Technical Assistance to Support FFY 2019 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
  - Child
  - Adult
  - Health Home
- TA Resources to Support State Reporting
- Center for Medicaid and CHIP Services (CMCS) Focus on Data Quality
- Questions and Answers

Introduction: Child & Adult Core Sets

- Federal Fiscal Year (FFY) 2019 will be the tenth year of voluntary reporting of the Child Core Set and the seventh 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 to use core set measures to drive improvement. Current quality improvement activities 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

- Annual improvements have included:
  - 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
- MACPro is open for FFY 2019 Child and Adult Core Set Reporting
  - Reporting deadline is December 31, 2019

Introduction: Health Home Core Set

- FFY 2019 will be the seventh year of expected reporting of the Health Home Core Set

- CMS established a Core Set of Health Home quality measures in 2013. These quality (7) and utilization (3) measures are used for ongoing monitoring and evaluation purposes across all state Health Home programs. CMS is required to submit a report to Congress every three years

- In addition to the Core Set measures, CMS expects that states will report specific goals and measures identified by their individual programs

Reporting Updates: Health Home

- ## Who is expected to report?
  - Not all states are required to report for FFY 2019
  - Reporting requirements are based on the initial start date of your state's Health Home program
  - To determine if your state needs to report please refer to the Health Home reporting table or contact the TA mailbox at MACQualityTA@cms.hhs.gov

- ## MACPro is open for FFY 2019 Health Home Core Set Reporting
  - Reporting deadline is December 31, 2019

Child and Adult Core Set Data Products on Medicaid.gov

- 2018 Chart Packs, FFY 2017
  - Child: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-child-chart-pack.pdf
  - Adult: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-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 2017
  - Child: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/performance-on-the-child-core-set-measures-ffy-2017.zip
  - Adult: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/performance-on-the-adult-core-set-measures-ffy-2017.zip

- Health Quality Measures Dataset, FFY 2017
  - Child: https://data.medicaid.gov/Quality/2017-Child-Health-Care-Quality-Measures/t8ub-nmh7
  - Adult: https://data.medicaid.gov/Quality/2017-Adult-Health-Care-Quality-Measures/grnb-psr6

CMCS Goals for FFY 2019 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 2019 Child, Adult, and Health Home Core Set Updates

FFY 2019 Child, Adult, and Health Home Core Set Changes

- No measures were added to the 2019 Child, Adult, and Health Home Core Sets

- No measures were retired from the 2019 Child and Health Home Core Sets

- One measure was retired from the 2019 Adult Core Set

    - Antenatal Steroids (PC03-AD)

FFY 2019 Child, Adult, and Health Home Core Set Changes (continued)

- FUA/FUM-AD measure from the 2018 Adult Core Set measure was separated into two measures for 2019
    - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
    - Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)

- Changed name and specifications for one measure in the Health Home Core Set
    - Nursing Facility Utilization (NFU-HH) changed to Admission to an Institution from the Community (AIF-HH)

FFY 2019 Child, Adult, and Health Home Measure Specification Updates for FFY 2019

- Screening for Depression and Follow-Up Plan (CDF-CH, CDF-AD and CDF-HH)
  - Added administrative method specifications
  - Clarified exclusions and exceptions
- Controlling High Blood Pressure (CBP-AD and CBP-HH)
  - Added administrative method specifications
  - Removed different thresholds by age and diagnosis for numerator calculation
- Follow-Up After Hospitalization for Mental Illness (FUH-CH and FUH-AD)
  - Updated FUH-CH measure age range from ages 6 to 20 to ages 6 to 17
  - Updated FUH-AD measure age range from beneficiaries age 21 and older to beneficiaries age 18 and older

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FFY 2019 Child, Adult, and Health Home Measure Specification Updates for FFY 2019 (continued)

- HIV Viral Load Suppression (HVL-AD)
  - Added eMeasure specification

- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
  - Reported as percentage instead of a rate per 1,000 beneficiaries in previous years
  - Changed numerator to reflect beneficiaries with an average daily dosage greater than or equal to 90 MME over a period of 90 days or more

- Plan All-Cause Readmissions (PCR-AD and PCR-HH)
  - States report "Count of Expected 30-Day Readmissions" rather than "Expected Readmission Rate"

- Admission to an Institution from the Community (AIF-HH)
  - Added age groups and rates for reporting
  - Revised definition of institutional facility
  - Revised denominator to only include enrollee months during which the enrollee resided in the community for at least one day

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FFY 2019 Child, Adult, and Health Home Measure Specification Updates for FFY 2019 (continued)

- For FFY2019 reporting, exclusions for frailty and advanced illness were added to the following measures on the Adult and Health Home Core Sets:
  - Breast Cancer Screening (BCS-AD)
  - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
  - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)
  - Controlling High Blood Pressure (CBP-AD and CBP-HH)

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CMCS's Focus on Data Quality

Recap on FFY 2018 State Data Quality Outreach Process

- For FFY 2018, CMCS conducted systematic data quality outreach using the Seek More Information (SMI) function in MACPro
- Common topics raised in state outreach for FFY 2018
  - 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 2017
- 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!**

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CMCS's Focus on Data Quality for FFY 2019

- 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.**
- CMCS will use the SMI function in MACPro for FFY 2019 outreach
- Areas of focus for FFY 2019
  - Consistency of reporting on measures calculated using the hybrid method (that is, sample sizes, denominators, and measure-eligible population)
  - 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, programs, special populations, certain health care settings) excluded from the data
  - Deviations from Core Set specifications, including age groups, data sources, and methods
  - Validation / Audit of measures fields
  - Alignment between the Core Sets
- State users that are new to reporting are encouraged to reach out to the TA Team for support!

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Resources for FFY 2019 Child and Adult Core Set Reporting

- 2019 Measure Lists

- Resource Manual and Technical Specifications

- Summary of Updates to the Resource Manual and Technical Specifications

- Data Quality Checklist

- Measurement Period Table

- TA Briefs: (1) Using the Hybrid Method and (2) Calculating State-Level Rates

- Measure-Specific SAS Code

- Technical Assistance Webinar to Support State Reporting of the Child and Adult Core Sets: FFY 2019 Updates and Reporting Resources Webinar

- Technical Assistance Webinar: Collecting and Using Stratified Data for Quality Improvement in Medicaid And CHIP

Note: Hyperlinks to resources for each Core Set are included in Appendix A.

Resources for FFY 2019 Health Home Core Set Reporting

- 2019 Measure List

- Resource Manual and Technical Specifications

- Summary of Updates to the Resource Manual and Technical Specifications

- Data Quality Checklist

- Measurement Period Table

- Health Home Reporting Table

- Technical Assistance Webinar on State Reporting of Health Home Core Set Measures: Status of FFY 2015-2018 Reporting and Updates for FFY 2019

Note: Hyperlinks to resources for each Core Set are included in Appendix A.

How to Obtain Technical Assistance

TA Contacts for FFY 2019 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 A: Reporting Resources

Resources for FFY 2019 Child Core Set Reporting

- FFY 2019 Child Core Set: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf

- FFY 2019 Child Core Set Resource Manual and Technical Specifications: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf

- Summary of updates to the Child Core Set resource manual and technical specifications for FFY 2019: https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf

- FFY 2019 Child Core Set Data Quality Checklist: https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-data-quality-checklist.pdf

- FFY 2019 Child Core Set Measurement Period Table: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2019-child-core-set-measurement-periods.pdf

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Resources for FFY 2019 Adult Core Set Reporting

- FFY 2019 Adult Core Set: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf
- FFY 2019 Adult Core Set Resource Manual and Technical Specifications: https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf
- Summary of updates to the Adult Core Set resource manual and technical specifications for FFY 2019: https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
- FFY 2019 Adult Core Set Data Quality Checklist: https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf
- FFY 2019 Adult Core Set Measurement Period Table: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2019-adult-core-set-measurement-periods.pdf

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Additional Resources: Child and Adult Core Set

- Calculating State-Level Rates Using Data from Multiple Reporting Units: https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf
- 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
- Contraceptive Care – Postpartum Women (CCP-CH/AD) and Contraceptive Care – All Women (CCW-CH/AD) measures
  - SAS code for calculating the CCP-CH/AD and CCW-CH/AD measures is available at https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html.
- Technical Assistance Webinar to Support State Reporting of the Child and Adult Core Sets: FFY 2019 Updates and Reporting Resources available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html
- Technical Assistance Webinar: Collecting and Using Stratified Data for Quality Improvement in Medicaid and CHIP available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html

Additional Resources: Child Core Set

- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)

  - Sample SAS Code and User Guide for calculating the APC-CH 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-CH measure are available upon request from the TA mailbox at MACqualityTA@cms.hhs.gov.

- Additional Child Core Set TA resources are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html.

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Additional Resources: Adult Core Set

- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) and Concurrent Use of Opioids and Benzodiazepines (COB-AD)
  - National Drug Codes (NDC) for opioid and benzodiazepine medications are available to states by emailing MACQualityTA@cms.hhs.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.
  - Note that the Adult Core Set PQI measures are reported as a rate per 100,000 beneficiary months (not per 100,000 beneficiaries)
- Additional Adult Core Set TA resources are available at

  https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html

Resources for FFY 2019 Health Home Core Set Reporting

- FFY 2019 Health Home Core Set: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2019-health-home-core-set.pdf

- FFY 2019 Resource Manual and Technical Specifications: https://www.medicaid.gov/license-agreement-hh.html?file=%2Fstate-resource-center%2Fmedicaid-state-technical-assistance%2Fhealth-home-information-resource-center%2Fdownloads%2FFFY-19-HH-Core-Set-Manual.pdf

- Summary of key changes to the technical specifications: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-change-summary-2019.pdf

- FFY 2019 Health Home Core Set Data Quality Checklist: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/data-quality-checklist-for-states-2019.pdf

- FFY 2019 Health Home Core Set Measurement Period Table: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-core-set-measurement-period-table-2019.pdf

- Technical Assistance Webinar on State Reporting of Health Home Core Set Measures: Status of FFY 2015-2018 Reporting and Updates for FFY 2019: https://event.on24.com/eventRegistration/EventLobbyServlet?target=reg20.jsp&referrer=&eventid=1970775&sessionid=1&key=586694FD905B8E56D21B0F1F06673FE8&regTag=&sourcepage=register

- Additional TA resources: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/Health-Home-Information-Resource-Center/quality-reporting/index.html

Resources for FFY 2019 Health Home Core Set Reporting (cont.)

- States should submit one report for each State Plan Amendment (SPA) eligible for reporting.

- States should use the SPA ID for the most recent amendment eligible for the reporting period as the SPA ID when reporting in MACPro.

- States can find out which SPAs they are expected to report for FFY 2019 at: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/health-home-reporting-table.pdf.

- Link can be found on the Health Home Quality Reporting page

General Resources for Reporting Health Home Quality Measures

- Health Homes SMD Letter 13-001 (PDF 236.71 KB) (CMS/January 2013) - Describes the core quality measures and approach to reporting.

- 2019 Core Set of Quality and Utilization Measures (PDF 99.39 KB) - Provides a quick look at the seven quality measures and three utilization measures for FFY 2019 Health Home Core Set reporting.

- 2018 Core Set of Quality and Utilization Measures (PDF 85.16 KB) - Provides a quick look at the seven quality measures and three utilization measures for FFY 2018 Health Home Core Set reporting.

- Technical Assistance Webinar: Introduction to the Core Set of Health Care Quality Measures for Medicaid Health Home Programs (PDF 253.71 KB) (CMS/April 2014) - Provides an introduction to health homes quality measurement, the 2013 core measures set, and the 2013 reporting process.

- Expected Health Home Core Set Reporting Periods, by Effective Date of SPA (PDF 322.84 KB) - Provides a list of states, by SPA, required to report in each of the following years: FFY 2018 - FFY 2020

- Health Home Report to Congress, May 2018: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/medicaidhomehealthstateplanoptionrtc.pdf

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Appendix B: Tips for Improving Core Set Data Quality in MACPro

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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 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 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)	- 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	- 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.

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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)	• 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	• 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.

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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%

- The state should report the total measure-eligible population of 85,000 in the "Denominator" field and 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 (if applicable), measure-eligible population, and method (admin or hybrid) for each reporting unit (health plan) in the Additional Notes/Comments field.

- The state should select both Administrative and Hybrid in the data source field.

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

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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 Adult and Child Core Sets:

    - Report the percentage of all children or adults covered by each delivery system.
        - For the Child Core Set, each column (program) should add up to 100 percent.
        - For the Adult Core Set, each column (age group) should add up to 100 percent.
    - If applicable, describe the "Other" delivery system in the provided text field.

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%

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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.
   - 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%

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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 your 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 Core Set to ensure consistency in reporting for measures that are included in both Core Sets (including AMR, CCP, CCW, CDF, CHL, FUH, and PPC).

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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 2018 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.

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Data Documentation Reporting Tips:
Start Date and End Date Fields

- For each measure, report the measurement period used to calculate the <u>Denominator</u> in the "Start Date" and "End Date" fields.
  - The FFY 2019 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 2019 corresponds to calendar year 2018.
- Some measures also require states to review utilization or enrollment prior to this period to identify the measure-eligible population. States should <u>not</u> 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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Reporting Start Date and End Date: Example

- For FFY 2019, 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 2016 for the negative medication review, the denominator is based on prescriptions from March 2017 to February 2018.

- States that followed FFY 2019 Child Core Set specifications should enter "March 2017" in the Start Date field and "February 2018" in the End Date field.

Audit / Validation of Measure Field

- States are asked on the Administrative page of MACPro to indicate whether measures were audited or validated, and by whom.

- Enter <u>each</u> 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).

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	Name of EQRO
PPC	
W15	
WCC	