

# **Child and Adult Core Sets Annual Review Workgroup**

Meeting to Review Measures for the 2025 Core Sets  
Day 2

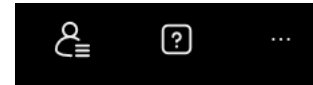
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**April 26, 2023**

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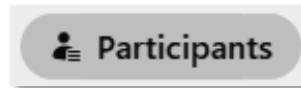


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# Welcome and Review Day 1

# Workgroup Members Roll Call

# Workgroup Roll Call

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# 2025 Core Set Annual Review Workgroup

Voting Members	
<b>Co-Chair: Kim Elliott</b> , PhD, MA, CPHQ, CHCA	Health Services Advisory Group
<b>Co-Chair: Rachel La Croix</b> , PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
<b>Benjamin Anderson</b> , JD	Families USA
<b>Richard Antonelli</b> , MD, MS	Boston Children's Hospital
<b>Stacey Bartell</b> , MD Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
<b>Tricia Brooks</b> , MBA	Georgetown University Center for Children and Families
<b>Emily Brown</b>	Free From Market
<b>Joy Burkhard</b> , MBA	Policy Center for Maternal Mental Health
<b>Karly Campbell</b> , MPP Nominated by the National Association of Medicaid Directors	TennCare
<b>Stacey Carpenter</b> , PsyD	ZERO TO THREE
<b>Lindsay Cogan</b> , PhD, MS	New York State Department of Health
<b>James Crall</b> , DDS, SCD, MS Nominated by the American Dental Association	UCLA School of Dentistry

# 2025 Core Set Annual Review Workgroup *(continued)*

<b>Voting Members</b>	
<b>Curtis Cunningham</b> Nominated by ADvancing States	Wisconsin Department of Health Services
<b>Erica David Park, MD, MBA, FAAPMR</b>	CareBridge
<b>Amanda Dumas, MD, MSc</b> Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
<b>Anne Edwards, MD</b> Nominated by American Academy of Pediatrics	American Academy of Pediatrics
<b>Clara Filice, MD, MPH, MHS</b> Nominated by the Medicaid Medical Directors Network	MassHealth
<b>Sara Hackbart, MS</b> Nominated by the National MLTSS Health Plan Association	Elevance Health
<b>Sarah Johnson, MD, MPH</b>	IPRO
<b>David Kelley, MD, MPA</b>	Pennsylvania Department of Human Services
<b>David Kroll, MD</b> Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
<b>Jakenna Lebsock, MPA</b>	Arizona Health Care Cost Containment System (AHCCCS)



# 2025 Core Set Annual Review Workgroup *(continued)*

<b>Voting Members</b>	
<b>Lisa Patton, PhD</b>	CVP
<b>Laura Pennington, MHL</b> Nominated by the Medicaid Medical Directors Network	Washington Health Care Authority
<b>Grant Rich, PhD, MA</b>	Alaska Department of Health
<b>Lisa Satterfield, MS, MPH, CAE, CPH</b> Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
<b>Linette Scott, MD, MPH</b>	California Department of Health Care Services
<b>Kai Tao, ND, MPH, FACNM</b> Nominated by the American College of Nurse Midwives	Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center
<b>Mitzi Wasik, PharmD, MBA, BCPS, FCCP, FAMCP</b> Nominated by the Academy of Managed Care Pharmacy	OptumRx/ UHG
<b>Ann Zerr, MD</b>	Indiana Family and Social Services Administration
<b>Bonnie Zima, MD, MPH</b> Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior
<b>Samuel Zwetchkenbaum, DDS, MPH</b> Nominated by the American Dental Association	Rhode Island Department of Health

# 2025 Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

Centers for Disease Control and Prevention, DHHS

Health Resources and Services Administration, DHHS

Indian Health Service, DHHS

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Office of Minority Health, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs

# Care of Acute and Chronic Conditions

# Care of Acute and Chronic Conditions: 2023 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Child Core Set</b>		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) (#0058)	Administrative	Not applicable (new to 2023 Core Set)
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH) (#1800)	Administrative	43
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Administrative	48
<b>Adult Core Set</b>		
Controlling High Blood Pressure (CBP-AD) (#0018)	Administrative, Hybrid, or EHR	34
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD) (#0058)	Administrative	Not applicable (new to 2022 Core Set)
Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) (#0059/0575)*	Administrative, Hybrid, or EHR	32

\* The Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) measure was modified by the measure steward for measurement year 2022 (the FFY 2023 Core Set). It now includes two rates: (1) HbA1C Control (<8%) and (2) HbA1C Poor Control (>9%). The number of states reporting for FFY 2020 refers to the HPC-AD measure.

# Care of Acute and Chronic Conditions: 2023 Core Set Measures

(continued)

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Adult Core Set</b> (continued)		
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) (#0272, no longer endorsed)	Administrative	36
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) (#0275, no longer endorsed)	Administrative	31
PQI 08: Heart Failure Admission Rate (PQI08-AD) (#0277, no longer endorsed)	Administrative	31
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) (#0283, no longer endorsed)	Administrative	32
Plan All-Cause Readmissions (PCR-AD) (#1768, no longer endorsed)	Administrative	38
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD) (#1800)	Administrative	42
HIV Viral Load Suppression (HVL-AD) (#2082/3210e)	Administrative or EHR	9

# Care of Acute and Chronic Conditions: 2023 Core Set Measures

(continued)

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Adult Core Set</b> (continued)		
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (#2940)*	Administrative	33
Concurrent Use of Opioids and Benzodiazepines (COB-AD) (#3389)*	Administrative	28

\* Measures with an asterisk are suggested for removal from the 2025 Core Set. Note that CMS moved OHD-AD and COB-AD from the Behavioral Health Care domain to the Care of Acute and Chronic Conditions domain for the 2023 Core Set Updates.

# Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

<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. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	2940
<b>Data collection method</b>	Administrative
<b>Denominator</b>	<p>Beneficiaries who meet all of the following criteria:</p> <ol style="list-style-type: none"> <li>1. 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>2. An Index Prescription Start Date (IPSD) on January 1 through October 3 of the measurement year.</li> <li>3. An opioid episode of 90 or more days during the measurement year.</li> </ol> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Exclude days' supply that occur after the end of the measurement year.</li> <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> <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>

# Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) *(continued)*

<b>Numerator</b>	Any beneficiary in the denominator with an average daily dosage $\geq$ 90 morphine milligram equivalent (MME) during the opioid episode.
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2020</b>	33 states (5 states reported calculating the measure using other specifications, specifically the HEDIS specifications for Use of Opioids at High Dosage).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	Yes
<b>Other</b>	The measure steward is considering this measure for retirement for 2025 following the CDC's decision to discontinue updates to the Opioid NDC and Oral MME Conversion File, as this source file is necessary to calculate the measure.



# Removal: Concurrent Use of Opioids and Benzodiazepines (COB-AD)

<b>Description</b>	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
<b>Measure steward</b>	Pharmacy Quality Alliance (PQA)
<b>NQF number (if endorsed)</b>	3389
<b>Data collection method</b>	Administrative
<b>Denominator</b>	<p>Beneficiaries with 2 or more prescription claims for opioid medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>• Exclude days' supply that occur after the end of the measurement year.</li> <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> <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>	<p>The number of beneficiaries from the denominator with:</p> <ul style="list-style-type: none"> <li>• Two or more prescription claims for any benzodiazepine with different dates of service, AND</li> <li>• Concurrent use of opioids and benzodiazepines for 30 or more cumulative days.</li> </ul>

# Removal: Concurrent Use of Opioids and Benzodiazepines (COB-AD) *(continued)*

**Has another measure been proposed for substitution?**

No

**Number of states reporting the measure for FFY 2020**

28 states (all states reported calculating the measure using Core Set specifications)

**Is the measure on the Medicaid & CHIP Scorecard?**

No

# Workgroup Member Discussion

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

<b>Description</b>	<p>Percentage of the following patients – all considered at high risk of cardiovascular events – who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> <li>• <b>Population 1:</b> All patients with an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or ever had an ASCVD procedure; OR</li> <li>• <b>Population 2:</b> Patients age 20 years and older who have ever had a low-density lipoprotein cholesterol (LDL-C) level at or above 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR</li> <li>• <b>Population 3:</b> Patients aged 40 to 75 years with a diagnosis of diabetes.</li> </ul>
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	Not endorsed
<b>Measure type</b>	Process
<b>Recommended to replace current measure?</b>	No
<b>Data collection method</b>	Electronic health records (EHR) or clinical registry
<b>Denominator</b>	<p><b>Population 1:</b></p> <ul style="list-style-type: none"> <li>• <b>eCQM version:</b> All patients with an active diagnosis of clinical ASCVD, or ever had an ASCVD procedure.</li> <li>• <b>MIPS CQM version:</b> All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure.</li> </ul>

# Addition: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *(continued)*

<b>Denominator</b> <i>(continued)</i>	<p><b>Population 2:</b> Patients age 20 years and older at the beginning of the measurement period who have ever had a laboratory result of LDL-C at or above 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia.</p> <p><b>Population 3:</b> Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes.</p> <p>This measure is intended to have one reporting rate, which aggregates all three populations into a single performance rate for reporting purposes.</p>
<b>Numerator</b>	<p>Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period.</p>
<b>Other</b>	<p>Texas currently uses the Merit-based Incentive Payment System (MIPS) version of this measure in its Delivery System Reform Incentive Payment program. This measure is specified at the provider level.</p> <p>The measure steward indicated that they plan to make the following changes to the technical specifications for the 2024 performance year:</p> <ul style="list-style-type: none"><li>• Change the Population 1 criterion for the eCQM version of the measure to “All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure,” to align with the MIPS CQM version.</li><li>• Add an upper age bound to the Population 2 criterion (patients aged 20 to 75) for both versions of the measure.</li><li>• Add a fourth population to capture patients that are at high risk for ASCVD to align with the 2019 American College of Cardiology/American Heart Association Guideline on the Primary Prevention of Cardiovascular Disease (for both versions of the measure).</li></ul>

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures



# Care of Acute and Chronic Conditions: Measure Vote #1

**Should the Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) measure be removed from the Adult Core Set?**

- **Yes, I recommend removing this measure from the Adult Core Set**
- **No, I do not recommend removing this measure from the Adult Core Set**

# Care of Acute and Chronic Conditions : Measure Vote #2

**Should the Concurrent Use of Opioids and Benzodiazepines (COB-AD) measure be removed from the Adult Core Set?**

- **Yes, I recommend removing this measure from the Adult Core Set**
- **No, I do not recommend removing this measure from the Adult Core Set**

# Care of Acute and Chronic Conditions: Measure Vote #3

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

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

**Break**

# Behavioral Health Care

# Behavioral Health Care: 2023 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Child Core Set</b>		
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (#0108)	Administrative or EHR <sup>a</sup>	46
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) (#0418/0418e, no longer endorsed)*	Administrative or EHR	14
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) (#0576)	Administrative	47
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) (#2800)	Administrative <sup>a</sup>	38
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) (#2801)	Administrative	40

\* Measures with an asterisk are suggested for removal from the 2025 Core Set.

<sup>a</sup> ADD-CH and APM-CH are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Core Set reporting.

# Behavioral Health Care: 2023 Core Set Measures *(continued)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Child Core Set</b> <i>(continued)</i>		
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH) (#3488)	Administrative	Not applicable (new to 2022 Core Set)
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) (#3489)	Administrative	Not applicable (new to 2022 Core Set)
<b>Adult Core Set</b>		
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) (#0004)	Administrative or EHR	40
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) (#0027, no longer endorsed)	Survey	29
Antidepressant Medication Management (AMM-AD) (#0105)	Administrative or EHR	43

# Behavioral Health Care: 2023 Core Set Measures *(continued)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Adult Core Set</b> <i>(continued)</i>		
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) (#0418/0418e, no longer endorsed)*	Administrative or EHR	15
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) (#0576)	Administrative	49
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) (#1932)	Administrative	44
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) (#2607)	Administrative or Hybrid	7
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) (#3400)	Administrative	23
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD) (#3488)	Administrative	41

\* Measures with an asterisk are suggested for removal from the 2025 Core Set.



# Behavioral Health Care: 2023 Core Set Measures *(continued)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Adult Core Set</b> <i>(continued)</i>		
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) (#3489)	Administrative	40
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)^	Administrative	43

^ The Adult Core Set includes the NCQA version of this measure, which is adapted from the CMS measure (NQF #1879).

# Removal: Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) and Age 18 and Older (CDF-AD)

<b>Description</b>	Percentage of beneficiaries age 12 and older screened for depression on the date of the encounter or 14 days prior to 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 or up to two days after the date of the qualifying encounter.
<b>Measure steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>NQF number (if endorsed)</b>	0418/0418e (no longer endorsed)
<b>Data collection method</b>	Administrative or electronic health records (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 or 14 days prior to 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 or up to two days after the date of the qualifying encounter using one of the following codes: G8431 or G8510.
<b>Has another measure been proposed for substitution?</b>	No
<b>Number of states reporting the measure for FFY 2020</b>	14 states reported the Child Core Set measure (2 of the 14 states indicated substantial deviations from Core Set specifications) and 15 states reported the Adult Core Set measure (3 of the 15 states indicated substantial deviations from Core Set specifications).
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures

# Behavioral Health Care: Measure Vote #1

**Should the Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) measure be removed from the Child Core Set?**

- **Yes, I recommend removing this measure from the Child Core Set**
- **No, I do not recommend removing this measure from the Child Core Set**

# Behavioral Health Care: Measure Vote #2

**Should the Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) measure be removed from the Adult Core Set?**

- **Yes, I recommend removing this measure from the Adult Core Set**
- **No, I do not recommend removing this measure from the Adult Core Set**

**Break**



# Experience of Care

# Experience of Care: 2023 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
<b>Child Core Set</b>		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) (#0006)^*	Survey	39
<b>Adult Core Set</b>		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD) (#0006)^*	Survey	36

^ AHRQ is the measure steward for the survey instrument in the Child and Adult Core Sets (NQF #0006) and NCQA is the developer of the survey administration protocol.

\* Measures with an asterisk are suggested for removal from the 2025 Core Sets.

# Removal: CAHPS® Health Plan Survey 5.1H, Child Version (CPC-CH) and Adult Version (CPA-AD)

<b>Description</b>	<p><b>CPC-CH:</b> This measure provides information on parents' experiences with their child's health care. Results summarize children's experiences through ratings, composites, and individual question summary rates. The Children with Chronic Conditions (CCC) supplemental items provide information on parents' experience with their child's health care for children with chronic conditions.</p> <p><b>CPA-AD:</b> This measure provides information on the experiences of adult 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.</p>
<b>Measure steward</b>	Agency for Healthcare Research and Quality (AHRQ) Note: AHRQ is the measure steward for the survey instrument in the Child and Adult Core Sets (NQF #0006) and the National Committee for Quality Assurance (NCQA) is the developer of the survey administration protocol.
<b>NQF number (if endorsed)</b>	0006
<b>Data collection method</b>	Survey
<b>Denominator</b>	<p><b>CPC-CH:</b> The survey sample includes beneficiaries age 17 and younger 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 needs to be large enough to achieve a goal of 411 completed surveys for both the general child (GC) and children with chronic conditions (CCC) populations per reporting unit (e.g., state, health plan, or PCCM program) and at least 100 valid responses for each question.</p> <p><b>CPA-AD:</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 needs to be large enough to achieve a goal of 411 completed surveys per reporting unit (e.g., state, health plan, or PCCM program) and at least 100 valid responses for each question.</p>

# Removal: CAHPS® Health Plan Survey 5.1H, Child Version (CPC-CH) and Adult Version (CPA-AD) *(continued)*

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## Numerator

Four global rating questions:

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Rating of Health Plan

Four composite scores:

- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate
- Customer Service

A single question reflects experience of care in the following key area: Coordination of Care. In addition, item-specific results (“question summary rates”) are reported for select questions.

**CCC Supplemental Items:** Three composites about basic components of care related to treatment, management, and support of children with chronic conditions:

- Access to Specialized Services
- Family-Centered Care: Personal Doctor Who Knows the Child
- Coordination of Care for Children with Chronic Conditions

Item-specific question summary rates are reported for each composite question for the CCC population.

Question summary rates are also reported individually for the following two items:

- Access to Prescription Medicines
  - Family-Centered Care: Getting Needed Information
-

# Removal: CAHPS® Health Plan Survey 5.1H, Child Version (CPC-CH) and Adult Version (CPA-AD) *(continued)*

<b>Has another measure been proposed for substitution?</b>	No. The WGM did not suggest a measure for replacement, but mentioned that a partial replacement could be achieved through the Mental Health Statistics Improvement Program (MHSIP) survey, or analysis of access, frequency, and timing of services via claims data.
<b>Number of states reporting the measure for FFY 2020</b>	39 states reported the Child Core Set measure and 36 states reported the Adult Core Set measure
<b>Is the measure on the Medicaid &amp; CHIP Scorecard?</b>	No
<b>Other</b>	<ul style="list-style-type: none"> <li>• CHIP requirements for CAHPS: Section 2108(e) of the Social Security Act, as implemented through the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) section 402, requires Title XXI programs to submit to CMS “data regarding access to primary and specialty services, access to networks of care, and care coordination provided under the State child health plan, using quality of care and consumer satisfaction measures included in the CAHPS survey.”</li> <li>• The Adult Core Set includes two measures derived from the CAHPS survey. The <i>Flu Vaccinations for Adults Ages 18 to 64</i> (FVA-AD) measure is being retired for HEDIS measurement year 2023 (2024 Core Set). NCQA has also proposed to retire the <i>Medical Assistance with Smoking and Tobacco Use Cessation</i> (MSC-AD) measure for HEDIS measurement year 2024 (2025 Core Set). The proposed retirement of MSC-AD is pending NCQA’s review of public comments.</li> <li>• CMS has been conducting a pilot and providing technical assistance to utilize the CAHPS Database for state reporting of the CAHPS measures.</li> </ul>

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measures



# Experience of Care: Measure Vote #1

**Should the CAHPS® Health Plan Survey 5.1H, Child Version (CPC-CH) measure be removed from the Child Core Set?**

- **Yes, I recommend removing this measure from the Child Core Set**
- **No, I do not recommend removing this measure from the Child Core Set**

## **Experience of Care: Measure Vote #2**

**Should the CAHPS® Health Plan Survey 5.1H, Adult Version (CPA-AD) measure be removed from the Adult Core Set?**

- Yes, I recommend removing this measure from the Adult Core Set**
- No, I do not recommend removing this measure from the Adult Core Set**

# Preview of Day 3 and Wrap-Up

# Agenda for Day 3

- **Workgroup Vote on Deferred Electronic Clinical Data Systems (ECDS) Measures**
- **Use of Core Set Measures to Drive Quality Improvement**
- **Prioritization of Child and Adult Core Set Measure Gaps**
- **Workgroup Reflections and Future Directions**
- **Public Comment**
- **Next Steps and Wrap-Up**