FFY 2015 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 2015 Health Homes 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 Health Home or Medicaid program. The checklist includes common issues noted in the data reported for previous years. States can use the checklist below to assess their data as it is entered in MACPro. Please note that some data checks have been updated to reflect the features of the MACPro system. To obtain technical assistance with the Health Homes Core Set measures, please contact the TA mailbox at **MACQualityTA@cms.hhs.gov**.

	Data Completeness
☐	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 FFY 2015.
☐	For all measures that include rates stratified by age or have multiple rate categories (AMB, CDF, PCR, PQI92, FUH, CBP, CTR, IET), numerators, denominators, and rates should be reported for all age groups and rate categories. 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.
☐	If a measure was calculated using the hybrid method, states should report as much information as possible about how the state calculated the SPA-level rate. • States should enter the numerator and denominator that were used to calculate the SPA-level rate in the Numerator and Denominator fields. If this information is not available, states should enter 0 in these fields and explain why the information is unavailable in the "Additional Notes/Comments on Measure" section in MACPro. • States should also complete the additional fields in MACPro for measures calculated using the hybrid method, including the Sample Size and Measure-Eligible Population fields. In most cases, the Denominator should equal the Sample Size reported in MACPro. If the Sample Size differs from the Denominator (for example, due to weighting or oversampling), the state should explain the difference in the "Additional Notes/Comments on Measure" section in MACPro. • If the SPA-level rate is based on data from multiple reporting units, states should provide as many of the following items as possible for each reporting unit in the "Additional Notes/Comments on Measure" section in MACPro: numerator, denominator, measure-eligible population, and rate.

■ *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.*

☐	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. • If eligible groups were excluded from the measure (such as health home providers, 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.
☐	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.
	Data Accuracy
☐	Reported rates should be calculated according to the Health Homes Core Set Technical Specifications for each measure. • All deviations from Core Set Specifications should be described in the "Deviations from Measure 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.
☐	For the IET, CBP, CDF, FUH, CTR, PCR, and ABA measures, numerators should be less than (or equal to) denominators.
☐	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.
☐	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. 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. • For most measures, rates should be reported as percentages in the range of 0.0 to 100.0 and calculated using the following formula: (numerator/denominator)*100. • For the PQI measure (PQI192), rates should be reported per 100,000 enrollee months and calculated using the following formula: (Number of hospital admissions/number of enrollee months)*100,000. • For the utilization measures (AMB, IU, and NFU), rates should be reported per 1,000 enrollee months and calculated using the formula: (Numerator/number of enrollee months)*1,000.

	Data Consistency
☐	For measures with multiple rates, reporting should be consistent for all rates: • 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. • IET: The Initiation rate should be greater than (or equal to) the Engagement rate and the denominator for both rates should be the same.
	Data Documentation
☐	For measures not reported for FFY 2015, reasons for not reporting should be explained in detail in the "Please explain why you are not reporting on the measure" section.
☐	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 2015 reporting cycle corresponds to calendar year 2014 (January 1, 2014–December 31, 2014). 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. The FFY 2015 measurement periods for denominators and numerators for each measure are available at https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/fy-2015-hh-measurement-periods.pdf for the Health Home Core Set measures. For example: For FFY 2015, 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, 2014 and November 15, 2014. 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, 2014, the denominator is based on index episodes that start between January 1, 2014 and November 15, 2014 and states that followed the Core Set specifications for FFY 2015 should enter "January 1, 2014" in the Start Date field and "November 15, 2014" 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 in MACPro.
☐	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.
☐	States should compare their FFY 2015 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). When assessing performance, states should be aware that lower rates are better on the following measures: AMB, IU, NFU, PCR, and PQI92.

For Further Information

Additional information about the 2015 Health Homes Core Set measures, including the 2015 Resource Manual and Technical Specifications, is available at https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/health-home-quality-reporting.html.

Additional resources for reporting Health Homes Core Set data in MACPro are available at https://www.medicaid.gov/state-resource-center/medicaid-and-chip-program-portal/medicaid-and-chip-program-portal.html.

To obtain technical assistance with reporting the Medicaid/CHIP Health Care Quality Measures, please contact the TA mailbox at **MACQualityTA@cms.hhs.gov**.