# Child and Adult Core Set Annual Review Workgroup:

Meeting to Prepare for the 2025 Review

**April 4, 2023**

# Technical Issues

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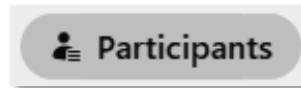
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# Welcome and Meeting Objectives

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# Meeting Objectives

- **Discuss the strategy and criteria for assessing measures**

- **Identify the measures suggested by Workgroup members for removal from or addition to the 2025 Child and Adult Core Sets**

- **Describe the resources available to Workgroup members for reviewing measures**

- **Present the agenda and approach for measure discussion at the voting meeting (April 25–27, 2023)**

- **Provide an opportunity for public comment**

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# Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**

- **Chrissy Fiorentini, Researcher**

- **Caitlyn Newhard, Managing Consultant**

- **Genae Brown, Health Analyst**

- **Maria Dobinick, Researcher**

- **Kate Nilles, Health Analyst**

- **Talia Parker, Health Associate**

- **Kathleen Shea, Researcher**

- **Alli Steiner, Senior Researcher**

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# 2025 Core Set Annual Review Workgroup

| Voting Members | |
|---|---|
| **Co-Chair: Kim Elliott**, PhD, MA, CPHQ, CHCA | Health Services Advisory Group |
| **Co-Chair: Rachel La Croix**, PhD, PMP<br>Nominated by the National Association of Medicaid Directors | Florida Agency for Health Care Administration |
| **Benjamin Anderson**, JD | Families USA |
| **Richard Antonelli**, MD, MS | Boston Children's Hospital |
| **Stacey Bartell**, MD<br>Nominated by the American Academy of Family Physicians | American Academy of Family Physicians |
| **Tricia Brooks**, MBA | Georgetown University Center for Children and Families |
| **Emily Brown** | Free From Market |
| **Joy Burkhard**, MBA | 2020 Mom |
| **Karly Campbell**, MPP<br>Nominated by the National Association of Medicaid Directors | TennCare |
| **Stacey Carpenter**, PsyD | ZERO TO THREE |
| **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 |

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# 2025 Core Set Annual Review Workgroup *(continued 1)*

| Voting Members | |
|---|---|
| **Curtis Cunningham**<br>Nominated by ADvancing States | Wisconsin Department of Health Services |
| **Erica David Park**, MD, MBA, FAAPMR | CareBridge |
| **Amanda Dumas**, MD, MSc<br>Nominated by the Medicaid Medical Directors Network | Louisiana Department of Health |
| **Anne Edwards**, MD<br>Nominated by American Academy of Pediatrics | American Academy of Pediatrics |
| **Clara Filice**, MD, MPH, MHS<br>Nominated by the Medicaid Medical Directors Network | MassHealth |
| **Sara Hackbart**, MS<br>Nominated by the National MLTSS Health Plan Association | Elevance Health |
| **Sarah Johnson**, MD, MPH | IPRO |
| **Diana Jolles**, PhD, CNM, FACNM<br>Nominated by the American College of Nurse-Midwives | Frontier Nursing University |
| **David Kelley**, MD, MPA | Pennsylvania Department of Human Services |
| **David Kroll**, MD<br>Nominated by the American Psychiatric Association | Department of Psychiatry, Brigham Health, Harvard Medical School |

# 2025 Core Set Annual Review Workgroup *(continued 2)*

| Voting Members | |
|---|---|
| **Jakenna Lebsock**, MPA | Arizona Health Care Cost Containment System (AHCCCS) |
| **Lisa Patton**, PhD | CVP |
| **Laura Pennington**, MHL<br>Nominated by the Medicaid Medical Directors Network | Washington Health Care Authority |
| **Grant Rich**, PhD, MA | Alaska Department of Health |
| **Lisa Satterfield**, MS, MPH, CAE, CPH<br>Nominated by the American College of Obstetricians and Gynecologists | American College of Obstetricians and Gynecologists |
| **Linette Scott**, MD, MPH | California Department of Health Care Services |
| **Mitzi Wasik**, PharmD, MBA, BCPS, FCCP, FAMCP<br>Nominated by the Academy of Managed Care Pharmacy | OptumRx/ UHG |
| **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 |
| **Samuel Zwetchkenbaum**, DDS, MPH<br>Nominated by the American Dental Association | Rhode Island Department of Health |

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# 2025 Core Set Annual Review Workgroup: Federal Liaisons

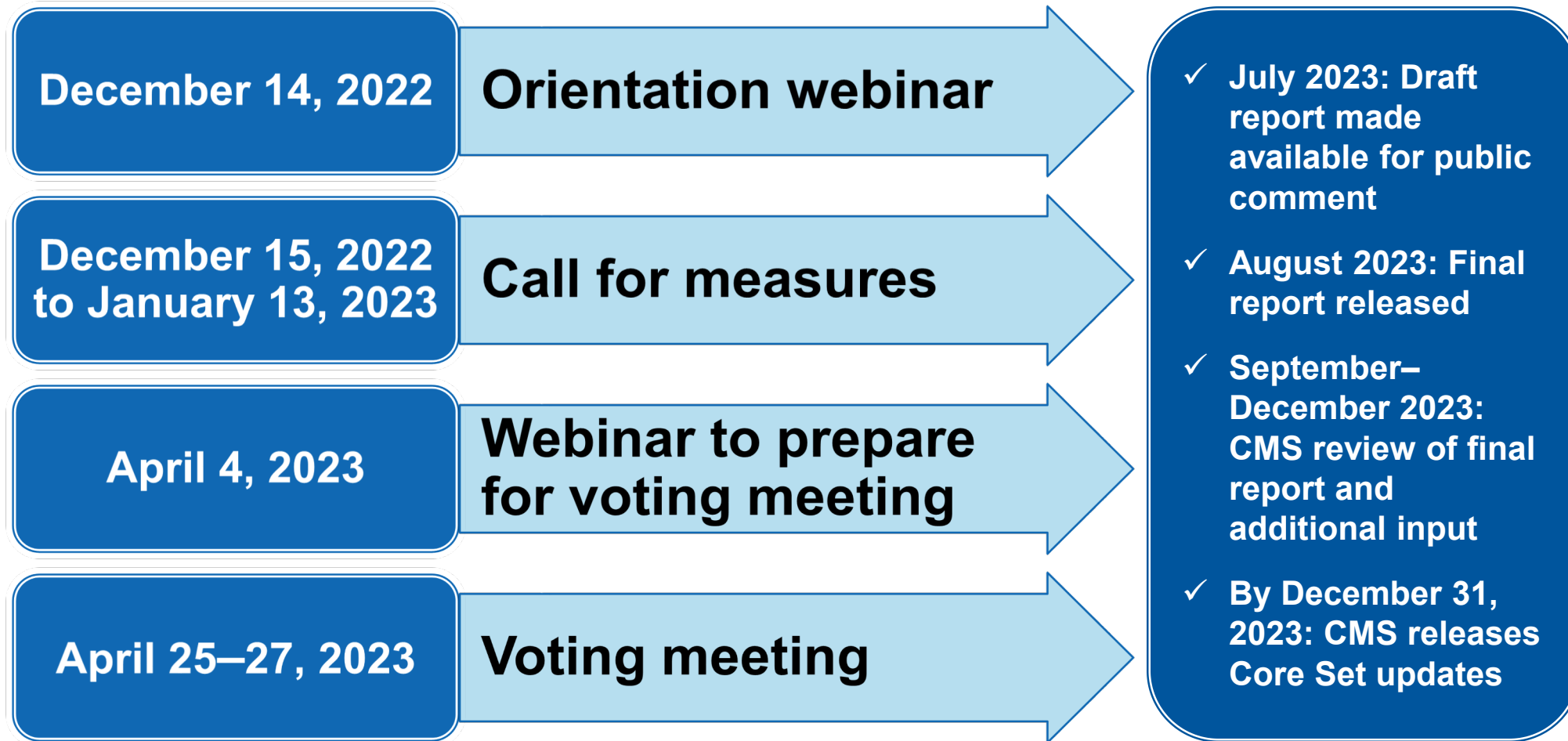| Federal Liaisons (Non-voting) |
|---|
| Agency for Healthcare Research and Quality, DHHS |
| Center for Clinical Standards and Quality, CMS, DHHS |
| Centers for Disease Control and Prevention, DHHS |
| Health Resources and Services Administration, DHHS |
| Indian Health Service, DHHS |
| Office of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

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# 2025 Core Set Annual Review Workgroup Milestones

| Date | Milestone |
|---|---|
| December 14, 2022 | Orientation webinar |
| December 15, 2022 to January 13, 2023 | Call for measures |
| April 4, 2023 | Webinar to prepare for voting meeting |
| April 25–27, 2023 | Voting meeting |

- ✓ July 2023: Draft report made available for public comment
- ✓ August 2023: Final report released
- ✓ September–December 2023: CMS review of final report and additional input
- ✓ By December 31, 2023: CMS releases Core Set updates

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# Measure Review Strategy and Criteria

# Using the Child and Adult Core Sets to Advance Access, Quality, and Equity

- The Child and Adult Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP

- The Core Sets help CMS and states:

  – Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries

  – Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries

- CMS encourages states to use Core Set data to identify disparities in care and to develop targeted quality improvement efforts to advance health equity

- **Charge to the 2025 Core Set Annual Review Workgroup:** Assess the existing Core Sets and recommend measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP

Source: CMCS Informational Bulletin (11/15/2022).

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# Role of the Workgroup in Strengthening the 2025 Child and Adult Core Sets

- **The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve the Core Sets**

- **The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of state-level quality measurement and improvement**
  - **Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity**



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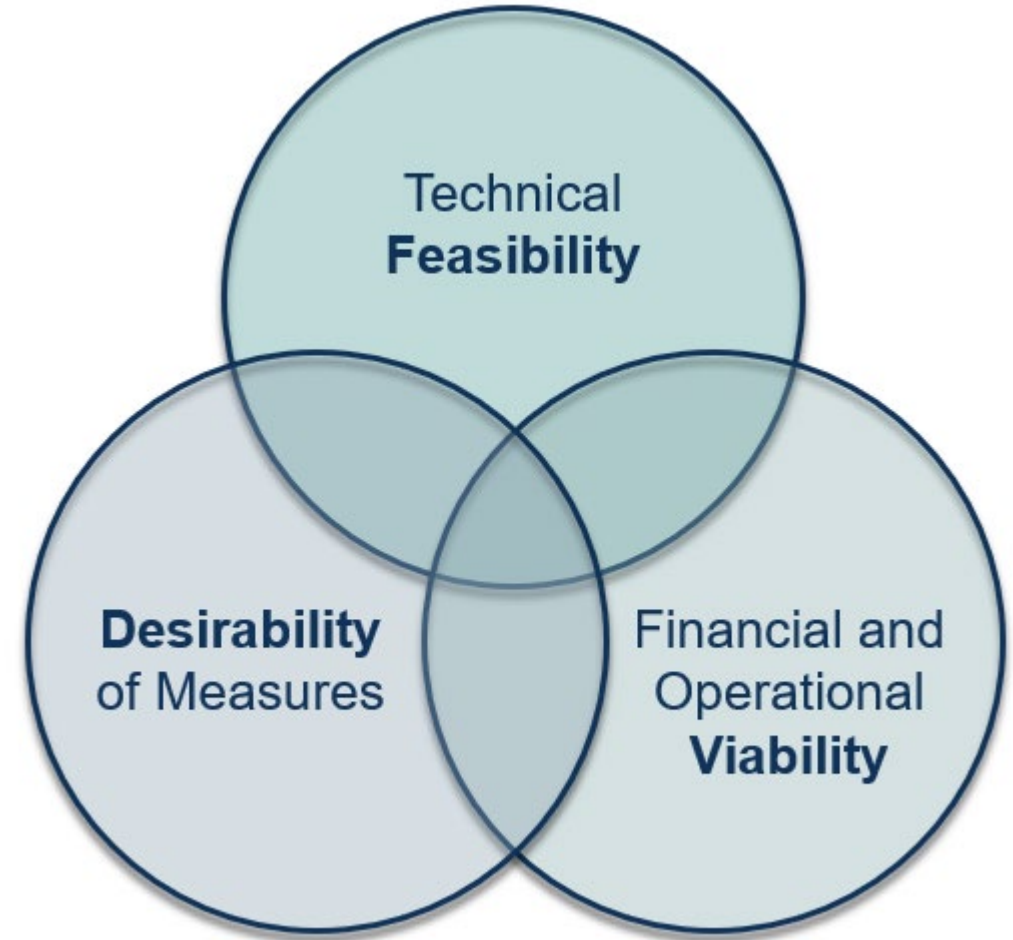
# Additional Considerations

- **Starting in FFY 2024, reporting of the Child Core Set measures and behavioral health measures in the Adult Core Set will become mandatory**

- **Feasibility and viability of state-level reporting of current and future Core Set measures are key considerations as mandatory reporting begins**

- **Another key consideration is the ability to stratify measures by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language**

- **Workgroup recommendations for the 2025 Core Sets should consider the feasibility for all states to report a measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Set**

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# Criteria for the 2025 Child and Adult Core Set Annual Review

- **To assess measures for inclusion in the Child and Adult Core Sets, Workgroup members will use criteria in three areas:**

  – **Minimum Technical Feasibility Requirements**

  – **Actionability and Strategic Priority**

  – **Other Considerations**

- **To be considered for the 2025 Child and Adult Core Sets, <u>all measures must meet minimum technical feasibility requirements</u>**

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# Criteria for Assessing Measures for Removal

## Technical Feasibility

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

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

✓ The specifications and data source do not allow for consistent calculations across states (e.g., there is variation in coding or data completeness across states).

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

## Actionability and Strategic Priority

✓ Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid and CHIP.

✓ The measure is not suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.

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

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

## Other Considerations

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

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

✓ All states may not be able to produce the measure for Core Set reporting within two years of the reporting cycle under review or may not be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).

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# Criteria for Assessing Measures for Addition

## Minimum Technical Feasibility Requirements

✓ The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).

✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.

✓ An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).

✓ The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).

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

## Actionability and Strategic Priority

✓ Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP.

✓ The measure should be suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.

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

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

## Other Considerations

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

✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).

✓ All states should be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Set and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).

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# What Do We Mean by Testing of Measures in Medicaid and CHIP?

- **Alpha testing—or formative testing—occurs concurrently to developing detailed technical specifications**
  - Typically involves small scale, iterative testing to determine the existence and quality of required data elements
  - Provides initial information about the feasibility of collecting required data to calculate and report a measure

- **Beta testing—or field testing—occurs after the development of complete specifications to assess the scientific acceptability and usability of a measure**
  - Field testing is designed to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs
  - Field testing determines measure reliability and validity while providing further feasibility information, such as burden and costs associated with implementing a measure

- **To meet minimum technical feasibility requirements, measures must have been field tested in or currently in use by state Medicaid and CHIP programs to ensure that the specifications can be implemented using state Medicaid and CHIP data for state-level Core Set reporting**

Adapted from the CMS Measures Management Blueprint

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# Measures Suggested for Removal from or Addition to the 2025 Child and Adult Core Sets

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# Measures Suggested for Removal
# That Will Be Reviewed at the Voting Meeting

| Measure Name and Domain | Measure Steward | NQF # | Data Collection Method |
|---|---|---|---|
| **Care of Acute and Chronic Conditions** | | | |
| Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) | PQA | 2940 | Administrative |
| Concurrent Use of Opioids and Benzodiazepines (COB-AD) | PQA | 3389 | Administrative |
| **Behavioral Health Care** | | | |
| Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Age 18 and Older (CDF-AD) | CMS | 0418/ 0418e* | Administrative or EHR |
| **Dental and Oral Health Services** | | | |
| Topical Fluoride for Children (TFL-CH) (*NCQA Topical Fluoride measure suggested as replacement*) | DQA (ADA) | 2528/3700/ 3701 | Administrative |
| **Experience of Care** | | | |
| Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) and Adult Version (CPA-AD) | AHRQ** | 0006 | Survey |

\* This measure is no longer endorsed by the National Quality Forum (NQF).

\*\* AHRQ is the measure steward for the survey instrument in the Core Sets (NQF #0006) and NCQA is the developer of the survey administration protocol.

EHR = Electronic Health Records.

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# Summary of the 5 Measures Suggested for Removal That Will Be Reviewed at the Voting Meeting

| Characteristic | Number of Measures |
|---|---|
| **Domain** | |
| Care of Acute and Chronic Conditions | 2 |
| Behavioral Health Care | 1 |
| Dental and Oral Services | 1 |
| Experience of Care | 1 |
| **Core Set** | |
| Adult Core Set | 2 |
| Child Core Set | 1 |
| Both Child and Adult Core Sets | 2 |
| **Data Collection Methods** | |
| Administrative only | 3 |
| Administrative or EHR | 1 |
| Survey | 1 |

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# Measure Suggested for Removal
# That Will Not Be Reviewed at the Voting Meeting

| Measure Name and Proposed Domain | Measure Steward | NQF # | Data Collection Method |
|---|---|---|---|
| **Primary Care Access and Preventive Care** | | | |
| Flu Vaccinations for Adults Ages 18-64 (FVA-AD)<br><br>*This measure is being retired by the measure steward for FFY 2024 and will be retired from the 2024 Adult Core Set.* | NCQA | 0039* | Survey |

\* This measure is no longer endorsed.

# Measures Suggested for Addition That Will Be Reviewed at the Voting Meeting

| Measure Name and Proposed Domain | Measure Steward | NQF # | Data Collection Method |
|---|---|---|---|
| **Maternal and Perinatal Health** | | | |
| Oral Evaluation During Pregnancy | DQA (ADA) | Not endorsed | Administrative |
| **Care of Acute and Chronic Conditions** | | | |
| Statin Therapy for the Prevention and Treatment of Cardiovascular Disease | CMS | Not endorsed | EHR or clinical registry |
| **Dental and Oral Health Services** | | | |
| Topical Fluoride for Children (*suggested as replacement for DQA Topical Fluoride measure*) | NCQA | Not endorsed | Administrative |
| Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults | DQA (ADA) | Not endorsed | Administrative |

EHR = Electronic Health Records.

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# Summary of the 4 Measures Suggested for Addition That Will Be Reviewed at the Voting Meeting

| Characteristic | Number of Measures |
|---|---|
| **Domain** | |
| Maternal and Perinatal Health | 1 |
| Care of Acute and Chronic Conditions | 1 |
| Dental and Oral Health Services | 2 |
| **Data Collection Methods** | |
| Administrative only | 3 |
| EHR or clinical registry | 1 |
| **Level of Reporting for Which the Measure was Developed** | |
| Plan level | 1 |
| Provider level | 1 |
| Program level (including state Medicaid and CHIP programs) | 2 |

# Measures Suggested for Addition That Will Not Be Reviewed at the Voting Meeting

| Measure Name and Proposed Domain | Measure Steward | NQF # | Data Collection Method |
|---|---|---|---|
| **Primary Care Access and Preventive Care** | | | |
| Adult Immunization Status<br><br>*This measure was recommended by the Workgroup previously and CMCS has deferred a decision.* | NCQA | 3620 | ECDS |
| **Behavioral Health Care** | | | |
| Tobacco Use and Help with Quitting Among Adolescents<br><br>*This measure has not been tested or used by one or more Medicaid or CHIP programs.* | NCQA | 2803* | EHR or clinical registry |

\* This measure is no longer endorsed by the National Quality Forum (NQF).

ECDS = Electronic Clinical Data System. The ECDS data collection method includes data from administrative claims, EHRs, case management systems, and health information exchanges/clinical registries. More information about ECDS is available at https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

EHR = Electronic Health Records.

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# Questions from Workgroup Members:
# Measures Suggested for Removal or Addition

# Guidance to Workgroup Members for Reviewing Measures

# Guidance for Measure Review

- Before the voting meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup

- Resources are available on a Workgroup SharePoint site to help Workgroup members assess the measures for removal from or addition to the Child and Adult Core Sets

- To guide their review, Workgroup members should refer to the criteria for removal of existing measures and addition of new measures

- The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition

# Measure Information Sheet: Removal



- **Measure information and technical specifications**

- **Nominating Workgroup member(s) reasons for removal, by criteria**

- **Core Set reporting history and reporting challenges identified by states**

- **Other information, including measure alignment across programs**

- **Summary of prior Workgroup discussions, if previously discussed**

- **Performance measure rates, if publicly reported**

# Measure Information Sheet: Addition



- Measure information and technical specifications

- Information on minimum technical feasibility

- Whether the data source allows for stratification by racial, ethnic, and sociodemographic characteristics

- Nominating Workgroup member(s) comments on feasibility, actionability, and strategic priority

- Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs

- Summary of prior Workgroup discussions, if previously discussed

# Guidance for Measure Review

1. Review Measure Information Sheet and record notes and questions in measure review worksheet

2. Consult other available resources as needed

   - Medicaid and CHIP Beneficiary Profile: Beneficiary characteristics, prevalence of conditions, and expenditures
   - Core Set History Table: When measures were added to or removed from the Core Sets
   - Chart Packs and Measure Specific Tables: State reporting and measure rates
   - Core Set Resource Manuals and Technical Specifications: Instructions on how to calculate the measures
   - List of Measures Previously Discussed: Years considered and Workgroup recommendations for measures that have been previously discussed

3. Assess the measure in relation to the criteria for addition or removal

4. Record preliminary vote in measure review worksheet

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# Overview of Workgroup SharePoint Site

# Workgroup Homework

- **If you have questions while reviewing the measures, please email [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com)**

- **Thank you for taking the time to prepare for the discussion and voting!**

# Voting Meeting Approach

# Voting Meeting Logistics

- **The virtual meeting will be held April 25–27, 2023**
  - **Registration is now available at www.Mathematica.org/MACCoreSetReview**

- **The meeting will be open to the public**

- **More information about the meeting agenda and resources will be posted on our website before the voting meeting: www.Mathematica.org/MACCoreSetReview**

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# Approach to Measure Discussion

- **The Workgroup will discuss 9 measures during the voting meeting, including 5 suggested for removal and 4 suggested for addition**

- **Measures will be reviewed by domain without regard to Core Set**

- **Within each domain, the Workgroup will first discuss measures suggested for removal followed by measures suggested for addition**

  - **For the paired Topical Fluoride measures, voting on the measure for addition will occur before voting on the measure for removal**

- **Measures will be considered in their specified form**

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# Voting Process

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

- **Workgroup members will vote on each measure in its specified form**
  - **Measure for removal:**
    - Yes = I recommend removing the measure from the Core Set
    - No = I do not recommend removing the measure from the Core Set
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the Core Set
    - No = I do not recommend adding the measure to the Core Set

- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes"**

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# Additional Discussion Topics for the Voting Meeting

- **Stratification of measures in the Child and Adult Core Sets**

  – **Stratification categories**

  – **Stratification priorities**

  – **Feasibility considerations**

- **Gaps in the Child and Adult Core Sets and areas for future measure development**

  – **Domain-specific gaps**

  – **Cross-cutting gaps**

  – **Priority areas for measure development and testing**

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# Questions from Workgroup Members: Voting Meeting Approach

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# Opportunity for Public Comment

# Wrap Up

# Next Steps for Measure Review

- **The SharePoint site will be updated with measure review materials for Workgroup members by tomorrow, April 5th**

  – We will send an email to Workgroup members and federal liaisons when the materials are ready for their review

- **Measure information sheets will be posted publicly before the voting meeting**

- **For help with SharePoint or other questions, Workgroup members should email MACCoreSetReview@mathematica-mpr.com**

# For More Information

- **Information on the Child Core Set is available at [www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html](www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html)**

- **Information on the Adult Core Set is available at [www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html](www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html)**

- **Information on the Child and Adult Core Sets Annual Review is available at [www.mathematica.org/features/MACCoreSetReview](www.mathematica.org/features/MACCoreSetReview)**

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# Questions

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

# Thank you for participating!