Mathematica

Child and Adult Core Set Stakeholder Workgroup:

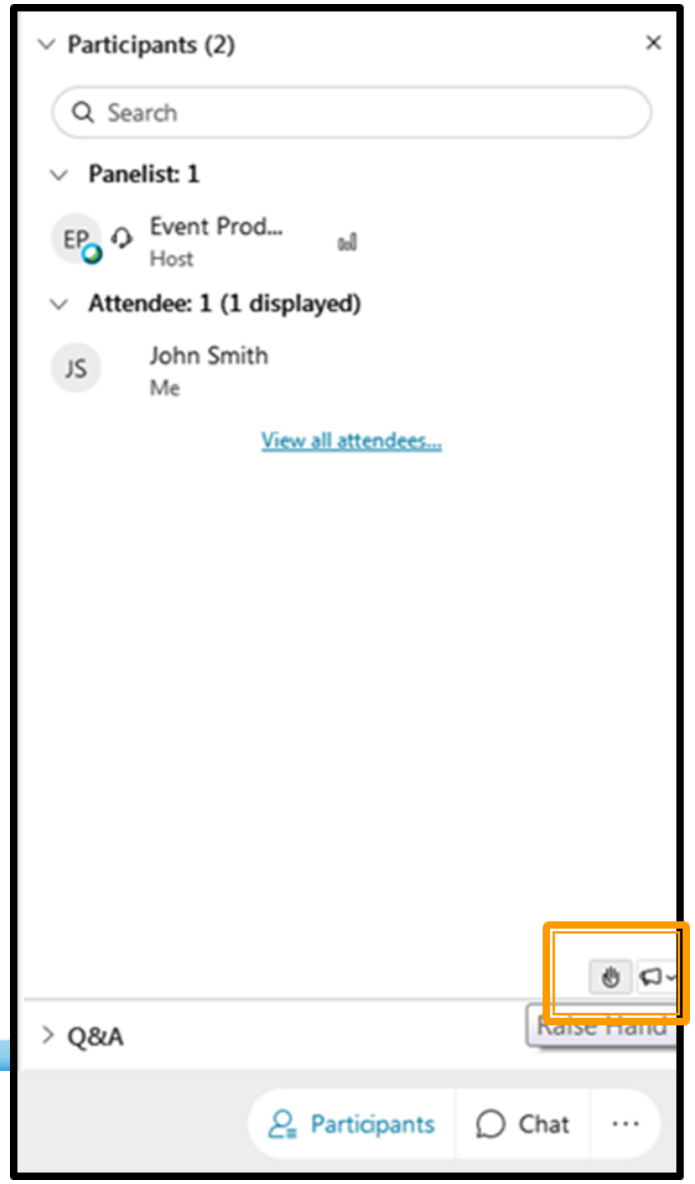
2022 Annual Review Orientation Meeting

December 17, 2020

To Make Comments or Ask Questions During the Webinar

- During the webinar, there will be opportunities for Workgroup member comments or public comment.
- To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list.

- You will be unmuted in turn. Please wait for your cue to speak and lower your hand when you have finished speaking.



Technical Issues

- If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the Q&A function.
- Please note that there is no chat function; you must use the Q&A function for support.

Welcome, Introductions, and Workgroup Objectives

Meeting Objectives

- Introduce the 2022 Child and Adult Core Set Annual Review Stakeholder Workgroup
- Describe the charge, timeline, and vision for the 2022 Child and Adult Core Set Annual Review
- Present the process for Workgroup members to suggest measures for addition to or removal from the 2022 Child and Adult Core Sets
- Provide opportunity for public comment

Mathematica Core Set Review Team

- Margo Rosenbach, Project Director
- Chrissy Fiorentini, Health Analyst
- Dayna Gallagher, Health Associate
- Patricia Rowan, Researcher
- Alli Steiner, Researcher
- Emily Peterson, Health Analyst
- Lindsay Zelson, Health Associate
- Jessica Rosenblum, Health Associate

2022 Core Set Annual Review Workgroup

Voting Members	
Co-Chair: Shevaun Harris, MBA, MSW Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Co-Chair: David Kelley, MD, MPA	Pennsylvania Department of Human Services
Richard Antonelli, MD, MS	Boston Children's Hospital
Lowell Arye, MS	Aging and Disability Policy and Leadership Consulting, LLC
Tricia Brooks, MBA	Georgetown University Center for Children and Families
Laura Chaise, MBA Nominated by the National MLTSS Health Plan Association	Centene Corporation
Lindsay Cogan, PhD, MS	New York State Department of Health
James Crall, DDS, ScD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Amanda Dumas, MD, MSc Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
Anne Edwards, MD	American Academy of Pediatrics
Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Tricia Elliott, MBA, CPHQ	The Joint Commission
Karen George, MD, MPH, FACOG Nominated by the American College of Obstetricians and Gynecologists	George Washington School of Medicine and Heath Sciences
Lisa Glenn, MD Nominated by the Medicaid Medical Directors Network	Texas Health and Human Services Commission
Steve Groff Nominated by the National Association of Medicaid Directors	Delaware Department of Health and Social Services

2022 Workgroup Core Set Annual Review Workgroup (continued)

Voting Members	
Tracy Johnson, PhD, MA Nominated by the National Association of Medicaid Directors	Colorado Department of Health Care Policy and Financing
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Carolyn Langer, MD, JD, MPH	Fallon Health
Jill Morrow-Gorton, MD, MBA	University of Pittsburgh Medical Center (UPMC) Health Plan
Amy Mullins, MD, CPE, FAAFP Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
Fred Oraene, MBA Nominated by the National Association of Medicaid Directors	Oklahoma Health Care Authority
Lisa Patton, PhD	IBM Watson Health
Satya Sarma, MD Nominated by the Medicaid Medical Directors Network	Arizona Healthcare Cost Containment System
Linette Scott, MD, MPH	California Department of Health Care Services
Jennifer Tracey, MHA	Zero to Three
Michelle Tyra, PharmD Nominated by the Academy of Managed Care Pharmacy	OptumRx
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior

2022 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)
Center for Clinical Standards and Quality
Centers for Disease Control and Prevention
Agency for Healthcare Research and Quality
Health Resources and Services Administration
Office of The Assistant Secretary for Planning and Evaluation
US Department of Veteran Affairs
Office of Disease Prevention and Health Promotion
Substance Abuse and Mental Health Services Administration

Disclosure of Interest

- All Workgroup members are required to submit a Disclosure of Interest form
  - Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Child and Adult Core Set measures or measures reviewed during the Workgroup process.
- Workgroup members will review and update their Disclosure of Interest form before the voting meeting
- Members deemed to have an interest in a measure recommended for consideration will be recused from voting on that measure
- During the voting meeting, members will be asked to disclose any interests, though such disclosure may not indicate that a conflict exists

2022 Core Set Annual Review Workgroup Charge

The Child and Adult Core Set Stakeholder Workgroup for the 2022 Annual Review is charged with assessing the 2021 Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP.

The Workgroup should focus on recommending measures that are Actionable, Aligned, and Appropriate for state-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes in Medicaid and CHIP.

2021 Core Set Annual Review Workgroup Milestones

December 17, 2020	• Orientation webinar
December 18, 2020 to January 19, 2021	• Call for measures
April 8, 2021	• Webinar to prepare for voting meeting
May 4-6, 2021	• Voting meeting

- ✓ July: Draft report made available for public comment
- ✓ August: Final report released
- ✓ September–December: CMCS review of final report and additional stakeholder input
- ✓ By December 31st: 2022 Core Sets released

Additional Stakeholder Input During the 2022 Core Set Annual Review Process

- CMCS will obtain additional stakeholder input on the Workgroup recommendations through two processes
  - State outreach with CMCS's Quality Technical Advisory Group (QTAG), comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting
  - Internal stakeholder outreach within CMS and with key federal partners about alignment and priority of recommended measures
- More information about the Medicaid and CHIP Child and Adult Core Sets Annual Review and Selection Process is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/annual-core-set-review.pdf.

Recap of the 2021 Core Set Annual Review and Updates

- CMCS removed two measures from the Core Sets because they were retired by the measure steward:
  - Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (Child Core Set)
  - Adult Body Mass Index Assessment (Adult Core Set)
- CMCS added one measure to the 2021 Child Core Set
  - Sealant Receipt on Permanent 1st Molars (this measure replaced a retired measure)
- CMCS opted to retain the Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) measure on the Adult Core Set
- CMCS deferred a decision on two measures using Electronic Clinical Data System (ECDS) reporting, pending further assessment of how the proprietary nature of the ECDS method impacts the feasibility and viability of including these measures
  - Prenatal Immunization Status
  - Postpartum Depression Screening and Follow-up

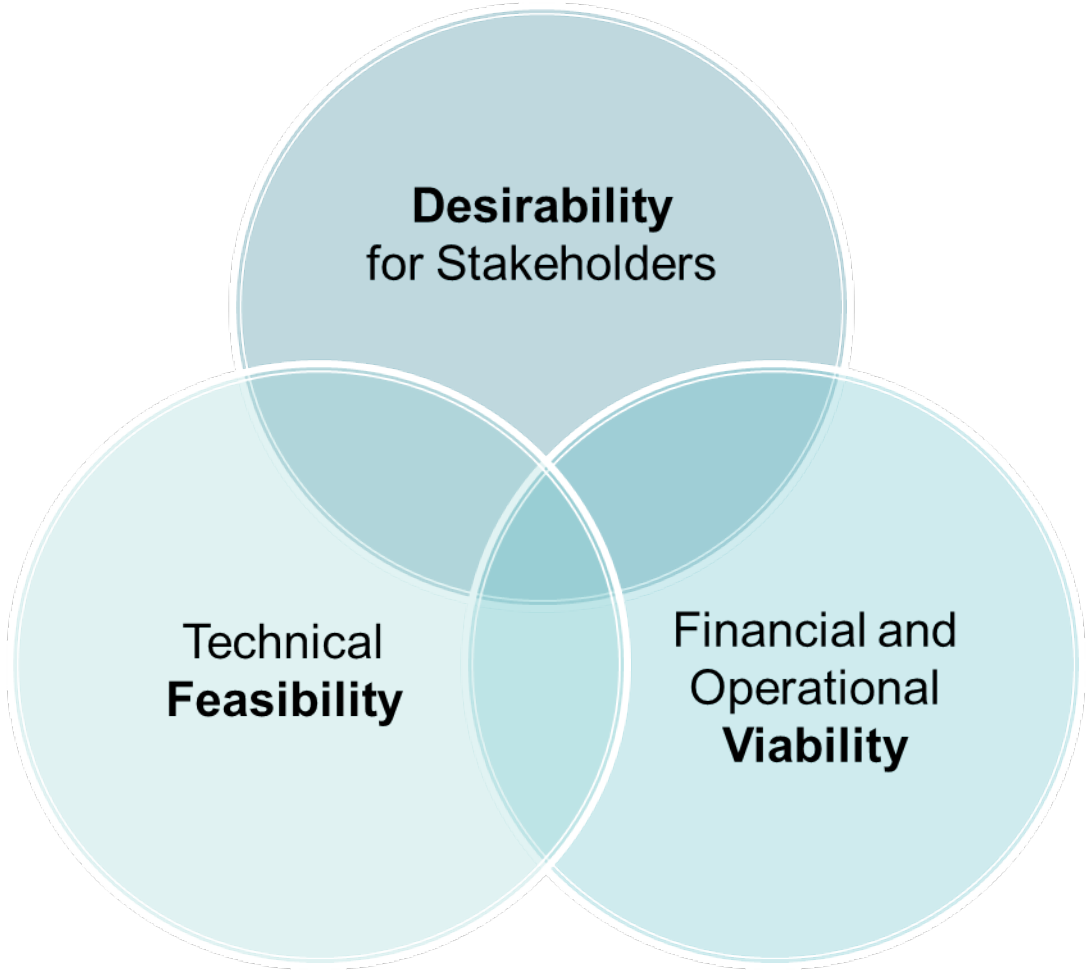
Recap of the 2021 Core Set Annual Review and Updates

- To reduce state reporting burden, CMCS announced that it will be calculating two Child Core Set measures on behalf of states using CDC WONDER
  - Live Births Weighing Less Than 2,500 Grams
  - Low Risk Cesarean Delivery (replaced the PC02: Cesarean Delivery measure)
- More information is available in the CMCS Informational Bulletin available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib111920.pdf

Vision for the 2022 Core Set Annual Review

Role of the Workgroup in Strengthening the 2022 Child and Adult Core Sets

- The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve the Core Sets
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of state-level quality measurement and improvement
  - Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity



Role of the Workgroup in Strengthening the 2022 Child and Adult Core Sets

- Beginning in 2024, reporting on the Child Core Set measures and behavioral health measures in the Adult Core Set will become mandatory
  - Feasibility and viability of state-level reporting are key considerations as mandatory reporting approaches
  - Workgroup recommendations for the 2022 Core Set updates should consider the feasibility for all states to report a measure by 2024

CMCS Remarks

Karen Matsuoka, Director
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services

Co-Chair Remarks

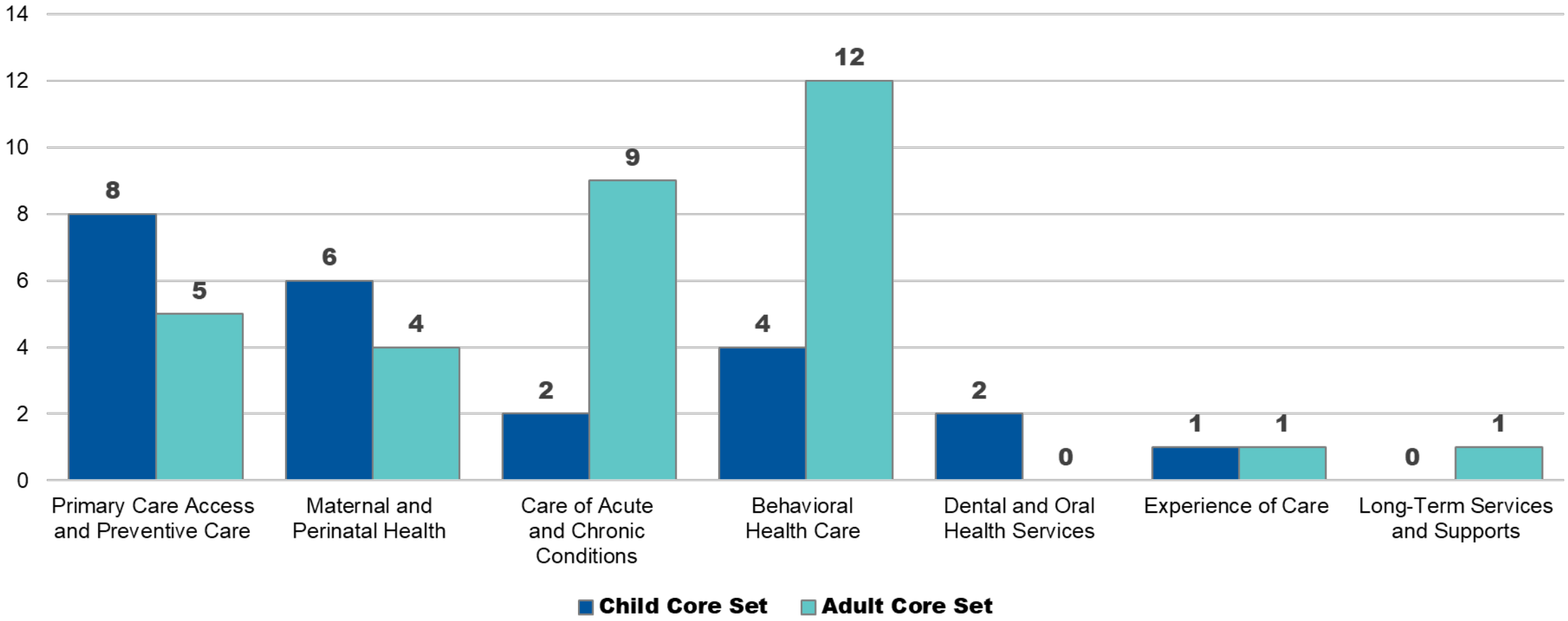
Shevaun Harris
Florida Agency for Health Care Administration

David Kelley
Pennsylvania Department of Human Services

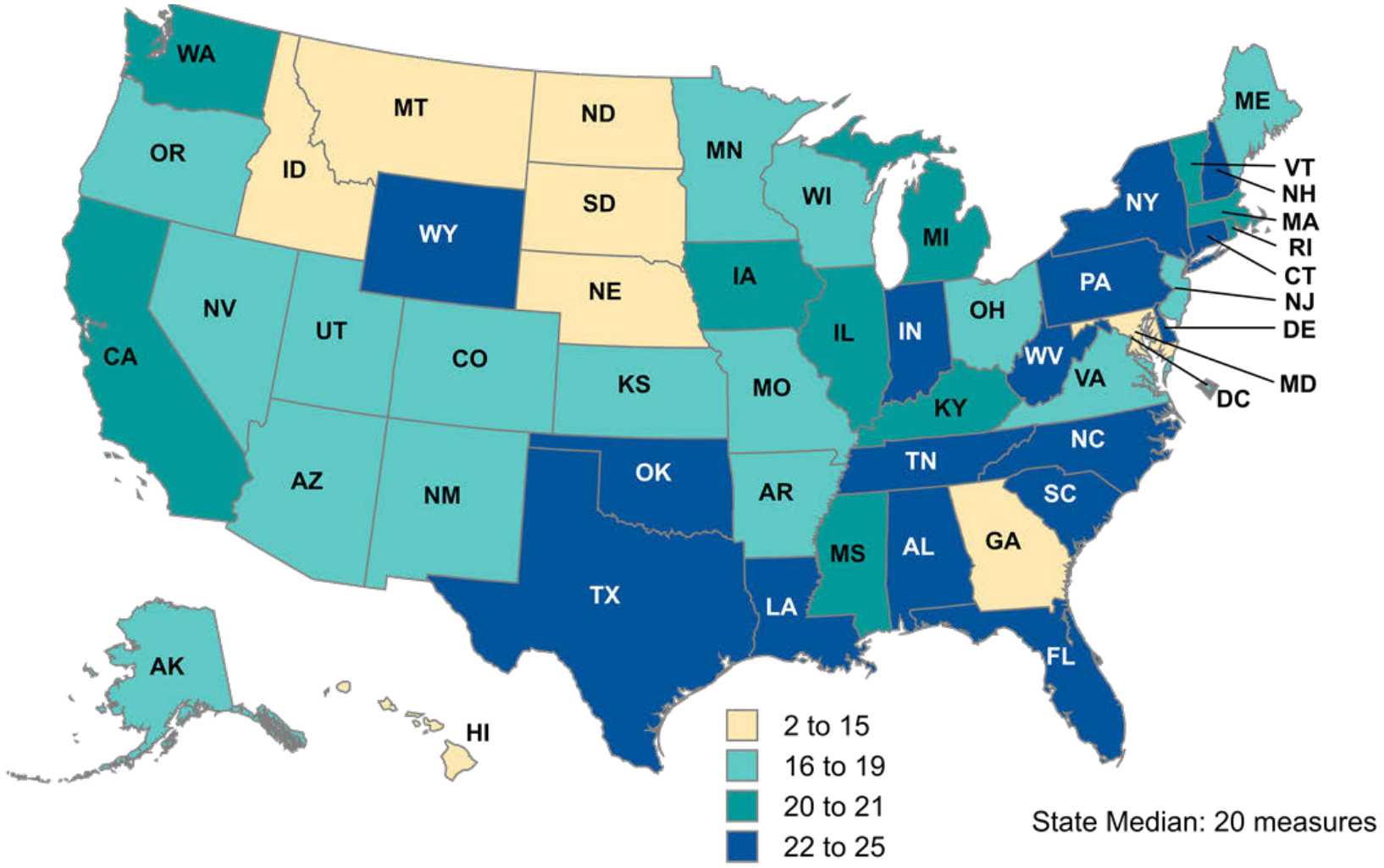
Workgroup Questions

Process for Suggesting Measures for Addition to or Removal from the 2022 Child and Adult Core Sets

2021 Child and Adult Core Set Measures, by Domain

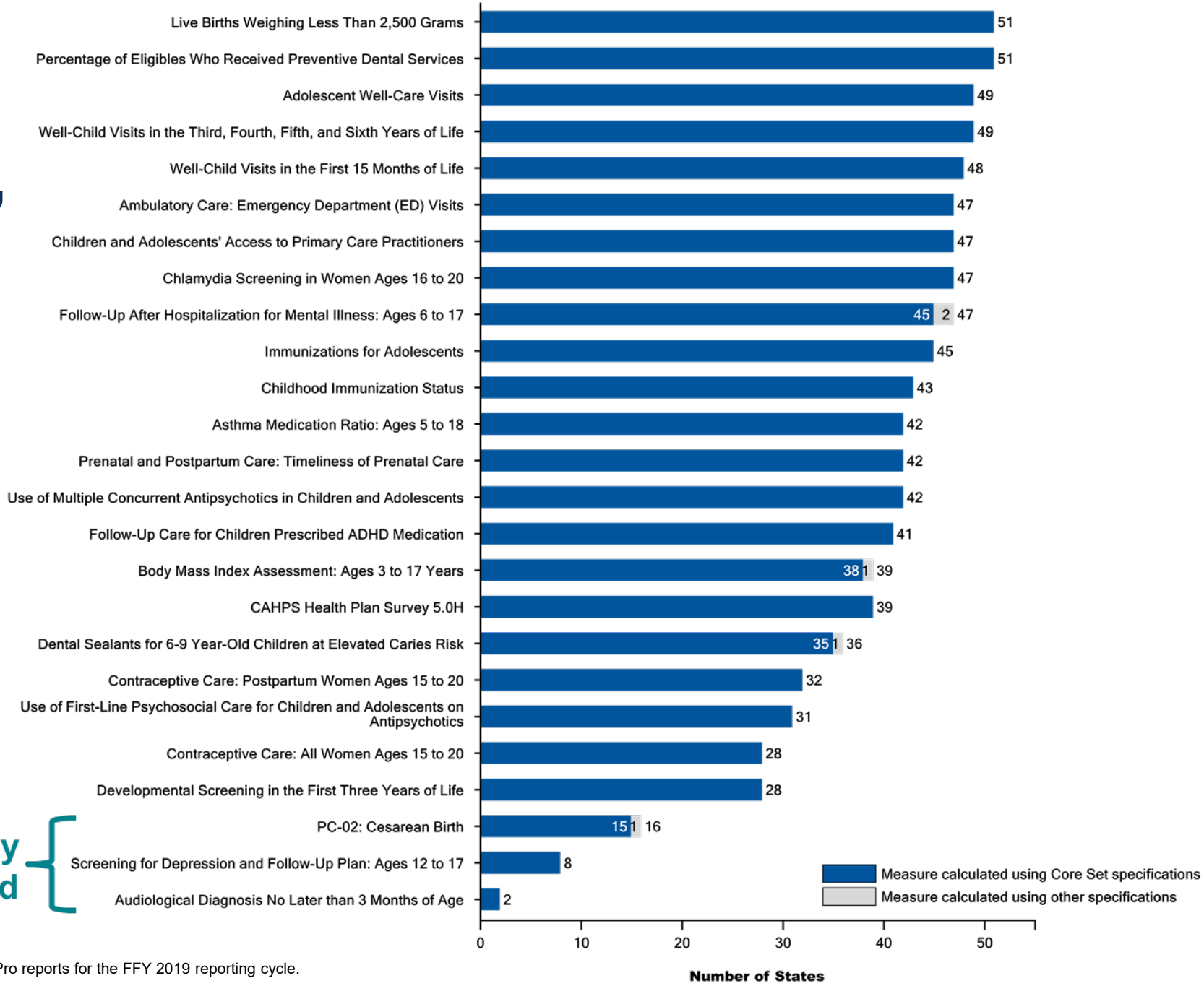


Overview of FFY 2019 Child Core Set State Reporting



- All states reported at least one measure
- 23 of 26 measures were reported publicly
- 48 states reported at least half of the measures, with a median of 20 measures
- 31 states reported more measures for FFY 2019 than for FFY 2018

Number of States Reporting the Child Core Set Measures, FFY 2019



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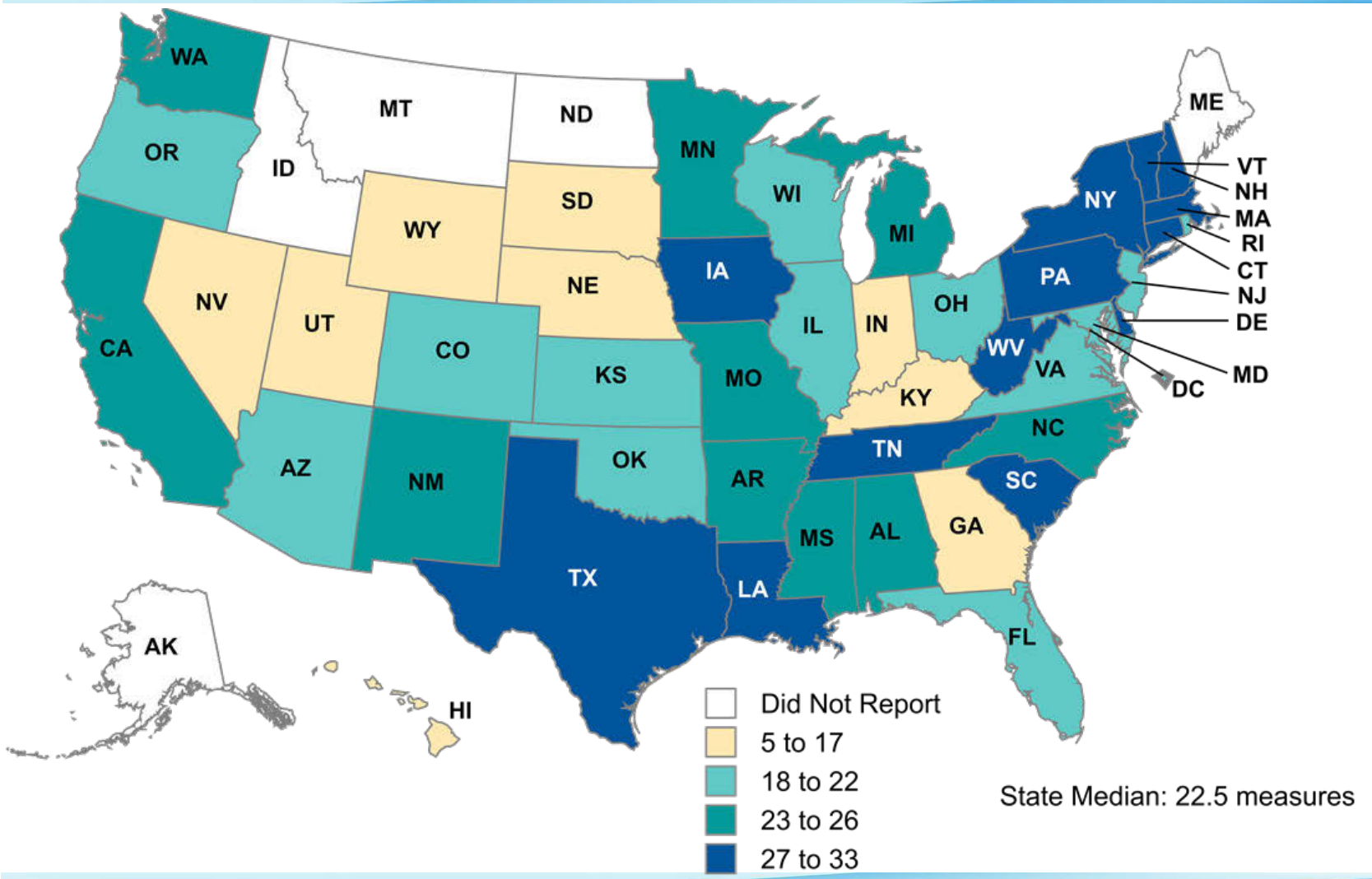
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle.

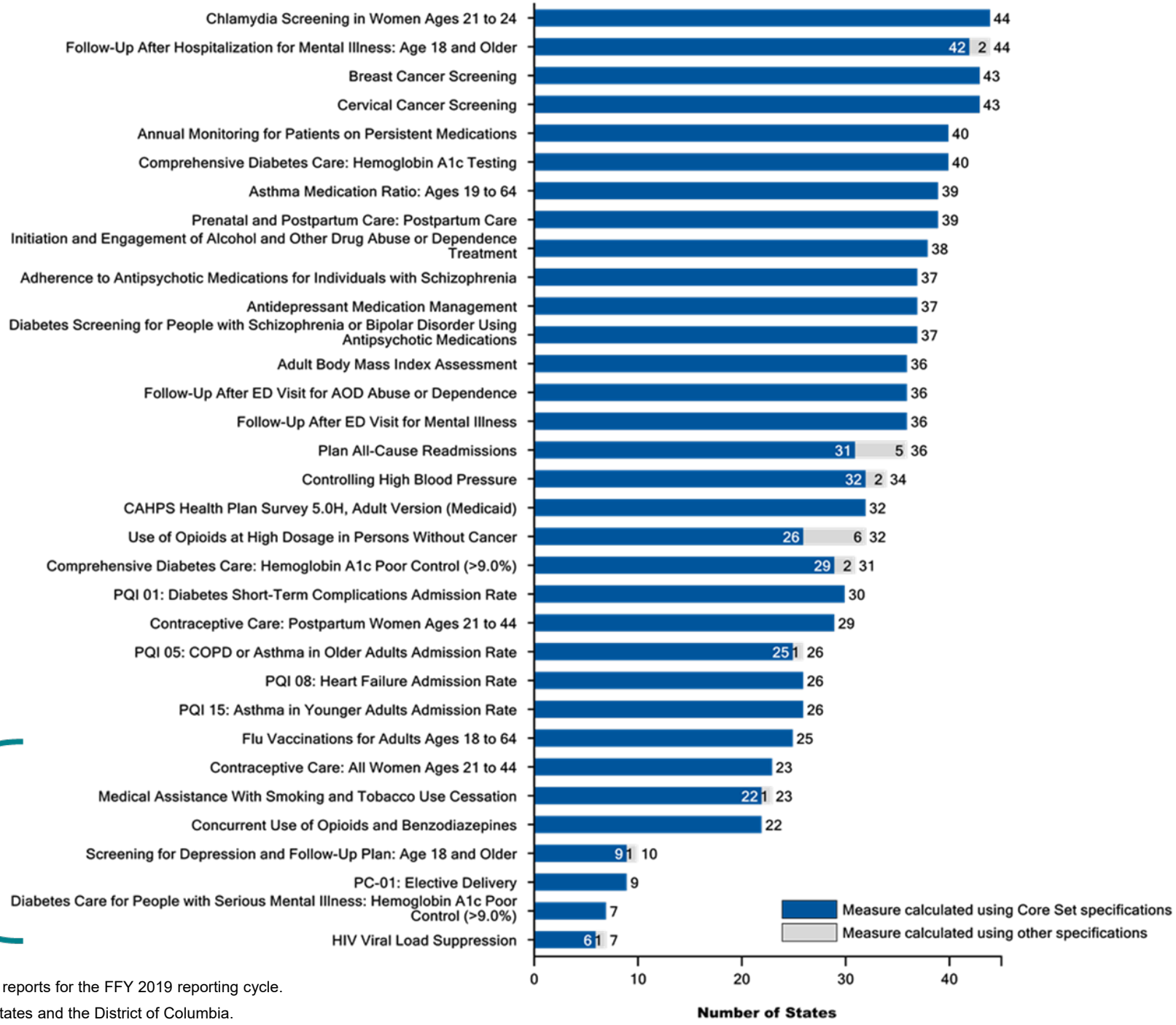
Notes: The term “states” includes the 50 states and the District of Columbia.

Overview of FFY 2019 Adult Core Set State Reporting



- **46** states reported at least one measure
- **25** of 33 measures were reported publicly
- **40** states reported at least half of the measures, with a median of **22.5** measures
- **36** states reported more measures for FFY 2019 than for FFY 2018

Number of States Reporting the Adult Core Set Measures, FFY 2019



Not publicly reported

Mathematica

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle.

Notes: The term “states” includes the 50 states and the District of Columbia.

Workgroup Call for Measures for the 2022 Core Set Annual Review

- CMCS Informational Bulletin (11/19/2019): "The Core Sets are tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP beneficiaries."
- To focus the Call for Measures for the 2022 Core Set Annual Review on measures that are a good fit for the Core Sets, Mathematica has refined the criteria for addition and removal in three areas:
  - Minimum Technical Feasibility Requirements
  - Actionability and Strategic Priority
  - Other Considerations
- To be considered for the 2022 Core Sets, all measures must meet minimum technical feasibility requirements

There are Many Tools to Drive Quality Improvement in Medicaid and CHIP

- Medicaid and CHIP Core Sets
- Medicaid and CHIP Scorecard
- Medicaid and CHIP Beneficiary Profile
- Managed Care Quality Tools
  - Quality Strategy
  - External Quality Review, including Compliance Audits, Performance Improvement Projects, and Focus Studies
  - Quality Assurance and Performance Improvement (QAPI) Programs
- Section 1115 Demonstrations
- State Plan Amendments (SPAs) and Waivers
- State Directed Payment (SDP) Programs
- State Pay-for-Performance and Value-Based Purchasing Initiatives

Criteria for Suggesting Measures for Addition: Minimum Technical Feasibility Requirements

1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). Note: In the Call for Measures, Workgroup members will be asked to provide the name of the measure steward and a link to the technical specifications, if available.
2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid or CHIP agencies. Note: In the Call for Measures, Workgroup members will be asked to provide information on state testing of the measure and/or the name of any state(s) currently using the measure, if known.
3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier). Note: In the Call for Measures, Workgroup members will be asked to provide information on the data source, including evidence that Medicaid and CHIP beneficiaries can be identified in the data source or through a feasible data linkage.
4. The specifications and data source must allow for consistent calculations across states. Note: In the Call for Measures, Workgroup members will be asked to assess whether the specifications or data source will produce consistent calculations across states or whether results may vary (e.g., variation in coding, covered benefits, data completeness).
5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Criteria for Suggesting Measures for Addition: Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries (as specified in the Statute).

Note: In the Call for Measures, Workgroup members will be asked to explain how this measure would contribute to creating a Core Set that covers the quality of health care throughout the age span; across the range of preventive, diagnostic, and treatment services; related to physical, mental, and developmental conditions; and to assess whether analyses of disparities can be conducted.

2. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.

Note: In the Call for Measures, Workgroup members will be asked to address:

- Does the measure promote effective care delivery?
- Does the measure address the unique and complex needs of Medicaid and CHIP beneficiaries?
- Is there evidence that the measure will lead to improvement in the quality of health care for Medicaid and CHIP beneficiaries?

3. The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP.

Note: In the Call for Measures, Workgroup members will be asked to address:

- Is there room for improvement on the measure?
- Is the measure trendable to assess progress?
- Can state Medicaid and CHIP programs/providers directly influence improvement on this measure?

Criteria for Suggesting Measures for Addition: Other Considerations

1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics. Note: In the Call for Measures, Workgroup members will be asked to provide information on the prevalence of the condition or outcome, preferably in the Medicaid and CHIP populations, to ensure adequate population denominators across states.
2. The measure and measure specifications are aligned with those used in other CMS programs, where possible. Note: In the Call for Measures, Workgroup members will be asked to provide information on the use of the measure in other programs such as the Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program.
3. All states must be able to produce the measure by FFY 2024, including <u>all</u> Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems). Note: In the Call for Measures, Workgroup members will be asked to provide information on potential barriers to states in producing the measure and what technical assistance resources would facilitate state reporting to achieve these milestones.

Criteria for Suggesting Measures for Removal

Technical Feasibility

1. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).

2. States report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).

3. The specifications and data source do not allow for consistent calculations across states.

4. The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid and CHIP or does not allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries (as specified in the Statute).

2. The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.

3. The measure cannot be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure is topped out or improvement is outside the direct influence of Medicaid and CHIP programs/providers).

Other Considerations

1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.

2. The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.

3. All states will not be able to produce the measure by FFY 2024.

Process for Suggesting Measures for Addition to or Removal from the Child and Adult Core Sets

- Workgroup members and federal liaisons may suggest measures for removal from or addition to the 2022 Child and Adult Core Sets
- After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms they can use to suggest measures for removal or addition
- The call for measures will open on Friday, December 18, 2020 by 5:00 PM ET and close on Tuesday, January 19, 2021 by 8:00 PM ET
- If you have any questions about the process, please email the Mathematica Core Set Review Team at: MACCoreSetReview@mathematica-mpr.com

Resources for Assessing Measures for Addition and Removal

- Fact Sheet: Overview of States' Reasons for Not Reporting the FFY 2019 Child and Adult Core Set Measures
- Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience
- Background Resources on the Child and Adult Core Sets. Includes links to the following:
  - 2021 Core Set reporting resources
  - 2020 Core Set reporting resources
  - 2019 Core Set measure performance
  - Medicaid and CHIP Scorecard
  - Other quality measurement resources

Workgroup Questions

Opportunity for Public Comment

Next Steps and Resources

Next Steps

- Workgroup members and federal liaisons will receive an email with instructions on how to suggest measures for addition to or removal from the Core Sets
- All measures suggested for addition or removal are due on January 19, 2021 by 8:00 PM ET
- Meeting to prepare for voting will be held April 8, 2021, 1:00–2:00 PM ET via webinar
- Voting meeting will be held May 4-6, 2021 via webinar (times TBD)

For More Information

- Information on the Child Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html
- Information on the Adult Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html
- Information on the Core Set Annual Review is available at https://www.mathematica.org/features/maccoresetreview

Questions

If you have questions about the Child and Adult Core Set Annual Review, please email the Mathematica Core Set Review Team at: MACCoreSetReview@mathematica-mpr.com

THANK YOU FOR PARTICIPATING!