The Ohio Department of Medicaid's CHIPRA & Tobacco Cessation Methods: CHIPRA's Core Set of Children's Quality Measures and Tobacco Cessation Measure

Provider Agreement Effective July 1, 2020 to June 30, 2021

FINAL

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The Children's Health Insurance Program Reauthorization Act (CHIPRA) methods are based on the CHIPRA Core Set Technical Specifications Manual 2020 developed by the Centers for Medicare & Medicaid Services (CMS), Center for Medicaid, Children's Health Insurance Program (CHIP) and Survey & Certification Children and Adults Health Programs Group.

The Tobacco Use: Screening and Cessation Intervention measure methodology is based on the Physician Consortium for Performance Improvement (PCPI®) Foundation and American Medical Association (AMA) specifications.

The sources of the data for these measures are as follows:
  (1) Managed care plan (MCP) submitted encounter data as submitted and accepted by ODM.
  (2) Medicaid fee-for-service (FFS) claims data.
  (3) Birth Certificate data files from the Ohio Department of Health (ODH) Bureau of Vital Statistics.
  (4) MITS demographic information.
  (5) Medicaid's MCP Quarterly Enrollment File.

On a quarterly basis, ODM will generate an MCP-specific *Medicaid's MCP Quarterly Enrollment File* to be used by the MCP to validate enrollment for calculation of quality and data quality metrics. *Medicaid's MCP Quarterly Enrollment File* will serve as a recipient master file with the most current MCP enrollment information by calendar month (including an identifier for CFC or ABD), as stored in the MITS reporting system, for the previous year up through the most current enrollment month. The MCP must submit a file to ODM specifying any enrollment span deletions and/or additions pertaining to the enrollment information in *Medicaid's MCP Quarterly Enrollment File*, or confirm that the MCP does not have any changes to ODM's enrollment information. If the MCP submits addition and/or deletion information, the MCP must certify that the information is accurate and complete and may be audited by the ODM and/or on behalf of ODM. Discrepancies between ODM's and the MCP's data files will be sent to the Bureau of Managed Care for resolution, including potential system corrections to member enrollment. ODM will use the most current final quarterly enrollment file, including additions and deletions submitted by the MCP, to calculate clinical non-HEDIS quality measures. In addition, CMS' CHIPRA Core Set Technical Specifications Manual 2015 does not specify a minimum enrollment criterion for these measures. Therefore, a minimum enrollment criterion is not included.

The linking process, described in Appendix A, is a complex process that is always being assessed for potential improvements. As a result, additional enhancements to the linking process may be made to the methods to increase the match rate.

CHIPRA MEASURE

Percentage of Live Births Weighing Less than 2,500 grams

The percentage of women who delivered live births less than 2,500 grams during the reporting year.

Numerator: Number of resident live births less than 2,500 grams in the denominator. Data from the Vital Statistics file will be used to determine birth weight.

Denominator: Number of resident live births during the reporting year (see *Steps for Identifying Birthsin Appendix A*).

Exclusion: Multiple births during the measurement year (e.g., twins or triplets) are excluded from the denominator.

Data Sources: Encounter Data, FFS Data, Vital Statistics Data, MITS Demographic Information, and Medicaid's MCP Quarterly Enrollment File

Report Period: January 1, 2020 - December 31, 2020

Measure Steward: Centers for Disease Control and Prevention (CDC)

Rate Calculation
Calculate rates using the birth weight listed in the vital statistics file (see Appendix A for ODM data and Vital Statistics File Linking Methodology)

TOBACCO USE MEASURE

Tobacco Use: Screening & Cessation Intervention

Percentage of members aged 18 years and older who were screened for tobacco use during the last two years <u>and</u> who received cessation counseling intervention if identified as a tobacco user.

Numerator: Members who were screened for tobacco use at least once during the last two-years *and* who received tobacco cessation counseling intervention (See *Table 11: Codes Used to Identify Tobacco Screening and Cessation Counseling Provided*) if identified as a tobacco user.

Note: If the member is not enrolled with the MCP on the date of the numerator event, do not include the member in the numerator.

Denominator: All members aged 18 years or older as of December 31 of the measurement period who met the continuous enrollment criteria and were seen for at least two ambulatory visits (See *Table 12: Codes Used to Ambulatory Identify Visits*) or at least one preventive visit (See *Table 13: Codes Used to Identify Preventive Visits*) during the last two years.

Note: If the member is not enrolled with the MCP on the date of an ambulatory/preventive visit, do not count the visit towards the denominator.

Continuous Enrollment: Members must be continuously enrolled for 6 months with the same MCP during the most recent year. (i.e., January 1, 2020 – December 31, 2020).

Allowable Gap: No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Data Sources: Encounter Data, MITS Demographic Information, and Medicaid's MCP Quarterly Enrollment File

Measurement Period: January 1, 2019 - December 31, 2020

Measure Steward: PCPI

Table 11: Codes Used to Identify Tobacco Screening and Cessation Counseling Provided		
CPT and CPT-II Codes		
4004F, 99406, 99407	*OR*	1036F

Table 12: Codes Used to Identify Ambulatory Visits
CPT Codes
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 97003, 97004, 92004, 92004, 92012, 92014, 90791, 90792, 90832, 90834, 90837, 90845, 96150, 96151, 96152

Table 13: Codes Used to Identify Preventive Visits
CPT Codes
99385, 99386, 99395, 99396, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429
HCPCS Codes
G0402, G0438, G0439, T1015, S0620, S0621
ICD 10 Diagnosis Codes
Z00.00, Z00.01

Exclusions:

1. Members who have documentation of medical reason(s) for not screening for tobacco use.

Table 14: Code to Identify Members Who Have Documentation for Not Screening for Tobacco Use	
CPT II Code With Modifier	**Description**
4004F-1P	Documentation of medical reason(s) for not screening for tobacco use **with** performance exclusion modifier

Appendix A

Quarterly/Annual Match of Medicaid Birth Claims to Vital Statistics Data

On an annual and quarterly basis, the Ohio Department of Medicaid (ODM) matches Medicaid records and birth certificate data using unique common identifier such as Social Security Number (SSN) and probabilistic matching if SSN is missing. The match joins mothers and infants enrolled in Ohio's Medicaid program to Ohio birth certificates.

The sources of data for this match are as follows:
    (1) SSN of mothers from ODH Bureau of Vital Statistics
    (2) Birth Certificate data files from the ODH Bureau of Vital Statistics
    (3) Claims data from Service Detail at OHHS ODM data server
    (4) Enrollment data from Member month files at OHHS ODM Data server

The new linking process is divided into two parts. First mothers who have SSN and other common identifiers on both data sources will be linked. The remaining unmatched mothers then will be linked via a probabilistic match.

Some of the unique identifiers used in the probabilistic match include date of birth, first, middle, and last names, gender, race/ethnicity, address line 1, phone number and zip code. Multiple probabilistic matching strategies are used to maximize the matching of infants and mothers with birth certificates; no one algorithm finds matches for all mothers and infants.

The probabilistic matching process begins with the identification of a delivery and/or birth claim. Using billing codes from ODM's claims records, mothers and infants of interest are identified by prenatal, postnatal and delivery claims or a birth claim. Next, comparing personal identifiers found in ODM's enrollment records to personal identifiers found on the birth certificate, both mothers and infants are independently matched to a birth certificate record. Once the personal identifiers from the birth certificate have been iteratively matched across the file of potential Medicaid infants and the file of potential Medicaid mothers, the mother and infant files are joined using the birth certificate file number to generate a mother-infant-birth certificate match file. Although a match between mother and infant is achieved for most records, a mother may not have a matched infant and vice versa.

The billing code lists are based on the CHIPRA Initial Core Set Technical Specifications Manual 2013 developed by the Centers for Medicare & Medicaid Services (CMS): Center for Medicaid, CHIP and Survey & Certification, and the Children and Adults Health Programs Group. This methodology was updated to reflect the release of ICD-10-CM diagnosis and procedure codes, which were effective on October 1, 2015. Data predating the implementation of ICD-10 codes is no longer run. The process is currently run using SAS version 9.4.

Step 1: Identify Common Identifiers on both data sources: Get common identifiers from both ODH and ODM files. Common identifiers used in this linkage are SSN, First Name (FN), Last Name (LN) and Date of Birth (DOB), address, zip code, phone number, and gender from ODH VS data file and ODM Enrollment data file.

Step 2: **Link the 2 files by 4 common identifiers**. Use SAS to match a mother by their SSN, DOB and Soundex (FN and/or LN) on both data sources. If mother is matched by at least 3 of the variables listed, then accept it as true match.

- Keep unmatched files for farther matching process using LinkPlus; Unmatched VS ODH file (File 1) and Unmatched Enrollment ODM file (**File 2** export for LinkPlus input). Check Unmatched Enrollment ODM file (File 2) for paid delivery related claims in **Step 4**.

Step 3: Review the true match in step 2: Check if 1 birth certificate is matched to only one mother (one mother can be matched to multiple birth certificates in case of multiple births). If mom is matched to one or two births, check the difference in DOB between the births. This helps to identify multiple births or two deliveries in a year.

Step 4: Identify Deliveries: For the reporting period use **table 1: Codes Used to identify Deliveries related claims** to identify paid claims for deliveries, birth, postpartum and prenatal care. From Step 2: Unmatched Enrollment ODM file (File2) keep those who have paid delivery related claims only. Export file for LinkPlus input second file.

Table 1: Codes Used To Identify Deliveries related claims

ICD-10-PCS Procedure Codes: Delivery
10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ
CPT Codes: Delivery
59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
ICD-10-CM Diagnosis Codes: Postpartum and Prenatal
G0101, Z01411, Z01419, Z0142, Z30430, Z391, Z392
CPT/HCPCS Codes: Postpartum and Prenatal
59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430, 99501, 0503F, 59400, 59425, 59426, H1005, 99500, 0500F, 0501F, 0502F, H1000, H1001, H1002, H1003, H1004
ICD-10-CM Diagnosis Codes: Pregnancies
O80, O10.92, O10.42, O10.12, O10.22, O10.32, O60.12XO, O60.12X1, O60.12X2, O60.12X3, O60.12X4, O60.12X5, O60.12X9, O60.13X0, O60.13X1, O60.13X2, O60.13X3, O60.13X4, O60.13X5, O60.13X9, O60.14X0, O60.14X1, O60.14X2, O60.14X3, O60.14X4, O60.14X5, O60.14X9, O60.22X0, O60.22X1, O60.22X2, O60.22X3, O60.22X4, O60.22X5, O60.22X9, O60.23X0, O60.23X1, O60.23X2, O60.23X3, O60.23X4, O60.23X5, O60.23X9, O26.62, O26.72, O99.354, O99.89, O98.12, O98.22, O98.32, O98.02, O98.62, O98.52, O98.42, O98.52, O98.72, O98.82, O99.214, O99.834, O98.92, O24.02, O24.12, O24.32, O24.82, O24.92, O99.284, O99.02, O99.324, O99.314, O99.344, O99.42, O24.420, O24.424, O24.429, O99.814, O25.2, O99.52, O99.62, O99.824, O9A.12, O9A.22, O9A.32, O9A.42, O9A.52, O68, O77.0, O77.1, O77.8, O77.9, O75.5, O63.2, O69.0XX0, O69.0XX1, O69.0XX2, O69.0XX3, O69.0XX4, O69.0XX5, O69.0XX9, O69.1XX0,

O69.1XX1, O69.1XX2, O69.1XX3, O69.1XX4, O69.1XX5, O69.1XX9, O69.2XX0, O69.2XX1, O69.2XX2, O69.2XX3, O69.2XX4, O69.2XX5, O69.2XX9, O69.81X0, O69.81X1, O69.81X3, O69.81X4, O69.81X5, O69.81X9, O69.82X0, O69.82X1, O69.82X2, O69.82X3, O69.82X4, O69.82X5, O69.82X9, O69.3XX0, O69.3XX1, O69.3XX3, O69.3XX4, O69.3XX5, O69.3XX9, O69.4XX0, O69.4XX1, O69.4XX2, O69.4XX3, O69.4XX4, O69.4XX5, O69.4XX9, O69.5XX0, O69.5XX1, O69.5XX2, O69.5XX3, O69.5XX4, O69.5XX5, O69.5XX9, O69.89X0, O69.89X1, O69.89X2, O69.89X3, O69.89X4, O69.89X5, O69.89X9, O69.9XX0, O69.9XX1, O69.9XX2, O69.9XX3, O69.9XX4, O69.9XX5, O69.9XX9, O70.0, O70.1, O70.2, O70.3, O70.9, O74.0, O74.1, O74.2, O74.3, O74.4, O74.5, O74.6, O74.7, O74.8, O74.9, O75.0, O75.1, O82, O75.81, O75.89, O75.9, O86.4, O88.02, O88.12, O88.22, O88.32, O88.82, O10.02, O11.4, O12.04, O12.14, O12.24, O13.4, O14.04, O14.14, O14.24, O14.94, O16.4, O24.42, O24.425, O60.20X1, O60.20X2, O60.20X3, O60.20X4, O60.20X5, O60.20X9, O69.3XX2, O69.81X2, O70.20, O70.21, O70.22, O70.23, O70.4, O72.0, O72.1, O72.2, O72.3, O73.0, O73.1, O75.5, O75.8, O75.82, O76, O99.72, O99.844.
ICD-10-CM Diagnosis Codes: Births
O000, O001, O002, O008, O009, O010, O011, O019, O020, O021, O0281, O0289, O029, O030, O031, O032, O0330, O0331, O0332, O0333, O0334, O0335, O0336, O0337, O0338, O0339, O034, O035, O036, O037, O0380, O0381, O0382, O0383, O0384, O0385, O0386, O0387, O0388, O0389, O039, O045, O046, O047, O0480, O0481, O0482, O0483, O0484, O0485, O0486, O0487, O0488, O0489, O070, O071, O072, O0730, O0731, O0732, O0733, O0734O0735, O0736, O0737, O0738, O0739, O074, O080, O081, O082, O083, O084, O085, O086, O087, O0881, O0882, O0883, O0889, O089

Step 5: Use LinkPlus to link two unmatched files: Use the personal identifiers in **table 2. Personal Identifiers** to link input data Unmatched VS ODH file (File 1 from Step 2) and Unmatched Enrollment ODM file with paid delivery related claims (File 2 from Step 4). Set Cutoff Value at 23. Export Linked file.

identifiers used in the match process (Table 2).

Table 2. Personal Identifiers

Mother's First Name	Mother's Last Name	Mother's Date of Birth
Mother's SSN	Mother's Address	Mother's Zip Code
Mother's Phone number		

Step 6: Review LinkPlus Matched data: Accept as true match if
    A: Matched by SSN and DOB plus 3 more Identifier
    B: Matched by SSN, DOB, Address and Zip Code
    C: Matched by SSN or DOB and 3 other identifiers
    D: Matched by SSN and 2 other identifiers and match score is over 25
    E: Matched by DOB and 2 other identifiers with match score over 30
    D: All remaining should be reviewed at individual level to determine true match

Step 7: Combining Results of Both Matching Processes and get Case number: Get the final list of VS/Enrollment linked moms by combine matched files from Step 2 and Step 6. Once list of linked moms identified get all Case Numbers associated with each mom.

Step 8: Get Babies linked to Case Numbers Identified in Step 7: Identify any baby born in the reporting period who share the same Case Number with moms from Medicaid Enrollment file.

Personal identifiers used in the match process (Table 3).

Table 3. Personal Identifiers from ODM Enrollment data

Baby's First Name	Baby's Last Name	baby's Date of Birth
Mother's Last Name	Mother's Address	Mother's Zip Code
Father's First Name	Father's Last Name	Phone number

Table 4: Personal Identifiers from Birth Certificate Records

Child's First Name	Child's Last Name	Child's Date of Birth	Mother's Last Name
Father's Last Name	Father's First Name	Mother's Address	Mother's Zip Code
Phone number			

Step 9: Use Table 3. Personal Identifiers to link baby to VS file: Use SAS to Link babies from ODM Enrollment file, born in the reporting period and linked to moms by Case Number, to ODH VS file by personal identifiers (table 3 & 4). If matched by Baby's FN, LN and DOB accept as true match (**Final Mom-Baby Linked File 1**). Keep Unmatched VS ODH file (baby's unmatched VS File 1) and Unmatched ODM Enrollment file (baby's unmatched ODM enrollment File 2) for farther LinkPlus matching.

Step 10: **Review Final Linked File 1** from **Step 9:** Baby's are linked to their mom by Case Number in Medicaid Enrollment data and Linked to VS ODH file by FN, LN, and DOB. Since moms are also linked to VS, check if mom and baby are matched to the same Birth Certificate in VS.

 Step 11: **Use LinkPlus to link two Baby's UnMatched files**: Use the personal identifiers in table 3 and 4. to link the two unmatched baby files, baby's unmatched VS File 1 and baby's unmatched ODM enrollment File 2, from Step 9. Set Cutoff Value at 23. Export Linked file.

Step 12: Review LinkPlus Matched baby data: Babies in these files are all linked to their moms by Case Number in ODM Enrollment file. Accept as true match If baby is matched to OHD data by

        A: 3 or more Personal Identifier

        B: At least two of FN, LN, DOB, Father LN or Mother LN

        C: Matched by DOB and at least one more of the other Personal identifiers

Check if Mom-baby are matched to the same Birth Certificate in VS ODH data. Finally keep linked file as **Final Mom-Baby Linked File 2**.

Step 13: Get First Final Mom-Baby linked file: Combine Final Mom-Baby Linked File 1 & 2 from Step 9 and 11: This file contains Moms in ODM Enrollment linked to VS ODH by SSN and other personal identifiers. Mother linked to their babies by Case Number in ODM Enrollment file and babies are simultaneously linked to VS ODH data by personal identifiers.

Step 14: Identify Babies not in **First Final Mom-Baby linked file**: Identify babies from ODM Enrollment born in the reporting period, not linked in **First Final Mom-Baby linked file**, as Unmatched Baby File 1; and unmatched babies from VS ODH file as Unmatched baby File 2. Export files for LinkPlus matching.

Step 15: **Use LinkPlus to link two files from Step 14:** Use the personal identifiers in table 3 and 4. above to link the two unmatched baby files from **Step 14**. Set Cutoff Value at 23. Export Linked file.

Step 16: **Review LinkPlus Matched baby data:** Review LinkPlus Matched baby data from Step 15. If LinkPlus match is between 23 and 25 check if they are true match one by one, then create second final baby match file, **Second Final Baby linked File**

Step 17: **Search baby's mom for the Second Final Baby Linked File Step 16**: Get case number of babies in the Second Final Baby Linked File **Step 15**, and search mom using this new case number. This will be the final Mom-Baby Linked File.

Step 18: Combine First Mom-Baby Linked File and Second Mom-Baby Linked files together to get the Final VS/Enrollment linked file for the reporting year.

Step 19: Performing QA Checks on Final Linked File.
After the completion of the final linked dataset, the following quality assurance checks are conducted. Any issues or anomalies that are deemed non-errors are reported to ODM along with the match rate.

BIRTHS:
- Compare the number of births by month/year of birth between current and historical file
- Join the historical file with the current file by fileno to determine how many births from the historical file are not present in the current file
- If a member is present in both historical and current files, check to see if the memid is consistently populated in both files
- If a member is present in both historical and current files, check to see if the babyid is consistently populated in both files