

Technical Assistance to Support FFY 2017 Reporting of the Child and Adult Core Sets and Maternal and Infant Health Initiative (MIHI) Measures

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Introduction

- FFY 2017 will be the eighth year of states voluntarily reporting their data on measures in the Child Core Set and the fifth year of reporting on measures in 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 CHIP
- Current CMCS quality improvement initiatives include:
 - Preventive care (including leveraging school settings to improve child and adolescent wellness)
 - Dental care for children (including dental sealants)
 - Postpartum care (including access to postpartum contraceptive care)
 - Care for acute and chronic conditions (e.g., diabetes, asthma, hypertension)
 - Effective use of behavioral health services
- CMS's focus on data quality and completeness helps to support use of the measures by CMS, states, and stakeholders to drive improvement at the national and state level

Core Set Data Products on Medicaid.gov

- 2016 Chart Packs, FFY 2015
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2016-child-chart-pack.pdf>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2016-adult-chart-pack.pdf>
- State Medicaid & CHIP Profiles
 - Quality of Care for Child and Adult: <https://www.medicaid.gov/medicaid/by-state/by-state.html>
- Measure-Specific Performance on the Core Set Measures, FFY 2015
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/performance-on-the-child-core-set-measures-ffy-2015.zip>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/performance-on-the-adult-core-set-measures-ffy-2015.zip>
- Health Quality Measures Dataset, FFY 2015
 - Child: <https://data.medicaid.gov/Quality/2015-Child-Health-Care-Quality-Measures/59ee-bj4v>
 - Adult: <https://data.medicaid.gov/Quality/2015-Adult-Health-Care-Quality-Measures/hzfi-hf43>
- Health Quality Measures Dataset, FFY 2014
 - Child: <https://data.medicaid.gov/Quality/2014-Child-Health-Care-Quality-Measures/rvkr-fnqb>
 - Adult: <https://data.medicaid.gov/Quality/2014-Adult-Health-Care-Quality-Measures/j3dj-8ipc>

CMS Goals for Core Set Reporting

- Increase the number of states reporting the Core Set measures and the number of measures reported by each state
- Improve data quality to support use of the measures for measuring and improving care in Medicaid and CHIP
 - Accuracy of reported data
 - Adherence to technical specifications
 - Completeness of populations included in the data
 - Documentation of state deviations and exclusions
- Increase use of the Core Set measures for quality improvement initiatives

FFY 2017 Child Core Set Reporting

FFY 2017 Updates to the Child Core Set and Technical Specifications

- Added two new measures
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
 - Contraceptive Care – Postpartum Women Ages 15-20 (CCP-CH)
- Removed one measure and modified a related measure
 - The Human Papillomavirus (HPV) Vaccine for Female Adolescents (HPV-CH) is no longer a standalone measure
 - The HPV Vaccine was added as a new rate in the Immunizations for Adolescents (IMA-CH) measure and includes both adolescent females and males; a new combination rate was added to include HPV
- Noteworthy updates to the Resource Manual
 - Added information about where to find the value sets for the HEDIS and Non-HEDIS measures
 - Clarified information provided on continuous enrollment, retroactive eligibility, date specificity, and data collection methods to align with HEDIS guidance

Focused TA on Child Core Set Measures

- CMS aims to increase the number of Child Core Set measures reported by states
 - 51 states (including DC) reported at least one measure for FFY 2015
 - States reported a median of 16 Child Core Set measures
- CMS is focusing TA efforts in several areas
 - New measures for FFY 2017
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
 - Contraceptive Care – Postpartum Women Ages 15-20 (CCP-CH)
 - Measures just under or over the 25-state threshold for public reporting
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
 - Lives Births Weighing Less than 2,500 Grams (LBW-CH)
 - Developmental Screening in the First Three Years of Life (DEV-CH)
 - Dental Sealants for 6 – 9 Year Old Children at Elevated Caries Risk (SEAL-CH)
 - Measure with specification changes for FFY 2017
 - Immunizations for Adolescents (IMA-CH)

General Resources for FFY 2017 Child Core Set Reporting

- FFY 2017 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 2017: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf>
- FFY 2017 Child Core Set Data Quality Checklist: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-data-quality-checklist.pdf>
- FFY 2017 Child Core Set Measurement Period Table: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2017-child-core-set-measurement-periods.pdf>

Measure-Specific TA Resources

CMS has made available several TA resources to assist states in calculating these measures

- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
 - Sample SAS Code and User Guide for calculating the APC measure are available upon request from the TA mailbox at MACqualityTA@cms.hhs.gov.
- Dental Sealants for 6 – 9 Year Old Children at Elevated Caries Risk (SEAL-CH)
 - A Dental Sealant Measure TA brief is available at <https://www.medicaid.gov/medicaid/benefits/downloads/sealant-measure-brief.pdf>.
 - Sample SAS Code and User Guide for calculating the SEAL measure are available upon request from the TA mailbox at MACqualityTA@cms.hhs.gov.
- Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)
 - SAS code for calculating the CCP measure is available at <https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html>.
- Additional Child Core Set TA resources are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

FFY 2017 Adult Core Set Reporting

FFY 2017 Updates to the Adult Core Set and Technical Specifications

- Added three new measures
 - Contraceptive Care – Postpartum Women Ages 21-44 (CCP-AD)
 - Follow-Up After Emergency Department Visit for Mental Health or Alcohol and Other Drug Dependence (FUA-AD)
 - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
- Added eMeasure specification for one existing measure
 - PC-01 Elective Delivery (PC01-AD)
- Retired one measure
 - Timely Transmission of Transition Record (CTR-AD)
- Noteworthy updates to the Resource Manual
 - Added information about where to find the value sets for the HEDIS and Non-HEDIS measures
 - Clarified information provided on continuous enrollment, retroactive eligibility, date specificity, and data collection methods to align with HEDIS guidance

Focused TA on Adult Core Set Measures

- CMS aims to increase the number of states reporting at least one Adult Core Set measure for FFY 2017
 - 41 states (including DC) reported at least one measure for FFY 2015
 - 10 states reported at least one Child Core Set measure but did not report any Adult Core Set measures for FFY 2015
 - States reported a median of 16 Adult Core Set measures for FFY 2015
- CMS is focusing TA in several areas
 - New measures for FFY 2017
 - Follow-Up After Emergency Department Visit for Mental Health or Alcohol and Other Drug Dependence (FUA-AD)
 - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
 - Contraceptive Care – Postpartum Women Ages 21-44 (CCP-AD)
 - Measures just under or over the 25-state threshold for public reporting
 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
 - Controlling High Blood Pressure (CBP-AD)
 - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
 - PQI Measures (PQI01-AD, PQI05-AD, (PQI08-AD, PQI15-AD)

General Resources for FFY 2017 Adult Core Set Reporting

- FFY 2017 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 2017:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf>
- FFY 2017 Adult Core Set Data Quality Checklist:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf>
- FFY 2017 Adult Core Set Measurement Period Table:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2017-adult-core-set-measurement-periods.pdf>

Measure - Specific TA Resources

CMS has made available several TA resources to assist states in calculating these measures

- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
 - NDC codes for opioid medications are available to states by emailing MACQualityTA@cms.gov
- PQI Measures (PQI 01, 05, 08, 15)
 - Free software for calculating the PQI measures is available from AHRQ : <http://www.qualityindicators.ahrq.gov/Software/Default.aspx>. The FFY 2017 specifications are based on version 6.0 of the software
 - Note that the Adult Core Set PQI measures are reported as a rate per 100,000 enrollee months (not per 100,000 beneficiaries)
- Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)
 - SAS code for calculating the CCP measure is available at <https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html>
- Additional Adult Core Set TA resources are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>

FFY 2017 Maternal and Infant Health Measure Reporting

Maternal and Infant Health Initiative Contraceptive Care Measures

- Updated the Maternal and Infant Health Initiative (MIHI) Resource Manual for the Contraceptive Care – All Women Ages 15-44 (CCW) measure
 - Removed ICD-9/ICD-10 codes from the manual and created a value set directory; added links to the code tables in the specifications
 - Clarified that the measure does not have a lookback period
- Updated the appendices
 - 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
- As mentioned earlier, the Contraceptive Care – Postpartum Women measures will be reported as part of the Child and Adult Core Sets beginning in FFY 2017
 - The CCP-CH measure will be reported in the Child report
 - The CCP-AD measure will be reported in the Adult report

Resources for FFY 2017 Maternal and Infant Health Initiative Measure Reporting

- FFY 2017 Resource Manual and Technical Specifications:
https://www.medicaid.gov/medicaid/quality-of-care/downloads/mihi_resource-manual.pdf
- SAS code to calculate the Contraceptive Care – All Women (CCW) measure is available at <https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html>
- Additional TA resources are available at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/index.html>

CMS's Focus on Data Quality

Recap on FFY 2016 State Data Quality Outreach Process

- For FFY 2016, CMS conducted systematic data quality outreach using the Seek More Information (SMI) function in MACPro
- Common topics raised in state outreach for FFY 2016
 - Questions about potential data entry or calculation errors
 - Requests for additional clarification on unexpected values in key data fields or in notes fields
 - Requests for more information about the delivery system or populations included in the measure
 - Questions about changes in a state's reporting from FFY 2015
- The SMI process helped increase the number of measures reported, provided a more comprehensive understanding of each state's data, and enhanced the accuracy of data
- **Thank you to all states for providing timely, informative feedback!**

CMS's Focus on Data Quality for FFY 2017

- MACPro contains built-in data quality checks to facilitate data completeness, accuracy, consistency, and documentation
- Reviewing error flags during data entry will improve the quality of data and facilitate the certification step
- FFY 2017 outreach will be conducted using the SMI function in MACPro
- Areas of focus for FFY 2017
 - Accuracy of start dates and end dates
 - Consistency of reporting on measures calculated using the hybrid method*
 - Calculation and reporting of state-level rates based on data from multiple reporting units (such as health plans or programs)*
 - Documentation of populations (such as state delivery systems) excluded from the data
 - Deviations from Core Set specifications, including age groups, data sources, and methods

*Guidance for reporting hybrid measures and calculating state level rates is available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/hybrid-brief.pdf> and <https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>

Data Completeness Reporting Tips: Overview

- Report Numerators, Denominators, and Rates for all rates in each measure for mandatory fields
- 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 excluded 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

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 tips for reporting measures that were calculated using the hybrid method (see Appendix for example)

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)	<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. Explain if different reporting units used different methods (admin, 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

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

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

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

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 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 other methods: State calculates and reports rates
 - Enter rate values to one decimal place (XX.X). 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 Core Set to ensure consistency in reporting for measures that are included in both Core Sets (including CHL, FUH, PPC, and CCP)

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 2016 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 2017 Child and Adult Measurement Period tables show the Denominator measurement period for each measure
- For many measures, the denominator measurement period for FFY 2017 corresponds to calendar year 2016
- 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

Reporting Start Date and End Date: Example

- The Medication Management for People with Asthma (MMA-CH) specifications instruct states to identify beneficiaries with asthma controller medication prescriptions that started during calendar year 2016 (the denominator period)
- To identify enrollees with persistent asthma, states should also review each beneficiary's eligibility and utilization information for calendar year 2015. Although states need to review data for 2015, the denominator is based on prescriptions that started during 2016
- States that follow Core Set specifications for FFY 2017 should enter January 2016 in the Start Date field and December 2016 in the End Date field in MACPro

How to Obtain Technical Assistance

TA Contacts for FFY 2017 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?

Appendix

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