

	FFY 2013 (old version)	FFY 2014 (new version)	Type of Change (Rev, New)	Reason for Change
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All changes to the template fall into 3 primary buckets: To align with the current measure steward technical specifications, to reflect annual updates to the Section 1139B of the Affordable Care Act, and/or to facilitate improvements in reporting by states through clarified information/instructions and result in data by CMS. These changes have been categorized into substantive and non-substantive changes:

Substantive Changes:				
<u>Throughout the document</u>				
	initial Core Set	Core Set	Rev	The Medicaid Adult Core Set now reflects the first set of annual updates to the Core Set as per Section 1139B of the Affordable Care Act, so it is no longer initial (one measure was retired, and another measure added in its place).
	Annual HIV/AIDS Medicaid Visit	HIV Viral Load Suppression	Rev	was added to the template, as this measure was added to the Core Set in January 2014. This change is reflected throughout the template, including in Table 1 and on the measure-specific pages.
<u>Background</u>				
		The Affordable Care Act also required the Secretary to publish annual changes to the Medicaid Adult Core Set measures beginning in January 2014. One measure (Annual HIV/AIDS Medicaid Visit) was added to the Medicaid Adult Core Set.	New	To provide information on the changes to the 2014 Core Set.
<u>Table 1.</u>				
		Updates to the Measure Column	Rev	All changes to the measure names reflect changes specified by the measure steward for each measure. [these changes are also reflected on the measure-specific pages]

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		Updates to the Measure Description Column	Rev	All changes to the measure description reflect changes specified by the measure steward for each measure. [these changes are also reflected on the measure-specific pages in the Performance Measure section]
<u>Guidance for Reporting</u>				
		administrative data for a measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The user must also indicate whether the medical record	New	streamlined and consistent way. If state users select this option, they must then indicate whether the administrative data for the measure are coming from the Medicaid Management Information System (MMIS) or another administrative data source. The
		calculated based on rates for multiple reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted.	New	reporting units, and if so, whether the rates were weighted based on the size of the measure-eligible population or other factor or were not weighted. This new question replaces a free-form text field to yield more
		Maternal and Infant Health Initiative Measures: To determine baseline and assess progress towards the CMS Maternal and Infant Health Initiative goals, states have the	New	determine baselines and assess progress towards the Maternal and Infant Health Initiative goals (Postpartum Care Rate, which is already part of the Medicaid Adult Core Set, and a developmental measure on
<u>Measure-Specific Pages</u>				
		Updates to the Measure Names	Rev	All changes to the measure names reflect changes to the name as specified by the measure steward for each measure. [these changes are also reflected on the measure-specific pages]
	(Under the 'If Data Not Reported, Please Explain Why' field) "Not identified as a key priority area for this year"	[removed]	Rev	This response option has been removed due to stakeholder feedback. This response option was also not widely used during the first year of the reporting the Medicaid Adult Core Set.
		Under Data Source, CMS has remove sources that are not applicable for each measure	Rev	This change was made so reporting would be more streamlined for states.

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		(Under the hybrid option of the 'Data Source' question) From where is the Administrative Data coming? Must select one or more: 0 Medicaid Management Information System (MMIS)	New	CMS added two sub-questions under the hybrid option to better understand the sources of both the administrative data and the medical records data that comprise this data source.
		Updates to the Performance Measure field	Rev	All changes to the text under Performance Measure (for all measures) reflect changes to the description as specified by the measure steward for each measure.
		Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? 0 Yes	New	measure-eligible population or other factor or were not weighted. This new question replaces a free-form text field to yield more standardized information from states for purposes of data analysis.
	Annual HIV/AIDS Medicaid Visit	HIV Viral Load Suppression	Rev	from the Core Set in January 2014. The HIV Viral Load Suppression measure was added as this measure was added to the Core Set in January 2014. These updates are per Section 1139B of the Affordable Care Act.
		and Infant Health Outcomes in Medicaid and CHIP Reporting Incentive Grant 0 Yes 0 No	New	Incentive Grant," to help assess which states are reporting the measure voluntarily as part of the Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP FOA.
		Maternal and Infant Health Initiative Developmental Measure: Contraceptive Effectiveness measure	New	measure on contraceptive effectiveness as part of the Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP FOA has been added to the template.
Non-Substantive Changes				
Table 1.		Measure Abbreviations Column	New	set. [this change is also reflected on the measure-specific pages]
Guidance for Reporting				
	'Current year'	"performance period specified in the technical specifications"	Rev	Changed for accuracy

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	"requirements" of the Adult Medicaid Quality Measures Grant Program	"as part of" the Adult Medicaid Quality Measures Grant Program	Rev	Since the grant program ends before FFY 14 reporting, grantees are not required to submit data on the measures in the coming year, so this language has been modified for accuracy.
	adheres to the technical specifications	adheres to the "Medicaid Adult Core Set" te	Rev	Edited to that it is clear the Medicaid Adult Core Set specifications are being referenced in this section.
	HEDIS Version 2013	HEDIS Version 2014	Rev	Revised to reflect the current HEDIS version
	Administrative Data: Medical claims and enc		Rev	Provided additional examples of other types of administrative data that are included under this selection, including immunization registry and vital records, to provide greater clarity to state users.
	(Under Date Range) 'please report'	define'	Rev	Revision made for clarity
	population only (Title XIX), the CHIP population only (e.g., pregnant women; Title XXI), the Medicare and Medicaid dually-eligible populations, or another population using the "Other" check box.	Medicaid population (Title XIX), the CHIP population (e.g., pregnant women; Title XXI), the Medicare and Medicaid dually-eligible populations, or another population using the "Other" check box.	Rev	inserted all boxes that apply and deleted references to "only" to align with the reporting fields in the measure-specific template pages to clarify that state users may select as many boxes as applicable under this reporting field.
	the denominator selected in the preceding question represents your state's total eligible population for the measure, as defined by the Technical Specifications by selecting either Yes or No.	States should indicate whether the denominator selected in the preceding question represents your state's total eligible population for the measure, as defined by the Technical Specifications for the measure by selecting either Yes or No.	Rev	Inserted 'for the measure' to clarify that this information is requested specific to each measure.
	<ul style="list-style-type: none"> • Primary Care Case Management (PCCM) • Managed Care Organization/Prepaid Inpatient Health Plan (MCO/PIHP) • Integrated Care Models (ICM) • Other 	For each measure, the state is asked to indicate which delivery systems are represented in the denominator, the percentage of the total state population is represented in the measure for each	Rev	each delivery system, and the number of health plans represented in the measure for each delivery system through this question. CMS' review of the data from first year reporting showed that states interpreted this question differently. so it is our

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	(Under Performance Measure) Report the numerators, and denominators, rates for each measure (or component) in this section. The template provides two sections for entering the data, depending	measure steward for each measure or another methodology. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you geographic stratifications your state wants to report that are not specified in the form provided, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s) and rate(s) along with a	Rev	Added a sentence to the end of the section to specify that some measures require the reporting of multiple rates. Also made some minor text corrections in the paragraph.
	(Under Optional Measure Stratification) If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications your state wants to report that are not specified in the form	measure steward for each measure or another methodology. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you geographic stratifications your state wants to report that are not specified in the form provided, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s) and rate(s) along with a	Rev	attachment facility for this section of the template. Some states were confused about how to report stratified data for measures that require the reporting of multiple rates, so an example was provided to clarify that this information should be uploaded to the
<u>Measure-Specific Pages</u>				
	measure numbers	abbreviations	Rev	Measure abbreviations replace measures numbers so measures can be referenced shorthand and because the measure numbers may change each year with annual updates to the core set.
	FFY 2013	FFY 2014	Rev	Updated the fiscal year for which the template applies.
	"requirements" of the Adult Medicaid Quality Measures Grant Program	"as part of" the Adult Medicaid Quality Measures Grant Program	Rev	Since the grant program ends before FFY 14 reporting, grantees are not required to submit data on the measures in the coming year, so this language has been modified for accuracy.
	Describe: Percentage of population represented: If applicable, number of health plans represented:	Which delivery systems are represented in the denominator? Select all delivery systems that apply in your state (Must select at least one); for each delivery system, enter the percentage	Rev	population represented in the measure for each delivery system, and the number of health plans represented in the measure for each delivery system through this question. CMS' review of the data from first year states should upload to the CARIS
	(Under Optional Measure Stratification) If there are other or additional racial, ethnic, sex, language, disability status, or geographic stratifications your state wants to report that are not specified in the form	measure steward for each measure or another methodology. The form fields have been set up to facilitate entering numerators and denominators for each measure. If the form fields do not give you geographic stratifications your state wants to report that are not specified in the form provided, or if stratified data for measures with multiple rates are being provided, please upload the numerator(s), denominator(s) and rate(s) along with a	Rev	attachment facility for this section of the template. Some states were confused about how to report stratified data for measures that require the reporting of multiple rates, so an example was provided to clarify that

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Burden Change

re Core Set as per improved analysis of

No

No

No

No

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No
No
No
No
No
No
No

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Yes. Minor impact.
While this option now
includes two sub-
questions, CMS also
removed options from

No

Yes. Minor impact.
This is a new question
in the template, but
as it's a Y/N question,
we do not expect that

No.

Yes. Minor impact.
This is a new question
in the template, but
as it's only a Y/N
question to

Yes. While a new
measure has been
added to the
template, it is only
voluntarily reported

No

No

No
No
No
No
No
No
No
No

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No
No
No
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No
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No

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