6/21/2023

Performance Measure Rate Reporting Template with Measure Specification Guidelines for Measurement Year (MY) 2022 Mercy Care - ALTCS E/PD

Instructions

This Excel workbook has locked cells that include formulas and are highlighted yellow. Each MCO should only provide data in unlocked cells and shall not make a copy of this workbook-this exact workbook must be used for reporting.

1. Starting with the "MCO Info" tab, please provide the date of submission, the MCO name, population, reporting unit, NCQA submission information (if applicable); and the name, title, phone number, and email address of the contact for the MCO.

2. After populating the "MCO Info" tab, please populate each measure-specific tab within the workbook. Please note that all applicable "Total" and "Subtotal" stratifications are calculated using formulas and do not require direct input from the MCO. This includes any measure-specific tabs that are highlighted yellow, which indicates a tab that does not contain any unlocked cells and does not require any direct input from the MCO. Additionally, for measures that are included in both NCQA HEDIS and the CMS Adult or Child Core Sets, and for which the measure specifications include differing stratifications, separate tabs were included to capture HEDIS-specific and Core Set-specific tabs in such instances. Please note that if the only difference in stratifications between the two measure stewards was the inclusion of "Subtotal" or "Total" rates, these were combined within the same measure-specific tab. MCOs should populate the measure-specific tabs with the information described below:

a. Data Collection Methodology – The AHCCCS-required data collection method has been included on each tab. For measures required to be reported as hybrid, please denote if your MCO utilized hybrid or administrative data collection in the applicable cell.

b. Eligible Population – The number of enrollees that satisfied all specified eligible population criteria, including age, continuous enrollment, benefit, event, and the anchor date enrollment criteria. For administrative measures with optional and/or required exclusions, enter the Eligible Population after any exclusions have been applied.

c. <u>Hybrid Measures only</u>: Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions) – Enter the administrative numerator events after applying administrative required exclusions, but prior to applying any optional exclusions (as defined within each hybrid measure's applicable specification).

d. Final Numerator Used for Rate Calculation – The number of all numerator events that were used for rate calculation.

e. Other data elements (indicated by a blank white cell) requested where appropriate (i.e., Numerator events by supplemental data, Number of required exclusions, etc.).

f. Final Denominator Used for Rate Calculation – This should be the final denominator that was used for rate calculation, after ALL exclusions have been applied.

3. The Audit Review Table tab is for auditor-MCO rate review communications. Do not enter any data or text in the Audit Review Table tab during the initial rate submission as these fields will be used during preliminary and final rate review.

Arizona Health Care Cost Containment Syste	Mercy Care - ALTCS E/PD em (AHCCCS) Performance Measure Data Submission for Managed Care Organizations (MCOs)
HEDIS® Reporti	ng Year 2023 or Federal Fiscal Year 2023/Measurement Year 2022
Date Submitted: (Please enter the date each time a new version is submitted)	7/7/2023
MCO Name:	Mercy Care
Population: (i.e., ACC, ALTCS E/PD, etc.)	ALTCS E/PD
Reporting Unit: (i.e., county, multi-county, or region)	
Corresponding NCQA Organization & Submission ID Numbers (<i>if applicable</i>):	14846
MCO Contact:	Colleen Soeder
Contact Email Address:	soederc@mercycareaz.org
Contact Phone Number:	602-377-3167
Comments:	

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	•	ALTCS E/PD - ALT ble—To Be Complete	
	Measure	Audit Designation	Auditor Comments
1	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)		
2	Follow-Up Care for Children Prescribed ADHD Medication (ADD)		
3	Ambulatory Care—Total (AMB)		
4	Antidepressant Medication Management (AMM)		
5	Antidepressant Medication Management—Adult Core Set (AMM-AD)		
6	Asthma Medication Ratio (AMR)		
7	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		
8	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)		
9	Breast Cancer Screening (BCS)		
10	Breast Cancer Screening—Adult Core Set (BCS-AD)		
11	Controlling High Blood Pressure (CBP)		
12	Controlling High Blood Pressure—Adult Core Set (CBP-AD)		
13	Controlling High Blood Pressure (CBP) Race		
14	Controlling High Blood Pressure (CBP) Ethnicity		
15	Contraceptive Care—Postpartum Women—Adult Core Set (CCP-AD)		
16	Contraceptive Care—Postpartum Women—Child Core Set (CCP-CH)		
17	Contraceptive Care—Postpartum Women—Total (CCP-Tot)		
18	Cervical Cancer Screening (CCS)		
19	Contraceptive Care—All Women—Adult Core Set (CCW-AD)		
20	Contraceptive Care—All Women—Child Core Set (CCW-CH)		

		ALTCS E/PD - ALT le—To Be Complete	
	Measure	Audit Designation	Auditor Comments
21	Contraceptive Care—All Women—Total (CCW-Tot)		
22	Screening for Depression and Follow-Up Plan—Adult Core Set (CDF-AD)		
23	Screening for Depression and Follow-Up Plan—Child Core Set (CDF-CH)		
24	Screening for Depression and Follow-Up Plan—Total (CDF-Tot)		
25	Chlamydia Screening in Women (CHL)		
26	Childhood Immunization Status (CIS)		
27	Concurrent Use of Opioids and Benzodiazepines—Adult Core Set (COB-AD)		
28	Developmental Screening in the First Three Years of Life—Child Core Set (DEV-CH)		
29	Diagnosed Mental Health Disorders (DMH)		
30	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)		
31	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		
32	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—Adult Core Set (FUA-AD)		
33	Follow-Up After Hospitalization for Mental Illness (FUH)		
34	Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
35	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD)		
36	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes—Adult Core Set (HBD-AD)		
37	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) Race		
38	Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) Ethnicity		
39	<u>Use of Opioids at High Dosage (HDO)</u>		
40	Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0 Percent)—Adult Core Set (HPCMI-AD)		

	•	ALTCS E/PD - ALT le—To Be Complete	
	Measure	Audit Designation	Auditor Comments
41	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)		
42	Immunizations for Adolescents (IMA)		
43	Lead Screening in Children (LSC)		
44	LTSS Comprehensive Assessment and Update (LTSS-CAU)		
45	LTSS Comprehensive Care Plan and Update (LTSS-CPU)		
46	LTSS Shared Care Plan With Primary Care Practitioner (LTSS-SCP)		
47	Oral Evaluation, Dental Services—Child Core Set (OEV-CH)		
48	Use of Pharmacotherapy for Opioid Use Disorder—Adult Core Set (OUD-AD)		
49	Plan All-Cause Readmissions (PCR)		
50	Prenatal and Postpartum Care (PPC)		
51	Prenatal and Postpartum Care (PPC) Race		
52	Prenatal and Postpartum Care (PPC) Ethnicity		
53	Diabetes Short-Term Complications Admission Rate—Adult Core Set (PQI 01-AD)		
54	COPD or Asthma in Older Adults Admission Rate—Adult Core Set (PQI 05-AD)		
55	Heart Failure Admission Rate—Adult Core Set (PQI 08-AD)		
56	Asthma in Younger Adults Admission Rate—Adult Core Set (PQI 15-AD)		
57	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)		
58	Sealant Receipt on Permanent First Molars—Child Core Set (SFM-CH)		
59	Diabetes Screening for People with Schizophrenia or Biplar Disorder Who Are Using Antipsychotic Medication (SSD)		
60	Topical Fluoride for Children—Child Core Set (TFL-CH)		

Mercy Care - ALTCS E/PD - ALTCS E/PD Audit Review Table—To Be Completed by Auditor										
	Measure	Audit Designation	Auditor Comments							
61	Well-Child Visits in the First 30 Months of Life (W30)									
62	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)									
63	Child and Adolescent Well-Care Visits (WCV)									

Avoidance of Antibi	Mercy Care - ALTCS E/PD Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) (NCQA HEDIS)											
HEDIS Reporting Year 2023/Measurement Year 2022												
Data Collection Methodology: Administrative												
Data Element General Measure Avoidance Antibiotic Treatment												
Data Element	Data	3 months- 17 Years	18-64 Years	65+ Years	Subtotal (18+ Years)	Total						
Measurement Year	2022											
Data Collection Methodology	А	А	А	А	A	А						
Eligible Population		2	16	43	59	61						
Administrative Required Exclusions		0	0	2	2	2						
Final Denominator		2	16	41	57	59						
Numerator Events by Administrative Data		2	10	21	31	33						
Numerator Events by Supplemental Data		0	0	0	0	0						
Total Numerator		2	10	21	31	33						
Reported Rate		NA	NA	48.78%	45.61%	44.07%						

Mercy Care - ALTCS E/PD Follow-Up Care for Children Prescribed ADHD Medication (ADD) (NCQA HEDIS)											
HEDIS Reporting Year 2023/Mea	surement Year 20	22									
Data Collection Methodology: Administrative											
Data Element	General Measure Data	Initiation	Continuation								
Measurement Year	2022										
Data Collection Methodology	Α	А	А								
Eligible Population		5	3								
Administrative Required Exclusions		0	0								
Final Denominator		5	3								
Numerator Events by Administrative Data		5	3								
Numerator Events by Supplemental Data		0	0								
Total Numerator		5	3								
Reported Rate		NA	NA								
Note: If NA is displayed in place of the rate, this indicates the denominator was too report a valid rate.	small (i.e., <30) to										

	Mercy Care - ALTCS E/PD Ambulatory Care (AMB) (NCQA HEDIS)																					
HEDIS Reporting Year 2023/Measurement Year 2022																						
Data Collection Methodology: Administrative																						
General Outpatient Visits including Telehealth									ED Visits													
Data Element	Age	<1	1-9	10-19	20-44	45-64	65-74	75-84	85+	Unknown	Total	<1	1-9	10-19	Subtotal (0-19)	20-44	45-64	65-74	75-84	85+	Unknown	Total
Measurement Year	2022																					
Data Collection Methodology	A	А	A	A	A	A	A	A	Α	А	А	А	Α	Α	Α	Α	A	A	A	А	A	Α
Member Months		70	674	2328	13495	30933	27943	25645	18642	0	119730	70	674	2328	3072	13495	30933	27943	25645	18642	0	119730
Visits		130	932	2192	26206	66742	38226	27957	16372	0	178757	14	50	121	185	948	2167	1340	1354	866	0	6860
Total Numerator		130	932	2192	26206	66742	38226	27957	16372	0	178757	14	50	121	185	948	2167	1340	1354	866	0	6860
Visits / 1,000 Member Months	Visits / 1,000 Member Months 22285.71 16593.47 11298.97 1298.97 23302.85 25891.57 16415.99 13081.85 10538.78 #DIV/0! 17916.01 2400.00 890.21 623.71 722.66 842.98 840.66 575.46 633.57 557.45 #DIV/0! 687.55																					
lote: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <360) to report	t a valid rate.				•	-	-										•				

Mercy Care - ALTCS E/PD Antidepressant Medication Management (AMM) (NCQA HEDIS)										
HEDIS Reporting Year 2023	B/Measurement Year 202	22								
Data Collection Methodology: Administrative										
Data Element	General Measure Data	Acute	Continuation							
Measurement Year	2022									
Data Collection Methodology	A	Α	А							
Eligible Population		1032	1032							
Administrative Required Exclusions		649	649							
Final Denominator		383	383							
Numerator Events by Administrative Data		264	228							
Numerator Events by Supplemental Data		0	0							
Total Numerator		264	228							
Reported Rate		68.93%	59.53%							
lote: If NA is displayed in place of the rate, this indicates the denominator report a valid rate.	was too small (i.e., <30) to									

Mercy Care - ALTCS E/PD Antidepressant Medication Management (AMM-AD) (CMS Adult Core Set) Federal Fiscal Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative											
	General Measure		Years	65+ \	/ears						
Data Element	Data	Acute	Continuation	Acute	Continuation						
Measurement Year	2022										
Data Collection Methodology	Α	А	А	А	А						
Eligible Population		431	431	601	601						
Administrative Required Exclusions		262	262	387	387						
Final Denominator		169	169	214	214						
Numerator Events by Administrative Data		119	102	145	126						
Numerator Events by Supplemental Data		0	0	0	0						
Total Numerator		119	102	145	126						
Reported Rate		70.41%	60.36%	67.76%	58.88%						

	eporting Year 20		Mercy Care - ALTCS E/PD Asthma Medication Ratio (AMR) (NCQA HEDIS)											
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
Data ElementGeneral Measure Data5–11 Years12–18 YearsSubtotal (5–18 Years)19–50 Years51–64 YearsSubtotal (19–64 Years)Total														
022														
А	А	А	А	А	A	А	А							
	5	11	16	100	195	295	311							
	2	6	8	75	178	253	261							
	3	5	8	25	17	42	50							
	2	4	6	18	8	26	32							
	0	0	0	0	0	0	0							
	2	4	6	18	8	26	32							
	NA	NA	NA	NA	NA	61.90%	64.00%							
	ata 122	5-11 Years 22 A A 5 2 3 2 0 2 NA	Ata 5-11 Years 12-18 Years A2 A A A A 5 11 2 6 3 5 2 4 0 0 2 4 NA NA	ata 5-11 Years 12-18 Years (5-18 Years) 22 A A A A A A A 5 11 16 2 6 8 3 5 8 2 4 6 0 0 0 2 4 6 NA NA NA	Ata 5-11 Years 12-18 Years (5-18 Years) 19-50 Years A2 A A A A A A A A A Image: Second s	Ata 5-11 Years 12-18 Years (5-18 Years) 19-50 Years 51-64 Years 22 A A A A A A A A A A A A A 10 5 11 16 100 195 12 2 6 8 75 178 10 2 6 8 75 178 11 16 100 195 16 100 195 12 6 8 75 178 178 178 13 5 8 25 17 17 12 4 6 18 8 10 0 0 12 4 6 18 8 8 10 0 0 0 0 0 0 10	Ata 5-11 Years 12-18 Years (5-18 Years) 19-50 Years 51-64 Years (19-64 Years) A2 A							

vole. If the is displayed in place of the fate, this indicates the denominator v

Mercy Care - ALTCS E/PD Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) (NCQA HEDIS)											
HEDIS Reporting Year 2023/Measurement Year 2022											
Data Collection Methodology: Administrative											
	General Blood Glucose Testing Cholesterol Testing Blood Glucose and Cholesterol Testing										
Data Element	Measure Data	1-11	12-17	Total	1-11	12-17	Total	1-11	12-17	Total	
Measurement Year	2022										
Data Collection Methodology	A	А	А	А	А	А	А	А	А	А	
Eligible Population		2	4	6	2	4	6	2	4	6	
Administrative Required Exclusions		0	0	0	0	0	0	0	0	0	
Final Denominator		2	4	6	2	4	6	2	4	6	
Numerator Events by Administrative Data		2	4	6	1	1	2	1	1	2	
Numerator Events by Supplemental Data		0	0	0	0	0	0	0	0	0	
Total Numerator		2	4	6	1	1	2	1	1	2	
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA	NA	

Use of First-Line Psychosocial Care for Child	Mercy Care - ALTCS E/PD Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) (NCQA HEDIS)										
HEDIS Reporting Year 20	23/Measurement	Year 2022									
Data Collection Metho	odology: Adminis	strative									
Data Element	General Measure										
Measurement Year	2022										
Data Collection Methodology	A	А	A	А							
Eligible Population		1	3	4							
Administrative Required Exclusions		0	1	1							
Final Denominator		1	2	3							
Numerator Events by Administrative Data		1	1	2							
Total Numerator 1 1 2											
Reported Rate		NA	NA	NA							

Mercy Care - ALTCS E/PD Breast Cancer Screening (BCS) (NCQA HEDIS)	
HEDIS Reporting Year 2023/Measurement Year 2	022
Data Collection Methodology: Administrative	
Data Element	General Measure Data
Measurement Year	2022
Data Collection Methodology (Administrative)	А
Eligible Population	1327
Number of Optional Exclusions	7
Number of Required Exclusions	75
Final Denominator	1252
Numerator Events by Administrative Data	398
Numerator Events by Supplemental Data	43
Total Numerator	441
Reported Rate	35.22%
Note: If NA is displayed in place of the rate, this indicates the denominator was too report a valid rate.	small (i.e., <30) to

Mercy Care - ALTCS E/PD Breast Cancer Screening (BCS-AD) (CMS Adult Core Set)									
Federal Fiscal Year 2023/Measurement Year 2022									
Data Collection Methodolog	y: Administrative								
Data Element	General Measure Data	50–64 Years	65–74 Years						
Measurement Year	2022								
Data Collection Methodology (Administrative)	А	А	А						
Eligible Population		729	530						
Number of Optional Exclusions		4	3						
Number of Required Exclusions		51	24						
Final Denominator		725	527						
Numerator Events by Administrative Data		239	159						
Numerator Events by Supplemental Data		21	22						
Total Numerator		260	181						
Reported Rate		35.86%	34.35%						

Mercy Care - ALTCS E/PD Controlling High Blood Pressure (CBP) (NCQA HEDIS)							
HEDIS Reporting Year 2023/Measurement Year	2022						
Data Collection Methodology: Hybrid							
Data Element	General Measure Data						
Measurement Year	2022						
Data Collection Methodology	н						
Eligible Population	1824						
Administrative Required Exclusions	75						
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)	703						
Current Year's Administrative Rate (Before Exclusions)	38.54%						
Minimum Required Sample Size (MRSS)	411						
Oversampling Rate	0.05						
Number of Oversample Records	21						
Number of Numerator Events by Administrative Data in MRSS	108						
Administrative Rate on MRSS	26.28%						
Number of Medical Records Excluded Because of Valid Data Errors	17						
Number of Administrative Data Records Excluded	3						
Number of Medical Data Records Excluded	0						
Number of Employee/Dependent Medical Records Excluded	0						
Records Added From the Oversample List	20						

Final Denominator	411
Numerator Events by Administrative Data	117
Numerator Events by Medical Records	118
Numerator Events by Supplemental Data	72
Total Numerator	307
Reported Rate	74.70%
Note: If NA is displayed in place of the rate, this indicates the denominator w <30) to report a valid rate.	as too small (i.e.,

Mercy Care - ALTCS E/PD Controlling High Blood Pressure (CBP-AD) (CMS Adult Core Set)										
Federal Fiscal Year 2023/Measurement Year 2022										
Data Collection Methodology: Hybrid										
Data Element	General Measure Data	18–64 Years	65–85 Years							
Measurement Year	2022									
Data Collection Methodology	н	н	н							
Eligible Population		1013	811							
Administrative Required Exclusions		53	22							
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		412	291							
Current Year's Administrative Rate (Before Exclusions)		40.67%	35.88%							
Minimum Required Sample Size (MRSS)		230	181							
Oversampling Rate		0.05	0.045							
Number of Oversample Records		12	9							
Number of Numerator Events by Administrative Data in MRSS		72	36							
Administrative Rate on MRSS		31.30%	19.89%							
Number of Medical Records Excluded Because of Valid Data Errors		3	14							
Number of Administrative Data Records Excluded		3	0							
Number of Medical Data Records Excluded		0	0							
Number of Employee/Dependent Medical Records Excluded		0	0							
Records Added From the Oversample List		6	14							

Final Denominator		230	181
Numerator Events by Administrative Data		77	40
Numerator Events by Medical Records		58	60
Numerator Events by Supplemental Data		38	34
Total Numerator		173	134
Reported Rate		75.22%	74.03%
Note: If NA is displayed in place of the rate, this indicates the denominator w	as too small (i.e.,		

<30) to report a valid rate.

	Mercy Care - ALTCS E/PD Controlling High Blood Pressure (CBP) (NCQA HEDIS) HEDIS Reporting Year 2023/Measurement Year 2022																							
Data Element	Measure Data): White Data): White Data): White Data): Acian Atrican Atrican										Data):													
Measurement Year	2022																							
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		720	0	720	214	0	214	37	0	37	8	0	8	0	0	0	0	0	0	0	0	0	0	845
Final Denominator		168	0	168	44	0	44	10	0	10	1	0	1	0	0	0	0	0	0	0	0	0	0	188
Numerator Events		120	0	120	34	0	34	8	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	145
Reported Rate		71.43%	NA	71.43%	77.27%	NA	77.27%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	77.13%
Note: If NA is displayed in place of the rate, this indicates the deno. <30) to report a valid rate.	minator was too small (i.e.,	,																						

	Mercy Care - ALTCS E/PD Controlling High Blood Pressure (CBP) (NCQA HEDIS)											
	HEDIS Reporting Year 2023/Measurement Year 2022											
		Data	a Collection Metho	odology: Hybrid								
Data Element	General Measure Data	Ethnicity (Direct Data): Hispanic/Latino	Ethnicity (Indirect Data): Hispanic/Latino	Ethnicity (Total Data): Hispanic/Latino	Ethnicity (Direct Data): Not Hispanic/Latino	Ethnicity (Indirect Data): Not Hispanic/Latino	Ethnicity (Total Data): Not Hispanic/Latino	Ethnicity (Direct Data): Asked but No Answer	Ethnicity (Indirect Data): Unknown			
Measurement Year	2022											
Data Collection Methodology	н	н	Н	Н	н	н	н	н	H			
Eligible Population		1	0	1	37	0	37	0	1786			
Final Denominator		1	0	1	10	0	10	0	400			
Numerator Events		1	0	1	8	0	8	0	298			
Reported Rate	Reported Rate NA NA NA NA NA NA NA											
Note: If NA is displayed in place of the rate, this indicates the denominator v <30) to report a valid rate.	vas too small (i.e.,											

Mercy Care - ALTCS E/PD Contraceptive Care—Postpartum Women (CCP-AD) (CMS Adult Core Set) Federal Fiscal Year 2023/Measurement Year 2022									
			2						
Data Collection Methodology: Administrative Data Collection Methodology: Administrative Most or Moderately Effective Long-Acting Reversible Data Element Contraception—21–44 Years Contraception—21–44 Years									
	Data	3 Days	90 Days	3 Days	90 Days				
Measurement Year	2022								
Data Collection Methodology	A	А	А	А	А				
Eligible Population		5	5	5	5				
Final Denominator		5	5	5	5				
Numerator Events by Administrative Data		2	2	0	0				
Total Numerator		2	2	0	0				
Reported Rate		NA	NA	NA	NA				

Mercy Care - ALTCS E/PD Contraceptive Care—Postpartum Women (CCP-CH) (CMS Child Core Set) Federal Fiscal Year 2023/Measurement Year 2022										
Data Collectio	on Methodology:									
Data Element	Most or Moderately Effective Long-Acting Reversible Bete Element General Measure Contraception—15–20 Years Contraception—15–20 Years									
Data Element	Data	3 Days	90 Days	3 Days	90 Days					
Measurement Year	2022									
Data Collection Methodology	А	А	А	А	А					
Eligible Population		0	0	0	0					
Final Denominator		0	0	0	0					
Numerator Events by Administrative Data		0	0	0	0					
Total Numerator		0	0	0	0					
Reported Rate		NA	NA	NA	NA					

Mercy Care - ALTCS E/PD Contraceptive Care—Postpartum Women (CCP-Tot)										
Federal Fiscal Year 2023/Measurement Year 2022										
Data Collect	ion Methodology:	Administrative								
Most or Moderately Effective Long-Acting Reversib Data Element General Measure Contraception—Total Contraception—Total										
Data Liement	Data	3 Days	90 Days	3 Days	90 Days					
Measurement Year	2022									
Data Collection Methodology	А	Α	А	Α	Α					
Eligible Population		5	5	5	5					
Final Denominator		5	5	5	5					
Numerator Events by Administrative Data		2	2	0	0					
Total Numerator		2	2	0	0					
Reported Rate		NA	NA	NA	NA					
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <30) to									

Mercy Care - ALTCS E/PD Cervical Cancer Screening (CCS) (NCQA HEDIS)							
HEDIS Reporting Year 2023/Measurement Year 2022							
Data Collection Methodology: Hybrid							
Data Element	General Measure Data	Cervical Cancer Screening					
Measurement Year	2022						
Data Collection Methodology	Н	н					
Eligible Population		1364					
Administrative Required Exclusions		77					
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		352					
Current Year's Administrative Rate (Before Exclusions)		25.81%					
Minimum Required Sample Size (MRSS)		411					
Oversampling Rate		0.05					
Number of Oversample Records		21					
Number of Numerator Events by Administrative Data in MRSS		120					
Administrative Rate on MRSS		29.20%					
Number of Medical Records Excluded Because of Valid Data Errors		4					
Number of Administrative Data Records Excluded		0					
Number of Medical Data Records Excluded		3					
Number of Employee/Dependent Medical Records Excluded		0					
Records Added From the Oversample List		7					

Final Denominator	411
Numerator Events by Administrative Data	120
Numerator Events by Medical Records	7
Numerator Events by Supplemental Data	9
Total Numerator	136
Reported Rate	33.09%

Mercy Care - ALTCS E/PD Contraceptive Care—All Women (CCW-AD) (CMS Adult Core Set)							
Federal Fiscal Year 2023/Measu	rement Year 202	2					
Data Collection Methodology	: Administrative						
Data Element	Most or Moderately Effective Contraception	Long-Acting Reversible Contraception					
		21–44 Years	21–44 Years				
Measurement Year	2022						
Data Collection Methodology	Α	A	A				
Eligible Population		348	348				
Final Denominator		348	348				
Numerator Events by Administrative Data		51	7				
Total Numerator		51	7				
Reported Rate		14.66%	2.01%				

Mercy Care - ALTCS E/PD Contraceptive Care—All Women (CCW-CH) (CMS Child Core Set)							
Federal Fiscal Year 2023/Measurement Year 2022							
Data Collection Methodology: A	Administrative						
G Data Element	General Measure Data	Most or Moderately Effective Contraception	Long-Acting Reversible Contraception				
		15–20 Years	15–20 Years				
Measurement Year	2022						
Data Collection Methodology	Α	А	А				
Eligible Population		57	57				
Final Denominator		57	57				
Numerator Events by Administrative Data		8	2				
Total Numerator		8	2				
Reported Rate		14.04%	3.51%				

Mercy Care - ALTCS E/PD Contraceptive Care—All Women (CCW-Tot)							
Federal Fiscal Year 2023/Measurement Year 2022							
Data Collection Methodolog	y: Administrative						
Data ElementMost or Moderately DataLong Moderately 							
		Total	Total				
Measurement Year	2022						
Data Collection Methodology	А	А	А				
Eligible Population		405	405				
Final Denominator		405	405				
Numerator Events by Administrative Data		59	9				
Total Numerator		59	9				
Reported Rate		14.57%	2.22%				

Mercy Care - ALTCS E/PD Screening for Depression and Follow-Up Plan (CDF-AD) (CMS Adult Core Set)							
Federal Fiscal Year 2023/Measu		2					
Data Collection Methodology							
Data Element General Measure Data							
Measurement Year	2022						
Data Collection Methodology	A	А	А				
Eligible Population		1,030	2,227				
Final Denominator		1,030	2,227				
Numerator Events by Administrative Data		40	100				
Total Numerator		40	100				
Reported Rate		3.88%	4.49%				

Mercy Care - ALTCS E/PD Screening for Depression and Follow-Up Plan (CDF-CH) (CMS Child Core Set)						
Federal Fiscal Year 2023/Measurement Year 2022						
Data Collection Methodology: Adminis	strative					
Data Element General Measure Data						
Measurement Year	2022					
Data Collection Methodology	Α	А				
Eligible Population		87				
Final Denominator		87				
Numerator Events by Administrative Data		0				
Total Numerator		0				
Reported Rate		0.00%				

Mercy Care - ALTCS E/PD Screening for Depression and Follow-Up Plan (CDF-Tot)						
Federal Fiscal Year 2023/Measurement Year 2022						
strative						
General Measure Data	Total (12+ Years)					
2022						
Α	А					
	3344					
	3344					
	140					
	140					
	4.19%					
	Year 2022 strative General Measure Data 2022					

Mercy Care - ALTCS E/PD Chlamydia Screening in Women (CHL) (NCQA HEDIS)								
HEDIS Reporting Year 20	HEDIS Reporting Year 2023/Measurement Year 2022							
Data Collection Meth	odology: Adminis	strative						
Data Element General Measure Data 21-24 Years 21-24 Years								
Measurement Year	2022							
Data Collection Methodology	Α	A	A	А				
Eligible Population		24	29	53				
Administrative Required Exclusions		0	0	0				
Administrative Optional Exclusions		7	8	15				
Final Denominator		17	21	38				
Numerator Events by Administrative Data		4	6	10				
Numerator Events by Supplemental Data		0	0	0				
Total Numerator		4	6	10				
Reported Rate		NA	NA	26.32%				
lote: If NA is displayed in place of the rate, this indicates the denominator was too small (i.e., <30) to								

				с	hildhood Immu	e - ALTCS E/PD nization Status (A HEDIS)	(CIS)							
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Hybrid														
Data Element	General Measure Data	DTaP	IPV	MMR	HiB	Hepatitis B	vzv	Pneumococcal Conjugate	Hepatitis A	Rotavirus	Influenza	Combo 3	Combo 7	Combo 10
Measurement Year	2022													
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Required Exclusions		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		0	0	0	0	0	0	0	0	0	0	0	0	0
Current Year's Administrative Rate (Before Exclusions)														
Minimum Required Sample Size (MRSS)		0	0	0	0	0	0	0	0	0	0	0	0	0
Oversampling Rate		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Number of Oversample Records		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Numerator Events by Administrative Data in MRSS		0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Rate on MRSS														
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Administrative Data Records Excluded		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Medical Data Records Excluded		0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0	0	0	0	0	0	0	0	0	0	0
Records Added From the Oversample List		0	0	0	0	0	0	0	0	0	0	0	0	0
Final Denominator		0	0	0	0	0	0	0	0	0	0	0	0	0
Numerator Events by Administrative Data		0	0	0	0	0	0	0	0	0	0	0	0	0
Numerator Events by Medical Records		0	0	0	0	0	0	0	0	0	0	0	0	0
Numerator Events by Supplemental Data		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Numerator		0	0	0	0	0	0	0	0	0	0	0	0	0
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

a valid rate.

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Concurrent Use of Opioids a	- ALTCS E/PD nd Benzodiaze Ilt Core Set)	pines (COB-AD)											
Federal Fiscal Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative														
Data Collection Methodology. Administrative Data Element General Measure Data 18–64 Years 65+ Years Tota														
Measurement Year	2022													
Data Collection Methodology	Α	Α	A	А										
Eligible Population		722	507	1229										
Final Denominator		722	507	1229										
Numerator Events by Administrative Data		119	44	163										
Total Numerator		119	44	163										
Reported Rate		16.48%	8.68%	13.26%										

Developmental Screenin	rcy Care - ALTCS ig in the First Thi CMS Child Core S	ee Years of L	ife (DEV-CH)		
Federal Fiscal	Year 2023/Measure	ement Year 202	2		
Data Co	llection Methodolo	gy: Hybrid			-
Data Element	General Measure Data	1 Year	2 Years	3 Years	Total
Measurement Year	2022				
Data Collection Methodology	н	н	н	н	н
Eligible Population		5	0	12	17
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		0	0	0	0
Current Year's Administrative Rate (Before Exclusions)		0.00%		0.00%	0.00%
Minimum Required Sample Size (MRSS)		5	0	12	17
Oversampling Rate		0.00	0.00	0.00	0
Number of Oversample Records		0	0	0	0
Records Added From the Oversample List		0	0	0	0
Final Denominator		5	0	12	17
Numerator Events by Administrative Data		0	0	3	3
Numerator Events by Medical Records		1	0	1	2
Numerator Events by Supplemental Data		0	0	0	0
Total Numerator		1	0	4	5
Reported Rate		NA	NA	NA	NA

Diagnosed I	cy Care - ALTCS Mental Health Di (NCQA HEDIS	sorders (DMH))												
HEDIS Reporting Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative														
Data Element General Measure Mental Health Disorders														
Data Element	Data	1-17	18-64	65+	Total									
Measurement Year	2022													
Data Collection Methodology	А	A	А	А	А									
Eligible Population		175	3512	6043	9730									
Administrative Required Exclusions		0	78	592	670									
Final Denominator		175	3434	5451	9060									
Numerator Events by Administrative Data		107	2448	3604	6159									
Total Numerator		107	2448	3604	6159									
Reported Rate		61.14%	71.29%	66.12%	67.98%									

	Depression S		cy Care - ALTC follow-Up for A (NCQA HEDIS	dolescents and	Adults (DSF-E)			
	H	IEDIS Reporting	y Year 2023/Meas	urement Year 20)22				
	Da	ta Collection Me	ethodology: Elec		cord		Fallow Union 1		
Data Element	General Measure Data	12–17 Years	18–64 Years	Screening 65+ Years	Total	12–17 Years	18–64 Years	Positive Screen 65+ Years	Total
Measurement Year	2022								
Data Collection Methodology	EHR	EHR	EHR	EHR	EHR	EHR	EHR	EHR	EHR
Initial Population		114	3724	5804	9642	114	3724	5804	9642
Number of Exclusions from EHR		0	96	105	201	0	96	105	201
Number of Exclusions from Case Management Review		0	0	0	0	0	0	0	0
Number of Exclusions from HIE Registry		0	11	14	25	0	11	14	25
Number of Exclusions from Administrative Data Sources		16	1916	2660	4592	16	1916	2660	4592
Total Exclusions		16	2023	2779	4818	16	2023	2779	4818
Denominator		114	3628	5699	9441	114	3628	5699	9441
Numerator Events by EHR		0	0	0	0	0	0	0	0
Numerator Events by Case Management Review		0	0	0	0	0	0	0	0
Numerator Events by HIE Registry		0	0	0	0	0	0	0	0
Numerator Events by Administrative Data Sources		0	0	0	0	0	0	0	0
Total Numerator Events		0	0	0	0	0	0	0	0
Reported Rate		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

F	Merc Follow-Up After	cy Care - ALTCS ED Visit for Sul (NCQA HEDIS	bstance Use (F	UA)										
HEDIS Reporting Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative														
Data Collection Methodology: Administrative Concret Measure 7 Day Follow-up 30 Day Follow-up														
Data Element General Measure Total 13–17 Years 18+ Years Total 13–17 Years 18+ Years														
Measurement Year	2022													
Data Collection Methodology	A	А	Α	А	А	А	А							
Eligible Population		0	27	27	0	27	27							
Administrative Required Exclusions		0	0	0	0	0	0							
Final Denominator		0	27	27	0	27	27							
Numerator Events by Administrative Data		0	10	10	0	12	12							
Numerator Events by Supplemental Data		0	0	0	0	0	0							
Total Numerator		0	10	10	0	12	12							
Reported Rate		NA	NA	NA	NA	NA	NA							

Mercy Care - ALTCS E/PD Follow-Up After ED Visit for Substance Use (FUA-AD) (CMS Adult Core Set)														
Federal Fiscal Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative General Measure 7 Day Follow-Up 30 Day Follow-Up														
Data Element	18–64 Years	65+ Years	18–64 Years	65+ Years										
Measurement Year	2022													
Data Collection Methodology	А	А	А	A	А									
Eligible Population		17	10	17	10									
Administrative Required Exclusions		0	0	0	0									
Final Denominator		17	10	17	10									
Numerator Events by Administrative Data		8	2	8	4									
Numerator Events by Supplemental Data		0	0	0	0									
Total Numerator		8	2	8	4									
Reported Rate		NA	NA	NA	NA									

	Foll		cy Care - ALTCS spitalization for (NCQA HEDIS	r Mental Illness	(FUH)									
HEDIS Reporting Year 2023/Measurement Year 2022														
Data Collection Methodology: Administrative 7 Day Follow-up 30 Day Follow-up														
Data Element	General Measure		7 Day Fo	ollow-up	1		30 Day F	ollow-up	1					
Data Element	Data	6–17 Years	18–64 Years	65+ Years	Total	6–17 Years	18–64 Years	65+ Years	Total					
Measurement Year	2022													
Data Collection Methodology	A	А	A	А	А	А	A	А	A					
Eligible Population		5	47	24	76	5	47	24	76					
Administrative Required Exclusions		0	3	1	4	0	3	1	4					
Final Denominator		5	44	23	72	5	44	23	72					
Numerator Events by Administrative Data		4	26	8	38	4	31	15	50					
Numerator Events by Supplemental Data		0	1	1	2	0	1	1	2					
Total Numerator		4	27	9	40	4	32	16	52					
Reported Rate		NA	61.36%	NA	55.56%	NA	72.73%	NA	72.22%					

	Mercy Care - ALTCS E/PD Follow-Up After ED Visit for Mental Illness (FUM) (NCQA HEDIS)														
HEDIS Reporting Year 2023/Measurement Year 2022															
Data Collection Methodology: Administrative 7 Day Follow-up 30 Day Follow-up															
Data Element	General Measure		/ Day Fo	bliow-up			30 Day F	ollow-up							
	Data	6–17 Years	18–64 Years	65+ Years	Total	6–17 Years	18–64 Years	65+ Years	Total						
Measurement Year	2022														
Data Collection Methodology	A	А	А	А	А	А	A	А	A						
Eligible Population		0	9	10	19	0	9	10	19						
Administrative Required Exclusions			0	1	0	1	0	1	0	1					
Final Denominator		0	8	10	18	0	8	10	18						
Numerator Events by Administrative Data		0	4	3	7	0	6	5	11						
Numerator Events by Supplemental Data		0	0	0	0	0	0	0	0						
Total Numerator		0	4	3	7	0	6	5	11						
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA						

Mercy Care - ALTC Hemoglobin A1c Control for Patien (NCQA HEDIS	ts With Diabete	s (HBD)	
HEDIS Reporting Year 2023/Meas	22		
Data Collection Methodol			
Data Element	General Measure Data	Adequate HbA1c Control	Poor HbA1c Control
Measurement Year	2022		
Data Collection Methodology	Н	н	Н
Eligible Population		1769	1769
Administrative Required Exclusions		102	102
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		619	1062
Current Year's Administrative Rate (Before Exclusions)		34.99%	60.03%
Minimum Required Sample Size (MRSS)		411	411
Oversampling Rate		0.05	0.05
Number of Oversample Records		21	21
Number of Numerator Events by Administrative Data in MRSS		28	232
Administrative Rate on MRSS		6.81%	56.45%
Number of Medical Records Excluded Because of Valid Data Errors		10	10
Number of Administrative Data Records Excluded		0	0
Number of Medical Data Records Excluded		0	0
Number of Employee/Dependent Medical Records Excluded		0	0
Records Added From the Oversample List		10	10

Final Denominator		411	411
Numerator Events by Administrative Data		28	59
Numerator Events by Medical Records		124	19
Numerator Events by Supplemental Data		134	18
Total Numerator		286	96
Reported Rate		69.59%	23.36%
Note: If NA is displayed in place of the rate, this indicates the denominator was too	small (i.e., <30) to		

Hemoglobin A1c Cont	cy Care - ALTCS rol for Patients MS Adult Core	With Diabetes	(HBD-AD)		
	Year 2023/Measu		2		
Data Coll	ection Methodol	HbA1c Con	trol (<8.0%)	HbA1c Poor C	ontrol (>9.0%)
Data Element	General Measure Data	18–64 Years	65–75 Years	18–64 Years	65–75 Years
Measurement Year	2022				
Data Collection Methodology	н	н	н	н	н
Eligible Population		1195	574	1195	574
Administrative Required Exclusions		79	23	79	23
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		442	177	688	374
Current Year's Administrative Rate (Before Exclusions)		36.99%	30.84%	57.57%	65.16%
Minimum Required Sample Size (MRSS)		275	136	275	136
Oversampling Rate		0.05	0.05	0.05	0.05
Number of Oversample Records		14	7	14	7
Number of Numerator Events by Administrative Data in MRSS		20	8	149	83
Administrative Rate on MRSS		7.27%	5.88%	54.18%	61.03%
Number of Medical Records Excluded Because of Valid Data Errors		2	8	2	8
Number of Administrative Data Records Excluded		0	0	0	0
Number of Medical Data Records Excluded		0	0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0	0
Records Added From the Oversample List		2	8	2	8
Final Denominator		275	136	275	136
Numerator Events by Administrative Data		20	8	32	27
Numerator Events by Medical Records		91	33	11	8
Numerator Events by Supplemental Data		87	47	13	5
Total Numerator		198	88	56	40
Reported Rate		72.00%	64.71%	20.36%	29.41%

																			obin A1c Cont	Care - ALTCS E/PI rol for Patients With NCQA HEDIS) (ear 2023/Measureme	Diabetes (
	Data Collection Methodology: Hybrid																																									
Data Element																ndirect Data): Unk																										
	Weasure Dat	Adequate HbA1c Control	Poor HbA1c Adequ Control HbA1c C	ate Poor HbA1 ontrol Control	1c Adeq HbA1c	quate Poor HbA1c Control Control	Adequate	Poor HbA10	c Adequate HbA1c Control	Poor HbA1c Control H	Adequate HbA1c Control	Poor HbA1c Control I	Adequate I HbA1c Control	Poor HbA1c A Control Hb/	Adequate Poor H A1c Control Con	IbA1c Adequation	ate Poor HbA1c ontrol Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate Poor HbA1c Control Co	HbA1c ntrol Hb	Adequate Poor bA1c Control Co	HbA1c Ad Itrol HbA	dequate Poor HbA A1c Control Control	1c Adeq HbA1c	quate Poor HbA1c Control Control	Adequate	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control H	Adequate Po bA1c Control	oor HbA1c Control Hb	Adequate Po A1c Control	oor HbA1c Control Hb	Adequate Poor Hb A1c Control Contr	A1c Adequation Adequation HbA1c Cor	te Poor HbA1c atrol Control	Adequate	Poor HbA1c Control H	Adequate Poor IbA1c Control Co	HbA1c Adeo ntrol HbA1c	uate Poor Hb Control Contr
Measurement Year	2022																																									
Data Collection Methodology	н	н	н н	н	F	н н	н	н	н	н	н	н	н	н	нн	н	н	н	н	н	н	н	4	н н	H	н н	н	н	н	н	н	н	н	н	нн	н	н	н	н	н	н	і н
Eligible Population		730	730 0	0	73	30 730	213	213	0	0	213	213	48	48	0 0	48	48	4	4	0	0	4	1	0 0	(0 0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0 7	74 774
Final Denominator		163	163 0	0	16	63 163	52	52	0	0	52	52	10	10	0 0	10	10	0	0	0	0	0)	0 0	(0 0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0 1	6 186
Numerator Events		116	38 0	0	11	16 38	37	11	0	0	37	11	8	2	0 0	8	2	0	0	0	0	0)	0 0	(0 0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0 1	25 45
Reported Rate		71.17%	23.31% #DIV	0! #DIV/0!	71.1	17% 23.31%	71.15%	21.15%	#DIV/0!	#DIV/0!	71.15%	21.15%	80.00%	20.00%	#DIV/0! #DIV	//0! NA	NA	#DIV/0!	#DIV/0!	#DIV/0! #E	IV/0!	NA	ia ;	#DIV/0! #DIV/0!	#DI	V/0! #DIV/0!	NA	NA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	NA	#DIV/0! #DIV/0	! #DIV/0!	#DIV/0!	NA	NA	#DIV/0! #D	0IV/0! 67	24.19
ote: If NA is displayed in place of the rate, this indicates the denominato. report a valid rate.	r was too small (i.e., <30)																																								

					Hemo	globin A1c Con	y Care - ALTC trol for Patien (NCQA HEDIS	ts With Diabete	es (HBD)								
						HEDIS Reporting	Year 2023/Meas	urement Year 20	22								
							ection Methodol										
Data Element	General	Ethnicity (D Hispanie	•		direct Data): c/Latino	Ethnicity (T Hispanie	,		Ethnicity (Direct Data): Not Hispanic/Latino		Ethnicity (Indirect Data): Not Hispanic/Latino		tal Data): Not c/Latino	Ethnicity (Direction but No A	•	Ethnicity (In Unkr	direct Data): Iown
	Measure Data	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control	Adequate HbA1c Control	Poor HbA1c Control
Measurement Year	2022																
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		2	2	0	0	2	2	48	48	0	0	48	48	0	0	1719	1719
Final Denominator		2	2	0	0	2	2	10	10	0	0	10	10	0	0	399	399
Numerator Events		0	1	0	0	0	1	8	2	0	0	8	2	0	0	278	93
Reported Rate		0.00%	50.00%	NA	#DIV/0!	NA	NA	80.00%	20.00%	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0!	69.67%	23.31%
Note: If NA is displayed in place of the rate, this indicates the denominator was report a valid rate.	too small (i.e., <30) to																

Mercy Care - ALTCS E/PD Use of Opioids at High Dosage (I (NCQA HEDIS)	HDO)							
HEDIS Reporting Year 2023/Measurement Year 2022								
Data Collection Methodology: Administrative								
Data Element	Opioid Use High Dosage							
Measurement Year	2022							
Data Collection Methodology	Α	А						
Eligible Population		1501						
Administrative Required Exclusions		324						
Final Denominator		1177						
Numerator Events by Administrative Data		142						
Total Numerator		142						
Reported Rate		12.06%						

Diabetes Care for People with Serious Mental IIIn	- ALTCS E/PD ess: HbA1c Poo Ilt Core Set)	or Control (>9.0) Percent) (HPC	CMI-AD)
Federal Fiscal Year 202	3/Measurement \	(ear 2022		
Data Collection N		orid		1
Data Element	General Measure Data	18–64 Years	65–75 Years	Total
Measurement Year	2022			
Data Collection Methodology	н	н	H	н
Eligible Population		295	66	361
Administrative Required Exclusions		11	4	15
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		138	39	177
Current Year's Administrative Rate (Before Exclusions)		46.78%	59.09%	49.03%
Minimum Required Sample Size (MRSS)		287	63	350
Oversampling Rate		0.00	0.00	0.05
Number of Oversample Records		0	0	18
Number of Numerator Events by Administrative Data in MRSS		27	12	39
Administrative Rate on MRSS		9.41%	19.05%	11.14%
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0
Number of Administrative Data Records Excluded		4	0	4
Number of Medical Data Records Excluded		0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0
Records Added From the Oversample List		0	0	0

Final Denominator	287	63	350
Numerator Events by Administrative Data	27	12	39
Numerator Events by Medical Records	11	0	11
Numerator Events by Supplemental Data	19	4	23
Total Numerator	57	16	73
Reported Rate	19.86%	25.40%	20.86%

																	Initiati	Me on and Engag	rcy Care - AL1 jement of Sub (NCQA HED	stance Use D	Disorder (IET)																			
																		HEDIS Reporti	ng Year 2023/Me	easurement Ye	ear 2022																			
																		Data Collec	tion Methodolog	gy: Administra	ative	I																		
											Initia	ition																			Enga	gement								
Data Element	General Measure Data	.		Alcohol					Opioid					Other					Total					Alcohol					Opioid					Other			1		Total	
		13-17	18-64	65+	Subtotal (18+ Years	Total s) (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years	Total) (13+ Years	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)	Total (13+ Years)	13-17	18-64	65+	Subtotal (18+ Years)
Measurement Year	2022																																							
Data Collection Methodology	A	А	A	A	A	A	А	A	А	А	А	А	А	A	A	A	А	A	A	A	A	А	А	А	A	А	А	А	A	A	А	A	A	А	A	А	A	A	A	A
Eligible Population		0	37	45	82	82	0	106	101	207	207	2	69	21	90	92	2	212	167	379	381	0	37	45	82	82	0	106	101	207	207	2	69	21	90	92	2	212	167	379
dministrative Required Exclusions		0	1	5	6	6	0	4	11	15	15	0	4	3	7	7	0	9	19	28	28	0	1	5	6	6	0	4	11	15	15	0	4	3	7	7	0	9	19	28
Final Denominator		0	36	40	76	76	0	102	90	192	192	2	65	18	83	85	2	203	148	351	353	0	36	40	76	76	0	102	90	192	192	2	65	18	83	85	2	203	148	351
nerator Events by Administrative Data		0	22	22	44	44	0	63	44	107	107	1	37	9	46	47	1	122	75	197	198	0	4	2	6	6	0	16	3	19	19	0	9	2	11	11	0	29	7	36
nerator Events by Supplemental Data		0	0	0	0	0	0	0	2	2	2	0	0	0	0	0	0	0	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Numerator		0	22	22	44	44	0	63	46	109	109	1	37	9	46	47	1	122	77	199	200	0	4	2	6	6	0	16	3	19	19	0	9	2	11	11	0	29	7	36
Reported Rate		#DIV/0!	61.11%	55.00%	57.89%	57.89%	#DIV/0!	61.76%	51.11%	56.77%	56.77%	50.00%	56.92%	50.00%	55.42%	55.29%	NA	60.10%	52.03%	56.70%	56.66%	#DIV/0!	11.11%	5.00%	7.89%	7.89%	#DIV/0!	15.69%	3.33%	9.90%	9.90%	0.00%	13.85%	11.11%	13.25%	12.94%	NA	14.29%	4.73%	10.26%

Im	munizations fo	- ALTCS E/PD r Adolescents (A HEDIS)	IMA)			
HEDIS R	eporting Year 20	23/Measurement	Year 2022			
	Data Collection N General Measure	lethodology: Hyb				
Data Element	Data	Meningococcal	Tdap	HPV	Combo 1	Combo 2
Measurement Year	2022					
Data Collection Methodology	н	н	н	Н	н	н
Eligible Population		10	10	10	10	10
Administrative Required Exclusions		0	0	0	0	0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		10	10	6	10	6
Current Year's Administrative Rate (Before Exclusions)		100.00%	100.00%	60.00%	100.00%	60.00%
Minimum Required Sample Size (MRSS)		10	10	10	10	10
Oversampling Rate		0	0	0	0	0
Number of Oversample Records		0	0	0	0	0
Number of Numerator Events by Administrative Data in MRSS		8	8	5	8	5
Administrative Rate on MRSS		80.00%	80.00%	50.00%	80.00%	50.00%
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0	0	0
Number of Administrative Data Records Excluded		0	0	0	0	0
Number of Medical Data Records Excluded		0	0	0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0	0	0
Records Added From the Oversample List		0	0	0	0	0
Final Denominator		10	10	10	10	10
Numerator Events by Administrative Data		8	8	5	8	5

Numerator Events by Medical Records		0	0	0	0	0
Numerator Events by Supplemental Data		2	2	2	2	2
Total Numerator		10	10	7	10	7
Reported Rate		100.00%	100.00%	70.00%	100.00%	70.00%
Note: If NA is displayed in place of the rate, this indicates the denominator was too so report a valid rate.	mall (i.e., <30) to				<u>.</u>	

Mercy Care - ALTCS E/PD Lead Screening in Children (LS (NCQA HEDIS)	SC)	
HEDIS Reporting Year 2023/Measurement	t Year 2022	
Data Collection Methodology: Hyb		
Data Element	General Measure Data	Lead Screening
Measurement Year	2022	
Data Collection Methodology	н	Н
Eligible Population		0
Administrative Required Exclusions		0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		0
Current Year's Administrative Rate (Before Exclusions)		
Minimum Required Sample Size (MRSS)		0
Oversampling Rate		0.00
Number of Oversample Records		0
Number of Numerator Events by Administrative Data in MRSS		0
Administrative Rate on MRSS		
Number of Medical Records Excluded Because of Valid Data Errors		0
Number of Administrative Data Records Excluded		0
Number of Medical Data Records Excluded		0
Number of Employee/Dependent Medical Records Excluded		0
Records Added From the Oversample List		0

	0
	0
	0
	0
	0
	NA
-	

Mer Medicaid MLTSS Compreh	cy Care - ALTC ensive Assessr (NCQA HEDIS	ment and Upda	te (LTSS-CAU)					
HEDIS Reporting	g Year 2023/Meas	surement Year 20	22					
Data Collection Metho	dology: Case Ma	-						
	General Measure		erformance Rates Exclusion Rates					
Data Element	Data	Assessment of Core Elements	Assessment of Supplemental Elements	Assessment of Core Elements	Assessment of Supplemental Elements			
Measurement Year	2022							
Data Collection Methodology	CMRR	CMRR	CMRR	CMRR	CMRR			
Eligible Population		10091	10091	0	0			
Minimum Required Sample Size (MRSS)		96	96					
Oversampling Rate		0.05	0.05					
Number of Oversample Records		5	5					
Number of Records Excluded Because of Valid Data Errors		0	0					
Number of Employee/Dependent Records Excluded		0	0					
Records Added From the Oversample List		0	0					
Denominator		96	96					
Numerator Events by Case Management Record Review		2	1					
Total Numerator		2	1					
Reported Rate		2.08%	1.04%					

Mer Medicaid MLTSS Compre	cy Care - ALTC hensive Care P (NCQA HEDIS	lan and Update	e (LTSS-CPU)		
HEDIS Reporting	g Year 2023/Meas	surement Year 20	22		
Data Collection Metho	dology: Case Ma				
Data Element	General Measure Data		nce Rates Care Plan with Supplemental Elements	Exclusic Care Plan with Core Elements	on Rates Care Plan with Supplemental Elements
Measurement Year	2022				
Data Collection Methodology	CMRR	CMRR	CMRR	CMRR	CMRR
Eligible Population		10091	10091		
Minimum Required Sample Size (MRSS)		96	96		
Oversampling Rate		0.05	0.05		
Number of Oversample Records		5	5		
Number of Records Excluded Because of Valid Data Errors		0	0		
Number of Employee/Dependent Records Excluded		0	0		
Records Added From the Oversample List		0	0		
Denominator		96	96		
Numerator Events by Case Management Record Review		74	71		
Total Numerator		74	71		
Reported Rate		77.08%	73.96%		

Mercy Care - ALTCS Medicaid MLTSS Shared Care Plan with Prim (NCQA HEDIS)	ary Care Provid	der (LTSS-SCP))
HEDIS Reporting Year 2023/Measu	irement Year 202	2	
Data Collection Methodology: Case Man	agement Record	Review	
Data Element	Participant with Care Plan Transmitted to PCP	Participant Refused to Share Care Plan	
Measurement Year	2022		
Data Collection Methodology	CMRR	CMRR	CMRR
Eligible Population		10091	0
Minimum Required Sample Size (MRSS)		96	
Oversampling Rate		0.05	
Number of Oversample Records		5	
Number of Records Excluded Because of Valid Data Errors		0	
Number of Employee/Dependent Records Excluded		0	
Records Added From the Oversample List		0	
Denominator		96	
Numerator Events by Case Management Record Review		18	
Total Numerator		18	
Reported Rate Note: If NA is displayed in place of the rate, this indicates the denominator was too		18.75%	

Mercy Care - ALTCS E/PD Oral Evaluation, Dental Services (OEV-CH) (CMS Child Core Set)											
Federal Fiscal Year 2023/Measurement Year 2022											
Data Collection Methodology: Administrative											
Data Element	Age	<1 Year	1–2 Years	3–5 Years	6–7 Years	8–9 Years	10–11 Years	12–14 Years	15–18 Years	19–20 Years	Total
Measurement Year	2022										
Data Collection Methodology	А	А	А	А	А	А	А	A	A	A	А
Eligible Population		1	10	23	7	16	23	46	85	58	269
Final Denominator		1	10	23	7	16	23	46	85	58	269
Numerator Events by Administrative Data		0	2	11	2	11	14	19	41	19	119
Total Numerator		0	2	11	2	11	14	19	41	19	119
Reported Rate		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	o small (i.e., <30) to										

Mercy Care - ALTCS E/PD Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) (CMS Child Core Set)													
Federal Fiscal Year 2023/Measurement Year 2022													
Data Collection Methodology: Administrative													
Data Element	General Measure Data	Rate 1: Total	Rate 2: Buprenorphine	Rate 3: Oral Naltrexone	Rate 4: Long- Acting, Injectable Naltrexone	Rate 5: Methadone							
Measurement Year	2022												
Data Collection Methodology A A A A A													
Eligible Population		280	280	280	280	280							
Final Denominator		280	280	280	280	280							
Numerator Events by Administrative Data		14	1	0	21	36							
Total Numerator14102136													
Reported Rate 5.00% 0.36% 0.00% 7.50% 12.86%													
Note: If NA is displayed in place of the rate, this indicates the denominator was too s report a valid rate.	lote: If NA is displayed in place of the rate, this indicates the denominator was too small (i.e., <30) to eport a valid rate.												

						y Care - ALTCS ause Readmiss (NCQA HEDIS)	sions (PCR)									
				H	IEDIS Reporting	Year 2023/Meas	urement Year 2	022								
					Data Collectio	n Methodology:	Administrative	•								
General		18–44 \	Years			45–54	Years			55-64	Years			Tota	al	
leasure Data	Observed Readmissions	Expected Readmissions	Outliers	O/E Ratio	Observed Readmissions	Expected Readmissions	Outliers	O/E Ratio	Observed Readmissions	Expected Readmissions	Outliers	O/E Ratio	Observed Readmissions	Expected Readmissions	Outliers	O/E Ratio
2022																
Α	А	А	А	А	А	А	А	А	А	А	А	А	А	А	А	A
	157	157	157	157	120	120	120	120	270	270	270	270	547	547	547	547
	210	210	157	27.9935	152	152	120	23.0117	405	405	270	70.6216	767	767	547	121.62
	29	27.9935	17	29	15	23.0117	14	15	52	70.6216	28	52	96	121.62	59	96
	29	27.9935	17	29	15	23.0117	14	15	52	70.6216	28	52	96	121.62	59	96
	13.81%	13.33%	0.1083	1.0360	9.87%	15.14%	0.1167	0.6518	12.84%	17.44%	0.1037	0.7363	12.52%	15.86%	0.1079	0.7893
	asure Data 2022	asure DataObserved Readmissions2022-AA10157210210292913.81%-	General asure DataObserved ReadmissionsExpected Readmissions2022	asure DataObserved ReadmissionsExpected ReadmissionsOutliers2022 </th <th>Beneral asure Data 18-44 Years Observed Readmissions Expected Readmissions Outliers O/E Ratio 2022 Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">O/E Ratio A A A A A Image: Colspan="3">A A A A A Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3" Image: Colspan="3">Image: Colspan="3" Image: Colspa="3" Image: Colspan="3" Image: Colspan="3" Image:</th> <th>Data Collection General asure Data Image: Colspan="4">Doserved Readmissions Colspan="4">Colspan="4">Doserved Readmissions 2022 Image: Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4"Collection 2022 Image: Colspan="4">Colspan="4"Collection A B D D D D</th> <th>Data Collection Methodology: Data Collection Methodology: General asure Data Image: Figure Collection of the c</th> <th>Data Collection Methodology: Administrative General asure Data Image: Collection of the state of th</th> <th>General asure DataObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E Ratio2022$\cdot$$\cdot$$\cdot$$\cdot$$\cdot$$\cdot$$\cdot$$\cdot$$\cdot$$\cdot$AAAAAAAAAA15715715715712012012012021021021015727.993515215212023.01172927.993517291523.0117141513.81%13.33%0.10831.03609.87%15.14%0.11670.6518</th> <th>Bate Collection Methodology AdministrativeGeneral asure DataImage Colspan=16Image Colspan=16<thimage colspan="16</th">Image Colspan=16Im</thimage></th> <th>Data Collection Methodology: Administrative General asure Data Expected readmissions Expected readmissions O/E Ratio Chacedmissions Expected Readmissions O/E Ratio O/E Ratio</th> <th>Bate of the term of the term of the term of the term of t</th> <th>Data Collectoria better Observed Readmissions Note Interview of the Collectoria better interview of the Collectoria between the Collec</th> <th>Data Collectories deterministrativeData Collectories deterministrativeCananal asure DataExpected ReadmissionsOutliersO/E RatioO/E RatioO/E RatioRespected ReadmissionsO/E RatioO/E RatioRespected ReadmissionsColspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4"Colspan="4">Colspan="4"Cols</br></th> <th>Discription of the served se</th> <th>Beside the constraint of the constrai</th>	Beneral asure Data 18-44 Years Observed Readmissions Expected Readmissions Outliers O/E Ratio 2022 Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">O/E Ratio A A A A A Image: Colspan="3">A A A A A Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3">Image: Colspan="3" Image: Colspan="3">Image: Colspan="3" Image: Colspa="3" Image: Colspan="3" Image: Colspan="3" Image:	Data Collection General asure Data Image: Colspan="4">Doserved Readmissions Colspan="4">Colspan="4">Doserved Readmissions 2022 Image: Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4">Colspan="4"Collection 2022 Image: Colspan="4">Colspan="4"Collection A B D D D D	Data Collection Methodology: Data Collection Methodology: General asure Data Image: Figure Collection of the c	Data Collection Methodology: Administrative General asure Data Image: Collection of the state of th	General asure DataObserved ReadmissionsExpected ReadmissionsOutliersO/E RatioObserved ReadmissionsExpected ReadmissionsOutliersO/E Ratio2022 \cdot AAAAAAAAAA15715715715712012012012021021021015727.993515215212023.01172927.993517291523.0117141513.81%13.33%0.10831.03609.87%15.14%0.11670.6518	Bate Collection Methodology AdministrativeGeneral asure DataImage Colspan=16Image Colspan=16 <thimage colspan="16</th">Image Colspan=16Im</thimage>	Data Collection Methodology: Administrative General asure Data Expected readmissions Expected readmissions O/E Ratio Chacedmissions Expected Readmissions O/E Ratio O/E Ratio	Bate of the term of the term of the term of the term of t	Data Collectoria better Observed Readmissions Note Interview of the Collectoria better interview of the Collectoria between the Collec	Data Collectories deterministrativeData Collectories deterministrativeCananal asure DataExpected ReadmissionsOutliersO/E RatioO/E RatioO/E RatioRespected 	Discription of the served se	Beside the constraint of the constrai

Mercy Care - ALTC Prenatal and Postpartum (NCQA HEDIS	n Care (PPC)		
HEDIS Reporting Year 2023/Meas	surement Year 20	22	
Data Collection Methodol	ogy: Hybrid		
Data Element	General Measure Data	Timeliness of Prenatal Care	Postpartum Care
Measurement Year	2022		
Data Collection Methodology	н	н	н
Eligible Population		7	7
Administrative Required Exclusions		0	0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		4	5
Current Year's Administrative Rate (Before Exclusions)		57.14%	71.43%
Minimum Required Sample Size (MRSS)		7	7
Oversampling Rate		0.00	0.00
Number of Oversample Records		0	0
Number of Numerator Events by Administrative Data in MRSS		4	3
Administrative Rate on MRSS		57.14%	42.86%
Number of Medical Records Excluded Because of Valid Data Errors		0	0
Number of Administrative Data Records Excluded		0	0
Number of Medical Data Records Excluded		0	0
Number of Employee/Dependent Medical Records Excluded		0	0
Records Added From the Oversample List		0	0

Final Denominator		7	7
Numerator Events by Administrative Data		4	3
Numerator Events by Medical Records		1	0
Numerator Events by Supplemental Data		0	2
Total Numerator		5	5
Reported Rate		NA	NA
Note: If NA is displayed in place of the rate, this indicates the denominator was to	o small (i.e., <30) to		

																					Prenatal an	v Care - ALTCS I d Postpartum C (NCQA HEDIS) Year 2023/Measur	are (PPC) ement Year 202	22																					
Data Element	General Measure Dat	Race (Direc	Data): White	Race (Indirect	Data): White	Race (To	otal Data): White		t Data): Black or n American	`	ect Data): Black or n American	Race (Total D African A	ata). Black of	Race (Direct Da Indian and Ala	a): American F ska Native	Race (Indirect Dat Indian and Alas	ta): American ska Native	Race (Total Data): Indian and Alask		Race (Direct D		ction Methodolog Race (Indirect D		Race (Total Da	ta): Asian	Race (Direct Data Hawaiian and Oth Islander	ner Pacific Ha	ce (Indirect Da awaiian and Oth Islander	ner Pacific H	Race (Total Data): Nat Iawaiian and Other Pa Islander	ific Race (D	irect Data): So ther Race		direct Data): So Other Race	ne Race (Total	Data): Some Othe Race	er Race (Direct More	t Data): Two or Races	Race (Indirect More F	Data): Two or Races	Race (Total Data): Ty More Races	wo or Race (I	Direct Data): Ask No Answer	ed but Race (In	rect Data): Unknown
		Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Car	of Postpartum re Care	Timeliness of Prenatal Care	f Postpartum care	n Timeliness o Prenatal Car	of Postpartum re Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Fimeliness of Prenatal Care	Postpartum Care	Timeliness of Perenatal Care	ostpartum Care	Fimeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum T Care F	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	ostpartum Time Care Prei	eliness of Pontatal Care	Postpartum Tin Care Pr	meliness of Postpar enatal Care Care	um Timelines Prenatal C	of Postpa are Car	rtum Timelines e Prenatal C	s of Postpart Care Care	um Timeliness Prenatal Ca	of Postpartum re Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Postp Prenatal Care Ca	artum Timelin ire Prenata	ness of Postpa al Care Ca	rtum Timeline e Prenata	
Measurement Year	2022																																												
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	Н	н	н	н	н	н	нн	н	н	н	н	н	н	н	н	н	н	н	4 F	н	н	н
Eligible Population		4	4	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0) (0 0	3	3
Final Denominator		4	4	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0) (0 C	3	3
Numerator Events		3	2	0	0	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0) (o c	2	3
Reported Rate		75.00%	50.00%	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0! #	#DIV/0!	#DIV/0!	NA NA	#DIV/0!	#DIV	0! #DIV/0	! #DIV/0	NA	NA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA N	A #DI	V/0! #DI	/0! 66.67	6 100.00%
Note: If NA is displayed in place of the rate, this indicates the denominato to report a valid rate.	or was too small (i.e., <30)																																				•								

							y Care - ALTC nd Postpartun (NCQA HEDIS	n Care (PPC)									
						HEDIS Reporting	Year 2023/Mea	surement Year 20	22								
						Data Coll	ection Methodol	ogy: Hybrid									
Data Element	General		Direct Data): ic/Latino		direct Data): c/Latino		Γotal Data): c/Latino	Ethnicity (Dire Hispani	ect Data): Not c/Latino		rect Data): Not c/Latino		tal Data): Not c/Latino		ct Data): Asked Answer	• •	ndirect Data): nown
Data Liement	Measure Data	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care	Postpartum Care	Timeliness of Prenatal Care		Timeliness of Prenatal Care	Postpartum Care
Measurement Year	2022																
Data Collection Methodology	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
Final Denominator		0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	7
Numerator Events		0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
Reported Rate		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	NA	NA	#DIV/0!	#DIV/0!	71.43%	71.43%
te: If NA is displayed in place of the rate, this indicates the denomina port a valid rate.	tor was too small (i.e., <30) to					·		-		•							

Mercy Care - ALTCS E/PD Diabetes Short-Term Complications Admission Rate (PQI 01-AD) (CMS Adult Core Set)											
Federal Fiscal Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative											
Data Conection Methodology. Administrative Data Element General Measure Data 18–64 Years 65+ Years Total											
Measurement Year	2022										
Data Collection Methodology	A	А	Α	Α							
Eligible Population		46,602	82,369	128971							
Final Denominator		46,602	82,369	128971							
Numerator Events by Administrative Data		15	5	20							
Total Numerator 15 5 20											
Reported Rate		32.19	6.07	15.51							

Mercy Care - ALTCS E/PD COPD or Asthma in Older Adults Admission Rate (PQI 05-AD) (CMS Adult Core Set) Federal Fiscal Year 2023/Measurement Year 2022												
Data Collection Methodology: Administrative												
Data Element General Measure 40–64 Years 65+ Years Total												
Measurement Year	2022											
Data Collection Methodology A A A												
Eligible Population		35,658	82,369	118027								
Final Denominator		35,658	82,369	118027								
Numerator Events by Administrative Data		31	56	87								
Total Numerator 31 56 87												
Reported Rate		86.94	67.99	73.71								

Mercy Care - ALTCS E/PD Heart Failure Admission Rate (PQI 08-AD) (CMS Adult Core Set)											
Federal Fiscal Year 2023/Measurement Year 2022											
Data Collection Methodology: Administrative General Measure General Measure General Measure											
Data Element	Data	18–64 Years	65+ Years	Total							
Measurement Year	2022										
Data Collection Methodology	А	Α	A	A							
Eligible Population		46,602	82,369	128971							
Final Denominator		46,602	82,369	128971							
Numerator Events by Administrative Data		91	222	313							
Total Numerator 91 222 313											
Reported Rate		195.27	269.52	242.69							

Mercy Care - ALTCS E/PD Asthma in Younger Adults Admission Rate (PQI 15-AD) (CMS Adult Core Set)											
Federal Fiscal Year 2023/Measurement	Year 2022										
Data Collection Methodology: Administrative											
Data Element	General Measure Data	18–39 Years									
Measurement Year	2022										
Data Collection Methodology	Α	А									
Eligible Population		10,944									
Final Denominator		10,944									
Numerator Events by Administrative Data		0									
Total Numerator 0											
Reported Rate		0.00									

Mercy Care - ALTCS E/PD Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) (NCQA HEDIS)											
HEDIS Reporting Year 2023/Measurement Year 2022											
Data Collection Methodology: Administrative											
Data Element	General Measure Data	Adherence Antipsychotics									
Measurement Year	2022										
Data Collection Methodology	Α	А									
Eligible Population		597									
Administrative Required Exclusions		337									
Final Denominator		260									
Numerator Events by Administrative Data		199									
Numerator Events by Supplemental Data		0									
Total Numerator 199											
Reported Rate		76.54%									
lote: If NA is displayed in place of the rate, this indicates the denominator was too small (i.e., <30) to											

Mercy Care - ALTC Sealant Receipt on Permanent F (CMS Child Core	irst Molars (SFN	1-CH)												
Federal Fiscal Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative														
Data Collection Methodology: Administrative Deta Element General Measure At Least One All Four Mola														
•••														
Measurement Year	2022													
Data Collection Methodology	Α	Α	А											
Eligible Population		11	11											
Final Denominator		11	11											
Numerator Events by Administrative Data		2	1											
Total Numerator		2	1											
Reported Rate		NA	NA											

Mercy Care - ALTCS E/PD Diabetes Screening for People with Schizophrenia or Bij Antipsychotic Medication (SS (NCQA HEDIS)		Vho Are Using
HEDIS Reporting Year 2023/Measuremen	t Year 2022	
Data Collection Methodology: Admini	strative	
Data Element	General Measure Data	Diabetes Screening
Measurement Year	2022	
Data Collection Methodology	Α	А
Eligible Population		685
Administrative Required Exclusions		427
Final Denominator		258
Numerator Events by Administrative Data		237
Numerator Events by Supplemental Data		7
Total Numerator		244
Reported Rate		94.57%

											Mercy Care I Fluoride (CMS Ch	for Childr	en (TFL-C	H)														
									F	ederal Fis	scal Year 20	23/Measur	ement Year	2022														
	Data Collection Methodology: Administrative General Dentrel or Oral Health Services Dentrel Services																											
Dete Flament	Dentral or Oral Health Services Dentral or Oral Health Services Data Element Age 1-2 3-5 6-7 8-9 10-11 12-14 15-18 19-20 Total 1.2 10-11 12-14 15-18 19-20 Total 1.2																											
Data Element Measure Data															19–20 Years	Total	1–2 Years	3–5 Years	6–7 Years	8–9 Years	10–11 Years	12–14 Years	15–18 Years	19–20 Years	Total			
Measurement Year	2022																											
Data Collection Methodology	А	Α	A	Α	Α	A	Α	Α	А	А	А	А	A	А	Α	А	A	Α	А	А	А	Α	A	Α	Α	А	A	А
Eligible Population		7	21	4	13	23	44	82	57	251	7	21	4	13	23	44	82	57	251	7	21	4	13	23	44	82	57	251
Final Denominator		7	21	4	13	23	44	82	57	251	7	21	4	13	23	44	82	57	251	7	21	4	13	23	44	82	57	251
Numerator Events by Administrative Data		1	4	1	3	6	9	18	5	47	1	4	1	3	6	9	18	5	47	0	0	0	0	0	0	0	0	0
Total Numerator		1	4	1	3	6	9	18	5	47	1	4	1	3	6	9	18	5	47	0	0	0	0	0	0	0	0	0
Reported Rate		NA	NA	NA	NA	NA	0.20	0.22	0.09	0.19	NA	NA	NA	NA	NA	0.20	0.22	0.09	0.19	NA	NA	NA	NA	NA	0.00	0.00	0.00	0.00
Note: If NA is displayed in place of the rate, this indicates the denominator was too	o small (i.e., <30) to repo	rt a valid rate	9.																									

Mercy Care - AL Well-Child Visits in the First 3 (NCQA HE	0 Months of Life (W30)												
HEDIS Reporting Year 2023/M	easurement Year 20	22												
Data Collection Methodolo	ogy: Administrative													
Data Element General Measure Data First 15 Months 15-30 Mon Measurement Year 2022 2022														
Measurement Year	2022													
Data Collection Methodology	A	А	Α											
Eligible Population		4	6											
Administrative Required Exclusions		0	0											
Final Denominator		4	6											
Numerator Events by Administrative Data		1	1											
Numerator Events by Supplemental Data		0	0											
Total Numerator		1	1											
Reported Rate		NA	NA											
Note: If NA is displayed in place of the rate, this indicates the denominator was report a valid rate.	too small (i.e., <30) to													

Weight	Assessment a	nd Counseling	for Nutrition a	- ALTCS E/PD nd Physical A HEDIS)	ctivity for Child	lren/Adolescen	ts (WCC)			
		HEDIS R	eporting Year 20	23/Measuremen	t Year 2022					
			ata Collection M							
Data Element	General Measure Data		rcentile Docume			Inseling for Nutr			ling for Physical	-
		3–11 Years	12–17 Years	Total	3–11 Years	12–17 Years	Total	3–11 Years	12–17 Years	Total
Measurement Year	2022									
Data Collection Methodology	н	н	н	Н	н	н	Н	н	н	Н
Eligible Population		60	96	156	60	96	156	60	96	156
Administrative Required Exclusions		0	0	0	0	0	0	0	0	0
Number of Numerator Events by Administrative Data in Eligible Population (Before Exclusions)		20	29	49	20	29	49	20	29	49
Current Year's Administrative Rate (Before Exclusions)		33.33%	30.21%	31.41%	33.33%	30.21%	31.41%	33.33%	30.21%	31.41%
Minimum Required Sample Size (MRSS)		156	156	156	156	156	156	156	156	156
Oversampling Rate		0	0	0	0	0	0	0	0	0
Number of Oversample Records		0	0	0	0	0	0	0	0	0
Number of Numerator Events by Administrative Data in MRSS		20	29	49	30	35	65	2	8	10
Administrative Rate on MRSS		12.82%	18.59%	31.41%	19.23%	22.44%	41.67%	1.28%	5.13%	6.41%
Number of Medical Records Excluded Because of Valid Data Errors		0	0	0	0	0	0	0	0	0
Number of Administrative Data Records Excluded		0	0	0	0	0	0	0	0	0
Number of Medical Data Records Excluded		0	0	0	0	0	0	0	0	0
Number of Employee/Dependent Medical Records Excluded		0	0	0	0	0	0	0	0	0
Records Added From the Oversample List		0	0	0	0	0	0	0	0	0
Final Denominator		60	96	156	60	96	156	60	96	156
Numerator Events by Administrative Data		22	29	51	32	36	68	3	8	11
Numerator Events by Medical Records		32	48	80	21	38	59	28	49	77
Numerator Events by Supplemental Data		0	1	1	0	0	0	0	0	0
Total Numerator		54	78	132	53	74	127	31	57	88
Reported Rate		90.00%	81.25%	84.62%	88.33%	77.08%	81.41%	51.67%	59.38%	56.41%

	cy Care - ALTCS blescent Well-Ca (NCQA HEDIS)	are Visits (WC)	/)											
HEDIS Reporting Year 2023/Measurement Year 2022 Data Collection Methodology: Administrative														
Data Element General Measure 3-11 Years 12-17 Years 18-21 Years Total														
Data Element General Measure Data 3-11 Years 12-17 Years 18-21 Years Total Measurement Year 2022														
Measurement Year	2022													
Data Collection Methodology	A	А	A	А	А									
Eligible Population		61	107	105	273									
Administrative Required Exclusions		0	0	0	0									
Final Denominator		61	107	105	273									
Numerator Events by Administrative Data		34	49	35	118									
Numerator Events by Supplemental Data		1	2	0	3									
Total Numerator		35	51	35	121									
Reported Rate		57.38%	47.66%	33.33%	44.32%									

																									Mercy Care - A Child and Adolescent W (NCQA H	LTCS E/PD ell-Care Visits (\ EDIS)	(WCV)																							
																									HEDIS Reporting Year 2023	Measurement Year	ar 2022																							
Data Element	General	Race (I	Direct Data): W hite	F	Race (Indirect Data): Wh	te	Race (Total Data): White	Rac	ace (Direct Data): Black	ck or African American	Race (Indired	ct Data): Black or African Ame	nerican Rac	ace (Total Data): Black	k or African American	Race (Direct Dat	a): American Indian and A	aska Native Race (Ir	ndirect Data): American	n Indian and Alaska Native	Race (Total Data): American Indian and Alas	ka Native	Race (Direct Data): Asian		(Indirect Data): Asian		Race (Total Data): Asian		Race (Direct Data): Native Hawaii Islander	an and Other Pacific	Race (Indirect Data): Native Hawa Islander	aiian and Other Pacif	cific Race (Total Data): Native Hawaiian an Islander	d Other Pacific	Race (Direct Data): Some Other R	ace Race	(Indirect Data): Some Other	r Race	Race (Total Data): Some O	her Race	Race (Direct Data): 1	wo or More Races	Race (Indirect	ι Data): Two or More Races		otal Data): Two or More Races		irect Data): Asked but No Ans		Race (Indirect Data): Unknown
Data Liement	Measure Data	a 3-11 Years 12-17 Years	ears 18-21 Years	Total 3-11 Years	12-17 Years 18-21 Yea	rs Total 3-11 Years	6 12-17 Years 18-21 Years	5 Total 3-11 Year	ears 12-17 Years	18-21 Years Total	3-11 Years 12	2-17 Years 18-21 Years	Total 3-11 Years	ars 12-17 Years f	18-21 Years Total	3-11 Years 12	-17 Years 18-21 Years	Total 3-11 Yea	ars 12-17 Years 1	18-21 Years Total	3-11 Years 12-17 Years 18-21 Years	Total 3-11 Yea	ears 12-17 Years 18-21 Years Total	3-11 Years 12-17	Years 18-21 Years Tota	3-11 Years	5 12-17 Years 18-21 Years	Total 3	-11 Years 12-17 Years 18-2	Years Total	3-11 Years 12-17 Years 18-2	21 Years Total	tal 3-11 Years 12-17 Years 18-21 Yea	rs Total 3-11 Y	Years 12-17 Years 18-21 Years	Total 3-11 Years	12-17 Years 18-21 Years	Total 3-11 Y	/ears 12-17 Years 18-21 Y	ears Total 3-1	11 Years 12-17 Years	18-21 Years Total	3-11 Years 12-17 Y	/ears 18-21 Years -	otal 3-11 Years 12	2-17 Years 18-21 Years	Total 3-11 Years 1	12-17 Years 18-21 Years	Total 3-11 Years	ars 12-17 Years 18-21 Years Total
Measurement Year	2022																																																	
Data Collection Methodology	А	A A	A	A A	A A	A A	A A	A A	A	A A	A	A A	A A	A	A A	А	A A	A A	A	A A	A A A	A A	A A A	A	A A A	А	A A	A	A A	A A	A A	A A	A A A	A A	A A	A A	A A	A A	A A A	A	A A	A A	A A	. A	A A	A A	A A	A A	A A	A A A
Eligible Population		19 36	34	89 0	0 0	0 19	36 34	89 3	4	6 13	0	0 0	0 3	4	6 13	2	5 2	9 0	0	0 0	2 5 2	9 0	1 0 1	0	0 0 0	0	1 0	1	0 0	0 0	0 0	0 0	0 0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0 0	0 0	0 0	0	0 0	0 0	0 0	0 0	0 37	61 63 161
Final Denominator		19 36	34	89 0	0 0	0 19	36 34	89 3	4	6 13	0	0 0	0 3	4	6 13	2	5 2	9 0	0	0 0	2 5 2	9 0	1 0 1	0	0 0 0	0	1 0	1	0 0	0 0	0 0	0 0	0 0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0 0	0 0	0 0	0	0 0	0 0	0 0	0 0	0 37	61 63 161
Numerator Events		8 16	13	37 0	0 0	0 8	16 13	37 2	1	0 3	0	0 0	0 2	1	0 3	0	3 2	5 0	0	0 0	0 3 2	5 0	0 0 0	0	0 0 0	0	0 0	0	0 0	0 0	0 0	0 0	0 0 0	0 0	0 0	0 0	0 0	0 0	0 0	0	0 0	0 0	0 0	0	0 0	0 0	0 0	0 0	0 25	31 20 76
Reported Rate		NA 44.44	% 38.24%	41.57% NA	NA NA	NA NA	44.44% 38.24%	41.57% NA	NA NA	NA NA	NA	NA NA	NA NA	NA	NA NA	NA	NA NA	NA NA	NA	NA NA	NA NA NA	NA NA	NA NA NA	NA N	NA NA NA	NA	NA NA	NA	NA NA	IA NA	NA NA	NA NA	A NA NA NA	NA N/	A NA NA	NA NA	NA NA	NA NA	A NA NA	NA	NA NA	NA NA	NA NA	A NA	NA NA	NA NA	NA NA	NA NA	NA 67.57%	50.82% 31.75% 47.20%
Note: If NA is displayed in place of the rate, this indicates t small (i.e., <30) to report a valid rate.	es the denominator was too	0																																																

															Mer Child and Ad	cy Care - ALTCS olescent Well-Ca (NCQA HEDIS	are Visits (WCV)																
															HEDIS Reportin	g Year 2023/Meas	urement Year 20)22																
															Data Collect	ion Methodology:	Administrative																	
Data Element	Element General Level Le															Eth	nicity (Total Da	a): Not Hispanic/	Latino	Ethni	city (Direct Data): Asked but No A	nswer		Ethnicity (Indirec	t Data): Unknow	<i>ı</i> n							
Data Element	Measure Data	3-11 Years	12-17 Years	18-21 Years	To	otal 3-11	1 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total	3-11 Years	12-17 Years	18-21 Years	Total
Measurement Year	2022																																	
Data Collection Methodology	н	н	н	н	ŀ	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н	н
Eligible Population		0	1	0	1	1	0	0	0	0	0	1	0	1	2	5	2	9	0	0	0	0	2	5	2	9	0	0	0	0	59	101	103	263
Final Denominator		0	1	0	1	1	0	0	0	0	0	1	0	1	2	5	2	9	0	0	0	0	2	5	2	9	0	0	0	0	59	101	103	263
Numerator Events		0	1	0	1	1	0	0	0	0	0	1	0	1	0	3	2	5	0	0	0	0	0	3	2	5	0	0	0	0	35	47	33	115
Reported Rate		NA	NA	NA	N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	59.32%	46.53%	32.04%	43.73%
ote: If NA is displayed in place of the rate, this indicates the denominato port a valid rate.	was too small (i.e., <30) to																																	