

## FFY 2013 Health Homes 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 FFY 2013 Health Homes Core Set reporting cycle. This will enable more accurate understanding of variations across states due to deviations from the technical specifications or unique aspects of a state’s Health Home or Medicaid program. States can use the checklist below to assess their data as it is entered in MACPro. To obtain technical assistance with the Health Homes Core Set measures, please contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

Data Completeness	
<input type="checkbox"/>	<p>Numerators, denominators, and rates should be reported for all measures and all applicable age groups and rate categories. For measures that the state chooses not to report, please provide specific information on the reasons for not reporting the measure for the FFY 2013 reporting cycle.</p> <ul style="list-style-type: none"> <li>• If a measure was calculated using the hybrid method and one or more numerators or denominators cannot be reported, states should enter 0 in these fields, and report the state-level rate in the “Rate” field. In these cases, states should provide as many of the following items as possible in the “Additional Notes/Comments on Measure” section in MACPro: numerator, denominator, measure-eligible population, and rates for each reporting unit.</li> <li>• 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.</li> </ul>
<input type="checkbox"/>	<p>The reported data for each measure should include the total measure-eligible population as defined by the Health Homes Core Set 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"> <li>• 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.</li> </ul>
<input type="checkbox"/>	<p>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 Measure Specifications” section in MACPro and states should explain how their data source or method differed from Core Set technical specifications.</p>

■ This technical assistance resource is a product of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services. The program team is led by Mathematica Policy Research, in collaboration with the National Committee for Quality Assurance and Center for Health Care Strategies.

<b>Data Accuracy</b>	
<input type="checkbox"/>	<p>Reported rates should be calculated according to the Health Homes Core Set Technical Specifications for each measure.</p> <ul style="list-style-type: none"> <li>• All deviations from Core Set Specifications should be described in the “Deviations from Measure Specifications” section.</li> <li>• 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.</li> </ul>
<input type="checkbox"/>	For most measures, 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>For all measures using administrative data only, MACPro will automatically calculate a rate to one decimal based on the reported numerator and denominator. States should review this rate during data entry.</p> <p>States should calculate and manually enter rates for measures reported using the hybrid method or a combination of administrative and hybrid methods; MACPro will not calculate these rates automatically.</p> <ul style="list-style-type: none"> <li>• For most measures, rates should be reported as percentages in the range of 0.0 to 100.0 and calculated using the following formula: <math>(\text{numerator}/\text{denominator}) * 100</math>.</li> <li>• For the PQI measure (PQI192), rates should be reported per 100,000 enrollee months and calculated using the following formula: <math>(\text{Number of hospital admissions}/\text{number of enrollee months}) * 100,000</math>.</li> <li>• For the utilization measures (AMB, IU, and NFU), rates should be reported per 1,000 enrollee months and calculated using the formula: <math>(\text{Numerator}/\text{number of enrollee months}) * 1,000</math>.</li> </ul>
<b>Data Consistency</b>	
<input type="checkbox"/>	<p>For measures with multiple rates, reporting should be consistent for all rates:</p> <ul style="list-style-type: none"> <li>• FUH: 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.</li> <li>• IET: The Initiation rate should be greater than (or equal to) the Engagement rate and the denominator for both rates should be the same.</li> </ul>

<b>Data Documentation</b>	
<input type="checkbox"/>	For measures not reported for the FFY 2013 reporting cycle, 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"/>	<p>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. For many measures, the denominator measurement period for the FFY 2013 reporting cycle corresponds to calendar year 2012 (January 1, 2012–December 31, 2012). 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. Refer to the FFY 2013 reporting cycle measurement periods table for denominators and numerators for each Health Home Core Set measure.</p> <p>For example: For the FFY 2013 reporting cycle, the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measurement specifications instruct states to identify measure eligible enrollees with index episode start dates (IESD) between January 1, 2012 and November 15, 2012. Once states have identified these enrollees, they should review each enrollee’s diagnosis history for 60 days prior to the IESD. Although states will need to review data prior to January 1, 2012, the denominator is based on index episodes that start between January 1, 2012 and November 15, 2012 and states that followed the Core Set specifications for FFY 2013 should enter “January 1, 2012” in the Start Date field and “November 15, 2012” in the End Date field.</p> <p>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.</p>
<input type="checkbox"/>	For measures that have optional exclusions in the specifications, states should explain in the “Final Comments” section whether optional exclusions were applied.

## For Further Information

The 2013 Health Home Core Set Resource Manual and Technical Specifications are available at <http://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/health-home-core-set-manual.pdf>.

To obtain technical assistance with reporting the Medicaid/CHIP Health Care Quality Measures, please contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).