Technical Assistance to Support FFY 2016 Reporting of the Child and Adult Core Sets and Maternal and Infant Health (MIH) Initiative Measures

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Agenda

- Child Core Set
  - Updates to the Core Set and Technical Specifications
  - TA Resources to Support State Reporting
- Adult Core Set
  - Updates to the Core Set and Technical Specifications
  - TA Resources to Support State Reporting
- MIH Initiative
  - Updates to the Core Set and Technical Specifications
  - TA Resources to Support State Reporting
- CMS's Focus on Data Quality
- Questions and Answers

FFY 2016 Child Core Set Reporting

FFY 2016 Updates to the Child Core Set and Technical Specifications

- Added two new measures:
  - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
  - Audiological Evaluation No Later Than 3 Months of Age (AUD-CH)
- Added guidance on how to calculate measures affected by the conversion from ICD-9 to ICD-10 codes
  - For HEDIS measures, the ICD-10 codes are included in the value set directory
  - For PC-02, the ICD-10 codes are available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-Child-ICD10-Codes.zip
- Added Appendix F: Secondary Bloodstream Infection (BSI) Guide for CLABSI Measure
- Modified Appendix I to include additional guidance on conducting the CAHPS ® Health Plan Survey 5.0H

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Focused TA on Child Core Set Measures

- The following measures are CMS priorities for FFY 2016 reporting:
  - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
  - Dental Sealants for 6 – 9 Year Old Children at Elevated Caries Risk (SEAL)
  - Lives Births Weighing Less than 2,500 Grams (LBW)
  - Developmental Screening in the First Three Years of Life (DEV)
- CMS has made available several technical assistance (TA) resources to assist states in calculating these measures
  - A Dental Sealant Measure TA brief is available at https://www.medicaid.gov/medicaid/benefits/downloads/sealant-measure-brief.pdf
  - Materials from APC and SEAL TA webinars are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html
  - Sample SAS Code and User Guides for calculating the APC and SEAL measures will be available upon request from the TA mailbox at MACqualityTA@cms.hhs.gov

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Resources for FFY 2016 Child Core Set Reporting (Note: Medicaid.gov links have changed)

- FFY 2016 Child Core Set 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 Child Core Set resource manual and technical specifications for FFY 2016: https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
- FFY 2016 Child Core Set Data Quality Checklist: https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-data-quality-checklist.pdf
- FFY 2016 Child Core Set Measurement Period Table: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2016-child-core-set-measurement-periods.pdf
- Frequently Asked Questions About the Child and Adult Core Set Measures: https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-faqs.pdf
- Additional TA resources: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html

FFY 2016 Adult Core Set Reporting

FFY 2016 Updates to the Adult Core Set and Technical Specifications

- Added two new measures:
  - Use of Opioids at High Dosage (OHD-AD)
  - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
- Added guidance on how to calculate measures affected by the conversion from ICD-9 to ICD-10 codes
  - For HEDIS measures, the ICD-10 codes are included in the value set directory
  - For non-HEDIS measures, the ICD-10 codes are available in the specification or at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-Adult-ICD10-Codes.zip

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Focused TA on Adult Core Set Measures

- CMS goal is to increase the number of states reporting at least one Adult Core Set measure for FFY 2016
  - 39 states reported at least one measure for FFY 2015
  - 12 states reported at least one Child Core Set measure but did not report any Adult Core Set measures in FFY 2015
- The following measures are CMS priorities for FFY 2016 reporting:
  - 4 AHRQ Prevention Quality Indicators (PQIs):
    - PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
    - PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
    - PQI 08: Heart Failure Admission Rate (PQI08-AD)
    - PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
  - Use of Opioids at High Dosage (OHD-AD)
    - NDC codes available by emailing MACQualityTA@cms.gov
    - 13 states have requested NDC codes so far

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Resources for FFY 2016 Adult Core Set Reporting (Note: Medicaid.gov links have changed)

- FFY 2016 Adult Core Set 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 Adult Core Set resource manual and technical specifications for FFY 2016: https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
- FFY 2016 Adult Core Set Data Quality Checklist: https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf
- FFY 2016 Adult Core Set Measurement Period Table: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2016-adult-core-set-measurement-periods.pdf
- Frequently Asked Questions About the Child and Adult Core Set Measures: https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-faqs.pdf
- Additional TA resources: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html

FFY 2016 Maternal and Infant Health Measure Reporting

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Maternal and Infant Health Initiative Contraceptive Care Measures

- Updated specifications for the two MIH measures:
  - Contraceptive Care – All Women Ages 15–44 (CCW)
  - Contraceptive Care – Postpartum Women Ages 15–44 (CCP)
- Created a resource manual for the two Contraceptive Care Measures
- Resource manual includes:
  - Guidance on reporting
  - Technical specifications
  - Appendix A: Summary of Changes to the Maternal and Infant Health Quality Measures Technical Specifications
  - Appendix B: Data Quality Checklist for States
  - Appendix C: Interpreting Rates for Contraceptive Care Measures

Resources for FFY 2016 Maternal and Infant Health Initiative Contraceptive Care Measures Set Reporting

- FFY 2016 Resource Manual and Technical Specifications: https://www.medicaid.gov/medicaid/quality-of-care/downloads/mihi_resource-manual.pdf
- Additional TA resources are available at: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/index.html

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CMS's Focus on Data Quality

Recap on FFY 2015 State Outreach Process

- For FFY 2015, CMS conducted systematic data quality outreach using the Seek More Information (SMI) function in MACPro

- Common topics raised in state outreach for FFY 2015
  - Questions about potential data entry or calculation errors
  - Requests for additional clarification on unexpected values in key data fields or in notes fields
  - Questions about changes in a state's reporting from FFY 2014

- **Thank you to all states for providing timely, informative feedback!**

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CMS's Focus on Data Quality for FFY 2016

- MACPro contains built-in data quality checks to facilitate data completeness, accuracy, consistency, and documentation
- Areas of focus for FFY 2016
  - Denominators for rates calculated using the hybrid method
  - Delivery systems included in and excluded from the rates
  - Start Dates and End Dates
- FFY 2016 outreach will also be conducted using the SMI function in MACPro

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Data Completeness Reporting Tips: Overview

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

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Data Completeness Reporting Tips: Reporting denominators for hybrid method

- To ensure that data are correctly interpreted and to provide essential context for your state's rate, please use the following tips for reporting measures that were calculated using the hybrid method (see Appendix for example)

Essential information about your state's rate	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)	• 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. Explain if different reporting units used different methods
If your state does not have information about the sample size or measure-eligible population	• Enter 0 in the Denominator field • Explain why this information is unavailable in the "Additional Notes/Comments" section

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Data Completeness Reporting Tips: Delivery System Data Fields

Two MACPro Sections collect information on delivery systems

- Within each measure: Select all delivery systems in your state that serve the measure-eligible population
  - Report the percentage of *each* delivery system included in the measure
  - 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%

- Admin Screen: Starting with FFY 2016, the Delivery System section on the Admin screen will be required.
  - Report the percentage of all children or adults covered by each delivery system.

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Data Accuracy and Consistency Reporting Tips

- Reporting rates in MACPro
  - Measures calculated using administrative method: MACPro calculates rate based on the reported numerator and denominator.
  - Measures calculated using Hybrid or other methods: States calculate and report rates
- Confirm that data and notes are consistent within and across measures
- Contact staff in your state responsible for reporting the Child/Adult Core Set to assess consistency in reporting for measures that are reported in both Core Sets (including CHL, FUH, 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 2015 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:
  - Changes in (1) data sources and delivery systems; (2) quality improvement efforts; (3) Medicaid population
  - Calculation or reporting error
  - Changes to the measure specifications for FFY 2016, which make the rates not comparable to FFY 2015 rates

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Data Documentation Reporting Tips: Start Date and End Date Fields

- For each measure, states should report the measurement period used to calculate the Denominator in the "Start Date" and "End Date" fields
  - The FFY 2016 Child and Adult Measurement Period tables show the Denominator measurement period for each measure.
- For many measures, the denominator measurement period for FFY 2016 corresponds to calendar year 2015
- 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 of a measure in the Additional Notes/Comments section

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Start Date and End Date Fields (continued)

- Reporting Start Date and End Date: FFY 2016 Example
  - The Medication Management for People with Asthma (MMA-CH) specifications instruct states to identify enrollees with asthma controller medication prescriptions that started during calendar year 2015 (Denominator period).
  - To identify enrollees with persistent asthma, states should also review each enrollee's eligibility and utilization information for calendar year 2014. Although states need to review data for 2014, the denominator is based on prescriptions that start during 2015.
  - States that followed Core Set specifications for FFY 2016 should enter January, 2015 in the Start Date field and December, 2015 in the End Date field in MACPro.

Technical Assistance Resources

TA Contacts for FFY 2016 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
- TA Office Hours will also be available during the Annual CMS Quality Conference, December 13th and 14th

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Questions?

Appendix

Data Completeness Reporting Tips: Hybrid method reporting example

EXAMPLE: 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%

- This state should report a 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.”
- The state should provide the sample size and measure-eligible population for each reporting unit (health plan) in the Additional Notes/Comments field.

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