

# **Child and Adult Core Set Stakeholder Workgroup: 2021 Annual Review Meeting**

Day 1

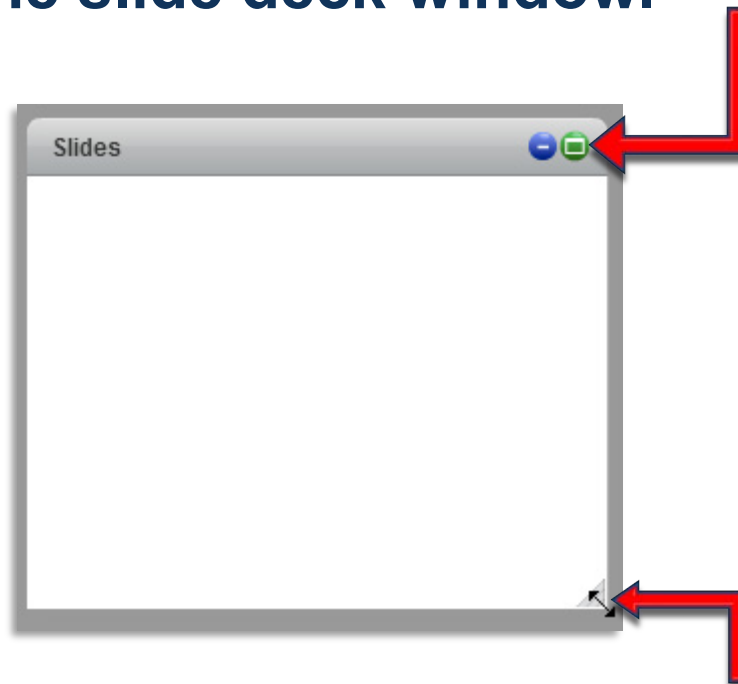
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**April 28, 2020**

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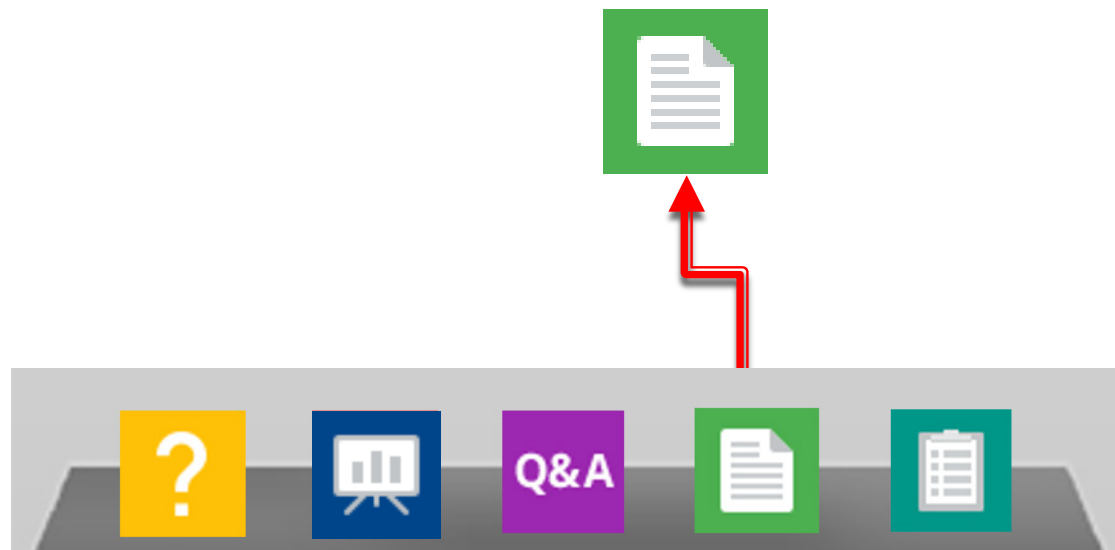
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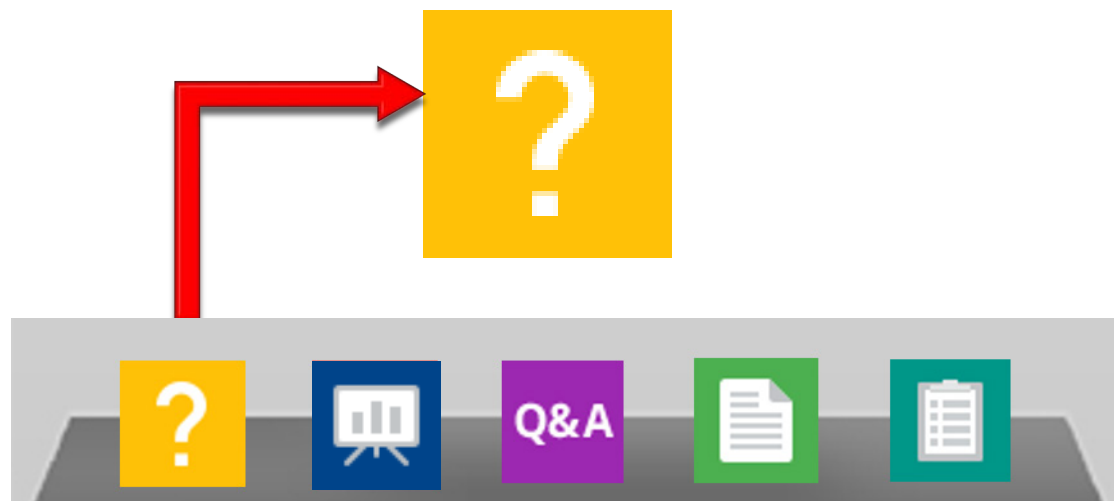
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# Welcome and Meeting Objectives

# Mathematica Project Team

- **Project director: Margo Rosenbach**
- **Research, analytics, and logistics team: Chrissy Fiorentini, Dayna Gallagher, Alli Steiner, Patricia Rowan, and Lindsay Zelson**
- **Senior advisor: Rosemary Borck**
- **Communications support: Christal Stone Valenzano, Brice Overcash, and Brian Willis**
- **Writing support: Megan Thomas and Trish Violet, Harbage Consulting**



# Meeting Objectives

- **Review measures suggested for removal from or addition to the Child and Adult Core Sets**
- **Recommend updates to the Child and Adult Core Sets**
- **Discuss gap areas and areas for future measure development**
- **Provide an opportunity for public comment**

# **Introduction of Workgroup Members and Disclosure of Interests**

# Disclosure of Interests

- **All Workgroup members were required to submit a Disclosure of Interest form that discloses 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**
- **Members deemed to have an interest in a measure suggested for removal or addition will be recused from voting on that measure**
- **During introductions, members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists**

# 2021 Core Set Annual Review Workgroup

## Voting Members

<b>Co-Chair:</b> Gretchen Hammer, MPH	Public Leadership Consulting Group
<b>Co-Chair:</b> 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
Anne Edwards, MD Nominated by the American Academy of Pediatrics	American Academy of Pediatrics
Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Tricia Elliott, MBA, CPHQ	The Joint Commission
Steve Groff Nominated by the National Association of Medicaid Directors	Delaware Department of Health and Social Services
Shevaun Harris, MBA, MSW Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University

# 2021 Core Set Annual Review Workgroup (cont.)

## Voting Members

David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Carolyn Langer, MD, JD, MPH	Fallon Health
Lauren Lemieux Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
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
Sara Salek, MD	Arizona Health Care Cost Containment System
Marissa Schlaifer, MS	OptumRx
Linette Scott, MD, MPH	California Department of Health Care Services
Jennifer Tracey, MHA	Zero to Three
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

# 2021 Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards & Quality, CMS, DHHS

Centers for Disease Control and Prevention, DHHS

Health Resources and Services Administration, DHHS

Office of Disease Prevention and Health Promotion, DHHS (invited)

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs

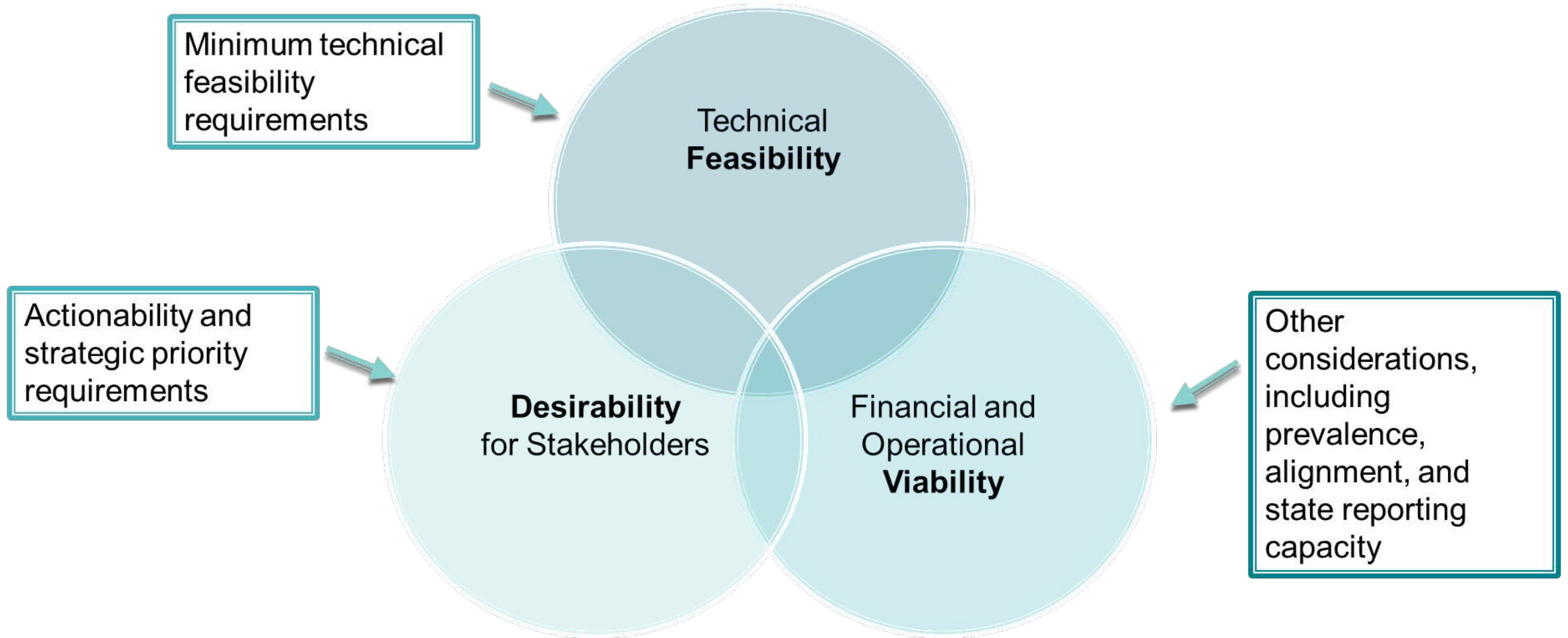
# Context for Measure Review

# Recap of the Purpose and Uses of Core Set Measures

- The purpose of the Child and Adult Core Sets is to estimate the national quality of care for Medicaid and CHIP beneficiaries
  - Core Set measures should cover the continuum of preventive, diagnostic, and treatment services for acute and chronic physical, behavioral, dental, and developmental conditions as well as long-term services and supports
- Core Set measures are used to:
  - Monitor the performance of state Medicaid and CHIP programs
  - Drive improvements in care delivery and health outcomes for beneficiaries
- States are able to drive improvements on care delivery and outcomes using Core Set measures that are actionable by managed care plans, providers, and beneficiaries, and that are linked to evidence-based interventions
- **Charge to the 2021 Core Set Annual Review Workgroup:** Assess measures for removal and addition using the lens of the purpose and uses of the Core Sets



# Recap of the Framework for Assessing Measures



# Level-Setting about the Child and Adult Core Sets

- **The 2020 Child Core Set includes 24 measures and the 2020 Adult Core Set includes 33 measures**
  - There is no target number of measures (maximum or minimum) for the Child and Adult Core Sets
- **States reported a median of 18/26 Child Core Set measures and 20/33 Adult Core Set measures for FFY 2018**
  - Measures reported most frequently included those that could be calculated accurately by most states based solely on administrative data (claims and encounters)
  - Measures reported less frequently required medical record abstraction, electronic health records, or survey data collection, or could not be calculated accurately based solely on administrative data
  - New or revised measures are often reported with a lag as states require time to “ramp up” for reporting

# Level-Setting *(cont.)*

- **The current Core Sets contain seven domains:**
  - Primary Care Access and Preventive Care
  - Maternal and Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services
  - Experience of Care
  - Long-Term Services and Supports (New for 2020)
- **The Core Sets and domains are not assigned by the Workgroup**
  - Note that some measures cut across the Child and Adult Core Sets

## **Level-Setting (*cont.*)**

- **Measure stewards update quality measures annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names**
  - Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections
- **The measure information sheets for the measures under consideration by the Workgroup are based on publicly available information and information from measure stewards as of March 2020**
  - Measures may undergo updates and the measure information sheets may not reflect the measure specifications for 2021 reporting
- **This reflects the evolving nature of quality measurement in health care**

# Context for the 2021 Core Set Review

- **Use of alternate data sources to reduce state burden and improve measure completeness, consistency, and transparency**
  - Examples include use of (1) T-MSIS for calculation of the Preventive Dental Services measure (PDENT-CH), (2) AHRQ CAHPS Health Plan Survey Database for CAHPS measures (CPC-CH, CPA-AD, MSC-AD, and FVA-AD), and (3) CDC WONDER for measures based on vital records (LBW-CH and PC02-CH)
- **Increasing emphasis on digital measures and electronic data sources**
  - Example includes Medicaid linkage of data from Immunization Information Systems for calculation of HEDIS measures
- **Preparation for mandatory reporting in 2024 of all Child Core Set measures and behavioral health measures in the Adult Core Set by all states for all Medicaid and CHIP populations**
- **Implications of COVID-19 for quality measurement, such as feasibility of medical chart reviews and hybrid methodology**

# Criteria for Reviewing Measures and Voting Logistics

# 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).
2. The measure must have been **tested in state Medicaid/CHIP programs** or be in use by one or more state Medicaid/CHIP agencies.
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).
4. The specifications and data source must allow for **consistent calculations** across states.

# Criteria for Suggesting Measures for Addition: Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure must contribute to **estimating the overall national quality of health care in Medicaid and CHIP** (as specified in the Statute).
2. The measure must provide **useful and actionable results** to drive improvement in state Medicaid and CHIP programs.
3. The measure must address a **strategic priority in monitoring the performance** of state Medicaid and CHIP programs.



# Criteria for Suggesting Measures for Addition: Other Considerations

1. The **prevalence** of the condition or outcome being measured should be sufficient to produce **reliable and meaningful results** across states.
2. The measure and measure specifications should be **aligned with those used in other CMS programs**, where possible.
3. **At least half the states should be able to produce the measure for FFY 2021 or FFY 2022, and all the states should be able to produce the measure by FFY 2024, including all their Medicaid and CHIP populations (all age groups, eligibility categories, and delivery systems).**

# Criteria for Suggesting Measures for Removal

- **Current Core Set measures may be suggested for removal using related criteria regarding Technical Feasibility, Actionability and Strategic Priority, or Other Considerations.**
- **Examples include:**
  - States report significant challenges accessing a data source that contains all the elements necessary to calculate the measure.
  - The available data source does not allow for consistent calculations across states.
  - The measure does not contribute significantly to estimating the national quality of health care in Medicaid and CHIP.
  - The measure does not provide actionable results for state Medicaid and CHIP programs.
  - The measure is not aligned with those used in other CMS programs, or another better-aligned measure is recommended for replacement.
  - Fewer than half of states will be able to produce the measure for FFY 2021 or 2022.

# Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**
- **Workgroup members will vote on each measure in its specified form**
  - **Measure for removal:**
    - Yes, I recommend removing this measure from the Core Set
    - No, I do not recommend removing this measure from the Core Set
  - **Measures for addition:**
    - Yes, I recommend adding this measure to the Core Set
    - No, I do not recommend adding this measure to the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

# Questions from Workgroup Members

# Practice Voting

# Practice Vote #1

## Have you had any coffee or tea today?

- Yes, I have had coffee or tea today.
- No, I haven't had any coffee or tea today.

## Practice Vote #2

### Which kind of snacks do you prefer?

- I'm a salty snacker.
- I opt for sweet treats.

# Long-Term Services and Supports



# 2020 Core Set Measure

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Adult Core Set</b>		
National Core Indicators Survey (NCIDDS-AD)	Survey	Not applicable (new to 2020 Core Set)

# Addition: Long-Term Services and Supports Admission to an Institution from the Community (MLTSS-6)

<b>Description</b>	<p>The number of admissions to an institutional facility among Managed Long-Term Services and Supports (MLTSS) plan members age 18 and older residing in the community for at least one month. The number of short-term, medium-term, or long-term admissions is reported per 1,000 enrollee months. Enrollee months reflect the total number of months each beneficiary is enrolled in the program and residing in the community for at least one day of the month.</p> <p>The following three rates are reported across four age groups (ages 18 to 64, ages 65 to 74, ages 75 to 84, and age 85 and older):</p> <ol style="list-style-type: none"> <li>1. Short-Term Stay. The rate of admissions resulting in a short-term stay (1 to 20 days) per 1,000 MLTSS enrollee months.</li> <li>2. Medium-Term Stay. The rate of admissions resulting in a medium-term stay (21 to 100 days) per 1,000 MLTSS enrollee months.</li> <li>3. Long-Term Stay. The rate of admissions resulting in a long-term stay (greater than or equal to 101 days) per 1,000 MLTSS enrollee months.</li> </ol>
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Outcome
<b>Recommended to replace current measure?</b>	No

# Addition: Long-Term Services and Supports Admission to an Institution from the Community (MLTSS-6) *(cont.)*

<b>Data collection method</b>	Administrative (claims only)
<b>Denominator</b>	Number of enrollee months where the beneficiary was residing in the community for at least one day of the month.
<b>Numerator</b>	The number of Institutional Facility Admissions from a community residence from August 1 of the year prior to the measurement year through July 31 of the measurement year. Admissions are reported in three categories: (1) short-term stay (1 to 20 days), (2) medium-term stay (21 to 100 days), and (3) long-term stay (greater than or equal to 101 days).

# Addition: National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey

<b>Description</b>	NCI-AD is a voluntary effort by state Medicaid, aging, and disability agencies to measure and track the performance of their long-term services and supports programs. The core indicators are standard measures used across states to assess the outcomes of publicly funded services provided to older adults and adults with physical disabilities. Indicators address 18 areas: (1) service coordination, (2) rights and respect, (3) community participation, (4) choice and control, (5) health care, (6) safety, (7) relationships, (8) satisfaction, (9) care coordination, (10) access to community, (11) access to needed equipment, (12) wellness, (13) medications, (14) self-direction, (15) work, (16) everyday living, (17) affordability, and (18) person-centered planning.
<b>Measure steward</b>	ADvancing States and Human Services Research Institute (HSRI)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Beneficiary experience and self-reported outcomes
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	In-person survey

# Addition: National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey (*cont.*)

<b>Denominator</b>	<p>Individuals who respond to the survey question or questions from which the indicator is drawn. The sampling frame includes older adults (age 65 or older) or adults 18 years and older with a physical disability (including acquired or traumatic brain injury [ABI/TBI]) who receive publicly funded long-term services and supports (LTSS) at least two to three times a week. There should be no a priori exclusions based on geography, place of residence, level of disability, or any other personal and demographic factors. Individuals receiving LTSS through intellectual and developmental disabilities (IDD)-specific or mental health (MH)-specific waivers or programs are excluded from the sampling frame.</p>
<b>Numerator</b>	<p>Varies based on indicator. Examples of indicators include:</p> <ul style="list-style-type: none"> <li>• Percentage of people whose service plan includes their preferences and choices</li> <li>• Percentage of people who know whom to contact if they want to make changes to their services</li> <li>• Percentage of people who had someone follow-up with them after being discharged from a hospital or rehabilitation facility in the past year</li> <li>• Percentage of people with concerns about falling or being unstable (risk-adjusted)</li> <li>• Percentage of people who always or almost always like how they spend their time during the day (risk-adjusted)</li> <li>• Percentage of people who have adequate support for everyday activities</li> <li>• Percentage of people who feel in control of their life</li> <li>• Percentage of people who have transportation when they want to do things outside of their home (non-medical)</li> </ul>

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures



# Long-Term Services and Supports: Measure Vote # 1

**Should the Long-Term Services and Supports Admission to an Institution from the Community (MLTSS-6) measure be added to the Core Set?**

- Yes, I recommend adding this measure to the Core Set
- No, I do not recommend adding this measure to the Core Set

## **Long-Term Services and Supports: Measure Vote # 2**

**Should the National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# Discuss Gap Areas

**Break**

# Primary Care Access and Preventive Care

# 2020 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set</b>		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) (#0024)	Administrative, hybrid, or EHR	38
Chlamydia Screening in Women Ages 16–20 (CHL-CH) (#0033)	Administrative or EHR	44
Childhood Immunization Status (CIS-CH) (#0038)	Administrative, hybrid, or EHR	43
Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH) (#0418/0418e)*	Administrative or EHR	3
Well-Child Visits in the First 15 Months of Life (W15-CH) (#1392)	Administrative or hybrid	47
Immunizations for Adolescents (IMA-CH) (#1407)	Administrative or hybrid	44
Developmental Screening in the First Three Years of Life (DEV-CH) (#1448, no longer endorsed)	Administrative or hybrid	25

\*Measures with an asterisk are suggested for removal.

## 2020 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set <i>(cont.)</i></b>		
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH) (#1516)	Administrative or hybrid	48
Adolescent Well-Care Visits (AWC-CH)	Administrative or hybrid	47
<b>Adult Core Set</b>		
Cervical Cancer Screening (CCS-AD) (#0032)	Administrative, hybrid, or EHR	40
Chlamydia Screening in Women Ages 21–24 (CHL-AD) (#0033)	Administrative or EHR	38
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) (#0039)*	Survey (CAHPS 5.0H Adult Medicaid Survey)	22
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) (#0418/0418e)*	Administrative or EHR	6

\*Measures with an asterisk are suggested for removal.

# 2020 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Adult Core Set <i>(cont.)</i></b>		
Breast Cancer Screening (BCS-AD) (#2372)	Administrative or EHR	41
Adult Body Mass Index Assessment (ABA-AD)*	Administrative or hybrid	35

\*Measures with an asterisk are suggested for removal.



# Removal: Adult Body Mass Index Assessment (ABA-AD)

<b>Description</b>	Percentage of beneficiaries ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA) Note that this measure is proposed for retirement from HEDIS Measurement Year 2020 (which aligns with the FFY 2021 Adult Core Set). The measure was proposed for retirement because: (1) many EHRs automatically calculate BMI and the measure does not assess counseling or follow up, (2) updates to ICD-10 codes allow for use of the BMI codes only if the BMI falls outside of the normal range, and (3) high performance on the measure limits room for improvement. NCQA also noted that CMS is removing the measure from the Star Ratings program beginning with the 2020 measurement year and 2022 Star Ratings.
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Data collection method</b>	Administrative or hybrid
<b>Denominator</b>	Beneficiaries who had an outpatient visit during the measurement year or the year prior to the measurement year.
<b>Numerator</b>	For beneficiaries age 20 or older on the date of service, documentation of BMI during the measurement year or the year prior to the measurement year. For beneficiaries younger than age 20 on the date of service, documentation of BMI percentile during the measurement year or the year prior to the measurement year.
<b>Has another measure been proposed for substitution?</b>	No. The Workgroup member noted that a measure would need to be developed for follow-up.

# Removal: Adult Body Mass Index Assessment (ABA-AD) *(cont.)*

<b>Number of states reporting the measure for FFY 2018</b>	35 states
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Removal: Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)

<b>Description</b>	Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e
<b>Data collection method</b>	Administrative or electronic health record (EHR)
<b>Denominator</b>	The eligible population with an outpatient visit during the measurement year.
<b>Numerator</b>	Beneficiaries screened for depression on the date of the encounter using a standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2018</b>	Three states
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Removal: Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)

<b>Description</b>	Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e
<b>Data collection method</b>	Administrative or electronic health record (EHR)
<b>Denominator</b>	The eligible population with an outpatient visit during the measurement year.
<b>Numerator</b>	Beneficiaries screened for depression on the date of the encounter using a standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2018</b>	Six states (one of the six states did not use Core Set specifications).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Removal: Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)

<b>Description</b>	Percentage of beneficiaries ages 18 to 64 who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Medicaid Survey was completed.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0039
<b>Data collection method</b>	Survey. (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey.)
<b>Denominator</b>	The number of beneficiaries with a “Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag” of “Eligible” who responded “Yes” or “No” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
<b>Numerator</b>	The number of beneficiaries who responded “Yes” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
<b>Has another measure been proposed for substitution?</b>	Adult Immunization Status (AIS)
<b>Number of states reporting the measure for FFY 2018</b>	22 states reported the measure in MACPro; however, additional states (or their managed care plans) are submitting CAHPS to the AHRQ CAHPS Database.  Note that CMS is collaborating with AHRQ on an initiative to report state-level CAHPS data submitted to the AHRQ CAHPS Database. AHRQ estimates that state-level data would be available for FFY 2018 for 29 states for Adult Medicaid and for 33 states for Child Medicaid (although not all states may collect data for the FVA measure through the Adult CAHPS survey). CMS will conduct a dry run of state-level reporting of CAHPS data with states in spring 2020.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

## Addition: Adult Immunization Status

<b>Description</b>	<p>The percentage of beneficiaries 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, and pneumococcal.</p> <p>Note: The Medicaid rate includes beneficiaries ages 19-65 and excludes pneumococcal vaccines.</p>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process / Composite
<b>Recommended to replace current measure?</b>	Flu Vaccinations for Adults Ages 18-64 (FVA-AD)
<b>Data collection method</b>	<p>HEDIS® Electronic Clinical Data Systems (ECDS).</p> <p>(Note: ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)</p>
<b>Denominator</b>	<p>This measure includes denominators for three individual vaccine rates and a composite rate:</p> <ol style="list-style-type: none"> <li>1. Influenza rate: Beneficiaries ages 19-65 at the start of the Measurement Period who also meet criteria for participation minus exclusions.</li> <li>2. Td/Tdap rate: Beneficiaries ages 19-65 at the start of the Measurement Period who also meet criteria for participation minus exclusions.</li> <li>3. Zoster rate: Beneficiaries ages 50-65 at the start of the Measurement Period who also meet criteria for participation minus exclusions.</li> <li>4. Composite rate: The sum of denominators for the three individual vaccine rates.</li> </ol>

## Addition: Adult Immunization Status (*cont.*)

### Numerator

This measure includes numerators for three individual vaccine rates and a composite rate:

1. Influenza rate: Beneficiaries in the influenza rate denominator who received an influenza vaccine on or between July 1 of the year prior to the Measurement Period and June 30 of the Measurement Period, or who had a prior influenza virus vaccine adverse reaction any time before or during the Measurement Period.
2. Td/Tdap rate:
  - a. Beneficiaries in the Td/Tdap rate denominator who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the Measurement Period and the end of the Measurement Period, *or*
  - b. Beneficiaries in the Td/Tdap rate denominator with a history of at least one of the following contraindications any time before or during the Measurement Period:
    - i. Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components.
    - ii. Encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, post-pertussis vaccination encephalitis).
3. Zoster rate: Beneficiaries in Zoster rate denominator who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the beneficiary's 50th birthday before or during the Measurement Period; or who had prior adverse reaction caused by zoster vaccine or its components any time during or before the Measurement Period.
4. Composite rate: The sum of the numerators for the three individual vaccine rates.

## Addition: Prenatal Immunization Status

<b>Description</b>	The percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	HEDIS® Electronic Clinical Data Systems (ECDS).  (Note: ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)
<b>Denominator</b>	Deliveries during the Measurement Period where the beneficiary also meets the criteria for participation.



# Addition: Prenatal Immunization Status

## Numerator

This measure includes numerators for two individual vaccine rates and a combination rate:

1. Influenza rate: Deliveries where beneficiaries received an adult influenza vaccine on or between July 1 of the year prior to the Measurement Period and the delivery date; or deliveries where beneficiaries had an influenza virus vaccine adverse reaction any time during or before the Measurement Period.
2. Tdap rate: Deliveries where beneficiaries received at least one Tdap vaccine during the pregnancy (including on the delivery date); or deliveries where the beneficiary had any of the following:
  - a. Anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the Measurement Period;
  - b. Encephalopathy due to Td or Tdap vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, or post-pertussis vaccination encephalitis) any time during or before the Measurement Period.
3. Combination rate: Deliveries that met criteria for both Influenza and Tdap numerators.

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures

# **Primary Care Access and Preventive Care: Measure Vote # 1**

**Should the Adult Body Mass Index Assessment (ABA-AD) measure be removed from the Core Set?**

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

# **Primary Care Access and Preventive Care: Measure Vote # 2**

**Should the Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH) measure be removed from the Core Set?**

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

# **Primary Care Access and Preventive Care: Measure Vote # 3**

**Should the Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

# **Primary Care Access and Preventive Care: Measure Vote # 4**

**Should the Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) measure be removed from the Core Set?**

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**



# **Primary Care Access and Preventive Care: Measure Vote # 5**

**Should the Adult Immunization Status measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# **Primary Care Access and Preventive Care: Measure Vote # 6**

**Should the Prenatal Immunization Status measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# Discuss Gap Areas

# Preview of Day 2 and Wrap-Up

# Agenda for Day 2

- **Dental and Oral Health Services**
- **Maternal and Perinatal Health**
- **Experience of Care**

# **Child and Adult Core Set Stakeholder Workgroup: 2021 Annual Review Meeting**

Day 2

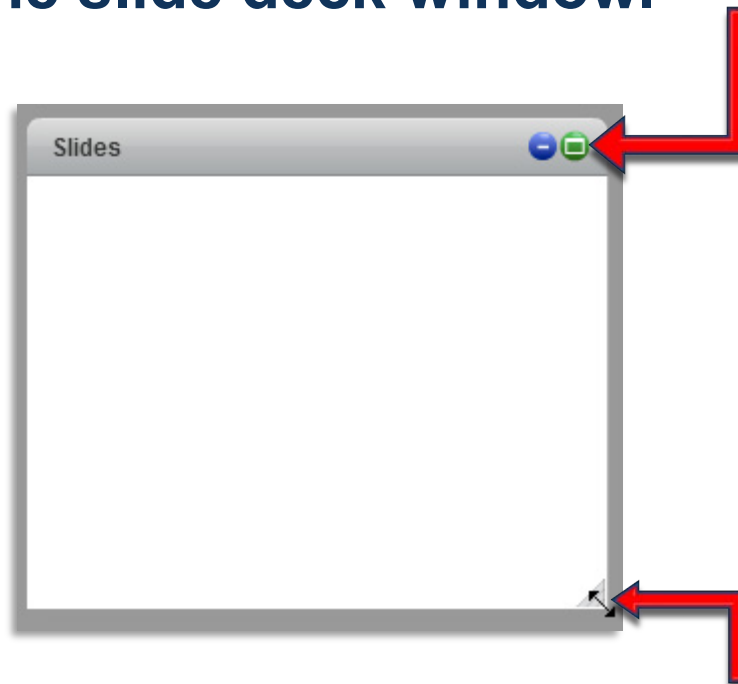
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**April 29, 2020**

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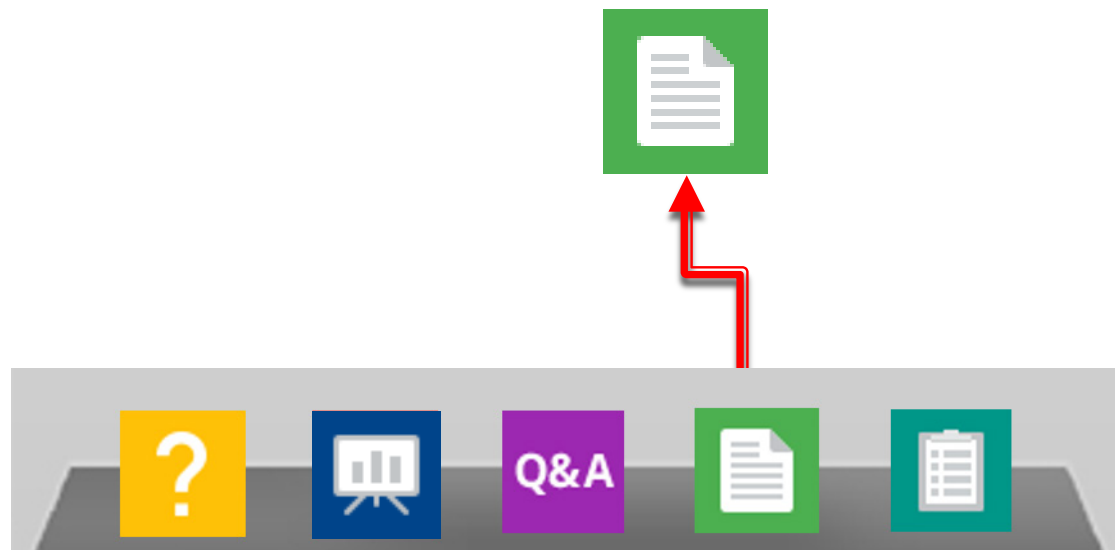
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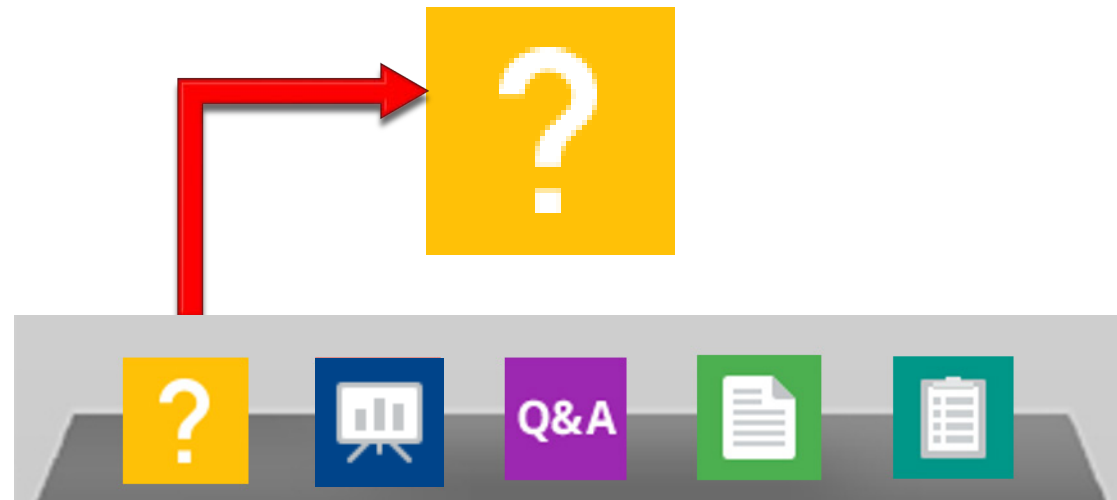
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# Welcome and Review Day 1

# Dental and Oral Health Services

# 2020 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set</b>		
Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH) (#2508, no longer endorsed) <i>Note: Measure retired by the measure steward; will be retired from the 2021 Core Set.</i>	Administrative	33
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)*	Administrative (Form CMS-416)	51

\*Measures with an asterisk are suggested for removal.

# Removal: Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH )

<b>Description</b>	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Data collection method</b>	Administrative (Form CMS-416)
<b>Denominator</b>	The total unduplicated number of individuals ages 1 to 20 who have been continuously enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 days during the federal fiscal year and are eligible to receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.
<b>Numerator</b>	The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes or equivalent CPT and CDT codes that are for preventive dental services and only if provided by or under the supervision of a dentist, based on an unduplicated paid, unpaid, or denied claim. The numerator should be inclusive of services reimbursed directly by the state under fee-for-service, managed care, prospective payment, or any other payment arrangements, or through any other health or dental plans that contract with the state to provide services to Medicaid or CHIP Medicaid expansion beneficiaries, based on an unduplicated paid, unpaid, or denied claim
<b>Has another measure been proposed for substitution?</b>	Annual Dental Visit (ADV)
<b>Number of states reporting the measure for FFY 2018</b>	51 states
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes

## Addition: Annual Dental Visit

<b>Description</b>	Percentage of patients 2-20 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)  Note that this measure is proposed for retirement from HEDIS Measurement Year 2022 (which covers services provided in calendar year 2022 and would align with the FFY 2023 Core Set). The measure was proposed for retirement because it focuses on access to dental care rather than quality. Proposed retirement would take effect for HEDIS Measurement Year 2022 to allow time for NCQA to introduce a new pediatric dental measure into HEDIS.
<b>NQF number (if endorsed)</b>	1388 (no longer endorsed)
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)
<b>Data collection method</b>	Administrative
<b>Denominator</b>	Beneficiaries 2-20 years of age.
<b>Numerator</b>	One or more dental visits with a dental practitioner during the measurement year. Any visit with a dental practitioner during the measurement year meets criteria.



# Addition: Sealant Receipt on Permanent 1st Molars

<b>Description</b>	The percentage of enrolled children who have ever received sealants on permanent first molar teeth: (1) at least one sealant and (2) all four molars sealed by their 10th birthdate.
<b>Measure steward</b>	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH) (Note: The SEAL-CH measure has been retired by the measure steward and will be removed by CMCS from the 2021 Core Set.)
<b>Data collection method</b>	Administrative (enrollment & claims only)
<b>Denominator</b>	Unduplicated number of enrolled children with their 10th birthdate in the measurement year.
<b>Numerator</b>	Unduplicated number of enrolled children who ever received sealants on a permanent first molar tooth in the 48 months prior to the 10th birthdate: (1) at least one sealant and (2) all four molars sealed.

# Addition: Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions (NTDC) in Adults

<b>Description</b>	Number of emergency department (ED) visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 beneficiary months for adults.
<b>Measure steward</b>	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Outcome
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	Administrative (enrollment and medical claims)
<b>Denominator</b>	All member months for individuals 18 years and older during the reporting year.
<b>Numerator</b>	Number of ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis code among individuals 18 years and older.

# Addition: Follow-Up after Emergency Department Visits for Non-Traumatic Dental Conditions (NTDC) in Adults

<b>Description</b>	The percentage of ambulatory care sensitive non-traumatic dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the beneficiary visited a dentist within (a) 7 days and (b) 30 days of the ED visit.
<b>Measure steward</b>	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	Administrative (enrollment & claims only)
<b>Denominator</b>	Number of ambulatory care sensitive non-traumatic dental condition ED visits in the reporting period.
<b>Numerator</b>	Number of ambulatory care sensitive non-traumatic dental condition ED visits in the reporting period for which the beneficiary visited a dentist within (a) 7 days and (b) 30 days of the ED visit.

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures

# **Dental and Oral Health Services: Measure Vote # 1**

**Should the Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

# Dental and Oral Health Services: Measure Vote # 2

## Should the Annual Dental Visit measure be added to the Core Set?

- Yes, I recommend adding this measure to the Core Set
- No, I do not recommend adding this measure to the Core Set



# **Dental and Oral Health Services: Measure Vote # 3**

## **Should the Sealant Receipt on Permanent 1st Molars measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# **Dental and Oral Health Services: Measure Vote # 4**

**Should the Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# **Dental and Oral Health Services: Measure Vote # 5**

**Should the Follow-Up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# Discuss Gap Areas

**Break**

# Maternal and Perinatal Health

# 2020 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set</b>		
PC-02: Cesarean Birth (PC02-CH) (#0471)	Hybrid	16
Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH) (#1360)*	EHR	3
Live Births Weighing Less Than 2,500 Grams (LBW-CH) (#1382)	State vital records	28
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) (#1517, no longer endorsed)	Administrative or hybrid	39
Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH) (#2902)	Administrative	31
Contraceptive Care – All Women Ages 15–20 (CCW-CH) (#2903/2904)	Administrative	26

\*Measures with an asterisk are suggested for removal.

# 2020 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Adult Core Set</b>		
PC-01: Elective Delivery (PC01-AD) (#0469/0469e)*	Hybrid or EHR	8
Prenatal and Postpartum Care: Postpartum Care (PPC-AD) (#1517, no longer endorsed)	Administrative or hybrid	37
Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD) (#2902)	Administrative	29
Contraceptive Care – All Women Ages 21–44 (CCW-AD) (#2903/2904)	Administrative	24

\*Measures with an asterisk are suggested for removal.



# Removal: Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)

<b>Description</b>	Percentage of newborns who did not pass hearing screening and have an audiological diagnosis no later than 3 months of age (90 days).
<b>Measure steward</b>	Centers for Disease Control and Prevention (CDC)
<b>NQF number (if endorsed)</b>	1360
<b>Data collection method</b>	Electronic health record (EHR)
<b>Denominator</b>	The number of infants born during the measurement year who have not passed hearing screening.
<b>Numerator</b>	The number of infants born during the measurement year who have not passed hearing screening (denominator population) and who have an audiological diagnosis before 91 days of age.
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2018</b>	Three states (two of the three states did not use Core Set specifications).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Removal: PC-01: Elective Delivery (PC01-AD)

<b>Description</b>	Percentage of women with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed.
<b>Measure steward</b>	The Joint Commission (TJC)
<b>NQF number (if endorsed)</b>	0469/0469e
<b>Data collection method</b>	Hybrid or electronic health records (EHR)
<b>Denominator</b>	Beneficiaries delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed.
<b>Numerator</b>	Beneficiaries with elective deliveries by either medical induction of labor while not in labor prior to the procedure, or cesarean birth while not in labor and with no history of a prior uterine surgery.
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2018</b>	Eight states (five of the eight states did not use Core Set specifications).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Addition: Prenatal Depression Screening and Follow-Up

<b>Description</b>	Percentage of deliveries in which women were screened for clinical depression while pregnant and if screened positive, received follow-up care. Two rates are reported: <ol style="list-style-type: none"> <li>1. Depression Screening: The percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy.</li> <li>2. Follow-Up on Positive Screen: The percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.</li> </ol>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	HEDIS® Electronic Clinical Data Systems (ECDS)  (Note: ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)
<b>Denominator</b>	Denominators for the two rates are: <ol style="list-style-type: none"> <li>1. Depression Screening: Deliveries during the Measurement Period (January 1 – December 31).</li> <li>2. Follow-Up on Positive Screen: All deliveries from the Depression Screening numerator with a positive finding for depression during pregnancy.</li> </ol>

# Addition: Prenatal Depression Screening and Follow-Up (*cont.*)

## Numerator

Numerators for the two rates are:

1. Depression Screening: Deliveries in which women had documentation of depression screening performed during pregnancy, using an age-appropriate standardized instrument.
2. Follow-Up on Positive Screen: Deliveries in which women received follow-up care on or up to 30 days after the date of the first positive screen (31 days total). Follow-up care is defined as any of the following:
  - An outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition.
  - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
  - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
  - A dispensed antidepressant medication.

*or*

  - Receipt of an assessment on the same day and subsequent to the positive screen.
    - Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up.

# Addition: Postpartum Depression Screening and Follow-Up

<b>Description</b>	Percentage of deliveries in which women were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported: <ol style="list-style-type: none"> <li>1. Depression Screening: The percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery.</li> <li>2. Follow-Up on Positive Screen: The percentage of deliveries in which women received follow-up care within 30 days of screening positive for depression</li> </ol>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	HEDIS® Electronic Clinical Data Systems (ECDS)  (Note: ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)
<b>Denominator</b>	Denominators for the two rates are: <ol style="list-style-type: none"> <li>1. Depression Screening: Deliveries during September 8 of the year prior to the Measurement Period through September 7 of the Measurement Period.</li> <li>2. Follow-Up on Positive Screen: All deliveries from the Depression Screening numerator with a positive finding for depression during the 1 to 84 days following the date of delivery.</li> </ol>

# Addition: Postpartum Depression Screening and Follow-Up (*cont.*)

## Numerator

Numerators for the two rates are:

1. Depression Screening: Deliveries in which women had documentation of depression screening performed using an age-appropriate standardized instrument during 1 to 84 days following the date of delivery.
2. Follow-Up on Positive Screen: Deliveries in which women received follow-up care on or up to 30 days after the date of the first positive screen (31 days total). Follow-up care is defined as any of the following:
  - An outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition.
  - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
  - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
  - A dispensed antidepressant medication.

*or*

  - Receipt of an assessment on the same day and subsequent to the positive screen.
    - Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up.

# Workgroup Member Discussion

# Opportunity for Public Comment



# Vote on Measures

# **Maternal and Perinatal Health: Measure Vote # 1**

**Should the Audiological Evaluation No Later than 3 Months of Age (AUD-CH) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

# **Maternal and Perinatal Health: Measure Vote # 2**

**Should the PC-01: Elective Delivery (PC01-AD) measure be removed from the Core Set?**

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

# **Maternal and Perinatal Health: Measure Vote # 3**

## **Should the Prenatal Depression Screening and Follow-Up measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# **Maternal and Perinatal Health: Measure Vote # 4**

## **Should the Postpartum Depression Screening and Follow-Up measure be added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# Discuss Gap Areas

**Break**

# Experience of Care



# 2020 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set</b>		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)*	Survey	39
<b>Adult Core Set</b>		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)*	Survey	32

\*Measures with an asterisk are suggested for removal.

# Removal: Consumer Assessment of Healthcare Providers and Systems Health Plan Survey 5.0H – Child Version (CPC-CH)

<b>Description</b>	This measure provides information on parents’ experiences with their child’s health care and gives a general indication of how well the health care meets their expectations. Results summarize children’s experiences through ratings, composites, and individual question summary rates.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed  (Note: This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006])
<b>Data collection method</b>	Survey
<b>Denominator</b>	The survey sample includes parents and guardians of children ages 0-17 as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys.

# Removal: Consumer Assessment of Healthcare Providers and Systems Health Plan Survey 5.0H – Child Version (CPC-CH) (cont.)

<p><b>Numerator</b></p>	<p>The survey includes four global rating questions reflecting overall satisfaction:</p> <ul style="list-style-type: none"> <li>• Rating of All Health Care</li> <li>• Rating of Health Plan</li> <li>• Rating of Personal Doctor</li> <li>• Rating of Specialist Seen Most Often</li> </ul> <p>Four composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> <li>• Customer Service</li> <li>• Getting Care Quickly</li> <li>• Getting Needed Care</li> <li>• How Well Doctors Communicate</li> </ul> <p>Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for one item summarizing the following concept:</p> <ul style="list-style-type: none"> <li>• Coordination of Care</li> </ul>
<p><b>Has another measure been proposed for substitution?</b></p>	<p>No</p>
<p><b>Number of states reporting the measure for FFY 2018</b></p>	<p>39 states</p>
<p><b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b></p>	<p>No</p>

# Removal: Consumer Assessment of Healthcare Providers and Systems Health Plan Survey 5.0H, Adult Version (CPA-AD)

<b>Description</b>	This measure provides information on the experiences of beneficiaries with their health care and gives a general indication of how well the health care meets the beneficiaries' expectations. Results summarize beneficiaries' experiences through ratings, composites, and question summary rates.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed  (Note: This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006])
<b>Data collection method</b>	Survey
<b>Denominator</b>	The survey sample includes beneficiaries age 18 and older as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys.

# Removal: Consumer Assessment of Healthcare Providers and Systems Health Plan Survey 5.0H, Adult Version (CPA-AD) (cont.)

<p><b>Numerator</b></p>	<p>Four global rating questions reflect overall satisfaction:</p> <ul style="list-style-type: none"> <li>• Rating of All Health Care</li> <li>• Rating of Health Plan</li> <li>• Rating of Personal Doctor</li> <li>• Rating of Specialist Seen Most Often</li> </ul> <p>Four composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> <li>• Customer Service</li> <li>• Getting Care Quickly</li> <li>• Getting Needed Care</li> <li>• How Well Doctors Communicate</li> </ul> <p>Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for one item summarizing the following concept:</p> <ul style="list-style-type: none"> <li>• Coordination of Care</li> </ul>
<p><b>Has another measure been proposed for substitution?</b></p>	<p>No</p>
<p><b>Number of states reporting the measure for FFY 2018</b></p>	<p>32 states</p>
<p><b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b></p>	<p>No</p>

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures



## **Experience of Care: Measure Vote # 1**

**Should the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) measure be removed from the Core Set?**

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

## **Experience of Care: Measure Vote # 2**

**Should the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD) measure be removed from the Core Set?**

- **Yes, I recommend removing this measure from the Core Set**
- **No, I do not recommend removing this measure from the Core Set**

# Discuss Gap Areas

# Preview of Day 3 and Wrap-Up

# Agenda for Day 3

- **Behavioral Health Care**
- **Care of Acute and Chronic Conditions**
- **Recap and Future Directions**
- **Next Steps**

# **Child and Adult Core Set Stakeholder Workgroup: 2021 Annual Review Meeting**

Day 3

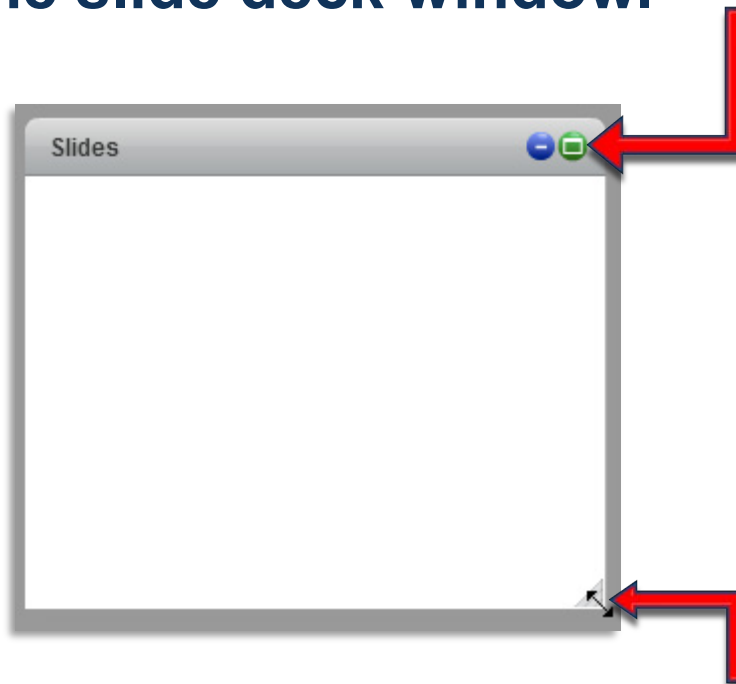
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**April 30, 2020**

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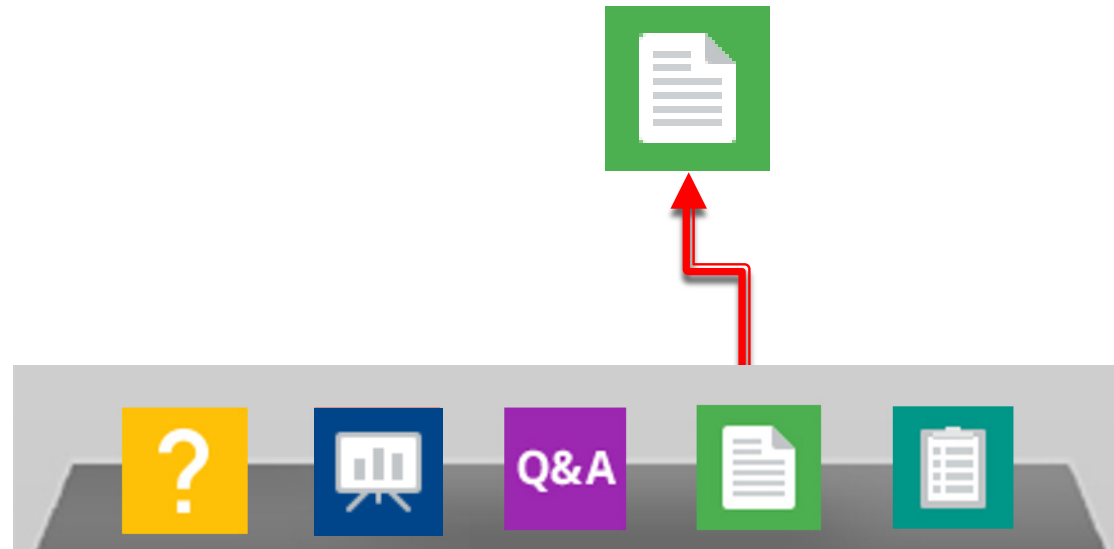
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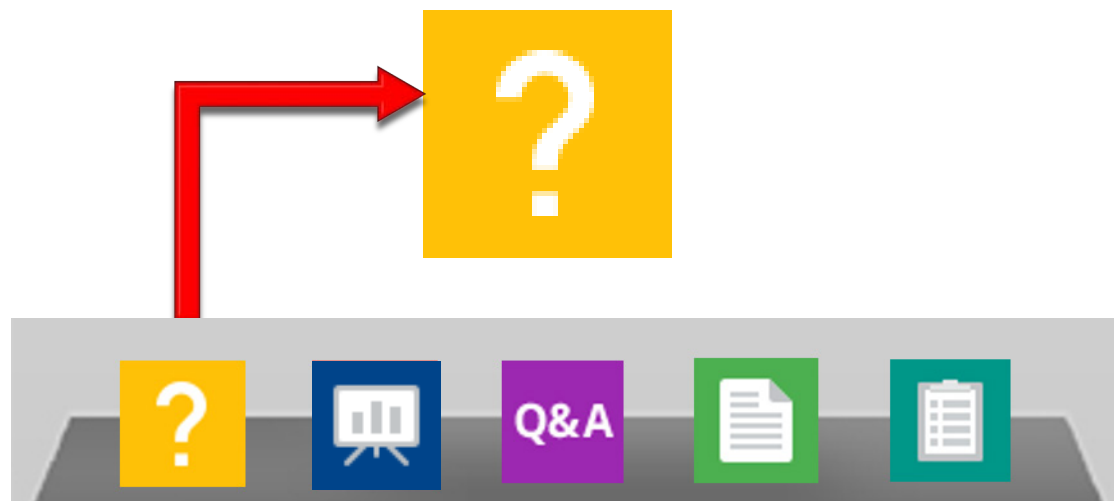
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# Welcome and Review Day 2

# Behavioral Health Care

# 2020 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set</b>		
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (#0108)	Administrative or EHR	40
Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH-CH) (#0576)	Administrative	45
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) (#2800)	Administrative	Not applicable (new to 2020 Core Set)
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) (#2801)	Administrative	28
<b>Adult Core Set</b>		
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) (#0004)	Administrative or EHR	34

## 2020 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Adult Core Set <i>(cont.)</i></b>		
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) (#0027)*	Survey (CAHPS 5.0H Adult Medicaid Survey)	20
Antidepressant Medication Management (AMM-AD) (#0105)	Administrative or EHR	33
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) (#0576)	Administrative	43
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) (#1932)	Administrative	32
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) (#2607)*	Administrative or hybrid	4
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (#2940)*	Administrative	27

\*Measures with an asterisk are suggested for removal.

## 2020 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Adult Core Set <i>(cont.)</i></b>		
Concurrent Use of Opioids and Benzodiazepines (COB-AD) (#3389)	Administrative	15
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) (#3400)	Administrative	Not applicable (new to 2020 Core Set)
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) (#3488)**	Administrative	30
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) (#3489)**	Administrative	31
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Administrative	33

\*\*The FUA-AD and FUM-AD measures were included in the 2018 Adult Core Set as a single measure (FUA/FUM-AD).



# Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)

<b>Description</b>	<p>The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ol style="list-style-type: none"> <li>1. Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year.</li> <li>2. Discussing Cessation Medications. A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.</li> <li>3. Discussing Cessation Strategies. A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.</li> </ol>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0027
<b>Data collection method</b>	Survey (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey.)
<b>Denominator</b>	<p>For all three components, the denominator is the number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator:</p> <ul style="list-style-type: none"> <li>• Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” = “Every day” or “Some days” <b>AND</b></li> <li>• Q33: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?” = “Never” or “Sometimes” or “Usually” or “Always”</li> </ul>

# Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) (cont.)

<b>Numerator</b>	<ul style="list-style-type: none"> <li>• <b>Advising Smokers and Tobacco Users to Quit:</b> The number of beneficiaries in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering “Sometimes” or “Usually” or “Always” to Q33: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?”</li> <li>• <b>Discussing Cessation Medications:</b> The number of beneficiaries in the denominator who indicated that their doctor or health provider recommended or discussed cessation medications by answering “Sometimes” or “Usually” or “Always” to Q34: “In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.”</li> <li>• <b>Discussing Cessation Strategies:</b> The number of beneficiaries in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies by answering “Sometimes” or “Usually” or “Always” to Q35: “In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.”</li> </ul>
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2018</b>	20 states; however, additional states (or their managed care plans) are submitting CAHPS data to the AHRQ CAHPS Database.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Removal: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)

<b>Description</b>	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year is > 9.0 percent. Note: A lower rate indicates better performance.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	2607
<b>Data collection method</b>	Administrative or Hybrid
<b>Denominator</b>	Beneficiaries ages 18 to 75 as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits with a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder during the measurement year AND with a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year before.
<b>Numerator</b>	Beneficiaries whose most recent HbA1c level is greater than 9.0 percent (poor control), is missing a result, or the HbA1c test was not done during the measurement year.
<b>Has another measure been proposed for substitution?</b>	Neither Workgroup member (WGM) proposed another measure for substitution. However, one WGM suggested stratifying the already existing measure (HPC-AD) for individuals with SMI. The other WGM advocated for retention of the measure that captures diabetes screening among an SMI population (SSD-AD).
<b>Number of states reporting the measure for FFY 2018</b>	Four states
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

<b>Description</b>	The percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	2940
<b>Data collection method</b>	Administrative
<b>Denominator</b>	<p>Beneficiaries who meet all of the following criteria:</p> <ol style="list-style-type: none"> <li>1. Two or more prescription claims for opioids medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.</li> <li>2. An Index Prescription Start Date (IPSD) on January 1 through October 3 of the measurement year.</li> <li>3. An opioid episode of 90 or more days during the measurement year.</li> </ol> <p>Notes:</p> <ul style="list-style-type: none"> <li>• The prescription can be for the same or different opioids.</li> <li>• If multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescriptions with the longest days' supply.</li> <li>• If multiple prescriptions for opioids are dispensed on different days, sum the days' supply for all the prescription claims, regardless of overlapping days' supply.</li> </ul>
<b>Numerator</b>	Any beneficiary in the denominator with an average daily dosage $\geq$ 90 Morphine Milligram Equivalents during the opioid episode.

# Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (*cont.*)

<b>Has another measure been proposed for substitution?</b>	No new measure has been proposed. The Workgroup member noted that the Adult Core Set already has two related measures (COB-AD and OUD-AD).
<b>Number of states reporting the measure for FFY 2018</b>	27 states (3 of the 27 states did not use Core Set specifications).  Note that there is a similar HEDIS measure, Use of Opioids in High Dosage. Three states reported the HEDIS measure instead of the PQA measure for FFY 2018.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes, however the measure has not been reported because it has not reached the 25-state threshold.

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures



# **Behavioral Health Care: Measure Vote # 1**

**Should the Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

# **Behavioral Health Care: Measure Vote # 2**

**Should the Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (HPCMI-AD) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

# **Behavioral Health Care: Measure Vote # 3**

**Should the Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set**
- No, I do not recommend removing this measure from the Core Set**

# Discuss Gap Areas

**Break**

# Care of Acute and Chronic Conditions

# 2020 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Child Core Set</b>		
Asthma Medication Ratio: Ages 5–18 (AMR-CH) (#1800)	Administrative	32
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Administrative	45
<b>Adult Core Set</b>		
Controlling High Blood Pressure (CBP-AD) (#0018)	Administrative, hybrid, or EHR	29
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) (#0059)	Administrative, hybrid, or EHR	28
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) (#0272)	Administrative	28
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) (#0275)	Administrative	25

# 2020 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2018
<b>Adult Core Set <i>(cont.)</i></b>		
PQI 08: Heart Failure Admission Rate (PQI08-AD) (#0277)	Administrative	25
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) (#0283)	Administrative	26
Plan All-Cause Readmissions (PCR-AD) (#1768)	Administrative	30
Asthma Medication Ratio: Ages 19–64 (AMR-AD) (#1800)	Administrative	29
HIV Viral Load Suppression (HVL-AD) (#2082/3210e)*	Administrative or EHR	6

\*Measures with an asterisk are suggested for removal.



# Removal: HIV Viral Load Suppression (HVL-AD)

<b>Description</b>	Percentage of beneficiaries age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
<b>Measure steward</b>	Health Resources and Services Administration (HRSA)
<b>NQF number (if endorsed)</b>	2082/3210e
<b>Data collection method</b>	Administrative or EHR
<b>Denominator</b>	The number of beneficiaries age 18 and older with both a diagnosis of HIV in the measurement year and at least one medical visit in the measurement year. Medical visits that occurred any time during the measurement year should be included in the denominator for this measure; there are no restrictions regarding the date of the visit relative to the date of HIV diagnosis.
<b>Numerator</b>	The number of beneficiaries in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
<b>Has another measure been proposed for substitution?</b>	Yes, Proportion of Days Covered: Antiretroviral Medications
<b>Number of states reporting the measure for FFY 2018</b>	Six states (one of the six states did not use Core Set specifications).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Addition: Proportion of Days Covered - Antiretroviral Medications

<b>Description</b>	The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 90% for $\geq 3$ antiretroviral medications (ARVs) during the measurement year.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Outcome
<b>Recommended to replace current measure?</b>	HIV Viral Load Suppression (HVL-AD)
<b>Data collection method</b>	Prescription claims data
<b>Denominator</b>	Individuals who filled a prescription for $\geq 3$ distinct ARVs (as a single agent or as a combination) each with 2 different dates of service during the measurement year.
<b>Numerator</b>	Individuals from the denominator who met the PDC threshold of 90% during the measurement year.

# Addition: Prevention Quality Indicators #92: Prevention Quality Chronic Composite

<b>Description</b>	Number of inpatient hospital admissions for ambulatory care sensitive chronic conditions per 100,000 population, age 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, or heart failure without a cardiac procedure.
<b>Measure steward</b>	Agency for Healthcare Research and Quality (AHRQ)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Composite
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	Administrative (claims only)
<b>Denominator</b>	Population ages 18 years and older in metropolitan area or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.

# Addition: Prevention Quality Indicators #92: Prevention Quality Chronic Composite (*cont.*)

## Numerator

Discharges, for patients age 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following Prevention Quality Indicators (PQIs):

- PQI #1: Diabetes short-term complications admission rate
- PQI #3: Diabetes long-term complications admission rate
- PQI #5: Chronic obstructive pulmonary disease (COPD) or asthma in older adults admission rate
- PQI #7: Hypertension admission rate
- PQI #8: Heart failure admission rate
- PQI #14: Uncontrolled diabetes admission rate
- PQI #15: Asthma in younger adults admission rate
- PQI #16: Lower-extremity amputation among patients with diabetes rate

Discharges that meet the inclusion and exclusion rules for the numerator in more than one of the above PQIs are counted only once in the composite numerator.

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures

# Care of Acute and Chronic Conditions: Measure Vote # 1

**Should the HIV Viral Load Suppression (HVL-AD) measure be removed from the Core Set?**

- Yes, I recommend removing this measure from the Core Set
- No, I do not recommend removing this measure from the Core Set



# Care of Acute and Chronic Conditions: Measure Vote # 2

## Should the Proportion of Days Covered: Antiretroviral Medications measure be added to the Core Set?

- Yes, I recommend adding this measure to the Core Set
- No, I do not recommend adding this measure to the Core Set

# Care of Acute and Chronic Conditions: Measure Vote # 3

**Should the Prevention Quality Indicators (PQI) 92:  
Prevention Quality Chronic Composite measure be  
added to the Core Set?**

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

# Discuss Gap Areas

**Break**

# Recap and Future Directions

# Agenda

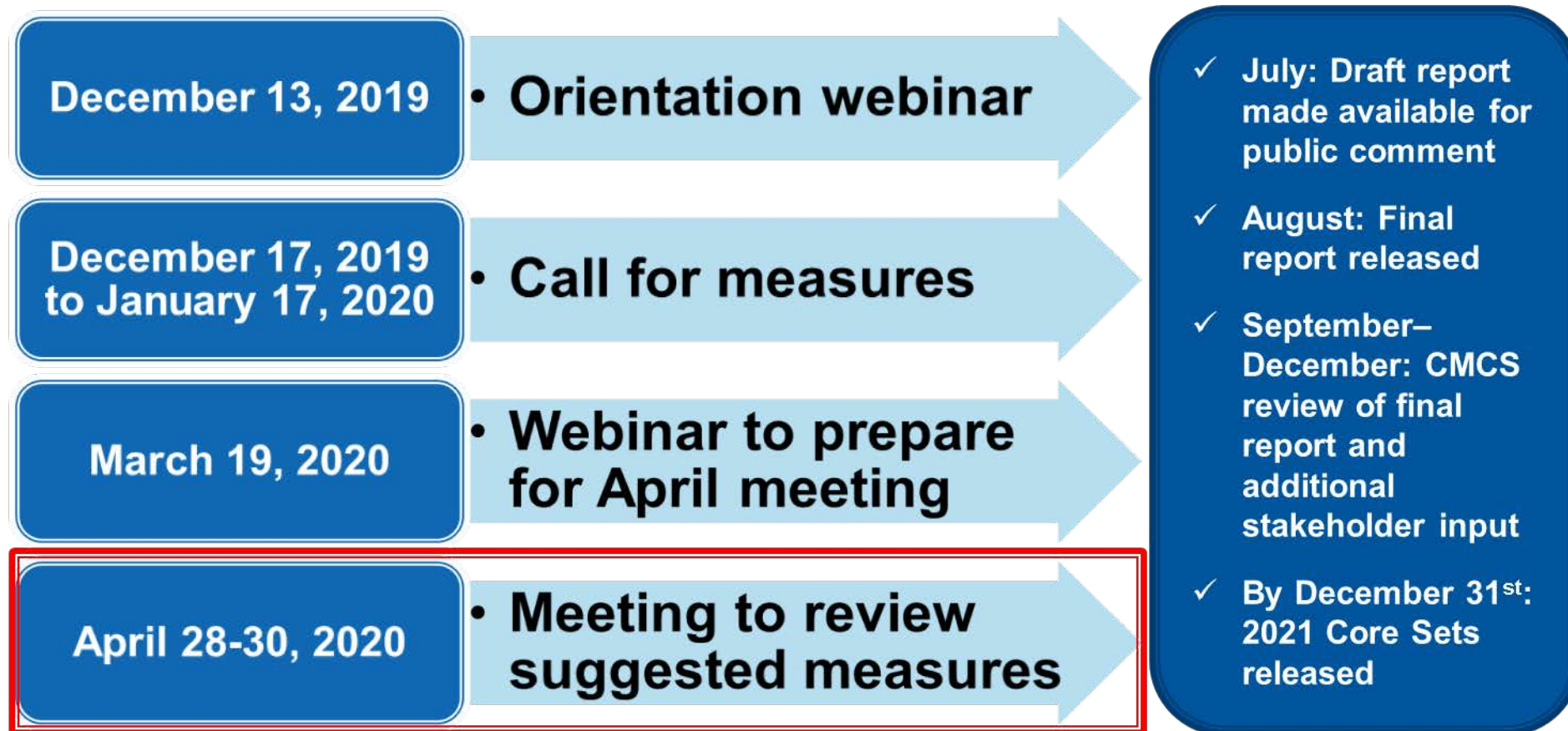
- **Recap of Workgroup recommendations**
- **Discussion of measure gaps and future directions**
  - **What are the key measure gaps identified during the domain discussions?**
  - **What other measure gaps should be considered for future Core Sets?**
  - **What are the implications for the development of new quality measures for Medicaid and CHIP?**
    - Domain(s) for future focus
    - Data sources for state-level reporting, such as claims/encounters, electronic health records, surveys
    - Use of other existing data sources, including T-MSIS
- **Feedback on technical assistance to prepare for mandatory reporting**

# Opportunity for Public Comment

# Next Steps and Wrap-Up



# 2021 Core Set Annual Review Workgroup Milestones



# 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](mailto:MACCoreSetReview@mathematica-mpr.com)

**Thank you for participating in the 2021 Annual  
Review Meeting of the Child and Adult Core Set  
Stakeholder Workgroup!**