

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

Provider Agreement Effective July 1, 2018 to June 30, 2019

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 2015 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 Prevention Quality Indicator (PQI) methodology is based on the Agency for Healthcare Research and Quality's (AHRQ's) specifications.

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 below on page 5, 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 Births* below).

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, 2018 - December 31, 2018

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

Steps for Identifying Live Births

Step 1: Identify Births. For the reporting period at hand, claims are extracted for all members containing any of the codes listed in *Table 1: Codes to Identify Births*.

Table 1: Codes Used to Identify Births
ICD-10-CM Diagnosis Codes
Z37.0, Z37.2, Z37.3, Z37.59, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.69, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z38.00, Z38.2, Z38.01, Z38.1, Z38.30, Z38.5, Z38.31, Z38.4, Z38.61, Z38.63, Z38.65, Z38.68, Z38.8, Z38.62, Z38.64, Z38.66, Z38.69, Z38.7

Step 2: Identify Deliveries. For the reporting period, claims are used to identify all delivery encounters (FFS and Managed Care) containing any of the codes listed in *Table 2: Codes Used to Identify Deliveries*.

Table 2: Codes Used To Identify Deliveries
ICD-10-CM Diagnosis Codes
O80, O10.92, O10.42, O10.12, O10.22, O10.32, O60.12X0, 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, O98.42, 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,

Table 2: Codes Used To Identify Deliveries		
ICD-10-CM Diagnosis Codes		
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-PCS Procedure Codes		
10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ		
CPT Codes		
59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622		

Step 3: Collection of Infants’ and Mothers’ Claims. The pool of potential infants and mothers are separated into distinct files based on the type of claim—birth (infant) or delivery (mother). The identification of live births is based on the birth certificate data file from ODH, and is considered to be the source of medical truth.

Step 4: Join Personal Identifiers from Medicaid Records. Using the unique Medicaid ID from the delivery or birth claim, the member’s demographic information from the Medicaid enrollment records is joined to the Medicaid claims verified in *Step 3* to obtain unique personal identifiers used in the match process (*Table 3: Personal Identifiers from Medicaid Enrollment Records*).

Table 3: Personal Identifiers from Medicaid Enrollment Records		
Member’s First Name	Member’s Middle Initial	Member’s Date of Birth
Member’s Last Name	Member’s Gender	Member’s Race

Step 5: Validate Pool of Mothers and Infants. The separate files for mothers and infants are further validated using members’ calculated age at the beginning of the calendar year. Mothers are members whose age (from demographic information) is between 10 and 65 years at the start of the reporting period. Infants are identified by a date of birth during the reporting period. The mother and infant files are saved and reused for the remainder of the process.

Linking Process

Additional information about the quarterly/annual match of Medicaid birth claims to vital statistics data process can be found in Appendix A.

Step 6: Merge Medicaid Claims and Birth Certificate Records. After mother and infant files have been validated, the process of matching Medicaid claims to vital statistics information begins. The first round of matching is deterministic, whereby the personal identifiers listed in Table 4 are used to identify the same infants from two separate data sources: 1) a file of infants derived from an analysis of Medicaid claims and enrollment files (created in Step 5) and 2) a file of birth certificate records. Likewise, the second round of matching attempts to find the same mothers in 1) the file of mothers created from Medicaid claims and enrollment files (created in Step 5) and 2) the same file of birth certificate data mentioned above. This step generates an output file that, where possible, includes a Medicaid ID matched to a birth certificate file number. For mothers with multiple births in a reporting year, it is expected that the mother’s information will match to each infant’s record on the birth certificate file, although this is not always the case due to missing or incomplete data. Using this file, an initial match rate of mothers to infants is generated.

Table 4: Personal Identifiers from Birth Certificate Records			
Certificate Number	Mother’s Middle Initial	Child’s Date of Birth	Plural Birth Indicator
Child’s First Name	Mother’s Last Name	Child’s Gender	Birth Order
Child’s Middle Initial	Mother’s Race	County of Birth	Indicator of Live Birth
Child’s Last Name	Mother’s Maiden Name	Father’s Last Name	-
Mother’s First Name	Mother’s Date of Birth	Birth Weight	-

Step 7a: Match Records Using Probabilistic Algorithm Using “The Link King.” The respective files of merged Medicaid claims and birth certificate records for infants and mothers are loaded into a well-documented, iterative matching algorithm called “The Link King.” This software was originally developed for the Substance Abuse and Mental Health Services Administration (SAMHSA) to integrate Medicaid and treatment databases.¹ The program and documentation can be downloaded from www.the-link-king.com. In short, “The Link King” operates within SAS in either a batch-mode or interactive session. The algorithm requires a minimum set of variables to link two datasets; the variables used for the match process are listed in Table 5. The iterative algorithm incorporates Approximate String Matching techniques, and also allows the user to modify the default variable weights to adjust the accepted level of certainty or uncertainty of a string match. The process is performed separately for infants and for mothers; however, the same fields are used for both matching processes.

Table 5: Variables Used in Probabilistic Matching Algorithm	
Available Fields for Algorithm	Match Process Input Variables
Client Identifier	Medicaid ID or VS File Number

¹ Campbell, K. M. (2009). “Impact of record-linkage methodology on performance indicators and multivariate relationships,” *Journal of Substance Abuse Treatment*, 36:110-117.

Table 5: Variables Used in Probabilistic Matching Algorithm	
Available Fields for Algorithm	Match Process Input Variables
First Name	First Name
Middle Name	Middle Initial
Last Name	Last Name
Maiden Name	Blank
Social Security Number	Blank (either SSN or birthdate may be used)
Birthdate	Birthdate
Gender	Male or Female
Race/Ethnicity	Digit
“Flex” Variable ²	Zip Code or Birth Year

Step 7b: Upon completion of the probabilistic matching process, the software produces a file of Medicaid members’ Medicaid IDs matched to a unique birth certificate file number. Scores are assigned to each matched pair of records so that only those matches that have received a score above a certain threshold are kept in the match file. The file also yields match validity statistics which aid in de-duplicating members who have matched to more than one birth certificate file number or vice versa. Given that mothers may match to more than one infant either from the same pregnancy (i.e., twins) or two pregnancies within the same year, the resulting file must be de-duplicated only when appropriate. Such cases are considered valid matches 1) if the dates of birth for the infants are more than 210 days apart, or 2) if the infants share the same date of birth but have different first names. If neither criterion is met, the statistics generated during the matching process are used to determine which match has a higher probability of being valid.

Step 8a: Hybrid Match Approach. To increase the certainty of the match, a hybrid matching process is also conducted on the files of all potential Medicaid mothers and infants created in Step 5. The term “hybrid” reflects the use of both deterministic (exact) and probabilistic (inexact) matching methods in the same algorithm. Similar to the approach presented in Step 6, the personal identifiers listed in Table 4 are used to match Medicaid members to a birth certificate record based on the identifiers listed in Table 5. The process yields a file containing members’ Medicaid ID and the birth certificate file number.

The key difference between the approach in *Step 6* and the hybrid process described here, is that the variables listed in Table 6 requiring an *exact* string match (deterministic) are not weighted—the match is considered valid only if the variable from the Medicaid record is an exact match to the variable from the birth certificate.

² The “flex” variable allows a user to use a customized numeric or character variable in the matching process. For example, zip code of residence is the “flex” variable used in the annual match and birth year is used for the quarterly match.

Table 6: Hybrid Matching Variables from Vital Statistics	
Variable Name	Match Method
Child's First Name	Inexact
Child's Middle Initial	Exact
Mother's Last Name	Inexact
Mother's First Name	Inexact
Mother's Middle Initial	Exact
Mother's Race	Exact
Child's Gender	Exact
Mother's Maiden Name	Inexact
Father's Last Name	Inexact

Step 8b: Generate a Certainty Threshold for an Inexact Match. Variables that are permitted to have an inexact match are matched based on a string similarity score. After the matching process is complete, a histogram of similarity scores is generated in order for the programmer to identify a threshold for the minimum score that yields a match. The histogram will have a bimodal distribution reflecting the higher and lower levels of match certainty; between the high and low values of certainty is the local minimum, this is the default value for the minimum score threshold. The value of the threshold will depend on the data, and the goal of the threshold is to include true matches while excluding false matches. If more than one birth certificate file number matches to a Medicaid ID, the match with the highest final similarity score is kept.

Step 9: Combining Results of Both Matching Processes. The matches resulting from the probabilistic and hybrid matching processes are set together and a flag indicating which process generated the match is created. The mother and infant datasets are first sorted by Medicaid ID and birth certificate file number, and then unduplicated by the birth certificate file number. Any records without a Medicaid ID are removed. In the event that a Medicaid ID is matched to multiple birth certificates (or vice versa), the flag representing “The Link King” algorithm denotes the match that is retained. Peer-reviewed literature supports selecting matches generated by the “The Link King” algorithm over those from the hybrid method if the level of uncertainty is the same due to the iterative processing and unique features of the probabilistic algorithm.³

Step 10: Joining Mothers and Infants by Birth Certificate File Number. Using the birth certificate file number as a common identifier, the two matched files created in Step 9 are joined to create an overall matched file that contains mother's Medicaid ID, infant's Medicaid ID, and the birth certificate file number. A full outer join is used and allows records missing either the mother's or the infant's Medicaid ID to remain in the final match file. As in Step 6, the match rate of mothers to infants is generated.

Step 11: Implementing the Final Match File in Analyses. The birth certificate number used to create the overall matched file in Step 10 is also the unique identifier used to join the matched

³ Campbell, K. M., Deck, D., Krupski, A. (2007). “Record linkage software in the public domain: a comparison of Link Plus, The Link King, and a ‘basic’ deterministic algorithm,” *Health Informatics Journal*, 14(1): 5-15.

Medicaid birth file to all of Ohio's infant birth and death records. Ultimately, Medicaid records, and birth and death certificate records can be joined by the common identifiers within the Medicaid matched file to generate a rich source of health information.

Rate Calculation

Calculate rates using the birth weight listed in the vital statistics file.

PQI MEASURE

PQI 16: Rate of Lower-Extremity Amputation Among Patients with Diabetes

The number of acute inpatient admissions for lower-extremity amputation (except toe amputations) among patients with diabetes per 100,000 member months for members age 18 and older during the reporting year.

Numerator: All discharges with ICD-10-CM procedure code for lower-extremity amputation and diagnosis code of diabetes. See *Table 7: Codes to Identify Lower Extremity Amputation* and *Table 8: Codes to Identify Diabetes*.

Denominator: Total number of months of Medicaid enrollment for members age 18 and older during the reporting year.

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

Report Period: January 1, 2018 - December 31, 2018

Measure Steward: AHRQ

Table 7: Codes to Identify Lower Extremity Amputation
ICD-10-CM Procedure Codes
0Y620ZZ, 0Y630ZZ, 0Y640ZZ, 0Y670ZZ, 0Y680ZZ, 0Y6C0Z1, 0Y6C0Z2, 0Y6C0Z3, 0Y6D0Z1, 0Y6D0Z2, 0Y6D0Z3, 0Y6F0ZZ, 0Y6G0ZZ, 0Y6H0Z1, 0Y6H0Z2, 0Y6H0Z3, 0Y6J0Z1, 0Y6J0Z2, 0Y6J0Z3, 0Y6M0Z0, 0Y6M0Z4, 0Y6M0Z5, 0Y6M0Z6, 0Y6M0Z7, 0Y6M0Z8, 0Y6M0Z9, 0Y6M0ZB, 0Y6M0ZC, 0Y6M0ZD, 0Y6M0ZF, 0Y6N0Z0, 0Y6N0Z4, 0Y6N0Z5, 0Y6N0Z6, 0Y6N0Z7, 0Y6N0Z8, 0Y6N0Z9, 0Y6N0ZB, 0Y6N0ZC, 0Y6N0ZD, 0Y6N0ZF

Table 8: Codes to Identify Diabetes
ICD-10-CM Diagnosis Codes
E1010, E1011, E1021, E1022, E1029, E10311, E10319, E10321, E103211, E103212, E103213, E103219, E10329, E103291, E103292, E103293, E103299 E10331, E103311, E103312, E103313, E103319, E10339, E103391, E103392, E103393, E103399, E10341, E103411, E103412, E103413, E103419, E10349, E103491, E103492, E103493, E103499, E10351, E103511, E103512, E103513, E103519, E103521, E103522, E103523, E103529, E103531, E103532, E103533, E103539, E103541, E103542, E103543, E103549, E103551, E103552, E103553, E103559, E10359, E103591, E103592, E103593, E103599, E1036, E1037X1, E1037X2, E1037X3, E1037X9, E1039, E1040, E1041, E1042, E1043, E1044, E1049, E1051, E1052, E1059, E10610, E10618, E10620, E10621, E10622, E10628, E10630, E10638, E10641, E10649, E1065, E1069, E108, E109, E1100, E1101, E1121, E1122, E1129, E11311, E11319, E11321, E113211, E113212, E113213, E113219, E11329, E113291, E113292, E113293, E113299, E11331, E113311, E113312, E113313, E113319, E11339, E113391, E113392, E113393, E113399, E11341, E113411, E113412, E113413, E113419, E11349, E113491,

Table 8: Codes to Identify Diabetes	
ICD-10-CM Diagnosis Codes	
E113492, E113493, E113499, E11351, E113511, E113512, E113513, E113519, E113521, E113522, E113523, E113529, E113531, E113532, E113533, E113539, E113541, E113542, E113543, E113549, E113551, E113552, E113553, E113559, E11359, E113591, E113592, E113593, E113599, E1136, E1137X1, E1137X2, E1137X3, E1137X9, E1139, E1140, E1141, E1142, E1143, E1144, E1149, E1151, E1152, E1159, E11610, E11618, E11620, E11621, E11622, E11628, E11630, E11638, E11641, E11649, E1165, E1169, E118, E119, E1300, E1301, E1310, E1311, E1321, E1322, E1329, E13311, E13319, E13321, E133211, E133212, E133213, E133219, E13329, E133291, E133292, E133293, E133299, E13331, E133311, E133312, E133313, E133319, E13339, E133391, E133392, E133393, E133399, E13341, E133411, E133412, E133413, E133419, E13349, E133491, E133492, E133493, E133499, E13351, E133511, E133512, E133513, E133519, E133521, E133522, E133523, E133529, E133531, E133532, E133533, E133539, E133541, E133542, E133543, E133549, E133551, E133552, E133553, E133559, E13359, E133591, E133592, E133593, E133599, E1336, E1337X1, E1337X2, E1337X3, E1337X9, E1339, E1340, E1341, E1342, E1343, E1344, E1349, E1351, E1352, E1359, E13610, E13618, E13620, E13621, E13622, E13628, E13630, E13638, E13641, E13649, E1365, E1369, E138, E139	

Exclusions:

1. Transfer from a hospital (different facility), SNF or ICF, or another health care facility.

Table 9: Codes to Identify Admission Codes for Transfers	
Point of Origin UB-04 Code	Description
4	Transfer from a hospital
5	Transfer from a skilled nursing facility or intermediate care facility
6	Transfer from another health care facility

2. Discharges with missing gender, age, quarter, year, or principal diagnosis.
3. With any ICD-10-CM diagnosis codes for traumatic amputation of the lower extremity or procedure code for toe amputation listed in *Table 10: Codes to Identify Exclusionary Amputation*.

Table 10: Codes to Identify Exclusionary Amputations	
ICD-10-CM Diagnosis Codes	
S78011A, S78012A, S78019A, S78021A, S78022A, S78029A, S78111A, S78112A, S78119A, S78121A, S78122A, S78129A, S78911A, S78912A, S78919A, S78921A, S78922A, S78929A, S88011A, S88012A, S88019A, S88021A, S88022A, S88029A, S88111A, S88112A, S88119A, S88121A, S88122A, S88129A, S88911A, S88912A, S88919A, S88921A, S88922A, S88929A, S98011A, S98012A, S98019A, S98021A, S98022A, S98029A, S98111A, S98112A, S98119A, S98121A, S98122A, S98129A, S98131A, S98132A, S98139A, S98141A, S98142A, S98149A, S98211A, S98212A, S98219A, S98221A, S98222A, S98229A, S98311A, S98312A, S98319A, S98321A, S98322A, S98329A, S98911A, S98912A, S98919A, S98921A, S98922A, S98929A	

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 and 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, 2017 – December 31, 2017).

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, 2017 - December 31, 2018

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, 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 Government Resource Center (GRC) acts on behalf of ODM to perform a probabilistic match of Medicaid records and birth certificate data. The match joins mothers and infants enrolled in Ohio's Medicaid program to Ohio birth certificates; this match only includes births that occurred in the state of Ohio. Matching mothers, infants, and birth certificate records allows ODM to better identify high risk women of reproductive age, and to assess maternal care and infant outcomes to better inform policy makers, health plans, and providers.

The sources of data for this match are as follows:

- (1) MCP and FFS claims data
- (2) Birth Certificate data files from the ODH Bureau of Vital Statistics
- (3) Enrollment files from ODM

The data sources involved in this linkage do not share a common identifier, such as Social Security Number, therefore other available information must be used to perform the match process. Some of the unique identifiers used in the current probabilistic match include date of birth, first, middle, and last names, sex, race/ethnicity, 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 annual match process matches records based on the infant's year of birth. Similarly, a quarterly match is performed on a rolling year basis. That is, matched records from four consecutive quarters (twelve consecutive months) are set together to provide one rolling year file. The annual process is predicated upon receipt of final, validated birth certificate records from the ODH once all records are certified for the measurement year at hand. Given the processing time required to validate an entire calendar year of birth certificates, the match process occurs approximately six to eight months after the year of interest. Production of the quarterly match follows a similar timeline with the matching process occurring six to eight months following the end of the quarter of interest; however, birth certificate records used in the ongoing quarterly matches have not been certified by ODH.

The matching process is initiated by 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 a delivery claim or a birth claim, respectively. 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.