

**Child and Adult Core Set Stakeholder Workgroup:
Measures Suggested for Removal from
the 2020 Core Sets**

Measure Information Sheets

May 2019

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Contents

Primary Care Access and Preventive Care

Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	3
Child and Adolescents’ Access to Primary Care Practitioners (CAP-CH)	5
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)	11
Adult Body Mass Index Assessment (ABA-AD).....	15

Experience of Care: Patient-Reported Outcome Measures

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH).....	21
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD).....	25

Care of Acute and Chronic Conditions

Comprehensive Diabetes Care: Hemoglobin A1c Testing (HA1C-AD)	31
Annual Monitoring for Patients on Persistent Medications (MPM-AD)	35
HIV Viral Load Suppression (HVL-AD).....	39

Maternal and Perinatal Health

Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH).....	43
PC-01: Elective Delivery (PC01-AD).....	47
Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD).....	49

Behavioral Health Care

Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD).....	53
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH).....	57

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PRIMARY CARE ACCESS AND PREVENTIVE CARE

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
Description	Percentage of beneficiaries ages 18 to 64 who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Medicaid Survey was completed.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	0039
Core Set	Adult Core Set
Core Set domain	Primary Care Access and Preventive Care
Measure type	Process
Year added to Core Set	2012 (Initial Adult Core Set)

Technical Specifications	
Ages	Ages 18 to 64 as of July 1 of the measurement year.
Data collection method	Survey (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey.)
Denominator	The number of beneficiaries with a “Flu Vaccination for Adults Ages 18 to 64 Eligibility Flag” of “Eligible” who responded “Yes” or “No” to the question: “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
Numerator	The number of beneficiaries in the denominator who responded “Yes” to the question: “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
Exclusions	The survey excludes those who are not currently enrolled at the time of the survey.
Continuous enrollment period	The last six months of the measurement year.
Allowable Gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Recommendation for Removal	
Reason(s) suggested for removing the measure	<p>Three workgroup members suggested this measure for removal, indicating states have experienced significant challenges to reporting the measure and the measure does not provide useful or actionable results for state Medicaid and CHIP agencies. Workgroup members also noted:</p> <ul style="list-style-type: none"> The self-reported nature of the survey-based CAHPS measure undermines the accuracy of immunization coverage reporting. For example, the coverage rate reported using this Flu Vaccination measure has consistently resulted in 39% over four consecutive years (2014-2017), indicating a potential deficiency of this measure.

	<ul style="list-style-type: none"> While the overall aim of the Consumers Assessment of Healthcare Providers and Systems (CAHPS) is to incorporate beneficiaries' perspectives on health care quality, flu vaccination alone is not adequate nor representative in reflecting the quality of care for all the Advisory Committee on Immunization Practices (ACIP)-recommended routine adult immunizations. They suggest that a better approach to assess the quality of adult immunizations would be the addition of the Adult Immunization Status (AIS) measure to the Adult Core Set. The AIS measure includes all ACIP-recommended routine adult immunizations: tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, and pneumococcal vaccines. <p>By replacing the FVA-AD measure with the AIS measure, states will be able to better track, monitor, and improve all ACIP-recommended routine adult immunizations.</p>
Is there another related measure in the Core Set?	No
Has another measure been proposed for substitution (new or existing measure)?	<ul style="list-style-type: none"> Two Workgroup members suggested Adult Immunization Status (new measure). One Workgroup member suggested Influenza Immunization (NQF #0041) (new measure).
Other information	None.

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 19 FFY 2016: 18 FFY 2017: 20
Was the measure publicly reported for FFY 2017?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> Qualified Health Plan Quality Rating System Measure Set: Survey Measure Medicare Part C Star Rating
Challenges noted by states in reporting the measure for FFY 2017	CAHPS data not available (18 states) due to budget and/or constraints, data source not easily accessible, and information not collected by the state and/or health plans.

MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

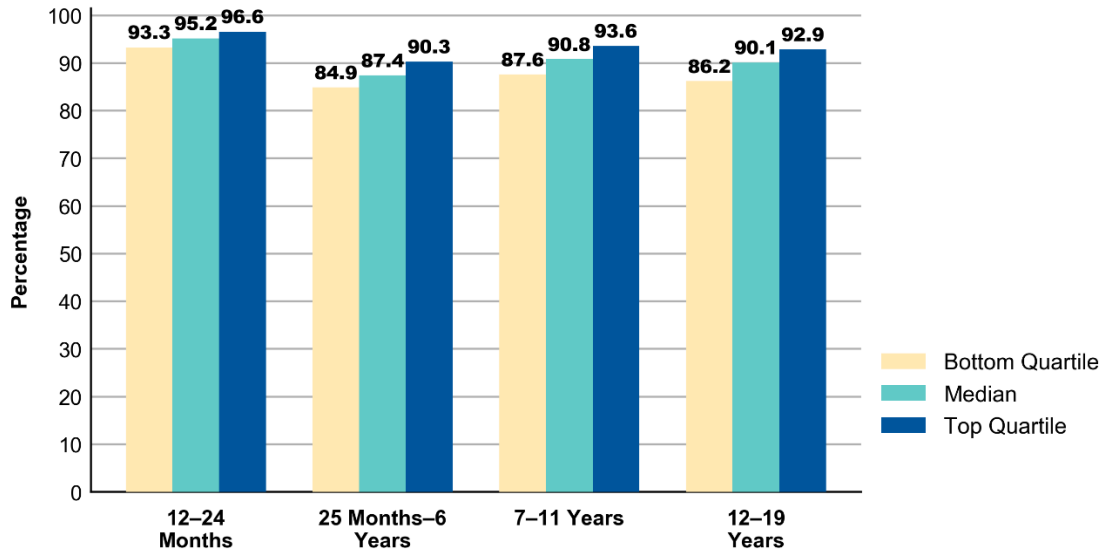
Measure Information	
Measure name	Child and Adolescents' Access to Primary Care Practitioners (CAP-CH)
Description	Percentage of children and adolescents age 12 months to age 19 who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: (1) children ages 12 to 24 months and 25 months to age 6 who had a visit with a PCP during the measurement year; and (2) children ages 7 to 11 and adolescents ages 12 to 19 who had a visit with a PCP during the measurement year or the year prior to the measurement year.
Measure steward	National Committee For Quality Assurance
NQF number (if endorsed)	Not endorsed
Core Set	Child Core Set
Core Set domain	Primary Care Access and Preventive Care
Measure type	Process
Year added to Core Set	2010 (Initial Child Core Set)

Technical Specifications	
Ages	Age 12 months to age 19 as of December 31 of the measurement year.
Data collection method	Administrative.
Denominator	Children and adolescents age 12 months to age 19 as of December 31 of the measurement year.
Numerator	For ages 12 to 24 months and age 25 months to age 6: Children with one or more visits with a PCP during the measurement year. For ages 7 to 11 and ages 12 to 19: Children with one or more visits with a PCP during the measurement year or the year prior to the measurement year.
Exclusions	Beneficiaries in hospice.
Continuous enrollment period	For ages 12 to 24 months and age 25 months to age 6: The measurement year. For ages 7 to 11 and ages 12 to 19: The measurement year and the year prior to the measurement year.
Allowable gap	For ages 12 to 24 months and age 25 months to age 6: No more than one gap in continuous enrollment of up to 45 days during the measurement year. For ages 7 to 11 and ages 12 to 19: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal. The Workgroup member indicated the measure does not provide useful or actionable results for state Medicaid and CHIP agencies and noted that the measure uses a very broad definition of primary care visits; as such, it is more a utilization measure than a quality measure. True access to primary care involves a well care visit, which is already covered by three Child Core Set Well Care measures.
Is there another related measure in the Core Set?	Yes. Well-Child Visits in the First 15 Months of Life (W15-CH), Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH), and Adolescent Well-Care Visit (AWC-CH).
Has another measure been proposed for substitution (new or existing measure)?	Yes. The three existing well-child visit measures listed above are substitutes.
Other information	This measure was recommended for removal during the 2016 and 2017 Core Set annual review meetings. Reasons for removal included (1) performance on the measure was very high overall and presents a limited opportunity for improvement; and (2) there are other, more meaningful measures of access to care in the Core Set, such as measures that draw from patient experience surveys that include questions about access to care.

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 45 FFY 2016: 47 FFY 2017: 48
Was the measure publicly reported for FFY 2017?	Yes (see next page for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	No other programs listed in CMS's Measure Inventory Tool.
Challenges noted by states in reporting the measure for FFY 2017	Data not available (2 states) due to budget and/or staff constraints and because state MCOs are not required to submit this HEDIS measure.

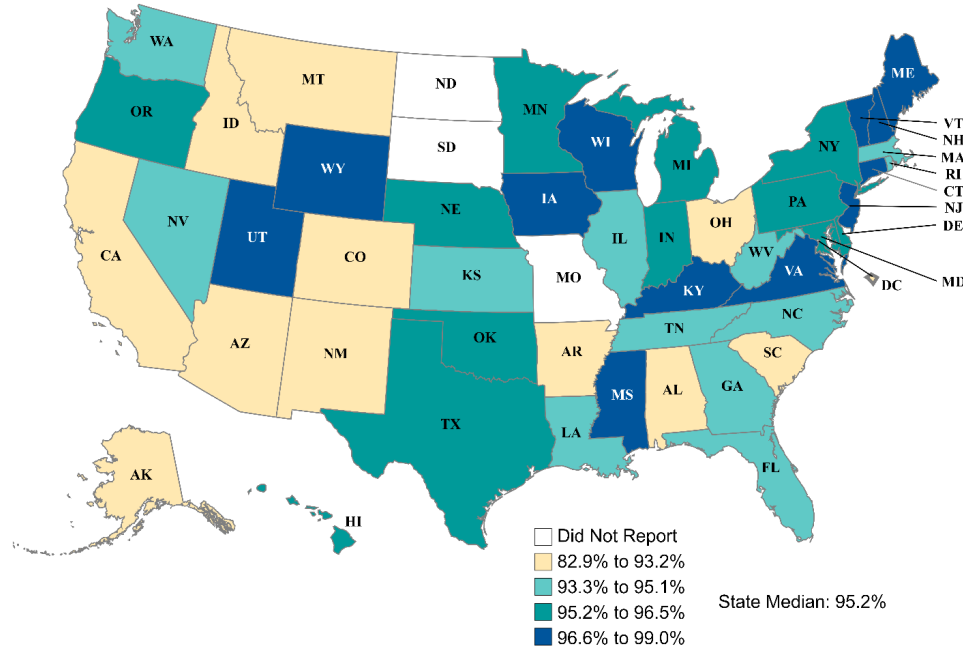
Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months and 25 Months to 6 Years) or Past Two Years (7 to 11 Years and 12 to 19 Years), FFY 2017 (n = 48 states)



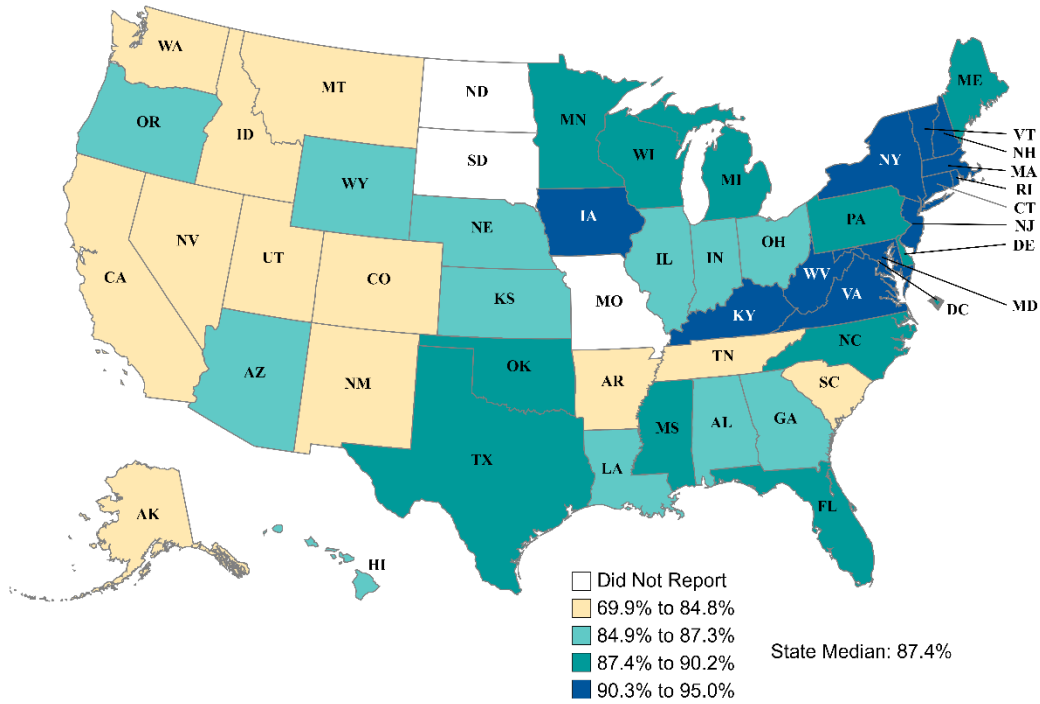
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner in the past year (12 to 24 months and 25 months to 6 years) or past two years (7 to 11 years and 12 to 19 years). When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

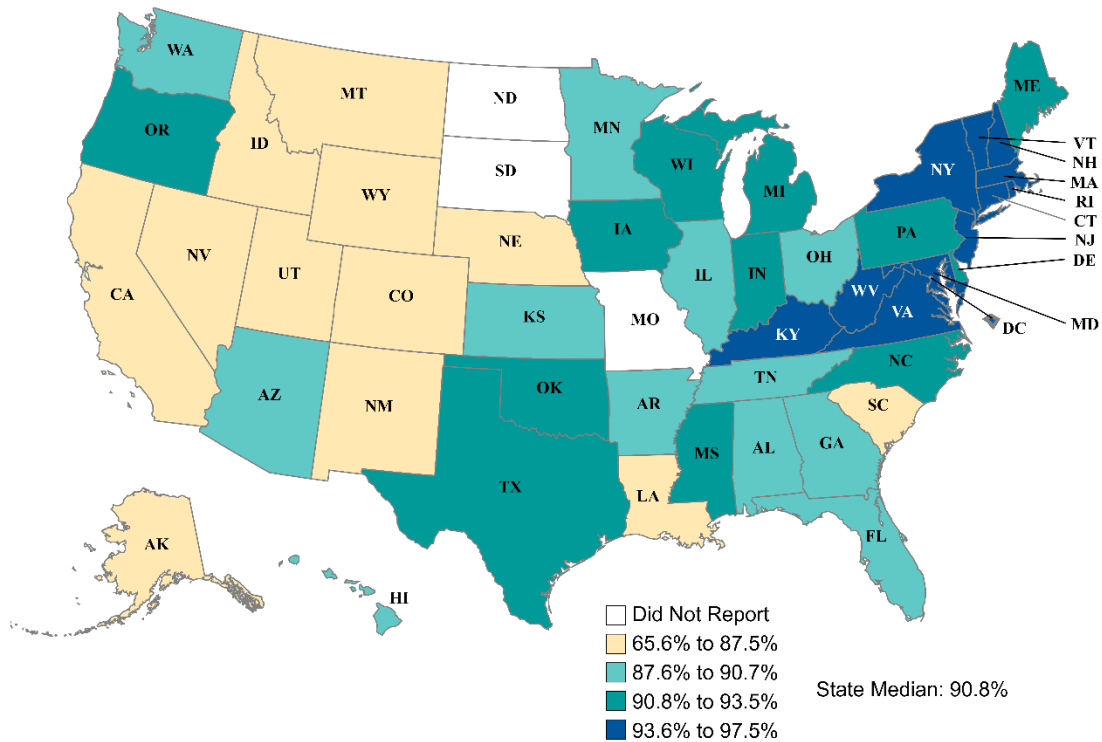
Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months), FFY 2017 (n = 48 states)



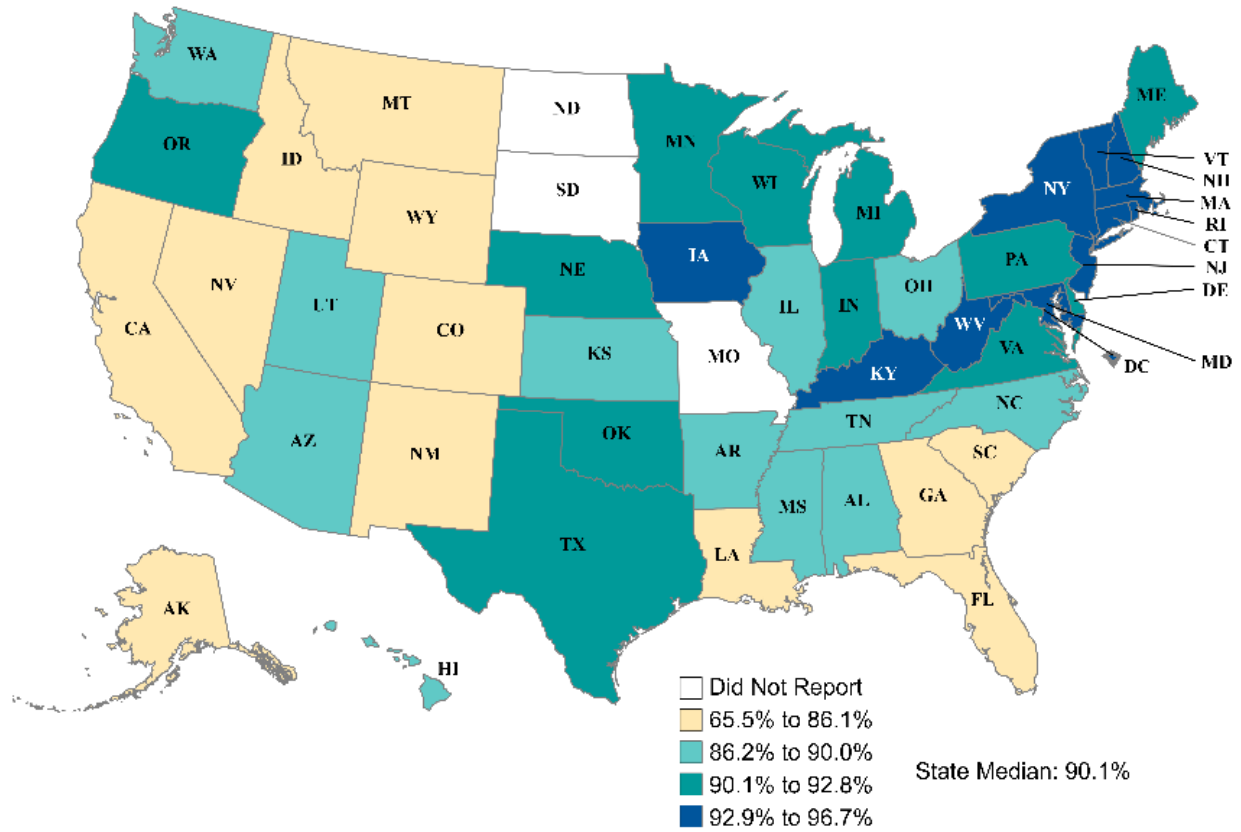
Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (25 Months to 6 Years), FFY 2017 (n = 48 states)



Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Two Years (7 to 11 Years), FFY 2017 (n = 48 states)



Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Two Years (12 to 19 Years), FFY 2017 (n = 48 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)
Description	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index (BMI) percentile documentation during the measurement year.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	0024
Core Set	Child Core Set
Core Set domain	Primary Care Access and Preventive Care
Measure type	Process
Year added to Core Set	2012

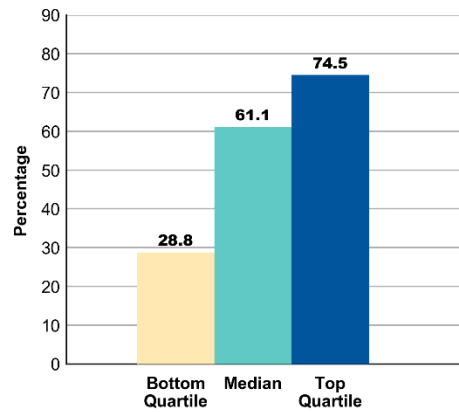
Technical Specifications	
Ages	Ages 3 to 17 as of December 31 of the measurement year.
Data collection method	Administrative, Hybrid, or EHR.
Denominator	Children ages 3 to 17 who have an outpatient visit during the measurement year.
Numerator	Children who have evidence of BMI percentile documentation during the measurement year.
Exclusions	Female beneficiaries who have a diagnosis of pregnancy during the measurement year.
Continuous enrollment period	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Recommendation for Removal	
Reason(s) suggested for removing the measure	<p>Three Workgroup members suggested this measure for removal indicating this measure does not provide useful or actionable results for state Medicaid and CHIP agencies. Workgroup members noted that:</p> <ul style="list-style-type: none"> • This measure assesses one part of the process of intervening for children with, or at risk for, obesity. This step alone has insufficient support for leading to an improved outcome. • The measure steward, NCQA, acknowledged in May 2018 that this measure does not reflect current evidence for BMI screening. BMI assessment is very important to do and document, but we need a measure that aligns with the evidence for patients who are overweight or obese.

	<ul style="list-style-type: none"> • The data collection burden for this measure does not support its use, since the measure does not reflect evidence-based practice. The literature on obesity supports the notion that an effective intervention for overweight or obese patients is engagement in an integrated care model of obesity management. As these models gain more traction nationally, measures capturing engagement in a specified integrated management model could be put forward. • BMI is routinely recorded by EHRs. This is a measure of documentation and not of outcomes.
Is there another related measure in the Core Set?	Yes. A similar measure is included in the Adult Core Set, Adult Body Mass Index Assessment (ABA-AD).
Has another measure been proposed for substitution (new or existing measure)?	No
Other information	<p>Changes to ICD-10 coding guidelines will have implications for the WCC-CH measure in 2020. According to the NCQA/HEDIS FAQ:</p> <p>Question:</p> <ul style="list-style-type: none"> • There was a change to the ICD-10 coding guidelines, effective October 1, 2018, related to the codes for reporting body mass index (BMI). The change allows providers to bill for BMI codes only if the member has a clinically relevant condition, such as obesity. How does this change affect reporting the BMI percentile documentation indicator of the WCC measure? <p>Answer:</p> <ul style="list-style-type: none"> • The ICD-10 coding change affects only the administrative-reporting method. Following the new guidelines, a provider would submit a claim with a BMI percentile code only when there is an associated diagnosis (e.g., overweight, obesity) that meets the new requirements. “Healthy weight” is not considered an associated diagnosis. As a result, members in the denominator, whose only visit is in October, November, or December of 2018, without an appropriate ICD-10 code, due to the lack of an associated diagnosis, will not have claims that meet the current numerator criteria. • NCQA’s analysis shows that, because this measure is reported primarily through the hybrid-reporting option, the effect will be small. This change does not affect organizations using the hybrid method, because the rule pertains to only the use of ICD-10 codes on claims. It does not prohibit providers from measuring and documenting a BMI in the medical record.

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 33 FFY 2016: 39 FFY 2017: 37
Was the measure publicly reported for FFY 2017?	Yes (see next page for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> • Uniform Data System • Behavioral Health Clinic Quality Measure • Medicaid Promoting Interoperability • Qualified Health Plan Quality Rating System Measure Set: Clinical Measure • Core Quality Measures Collaborative Measure
Challenges noted by states in reporting the measure for FFY 2017	<p>Data not available (9 states) due to budget and/or staff constraints, data inconsistencies/accuracy, data source requires medical record review, and information not collected. States also noted:</p> <ul style="list-style-type: none"> • This measure requires a chart intensive data collection process. State is working to get chart data via electronic medical record data extraction. • Not collected in claims data. • State Medicaid MCOS are not required to submit this measure. • This measure is not supported by the state's quality strategy. • Administrative data are not accurate and state was not able to produce the measure using the hybrid process.

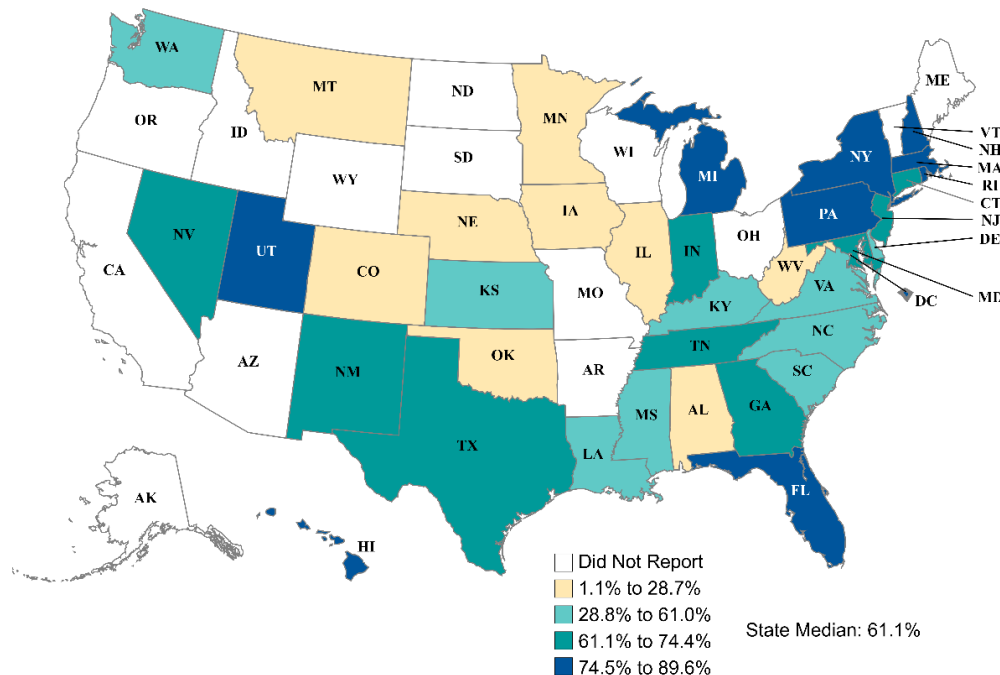
Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile is Documented in the Medical Record, FFY 2017 (37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner or obstetrical/gynecological practitioner and who had evidence of body mass index percentile documented in the medical record during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile is Documented in the Medical Record, FFY 2017 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Adult Body Mass Index Assessment (ABA-AD)
Description	Percentage of beneficiaries ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented in the medical record during the measurement year or the year prior to the measurement year.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	Not endorsed
Core Set	Adult Core Set
Core Set domain	Primary Care Access and Preventive Care
Measure type	Process
Year added to Core Set	2012 (Initial Adult Core Set)

Technical Specifications	
Ages	Age 18 as of January 1 of the year prior to the measurement year to age 74 as of December 31 of the measurement year.
Data collection method	Administrative or hybrid.
Denominator	Beneficiaries who had an outpatient visit during the measurement year or the year prior to the measurement year.
Numerator	For beneficiaries age 20 or older on the date of service, documentation of BMI during the measurement year or the year prior to the measurement year. For beneficiaries younger than age 20 on the date of service, documentation of BMI percentile during the measurement year or the year prior to the measurement year.
Exclusions	Female beneficiaries who have a diagnosis of pregnancy during the measurement year or the year prior to the measurement year.
Continuous enrollment period	The measurement year and the year prior to the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.

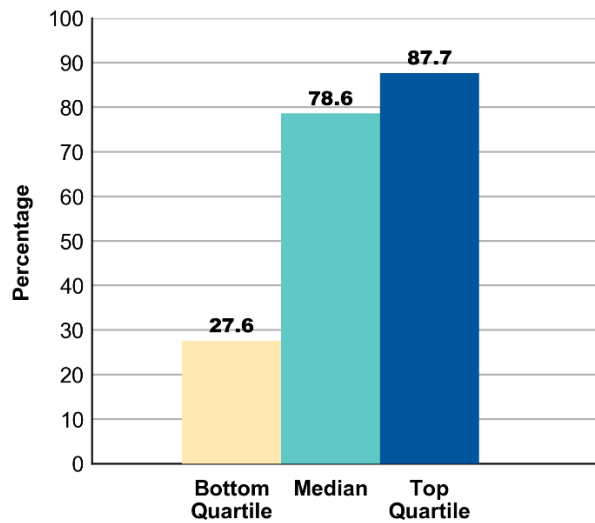
Recommendation for Removal	
Reason(s) suggested for removing the measure	<p>Three Workgroup members suggested this measure for removal, indicating this measure does not provide useful or actionable results for state Medicaid and CHIP agencies. The Workgroup members noted:</p> <ul style="list-style-type: none"> • Although monitoring of BMI is a useful tool in identifying obesity, merely documenting BMI during a visit cannot stop obesity, and as such does not signify a significant link in the logic model steps needed to combat obesity. • Assessment is not enough—we need assessment and follow up. • BMI is routinely recorded by EHRs. This is a measure of documentation and not of outcomes.

Is there another related measure in the Core Set?	Yes. A similar measure is included in the Child Core Set, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH).
Has another measure been proposed for substitution (new or existing measure)?	Yes. 2017 MIPS Measure #128: Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan (NQF 0421).
Other information	<p>Changes to ICD-10 coding guidelines will have implications for the ABA-AD measure in 2020. According to the NCQA/HEDIS FAQ:</p> <p>Question:</p> <ul style="list-style-type: none"> There was a change to the ICD-10 coding guidelines, effective October 1, 2018, related to the codes for reporting body mass index (BMI). The change allows providers to bill for BMI codes only if the member has a clinically relevant condition, such as obesity. How does this change affect reporting the ABA measure? <p>Answer:</p> <ul style="list-style-type: none"> The ICD-10 coding change affects only the administrative-reporting method. Following the new guidelines, a provider would submit a claim with a BMI or BMI percentile code only when there is an associated diagnosis (e.g., overweight, obesity) that meets the new requirements. “Healthy weight” is not considered an associated diagnosis. As a result, members in the denominator, whose only visit is in October, November, or December of 2018, without an appropriate ICD-10 code, due to the lack of an associated diagnosis, will not have claims that meet the current numerator criteria. NCQA’s analysis shows that, because this measure is reported primarily through the hybrid-reporting option, the effect will be small. This change does not affect organizations using the hybrid method, because the rule pertains to only the use of ICD-10 codes on claims. It does not prohibit providers from measuring and documenting a BMI in the medical record.

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 29 FFY 2016: 33 FFY 2017: 32
Was the measure publicly reported for FFY 2017?	Yes (see next pages for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> Qualified Health Plan Quality Rating System Measure Set Health Home Core Set

Challenges noted by states in reporting the measure for FFY 2017	Data not available (10 states) due to budget and/or staff constraints, data source not easily accessible, or information not collected. States also noted: <ul style="list-style-type: none">• Measure requires a chart intensive data collection process; state is working to get chart data via EHR data extraction.• State has not yet developed coding to report this measure.• Data do not seem to yield reasonable results.• State was not able to budget for the production of any hybrid measures for the HEDIS 2017 season.
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Percentage of Adults* who had an Outpatient Visit with a Body Mass Index Documented in the Medical Record, FFY 2017 (n = 32 states)

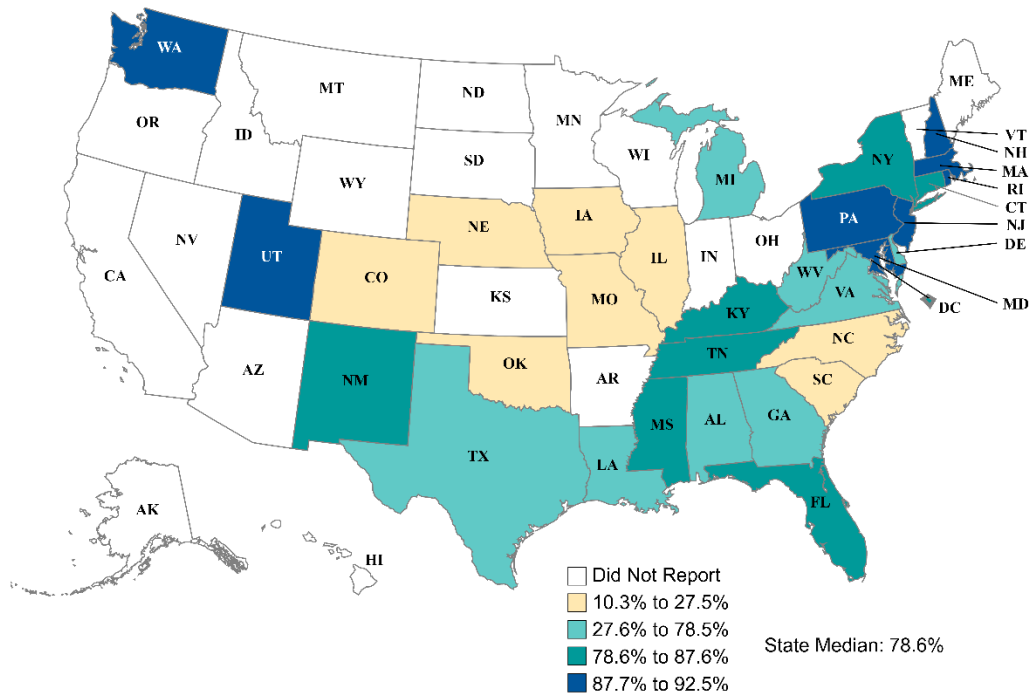


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit with a primary care practitioner or obstetrical/gynecological practitioner and who had evidence of a body mass index value documented in the medical record during the measurement year or the year prior to the measurement year.

*Data displayed in this chart include adults ages 18 to 64 for 18 states and ages 18 to 74 for 14 states.

Geographic Variation in the Percentage of Adults* who had an Outpatient Visit with a Body Mass Index Documented in the Medical Record, FFY 2017 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 18 states and ages 18 to 74 for 14 states.

**EXPERIENCE OF CARE: PATIENT-REPORTED
OUTCOME MEASURES**

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)
Description	This measure provides information on parents’ experiences with their child’s health care and gives a general indication of how well the health care meets their expectations. Results summarize children’s experiences through ratings, composites, and individual question summary rates.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	Not endorsed. (Note: This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006].)
Core Set	Child Core Set
Core Set domain	Experience of Care
Measure type	Outcome: PRO-PM
Year added to Core Set	2010 (Initial Child Core Set)

Technical Specifications	
Ages	Age 17 and younger as of December 31 of the measurement year.
Data collection method	Survey.
Denominator	The survey sample includes parents and guardians of children ages 0-17 as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys.
Numerator	<p>The survey includes four global rating questions:</p> <ul style="list-style-type: none"> • Rating of All Health Care • Rating of Health Plan • Rating of Personal Doctor • Rating of Specialist Seen Most Often <p>Five composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> • Customer Service • Getting Care Quickly • Getting Needed Care • How Well Doctors Communicate • Shared Decision Making <p>Item-specific question summary rates are reported for the rating questions and each composite question, the “written materials/Internet provided needed information” question, and the “forms were easy to fill out” question. Question summary rates are also reported individually for two items summarizing the following concepts:</p> <ul style="list-style-type: none"> • Health Promotion and Education • Coordination of Care

	In addition, CAHPS 5.0H includes supplemental items on Children with Chronic Conditions (CCC). Three CCC composites summarize experience with basic components of care essential for successful treatment, management, and support of children with chronic conditions: (1) Access to Specialized Services; (2) Family Centered Care: Personal Doctor Who Knows Child; (3) Coordination of Care for Children with Chronic Conditions. Item-specific question summary rates are reported for each composite question. Question summary rates are also reported individually for two items summarizing the following concepts: (1) Access to Prescription Medicines; (2) Family Centered Care: Getting Needed Information.
Exclusions	The survey excludes those who were not currently enrolled at the time of the survey.
Continuous enrollment period	The last six months of the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal. The Workgroup member indicated this measure does not provide useful or actionable results for state Medicaid and CHIP agencies and that states have experienced significant challenges reporting the measure. In addition, the Workgroup member noted that the CAHPS survey has poor response rates, high cost, and scoring is not comparable for diverse populations as discussed in the following publication: https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/about-cahps/research/survey-administration-literature-review.pdf .
Is there another related measure in the Core Set?	Yes. The Adult Core Set includes the following measure: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD).
Has another measure been proposed for substitution (new or existing measure)?	No
Other information	The Children’s Health Insurance Program Reauthorization Act (CHIPRA) requires all states that operate a Title XXI (CHIP) program to conduct the CAHPS survey and submit data that are representative of all children covered by their entire Title XXI program (CHIP Medicaid Expansion Program, Separate CHIP Program, or Combination CHIP Program). More information is available in a fact sheet at https://www.medicare.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf . FAQs are available at https://www.medicare.gov/medicaid/quality-of-care/downloads/cahps-faq.pdf .

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 42 FFY 2016: 42 FFY 2017: 40
Was the measure publicly reported for FFY 2017?	Information on CAHPS data collection and reporting by states was included in a measure-specific table on Medicaid.gov. However, measure-specific rates were not reported. Note that the AHRQ CAHPS Database reports aggregate Medicaid and CHIP CAHPS data submitted voluntarily by individual health plans and state agencies. The 2018 chart book contains data for 79,736 Child Medicaid beneficiaries in 150 plans and 13,933 CHIP beneficiaries in 25 plans. The chart book is available at https://cahpsdatabase.ahrq.gov/files/2018CAHPSHealthPlanChartbook.pdf . CMS encourages state Medicaid and CHIP agencies and their health plans to submit CAHPS data to the AHRQ CAHPS Database.
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	No other programs listed in CMS's Measure Inventory Tool.
Challenges noted by states in reporting the measure for FFY 2017	Data not available (9 states) because information was not collected. One state noted that the CAHPS survey was conducted but the results could not be generalized to a statewide response.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)
Description	This measure provides information on beneficiaries' experiences with their health care and gives a general indication of how well the health care meets the beneficiaries' expectations. Results summarize beneficiaries' experiences through ratings, composites, and individual question summary rates.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	Not endorsed. (Note: This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006].)
Core Set	Adult Core Set
Core Set domain	Experience of Care
Measure type	Outcome: PRO-PM
Year added to Core Set	2012 (Initial Adult Core Set)

Technical Specifications	
Ages	Age 18 and older as of December 31 of the measurement year.
Data collection method	Survey.
Denominator	The survey sample includes beneficiaries age 18 and older as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys.
Numerator	<p>The survey includes four global rating questions:</p> <ul style="list-style-type: none"> • Rating of All Health Care • Rating of Health Plan • Rating of Personal Doctor • Rating of Specialist Seen Most Often <p>Five composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> • Customer Service • Getting Care Quickly • Getting Needed Care • How Well Doctors Communicate • Shared Decision Making <p>Item-specific question summary rates are reported for the rating questions and each composite question, the “written materials/Internet provided needed information” question, and the “forms were easy to fill out” question. Question summary rates are also reported individually for two items summarizing the following concepts:</p> <ul style="list-style-type: none"> • Health Promotion and Education • Coordination of Care

	In addition, CAHPS 5.0H includes questions used in two other Adult Core Set measures: Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) and Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD).
Exclusions	The survey excludes those who are not currently enrolled at the time of the survey.
Continuous enrollment period	The last six months of the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Recommendation for Removal

Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal. The Workgroup member indicated this measure does not provide useful or actionable results for state Medicaid and CHIP agencies and that states have experienced significant challenges reporting the measure. In addition, the Workgroup member noted that the CAHPS survey has poor response rates, high cost, and scoring is not comparable for diverse populations as discussed in the following publication: https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/about-cahps/research/survey-administration-literature-review.pdf .
Is there another related measure in the Core Set?	Yes. The Child Core Set includes the following measure: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH).
Has another measure been proposed for substitution (new or existing measure)?	No
Other information	None

Core Set Reporting History

Number of states reporting the measure	FFY 2015: 25 FFY 2016: 27 FFY 2017: 29
Was the measure publicly reported for FFY 2017?	Information on CAHPS data collection and reporting by states was included in a measure-specific table on Medicaid.gov. However, measure-specific rates were not reported. Note that the AHRQ CAHPS Database reports aggregate Medicaid and CHIP CAHPS data submitted voluntarily by individual health plans and state agencies. The 2018 chart book contains data for 54,362 Adult Medicaid beneficiaries in 146 plans. The chart book is available at https://cahpsdatabase.ahrq.gov/files/2018CAHPSHealthPlanChartbook.pdf . CMS encourages state Medicaid and CHIP agencies and their health plans to submit CAHPS data to the AHRQ CAHPS Database.

Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	No other programs listed in CMS's Measure Inventory Tool.
Challenges noted by states in reporting the measure for FFY 2017	<p>Data not available (12 states) because data were not collected by the state and/or health plans. States also noted:</p> <ul style="list-style-type: none"> • Funding is not available (multiple states). • State alternates Child Medicaid and Adult Medicaid Surveys and this year the Child Medicaid population was surveyed (multiple states). • Managed care plans conduct the survey and state does not conduct a separate CAHPS survey for the statewide Adult Medicaid population (multiple states). • Measure was not identified as a key priority area.

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CARE OF ACUTE AND CHRONIC CONDITIONS

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Comprehensive Diabetes Care: Hemoglobin A1c Testing (HA1C-AD)
Description	Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) who had a hemoglobin A1c (HbA1c) test.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	0057
Core Set	Adult Core Set
Core Set domain	Care of Acute and Chronic Conditions
Measure type	Process
Year added to Core Set	2012 (Initial Adult Core Set)

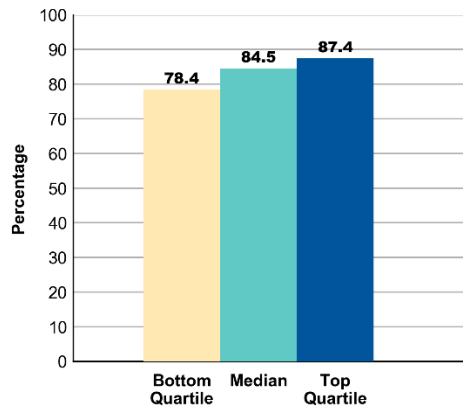
Technical Specifications	
Ages	Ages 18 to 75 as of December 31 of the measurement year.
Data collection method	Administrative or Hybrid.
Denominator	Beneficiaries ages 18 to 75 years by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.
Numerator	Beneficiaries who had an HbA1c test performed during the measurement year.
Exclusions	Beneficiaries who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. Optional Exclusion: Beneficiaries who do not have a diagnosis of diabetes in any setting during the measurement year or the year prior to the measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year.
Continuous enrollment period	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Recommendation for Removal	
Reason(s) suggested for removing the measure	<p>Three Workgroup members suggested this measure for removal indicating states have consistently reported a high level of performance on the measure, indicating little room for improvement. Workgroup members also noted:</p> <ul style="list-style-type: none"> There are two measures related to HbA1c in the 2019 Adult Core Set: (1) HA1C-AD is a process measure for which states already have high performance, and (2) HPC-AD is an outcome measure. HPC-AD is a good substitution for HA1C-AD in that if testing is not done, HPC-AD records the "result" as poor control; thus, in essence, testing is still being "counted."

	This is purely a process measure that has a national Medicaid median of 84.5%. The focus should be on the HPC-AD (poor control) measure. Removing the HA1C measure will reduce administrative burden without giving up the true value of measuring diabetes control.
Is there another related measure in the Core Set?	Yes. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD).
Has another measure been proposed for substitution (new or existing measure)?	Yes. Workgroup members suggested substituting an existing measure: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD).
Other information	For more information on state reporting of the HPC-AD measure for FFY 2017, see the 2018 Adult Core Set Chart Book at https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-adult-chart-pack.pdf .

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 37 FFY 2016: 37 FFY 2017: 38
Was the measure publicly reported for FFY 2017?	Yes (see next page for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> • Core Quality Measures Collaborative Measure • Qualified Health Plan Quality Rating System
Challenges noted by states in reporting the measure for FFY 2017	<p>Data not available (5 states) due to budget and/or staff constraints and information not collected. States also noted:</p> <ul style="list-style-type: none"> • A process measure was not considered useful. • State was not able to budget for the production of any hybrid measures for the HEDIS 2017 season. • State has chosen voluntarily to not report on this measure for 2017.

Percentage of Adults* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2017 (n = 38 states)

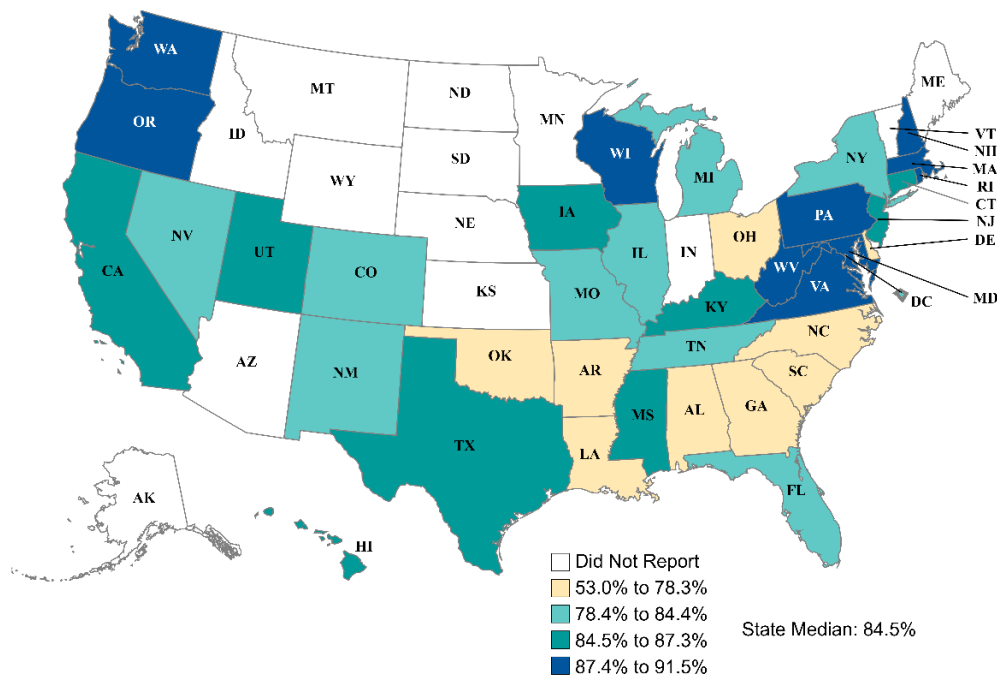


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had a Hemoglobin A1c test during the measurement year.

*Data displayed in this chart include adults ages 18 to 64 for 22 states and ages 18 to 75 for 16 states.

Geographic Variation in the Percentage of Adults* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2017 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 22 states and ages 18 to 75 for 16 states.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

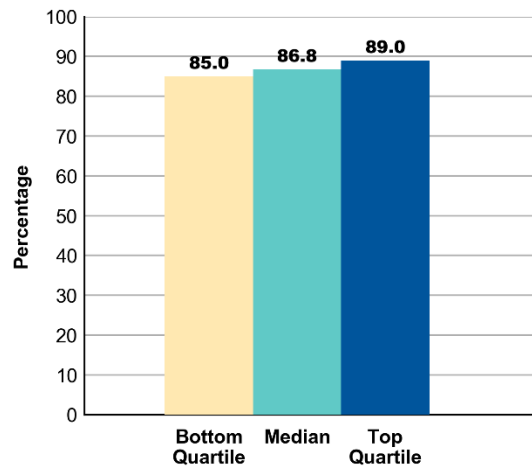
Measure Information	
Measure name	Annual Monitoring for Patients on Persistent Medications (MPM-AD)
Description	Percentage of beneficiaries age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Report each of the two rates separately and as a total rate: 1. Annual monitoring for beneficiaries on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB); 2. Annual monitoring for beneficiaries on diuretics; 3. Total rate (the sum of the two numerators divided by the sum of the two denominators).
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	2371 (no longer endorsed)
Core Set	Adult Core Set
Core Set domain	Care of Acute and Chronic Conditions
Measure type	Process
Year added to Core Set	2012 (Initial Adult Core Set) (Note: The Initial Core Set include NQF #0021, which was replaced with NQF #2371 for the 2015 Adult Core Set.)

Technical Specifications	
Ages	Age 18 and older as of December 31 of the measurement year.
Data collection method	Administrative.
Denominator	Rate 1: Beneficiaries who received at least 180 treatment days of ACE inhibitors or ARBs, during the measurement year. Rate 2: Beneficiaries who received at least 180 treatment days of a diuretic, during the measurement year.
Numerator	Rates 1 and 2: At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year.
Exclusions	Optional Exclusion: Beneficiaries from each eligible population who had an acute inpatient encounter or non-acute inpatient encounter during the measurement year.
Continuous enrollment period	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Recommendation for Removal	
Reason(s) suggested for removing the measure	Two Workgroup members suggested this measure for removal indicating states have consistently reported a high level of performance on the measure, indicating little room for improvement. One Workgroup member noted that the measure lost NQF endorsement in June 2018.
Is there another related measure in the Core Set?	No
Has another measure been proposed for substitution (new or existing measure)?	No
Other information	None

Core Set Reporting History	
Number of states reporting the measure (Total)	FFY 2015: 32 FFY 2016: 32 FFY 2017: 36
Was the measure publicly reported for FFY 2017?	Yes (see next page for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	Qualified Health Plan Quality Rating System Measure Set: Clinical Measure.
Challenges noted by states in reporting the measure for FFY 2017	Data not available (5 states) due to budget and/or staff constraints and not easily accessible. States also noted: <ul style="list-style-type: none"> • State is not confident that it is capturing all of the lab claims with enough specificity to report this measure under the administrative specification. • State has not yet developed coding to report this measure. • Not a pay-for-performance measure.

Percentage of Adults* who Received at Least 180 Days of Ambulatory Medication Therapy and an Annual Monitoring Visit, FFY 2017 (n = 36 states)

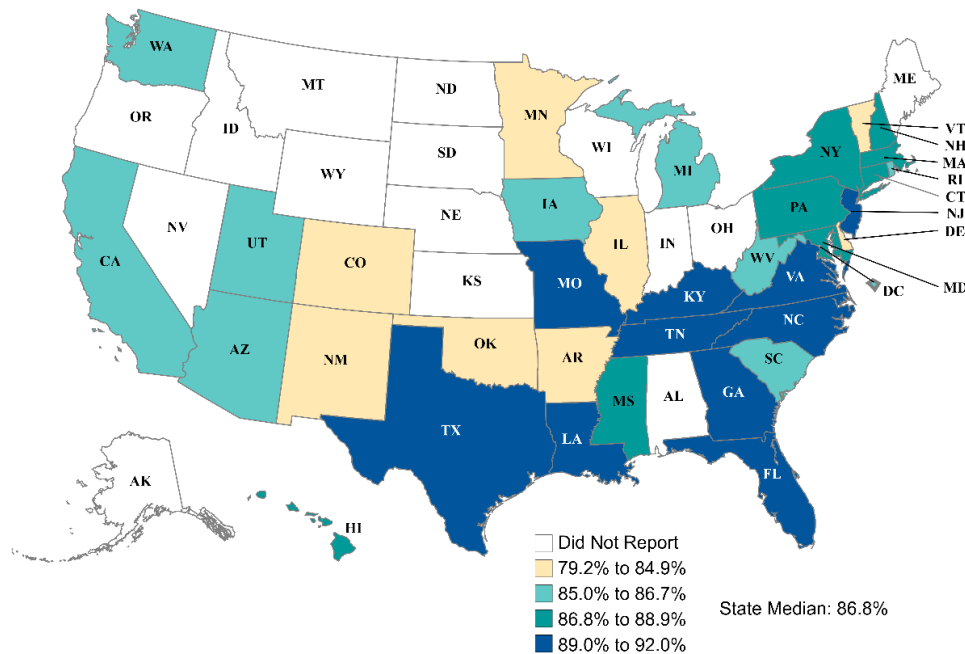


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of adults age 18 and older who received at least 180 treatment days of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs), digoxin, or diuretics during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year.

*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 17 states.

Geographic Variation in the Percentage of Adults* who Received at Least 180 Days of Ambulatory Medication Therapy and an Annual Monitoring Visit, FFY 2017 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 17 states.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	HIV Viral Load Suppression (HVL-AD)
Description	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.
Measure steward	Health Resources and Services Administration
NQF number (if endorsed)	2082/3210e
Core Set	Adult Core Set
Core Set domain	Care of Acute and Chronic Conditions
Measure type	Outcome
Year added to Core Set	2014

Technical Specifications	
Ages	Age 18 and older as of December 31 of the measurement year.
Data collection method	Administrative or EHR.
Denominator	Beneficiaries 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 HIV diagnosis.
Numerator	The number of beneficiaries with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
Exclusions	None.
Continuous enrollment period	None.
Allowable gap	None.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal from the Adult Core Set indicating states have experienced significant challenges reporting the measure. Only five states reported this measure for FFY 2017, even though the measure has been on the Adult Core Set since 2014. The Workgroup member also noted some states have strict laws around the collection and release of HIV-related information that make collecting these data very difficult.
Is there another related measure in the Core Set?	No
Has another measure been proposed for substitution (new or existing measure)?	Yes. Proportion of Days Covered: Antiretroviral Medications (new measure).

Other information	This measure was proposed for removal during the 2018 Core Set annual review meeting. Multiple state representatives noted reporting challenges, including limitations of administrative data sources, lack of access to EHR data, and strict confidentiality laws associated with obtaining HIV and AIDS-related clinical laboratory data.
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Core Set Reporting History	
Number of states reporting the measure (Total)	FFY 2015: 3 FFY 2016: 5 FFY 2017: 5
Was the measure publicly reported for FFY 2017?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> • Core Quality Measures Collaborative Measure • Merit-Based Incentive Payment System Program
Challenges noted by states in reporting the measure for FFY 2017	<p>Data not available (35 states) due to budget and/or staff constraints, data inconsistencies/accuracy, data source not easily accessible, and information not collected. States also noted:</p> <ul style="list-style-type: none"> • 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). • State does not use LOINC codes, which are required to determine HIV viral load for the numerator. • The HIV surveillance data used to get viral load levels are not yet mature. • State has not yet developed coding to report this measure. • The state's Medicaid Managed Care Contract does not require the MCOs to collect data for this measure.

MATERNAL AND PERINATAL HEALTH

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

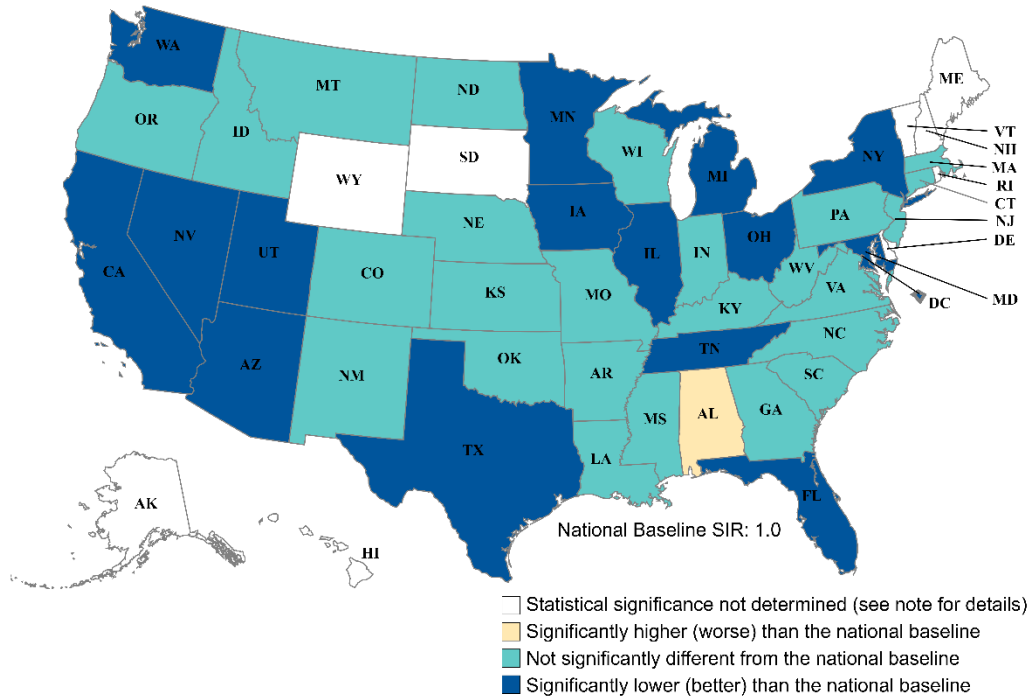
Measure Information	
Measure name	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)
Description	Number of central line-associated bloodstream infections (CLABSIs) in pediatric and neonatal intensive care units (ICUs). The standardized infection ratio (SIR) compares the observed number of infections reported to the predicted number of infections. A bloodstream infection must first be determined to be a healthcare-associated infection (HAI) before it can be identified as a CLABSI.
Measure steward	Centers for Disease Control and Prevention (CDC)
NQF number (if endorsed)	0139
Core Set	Child Core Set
Core Set domain	Maternal and Perinatal Health
Measure type	Outcome
Year added to Core Set	2010 (Initial Child Core Set)

Technical Specifications	
Ages	Not specified for this measure.
Data collection method	Hospital medical records (obtained from data submitted to hospitals through CDC's National Healthcare Safety Network).
Denominator	Number of predicted healthcare-associated CLABSIs among patients in bedded inpatient care locations (pediatric and neonatal intensive care units), calculated using the facility's number of central line days and the following significant risk factors: type of location, facility bed size, medical school affiliation, facility type, birthweight category.
Numerator	Number of observed healthcare-associated CLABSI among patients in bedded inpatient care locations.
Exclusions	The following devices are excluded as central lines: <ul style="list-style-type: none"> • Pacemaker wires and other non-lumened devices inserted into central blood vessels or the heart • Arterial catheters • Arteriovenous fistula • Arteriovenous graft • Extracorporeal membrane oxygenation (ECMO) • Hemodialysis reliable outflow (HERO) dialysis catheters • Intra-aortic balloon pump (IABP) devices • Non-accessed central line (not accessed nor inserted during the hospitalization) • Peripheral IV or Midlines • Ventricular Assist Device (VAD)
Continuous enrollment period	Not applicable.
Allowable gap	Not applicable.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal. The Workgroup member indicated this measure does not provide useful or actionable results for state Medicaid and CHIP agencies.
Is there another related measure in the Core Set?	No
Has another measure been proposed for substitution (new or existing measure)?	No
Other information	<ul style="list-style-type: none"> • The CLABSI-CH measure is collected through CDC’s National Healthcare Safety Network (NHSN). The data are obtained by CDC from hospitals and not reported by states. More information on the methods used to assess state performance is available at https://www.cdc.gov/hai/data/portal/progress-report.html. • The Child Core Set measure includes both neonatal and pediatric ICUs. CDC only reports data for neonatal ICUs. Thus, the publicly reported data is for neonatal ICUs only. • The data reported by CDC are not limited to CLABSIs among Medicaid and CHIP beneficiaries. • More information on findings from a 2012 Workgroup on state reporting of the CLABSI measure in the Child Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/clabsi-workgroup-report.pdf.

Core Set Reporting History	
Number of states reporting the measure	For calendar year 2016 (FFY 2017 reporting), CLABSI data were reported for 42 states. Nine states had fewer than five facilities reporting data to CDC, so the standard infection ratio was not calculated for these 9 states.
Was the measure publicly reported for FFY 2017?	Yes (see next page for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> • CDC’s National Healthcare Safety Network (healthcare-associated infection tracking system) • Medicare’s Hospital Inpatient Quality Reporting Program • Hospital Value-Based Purchasing Program • Hospital-Acquired Conditions Reduction Program.
Challenges noted by states in reporting the measure for FFY 2017	Not applicable – CLABSI-CH is not reported by states.

Geographic Variation in State Performance on Pediatric Central Line-Associated Blood Stream Infections (CLABSIs): Number of Infections (Reported and Predicted) and Standardized Infection Ratio (SIR), 2016 (n = 42 states)



Source: Centers for Disease Control and Prevention, 2016 National and State Healthcare-Associated Infections Standardized Infection Ratio Report, Table 3d, available at <https://www.cdc.gov/hai/excel/hai-progress-report/2016-SIR-ACH.xlsx>.

Note: This chart indicates whether each state's infection rate, as measured by the SIR, is higher, lower, or not significantly different relative to the 2015 national baseline. Nine states (AK, DE, HI, ME, NH, RI, SD, VT, and WY) had fewer than five facilities report so data are not displayed.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	PC-01: Elective Delivery (PC01-AD)
Description	Percentage of women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed. Lower rates are better on this measure.
Measure steward	The Joint Commission
NQF number (if endorsed)	0469/0469e
Core Set	Adult Core Set
Core Set domain	Maternal and Perinatal Health
Measure type	Process
Year added to Core Set	2012 (Initial Adult Core Set)

Technical Specifications	
Ages	Not applicable for this measure.
Data collection method	Hybrid or EHR.
Denominator	Beneficiaries delivering newborns with ≥ 37 and < 39 weeks of gestation completed.
Numerator	Beneficiaries with elective deliveries by either medical induction of labor while not in labor prior to the procedure, or cesarean birth while not in labor and with no history of a prior uterine surgery.
Exclusions	Conditions possibly justifying elective delivery prior to 39 weeks gestation; history of prior stillbirth; less than age 8 or greater than or equal to age 65; length of stay > 120 days; prior uterine surgery; gestational age < 37 or ≥ 39 weeks or unable to determine.
Continuous enrollment period	None.
Allowable gap	None.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal and noted that, while there are outliers involved in early elective delivery, this is far outside the accepted standard and should be regulated outside of national reporting of quality metrics There are other measures that have demonstrated more unwarranted variation and impact a greater number of beneficiaries.
Is there another related measure in the Core Set?	Yes. PC-02: Cesarean Birth (PC02-CH).
Has another measure been proposed for substitution (new or existing measure)?	Yes. Existing measure: PC-02: Cesarean Birth (PC02-CH). New measure: PC-05 Exclusive Breast Milk Feeding (NQF #0480).
Other information	None

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: 12 FFY 2016: 11 FFY 2017: 9
Was the measure publicly reported for FFY 2017?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	<ul style="list-style-type: none"> • Core Quality Measures Collaborative • Hospital Inpatient Quality Reporting • Hospital Value-Based Purchasing • Medicare and Medicaid Electronic Health Record Incentive Program for Hospitals and Critical Access Hospitals • Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals
Challenges noted by states in reporting the measure for FFY 2017	<p>Data not available (27 states) due to budget and/or staff constraints, data source not easily accessible, and information not collected. States also noted:</p> <ul style="list-style-type: none"> • State's claims data do not contain information required to obtain the numerator for this measure. This measure would have to be calculated with the medical record, which the state does not have the resources to obtain. The only way to obtain this data are from the hospitals, but hospital data is for all payers (not Medicaid only). • Vital statistics linkage is not available at this time. • Clinical data not reported to state. • The appropriate sample size was not met for reporting. • State did not perform chart reviews as part of Adult Core Set reporting. • HEDIS does not report. • Not a pay-for-performance measure. • State developed policy around elective delivery.

MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)
Description	Among women ages 21 to 44 who had a live birth, the percentage that: (1) were provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery; (2) were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.
Measure steward	Office of Population Affairs
NQF number (if endorsed)	2902
Core Set	Adult Core Set
Core Set domain	Maternal and Perinatal Health
Measure type	Outcome: Intermediate Clinical Outcome
Year added to Core Set	2017

Technical Specifications	
Ages	Ages 21 to 44 years as of December 31 of the measurement year.
Data collection method	Administrative.
Denominator	Beneficiaries who had a live birth during the measurement year.
Numerator	<p>Rate 1: The eligible population that was provided a most (sterilization, IUD/IUS, contraceptive implant) or moderately (injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery.</p> <p>Rate 2: The eligible population that was provided a LARC method of contraception within 3 and 60 days of delivery.</p>
Exclusions	Deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth, or pregnancy termination) and live births that occurred during the last two months of the measurement year.
Continuous enrollment period	Within the measurement year, delivery date through 60 days after delivery.
Allowable gap	No allowable gap during the continuous enrollment period.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal. The Workgroup member noted that the Contraceptive Care - All Women Ages 21-44 (CCW-AD) measure (NQF 2903/2904) covers the measure concept.
Is there another related measure in the Core Set?	Yes. The Adult Core Set includes Contraceptive Care – All Women Ages 21–44 (CCW-AD). The Child Core Set includes the same measures for women ages 15–20: Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH) and Contraceptive Care – All Women Ages 15–20 (CCW-CH).

Has another measure been proposed for substitution (new or existing measure)?	Yes. Contraceptive Care – All Women Ages 21–44 (CCW-AD).
Other information	The Contraceptive Care measures are a focus of CMCS’s Maternal and Infant Health Initiative. More information on the Initiative is available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/index.html . More information about the contraceptive care measures is available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/data-and-measurement/index.html .

Core Set Reporting History	
Number of states reporting the measure	FFY 2015: Not applicable (Not part of the Core Set) FFY 2016: Not applicable (Not part of the Core Set) FFY 2017: 21
Was the measure publicly reported for FFY 2017?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	No other programs listed in CMS’s Measure Inventory Tool.
Challenges noted by states in reporting the measure for FFY 2017	Data not available (15 states) due primarily to information not collected for FFY 2017. States also noted: <ul style="list-style-type: none"> • State has not yet developed coding for this measure but anticipates reporting for FFY 2018 (multiple states). • Not identified as a key priority area for FFY 2017. • State’s Medicaid Managed Care Contract does not require MCOs to collect data for this measure. • Not reported by HEDIS. • Data system changes. • Technical specifications were not provided until after the performance measure rates generation process was already underway.

BEHAVIORAL HEALTH CARE

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)
Description	The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation: <ol style="list-style-type: none"> 1. Advising Smokers and Tobacco Users to Quit: a rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year. 2. Discussing Cessation Medications: a rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. 3. Discussing Cessation Strategies: a rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	0027
Core Set	Adult Core Set
Core Set domain	Behavioral Health Care
Measure type	Process
Year added to Core Set	2012 (Initial Adult Core Set)

Technical Specifications	
Ages	Age 18 and older as of December 31 of the measurement year.
Data collection method	Survey (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey.)
Denominator	For all three components, the denominator is the number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator: Q39: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” = “Every day” or “Some days” AND Q40: “In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?” = “Never” or “Sometimes” or “Usually” or “Always.”

Numerator	<ul style="list-style-type: none"> For component 1: 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 Q40: “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?” For component 2: 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 Q41: “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.” For component 3: 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 Q42: “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.”
Exclusions	None.
Continuous enrollment period	The last six months of the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal indicating states have experienced significant challenges reporting the measure. The Workgroup member noted this measure is scored from the CAHPS survey and issues with the CAHPS survey include poor response rates, high cost, and the fact that scoring is not comparable for diverse populations.
Is there another related measure in the Core Set?	No
Has another measure been proposed for substitution (new or existing measure)?	Yes. Tobacco Use: Screening and Cessation Intervention (NQF #0028).
Other information	None

Core Set Reporting History	
Number of states reporting the measure (Total)	FFY 2015: 19 FFY 2016: 18 FFY 2017: 20
Was the measure publicly reported for FFY 2017?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Use in other programs	Qualified Health Plan Quality Rating System Measure Set: Survey Measure.
Challenges noted by states in reporting the measure for FFY 2017	CAHPS data not available (18 states) due to budget and/or constraints, data source not easily accessible, and information not collected by the state and/or health plans.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2019 CORE SET

Measure Information	
Measure name	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
Description	Percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. Lower rates are better on this measure.
Measure steward	National Committee for Quality Assurance
NQF number (if endorsed)	Not endorsed
Core Set	Child Core Set
Core Set domain	Behavioral Health Care
Measure type	Process
Year added to Core Set	2016

Technical Specifications	
Ages	Ages 1 to 17 as of December 31 of the measurement year.
Data collection method	Administrative.
Denominator	Beneficiaries with 90 days of continuous antipsychotic medication treatment during the measurement year.
Numerator	Beneficiaries on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.
Exclusions	Beneficiaries in hospice.
Continuous enrollment period	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year.

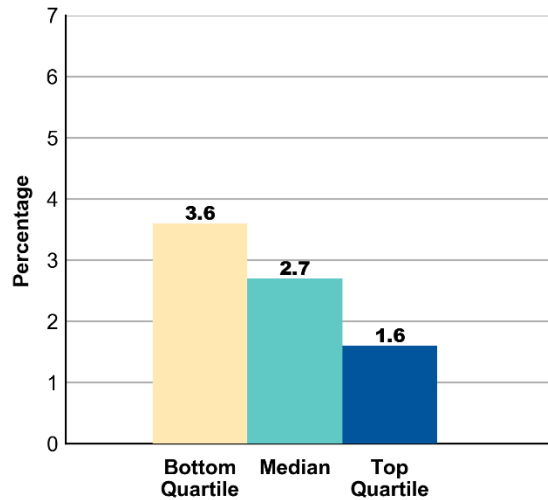
Recommendation for Removal	
Reason(s) suggested for removing the measure	One Workgroup member suggested this measure for removal. The Workgroup member indicated states have consistently reported a high level of performance on the measure, indicating little room for improvement. (Note that lower rates are better on this measure.) The Workgroup member noted that the national median has dropped (2.7% in 2017) and the denominator has also dropped, as the overall number of children on antipsychotic medications has decreased.
Is there another related measure in the Core Set?	Yes. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH).
Has another measure been proposed for substitution (new or existing measure)?	Yes. Metabolic Monitoring for Children and Adolescents on Antipsychotics (NQF #2800).

Other information	<ul style="list-style-type: none"> This measure has been proposed for retirement from HEDIS 2020. More information is available at https://blog.ncqa.org/hedis-2020-public-comment-opens-now/ This measure was proposed for removal during the 2018 Core Set annual review meeting. It did not pass the consensus threshold.
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Core Set Reporting History	
Number of states reporting the measure	FFY 2015: Not applicable (Not part of the Core Set) FFY 2016: 32 FFY 2017: 37
Was the measure publicly reported for FFY 2017?	Yes (see next page for FFY 2017 data).
Is the measure on the Medicaid & CHIP Scorecard?	Yes
Use in other programs	Measure was under consideration* for the following programs: <ul style="list-style-type: none"> Medicare and Medicaid EHR incentive program for eligible professionals Physician Compare Physician Feedback/Quality Resource Use Report Physician Value-Based Payment Modifier
Challenges noted by states in reporting the measure for FFY 2017	Data not available (6 states) due to budget and/or staff constraints and information not collected. States also noted: <ul style="list-style-type: none"> Process measure not a priority. Inconsistencies identified in calculation of the measure. State Medicaid-HMOs not required to report this measure because it is not part of HMO pay-for-performance or Core Reporting. Technical specifications not provided until after the performance measure rate generation process was already underway.

*The measure is not currently used in these programs. It was included on the 2018 Measures Under Consideration List.

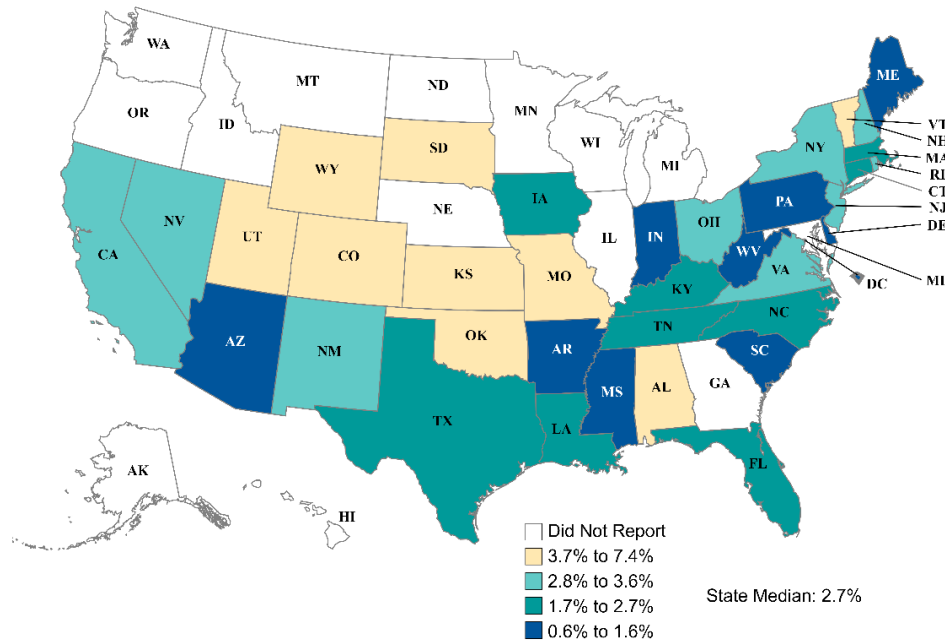
Percentage of Children and Adolescents Ages 1 to 17 who were on Two or More Concurrent Antipsychotic Medications for 90 Consecutive Days, FFY 2017 (n = 37 states)
 [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who were on Two or More Concurrent Antipsychotic Medications, FFY 2017 (n = 37 states)
 [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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