

FFY 2014 Medicaid Adult Quality Measures Template: Crosswalk of Changes

All changes to the Medicaid Adult Quality Measures Template from the FFY 2013 version are noted in track changes. These changes fall into 3 primary buckets: To align with the current measure steward technical specifications, to reflect annual updates to the Core Set as per Section 1139B of the Affordable Care Act, and/or to facilitate improvements in reporting by states through clarified information/instructions and result in improved analysis of data by CMS. These changes have been categorized into substantive and non-substantive changes:

Substantive Changes

References to “initial Core Set” have been changed to just “Core Set,” as 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 (one measure was retired, and another measure added in its place).

Background

Added text about the measure retired from the core set (Annual HIV/AIDS Medicaid Visit) as well as the measure added to the core set (HIV Viral Load Suppression) [this change is also reflected in other areas of the template, including in Table 1 and on the measure-specific template pages]

Table 1.

- Measure column: 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 template pages]
- Measure Description column: All changes to the measure description reflect changes to the description as specified by the measure steward for each measure. [these changes are also reflected on the measure-specific template pages in the Performance Measure section]
- Annual HIV/AIDS Medicaid Visit measure was deleted from the table, as this measure was retired from the Core Set in January 2014. HIV Viral Load Suppression was added to the table, as this measure was added to the Core Set in January 2014.¹

Guidance for Reporting

- Data Source: Under the “Hybrid” option, CMS has added two sub-questions to better understand the sources of both the administrative data and the medical records data that comprise this data source. These new sub-questions replace an open-ended text field so that data can be collected uniformly and analyzed in a more 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 user must also indicate whether the medical records data for a measure are coming from electronic health records (EHR), paper, or EHR and paper. [this change is also reflected in the data source fields of the measure-specific template pages for all applicable measures]

- Added instruction about a new question added to the template, “Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?,” in which states are asked to indicate whether state-level rates were 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. This new question replaces a free-form text field to yield more standardized information from states for purposes of data analysis [this change is reflected as a new reporting field in measure-specific template pages for all measures]
- Maternal and Infant Health Initiative Measures: As the Medicaid Adult Quality Measures Template in CARTS will serve as the vehicle states will use to report data on two performance measures as part of the forthcoming Adult Medicaid Quality: Improving Maternal and Infant Health Outcomes in Medicaid and CHIP FOA, a new section about this effort was added to the Guidance for Reporting. This new section details the two measures that will be used to 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 Contraception Service Utilization), and provides information about where in the CARTS system these measures can be located. [the section of the template containing the measures-specific pages has been modified to include the new developmental measure, and an additional question has been added to the Postpartum Care Rate measure to determine which states are reporting the measure voluntarily as part of the FOA]

Measure-Specific Template Pages

For all Measures:

- Measures titles and measure descriptions (in the Performance Measure field) have been updated per the measure stewards, where applicable.^{2,3}
- Under the ‘If Data Not Reported, Please Explain Why’ field, the response option, “Not identified as a key priority area for this year” 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.
- As per the edit in the ‘Guidance for Reporting’ section of the template, the ‘Data Source’ field reflects the addition of 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.⁴
- As per the edit in the ‘Guidance for Reporting’ section of the template, a new question, “Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?,” was added to the Performance Measure field, in which states are asked to indicate whether state-level rates were 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. This new question replaces a free-form text field to yield more standardized information from states for purposes of data analysis.⁵

HIV Measures

- The Annual HIV/AIDS Medicaid Visit measure-specific template page was deleted as this measure was retired from the Core Set in January 2014. A measure-specific template page for HIV Viral Load Suppression was added as this measure was added to the Core Set in January 2014.¹

Postpartum Care Rate measure

- As per the edit to the 'Guidance for Reporting' section, an additional question has been added to the Postpartum Care Rate measure, The information for this measure is being provided as part of the Improving Maternal and Infant Health Outcomes in Medicaid and CHIP Reporting 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.⁶

Maternal and Infant Health Initiative Developmental Measure: Contraceptive Effectiveness measure

- As per the edit to the 'Guidance for Reporting' section, a measure page to capture reporting on the developmental 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.⁶

Non-Substantive Changes

Guidance for Reporting

- 'Current year' was changed to 'performance period specified in the technical specifications,' to use more accurate language
- References to "requirements" of the Adult Medicaid Quality Measures Grant Program were changed to "as part of" the Adult Medicaid Quality Measures Grant Program, as there are no reporting requirements in the second year of the grant. [these changes are also reflected on the measure-specific template pages for all measures]
- Measurement Specification: HEDIS Version has been updated to 2014 in the text to reflect current HEDIS Version
- Data Source: Under 'Administrative Data,' 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.
- Date Range: Changed 'please report' to 'define' for increased clarity
- Definition of the Population Included in the Measure:
 - Definition of the Denominator: Modified language 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.
 - Does this Denominator Represent you Total Eligible Population as Defined by the Technical Specification for this Measure: Inserted 'for the measure' to clarify that this information is requested specific to each measure.
- Which Delivery Systems are Represented in the Denominator: Inserted 'for the measure' to indicate that this information is requested specific to each measure. CMS also provided examples to clarify that we are seeking information about percentage of the total state 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 reporting showed that states interpreted this question differently, so it is our expectation that this information better clarifies the information requested in order to yield more consistent, standardized information from states. [these changes are also reflected on the measure-specific template pages for all measures]

- Performance Measure: Text added to specify that some measures require the reporting of multiple rates and also provided some minor text corrections.
- Optional Measure Stratification: Inserted text to provide an additional example of the type of information that states should upload to the CARTS 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 attachment facility. [this change is also reflected on the measure-specific template pages for all measures]

Table 1.

- Table amended to add measure abbreviations for each measure, so measures can be referenced shorthand. [this change is also reflected on the measure-specific template pages]

Measure-Specific Template Pages

For all Measures:

- Measure abbreviations (as per Table 1) replace measure numbers.⁷
- Updated the fiscal year from FFY 2013 to FFY 2014
- As per the edit to the 'Guidance for Reporting' section of the template, references to "requirements" of the Adult Medicaid Quality Measures Grant Program were changed to "as part of" the Adult Medicaid Quality Measures Grant Program, as there are no reporting requirements in the second year of the grant.⁸
- As per the edit to the 'Guidance for Reporting' section of the template, additional language has been added to the question, "Which Delivery Systems are Represented in the Denominator" in order to clarify that we are seeking information about percentage of the total state 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 reporting showed that states interpreted this question differently, so it is our expectation that this information better clarifies the information requested in order to yield more consistent, standardized information from states.⁹
- As per the edit to the 'Guidance for Reporting' section of the template, additional text was added to the Optional Measure Stratification intro provide an additional example of the type of information that states should upload to the CARTS attachment facility for this section. 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 attachment facility.¹⁰