

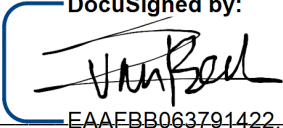
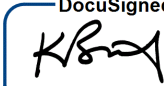

CONTRACT AMENDMENT # 1

SIGNATURE AND COVER PAGE

State Agency Department of Health Care Policy and Financing	Original Contract Number 24-183277
Contractor KPMG LLP	Amendment Contract Number 24-183277A1
Current Contract Maximum Amount Initial Term State Fiscal Year 2024 \$17,196,782.52 Extension Terms State Fiscal Year 2025 \$8,322,617.39 State Fiscal Year 2026 \$9,720,328.66 State Fiscal Year 2027 \$6,935,470.75 State Fiscal Year 2028 \$7,574,708.35 Total for All State Fiscal Years \$49,749,907.67	Contract Performance Beginning Date August 22, 2023 June 30, 2025

THE PARTIES HERETO HAVE EXECUTED THIS AMENDMENT

Each person signing this Amendment represents and warrants that he or she is duly authorized to execute this Amendment and to bind the Party authorizing his or her signature.

<div>CONTRACTOR KPMG LLP</div> <div>DocuSigned by: </div> <div>By: _____ EAAFB063791422...</div> <div>Date: 7/26/2024 05:42 PDT</div>	<div>STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing</div> <div>DocuSigned by: </div> <div>By: _____ 0B6A84797EA8493...</div> <div>Date: 7/26/2024 06:50 MDT</div>
<p>In accordance with §24-30-202 C.R.S., this Amendment is not valid until signed and dated below by the State Controller or an authorized delegate.</p> <div>STATE CONTROLLER Robert Jaros, CPA, MBA, JD</div> <div>DocuSigned by: </div> <div>By: _____ 76F69541272B43A...</div> <div>Amendment Effective Date: 7/26/2024 08:47 MDT</div>	

1. PARTIES

This Amendment (the “Amendment”) to the Original Contract shown on the Signature and Cover Page for this Amendment (the “Contract”) is entered into by and between the Contractor and the State.

2. TERMINOLOGY

Except as specifically modified by this Amendment, all terms used in this Amendment that are defined in the Contract shall be construed and interpreted in accordance with the Contract.

3. AMENDMENT EFFECTIVE DATE AND TERM

A. Amendment Effective Date

This Amendment shall not be valid or enforceable until the Amendment Effective Date shown on the Signature and Cover Page for this Amendment. The State shall not be bound by any provision of this Amendment before that Amendment Effective Date, and shall have no obligation to pay Contractor for any Work performed or expense incurred under this Amendment either before or after of the Amendment term shown in **§3.B** of this Amendment.

B. Amendment Term

The Parties’ respective performances under this Amendment and the changes to the Contract contained herein shall commence on the Amendment Effective Date shown on the Signature and Cover Page for this Amendment and shall terminate on the termination of the Contract.

4. PURPOSE

A. The Department is looking to leverage KPMG’s proposed Technology Solution under KPMG’s Contract # 24-183277, known as the “VBP & COPOD System” as the designated portal to calculate and house the measure sets described in this Amendment.

5. MODIFICATIONS

The Contract and all prior amendments thereto, if any, are modified as follows:

A. The Contract Initial Contract Expiration Date on the Contract’s Signature and Cover Page is hereby deleted and replaced with the Current Contract Expiration Date shown on the Signature and Cover Page for this Amendment.

B. The Contract Maximum Amount table on the Contract’s Signature and Cover Page is hereby deleted and replaced with the Current Contract Maximum Amount table shown on the Signature and Cover Page for this Amendment.

C. **Section 1.3.2.2. is added to Exhibit B, Statement of Work, as follows:**

1.3.2.2. Build out of CONTRACTOR’S TECHNOLOGY SOLUTION with additional Quality Measures.

The Department is seeking to add the following components/functionality to the current Contractor’s Technology Solution:

- Calculate the measures outlined in a mutually agreed upon Measure Set. These include Healthcare Effectiveness Data and Information Set (HEDIS) measures, Centers for Medicare & Medicaid Services (CMS) Core Measures (<https://www.medicaid.gov/medicaid/quality-of-care/performance->

[measurement/adult-and-child-health-care-quality-measures/index.html](#)) and other assorted national and Healthcare Policy and Finance (HCPF) specific measures.

- Leverage a National Committee for Quality Assurance (NCQA) certified HEDIS tool to support the calculation of the NCQA Certified Measures.
- Direct role-based access for Department staff, MCE, provider staff and external vendors as determined by the Department.
- Keep all measure calculations up to date per industry standards.

- 1.3.2.2.1. Contractor's Technology Solution shall support Department, Provider, and authorized users for a total user count not to exceed 2500.
- 1.3.2.2.2. Contractor's Technology Solution shall be licensed to calculate Quality Measures using data for up to 2 million Medicaid and Child Health Plan Plus (CHP+) covered lives.
- 1.3.2.2.3. Contractor shall ensure that the component of its Technology Solution through which Quality Measures are calculated shall, at all times, be actively certified by the NCQA.

D. Section 3.3.8.2. is added to Exhibit B, Statement of Work, as follows:

- 3.3.8.2. Contractor shall tailor training for Department staff, Managed Care Entities (MCE) and authorized Providers.
 - 3.3.8.2.1. Contractor shall provide a schedule of live virtual training for agreed upon measures to be provided at least semi-annually.
 - 3.3.8.2.2. Contractor shall provide recorded training, available on demand, facilitating understanding of and utilization of each of the quality measurement sets (e.g., HEDIS, PQAs, custom/homegrown measures) included in the Contractor's Technology Solution.

E. Sections 4.1.10.2. – 4.1.10.2.1.1.6. in Exhibit B, Statement of Work, is hereby deleted and replaced as follows:

- 4.1.10.2. Enterprise Data Warehouse (EDW)
 - 4.1.10.2.1. Contractor's Technology Solution shall have the ability to transmit data elements in a predefined format as identified by the Department's EDW Contractor and the Department.
 - 4.1.10.2.1.1. The data elements subject to transmission shall include, at a minimum, all of the following:
 - 4.1.10.2.1.1.1. The exchange of Member data.
 - 4.1.10.2.1.1.2. The exchange of Provider data.
 - 4.1.10.2.1.1.3. The exchange of claims data.
 - 4.1.10.2.1.1.4. The exchange of utilization management data.
 - 4.1.10.2.1.1.5. The exchange of Quality Measure numerators and denominators.
 - 4.1.10.2.1.1.6. The exchange of Member risk scores for two full measurement years and the current measurement year.

- 4.1.10.2.1.1.7. Other required data, as identified by the Department.
- 4.1.10.2.2. Contractor shall create and maintain a Data Export Specification Document for Department approval that specifies the format, contents and frequency of data available for transmission to the Department's EDW.
- 4.1.10.2.2.1. DELIVERABLE: Data Export Specification Document
- 4.1.10.2.2.2. DUE DATE: Within 30 days of the Amendment #1 Effective Date and updated no less than annually

F. Section 5.5. is added to Exhibit B, Statement of Work, as follows:

5.5. Data File Retention

- 5.5.1. Contractor shall maintain and enforce a data file retention policy that is reflective of the latest data file retention requirements as established in the approved Operations and Maintenance Plan. Adherence to the data file retention requirements shall be reported to the Department on a frequency established in the approved Operations and Maintenance Plan.

G. Sections 9.6. through 9.7. are added to Exhibit B, Statement of Work, as follows:

- 9.6 Contractor shall provide a provisioning process to grant access to the portal within three (3) business days from the submission of a complete access request.
- 9.7 Contractor shall produce a report weekly that contains information on open tickets, tickets resolved, and aging of tickets.

H. Section 13.5. is added to Exhibit B, Statement of Work, as follows:

13.5. Comprehensive Quality Measures Reporting within the Contractor's Technology Solution

- 13.5.1. Contractor shall configure and implement comprehensive measures described in a mutually agreed upon Measure Set, an example of which is provided in Exhibit L, for the following programs in the Technology Solution, including but not limited to:

13.5.1.1. Accountable Care Collaborative (ACC) incentive programs, including:

- 13.5.1.1.1. Key Performance Indicators (KPI).
- 13.5.1.1.2. Performance Pool measures.
- 13.5.1.1.3. Behavioral Health Incentive Program (BHIP).
- 13.5.1.1.4. Medical Loss Ratio (MLR).
- 13.5.1.1.5. Health Equity measures.

13.5.1.2. Hospital program measures, including:

- 13.5.1.2.1. Hospital Transformation Program (HTP).
- 13.5.1.2.2. Hospital Quality Incentive Payments (HQIP).

13.5.1.3. Other programs, including:

- 13.5.1.3.1. Dental.

13.5.1.3.2. CMS Core Measure Sets (<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>)

13.5.2 Contractor shall implement the requirements in this section in two phases – Phase I and Phase II. Phase I scope corresponds to the price as quoted in Exhibit C, Section 3.1. Phase II scope will be implemented using Enhancement/Pool hours and managed through the existing Change Management process. The Department may choose not to develop a measure by providing advance notice to the Contractor, prior to the Contractor starting to develop the measure. In such cases, the Contractor shall adjust the pricing as reflected in Exhibit C.

13.5.2.1 Quality Measures list shall be mutually agreed upon by the Department and Contractor by the beginning of each State Fiscal Year. Quality Measure reporting shall begin at a minimum with calendar year 2024 data to support the CMS Core Measure submission. Exhibit L includes an example of the information required for the mutually agreed measures list. Final lists for the State Fiscal Year 2024/2025 are anticipated to be finalized towards July 30, 2024.

13.5.3 Phase I Scope

13.5.3.1. Contractor shall implement measures in two Waves; The current example list in Exhibit L, includes a total of 56 measures to be implemented. The number of measures will be subject to change and will be agreed to mutually between the Department and Contractor

13.5.3.2. Wave 1 measures are measures that are already part of the VBP & COPOD System plan. These measures shall be available to the Department six months after receipt of the data by the Contractor. The current example documented in Exhibit L includes 30 Wave 1 measures.

13.5.3.3. Wave 2 measures are measures that are not already part of the VBP & COPOD System plan. In the current Exhibit L example, there are 19 “standard” Wave 2 measures that will be implemented as part of the standard update eight months after receipt of the data by the Contractor. In the Exhibit L example, seven (7) Wave 2 measures are not part of the planned update to the System and will need to be custom developed and will be implemented within eight months after receipt of the documented specifications. The Department will provide Contractor with documented and approved specifications for all custom measures by June 1 of each State Fiscal Year, starting with June 1, 2024 for the first iteration of the measure set.

13.5.4. An example of the Quality Measure set details are listed in Exhibit L. These measures will be mutually agreed upon by the Contractor and the Department at the beginning of every State Fiscal year. The table below summarizes the list of Wave 1, Wave 2 standard and Wave 2 custom measures from the Exhibit L example.

Measure Set	# of Measures	Wave 1	Wave 2 Standard	Wave 2 Custom
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2023/2024 CMS Core Measure Set (both Adult and Pediatric)	51	30	19	2
NCQA	32	29	3	
CMS	3	1	2	
OHSU	1	0	1	
OPA	4	0	4	
DQA (ADA). <i>Note, both HEDIS and CMS use the same steward but different age stratifications</i>	3	0	3	
AHRQ	4	0	4	
PQA	2	0	2	
CDC/NCHS	2	0	0	2
ACC measures (HCPF-developed measures)	1	0		1
BHIP measures (HCPF-developed measures)	4	0		4
Total	56	30	19	7

- 13.5.4.1. DELIVERABLE: Wave 1 measures, Wave 2 measures (standard and custom)
- 13.5.4.2. DUE DATE: Wave 1 six months after receipt of the validated and quality-checked data by the Contractor; Wave 2 by eight months after receipt of the validated and quality-checked data by the Contractor. The validated and quality checked milestone will be defined in the Project Schedule.
- 13.5.5. Contractor shall ensure that Department users have access to aggregate Quality Measure reporting at the provider, Regional Accountable Entities (RAE)/Managed Care Entities (MCE), and state levels.
- 13.5.6. Contractor shall calculate, maintain, provide all HEDIS-certified measures and other Wave 1 and Wave 2 measures (including any other Contractor calculated measures by Department request) to support Department initiatives including, but not limited to, the Alternative Payment Model (APM) project and reporting on the Core Measure Sets.
- 13.5.7. Contractor shall provide the ability for authorized users to download measure detail for Medicaid providers, including performance rate and member-level detail, such as numerator and denominator inclusion, for the purpose of Department provider performance monitoring, to support Department initiatives including, but not limited to, the APM project and reporting on the Core Measure Sets.
- 13.5.8. Contractor's solution shall allow Department staff to pull reports and conduct analyses to support Department initiatives including, but not limited to, the APM project, reporting on the Core Measure Sets, HEDIS, and other Contractor calculated Quality Measures by Department defined demographic factors (quarterly or at the Department request) including, but not limited to by county, by RAE/MCE region, or statewide.
- 13.5.9. Contractor's Technology Solution shall calculate measures based on existing patient to provider relationships (i.e., Medicaid member to Medicaid billing provider attributions, also known as Primary Care Medical Provider (PCMP) enrollments in the Medicaid Management Information System (MMIS).

- 13.5.10. Contractor's Technology Solution shall calculate measures based on existing patient to health plan relationships (i.e., Medicaid member managed care plan (MCO) enrollments in MMIS).
- 13.5.11. Contractor shall provide staff knowledgeable and experienced in supporting implementation of administrative and/or digital Quality Measurement reporting systems, including, but not limited to HEDIS, CMS Core Measures, and other PQAs.
- 13.5.12. Contractor's Technology Solution shall have the ability to export a provider's entire list of attributed members.
- 13.5.13. Contractor's Technology Solution shall have the ability to provide a list of members attributed to the provider, are included in the denominator of each measure, date of service of when the member received the appropriate care to meet the measure and have not yet received the care appropriate to the measure.
- 13.5.14. Contractor shall investigate or reproduce individual measure outputs as requested by the Department to assist the Department in explaining and defending measure results.
- 13.5.15. Contractor shall provide Quality Measure and attribution results, including both the overall, unduplicated results and those associated with the various Provider attributions and attribution types, and shall be maintained and accessible for the timeframe required of other records.
- 13.5.16. Contractor shall stratify measures by demographics and work to develop enhancements such as increasing indicator limitations, including, but not limited to, race, ethnicity, plan, RAE/MCE region, and geography.
- 13.5.17. ACC Provider Performance within the Contractor Technology Solution
 - 13.5.17.1. Contractor shall enable ACC-enrolled providers to access a comprehensive set of Department performance measures via the Contractor's Technology Solution, including custom measures implemented in §13.5.3.
 - 13.5.17.2. The Contractor shall create and maintain provisioning for ACC-enrolled providers and other Department designees.
 - 13.5.17.3. Contractor shall allow the ability for authorized users to view and download pre-defined reports per the user's role-based designation via the Contractor's Technology Solution.
 - 13.5.17.4. Contractor shall allow the ability for authorized users to download and export reports from the Contractor's Technology Solution to their local machine in Adobe PDF, Microsoft Excel, and other standard formats.
 - 13.5.17.5. Contractor's Technology Solution shall have the ability to promote to production and to host, not only native reporting developed by the Contractor, but also Department-developed dashboards for RAEs/MCEs, Providers and Departmental designees, to access. Dashboards shall be hosted by the Contractor for ease of use by the Department's providers and designees. The Department will maintain the dashboards. Contractor shall build and host a dashboard or dashboards to display quality metrics, trends and benchmarks.

13.5.17.6. Contractor's Technology Solution shall allow for capturing other types of Provider-reported supplemental data. For example, Providers shall be able to report if a parent has opted out of immunizations for a child or if the Member has provided pertinent information via a medical history.

13.5.18. Quality Measurement Requirements

13.5.18.1. Contractor's Technology Solution shall be able to update the HEDIS certified Quality Measurement tool with new claims, member, provider information and supplemental data each month on a regular schedule, including any applicable annual HEDIS methodology updates. Annual NCQA updates shall be incorporated into the Contractor's Technology Solution to allow for quarterly update calculations, using the most recent specifications for the full calendar year timeframes.

13.5.18.2. Contractor's Technology Solution shall remain aligned with Measure Steward's specifications, anticipating that these may change annually. Annual measure updates shall be initiated by the Contractor to remain in alignment with Measure Steward's specifications.

13.5.18.3. Contractor shall provide the data on an annual basis to support the federal reporting efforts as they relate to administrative and/or digital Quality Measurements. The deliverable will be a CMS Core Measure report, due May 15th of each year. Ability to meet stipulated deadlines is contingent upon the Department providing data in a timely manner as mutually agreed upon in the Project Schedule.

13.5.18.4. Contractor shall maintain metric results and reports at least for 5 years.

13.5.18.5. Contractor shall provide capabilities to calculate customized dates, in addition to calendar year reporting, such as quarterly on a rolling twelve-month period or as required by the Department.

13.5.18.6. Contractor's Solution shall be able to create new or adapt existing measures to address Colorado-specific needs and programs and will leverage enhancements hours and the change management process to do so.

13.5.18.7. Contractor's Solution shall be able obtain provider-supplied clinical data for the purposes of including in measure calculations where necessary for the measures outlined in mutually agreed upon measure set such as the example provided in Exhibit L.

13.5.18.8 Contractor shall retain source data to support any calculation for two full measurement years and the current measurement year.

13.5.19 Phase II Scope

13.5.19.1 Contractor shall develop, document, maintain, and provide per Department specifications a "KPI Trends Report," outlining Key Performance Indicator outcomes over time via the external Contractor's Technology Solution. The report shall include a visualization of KPI performance by each organization for each measure defined by the Department during the program year.

13.5.19.2 Contractor's Technology Solution shall allow for Quality Measure performance to be evaluated against baselines or benchmarks defined by the

Department for the purpose of calculating incentive payments, anticipating that these will change annually.

- 13.5.19.3 Contractor shall document, calculate, maintain and support ACC Incentive Payment Calculations per Department specifications including transmission to Core MMIS contractor in an agreed upon format and frequency for provider payments. The Department will be responsible for validating all payment calculations.
- 13.5.19.4 Contractor shall develop, document, maintain, and provide per Department specifications a "My Members Report" list of all enrolled Medicaid Members including, but not limited to, demographic data, benefit waiver status, attribution information and other relevant medical data via the external Contractor's Technology Solution. Contractor shall produce and distribute the reports as agreed upon and outlined by the Department.
- 13.5.19.5. Contractor shall develop, document, maintain, and provide per Department specifications a dynamic "Attribution Insights Report" outlining member attribution, utilization, and potential for churn based on the Department's member attribution methodology.
- 13.5.19.6 Contractor shall provide a dashboard to the Department and designees that aggregates performance across multiple measures into a "report card" that summarizes Provider performance across multiple domains.
- 13.5.19.7 Contractor shall update all programs and provide metric baseline & measurements (which may include cost and/or utilization metrics) annually to MCEs & Providers or as directed by the Department to support payment calculations related to performance improvement.

I. Section 2.2.1 of Exhibit C is deleted in its entirety and replaced with the following:

PERIOD	FIXED QUARTERLY PAYMENT	TOTAL YEARLY PAYMENT
January 2025 through March 2025	\$52,000.00	
April 2025 through June 2025	\$52,000.00	\$104,000.00 in SFY25
July 2025 through September 2025	\$205,652.09	
October 2025 through December 2025	\$205,652.09	
January 2026 through March 2026	\$205,652.09	
April 2026 through June 2026	\$205,652.09	\$822,608.36 in SFY 26
July 2026 through September 2026	\$332,280.77	
October 2026 through December 2026	\$332,280.77	

January 2027 through March 2027	\$332,280.77	
April 2027 through June 2027	\$332,280.77	\$1,329,123.08 in SFY27
July 2027 through September 2027	\$332,280.77	
October 2027 through December 2027	\$332,280.77	
January 2028 through March 2028	\$332,280.77	
April 2028 through June 2028	\$332,280.77	\$1,329,123.08 in SFY28

J. Section 3.1. of Exhibit C, Rates, is deleted in its entirety and replaced with the following:

3.1. The Department will pay Contractor a Fixed Implementation Payment for each of the following implementations that are accepted by the Department:

IMPLEMENTATION	DUE DATE	FIXED IMPLEMENTATION PAYMENT
APM 2 Program Soft Launch	SFY24	\$422,547.08
Initial Launch Operations of Contractor's Technology Solution	SFY24	\$1,300,144.87
Comprehensive Quality Measures Full Implementation	SFY25	\$381,900.00

Please note that implementation costs for the Comprehensive Quality Measures Implementation were estimated based on the number of Wave 1, Wave 2 standard and Wave 2 custom measures example in Exhibit L. If the number of each measure type changes, this may result in changes to the quoted prices.

K. Section 5.3 of Exhibit C, Rates, is deleted in its entirety and replaced with the following:

SFY	MODIFICATION AND ENHANCEMENT FUNDING AVAILABLE
SFY 2024	\$452,000.00
SFY 2025	\$648,000.00
SFY 2026	\$1,300,000.00
SFY 2027	\$980,000.00
SFY 2028	\$980,000.00

L. Section 2.3.1.2.8. is added to Exhibit E, Contractor's Administrative Requirements, as follows:

2.3.1.2.8. Quality Measure Lead

2.3.1.2.8.1. The Quality Measure Lead shall have the following qualifications:

2.3.1.2.8.1.1. Five or more years of project experience related to health care quality.

2.3.1.2.8.1.2. Five years or more of Health and Human Services or Medicaid experience.

2.3.1.2.8.1.3. Experience with Contractor's Technology Solution.

2.3.1.2.8.2. The Quality Measure Lead shall be responsible, at a minimum, for all the following.

2.3.1.2.8.2.1. Serve as the main point of contact for Department queries on Quality Measure calculations, as well as perform research and provide resolution to measure anomalies upon request. The Quality Measure Lead will support the Department in its contact with external parties as requested by the Department.

2.3.1.2.8.2.2. Inform the Department on upcoming changes to national measure sets, at least annually, and ensure that the Contractor's measure calculations are current with the latest measure specifications and appropriate code sets.

2.3.1.2.8.2.3. Be available on average of one day a week for the duration of the Contract.

M. **Section 1.2.1.46. is added to Exhibit D, Terminology, as follows. All sections following this insertion are renumbered accordingly:**

1.2.1.46. MCE — Managed Care Entity

N. **Exhibit L, Measure Set Library Comparison, is attached hereto and incorporated by reference into the Contract. This measure set shall be mutually agreed upon by Contractor and the Department at the beginning of each State Fiscal year.**

6. LIMITS OF EFFECT AND ORDER OF PRECEDENCE

This Amendment is incorporated by reference into the Contract, and the Contract and all prior amendments or other modifications to the Contract, if any, remain in full force and effect except as specifically modified in this Amendment. Except for the Special Provisions contained in the Contract, in the event of any conflict, inconsistency, variance, or contradiction between the provisions of this Amendment and any of the provisions of the Contract or any prior modification to the Contract, the provisions of this Amendment shall in all respects supersede, govern, and control. The provisions of this Amendment shall only supersede, govern, and control over the Special Provisions contained in the Contract to the extent that this Amendment specifically modifies those Special Provisions.

Exhibit L, Quality Measure Set Library

NOTE: Changed NQF to CBE ID. NQF is no longer the endorsement entity we should be referencing. Please see new measures endorsement repository here: <https://p4gm.org/measures> The table below was validated with the Department on October 25, 2023 and revised March 28, 2024. Exhibit L is provided as an example, Measure Sets will be mutually agreed upon by the Contractor and the Department at the beginning of each State Fiscal Year.

#	Code	CBE ID #	Description	Measure Steward	Data Collection Method	In 23/24 CMS Core Set	Set Type	Wave
1	AAB	58	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	NCQA	Administrative	Care of Acute and Chronic Conditions	Both	Wave1
2	ADD	108	Follow-Up Care for Children Prescribed ADHD Medication (ADD-CH)	NCQA	Administrative or EHR	Behavioral Health Care	Child	Wave1
3	AMR	1800	Asthma Medication Ratio : Ages 5 to 18 (AMR-CH)	NCQA	Administrative	Care of Acute and Chronic Conditions	Child	Wave1
4	APM	2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Administrative	Behavioral Health Care	Child	Wave1
5	APP	2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	Administrative	Behavioral Health Care	Child	Wave1
6	BCS	2372	Breast Cancer Screening	NCQA	Administrative or EHR	Primary Care Access & Preventative Care	Adult	Wave1
7	CBP	18	Controlling High Blood Pressure	NCQA	Administrative, Hybrid, or EHR	Care of Acute and Chronic Conditions	Adult	Wave1
8	CCS	32	Cervical Cancer Screening (CCS-AD)	NCQA	Administrative, Hybrid, or EHR	Primary Care Access & Preventative Care	Adult	Wave1
9	CHL	33	Chlamydia Screening in Women	NCQA	Administrative or EHR	Primary Care Access & Preventative Care	Both	Wave1
10	CIS	38	Childhood Immunization Status	NCQA	Administrative, Hybrid, or EHR	Primary Care Access & Preventative Care	Child	Wave1
11	COL	34	Colorectal Cancer Screening	NCQA	Administrative or EHR	Primary Care Access & Preventative Care	Adult	Wave1

12	FUA	3488	Follow-Up After Emergency Department Visit for Substance Use Age 13-17 (FUA-CH)	NCQA	Administrative	Behavioral Health Care	Child	Wave1
13	FUA	3488	Follow-Up After Emergency Department Visit for Substance Use Age 18 and older (FUA-AD)	NCQA	Administrative	Behavioral Health Care	Adult	Wave1
14	FUH	576	Follow-Up After Hospitalization for Mental Illness Ages 6-17 (FUH-CH)	NCQA	Administrative	Behavioral Health Care	Child	Wave1
15	FUH	576	Follow-Up After Hospitalization for Mental Illness Ages 18 and Older (FUH-AD)	NCQA	Administrative	Behavioral Health Care	Adult	Wave1
16	FUM	3489	Follow-Up After Emergency Department Visit for Mental Illness: Ages 18 and older (FUM-AD)	NCQA	Administrative	Behavioral Health Care	Adult	Wave1
17	FUM	3489	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	NCQA	Administrative	Behavioral Health Care	Child	Wave1
18	HBD	59/575	Hemoglobin A1c Control for Patients with Diabetes	NCQA	Administrative, hybrid, or EHR	Care of Acute and Chronic Conditions	Adult	Wave1
19	IET	4	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	NCQA	Administrative or EHR	Behavioral Health Care	Adult	Wave1
20	IMA	1407	Immunizations for Adolescents	NCQA	Administrative or Hybrid	Primary Care Access & Preventative Care (1407)	Child	Wave1
21	LSC		Lead Screening in Children	NCQA	Administrative or Hybrid	Primary Care Access & Preventative Care	Child	Wave1
22	POD	3400	Pharmacotherapy for Opioid Use Disorder	CMS	Administrative	Behavioral Health Care	Adult	Wave1
23	PPC	1517	Prenatal and Postpartum Care (PPC-AD) (PPC-CH)	NCQA	Administrative or Hybrid	Maternal and Perinatal Health	Both	Wave1
24	SAA	NA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NCQA	Administrative	Behavioral Health Care	Adult	Wave1

25	SSD	1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	NCQA	Administrative	Behavioral Health Care	Adult	Wave1
26	W30	1392	Well-Child Visits in the First 30 Months of Life (W30-CH)	NCQA	Administrative	Primary Care Access & Preventative Care	Child	Wave1
27	WCC	24	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	NCQA	Administrative, Hybrid, or EHR	Primary Care Access & Preventative Care	Child	Wave1
28	WCV	1516	Child and Adolescent Well-Care Visits	NCQA	Administrative	Primary Care Access & Preventative Care (1516)	Child	Wave1
29	AMR	1800	Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	NCQA	Administrative	Care of Acute and Chronic Conditions	Adult	Wave1
30	DEV	1448	Developmental Screening in the First 3 Years of Life (DEV-CH)	OHSU	Administrative or Hybrid	Primary Care Access & Preventative Care	Child	Wave 2 standard
31	CCP	2902	Contraceptive Care - Postpartum Women ages 15-20 (CCP-CH)	OPA	Administrative	Maternal and Perinatal Health	Adult	Wave 2 standard
32	CCW	2903-2904	Contraceptive Care - All Women ages 15-20 (CCW-CH)	OPA	Administrative	Maternal and Perinatal Health	Adult	Wave 2 standard
33	AMB	NA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	NCQA	Administrative	Care of Acute and Chronic Conditions	Child	Wave 2 standard
34	CDF	0418*-0148e*	Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)	CMS	Administrative or EHR	Behavioral Health Care	Child	Wave 2 standard
35	OEV	2517	Oral Evaluation, Dental Services (OEV-CH)	DQA (ADA) (CMS)	Administrative	Dental and Oral Health Services	Child	Wave 2 standard
36	TFL	2528-3700-3701	Topical Fluoride for Children (TFL-CH)	DQA (ADA) (CMS)	Administrative	Dental and Oral Health Services	Child	Wave 2 standard
37	SFM	NA	Sealant Receipt on Permanent First Molars (SFM-CH)	DQA (ADA) (CMS)	Administrative	Dental and Oral Health Services	Child	Wave 2 standard
38	CCP	2902	Contraceptive Care - Postpartum Women ages 21-44 (CCP-AD)	OPA	Administrative	Maternal and Perinatal Health	Both	Wave 2 standard
39	CCW	2903-2904	Contraceptive Care - All Women ages 21-44 (CCW-AD)	OPA	Administrative	Maternal and Perinatal Health	Both	Wave 2 standard

40	PQI01	272	PQI 01: Diabetes Short-Term Complications Admissions Rate (PQI01-AD)	AHRQ	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
41	PQI05	275	PQI 05: Chronic Obstructive Pulmonary Diseases (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	AHRQ	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
42	PQI08	277	PQI 08: Heart Failure Admission Rate (PQI08-AD)	AHRQ	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
43	PQI15	283	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	AHRQ	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
44	PCR	1768	Plan All-Cause Readmissions (PCR-AD)	NCQA	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
45	OHD	2940	Use of Opioids at High Dosage in Person Without Cancer (OHD-AD)	PQA	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
46	COB	3389	Concurrent Use of Opioids and Benzodiazepines (COB-AD)	PQA	Administrative	Care of Acute and Chronic Conditions	Adult	Wave 2 standard
47	CDF	0418-0418e	Screening for Depression and Follow-Up Plan: Ages 18 and Older (CDF-AD)	CMS	Administrative or EHR	Behavioral Health Care	Adult	Wave 2 standard
48	HPCMI	2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI0AD)	NCQA	Administrative or Hybrid	Behavioral Health Care	Adult	Wave 2 standard
49	LBW	1382	Live Births Weighing less the 2,500 Grams (LBW-CH)	CDC/NCHS	State Vital Records	Maternal and Perinatal Health	Child	Wave 2 custom
50	LRCD	NA	Low Risk Cesarean Delivery (LRCD-CH)	CDC/NCHS	State Vital Records	Maternal and Perinatal Health	Child	Wave 2 custom
51	AMM	105	Antidepressant Medication Management (AMM-AD)	NCQA	Administrative	Behavioral Health Care	Adult	Wave1
52	NA	NA	Risk Adjusted PMPM	HCPF	Administrative	N/A	Both	Wave 2 custom
53	NA	NA	Follow-Up Visit after a Positive Depression Screen	HCPF	Administrative	N/A	Both	Wave 2 custom

54	NA	NA	Behavioral Health Screening or Assessment for Children in the Foster Care System	HCPF	Administrative	N/A	Child	Wave 2 custom
55	NA	NA	Behavioral Health Engagement for Members Releasing from State Prison	HCPF	Administrative	N/A	Adult	Wave 2 custom
56	NA	NA	Premature Birth Rate	HCPF	Administrative	N/A	Child	Wave 2 custom