

TECHNICAL ASSISTANCE WEBINAR FOR COLLECTING AND REPORTING THE INITIAL CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES:

ANSWERS TO QUESTIONS SUBMITTED DURING THE WEBINAR

A. Specifying the Initial Core Set Measures

1. When will the updated initial core set technical specifications be available to States? Should States use the updated specifications to report FY11 data?
 - The updated resource manual and technical specifications is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResouceManual.pdf>. To the extent possible, States should use the updated guidance and specifications for CARTS 2011 reporting. CMS recognizes that some States may have begun the data processing using the previous specifications and may not be able to implement the revised specifications. In the CARTS field labeled “additional notes on measure,” States should indicate when they used the February 2011 technical specifications instead of the updated January 2012 version for a measure.
2. What version of HEDIS should be used for this year’s reporting? What year of data should be used?
 - HEDIS 2011 specifications should be used to report on calendar year 2010 data or the most recent data available for this year’s reporting. The date range for the data should be reported in CARTS.
3. What are some best practices that States have used to obtain vital records to report measures in the initial core set?
 - CMS is developing additional guidance to facilitate Medicaid/CHIP program linkages with vital records, and plans to provide technical assistance on this issue during the next Quality Conference.
4. What additional guidance can CMS provide States in combining data from fee-for-service and managed care delivery systems to develop a statewide rate?
 - CMS is developing additional guidance on best practices for calculating statewide rates across programs, delivery systems, and populations. This guidance will be shared with States in early 2012.
5. What additional guidance can CMS provide to States that do not have funding to conduct the CAHPS survey?
 - One option is to use a State’s EQRO contractor to conduct the CAHPS survey with a sample of managed care enrollees. The State could then obtain a 75 percent Federal match for the funds spent on the survey.

B. Reporting and Submission into CARTS

6. What is the reporting deadline for the CHIP Annual Report and the initial core set measures? Will States receive written notification of the deadline?

- For this year, the reporting deadline for the CHIP annual report and the initial core set measures is March 1, 2012. States must enter and certify data by this date. State Medicaid and CHIP directors have received an email confirming the deadline.

7. Should Medicaid expansion States (i.e., states that do not have a separate CHIP program) report both Medicaid and CHIP populations under Medicaid, or should they use the Medicaid/CHIP combined reporting category? How should other States submit Medicaid and CHIP data?

- CMS prefers that States report the initial core set measures for CHIP and Medicaid combined to provide information for all publicly insured children to the extent possible.
- CMS recognizes that States may not have information for some measures for all publicly insured children or may choose to report data for Medicaid and CHIP populations separately. In such cases, States will need to indicate in CARTS which populations are included and excluded.
- If States are submitting data for one population (e.g., CHIP or Medicaid), they should use the respective screen (CHIP or Medicaid) in CARTS to report these data. For each measure, States should indicate the population included. Some examples of how States with a Medicaid expansion CHIP program should report in CARTS are as follows:
 - If a State with a Medicaid expansion CHIP program (and no separate CHIP program) is reporting both Title XIX and Title XXI populations combined, the denominator should be identified as including both CHIP and Medicaid populations combined.
 - If a State has a combination CHIP program and is only including the Medicaid (Title XXI) and Medicaid expansion (Title XXI) population (excluding children in the separate CHIP program), the State should indicate that the denominator includes both CHIP and Medicaid populations, and should specify in the “Exclusions” field that the data exclude children in the separate CHIP program (and the number excluded).
 - If a State has a combination CHIP program and is only including the separate CHIP program (excluding Medicaid Title XIX or Medicaid expansion Title XXI), the State should indicate that the denominator includes the separate CHIP population only, and should specify in the “Exclusions” field that the data exclude children in the Medicaid and Medicaid expansion program (and the number excluded).
- States choosing to submit data for two populations (e.g., Medicaid and CHIP program data separately) can use the Medicaid Children's Quality Core Measures screen in CARTS for Medicaid data and the CHIP Annual Report screen in CARTS for CHIP

data. In both templates, States should indicate the population included in the denominator when reporting each measure.

- States that would like to submit data for three populations (e.g., CHIP, Medicaid, and CHIP/Medicaid combined) should submit CHIP/Medicaid combined data in the CHIP Annual Report screen in CARTS. Denominator, numerator, and rates for CHIP only and Medicaid only should be included in the section labeled, “Additional notes on measure.”
 - Whenever States choose to report a combined Medicaid and CHIP rate, they should coordinate their reporting internally between the two programs (and among CARTS users within the State).
8. Can a State report a different set of measures for their Medicaid and CHIP programs (for example, report 5 core measures for CHIP and report 10 core measures for Medicaid)?
- If States submit CHIP and Medicaid data separately, they may submit different core set measures for each program. States should indicate the population included in the denominator when reporting each measure. As noted in response to the previous question, States should use the CHIP screen when they are reporting data for one population (CHIP only, Medicaid only, or Medicaid/CHIP combined), but should submit measures separately in the CHIP and Medicaid screens when the data are not combined across programs.
9. Should States include Premium Assistance numbers with Medicaid and CHIP numbers when reporting on the initial core measures in CARTS?
- In many cases, States do not have claims/encounter or other data on the services provided to Medicaid or CHIP enrollees receiving Premium Assistance, and in such cases, States should exclude these populations from the measures. However, States should include those receiving Premium Assistance under Medicaid or CHIP in the numerators and denominators to the extent data are available for both the numerator and denominator. If data are not available, States should note this exclusion from the denominator in the CARTS section on the definition of the denominator.
10. Can States submit non-core set child health quality measures using CARTS?
- At this point, CMS has no plans to record or track non-core measures, except for those reported by demonstration States. The CHIPRA Quality Demonstration Grant projects may report State-specific measures in Section 2a, screen 25, and may attach documents regarding these measures using the CARTS attachment facility. States should also provide a brief description of the attachment in the space provided when submitting it.
11. Are States required to report all 24 or a subset of the initial core set measures? Can States certify their submission without reporting any of the measures?
- State reporting of the initial core set measures is voluntary. CMS does not require States to report on the initial core set measures to certify their submission. However, in order to certify the submission, States must provide an explanation for each

measure not reported. CMS encourages States to report as many measures as possible. CMS's objective is to increase the number of States voluntarily reporting measures and the number of measures voluntarily being reported. The ultimate goal is to be able to use these measures to build a foundation for understanding and improving the quality of health care for publicly insured children.

12. Do submissions for the Medicaid program have to be certified or is certification only required for CHIP programs?

- Submissions through the CHIP Annual Report screen and the Medicaid Children's Quality Core Measures screen must be certified.

13. Does CMS expect improvement in every measure reported?

- During the first two or three years of reporting, CMS's objective is to increase the number of States voluntarily reporting each of the initial core set measures. Over time, CMS expects that States will improve the quality and completeness of the data submitted and will begin to use the data to assess the quality of care provided as well as to identify areas for quality improvement. The ultimate goal is to be able to use these measures to build a foundation for understanding and improving the quality of health care for publicly insured children.

C. Specific Fields and Attachments in CARTS

14. If a State follows HEDIS specifications exactly, why does a date range need to be specified when reporting into CARTS?

- CMS asks that States report date ranges for all submitted data to ensure comparability and accuracy in representing States' reporting in the Secretary's annual report.

15. Does CMS require states to complete the "explanation of progress" field for each initial core set measure reported in CARTS?

- If a State chooses to report a measure, the "explanation of progress" field is not required for CARTS reporting. Nevertheless, CMS encourages States to use their data to assess their performance and progress.

16. Which of the EQRO reports should States include when reporting in CARTS?

- States should submit the EQRO technical report and any other reports pertaining to child health quality. CARTS will accept multiple file attachments.

17. How should States note that the denominator is a subset of that identified in the measure specification (e.g., a population based on MCOs' HEDIS samples) or that there are deviations from the technical specifications? If the denominator includes the entire population as identified in the measure specification and there are no other deviations from the specifications, is any further explanation needed?

- If the denominator is a subset of that identified in the measure specifications, the subset should be defined (e.g., who is included or excluded) and the number of children excluded should be reported in the “Definition of Population Included in the Measure” field. Deviations from the numerator or denominator specifications should be noted in the “Deviations from Measure Specifications” field.
- If there are no subsets or deviations from the denominator specifications, no further information is required besides indicating the population included in the denominator (i.e., Medicaid only, CHIP only, or Medicaid and CHIP combined).

18. How should States submit CAHPS data for Measure 24?

- States should submit their raw CAHPS data to AHRQ’s CAHPS Database and their summary results to CMS through the CARTS attachment facility. Submission of raw data to AHRQ is recommended; if States choose to submit results to CMS through CARTS, they should submit a summary of the results only (not raw data).

D. Future Plans for the Initial Core Set Measures

19. What are CMS plans for adding or eliminating measures from the initial core set? Is CMS planning to add other measures for State reporting that are not part of the initial core set?

- The CHIPRA Pediatric Quality Measures Program (PQMP), coordinated by the Agency for Healthcare Research and Quality (AHRQ) in collaboration with CMS, is designed to strengthen and improve existing core set measures and develop new measures as needed. CMS will consider State experience with reporting of the initial core set measures over these early years and results of the PQMP to make future decisions about updates to the initial core set of measures.

20. Does CMS anticipate including additional core set measures to align with EHR meaningful use measure being developed by CMS?

- Currently, four initial core set measures are also part of the EHR incentive program: Childhood Immunization Status (measure #5); BMI Assessment for Children/Adolescents (measure #7); Chlamydia Screening (measure #9); and Appropriate Testing for Children with Pharyngitis (measure #15). CMS will consider State experience with reporting of the initial core set measures over these early years and results of the PQMP to make future decisions about updates to the initial core set of measures, including whether additional EHR meaningful use measures should be added. For more information about meaningful use see: http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_home/1204

21. Does CMS anticipate incorporating reporting by race and ethnicity, and for children with special health care needs in future versions of the initial core set measures?

- A specific focus of the PQMP is to develop measures that can be used to identify disparities by race, ethnicity, and socioeconomic status, as well as those that can be reported for children with special health care needs. CMS will consider State experience with reporting of the initial core set measures over these early years and

results of the PQMP to make future decisions about updates to the initial core set of measures.

22. What are CMS plans for inclusion of the adult quality measures in the core set?
 - The initial core set of adult quality measures was published on January 4, 2012. Voluntary reporting of these measures will occur by December 31, 2013 and CMS will issue guidance for reporting by January 1, 2013. For additional information, see <http://www.federalregister.gov/articles/2010/12/30/2010-32978/medicaid-program-initial-core-set-of-health-quality-measures-for-medicare-eligible-adults>.
 23. Does CMS have plans for obtaining data through NCQA for the HEDIS measures in the initial core set?
 - There are no plans for a data exchange between NCQA and CMS for the purpose of State reporting of the initial core set of measures. States should calculate statewide rates based on plan-level data for the purpose of State reporting. CMS will provide additional guidance on calculation of statewide rates in the near future.
 24. Has CMS considered alternating the CAHPS adult survey with the CAHPS child survey every other year to reduce burden on States and health plans and allow for time for improvement between measurement periods?
 - Currently there are not plans for alternating the CAHPS adult and child surveys every other year.
- E. Dissemination of Information about the Initial Core Set Measures
25. How will information and materials for CARTS reporting be disseminated (for example, PowerPoint slides from webinars, revised CARTS template, resource manual)?
 - CMS is currently transitioning to a new Medicaid.gov website where information about the initial core set measures will be posted. The link to the updated resource manual and other technical assistance materials will be sent to those who registered for the webinar. The link to the archived webinar is: <https://mathematicampr.webex.com/mathematicampr/lr.php?AT=pb&SP=EC&rID=4613887&rKey=ba8de08961af6b1c>.
 26. Will the finalized CARTS template show the changes from the draft version?
 - CMS is preparing a document summarizing changes to the CARTS template and will post it on the technical assistance website when it is available. In addition, the link will be sent to those who registered for the webinar.
 27. What are CMS plans for collecting and sharing best practices in reporting the initial core set measures?
 - CMS has several strategies for collecting and sharing best practices in reporting of the initial core set measures. To share best practices with CMS, States can submit best

practices through the CARTS attachment facility or send information about best practices to the TA inbox. The Annual Medicaid/CHIP Quality Conference provides another venue for States to share information and best practices with each other; CMS also will have presentations during the conference on best practices for specific topics. In addition, best practices will be disseminated through issue briefs and webinars.

28. Could CMS explain what is meant that next year's report will include measures of acute and chronic conditions?

- In our initial core set of measures, there are a subset of measures related to the management of acute conditions (measures 15 through 19) and the management of chronic conditions (measures 20 through 23). State reporting of these measures will help CMS better understand the management and care that publicly insured children are receiving for acute and chronic conditions. CMS plans to report data for more of these acute and chronic condition measures in next year's Secretary's Report.

F. Technical Assistance and Resources for States

29. What functionalities will CARTS have for State review and use?

- CARTS allows States to export and print their submission at any point before or after certification; CARTS contains an option to export submissions to Word on the "Annual Report" screen.

30. How can CHIP CARTS users obtain the name of the Medicaid CARTS users in the same State for data coordination purposes?

- States can contact Jeff Silverman (Jeffrey.Silverman@cms.hhs.gov) at the CMS central office for information on CARTS users within the same State.

G. Lessons Learned from Georgia

31. What best practices can Georgia share related to the collection and reporting of non-HEDIS measures in the initial core set?

- Georgia's Medicaid/CHIP state data system houses information to calculate most of the non-HEDIS measures in the initial core set. Georgia provided specifications to the state's MMIS vendor who programmed these specifications into the system in order to generate the data needed for reporting. For measures that require information not available in the MMIS (e.g., Measure 19 – CLABSI), the State has not yet developed a methodology for reporting, and is currently investigating options for reporting.

32. Did Georgia encounter challenges while working with its EQRO to collect data on the core measures? Was this service an added cost for Georgia?

- Georgia's EQRO was not involved in the collection of data for the HEDIS core measures. Georgia's MMIS system contains all needed data to calculate the HEDIS

core measures. The data from MMIS is put through the HEDIS-certified software and the EQRO contractor then validates the data to ensure that it is HEDIS-compliant.

33. Is Georgia's procurement document (e.g., an RFP) used to select managed care insurance coverage services available to other States?

- Georgia is currently undergoing a Redesign process and new RFPs will be produced in the upcoming months. However, Georgia's previous RFP is available for review upon request through the TA mailbox.