Child and Adult Core Set Stakeholder Workgroup:

2020 Annual Review In-Person Meeting

Day 2

May 8, 2019

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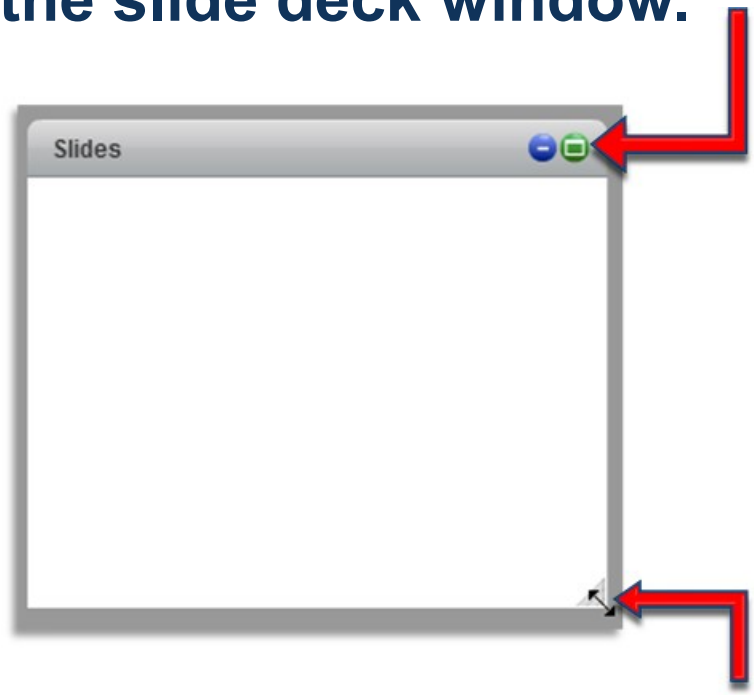

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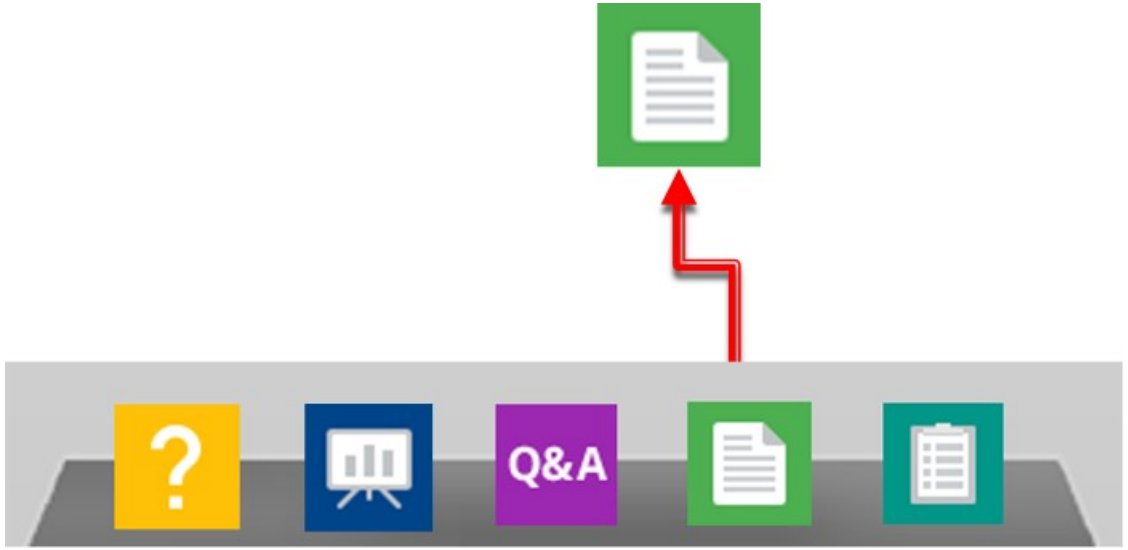

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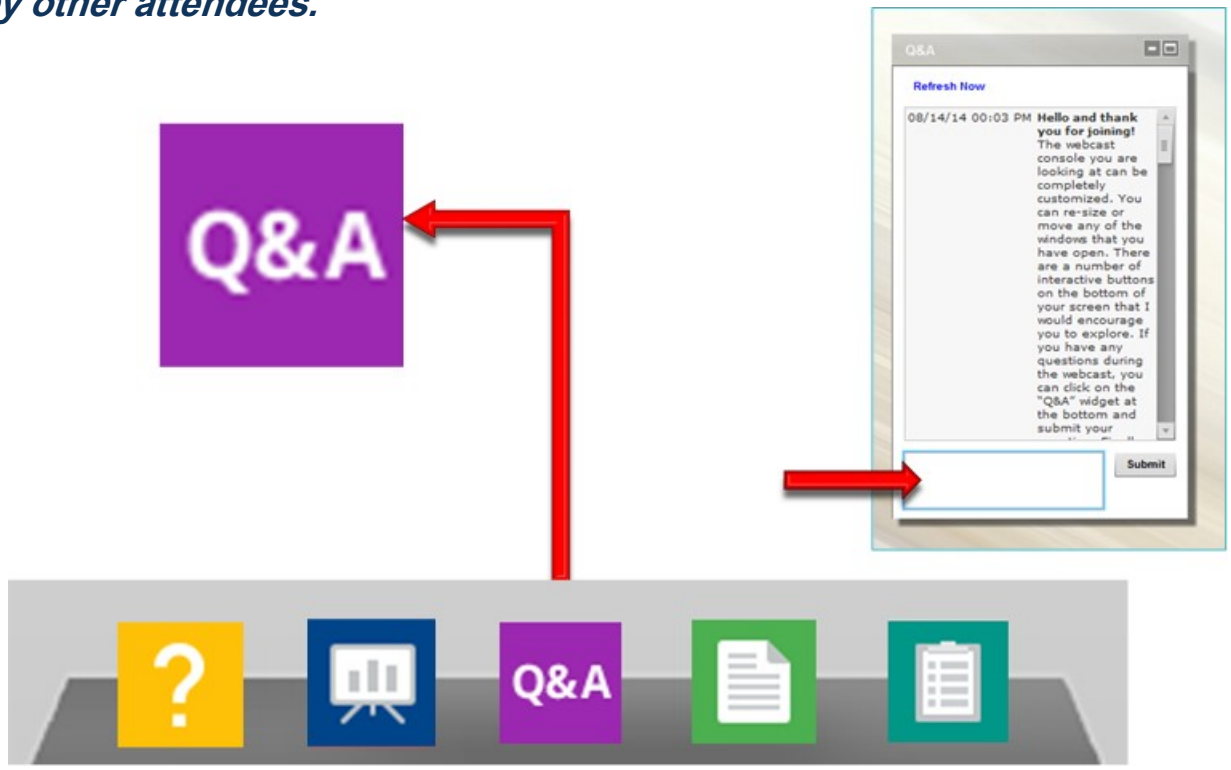

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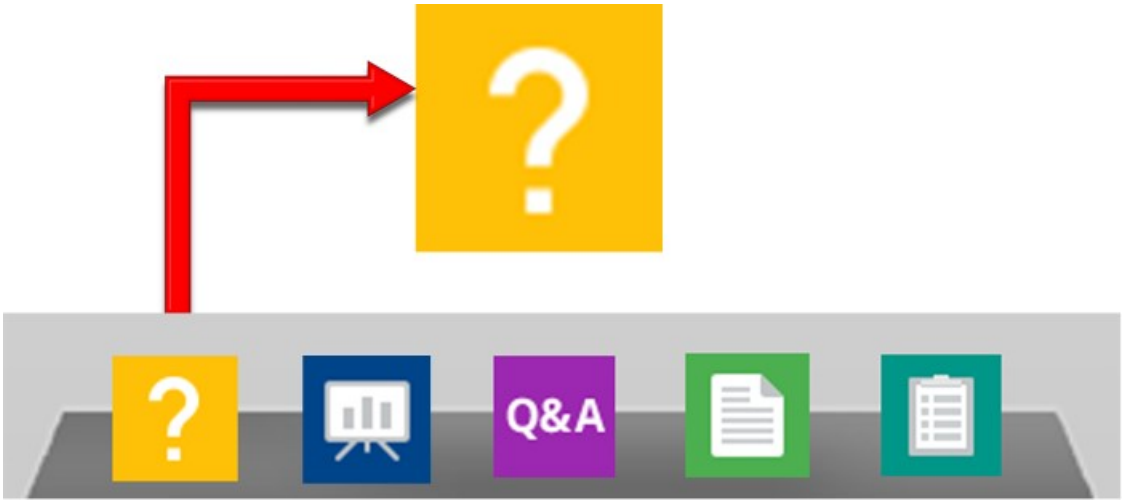

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Welcome and Review Day 1

Care of Acute and Chronic Conditions

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
Asthma Medication Ratio: Ages 5-18 (AMR-CH) (#1800)	Administrative	Not applicable (new to 2018 Core Set)
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Administrative	47
Adult Core Set		
Controlling High Blood Pressure (CBP-AD) (#0018)	Administrative, hybrid, or EHR	26
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD) (#0057)*	Administrative or hybrid	38
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) (#0059)	Administrative, hybrid, or EHR	27

*Measures with an asterisk are suggested for removal.

2019 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Adult Core Set *(cont.)*		
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) (#0272)	Administrative	29
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) (#0275)	Administrative	25
PQI 08: Heart Failure Admission Rate (PQI08-AD) (#0277)	Administrative	25
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) (#0283)	Administrative	26
Plan All-Cause Readmissions (PCR-AD) (#1768)	Administrative	25
Asthma Medication Ratio: Ages 19–64 (AMR-AD) (#1800)	Administrative	Not applicable (new to 2018 Core Set)
HIV Viral Load Suppression (HVL-AD) (#2082/3210e)*	Administrative or EHR	5
Annual Monitoring for Patients on Persistent Medications (MPM-AD) (#2371, no longer endorsed)*	Administrative	36

*Measures with an asterisk are suggested for removal.

Removal: 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
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.

Removal: HIV Viral Load Suppression (HVL-AD) *(cont.)*

Has another measure been proposed for substitution?	New measure: Proportion of Days Covered: Antiretroviral Medications.
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 3 FFY 2016: 5 FFY 2017: 5
Is the measure in the Medicaid & CHIP Scorecard?	No

Removal: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) 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 (NCQA)
NQF number (if endorsed)	0057
Data collection method	Administrative or Hybrid
Denominator	Beneficiaries ages 18 to75 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.
Has another measure been proposed for substitution?	Current measure: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD).
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 37 FFY 2016: 37 FFY 2017: 38
Is the measure in the Medicaid & CHIP Scorecard?	No

Removal: 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 (NCQA)
NQF number (if endorsed)	2371 (no longer endorsed)
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.

Removal: Annual Monitoring for Patients on Persistent Medications (MPM-AD) *(cont.)*

Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 32 FFY 2016: 32 FFY 2017: 36
Is the measure in the Medicaid & CHIP Scorecard?	No

Addition: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Description	Percentage of episodes for members age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0058
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative or EHR
Denominator	All members who had an outpatient visit with or without a telehealth modifier, a telephone visit, an online assessment, an observation visit, or an ED visit during the Intake Period (January 1–December 28 of the measurement year), with a diagnosis of acute bronchitis. The date of this visit is referred to as the Episode Date.
Numerator	Dispensed prescription for an antibiotic medication on or 3 days after the Episode Date.
Other information	The existing measure, which has been in use since 2006, is under re-evaluation and updates have been proposed for HEDIS 2020.

Addition: Appropriate Treatment for Upper Respiratory Infection

Description	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0069
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative or EHR
Denominator	All members who had an outpatient visit with or without a telehealth modifier, a telephone visit, an online assessment, an observation visit, or an ED visit during the Intake Period (a 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year), with a diagnosis of URI. The date of this visit is referred to as the Episode Date.
Numerator	Dispensed prescription for an antibiotic medication on or 3 days after the Episode Date.
Other information	The existing measure, which has been in use since 2004, is under reevaluation and updates have been proposed for HEDIS 2020.

Addition: Transcranial Doppler Ultrasonography Screening for Children with Sickle Cell Anemia

Description	Percentage of children ages 2 through 15 years old during the measurement year and identified as having Sickle Cell Anemia who received at least one Transcranial Doppler ultrasonography screening within a year.
Measure steward	Q-METRIC – University of Michigan
NQF number (if endorsed)	2797
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Children who had sickle cell anemia during the measurement year. If using claims data with ICD-9 coding, children with sickle cell anemia are identified as those with sickle cell anemia-related ICD-9-CM diagnosis codes on three or more separate healthcare encounters within the measurement year. If using claims data with ICD-10 coding, children with sickle cell anemia are identified as those with at least one outpatient visit with a sickle cell anemia-related or D571 ICD-10-CM diagnosis code within the measurement year.

Addition: Transcranial Doppler Ultrasonography Screening for Children with Sickle Cell Anemia *(cont.)*

Numerator	Number of children ages 2 through 15 with sickle cell anemia who received at least one Transcranial Doppler (TCD) ultrasonography screening within the measurement year.

Addition: Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia

Description	Percentage of children ages 3 months to 5 years who were identified as having Sickle Cell Anemia who received appropriate antibiotic prophylaxis during the measurement year.
Measure steward	Q-METRIC – University of Michigan
NQF number (if endorsed)	3166
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Children who had sickle cell anemia during the measurement year. If using claims data with ICD-9 coding, children with sickle cell anemia are identified as those with sickle cell anemia-related ICD-9-CM diagnosis codes on three or more separate healthcare encounters within the measurement year. If using claims data with ICD-10 coding, children with sickle cell anemia are identified as those with at least one outpatient visit with a sickle cell anemia-related or D571 ICD-10-CM diagnosis code within the measurement year.
Numerator	Eligible children who received antibiotic prophylaxis for at least 300 days as determined in administrative data.

Addition: Proportion of Days Covered: Antiretroviral Medications

Description	Percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 90% for ≥3 antiretroviral medications during the measurement year.
Measure steward	Pharmacy Quality Alliance (PQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	HIV Viral Load Suppression (HVL-AD, NQF #2082)
Data collection method	Administrative
Denominator	Individuals 18 years or older who filled a prescription for ≥3 distinct antiretroviral medications (as a single agent or as a combination) on 2 different dates of service during the measurement year. The treatment period must be ≥91 days during the measurement year.
Numerator	The number of individuals in the denominator who met the PDC threshold of 90 percent during the measurement year.
Other information	This measure replaces the 2018 specifications that evaluated ≥2 ARV medications with a PDC threshold of 90%.

Addition: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Description	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: 1. Adults age ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR 2. Adults age ≥ 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR 3. Adults ages 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	EHR, Registry

Addition: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *(cont.)*

Denominator	All patients who meet one or more of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines): 1. Patients age ≥ 21 years at the beginning of the measurement period with clinical ASCVD diagnosis. 2. Patients age ≥ 21 years at the beginning of the measurement period who have ever had a fasting or direct laboratory result of LDL-C ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia. 3. Patients ages 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period.
Numerator	Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period.
Other information	This is an Electronic Clinical Quality Measure (eCQM [347]) and has undergone the requisite testing for a CMS measure to be e-specified.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Measure Vote 21

Should the HIV Viral Load Suppression (HVL-AD) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 22

Should the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 23

Should the Annual Monitoring for Patients on Persistent Medications (MPM-AD) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 24

Should the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 25

Should the Appropriate Treatment for Upper Respiratory Infection measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 26

Should the Transcranial Doppler Ultrasonography Screening for Children with Sickle Cell Anemia measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 27

Should the Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 28

Should the Proportion of Days Covered: Antiretroviral Medications measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 29

Should the Statin Therapy for the Prevention and Treatment of Cardiovascular Disease measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Break

Maternal and Perinatal Health

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH) (#0139)*	Hospital records (CDC's National Healthcare Safety Network)	42 (not calculated for 9 states due to small number of facilities)
PC-02: Cesarean Birth (PC02-CH) (#0471)	Hybrid	16
Audiological Diagnosis No Later than 3 Months of Age (AUD-CH) (#1360)	EHR	2
Live Births Weighing Less Than 2,500 Grams (LBW-CH) (#1382)	State vital records	27
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) (#1571, no longer endorsed)	Administrative or hybrid	39
Contraceptive Care – Postpartum Women Ages 15-20 (CCP-CH) (#2902)	Administrative	22

*Measures with an asterisk are suggested for removal.

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set (cont.)		
Contraceptive Care – All Women Ages 15-20 (CCW-CH) (#2903/2904)	Administrative	Not applicable (new to 2018 Core Set)
Adult Core Set		
PC-01: Elective Delivery (PC01-AD) (#0469/0469e)*	Hybrid or EHR	9
Prenatal and Postpartum Care: Postpartum Care (PPC-AD) (#1571, no longer endorsed)	Administrative or hybrid	39
Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD) (#2902)*	Administrative	21
Contraceptive Care – All Women Ages 21–44 (CCW-AD) (#2903/2904)	Administrative	Not applicable (new to 2018 Core Set)

*Measures with an asterisk are suggested for removal.

Removal: 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
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.

Removal: Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH) *(cont.)*

Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2015-2017	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.
Is the measure in the Medicaid & CHIP Scorecard?	No
Other information	• The CLABSI-CH measure is collected through CDC's National Healthcare Safety Network (NHSN). The Core Set measure is obtained from CDC and not reported by states. • The data reported by CDC are not limited to CLABSIs among Medicaid and CHIP beneficiaries.

Removal: 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 (TJC)
NQF number (if endorsed)	0469/0469e
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.
Has another measure been proposed for substitution?	Current measure: PC-02: Cesarean Birth (PC02-CH). New measure: PC-05: Exclusive Breast Milk Feeding (NQF #0480).
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 12 FFY 2016: 11 FFY 2017: 9
Is the measure in the Medicaid & CHIP Scorecard?	No

Removal: 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 (OPA)
NQF number (if endorsed)	2902
Data collection method	Administrative
Denominator	Beneficiaries who had a live birth during the measurement year.
Numerator	**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. **Rate 2:** The eligible population that was provided a LARC method of contraception within 3 and 60 days of delivery.

Removal: Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD) *(cont.)*

Has another measure been proposed for substitution?	Current measure: Contraceptive Care – All Women Ages 21–44 (CCW-AD)
Number of states reporting the measure for FFY 2015-2017	FFY 2015: Not applicable (Not part of the Core Set) FFY 2016: Not applicable (Not part of the Core Set) FFY 2017: 21
Is the measure in the Medicaid & CHIP Scorecard?	No
Other information	The Child Core Set includes the same measure for women ages 15–20: Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH). The CCP-CH measure was not recommended for removal.

Addition: PC-05: Exclusive Breast Milk Feeding

Description	The measure is reported as an overall rate, which includes all newborns that were exclusively fed breast milk during the newborn's entire hospitalization. Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.
Measure steward	The Joint Commission (TJC)
NQF number (if endorsed)	0480/0480e
Measure type	Process
Recommended to replace current measure?	PC-01: Elective Delivery
Data collection method	EHR or Hospital chart review Only acceptable data sources include: diet flow sheets, feeding flow sheets, and intake and output sheets. Sampling is permitted.

Addition: PC-05: Exclusive Breast Milk Feeding (cont.)

Denominator	Single term newborns discharged alive from the hospital
Numerator	Newborns that were fed breast milk only since birth Yes = There is documentation that the newborn was exclusively fed breast milk during the entire hospitalization. N = There is no documentation that the newborn was exclusively fed breast milk during the entire hospitalization OR unable to determine from medical record documentation.

Addition: Prenatal Depression Screening and Follow-Up

Description	Percentage of deliveries in which women were screened for clinical depression while pregnant and if screened positive, received follow-up care. Two rates are reported. 1. Depression Screening: Percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy. 2. Follow-Up on Positive Screen: Percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	None
Data collection method	HEDIS Electronic Clinical Data Systems (ECDS) (ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)

Addition: Prenatal Depression Screening and Follow-Up *(cont.)*

Denominator	1. Depression Screening: Deliveries during the Measurement Period (January 1 – December 31). 2. Follow-Up on Positive Screen: All deliveries from the Depression Screening numerator with a positive finding for depression during pregnancy.
Numerator	1. Depression Screening: Deliveries in which women had documentation of depression screening performed using an age-appropriate standardized screening instrument (as defined in the measure specification) during pregnancy. 2. Follow-Up on Positive Screen: Deliveries in which women received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.
Other information	This measure is proposed for HEDIS 2020.

Addition: Postpartum Depression Screening and Follow-up

Description	Percentage of deliveries in which women were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported. 1. Depression Screening: Percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery. 2. Follow-Up on Positive Screen: Percentage of deliveries in which women received follow-up care within 30 days of screening positive for depression.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	None
Data collection method	HEDIS Electronic Clinical Data Systems (ECDS) (ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)

Addition: Postpartum Depression Screening and Follow-up *(cont.)*

Denominator	1. Depression Screening: Deliveries during September 8 of the year prior to the Measurement Period through September 7 of the Measurement Period. 2. Follow-Up on Positive Screen: All deliveries from the Depression Screening Numerator with a positive finding for depression during the 84-day period following the date of delivery.
Numerator	1. Depression Screening: Deliveries in which women had documentation of depression screening performed using an age-appropriate standardized instrument (as defined in the measure specification) during the 84-day period following the date of delivery. 2. Follow-Up on Positive Screen: Deliveries in which women received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.
Other information	This measure is proposed for HEDIS 2020.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Measure Vote 30

Should the Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 31

Should the PC-01: Elective Delivery (PC01-AD) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 32

Should the Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 33

Should the PC-05 Exclusive Breast Milk Feeding During the Newborn's Entire Hospitalization measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 34

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

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 35

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

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Lunch

Behavioral Health Care

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
Follow-Up Care for Children Newly Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication (ADD-CH) (#0108)	Administrative or EHR	37
Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH-CH) (#0576)	Administrative	45
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) (#2801)	Administrative	24
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)*	Administrative	37
Adult Core Set		
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) (#0004)	Administrative or EHR	32

*Measures with an asterisk are suggested for removal.

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Adult Core Set *(cont.)*		
Medical Assistance With Smoking and Tobacco Use Cessation (MSC-AD)* (#0027)	Survey	20
Antidepressant Medication Management (AMM-AD) (#0105)	Administrative or EHR	34
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) (#0576)	Administrative	43
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) (#1932)	Administrative	30
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) (#2605)	Administrative	18
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) (#2605)	Administrative	18

*Measures with an asterisk are suggested for removal.

2019 Child Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Adult Core Set *(cont.)*		
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) (#2607)	Administrative or Hybrid	3
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (#2940)	Administrative	23
Concurrent Use of Opioids and Benzodiazepines (COB-AD) (#3389)	Administrative	Not applicable (new to 2018 Core Set)
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Administrative	32

*Measures with an asterisk are suggested for removal.

Removal: 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: 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 (NCQA)
NQF number (if endorsed)	0027
Data collection method	Survey (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey)

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) *(cont.)*

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	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?" (continued on next slide)

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) *(cont.)*

Numerator *(cont.)*	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."

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) *(cont.)*

Has another measure been proposed for substitution?	New measure: Tobacco Use: Screening and Cessation Intervention (NQF #0028)
Is the measure in the Medicaid & CHIP Scorecard?	No
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 19 FFY 2016: 18 FFY 2017: 20

Removal: 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 (NCQA)
NQF number (if endorsed)	Not endorsed
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.
Has another measure been proposed for substitution?	New measure: Metabolic Monitoring for Children and Adolescents on Antipsychotics (NQF #2800).
Number of states reporting the measure for FFY 2015-2017	FFY 2015: Not applicable (Not part of the Core Set) FFY 2016: 32 FFY 2017: 37

Removal: Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) *(cont.)*

Is the measure in the Medicaid & CHIP Scorecard?	Yes
Other information	This measure has been proposed for retirement from HEDIS 2020.

Addition: Tobacco Use: Screening and Cessation Intervention

Description	Percentage of patients age 18 and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user
Measure steward	Physician Consortium for Performance Improvement (PCPI) Foundation
NQF number (if endorsed)	0028/0028e
Measure type	Process
Recommended to replace current measure?	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD, NQF #0027)
Data collection method	Administrative or EHR
Denominator	All patients age 18 and older seen for at least two visits OR at least one preventive visit during the measurement period.
Numerator	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.

Addition: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Description	Percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	2800
Measure type	Process
Recommended to replace current measure?	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
Data collection method	Administrative
Denominator	Children and adolescents 1–17 years of age who had at least two antipsychotic medication dispensing events of the same or different medications, on different dates of service during the measurement year.
Numerator	Children and adolescents who had the following during the measurement year on the same or different dates of service. • At least one test for blood glucose or HbA1c AND • At least one test for LDL-C or cholesterol

Addition: Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling

Description	Percentage of patients age 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.
Measure steward	Physician Consortium for Performance Improvement (PCPI) Foundation
NQF number (if endorsed)	2152
Measure type	Process
Recommended to replace current measure?	No
Data collection method	EHR, Registry
Denominator	All patients age 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.
Numerator	Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user.

Addition: Use of Opioids from Multiple Providers in Persons Without Cancer

Description	Percentage of individuals age 18 and older without cancer who received prescriptions for opioids from 4 or more prescribers AND 4 or more pharmacies within less than or equal to 180 days. Lower rates are better for this measure.
Measure steward	Pharmacy Quality Alliance (PQA)
NQF number (if endorsed)	2950
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Individuals with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15 during the measurement year (January 1 – December 31) and who had an index prescription start date from January 1 – October 3 of the measurement year and an opioid episode of at least 90 days during the measurement year.
Numerator	Individuals in the denominator who received opioid prescription claims from 4 or more prescribers AND 4 or more pharmacies.

Addition: Use of Pharmacotherapy for Opioid Use Disorder

Description	Percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year. The measure will report any medications used in medication-assisted treatment of opioid dependence and addiction and four separate rates representing the following types of FDA-approved drug products: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone.
Measure steward	Centers for Medicare & Medicaid Services (CMS), Center for Medicaid & CHIP Services (CMCS)
NQF number (if endorsed)	3400
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Number of Medicaid beneficiaries ages 18 to 64 with at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year.
Numerator	Beneficiaries ages 18 to 64 with an OUD who filled a prescription for or were administered or ordered an FDA-approved medication for the disorder during the measure year.

Addition: Continuity of Pharmacotherapy for Opioid Use Disorder & Pharmacotherapy for Opioid Use Disorder

	Continuity of Pharmacotherapy for Opioid Use Disorder	Pharmacotherapy for Opioid Use Disorder (POD)
Description	Percentage of adults 18-64 years of age with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment.	Percentage of new pharmacotherapy treatment episodes that resulted in 180 or more covered treatment days among members 16 years of age and older with a diagnosis of OUD.
Measure steward	University of Southern California (USC)	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	3175	Not endorsed
Measure type	Process	Process
Recommended to replace current measure?	No	No
Data collection method	Administrative or EHR	Administrative or EHR

Addition: Continuity of Pharmacotherapy for Opioid Use Disorder & Pharmacotherapy for Opioid Use Disorder *(cont.)*

	Continuity of Pharmacotherapy for Opioid Use Disorder	Pharmacotherapy for Opioid Use Disorder (POD)
Denominator	Individuals ages 18-64 years of age who had a diagnosis (primary or secondary) of OUD and at least one claim for an OUD medication.	Individuals 16 years of age and older as of December 31 of the measurement year with any diagnosis of opioid use disorder during the intake period and a new episode of OUD pharmacotherapy. Note: The denominator is based on episodes not on members; all episodes not excluded remain in the denominator.
Numerator	Individuals in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than 7 days.	At least 173 days of treatment with OUD pharmacotherapy, beginning on the New Episode of OUD Pharmacotherapy date through 179 days after the New Episode of OUD Pharmacotherapy date (180 total days). This allows a gap in medication treatment up to a total of 7 days during the 180-day period.
Other	None	The POD measure is proposed for HEDIS 2020. The measure concept was adapted from the Continuity of Pharmacotherapy for Opioid Use Opioid measure (NQF #3175), developed by RAND and stewarded by USC. The POD measure focuses on new prescriptions and expands the age range.

Addition: Query of Prescription Drug Monitoring Program

Description	For at least one Schedule II opioid electronically prescribed using Certified Electronic Health Records Technology (CEHRT) during the performance period, the Merit-based Incentive Payment System (MIPS) eligible clinician uses data from CEHRT to conduct a query of a Prescription Drug Monitoring Program (PDMP) for prescription drug history, except where prohibited and in accordance with applicable law.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative or EHR
Denominator	Number of Schedule II opioids electronically prescribed using CEHRT by the MIPS eligible clinician during the performance period.
Numerator	Number of Schedule II opioids prescriptions in the denominator for which data from CEHRT is used to conduct a query of a PDMP for prescription drug history except where prohibited and in accordance with applicable law.
Other information	The measure was added to MIPS for the 2019 performance period.

Addition: Follow-Up after High-Intensity Care for Substance Use Disorder

Description	Percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder that result in a follow-up visit or service for substance use disorder among individuals 13 years of age and older. Two rates are reported: 1. Percentage of visits or discharges for which the individual received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. Percentage of visits or discharges for which the individual received follow-up for substance use disorder within the 7 days after the visit or discharge.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No

Addition: Follow-Up after High-Intensity Care for Substance Use Disorder *(cont.)*

Data collection method	Administrative
Denominator	Individuals age 13 and older who had an acute inpatient hospitalization, residential treatment, or a detoxification visit for a diagnosis of substance use disorder.
Numerator	30 Day Follow-Up Rate. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. 7-Day Follow-Up Rate. A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder.
Other information	This measure is proposed for HEDIS 2020.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Measure Vote 36

Should the Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 37

Should the Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) measure be removed from the Core Set?

A= Yes, I recommend removing this measure from the Core Set

B = No, I do not recommend removing this measure to the Core Set

Measure Vote 38

Should the Tobacco Use: Screening and Cessation Intervention measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 39

Should the Metabolic Monitoring for Children and Adolescents on Antipsychotic Medications measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 40

Should the Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 41

Should the Use of Opioids from Multiple Providers in Persons Without Cancer measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 42

Should the Use of Pharmacotherapy for Opioid Use Disorder measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 43

Should the Continuity of Pharmacotherapy for Opioid Use Disorder measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 44

Should the Pharmacotherapy for Opioid Use Disorder (POD) measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 45

Should the Query of Prescription Drug Monitoring Program measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 46

Should the Follow-Up after High-Intensity Care for Substance Use Disorder measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Break

Long-Term Services and Supports

Addition: LTSS: Successful Transition After Long-Term Institutional Stay

Description	Proportion of long-term institutional facility stays among Medicaid Managed Long-Term Services and Supports (MLTSS) plan members age 18 and older, which result in successful transitions to the community (community residence for 60 or more days). This measure is reported as an observed rate and a risk-adjusted rate. (Note: This description has been updated to reflect the specifications that will be posted in May.)
Measure steward	Centers for Medicare & Medicaid Service (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	Administrative

Addition: LTSS: Successful Transition After Long-Term Institutional Stay (cont.)

Denominator	A New Institutional Facility Admission (IFA, an admission to the institutional setting directly from the community) with a length of stay 101 days or more between July 1 of the year prior to the measurement year and June 30 of the measurement year. OR A Prior Institutional Facility Admission (PIFA, an admission for MLTSS plan members who resided in the institutional facility on July 1 of the year prior to the measurement year) where the length of stay was at least 101 days inclusive of July 1 of the year prior to the measurement year. The denominator for this measure is based on discharges, not members.
Numerator	The count of discharges from an institutional facility to the community between July 1 of the year prior to the measurement year and October 31 of the measurement year that result in successful transition to the community for 60 consecutive days. Discharges that result in death, hospitalization, or readmission to the institution within 60 days of discharge from the institution do not meet the numerator criteria.
Other information	The technical specifications for this measure are being updated.

Addition: LTSS: Comprehensive Assessment and Update

Description	Percentage of Medicaid Managed Long-Term Services and Supports (MLTSS) plan members 18 years of age and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements. The following rates are reported: 1. Assessment of Core Elements. MTLSS plan members who had a comprehensive LTSS assessment with 9 core elements documented within 90 days of enrollment (for new members) or annually. 2. Assessment of Supplemental Elements. MLTSS plan members who had a comprehensive LTSS assessment with 9 core elements and at least 12 supplemental elements documented within 90 days of enrollment (for new members) or annually. In addition, two rates of required exclusions should be reported: 1. Member could not be contacted for care planning. 2. Member refused to participate in care planning.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed

Addition: LTSS: Comprehensive Assessment and Update (cont.)

Measure type	Process
Data collection method	Case Management Record Review
Denominator	A systematic sample drawn from the eligible population of members receiving Long-Term Services and Supports (Home and Community Based Services and/or Institutional Facility Care).
Numerator	Rate 1: Assessment of Core Elements: The number of MLTSS plan members who had either of the following: *For new members:* A comprehensive LTSS assessment completed within 90 days of enrollment, with all 9 core elements documented. OR *For established members*: A comprehensive LTSS assessment completed at least once during the measurement year, with all 9 core elements documented. Assessment must be a face-to-face discussion with the member in the member's home. Assessment by phone or video conference, or in another location that is not the member's home, is permitted in certain circumstances. The date of the assessment must be documented.

Addition: LTSS: Comprehensive Assessment and Update *(cont.)*

Numerator *(cont.)*	Rate 2: Assessment of Supplemental Elements The number of MLTSS plan members who had either of the following: *For new members*: A comprehensive LTSS assessment completed within 90 days of enrollment with 9 core and at least 12 supplemental elements documented. OR *For established members*: A comprehensive LTSS assessment completed during the measurement year with 9 core and at least 12 supplemental elements documented. Assessment must be a face-to-face discussion with the member in the member's home. Assessment by phone or video conference, or in another location that is not the member's home, is permitted in certain circumstances. The date of the assessment must be documented. Rate 3: Number of members that could not be contacted for care planning. Rate 4: Number of members that refused to participate in care planning.
Other information	This measure was a first-year measure in HEDIS 2019.

Addition: LTSS: Comprehensive Care Plan and Update

Description	Percentage of Medicaid Managed Long-Term Services and Supports (MLTSS) plan members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements. The following rates are reported: 1. Care Plan with Core Elements Documented. MLTSS plan members who had a comprehensive LTSS care plan with nine core elements documented within 120 days of enrollment (for new members) or annually. 2. Care Plan with Supplemental Elements Documented. MLTSS plan members who had a comprehensive LTSS care plan with nine core elements and at least four supplemental elements documented within 120 days of enrollment (for new members) or annually.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No

Addition: LTSS: Comprehensive Care Plan and Update *(cont.)*

Data collection method	Case Management Record Review
Denominator	A systematic sample drawn from the eligible population of members receiving Long-Term Services and Supports (Home and Community Based Services and/or Institutional Facility Care).
Numerator	The measure reports two numerators. Rate 1: Care Plan with Core Elements Documented *For new members:* A comprehensive LTSS care plan completed within 120 days of enrollment, with all 9 core elements documented OR *For established members:* A comprehensive LTSS care plan completed at least once during the measurement year, with all 9 core elements documented. Care plans must be discussed during a face-to-face encounter between the care manager and the member, unless exceptions apply. The care plan is not required to be created in the member's home. Video conferencing is allowable as evidence of a face-to-face discussion. Discussion of the care plan may be done by phone in certain circumstances

Addition: LTSS: Comprehensive Care Plan and Update *(cont.)*

Numerator ***(cont.)***	Rate 2: Care Plan with Supplemental Elements Documented The number of MLTSS plan members who had either of the following: *For new members*: A comprehensive LTSS care plan completed within 120 days of enrollment with 9 core elements and at least 4 supplemental elements documented. OR *For established members*: A comprehensive LTSS care plan created during the measurement year with 9 core elements and at least 4 supplemental elements documented. The care plan must be completed within 120 days of enrollment and updated annually thereafter. Care plans must be discussed during a face-to-face encounter between the care manager and the member, unless exceptions apply. The care plan is not required to be created in the member's home. Video conferencing is allowable as evidence of a face-to-face discussion. The care plan may be discussed during the same encounter as the assessment. Discussion of the care plan may be done by phone in certain circumstances.
Other information	This measure was a first-year measure in HEDIS 2019.

Addition: LTSS: Reassessment/Care Plan Update After Inpatient Discharge

Description	Percentage of discharges from inpatient facilities for Medicaid Managed Long-Term Services and Supports (MLTSS) plan members 18 years of age and older for whom a reassessment and care plan update occurred within 30 days of discharge. Two performance rates are reported: 1. Reassessment after Inpatient Discharge. Percentage of discharges from inpatient facilities resulting in a LTSS reassessment within 30 days of discharge. 2. Reassessment and Care Plan Update after Inpatient Discharge. Percentage of discharges from inpatient facilities resulting in a LTSS reassessment and care plan update within 30 days of discharge. In addition, two rates of required exclusions should be reported: 1. Member could not be contacted for assessment and/or care planning. 2. Member refused to participate in assessment and/or care planning.
Measure steward	Centers for Medicare & Medicaid Services (CMS)

Addition: LTSS: Reassessment/Care Plan Update After Inpatient Discharge *(cont.)*

NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Case Management Record Review
Denominator	A systematic sample of inpatient discharges drawn from the eligible population of members receiving Long-Term Services and Supports (Home and Community Based Services and/or Institutional Facility Care) and medical benefits through the MLTSS plan. The denominator for this measure is based on discharges, not on members. Members may appear more than once in the sample.
Numerator	Rate 1: Reassessment after Inpatient Discharge. LTSS reassessment on the date of discharge or within 30 days after discharge. Reassessment must be a face-to-face discussion between the member and care manager. Reassessment may not be conducted over the telephone unless there is documentation that the member refused a face-to-face encounter. Reassessment in the inpatient facility on the day of discharge meets the requirement. The member's reassessment must include documentation of 9 core elements and the date of the reassessment.

Addition: LTSS: Reassessment/Care Plan Update After Inpatient Discharge *(cont.)*

Numerator ***(cont.)***	Rate 2: Reassessment and Care Plan Update after Inpatient Discharge. LTSS reassessment and care plan update on the date of discharge or within 30 days after discharge. Reassessment must document evidence of 9 core elements and the reassessment date. The care plan must be conducted during a face-to-face encounter between the care manager and the member unless there is documentation that the member refused a face-to-face encounter. A care plan developed in the inpatient facility on the day of discharge meets the requirement. The care plan update must include documentation of 9 core elements and the date of the care plan. Rate 3: Number of members that could not be contacted for assessment and/or care planning. Rate 4: Number of members that refused to participate in assessment and/or care planning.
Other information	This measure was a first-year measure in HEDIS 2019.

Addition: Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey

Description	The CAHPS Home and Community-Based Services Survey (HCBS CAHPS) is the first cross-disability survey of the experience of home and community-based service (HCBS) beneficiaries receiving long-term services and supports (LTSS). It is designed to facilitate comparisons across the hundreds of state Medicaid HCBS programs throughout the country that target adults with disabilities, including frail elderly, individuals with physical disabilities, persons with developmental or intellectual disabilities, those with acquired brain injury, and persons with severe mental illness. The HCBS CAHPS Survey is available for voluntary use in HCBS programs as part of quality assurance and improvement activities and public reporting.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	2967 (Note: 19 CAHPS HCBS measures are NQF endorsed.)
Measure type	Outcome: PRO-PM
Recommended to replace current measure?	No
Data collection method	Survey

Addition: Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey *(cont.)*

Denominator	Individuals eligible for the CAHPS HCBS survey include Medicaid beneficiaries who are at least 18 years of age in the sample period, and who have received HCBS services for 3 months or longer and their proxies. Eligibility is further determined using three cognitive screening items administered during the interview: Q1. Does someone come into your home to help you? (Yes, No) Q2. How do they help you? Q3. What do you call them? Individuals who are unable to answer these cognitive screening items are excluded from the survey. The denominator for all measures is the number of survey respondents. Some measures also have topic-specific screening items.
Numerator	The CAHPS HCBS measures are created using top-box scoring. This refers to the percentage of respondents that give the most positive response on the following items. **Scale Measures** • Staff are reliable and helpful - average proportion of respondents that gave the most positive response on 6 survey items

Addition: Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey *(cont.)*

Numerator ***(cont.)***	• Staff listen and communicate well - average proportion of respondents that gave the most positive response on 11 survey items • Case manager is helpful - average proportion of respondents that gave the most positive response on 3 survey items • Choosing the services that matter to you - average proportion of respondents that gave the most positive response on 2 survey items • Transportation to medical appointments - average proportion of respondents that gave the most positive response on 3 survey items • Personal safety and respect - average proportion of respondents that gave the most positive response on 3 survey items • Planning your time and activities - average proportion of respondents that gave the most positive response on 6 survey items **Global Rating Measures** • Global rating of personal assistance and behavioral health staff - average proportion of respondents that gave the most positive response of 9 or 10 on a 0-10 scale

Addition: Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey *(cont.)*

Numerator ***(cont.)***	• Global rating of homemaker - average proportion of respondents that gave the most positive response of 9 or 10 on a 0-10 scale • Global rating of case manager - average proportion of respondents that gave the most positive response of 9 or 10 on a 0-10 scale **Recommendation Measures** • Would recommend personal assistance/behavioral health staff to family and friends - average proportion of respondents that gave the most positive response of "Definitely Yes" on a 1-4 scale • Would recommend homemaker to family and friends - average proportion of respondents that gave the most positive response of "Definitely Yes" on a 1-4 scale • Would recommend case manager to family and friends - average proportion of respondents that gave the most positive response of "Definitely Yes" on a 1-4 scale **Unmet Needs Measures** • Unmet need in dressing/bathing due to lack of help - average proportion of respondents that gave the most positive response of "No" on a 1-2 scale (Yes, No)

Addition: Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey *(cont.)*

Numerator ***(cont.)***	• Unmet need in meal preparation/eating due to lack of help - average proportion of respondents that gave the most positive response of "No" on a 1-2 scale (Yes, No) • Unmet need in medication administration due to lack of help average proportion of respondents that gave the most positive response of "No" on a 1-2 scale (Yes, No) • Unmet need in toileting due to lack of help - average proportion of respondents that gave the most positive response of "Yes" on a 1-2 scale (Yes, No) • Unmet need with household tasks due to lack of help - average proportion of respondents that gave the most positive response of "No" on a 1-2 scale (Yes, No) **Physical Safety Measure** • Hit or hurt by staff - average proportion of respondents that gave the most positive response of "No" on a 1-2 scale (Yes, No)

Addition: National Core Indicators (NCI™)

Description	The purpose of NCI™ is to gather a standard set of performance and outcome measures that can be used to track agencies' performance. NCI surveys include an in-person survey, family surveys, and staff stability survey. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals with intellectual and developmental disabilities and their families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.
Measure steward	Human Services Research Institute (HSRI) and National Association of State Directors of Developmental Disabilities Services (NASDDDS)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome: Patient-Reported Outcomes
Recommended to replace current measure?	No

Addition: National Core Indicators (NCI) *(cont.)*

Data collection method	Survey
Denominator	Individuals who respond to the survey question or questions from which the indicator is drawn. The sampling frame varies by survey and by state; samples are usually limited to individuals who are age 18 or older and who receive at least one service besides case management.
Numerator	The numerator varies based on indicator. The current set of performance indicators includes approximately 150 outcomes within five domains: individual outcomes; health, welfare, and rights; system performance; staff stability; and family outcomes.
Other information	46 states and DC participate in the NCI program.

Addition: National Core Indicators for Aging and Disabilities Adult Consumer Survey (NCI-AD™)

Description	NCI-AD™ is a voluntary effort by State Medicaid, aging, and disability agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals with physical disabilities and their families. Indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships.
Measure steward	Human Services Research Institute (HSRI) and National Association of States United for Aging and Disabilities (NASUAD)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome: Patient-Reported Outcomes
Recommended to replace current measure?	No
Data collection method	Survey

Addition: National Core Indicators for Aging and Disabilities Adult Consumer Survey (NCI-AD) *(cont.)*

Denominator	Individuals who respond to the survey question or questions from which the indicator is drawn. The sampling frame includes seniors or adults 18 years and older with a physical disability (including acquired or traumatic brain injury (ABI/TBI)) who receive publicly funded long-term services and supports (LTSS) at least 2-3 times a week. Intellectual and development disability (IDD)-specific and mental illness (MI)-specific programs (like IDD or MI-specific waivers) are excluded from the sampling frame. People with IDD and/or MI (including severe MI) who are receiving LTSS through some other, non-IDD or MI-specific program can be sampled as part of those programs.
Numerator	Varies based on indicator
Other information	17 states collected NCI-AD data in 2018-2019.

Addition: Personal Outcome Measures

Description	Personal Outcome Measures are a tool to ensure services and supports are person-centered. In a Personal Outcome Measures interview, 21 indicators are used to understand the presence, importance and achievement of outcomes, involving choice, health, safety, social capital, relationships, rights, goals, dreams, employment and more. Measures are organized into 5 topic areas: Human Security, Community, Relationships, Choices, and Goals.
Measure steward	Council on Quality and Leadership (CQL)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	In-depth interview.
Denominator	Individuals receiving services and supports who participate in an in-depth interview using the Personal Outcome Measures tool. Some service agencies use the tool with everyone they serve, while others interview a selection of their clients. If the latter, a representative sample should be selected.

Addition: Personal Outcome Measures *(cont.)*

Denominator ***(cont.)***	The target population for the tool is not explicitly defined, but the 2017 validation study was done with people with disabilities receiving services from organizations that provide: service coordination; case management; family and individual supports; behavioral health care; employment and other work services; residential services; non-traditional supports (micro-boards and co-ops); and human service systems.
Numerator	Individuals with the outcome and/or supports of interest, based on the interviewers' assessment of the individual's responses to interview questions and probes, follow-up meetings with others who know the person best, observations, and documentation checks.
Other information	The survey instruments have been validated but do not include validated measures.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Measure Vote 47

Should the Long-Term Services and Supports: Successful Transition After Long-Term Institutional Stay measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 48

Should the Long-Term Services and Supports: Comprehensive Assessment and Update measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 49

Should the Long-Term Services and Supports: Comprehensive Care Plan and Update measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 50

Should the Long-Term Services And Supports: Reassessment/ Care Plan Update After Inpatient Discharge measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 51

Should the Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey (HCBS CAHPS) be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 52

Should the National Core Indicators be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 53

Should the National Core Indicators for Aging and Disabilities Adult Consumer Survey be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 54

Should the Personal Outcome Measures be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Other Measures

Addition: Continuity of Insurance: Informed Participation

Description	This measures assesses the continuity of enrollment of children in publicly financed insurance programs (Medicaid and CHIP), as defined by the ratio of enrolled months to eligible months over an 18-month period (called an "observation window"). The measure uses a natural experiment based on the random event of appendicitis to "inform" the estimate of coverage in a given state. The three assumptions consist of Coverage Presumed Eligible (PE), Coverage Presumed Ineligible (PI), or the average of the two. Whichever rate falls closest to the rate of existing enrollment among appendicitis patients is then applied to all children in a state for a given year.
Measure steward	The Children's Hospital of Philadelphia (CHOP)
NQF number (if endorsed)	3154
Measure type	Outcome

Addition: Continuity of Insurance: Informed Participation *(cont.)*

Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	The sum (within a state) of months eligible for Medicaid or CHIP for all children (ages 0 to 18) over an 18-month observation window. The definition of "eligible months" for Informed Participation depends on whether the natural experiment estimate most closely reflects Coverage Presumed Eligible, Presumed Ineligible, or the average of the two.
Numerator	The sum (within a state) of months enrolled in Medicaid or CHIP for all children over an 18-month window. A month is considered "covered" if a child has greater than 14 enrolled days in that month.
Other information	The measure was developed using Medicaid Analytic eXtract (MAX) data and was designed to overcome a limitation of MAX data to determine the reason for disenrollment, including loss of eligibility (such as due to parental income increase or the acquisition of employer-sponsored insurance, a "good" reason) or failure to appropriately reenroll (a "bad" reason).

Addition: Health-Related Social Needs (HRSN) Screening

Description	A 10-item screening tool designed to identify patient needs in 5 domains that can be addressed through community services (housing instability, food insecurity, transportation difficulties, utility assistance needs, and interpersonal safety).
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	Survey
Denominator	Total number of survey respondents

Addition: Health-Related Social Needs Screening *(cont.)*

Numerator	Number of respondents indicating: 1. They do not have housing today 2. They have problems with: bug infestation; mold; lead paint or pipes; inadequate heat; oven or stove not working; no or not working smoke detectors; water leaks; none of the above 3. Within the past 12 months, they worried that their food would run out before they got money to buy more 4. Within the past 12 months, the food they bought just didn't last and they didn't have money to get more 5. Lack of transportation has kept them from medical appointments, meetings, work or from getting things needed for daily living 6. In the past 12 months, the electric, gas, oil, or water company has threatened to shut off services in their home 7. Anyone, including family, physically hurts them 8. Anyone, including family, insults or talks down to them 9. Anyone, including family, threatens them with harm 10. Anyone, including family, screams or curses at them
Other information	Testing by the CMMI Accountable Health Communities Model is in process.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Measure Vote 55

Should the Continuity of Insurance: Informed Participation measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Measure Vote 56

Should the Health-Related Social Needs Screening measure be added to the Core Set?

A= Yes, I recommend adding this measure to the Core Set

B = No, I do not recommend adding this measure to the Core Set

Preview of Day 3 and Wrap-Up