

FFY 2012 Reporting in CARTS

Technical Assistance Webinar
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Purpose of Webinar

- Share preliminary findings from federal fiscal year (FFY) 2011 CARTS reports
- Inform states about changes to the FFY 2012 CARTS template
- Discuss updates to the Initial Core Set Technical Specifications

Agenda

- State Reporting on the Children's Health Care Quality Measures for Medicaid/CHIP in FFY 2011
- CHIP Annual Reporting Template System (CARTS) Demonstration
- Collecting and Reporting the Initial Core Set Measures for FFY 2012
- Oral Health Measure Changes for FFY 2012
- 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 2011:
Preliminary Findings

CHIP Annual Reporting Template System (CARTS) Demonstration

**Initial Core Set of Children's
Health Care Quality Measures**

CARTS Demonstration

- FFY 2012 reporting cut-off date is January 31, 2013
- Logging into CARTS
- Overview of six sections of CARTS
- Entering measurement data
 - Walk-through using well-child visit measure
- Making changes to submitted data
- Certifying data

CARTS Demonstration

**Initial Core Set of Children's
Health Care Quality Measures**

Summary of FFY 2012 Changes in Section IIA of CARTS

- “Numerator” and “Denominator” fields
- Auto-calculation of rates
- Reporting aggregate rates
- “Additional Notes/Comments on Measure” field
- Explanation of progress section
- Overall measure information

Contacts for CARTS Questions

- For additional questions about CARTS contact:
Carolyn Whitaker at Carolyn.Whitaker@cms.hhs.gov
 - Note: Effective 1/1/13, Jeffrey Silverman will no longer be the CARTS point of contact
- To obtain a CARTS username/password contact:
Shambrekia Wise at Shambrekia.Wise@cms.hhs.gov

Questions?

Collecting and Reporting the Initial Core Set Measures

Updated FFY 2012 Resource Manual and Technical Specifications

- Overview of Update Process
 - Contacted measure stewards about technical specification updates in Spring 2012
 - Incorporated questions and comments received through the technical assistance mailbox
 - Updated specifications for HEDIS measures with HEDIS 2012
 - Convened a workgroup to discuss best practices for collecting and reporting the Central Line Associated Blood Stream Infections (CLABSI) measure

Resources for FFY 2012 Reporting

- CMS released resources for FFY 2012 reporting on November 20, 2012
 - Updated Resource Manual and Technical Specifications
 - Summary table of key changes to the technical specifications
 - FFY2012 CARTS and Medicaid Quality Templates
 - Summary table of major CARTS changes for FFY 2012 reporting
- If you need a copy, please contact the TA mailbox at CMSCHIPRAQualityTA@cms.hhs.gov

FFY 2012 Clarifications to Initial Core Set Measures

- **Timeliness of Prenatal Care**
 - Removed references to postpartum visits
- **Live Births Weighing Less than 2,500 Grams**
 - Modified eligible population to include only deliveries where the principal source of payment for delivery is Medicaid **or** CHIP
- **Cesarean Rate for Nulliparous Singleton Vertex**
 - Removed reference to risk adjustment
 - Updated ICD-9/DRG coding used to determine measure numerator and denominator
- **Adolescent Immunization Status**
 - Added anchor date for eligible population (enrolled on child's 13th birthday)

Clarifications to Measures (continued)

- **Body Mass Index Assessment**
 - Clarified BMI timing and source
 - Updated age criteria for hybrid method (<16)
- **Developmental Screening**
 - Clarified rates for reporting (one for each age group and a combined rate)
 - Suggested states perform an assessment of claims data validity
- **Well-Child Visits in the First 15 Months of Life**
 - Clarified that children should be included in the numerator for the highest number of visits they received
- **Well-Child Visits in the 3rd to 6th Years of Life**
 - Changed anchor date for the eligible population from Date of Delivery to December 31st of the measurement year

Clarifications to Measures (continued)

- **Emergency Department (ED) Visits**
 - Clarified that the state should report all services paid for or incurred but not yet paid
 - Added fields in CARTS for three age-specific rates (<1 year, 1 to 9 years, 10 to 19 years) and one total rate
- **Follow-Up Care for Children Prescribed ADHD Medication**
 - Clarified that children with narcolepsy should not be included in the measure
- **Follow-Up After Hospitalization for Mental Illness**
 - Clarified definitions for measure rates (percentage of discharges for which children received follow-up)
 - Added guidance on identifying appropriate discharges for inclusion in denominator

Clarifications to Measures (continued)

- CAHPS
 - Clarified survey instrument and sample size specifications for FFY 2012
 - Added questions in CARTS indicating version of CAHPS survey used and supplemental item sets included in the survey
 - Removed field for indicating how CAHPS data were reported for FFY 2012
- HEDIS Measures and Annual Pediatric Hemoglobin A1C Testing Measure
 - Updated guidance to include paid, suspended, pending, reversed, and denied claims

Measures Not Reported in CARTS for FFY 2012

- CMS will obtain data from other sources for three 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)
- Retiring measure
 - Otitis Media with Effusion

Best Practices for CARTS Reporting

- GOAL: Understand similarities and differences of data reported by states
- Specify reason for not reporting a measure
- Indicate whether the denominator is a subset of the population, and if so, population that was excluded from the denominator and how many
- Define a “date range” (start and end date) to clarify the reporting period
- Explain deviations from the measure specifications (e.g., date range, data source, numerator, denominator, methods, other)
- Describe methods used to derive state-level rates based on data from multiple reporting units

Changes to Dental Reporting in CARTS

Initial Core Set Dental Measures (Section IIA)

- Beginning in FFY 2012, CMS will compute the Initial Core Set dental measures from Form CMS-416 data (annual EPSDT report)
 - Percent of eligibles who received preventive dental services (ages 1-20)
 - Equates to line 12b/1b on the Form CMS-416
 - Percent of eligibles who received dental treatment services (ages 1-20)
 - Equates to line 12c/1b on the Form CMS-416

Dental Care for Children Enrolled in CHIP (Section IIIG)

Changes to Annual Dental Participation Table



State:	Age Group						
FFY:	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 CHIP (Section III G)

Instructions for Reporting New Line in Annual Dental Participation Table

- Total Individuals Enrolled for at Least 90 Continuous Days – Enter the total unduplicated number of children who have been continuously enrolled in CHIP for at least 90 continuous days in the federal fiscal year, distributed by age
 - For example, if a child was enrolled from August 1st to September 30th and from October 1st to November 30th, the child would not be considered to have been enrolled for 90 continuous days in the Federal fiscal year
 - Children should be counted in age groups based on their age at the end of the fiscal year. For example, if a child turned 3 on September 15th, the child should be counted in the 3-6 age group

Dental Care for Children Enrolled in CHIP (Section IIIG)

Additional Clarification to Reporting Instructions for Dental Data

- Report all dental services data in the age group reflecting the child's age at the end of the federal fiscal year (September 30th) even if the child received services while in two age groups
 - For example, if a child turned 10 on September 1st, and had a cleaning in April and a cavity filled in September, both the cleaning and the filling would be counted in the 10-14 age group

Dental Care for Children Enrolled in CHIP (Section IIIG)

Clarifications to Reporting of Sealant Data

1. b. For the age group that includes children 8 years of age, what is the number of such children who have received a sealant on at least one permanent molar tooth?
 - Receiving a Sealant on a Permanent Molar Tooth – Enter the unduplicated number of children in the 6-9 age group who were enrolled in CHIP for 90 continuous days and who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351)
 - Report all sealant data in the age group reflecting the child's age at the end of the federal fiscal year even if the child was a different age on the date of service
 - For example, if a child turned 6 on September 1st, and had a sealant applied in July, the sealant would be counted in the 6-9 age group even though the child was age 5 when the sealant was applied

Technical Assistance Resources

Technical Assistance Resources

- Updated Resource Manual and Technical Specifications (November 2012) available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResourceManual.pdf>
- Technical assistance brief on collecting and reporting core set dental measures is available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA1-Dental.pdf>
- Technical assistance brief on developing statewide rates is available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/TA2-StateRates.pdf>
- Technical assistance resources on collecting CAHPS data are forthcoming

Technical Assistance Resources (continued)

- Archives of webinar slides and recordings and additional TA resources are available at: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>
- For future technical assistance, please contact us through the TA mailbox at CMSCHIPRAQualityTA@cms.hhs.gov

Questions?

Thank you for participating in today's webinar!

Please complete the evaluation as you exit the webinar.