

FFY 2015 Maternal and Infant Health Initiative Developmental Measures 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 2015 Maternal and Infant Health Initiative (MIHI) developmental 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. States can use the checklist below to assess their data as it is entered in MACPro. To obtain technical assistance with reporting the MIHI measures, please contact the TA mailbox at MACQualityTA@cms.hhs.gov.

Data Completeness	
<input type="checkbox"/>	Numerators, denominators, and rates should be reported for all measures that the state chooses to report for FFY 2015. For measures that the state chooses not to report, please provide specific information on the reasons for not reporting the measure for FFY 2015.
<input type="checkbox"/>	<p>The measures are stratified by age and have multiple rate categories. Numerators, denominators, and rates should be reported for all age groups and rate categories.</p> <ul style="list-style-type: none"> • Both measures (global and postpartum) are reported based on two age stratifications: ages 15–20 and 21–44. • Both measures (global and postpartum) include 2 rates: <ul style="list-style-type: none"> • Adopted or continued use of the most effective or moderately effective FDA-approved methods of contraception. • Adopted or continued use of a long-acting reversible method of contraception (LARC). • If one or more rates within a measure cannot be reported, states should use the text box provided in MACPro to explain why the rate is not being reported.
<input type="checkbox"/>	<p>The reported data for each measure should include the total measure-eligible population as defined by the MIHI developmental measures technical specifications. All enrollees who are eligible for the services or outcomes assessed in the measure should be included.</p> <ul style="list-style-type: none"> • 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 enrollees 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 enrollees and half of the state’s fee-for-service enrollees, states should enter 100 percent for managed care and 50 percent for fee-for-service. States should also

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	<p>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 MCOs and explain why they are missing in the “Additional Notes” section. States should report this information for each measure.</p> <ul style="list-style-type: none"> • 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 Medicaid population under age 45 in the “Delivery System” section on the Administration Screen in MACPro. This information provides important context about the population included in and excluded from reported measures.
<input type="checkbox"/>	Data sources and methods (e.g., administrative) should be reported for each measure in the “Data Source” section and should adhere to the measure specifications. Any deviations to data sources and methods should be described in the “Deviations from Measurement Specifications” section in MACPro and states should explain how their data source or method differed from the technical specifications.
<input type="checkbox"/>	States may change the National Drug Code (NDC) codes as long as the generic name, strength/dose, and route match those of an NDC code in the specifications list, and document the method used to map the codes. States that change the codes should identify the codes they used in the “Additional Notes/Comments on Measure” section of MACPro.
Data Accuracy	
<input type="checkbox"/>	<p>Reported rates should be calculated according to the technical specifications for each measure.</p> <ul style="list-style-type: none"> • All deviations from the MIHI developmental measure 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 MIHI specifications.
<input type="checkbox"/>	Numerators should be less than (or equal to) denominators.
<input type="checkbox"/>	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.
<input type="checkbox"/>	<p>The measure specifications use administrative data only, which MACPro will use to automatically calculate a rate to one decimal based on the reported numerator and denominator. States should review the auto-calculated rates during data entry.</p> <ul style="list-style-type: none"> • Rates should be reported as percentages in the range of 0.0 to 100.0 and calculated using the following formula: (numerator/denominator)*100.
Data Consistency	
<input type="checkbox"/>	Within each measure, the denominator should be the same for both rates.
<input type="checkbox"/>	The denominator for the postpartum measure should be smaller than the denominator for the global measure.
Data Documentation	
<input type="checkbox"/>	For measures not reported for FFY 2015, reasons for not reporting should be explained in detail in the “Please explain why you are not reporting on the measure” section.
<input type="checkbox"/>	For each measure, states should report the measurement period that was used to calculate the denominator for that measure in the “Start Date” and “End Date” fields. The denominator measurement period for FFY 2015 corresponds to calendar year 2014 (January 1, 2014 – December 31, 2014). 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 in MACPro.

<input type="checkbox"/>	<p>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:</p> <ul style="list-style-type: none"> • 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.
<input type="checkbox"/>	<p>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.</p>

For Further Information

Additional information about the 2015 Maternal and Infant Health Initiative Developmental Measures, including the 2015 Technical Specifications, is available at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/maternal-and-infant-health-care-quality.html>.

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