

FFY 2013 Adult Core Set Reporting in CARTS

Technical Assistance Webinar
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Karen LLanos, CMS

Jason Williams, CMS

Katie Adamek, Mathematica

Bailey Orshan, Mathematica

Agenda

- Overview of the Medicaid Adult Core Set
- Collecting and Reporting the Medicaid Adult Core Set Measures for FFY 2013
- Updates to the Medicaid Adult Core Set Technical Specifications
- CARTS Live Demonstration
- Q & A
 - Please send questions through the Q & A function during the webinar

Overview of Medicaid Adult Core Set

- In 2010, CMCS partnered with AHRQ's subcommittee to its National Advisory Council for Healthcare Research and Quality
 - Reduced approximately 1,000 possible measures to a set of 51 measures for public comment
- In January 2012, CMS announced the Medicaid Adult Core Set (a total of 26 measures) for voluntary use by states
- Technical Specifications and Resource Manual was released in February 2013

Overview of Medicaid Adult Core Set (continued)

- CARTS Reporting to open early December and close January 20, 2014
- Medicaid Adult Core Set measures are available at:
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf>

Using States' Data from Medicaid Adult Core Set

The Department of Health and Human Services

2013 Annual Report on the

Quality of Care for Children in Medicaid and CHIP



Health and Human Services Secretary

Kathleen Sebelius

September 2013

The Affordable Care Act requires the Secretary to issue an annual report on the reporting of adult Medicaid quality information to include:

- Findings on the Medicaid Adult Core Set
- Information collected through external quality reviews of managed care organizations
- Quality improvement projects related to Core Set measures

Questions?

Collecting and Reporting the Medicaid Adult Core Set Measures for FFY 2013

Overview of Technical Assistance Requests Related to the Medicaid Adult Core Set Measures

- TA requests helped to identify areas for further guidance and clarification to the technical specifications
 - Most frequent requests were related to Annual HIV/AIDS Medical Visit, Care Transition, Plan All-Cause Readmission, and PQI measures
 - Worked with measure stewards to update technical specifications
 - Developed addendum that incorporated questions and comments received through the TA mailbox
 - 2014 Resource Manual and Technical Specifications will include updates from addendum

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
Screening for Clinical Depression and Follow-Up Plan	<p>Added guidance that the date of encounter and screening must occur on the same date of service</p> <p>Added guidance that if a patient had more than one encounter during the measurement year, the patient should be counted in the numerator and denominator only once</p> <p>Clarified numerator to include patients screened for clinical depression, and if positive, a follow-up plan is documented on the date of the positive screen</p> <p>Removed text specific to physician-level reporting from the numerator</p> <p>Added codes to identify the numerator population</p>

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
PC-01: Elective Delivery	<p data-bbox="581 325 1825 419">Added guidance that gestational age should be rounded off to the nearest completed week, not the following week</p> <p data-bbox="581 458 1715 552">Updated denominator to include populations with ICD-9-CM diagnosis codes for planned cesarean section in labor</p> <p data-bbox="581 591 1688 685">Revised numerator and denominator to include mandatory medical record review data elements</p> <p data-bbox="581 723 1611 768">Added prior uterine surgery to denominator exclusions</p>

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
PC-03: Antenatal Steroids	<p>Added guidance that a full course of antenatal steroids consists of two doses of 12mg betamethasone IM 24 hours apart OR four doses of 6 mg dexamethasone IM every 12 hours</p> <p>Added guidance that The Joint Commission does not identify NDC codes for Antenatal Steroid medication</p> <p>Revised numerator and denominator to include mandatory medical record review data elements</p>
Annual HIV/AIDS Medical Visit	<p>Removed CPT codes 99381, 99382, 99383, 99384 from Table 16.2 since these codes apply to patients younger than age 18</p> <p>Added guidance that enrollees must be age 18 or older as of January 1st of the measurement year</p>

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
PQI-01: Diabetes Short-Term Complications Admission Rate	Clarified that member months can be counted as of the 15th or the 30th day of the month
PQI-05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Clarified that for the purposes of reporting the Medicaid Adult Core Set, states should report measures as a rate per 100,000 member months as opposed to 100,000 Medicaid enrollees
PQI-08: Congestive Heart Failure (CHF) Admission Rate	Added guidance that age based on the age of admission
PQI-15: Asthma in Younger Adults Admission Rate	Added guidance that age based on the age of admission
PQI-01: Diabetes Short-Term Complications Admission Rate	Updated description to “Number of discharges for diabetes short-term complications per 100,000 member months for Medicaid enrollees age 18 and older ”

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measures	Clarifications/Updates
<p>PQI-05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate</p>	<p>Updated measure title to “Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate”</p> <p>Updated description to “Number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older”</p> <p>Updated denominator to Medicaid Enrollees age 40 and older</p> <p>Updated numerator to include asthma</p>
<p>PQI-08: Congestive Heart Failure (CHF) Admission Rate</p>	<p>Updated description to “Number of discharges for congestive heart failure (CHF) per 100,000 member months for Medicaid enrollees age 18 and older ”</p>

Clarifications to Adult Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
PQI-15: Asthma in younger Adults Admission Rate	<p>Updated measure title to “Asthma in Younger Adults Admission Rate”</p> <p>Updated description to “Number of discharges for asthma per 100,000 member months for Medicaid enrollees age 39 and younger”</p> <p>Updated denominator to Medicaid enrollees age 39 and younger</p> <p>Updated diagnosis code for Anomalies of Aortic Arch to 747.21</p>

Clarifications to Medicaid Adult Core Set Technical Specifications

Measure	Updates/Clarifications
Comprehensive Diabetes Care: LDL-C Screening Comprehensive Diabetes Care: Hemoglobin A1c Testing Antidepressant Medication Management Annual monitoring for Patients on Persistent Medications	Added link to NCQA's list of NDC codes: http://www.ncqa.org/HEDISQualityMeasurements/HEDISMeasures/HEDIS2013/HEDIS2013FinalNDCLists.aspx
Flu Shots for Adults Ages 50 to 64	Added guidance that the measure uses the CAHPS Survey to capture vaccinations that are received outside traditional medical settings (e.g., at work or in retail flu clinics)

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
Care Transition: Transition Record Transmitted to Health Care Professional	Updated denominator to include all patients age 18 and older as of December 31 st of the measurement year
Appendix B: CAHPS Health Plan Survey 5.0H- Adult Questionnaire	Updated the required sample size to 1,350 adults
Appendix D: Additional Information on Data Elements for PC-01 and PC-03	Added Appendix D to assist in calculating the numerator and denominator for PC-01 and PC-03

Clarifications to Medicaid Adult Core Set Technical Specifications (continued)

Measure	Update/Clarification
Flu Shots for Adults Ages 50 to 64 Adult Body Mass Index (BMI) Assessment Breast Cancer Screening Cervical Cancer Screening Medical Assistance with Smoking and Tobacco Use Cessation Chlamydia Screening in Women Ages 21 to 24 Controlling High Blood Pressure Comprehensive Diabetes Care: LDL-C Screening Comprehensive Diabetes Care: Hemoglobin A1c Testing Antidepressant Medication Management Annual Monitoring for Patients on Persistent Medications	Updated the allowable gap to no more than one gap in enrollment of up to 45 days during the continuous enrollment period

Questions?

Data Quality and CARTS Reporting

Data Quality Checklist

- If a measure was not reported, select a reason for not reporting
- If one or more sub-rates were not reported, provide an explanation using the Additional Notes/Comments on Measure Field
- Make sure data are provided for each CARTS field. If a field is missing, provide an explanation using the Additional Notes/Comments on Measure field
- “Double-check” calculations prior to submission:
 - Re-calculate rate using reported numerator and denominator or measure eligible populations and rates
 - Rate should be reasonable (between 0 and 100 percent for all measures)
 - Check to make sure denominators are accurate
 - Measure sub-denominators should sum to total denominator for 18-64 and 65+ age group stratification
- Align methodology (administrative, hybrid) referenced in core set measure specifications with approach used to calculate measure

Data Quality Checklist (continued)

- If the primary data source selected is “Other,” provide a detailed description in the Data Source field
- Describe any deviations from the core set measure specifications using the Deviations from Measure Specifications field
- Check that the reported age group stratifications are consistent with the technical specifications. If they are different than those specified, report inconsistency using the Deviations field
- Indicate which delivery systems are represented in the denominator and the percentage of the total population this represents
- Checklist available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Adult-Core-Set-Data-Quality-Checklist.pdf>.

Best Practices for CARTS Reporting

- States should report a single state-level rate from multiple reporting units (such as methodology, payment system, health plan, or provider)
 - For more information about how to aggregate rates see the state-level rates brief: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>
- Rates using administrative method
 - Report total denominator, total numerator, and rate in appropriate fields in CARTS
 - Document each reporting unit's denominator, numerator, and rate in "Additional Notes/Comments on Measure" field
- Rates using hybrid method or combined hybrid and administrative methods
 - Report zero for numerator and denominator fields
 - Report state-level rate in rate field
 - Document each reporting unit's numerator, denominator, measure-eligible population, and rate in the "Additional Notes/Comments on Measure" field

Best Practices for CARTS Reporting (continued)

- Describe methods used to derive state-level rates based on data from multiple reporting units (weighted or unweighted) and provide measure-eligible population using “Additional Notes/Comments on Measure” field if rate is weighted
- If using an alternate Measure Specification methodology, provide a description of the measure, along with the numerator, denominator, and rate in the “Other Performance Measure” section
- If data are stratified for a measure by race (non-Hispanic), ethnicity, sex, primary spoken language, disability status, or geography, states may provide these data in the “Optional Measure Stratification” section

Questions?

Reporting Quality Measures to CMS

- URL for CARTS: <http://carts.medicaid.gov>
- Attaining a CARTS User ID: <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/downloads/euaaccessform.pdf>
- Logging into CARTS
- Entering measurement data and attaching documents
 - Walk-through using Flu Shots for Adults Ages 50 to 64 and Adult BMI Assessment measures
- Certifying data
- Making changes to submitted data

CARTS Live Demonstration

Questions?

Technical Assistance Resources

Resources for FFY 2013 Reporting

- CMS released the 2013 Resource Manual and Technical Specifications in February 2013
 - Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf>
- Archives of webinar slides and additional TA resources will be available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>

For Additional Information

- For TA related to the Medicaid Adult Core Set measures:
 - Contact the TA mailbox at MACqualityTA@cms.hhs.gov
- For questions about the CARTS system and to obtain a CARTS User ID:
 - Contact Jason Williams at Jason.Williams1@cms.hhs.gov

Questions?

Thank you for participating in today's webinar!

Please complete the evaluation as you exit the webinar.

Appendix

Medicaid Adult Core Set

NQF #	Measure Steward	Measure Name
0039	NCQA/HEDIS	Flu Shots for Adults Ages 50-64
NA	NCQA/HEDIS	Adult BMI Assessment
0031	NCQA/HEDIS	Breast Cancer Screening
0032	NCQA/HEDIS	Cervical Cancer Screening
0027	NCQA/HEDIS	Medical Assistance with Smoking and Tobacco Use Cessation
0418	CMS	Screening for Clinical Depression and Follow-Up Plan
1768	NCQA/HEDIS	Plan All-Cause Readmission
0272	AHRQ	PQI 01: Diabetes, Short-term Complications Admission Rate
0275	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) and Asthma in Older Adults Admission Rate
0277	AHRQ	PQI 08: Congestive Heart Failure Admission Rate
0283	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate
0033	NCQA/HEDIS	Chlamydia Screening in Women Ages 21-24
0576	NCQA/HEDIS	Follow-Up After Hospitalization for Mental Illness

Medicaid Adult Core Set (Continued)

NQF #	Measure Steward	Measure Name
0469	TJC	PC-01: Elective Delivery
0476	TIC	PC-03: Antenatal Steroids
0018	NCQA/HEDIS	Controlling High Blood Pressure
0063	NCQA/HEDIS	Comprehensive Diabetes Care: LDL-C Screening
0403	NCQA	Annual HIV/AIDS Medical Visit
0057	NCQA/HEDIS	Comprehensive Diabetes Care: Hemoglobin A1c Testing
0105	NCQA/HEDIS	Antidepressant Medication Management
1879	CMS	Adherence to Antipsychotics for Individuals with Schizophrenia
0021	NCQA/HEDIS	Annual Monitoring for Patients on Persistent Medications
0006 & 0007	AHRQ & NCQA	CAHPS® Health Plan Survey v 4.0—Adult Questionnaire with CAHPS® Health Plan Survey v 4.0H—NCQA Supplemental
648	AMA/PCPI	Care Transition—Transition Record Transmitted to Health Care Professional
0004	NCQA/HEDIS	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
1517	NCQA/HEDIS	Prenatal and Postpartum Care: Postpartum Care Rate