

1-Data Reporting Form

Draft (revised 12-11-2014) Reporting form for Quality Measures for PCMH in Montana, 2015

Organization name: _____

(PCMH)

PCMH Official providing report: _____ , _____

(Name)

(Title)

_____ , _____

(Phone)

(E-mail)

If CSI has questions pertaining to the data provided in this report, the data contact person for our organization is _____ , _____ , _____

(name)

(title)

(phone)

Date report submitted to CSI: __ / __ / ____

(Mo Da Year)

Measure A: Blood Pressure Control

1. _____ (#) : number of adults (aged 18 to 85 years) in the PCMH patient population
2. _____ (#) : denominator for this measure, number of adults (aged 18 to 85 years) with Dx hypertension in the PCMH patient population
3. _____ (#) : denominator for this measure if a sample of these adults was used to determine the quality measure to report in 2015, the number in the sample
4. _____ (#) : numerator for this measure, number of adults in the denominator population for whom documented blood pressure at most recent outpatient visit during reporting period was <140 systolic and <90 diastolic
5. Select One

_____ I have submitted an electronic file with required data elements for each patient included in assessment of this quality measure

Or

_____ I attest that the data recorded for this measure were confirmed by staff of this organization

Measure B: Tobacco Use and Intervention

1. _____ (#) : number of adults (aged 18 and older) in the PCMH population
2. _____ (#) : denominator for this measure, number of adults (aged 18 and older) who were current tobacco users during the measurement period
3. _____ (#) : denominator for this measure if a sample of these adults who were current tobacco users was used to determine quality measure in 2015, the number in the sample
4. _____ (#) : numerator for this measure, number of adult tobacco users for whom tobacco use intervention was documented
5. Select One

_____ I have submitted an electronic file with required data elements for each patient included in assessment of this quality measure

Or

I attest that the data recorded for this measure were confirmed by staff of this organization

Measure C: A1C control

1. _____ (#) : number of adults (aged 18 to 75 years) in the PCMH population
2. _____ (#) : denominator for this measure, number of adults (aged 18 to 75 years) with Dx=diabetes in the PCMH population
3. _____ (#) : denominator for this measure if a sample of these adults was used to determine the quality measure to report in 2015, the number in the sample
4. _____ (#) : numerator for this measure, number of adults in the denominator population for whom A1C was documented to be >9.0%
5. Select One

I have submitted an electronic file with required data elements for each patient included in assessment of this quality measure

Or

I attest that the data recorded for this measure were confirmed by staff of this organization

Measure D: Age-appropriate immunization for children

1. _____ (#) : denominator for this measure, number of children in PCMH population whose 3rd birthday occurred from January 1 to December 31, 2014
2. _____ (#) : denominator for this measure, if a sample of these children was used to determine the quality measure in 2015, the number in the sample
3. _____ (#) : numerators for the measure, for 4DTAP
_____ (#) for 3 polio
_____ (#) for 3 MMR
_____ (#) for 3 Hib
_____ (#) for 3 HepB
_____ (#) for 1 Var
_____ (#) for 4 PCV
4. Select One

I have submitted an electronic file with required data elements for each patient included in assessment of this quality measure

Or

I attest that the data recorded for this measure were confirmed by staff of this organization