

# FFY 2013 Child Core Set Reporting in CARTS

Technical Assistance Webinar  
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# Agenda

- State Reporting on the Children's Health Care Quality Measures for Medicaid/CHIP in FFY 2012
- Collecting and Reporting the Children's Core Set Measures for FFY 2013
- CHIP Annual Reporting Template System (CARTS) Demonstration
- Review of Section IIIG (Dental Care for Children Enrolled in Separate CHIP) and Introduction to (new) Section IIH (CHIPRA CAHPS Reporting)
- Questions and Answers
  - Please send questions through the chat function during the webinar

# State Reporting on the Children's Health Care Quality Measures for Medicaid/CHIP in FFY 2012

# Measuring Progress: Goals for Measurement and Reporting

- Increase the number of states reporting on the children's core measures
- Maintain or increase the number of measures reported by each state
- Improve the completeness of the data reported (i.e., report on both Medicaid and CHIP enrollees)
- Improve the quality of the data reported (i.e., how well rates reflect state performance)
- Streamline data collection and reporting processes, to the extent possible

# 2013 Annual Secretary's Report

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 2013 Secretary's Report presents information activities CMS undertook to provide an update on the quality of care children in Medicaid/CHIP receive, including:
  - Reviewing findings on the Child Core Set
  - Summarizing information on managed care quality from External Quality Review (EQR) technical reports
- Report is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept.pdf>.
- Related Resources:
  - Overview of the Child Core Set Measures, FFY 2012: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Overview-of-the-Child-Core-Set-Measures-FFY-2012.zip>
  - Performance on the Child Core Set Measures, FFY 2012: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2012.zip>
  - Findings from EQR Technical Reports, 2012-2013 Reporting Cycle: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Findings-from-EQR-Technical-Reports-2012-2013.zip>

# 2013 Annual Secretary's Report:

## Appendix: Measure Snapshots

### WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15) Measure Served: National Committee for Quality Assurance (NCQA)

The American Academy of Pediatrics and Bright Futures recommend nine well-child visits by the time children turn 15 months of age, including a newborn evaluation and evaluations at 3 to 5 days after birth, 1 to 3 months, 4 months, 6 months, 9 months, 12 months, and 15 months. Preventive care during infancy includes a health history, physical examination, immunizations, vision and hearing screening, developmental/behavioral assessment, and an oral health risk assessment. In addition, parenting education on a wide range of topics (including breastfeeding and nutrition) is a key component of providing support to new parents. The Core Set measure assesses the percentage of children receiving six or more visits by 15 months.

#### Measure Description

- This measure shows the percentage of children that turned 15 months old during the measurement year and had zero, one, two, three, four, five, six or six or more well-child visits with a primary care practitioner during their first 15 months of life.<sup>1</sup>

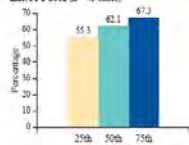
#### Overview of State Reporting

- The number of states reporting the Well-Child Visits in the First 15 Months of Life measure increased from 40 states for FFY 2010 to 46 states for FFY 2011, then, decreased to 43 states for FFY 2012.<sup>2</sup>
- Of the 43 states reporting the measure for FFY 2012, 32 states reported the measure for both their Medicaid and CHIP populations, 8 states reported the measure for their CHIP population only, and 3 states reported the measure for their Medicaid population only.
- In FFY 2012, all 43 states reported the measure using Core Set specifications.

#### State Performance

- The median rate among the 43 states reporting the measure for FFY 2012 was 62 percent, with a 13-point spread between the 25th and 75th percentiles (Exhibit W15.1).
- Performance on this measure ranged from 23 percent to 88 percent among states, with considerable geographic variation across states (Exhibit W15.3, next page).

Exhibit W15.1: Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2012 (n = 43 states)



Source: Mathematica analysis of FFY 2012 CARTS reports

#### Trends

- Among the 33 states reporting the measure using Core Set specifications for all three years, the median rate with 6 or more visits in the first 15 months of life increased by 6.5 percentage points from FFY 2010 to FFY 2012 (Exhibit W15.2).

Exhibit W15.2: Trends in the Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2010-2012 (n = 33 states)

Rate	FFY 2010	FFY 2011	FFY 2012
Mean	51.9	59.4	62.3
Median	51.4	60.1	61.9
25th Percentile	50.9	56.6	55.9
75th Percentile	64.6	69.7	68.8

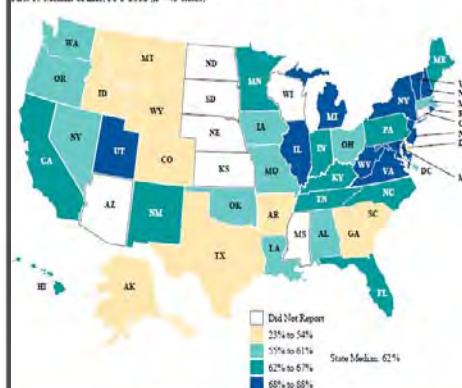
Source: Mathematica analysis of FFY 2010, 2011, and 2012 CARTS reports.

<sup>1</sup>This measure is calculated using the administrative method. (States may report data on the limited standard claims measure data collected with medical record reviews.)

<sup>2</sup>The term "states" includes the 50 states and District of Columbia.

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Exhibit W15.3: Geographic Variation in the Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2012 (n = 43 states)



Source: Mathematica analysis of FFY 2012 CARTS reports

To view state-specific data for this measure, please see Table W15 at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept-App.pdf>.

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- For the first time, CMS conducted deeper analysis on 16 Child Core Set measures reported by 25 or more states.
  - The most frequently reported measures assess children's access to primary care, well-child visits, and dental services.
- Appendix presents detailed findings for these measures, including percentiles, trends, and geographic variation.
- Appendix is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept-App.pdf>

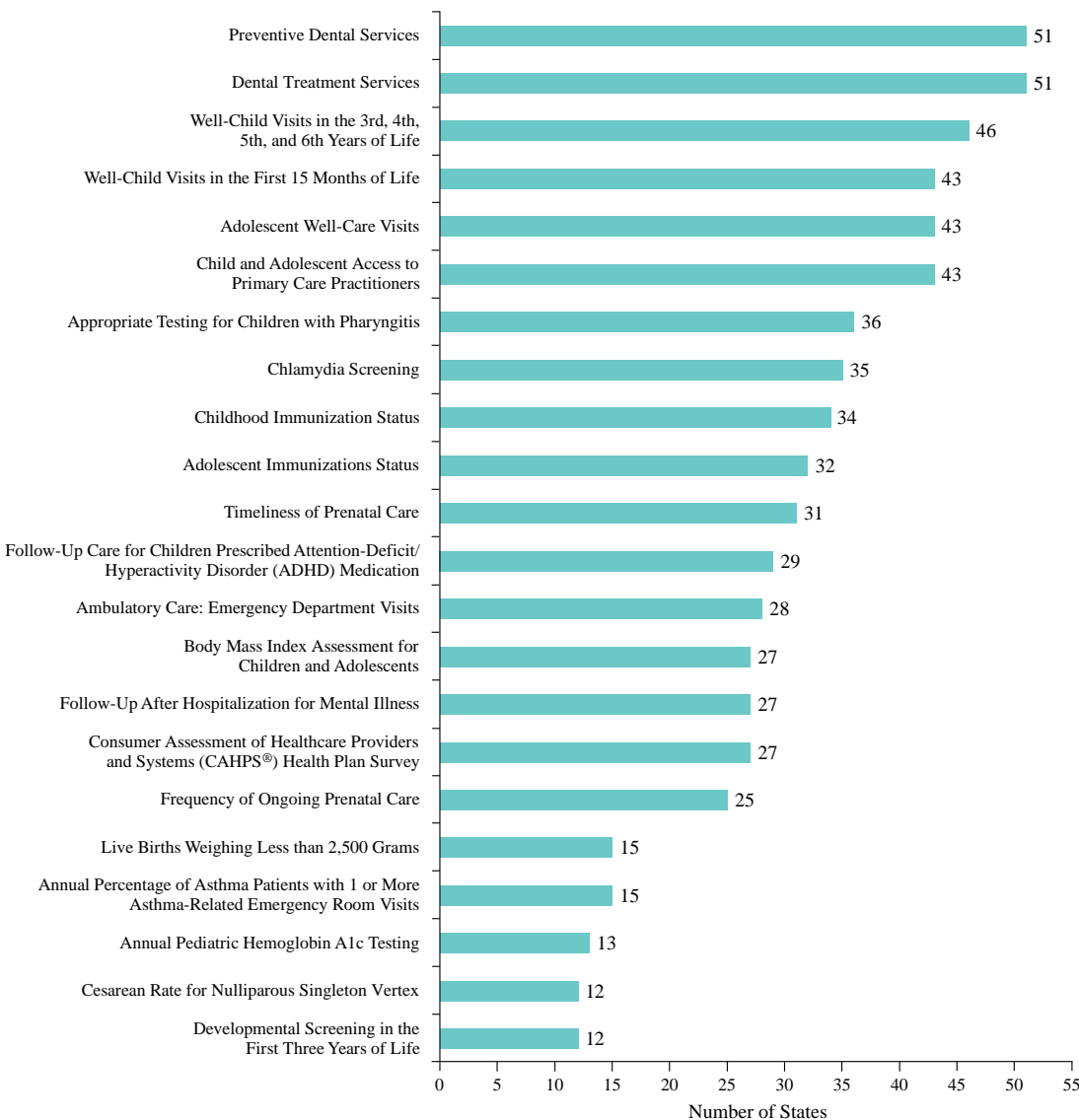
**Medicaid/CHIP**

**Health Care Quality Measures**

# State Reporting for FFY 2012

- All states reported two or more child core set measures for FFY 2012
- Measures with the largest increases in reporting:
  - Body Mass Index (BMI) Assessment for Children and Adolescents: increased from 18 to 27 states reporting
  - Frequency of Ongoing Prenatal Care: increased from 18 to 25 states reporting
  - Appropriate Testing for Children with Pharyngitis: increased from 28 to 36 states reporting

# Number of States Reporting the Core Set of Medicaid/CHIP Children's Health Care Quality Measures, FFY 2012



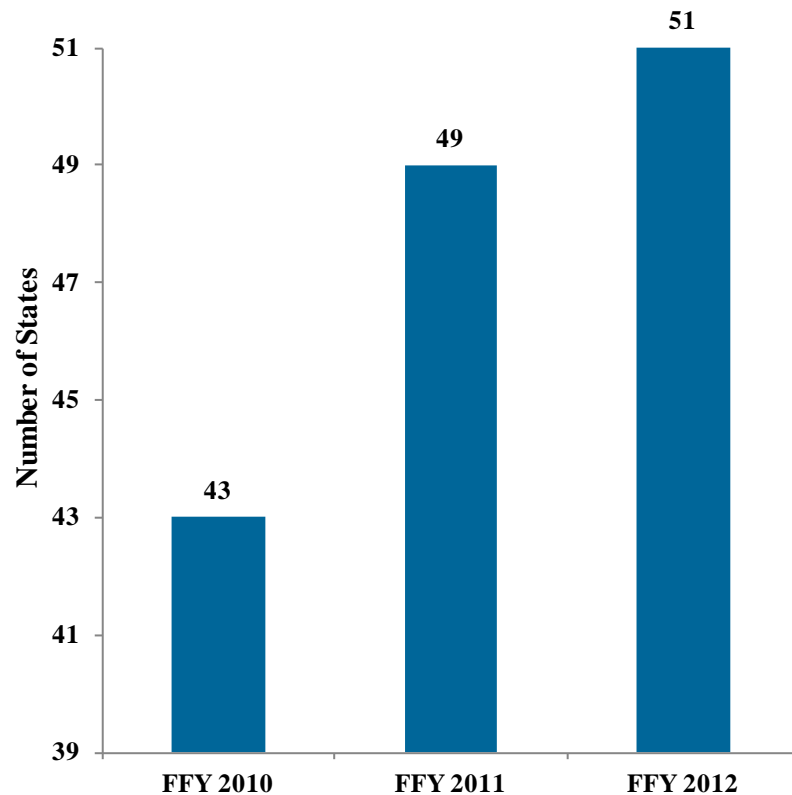
Source: Based on Mathematica analysis of FFY 2012 CARTS reports.

Notes: Beginning in FFY 2012, to minimize state burden, the two dental measures were calculated using data reported by states on Form CMS-416. Beginning in FFY 2012, data for the CLABSI measure were obtained from the National Healthcare Safety Network. The OME measure was not collected for FFY 2012 and was retired in 2013. The term “states” includes the 50 states and the District of Columbia.

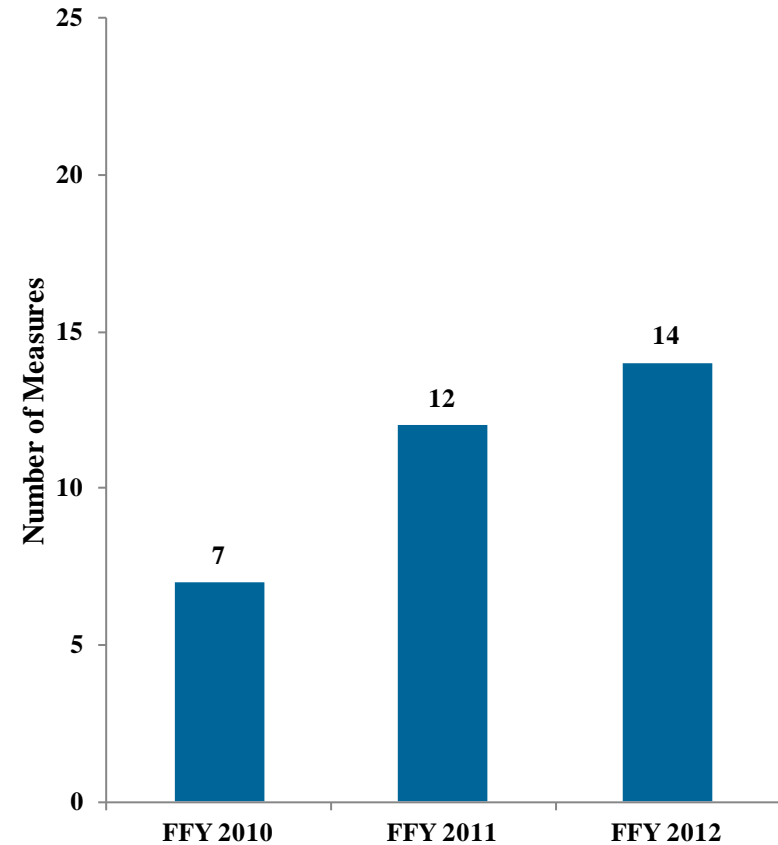


# Changes in State Reporting, FFY 2010 - FFY 2012

Increase in the number of states reporting at least one measure



Increase in the median number of measures reported by states



**Medicaid/CHIP**  
**Health Care Quality Measures**

# Collecting and Reporting the Child Core Set Measures for FFY 2013

# Updated FFY 2013 Resource Manual and Technical Specifications

- Overview of Update Process
  - Contacted measure stewards about technical specification updates in Spring 2013
  - Updated specifications for HEDIS measures with HEDIS 2013
  - Incorporated new guidance based on questions and comments received through the technical assistance mailbox

# FFY 2013 Changes to the Child Core Set and Core Set Technical Specifications

- Added three new measures:
  - Human Papillomavirus (HPV) Vaccine for Female Adolescents
  - Behavioral Health Risk Assessment (for Pregnant Women)
  - Medication Management for People with Asthma
- Retired one measure:
  - Otitis Media with Effusion (OME) – Avoidance of Inappropriate Use of Systemic Antimicrobials
- Changed measure numbers to acronyms
- Updated table names to align with HEDIS table names for all HEDIS measures and added tables for codes that had previously been listed in text

# FFY 2013 Clarifications to Child Core Set Technical Specifications

Measure	Clarifications/Updates
Body Mass Index Assessment (WCC)	Clarified that height, weight, and BMI percentile must be taken from the same data source
Childhood Immunization Status (CIS)	Updated Hepatitis A dosing vaccines to one vaccine requirement Updated ICD-9 coding used to determine exclusions
Immunization Status for Adolescents (IMA)	Updated ICD-9 coding to identify exclusions
Frequency of Ongoing Prenatal Care (FPC)	Updated administrative numerator specifications to account for leap year
Timeliness of Prenatal Care (PPC)	Clarified that one date (EDD or date of delivery) must be used to define the start and end of the first trimester
Developmental Screening In the First Three Years of Life (DEV)	Clarified limitations of CPT code 96110 validity in states that do not specify standardized tools for this code

# FFY 2013 Clarifications to Child Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
Well-Child Visits in the First 15 Months of Life (W15)	<p>Clarified that children should be included in the numerator for their highest number of visits only</p> <p>Modified continuous enrollment criteria to account for leap year</p> <p>Removed obsolete CPT coding used to identify numerator</p>
Chlamydia Screening in Women (CHL)	Updated HCPCS/ICD-9/LOINC coding used to identify denominator
Percentage of Eligibles That Received Preventive Dental Services (PDENT)	Updated exclusion description
Percentage of Eligibles That Received Dental Treatment Services (TDENT)	Updated exclusion description
Follow-Up After Hospitalization for Mental Illness (FUH)	Updated event/diagnostic criteria for eligible population to specify use of facility codes to identify discharges, rather than diagnoses from claims

# FFY 2013 Clarifications to Child Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<p>Updated age criteria for Rates 1 and 2 eligible populations to account for leap year</p> <p>Updated ADHD medication list used to identify numerator</p> <p>Updated administrative denominator specification exclusions to include children with procedure or DRG code for mental health</p>
Central Line-Associated Blood Stream Infections (CLABSI)	<p>Updated measure description</p> <p>Updated definitions for Intensive Care Units, Central Lines, and Temporary Central Lines</p> <p>Updated numerator specifications to specify CLABSI observed among patients in PICUs and NICUs</p> <p>Updated steps to determine standardized infection ratio</p>

# FFY 2013 Clarifications to Child Core Set Technical Specifications (continued)

Measure	Clarifications/Updates
Appropriate Testing for Children with Pharyngitis (CWP)	Updated LOINC coding used to identify denominator
Annual Percentage of Asthma Patients with One or More Asthma-Related Emergency Room Visits (ASMER)	Added guidance for reporting on how states should indicate specifications that was previously included as footnote
CAHPS (CPC)	<p>Clarified survey instrument for FFY 2013 (CAHPS 5.0H)</p> <p>Added guidance on available resources for additional information on the CHIPRA CAHPS requirement and collecting and reporting the CAHPS core set measure</p> <p>Updated data collection mode guidance to reference mail-only or mixed-mode (mail and telephone) options</p> <p>Updated completion criteria to reference completion of one or more survey questions</p> <p>Removed instructions for case-mix adjustment</p> <p>Added Appendices: A - CAHPS 5.0H Child Questionnaire With Children with Chronic Conditions (CCC) Measure and B - CAHPS 5.0H Child Questionnaire Without CCC Measure</p>



# CMS's Efforts to Streamline Collection of the Child Core Set Measures

- CMS will continue to obtain data from other sources for four measures
  - Preventive Dental Services and Dental Treatment Services
    - Measures will be calculated by CMS based on data submitted as part of the EPSDT (CMS-416) report
  - Pediatric Central Line Associated Blood Stream Infections (CLABSI)
    - Measure will be calculated by CMS based on data submitted by hospitals to CDC's National Healthcare Safety Network (NHSN)
  - CAHPS
    - Measure data will be obtained from the AHRQ CAHPS database
    - However, states should complete CARTS questions related to collection and reporting of the CAHPS survey, and submit summary level information from the CAHPS survey to CMS via CARTS using the attachment facility

# CMS's Focus on Data Quality

- “Double-check” calculations before 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 except AMB)
    - Measure sub-rates should sum to 100 percent for FPC and W15
  - Check to make sure denominators are accurate
    - Measure sub-denominators should be consistent for FPC, CIS, IMA, and W15
    - Measure sub-denominators should sum to total denominator for AMB and WCC
- Align methodology (administrative, hybrid) referenced in core set measure specifications with approach used to calculate measure
- Ensure that state-level rates comprised of multiple units (programs, payment systems, health plans, or providers) are calculated using appropriate weighting methods

# CMS's Focus on Data Quality (continued)

- Ambulatory Care: Emergency Department Visits (AMB)
  - Rate = (Number of ED Visits/Number of Enrollee Months) x 1,000
  - Example:
    - Number of ED Visits = 22,000
    - Enrollee Months = 1,000,000
    - $(22,000/1,000,000) \times 1,000 = 22$
  - Age-specific denominators (<1, 1–9, 10–19) should sum to Total denominator
  - CARTS will now allow entry of more than seven digits for Total Denominator Field

# Best Practices for CARTS Reporting

- Specify reason for not reporting a measure or reason for not reporting all rates for a measure using Additional Notes/Comments on Measure field
- Indicate whether the denominator is a subset of the population (e.g., excludes FFS, managed care plans, or other groups), and if so, population that was excluded from the denominator and how many, using Additional Notes/Comments on Measure field
- Define a “date range” (start and end date) to clarify the reporting period
- Describe deviations from the measure specifications (e.g., date range, data source, numerator, denominator, methods, other) and provide explanation for deviation using Deviations field
- 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

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Questions?

# CHIP Annual Reporting Template System (CARTS) Live Demonstration

# CARTS Live Demonstration

- New URL for CARTS: <http://carts.medicaid.gov>
- FFY 2013 reporting deadline is December 31, 2013
- Logging into CARTS
- Overview of the CARTS sections
- Entering measurement data
  - Walk-through using timeliness of prenatal care measure
- Certifying data
- Making changes to submitted data

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Questions?



# Guidance for Reporting Dental Data in CARTS Section IIIG: Dental Care for Children Enrolled in Separate CHIP Programs

# Dental Care for Children Enrolled in Separate CHIP

## Annual Dental Participation Table



State: FFY:	Age Group						
	Total	<1	1-2	3-5	6-9	10-14	15-18
Total Individuals Enrolled for At Least 90 Continuous Days	.	.	.	.	.	.	.
Total Enrollees Receiving Any Dental Services	.	.	.	.	.	.	.
Total Enrollees Receiving Preventative Dental Services	.	.	.	.	.	.	.
Total Enrollees Receiving Dental Treatment Services	.	.	.	.	.	.	.

# Dental Care for Children Enrolled in Separate CHIP

## Guidance for Reporting

- While data reported in this section are based on the definitions provided on the EPSDT Report (Form CMS-416), information in this section should ONLY be reported for children in Separate CHIP programs and the Separate CHIP part of Combination programs.
  - Do not include Medicaid children in counts
  - Do not report the same data your state reported on the CMS-416, which is used to report on children in Medicaid and Medicaid expansion CHIP programs
- “Double-check” data before submission:
  - Ensure that data submitted in each row sum to ‘totals’
  - Ensure that the “denominator” (total individuals enrolled for at least 90 continuous days) is accurate and reasonable
- Describe/explain any deviations from the measure specifications using the available text field.

# New CARTS Section IIH: CHIPRA CAHPS Requirement

# CHIPRA CAHPS Requirement

- CHIPRA section 402(a)(2) requires Title XXI Programs (i.e., CHIP Medicaid expansion programs, separate child health programs, or a combination of the two) to report CAHPS results to CMS starting December 2013.
- Title XXI Programs may select any CAHPS survey to fulfill this requirement. CMS encourages programs to use the CAHPS Health Plan Survey 5.0H Child Questionnaire with or without the Supplemental Items for Children with Chronic Conditions (CCC) to align with the CAHPS measure in the Children's Core Set.
- Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research & Quality CAHPS Database.
- More information is available in the Technical Assistance fact sheet: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

# Section IIH: CHIPRA CAHPS Requirement

<b>Did you collect this survey in order to meet the CHIPRA CAHPS requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, how did you report this survey (select all that apply):</b> <input type="checkbox"/> Submitted raw data to AHRQ <input type="checkbox"/> Submitted a summary report to CMS using the CARTS attachment facility (NOTE: do not submit raw CAHPS data to CMS)
<b>If no, explain why data were not collected:</b> <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. Explain: [300] <input type="checkbox"/> Small sample size (less than 30). Specify sample size: [300] <input type="checkbox"/> Other. Explain: [300]
<b>Definition of Population Included in the Survey Sample:</b> Definition of population included in the survey sample: <input type="checkbox"/> Denominator includes CHIP (Title XXI) population only. <input type="checkbox"/> Survey sample includes CHIP Medicaid Expansion population. <input type="checkbox"/> Survey sample includes Separate CHIP population. <input type="checkbox"/> Survey sample includes Combination CHIP population.  If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded: [300]
<b>Which version of the CAHPS® survey was used?</b> <input type="checkbox"/> CAHPS® 5.0. <input type="checkbox"/> CAHPS® 5.0H. <input type="checkbox"/> Other. Explain: [300]

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Questions?

# Technical Assistance Resources



# Resources for FFY 2013 Reporting

- CMS released FFY 2013 CHIP CARTS and Medicaid Quality Templates on November 1, 2013
  - If you need a copy, please contact: [Jason.Williams1@cms.hhs.gov](mailto:Jason.Williams1@cms.hhs.gov)
- CMS released resources for FFY 2013 reporting in May 2013:
  - Updated Resource Manual and Technical Specifications:  
<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-and-CHIP-Child-Core-Set-Manual.pdfs>
  - Summary table of key changes to the technical specifications:  
<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Summary-of-Updates-to-Child-Core-Set-Manual.pdf>
- A data quality checklist that states may use when preparing FFY 2013 data for submission is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Data-Quality-Checklist.pdf>
- Archives of webinar slides and recordings and additional TA resources are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>

# Contacts for CARTS Questions

- For TA related to the Child Core Set measures (Section IIA of CARTS):
  - Contact the TA mailbox at [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov)
- For assistance with other CARTS content:
  - Contact your CHIP Central Office Project Officer
- For questions about the CARTS system:
  - Contact Jason Williams at [Jason.Williams1@cms.hhs.gov](mailto:Jason.Williams1@cms.hhs.gov)
  - **NOTE: Jeffrey Silverman is no longer a contact for CARTS**

# Questions?

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Thank you for participating in today's webinar!

Please complete the evaluation as you exit the webinar.