

Technical Assistance to Support FFY 2020 Reporting of the Child, Adult, and Health Home Core Sets

*Center for Medicaid and CHIP
Services (CMCS)*



Agenda



- Introduction
- Updates to the Core Set and Technical Specifications
- Center for Medicaid and CHIP Services (CMCS) Focus on Data Quality
- TA Resources to Support State Reporting
- Questions and Answers

Introduction: Child & Adult Core Sets



- Federal Fiscal Year (FFY) 2020 will be the eleventh year of voluntary reporting of the Child Core Set and the eighth year of reporting of the Adult Core Set
- The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and Children's Health Insurance Program (CHIP)
- CMS supports states using Core Set measures to drive quality improvement. Current quality improvement priorities include:
 - Preventive dental care for children
 - Maternal and infant health care
 - Care for acute and chronic conditions (e.g., asthma and tobacco cessation)
 - Timely and effective use of behavioral health services
- Focus on data quality and completeness to support use of the measures by CMS, states, and stakeholders to drive improvement at the national and state level

Reporting Updates: Child & Adult Core Sets



- Over time, CMS has seen improvements in:
 - The number of states reporting Child and Adult Core Set measures
 - The number of measures reported by each state
 - The quality and completeness of data submitted
- Selected measures from the Child and Adult Core Sets are included in the Medicaid and CHIP Scorecard

Introduction: Health Home Core Set



- FFY 2020 will be the eighth year of expected reporting since CMS established the Health Home Core Set in 2013
- The Health Home Core Set consists of nine quality measures and three utilization measures that are used for ongoing monitoring and evaluation purposes across all state health home programs
- In addition to the Health Home Core Set measures, each state plan amendment (SPA) can report specific goals and measures identified by their individual programs

Reporting Updates: Health Home



- Who is expected to report?
 - Not all health home programs are expected to report for FFY 2020
 - Reporting requirements are based on the initial start date of each health home program
 - To determine if your SPA is expected to report, please refer to the health home reporting table¹ or contact the TA mailbox at MACQualityTA@cms.hhs.gov

¹<https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/health-home-reporting-table.pdf>

MACPro is Open!



- MACPro is now open for FFY 2020 Child, Adult, and Health Home Core Set Reporting!
 - Reporting deadline is December 31, 2020

FFY 2019 Child and Adult Core Set Data Products on Medicaid.gov



- Overview of Child and Adult Core Set Reporting, FFY 2019
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ff-2019-core-set-reporting.pdf>
- Measure-Specific Performance on the Core Set Measures, FFY 2019
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-ff-2019.zip>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-ff-2019.zip>
- Health Quality Measures Dataset, FFY 2019
 - Child: <https://data.medicaid.gov/Quality/2019-Child-Health-Care-Quality-Measures-Quality/napm-9as8/data>
 - Adult: <https://data.medicaid.gov/Quality/2019-Adult-Health-Care-Quality-Measures-Quality/unrt-a8mb/data>
- 2020 Chart Packs, FFY 2019 – Coming soon!

CMS Goals for FFY 2020 Core Set Reporting



- Continue to increase the number of states reporting the Core Set measures and the number of measures reported by each state
- Continue to improve data quality to support use of the Core Set measures to improve care in Medicaid and CHIP
 - Accuracy of reported data
 - Adherence to technical specifications
 - Completeness of populations included in the data (for example, Medicaid, CHIP, duals, all delivery systems)
 - Documentation of state deviations and exclusions

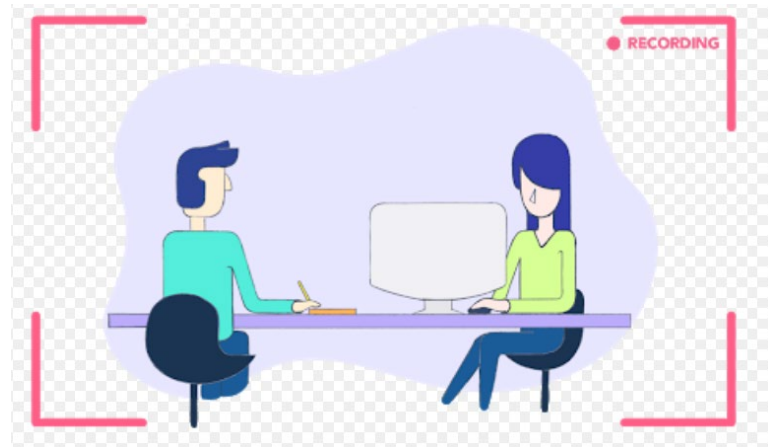
To support these goals, CMS works with the technical assistance team to conduct outreach to many states before, during, and after the reporting process.

We appreciate your help in responding to this outreach!

We'd Like to Hear from You!

The MACPro Team is working hard to enhance the system and improve your overall experience with reporting Quality Measures. To ensure we're meeting your needs, we would like to invite you to participate in **usability testing**. This activity allows you to engage directly with Quality Measures screens and share your thoughts and experience.

If you would like to opt in to participate in this voluntary activity, please click [here](https://www.surveymonkey.com/r/MACProQM) (or type <https://www.surveymonkey.com/r/MACProQM> into your browser) to add your name the roster.



Your time is a valuable resource and we thank you in advance for your willingness to assist us in developing a more efficient, user-friendly system.

FFY 2020 Child, Adult, and Health Home Core Set Updates

Updates to the FFY 2020 Child, Adult, and Health Home Core Sets

Core Set(s)	Measures Added for FFY 2020
Child	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)
Adult & Health Home	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD/HH)
Adult	National Core Indicators Survey (NCIDDS-AD)
Health Home	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH) • Also in the Adult Core Set as of FFY 2017
	Measure Modified for FFY 2020
Child	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) • Added new indicators for Counseling for Nutrition and Counseling for Physical Activity
	Measures Retired for FFY 2020
Child	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
Child	Children and Adolescents' Access to Primary Care Practitioners (CAP-CH)
Child	Pediatric Central Line–Associated Bloodstream Infections (CLABSI-CH)
Adult	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)
Adult	Annual Monitoring for Patients on Persistent Medications (MPM-AD)

Updates to the FFY 2020 Core Sets were announced in two November 2019 Informational Bulletins, available at the following links:

- Child and Adult Core Sets: <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib111919.pdf>
- Health Home Core Set: <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib112719.pdf>



FFY 2020 Measure-Specific Changes

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
 - Combined the Ages 1 to 5 and Ages 6 to 11 age groups into an Ages 1 to 11 age group
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) and Postpartum Care (PPC-AD)
 - Revised the timeframe for identifying live births for the denominator (October 8 of the year prior to the measurement year through October 7 of the measurement year)
 - Extended the continuous enrollment criteria to 60 days after delivery
 - PPC-CH only: revised the numerator to include prenatal care visits that occur before the enrollment start date
 - PPC-AD only: revised the numerator to include postpartum visits on or between 7 and 84 days after delivery
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
 - Updated the age range from beneficiaries ages 19 to 64 to beneficiaries age 18 and older

FFY 2020 Measure-Specific Changes (continued)

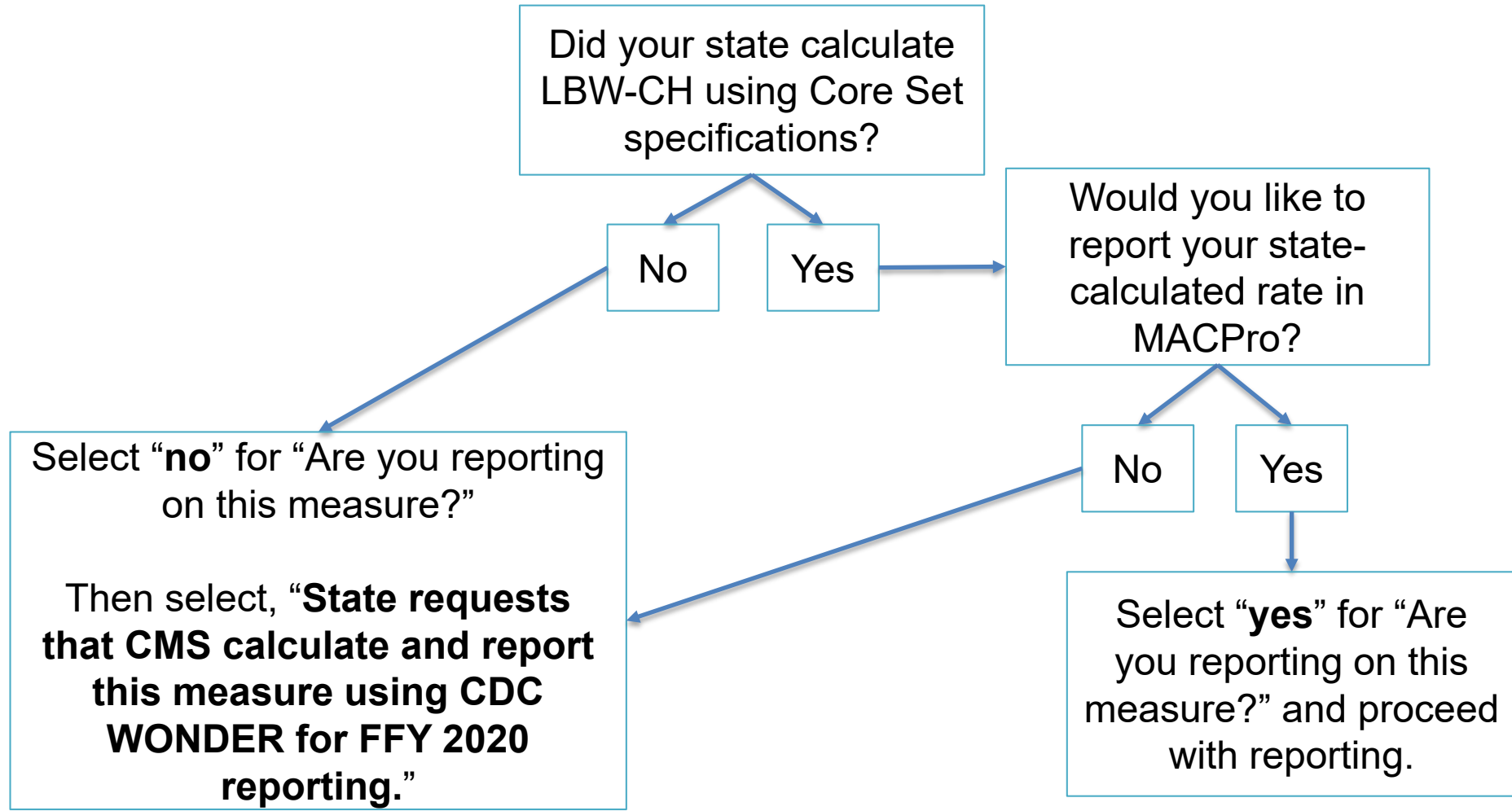
- Cervical Cancer Screening (CCS-AD)
 - Updated the numerator to include women ages 30 to 64 who had cervical high-risk HPV (hrHPV) testing or cervical cytology/hrHPV co-testing in the last five years
- Screening for Depression and Follow-Up Plan (CDF-CH, CDF-AD, and CDF-HH)
 - Clarified the definition of an active diagnosis of depression or bipolar disorder
 - Added examples of follow-up plans that meet numerator criteria
- Plan All-Cause Readmissions (PCR-AD and PCR-HH)
 - Updated the measure to (1) include observation stays, (2) remove outlier beneficiaries from the risk-adjusted measure rates, and (3) add three new data elements to capture outlier beneficiaries
- Added exclusions for beneficiaries with advanced illness and modified value sets for the following measures:
 - BCS-AD, CBP-AD/HH, HPC-AD, HPCMI-AD, SAA-AD

Note: Measure acronyms are defined in the Core Set measure lists, available in the technical assistance resources section.

Changes to LBW-CH Reporting for FFY 2020

- In spring 2020, CMS piloted calculating the **Live Births Weighing Less Than 2,500 Grams (LBW-CH)** measure using vital records data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)
- For FFY 2020 reporting, states will have the option to:
 1. Calculate and report the measure using Core Set specifications in MACPro (as in previous years), or
 2. Request that CMS use the rate calculated from CDC WONDER instead of calculating and reporting the measure in MACPro (new for FFY 2020)
- A flow chart illustrating options available to states is shown on the next slide

Changes to LBW-CH Reporting for FFY 2020: How to Report in MACPro



Reporting the new National Core Indicators Survey (NCIDDS-AD) measure in MACPro

- The National Core Indicators® provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities (ID/DD) and their families
- States participate in NCI through their Developmental Disabilities agencies and submit data to the NCI National Team
- To reduce the burden on states, CMS plans to use data submitted to the NCI National Team to report state-level performance rates for this measure. **States do not need to report performance rates for this measure in MACPro**
- States will respond to the following questions in MACPro:
 - Did you collect this measure?
 - Did your state submit raw data to the NCI National Team using the Online Data Entry System (ODESA)?
 - Additional Notes/Comments on Measure (optional)
- For more information about the survey, as well as a list of participating states, visit the NCI website at <https://www.nationalcoreindicators.org/>

MACPro Changes Related to COVID-19: New Reason for Not Reporting

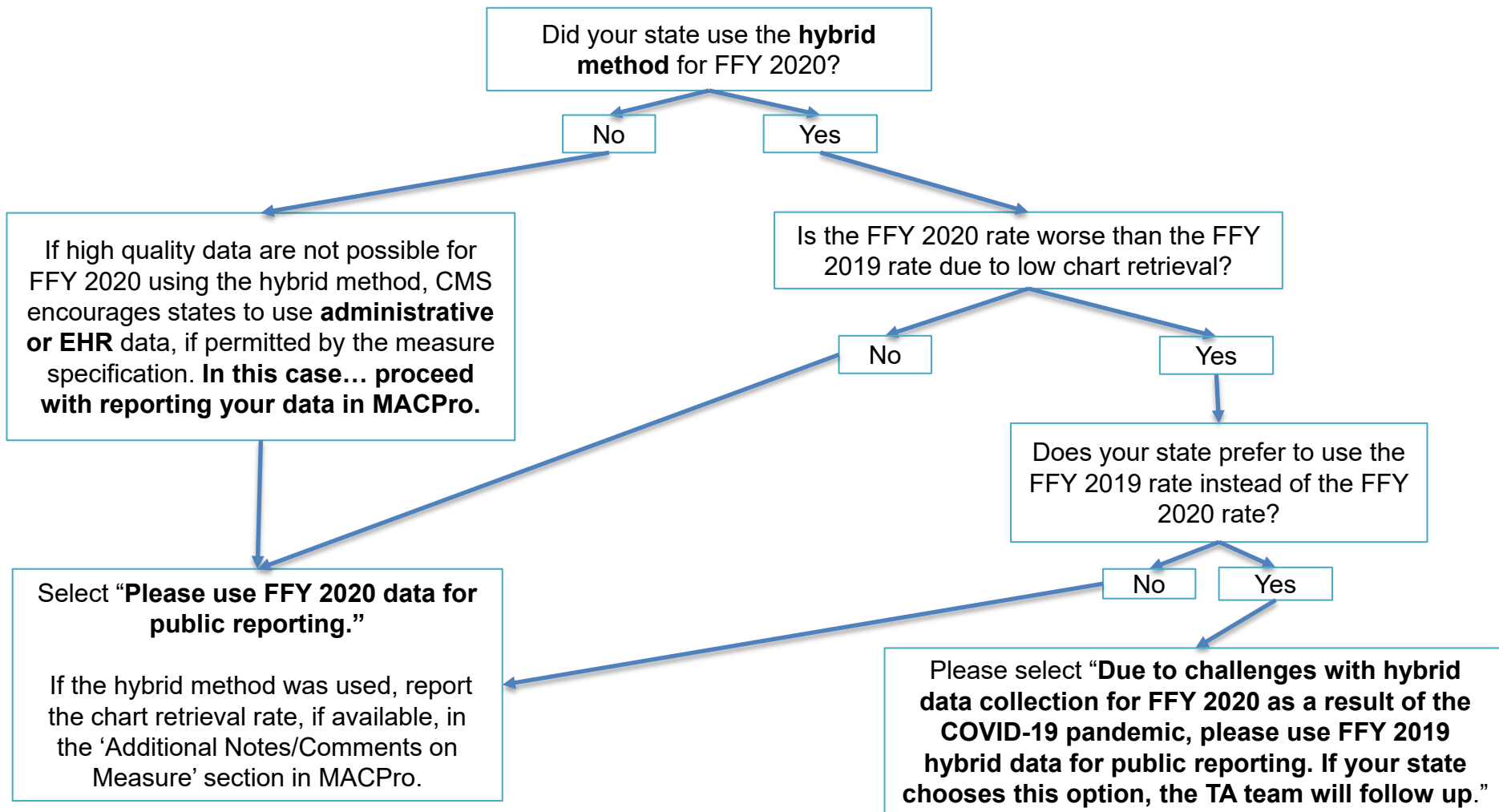
- To document COVID-related impacts on Core Set reporting, CMS added a new Reason for Not Reporting category that states can select if they are not able to report a measure:
 - Limitations with data collection, reporting, or accuracy due to the COVID-19 pandemic
- If this category is selected, please use the associated text box in MACPro to describe the reasons for not being able to report the specified measure

MACPro Changes Related to COVID-19: Hybrid Measures

- CMS recognizes that social distancing makes onsite medical chart reviews inadvisable during the COVID-19 pandemic. As such, hybrid measures that rely on such techniques will be particularly challenging during this time. While reporting of the Core Sets is voluntary, CMS encourages states that can collect information safely to continue reporting the measures they have reported in the past and to **consider the following provisions for measures that include the hybrid method as an option**
 - CMS encourages states to review the quality and completeness of data collected using the hybrid method. If a state determines that it will not be able to report high-quality data for a measure using the hybrid method, **CMS encourages the state to consider calculating the measure using the administrative method or electronic health records (EHRs), if applicable and permitted by the measure technical specifications**
 - When reporting hybrid measures to CMS for FFY 2020, states should note if the FFY 2020 rate is worse than the FFY 2019 rate due to low chart retrieval and then **indicate in MACPro whether the state would prefer to use the FFY 2019 rate instead, due to the COVID-19 pandemic**. In this case, CMS encourages states to report the FFY 2020 performance rate in the performance measure section and the chart retrieval rate, if available, in the 'Additional Notes/Comments on Measure' section in MACPro
 - If an alternate method is not feasible and prior year data are not available, **please report to CMS that the state was unable to report the measure due to challenges associated with data collection** as a result of the COVID-19 pandemic

MACPro Changes Related to COVID-19:

How to Report Measures with a Hybrid Reporting Option in MACPro



CMS's Focus on Data Quality

Data Quality Considerations

- Overview of data quality considerations for FFY 2020 Core Set reporting
 - Data completeness
 - Data accuracy
 - Data consistency
 - Data documentation
- Data quality checklists for each Core Set can be found on Medicaid.gov
 - Child Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-data-quality-checklist.pdf>
 - Adult Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf>
 - Health Home Core Set: <https://www.medicaid.gov/state-resource-center/health-home-information-resource-center/downloads/data-quality-checklist-for-states-2020.pdf>

FFY 2020 Data Quality Priorities

- Documentation of how states calculated a state-level rate across multiple reporting units
 - If reporting units used different methodologies (for example, several MCOs used administrative data only and several used the hybrid method), note the number of reporting units using each methodology in the “Additional Notes/Comments on Measure” section
 - Under the section “Combined Rates from Multiple Reporting Units,” indicate whether the state-level rates are weighted by population size
 - Similar guidance applies to creating a SPA-level rate for the Health Home Core Set
- Additional guidance on calculating a state-level or SPA-level rate is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>



FFY 2020 Data Quality Priorities (cont.)

- Documentation of which populations and services are excluded from the measures
 - Programs (Medicaid, CHIP)
 - Delivery systems (managed care, fee-for-service, PCCM)
 - Special populations (for example, dual eligibles or individuals in foster care)
 - Health care settings (for example, services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities)
 - If your state cannot include some measure-eligible populations, please describe the missing population and the size of the excluded population



FFY 2020 Data Quality Priorities (cont.)

- Alignment between measures included in the Child, Adult, and Health Home Core Sets

- ★
 - Ensure that cross-cutting measures are calculated using consistent methodology
 - Ensure that cross-cutting measures are reported for all applicable Core Sets
- Documentation of any deviations from the Core Set specifications, including age groups, data sources, and methods
- Documentation of any changes in populations, denominators, or rates between reporting years

FFY 2020 Data Quality Priorities (cont.)

- Documentation of whether measures were audited or validated, and by whom
 - Note: auditing/validation of Core Set data is encouraged but not required
- Enter each measure that was audited or validated and indicate the name of the entity that audited or validated the measure (for example, an external quality review organization [EQRO], NCQA-certified auditor)
- ★ • Please specify:
 - Whether the measure was audited OR validated OR both
 - The name of the entity that conducted the audit or validation as well as whether the entity has any certifications
 - Whether the entity was internal or external to the state

Example:

Audit or Validation of Measures

Were any of the Core Set measures audited or validated?

☒ Yes

☐ No



Which measures were audited or validated	Who conducted the audit or validation?
ADD	EQRO validated the state-level rate
PPC	Audited by internal analytics department
W15	MCO rates were audited by certified HEDIS auditor
WCC	State-level rate was validated by the state's EQRO

Technical Assistance Resources

Resources for FFY 2020 Child Core Set Reporting

Resource	Medicaid.gov Link
FFY 2020 Core Set Resource Page	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html
FFY 2020 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-core-set.pdf
FFY 2020 Resource Manual and Technical Specifications	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2020	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
FFY 2020 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-data-quality-checklist.pdf
FFY 2020 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2020-child-core-set-measurement-periods.pdf

Resources for FFY 2020 Adult Core Set Reporting

Resource	Medicaid.gov Link
FFY 2020 Core Set Resource Page	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html
FFY 2020 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-core-set.pdf
FFY 2020 Resource Manual and Technical Specifications	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2020	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
FFY 2020 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf
FFY 2020 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2020-adult-core-set-measurement-periods.pdf

Resources for FFY 2020

Health Home Core Set Reporting

Resource	Medicaid.gov Link
FFY 2020 Core Set Resource Page	https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html
FFY 2020 Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/health-home-reporting-table.pdf
FFY 2020 Core Set Measure List	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2020-health-home-core-set.pdf
FFY 2020 Resource Manual and Technical Specifications	https://www.medicaid.gov/state-resource-center/health-home-information-resource-center/downloads/FFY-2020-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2020	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-change-summary-2020.pdf
FFY 2020 Data Quality Checklist	https://www.medicaid.gov/state-resource-center/health-home-information-resource-center/downloads/data-quality-checklist-for-states-2020.pdf
FFY 2020 Measurement Period Table	https://www.medicaid.gov/state-resource-center/health-home-information-resource-center/downloads/hh-core-set-measurement-period-table-2020.pdf

Additional Resources for FFY 2020 Child, Adult, and Health Home Core Set Reporting

Measure(s)	Resource
All	Updated: Calculating State-Level Rates Using Data from Multiple Reporting Units (https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf)
All	Using the Hybrid Method to Calculate Measures from the Child and Adult Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/hybrid-brief.pdf)
AIF-HH	New: Guidance for Calculating the Admission to an Institution from the Community Measure (https://www.medicaid.gov/state-resource-center/downloads/2020-aif-hh-core-set.pdf)
CBP-AD/HH	New: Changes to the Controlling High Blood Pressure (CBP) Measure Fact Sheet (https://www.medicaid.gov/medicaid/quality-of-care/downloads/CBP-Fact-Sheet.pdf)
COB-AD, FUA-AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	Updated: Overview of Substance Use Disorder Measures Fact Sheet (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf)
PCR-AD/HH	Updated: Guidance for Calculating the Plan All-Cause Readmissions Measure (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
CCP-CH/AD, CCW-CH/AD	SAS code for calculating contraceptive measures (https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html)
PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, PQI92-HH	Free software for calculating the PQI measures (https://www.qualityindicators.ahrq.gov/Software/Default.aspx) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary/enrollee months (not per 100,000 beneficiaries/enrollees)</i>
SEAL-CH	TA Brief, sample SAS code, and user guide for calculating the Dental Sealant measure (https://www.medicaid.gov/sites/default/files/2019-12/sealant-measure-brief.pdf) <i>Note that the SAS code and user guide are available upon request.</i>

Additional Resources for FFY 2020 Child, Adult, and Health Home Core Set Reporting

An April 2020 technical assistance webinar provides additional information on changes to the technical specifications for measures in the FFY 2020 Child, Adult, and Health Home Core Sets and available reporting resources:

- Presentation slides (<https://www.medicaid.gov/medicaid/quality-of-care/downloads/ta-webinar-ffy-2020.pdf>)
- Recording (<https://event.on24.com/wcc/r/2249775/C2624A2BC8575BD0DDDF9907862053CF>)
- Transcript (<https://www.medicaid.gov/medicaid/quality-of-care/downloads/ta-transcript-ffy-2020.pdf>)

Technical Assistance (TA) for FFY 2020 Core Set Reporting

- For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the TA Mailbox at MACqualityTA@cms.hhs.gov
- For assistance with using MACPro, contact MACPro_Helpdesk@cms.hhs.gov

Questions?

Thank you for your efforts to report FFY 2020
Child, Adult, and Health Home Core Set data!

Appendix: Tips for Improving Core Set Data Quality in MACPro

Data Completeness Reporting Tips: Overview

- Report Numerators, Denominators, and Rates for all rates in each measure for mandatory fields
- Include all measure-eligible beneficiaries/Health Home enrollees in the Denominator.
 - If your state cannot include some beneficiaries/enrollees, please describe the missing population and the size of the excluded population in the Additional Notes/Comments section in MACPro
- If your state is unable to report a rate for a measure, please explain why the rate is unavailable in the text box in MACPro associated with that rate

Data Completeness Reporting Tips:

Reporting Denominators for Hybrid Method

To ensure that data are interpreted correctly and to provide context for your state's rate, please use the following rules to report measures that were calculated using the hybrid method

Data element	How to report in MACPro
Sample size used to calculate the state-level rate*	Report in both the Denominator field and in the "What is the sample size?" field
Measure-eligible population for the state-level rate	Report in the "What is the measure-eligible population?" field
If your state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	<ul style="list-style-type: none">• Select "Yes" in the "Combined Rates(s) from Multiple Reporting Units" section• Select the weighting method that was used to create the rate• Enter the sample size and measure-eligible population for each reporting unit in the "Additional Notes/Comments" section.
If your state does not have information about the sample size or measure-eligible population	<ul style="list-style-type: none">• Enter 0 in the Denominator field• Explain why this information is unavailable in the "Additional Notes/Comments" section

*SPA-level rate for Health Home Core Set reporting.

Data Completeness Reporting Tips:

Hybrid Method Reporting Example

EXAMPLE: How to calculate a state-level rate* based on the weighted rates from three health plans that used the hybrid method

Reporting Unit	Sample Size	Measure-Eligible Population	Weight	Rate	Weighted Rate
Health Plan A	411	10,000	0.1176	80.0%	9.4%
Health Plan B	411	25,000	0.2941	60.1%	17.7%
Health Plan C	411	50,000	0.5882	70.1%	41.2%
State-Level Total	1,233	85,000	1.0000	n.a.	68.3%

- The state should report the total sample size of 1,233 in the “Denominator” field and a measure-eligible population of 85,000 in the “What is the measure-eligible population” field
- The state should report that it combined rates across multiple reporting units and that “the rates are weighted based on the size of the measure-eligible population for each reporting unit”
- To retain precision of final rates, reporting unit weights should be calculated to four decimal places. Reporting unit and state-level rates should be rounded to one decimal place
- The state should provide the sample size and measure-eligible population for each reporting unit (health plan) in the Additional Notes/Comments field

*SPA-level rate for Health Home Core Set reporting

Data Completeness Reporting Tips: Reporting When State-Level Rate* Includes Mix of Administrative and Hybrid Data

To ensure that data are interpreted correctly and to provide context for your state's rate, please use the following rules to report a state-level rate when some reporting entities used hybrid data while other reporting entities used administrative only data

Data element	How to report in MACPro
Measure-eligible population for the state-level rate	Report in both the Denominator field and the "What is the measure-eligible population?" field
Sample size used to calculate the state-level rate	Report in the "What is the sample size?" field
If your state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	<ul style="list-style-type: none">• Select "Yes" in the "Combined Rates(s) from Multiple Reporting Units" section• Select the weighting method that was used to create the rate• Enter the sample size and measure-eligible population for each reporting unit in the "Additional Notes/Comments" section.• Indicate how many reporting entities used administrative-only data and how many used hybrid
If your state does not have information about the sample size or measure-eligible population	<ul style="list-style-type: none">• Enter 0 in the Denominator field• Explain why this information is unavailable in the "Additional Notes/Comments" section

*SPA-level rate for Health Home Core Set reporting

Data Completeness Reporting Tips:

State-Level Rate* Example with Administrative and Hybrid Data

EXAMPLE: How to calculate a state-level rate based on the weighted rates from 2 health plans that used the hybrid method and one health plan that used the administrative method

Reporting Unit	Method	Sample Size	Measure-Eligible Population	Weight	Rate	Weighted Rate
Health Plan A	Hybrid	411	10,000	0.1176	80.0%	9.4%
Health Plan B	Admin	N/A	25,000	0.2941	60.1%	17.7%
Health Plan C	Hybrid	411	50,000	0.5882	70.1%	41.2%
State-Level Total	Both Admin and Hybrid	N/A	85,000	1.0000	n.a.	68.3%

- Report the total measure-eligible population of 85,000 in the “Denominator” field and in the “What is the measure-eligible population” field
- Report that state combined rates across multiple reporting units and that “the rates are weighted based on the size of the measure-eligible population for each reporting unit”
- Provide the sample size (if applicable), measure-eligible population, and method (admin or hybrid) for each reporting unit (health plan) in the Additional Notes/Comments field
- Select both Administrative and Hybrid in the data source field

*SPA-level rate for Health Home Core Set reporting

Data Completeness Reporting Tips: Delivery System Data Fields

Two MACPro Sections collect information on delivery systems

1. Admin Screen: The Delivery System section on the Admin screen is required

For the Child Core Set:

- Report the percentage of all children covered by each delivery system
- Each column (program) should add up to 100 percent
- If applicable, describe the “Other” delivery system in the provided text field

Child Core Set example:

Delivery System	Medicaid (under age 21)	CHIP
Fee-for-service (FFS)	25%	18%
Primary Care Case Management (PCCM)	5%	0%
Managed Care	70%	82%
Integrated Care Model (ICM)	0%	0%
Other	0%	0%

Data Completeness Reporting Tips: Delivery System Data Fields (cont.)

1. Admin Screen (cont.)

For the Adult Child Core Set:

- Report the percentage of all adults covered by each delivery system
- Each column (age group) should add up to 100 percent
- If applicable, describe the “Other” delivery system in the provided text field

Adult Core Set example:

Delivery System	Ages 21 to 64	Age 65 and older
Fee-for-service (FFS)	30%	18%
Primary Care Case Management (PCCM)	0%	0%
Managed Care	70%	82%
Integrated Care Model (ICM)	0%	0%
Other	0%	0%

Data Completeness Reporting Tips: Delivery System Data Fields (cont.)

1. Admin Screen (cont.)

For Health Home Core Set:

- Report the percentage of all enrollees covered by each delivery system in the Health Home program
- Each column (age group) should add up to 100 percent (or 0, if the age group is not applicable for the Health Home)
- If applicable, describe the “Other” delivery system in the provided text field

Health Home Core Set example:

Delivery System	Ages 0 through 17	Ages 18 through 64	Age 65 and older
Fee-for-service	15.0	50.0	100.0
PCCM	-	-	-
Managed Care	85.0	50.0	-
ICM	-	-	-
Other	-	-	-

Data Completeness Reporting Tips: Delivery System Data Fields (cont.)

2. Within each measure: Select all delivery systems in your state that serve the measure-eligible population
- Report the percentage of the population for *each* delivery system included in the measure (please estimate if exact percentages are not available)
 - If none of the members from the delivery system are included, enter 0
 - If your state's data include managed care enrollees, report the number of managed care plans that are included

State	Delivery Systems Serving Measure-Eligible Population	Proportion of Delivery System Enrollees Included in Data for Measure	How to Report in MACPro
State A	FFS Managed Care	FFS: All Managed Care: Half	Select FFS: Enter 100% Select Managed Care: Enter 50%
State B	FFS Managed Care	FFS: All Managed Care: None	Select FFS: Enter 100% Select Managed Care: Enter 0%

Data Completeness Reporting Tips:

Continuous Enrollment for the Health Home Core Set

- Continuous enrollment refers to the time frame during which a Health Home enrollee must be eligible for Medicaid benefits and enrolled in a Health Home program to be included in the measure denominator. The technical specifications provide the continuous enrollment requirement for each measure, if applicable
- States may report on a measure if the SPA's effective date does not meet the continuous enrollment requirement; however, please note the time period and method used to assess continuous enrollment for the measure in the Additional Notes section in MACPro

Data Accuracy and Consistency Reporting Tips

- Reporting rates in MACPro
 - Measures calculated using the administrative method: MACPro calculates the rate based on the reported numerator and denominator
 - Measures calculated using hybrid or a mix of administrative and hybrid methods: State calculates and reports rates
 - Enter rate values to one decimal place (XX.X) for all measures except PCR-AD and PCR-HH (these measures have values shown to four decimal places).
 - If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead
- Confirm that data and notes are consistent within and across measures
- Coordinate with staff in your state responsible for reporting the Child/Adult/Health Home Core Sets to ensure consistency in reporting for measures that are included in multiple Core Sets (including ABA, AMB, AMR, CBP, CCP, CCW, CDF, CHL, FUA, FUH, OUD, PCR, and PPC).

Data Documentation Reporting Tips: Overview

- Please report any deviations from Core Set specifications in the “Deviations from Measurement Specifications” section in MACPro
 - For each deviation, please describe how your state’s methods differed from the Core Set specifications
- Please compare your state’s data with Core Set data reported for FFY 2019 and investigate large changes in denominators or rates for possible data quality or reporting issues
- For measures with large changes, evaluate whether the difference could be explained by any of the following:
 - Calculation or reporting error
 - Changes in (1) data sources or delivery systems; (2) quality improvement efforts; or (3) the population included in the measure
- Include explanations of changes, where possible, to facilitate the data quality review process

Data Documentation Reporting Tips: Start Date and End Date Fields

- For each measure, report the measurement period used to calculate the Denominator in the “Start Date” and “End Date” fields
 - The FFY 2020 Child, Adult, and Health Home Measurement Period tables show the Denominator measurement period for each measure
- For many measures, the denominator measurement period for FFY 2020 corresponds to calendar year 2019
- Some measures also require states to review utilization or enrollment prior to this period to identify the measure-eligible population. States should not include these review periods in the Start Date and End Date fields
- States should explain any deviations from the specified measurement period for the denominator or numerator in the Additional Notes/Comments section

Reporting Start Date and End Date: Example

- For FFY 2020, 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 2017 for the negative medication review, the denominator is based on prescriptions from March 2018 to February 2019
- States that followed FFY 2020 Child Core Set specifications should enter “March 2018” in the Start Date field and “February 2019” in the End Date field