

**Child and Adult Core Set Stakeholder Workgroup:  
Measures Suggested for Removal from  
the 2021 Core Sets**

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**Measure Information Sheets**

**April 2020**

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## **PRIMARY CARE ACCESS AND PREVENTIVE CARE**

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Adult Body Mass Index Assessment (ABA-AD)</b>
<b>Description</b>	Percentage of beneficiaries ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)  Note that this measure is proposed for retirement from HEDIS Measurement Year 2020 (which aligns with the FFY 2021 Adult Core Set). The measure was proposed for retirement because: (1) many EHRs automatically calculate BMI and the measure does not assess counseling or follow up, (2) updates to ICD-10 codes allow for use of the BMI codes <i>only</i> if the BMI falls outside of the normal range, and (3) high performance on the measure limits room for improvement. NCQA also noted that CMS is removing the measure from the Star Ratings program beginning with the 2020 measurement year and 2022 Star Ratings. For more information, visit <a href="https://www.ncqa.org/wp-content/uploads/2020/02/20200212_02_ABA.pdf">https://www.ncqa.org/wp-content/uploads/2020/02/20200212_02_ABA.pdf</a> .
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Primary Care Access and Preventive Care
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2012 (Initial Adult Core Set)
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention and Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The Workgroup member (WGM) noted the removal would leave a gap and that the United States Preventive Services Task Force (USPSTF) has updated the screening recommendation for all adults, replacing it with a recommendation for behavioral health interventions for a BMI of 30 or greater.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No. The WGM noted that a measure would need to be developed for follow-up.
<b>Is there another related measure in the Core Set?</b>	Yes. A similar measure is included in the Child Core Set, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH).

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 18 as of January 1 of the year prior to the measurement year to age 74 as of December 31 of the measurement year.
<b>Data collection method</b>	Administrative or hybrid.
<b>Denominator</b>	Beneficiaries who had an outpatient visit during the measurement year or the year prior to the measurement year.
<b>Numerator</b>	For beneficiaries age 20 or older on the date of service, documentation of BMI during the measurement year or the year prior to the measurement year.

	For beneficiaries younger than age 20 on the date of service, documentation of BMI percentile during the measurement year or the year prior to the measurement year.
<b>Exclusions</b>	Female beneficiaries who have a diagnosis of pregnancy during the measurement year or the year prior to the measurement year.
<b>Continuous enrollment period</b>	The measurement year and the year prior to the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a one-month gap in coverage (i.e., a beneficiary whose coverage lapses for two months [60 days] is not considered currently enrolled.

### Reasons for Removal Noted by Workgroup Member(s)

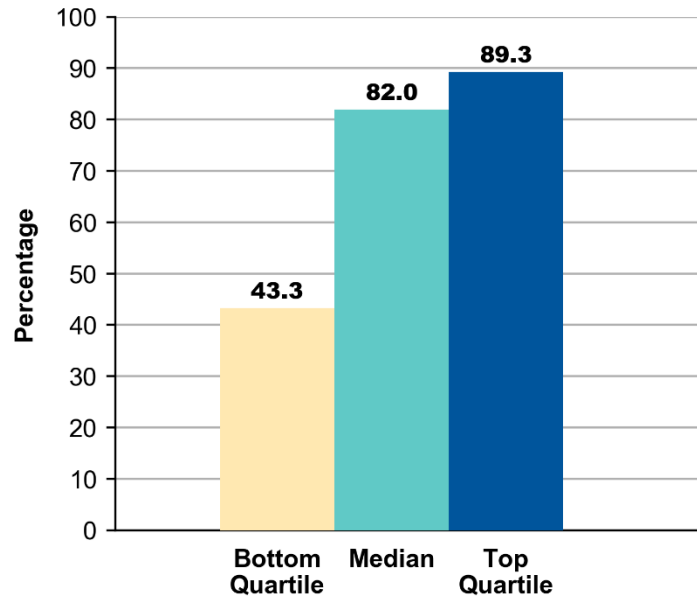
#### Actionability and Strategic Priority

The WGM indicated BMI screening for all adults is no longer recommended by the USPSTF. In September 2018, the USPSTF replaced its 2012 recommendation for BMI screening in adults to the recommendation that clinicians offer or refer adults with a body mass index of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.

### Core Set Reporting History

<b>Number of states reporting the measure for FFY 2018</b>	35 states.
<b>Was the measure publicly reported for FFY 2018?</b>	Yes (see next page for FFY 2018 data).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• Qualified Health Plan Quality Rating System Measure Set.</li> <li>• Health Home Core Set.</li> <li>• Medicare Part C and D Star Ratings.</li> <li>• Marketplace Measures.</li> </ul>
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	<p>Data not available (eight states) due to data source not easily accessible, requires medical record review, or information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• State previously reported this measure but has stopped reporting it because the particular claims codes that identify BMI are not regularly utilized in the state, resulting in low and inaccurate rates.</li> <li>• Administrative data doesn't seem to yield reasonable results.</li> </ul>

**Percentage of Adults\* who had an Outpatient Visit with a Body Mass Index Value Documented in the Medical Record, FFY 2018 (n = 35 states)**

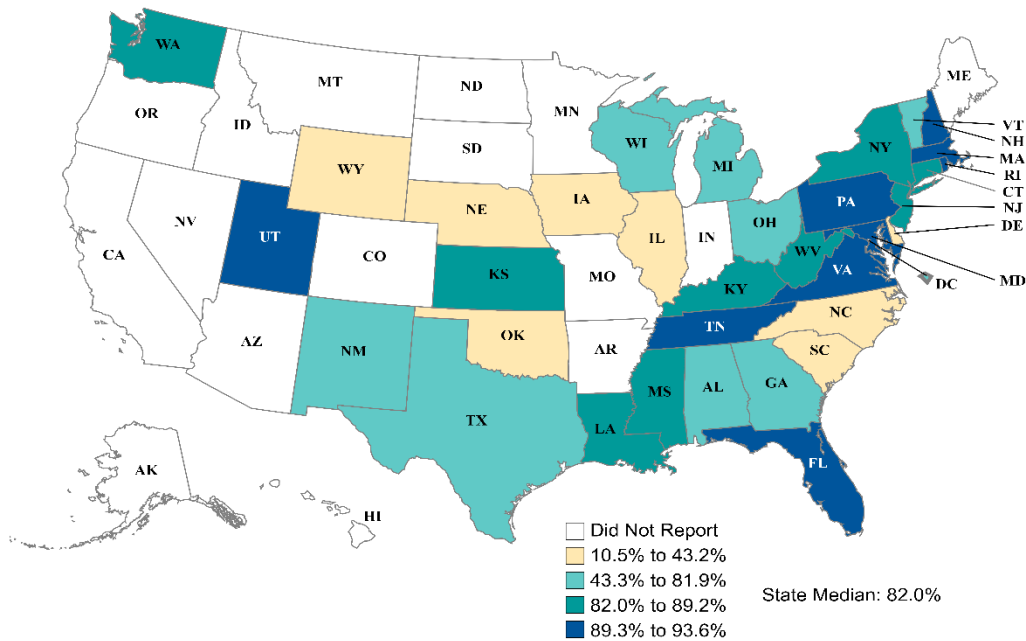


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit and whose body mass index value was documented during the measurement year or the year prior to the measurement year.

\*Data displayed in this chart include adults ages 18 to 64 for 21 states and ages 18 to 74 for 14 states.

**Geographic Variation in the Percentage of Adults\* who had an Outpatient Visit with a Body Mass Index Value Documented in the Medical Record, FFY 2018 (n = 35 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)</b>
<b>Description</b>	Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e
<b>Core Set</b>	Child Core Set
<b>Core Set domain</b>	Primary Care Access and Preventive Care
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2018
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	One Workgroup member (WGM) suggested this measure for removal. The WGM noted depression screening is important in both the child and the adult populations but that removing the measure does not leave a gap in either Core Set. The WGM also noted that technical feasibility challenges, and the resulting number of states that have been able to report the measure, indicate that it should be removed from the Core Sets.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)

FFY 2020 Technical Specifications	
<b>Ages</b>	Ages 12 to 17 on date of encounter.
<b>Data collection method</b>	Administrative or electronic health record (EHR).
<b>Denominator</b>	The eligible population with an outpatient visit during the measurement year.
<b>Numerator</b>	Beneficiaries screened for depression on the date of the encounter using a standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.
<b>Exclusions</b>	Denominator exclusions: Beneficiaries with an active diagnosis of depression or bipolar disorder.  Exceptions: A beneficiary that does not meet the numerator criteria and meets the following exception criteria should be excluded from the measure denominator. However, if the beneficiary meets the numerator criteria, the beneficiary would be included in the measure denominator. <ul style="list-style-type: none"> <li>Beneficiary refuses to participate.</li> </ul>

	<ul style="list-style-type: none"> <li>Beneficiary is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the beneficiary's health status .</li> <li>Situations where the beneficiary's functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium.</li> </ul>
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	None.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

The WGM noted that the specifications for this measure indicate it is an administrative or EHR measure. States have had challenges with claims or encounters including the necessary data needed to verify that the screening was completed, that a valid tool was used, and that a follow-up plan was documented. Providers would need to include an appropriate G code that indicated that the screening occurred and another code that a follow-up plan was documented. The WGM also indicated that not all states reimburse or pay providers to complete standardized screening tools, nor for the tool itself. Providers do not always include codes for services for which they do not receive reimbursement, which may result in artificially lower rates. According to the WGM, there should be concern with the completeness of the data. The validity of the reported rates could also be a challenge. Chart review or validation would ensure that the screening occurred, a follow-up plan was documented in the chart or medical/behavioral record, and that a valid tool was used to conduct the screening.

#### Other Considerations

The WGM indicated that three states reported this measure for FFY 2018. With the specification and data collection challenges, it does not appear to be feasible that at least half of the states would be likely to be able to produce the measure for FFY 2021, FFY 2022, or that all states will be able to report the measure by FFY 2024.

The WGM noted since depression (and suicide) is a serious concern in the Medicaid population, a measure with an available and accurate data source (hybrid data collection), is validated (performance measure validation), and that is better able to result in a valid performance measure rate should be used.

### Core Set Reporting History and Other Information

<b>Number of states reporting the measure for FFY 2018</b>	Three states.
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.



<p><b>Use in other CMS programs</b></p>	<ul style="list-style-type: none"> <li>• Health Home Core Set.</li> <li>• Uniform Data System.</li> <li>• Behavioral Health Clinic Quality Measures.</li> <li>• Medicaid Promoting Interoperability.</li> <li>• Medicare Shared Savings Program (MSSP).</li> <li>• Merit-Based Incentive Payment System (MIPS) Program.</li> </ul>
<p><b>Challenges noted by states in reporting the measure for FFY 2018</b></p>	<p>Data not available (33 states) due to data source not easily accessible, requires medical record review, or information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• No data were collected for this measure in calendar year 2017. State may be able to report on this measure beginning with the next reporting cycle for its Serious Mental Illness specialty plans.</li> <li>• This CMS measure was not collected for this reporting period. However, beginning with FFY 2019, this is a required reporting measure in the state.</li> <li>• State has concerns about the accuracy and completeness of its data.</li> <li>• State Medicaid does not have access to EHR data.</li> <li>• State obtains EHR-based aggregated results from health plans based on ages 12 and above and is unable to stratify by age groups. State could not report the Child Core Set measure because the majority of the state’s measure-eligible population is age 18 and above.</li> <li>• State Medicaid has not collected the depression measures because they are more behavioral health-related, which is addressed through a sister agency. The sister agency has not collected them.</li> <li>• Lack of capacity to report new 2018 Core Set Measures.</li> </ul>

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)</b>
<b>Description</b>	Percentage of beneficiaries age 18 and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Primary Care Access and Preventive Care
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2012 (Initial Adult Core Set)
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	One Workgroup member (WGM) suggested this measure for removal. The WGM noted depression screening is important in both the child and the adult populations but that removing the measure does not leave a gap in either Core Set. The WGM also noted that technical feasibility challenges, and the resulting number of states that have been able to report the measure, indicate that it should be removed from the Core Sets.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 18 or older on date of encounter.
<b>Data collection method</b>	Administrative or electronic health record (EHR).
<b>Denominator</b>	The eligible population with an outpatient visit during the measurement year.
<b>Numerator</b>	Beneficiaries screened for depression on the date of the encounter using a standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.
<b>Exclusions</b>	Denominator exclusions: Beneficiaries with an active diagnosis of depression or bipolar disorder.  Exceptions: A beneficiary that does not meet the numerator criteria and meets the following exception criteria should be excluded from the measure denominator. However, if the beneficiary meets the numerator criteria, the beneficiary would be included in the measure denominator. <ul style="list-style-type: none"> <li>Beneficiary refuses to participate.</li> </ul>

	<ul style="list-style-type: none"> <li>Beneficiary is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status.</li> <li>Situations where the beneficiary’s functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.</li> </ul>
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	None.

**Reasons for Removal Noted by Workgroup Member(s)**

**Minimum Technical Feasibility Criteria**

The WGM noted that the specifications for this measure indicate it is an administrative or EHR measure. States have had challenges with claims or encounters including the necessary data needed to verify that the screening was completed, that a valid tool was used, and that a follow-up plan was documented. Providers would need to include an appropriate G code that indicated that the screening occurred and another code that a follow-up plan was documented. The WGM also indicated that not all states reimburse or pay providers to complete standardized screening tools, nor for the tool itself. Providers do not always include codes for services for which they do not receive reimbursement, which may result in artificially lower rates. According to the WGM, there should be concern with the completeness of the data. The validity of the reported rates could also be a challenge. Chart review or validation would ensure that the screening occurred, a follow-up plan was documented in the chart or medical/behavioral record, and that a valid tool was used to conduct the screening.

The WGM also indicated there are inconsistent policies across states regarding payment for use of depression screening tools. This may result in incomplete provider data. Since this is an administrative or EHR measure, the completeness and accuracy of the data across states is needed to include it in the Child or Adult Core Sets.

**Other Considerations**

The WGM indicated that six states reported this measure for FFY 2018, of which five used the Core Measure Set specifications. With the specification and data collection challenges, it does not appear to be feasible that at least half of the states are likely to be able to produce the measure for FFY 2021, FFY 2022, or that all states will be able to report the measure by FFY 2024.

**Core Set Reporting History**

<b>Number of states reporting the measure for FFY 2018</b>	Six states (one of the six states did not use Core Set specifications).
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>Health Home Core Set.</li> <li>Uniform Data System.</li> <li>Behavioral Health Clinic Quality Measures.</li> <li>Medicaid Promoting Interoperability.</li> </ul>

	<ul style="list-style-type: none"> <li>• Medicare Shared Savings Program (MSSP).</li> <li>• Merit-Based Incentive Payment System (MIPS) Program.</li> </ul>
<p><b>Challenges noted by states in reporting the measure for FFY 2018</b></p>	<p>Data not available (29 states) due to data source not easily accessible, requires medical record review, information not collected, or budget constraints. States also noted:</p> <ul style="list-style-type: none"> <li>• State Medicaid does not have access to EHR data.</li> <li>• Measure requires data not available through claims data.</li> <li>• State Medicaid has not collected the depression measures because they are more behavioral health-related, which is addressed through a sister agency. The sister agency has not collected them.</li> <li>• The state’s Medicaid Managed Care Contract does not require the MCOs to collect data for this measure.</li> </ul>

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)</b>
<b>Description</b>	Percentage of beneficiaries ages 18 to 64 who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H Adult Medicaid Survey was completed.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0039
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Primary Access and Preventive Care
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2012 (Initial Adult Core Set)
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Disease
<b>If measure is removed, does it leave a gap in the Core Set?</b>	Two Workgroup members (WGM) recommended this measure for removal. One WGM stated they are recommending this measure for removal only if the Adult Immunization Status (AIS) composite measure gets added to the 2021 Adult Core Set. The other WGM said the survey is not designed for comparison of responses from diverse demographic groups, and therefore, the results are arguably worse than none at all.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	Adult Immunization Status (AIS)
<b>Is there another related measure in the Core Set?</b>	No

FFY 2020 Technical Specifications	
<b>Ages</b>	Ages 18 to 64 as of July 1 of the measurement year.
<b>Data collection method</b>	Survey. (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey.)
<b>Denominator</b>	The number of beneficiaries with a “Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag” of “Eligible” who responded “Yes” or “No” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
<b>Numerator</b>	The number of beneficiaries who responded “Yes” to the question “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
<b>Exclusions</b>	The survey excludes those who are not currently enrolled in Medicaid at the time of the survey.
<b>Continuous enrollment period</b>	The last six months of the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

## Reasons for Removal Noted by Workgroup Member(s)

### Minimum Technical Feasibility Criteria

One WGM noted that fielding and analysis of the CAHPS survey is very expensive. Return rates are decreasing with every survey year. Response rates in the WGM's state in 2013 were 36 percent for adults and 40 percent for children. In 2016, the response rate in that state was 24 percent for adults and 27 percent for children. Surveys, such as the California Health Interview Survey, are testing new methods to engage people in surveys, which include combined methods and that show promise (<http://healthpolicy.ucla.edu/chis/design/Pages/2019-2020-methods.aspx>).

The WGM also noted that because CAHPS 5.0H responses and completed surveys vary widely across cultures, age groups, and other demographics, the measure does not allow for consistent calculations across counties and states. The WGM provided the following additional resources:

- CAHPS Survey Administration: What We Know and Potential Questions. Tesler R, Sorra J. Agency for Healthcare Research and Quality: Oct 2017. AHRQ Publication Number 18-0002-EF.
- Understanding Variations in Medicare Consumer Assessment of Health Care Providers and Systems Scores: California as an Example. Farley DO, et al. Health Services Research 2011 Oct; 46(5)1646-62.
- Cognition, Communication, and Culture: Implications for the Survey Response Process. Schwarz N, et al. Wiley Series in Survey Methodology: Survey Methods in Multinational, Multiregional, and Multicultural Contexts (2010), 177-190.
- Case-mix adjustment and the comparisons of community health center performance on patient experience measures. Johnson ML, et al. Health Services Research 2010 Jun; 45(3)670-90.
- Survey response style and differential use of CAHPS rating scales by Hispanics. Weech-Maldonado R, et al. Medical Care 2008 Sep; 46(9):963-8.

### Actionability and Strategic Priority

One WGM indicated that the measure does not contribute to estimating overall quality of health care in Medicaid and CHIP because of the limitations of the available data sources as discussed above. In addition, the WGM indicated that there is an insufficient link between this measure and better outcomes.

The second WGM noted that there are currently no measures for Td/Tdap, zoster, or pneumococcal vaccination in the Adult Core Set. Use of the composite Adult Immunization Status measure (AIS) would improve overall quality of health care by helping Medicaid programs increase vaccination in their adult beneficiary populations (including, but not limited to influenza vaccination). National surveillance data also shows that coverage for recommended adult vaccines is generally lower for adults with public health insurance compared to privately insured adults, so replacing the FVA-AD measure with the composite AIS measure could better address this disparity.

### Other Considerations

One WGM noted that the lack of usefulness for diverse populations and the high cost of fielding/analysis of the CAHPS survey (from which this measure is derived) are likely to continue to deter some states from reporting CAHPS.

<b>Core Set Reporting History</b>	
<b>Number of states reporting the measure for FFY 2018</b>	<p>22 states reported the measure in MACPro; however, additional states (or their managed care plans) are submitting CAHPS to the AHRQ CAHPS Database.</p> <p>Note that CMS is collaborating with AHRQ on an initiative to report state-level CAHPS data submitted to the AHRQ CAHPS Database. AHRQ estimates that state-level data would be available for FFY 2018 for 29 states for Adult Medicaid and for 33 states for Child Medicaid (although not all states may collect data for the FVA measure through the Adult CAHPS survey). CMS will conduct a dry run of state-level reporting of CAHPS data with states in spring 2020.</p>
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• Qualified Health Plan Quality Rating System Measure Set: Survey Measure.</li> <li>• Marketplace Quality Rating System (QRS).</li> </ul>
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	<p>CAHPS data not available (14 states) due to budget and/or staffing constraints, data source not easily accessible, and information not collected by the state and/or health plans. States also noted:</p> <ul style="list-style-type: none"> <li>• State identified this measure using immunization registry data for calendar year (CY) 2017 but did not report rates due to data reliability concerns.</li> <li>• This measure requires immunization records.</li> <li>• This NCQA measure is not currently contractually required; however, with the federal fiscal year (FFY) 2019 reporting period this measure will be a mandated measure.</li> <li>• State did not conduct a survey for the overall Medicaid population.</li> <li>• The final CAHPS report was not available in time for reporting.</li> <li>• State did not conduct a survey for the overall Medicaid population.</li> </ul>

# **MATERNAL AND PERINATAL HEALTH**



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Audiological Evaluation No Later than 3 Months of Age (AUD-CH)</b>
<b>Description</b>	Percentage of newborns who did not pass hearing screening and have an audiological diagnosis no later than 3 months of age (90 days).
<b>Measure steward</b>	Centers for Disease Control and Prevention (CDC)
<b>NQF number (if endorsed)</b>	1360
<b>Core Set</b>	Child Core Set
<b>Core Set domain</b>	Maternal and Perinatal Health
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2016
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	<p>Two Workgroup members (WGMs) suggested this measure for removal.</p> <p>One WGM noted that the removal of this measure does not leave a gap because hearing screening is part of the well-child visit per the Bright Futures guidelines. The WGM also indicated that hearing screening is reported to CDC and is generally tracked in public health departments, and removal from the Core Set does not remove existing activity that monitors this issue.</p> <p>Another WGM was unsure if the removal of this measure leaves a gap in the Core Set because the original intent and actionability by Medicaid/CHIP was unclear.</p>
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	No

FFY 2020 Technical Specifications	
<b>Ages</b>	Infants who were born between January 1 and December 31 of the measurement year.
<b>Data collection method</b>	Electronic health record (EHR).
<b>Denominator</b>	The number of infants born during the measurement year who have not passed hearing screening.
<b>Numerator</b>	The number of infants born during the measurement year who have not passed hearing screening (denominator population) and who have an audiological diagnosis before 91 days of age.
<b>Exclusions</b>	Newborns who died before 91 days of age.
<b>Continuous enrollment period</b>	Date of birth to 90 days of age.
<b>Allowable gap</b>	None.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

One WGM noted that this measure requires matching to newborn screening data which is often difficult to obtain permission to do so, and then it also requires the use of EHR data. The use of EHR data requires another round of patient matching as this data does not contain Medicaid identifiers. Another WGM noted that the measure is dependent on data outside Medicaid (public health reporting) or EHR data.

#### Actionability and Strategic Priority

One WGM indicated that due to the complexities of the matching process, it is difficult to ascertain whether the rate is truly underperforming or if the performance indicates issues with the data. The WGM noted that newborn screening already has protocols in place for a follow-up system for newborns who do not pass hearing screening. In addition, there is a lack of widely known best practices where adding the Medicaid program into this process leads to better outcomes.

#### Other Considerations

One WGM noted that numbers available from the CDC and the overall number of newborn screenings referred with no outpatient follow-up seems low, and across some states there were no children that were not followed up. (Note that state-level all-payer data from CDC's Early Hearing Detection and Intervention (EHDI) program are available at: <https://www.cdc.gov/ncbddd/hearingloss/2017-data/documents/07-2017-HSFS-Diag-by-3mo.pdf>. The denominator is the column labeled "Total Not Pass," the numerator is the column labeled "Total Diagnosed Before 3 Months of Age," and the rate is the column labeled "Percent Diagnosed Before 3 Months of Age.")

### Core Set Reporting History

<b>Number of states reporting the measure for FFY 2018</b>	Three states (two of the three states did not use Core Set specifications).
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool.
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	Data not available (34 states) due to information not collected or data source not easily accessible for FFY 2018. States also noted: <ul style="list-style-type: none"> <li>• LOINC codes that qualify the infant for the denominator are not collected by the state.</li> <li>• Reporting requires use of data from EHRs, which is not currently available statewide.</li> <li>• The state's Medicaid Managed Care Contract does not require the MCOs to collect data for this measure.</li> </ul>

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>PC-01: Elective Delivery (PC01-AD)</b>
<b>Description</b>	Percentage of women with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed.
<b>Measure steward</b>	The Joint Commission (TJC)
<b>NQF number (if endorsed)</b>	0469/0469e
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Maternal and Perinatal Health
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2012 (Initial Adult Core Set)
<b>Meaningful Measures area of measure</b>	Make Care Affordable
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The Workgroup member (WGM) indicated that removing this measure would not leave a gap in the Core Set.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	No

FFY 2020 Technical Specifications	
<b>Ages</b>	Not applicable for this measure.
<b>Data collection method</b>	Hybrid or electronic health records (EHR).
<b>Denominator</b>	Beneficiaries delivering newborns with $\geq 37$ and $< 39$ weeks of gestation completed.
<b>Numerator</b>	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.
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Conditions possibly justifying elective delivery prior to 39 weeks gestation.</li> <li>• History of prior stillbirth.</li> <li>• Less than age 8 or greater than or equal to age 65.</li> <li>• Length of stay <math>&gt; 120</math> days.</li> <li>• Gestational age <math>&lt; 37</math> or <math>\geq 39</math> weeks or unable to determine.</li> </ul>
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	None.

**Reasons for Removal Noted by Workgroup Member(s)**

**Minimum Technical Feasibility Criteria**

The WGM noted that this measure requires chart review to identify if the delivery was elective and many states do not have resources for chart review.

**Actionability and Strategic Priority**

The WGM noted that, due to various interventions, including The Joint Commission in 2013, the rate of early elective deliveries has decreased. In one state, elective deliveries decreased from approximately 13 percent in 2010 to less than 3 percent in 2014 (see <https://www.cmqcc.org/qi-initiatives/early-elective-deliveries>). Additionally, the WGM indicated that in CMS Hospital Compare, the national average for reporting hospitals for early elective deliveries (percentage of mothers whose deliveries were scheduled too early [1-2 weeks early], when a scheduled delivery wasn't medically necessary) was 2 percent. Therefore, the WGM felt there was little room for improvement.

**Other Considerations**

The WGM noted that in FFY 2018, only eight states reported this measure. Reasons given for not reporting included measure requires chart abstraction and measure benefits from data (vital records) from another state agency.

**Core Set Reporting History**

<b>Number of states reporting the measure for FFY 2018</b>	Eight states (five of the eight states did not use Core Set specifications).
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• AHIP Core Quality Measures Collaborative Measures.</li> <li>• Hospital Inpatient Quality Reporting (IQR) Program.</li> <li>• Hospital Value Based Purchasing.</li> </ul> <p>Note: This measure is being removed from the Hospital Value Based Purchasing Program beginning with the FY 2021 program year. The federal rule states: We continue to believe that avoiding early elective delivery is important; however, because overall performance on the PC-01 measure has improved over time and we anticipate the measure will have little meaningful effect on the Total Performance Scores (TPS) for most hospitals, we believe the measure is no longer appropriate for the Hospital VBP Program. In order to continue tracking and reporting rates of elective deliveries to incentivize continued high performance on the measure, this measure would remain in the Hospital IQR Program.</p>



<b>Challenges noted by states in reporting the measure for FFY 2018</b>	Data not available (28 states) due to budget and/or staff constraints, data source not easily accessible, and information not collected. States also noted: <ul style="list-style-type: none"><li>• State did not perform chart reviews as part of Adult Care Set reporting.</li><li>• The state's Medicaid Managed Care Contract does not require the MCOs to collect data for this measure.</li><li>• State Medicaid does not have access to EHR data.</li><li>• Measure requires medical record review and/or EHR data.</li></ul>
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**CARE OF ACUTE AND CHRONIC CONDITIONS**

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>HIV Viral Load Suppression (HVL-AD)</b>
<b>Description</b>	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.
<b>Measure steward</b>	Health Resources and Services Administration (HRSA)
<b>NQF number (if endorsed)</b>	2082/3210e
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Care of Acute and Chronic Conditions
<b>Measure type</b>	Outcome
<b>Year added to Core Set</b>	2014
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention and Treatment of Chronic Disease
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The Workgroup member (WGM) suggesting this measure for removal indicated there would be a gap in the Adult Core Set since there is no other measure related to HIV care.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	Yes. Proportion of Days Covered: Antiretroviral Medications.
<b>Is there another related measure in the Core Set?</b>	No

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 18 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Administrative or EHR.
<b>Denominator</b>	The number of beneficiaries age 18 and older 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.
<b>Numerator</b>	The number of beneficiaries in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
<b>Exclusions</b>	None.
<b>Continuous enrollment period</b>	None.
<b>Allowable gap</b>	None.

**Reasons for Removal Noted by Workgroup Member(s)**

**Minimum Technical Feasibility Criteria**

The WGM indicated that many states have confidentiality laws that make obtaining the lab result difficult. For example, Pennsylvania is not able to report this measure because of its very strict law about sharing data on individuals with HIV. The WGM also noted that this measure has been on the Adult Core Set for several years without much uptake by states.

The WGM also noted that the available data source does not allow for consistent calculations across states.

**Other Considerations**

The WGM indicated that many of the policy barriers (confidentiality laws) have existed for decades and will not be removed by FFY 2022 (or 2024).

**Core Set Reporting History**

<b>Number of states reporting the measure for FFY 2018</b>	Six states (one of the six states did not use Core Set specifications).
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	<ul style="list-style-type: none"> <li>• AHIP Core Quality Measures Collaborative Measures.</li> <li>• Merit-Based Incentive Payment System (MIPS).</li> </ul>
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	<p>Data not available (29 states) due to budget and/or staff constraints, data inconsistencies/accuracy, data source not easily accessible, and information not collected. States also noted:</p> <ul style="list-style-type: none"> <li>• States and health plans have had issues obtaining their members' HIV lab data due to state statute/privacy restrictions, so the data for this measure are inaccurate (multiple states).</li> <li>• State does not use Logical Observation Identifiers Names and Codes (LOINC), which are required to determine HIV viral load for the numerator (multiple states).</li> <li>• The measure is not a key priority area for the state.</li> <li>• State has not yet developed coding to report this measure.</li> <li>• The state's Medicaid Managed Care Contract does not require the MCOs to collect data for this measure.</li> </ul>



## **BEHAVIORAL HEALTH CARE**

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)</b>
<b>Description</b>	<p>The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol>
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	0027
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health Care
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2012 (Initial Adult Core Set)
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The WGM noted that removing this measure would create a gap. However, the WGM said the survey is not designed for comparison of responses from diverse demographic groups, and therefore, the results are arguably worse than none at all.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	No

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 18 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Survey. (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey.)
<b>Denominator</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Q32: “Do you now smoke cigarettes or use tobacco every day, some days, or not at all?” = “Every day” or “Some days.”</li> </ul>

	<p>AND</p> <ul style="list-style-type: none"> <li>Q33: “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.”</li> </ul>
<b>Numerator</b>	<ul style="list-style-type: none"> <li>Advising Smokers and Tobacco Users to Quit: 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 Q33: “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?”</li> <li>Discussing Cessation Medications: 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 Q34: “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.”</li> <li>Discussing Cessation Strategies: 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 Q35: “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.”</li> </ul>
<b>Exclusions</b>	The survey excludes those who are not currently enrolled in Medicaid at the time of the survey.
<b>Continuous enrollment period</b>	The last six months of the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

The WGM noted that fielding and analysis of the CAHPS survey is very expensive. Return rates are decreasing with every survey year. Response rates in the WGM’s state in 2013 were 36 percent for adults and 40 percent for children. In 2016, the response rate in that state was 24 percent for adults and 27 percent for children. Surveys, such as the California Health Interview Survey, are testing new methods to engage people in surveys, which include combined methods and that show promise (<http://healthpolicy.ucla.edu/chis/design/Pages/2019-2020-methods.aspx>).

The WGM also noted that because CAHPS 5.0H responses and completed surveys vary widely across cultures, age groups, and other demographics, the measure does not allow for consistent calculations across counties and states. The WGM provided the following additional resources:

- CAHPS Survey Administration: What We Know and Potential Questions. Tesler R, Sorra J. Agency for Healthcare Research and Quality: Oct 2017. AHRQ Publication Number 18-0002-EF.
- Understanding Variations in Medicare Consumer Assessment of Health Care Providers and Systems Scores: California as an Example. Farley DO, et al. Health Services Research 2011 Oct; 46(5)1646-62.
- Cognition, Communication, and Culture: Implications for the Survey Response Process. Schwarz N, et al. Wiley Series in Survey Methodology: Survey Methods in Multinational, Multiregional, and Multicultural Contexts (2010), 177-190.
- Case-mix adjustment and the comparisons of community health center performance on patient experience measures. Johnson ML, et al. Health Services Research 2010 Jun; 45(3)670-90.
- Survey response style and differential use of CAHPS rating scales by Hispanics. Weech-Maldonado R, et al. Medical Care 2008 Sep; 46(9):963-8.

### Actionability and Strategic Priority

The WGM indicated that the measure does not contribute to estimating overall quality of health care in Medicaid and CHIP because of the limitations of the available data sources as discussed above. In addition, the WGM indicated that there is an insufficient link between this measure and better outcomes. Additionally, the WGM noted the measure cannot be trended over time, because of decreases in completed responses. Since response rates vary by demographics, simply mailing more surveys skews results further.

### Other Considerations

The WGM noted that lack of usefulness for diverse populations and the high cost of fielding/analysis of the CAHPS survey (from which this measure is derived) are likely to continue to deter some states from reporting CAHPS.

### Core Set Reporting History

<b>Number of states reporting the measure for FFY 2018</b>	20 states; however, additional states (or their managed care plans) are submitting CAHPS data to the AHRQ CAHPS Database.  Note that CMS is collaborating with AHRQ on an initiative to report state-level CAHPS data submitted to the AHRQ CAHPS Database. AHRQ estimates that state-level data would be available for FFY 2018 for 29 states for Adult Medicaid and for 33 states for Child Medicaid (although not all states may collect data for the MSC measure through the Adult CAHPS survey). CMS will conduct a dry run of state-level reporting of CAHPS data with states in spring 2020.
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	Marketplace Quality Rating System (QRS).



**Challenges noted by states in reporting the measure for FFY 2018**

CAHPS data not available (16 states) due to budget and/or staffing constraints, data source not easily accessible, and information not collected by the state and/or health plans. States also noted:

- CAHPS responses could not be generalized to a statewide response.
- CAHPS surveys were not complete at the time of reporting.
- A survey for the Medicaid population was not conducted.

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) (HPCMI-AD)</b>
<b>Description</b>	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) whose most recent Hemoglobin A1c (HbA1c) level during the measurement year is > 9.0 percent. Note: A lower rate indicates better performance.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	2607
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health Care
<b>Measure type</b>	Outcome
<b>Year added to Core Set</b>	2017
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	Two Workgroup members (WGMs) suggested this measure for removal. One WGM noted that removal of this measure would not leave a gap because this population is already covered under an existing Adult Core Set measure, Comprehensive Diabetes Care: Hemoglobin A1C Poor Control (HPC-AD).  Another WGM noted that the diabetes screening measure for people with schizophrenia or bipolar disorder on antipsychotic medications (SSD-AD, also part of the Adult Core Set) is perhaps more critical to have in the Core Set. With only four states reporting on diabetes care (HPCMI-AD) and the feedback from states that the data are not readily available, the WGM would prioritize maintenance of the screening measure (SSD-AD).
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	Neither WGM proposed another measure for substitution. However, one WGM suggested stratifying the already existing measure for individuals with SMI. The other WGM advocated for retention of the measure that captures diabetes screening among an SMI population (SSD-AD).
<b>Is there another related measure in the Core Set?</b>	Yes. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)

FFY 2020 Technical Specifications	
<b>Ages</b>	Ages 18 to 75 as of December 31 of the measurement year.
<b>Data collection method</b>	Administrative or Hybrid.
<b>Denominator</b>	Beneficiaries ages 18 to 75 as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits with a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder during the measurement year AND with a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year before.

<b>Numerator</b>	Beneficiaries whose most recent HbA1c level is greater than 9.0 percent (poor control), is missing a result, or the HbA1c test was not done during the measurement year.
<b>Exclusions</b>	Beneficiaries age 66 and older as of December 31 of the measurement year with frailty and advanced illness.  Optional exclusions: Beneficiaries who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.
<b>Continuous enrollment period</b>	The measurement year.
<b>Allowable gap</b>	No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

### Reasons for Removal Noted by Workgroup Member(s)

#### Minimum Technical Feasibility Criteria

One WGM indicated that producing an additional sample for hybrid medical record review is burdensome for states and suggested that this measure can be calculated by using the existing sample for the HPC-AD measure (which most states are reporting to the Core Set) and adding a stratification using diagnosis codes.

The other WGM noted that many states cited data access issues as the reason for not reporting this measure. The WGM noted that only four states are consistently reporting this measure and believes that it will be a heavy lift between now and 2024 to achieve the goal of 100 percent of states reporting. The WGM also noted that care provision is tougher to capture than a screening measure. However, given that the Workgroup is considering the pragmatics of data collection/reporting for 2024 and the interactions/connections between priority topics and limited real estate on future Core Sets, the WGM would prioritize continued screening and a measure on which states are already for the most part reporting (32 states).

#### Other Considerations

One WGM noted that it is costly to provide another medical record sample for a measure that states are already investing in for a similar measure (HPC-AD) and believes that resources could be better spent targeting QI activities.

### Core Set Reporting History

<b>Number of states reporting the measure for FFY 2018</b>	Four states.
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.

<b>Use in other CMS programs</b>	Behavioral Health Clinic Quality Measures.
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	<p>Data not available (30 states) due to information not collected, data source not easily accessible, requires medical record review, or budget constraints. States also noted:</p> <ul style="list-style-type: none"> <li>• Lack of resources for medical chart abstraction.</li> <li>• Concerns about data quality and completeness given requirements for codes frequently not reported in claims/encounter data.</li> <li>• The state’s MCOs do not provide information on this measure.</li> <li>• Not identified as a key priority for the reporting year.</li> <li>• This measure is not currently a contractually required reporting measure.</li> <li>• The codes in the HbA1c Level Value Sets are not collected by the state’s MMIS.</li> <li>• For the Diabetes HbA1c Poor Control measure, the state relies on health plans to report aggregated counts based on providers' EHR extraction, and currently the data could not be stratified for members with mental illness.</li> <li>• Invalid rates because CPT II codes were not available.</li> </ul>



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)</b>
<b>Description</b>	The percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	2940
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Behavioral Health Care
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2016
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	The Workgroup member (WGM) indicated that this would not leave a gap. The WGM noted that it does not measure behavioral health system performance as it is looking at opioids prescribed at high dosage in persons without cancer, which is evaluating opioids for non-cancer related pain treatment (i.e., chronic pain) rather than opioids for medication assisted treatment. The measure is more relevant to the care of acute and chronic conditions.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No new measure has been proposed. The WGM noted that the Adult Core Set already has two related measures (see below).
<b>Is there another related measure in the Core Set?</b>	Concurrent Use of Opioids and Benzodiazepines (COB-AD) and Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 18 and older as of January 1 of the measurement year.
<b>Data collection method</b>	Administrative.
<b>Denominator</b>	Beneficiaries who meet all of the following criteria: <ol style="list-style-type: none"> <li>Two or more prescription claims for opioids medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.</li> <li>An Index Prescription Start Date (IPSD) on January 1 through October 3 of the measurement year.</li> <li>An opioid episode of 90 or more days during the measurement year.</li> </ol> Notes: <ul style="list-style-type: none"> <li>The prescription can be for the same or different opioids.</li> <li>If multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescriptions with the longest days' supply.</li> </ul>

	<ul style="list-style-type: none"> <li>If multiple prescriptions for opioids are dispensed on different days, sum the days' supply for all the prescription claims, regardless of overlapping days' supply.</li> </ul>
<b>Numerator</b>	Any beneficiary in the denominator with an average daily dosage $\geq 90$ Morphine Milligram Equivalents during the opioid episode.
<b>Exclusions</b>	Beneficiaries with a cancer diagnosis, a sickle cell disease diagnosis, or in hospice at any point during the measurement year.
<b>Continuous enrollment period</b>	The measurement year with one allowable gap, as defined below.
<b>Allowable gap</b>	No more than one gap in continuous enrollment of up to 31 days during the measurement year. When enrollment is verified monthly, the beneficiary may not have more than a one-month gap in coverage (i.e., a beneficiary whose coverage lapses for two months [60 consecutive days] is not considered continuously enrolled).

### Reasons for Removal Noted by Workgroup Member(s)

#### Other Considerations

The WGM noted that the use of opioids at high dosage is not a reflection of behavioral health system performance; rather, it is a measure of how chronic pain is treated. According to the WGM, behavioral health system performance is better reflected in another measure in the Adult Core Set measure, Use of Pharmacotherapy for Opioid Use Disorder (OUD).

### Core Set Reporting History

<b>Number of states reporting the measure for FFY 2018</b>	27 states (3 of the 27 states did not use Core Set specifications) Note that there is a similar HEDIS measure, Use of Opioids in High Dosage. Three states reported the HEDIS measure instead of the PQA measure for FFY 2018.
<b>Was the measure publicly reported for FFY 2018?</b>	No.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes, however the measure has not been reported because it has not reached the 25-state threshold.
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool.
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	Data not available (12 states) due to budget and/or staff constraints and information not collected. States also noted: <ul style="list-style-type: none"> <li>The state continues to address opioid use through other methods such as claims, policies, and procedures.</li> <li>State does not report measure due to concerns with specifications.</li> <li>Measure not reported because it is not a HEDIS measure.</li> </ul>

## **DENTAL AND ORAL HEALTH SERVICES**

## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<b>Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</b>
<b>Description</b>	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Core Set</b>	Child Core Set
<b>Core Set domain</b>	Dental and Oral Health Services
<b>Measure type</b>	Process
<b>Year added to Core Set</b>	2010 (Initial Child Core Set)
<b>Meaningful Measures area of measure</b>	Promote Effective Prevention & Treatment of Chronic Diseases
<b>If measure is removed, does it leave a gap in the Core Set?</b>	Two Workgroup members (WGMs) recommended this measure for removal. One WGM thought removal of the measure would leave a gap in the Core Set, and the other thought that removal would not leave a gap.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	<p>One WGM proposed the NCQA HEDIS Annual Dental Visit (ADV) measure for substitution. Note that the ADV measure is proposed for retirement from HEDIS Measurement Year 2022 (which covers services provided in calendar year 2022 and would align with the FFY 2023 Core Set). The ADV measure was proposed for retirement because it focuses on access to dental care rather than quality. Proposed retirement would take effect for HEDIS Measurement Year 2022 to allow time for NCQA to introduce a new pediatric dental measure into HEDIS. For more information, visit <a href="https://www.ncqa.org/wp-content/uploads/2020/02/20200212_01_ADV.pdf">https://www.ncqa.org/wp-content/uploads/2020/02/20200212_01_ADV.pdf</a>.</p> <p>The second WGM did not propose a substitute measure but noted that if the PDENT-CH measure specifications were changed to align with 11/12 months eligibility (rather than 90 days) as other Child Core Set measures do, it would be useful.</p>
<b>Is there another related measure in the Core Set?</b>	No

FFY 2020 Technical Specifications	
<b>Ages</b>	Ages 1 to 20.
<b>Data collection method</b>	Administrative (Form CMS-416).
<b>Denominator</b>	The total unduplicated number of individuals ages 1 to 20 who have been continuously enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 days during the federal fiscal year and are eligible to receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

<b>Numerator</b>	The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes or equivalent CPT and CDT codes that are for preventive dental services and only if provided by or under the supervision of a dentist, based on an unduplicated paid, unpaid, or denied claim. The numerator should be inclusive of services reimbursed directly by the state under fee-for-service, managed care, prospective payment, or any other payment arrangements, or through any other health or dental plans that contract with the state to provide services to Medicaid or CHIP Medicaid expansion beneficiaries, based on an unduplicated paid, unpaid, or denied claim.
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Medically needy individuals ages 1 to 20 if the state does not provide EPSDT services for the medically needy population.</li> <li>• Individuals eligible for Medicaid only under a §1115 waiver as part of an expanded population for which the full complement of EPSDT services is not available.</li> <li>• Undocumented aliens who are eligible only for emergency Medicaid services.</li> <li>• Children in separate state CHIP programs.</li> <li>• Groups of individuals ages 1 to 20 who are eligible only for limited services as part of their Medicaid eligibility (for example, pregnancy-related services).</li> </ul>
<b>Continuous enrollment period</b>	Eligible for EPSDT services for at least 90 continuous days during the federal fiscal year.
<b>Allowable gap</b>	None.

### Reasons for Removal Noted by Workgroup Member(s)

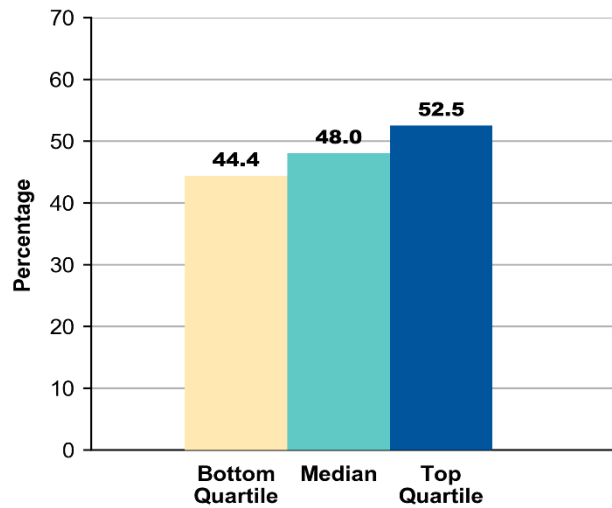
#### Other Considerations

One WGM noted that measures in the Core Set are designed for calendar year reporting, and in cases where services are counted throughout the year, 11/12-month eligibility is also required. The WGM noted that the measure is reported using Form CMS-416, which requires only 90 days enrollment, but counts services throughout the reporting period.

Another WGM proposed the NCQA HEDIS Annual Dental Visit (ADV) measure as a replacement for the PDENT-CH measure, noting that the CMS measure is not aligned with the NCQA measure, which health plans report under HEDIS. The WGM noted that this might lead to duplication of efforts by plans and states if they report both measures. In addition, the WGM indicated that both measures provide similar information, so if the NCQA measure was used, it could replace Form CMS-416 reporting. Finally, the WGM noted that in states with managed care, plans generally submit the encounter data to the state for the managed care portion of the CMS measure since the states do not have those claims. The WGM also noted that encounter data is difficult for states to collect and using what the plans already have might lower the chances of error in reporting.

<b>Core Set Reporting History</b>	
<b>Number of states reporting the measure for FFY 2018</b>	51.
<b>Was the measure publicly reported for FFY 2018?</b>	Yes (see next page for FFY 2018 data).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes.
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool.
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	<p>None. States report this measure via the Form CMS-416, so they do not report challenges with the measure.</p> <p>Note that CMS is testing replication of the Form CMS-416 (including the PDENT-CH measure) using T-MSIS data to reduce state reporting burden and to standardize calculation of the measure across states. CMS is conducting sensitivity analyses related to changing the continuous eligibility requirements for 90 days to 6 months or 11/12 months. CMS will be conducting a preview of the 416 replication with a subset of states in spring 2020 and intends to give states the option of having CMS produce the Form CMS-416 beginning with the submission due April 2021.</p>

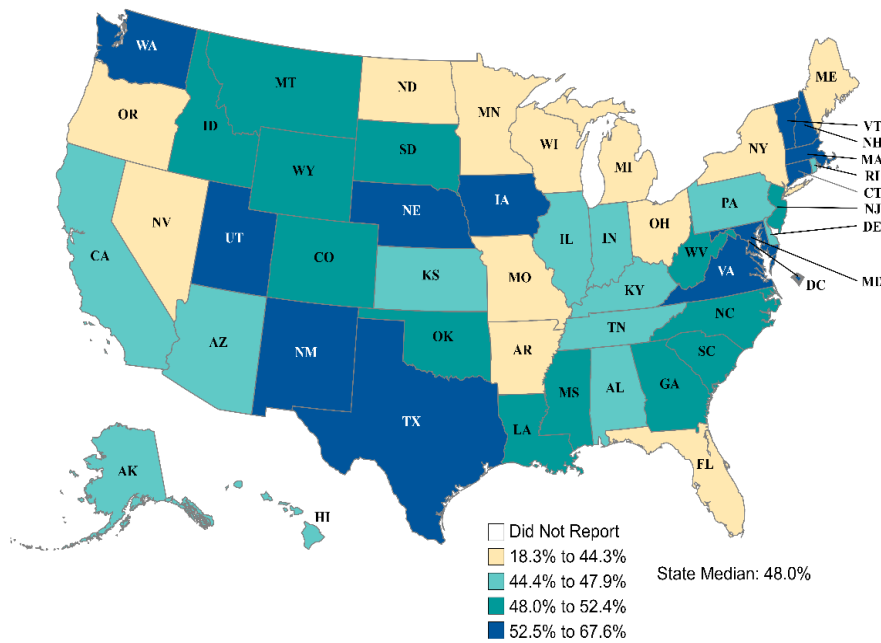
## Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2018 (n = 51 states)



Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of children ages 1 to 20 who are covered by Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period

## Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2018 (n = 51 states)



Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2018 reporting cycle.

## **EXPERIENCE OF CARE**



## MEASURE INFORMATION SHEET

### CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2021 CORE SET

Measure Information	
<b>Measure name</b>	<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)</b>
<b>Description</b>	This measure provides information on parents’ experiences with their child’s health care and gives a general indication of how well the health care meets their expectations. Results summarize children’s experiences through ratings, composites, and individual question summary rates.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed (Note: This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006])
<b>Core Set</b>	Child Core Set
<b>Core Set domain</b>	Experience of Care
<b>Measure type</b>	Patient Experience
<b>Year added to Core Set</b>	2010 (Initial Child Core Set)
<b>Meaningful Measures area of measure</b>	Strengthen Person & Family Engagement as Partners in their Care
<b>If measure is removed, does it leave a gap in the Core Set?</b>	Yes. The Workgroup member (WGM) indicated that patient satisfaction is important, but unless a survey is designed for comparison of responses from diverse demographic groups, the results are arguably worse than none at all.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	The Adult Core Set includes the following measures derived from the CAHPS survey: <ul style="list-style-type: none"> <li>• Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)</li> <li>• Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)</li> <li>• Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)</li> </ul>

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 17 and younger as of December 31 of the measurement year.
<b>Data collection method</b>	Survey.
<b>Denominator</b>	The survey sample includes parents and guardians of children ages 0-17 as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys.

<b>Numerator</b>	<p>The survey includes four global rating questions reflecting overall satisfaction:</p> <ul style="list-style-type: none"> <li>• Rating of All Health Care.</li> <li>• Rating of Health Plan.</li> <li>• Rating of Personal Doctor.</li> <li>• Rating of Specialist Seen Most Often.</li> </ul> <p>Four composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> <li>• Customer Service.</li> <li>• Getting Care Quickly.</li> <li>• Getting Needed Care.</li> <li>• How Well Doctors Communicate.</li> </ul> <p>Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for one item summarizing the following concept:</p> <ul style="list-style-type: none"> <li>• Coordination of Care.</li> </ul>
<b>Exclusions</b>	The survey excludes those who were not currently enrolled at the time of the survey.
<b>Continuous enrollment period</b>	The last six months of the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

**Reasons for Removal Noted by Workgroup Member(s)**

**Minimum Technical Feasibility Criteria**

The WGM noted that fielding and analysis of the CAHPS survey is very expensive. Return rates are decreasing with every survey year. Response rates in the WGM's state in 2013 were 36 percent for adults and 40 percent for children. In 2016, the response rate was 24 percent for adults and 27 percent for children for this state. Surveys, such as the California Health Interview Survey, are testing new methods to engage people in surveys which include combined methods and that show promise (<http://healthpolicy.ucla.edu/chis/design/Pages/2019-2020-methods.aspx>).

The WGM also noted that because CAHPS 5.0H responses and completed surveys vary widely across cultures, age groups, and other demographics, the measure does not allow for consistent calculations across counties and states. The WGM provided the following additional resources:

- CAHPS Survey Administration: What We Know and Potential Questions. Tesler R, Sorra J. Agency for Healthcare Research and Quality: Oct 2017. AHRQ Publication Number 18-0002-EF.
- Understanding Variations in Medicare Consumer Assessment of Health Care Providers and Systems Scores: California as an Example. Farley DO, et al. Health Services Research 2011 Oct; 46(5)1646-62.
- Cognition, Communication, and Culture: Implications for the Survey Response Process. Schwarz N, et al. Wiley Series in Survey Methodology: Survey Methods in Multinational, Multiregional, and Multicultural Contexts (2010), 177-190.

- Case-mix adjustment and the comparisons of community health center performance on patient experience measures. Johnson ML, et al. Health Services Research 2010 Jun; 45(3)670-90.
- Survey response style and differential use of CAHPS rating scales by Hispanics. Weech-Maldonado R, et al. Medical Care 2008 Sep; 46(9):963-8.

### **Actionability and Strategic Priority**

The WGM indicated that the measure does not contribute to estimating overall quality of health care in Medicaid and CHIP because of the limitations of the available data sources as discussed above. In addition, the WGM indicated that there is an insufficient link between this measure and better outcomes.

The WGM also indicated the measure does not accurately portray the unique and complex views of health care satisfaction across beneficiary demographics. Additionally, the WGM noted the measure cannot be trended over time because of decreases in completed responses. Since response rates vary by demographics, the WGM indicated that simply mailing more surveys skews results further.

### **Other Considerations**

The WGM noted that the lack of usefulness for diverse populations and the high cost of fielding/analysis of the CAHPS survey are likely to continue to deter some states from reporting CAHPS.

### **Core Set Reporting History**

<b>Number of states reporting the measure for FFY 2018</b>	39 states.
<b>Was the measure publicly reported for FFY 2018?</b>	Information on CAHPS data collection and reporting by states was included in a measure-specific table on Medicaid.gov. However, measure-specific rates were not reported.  Note that CMS is collaborating with AHRQ on an initiative to report state-level CAHPS data submitted to the AHRQ CAHPS Database. AHRQ estimates that state-level data would be available for FFY 2018 for 29 states for Adult Medicaid and for 33 states for Child Medicaid. CMS will conduct a dry run of state-level reporting of CAHPS data with states in spring 2020.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool.
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	Data not available (10 states) because data were not collected by the state and/or health plans. States also noted: <ul style="list-style-type: none"> <li>• State performed the CAHPS survey, but the responses associated with the reporting units within the state could not be generalized to a statewide response.</li> <li>• State does not sponsor a Child CAHPS survey.</li> <li>• CAHPS 5.0H survey was not conducted this year.</li> </ul>

## MEASURE INFORMATION SHEET

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Measure Information	
<b>Measure name</b>	<b>Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)</b>
<b>Description</b>	This measure provides information on the experiences of beneficiaries with their health care and gives a general indication of how well the health care meets the beneficiaries' expectations. Results summarize beneficiaries' experiences through ratings, composites, and question summary rates.
<b>Measure steward</b>	National Committee for Quality Assurance (NCQA)
<b>NQF number (if endorsed)</b>	Not endorsed (Note: This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006])
<b>Core Set</b>	Adult Core Set
<b>Core Set domain</b>	Experience of Care
<b>Measure type</b>	Patient Experience
<b>Year added to Core Set</b>	2012 (Initial Adult Core Set)
<b>Meaningful Measures area of measure</b>	Strengthen Person & Family Engagement as Partners in their Care
<b>If measure is removed, does it leave a gap in the Core Set?</b>	Yes. The Workgroup member (WGM) indicated that patient satisfaction is important, but unless a survey is designed for comparison of responses from diverse demographic groups, the results are arguably worse than none at all.
<b>Has another measure been proposed for substitution (new or existing measure)?</b>	No
<b>Is there another related measure in the Core Set?</b>	Yes. The Adult Core Set includes the following measures derived from the CAHPS survey: <ul style="list-style-type: none"> <li>• Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)</li> <li>• Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)</li> </ul> The Child Core Set includes the following measure: <ul style="list-style-type: none"> <li>• 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)</li> </ul>

FFY 2020 Technical Specifications	
<b>Ages</b>	Age 18 and older as of December 31 of the measurement year.
<b>Data collection method</b>	Survey.
<b>Denominator</b>	The survey sample includes beneficiaries age 18 and older as of December 31 of the measurement year, who were continuously enrolled the last six months of the measurement year, and who were currently enrolled at the time the survey was completed. Note that the sample must yield at least 411 completed surveys.

<b>Numerator</b>	<p>Four global rating questions reflect overall satisfaction:</p> <ul style="list-style-type: none"> <li>• Rating of All Health Care.</li> <li>• Rating of Health Plan.</li> <li>• Rating of Personal Doctor.</li> <li>• Rating of Specialist Seen Most Often.</li> </ul> <p>Four composite scores summarize responses in key areas:</p> <ul style="list-style-type: none"> <li>• Customer Service.</li> <li>• Getting Care Quickly.</li> <li>• Getting Needed Care.</li> <li>• How Well Doctors Communicate.</li> </ul> <p>Item-specific question summary rates are reported for the rating questions and each composite question. Question Summary Rates are also reported individually for one item summarizing the following concept:</p> <ul style="list-style-type: none"> <li>• Coordination of Care.</li> </ul>
<b>Exclusions</b>	The survey excludes those who are not currently enrolled at the time of the survey.
<b>Continuous enrollment period</b>	The last six months of the measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

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#### Minimum Technical Feasibility Criteria

The WGM noted that fielding and analysis of the CAHPS survey is very expensive. Return rates are decreasing with every survey year. Response rates in the WGM's state in 2013 were 36 percent for adults and 40 percent for children. In 2016, the response rate was 24 percent for adults and 27 percent for children for this state. Surveys, such as the California Health Interview Survey, are testing new methods to engage people in surveys which include combined methods and that show promise (<http://healthpolicy.ucla.edu/chis/design/Pages/2019-2020-methods.aspx>).

The WGM also noted that because CAHPS 5.0H responses and completed surveys vary widely across cultures, age groups, and other demographics, the measure does not allow for consistent calculations across counties and states. The WGM provided the following additional resources:

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### Actionability and Strategic Priority

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The WGM also indicated the measure does not accurately portray the unique and complex views of health care satisfaction across beneficiary demographics. Additionally, the WGM noted the measure cannot be trended over time because of decreases in completed responses. Since response rates vary by demographics, the WGM indicated that simply mailing more surveys skews results further.

### Other Considerations

The WGM noted that the lack of usefulness for diverse populations and the high cost of fielding/analysis of the CAHPS survey are likely to continue to deter some states from reporting CAHPS.

### Core Set Reporting History

<b>Number of states reporting the measure for FFY 2018</b>	32 states.
<b>Was the measure publicly reported for FFY 2018?</b>	Information on CAHPS data collection and reporting by states was included in a measure-specific table on Medicaid.gov. However, measure-specific rates were not reported.  Note that CMS is collaborating with AHRQ on an initiative to report state-level CAHPS data submitted to the AHRQ CAHPS Database. AHRQ estimates that state-level data would be available for FFY 2018 for 29 states for Adult Medicaid and for 33 states for Child Medicaid. CMS will conduct a dry run of state-level reporting of CAHPS data with states in spring 2020.
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No.
<b>Use in other CMS programs</b>	No other programs listed in CMS's Measure Inventory Tool.
<b>Challenges noted by states in reporting the measure for FFY 2018</b>	Data not available (10 states) because data were not collected by the state and/or health plans. States also noted: <ul style="list-style-type: none"> <li>• Adult Survey is conducted every other year and calendar year 2017 is not available.</li> <li>• State performed the CAHPS survey, but the responses associated with the reporting units within the state could not be generalized to a statewide response.</li> <li>• State did not conduct a survey for the overall Medicaid population.</li> </ul>