FFY 2019 Child Core Set Reporting: Data Quality Checklist for States

This data quality checklist was developed to help states improve the completeness, accuracy, consistency, and documentation of data reported for the 2019 Child Core Set measures. This will enable more accurate understanding of variations across states due to deviations from the technical specifications or unique aspects of a state's Medicaid program or Children's Health Insurance Program (CHIP). The checklist includes common issues noted in the data reported for FFY 2018. States can use the checklist below to assess their data as it is entered. The list of 2019 Child Core Set measures, including the acronyms used in this technical assistance resource, is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf. To obtain technical assistance with reporting the Child Core Set measures, please contact the TA mailbox at **MACQualityTA@cms.hhs.gov**.

	Data Completeness
☐	Numerators, denominators, and rates should be reported for all measures that the state chooses to report for FFY 2019. For measures that the state chooses not to report, please provide specific information on the reasons for not reporting the measure for FFY 2019.
☐	For all measures that include rates stratified by age or have multiple rate categories (ADD-CH, AMB-CH, AMR-CH, APC-CH, APP-CH, CAP-CH, CIS-CH, CCP-CH, CCW-CH, DEV-CH, FUH-CH, IMA-CH, WCC-CH, W15-CH), numerators, denominators, and rates should be reported for all age groups and rate categories. If one or more rates within a measure cannot be reported, states should use the text box provided to explain why the rate is not being reported.
☐	If a measure was calculated using the hybrid method, states should report as much information as possible about how the state calculated the state-level rate. • States should enter the numerator and denominator that were used to calculate the state-level rate in the Numerator and Denominator fields. If this information is not available, states should enter 0 in these fields and explain why the information is unavailable in the "Additional Notes/Comments on Measure" section. • States should also complete the additional fields for measures calculated using the hybrid method, including the Sample Size and Measure-Eligible Population fields. In most cases, the Denominator should equal the Sample Size reported. If the Sample Size differs from the Denominator (for example, due to weighting or oversampling), the state should explain the difference in the "Additional Notes/Comments on Measure" section. • If the state-level rate is based on data from multiple reporting units, states should provide as many of the following items as possible for each reporting unit in the "Additional Notes/Comments on Measure" section: numerator, denominator, measure-eligible population, and rate. The state should also check "Yes" under "Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate."

☐	The reported data for each measure should include the total measure-eligible population as defined by the Child Core Set Technical Specifications. All beneficiaries who are eligible for the services or outcomes assessed in the measure should be included. • If eligible groups were excluded from the measure (such as programs, delivery systems, or populations), the excluded group(s) should be described; the percentage of the eligible population excluded should be noted; and the reason for the exclusion should be explained in the "Definition of Population Included in the Measure" section. States should report this information for all applicable measures. • In the field "Which delivery systems are represented in the Denominator?" states should provide information about each delivery system in the state (fee-for-service, primary care case management, managed care, integrated care models, and other). In this field, states should estimate the percentage of measure-eligible beneficiaries from that delivery system included in the data for the measure. For example, if the population included in the reported data represents all of the state's managed care beneficiaries and half of the state's fee-for-service beneficiaries, states should enter 100 percent for managed care and 50 percent for fee-for-service. States should also enter the number of health plans included in the data. If some of the health plans are missing from a measure, the state should identify the number of missing managed care organizations (MCOs) and explain why they are missing in the "Additional Notes/Comments on Measure" section. States should report this information for each measure. • In addition to reporting the populations included in each measure, states can also provide information about the delivery systems that are used for the state's total child Medicaid/CHIP population in the "Delivery System" section on the Administration Screen. This information provides important context about the population included in and excluded from reported measures. On the Administration Screen, the percentage of beneficiaries in each delivery system should add up to 100 percent. For example, a state might indicate that 60 percent of its Medicaid population is enrolled in managed care and 40 percent of the population is covered under fee-for-service. If beneficiaries are enrolled in an "other" delivery system, please describe this delivery system in the text field.
☐	Data sources and methods (such as administrative, medical records, and hybrid) should be reported for each measure in the "Data Source" section and should adhere to the measure's specifications. Any deviations to data sources and methods should be described in the "Deviations from Measurement Specifications" section and states should explain how their data source or method differed from Core Set technical specifications.
☐	If any of the Core Set measures were audited or validated, please indicate this in the "Audit or Validation of Measures" question on the Administration Screen. Indicate which measures were audited or validated and who conducted the audit or validation.

Data Accuracy

☐	Reported rates should be calculated according to the Child Core Set Technical Specifications for each measure. • All deviations from Core Set Specifications should be described in the "Deviations from Measurement Specifications" section. • If the state used "Other" specifications to report a measure, the "Other" specifications should be described in the "Measurement Specification" section and the explanation should describe how the state's methodology differs from the Core Set specifications.
☐	For most measures, the numerators should be less than or equal to denominators. For the AMB-CH measure, the numerator could be greater than the denominator.
☐	Rates should be rounded and reported to one decimal point. For example: If a state calculates a rate of 74.13, then 74.1 is the correct format for reporting, and 74 and 74.0 are incorrect.

☐	For all measures using administrative data only, a rate will be automatically calculated to one decimal point based on the reported numerator and denominator. States should review this rate during data entry. States should calculate and manually enter rates for measures reported using the hybrid method or a combination of administrative and hybrid methods; these rates will not be calculated automatically. - For most measures, rates should be reported as percentages in the range of 0.0 to 100.0 and calculated using the following formula: (numerator/denominator)*100. - For the AMB-CH measure, rates should be reported per 1,000 beneficiary months and calculated using the following formula: (Number of emergency department visits/number of beneficiary months)*1,000.
	Data Consistency
☐	For measures with multiple rates, reporting should be consistent for all rates: - CCP-CH: The 3-day rate should be less than or equal to the 60-day rate for both "Most or Moderately Effective Contraception" and "Long-Acting Reversible Contraception (LARC)." The "Most or Moderately Effective Contraception" rate should be greater than or equal to the LARC rate for both 3 days postpartum and 60 days postpartum, since LARC is a subset of most or moderately effective contraception methods. The denominators for all 4 rates in the measure should be the same. - CCW-CH: The "Most or Moderately Effective Contraception" rate should be greater than or equal to the Long-Acting Reversible Contraception (LARC) rate, since LARC is a subset of most or moderately effective contraceptive methods. - FUH-CH: The 7-day rate should be less than or equal to the 30-day rate and the denominator for both rates should be the same. - ADD-CH: The denominator for the Initiation phase should be greater than or equal to the denominator for the Continuation and Maintenance phase. - AMB-CH, AMR-CH, APC-CH, APP-CH, DEV-CH, WCC-CH: Numerators and denominators for the age groups should sum to the Total numerator and denominator. - CCW-CH, CIS-CH, IMA-CH, W15-CH: Denominators for all rates within each of the measures should be the same. - W15-CH: Rates reported in the measure should sum to 100 percent.
☐	For measures that are included in both the Child and Adult Core Sets (AMR-CH, CCP-CH, CCW-CH, CDF-CH, CHL-CH, FUH-CH, PPC-CH), the reporting method should be consistent for both Core Sets: - If the measure is reported for one Core Set (that is, Adult or Child), it should also be reported for the other Core Set. If not, the reason for not reporting should be explained in the "Please explain why you are not reporting on the measure" section. - The same method (administrative, hybrid) should be used to calculate the measures in both Core Sets. - The denominators should be calculated consistently in both Core Sets.
	Data Documentation
☐	For measures not reported for FFY 2019, reasons for not reporting should be explained in detail in the "Please explain why you are not reporting on the measure" section.

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☐	For each measure, states should report the measurement period that was used to calculate the denominator for that measure in the "Start" and "End" Date fields. For many measures, the denominator measurement period for FFY 2019 corresponds to calendar year 2018 (January 1, 2018–December 31, 2018). Some measures, however, also require states to review utilization or enrollment prior to this period to identify the measure-eligible population. States should not include these additional review periods (sometimes referred to as "look-back" periods) in the Start and End date range. The FFY 2019 measurement periods for denominators and numerators for each measure are available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2019-child-core-set-measurement-periods.pdf for the Child Core Set measures.
	For example: For FFY 2019, the ADD-CH measurement specifications instruct states to identify beneficiaries with an Attention-Deficit/Hyperactivity Disorder prescription dispensing date in the 12-month window beginning March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year. However, states will also need to review the beneficiary's medication history from four months before the earliest prescription dispensing date to confirm the negative medication history. Although states will need to review data from 2016 for the negative medication review, the denominator is based on prescriptions from March 2017 to February 2018, and states that followed FFY 2019 Child Core Set specifications should enter "March 2017" in the Start Date field and "February 2018" in the End Date field.
	Any deviations from the specified measurement period for the denominator or the numerator of a measure should be explained in the "Additional Notes/Comments on Measure" section.
☐	If state-level rates include multiple reporting units (such as multiple managed care organizations or a combination of managed care and fee-for-service delivery systems), the method for combining and weighting rates should be explained in the "Combined Rate from Multiple Reporting Units" section. For measures reported based on data from multiple reporting units:
	• State-level values should be entered in the Rate, Numerator, and Denominator fields.
	• The reporting units included in the data should be defined in the "Additional Notes/Comments on Measure" section. For example, if data from multiple MCOs were combined, the number of MCOs included should be noted in the "Additional Notes/Comments on Measure" section.
	• If the state reports that rates were weighted using "Other" methods, the weighting method should be described in the "Additional Notes/Comments on Measure" section.
☐	For measures that have optional exclusions in the specifications, states should explain in the "Additional Notes/Comments on Measure" section whether optional exclusions were applied.
☐	States should compare their FFY 2019 data to data reported for previous years. If denominators or rates have changed substantially for a measure, please document these changes, as well as any possible explanations for these changes, in the "Additional Notes/Comments on Measure" section. This information should provide context about changes in the state's data over time (such as changes in populations or calculation methodologies).
	When assessing performance, states should be aware that lower rates are better on the following measures: AMB-CH, APC-CH, LBW-CH, and PC02-CH.

For Further Information

Additional information about the 2019 Child Core Set measures, including the 2019 Resource Manual and Technical Specifications, is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html.

Additional resources for reporting Child Core Set data are available at https://www.medicaid.gov/state-resource-center/medicaid-and-chip-program-portal/medicaid-and-chip-program-portal.html.

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