

CMS TECHNICAL ASSISTANCE WEBINAR ON APPROACHES TO DEVELOPING STATE-LEVEL RATES FOR CHILDREN'S HEALTH CARE QUALITY MEASURES

ANSWERS TO FREQUENTLY ASKED QUESTIONS

A. Methodology Questions

1. The method discussed in the webinar is “simple math”. Our state compares all facilities so the method of adding up all the denominators and numerators does not work.

Answer: The goal of the webinar was to help states develop a state-level rate using the appropriate weighting of rates across multiple reporting units, such as programs, delivery systems, managed care plans, and providers. We recognize that some states compare rates across reporting units (such as managed care plans); however, for the purposes of reporting the Initial Core Set measures at the state level, we are providing a standardized approach that states can use to combine rates across multiple reporting units.

This approach involves weighting rates across reporting units to aggregate to the state level. The weight reflects the size of the measure-eligible population for each reporting unit. While we recognize that this may seem like “simple math,” the challenge for many states will be obtaining the size of the measure-eligible population for each reporting unit so that appropriate weights can be developed.

States should report weighted averages rather than unweighted averages for their FFY 2012 measures. The use of appropriate weights will improve the accuracy and representativeness of state-level rates reported for FFY 2012 measures.

Please refer to the technical assistance brief for additional information on creating state-level rates, available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>. Specific questions about developing state-level rates should be sent to the technical assistance mailbox at CHIPRAQualityTA@cms.hhs.gov.

2. How should a state-level rate be calculated when samples are from different time periods?

Answer: The technical specifications identify the time period for each measure. Ideally, samples should be from the same time period. However, if a state (or reporting unit) deviates from the time period specified for the measure, please note the deviation in the field labeled “Deviations from Measure Specifications.”

3. How should a state-level rate be calculated when there is overlapping eligibility across the reporting units?

Answer: The reporting units should be mutually exclusive to calculate a state-level rate. In general, the continuous enrollment specifications should ensure that children are not counted in more than one reporting unit during the year.

In some cases, a state may apply the continuous enrollment criteria at the state level and want to attribute children to a specific program (Medicaid or CHIP), delivery system (fee-for-service, primary care case management, or managed care), or managed care plan. In this case, the state should attribute children based on where they were enrolled at the end of the continuous enrollment period.

4. Will states be required to report an aggregated rate for CHIP and Medicaid data in the future?

Answer: States are not currently required to report aggregated data for Medicaid and CHIP. CMS encourages states to report the children's health care quality measure for both Medicaid and CHIP and to report a state-level rate for the two programs combined. For FFY 2011 reporting, 33 states reported combined Medicaid and CHIP data for at least one measure.

If states collect data for Medicaid and CHIP programs separately, states can combine the data across programs by weighting the rate for each program by its proportion of the total measure-eligible population.

5. Without validating member-level data, how can a state verify whether a child has been excluded or double counted?

Answer: Member-level data would be required to validate exclusions and double counting. However, for commonly reported measures (such as the well-child-visit or access-to- PCP measures), a state can estimate how many children should be included in the denominator for the measures by applying the eligible-population-criteria (e.g., age, continuous enrollment) to its enrollment database. The difference between the state-level measure-eligible population and the sum of the measure-eligible population sizes across the reporting units would suggest the magnitude of exclusions or double counting.

6. If MCOs do not report deviations from the measure specifications to the state, how can a state report on these deviations?

Answer: We suggest that states ask their MCOs to indicate whether there are any deviations from the measure specifications and if so, to describe these deviations.

B. CARTS and Technical Specifications Questions

7. The "Additional Notes Field" in CARTS has a character limit; can this limit be increased to allow room for additional information?

Answer: In response to this inquiry, the character limit for the "Additional Notes Field" was expanded from 500 characters to 1500 characters. States that need more space can use the attachment facility to provide additional information about their methods and data.

8. How can confidence intervals for the hybrid method be reported in CARTS? It would be helpful to overcome the impression of an absolute rate.

Answer: Confidence intervals can be reported using the "Additional Notes Field." If there is insufficient room for this information, please use the attachment facility, as indicated in the previous response.

9. When will the FFY 2012 Technical Specifications and Resource Manual and CARTS Template be made available to states?

Answer: These documents were released on November 20, 2012. The updated technical specifications 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>. To obtain the CARTS template and other documents to assist with FFY 2012 reporting, please submit your request through the TA mailbox at CHIPRAQualityTA@cms.hhs.gov.

C. Future Webinars

10. Will there be any future webinars on data collection for the non-HEDIS measures, non-CAHPS measures?

Answer: We appreciate suggestions for future technical assistance webinar topics. In addition, we are considering developing a “technical users group” for those interested in more in-depth discussions about the Initial Core Set measures.

Please email the TA Mailbox at CHIPRAQualityTA@cms.hhs.gov with suggestions for additional webinar topics or to indicate your interest in joining a “technical users group.”