

# **Child and Adult Core Set Stakeholder Workgroup:**

Webinar to Prepare for the April Meeting

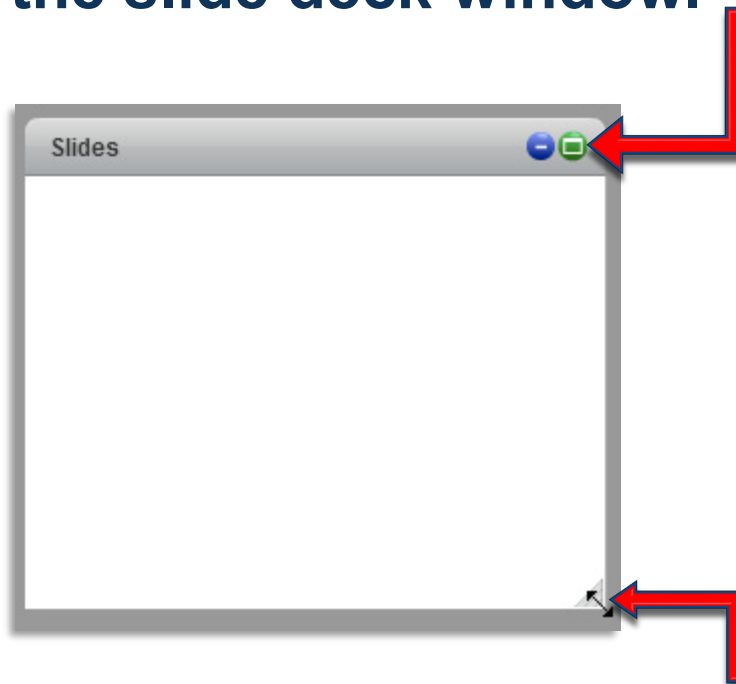
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**March 19, 2020**

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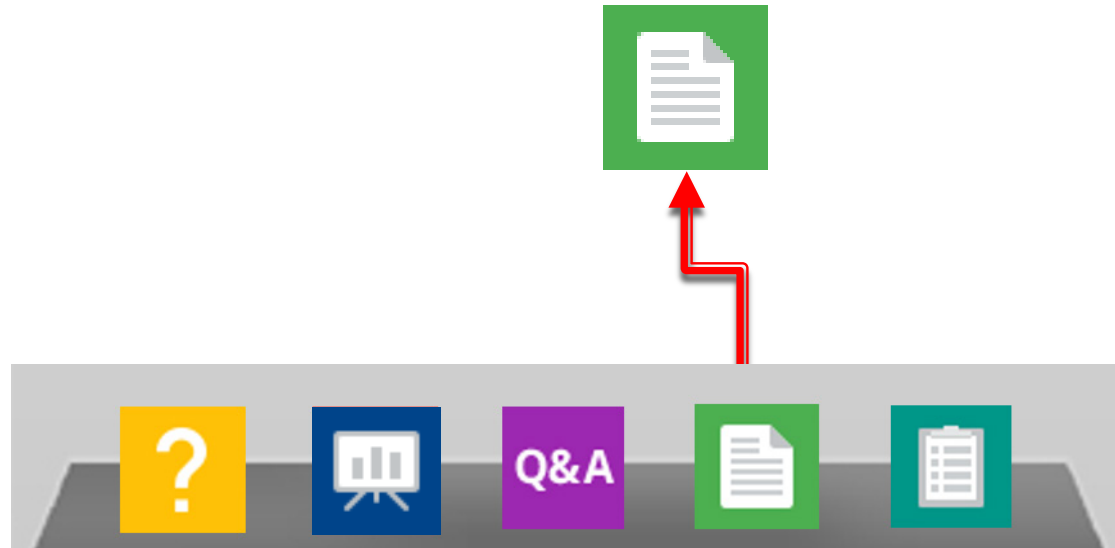
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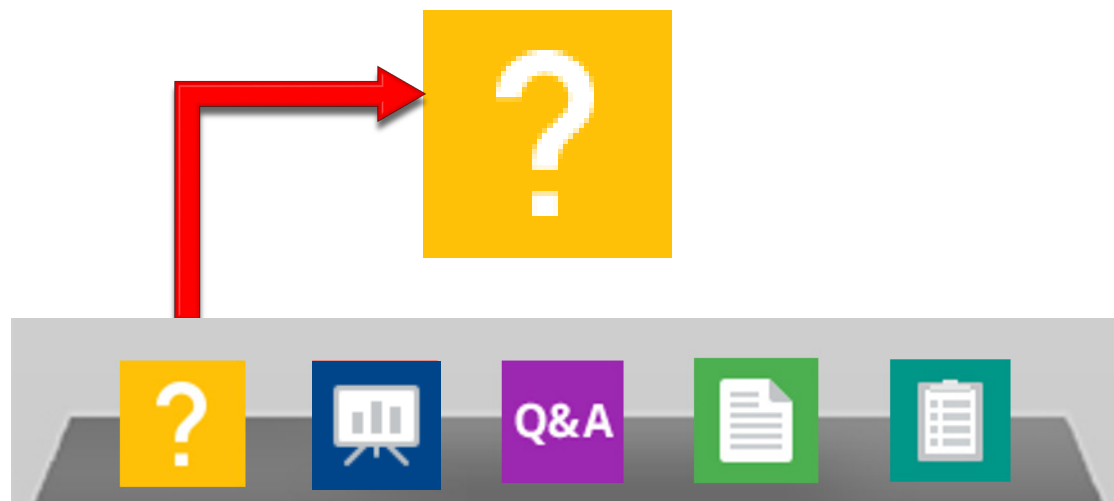


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# Welcome and Meeting Objectives

# Meeting Objectives

- **Discuss measure review strategy and criteria**
- **Identify the measures suggested by Workgroup members for removal from or addition to the 2021 Core Sets**
- **Describe resources available to Workgroup members for review of measures**
- **Present the April meeting approach and logistics**
- **Provide an opportunity for public comment**



# Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**
- **Allison Steiner, Health Researcher**
- **Chrissy Fiorentini, Health Analyst**
- **Dayna Gallagher, Health Associate**
- **Grace Reinders, Health Associate**
- **Lindsay Zelson, Health Associate**
- **Rosemary Borck, Senior Advisor**
- **Ruth Hsu, Health Analyst**
- **Tricia Rowan, Health Researcher**

# 2021 Core Set Annual Review Workgroup

## Voting Members

<b>Co-Chair:</b> Gretchen Hammer, MPH	Public Leadership Consulting Group
<b>Co-Chair:</b> David Kelley, MD, MPA	Pennsylvania Department of Human Services
Richard Antonelli, MD, MS	Boston Children's Hospital
Lowell Arye, MS	Aging and Disability Policy and Leadership Consulting, LLC
Tricia Brooks, MBA	Georgetown University Center for Children and Families
Laura Chaise, MBA Nominated by the National MLTSS Health Plan Association	Centene Corporation
Lindsay Cogan, PhD, MS	New York State Department of Health
James Crall, DDS, ScD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Anne Edwards, MD Nominated by the American Academy of Pediatrics	American Academy of Pediatrics
Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Tricia Elliott, MBA, CPHQ	The Joint Commission
Steve Groff Nominated by the National Association of Medicaid Directors	Delaware Department of Health and Social Services
Shevaun Harris, MBA, MSW Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University

# 2021 Core Set Annual Review Workgroup (cont.)

## Voting Members

David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Carolyn Langer, MD, JD, MPH	Fallon Health
Lauren Lemieux Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Jill Morrow-Gorton, MD, MBA	University of Pittsburgh Medical Center (UPMC) Health Plan
Amy Mullins, MD, CPE, FAAFP Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
Fred Oraene, MBA Nominated by the National Association of Medicaid Directors	Oklahoma Health Care Authority
Lisa Patton, PhD	IBM Watson Health
Sara Salek, MD	Arizona Health Care Cost Containment System
Marissa Schlaifer, MS	OptumRx
Linette Scott, MD, MPH	California Department of Health Care Services
Jennifer Tracey, MHA	Zero to Three
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior

# 2021 Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards & Quality, CMS, DHHS

Centers for Disease Control and Prevention, DHHS

Health Resources and Services Administration, DHHS

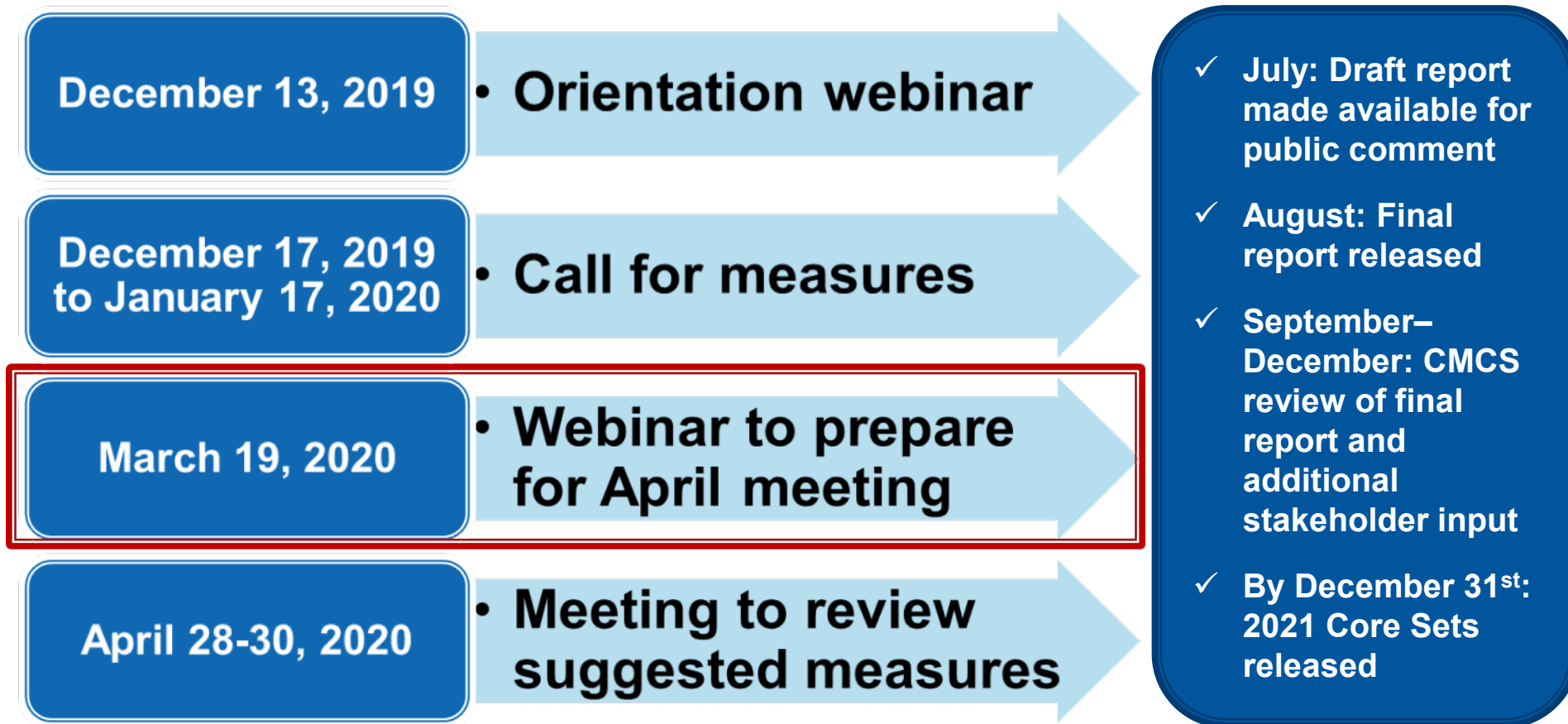
Office of Disease Prevention and Health Promotion, DHHS (invited)

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs

# 2021 Core Set Annual Review Workgroup Milestones

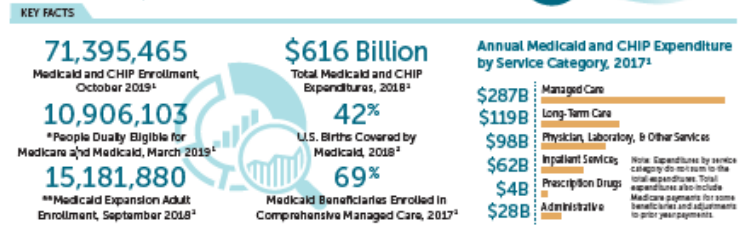


# Measure Review Strategy and Criteria

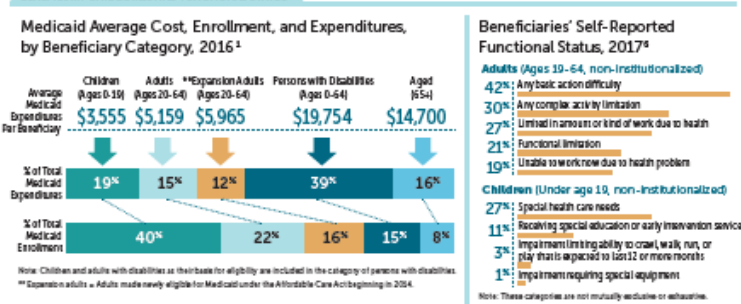
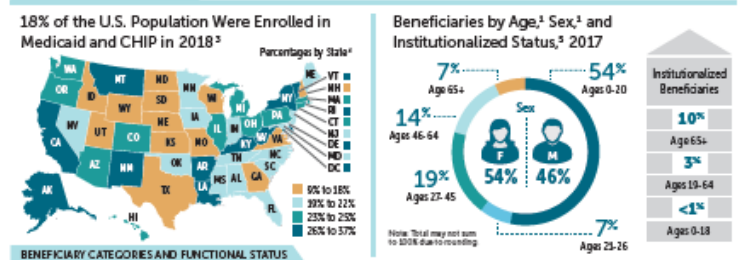
# Overview of the Purpose and Uses of Core Set Measures

- The purpose of the Child and Adult Core Sets is to estimate the national quality of care for Medicaid and CHIP beneficiaries
  - Core Set measures should cover the continuum of preventive, diagnostic, and treatment services for acute and chronic physical, behavioral, dental, and developmental conditions as well as long-term services and supports
- Core Set measures are used to:
  - Monitor the performance of state Medicaid and CHIP programs
  - Drive improvements in care delivery and health outcomes for beneficiaries
- States are able to drive improvements on care delivery and outcomes using Core Set measures that are actionable by managed care plans, providers, and beneficiaries, and that are linked to evidence-based interventions
- **Charge to the 2021 Core Set Annual Review Workgroup:** Assess measures for removal and addition using the lens of the purpose and uses of the Core Sets

# Medicaid and CHIP Beneficiaries at a Glance



\*People dually eligible for Medicare and Medicaid are also called dually eligible beneficiaries. This number includes beneficiaries with both full and partial Medicaid benefits. \*\*Expansion adults = Adults made newly eligible for Medicaid under the Affordable Care Act beginning in 2014.



If you would like more information about the Medicaid and CHIP programs and their beneficiaries, please see the following additional resources:

- The Medicaid and CHIP Beneficiary Profile provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of the beneficiaries served by Medicaid and CHIP. It is available at <https://www.medicaid.gov/medicaid/quality-of-care/index.html>
- CMS developed the Medicaid and CHIP Scorecard to increase public transparency and accountability about the programs' administration and outcomes. It is available at <https://www.medicaid.gov/state-overview/scorecard/index.html>

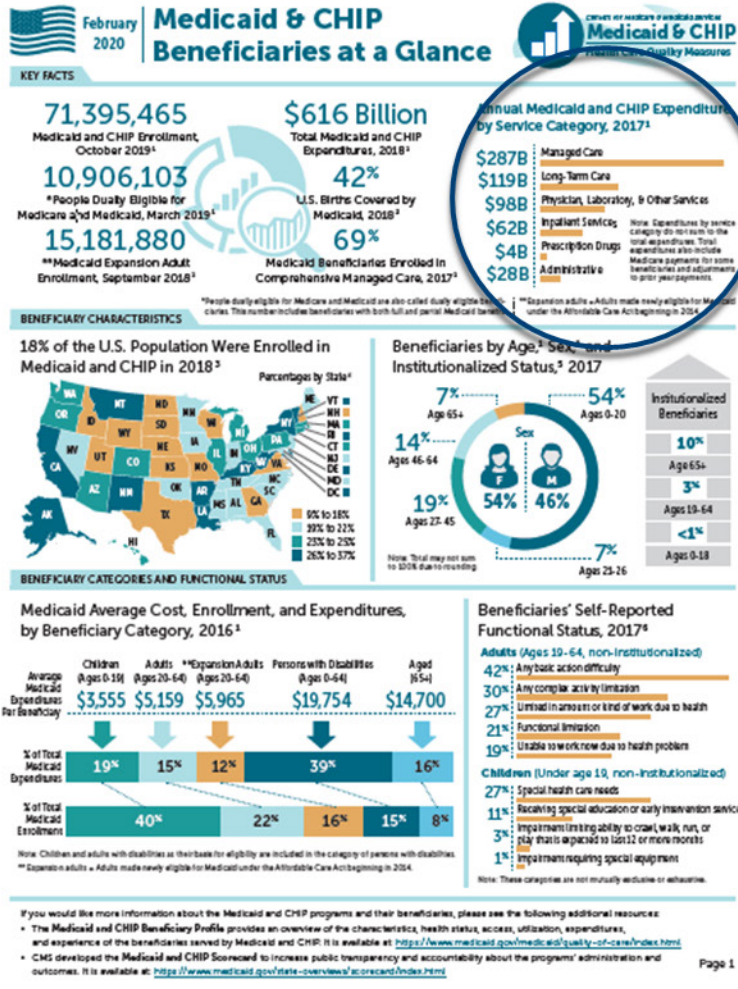
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- Beneficiary characteristics (by state, age, sex, and institutionalized status)
- Managed care and long-term care expenditures
- Beneficiary experience of care
- Beneficiary self-reported health care utilization and functional status
- Average cost, enrollment, and expenditures by beneficiary category

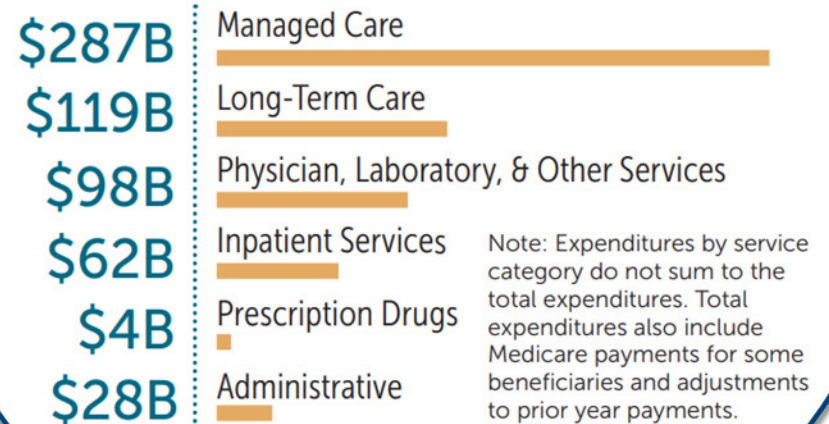
Available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-atagance.pdf>



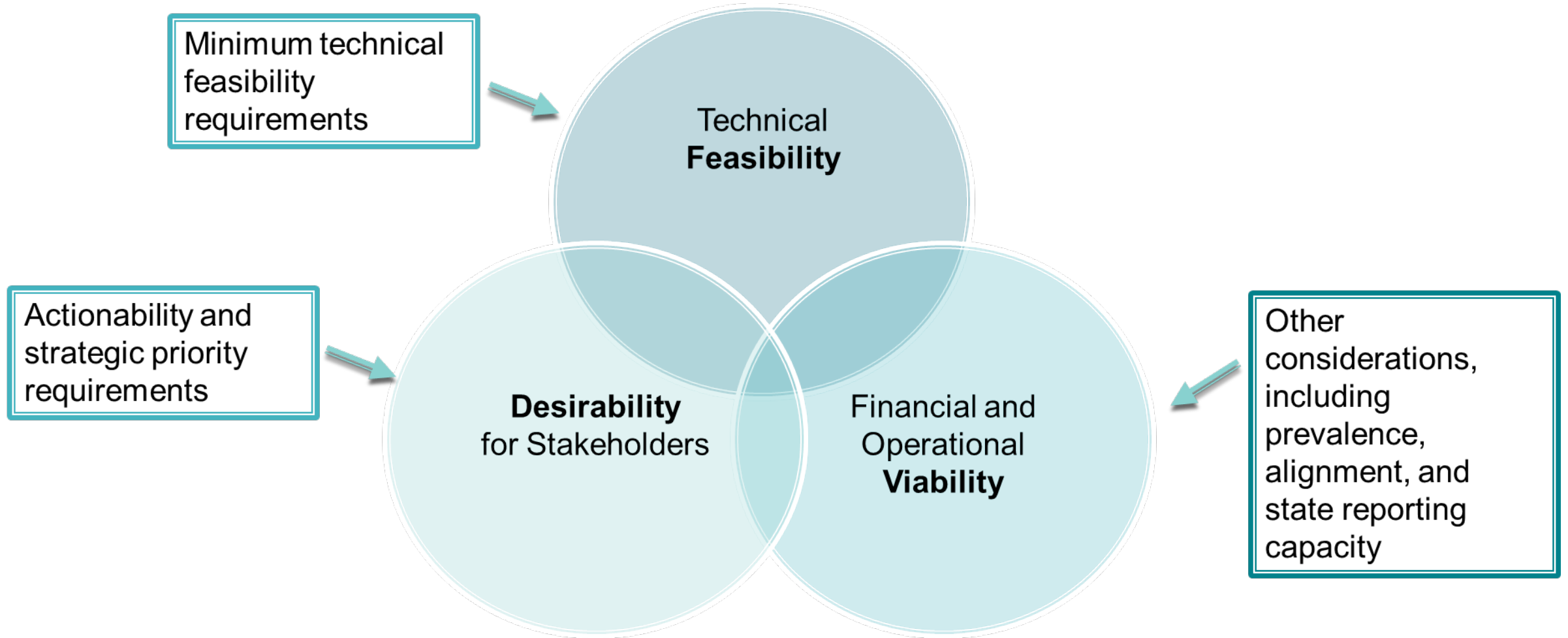
# Medicaid and CHIP Beneficiaries at a Glance (cont.)



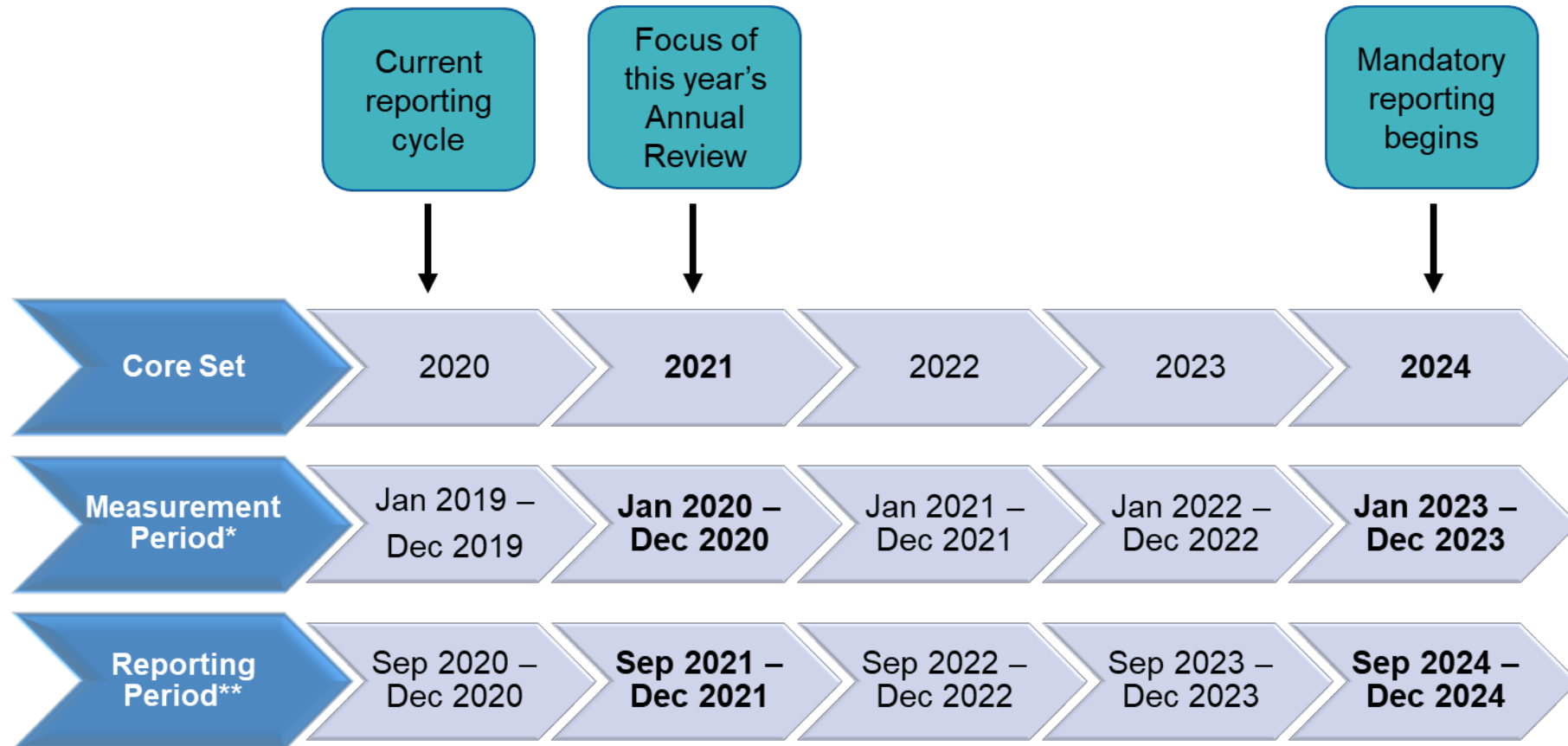
## Annual Medicaid and CHIP Expenditure by Service Category, 2017<sup>1</sup>



# Framework for Assessing Measures for the 2021 Core Sets



# Projected Core Set Reporting Timeline: Looking Ahead to Mandatory Reporting



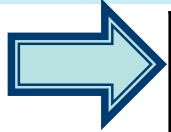
\*This reflects the typical measurement period, but may vary by measure and include lookback periods.

\*\*This reflects the reporting period for the 2019 Core Set and is subject to change in future years.

# Criteria for the 2021 Core Set Annual Review

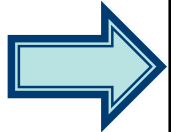
- To focus the Call for Measures for the 2021 Core Set Annual Review on measures that are a good fit for the purposes and uses of the Child and Adult Core Sets, Mathematica refined the criteria for addition and removal in three areas:
  - Minimum Technical Feasibility Requirements
  - Actionability and Strategic Priority
  - Other Considerations
- To be considered for the 2021 Core Sets, all measures must meet minimum technical feasibility requirements

# Criteria for Suggesting Measures for Addition: Minimum Technical Feasibility Requirements



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

Note: In the Call for Measures, Workgroup members were asked to provide the name of the measure steward and a link to the technical specifications, if available.



**2. The measure must have been tested in state Medicaid/CHIP programs or be in use by one or more state Medicaid/CHIP agencies.**

Note: In the Call for Measures, Workgroup members were asked to provide information on state testing of the measure and/or the name of any state(s) currently using the measure, if known.

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

Note: In the Call for Measures, Workgroup members were asked to provide information on the data source, including evidence that Medicaid and CHIP beneficiaries can be identified in the data source or through a feasible data linkage.

**4. The specifications and data source must allow for consistent calculations across states.**

Note: In the Call for Measures, Workgroup members were asked to assess whether the specifications or data source would produce consistent calculations across states or whether results may vary due to such factors as variation in coding, covered benefits, or data completeness.

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

**1. Taken together with other Core Set measures, the measure must contribute to estimating the overall national quality of health care in Medicaid and CHIP (as specified in the Statute).**

Note: In the Call for Measures, Workgroup members were asked to explain how this measure would contribute to creating a Core Set that covers the quality of health care throughout the age span; across the range of preventive, diagnostic, and treatment services; and related to physical, mental, and developmental conditions.

**2. The measure must provide useful and actionable results to drive improvement in state Medicaid and CHIP programs.**

Note: In the Call for Measures, Workgroup members were asked to provide information on:

- Does the measure promote effective care delivery?
- Is there evidence that the measure will lead to improvement in the quality of health care for Medicaid and CHIP beneficiaries?
- Do state Medicaid and CHIP programs have the ability to drive improvement on this measure?

**3. The measure must address a strategic priority in monitoring the performance of state Medicaid and CHIP programs.**

Note: In the Call for Measures, Workgroup members were asked to address:

- Is there room for improvement on the measure?
- Does the measure address the unique and complex needs of Medicaid and CHIP beneficiaries?
- Is the measure trendable to assess Medicaid and CHIP program performance and progress?



# Criteria for Suggesting Measures for Addition: Other Considerations

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

Note: In the Call for Measures, Workgroup members were asked to provide information on the prevalence of the condition or outcome, preferably in the Medicaid and CHIP populations, to ensure adequate population denominators across states.

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

Note: In the Call for Measures, Workgroup members were asked to provide information on the use of the measure in other programs such as the Merit-Based Incentive Payment System Program, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, Medicaid Promoting Interoperability Program, and/or Medicare Shared Savings Program.

**3. At least half the states should be able to produce the measure for FFY 2021 or FFY 2022, and all the states should be able to produce the measure by FFY 2024, including all their Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).**

Note: In the Call for Measures, Workgroup members were asked to provide information on potential barriers to states in producing the measure and what technical assistance resources would facilitate state reporting to achieve these milestones.

# Criteria for Suggesting Measures for Removal

## Technical Feasibility

1. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g. numerator, denominator, and value sets).
2. States report significant challenges in accessing an available data source (including medical records and surveys) that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
3. The available data source does not allow for consistent calculations across states.

## Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure does not make a significant contribution to estimating the overall national quality of health care in Medicaid and CHIP.
2. The measure does not provide useful and actionable results to drive improvement in state Medicaid and CHIP programs.
3. The measure does not address a strategic priority in monitoring the performance of state Medicaid and CHIP programs.

## Other Considerations

1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.
2. The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
3. Fewer than half of the states will be able to produce the measure for FFY 2021 or FFY 2022 and all states will not be able to produce the measure by FFY 2024, including all their Medicaid and CHIP populations.



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

- **Alpha testing – or formative testing – occurs concurrently to developing detailed technical specifications**
  - Typically small scale, iterative testing to determine the existence and quality of data elements
  - Provides initial information about the feasibility of collecting required data to calculate and report a measure
- **Beta testing – or field testing – occurs after the development of complete specifications to assess the scientific acceptability and usability of a measure**
  - Field testing is designed to test implementation and usability in the target population, in this case state Medicaid and CHIP programs
  - Field testing determines measure reliability and validity while providing further feasibility information such as burden and costs associated with implementing a measure
- **To meet minimum technical feasibility requirements, measures must have been field tested to ensure that the specifications can be implemented by state Medicaid and CHIP programs**

# Questions from Workgroup Members

# Measures Suggested for Removal from or Addition to the 2021 Core Sets

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

Measure Name and Domain	Measure Steward	NQF #	Data Collection Method
<b>Primary Care Access and Preventive Care</b>			
Adult Body Mass Index Assessment (ABA-AD)	NCQA	NA	Administrative or Hybrid
Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)	CMS	0418/0418e	Administrative or EHR
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	CMS	0418/0418e	Administrative or EHR
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	NCQA	0039	Survey
<b>Maternal and Perinatal Health</b>			
Audiological Evaluation No Later than 3 Months of Age (AUD-CH)	CDC	1360	EHR
PC-01: Elective Delivery (PC01-AD)	TJC	0469/ 0469e	Hybrid or EHR
<b>Care of Acute and Chronic Conditions</b>			
HIV Viral Load Suppression (HVL-AD)	HRSA	2082/3210e	Administrative or EHR
<b>Behavioral Health Care</b>			
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA	0027	Survey
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (HPCMI-AD)	NCQA	2607	Administrative or Hybrid
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	PQA	2940	Administrative
<b>Dental and Oral Health Services</b>			
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	CMS	NA	Administrative (Form CMS-416)
<b>Experience of Care</b>			
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)	NCQA	NA	Survey
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)	NCQA	NA	Survey

# Measures Suggested for Removal That Will Not Be Reviewed at the April Meeting

Measure Name and Domain	Measure Steward	NQF #	Data Collection Method
<b>Primary Care Access and Preventive Care</b>			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) <i>Measure removal withdrawn due to changes made to the measure for the 2020 Core Set</i>	NCQA	0024	Administrative, Hybrid, or EHR
<b>Behavioral Health Care</b>			
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) <i>Measure retired from the 2020 Core Set</i>	NCQA	NA	Administrative
<b>Dental and Oral Health Services</b>			
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH) <i>Measure retired by the measure steward; will be retired from the 2021 Core Set</i>	ADA/DQA	2508*	Administrative

\*No longer endorsed

# Summary of the 13 Measures Suggested for Removal That Will Be Reviewed at the April Meeting

Characteristic	Number of Measures
<b>Domain</b>	
Primary Care Access and Preventive Care	4
Maternal and Perinatal Health	2
Care of Acute and Chronic Conditions	1
Behavioral Health Care	3
Dental and Oral Health Services	1
Experience of Care	2
<b>Core Set</b>	
Child Core Set	4
Adult Core Set	9
<b>Data Collection Methods</b>	
Administrative Only	2
Administrative or Another Method	5
Hybrid or EHR	2
Survey	4
<b>Measure Type</b>	
Process	9
Outcome	2
Patient Reported Outcome	2

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

Measure Name and Proposed Domain	Measure Steward	NQF #	Data Collection Method
<b>Primary Care Access and Preventive Care</b>			
Adult Immunization Status	NCQA	NA	ECDS
Prenatal Immunization Status	NCQA	NA	ECDS
<b>Maternal and Perinatal Health</b>			
Prenatal Depression Screening and Follow-Up	NCQA	NA	ECDS
Postpartum Depression Screening and Follow-up	NCQA	NA	ECDS
<b>Care of Acute and Chronic Conditions</b>			
Proportion of Days Covered: Antiretroviral Medications	PQA	NA	Administrative
Prevention Quality Indicators (PQI) 92: Prevention Quality Chronic Condition Composite	AHRQ	NA	Administrative
<b>Dental and Oral Health Services</b>			
Annual Dental Visit	NCQA	1388*	Administrative
Sealant Receipt on Permanent 1st Molars	ADA/DQA	NA	Administrative
Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	ADA/DQA	NA	Administrative
Follow-Up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	ADA/DQA	NA	Administrative
<b>Long-Term Services and Supports</b>			
National Core Indicators for Aging and Disabilities Adult Consumer Survey	ADvancing States, HSRI	NA	Survey
Long-Term Services and Supports (LTSS) Admission to an Institution from the Community (MLTSS-6)	CMS	NA	Administrative

\*No longer endorsed

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

Measure Name and Domain	Measure Steward	NQF #	Data Collection Method
<b>Primary Care Access and Preventive Care</b>			
HIV Screening <i>Not field tested by state Medicaid and CHIP programs</i>	CDC	NA	EHR
<b>Care of Acute and Chronic Conditions</b>			
Global Assessment of Pediatric Patient Safety (GAPPS) Trigger Tool <i>Not field tested by state Medicaid and CHIP programs</i>	CEPQM	NA	EHR or chart review
<b>Long-Term Services and Supports</b>			
Admission to an Institution from the Community Among Medicaid Fee-for-Service (FFS) Home and Community-based Service (HCBS) Users <i>Not field tested by state Medicaid and CHIP programs</i>	CMS	NA	Administrative
<b>Other</b>			
Safe Environment for Every Kid (SEEK) Parent Questionnaire-R <i>Not a fully specified measure with a rate, numerator, and denominator</i>	University of Maryland	NA	Screening tool



# Summary of the 12 Measures Suggested for Addition That Will be Reviewed at the April Meeting

Characteristic	Number of Measures
<b>Domain</b>	
Primary Care Access and Preventive Care	2
Maternal and Perinatal Health	2
Care of Acute and Chronic Conditions	2
Dental and Oral Health Services	4
Long Term Services and Supports	2
<b>Data Collection Methods</b>	
Administrative Only	7
ECDS	4
Survey	1
<b>Level of Reporting</b>	
Plan-level	7
State-level	3
Other	2

# Electronic Clinical Data Systems (ECDS) in Brief

- The Electronic Clinical Data Systems methodology relies on a network of data containing an individual's personal health information and records of their experiences within the health care system
- Eligible data sources used for ECDS reporting are:
  - Administrative claims
  - Electronic health records
  - Health information exchanges and clinical registries
  - Case management systems
- Unlike supplemental data used in traditional HEDIS reporting, ECDS data can be used to identify any element of a measure's specification (e.g., identifying the eligible population)
- In September 2019, NCQA announced that *Prenatal Immunization Status* will be the first publicly reported ECDS measure. Health plans are using the measure in HEDIS Measurement Year 2020 and will report the results in June 2021

# Using Alternate Data Sources to Calculate Core Set Measures

- **CMS is exploring the use of alternate data sources to calculate Core Set measures in order to (1) reduce state burden and (2) standardize reporting across states**
- **For FFY 2019 Core Set reporting, CMS will use data from CDC WONDER for two measures in the Child Core Set: Low Birth Weight Rate and Cesarean Births (LBW-CH and PC02-CH); CMS will conduct a preview with states this spring**
- **AHRQ and CMS are collaborating on an effort to promote state-level reporting of Child and Adult Medicaid CAHPS data submitted to the AHRQ CAHPS Database**
  - **For the FFY 2019 reporting cycle, state-level results are available for 29 states for Adult Medicaid and 33 states for Child Medicaid; CMS will conduct a dry run of state-level reporting of CAHPS data with states this spring**
- **Beginning with the April 2021 submission of the Form CMS-416 EPSDT report, CMS will give states the option of having CMS create their 416 report using T-MSIS data, which includes the Preventive Dental Services (PDENT-CH) measure in the Child Core Set**
  - **CMS will conduct a pilot of the Form CMS- 416 replication with a sample of states this spring**
  - **In the future, T-MSIS could be used to construct other administrative measures in the Core Sets**

# Questions from Workgroup Members

# **Guidance to Workgroup Members for Reviewing Measures**

# Guidance for Measure Review

- **Before the April meeting, Workgroup members should review all of the measures suggested for consideration by the Workgroup**
- **Resources are available on a Workgroup SharePoint site to help Workgroup members assess the measures for removal from or addition to the Core Sets**
- **To guide their review, Workgroup members should refer to the criteria for removal of existing measures and addition of new measures**
- **The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition**

# Measure Review Resources

- **Measure Information Sheets (one for each measure)**
- **Core Set Measure Information**
  - 2020 Core Set Measure Lists
  - Reasons for Not Reporting Core Set Measures (FFY 2018 data)
  - Core Set History Table
- **Supplemental Links**
  - FFY 2019 Core Set Resource Manuals and Technical Specifications (FFY 2020 forthcoming)
  - Chart Packs and Measure Specific Tables (FFY 2018 data)
- **Medicaid and CHIP Beneficiary Profile and Infographic**
- **Measure Review Worksheet**

# Overview of Workgroup SharePoint Site



Mathematica

Medicaid and CHIP Child and Adult Core Set 2021 Annual Review

[Home](#)

[Review Measures](#) ▼

[April Logistics](#)

[All Resources](#)

[Recent](#) ▼

[Site Contents](#)

## Review Measures

CLICK ON BLUE HEADERS BELOW TO VIEW MATERIALS.

NOTE: These materials are for Workgroup use only. Please do not distribute.

### [Measure Review Worksheet](#)

A worksheet to facilitate measure review, which includes space for notes on the measures, questions, and how you plan to vote.

### [Measures Suggested for Removal](#)

Measure Information Sheet for each measure suggested for removal from the Core Sets.

### [Measures Suggested for Addition](#)

Measure Information Sheet for each measure suggested for addition to the Core Sets.

### [Resources for Reviewing Measures](#)

Additional resources to supplement the measure review including (1) information on the 2020 Core Set measures; (2) reasons for not reporting the measures for FFY 2018; (3) Medicaid and CHIP Beneficiary Profile; and (4) a resource list with links to the 2020 Child and Adult Core Set Resource Manuals and Technical Specifications, 2019 Chart Packs (FFY 2018 reporting), and other Core Set reporting resources.





# Workgroup Homework

- Workgroup members should review all the measures before the April meeting and assess the measures based on the criteria mentioned earlier
- Use the measure review worksheet to facilitate your review and prepare for the discussion at the April meeting
- On the worksheet, record any questions and your preliminary vote (recommend/not recommend for removal or addition)
- Thank you for taking the time to prepare for the April meeting
- If you have questions, please email [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com)

# Questions from Workgroup Members

# April Meeting Approach and Logistics

# April Meeting Logistics

- The meeting is scheduled to take place April 28-30
- We will conduct the meeting virtually via webinar
- The meeting will be open to the public
- Registration will open Wednesday, April 1, 2020
- More information about the meeting agenda, registration, and resources will be posted on our website prior to the April meeting:  
[www.Mathematica.org/MACCoreSetReview](http://www.Mathematica.org/MACCoreSetReview)

# Approach to Measure Discussion

- The Workgroup will discuss a total of 25 measures during the April meeting – 13 suggested for removal and 12 suggested for addition
- Measures will be reviewed by domain without regard to Core Set
- Within each domain, we will first discuss measures suggested for removal followed by measures suggested for addition
- Measures will be considered in their specified form

# Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**
- **Workgroup members will vote on each measure in its specified form**
  - **Measure for removal:**
    - Yes = I recommend removing the measure from the Core Set
    - No = I do not recommend removing the measure from the Core Set
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the Core Set
    - No = I do not recommend adding the measure to the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

# Questions from Workgroup Members

# Opportunity for Public Comment



# Wrap-Up

# Next Steps for Measure Review

- The SharePoint site will be updated with measure review materials for Workgroup members tomorrow, March 20th
- For help with SharePoint or other questions, Workgroup members should email [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com)

## For More Information

- Information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>
- Information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>
- Information on the Core Set Annual Review is available at <https://www.mathematica-mpr.com/MACCoreSetReview>

# Questions

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

**THANK YOU FOR PARTICIPATING!**

**Please complete the brief evaluation as you exit the  
webinar.**

# Appendix

# Acronyms

Acronym	Definition
<b>ADA</b>	American Dental Association
<b>AHRQ</b>	Agency for Healthcare Research and Quality
<b>BMI</b>	Body Mass Index
<b>CAHPS®</b>	Consumer Assessment of Healthcare Providers and Systems
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDC WONDER</b>	CDC Wide-ranging ONline Data for Epidemiologic Research
<b>CEPQM</b>	Center of Excellence for Pediatric Quality Measurement
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>DQA</b>	Dental Quality Alliance
<b>ECDS</b>	Electronic Clinical Data Systems
<b>EHR</b>	Electronic Health Record
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic and Treatment
<b>FFS</b>	Fee-for-Service
<b>HCBS</b>	Home and Community-Based Services
<b>HRSA</b>	Health Resources and Services Administration
<b>HSRI</b>	Human Services Research Institute
<b>LTSS</b>	Long-Term Services and Supports
<b>NCI-AD</b>	National Core Indicators – Aging and Disabilities
<b>NCQA</b>	National Committee for Quality Assurance
<b>NQF</b>	National Quality Forum
<b>PQA</b>	Pharmacy Quality Alliance

# Acronyms (continued)

Acronym	Definition
<b>SEEK</b>	Safe Environment for Every Kid
<b>TJC</b>	The Joint Commission
<b>T-MSIS</b>	Transformed Medicaid Statistical Information System