

# **Child and Adult Core Sets Annual Review Workgroup**

Meeting to Review Measures for the 2025 Core Sets  
Day 3

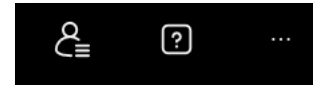
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**April 27, 2023**

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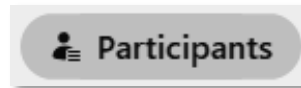


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# Welcome and Review Day 2

# Workgroup Members Roll Call

# Workgroup Roll Call

- Please use the “Raise Hand” feature to be unmuted during introductions.
- Please mute yourself after speaking.
- Workgroup members will now be able to mute and unmute themselves during discussion.
- If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted.

# 2025 Core Set Annual Review Workgroup

## Voting Members

<b>Co-Chair: Kim Elliott</b> , PhD, MA, CPHQ, CHCA	Health Services Advisory Group
<b>Co-Chair: Rachel La Croix</b> , PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
<b>Benjamin Anderson</b> , JD	Families USA
<b>Richard Antonelli</b> , MD, MS	Boston Children's Hospital
<b>Stacey Bartell</b> , MD Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
<b>Tricia Brooks</b> , MBA	Georgetown University Center for Children and Families
<b>Emily Brown</b>	Free From Market
<b>Joy Burkhard</b> , MBA	Policy Center for Maternal Mental Health
<b>Karly Campbell</b> , MPP Nominated by the National Association of Medicaid Directors	TennCare
<b>Stacey Carpenter</b> , PsyD	ZERO TO THREE
<b>Lindsay Cogan</b> , PhD, MS	New York State Department of Health
<b>James Crall</b> , DDS, SCD, MS Nominated by the American Dental Association	UCLA School of Dentistry

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

<b>Voting Members</b>	
<b>Curtis Cunningham</b> Nominated by ADvancing States	Wisconsin Department of Health Services
<b>Erica David Park, MD, MBA, FAAPMR</b>	CareBridge
<b>Amanda Dumas, MD, MSc</b> Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
<b>Anne Edwards, MD</b> Nominated by American Academy of Pediatrics	American Academy of Pediatrics
<b>Clara Filice, MD, MPH, MHS</b> Nominated by the Medicaid Medical Directors Network	MassHealth
<b>Sara Hackbart, MS</b> Nominated by the National MLTSS Health Plan Association	Elevance Health
<b>Sarah Johnson, MD, MPH</b>	IPRO
<b>David Kelley, MD, MPA</b>	Pennsylvania Department of Human Services
<b>David Kroll, MD</b> Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
<b>Jakenna Lebsock, MPA</b>	Arizona Health Care Cost Containment System (AHCCCS)



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

<b>Voting Members</b>	
<b>Lisa Patton, PhD</b>	CVP
<b>Laura Pennington, MHL</b> Nominated by the Medicaid Medical Directors Network	Washington Health Care Authority
<b>Grant Rich, PhD, MA</b>	Alaska Department of Health
<b>Lisa Satterfield, MS, MPH, CAE, CPH</b> Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
<b>Linette Scott, MD, MPH</b>	California Department of Health Care Services
<b>Kai Tao, ND, MPH, FACNM</b> Nominated by the American College of Nurse Midwives	Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center
<b>Mitzi Wasik, PharmD, MBA, BCPS, FCCP, FAMCP</b> Nominated by the Academy of Managed Care Pharmacy	OptumRx/ UHG
<b>Ann Zerr, MD</b>	Indiana Family and Social Services Administration
<b>Bonnie Zima, MD, MPH</b> Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior
<b>Samuel Zwetchkenbaum, DDS, MPH</b> Nominated by the American Dental Association	Rhode Island Department of Health

# 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

# **Workgroup Vote on Deferred Electronic Clinical Data Systems (ECDS) Measures**

# **HEDIS® Electronic Clinical Data Systems (ECDS)**

- **HEDIS® Electronic Clinical Data Systems (ECDS) is a reporting standard developed by NCQA to provide health plans with a method to collect and report structured electronic clinical data for HEDIS quality measurement and quality improvement**
- **Eligible data sources used for ECDS reporting are:**
  - **Administrative claims**
  - **Electronic health records**
  - **Health information exchanges and clinical registries**
  - **Case management systems**

Source: <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>.

# Reconsideration of ECDS Measures Recommended by the Workgroup and Deferred by CMCS

- **The Workgroup previously recommended three ECDS measures that have been deferred by CMCS**
  - **Postpartum Depression Screening and Follow-Up (PDS-E)**
  - **Prenatal Immunization Status (PRS-E)**
  - **Adult Immunization Status (AIS-E)**
- **CMCS has requested that the 2025 Core Sets Review Workgroup reconsider these measures and vote on whether to recommend them for addition to the 2025 Core Sets**

# CMCS Remarks

# Postpartum Depression Screening and Follow-Up

<b>Description</b>	<p>The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported:</p> <ol style="list-style-type: none"><li><b>1. Depression Screening:</b> The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.</li><li><b>2. Follow-Up on Positive Screen:</b> The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li></ol>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Denominator</b>	<p>Denominators for the two rates are:</p> <ol style="list-style-type: none"><li><b>1. Depression Screening:</b> Deliveries during September 8 of the year prior to the measurement period through September 7 of the measurement period where the member also meets the criteria for participation, minus exclusions.</li><li><b>2. Follow-Up on Positive Screen:</b> All deliveries from the Depression Screening numerator with a positive finding for depression during the 7 to 84 days following the date of delivery.</li></ol>

# Postpartum Depression Screening and Follow-Up *(continued)*

## Numerator

Numerators for the two rates are:

- 1. Depression Screening:** Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the date of delivery.
- 2. Follow-Up on Positive Screen:** Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 days total). Follow-up care is defined as any of the following:
  - An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
  - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
  - A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
  - A dispensed antidepressant medication.

**or**

  - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

## Stratifications

None



# Prenatal Immunization Status

<b>Description</b>	The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	3484
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Denominator</b>	Deliveries during the measurement period where the member also meets the criteria for participation, minus exclusions.
<b>Numerator</b>	<p>This measure includes numerators for two individual vaccine rates and a combination rate:</p> <ol style="list-style-type: none"> <li>1. <b>Influenza rate:</b> Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; <b>or</b> deliveries where members had anaphylaxis due to the influenza vaccine on or before the delivery date.</li> <li>2. <b>Tdap rate:</b> Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date); <b>or</b> deliveries where members had any of the following:             <ol style="list-style-type: none"> <li>a. Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.</li> <li>b. Encephalitis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.</li> </ol> </li> <li>3. <b>Combination rate:</b> Deliveries that met criteria for both Influenza and Tdap numerators.</li> </ol>
<b>Stratifications</b>	None

# Adult Immunization Status

<b>Description</b>	The percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, and pneumococcal.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	3620
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	Flu Vaccinations for Adults Ages 18-64 (FVA-AD) Note: The FVA-AD measure will be removed from the 2024 Adult Core Set because it has been retired by the measure steward.
<b>Denominator</b>	This measure includes denominators for four individual vaccine rates: <ol style="list-style-type: none"><li><b>1. Influenza rate:</b> Members 19 years and older at the start of the measurement period who also meet the criteria for participation, minus exclusions.</li><li><b>2. Td/Tdap rate:</b> Members 19 years and older at the start of the measurement period who also meet the criteria for participation, minus exclusions</li><li><b>3. Zoster rate:</b> Members 50 years and older at the start of the measurement period who also meet criteria for participation, minus exclusions.</li><li><b>4. Pneumococcal rate:</b> Members 66 years and older at the start of the measurement period who also meet the criteria for participation, minus exclusions.</li></ol>

# Adult Immunization Status *(continued)*

## Numerator

This measure includes numerators for four individual vaccine rates:

1. **Influenza rate:** Members who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; **or** members with anaphylaxis due to the influenza vaccine any time before or during the measurement period.
2. **Td/Tdap rate:** Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period; **or** members with a history of at least one of the following contraindications any time before or during the measurement period:
  - a. Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine.
  - b. Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.
3. **Zoster rate:** Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday and before or during the measurement period; **or** members with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period.
4. **Pneumococcal rate:** Members who were administered at least one dose of an adult pneumococcal vaccine on or after the member's 19th birthday and before or during the measurement period; **or** members with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period.

# Adult Immunization Status *(continued)*

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## Stratifications

- Age
    - **Influenza and Td/Tdap rates:** 19-65 years and 66 years and older
    - **Zoster rate:** 50-65 years and 66 years and older
    - **Pneumococcal rate:** no stratification by age
  - Race (all rates)
  - Ethnicity (all rates)
-

# Vote on Measures

# ECDS Measures: Measure Vote # 1

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

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

## **ECDS Measures: Measure Vote # 2**

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

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

## **ECDS Measures: Measure Vote #3**

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

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



# Use of Core Set Measures to Drive Quality Improvement

## **Workgroup Member Remarks**

**Karly Campbell, TennCare**

**Clara Filice, MassHealth**

**Laura Pennington, Washington Health Care Authority**

# Workgroup Discussion

# Prioritization of Measure Gaps

# Frequently Mentioned Gaps During the 2020 – 2023 Child and Adult Core Sets Annual Reviews

- **Gaps mentioned all four years**
  - Care integration across sectors and settings of care, especially for LTSS users and beneficiaries with complex needs
  - LTSS quality and experience with care
  - Oral health care access and quality for children and adults
  - Screening for adverse childhood experiences
  - Screening for social-emotional needs
  - Social determinants of health, including need for measure development and testing
  - Stratification of measures by race, ethnicity, and disability (among other factors)
- **Gaps mentioned three of the four years**
  - Colorectal cancer screening
  - Health care delivery and outcomes for male beneficiaries
  - Integration of behavioral health and physical health, particularly through primary care
  - Prenatal and postpartum care content and quality
  - Screening, follow-up, and treatment for depression, especially maternal depression
  - Suicide screening, prevention, and treatment

# Gaps Filled through the Core Sets Review Process Since 2020

- **Colorectal cancer screening (COL-AD)**
- **Dental care for children**
  - Sealant Receipt on Permanent First Molars (SFM-CH)
  - Oral Evaluation, Dental Services (OEV-CH)
  - Topical Fluoride for Children (TFL-CH)
- **LTSS measures**
  - National Core Indicators Survey (NCIDDS-AD)
  - Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)
- **ECDS measures deferred by CMS due to licensing and feasibility considerations**
  - Adult Immunization Status
  - Prenatal Immunization Status
  - Postpartum Depression Screening and Follow-up

# Workgroup Discussion Topics

- Thinking about all the gaps previously identified by the Workgroup, what are the priorities for future Core Sets?
  - Are there existing measures to fill the gaps?
- **NEW!** NCQA has proposed to retire the Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) measure for HEDIS measurement year 2024 (2025 Core Set).
  - Are there existing measures to fill this gap?
- Are there additional high-priority gaps not previously identified?
  - Domain-specific gaps
  - Cross-cutting gaps
- What gaps should be prioritized for future measure development, testing, and refinement?

# Opportunity for Public Comment



**Break**

# Reflections and Future Directions

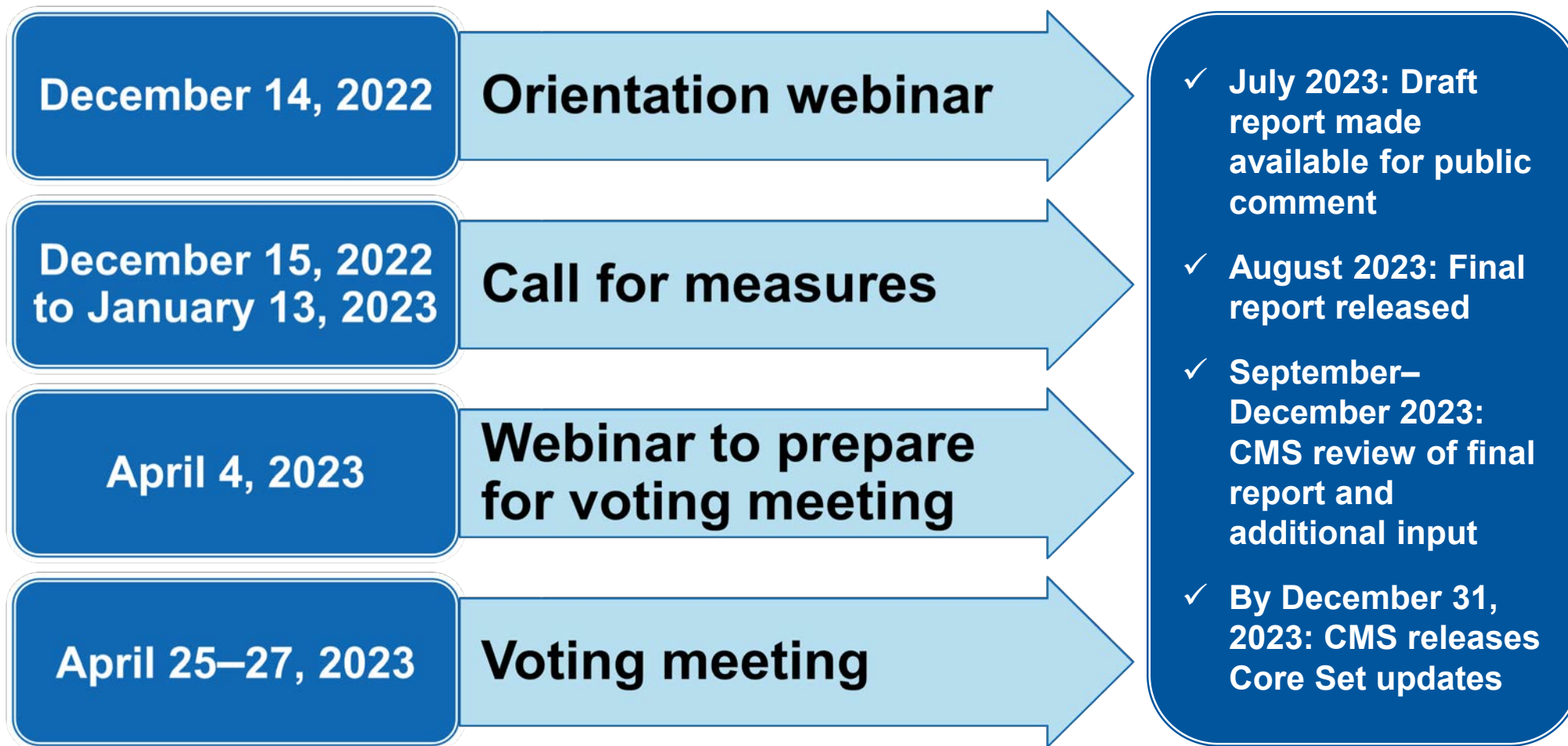
# Agenda

- **Recap of Workgroup recommendations**
- **Technical assistance needs to support state reporting**
- **Feedback on the 2025 Core Sets Annual Review process**
- **Other reflections**

# Opportunity for Public Comment

# Next Steps and Wrap-Up

# 2025 Core Sets Annual Review Workgroup Milestones



# Questions

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

**Thank you for participating in the  
2025 Annual Review Meeting of the Child and  
Adult Core Sets Workgroup!**