- 6.5. DHCF and DOPH will maintain payment information for audit purposes and cooperate with Centers for Medicare and Medicaid (CMS) staff to provide payment information when requested by CMS.

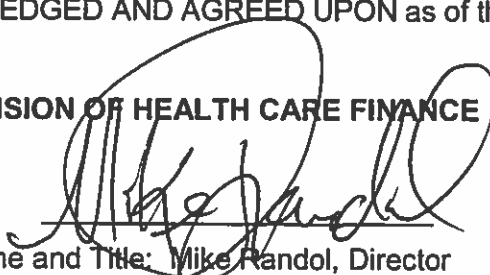
7. Audit

- 7.1. DOPH and DHCF will maintain all records for the purpose of compliance with all reporting and auditing requirements for Title V, XIX, and XXI programs.

- 7.2. DOPH and DHCF will cooperate and participate in all state and federal audits and maintain all records for any audits.
- 7.3. Records of all Title V, XIX, and XXI programs will be maintained for a minimum period of six years.

ACKNOWLEDGED AND AGREED UPON as of the date of the latest signature shown below.


DIVISION OF HEALTH CARE FINANCE

By: 
Name and Title: Mike Randol, Director
Date: _____

DIVISION OF PUBLIC HEALTH

By: 
Name and Title: Rachel Sisson, Title V Director & Bureau Director, Bureau of Family Health
Date: 9-23-2016

OFFICE OF THE SECRETARY

By: 
Name and Title: Susan Mosier, Secretary & State Health Officer
Date: 10/27/16

2019 Maternal Mortality Review Committee Amendment



KANSAS
MATERNAL &
CHILD HEALTH

*Added data sharing capabilities for the
Maternal Mortality Review Committee.*

[Code of Federal Regulations]
[Title 42, Volume 3]
[Revised as of October 1, 2001]
From the U.S. Government Printing Office via GPO Access
[CITE: 42CFR431.615]

[Page 44-45]

TITLE 42--PUBLIC HEALTH

CHAPTER IV--CENTERS FOR MEDICARE &
MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES--(Continued)

PART 431--STATE ORGANIZATION AND GENERAL ADMINISTRATION--Table of Contents

Subpart M--Relations With Other Agencies

Sec. 431.615 Relations with State health and vocational rehabilitation agencies and title V grantees.

(a) Basis and purpose. This section implements section 1902(a)(11) and (22)(C) of the Act, by setting forth State plan requirements for arrangements and agreements between the Medicaid agency and--

- (1) State health agencies;
- (2) State vocational rehabilitation agencies; and
- (3) Grantees under title V of the Act, Maternal and Child Health and Crippled Children's Services.

(b) Definitions. For purposes of this section--

[[Page 45]]

``Title V grantee'' means the agency, institution, or organization receiving Federal payments for part or all of the cost of any service program or project authorized by title V of the Act, including--

- (1) Maternal and child health services;
- (2) Crippled children's services;
- (3) Maternal and infant care projects;
- (4) Children and youth projects; and
- (5) Projects for the dental health of children.

(c) State plan requirements. A state plan must--

(1) Describe cooperative arrangements with the State agencies that administer, or supervise the administration of, health services and vocational rehabilitation services designed to make maximum use of these services;

(2) Provide for arrangements with title V grantees, under which the Medicaid agency will utilize the grantee to furnish services that are included in the State plan;

(3) Provide that all arrangements under this section meet the requirements of paragraph (d) of this section; and

(4) Provide, if requested by the title V grantee in accordance with the arrangements made under this section, that the Medicaid agency reimburse the grantee or the provider for the cost of services furnished recipients by or through the grantee.

(d) Content of arrangements. The arrangements referred to in paragraph (c) must specify, as appropriate--

(1) The mutual objectives and responsibilities of each party to the arrangement;

- (2) The services each party offers and in what circumstances;
- (3) The cooperative and collaborative relationships at the State level;
- (4) The kinds of services to be provided by local agencies; and
- (5) Methods for--
 - (i) Early identification of individuals under 21 in need of medical or remedial services;
 - (ii) Reciprocal referrals;
 - (iii) Coordinating plans for health services provided or arranged for recipients;
 - (iv) Payment or reimbursement;
 - (v) Exchange of reports of services furnished to recipients;
 - (vi) Periodic review and joint planning for changes in the agreements;
 - (vii) Continuous liaison between the parties, including designation of State and local liaison staff; and
 - (viii) Joint evaluation of policies that affect the cooperative work of the parties.
- (e) Federal financial participation. FFP is available in expenditures for Medicaid services provided to recipients through an arrangement under this section.

**INTRA-AGENCY AGREEMENT BETWEEN THE DIVISION OF HEALTH CARE FINANCE
AND
THE DIVISION OF PUBLIC HEALTH OF THE KANSAS DEPARTMENT OF HEALTH
AND ENVIRONMENT IMPLEMENTING MATERNAL MORTALITY REVIEW**

1. PARTIES TO AGREEMENT

- A. The Kansas Department of Health and Environment (KDHE) is comprised of three Divisions: Division of Health Care Finance, Division of Public Health, and Division of Environment.
- B. KDHE Division of Health Care Finance, Medicaid [DHCF], is the division of the KDHE designated through K.S.A. 75-7401 et seq. to supervise and administer Kansas' Medicaid Program. As the authority to supervise and administer the Medicaid program, DHCF is responsible for the operational and purchasing responsibilities for the regular medical portion of the state Medicaid program and is responsible to ensure that all funds expended under the Medicaid program are spent appropriately and in accordance with federal and state law.

Except to the extent provided by K.S.A. 75-7401 et seq., DHCF is not responsible for administration and collection of data with respect to Maternal Mortality Review set out in K.S.A. 65-177.

- C. KDHE Division of Public Health [DOPH]. DOPH is the division of the KDHE established pursuant to K.S.A. 75-5603 and under the Secretary of KDHE's authority and has general supervision of the health of the people of the State of Kansas. Pursuant to K.S.A. 65-177, implementation of Maternal Mortality Review and collection of records and data has been designated to the DOPH, specifically the Bureau of Family Health, by the Secretary of the KDHE giving DOPH the authority to access medical records and information for the purpose of Maternal Mortality Review.
- D. The DHCF and DOPH coordinate to carry out KDHE's mission and public health responsibilities. The Medicaid program supports the Bureau of Family Health as needed to carry out requirements for surveillance of maternal and child health set out in K.S.A. 65-177, including review of maternal and pregnancy associated deaths.

The Parties agree to the following terms and conditions:

2. PURPOSE OF AGREEMENT

The purpose of this Agreement is to set forth the duties of DOPH and DHCF with regard to the sharing of records and data for the Maternal Mortality Review.

3. GENERAL COLLABORATION AND PARTNERSHIP

DOPH and DHCF will:

- A. Designate program liaisons to foster cooperative working relationships among DOPH and DHCF, including Managed Care Organization (MCO) contactors, and confer as needed to assure effective sharing of record and data associated with the purposes of this Agreement.
- B. Participate in cooperative collection of records and data for Maternal Mortality Review.
- C. Communicate between Divisions and coordinate efforts to enable review of all relevant data.

4. MATCHING MATERNAL DEATH RECORDS AND MEDICAID RECORDS

A. DOPH will:

- i. Submit a written request to DHCF outlining the Medicaid data needed for analysis from the Medicaid files. The request will specify the complete medical records to which DOPH will need access, with associated outpatient, primary care, and pharmacy services, a covered time frame and any applicable diagnosis and procedure codes on any claim form.
- ii. Match records and data with Maternal Mortality Review records.
- iii. Develop recommendations for advanced analysis and research using the matched data set. The recommended research may assist the DHCF in tracking changes in the Medicaid program and evaluating their impact on birth outcomes in the Medicaid population.
- iv. Submit a written request to the DHCF outlining additional Medicaid data and formats needed for advanced analysis and research.
- v. Share matched data with any academic or external requester only with express DHCF written approval.
- vi. Comply with all applicable confidentiality requirements of and secure all data as required by the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Rule, and any rules and regulations of the Centers for Medicare and Medicaid Services (CMS) as set forth in 45 CFR Parts 160, 162 and 164, and K.S.A. 65-177.

B. DHCF will:

- i. Provide secure read-only access to data from the Medicaid eligibility files, paid claims files (institutional and professional), and encounter data within a mutually agreed timeline of receipt of the written request from DOPH, including electronic Medicaid data that includes identifiers (e.g. names, NPI, locations, dates) to increase the identification of pregnancy-associated deaths beyond vital records.
- ii. Review statistics of any reports.
- iii. Comply with all applicable confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Rule, and any rules and regulations of the Centers for Medicare and Medicaid Services (CMS) as set forth in 45 CFR Parts 160, 162, and 164, and K.S.A. 65-177.

5. PROGRAMS: ACCESS TO DATA AND MEDICAL RECORDS

- A. As the single state Medicaid agency, DHCF has the authority to review and approve any contracts, grants or proposals that involve the use of Medicaid funds to determine whether they qualify for Federal Financial Participation (FFP).
- B. DOPH and DHCF will coordinate to assure monthly sharing of data for Maternal Mortality Review, including demographic and case management information. Since both parties have data protection and security requirements, each will follow their applicable data protection and security requirements, including HIPAA, Privacy Rule, and correlative federal regulations and state statutes set forth in Sections 4.A.vi. and 4.B.iii. above, as part of the sharing of information.
- C. DHCF will provide DOPH staff limited, secure, read-only access to the appropriate Kansas Medicaid systems that supports access to accurate, electronic data/records for the purpose of Maternal Mortality Review and verifying information for individuals receiving services. Access to systems available shall allow for:
 - i. Identification of pregnancy-associated deaths beyond vital records;
 - ii. Verification of current Medicaid coverage status for individuals, including the effective date of coverage;
 - iii. Identification of the assigned MCO for Medicaid beneficiaries;
 - iv. Verification of the beneficiary demographic information;
 - v. Provide designated contact information for each MCO contractor who will be available to answer questions regarding Medicaid services (outpatient, primary care, and pharmacy services) to support abstraction and committee review processes.

6. PAYMENT

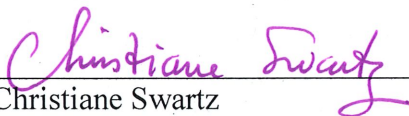
DOPH and DCHF will maintain records of all administrative costs to document the costs of the administrative services provided.

7. AUDIT

- A. DOPH and DHCF will maintain all records for the purpose of compliance with all reporting and auditing requirements.
- B. DOPH and DHCF will cooperate and participate in all state and federal audits and maintain all records for any audits.

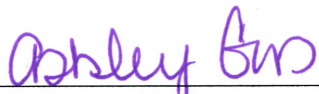
ACKNOWLEDGED AND AGREED UPON as of the date of the latest signature shown below.

DIVISION OF HEALTH CARE FINANCE:

By: 
Christiane Swartz
Deputy Medicaid Director
Director, Medicaid Operations

Date: 4/30/19

DIVISION OF PUBLIC HEALTH:

By: 
Ashley Goss, Deputy Secretary

Date: 4-30-19

OFFICE OF THE SECRETARY:

By: 
Lee A. Norman, M.D., Secretary

Date: 4/30/2019

Crosswalk of Title XIX and Title V Measures



Overlap between Medicaid Priorities and Title V priorities.

SECTION CONTENTS

- *Medicaid Pay for Performance Measures..... 17*
- *Medicaid HEDIS 2015 Measures..... 20*
- *2016 Core Set of Children’s Health Care Quality Measures
for Medicaid and CHIP (Child Core Set) 23*

Overlap between Medicaid Priorities and Title V priorities:

Medicaid Pay for Performance Measures

The State implemented a pay-for-performance (P4P) program. To incentivize high performance in year one (1), three (3) percent of the total capitation payments will be held back for the purpose of incentive payments to CONTRACTORS meeting the higher levels of performance dictated in the P4P program. These performance standards require CONTRACTOR(S) to exceed the minimum performance standard required for CONTRACT compliance and incentivize the CONTRACTOR(S) to perform at a higher level in six areas determined by the State to be critical for successful integration of Members into the new program. The year one operational measures are listed in the table below, with the contractual requirements in the middle column, and the P4P incentive requirements in the right column.

KanCare ¹		Title V ^{2,3}	
Measure	Performance Target	Priority	Measures
PH3: Preterm Birth	5 % less than previous years	Priority 1 Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.	NOM 5.1: Percent of preterm births (<37 weeks gestation)
			NOM 5.2: Percent of early preterm births (<34 weeks gestation)
			NOM 5.3: Percent of late preterm births (34-36 weeks gestation)
			SPM: Percent of live births born preterm (less than 37 weeks)
			SPM: Percent of non-medically indicated early term deliveries (37,38 weeks) among singleton early term deliveries
		CoIIN Pre & Early Term Births	Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5%
		CoIIN Pre & Early Term Births	Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40%
		CoIIN Pre & Early Term Births	Achieve or maintain equity in utilization of progesterone by race/ethnicity
CoIIN Pre & Early Term Births	Increase the number of <i>Healthy Babies are Worth the Wait/ Becoming a Mom</i> sites in the state by at least 5		

<p>WBH2-7 # and % of Severe Emotional Disturbance (SED) youth who had increased access to services</p>	<p>5% over previous year if less than or equal to 95%; if >95%, maintain; if 91-94%, then achieve >=95%.</p>	<p>Priority 5 Communities and providers support physical, social and emotional health.</p>	<p>NOM 18: Percent of children with a mental/behavioral condition who receive treatment or counseling</p>
<p>WBH5-2 Increase in # of primary care visits-Adolescent Well-Care Visits (AWC)-The percentage of enrolled adolescents ages 12 through 21 that had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p>5% over previous year if less than or equal to 95%; if >95%, maintain; if 91-94%, then achieve >=95%.</p>	<p>Priority 5 Communities and providers support physical, social and emotional health.</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year</p>
<p>WBH5-4 Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: BMI percentile documentation Counseling for nutrition Counseling for physical activity</p>	<p>5% over previous year if less than or equal to 95%; if >95%, maintain; if 91-94%, then achieve >=95%</p>	<p>Priority 5 Communities and providers support physical, social and emotional health.</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year</p>
		<p>Priority 2 Services and supports promote healthy family functioning.</p>	<p>SPM :Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day</p> <p>NOM 20: Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p>
<p>WBH5-19 CAHPS Q#28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service? Yes/No</p>	<p>5% over previous year if less than or equal to 95%; if >95%, maintain; if 91-94%, then achieve >=95%</p>	<p>Priority 7 Services are comprehensive and coordinated across systems and providers.</p>	<p>NPM 11: Percent of children with and without special health care needs having a medical home</p>

<p>If Yes</p> <p>In the last 6 months, did anyone form your child’s health plan, doctor’s office, or clinic help you coordinate your child’s care among these different providers or services</p>			
<p>WBH5-21</p> <p>CAHPS Q#28. In the last 6 months, how often did your child’s personal doctor explain things about your child’s health in a way that is easy to understand? Response: Never, sometimes, usually, always</p>	<p>5% over previous year if less than or equal to 95%; if >95%, maintain; if 91-94%, then achieve >=95%</p>		
<p>WBH5-17</p> <p>Increase in the use of annual dental visits (ADV) in the population HCBS, 2 and older</p>	<p>5% over previous year if less than or equal to 95%; if >95%, maintain; if 91-94%, then achieve >=95%.</p>	<p>Title V NPM not selected</p>	<p>NPM 13 B: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year</p>

Sources

1. Medicaid State Quality Strategy (Sept 2014) Appendix 12. Pay for Performance Measure Specifications Retrieved from [http://www.kancare.ks.gov/download/Attachment J State Quality Strategy.pdf](http://www.kancare.ks.gov/download/Attachment_J_State_Quality_Strategy.pdf)
2. National Outcome Measures and National Performance Measures: Kansas Maternal and Child Health Services Block Grant 2016 Application/2016 Annual Report. Retrieved from [http://www.kdheks.gov/c-f/downloads/NOM NPM Table.pdf](http://www.kdheks.gov/c-f/downloads/NOM_NPM_Table.pdf)
3. Kansas Systems Assessment & Planning Worksheet for CoIIN Pre & Early Term Births

CoIIN: Collaborative Improvement & Innovation Network (to Reduce Infant Mortality)
 PH: Physical Health
 NPM: National Performance Measure
 NOM: National Outcome Measure
 SPM: State Performance Measure
 WBH: Waiver& Behavioral Health

Overlap between Medicaid Priorities and Title V priorities:

Medicaid HEDIS 2015 Measures

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 81 measures across 5 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. See more at: <https://www.ncqa.org/HEDISQualityMeasurement.aspx#sthash.otDPeG9f.dpuf>

HEDIS ¹	Title V ^{2,3}	
Measure	Priority	Measure
<p>The percentage of enrolled adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.</p> <p><i>Note: In the DAI</i></p>	<p>Priority 5 Communities and providers support physical, social and emotional health.</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year</p>
<p>The percentage of children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and who had evidence of:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity 	<p>Priority 5 Communities and providers support physical, social and emotional health.</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year</p>
	<p>Priority 2 Services and supports promote healthy family functioning.</p>	<p>SPM: Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day</p>

<p><i>Advising Smokers and Tobacco Users to Quit.</i> The percentage of adults 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.</p> <p><i>Discussing Cessation Medications.</i> The percentage of adults 18 years of age or older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.</p> <p><i>Discussing Cessation Strategies.</i> The percentage of adults 18 years of age and older who are current smokers or tobaccos users who discussed or were provided cessation methods or strategies during the measurement year.</p>	<p>Priority 6 Professionals have the knowledge and skills to address the needs of maternal and child health populations.</p> <p>CoIIN Smoking Cessation</p>	<p>NPM 14: Smoking during Pregnancy and Household Smoking (A. Percent of women who smoke during pregnancy B. Percent of children who live in households where someone smokes)</p> <ol style="list-style-type: none"> 1. Increase the percentage of women who stop smoking prior to pregnancy relative to the state baseline by 10% 2. Increase the percentage of women who stop smoke during pregnancy relative to the state baseline by 10% 3. Increase the percentage of women who maintain cessation after delivery by 10% relative to the state baseline. 4. Increase the number of women enrolled in Quitline in reproductive years (18-44 yrs of age) by 10% relative to state baseline 5. In pilot sites: increase the percentage of smoking women who are referred to smoking cessation counseling and programs like Quitline to 95% or higher.
<p><i>Timeliness of Prenatal Care.</i> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization</p> <p><i>Frequency of Ongoing Prenatal Care</i> The percentage of Medicaid deliveries during the measurement period where there were less than <21 percent, 21 percent-40 percent, 41 percent-60 percent, 61 percent-80 percent or >=81 percent of the expected number of prenatal care visits, adjusted for gestational age and month of enrollment</p>	<p>Priority 1 Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.</p>	<p>NOM 1: Percent of pregnant women who receive prenatal care in the beginning in the first trimester</p>

<p>The percentage of women 21-64 years of age who were screened for cervical cancer using either one of the following criteria:</p> <ul style="list-style-type: none"> • Women ages 21-64 who had cervical cytology performed every 3 years • Women ages 30-64 who had cervical cytology/ human papillomavirus (HPV) co-testing performed every 5 years 	<p>Priority 1 Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.</p>	<p>NPM 01: Well-woman visit (Percent of women with a past preventive medical visit)</p>
<p>The percentage of Medicaid members 2-21 years of age with dental benefits, who had at least one dental visit during the measurement year.</p>	<p>NPM not selected by Kansas</p>	<p>NPM 13 B : Percent of children, ages 1 through 17, who had a preventive dental visit in the past year</p>

Sources

1. 2015 State of Health Care Quality Table of Contents. NCQA: Measuring quality. Improving health care. Retrieved from <http://www.ncqa.org/ReportCards/HealthPlans/StateofHealthCareQuality/2015TableofContents.aspx>
2. National Outcome Measures and National Performance Measures: Kansas Maternal and Child Health Services Block Grant 2016 Application/2016 Annual Report. Retrieved from http://www.kdheks.gov/c-f/downloads/NOM_NPM_Table.pdf
3. Kansas Systems Assessment & Planning Worksheet for CoIIN Smoking Cessation

CoIIN: Collaborative Improvement & Innovation Network (to Reduce Infant Mortality)

NPM: National Performance Measure

NOM: National Outcome Measure

SPM: State Performance Measure

Overlap between Medicaid Priorities and Title V priorities:

2016 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included provisions to strengthen the quality of care provided to and health outcomes of children in Medicaid and CHIP. CHIPRA required HHS to identify and publish a core measure set of children's health care quality measures for voluntary use by State Medicaid and CHIP programs. On December 29, 2009, the Secretary posted for public comment in the Federal Register, an initial core set of 24 children's health care quality measures for voluntary use by Medicaid and CHIP programs. The core set includes a range of children's quality measures encompassing both physical and mental health. This table excludes measures in HEDIS (NCQA)

CMS ¹	Title V ^{2,3}	
Measure	Priority	Measure
<p>The percentage of children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and who had evidence of:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity 	<p>Priority 5 Communities and providers support physical, social and emotional health.</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year</p>
	<p>Priority 2 Services and supports promote healthy family functioning.</p>	<p>SPM : Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day</p>
<p>Live Births Weighing Less Than 2,500 Grams (LBW)</p>	<p>Priority 1 Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.</p>	<p>NOM 4.1: Percent of low birth weight deliveries (<2,500 grams)</p>
		<p>NOM 4.2 Percent of very low birth weight deliveries (<1,500 grams)</p>
		<p>NOM 4.3 Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p>

Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA)	Priority 3 Developmentally appropriate care and services are provided across the lifespan.	NOM 16.3 : Adolescent suicide rate ages 15 through 19 per 100,000
Developmental Screening in the First Three Years of Life (DEV)	Priority 3 Developmentally appropriate care and services are provided across the lifespan.	NPM 6: Developmental screening (percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
Percentage of women who had a cesarean section among women with first live singleton births (also known as nulliparous term singleton vertex [NTSV] births) at 37 weeks of gestation or later	NPM not selected by Kansas	NPM 2: Percent of cesarean births
<p>Sources</p> <p>1. 2016 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Retrieved from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2016-child-core-set.pdf</p> <p>2. National Outcome Measures and National Performance Measures: Kansas Maternal and Child Health Services Block Grant 2016 Application/2016 Annual Report. Retrieved from http://www.kdheks.gov/c-f/downloads/NOM_NPM_Table.pdf</p> <p>3. Kansas Systems Assessment & Planning Worksheet for CoIIN Smoking Cessation</p>		
<p>CoIIN: Collaborative Improvement & Innovation Network (to Reduce Infant Mortality)</p> <p>NPM: National Performance Measure</p> <p>NOM: National Outcome Measure</p> <p>SPM: State Performance Measure</p>		