

**Attachment 9.1: Table 1. Questions about the measure’s use at different levels of aggregation for quality reporting**

Level of aggregation (Unit) for reporting on the quality of care for children covered by Medicaid/CHIP <sup>†</sup>	<u>Intended use:</u> Is measure intended to support meaningful comparisons at this level? (Yes/No)	<u>Data Sources:</u> Are data sources available to support reporting at this level?	<u>Sample Size:</u> What is the typical sample size available for each unit at this level? What proportion of units at this level of aggregation can achieve an acceptable minimum sample size?	<u>In Use:</u> Have measure results been reported at this level previously?	<u>Reliability &amp; Validity:</u> Is there published evidence about the reliability and validity of the measure when reported at this level of aggregation?	<u>Unintended consequences:</u> What are the potential unintended consequences of reporting at this level of aggregation?
State level*: Can compare States	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	yes	Not available at this time	no	no	For state programs which do not reimburse for mental health diagnoses codes, they may have trouble evaluating the population if physicians are not incentivized to mark a mental health diagnosis, like ADHD, in a primary field. This means that patients eligible for inclusion in the measure will likely be left out of the denominator if they are coded for another office visit reason.
Other geographic level: Can compare other geographic regions (e.g., MSA, HRR)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	yes	Not available at this time	no	no	n/a
Medicaid or CHIP Payment model: Can compare payment models (e.g., managed care, primary care case management, FFS, and other models)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	yes	Not available at this time	no	no	When comparing Commercial to Medicaid-insured patient populations, it was noted that there may be a higher frequency of psychiatric codes for follow-up visits in Medicaid versus the Commercial population.
Health plan*: Can compare quality of care among health plans.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	yes	Not available at this time	no	no	None identified

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<b>Provider-level*</b> Individual practitioner: Can compare individual health care professionals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No, but would be possible with minor modifications to the specifications to identify a provider	Not available at this time	no	no	n/a
Hospital: Can compare hospitals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	no	Not available at this time	no	n/a	n/a
Practice, group, or facility:** Can compare: (i) practice sites; (ii) medical or other professional groups; or (iii) integrated or other delivery networks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No, but would be possible with minor modifications to the specifications to identify a practice, group or network.	Not available at this time	no	no	n/a

<sup>†</sup> There could be other levels of reporting that could be of interest to Medicaid agencies such as markets and referral regions.

\* Required in CHIPRA legislation.

\*\* There is no implication that measures that are applicable at one level are automatically applicable at all three of the levels listed in this row.