

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

Provider Agreement Effective July 1, 2021 to June 30, 2022

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 2021 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 2021 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

Percentage of live births that weighed less than 2,500 grams at birth during the measurement 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 in 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, 2021 - December 31, 2021

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 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, 2021 – December 31, 2021).

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, 2020 - December 31, 2021

Measure Steward: PCPI

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

Table 12: Codes Used to Identify Ambulatory Visits
CPT Codes
99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 97165, 97166, 97167, 97168, 92004, 92012, 92014, 90791, 90792, 90832, 90834, 90837, 90845, , 96156, 96158, 96159

Table 13: Codes Used to Identify Preventive Visits	
CPT Codes	
99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, , 96160, 96161, 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

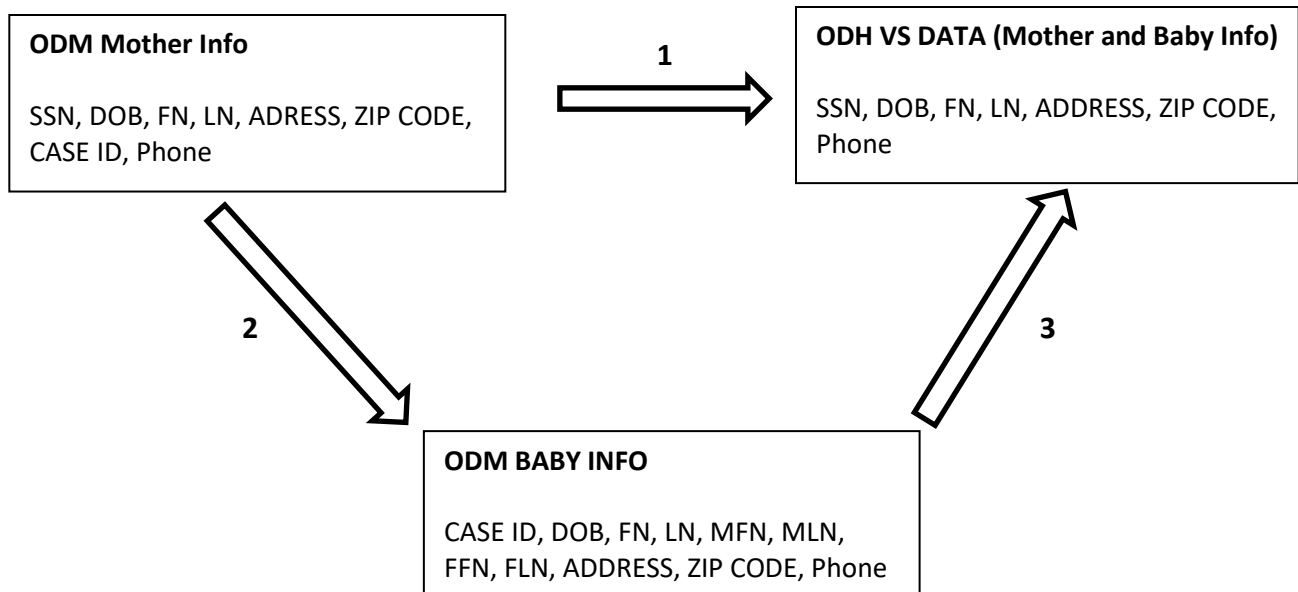
Appendix A

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 from ODH Bureau of Vital Statistics (VS).

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 will be linked using LinkPlus software via a probabilistic match.

Some of the unique common identifiers used in the probabilistic match include date of birth, first, and last names, gender, race/ethnicity, address line 1, zip code, and phone number. Multiple probabilistic matching strategies are used to maximize the matching of infants and mothers with birth certificates; no one matching 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 common identifiers found in ODM’s enrollment records to common identifiers found on the birth certificate, both mothers and infants are independently matched to a birth certificate record. Once the common 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 process is currently run using SAS version 9.4.

This linkage process is divided into two parts. The first part is linking mother from Medicaid Enrollment data to ODH Vital Statistics data, and the second part is linking mother to babies in Medicaid then to vital statics.

Part One: Linking MOM in Medicaid to VS ODH data

Step 1: Link moms from ODM to VS data:

- 1.1 From ODH VS Data: identify mom's common identifiers, i.e., SSN, First Name (FN), Last Name (LN), Date of Birth (DOB), address, zip code and phone number.
- 1.2 From ODM Enrollment and Eligibility Data: Identify all female of reproductive age, and keep their SSN, First Name (FN), Last Name (LN), Date of Birth (DOB), address, zip code and phone number.
- 1.3 Link the two above files by SSN, DOB, and Soundex (FN and/or LN). Accept results as true match if moms on both files are linked by those 4 common identifiers. No farther verification needed.
 - 1.3.1 Reviewing match if
 - 1.3.1.1 One birth certificate is matched to only one mother (one mother can be matched to multiple VS in case of multiple births).
 - 1.3.1.2 Mom is matched to one birth or
 - 1.3.1.3 Mom is matched to two births, check the difference in DOB between the births. This helps to identify multiple births (twin or more) or two deliveries in a year.
- 1.4 Keep all remaining unmatched data from two data sources for farther matching process using LinkPlus.

Step 2: Identify Deliveries:

Medicaid enrollment unmatched data contains women of reproductive age. Any woman in this list to be a candidate for further linkage, there must be paid delivery related claims. Use table **1: Codes Used to identify Deliveries** to identify paid claims for deliveries, postpartum and prenatal care. Export file that contains women with paid delivery related claims for linkage in LinkPlus.

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
ICD-10-PCS Procedure 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
ICD-10-PCS Procedure Codes: Postpartum and Prenatal
59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430, 99501, 0503F, 59400, 59425, 59426, 59510, 59610, 59618, 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, O60.12X0, 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, O98.52, 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.

Step 3: Using LinkPlus Link two Unmatched files:

3.1 Using LinkPlus Link unmatched VS and ODM enrollment using personal identifiers listed in table 2. For detail LinkPlus matching process refer Appendix X2.

3.2 Use the following personal identifiers to link moms on both data sources, Mother's First Name, Mother's Last Name, Mother's Date of Birth, Mother's SSN, Mother's Address 1, Mother's Zip Code, and Mother's Phone number.

3.3 Review LinkPlus Matched data

3.3.1 Accept matches if

A: Matched by SSN and/or DOB plus 3 more Identifier

B: Matched by SSN, DOB, Address and Zip Code

C: Matched by SSN and 2 other identifiers and match score is over 25

D: Matched by DOB and 2 other identifiers with match score over 30

E: All remaining should be reviewed at individual level to determine true match

Step 4: Combining Results of Matched MOMs:

Get the final list of VS/Enrollment linked moms by combine matched files from Step 1 and Step 3.

Part Two-A: match Babies to MOM in Medicaid then to VS ODH data

Step 5: Identify Babies from Medicaid Data for VS linkage:

From Medicaid Eligibility data identify

5.1 All Case Numbers associated with matched moms (in step 4)

5.2 All babies born in the reporting period

5.3 Keep babies that share case id with linked moms

Note: All babies in this list should share the same case number with moms linked to VS, and that would be enough to establish relationship between mom and baby in Medicaid data. But Babies in Medicaid data should be linked to VS data independently of their moms to confirm true match status.

Step 6: Personal Identifiers to link babies in Medicaid Data to VS file:

Using SAS

6.1 Use SAS to Link babies from ODM Eligibility file to ODH VS file by FN, LN, and DOB. And create first final mom-baby file (**Final Mom-Baby Linked File 1**).

6.1.1 **Review Final Linked File 1** Babies are linked to their mom by Case Number and they are also Linked to VS ODH file by common personal identifiers (FN, LN, and DOB). Since moms are also linked to VS, check if mom and baby are linked to the same Birth Certificate in VS

6.2 Keep Unmatched baby files from both data sources and export them for farther matching process in LinkPlus

Using LinkPlus

6.3 match babies (in 6.2) using more personal identifiers. And create second final mom-baby matched file (**Final Mom-Baby Linked File 2**)

6.3.1 **Review LinkPlus Matched baby data:** Babies in these files are all linked to their moms by Case Number in ODM Eligibility file.

So, check if babies are matched to ODH file by

- A) At least three of FN, LN, DOB, FLN or MLN, Zip Code or phone
- B) DOB and/or Zip Code and 2 other identifiers and match score is over 25
- C) DOB or Zip Code and 1 other identifiers with match score over 30
- D) All remaining should be reviewed at individual level to determine true match

6.4 Combine both SAS and LinkPlus matching results. This file contains final match of Moms in ODM Enrollment linked to VS ODH by SSN and other personal identifiers. Mother linked to their babies by Case Number in ODM Eligibility file and babies are simultaneously linked to VS ODH data by personal identifiers.

Part Two-B: Match Babies to VS ODH data

Step 7: Match babies not linked to mom by case Id:

In this step babies born in the reporting period, and maybe not linked to their mother by case id in Medicaid data will be matched to VS data.

7.1 Use LinkPlus to match files and review results

Accept as true match if

- A) At least three of FN, LN, DOB, FLN or MLN, Zip Code or phone
- B) DOB and/or Zip Code and 2 other identifiers and match score is over 25
- C) DOB or Zip Code and 1 other identifiers with match score over 30
- D) All remaining should be reviewed at individual level to determine true match

7.2 Use case id of babies matched in this step to find their mom

7.3 Create final list of matched babies

Part Three: Create final mom-baby linked file

Step 8: Create a final mom-baby matched file by combining final matching results from Part One, Part Two A and Part Two C.

Step 9: Performing Quality 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:

- A baby must be matched to only and only one Birth Certificate
- Check multiple birth rate and if dob of twins is same or reasonably close
- Compare the number of births by month/year of birth between current and historical file
- No match of Birth from previous year, sometimes data from last quarter of the year before could exist in the reporting period