Child and Adult Core Set Stakeholder Workgroup

Meeting to Prepare for the 2023 Review

March 24, 2022

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> Attendee: 1 (1 displayed)
>
> JS   John Smith
>   Me   ✋

Raise Hand
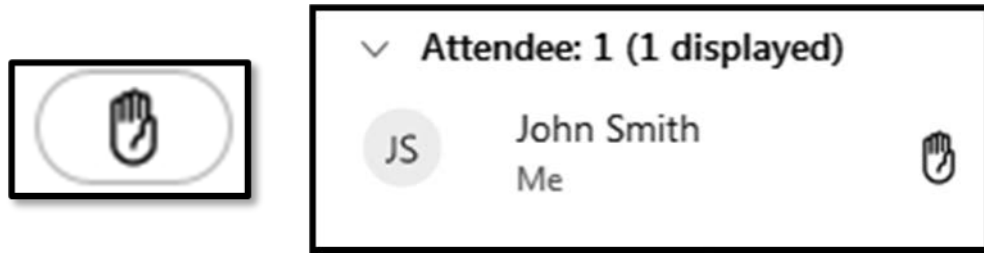
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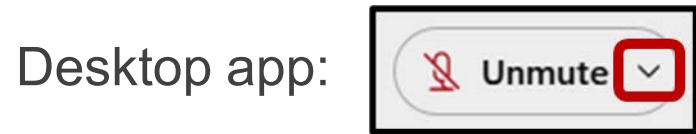
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Welcome and Meeting Objectives

Meeting Objectives

- **Discuss the strategy and criteria for assessing measures**

- **Identify the measures suggested by Workgroup members for removal from or addition to the 2023 Child and Adult Core Sets**

- **Describe the resources available to Workgroup members for reviewing measures**

- **Present the agenda and approach for measure discussion at the April voting meeting**

- **Provide an opportunity for public comment**

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Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**

- **Chrissy Fiorentini, Researcher**

- **Dayna Gallagher, Health Analyst**

- **Patricia Rowan, Senior Researcher**

- **Alli Steiner, Researcher**

- **Kathleen Shea, Researcher**

- **Kate Nilles, Health Analyst**

- **Jessica Rosenblum, Health Associate**

- **Morgan Lee, Health Associate**

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2023 Core Set Annual Review Workgroup

Voting Members

Co-Chair: David Kelley, MD, MPA	Pennsylvania Department of Human Services
Co-Chair: Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Richard Antonelli, MD, MS	Boston Children's Hospital
Tricia Brooks, MBA	Georgetown University Center for Children and Families
Karly Campbell, MPP Nominated by the National Association of Medicaid Directors	TennCare
Lindsay Cogan, PhD, MS	New York State Department of Health
James Crall, DDS, ScD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Curtis Cunningham Nominated by ADvancing States	Wisconsin Department of Health Services
Amanda Dumas, MD, MSc Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
Anne Edwards, MD	American Academy of Pediatrics
Katelyn Fitzsimmons, MA Nominated by the National MLTSS Health Plan Association	Anthem
Lisa Glenn, MD Nominated by the Medicaid Medical Directors Network	Texas Health and Human Services Commission
Tracy Johnson, PhD, MA Nominated by the National Association of Medicaid Directors	Colorado Department of Health Care Policy and Financing
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University

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2023 Core Set Annual Review Workgroup (continued)

Voting Members

Russell Kohl, MD, FAAFP Nominated by the American Academy of Family Physicians	TMF Health Quality Institute
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Rachel LaCroix, PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Jill Morrow-Gorton, MD, MBA	University of Pittsburgh Medical Center (UPMC) Health Plan
Kolynda Parker, MHS Nominated by the National Association of Medicaid Directors	Louisiana Department of Health
Mihir Patel, PharmD Nominated by the Academy of Managed Care Pharmacy	PacificSource
Lisa Patton, PhD	IBM Watson Health
Sara Salek, MD	Arizona Health Care Cost Containment System
Lisa Satterfield, MS, MPH, CAE, CPH Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Linette Scott, MD, MPH	California Department of Health Care Services
Jennifer Tracey, MHA	Zero to Three
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior

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2023 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

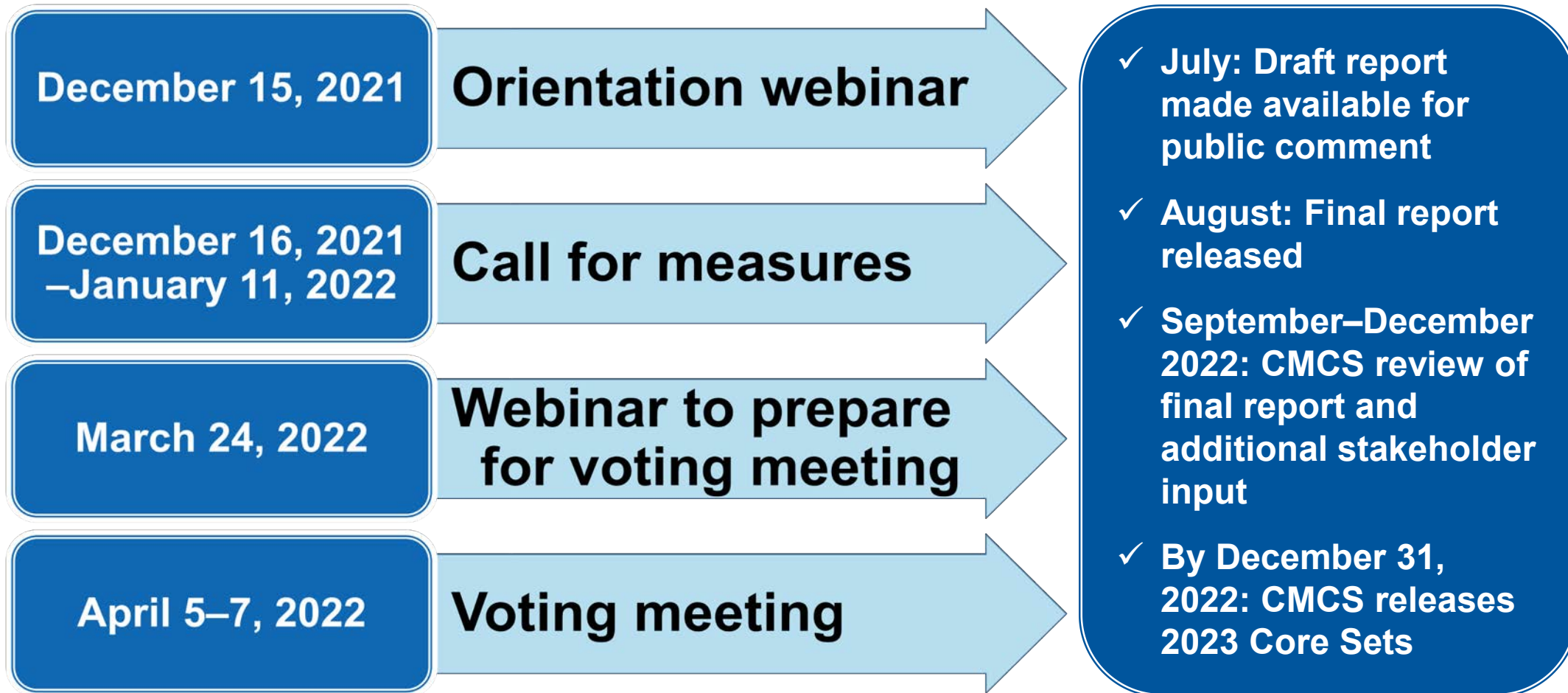Office of The Assistant Secretary for Planning and Evaluation

Office of Disease Prevention and Health Promotion

Office of Minority Health

Substance Abuse and Mental Health Services Administration

US Department of Veteran Affairs

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2023 Core Set Annual Review Workgroup Milestones

Date	Milestone
December 15, 2021	Orientation webinar
December 16, 2021 –January 11, 2022	Call for measures
March 24, 2022	Webinar to prepare for voting meeting
April 5–7, 2022	Voting meeting

- ✓ July: Draft report made available for public comment
- ✓ August: Final report released
- ✓ September–December 2022: CMCS review of final report and additional stakeholder input
- ✓ By December 31, 2022: CMCS releases 2023 Core Sets

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Measure Review Strategy and Criteria

Purpose of the Child and Adult Core Sets and Workgroup Charge

- **The Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP**

- **The Core Sets help CMS and states:**

  – **Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries**

  – **Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries**

- **CMS encourages states to use Core Set data to identify disparities in care and to develop targeted quality improvement efforts to advance health equity**

- **Charge to the 2023 Core Set Annual Review Workgroup: Assess measures for removal and addition in order to strengthen and improve the Core Sets**

Source: CMCS Informational Bulletin (12/10/2021).

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Role of the Workgroup in Strengthening the 2023 Child and Adult Core Sets

- **The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve the Core Sets**

- **The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of state-level quality measurement and improvement**
  - **Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity**

Desirability
for Stakeholders

Technical
Feasibility

Financial and
Operational
Viability

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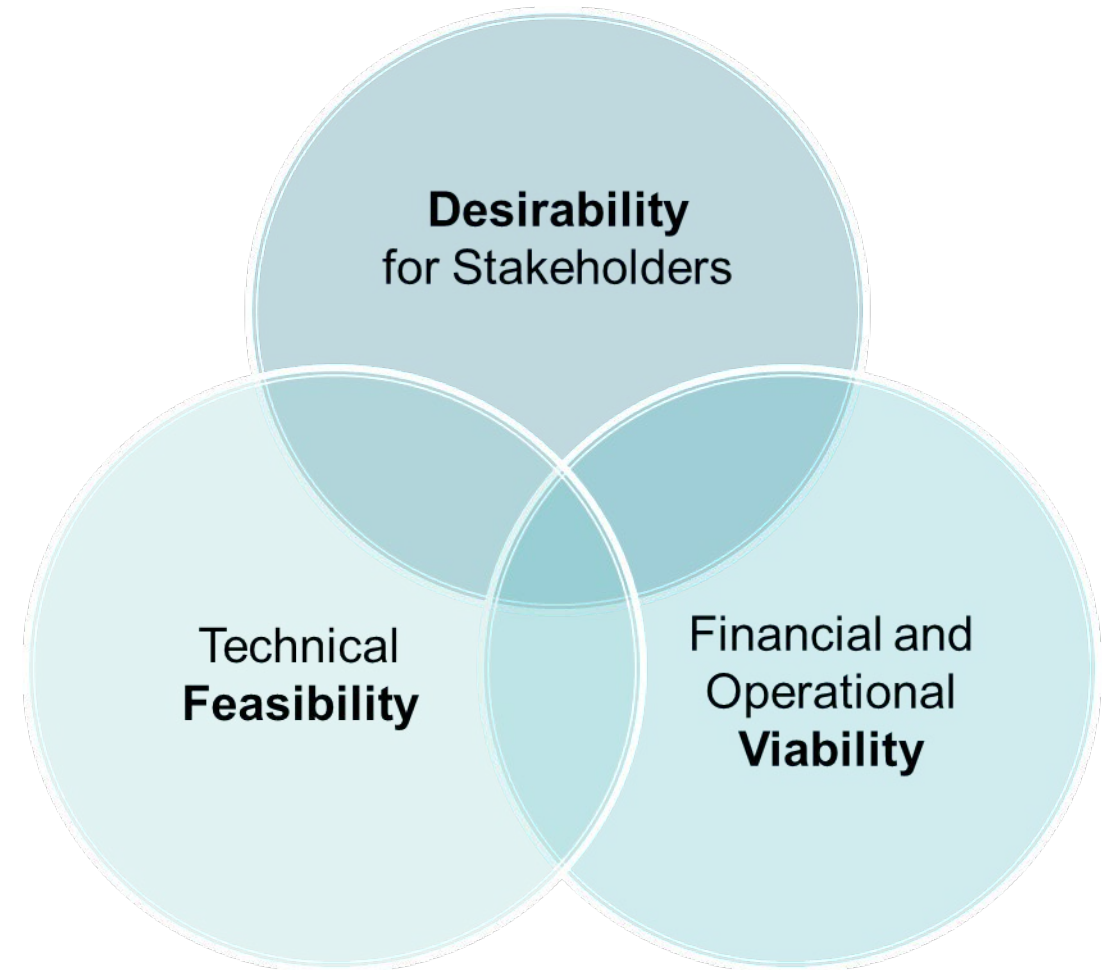
Projected Core Set Reporting Timeline: Looking Ahead to Mandatory Reporting

	Current reporting cycle	Focus of this year's Annual Review	Mandatory reporting begins
Core Set	2022	**2023**	2024
Measurement Period*	Jan 2021–Dec 2021	**Jan 2022–Dec 2022**	Jan 2023–Dec 2023
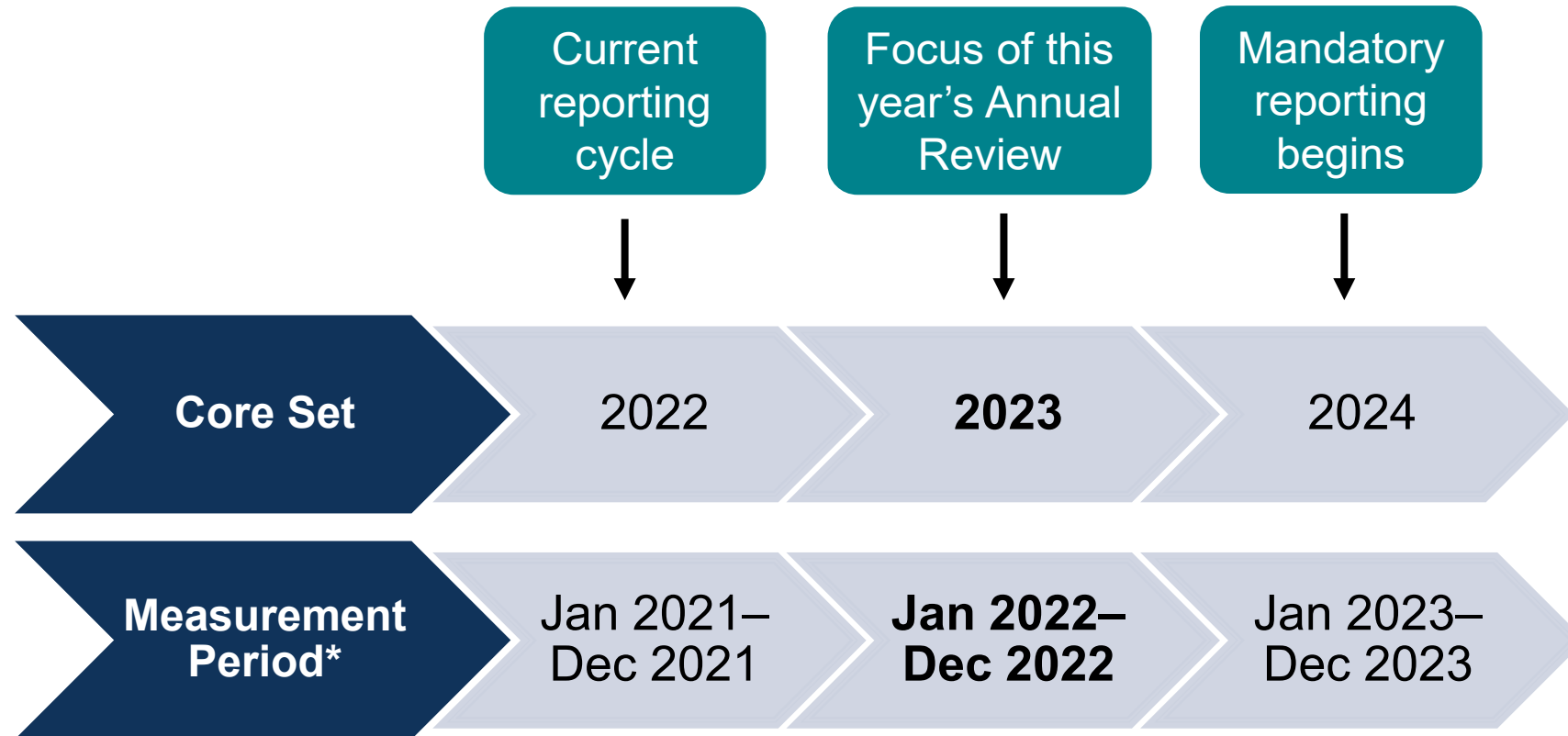
* This reflects the typical measurement period, but measurement periods vary by measure and may include lookback periods.

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Criteria for the 2023 Core Set Annual Review

- **To assess measures for inclusion in the Child and Adult Core Sets, Workgroup members will use criteria in three areas:**

  – **Minimum Technical Feasibility Requirements**

  – **Actionability and Strategic Priority**

  – **Other Considerations**

- **To be considered for the 2023 Core Sets, <u>all measures must meet minimum technical feasibility requirements</u>**

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Criteria for Assessing Measures for Removal

Technical Feasibility

✓ The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).

✓ States report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).

✓ The specifications and data source do not allow for consistent calculations across states (e.g., there is variation in coding or data completeness across states).

✓ The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

✓ Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid and CHIP or does not allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries (as specified in the Statute).

✓ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid and CHIP beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement).

✓ The measure cannot be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure is topped out, trending is not possible, or improvement is outside the direct influence of Medicaid and CHIP programs/providers).

Other Considerations

✓ The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.

✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.

✓ All states may not be able to produce the measure by the FFY 2024 Core Set reporting cycle or may not be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems). The FFY 2024 Core Set reporting cycle is when mandatory reporting goes into effect for all measures in the Child Core Set and behavioral health measures in the Adult Core Set.

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Criteria for Assessing Measures for Addition

Minimum Technical Feasibility Requirements

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

✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.

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

✓ The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).

✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Actionability and Strategic Priority

✓ Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries (as specified in the Statute).

✓ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.

✓ The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers).

Other Considerations

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

✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).

✓ All states should be able to produce the measure by the FFY 2024 Core Set reporting cycle and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems). The FFY 2024 Core Set reporting cycle is when mandatory reporting goes into effect for all measures in the Child Core Set and behavioral health measures in the Adult Core Set.

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

- **Alpha testing—or formative testing—occurs concurrently to developing detailed technical specifications**
  - Typically involves small scale, iterative testing to determine the existence and quality of required data elements
  - Provides initial information about the feasibility of collecting required data to calculate and report a measure

- **Beta testing—or field testing—occurs after the development of complete specifications to assess the scientific acceptability and usability of a measure**
  - Field testing is designed to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs
  - Field testing determines measure reliability and validity while providing further feasibility information, such as burden and costs associated with implementing a measure

- **To meet minimum technical feasibility requirements, measures must have been field tested in or currently in use by state Medicaid and CHIP programs to ensure that the specifications can be implemented using state Medicaid and CHIP data for state-level Core Set reporting**

Measures Suggested for Removal from or Addition to the 2023 Child and Adult Core Sets

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

Measure Name and Domain	Measure Steward	NQF #	Data Collection Method
Primary Care Access and Preventive Care			
Flu Vaccinations for Adults Ages 18-64 (FVA-AD)	NCQA	0039*	Survey
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Age 18 and Older (CDF-AD)	CMS	0418*/0418e*	Administrative or EHR
Care of Acute and Chronic Conditions			
HIV Viral Load Suppression (HVL-AD)	HRSA	2082/3210e	Administrative or EHR
Behavioral Health Care			
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA	0027*	Survey
Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	NCQA	2607	Administrative or hybrid
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	PQA	2940	Administrative
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	PQA	3389	Administrative

* This measure is no longer endorsed by the National Quality Forum (NQF). EHR = Electronic Health Records.

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Summary of the 7 Measures Suggested for Removal That Will Be Reviewed at the April Meeting

Characteristic	Number of Measures
Domain	
Primary Care Access and Preventive Care	2
Care of Acute and Chronic Conditions	1
Behavioral Health Care	4
Core Set	
Adult Core Set	6
Both Child and Adult Core Sets	1
Data Collection Methods	
Administrative only	2
Administrative or EHR	2
Administrative or hybrid	1
Survey	2

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

Measure Name and Proposed Domain	Measure Steward	NQF #	Data Collection Method
Primary Care Access and Preventive Care			
Adult Immunization Status	NCQA	3620	ECDS
Depression Screening and Follow-Up for Adolescents and Adults	NCQA	NA	ECDS
Lead Screening in Children	NCQA	NA	Administrative or hybrid
Adults' Access to Preventive/Ambulatory Health Services	NCQA	NA	Administrative
Care of Acute and Chronic Conditions			
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Ages 3 Months–17 Years)	NCQA	0058	Administrative
Eye Exam for Patients With Diabetes	NCQA	0055	Administrative, hybrid, or EHR
Blood Pressure Control for Patients With Diabetes	NCQA	0061	Administrative, hybrid, or EHR
Kidney Health Evaluation for Patients With Diabetes	NCQA	NA	Administrative
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS	NA	EHR or clinical registry
Long-Term Services and Supports			
Long-Term Services and Supports: Shared Care Plan with Primary Care Physician	NCQA	NA	Case management record review
Long-Term Services and Supports: Successful Transition After Long-Term Institutional Stay	CMS	NA	Administrative
National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey	ADvancing States and HSRI	NA	Survey

NA = Not endorsed by the National Quality Forum (NQF); ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Records.

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

Characteristic	Number of Measures
Domain	
Primary Care Access and Preventive Care	4
Care of Acute and Chronic Conditions	5
Long-Term Services and Supports	3
Data Collection Methods	
Administrative only	4
Administrative or hybrid	1
Administrative, hybrid, or EHR	2
ECDS	2
EHR or clinical registry	1
Case management record review	1
Survey	1
Level of Reporting for Which the Measure was Developed	
Plan-level	10
State-level	1
Provider-level	1

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

Measure Name and Proposed Domain	Measure Steward	NQF #	Data Collection Method
Care of Acute and Chronic Conditions			
Hemoglobin A1c Control for Patients With Diabetes *This measure incorporates Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%), which is already in the Adult Core Set.*	NCQA	0575/ 0059	Administrative, hybrid, EHR
Long-Term Services and Supports			
Long-Term Services and Supports: Comprehensive Care Plan and Update *This measure was recommended by the Workgroup previously and CMCS deferred a decision.*	NCQA	NA	Case management record review
Long-Term Services and Supports Expenditures on Home & Community-Based Services *Measure specifications are not fully developed for consistent calculations across states.*	CMS	NA	Administrative
Other			
Drivers of Health Screening Rate and Screen Positive Rate • Drivers of Health Screening Rate for Medicaid Managed Care Organizations and Provider-Led Accountable Entities (Child and Adult) • Drivers of Health Screening Rate for Providers (Child and Adult) • Drivers of Health Screen Positive Rate for Medicaid Managed Care Organizations and Provider-Led Accountable Entities (Child and Adult) • Drivers of Health Screen Positive Rate for Providers (Child and Adult) *Measure specifications are not fully developed to allow for consistent calculations across states and to enable production of measures at the state level. In addition, the measures have not been tested or used by one or more Medicaid or CHIP programs.*	Manatt	NA	Other

NA = Not endorsed by the National Quality Forum (NQF).

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Questions from Workgroup Members

Guidance to Workgroup Members for Reviewing Measures

Guidance for Measure Review

- Before the April meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup

- Resources are available on a Workgroup SharePoint site to help Workgroup members assess the measures for removal from or addition to the Child and Adult Core Sets

- To guide their review, Workgroup members should refer to the criteria for removal of existing measures and addition of new measures

- The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition

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Measure Information Sheet: Removal

- **Measure information and technical specifications**

- **Nominating Workgroup member's reasons for removal, by criteria**

- **Core Set reporting history and reporting challenges identified by states**

- **Other information, including measure alignment across programs**

- **New: Summary of prior Workgroup discussions, if previously discussed**

- **Current measure rates, if publicly reported**

Measure Information Sheet: Addition

- **Measure information and technical specifications**

- **Information on minimum technical feasibility**

- **New: Whether the data source allows for stratification by racial, ethnic, and sociodemographic characteristics**

- **Nominating Workgroup member's comments on feasibility, actionability, and strategic priority**

- **Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs**

- **New: Summary of prior Workgroup discussions, if previously discussed**

Guidance for Measure Review

1. **Review Measure Information Sheet and record notes and questions in measure review worksheet**

2. **Consult other available resources as needed**

   - ➤ **Medicaid and CHIP Beneficiary Profile: Beneficiary characteristics, prevalence of conditions, and expenditures**
   - ➤ **Core Set History Table: When measures were added to or removed from the Core Sets**
   - ➤ **Chart Packs and Measure Specific Tables: State reporting and measure rates**
   - ➤ **Core Set Resource Manuals and Technical Specifications: Instructions on how to calculate the measures**
   - ➤ **List of Measures Subject to Mandatory Reporting: Child Core Set measures and Behavioral Health measures in the Adult Core Set**
   - ➤ **Updates on Not-Publicly-Reported Measures: Progress on state reporting, TA initiatives, and state reasons for not reporting**
   - ➤ **List of Measures Previously Discussed: Years considered and Workgroup recommendations for measures that have been previously discussed**

3. **Assess the measure in relation to the criteria for addition or removal**

4. **Record preliminary vote in measure review worksheet**

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Overview of Workgroup SharePoint Site

Medicaid and CHIP 2023 Child and Adult Core Set Annual Review

Home

Review Measures

April Meeting Logistics

All Resources

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Review Measures

Click on the headers below to view or download materials.
NOTE: These materials are for Workgroup use only. Please do not distribute.

Measure Review Worksheet

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

Measures Suggested for Removal

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

Measures Suggested for Addition

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

Resources for Reviewing Measures

Additional resources to supplement the measure review including (1) information on the 2022 Core Set measures; (2) reasons for not reporting the measures for FFY 2020; (3) Medicaid and CHIP Beneficiary Profile; and (5) a resource list containing links to the 2022 Child and Adult Core Set Resource Manuals and Technical Specifications, 2021 Chart Packs (FFY 2020 reporting), and other Core Set reporting resources.

Workgroup Homework

- If you have questions while reviewing the measures, please email MACCoreSetReview@mathematica-mpr.com

- Thank you for taking the time to prepare for the discussion and voting!

April Voting Meeting Approach

April Meeting Logistics

- **The virtual meeting will be held April 5–7, 2022**

  – **Registration is now available at www.Mathematica.org/MACCoreSetReview**

- **The meeting will be open to the public**

- **More information about the meeting agenda and resources will be posted on our website prior to the April meeting: www.Mathematica.org/MACCoreSetReview**

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Approach to Measure Discussion

- **The Workgroup will discuss 19 measures during the April meeting, including 7 suggested for removal and 12 suggested for addition**

- **Measures will be reviewed by domain without regard to Core Set**

- **Within each domain, we will first discuss measures suggested for removal followed by measures suggested for addition**

  - **For paired measures, voting on the measures for addition will occur prior to voting on the measures for removals**

- **Measures will be considered in their specified form**

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Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**

- **Workgroup members will vote on each measure in its specified form**
  - **Measure for removal:**
    - Yes = I recommend removing the measure from the Core Set
    - No = I do not recommend removing the measure from the Core Set
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the Core Set
    - No = I do not recommend adding the measure to the Core Set

- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes"**

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Additional Discussion Topics for the April Meeting

- **Advancing health equity through the Child and Adult Core Sets**
  - Stratification of measures to identify disparities
  - Social determinants of health measures
  - Other future directions

- **Use of digital measures for Child and Adult Core Set reporting, including Electronic Clinical Data System (ECDS) measures**

- **Gaps in the Child and Adult Core Sets and areas for future measure development**
  - Domain-specific
  - Cross-cutting

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Questions from Workgroup Members

Opportunity for Public Comment

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Wrap Up

Next Steps for Measure Review

- **The SharePoint site will be updated with measure review materials for Workgroup members tomorrow, March 25th**

- **Measure information sheets will be posted publicly prior to the April voting meeting**

- **For help with SharePoint or other questions, Workgroup members should email MACCoreSetReview@mathematica-mpr.com**

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For More Information

- **Information on the Child Core Set is available at www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html**

- **Information on the Adult Core Set is available at www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html**

- **Information on the Child and Adult Core Set Annual Review is available at www.mathematica.org/features/MACCoreSetReview**

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Questions

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

Thank you for participating!