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**Child and Adult Core Set Stakeholder Workgroup:  
Measures Suggested for Removal from  
the 2023 Core Sets**

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**Measure Information Sheets**

**April 2022**



## **Contents**

### **Primary Care Access and Preventive Care**

Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) .....	3
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Age 18 and Older (CDF-AD) .....	9

### **Care of Acute and Chronic Conditions**

HIV Viral Load Suppression (HVL-AD).....	14
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### **Behavioral Health Care**

Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD).....	18
Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) .....	27
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) .....	31
Concurrent Use of Opioids and Benzodiazepines (COB-AD).....	37

## **Primary Care Access and Preventive Care**



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)</b>
<b>Description</b>	Percentage of beneficiaries ages 18 to 64 who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.1H Adult Survey was completed.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0039 (no longer endorsed)
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Primary Care Access and Preventive Care
<b>Measure type</b>	Process
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The Workgroup member (WGM) who suggested the measure for removal indicated that removing it would leave a gap in the Core Set. The WGM suggested the <i>Adult Immunization Status</i> measure in its place.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	Adult Immunization Status
<b>Is there another related measure in the Core Set?</b>	No
<b>Meaningful Measures area</b>	Wellness and Prevention
<b>Use in other CMS programs</b>	Marketplace Quality Rating System (QRS)

FFY 2021 Technical Specifications	
<b>Ages</b>	Ages 18 to 64 as of July 1 of the measurement year.
<b>Data collection method</b>	Survey: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H, Adult Version (Medicaid).
<b>Denominator</b>	<p>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?”</p> <p><b>Small denominator threshold.</b> States must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator is less than 100, then this measure is not reportable.</p> <p>*A Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag is assigned for each beneficiary in the CAHPS 5.1H Adult survey sample frame data file as follows:</p> <p>1 = Eligible (the beneficiary was born on or between July 2, 1956, and July 1, 2003).</p>



	2 = Ineligible (the beneficiary was born before July 2, 1956, or after July 1, 2003).
<b>Numerator</b>	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?”
<b>Exclusions</b>	The survey excludes those who are not currently enrolled in Medicaid at the time the survey is completed.
<b>Continuous enrollment period</b>	The last six months of the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

The WGM indicated a concern about the validity, reliability, and representativeness of the measure given low CAHPS response rates. The WGM also mentioned a concern about variation in survey responses across demographic groups, which may result in rates that are not consistent across states. Finally, they noted a concern that data in the AHRQ CAHPS Database are incomplete due to a lack of submissions from states and plans. However, the WGM acknowledged that there is no evidence that CAHPS data are under-reporting flu vaccination rates.

#### Actionability and Strategic Priority

The WGM indicated that, taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid and CHIP or allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries. The WGM pointed out that the measure may be underreported and that there is a concern about the validity, reliability, and representativeness of the measure given low CAHPS response rates.

#### Other Considerations

The WGM noted that all states may not be able to produce the measure by the FFY 2024 Core Set reporting cycle. The WGM noted that states are making progress in reporting the measure, but there is a concern that data in the AHRQ CAHPS Database are incomplete due to lack of submissions from states and plans.

### Core Set Reporting History

<b>Year added to Core Set</b>	2013 (Initial Adult Core Set)
<b>Number of states reporting the measure for FFY 2020</b>	28 states (all states reported calculating the measure using Core Set specifications)
<b>Was the measure publicly reported for FFY 2020?</b>	Yes (see the following pages for FFY 2020 data)



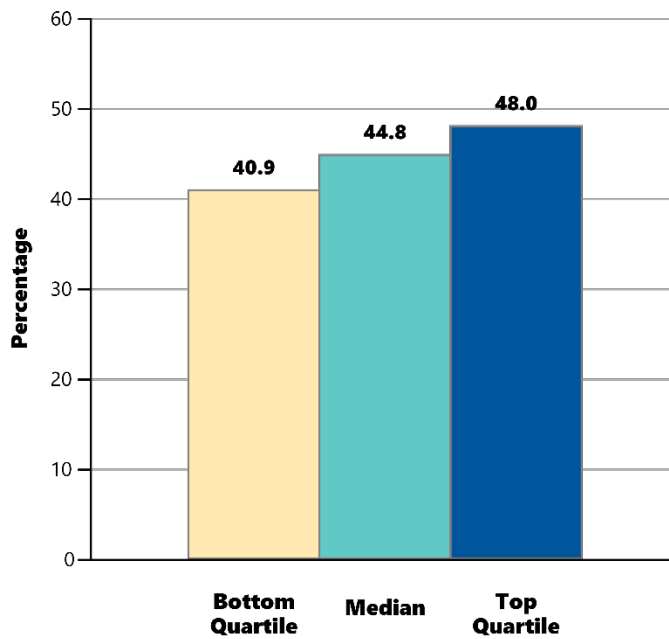
<p><b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b></p>	<p>No</p>
<p><b>Challenges noted by states in reporting the measure for FFY 2020</b></p>	<p>Data not available (14 states) due primarily to information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• Insufficient data.</li> <li>• The state conducts the survey every other year. The survey was not administered for FFY 2020.</li> <li>• Only two managed care plans independently submitted data on this measure to the AHRQ CAHPS Health Plan Survey Database.</li> <li>• Not reported due to staff resources and availability.</li> <li>• A survey for the overall Medicaid population was not conducted.</li> <li>• The state does not require reporting this measure for EQRO validation.</li> </ul>
<p><b>Summary of prior Workgroup discussions</b></p>	<p>The FVA-AD measure was discussed but not recommended for removal at the 2020, 2021, and 2022 Core Set Annual Review meetings.</p> <p>At the 2020 Core Set Annual Review meeting, a WGM suggested the measure for removal because of the high cost of the CAHPS survey and because it only includes flu vaccinations, while other measures include additional immunizations and wider age ranges. Three measures were suggested by Workgroup members to replace the FVA-AD measure: <i>Preventive Care and Screening: Influenza Immunization, Adult Immunization Status (AIS)</i>, and <i>Prenatal Immunization Status (PIS)</i>. During the discussion, WGMs expressed concerns about the reliability of the data needed for both the FVA-AD measure and the proposed replacements, many of which rely on patient recall or administrative data that may be incomplete. The Workgroup was also reluctant to recommend replacing FVA-AD with a first-year HEDIS measure that might not be ready for state reporting, such as the <i>Adult Immunization Status</i> or the <i>Prenatal Immunization Status</i> measures. The Workgroup voted not to remove the FVA-AD measure.</p> <p>During the 2021 Core Set Annual Review meeting, the Workgroup again discussed replacing the FVA-AD measure with the <i>Adult Immunization Status</i> measure, which includes more vaccines than the FVA-AD measure. However, WGMs expressed concern about measuring services that not all states cover through their Medicaid programs (i.e., adult immunizations) and about states' ability to collect immunization information for the adult population from state immunization registries. The Workgroup did not recommend the <i>Adult Immunization Status</i> measure for addition and the FVA-AD measure for removal because it would leave a gap in Core Set reporting.</p> <p>During the 2022 Core Set Annual Review, a WGM suggested the FVA-AD measure for removal, and replacement with <i>Preventive Care and Screening: Influenza Immunization</i>, an EHR- and clinical registry-based measure. The WGM reiterated many of the concerns with the FVA-AD measure noted during previous discussions, including that the completion of the CAHPS survey varies widely across demographic</p>



	<p>groups, the data in the AHRQ CAHPS Database are incomplete due to lack of submissions from some states and health plans, and the measure may not be representative of the population. During the discussion, WGMs expressed concern about the validity and reliability of the FVA-AD measure given the low CAHPS response rates; however, one WGM challenged this, suggesting they have not seen evidence that CAHPS results substantially under-report influenza immunization rates. The Workgroup also discussed potential difficulties collecting the proposed replacement measure, including variation in states' use of immunization registries, especially for adult populations. Several WGMs noted this was in contrast to the availability of CAHPS, and the progress seen in more states being able to report the measure. Several WGMs discussed the need for a glide path to encourage movement toward newer data collection methods, such as using EHRs and immunization registries, while not losing insight into current reporting mechanisms, like CAHPS. The Workgroup did not recommend the FVA-AD measure for removal or the <i>Preventive Care and Screening: Influenza Immunization</i> measure for addition.</p>
<b>Other</b>	<p>NCQA has proposed to retire the FVA measure for HEDIS measurement year (MY) 2023 (2024 Core Set).<sup>1</sup> NCQA has indicated that the <i>Adult Immunization Status</i> measure will be publicly reported in MY 2022, which presents an opportunity to streamline the adult immunization measures in HEDIS. They further noted that stakeholders have suggested retiring the three CAHPS immunization measures that rely on patient recall of vaccination receipt, and focusing on <i>Adult Immunization Status</i>, which provides specific clinical information about vaccination.</p> <p>The proposed retirement is pending stakeholder feedback.</p>



### Percentage of Adults Ages 18 to 64 who Received a Flu Vaccination (FVA-AD), FFY 2020 (n = 28 states)



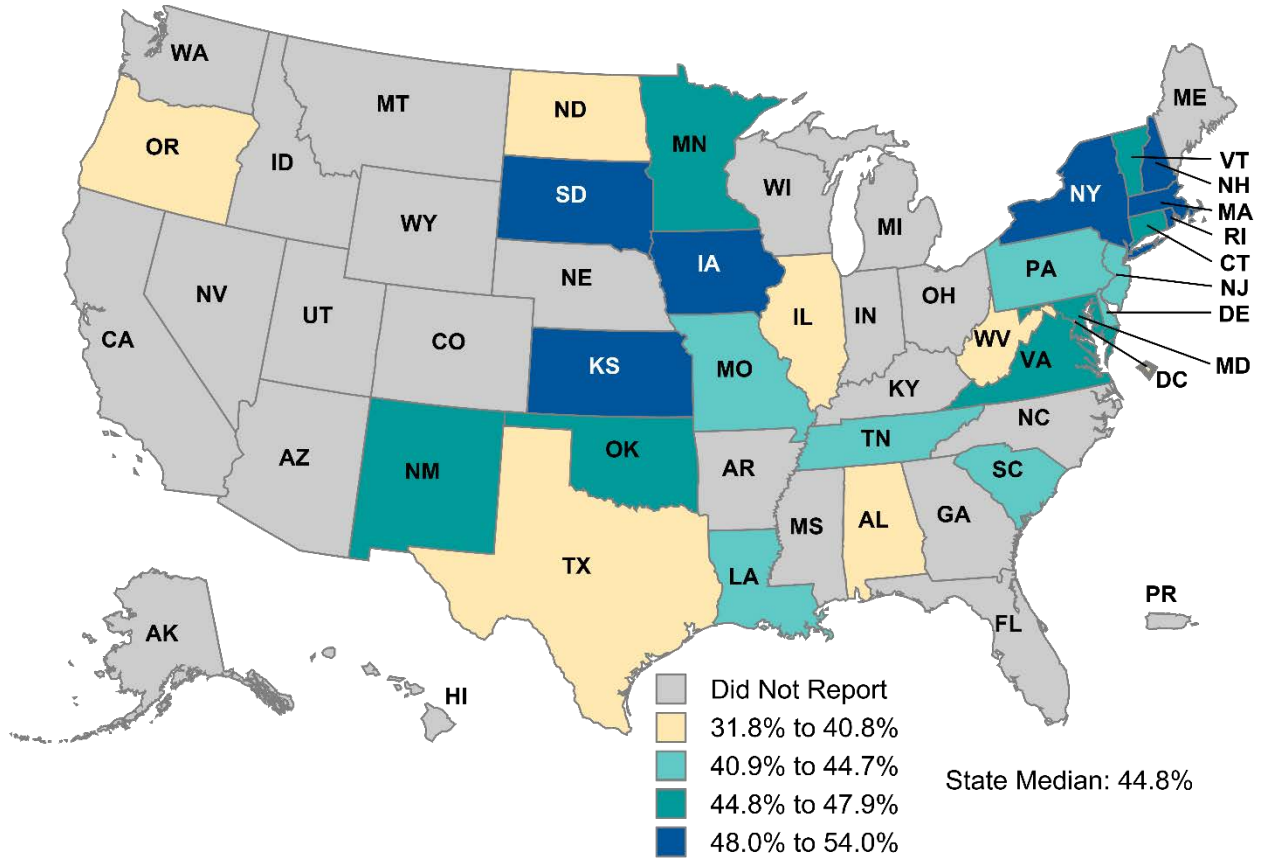
Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Notes: This measure shows the percentage of adults ages 18 to 64 who reported that they received either a flu shot or flu spray in the nose between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Survey was completed for the measurement year. Rates are the percentage of beneficiaries answering “Yes” among the beneficiaries who answered “Yes” or “No” to the survey question.





### Geographic Variation in the Percentage of Adults Ages 18 to 64 who Received a Flu Vaccination (FVA-AD), FFY 2020 (n = 28 states)



Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

### Citations

<sup>1</sup> National Committee for Quality Assurance. (2022). *Proposed Changes to Existing Measure for HEDIS Measurement Year (MY) 2023: Adult Immunization Status (AIS-E)*. <https://www.ncqa.org/wp-content/uploads/2022/02/09.FVA-FVO-PNU.pdf>.



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Age 18 and Older (CDF-AD)</b>
<b>Description</b>	Percentage of beneficiaries age 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e (no longer endorsed)
<b>Core Set</b>	Both Child and Adult Core Sets
<b>Core Set domain</b>	Primary Care Access and Preventive Care
<b>Measure type</b>	Process
<b>If measure is removed, does it leave a gap in the Core Set?</b>	No. The Workgroup member (WGM) who suggested these measures for removal indicated that removing them would not leave a gap in the Core Set since the Child and Adolescent Well-Care Visits (WCV-CH) measure includes an assessment of physical, emotional, and social development. Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening and counseling. The WGM noted that screening should include screening for depression, and the development of a follow-up plan if the result of the screening is positive.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	The WGM who suggested these measures for removal did not suggest a replacement. However, another WGM suggested the addition of <i>Depression Screening and Follow-Up for Adolescents and Adults</i> (DSF-E) as a potential replacement for CDF-CH and CDF-AD.
<b>Is there another related measure in the Core Set?</b>	Child and Adolescent Well-Care Visits (WCV-CH)
<b>Meaningful Measures area</b>	Behavioral Health
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• Medicaid Health Home Core Set</li> <li>• Medicare Shared Savings Program</li> <li>• Merit-Based Incentive Payment System (MIPS) Program</li> <li>• Care Compare</li> <li>• HEDIS Quality Measure Rating System for Special Needs Plans (SNPs)</li> </ul>



<b>FFY 2021 Technical Specifications</b>	
<b>Ages</b>	<ul style="list-style-type: none"> <li>• Ages 12 to 17 on date of encounter (Child Core Set measure).</li> <li>• Age 18 or older on date of encounter (Adult Core Set measure).</li> </ul>
<b>Data collection method</b>	Administrative or electronic health records (EHR).
<b>Denominator</b>	Beneficiaries with an outpatient visit during the measurement year.
<b>Numerator</b>	Beneficiaries screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.
<b>Exclusions</b>	<p>A beneficiary is not eligible for the measure if they have a diagnosis for depression or bipolar disorder documented in the beneficiary medical record.</p> <p>A beneficiary that does not meet the numerator criteria and meets the following exception criteria should be removed from the measure denominator. However, if the beneficiary meets the numerator criteria, the beneficiary would be included in the measure denominator.</p> <ul style="list-style-type: none"> <li>• Beneficiary refuses to participate.</li> <li>• Beneficiary is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the beneficiary's health status.</li> <li>• Situations where the beneficiary's cognitive, functional, or motivational limitations may impact the accuracy of results.</li> </ul>
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	Not applicable.

### **Reasons for Removal Noted by Workgroup Member(s)**

#### **Minimum Technical Feasibility Criteria**

The WGM suggested these measures for removal because states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measures and because the specifications and data source do not allow for consistent calculations across states. For the CDF-CH measure, the WGM noted that two states had significant deviations in the measure specifications used to report the measure for FFY 2020; for the CDF-AD measure, three states reported using specifications with substantial deviations. The CDF measures are administrative measures, and state deviations included using hybrid data collection. States indicated that the G codes used to calculate the numerator are not found in Medicaid claims. States also indicated that resources to develop the measures for reporting were lacking.

According to the WGM, with states not consistently using the Core Set specifications, comparability of results across states is not feasible. Lack of data, data accuracy, and data completeness indicate that the reported results may not represent accurate information regarding the quality of care for Medicaid beneficiaries or state performance.

#### **Actionability and Strategic Priority**

None identified by the WGM.



**Other Considerations**

The WGM indicated that all states may not be able to produce these measures by the FFY 2024 Core Set reporting cycle or may not be able to include all Medicaid and CHIP populations due to the technical feasibility concerns described above.

**Core Set Reporting History**

<b>Year added to Core Set</b>	2018 (Child Core Set) and 2013 (Initial Adult Core Set)
<b>Number of states reporting the measure for FFY 2020</b>	14 states reported the Child Core Set measure (2 of the 14 states indicated substantial deviations from Core Set specifications) and 15 states reported the Adult Core Set measure (3 of the 15 states indicated substantial deviations from Core Set specifications).
<b>Was the measure publicly reported for FFY 2020?</b>	No
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by states in reporting the measure for FFY 2020</b>	Data not available (21 states for both the child and adult measures) due primarily to data source not easily accessible or information not collected. States also noted: <ul style="list-style-type: none"> <li>• State or MCO resource constraints.</li> <li>• Requires data linkage, which does not currently exist.</li> <li>• Complete and accurate reporting is not possible without medical record review.</li> <li>• Providers are not billing the procedure codes identified in the technical specifications that identify both screening for depression and follow-up plan.</li> </ul>
<b>Summary of prior Workgroup discussions</b>	<p>These measures were discussed at the 2021 Core Set Annual Review meeting but were not recommended for removal. Both measures were suggested for removal because of concerns about the feasibility of collecting the data, as reflected by the low numbers of states reporting the measures. The WGMs acknowledged challenges using claims or encounter data to verify that the screening had been completed, a valid tool had been used, and a follow-up plan had been documented. Because of these limitations, states noted that rates using administrative data only are very low and need to be supplemented with medical record reviews. During the public comment period, several state representatives noted that providers are not billing the codes to reflect the services included in the measure, in part because there is no payment associated with the codes. Thus, obtaining an accurate assessment of screening and follow-up is not possible using the measures' administrative specifications.</p> <p>Despite these challenges, WGMs expressed hesitation about removing the CDF-CH and CDF-AD measures from the Core Sets, noting that depression is a highly prevalent condition for both adults and adolescents, one that significantly impacts functioning. The Workgroup also discussed increasing efforts to integrate behavioral services, such</p>



as depression care, into primary care. In addition, WGMs noted that the COVID-19 pandemic has increased the need for mental health services, and screening for depression will be very important to track. Several WGMs shared that their states have incorporated the measures into state-level quality initiatives or value-based payment programs, which may incentivize providers' use of the depression screening encounter codes and improve the completeness of the administrative data used to calculate the measures.

The Workgroup voted against recommending removal of these measures from the Core Sets and suggested that CMS explore opportunities to leverage EHRs and Health Information Exchanges to support more accurate state reporting.

## **Care of Acute and Chronic Conditions**



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>HIV Viral Load Suppression (HVL-AD)</b>
<b>Description</b>	Percentage of beneficiaries age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
<b>Measure steward</b>	Health Resources and Services Administration (HRSA)
<b>NQF number (if endorsed)</b>	2082/3210e
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Care of Acute and Chronic Conditions
<b>Measure type</b>	Outcome
<b>If measure is removed, does it leave a gap in the Core Set?</b>	No. The Workgroup member (WGM) who suggested this measure indicated that removing this measure would not leave a gap in the Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	No
<b>Meaningful Measures area</b>	Chronic Conditions
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>Core Quality Measures Collaborative (CQMC) HIV and Hepatitis C Core Measures</li> <li>Merit-Based Incentive Payment Systems (MIPS)</li> </ul>

FFY 2021 Technical Specifications	
<b>Ages</b>	Age 18 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Administrative or electronic health records (EHR).
<b>Denominator</b>	The number of beneficiaries age 18 and older with both a diagnosis of HIV in the measurement year and at least one medical visit in the measurement year. Medical visits that occurred any time during the measurement year should be included in the denominator for this measure; there are no restrictions regarding the date of the visit relative to the date of the HIV diagnosis.
<b>Numerator</b>	The number of beneficiaries in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
<b>Exclusions</b>	None.



<b>Continuous enrollment period</b>	Not specified.
<b>Allowable gap</b>	Not specified.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

The WGM mentioned that although the measure has been in the Adult Core Set since 2014, only nine states reported the measure for the most recent reporting year for which data are available (FFY 2020), and one of those states calculated the measure using different measure specifications. The WGM stated that states cite limited data availability, including lack of lab data and Logical Observation Identifiers Names and Codes (LOINC). Additionally, the WGM noted that some states also report state privacy laws surrounding HIV as a barrier to accessing the data needed to report the measure.

#### Actionability and Strategic Priority

None identified by the WGM.

#### Other Considerations

The WGM noted that the number of states reporting has not improved significantly since it was added to the Adult Core Measure Set in 2014. The WGM also mentioned that HRSA is working to identify ways to improve state reporting of this measure, but it is unlikely to result in all states reporting the measure by FFY 2024.

### Core Set Reporting History

<b>Year added to Core Set</b>	2014
<b>Number of states reporting the measure for FFY 2020</b>	Nine states (one of nine states indicated substantial deviations from the Core Set specifications)
<b>Was the measure publicly reported for FFY 2020?</b>	No
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by states in reporting the measure for FFY 2020</b>	<p>Data not available (30 states) due primarily to data source not easily accessible or information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• States and health plans have had issues obtaining their members' HIV lab data due to state statute/privacy restrictions, so the data for this measure are inaccurate (multiple states).</li> <li>• States do not use LOINC codes, which are required to determine HIV viral load for the numerator (multiple states).</li> <li>• Information not collected by MCOs, health plans, or providers.</li> <li>• The measure is not a key priority area for the state.</li> <li>• Limited state resources to calculate the measure.</li> </ul>





<b>Summary of prior Workgroup discussions</b>	<p>The HVL measure was suggested but not recommended for removal at both the 2020 and 2021 Core Set Annual Review meetings.</p> <p>At the 2020 Core Set Annual Review Meeting, a WGM recommended this measure for removal because of the barriers that states experience in reporting the measure, specifically confidentiality and privacy laws. One WGM cautioned against removing the measure, noting it is the “ultimate outcome measure.” The Workgroup discussed whether there were opportunities for CDC, HRSA, and CMS to help facilitate the partnership building, data linkages, and information sharing necessary for reporting. A WGM suggested <i>Proportion of Days Covered: Antiretroviral Medications</i> measure to replace HVL-AD; however, it was determined by the Workgroup that this was not a perfect replacement because an individual may pick up a prescription, but not take it as prescribed; thus, the measure may overestimate viral load suppression.</p> <p>At the 2021 Core Set Annual Review Meeting, a WGM recommended this measure for removal due to the low uptake by states. Other WGMs noted the challenges of obtaining access to laboratory data on viral load suppression. The Workgroup discussed an upcoming learning collaborative sponsored by CDC, HRSA, and CMCS that would be charged with developing mechanisms to report the measure to increase the number of states reporting the measure in the future. WGMs also expressed concerns that removing this measure might signal CMS is deprioritizing HIV, which may increase stigmatization.</p>
<b>Other</b>	<p>In August 2021, the Health Resources and Services Administration (HRSA) launched a four-year initiative, “Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set.” The goal of the initiative is to increase state capacity to improve the collection and reporting of high-quality HIV viral suppression data for the Adult Core Set.</p>

## **Behavioral Health Care**



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)</b>
<b>Description</b>	<p>The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none"> <li>• <b>Advising Smokers and Tobacco Users to Quit.</b> A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year.</li> <li>• <b>Discussing Cessation Medications.</b> A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.</li> <li>• <b>Discussing Cessation Strategies.</b> A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.</li> </ul>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0027 (no longer endorsed)
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health Care
<b>Measure type</b>	Process
<b>If measure is removed, does it leave a gap in the Core Set?</b>	No. The Workgroup member (WGM) who suggested this measure for removal indicated that removing the measure would not leave a gap in the Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	No
<b>Meaningful Measures area</b>	Behavioral Health
<b>Use in other CMS programs</b>	Marketplace Quality Rating System (QRS)



<b>FFY 2021 Technical Specifications</b>	
<b>Ages</b>	Age 18 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Survey: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H, Adult Version (Medicaid).
<b>Denominator</b>	<p><b>Advising Smokers and Tobacco Users to Quit (Denominator)</b></p> <p>The number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator:</p> <ul style="list-style-type: none"> <li>• Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all? = “Every day” or “Some days.”</li> <li>• Q33: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?” Response choices = “Never” or “Sometimes” or “Usually” or “Always.”</li> </ul> <p><b>Discussing Cessation Medications (Denominator)</b></p> <p>The number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator:</p> <ul style="list-style-type: none"> <li>• Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all? = “Every day” or “Some days.”</li> <li>• 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.” Response choices = “Never” or “Sometimes” or “Usually” or “Always.”</li> </ul> <p><b>Discussing Cessation Strategies (Denominator)</b></p> <p>The number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator:</p> <ul style="list-style-type: none"> <li>• Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all? = “Every day” or “Some days.”</li> <li>• 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.” Response choices = “Never” or “Sometimes” or “Usually” or “Always.”</li> </ul> <p><b>Calculation of the Measure</b></p> <p>This measure uses a rolling two-year average to achieve a sufficient number of respondents (denominator) for reporting. If the denominator is less than 100, this measure is not reported. First-year data collection will generally not yield enough responses to be reportable.</p>



	<p><b>Supplemental Calculation: Percentage of Current Smokers and Tobacco Users (Denominator)*</b></p> <p>The number of beneficiaries who responded “Every day,” “Some days,” “Not at all,” or “Don’t know” to the question “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?”</p> <p>* This supplemental calculation is provided to support analysis of Medical Assistance with Smoking and Tobacco Use Cessation rates and provides additional context for unreportable results (that is, where the denominator is less than 100). A state with a small number of smokers or tobacco users may not be able to obtain a large enough denominator to achieve reportable rates. The percentage of current smokers and tobacco users is calculated using data collected during the current reporting year only (not calculated as a rolling average).</p>
<b>Numerator</b>	<p><b>Advising Smokers and Tobacco Users to Quit (Numerator)</b></p> <p>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.</p> <p><b>Discussing Cessation Medications (Numerator)</b></p> <p>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.</p> <p><b>Discussing Cessation Strategies (Numerator)</b></p> <p>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.</p> <p><b>Supplemental Calculation: Percentage of Current Smokers and Tobacco Users (Numerator)</b></p> <p>The number of beneficiaries in the denominator who responded “Every day” or “Some days” to the question “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?”</p>
<b>Exclusions</b>	<p>The survey excludes those who are not currently enrolled in Medicaid at the time the survey is completed.</p>
<b>Continuous enrollment period</b>	<p>The last six months of the measurement year.</p>
<b>Allowable gap</b>	<p>No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p>



**Reasons for Removal Noted by Workgroup Member(s)**

**Minimum Technical Feasibility Criteria**

The WGM indicated that states report significant challenges in obtaining the data necessary to calculate the measure, since it is a survey-based measure that requires states to conduct the CAHPS Health Plan Survey 5.1H, Medicaid Version annually.

**Actionability and Strategic Priority**

None identified by the WGM.

**Other Considerations**

The WGM noted that, as of FFY 2024, states will be required to report all measures included in the behavioral health domain of the Adult Core Set. The *Medical Assistance with Smoking and Tobacco Use Cessation* (MSC-AD) measure would require states to conduct an Adult CAHPS Survey annually. The need to conduct the survey on an annual basis to report the MSC-AD measure may result in administrative burden and fiscal capacity issues for states. The WGM further indicated that, per the 2021 Adult Core Set Chart Pack,<sup>1</sup> the number of states reporting the MSC-AD measure for FFY 2020 (n = 29) is lower than the number of states reporting on the majority of the remaining measures in the Adult Core Set.

**Core Set Reporting History**

<b>Year added to Core Set</b>	2013 (Initial Adult Core Set)
<b>Number of states reporting the measure for FFY 2020</b>	28 states; data were suppressed for one state due to small cell sizes (all states reported calculating the measure using Core Set specifications).
<b>Was the measure publicly reported for FFY 2020?</b>	Yes (see the following pages for FFY 2020 data)
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by states in reporting the measure for FFY 2020</b>	<p>Data not available (11 states) due primarily to information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• State conducts survey every other year. Survey was not administered for FFY 2020.</li> <li>• The state did not administer the CAHPS survey for this measure.</li> <li>• Only two managed care plans independently submitted data on this measure to the AHRQ CAHPS Health Plan Survey Database.</li> <li>• State did not identify this measure as a key priority for reporting this year.</li> <li>• Due to COVID-19, the state will initiate the CAHPS survey in February 2021.</li> <li>• State currently reports measures submitted by health plans; the state indicated it will have to obtain analytical resources to collect this information in the future (resources are currently focused on COVID-19 initiatives).</li> <li>• Limited state resources.</li> </ul>



**Summary of prior Workgroup discussions**

The MSC-AD measure was discussed but not recommended for removal at the 2020, 2021, and 2022 Core Set Annual Review meetings.

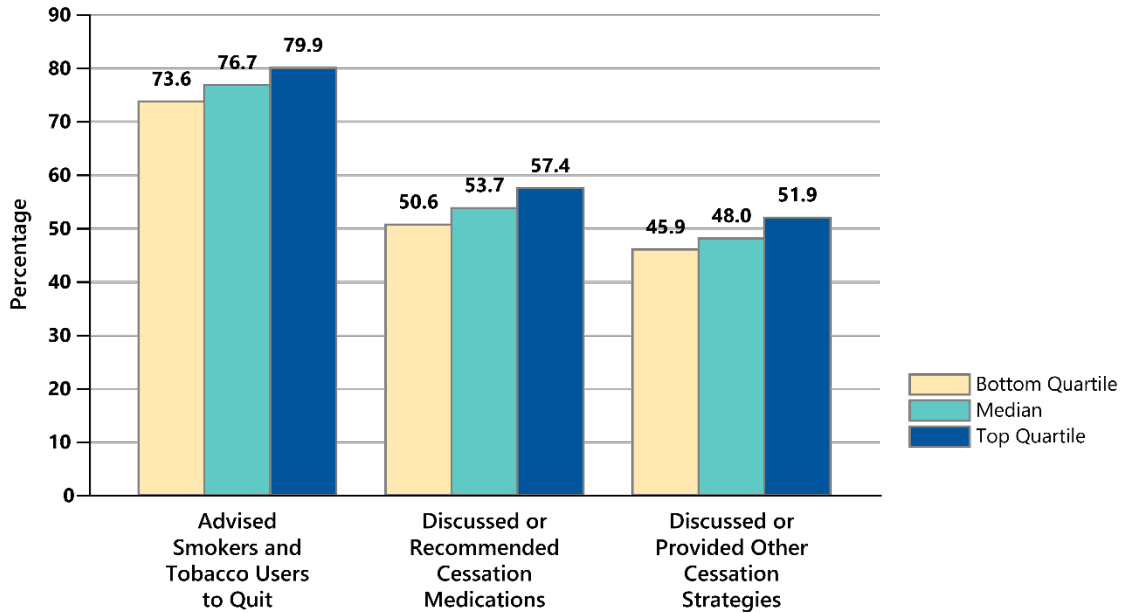
During the 2020 Core Set Annual Review, a WGM suggested the removal of the MSC-AD measure because of low state uptake and the high cost of conducting the CAHPS survey. The WGM suggested the *Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention* measure as a replacement MSC-AD. During the discussion, Workgroup members raised concerns that neither MSC-AD nor the measure suggested for replacement included vaping. The Workgroup also noted that the MSC-AD measure might give a broader perspective on services that might occur outside the primary care setting, such as tobacco cessation education, compared to the suggested replacement measure. The Workgroup did not recommend the measure for removal.

During the 2021 Core Set Annual Review, a WGM suggested the removal of the MSC-AD measure, again citing the high cost of conducting the CAHPS survey and the low response rates. The WGM also noted cultural variations in response rates, which present challenges for consistent calculation of the measure across states. During the discussion, WGMs expressed concern about removing the measure without a replacement, particularly because of the growing rates of vaping and the COVID-19 pandemic, which has resulted in more severe illness among smokers. The Workgroup also discussed potential alternatives for collecting information around tobacco use and cessation. The Workgroup did not recommend this measure for removal.

During the 2022 Core Set Annual Review, a WGM suggested the removal of the MSC-AD measure because of the low response rates to the CAHPS survey and expressed concerns about the feasibility of mandatory reporting for this measure for the FFY 2024 Core Set. During the meeting, the Workgroup discussed the addition of the *Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention* measure as a replacement for MSC-AD. This measure can be calculated using administrative, EHR, and registry data. At the time of the meeting (in May 2021), it was being used in California at the program level, but due to COVID-19, had not yet been implemented at the state level. Some WGMs did not believe there was enough evidence to support state-level reporting of the proposed replacement measure and encouraged follow-up from California after it had implemented the measure at the state level. Despite concerns expressed about low CAHPS response rates, some WGMs also felt that the MSC-AD measure is more feasible for states to report given that CAHPS is already collected by many states. The Workgroup did not recommend the *Preventive Care and Screening: Tobacco Use: Screening & Cessation Intervention* measure for addition and the MSC-AD measure for removal.



**Percentage of Adults\* Age 18 and Older who were Current Smokers or Tobacco Users and who (1) Were Advised to Quit, (2) Discussed or were Recommended Cessation Medications, (3) Discussed or were Provided Other Cessation Methods or Strategies (MSC-AD), FFY 2020 (n = 28 states)**



Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

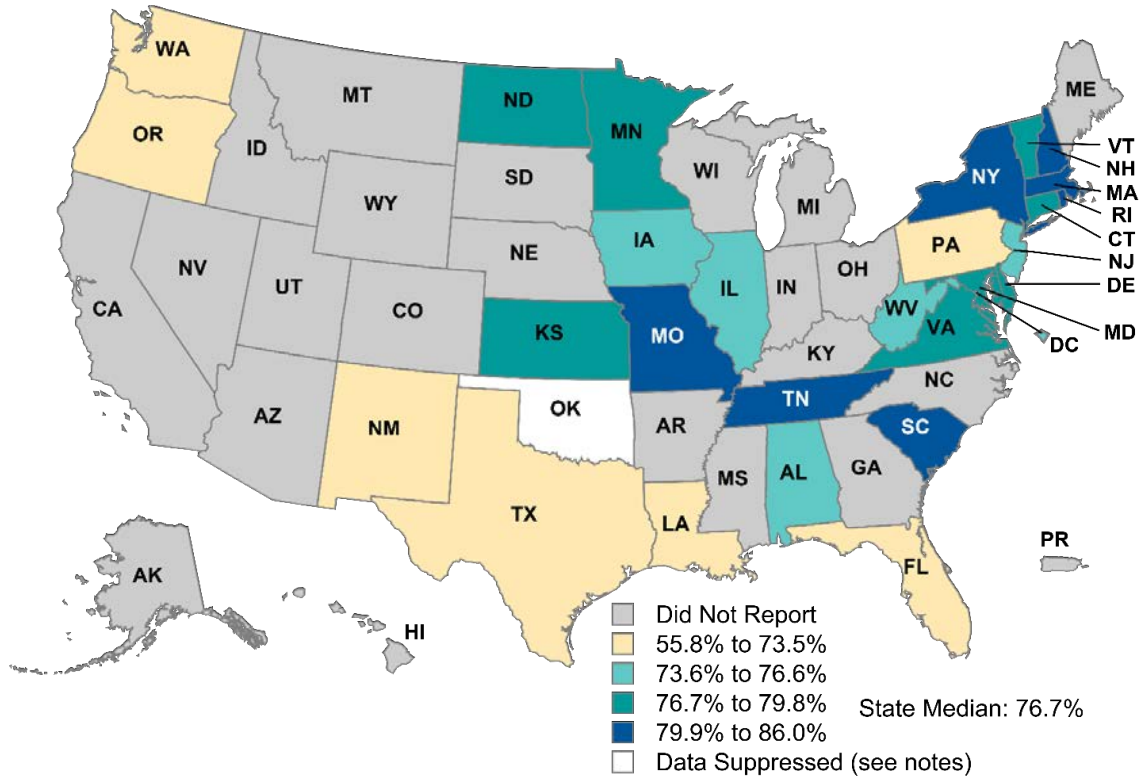
Notes: This measure shows the percentage of adults age 18 and older who reported that they were current smokers or tobacco users and who were provided medical assistance with smoking and tobacco use cessation in the six months prior to the survey. Rates are the percentage of beneficiaries who responded 'Sometimes,' 'Usually,' or 'Always' among beneficiaries who reported smoking 'Every Day' or 'Some Days.' Rates represent a rolling two-year average for the measurement year and prior year. Rates are not reported if fewer than 100 beneficiaries responded to the survey question. Data were suppressed for Oklahoma due to small cell sizes.

\*Data displayed in this chart include adults ages 18 to 64 for 17 states and age 18 and older for 11 states.





### Graphic Variation in the Percentage of Adults\* Age 18 and Older who were Current Smokers or Tobacco Users and Were Advised to Quit (MSC-AD), FFY 2020 (n = 28 states)

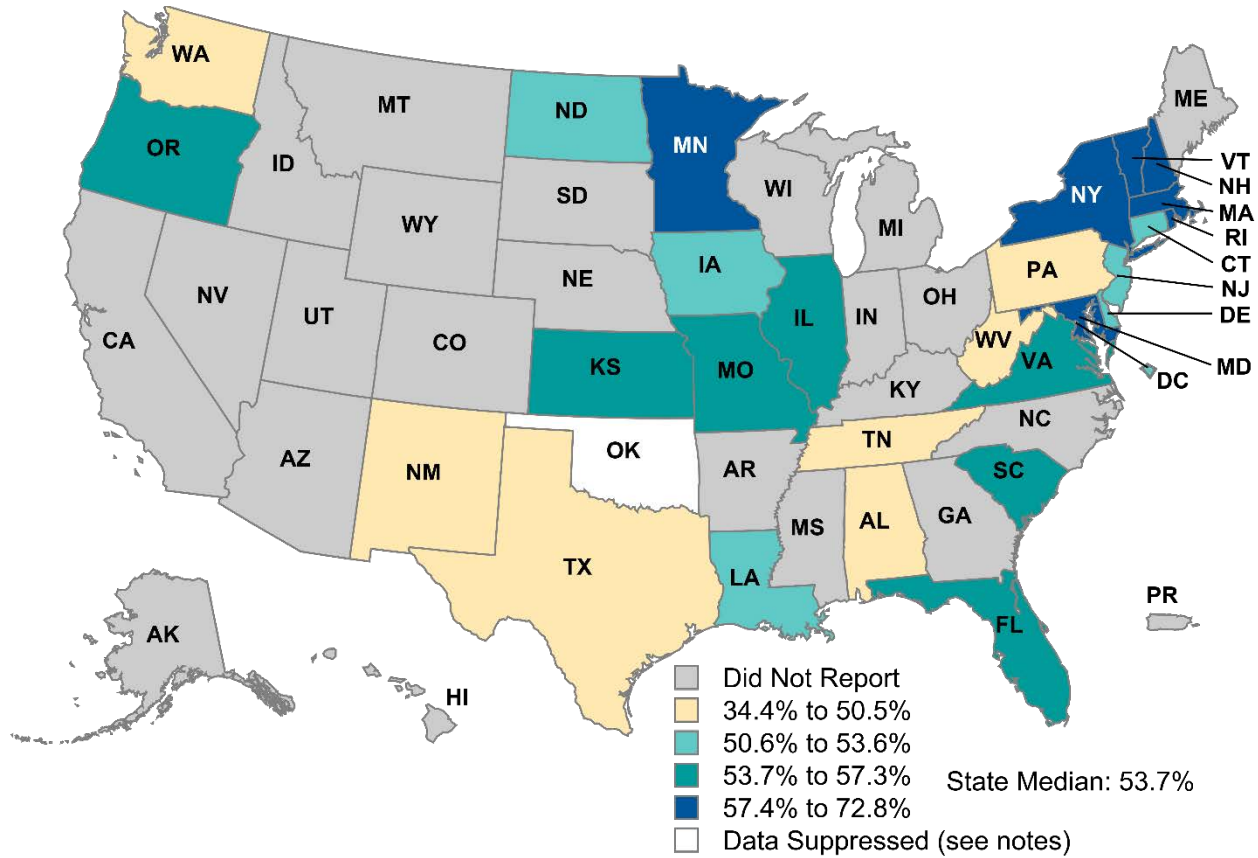


Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Note: Data were suppressed for Oklahoma due to small cell sizes.

\*Data displayed in this chart include adults ages 18 to 64 for 17 states and age 18 and older for 11 states.

**Geographic Variation in Percentage of Adults\* Age 18 and Older who were Current Smokers or Tobacco Users and Discussed or were Recommended Cessation Medications (MSC-AD), FFY 2020 (n = 28 states)**



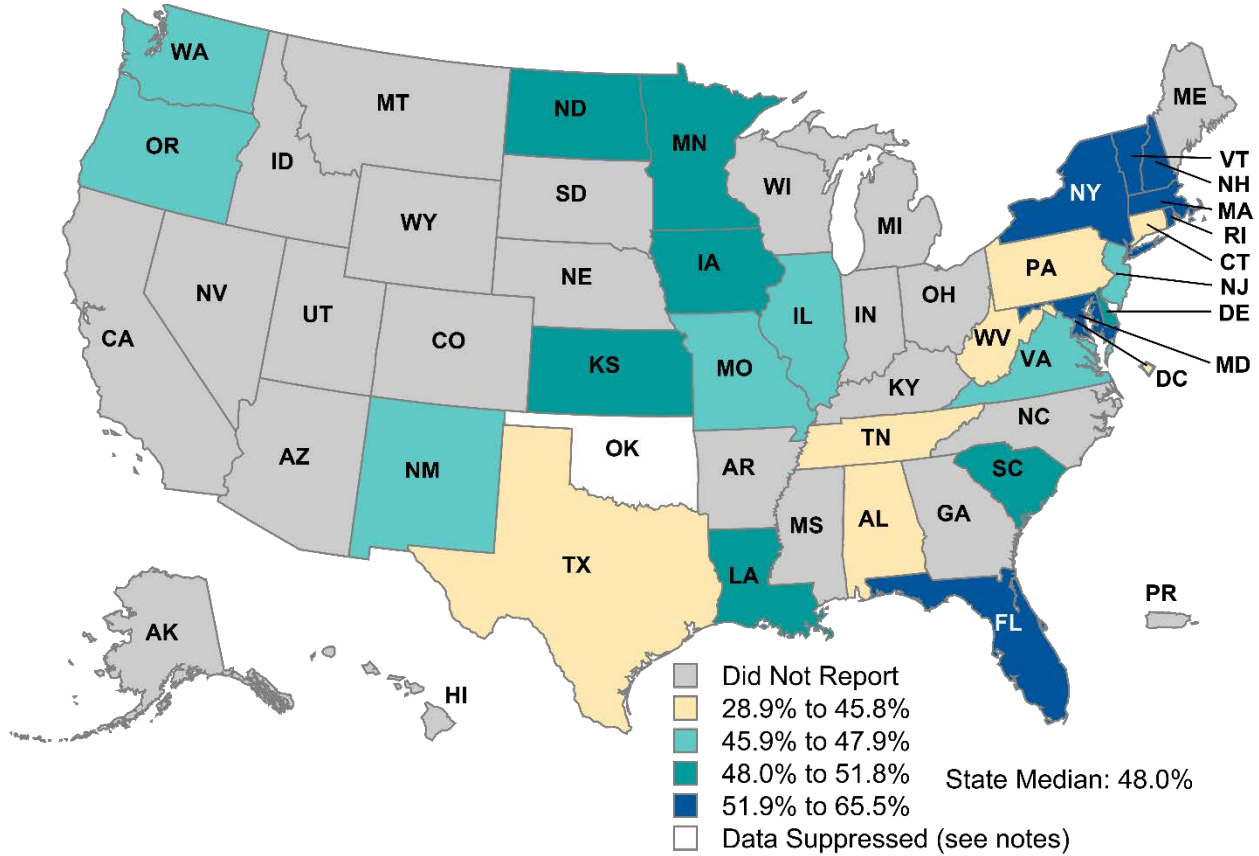
Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Note: Data were suppressed for Oklahoma due to small cell sizes.

\*Data displayed in this chart include adults ages 18 to 64 for 17 states and age 18 and older for 11 states.



### Geographic Variation in Percentage of Adults\* Age 18 and Older who were Current Smokers or Tobacco Users and Discussed or were Recommended Cessation Methods or Strategies (MSC-AD), FFY 2020 (n = 28 states)



Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Note: Data were suppressed for Oklahoma due to small cell sizes.

\*Data displayed in this chart include adults ages 18 to 64 for 17 states and age 18 and older for 11 states.

### Citations

<sup>1</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) (HPCMI-AD)</b>
<b>Description</b>	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) in poor control (> 9.0%). Note: A lower rate indicates better performance.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	2607
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health Care
<b>Measure type</b>	Outcome
<b>If measure is removed, does it leave a gap in the Core Set?</b>	Response 1: No. The first Workgroup member (WGM) who suggested this measure for removal indicated that the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) measure also includes members diagnosed with serious mental illness and diabetes. Although the HPCMI-AD measure is specific to a population, quality of care is also measured in the HPC-AD measure. Response 2: The second WGM who suggested this measure stated that removing the measure will not result in a gap in the Core Set because states can continue to track HbA1c control among the population with serious mental illness by stratifying the HPC-AD measure.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
<b>Meaningful Measures area</b>	Behavioral Health
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool.

#### FFY 2021 Technical Specifications

<b>Ages</b>	Ages 18 to 75 as of December 31 of the measurement year.
<b>Data collection method</b>	Administrative or hybrid.
<b>Denominator</b>	Beneficiaries ages 18 to 75 as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits with a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder during the measurement year AND with a diagnosis of diabetes (type 1



	or type 2) during the measurement year or the year before. If a state is using the hybrid method to calculate the measure, they draw a systematic sample from the eligible population.
<b>Numerator</b>	Administrative: Use codes to identify the most recent HbA1c test during the measurement year. The beneficiary is numerator compliant if the most recent HbA1c level is > 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The beneficiary is not numerator compliant if the result for the most recent HbA1c test during the measurement year is $\leq 9.0\%$ .  Hybrid: The most recent HbA1c level (performed during the measurement year) is > 9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.
<b>Exclusions</b>	Exclude beneficiaries with any of the following: <ul style="list-style-type: none"> <li>• Beneficiaries receiving palliative care during the measurement year.</li> <li>• (Optional exclusion) beneficiaries who do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</li> </ul>
<b>Continuous enrollment period</b>	The measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a one-month gap in coverage (e.g., a beneficiary whose coverage lapses for two months [60 days] is not considered continuously enrolled).

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

Response 1: The WGM noted that FFY 2020 public reporting indicates that only seven states reported a rate for this measure. Of the seven, one state reported using substantial deviations to the Core Set measure specifications. States cited limited data availability, including a lack of CPT codes in claims data, lack of lab data, small denominators, and confidentiality issues in reporting measure results.

Response 2: The WGM pointed out that many states do not currently have access to the data needed to calculate this measure. Although the measure can be calculated using only administrative data, not all states have an integrated data warehouse that provides access to the behavioral health claims necessary to identify the population with serious mental illness and would thus need to perform medical record reviews to calculate the measure. Only seven states reported for FFY 2020.

#### Actionability and Strategic Priority

Response 1: None identified by the WGM.

Response 2: The WGM stated that a small population meets the denominator definition in many states, and therefore, the data cannot be reliably stratified by serious mental illness diagnosis.



### Other Considerations

Response 1: The WGM noted that the eligible population for this measure should be included in the eligible population in the HPC-AD measure. States cite small denominators and confidentiality issues in reporting measure results for HPCMI-AD.

Response 2: The WGM pointed out that due to small populations in many states and due to the denominator definition, reliable results cannot be produced across all states. Additionally, the WGM noted that, while the goal is to control diabetes, screening is a good process measure that keeps a focus on the issue of diabetes in the population with severe mental illness.

### Core Set Reporting History

<b>Year added to Core Set</b>	2017
<b>Number of states reporting the measure for FFY 2020</b>	Seven states (one state reported substantial deviations from the Core Set specifications).
<b>Was the measure publicly reported for FFY 2020?</b>	No
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Challenges noted by states in reporting the measure for FFY 2020</b>	Data not available (29 states) due primarily to data source not easily accessible or information not collected by provider. States also noted: <ul style="list-style-type: none"> <li>• Requires laboratory data, which are not available to the state.</li> <li>• State did not identify this measure as a key priority for reporting.</li> <li>• Limited staff and budget resources.</li> <li>• CPT II codes are not available.</li> <li>• The state does not require MCOs to collect data for this measure.</li> </ul>
<b>Summary of prior Workgroup discussions</b>	<p>This measure was recommended for removal by the Workgroup at the 2021 Core Set Annual Review but was retained by CMS for several reasons. During the Orientation meeting for the 2022 Core Set Annual Review, CMS commented that HPCMI-AD measures care provided to individuals who are diagnosed with serious mental illness, a prevalent condition within Medicaid. Second, CMS noted that the measure is an indicator of physical and behavioral health integration. Finally, CMS mentioned that the measure was retained to allow CMS the opportunity to monitor how they can make the measure more feasible for states to report.</p> <p>One of the WGMs who proposed the measure for removal said that this measure was a subset of the other diabetes poor control measure in the Adult Core Set, Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt; 9.0%) (HPC-AD). The WGM suggested that removing the measure would not result in a gap in the Core Set because states could continue to track HbA1c control among the seriously mentally ill population by stratifying the HPC-AD measure. However, the measure steward noted that stratification of the HPC-AD measure may be challenging for many health plans and states because the</p>



	<p>HPCMI-AD measure requires a denominator of 411 beneficiaries with serious mental illness.</p> <p>Another WGM noted that many states do not currently have ready access to the data needed to calculate this measure. Other WGMs expressed concern over the feasibility of HPCMI-AD in the context of mandatory reporting in 2024 when states will be required to report the behavioral health measures in the Adult Core Set.</p>
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## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)</b>
<b>Description</b>	The percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	2940
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health Care
<b>Measure type</b>	Process
<b>If measure is removed, does it leave a gap in the Core Set?</b>	No. The Workgroup member (WGM) stated that the existing <i>Use of Pharmacotherapy for Opioid Use Disorder</i> (OUD-AD) measure addresses treatment for opioid use disorder in the Adult Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
<b>Meaningful Measures area</b>	Behavioral Health
<b>Use in other CMS programs</b>	The measure steward indicated that the measure is included in CMS's Medicare Part D quality program and is publicly reported as a Display Measure ( <a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData">https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData</a> ).

FFY 2021 Technical Specifications	
<b>Ages</b>	Age 18 and older as of January 1 of the measurement year.
<b>Data collection method</b>	Administrative.
<b>Denominator</b>	Beneficiaries who meet all of the following criteria: <ol style="list-style-type: none"> <li>1. Two or more prescription claims for opioids medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.</li> <li>2. An Index Prescription Start Date (IPSD) on January 1 through October 3 of the measurement year.</li> <li>3. An opioid episode of 90 or more days during the measurement year.</li> </ol>





	<p>Notes:</p> <ul style="list-style-type: none"> <li>• The prescription can be for the same or different opioids.</li> <li>• If multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescriptions with the longest days' supply.</li> <li>• If multiple prescriptions for opioids are dispensed on different days, sum the days' supply for all the prescription claims, regardless of overlapping days' supply.</li> </ul>
<b>Numerator</b>	Any beneficiary in the denominator with an average daily dosage $\geq 90$ Morphine Milligram Equivalent during the opioid episode.
<b>Exclusions</b>	<p>Exclude beneficiaries with any of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• Hospice.</li> <li>• Cancer diagnosis.</li> <li>• Sickle Cell Disease diagnosis.</li> <li>• Palliative care.</li> </ul>
<b>Continuous enrollment period</b>	The measurement year with one allowable gap, as defined below.
<b>Allowable gap</b>	No more than one gap in continuous enrollment of up to 31 days during the measurement year. When enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled).

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

None identified by the WGM.

#### Actionability and Strategic Priority

The WGM pointed out that a quality measure should incentivize actions to improve quality of care and health outcomes for patients involved. Policy and practice changes following the 2016 CDC guideline have reduced opioid prescriptions.<sup>1</sup> The opioid epidemic is no longer driven by prescription opioids, but by heroin, illicitly manufactured fentanyl, and other drugs. The AMA and other stakeholders are calling for a shift in focus.<sup>2,3</sup>

With regard to the OHD-AD measure, some actions providers may take to improve this measure put patients at risk of harm or death. Research examining adverse outcomes of opioid discontinuation have accumulated,<sup>4,5</sup> and the CDC and FDA have acknowledged the risks of opioid tapering.<sup>6,7</sup>

It is rare for opioid-naïve patients to be started on high-dose opioids. OHD-AD targets chronic users, and providers may (1) refuse to accept new patients on high-dose opioids,<sup>8</sup> (2) discontinue or taper opioids too rapidly or with inadequate collaboration from patients,<sup>9</sup> or (3) dismiss patients from their practice.

In addition, the OHD-AD measure may create more gender disparity<sup>9</sup> and disparity for people with mental health conditions, including increased risk of suicide associated with opioid taper or discontinuation.<sup>10</sup>



A 2021 study reveals that “among patients prescribed stable, long-term, higher-dose opioid therapy, tapering events were significantly associated with increased risk of overdose and mental health crisis.”<sup>11</sup> After opioid tapering, patients had 9.3 overdose or withdrawal events per 100 person-years and 7.6 mental health crisis events per 100 person-years (compared to 3.8 treated overdose or withdrawal events per 100 person-years and 4.3 treated mental health crisis events per 100 person-years in patients who did not undergo opioid tapering).<sup>11</sup>

**Other Considerations**

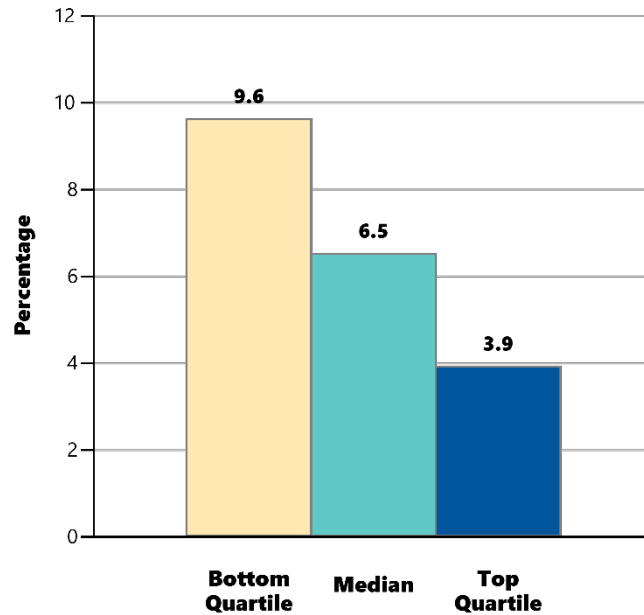
None identified by the WGM.

**Core Set Reporting History**

<b>Year added to Core Set</b>	2016
<b>Number of states reporting the measure for FFY 2020</b>	33 states (5 states reported calculating the measure using other specifications). Note that there is a similar HEDIS measure, Use of Opioids in High Dosage. Five states reported the HEDIS measure instead of the PQA measure for FFY 2020.
<b>Was the measure publicly reported for FFY 2020?</b>	Yes (see following pages for FFY 2020 data)
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes
<b>Challenges noted by states in reporting the measure for FFY 2020</b>	Data not available (12 states) due primarily to data source not easily accessible, information not collected, and budget/staffing constraints. States also noted: <ul style="list-style-type: none"> <li>• The measure is not within the state's strategic quality measures initiative at this time.</li> <li>• Insufficient data/problems reporting.</li> <li>• The state only reports HEDIS measures.</li> <li>• The state has not required this measure to be reported for EQRO validation.</li> </ul>
<b>Summary of prior Workgroup discussions</b>	This measure was discussed at the 2021 Core Set Annual Review but was not recommended for removal from the Adult Core Set. The WGM who suggested this measure for removal pointed out that it measures how chronic pain is treated and does not reflect behavioral health system performance. The WGM indicated that behavioral health system performance is better reflected in another measure in the Adult Core Set, <i>Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)</i> . During the discussion, other WGMs agreed that while the measure is not strictly a behavioral health measure, it emphasizes the critical importance of measuring opioid prescribing and misuse in responding to the opioid epidemic. One WGM noted that this is the only Core Set measure that holds prescribers and pharmacies accountable for overprescribing, over dispensing, and overuse of opioids.



**Percentage of Adults\* Without Cancer who Received Prescriptions for Opioids with an Average Daily Dosage Greater than or Equal to 90 Morphine Milligram Equivalents for a Period of 90 Days or More (OHD-AD), FFY 2020 (n = 28 states)  
[Lower rates are better for this measure]**



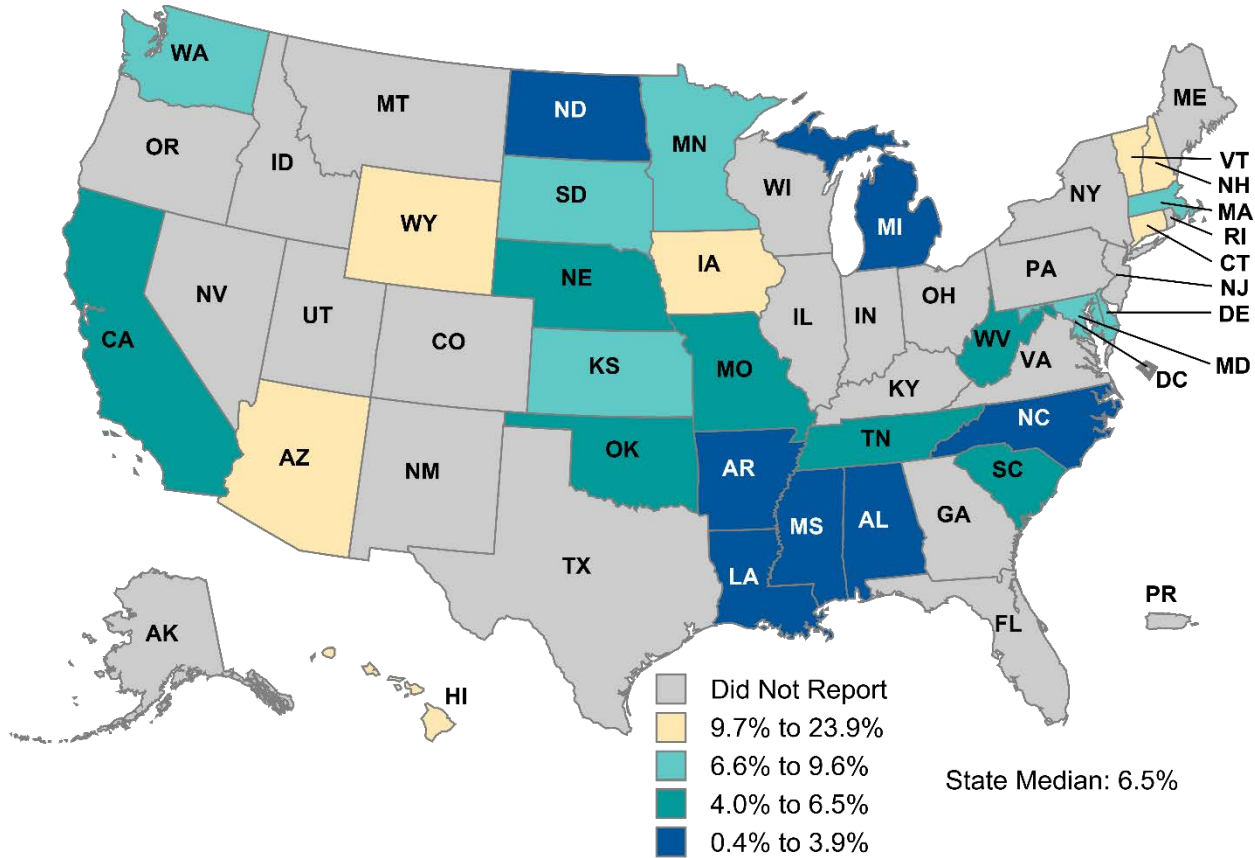
Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Notes: This measure shows the percentage of adults age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents over a period of 90 days or more during the measurement year. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. This chart excludes New Jersey, New York, Ohio, Pennsylvania, and Texas, which calculated the measure but did not use Adult Core Set specifications.

\*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 2 states.



**Geographic Variation in the Percentage of Adults\* Without Cancer who Received Prescriptions for Opioids with an Average Daily Dosage Greater than or Equal to 90 Morphine Milligram Equivalents for a Period of 90 Days or More (OHD-AD), FFY 2020 (n = 28 states) [Lower rates are better for this measure]**



Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Note: This chart excludes New Jersey, New York, Ohio, Pennsylvania, and Texas, which calculated the measure but did not use Adult Core Set specifications.

\*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 2 states.

**Citations**

<sup>1</sup> Bohnert ASB, Guy GPJ Jr, Losby JL. Opioid prescribing in the United States before and after the Centers for Disease Control and Prevention’s 2016 opioid guideline. *Ann Intern Med.* 2018;169(6):367-375. [doi:10.7326/M18-1243](https://doi.org/10.7326/M18-1243).

<sup>2</sup> AMA letter to CDC <https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf>.

<sup>3</sup> <https://academic.oup.com/painmedicine/article/20/3/429/5218985>.

<sup>4</sup> Mark TL, Parish W. Opioid medication discontinuation and risk of adverse opioid-related health care events. *J Subst Abuse Treat.* 2019; 103:58-63. [doi:10.1016/j.jsat.2019.05.001](https://doi.org/10.1016/j.jsat.2019.05.001).

<sup>5</sup> James JR, Scott JM, Klein JW, et al. Mortality after discontinuation of primary care-based chronic opioid therapy for pain: a retrospective cohort study. *J Gen Intern Med.* 2019;34(12):2749-2755. [doi:10.1007/s11606-019-05301-2](https://doi.org/10.1007/s11606-019-05301-2).



<sup>6</sup> <https://www.fda.gov/drugs/drug-safety-and-availability/fda-identifies-harm-reported-sudden-discontinuation-opioid-pain-medicines-and-requires-label-changes>.

<sup>7</sup> Dowell, Deborah et al. No Shortcuts to Safer Opioid Prescribing. *New England Journal of Medicine*, vol 380, no 24, 2019, pp 2285-2287 <https://www.nejm.org/doi/full/10.1056/NEJMp1904190>.

<sup>8</sup> Lagisetty et al. Access to Primary Care Clinics for Patients with Chronic Pain Receiving Opioids. *JAMA Netw Open*. 2019 Jul 3;2(7):e196928. [doi:10.1001/jamanetworkopen.2019.6928](https://doi.org/10.1001/jamanetworkopen.2019.6928).

<sup>9</sup> Fenton JJ, Agnoli AL, Xing G, et al. Trends and rapidity of dose tapering among patients prescribed long-term opioid therapy, 2008-2017. *JAMA Netw Open*. 2019;2(11): e1916271. [doi:10.1001/jamanetworkopen.2019.16271](https://doi.org/10.1001/jamanetworkopen.2019.16271).

<sup>10</sup> Oliva EM, Bowe T, Manhapra A, et al. Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation. *BMJ*. 2020;368:m283. [doi:10.1136/bmj.m283](https://doi.org/10.1136/bmj.m283).

<sup>11</sup> Agnoli et al. (2021) Association of dose tapering with overdose or mental health crisis among patients prescribed long-term opioids, *JAMA*, [doi:10.1001/jama.2021.11013/](https://doi.org/10.1001/jama.2021.11013/).



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2023 CORE SET

Measure Information	
<b>Measure name</b>	<b>Concurrent Use of Opioids and Benzodiazepines (COB-AD)</b>
<b>Description</b>	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	3389
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health
<b>Measure type</b>	Process
<b>If measure is removed, does it leave a gap in the Core Set?</b>	No. The Workgroup member (WGM) who suggested this measure indicated that the <i>Use of Pharmacotherapy for Opioid Use Disorder</i> (OUD-AD) measure addresses opioid use in the Adult Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
<b>Meaningful Measures area</b>	Behavioral Health
<b>Use in other CMS programs</b>	The measure steward indicated that the measure is included in CMS's Medicare Part D quality program and is publicly reported as a Display Measure ( <a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData">https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData</a> ).

FFY 2021 Technical Specifications	
<b>Ages</b>	Age 18 and older as of January 1 of the measurement year.
<b>Data collection method</b>	Administrative.
<b>Denominator</b>	Beneficiaries with two or more prescription claims for opioid medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.
<b>Numerator</b>	The number of beneficiaries from the denominator with: <ul style="list-style-type: none"> <li>• Two or more prescription claims for any benzodiazepine with different dates of service, AND</li> <li>• Concurrent use of opioids and benzodiazepines for 30 or more cumulative days.</li> </ul>



<b>Exclusions</b>	<p>Exclude beneficiaries with any of the following:</p> <ul style="list-style-type: none"> <li>• A cancer diagnosis.</li> <li>• Sickle cell disease.</li> <li>• In hospice or palliative care.</li> </ul> <p>Their initial diagnosis may have occurred previously; however, the diagnosis code for cancer or sickle cell disease must be present during the measurement year for the beneficiary to be excluded.</p>
<b>Continuous enrollment period</b>	The measurement year with one allowable gap.
<b>Allowable gap</b>	No more than one gap in continuous enrollment of up to 31 days during the measurement year. When enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (e.g., a beneficiary whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled).

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

None identified by the WGM.

#### Actionability and Strategic Priority

The WGM noted that a quality measure should incentivize actions that improve the quality of care and health of the patients involved. Some of the actions providers may take to improve this measure put their patients at significant risk of harm or death.

In targeting chronic users, the measure may motivate providers to either (1) refuse to accept new patients on this combination,<sup>1</sup> (2) discontinue or taper one of these two medications too abruptly,<sup>2</sup> or (3) fire patients from their practice.

These actions can leave patients without necessary care and precipitate life-threatening withdrawal – with benzodiazepines but also opioids<sup>3</sup> – leading patients to do desperate things like seek more dangerous street drugs to relieve intolerable withdrawal symptoms. Such misapplications of the CDC’s guidelines prompted its authors to advise against these practices that can risk patient health and safety.<sup>4</sup>

#### Other Considerations

None identified by the WGM.

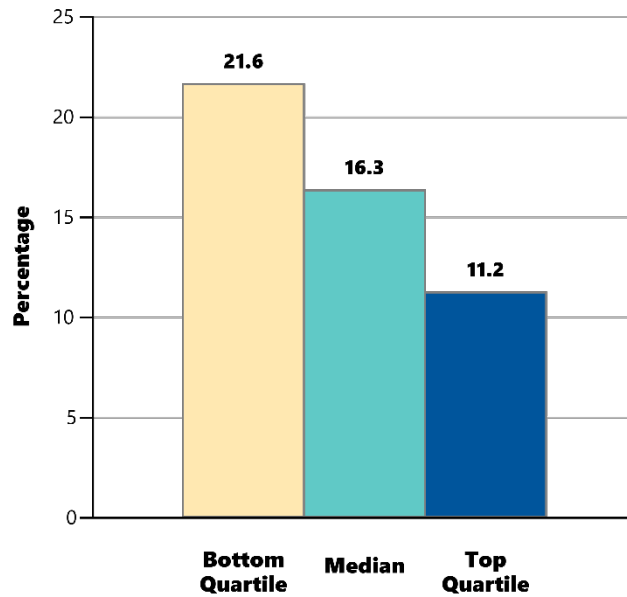
### Core Set Reporting History

<b>Year added to Core Set</b>	2018
<b>Number of states reporting the measure for FFY 2020</b>	27 states (all states reported calculating the measure using Core Set specifications)
<b>Was the measure publicly reported for FFY 2020?</b>	Yes (see following pages for FFY 2020 data)
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No



<b>Challenges noted by states in reporting the measure for FFY 2020</b>	Data not available (14 states) due primarily to data source not easily accessible. States also noted: <ul style="list-style-type: none"> <li>Information not collected by MCOs, health plans, or providers.</li> <li>Limited state resources.</li> </ul>
<b>Summary of prior Workgroup discussions</b>	This measure has not been discussed previously by the Workgroup.

**Percentage of Adults\* with Concurrent Use of Prescription Opioids and Benzodiazepines for 30 or More Cumulative Days (COB-AD), FFY 2020 (n = 27 states)**  
[Lower rates are better for this measure]



Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

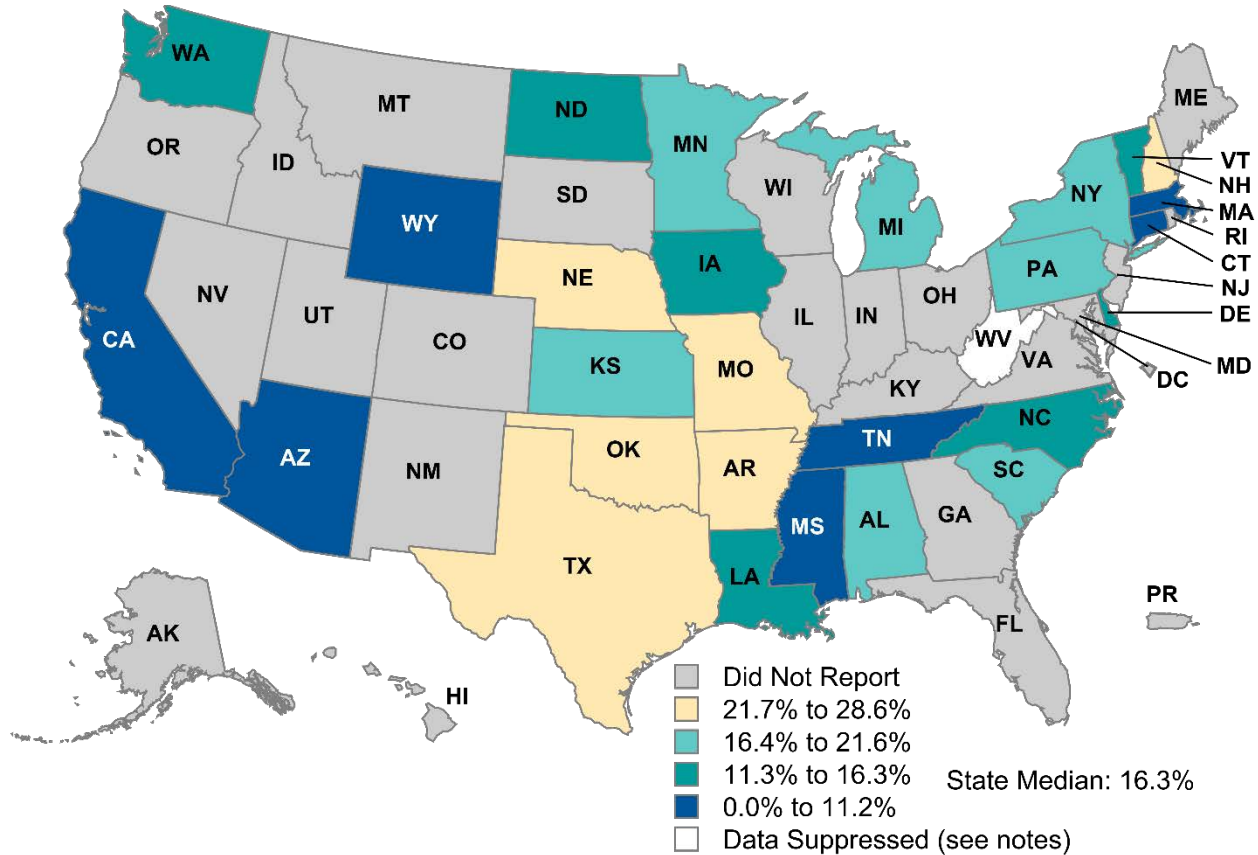
Notes: This measure shows the percentage of adults age 18 and older with concurrent use of prescription opioids and benzodiazepines for 30 or more cumulative days during the measurement year. Adults with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. Data were suppressed for West Virginia due to small cell sizes.

\*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 1 state.





**Geographic Variation in the Percentage of Adults\* with Concurrent Use of Prescription Opioids and Benzodiazepines for 30 or More Cumulative Days (COB-AD), FFY 2020 (n = 27 states) [Lower rates are better for this measure]**



Source: 2021 Adult Core Set Chart Pack, FFY 2020 available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>.

Note: Data were suppressed for West Virginia due to small cell sizes.

\*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 1 state.

## Citations

<sup>1</sup> Lagisetty et al. Access to Primary Care Clinics for Patients with Chronic Pain Receiving Opioids. *JAMA Netw Open*. 2019 Jul 3;2(7):e196928. [doi:10.1001/jamanetworkopen.2019.6928](https://doi.org/10.1001/jamanetworkopen.2019.6928).

<sup>2</sup> Fenton JJ, Agnoli AL, Xing G, et al. Trends and rapidity of dose tapering among patients prescribed long-term opioid therapy, 2008–2017. *JAMA Netw Open*. 2019;2(11): e1916271. [doi:10.1001/jamanetworkopen.2019.16271](https://doi.org/10.1001/jamanetworkopen.2019.16271).

<sup>3</sup> Mortality After Discontinuation of Primary Care–Based Chronic Opioid Therapy for Pain: a Retrospective Cohort Study. James, J.R., Scott. et al. *J Gen Intern Med* 34, 2749–2755 (2019).

<sup>4</sup> “No Shortcuts to Safer Opioid Prescribing.” Dowell, Deborah, et al. *New England Journal of Medicine*, vol. 380, no. 24, 2019, pp. 2285–2287, <https://doi.org/10.1056/nejmp1904190>.