Mathematica

Child and Adult Core Set Stakeholder Workgroup:

2023 Annual Review Orientation Meeting

December 15, 2021

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- To make a comment, please use the raise hand feature. A hand icon will appear next to your name in the participant panel.

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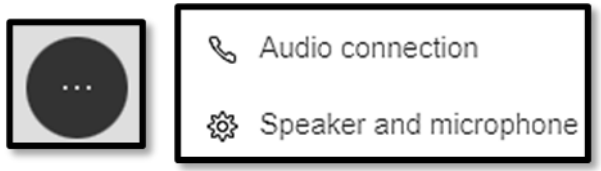
    Browser or mobile app: 

  - **Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.**

Welcome, Introductions, and Workgroup Objectives

Meeting Objectives

- Introduce the 2023 Child and Adult Core Set Annual Review Stakeholder Workgroup
- Describe the charge, timeline, and vision for the 2023 Child and Adult Core Set Annual Review
- Present the process for Workgroup members to suggest measures for addition to or removal from the 2023 Child and Adult Core Sets
- Provide opportunity for public comment

Mathematica Core Set Review Team

- Margo Rosenbach, Project Director
- Chrissy Fiorentini, Researcher
- Dayna Gallagher, Health Analyst
- Patricia Rowan, Sr. Researcher
- Alli Steiner, Researcher
- Kate Nilles, Health Analyst
- Jessica Rosenblum, Health Associate
- Morgan Lee, Health Associate

2023 Core Set Annual Review Workgroup

Voting Members	
Co-Chair: David Kelley, MD, MPA	Pennsylvania Department of Human Services
Co-Chair: Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Richard Antonelli, MD, MS	Boston Children's Hospital
Tricia Brooks, MBA	Georgetown University Center for Children and Families
Karly Campbell, MPP Nominated by the National Association of Medicaid Directors	TennCare
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
Curtis Cunningham Nominated by ADvancing States	Wisconsin Department of Health Services
Amanda Dumas, MD, MSc Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
Anne Edwards, MD	American Academy of Pediatrics
Katelyn Fitzsimmons, MA Nominated by the National MLTSS Health Plan Association	Anthem
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
Tracy Johnson, PhD, MA Nominated by the National Association of Medicaid Directors	Colorado Department of Health Care Policy and Financing

2023 Core Set Annual Review Workgroup (continued)

Voting Members	
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
Rachel LaCroix, PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
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
Kolynda Parker, MHS Nominated by the National Association of Medicaid Directors	Louisiana Department of Health
Mihir Patel, PharmD Nominated by the Academy of Managed Care Pharmacy	PacificSource
Lisa Patton, PhD	IBM Watson Health
Sara Salek, MD	Arizona Health Care Cost Containment System
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

2023 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
Office of Disease Prevention and Health Promotion
Office of Minority Health
Substance Abuse and Mental Health Services Administration
US Department of Veteran Affairs

Disclosure of Interest

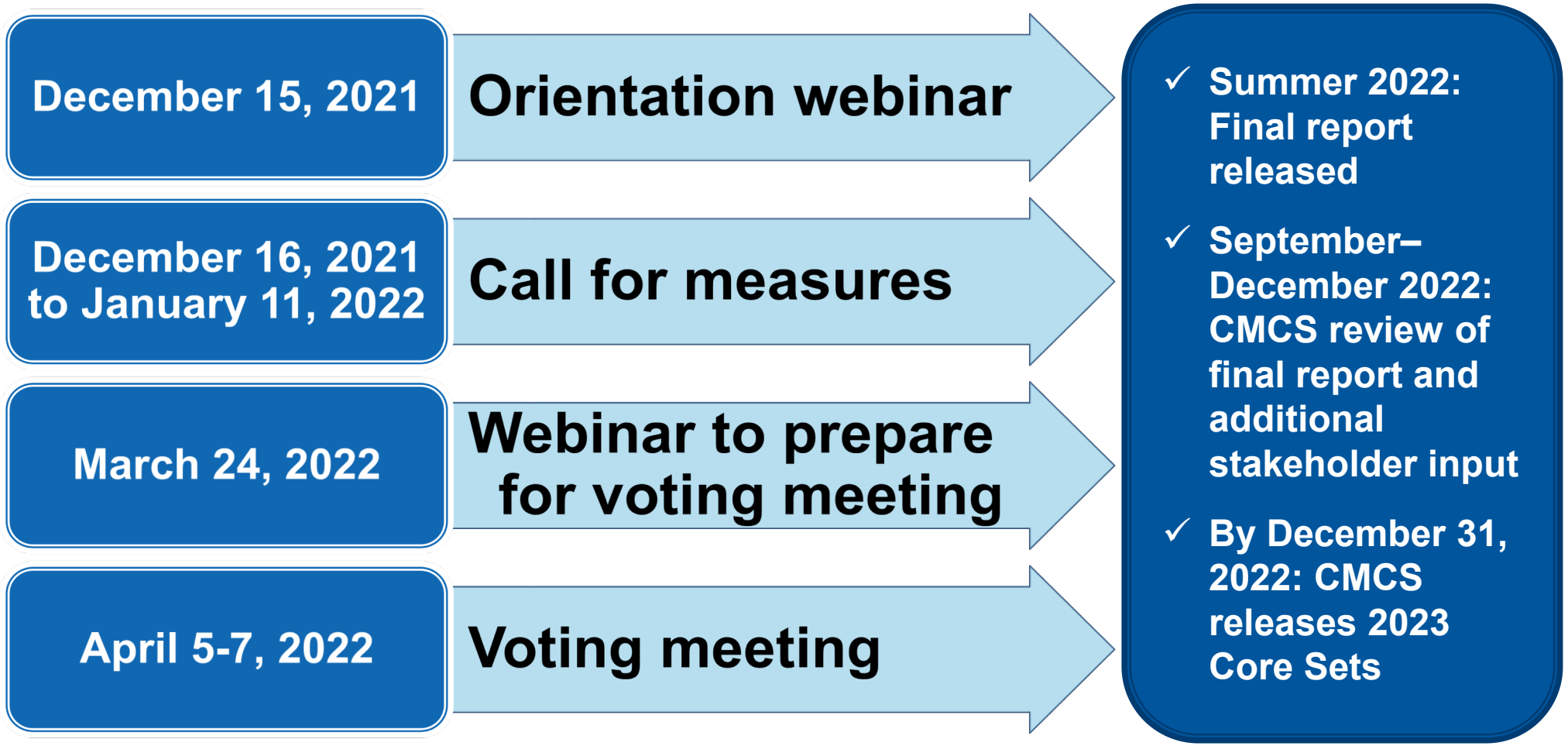
- All Workgroup members are required to submit a Disclosure of Interest form
  - Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest 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

2023 Core Set Annual Review Workgroup Charge

The Child and Adult Core Set Stakeholder Workgroup for the 2023 Annual Review is charged with assessing the 2022 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.

2023 Core Set Annual Review Workgroup Milestones



Additional Stakeholder Input During the 2023 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 2022 Core Set Annual Review and Updates

- **CMCS removed three measures from the Core Sets**
  - **Audiological Diagnosis No Later than 3 Months of Age (AUD-CH)**
  - **Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)**
  - **PC-01: Elective Delivery (PC01-AD)**
- **CMCS added six measures to the Core Sets**
  - **Two measures replaced the PDENT-CH measure**
    - Oral Evaluation, Dental Services (OEV-CH)
    - Topical Fluoride for Children (TFL-CH)
    - Together with an existing dental sealant measure, these three measures will capture receipt of evidence-based preventive oral health care
  - **Two behavioral health measures were added to the Child Core Set**
    - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-CH)
    - Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)
    - These measures align with the Adult Core Set and create opportunities for care coordination
  - **Two measures of evidence-based care were added to the Adult Core Set**
    - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)*
    - Colorectal Cancer Screening (COL-AD)

*This measure is specified for age 3 months and older; CMCS added the measure to the Adult Core Set for age 18 and older.

Recap of the 2022 Core Set Annual Review and Updates (continued)

- CMCS retained the Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) measure in the Child Core Set
- CMCS deferred a decision on the Long-Term Services and Supports: Comprehensive Care Plan and Update measure
  - CMS is in the process of finalizing the measure set for Medicaid-funded Home and Community Based Services (HCBS) and deferred a decision in order to support measure alignment with other CMS initiatives
- CMS also is continuing to defer a decision on the Prenatal Immunization Status and Postpartum Depression Screening and Follow-up measures
  - These measures were recommended by the Workgroup for addition to the 2021 Core Sets; CMCS deferred a decision for both 2021 and 2022, pending further assessment of how the proprietary nature of the Electronic Clinical Data System (ECDS) reporting method impacts the feasibility and viability of including these measures
- More information is available in the CMCS Informational Bulletin (CIB) available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib121021.pdf

Vision for the 2023 Core Set Annual Review

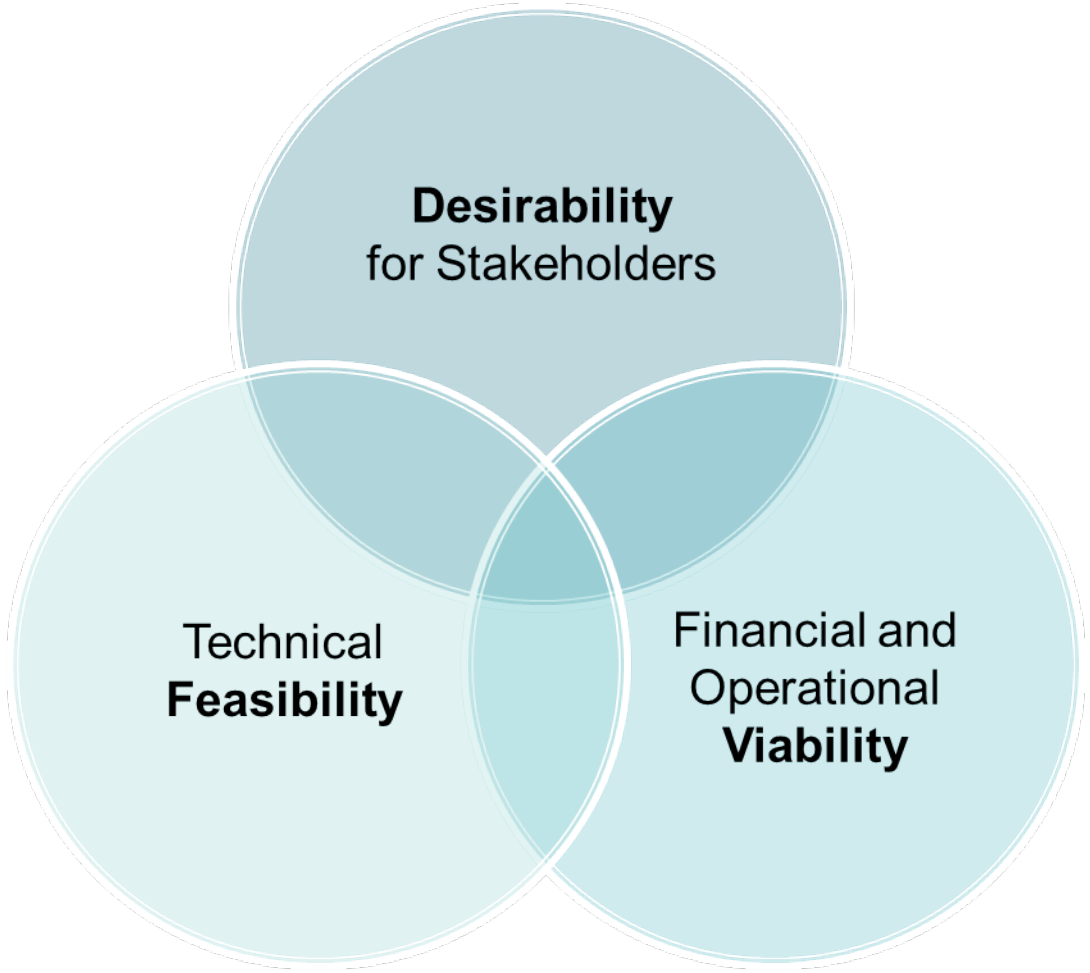
Child and Adult Core Sets: A Tool to Advance Health Quality, Equity, and Access

- The Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP
- The Core Sets help CMS and states:
  - Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries
  - Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries
- CMS encourages states to use Core Set data to identify disparities in care and to develop targeted quality improvement efforts to advance health equity

Source: CMCS Informational Bulletin (12/10/2021).

Role of the Workgroup in Strengthening the 2023 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



Discussion of Measure Gaps During the 2022 Child and Adult Core Set Annual Review

- During the 2022 Child and Adult Core Set Annual Review, the Workgroup discussed Core Set measure gaps by domain and overall
  - Mathematica asked the Workgroup to identify what types of measures or measure concepts are missing, whether there are existing measures that could fill the gaps, or whether new measures would need to be developed
  - The Final Report (Exhibit 7) synthesized the gaps mentioned during Workgroup discussions and public comments; these are also shown in the appendix to this slide deck
- Workgroup members expressed a desire to use the Core Set measures to identify and address health disparities among Medicaid and CHIP beneficiaries, for example:
  - Stratification and public reporting of Core Set measures by demographic characteristics such as race, ethnicity, language, and disability
  - Consideration of measures related to social determinants of health

Discussion of Measure Gaps During the 2022 Child and Adult Core Set Annual Review (continued)

- **Workgroup members identified opportunities for improving access, care integration, and outcomes through quality measurement, for example:**
  - Content of prenatal and postpartum care, including behavioral health, oral health, and immunizations
  - Adult oral health and access to dental care
  - Integration of behavioral health and primary care and whole-person care for behavioral health
  - Care for children and youth with complex care needs
  - Preventive care and access for the LTSS population
  - Beneficiary experience of care for all LTSS populations
- **Workgroup members discussed methodological considerations to enhance quality measurement using Core Set data**
  - Leveraging electronic data sources beyond claims/encounters (such as EHRs and registries)
  - Reducing state burden by using other existing data sources (such as T-MSIS)
  - Supporting Medicare-Medicaid data linkages to improve completeness of measures for dually eligible beneficiaries
  - Considering implications of denominators for conditions with small populations
  - Improving response rates for beneficiary experience of care surveys (such as CAHPS)
  - Prioritizing and balancing measures within the behavioral health care domain

Preparation for Mandatory Reporting

- Starting in FFY 2024, reporting of the Child Core Set measures and behavioral health measures in the Adult Core Set will become mandatory
  - The 2022 Child Core Set measure list is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf
  - The 2022 Behavioral Health Core Set measure list is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-bh-core-set.pdf
- Feasibility and viability of state-level reporting of current and future Core Set measures are key considerations as mandatory reporting approaches
- Workgroup recommendations for the 2023 Core Sets should consider the feasibility for all states to report a measure by FFY 2024 for all Medicaid and CHIP populations

Measures Subject to Mandatory Reporting That Were Not Publicly Reported or Were Reported with Substantial Deviations for FFY 2020

Measure Name	Number of States Reporting for FFY 2020	Data Collection Method	State Challenges and/or Potential Solutions
Child Core Set measures			
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	14	Administrative or EHR	• Many states do not use G codes required by administrative specs to determine screening and follow-up • As a result, some states use the hybrid method even though the measure is not specified for medical record review
Developmental Screening in the First Three Years of Life (DEV-CH)	31	Administrative or hybrid	• Many states are unable to distinguish between global and non-global developmental screenings • As a result, many states reported the measure with substantial deviations from the specifications • CMS has chosen to publicly report the measure despite the deviations and lack of consistency across states
Adult Core Set Behavioral Health measures			
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	15	Administrative or EHR	• See challenges noted above for CDF-CH
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	7	Administrative or hybrid	• Many states do not have access to HbA1C results in claims or laboratory data • Some states and health plans have issues with small denominators of beneficiaries with diabetes and serious mental illness
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	23	Administrative	• Newly added to the Core Set for FFY 2020; no specific challenges identified by states as they ramp up reporting • CMCS is exploring calculating this measure using TAF data

CMCS Remarks

Elizabeth Clark, Acting Director
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services

Co-Chair Remarks

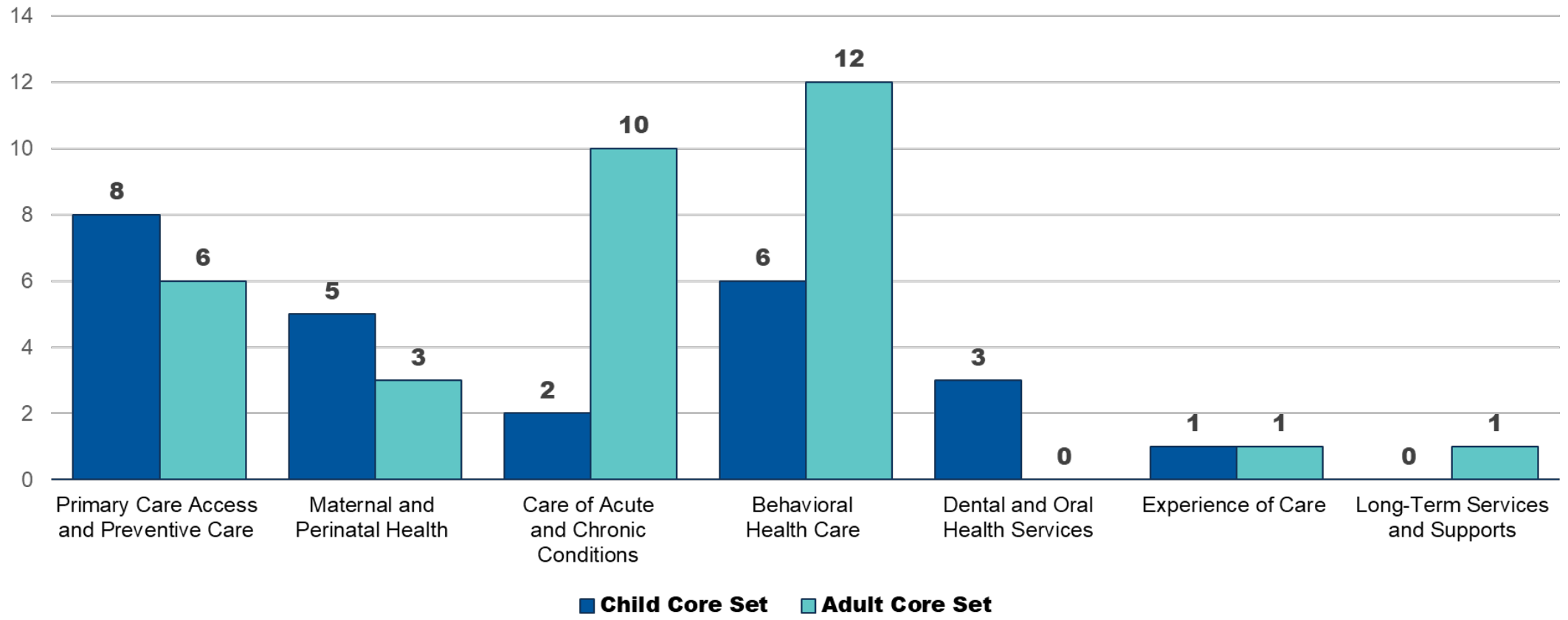
David Kelley
Pennsylvania Department of Human Services

Kim Elliott
Health Services Advisory Group

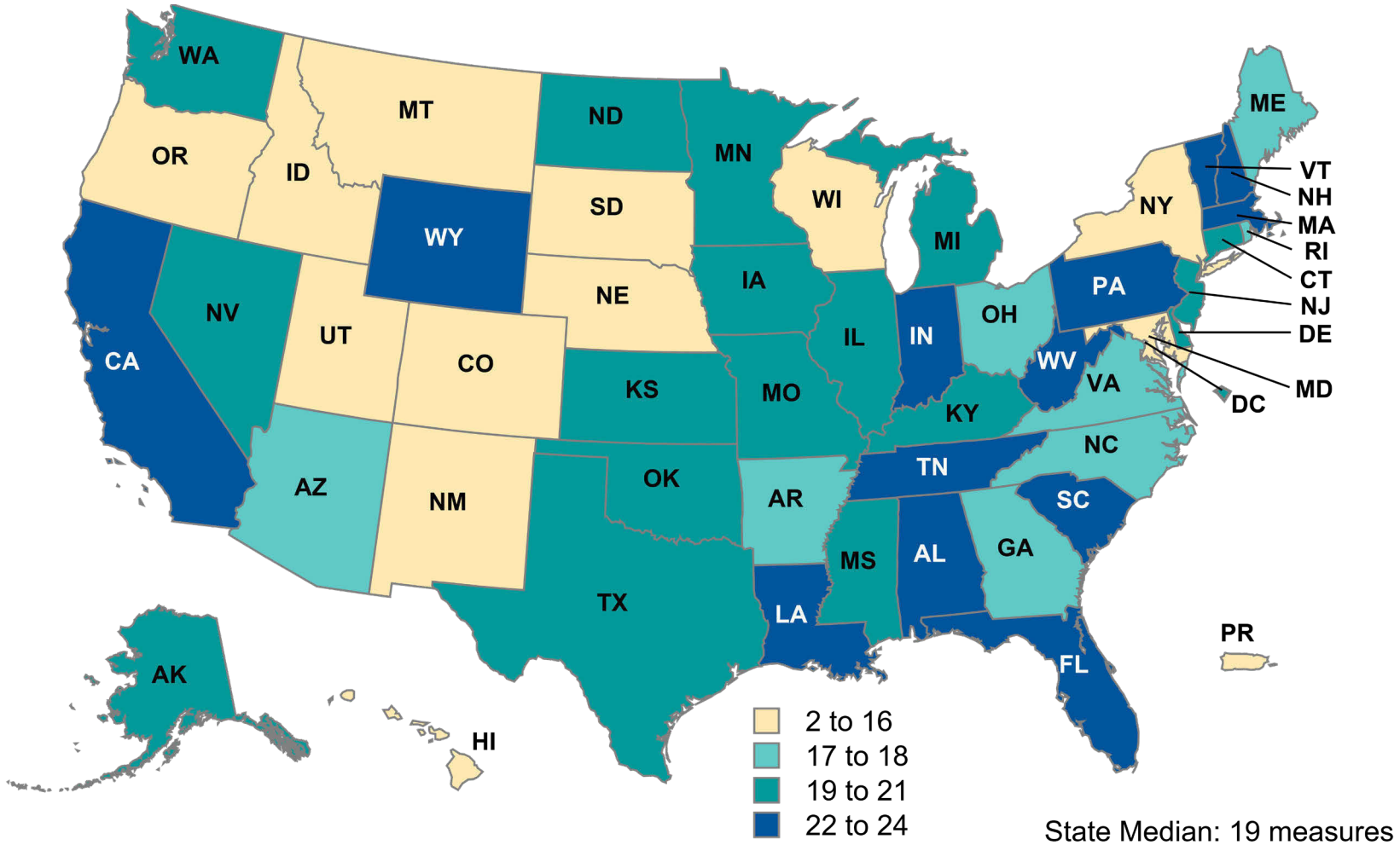
Workgroup Questions

Background on the Child and Adult Core Sets

2022 Child and Adult Core Set Measures, by Domain

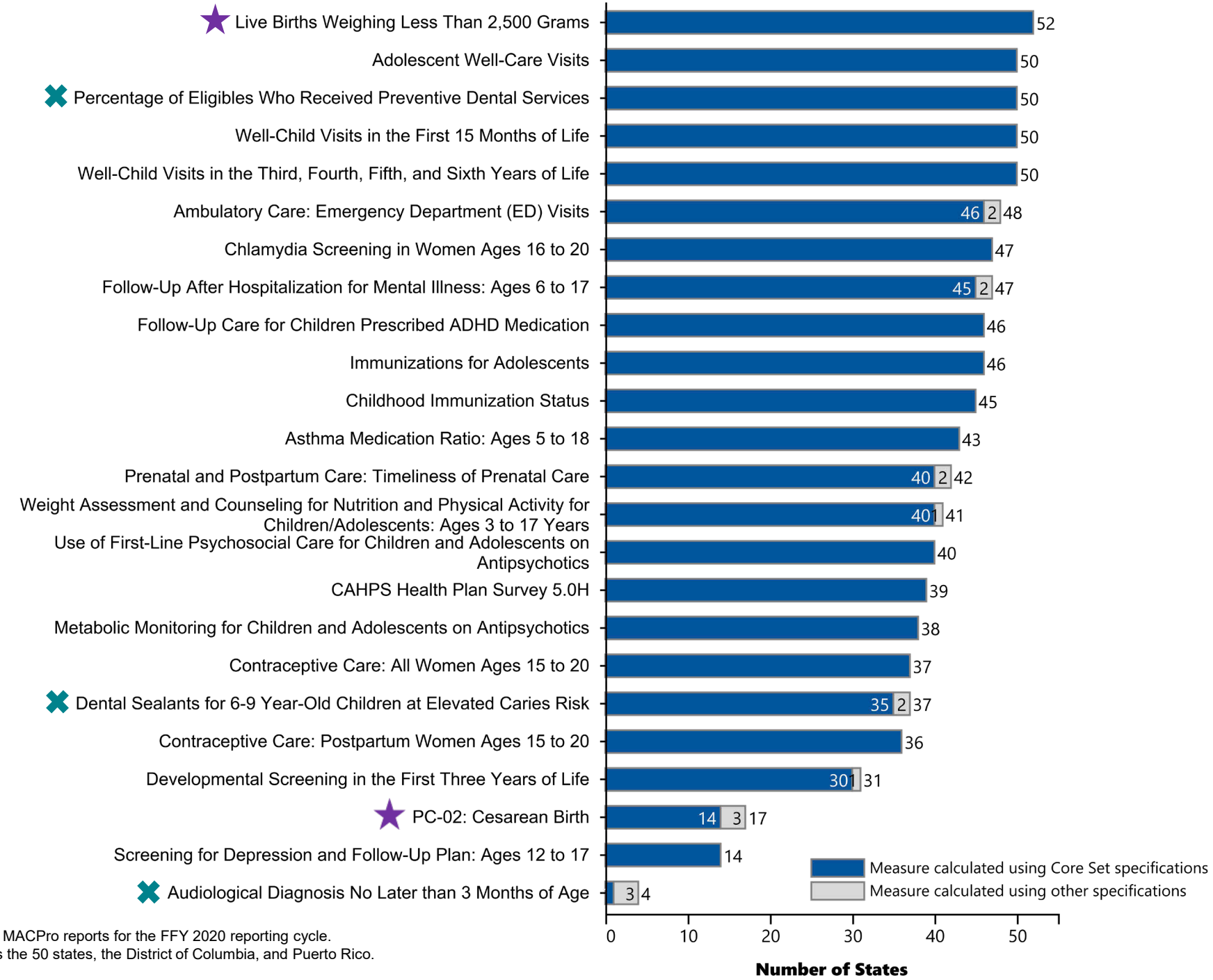


Overview of FFY 2020 Child Core Set State Reporting



- All states reported at least one measure
- 21 of 24 measures were reported publicly
- 16 states reported at least 22 measures, with a median of 19 measures
- 20 states reported more measures for FFY 2020 than for FFY 2019

Number of States Reporting the Child Core Set Measures, FFY 2020



✖ **Removed from 2021 or 2022 Child Core Set**

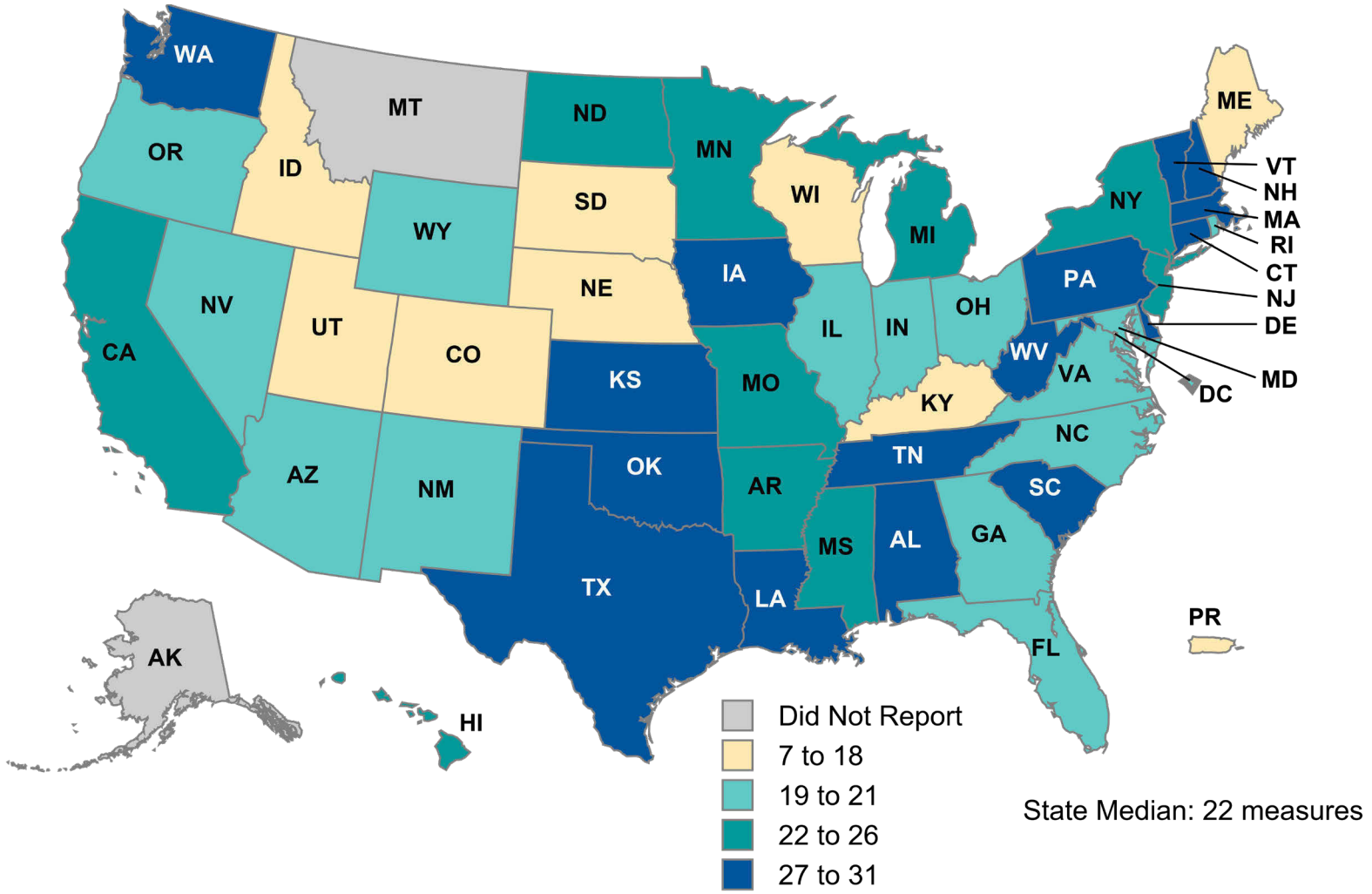
Note: Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH) was replaced by Sealant Receipt on Permanent First Molars (SFM-CH) in the 2021 Child Core Set

★ **Calculated by CMCS on behalf of states**

Mathematica

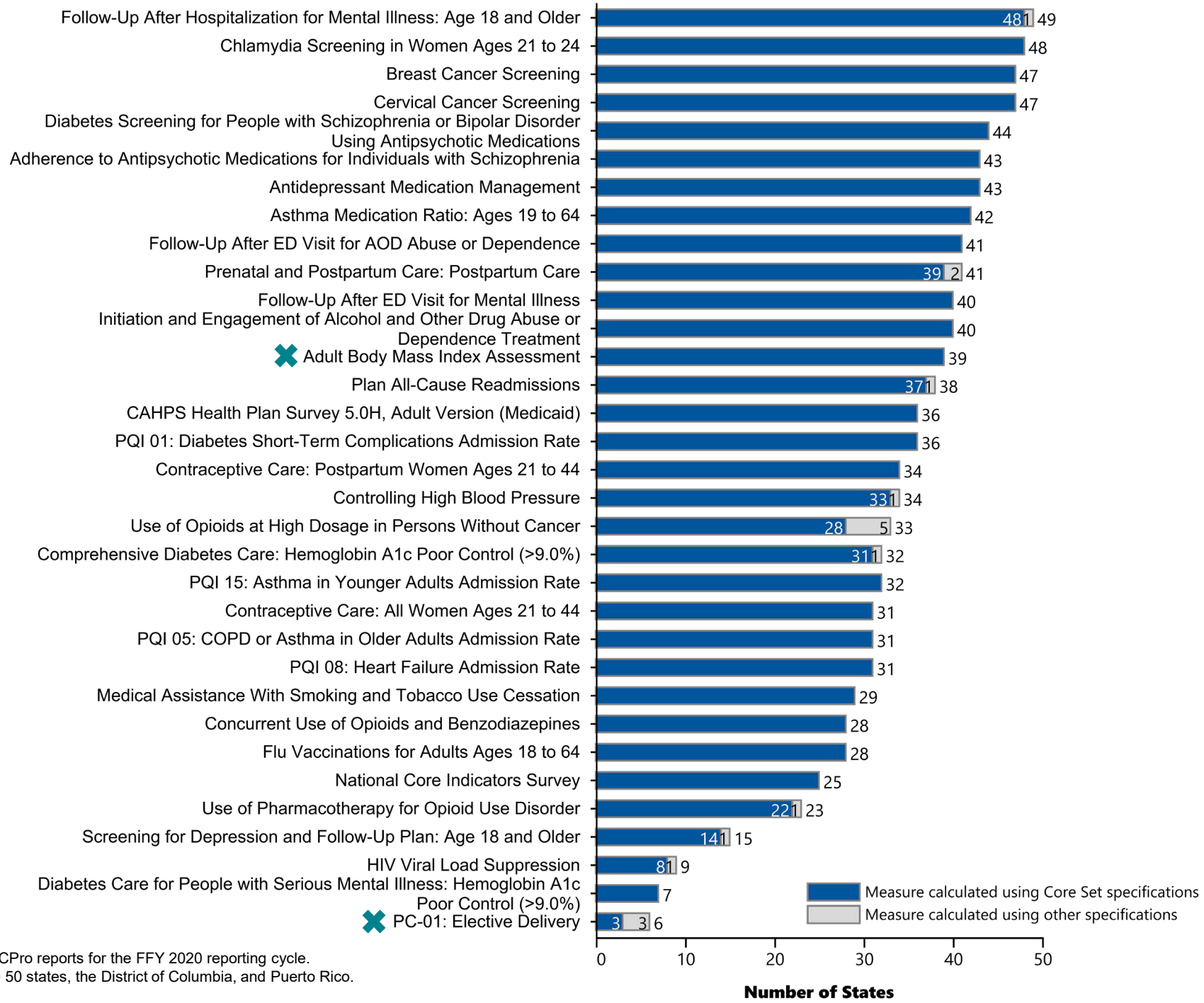
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle.
Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Overview of FFY 2020 Adult Core Set State Reporting



- **50** states reported at least one measure
- **28** of 33 measures were reported publicly
- **16** states reported at least 27 measures, with a median of **22** measures
- **23** states reported more measures for FFY 2020 than for FFY 2019

Number of States Reporting the Adult Core Set Measures, FFY 2020



✖ **Removed from 2021 or 2022 Adult Core Set**

Mathematica

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle.
Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Process for Suggesting Measures for Addition to or Removal from the 2023 Child and Adult Core Sets

Workgroup Call for Measures for the 2023 Core Set Annual Review

- To focus the Call for Measures for the 2023 Core Set Annual Review on measures that are a good fit for the Core Sets, Mathematica has defined the criteria for addition and removal in three areas:
  - Minimum Technical Feasibility Requirements
  - Actionability and Strategic Priority
  - Other Considerations
- To be considered for the 2023 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 (Child, Adult, and Health Home)
- 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

- ✓ 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).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ 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).
- ✓ The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Actionability and Strategic Priority

- ✓ 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).
- ✓ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.
- ✓ The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers).

Other Considerations

- ✓ 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.
- ✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., 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).
- ✓ All states should be able to produce the measure by the FFY 2024 Core Set reporting cycle and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems). The FFY 2024 Core Set reporting cycle is when mandatory reporting goes into effect for all measures in the Child Core Set and behavioral health measures in the Adult Core Set.

Criteria for Suggesting Measures for Removal

Technical Feasibility

- ✓ 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).
- ✓ 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).
- ✓ The specifications and data source do not allow for consistent calculations across states (e.g., there is variation in coding or data completeness across states).
- ✓ The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

- ✓ 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).
- ✓ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid and CHIP beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement).
- ✓ 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, trending is not possible, or improvement is outside the direct influence of Medicaid and CHIP programs/providers).

Other Considerations

- ✓ 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.
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- ✓ All states may not be able to produce the measure by the FFY 2024 Core Set reporting cycle or may not be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems). The FFY 2024 Core Set reporting cycle is when mandatory reporting goes into effect for all measures in the Child Core Set and behavioral health measures in the Adult Core Set.

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 2023 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 Thursday, December 16, 2021 by 5:00 PM ET and close on Tuesday, January 11, 2022 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

- Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience
- Background Resources on the Child and Adult Core Sets
  - FFY 2021 Core Set reporting resources
  - FFY 2020 Core Set measure performance
  - Core Set history table
  - Medicaid and CHIP Scorecard
  - Other quality measurement resources
- Supplementary Materials for Workgroup Members
  - List of measures subject to mandatory reporting for FFY 2024
  - List of measures discussed during previous Workgroup meetings
  - Updates on Child and Adult Core Set measures that were not publicly reported for FFY 2020, or were reported with substantial deviations

General Measure Submission Tips

- Measure submission forms are the foundation for the Measure Information Sheets that Workgroup members review to prepare for the voting meeting
  - In your form, explain why the Workgroup should consider recommending a measure for addition to or removal from the Core Sets
  - Provide evidence to support your measure suggestion, including citations where applicable
  - If the measure has been discussed by the Workgroup previously, consider why the measure was not recommended for addition/removal and include information that justifies discussing the measure again
  - For measures suggested for addition, be sure to address the minimum technical feasibility criteria
- If suggesting a new measure to replace a current Core Set measure, remember to submit both an addition form and a removal form
- Include additional information as an email attachment, if necessary

Measure Submission Tips: Additions

- **Measure Information section**
  - Refer to the list of previously discussed measures and Core Set history table to determine whether the measure has been discussed previously or included in the Core Sets
  - Wherever possible, pull information directly from the measure specifications or from previous Measure Information Sheets (if the measure has been discussed in the past)
- **Minimum Technical Feasibility Criteria section**
  - Provide a link to the current technical specifications
  - Include state testing results (if available)
- **Actionability and Strategic Priority section**
  - New for this review cycle: Explain whether the data source allows for stratification by race, ethnicity, language, disability, and other characteristics
- **Other Considerations section**
  - Provide Medicaid and CHIP specific prevalence estimates where possible; the Medicaid and CHIP Beneficiary Profile contains prevalence estimates for some conditions
  - Refer to the links in the Background Resources document to determine whether the measure is used by other CMS programs

Measure Submission Tips: Removals

- **Measure Information section**
  - Refer to the list of previously discussed measures to determine whether the measure has been suggested for removal before
  - Wherever possible, pull information directly from the Core Set resource manuals or from previous Measure Information Sheets (if the measure has been discussed in the past)
- **Minimum Technical Feasibility Criteria and Actionability and Strategic Priority sections**
  - Select "yes" for any criteria that represent a reason for removal of the measure and explain
  - Refer to the background materials and FFY 2020 measure performance results
- **Other Considerations section**
  - Provide Medicaid and CHIP specific prevalence estimates where possible; the Medicaid and CHIP Beneficiary Profile contains prevalence estimates for some conditions
  - Refer to the links in the Background Resources document to determine whether the measure is used by other CMS programs
  - Use the Background Resources and Supplementary Materials to assess feasibility of producing the measure for all populations by FFY 2024

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 11, 2022 by 8:00 PM ET
- **New Date:** Meeting to prepare for voting will be held March 24, 2022, 3:00–4:00 PM ET via webinar
- **New Date:** Voting meeting will be held April 5-7, 2022, 11:00–5:00 PM ET (tentative) via webinar
- Registration information will be available at https://www.mathematica.org/features/maccoresetreview

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!

Appendix

Synthesis of 2022 Annual Review Workgroup Discussions About Potential Gaps in the Child and Adult Core Sets

Themes from Cross-Cutting and Domain-Specific Gap Discussions: 2022 Child and Adult Core Set Annual Review Workgroup

Themes from Cross-Cutting and Domain-Specific Gap Discussions
Cross-Cutting Gap Areas
• Stratification of new and existing measures by race, ethnicity, language, and disability • Social determinants of health, including housing insecurity, social isolation, and poverty status • Integration and data linkages across sectors and settings, particularly for beneficiaries with complex needs and social risk factors • Impact of telehealth on access, utilization, disparities, and identification of social risks • Continuity of coverage for beneficiaries
Cross-Cutting Methodological Considerations
• Electronic measures that leverage data sources beyond claims and encounters (e.g., EHRs, registries) • Leveraging existing data sources to realize efficiencies in reporting and reduce state burden (e.g., T-MSIS) • Technical assistance from CMS to help states link Medicaid and Medicare data for dually eligible beneficiaries • Measurement considerations for conditions with small populations • Consideration of how to improve response rates for patient experience surveys, like CAHPS
Primary Care Access and Preventive Care
• Integration of behavioral health care into primary care • Preventive care and access measures for the LTSS population, or ability to stratify by disability status • Prevention and access to care for male beneficiaries
Maternal and Perinatal Health
• Content of prenatal and postpartum care: mental health and substance use, immunizations, and dental care • Interagency and health care system collaboration on screenings and social needs • Multi-generational care and measurement, including bundled measures for the family unit

Themes from Cross-Cutting and Domain-Specific Gap Discussions (continued)

Themes from Cross-Cutting and Domain-Specific Gap Discussions
Care of Acute and Chronic Conditions
• Appropriate emergency department utilization for children, including development of a risk-adjusted measure • Identification and intervention for adverse childhood experiences and health-related social needs • Injuries, injury prevention, and mitigation • Global measure(s) of treatment outcomes for chronic conditions
Behavioral Health Care
• Integration of behavioral health and physical health, particularly through primary care • Suicide deaths, suicidal ideation and self-harm, and suicide prevention • Child social-emotional screenings, child welfare, and adverse childhood experiences • Anxiety disorders • Prioritization and balance of measures within this domain
Dental and Oral Health Services
• Adult oral health and access to dental care
Long-Term Services and Supports
• Outcome measures that address whether programmatic goals and beneficiary care needs are being met • Beneficiary experience of care measures for all LTSS populations • Access to care for vulnerable or socially isolated beneficiaries • Predictors or indicators of elder abuse • Integrated care for children with complex care needs

Source: Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP: Summary of a Multistakeholder Review of the 2022 Child and Adult Core Sets, Final Report, August 2021, available at https://www.mathematica.org/features/MACCoreSetReview.