# Child and Adult Core Set Stakeholder Workgroup: 2022 Annual Review Voting Meeting

Day 1

**May 4, 2021**

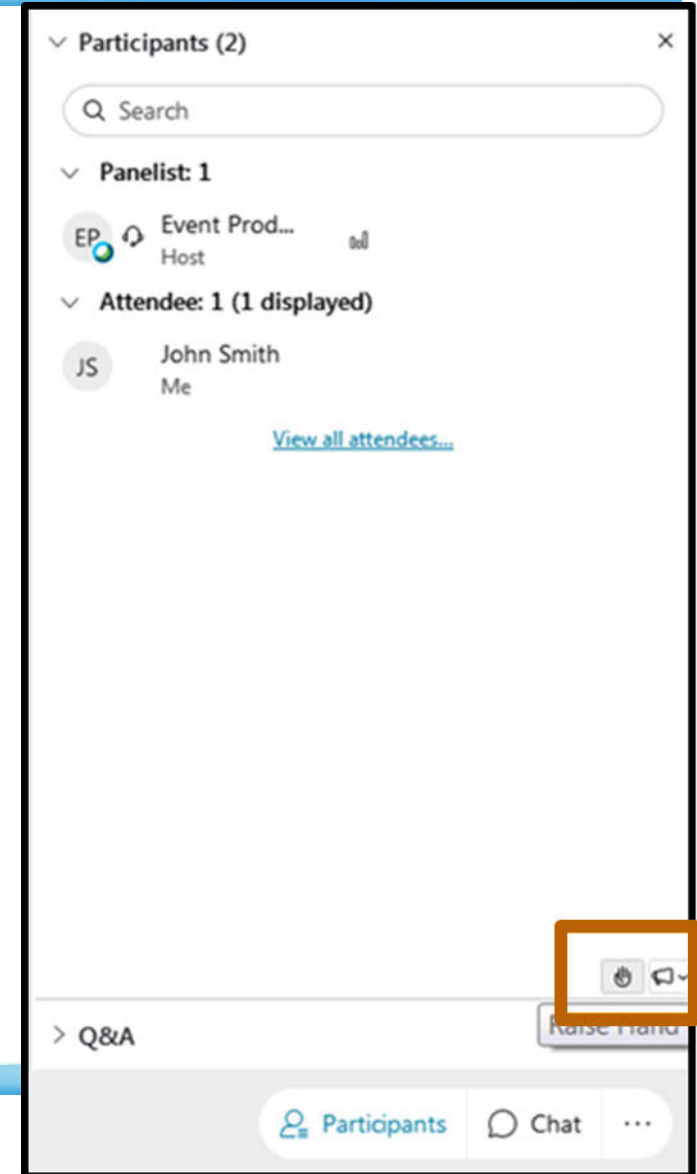# To Make Comments or Ask Questions During the Webinar

- **During the webinar, there will be opportunities for public comment.**

- **To make a comment, please use the <span style="color:red">raise hand</span> feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list.**

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

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# Technical Issues

- **If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the <span style="color:red">Q&A</span> function.**

- **If you are having issues speaking during Workgroup or public comment, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.**

  - **Audio settings can be accessed by clicking the arrow next to the mute button at the bottom of your screen.**

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

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# Welcome and Meeting Objectives

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# Mathematica Project Team

- **Project director: Margo Rosenbach**

- **Research, analytics, and logistics team: Chrissy Fiorentini, Dayna Gallagher, Patricia Rowan, Alli Steiner, Emily Peterson, and Jessica Rosenblum**

- **Communications support: Christal Stone Valenzano and Derek Mitchell**

- **Writing support: Megan Thomas and Jenneil Magpantay, Aurrera Health Group**

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# 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 opportunities for public comment**

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# Introduction of Workgroup Members and Disclosure of Interests

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# 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**

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# Workgroup Roll Call

- **Please use the "Raise Hand" feature to be unmuted during introductions**

- **Please mute yourself after speaking**

- **Workgroup members will now be able to mute and unmute themselves during discussion**

- **If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted**

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# 2022 Child and Adult Core Set Annual Review Workgroup

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

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# 2022 Child and Adult Core Set Annual Review Workgroup *(cont'd.)*

## Voting Members

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

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# 2022 Child and Adult Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

Office of The Assistant Secretary for Planning and Evaluation

US Department of Veteran Affairs

Office of Disease Prevention and Health Promotion

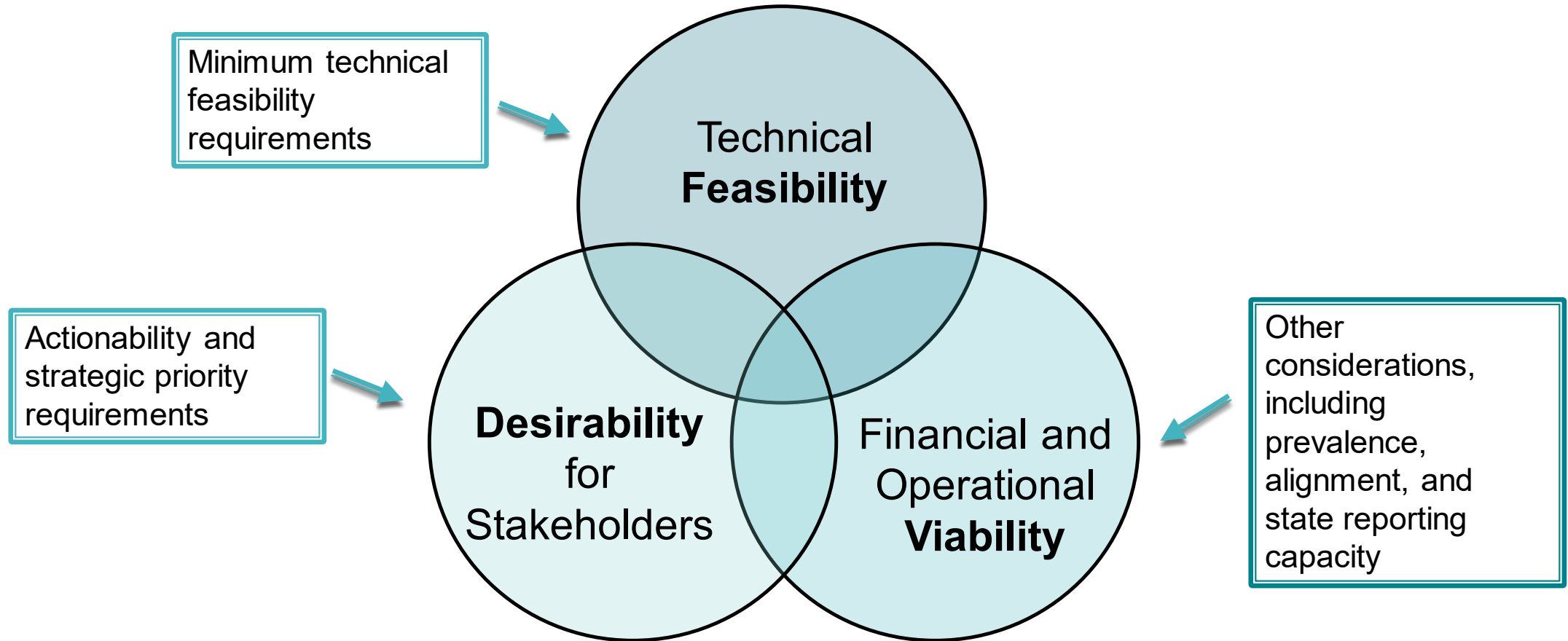Substance Abuse and Mental Health Services Administration

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# Icebreaker

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# Context for Measure Review

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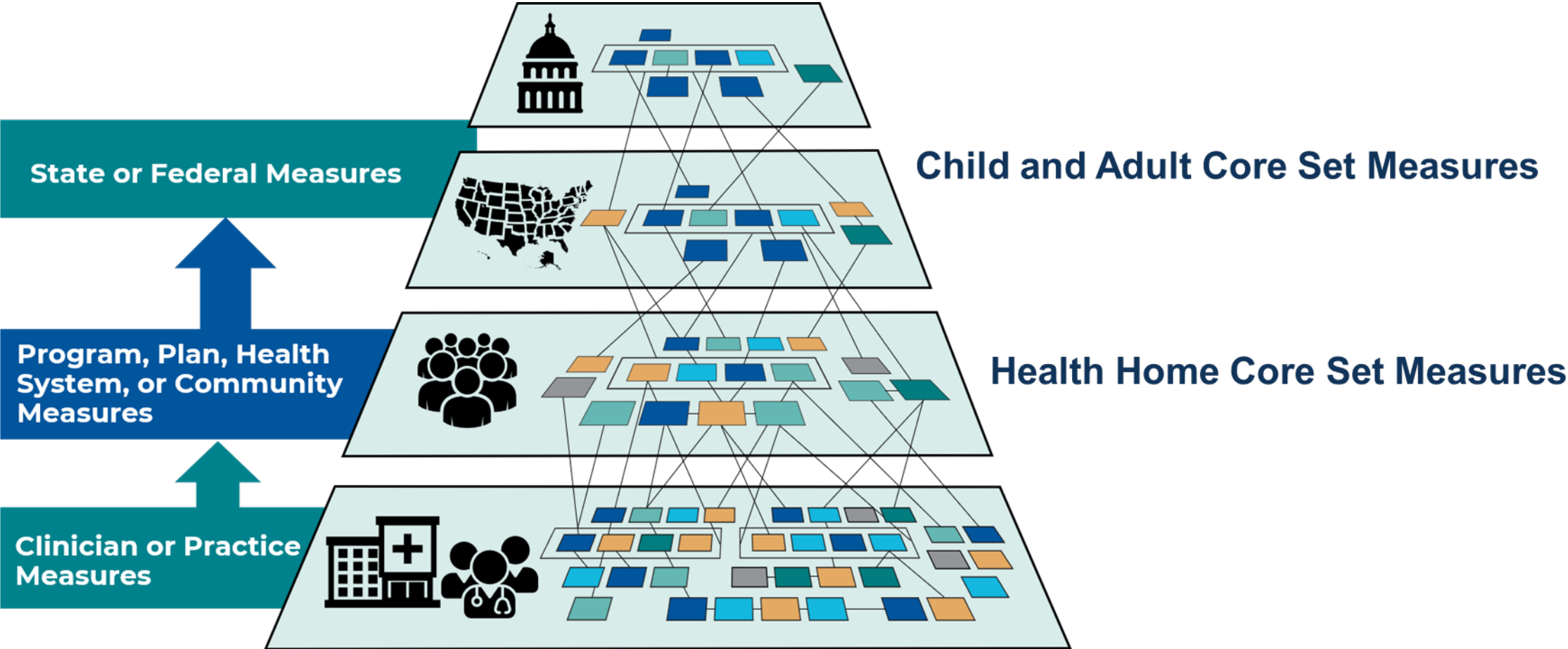# Recap of the Purpose and Uses of Core Set Measures

- **The purpose of the Child and Adult Core Sets is to estimate the <u>national quality of care for Medicaid and CHIP beneficiaries</u>**

  - 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:**

  - <u>Monitor the performance</u> of state Medicaid and CHIP programs
  - Identify where <u>improvements in care delivery and/or outcomes</u> are needed

- **State Medicaid/CHIP agencies can <u>drive improvements</u> on Core Set measures through evidence-based interventions as needed**

- **Charge to the 2022 Core Set Annual Review Workgroup: Assess measures for removal and addition using the lens of the purpose and uses of the Core Sets**

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# Recap of the Framework for Assessing Measures

Minimum technical feasibility requirements

**Technical Feasibility**

Actionability and strategic priority requirements

**Desirability** for Stakeholders

Financial and Operational **Viability**

Other considerations, including prevalence, alignment, and state reporting capacity

# Alignment Across Multiple Levels to Facilitate Quality Improvement



State or Federal Measures

Program, Plan, Health System, or Community Measures

Clinician or Practice Measures

Child and Adult Core Set Measures

Health Home Core Set Measures

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# Level-Setting about the Child and Adult Core Sets

- **The 2021 Child Core Set includes 23 measures and the 2021 Adult Core Set includes 32 measures**
  - There is no target number of measures (maximum or minimum) for the Child and Adult Core Sets

- **States reported a median of 20 (out of 26) Child Core Set measures and 22.5 (out of 33) Adult Core Set measures for FFY 2019**
  - 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 existing administrative data
  - New or revised measures are often reported with a lag as states require time to "ramp up" for reporting

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

- **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**

- **The Core Sets and domains are not assigned by the Workgroup**
  - **Note that some measures cut across the Child and Adult Core Sets**

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

- **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 April 2021**

  – Measures may undergo updates and the measure information sheets may not reflect the measure specifications for 2022 reporting

- **This reflects the evolving nature of quality measurement in health care**

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# Context for the 2022 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 LRCD-CH)

- **Increasing emphasis on digital measures and electronic data sources**
  - Examples include 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**

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# Meeting Logistics

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# 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 and/or CHIP programs or be in use by one or more state Medicaid or 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**.

5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

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

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

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

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

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# Criteria for Suggesting Measures for Addition: Other Considerations

1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.

2. The measure and measure specifications are aligned with those used in other CMS programs, where possible.

3. All states must be able to produce the measure by FFY 2024, including all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).

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# 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:**
  - **Taken together with the other Core Set measure, the measure does not significantly contribute to estimating the national quality of health care in Medicaid and CHIP**
  - **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 cannot be used to assess state progress in improving health care delivery and outcomes for beneficiaries**
  - **The measure is not aligned with those used in other CMS programs**
  - **Not all states will be able to produce the measure for FFY 2024**

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# Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**

- **Voting is open to Workgroup members only**

- **Workgroup members will vote on each measure in its specified form**
  - **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
  - **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 will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes"**

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# Questions from Workgroup Members

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# Practice Voting

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# Practice Vote #1

## Do you prefer waffles over pancakes?

- **Yes, I prefer waffles**

- **No, I prefer pancakes**

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# Practice Vote #2

## Would you rather vacation at the beach or in the mountains?

- **At the beach**

- **In the mountains**

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# Behavioral Health Care, Part I

# 2021 Core Set Measures

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Child Core Set** | | |
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (#0108) | Administrative or EHR | 41 |
| Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) (#0576) | Administrative | 47 |
| 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 | 31 |

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# 2021 Core Set Measures *(cont'd.)*

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Adult Core Set** | | |
| Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) (#0004)* | Administrative or EHR | 38 |
| Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) (#0027)* | Survey | 23 |
| Antidepressant Medication Management (AMM-AD) (#0105) | Administrative or EHR | 37 |
| Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) (#0576) | Administrative | 44 |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) (#1932) | Administrative | 37 |
| Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) (#2607) | Administrative or Hybrid | 7 |

\* Measures with an asterisk are suggested for removal.

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# 2021 Core Set Measures *(cont'd.)*

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Adult Core Set** *(cont'd.)* | | |
| Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (#2940) | Administrative | 32 |
| Concurrent Use of Opioids and Benzodiazepines (COB-AD) (#3389) | Administrative | 22 |
| 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 | 36 |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) (#3489) | Administrative | 36 |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD) | Administrative | 37 |

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

| Description | The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:<br><br>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.<br>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.<br>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. |
|---|---|
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 0027 |
| **Data collection method** | Survey. Collected as part of the CAHPS Health Plan Survey 5.0H/5.1H, Adult Version using a two-year rolling average methodology. |

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

| Denominator | 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: |
|---|---|
| | **Advising Smokers and Tobacco Users to Quit (Denominator)**<br>• Q32: "Do you now smoke cigarettes or use tobacco every day, some days, or not at all?" = "Every day" or "Some days"<br>• 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"<br><br>**Discussing Cessation Medications (Denominator)**<br>• Q32 = "Every day" or "Some days"<br>• 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." = "Never" or "Sometimes" or "Usually" or "Always"<br><br>**Discussing Cessation Strategies (Denominator)**<br>• Q32 = "Every day" or "Some days"<br>• 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." = "Never" or "Sometimes" or "Usually" or "Always" |

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| Numerator | **Advising Smokers and Tobacco Users to Quit (Numerator)**<br>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?"<br><br>**Discussing Cessation Medications (Numerator)**<br>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."<br><br>**Discussing Cessation Strategies (Numerator)**<br>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." |
|---|---|

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

| | |
|---|---|
| **Has another measure been proposed for substitution?** | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028) |
| **Number of states reporting the measure for FFY 2019** | 23 states (one of the 23 states did not use Core Set specifications) |
| **Is the measure on the Medicaid & CHIP Scorecard?** | No |
| **Other** | CMS is conducting a pilot to use CAHPS results from the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database for Core Set reporting. The Workgroup member who suggested this measure for removal noted that the pilot has shown it is feasible to calculate MSC-AD using the AHRQ CAHPS Database, although the data are incomplete due to lack of plan submissions for some states. |

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# Addition: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

| | |
|---|---|
| **Description** | Percentage of patients 18 and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported:<br>1. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.<br>2. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention.<br>3. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. |
| **Measure steward** | National Committee for Quality Assurance (NCQA), formerly Physician Consortium for Performance Improvement (PCPI) Foundation |
| **NQF number (if endorsed)** | 0028/0028e |
| **Measure type** | Process |
| **Recommended to replace current measure?** | Yes, Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) |
| **Data collection method** | Administrative (claims), electronic health records (EHR), registry. |

| Denominator | This measure includes denominators for three rates: |
|---|---|
| | 1. All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period. |
| | 2. All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user. |
| | 3. All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period. |
| Numerator | This measure includes numerators for three rates: |
| | 1. Patients who were screened for tobacco use at least once within 24 months. |
| | 2. Patients who received tobacco cessation intervention. |
| | 3. Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. |
| | **Definitions:** |
| | • Tobacco Use – Includes any type of tobacco, including e-cigarettes and vaping. |
| | • Tobacco Cessation Intervention – Includes brief counseling (three minutes or less), and/or pharmacotherapy. For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/ counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator. |

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

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## Should the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 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

## 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

# Break

# Behavioral Health Care, Part II

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# Removal: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)

| | |
|---|---|
| **Description** | Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:<br>1. **Initiation of AOD Treatment.** Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.<br>2. **Engagement of AOD Treatment.** Percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 0004 |
| **Data collection method** | Administrative or electronic health records (EHR) |
| **Denominator** | Beneficiaries with a new diagnosis of AOD abuse or dependence (the eligible population). The denominator is stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; total AOD abuse or dependence. |
| **Numerator** | Beneficiaries who received AOD treatment:<br>• Within 14 days of diagnosis (Initiation of AOD treatment rate)<br>• Within 34 days of the initiation event (Engagement of AOD treatment rate) where either of the following criteria are met:<br>  - The initiation of AOD treatment event was a medication treatment event, and the beneficiary received two or more engagement events, only one of which was a medication treatment event.<br>  - The initiation of AOD treatment event was not a medication treatment event, and the beneficiary received at least one engagement medication treatment event or at least two engagement visits. |

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# Removal: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) *(cont'd.)*

| | |
|---|---|
| **Numerator (*cont'd.*)** | The numerator is also stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; total AOD abuse or dependence. |
| **Has another measure been proposed for substitution?** | No |
| **Number of states reporting the measure for FFY 2019** | 38 states (all states reported calculating the measure using Core Set specifications) |
| **Is the measure on the Medicaid & CHIP Scorecard?** | Yes |
| **Other** | Changes proposed by the measure steward for measurement year 2022 (the 2023 Core Set) include: <br>• Change the measure from "member-based" to "episode-based." <br>• Lengthen the negative substance use disorder (SUD) lookback period from 60 days to 180 days. <br>• Stratify the "total" rate by an indicator of "behavioral health complexity." <br>• Remove the numerator requirement that pharmacotherapy be accompanied by psychosocial treatment. <br>• Count each new episode of SUD treatment in only one diagnosis cohort, rather than in every cohort on the index claim. |

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# Addition: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Child Core Set)

| | |
|---|---|
| **Description** | Percentage of emergency department (ED) visits for beneficiaries age 13 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD abuse or dependence. Two rates are reported:<br>1. Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days);<br>2. Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 3488 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | Yes, Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) |
| **Data collection method** | Administrative (claims) |
| **Denominator** | The denominator for this measure is based on ED visits, not on beneficiaries. The denominator includes ED visits with a principal diagnosis of AOD abuse or dependence on or between January 1 and December 1 of the measurement year where the beneficiary was age 13 or older on the date of the visit. |
| **Numerator** | 1. 30-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of AOD abuse or dependence within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.<br>2. 7-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of AOD abuse or dependence within 7 days |

# Addition: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Child Core Set) *(cont'd.)*

| Other | The measure was suggested for addition to the Child Core Set for ages 13 to 17. It is currently being reported as part of the Adult Core Set (age 18 and older) and the Health Home Core Set (age 13 and older). For FFY 2019, 36 states reported the measure for the Adult Core Set.<br><br>Changes proposed by the measure steward for measurement year 2022 (the 2023 Core Set) include:<br>• Expand the denominator to include ED visits due to overdose of drugs with common abuse potential in "any" diagnosis position.<br>• Expand the numerator to allow follow-up visits with SUD indicated in "any" diagnosis position.<br>• Expand the numerator to include additional follow-up options that do not require a diagnosis of SUD. |
|---|---|

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# Addition: Follow-Up After Emergency Department Visit for Mental Illness (Child Core Set)

| | |
|---|---|
| **Description** | Percentage of emergency department (ED) visits for beneficiaries age 6 and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:<br>1. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days);<br>2. Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days). |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 3489 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | Yes, Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) |
| **Data collection method** | Administrative (claims) |
| **Denominator** | The denominator for this measure is based on ED visits, not on beneficiaries. The denominator includes ED visits with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year where the beneficiary was 6 years or older on the date of the visit. |

# Addition: Follow-Up After Emergency Department Visit for Mental Illness (Child Core Set) *(cont'd.)*

| | |
|---|---|
| **Numerator** | 1. 30-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.<br>2. 7-Day Follow-Up: A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of mental health disorder within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. |
| **Other** | The measure was suggested for addition to the Child Core Set for ages 6 to 17. It is currently being reported as part of the Adult Core Set (age 18 and older). For FFY 2019, 36 states reported the measure for the Adult Core Set. |

# Workgroup Member Discussion

Mathematica

# Opportunity for Public Comment

Mathematica

# Vote on Measures

Mathematica

# Behavioral Health Care: Measure Vote #3

## Should the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-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

Mathematica

# Behavioral Health Care: Measure Vote #4

## Should the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence measure be added to the Child Core Set?

- Yes, I recommend adding this measure to the Core Set

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

Mathematica

## Should the Follow-Up After Emergency Department Visit for Mental Illness measure be added to the Child Core Set?

- Yes, I recommend adding this measure to the Core Set

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

Mathematica

# Discuss Gaps in Behavioral Health Care Domain

# Break

Mathematica

# Dental and Oral Health Services, Part I

Mathematica

# 2021 Core Set Measures

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Child Core Set** | | |
| Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)* | Administrative (Form CMS-416) | 51 |
| Sealant Receipt on Permanent First Molars (SFM-CH) | Administrative | Not applicable (new to 2021 Core Set) |

*    Measures with an asterisk are suggested for removal.

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

| | |
|---|---|
| **Description** | 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. |
| **Measure steward** | Centers for Medicare & Medicaid Services (CMS) |
| **NQF number (if endorsed)** | Not endorsed |
| **Data collection method** | Administrative (Form CMS-416) |
| **Denominator** | 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 EPSDT services. |
| **Numerator** | 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 D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT 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. |

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# Removal: Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) *(cont'd.)*

| | |
|---|---|
| **Has another measure been proposed for substitution?** | One WGM proposed the Prevention: Topical Fluoride for Children at Elevated Caries Risk measure. The second WGM suggested the Oral Evaluation, Dental Services measure. |
| **Number of states reporting the measure for FFY 2019** | 51 states |
| **Is the measure on the Medicaid & CHIP Scorecard?** | Yes |
| **Other** | To reduce state reporting burden and to standardize calculation of the measure across states, CMS tested replication of the Form CMS-416 using T-MSIS data (including the PDENT-CH measure). CMS is giving states the option of having CMS produce the Form CMS-416 beginning with the FFY 2020 submission due April 2021. |

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# Addition: Oral Evaluation, Dental Services

| | |
|---|---|
| **Description** | Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year. |
| **Measure steward** | American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA) |
| **NQF number (if endorsed)** | 2517 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | Yes, Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) |
| **Data collection method** | Administrative (enrollment and claims only) |
| **Denominator** | Unduplicated number of enrolled children under age 21. |
| **Numerator** | Unduplicated number of children who received a comprehensive or periodic oral evaluation as a dental service. |

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# Addition: Prevention: Topical Fluoride for Children at Elevated Caries Risk

| | |
|---|---|
| **Description** | Percentage of children ages 1 to 21 years who are at "elevated" risk (i.e., "moderate" or "high") who received at least 2 topical fluoride applications as (a) dental OR oral health services, (b) dental services, and (c) oral health services within the reporting year. |
| **Measure steward** | American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA) |
| **NQF number (if endorsed)** | 2528 (only rate b [dental services] is NQF endorsed) |
| **Measure type** | Process |
| **Recommended to replace current measure?** | Yes, Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) |
| **Data collection method** | Administrative (enrollment and claims only) |
| **Denominator** | Unduplicated number of children age 1 to 21 years at "elevated" risk for dental caries (i.e. "moderate" or "high"). |
| **Numerator** | Unduplicated number of children at "elevated" risk for dental caries (i.e., "moderate" or "high") who received at least 2 topical fluoride applications as (a) dental OR oral health services, (b) dental services, and (c) oral health services. |
| | The DQA Measures User Guide provides additional information on categorization of "dental" and "oral health" services. |
| **Other** | DQA indicated that changes to the measure are under consideration for measurement year 2021 (2022 Core Set). The proposed changes would expand the measure denominator beyond those at elevated risk to include all enrolled children who meet the continuous eligibility criteria during the measurement period. The measure would include an optional risk stratification. The proposed changes would eliminate the need for a three-year lookback unless the optional risk stratification is implemented. |

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# Workgroup Member Discussion

Mathematica

# Opportunity for Public Comment

Mathematica

# Vote on Measures

Mathematica

# Dental and Oral Health Services: Measure Vote #1

**Should the Oral Evaluation, Dental Services 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

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## Should the Prevention: Topical Fluoride for Children at Elevated Caries Risk 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 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

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# Dental and Oral Health Services, Part II

Mathematica

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

| | |
|---|---|
| **Description** | Number of emergency department (ED) visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 beneficiary months for adults. |
| **Measure steward** | American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA) |
| **NQF number (if endorsed)** | Not endorsed |
| **Measure type** | Outcome |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative (enrollment and medical claims). |
| **Denominator** | All beneficiary months for individuals 18 years and older during the reporting year. |
| **Numerator** | Number of ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis code among individuals 18 years and older. |
| **Other** | Dental benefits for adults in Medicaid programs vary across states. The Workgroup member who suggested this measure noted that that may lead to variation in state performance on the measure, but should not result in any inconsistencies in calculations, given that dental claims are not required to calculate this measure. |

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measure

Mathematica

# 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

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# Discuss Gaps in Dental and Oral Health Services Domain

Mathematica

# Preview of Day 2 and Wrap-Up

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# Agenda for Day 2

- **Care of Acute and Chronic Conditions**

- **Long-Term Services and Supports**

- **Maternal and Perinatal Health**

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# Child and Adult Core Set Stakeholder Workgroup: 2022 Annual Review Voting Meeting
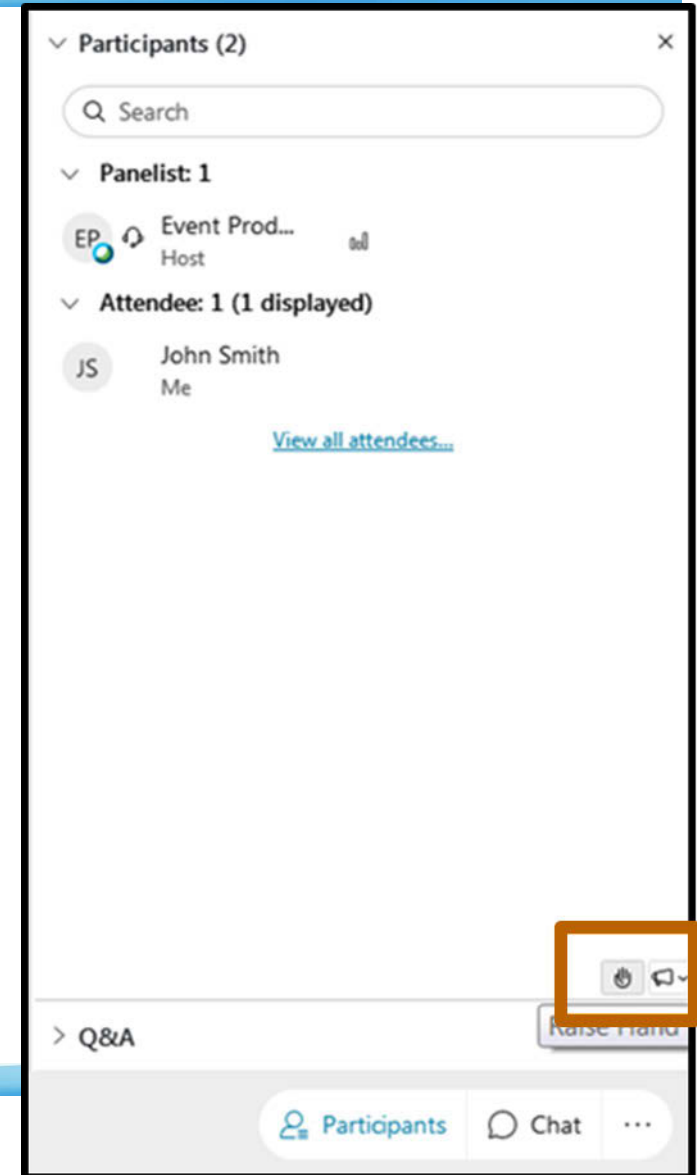
Day 2

**May 5, 2021**

# To Make Comments or Ask Questions During the Webinar

- **During the webinar, there will be opportunities for public comment.**

- **To make a comment, please use the <span style="color:red">raise hand</span> feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list.**

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  >
  > JS   John Smith
  >      Me                                🖐

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∨ Participants (2)                                ✕

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∨ Attendee: 1 (1 displayed)

JS   John Smith
     Me

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> Q&A                                    Raise Hand

👥 Participants    💬 Chat    ⋯

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- **If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the <span style="color:red">Q&A</span> function.**

- **If you are having issues speaking during Workgroup or public comment, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.**

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# Welcome and Review Day 1

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# Workgroup Members Roll Call

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# Workgroup Roll Call

- **Please use the "Raise Hand" feature to be unmuted during introductions.**

- **Please mute yourself after speaking.**

- **Workgroup members will now be able to mute and unmute themselves during discussion.**

- **If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted.**

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# 2022 Child and Adult Core Set Annual Review Workgroup

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

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# 2022 Child and Adult Core Set Annual Review Workgroup *(cont'd.)*

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

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# 2022 Child and Adult Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

Office of The Assistant Secretary for Planning and Evaluation

US Department of Veteran Affairs

Office of Disease Prevention and Health Promotion

Substance Abuse and Mental Health Services Administration

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# Care of Acute and Chronic Conditions, Part I

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# 2021 Core Set Measures

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Child Core Set** | | |
| Asthma Medication Ratio: Ages 5 to 18 (AMR-CH) (#1800) | Administrative | 42 |
| Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)* | Administrative | 47 |
| **Adult Core Set** | | |
| Controlling High Blood Pressure (CBP-AD) (#0018) | Administrative, Hybrid, or EHR | 34 |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) (#0059) | Administrative, Hybrid, or EHR | 31 |
| PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) (#0272) | Administrative | 30 |
| PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) (#0275) | Administrative | 26 |

\* Measures with an asterisk are suggested for removal.

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# 2021 Core Set Measures *(cont'd.)*

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Adult Core Set** *(cont'd.)* | | |
| PQI 08: Heart Failure Admission Rate (PQI08-AD) (#0277) | Administrative | 26 |
| PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) (#0283) | Administrative | 26 |
| Plan All-Cause Readmissions (PCR-AD) (#1768, no longer endorsed) | Administrative | 36 |
| Asthma Medication Ratio: Ages 19 to 64 (AMR-AD) (#1800) | Administrative | 39 |
| HIV Viral Load Suppression (HVL-AD) (#2082/3210e) | Administrative or EHR | 7 |

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# Removal: Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)

| | |
|---|---|
| **Description** | Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | Not endorsed |
| **Data collection method** | Administrative |
| **Denominator** | Number of beneficiary months. Beneficiary months are a beneficiary's "contribution" to the total yearly enrollment. Beneficiary months are calculated by summing the total number of months each beneficiary is enrolled in the program during the measurement year. |
| **Numerator** | Number of ED visits: Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit. |
| **Has another measure been proposed for substitution?** | • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Note: This measure was suggested for addition to the Child Core Set for ages 13 to 17; this measure is currently in the Adult Core Set [FUA-AD] and the Health Home Core Set [FUA-HH])<br>• Follow-Up After Emergency Department Visit for Mental Illness (Note: This measure was suggested for addition to the Child Core Set for ages 6 to 17; this measure is currently in the Adult Core Set [FUM-AD]) |
| **Number of states reporting the measure for FFY 2019** | 47 states (all states reported calculating the measure using Core Set specifications) |
| **Is the measure on the Medicaid & CHIP Scorecard?** | No |
| **Other** | This measure was suggested for retirement by the measure steward for measurement year 2020. The measure was retired from the Medicare and commercial lines of business. The measure was retained for Medicaid because of its inclusion in the Child Core Set. |

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# Addition: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

| | |
|---|---|
| **Description** | The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 0058<br>Note: The measure was revised for HEDIS measurement year 2019 reporting, with an expanded age range (starting at age 3 months) and an episode-based denominator (rather than member-based); the revised version of the measure is under consideration and has not been endorsed. |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative (claims only). |
| **Denominator** | Episodes for members 3 months of age and older as of the episode date who had an outpatient, telephone, e-visit or virtual check-in, an observation visit, or ED encounter with a diagnosis of acute bronchitis/bronchiolitis during the intake period. |
| **Numerator** | Dispensed prescription for an antibiotic medication on or 3 days after the episode date. |

# Addition: Appropriate Treatment for Upper Respiratory Infection

| | |
|---|---|
| **Description** | The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 0069<br>Note: The measure was revised for HEDIS measurement year 2019 reporting, with an expanded age range (beyond age 18) and an episode-based denominator (rather than member-based); the revised version of the measure is under consideration and has not been endorsed. |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative (claims only). |
| **Denominator** | Episodes for members 3 months of age and older as of the episode date who had an outpatient, telephone, e-visit or virtual check-in, an observation visit, or ED encounter with a diagnosis of upper respiratory infection during the intake period. |
| **Numerator** | Dispensed prescription for an antibiotic medication on or 3 days after the episode date. |

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

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

## Should the Ambulatory Care: Emergency Department (ED) Visits (AMB-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

## Should the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 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

## Should the Appropriate Treatment for Upper Respiratory Infection 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

# Break

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# Care of Acute and Chronic Conditions, Part II

# Addition: Proportion of Days Covered: Diabetes All Class

| | |
|---|---|
| **Description** | The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent for diabetes medications during the measurement year. |
| **Measure steward** | Pharmacy Quality Alliance (PQA) |
| **NQF number (if endorsed)** | 0541 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative (enrollment, prescription claims, and medical claims) |
| **Denominator** | Individuals with at least two prescription claims for any of the diabetes medications (Biguanides, Sulfonylureas, Thiazolidinediones, DPP-4 Inhibitors, GLP-1 Receptor Agonists, Meglitinides, or SGLT2 Inhibitors) on different dates of service in the treatment period.* The prescriptions can be for the same or different medications and can be from any of the seven classes of medications listed.<br><br>* The individual's treatment period begins on the index prescription start date (the earliest date of service for a target medication during the measurement year) and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period should be at least 91 days. |
| **Numerator** | The number of individuals who met the PDC threshold of 80 percent during the measurement year. |

# Addition: Proportion of Days Covered: Renin Angiotensin System Antagonists

| | |
|---|---|
| **Description** | The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent for renin angiotensin system (RAS) antagonists during the measurement year. |
| **Measure steward** | Pharmacy Quality Alliance (PQA) |
| **NQF number (if endorsed)** | 0541 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative (enrollment, prescription claims, and medical claims) |
| **Denominator** | Individuals with at least two prescription claims for any RAS antagonist (Direct Renin Inhibitor Medications and Combinations, ARB Medications and Combinations, and/or ACE Inhibitor Medications and Combination Products) on different dates of service in the treatment period.\* The prescriptions can be for the same or different medications and can be from any of the three classes of medications listed.<br><br>\* The individual's treatment period begins on the index prescription start date and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period should be at least 91 days. |
| **Numerator** | The number of individuals who met the PDC threshold during the measurement year. |

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# Addition: Proportion of Days Covered: Statins

| | |
|---|---|
| **Description** | The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent for statins during the measurement year. |
| **Measure steward** | Pharmacy Quality Alliance (PQA) |
| **NQF number (if endorsed)** | 0541 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative (enrollment, prescription claims, and medical claims) |
| **Denominator** | Individuals with at least two prescription claims for any statin medication on different dates of service in the treatment period.* The prescriptions can be for the same or different medications.<br><br>* The individual's treatment period begins on the index prescription start date (the earliest date of service for a target medication during the measurement year) and extends through whichever comes first: the last day of enrollment during the measurement year, death, or the end of the measurement year. The treatment period should be at least 91 days. |
| **Numerator** | The number of individuals who met the PDC threshold during the measurement year. |

# Workgroup Member Discussion

Mathematica

# Opportunity for Public Comment

Mathematica

# Vote on Measures

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## Should the Proportion of Days Covered: Diabetes All Class 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

## Should the Proportion of Days Covered: Renin Angiotensin System Antagonists 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

## Should the Proportion of Days Covered: Statins 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

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# Discuss Gaps in Care of Acute and Chronic Conditions Domain

**Mathematica**

# Break

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# Long-Term Services and Supports

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# 2021 Core Set Measure

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Adult Core Set** | | |
| National Core Indicators Survey (NCIDDS-AD) | Survey | Not applicable (new to the 2020 Core Set) |

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# Addition: Long-Term Services and Supports Comprehensive Care Plan and Update

| | |
|---|---|
| **Description** | The percentage of long-term services and supports (LTSS) organization members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified time frame that includes core elements. The following rates are reported:<br>1. **Care Plan with Core Elements Documented:** Members who had a comprehensive LTSS care plan with nine core elements documented within 120 days of enrollment (for new members) or during the measurement year (for established members).<br>2. **Care Plan with Supplemental Elements Documented:** Members who had a comprehensive LTSS care plan with nine core elements and at least four supplemental elements documented within 120 days of enrollment (for new members) or during the measurement year (for established members). |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | Not endorsed |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Case management record review |
| **Denominator** | Members who are enrolled in the LTSS benefit (coverage or coordination of home and community- or institution-based LTSS) and require the use of LTSS services. This measure is based on review of LTSS case management records drawn from a systematic sample of the eligible population. The minimum required sample size is 96 members identified using a systematic sampling methodology. |

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| Numerator | The measure reports two numerators. |
|---|---|
| | 1. **Care Plan with Core Elements Documented:** The number of LTSS members who had either of the following: <ul><li>For new members: A comprehensive LTSS care plan completed within 120 days of enrollment, with nine core elements documented.</li><li>If the comprehensive care plan is developed as part of the process to determine eligibility for the LTSS benefit and occurs within 30 days prior to the enrollment start date, it may be counted toward the measure if the care plans meets the rest of the numerator criteria.</li><li>For established members: A comprehensive LTSS care plan completed during the measurement year with nine core elements documented.</li></ul> 2. **Care Plan with Supplemental Elements Documented:** The number of LTSS members who had either of the following: <ul><li>For new members: A comprehensive LTSS care plan completed within 120 days of enrollment with nine core elements and at least four supplemental elements documented.</li><li>If the comprehensive care plan is developed as part of the process to determine eligibility for the LTSS benefit and occurs within 30 days prior to the enrollment start date, it may be counted toward the measure if the care plans meets the rest of the numerator criteria.</li><li>For established members: A comprehensive LTSS care plan created during the measurement year with nine core elements and at least four supplemental elements documented.</li></ul> The care plan must be discussed during a face-to-face, telephone, or video conference encounter between the care manager and the member. |

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| Numerator *(cont'd.)* | Core elements of the care plan include: |
|---|---|
| | 1. At least one individualized member goal (medical or nonmedical outcome important to the beneficiary). |
| | 2. A plan of care to meet the member's medical needs. |
| | 3. A plan of care to meet the member's functional needs. |
| | 4. A plan of care to meet the member's needs due to cognitive impairment. |
| | 5. A list of all LTSS services and supports the member receives, or is expected to receive in the next month, in the home or in other settings, including the amount and frequency. |
| | 6. A plan for the care manager to follow up and communicate with the member. |
| | 7. A plan to ensure that the member's needs are met in an emergency. |
| | 8. Family/friend caregivers who were involved in the documentation of the care plan, and their contact information. |
| | 9. Member or member representative agreement to or appeal of the completed care plan. |

| | |
|---|---|
| **Numerator *(cont'd.)*** | Supplemental elements of the care plan include:<br>1. A plan of care to meet the member's mental health needs.<br>2. A plan of care to meet the member's social or community integration needs.<br>3. The duration of all LTSS the member receives or is expected to receive in the next month, in the home or in other settings, or the date when services will be reassessed.<br>4. Contact information for the member's LTSS providers.<br>5. A plan to assess the member's progress toward meeting established goals, including a time frame for reassessment and follow-up.<br>6. Barriers to meeting defined goals.<br>7. The member's first point of contact.<br>8. Contact information for the member's primary care practitioner (PCP), or a plan for connecting the member to the PCP if the beneficiary does not currently have one. |
| **Other** | A similar version of the measure is included in CMS's Request for Information for a Recommended Measure Set for Medicaid-Funded Home and Community-Based Services. NCQA adapted the CMS version of the measure for inclusion in HEDIS. |

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measure

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## Should the Long-Term Services and Supports Comprehensive Care Plan and Update 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 Gaps in Long-Term Services and Supports Domain

# Maternal and Perinatal Health

# 2021 Core Set Measures

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Child Core Set** | | |
| Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH) (#1360)* | EHR | 2 |
| Live Births Weighing Less Than 2,500 Grams (LBW-CH) (#1382) | State vital records** | 51 |
| Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) (#1517, no longer endorsed) | Administrative or hybrid | 42 |
| Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (#2902) | Administrative | 32 |
| Contraceptive Care – All Women Ages 15 to 20 (CCW-CH) (#2903/2904) | Administrative | 28 |
| Low-Risk Cesarean Delivery (LRCD-CH) | State vital records** | Not applicable (modified for 2021 Core Set) |

\* Measures with an asterisk are suggested for removal.

\*\* Beginning with FFY 2021, CMS will calculate the LBW-CH measure using vital records submitted by states and compiled by the National Center for Health Statistics (NCHS). CMS will also conduct a pilot of using these data to calculate the LRCD-CH measure.

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# 2021 Core Set Measures *(cont'd.)*

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Adult Core Set** | | |
| PC-01: Elective Delivery (PC01-AD) (#0469/0469e)* | Hybrid or EHR | 9 |
| Prenatal and Postpartum Care: Postpartum Care (PPC-AD) (#1517, no longer endorsed) | Administrative or hybrid | 39 |
| Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD) (#2902) | Administrative | 29 |
| Contraceptive Care – All Women Ages 21 to 44 (CCW-AD) (#2903/2904) | Administrative | 23 |

\* Measures with an asterisk are suggested for removal.

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

| | |
|---|---|
| **Description** | Percentage of newborns who did not pass hearing screening and have an audiological diagnosis no later than three months of age (90 days). |
| **Measure steward** | Centers for Disease Control and Prevention (CDC) |
| **NQF number (if endorsed)** | 1360 |
| **Data collection method** | Electronic health records (EHR) |
| **Denominator** | The number of infants born during the measurement year who have not passed hearing screening. |
| **Numerator** | The number of infants born during the measurement year who have not passed hearing screening and whose age is less than 91 days at the time of audiological diagnosis. |
| **Has another measure been proposed for substitution?** | No |
| **Number of states reporting the measure for FFY 2019** | Two states (both states indicated substantial deviations from the Core Set specifications) |
| **Is the measure on the Medicaid & CHIP Scorecard?** | No |
| **Other** | One Workgroup member noted that reconsideration of this measure by the Workgroup should take into account CMS's progress in working to identify an alternate data source. Over the past year, CMS has not identified an alternate data source for this measure (other than EHR). Thus, states will be responsible for reporting this measure as part of the Child Core Set. |

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

| | |
|---|---|
| **Description** | Percentage of women with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed. |
| **Measure steward** | The Joint Commission (TJC) |
| **NQF number (if endorsed)** | 0469/0469e |
| **Data collection method** | Hybrid or electronic health records (EHR). |
| **Denominator** | Beneficiaries delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed. |
| **Numerator** | 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. |
| **Has another measure been proposed for substitution?** | No |
| **Number of states reporting the measure for FFY 2019** | Nine states (five of the nine states indicated substantial deviations from the Core Set specifications) |
| **Is the measure on the Medicaid & CHIP Scorecard?** | No |
| **Other** | The Workgroup member who suggested this measure for removal referenced preliminary data from the measure steward for calendar year 2019 that indicated a median rate of 0 percent and a mean rate of 1.83 percent among 2,005 hospitals reporting. The measure steward indicated that data are not available by payer. |

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# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

## Should the Audiological Diagnosis 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

## **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**

# Discuss Gaps in Maternal and Perinatal Health Domain

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# Preview of Day 3 and Wrap-Up

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# Agenda for Day 3

- **Primary Care Access and Preventive Care**

- **Reflections and Future Directions**

- **Public Comment**

- **Next Steps and Wrap-Up**

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# Child and Adult Core Set Stakeholder Workgroup: 2022 Annual Review Voting Meeting
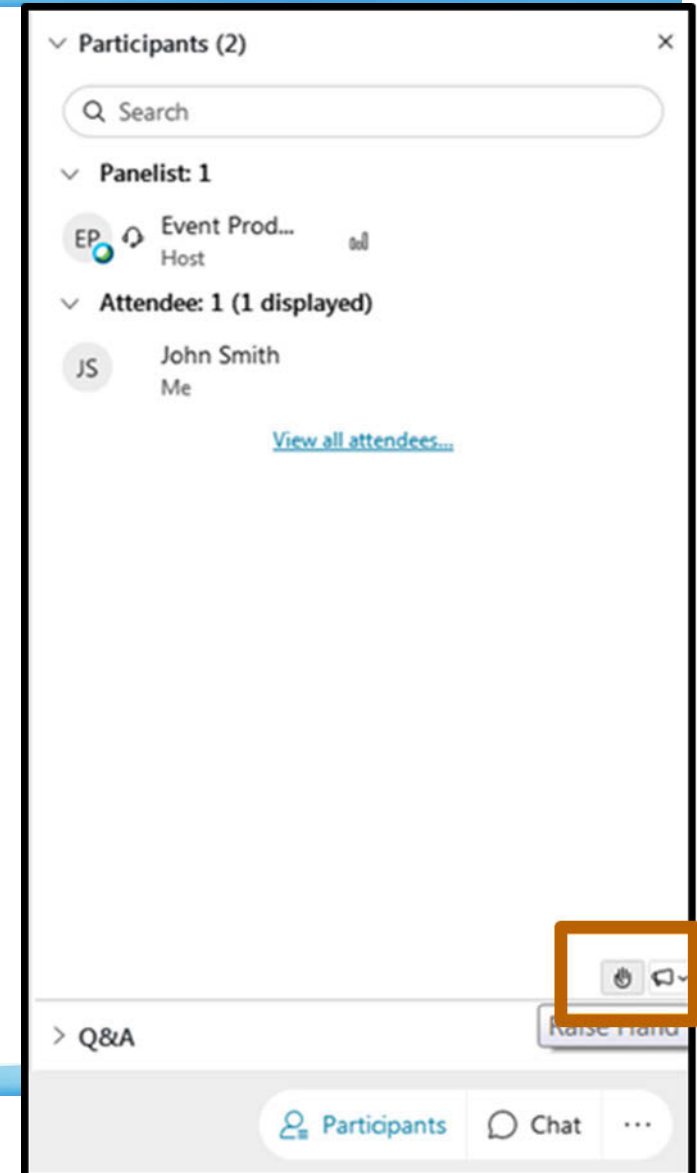
## Day 3

**May 6, 2021**

# To Make Comments or Ask Questions During the Webinar

- **During the webinar, there will be opportunities for public comment.**

- **To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list.**

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





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# Technical Issues

- **If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the <span style="color:red">Q&A</span> function.**

- **If you are having issues speaking during Workgroup or public comment, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.**

  - **Audio settings can be accessed by clicking the arrow next to the mute button at the bottom of your screen.**

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

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# Welcome and Review Day 2

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# Workgroup Members Roll Call

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# Workgroup Roll Call

- **Please use the "Raise Hand" feature to be unmuted during introductions.**

- **Please mute yourself after speaking.**

- **Workgroup members will now be able to mute and unmute themselves during discussion.**

- **If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted.**

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# 2022 Child and Adult Core Set Annual Review Workgroup

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

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# 2022 Child and Adult Core Set Annual Review Workgroup *(cont'd.)*

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

# 2022 Child and Adult Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

Office of The Assistant Secretary for Planning and Evaluation

US Department of Veteran Affairs

Office of Disease Prevention and Health Promotion

Substance Abuse and Mental Health Services Administration

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# Primary Care Access and Preventive Care, Part I

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# 2021 Core Set Measures

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Child Core Set** | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) (#0024) | Administrative, Hybrid, or EHR | 39 |
| Chlamydia Screening in Women Ages 16 to 20 (CHL-CH) (#0033) | Administrative or EHR | 47 |
| Childhood Immunization Status (CIS-CH) (#0038) | Administrative, Hybrid, or EHR | 43 |
| Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) (#0418/0418e, no longer endorsed) | Administrative or EHR | 8 |
| Well-Child Visits in the First 30 Months of Life (W30-CH) (#1392)^ | Administrative | 48 |

^   The Well-Child Visits in the First 15 Months of Life (W15-CH) measure was modified by the measure steward for measurement year 2020 (the FFY 2021 Core Set). It now includes two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months. The NQF number and number of states reporting for FFY 2019 refer to the W15-CH measure.

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# 2021 Core Set Measures *(cont'd.)*

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Child Core Set** *(cont'd.)* | | |
| Immunizations for Adolescents (IMA-CH) (#1407) | Administrative or Hybrid | 45 |
| Developmental Screening in the First Three Years of Life (DEV-CH) (#1448, no longer endorsed) | Administrative or Hybrid | 28 |
| Child and Adolescent Well-Care Visits (WCV-CH) (#1516)^ | Administrative | 49 |

^ The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate for measurement year 2020 (the FFY 2021 Core Set). The NQF number refers to the endorsement of the W34-CH measure. The number of states reporting W34-CH and AWC-CH was the same for FFY 2019.

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# 2021 Core Set Measures *(cont'd.)*

| Measure Name (NQF number, if endorsed) | Data Collection Method | Number of States Reporting for FFY 2019 |
|---|---|---|
| **Adult Core Set** | | |
| Cervical Cancer Screening (CCS-AD) (#0032) | Administrative, Hybrid, or EHR | 43 |
| Chlamydia Screening in Women Ages 21 to 24 (CHL-AD) (#0033) | Administrative or EHR | 44 |
| Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) (#0039)* | Survey | 25 |
| Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) (#0418/0418e, no longer endorsed) | Administrative or EHR | 10 |
| Breast Cancer Screening (BCS-AD) (#2372) | Administrative or EHR | 43 |

\* Measure with an asterisk is suggested for removal.

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

| | |
|---|---|
| **Description** | 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/5.1H Adult Medicaid Survey was completed. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 0039 |
| **Data collection method** | Survey. Collected as part of the CAHPS Health Plan Survey 5.0H/5.1H, Adult Version. |
| **Denominator** | 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?" |
| **Numerator** | The number of beneficiaries in the denominator who responded "Yes" to the question "Have you had either a flu shot or flu spray in the nose since July 1, YYYY?" |
| **Has another measure been proposed for substitution?** | Preventive Care and Screening: Influenza Immunization |
| **Number of states reporting the measure for FFY 2019** | 25 states (all states reported calculating the measure using Core Set specifications) |
| **Is the measure on the Medicaid & CHIP Scorecard?** | No |
| **Other** | CMS is conducting a pilot to use CAHPS results from the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database for Core Set reporting. The Workgroup member who suggested this measure for removal noted that the pilot has shown it is feasible to calculate FVA-AD using the AHRQ CAHPS Database, although the data are incomplete due to lack of plan submissions for some states. |

# Addition: Preventive Care and Screening: Influenza Immunization

| | |
|---|---|
| **Description** | Percentage of patients aged six months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization. |
| **Measure steward** | National Committee for Quality Assurance (NCQA), formerly Physician Consortium for Performance Improvement (PCPI) Foundation |
| **NQF number (if endorsed)** | 0041/0041e |
| **Measure type** | Process |
| **Recommended to replace current measure?** | Yes, Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) |
| **Data collection method** | Electronic health records (EHR) or clinical registry. |
| **Denominator** | All patients aged six months and older seen for a visit between October 1 and March 31. |
| **Numerator** | Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization during the flu season (between August and March). Previous receipt is defined as receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st). |

# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measures

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## Should the Preventive Care and Screening: Influenza Immunization 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

# 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**

# Break

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# Primary Care Access and Preventive Care, Part II

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# Addition: Colorectal Cancer Screening

| | |
|---|---|
| **Description** | Percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **NQF number (if endorsed)** | 0034 |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |
| **Data collection method** | Administrative, hybrid, and HEDIS® Electronic Clinical Data Systems (ECDS). <br><br>(Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. NCQA has proposed transitioning this measure to ECDS only reporting starting in measurement year 2024 and is currently assessing public comment regarding this proposal.) |
| **Denominator** | Members 51 to 75 years of age as of December 31 of the measurement year. |
| **Numerator** | Members with one or more screenings for colorectal cancer. Any of the following meet criteria: <br>• Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type. <br>• Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. <br>• Colonoscopy during the measurement year or the nine years prior to the measurement year. <br>• Computed tomography (CT) colonography during the measurement year or the four years prior to the measurement year. <br>• Fecal immunochemical DNA (FIT-DNA) test during the measurement year or the two years prior to the measurement year. |

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| **Other** | The measure steward, NCQA, has specified and tested the measure for use with Medicare and commercial insurance plans. The measure is not currently specified for use in Medicaid. NCQA indicated they plan to specify and test the measure for the Medicaid population in the coming year. However, several states are already using the measure in their Medicaid program. |
| --- | --- |

# Workgroup Member Discussion

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# Opportunity for Public Comment

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# Vote on Measure

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# Should the Colorectal Cancer Screening 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**

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# Discuss Gaps in Primary Care Access and Preventive Care Domain

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# Break

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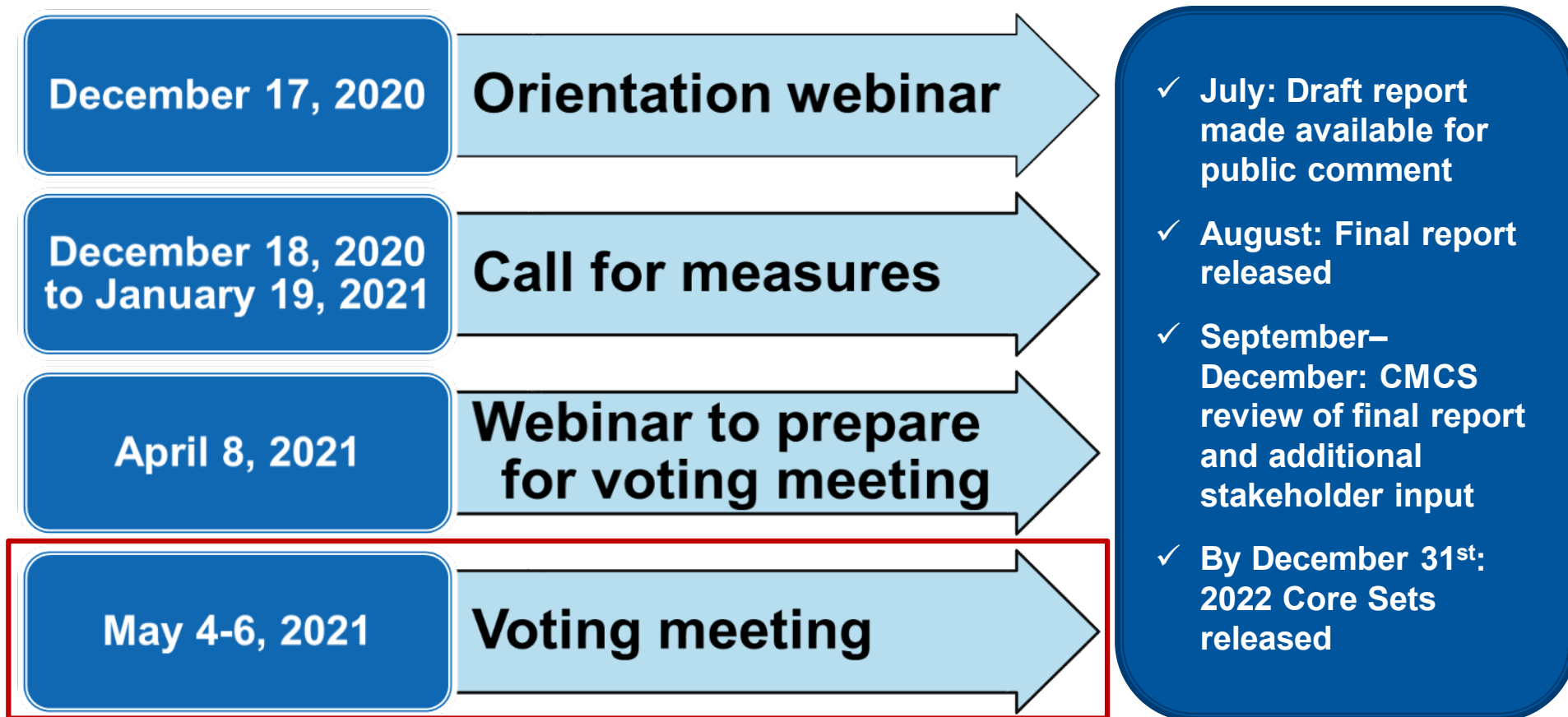# Reflections and Future Directions

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# Agenda

- **Recap of Workgroup recommendations**

- **Discussion of measure gaps and future directions**

  - **What measure gaps should be considered for future Core Sets?**
  - **What are the implications for developing 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**

- **Feedback on the 2022 Core Set Annual Review process**

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# Opportunity for Public Comment

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# Next Steps and Wrap-Up

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# 2022 Core Set Annual Review Workgroup Milestones

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

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

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# 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)**

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# Thank you for participating in the 2022 Annual Review Meeting of the Child and Adult Core Set Stakeholder Workgroup!

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