

FFY 2021 Child, Adult, and Health Home 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 2021 Child, Adult, and Health Home Core Set 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, Children’s Health Insurance Program (CHIP), or Health Home program. The checklist includes common issues noted in the data reported for previous years and applies to Child, Adult, and Health Home Core Set reporting unless otherwise specified. States can use the checklist below to assess their data as it is entered.¹ The lists of 2021 Core Set measures, including the acronyms used in this technical assistance resource, are available at [Medicaid.gov](https://www.medicaid.gov).² To obtain technical assistance with reporting the Child, Adult, and Health Home Core Set 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 reports for FFY 2021. For measures that the state does not report, please provide specific information on the reasons for not reporting the measure for FFY 2021.
<input type="checkbox"/>	<p>For measures that include rates stratified by age or that have multiple rate categories, states should report numerators, denominators, and rates for all age groups and rate categories. This applies to the following measures:</p> <ul style="list-style-type: none"> • Child Core Set: ADD-CH, AMB-CH, AMR-CH, APM-CH, APP-CH, CIS-CH, CCP-CH, CCW-CH, DEV-CH, FUH-CH, IMA-CH, SFM-CH, WCC-CH, WCV-CH, W30-CH. • Adult Core Set: AMM-AD, AMR-AD, BCS-AD, CBP-AD, CCP-AD, CCW-AD, CDF-AD, COB-AD, FUA-AD, FUH-AD, FUM-AD, HPC-AD, HPCMI-AD, HVL-AD, IET-AD, MSC-AD, OHD-AD, OUD-AD, PQI01-AD, PQI05-AD, PQI08-AD. • Health Home Core Set: CBP-HH, CDF-HH, FUA-HH, FUH-HH, IET-HH, OUD-HH, PQI92-HH, AIF-HH, AMB-HH, IU-HH. <p>If one or more rates within a measure cannot be reported, states should use the text box provided to explain why the rate is not being reported.</p>

¹ Throughout this TA resource, we refer to state reporting of Core Set measures. This TA resource also applies to SPAs for Health Home Core Set reporting. The term “beneficiaries” in this document also includes enrollees in Health Home programs. For measures in the Health Home Core Set, the term “beneficiary months” refers to the number of months of Health Home enrollment.

² The list of 2021 Child Core Set measures is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-child-core-set.pdf>. The list of 2021 Adult Core Set measures is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-adult-core-set.pdf>. The list of 2021 Health Home Core Set measures is available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2021-health-home-core-set.pdf>.

<input type="checkbox"/>	<p>If a measure was calculated using the hybrid method only or a combination of administrative and hybrid method data, states should report as much information as possible about how the rate was calculated. Guidance for completing the “Numerator,” “Denominator,” “Sample Size,” and “Measure-Eligible Population” fields differs depending on what methodologies were used to calculate the rate. For more information about completing these fields, states should refer to the TA Brief: “Calculating State-Level Rates Using Data from Multiple Reporting Units,” available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf.</p>
<input type="checkbox"/>	<p>If a state-level rate is calculated by combining data from multiple reporting units (e.g., managed care plans, delivery systems, programs), the state should select “Yes” in the field “Did you Combine Rates from Multiple Reporting Units (e.g., managed care plans, delivery systems, programs) to Create a State Level Rate.” Then, the state should provide information on the methodology used to combine the rates, including whether the state-level rate was weighted, and if so, by what weighting factor.</p>
<input type="checkbox"/>	<p>The reported data for each measure should include the total measure-eligible population as defined by the Core Set Technical Specifications. The denominator should include the entire population eligible for the services or outcomes assessed in the measure.</p> <ul style="list-style-type: none"> • If the rate excludes eligible groups (such as programs, delivery systems, providers, or populations), states should describe the excluded group(s); note the percentage of the eligible population excluded; and provide the reason for the exclusion in the “Definition of Population Included in the Measure” section. States should report this information for all applicable measures. If there has been a change in the included populations since the previous reporting year, please provide any available context in the “Additional Notes/Comments on Measure” section. • 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 beneficiaries 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 beneficiaries and half of the state’s fee-for-service beneficiaries, states should enter 100 percent for managed care and 50 percent for fee-for-service. If none of the beneficiaries from the delivery system are included, enter 0 percent. States should also enter the number of managed care plans included in the data. If some of the managed care plans are missing from a measure, the state should identify the number of missing managed care plans and explain why they are missing in the “Additional Notes/Comments on Measure” section. States should report this information for each measure. • In addition to reporting the populations included in each measure, states should provide information about the delivery systems that are used to provide services to beneficiaries in the “Delivery System” section on the Administration Screen. This information provides important context about the population included in and excluded from reported measures. The percentage of beneficiaries in each delivery system should add up to 100 percent by program (Medicaid or CHIP) in the Child Core Set and by age group in the Adult and Health Home Core Sets. For example, a state might indicate that 60 percent of its Medicaid population is enrolled in managed care and 40 percent is covered under fee-for-service, and that 100 percent of its CHIP population is enrolled in managed care (in other words, each program adds to 100 percent). If beneficiaries are enrolled in an “other” delivery system, please describe this delivery system in the associated text field.
<input type="checkbox"/>	<p>Data sources should be reported for each measure in the “Data Source” section and should adhere to the measure’s specifications. Data sources may include administrative data (such as Medicaid Management Information System, immunization registry, and vital records), electronic health records, and medical records. The hybrid method uses a combination of administrative and medical records data. Any deviations to data sources and methods should be described in the “Deviations from Measurement Specifications” section and states should explain how their data source or method differed from Core Set technical specifications.</p>
<input type="checkbox"/>	<p>If any of the Core Set measures were audited or validated, please indicate this in the “Audit or Validation of Measures” question on the Administration Screen. Indicate which measures were audited or validated and who conducted the audit or validation.</p>

<input type="checkbox"/>	<p>If the status of the data reported is provisional, please provide context in the “Additional Notes/Comments on Measure” section about when the data will be final and if your state plans to modify the data reported in the web-based reporting system.</p>
Data Accuracy	
<input type="checkbox"/>	<p>Reported rates should be calculated according to the Core Set Technical Specifications for each measure.</p> <ul style="list-style-type: none"> All deviations from Core Set 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 Core Set specifications.
<input type="checkbox"/>	<p>For most measures, the numerators should be less than or equal to denominators. For the AMB-CH, AMB-HH, AIF-HH, IU-HH, and PQI measures (PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, and PQI92-HH), the numerator could be greater than the denominator.</p>
<input type="checkbox"/>	<p>Rates should be rounded and reported to one decimal point for all measures except PCR-AD and PCR-HH. (See guidance below for PCR-AD and PCR-HH.) 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.</p> <ul style="list-style-type: none"> For PCR-AD and PCR-HH, the Count of Expected 30-Day Readmissions should be reported to four decimal points.
<input type="checkbox"/>	<p>For all measures using administrative data only, except for PCR-AD and PCR-HH, a rate will be automatically calculated to one decimal point based on the reported numerator and denominator. States should review this rate during data entry.</p> <ul style="list-style-type: none"> For PCR-AD and PCR-HH, the Observed Readmission Rate, Expected Readmission Rate, and O/E Ratio will automatically be calculated to four decimal points based on the reported Count of Index Hospital Stays, Count of Observed 30-Day Readmissions, and Count of Expected 30-Day Readmissions. <p>States should calculate and manually enter rates for measures reported using the hybrid method or a combination of administrative and hybrid methods; these rates will not be calculated automatically.</p> <ul style="list-style-type: none"> For most measures, rates should be reported as percentages in the range of 0.0 to 100.0 and calculated using the following formula: $(\text{numerator}/\text{denominator}) * 100$. For AIF-HH, AMB-CH, AMB-HH, and IU-HH, rates should be reported per 1,000 beneficiary months and calculated using the following formula: $(\text{Number of services [e.g., admissions, emergency department visits, or inpatient stays and services]}/\text{number of beneficiary months}) * 1,000$. For PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, and PQI92-HH, rates should be reported per 100,000 beneficiary months and calculated using the following formula: $(\text{Number of hospital admissions}/\text{number of beneficiary months}) * 100,000$.
Data Consistency	
<input type="checkbox"/>	<p>For Core Set measures that have denominators based on beneficiary months of enrollment, the denominators should be the same:</p> <ul style="list-style-type: none"> AMB-HH, IU-HH, and PQI92-HH: The denominators should be the same within each age group across the three measures. PQI01-AD and PQI08-AD: The denominators for these measures should be the same across the two measures.

<input type="checkbox"/>	<p>For measures with multiple rates, reporting should be consistent for all rates:</p> <ul style="list-style-type: none"> • ADD-CH: The denominator for the Initiation phase should be greater than or equal to the denominator for the Continuation and Maintenance phase. • AMM-AD: The Acute Phase rate should be greater than or equal to the Continuation Phase rate and the denominator for both rates should be the same. • AMB-CH/HH, AMR-CH/AD, APP-CH, DEV-CH, WCV-CH: Numerators and denominators for the age groups should sum to the Total numerator and denominator. • APM-CH and WCC-CH: Within each of the three rate categories, numerators and denominators for the age groups should sum to the Total numerator and denominator. Within each age group, denominators for each of the three rate categories should be the same. • CCP-CH/AD: The 3-day rate should be less than or equal to the 60-day rate for both “Most or Moderately Effective Contraception” and “Long-Acting Reversible Contraception (LARC).” The “Most or Moderately Effective Contraception” rate should be greater than or equal to the LARC rate for both 3 days postpartum and 60 days postpartum, since LARC is a subset of most or moderately effective contraception methods. The denominators for all 4 rates in the measure should be the same. • CCW-CH/AD: The “Most or Moderately Effective Contraception” rate should be greater than or equal to the Long-Acting Reversible Contraception (LARC) rate, since LARC is a subset of most or moderately effective contraceptive methods. The denominators for both rates in the measure should be the same. • CIS-CH, IMA-CH: Denominators for all rates within each of the measures should be the same. • FUH-CH/AD/HH, FUA-AD/HH, FUM-AD: 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 (within each age group). • IET-AD/HH: The Initiation rates should be greater than or equal to the Engagement rates and the denominator for both rates should be the same within each of the three AOD diagnosis cohorts and the Total rates for each age group. Note that the numerators and denominators for each diagnosis cohort do not need to sum to the Total numerator and denominator. • SFM-CH: Rate 1 (at least one sealant) should be greater than or equal to Rate 2 (all molars sealed) and the denominator for both rates should be the same.
<input type="checkbox"/>	<p>For the Child and Adult Core Sets, the reporting method for measures included in both Core Sets (AMR, CCP, CCW, CDF, CHL, FUH, PPC) should be consistent:</p> <ul style="list-style-type: none"> • If the measure is reported for one Core Set (that is, Child or Adult), it should also be reported for the other Core Set. If not, the reason for not reporting should be noted in the “Please explain why you are not reporting on the measure” section. • The same method (administrative, hybrid) should be used to calculate the measure in both Core Sets. • The denominators should be calculated consistently in both Core Sets.
<input type="checkbox"/>	<p>For each measure on the Health Home Core Set, within each rate, the numerators and denominators for each age group should sum to the Total numerator and denominator for that rate.</p>
Data Documentation	
<input type="checkbox"/>	<p>For measures not reported for FFY 2021, the reason(s) for not reporting should be explained in detail in the “Please explain why you are not reporting on the measure” section.</p>

<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 FFY 2021 corresponds to calendar year 2020 (January 1, 2020–December 31, 2020). 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 additional review periods (sometimes referred to as “look-back” periods) in the Start and End date range. The FFY 2021 measurement period for denominators and numerators for each measure is available at Medicaid.gov.³</p> <ul style="list-style-type: none"> For example, for FFY 2021, 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 2018 for the negative medication review, the denominator is based on prescriptions from March 2019 to February 2020, and states that followed FFY 2021 Child Core Set specifications should enter “March 2019” in the “Start Date” field and “February 2020” in the “End Date” field. 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.
<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>
<input type="checkbox"/>	<p>States should compare their FFY 2021 data to data reported for previous years. If denominators or rates have changed substantially for a measure, please document these changes, as well as any possible explanations for these changes, in the “Additional Notes/Comments on Measure” section. This information should provide context about changes in the state’s data over time (such as changes in populations or calculation methodologies).</p> <p>When assessing performance and comparing performance to previous reporting years, states should be aware that lower rates are better on the following measures:</p> <ul style="list-style-type: none"> Child Core Set: AMB-CH, LBW-CH, and LRCD-CH.⁴ Adult Core Set: COB-AD, HPC-AD, HPCMI-AD, OHD-AD, PC01-AD, PCR-AD, PQI01-AD, PQI05-AD, PQI08-AD, and PQI15-AD. Health Home Core Set: AMB-HH, PCR-HH, and PQI92-HH. <p>For PCR-AD and PCR-HH, the Observed Readmissions/Expected Readmissions (O/E) ratio is interpreted as “lower-is-better.” An O/E ratio < 1.0 means there were fewer readmissions than expected given the case mix. An O/E ratio = 1.0 means that the number of readmissions was the same as expected given the case mix. An O/E ratio > 1.0 means that there were more readmissions than expected given the case mix.</p>

³ The FFY 2021 Child Core Set measurement periods for denominators and numerators for each measure are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-child-core-set-measurement-periods.pdf>. The FFY 2021 Adult Core Set measurement periods for denominators and numerators for each measure are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-adult-core-set-measurement-periods.pdf>. The FFY 2021 Health Home Core Set measurement periods for denominators and numerators for each measure are available at <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-core-set-measurement-period-table-2021.pdf>.

⁴ To reduce state burden and report consistently across all states, CMS will calculate the LBW-CH and LRCD-CH measures on behalf of states using National Vital Statistics System Natality data that are submitted by states and obtained through CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) starting in FFY 2021.

For Further Information

Additional information about the 2021 Child, Adult, and Health Home Core Set measures, including the 2021 Resource Manual and Technical Specifications for each Core Set, is available at [Medicaid.gov](https://www.medicare.gov).⁵

To obtain technical assistance with reporting the Child, Adult, and Health Home Core Set measures, please contact the TA mailbox at MACQualityTA@cms.hhs.gov.

⁵ Additional information on the FFY 2021 Child Core Set is available at <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>. Additional information on the FFY 2021 Adult Core Set is available at <https://www.medicare.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>. Additional information on the FFY 2021 Health Home Core Set is available at <https://www.medicare.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/quality-reporting/index.html>.