

Child and Adult Core Set Stakeholder Workgroup:

2020 Annual Review In-Person Meeting
Day 1

May 7, 2019

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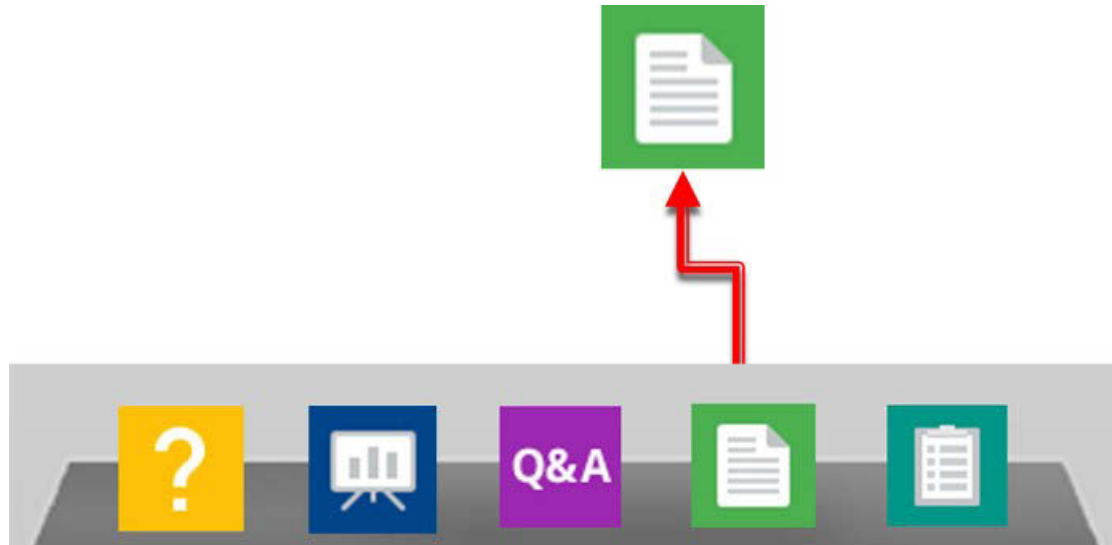
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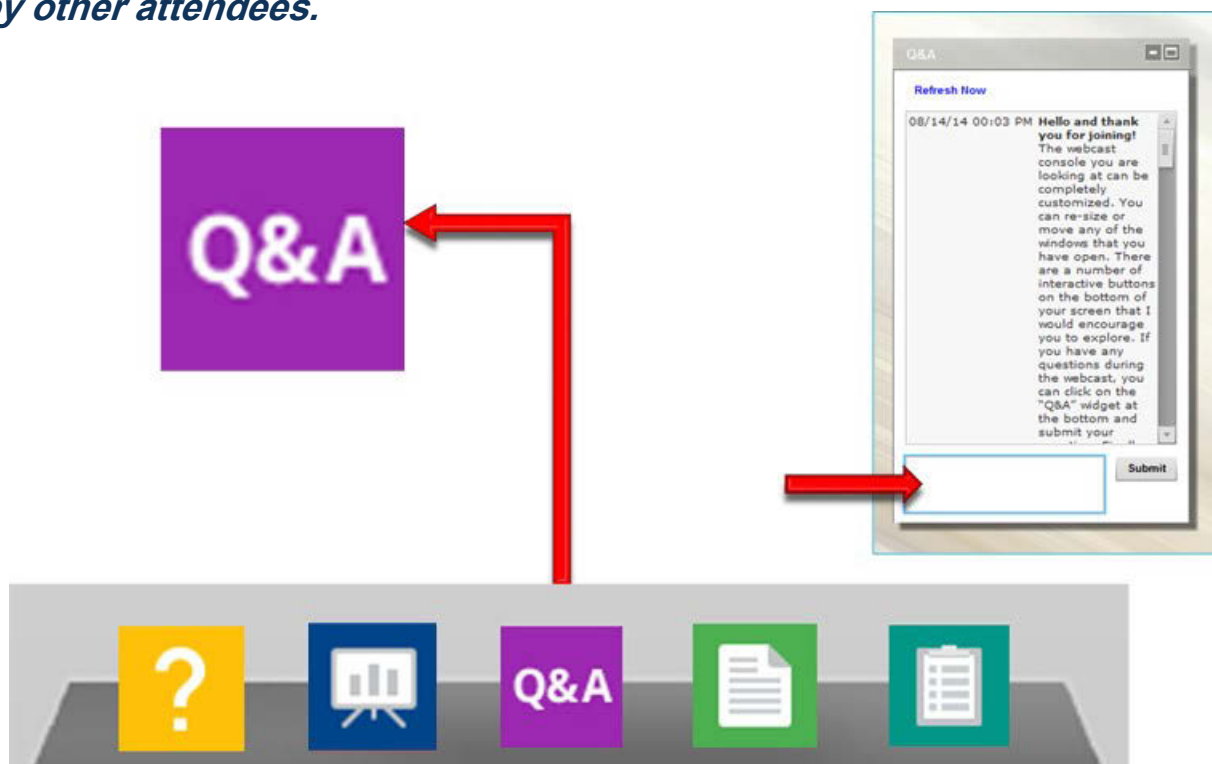
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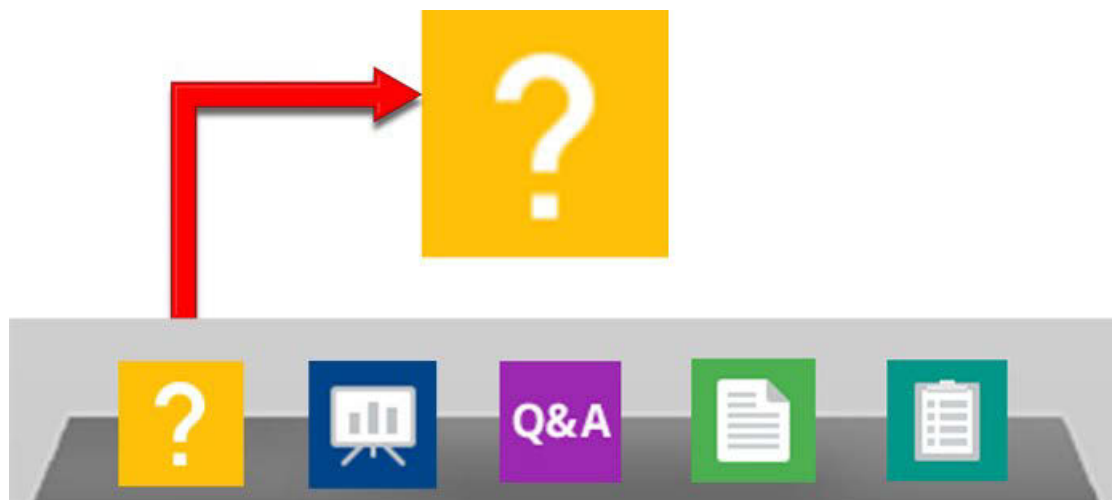
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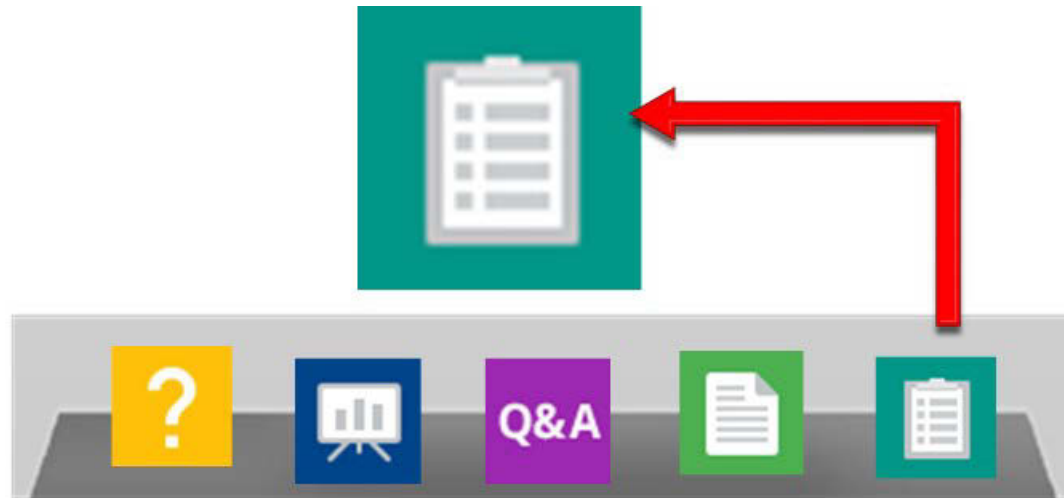
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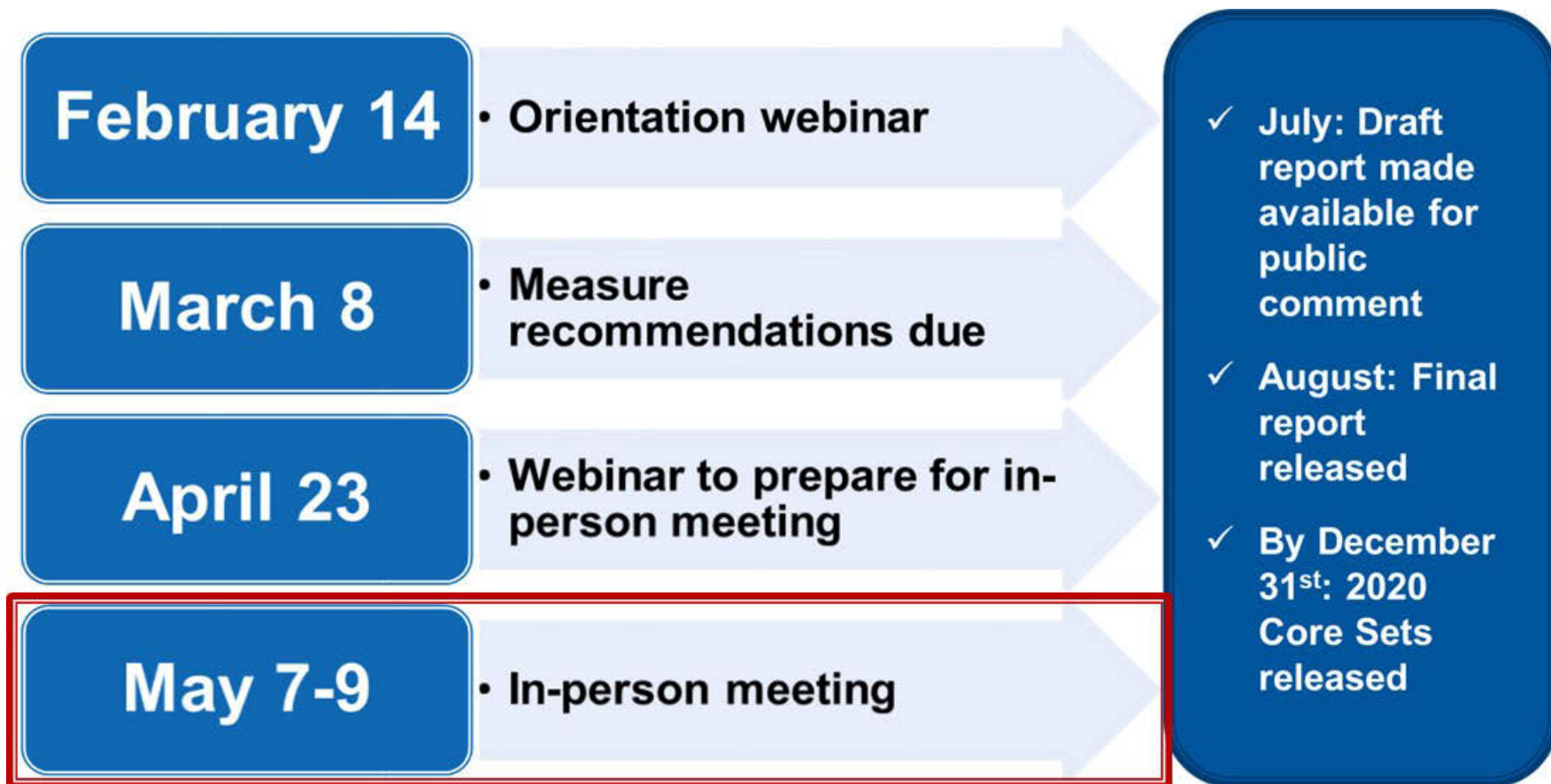


Welcome and Meeting Objectives

Meeting Objectives

- Review existing measures suggested for removal and new measures suggested for addition to the 2020 Core Sets
- Recommend measures for removal from and addition to the 2020 Core Sets
- Discuss gap areas and areas for future measure development
- Provide opportunity for public comment

Key Milestones





Workgroup Members and Disclosures of Interest

Disclosure of Interest

- All Workgroup members were required to submit a Disclosure of Interest form that discloses any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Child and Adult Core Set measures or measures reviewed during the Workgroup process
- Members deemed to have an interest in a measure suggested for removal or addition will be recused from voting on that measure
- During introductions, members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists

2020 Core Set Annual Review Workgroup

Voting Members

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

2020 Core Set Annual Review Workgroup

Voting Members, continued

Carolyn Langer, MD, JD, MPH	Fallon Health
Lauren Lemieux Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Jill Morrow-Gorton, MD, MBA	University of Massachusetts Medical School
Amy Mullins, MD, CPE, FAAFP Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
Fred Oraene, MBA Nominated by the National Association of Medicaid Directors	Oklahoma Health Care Authority
Lisa Patton, PhD	IBM Watson Health
Jeff Schiff, MD, MBA	Minnesota Department of Human Services
Marissa Schlaifer, MS	OptumRx
Linette Scott, MD, MPH	California Department of Health Care Services
Jami Snyder, MA Nominated by the National Association of Medicaid Directors	Arizona Health Care Cost Containment System
Jennifer Tracey, MHA	Zero to Three
Sally Turbyville, DRPH, MS, MA Nominated by the Children's Hospital Association	Children's Hospital Association
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

2020 Core Set Annual Review Workgroup

Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards & Quality, CMS, DHHS

Centers for Disease Control and Prevention, DHHS

Health Resources and Services Administration, DHHS

National Vaccine Program Office, DHHS

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs

Mathematica Project Team

- **Project director: Margo Rosenbach**
- **Task lead: Bailey Orshan**
- **Senior researchers: Rosemary Borck and Michaela Vine**
- **Analysts: Allison Steiner, Chrissy Fiorentini, Ruth Hsu, Steve Bruns**
- **Task manager: Dayna Gallagher**
- **Writing support: Megan Thomas, Tanya Schwartz, Harbage Consulting**
- **Communications and administrative support: Brice Overcash, Brian Willis, Derek Mitchell, Christal Stone Valenzano, Anthony Zampelli, Liah Carvalho, Fiona Shapiro, Alyssa Smith, Katherine Wesson**



Overview of the Current Core Sets

Level-Setting about the Child and Adult Core Sets

- **The 2019 Child Core Set includes 26 measures and the 2019 Adult Core Set includes 33 measures**
 - There is no target number of measures (maximum or minimum) for the Child and Adult Core Sets
- **States reported a median of 18/26 Child Core Set measures and 17/30 measures for FFY 2017**
 - Measures reported most frequently included those that could be calculated accurately by most states based solely on administrative data (claims and encounters)
 - Measures reported less frequently required medical record abstraction, electronic health records, or survey data collection, or could not be calculated accurately based solely on administrative data
 - New or revised measures are often reported with a lag as states require time to “ramp up” for reporting

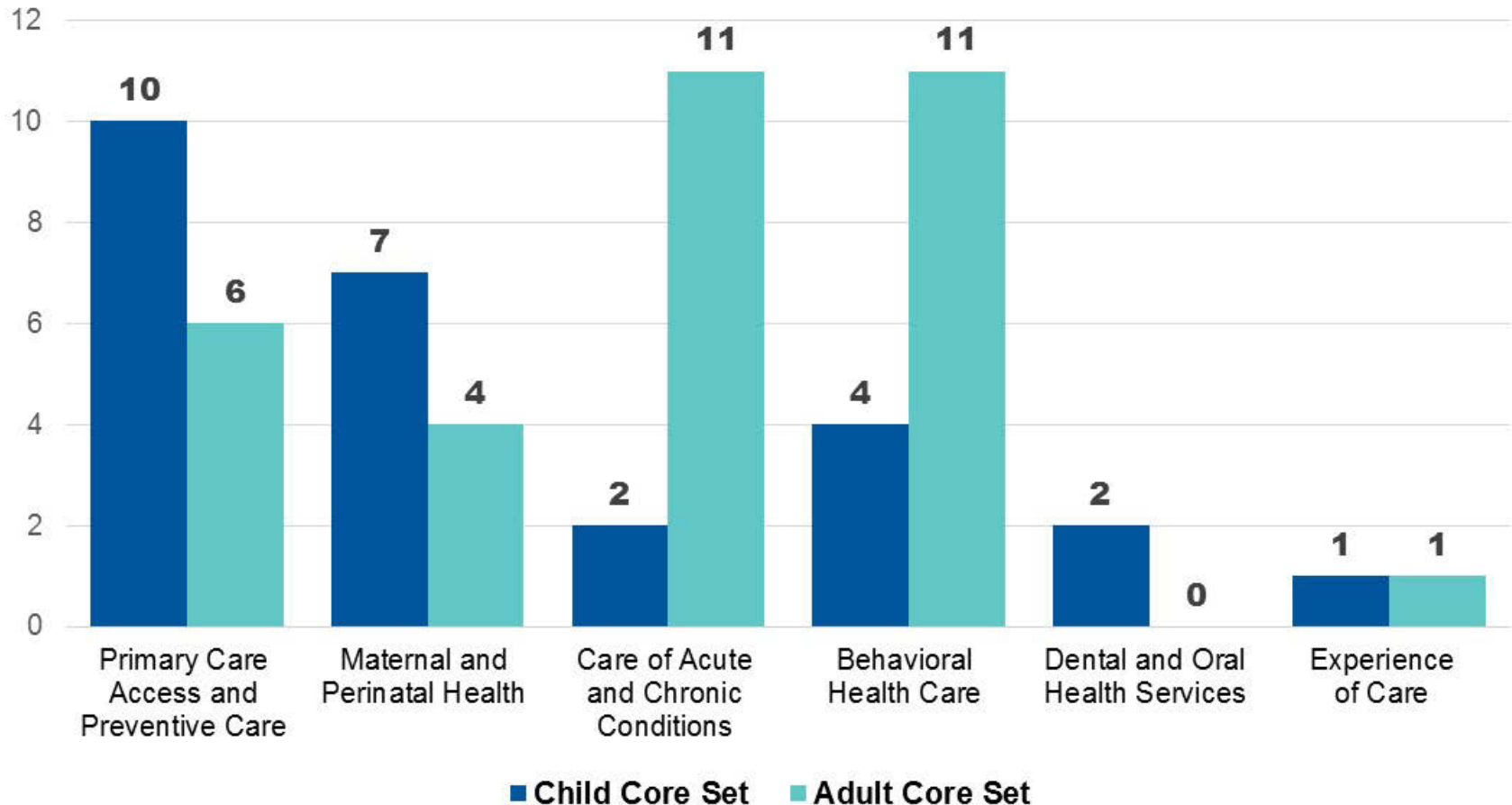
Level-Setting (*cont.*)

- **The current Core Sets contain six domains:**
 - **Primary Care Access and Preventive Care**
 - **Maternal and Perinatal Health**
 - **Care of Acute and Chronic Conditions**
 - **Behavioral Health Care**
 - **Dental and Oral Health Services**
 - **Experience of Care**
- **Two additional categories of measures were suggested for 2020**
 - **Long-Term Services and Supports**
 - **Other Measures: Continuity of Insurance, Health-Related Social Needs**
- **The Core Sets and domains are not assigned by the Workgroup**
 - **Note that Maternal and Perinatal Health measures cut across the Child and Adult Core Sets**

Level-Setting (*cont.*)

- **Measure stewards update quality measures annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names**
 - Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections
- **The measure information sheets for the measures under consideration by the Workgroup are based on the most up-to-date publicly available information that we could find**
 - Many measures are currently undergoing updates or were recently updated and the measure information sheets may not reflect the most recent version of each measure
- **This reflects the evolving nature of quality measurement in health care**

Getting Started: Number of 2019 Child and Adult Core Set Measures by Domain





State Presentation

Lindsay Cogan, PhD, MS
New York State Department of Health

Break



Process and Criteria for Reviewing Measures, Voting, and Prioritization

Approach to Measure Discussion

- The Workgroup will discuss 56 measures – 14 measures suggested for removal and 42 suggested for addition
- Measures will be reviewed by domain without regard to Core Set
- Within each domain, we will first discuss measures suggested for removal followed by measures suggested for addition
- Measures will be considered in their specified form

Characteristics to Consider for Removal of Existing Measures

- **Actionability**: Does the measure provide few useful or actionable results for state Medicaid and CHIP programs?
- **Clinical relevance**: Does the measure no longer adhere to clinical evidence or guidelines?
- **Feasibility**: Have states reported significant challenges to reporting the measure (such as barriers to accessing or using data needed to report the measure)?
- **New/alternate measure**: Is another measure being recommended to replace an existing Core Set measure?
- **Performance**: Have states consistently reported a high level of performance on the measure, indicating little room for improvement?

Characteristics to Consider for Addition of New Measures

- **Actionability**: Will the measure provide useful or actionable results for state Medicaid and CHIP programs?
- **Alignment**: Is the measure used in other reporting programs?
- **Appropriateness for state-level reporting**: Has the measure been validated and tested for state-level reporting and is it currently used by one or more states?
- **Feasibility**: Will states be able to access the data needed to calculate the measure? Would technical assistance be necessary or helpful to facilitate complete and accurate reporting of the measure by states?
- **Strategic priority**: Does the measure fill a gap area in the Child and/or Adult Core Sets?

Voting Process

- Voting will take place by domain after Workgroup discussion and public comment
- Workgroup members will use an iClicker device to 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”

Prioritization of Measure Recommendations

- **Voting on individual measures will take place on Tuesday and Wednesday**
- **Voting will focus on the merits of each individual measure, without regard to the relative importance of measures within and across domains**
- **On Thursday, Workgroup members will have the opportunity to prioritize the recommended measures**
- **Workgroup members will also be able to review and consider recommendations on pairs of measures (i.e., measures suggested for removal paired with those suggested for replacement)**

Workgroup Member Questions

Practice Vote #1

Have you used the iClicker before?

A= Yes, I have used the iClicker before

B = No, I have not used the iClicker before

Practice Vote #2

Do you have a dog?

A= Yes, I have a dog

B = No, I do not have a dog

Dental and Oral Health Services

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH) (#2508, no longer endorsed)	Administrative	32
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	Administrative (Form CMS-416)	51

Addition: Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children

Description	Number of emergency department (ED) visits for caries-related reasons per 100,000 member months for all enrolled children. Rates are stratified by age and by ED visit disposition (visits resulting in an inpatient admission and those not resulting in an inpatient admission). A lower rates indicates better quality.
Measure steward	American Dental Association/Dental Quality Alliance (ADA/DQA)
NQF number (if endorsed)	2689
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	All member months for enrollees who satisfy age criteria.
Numerator	Number of ED visits with a caries-related diagnosis code among all enrolled children. Numerator is stratified by ED disposition (whether visit resulted in an inpatient admission or did not result in an inpatient admission).

Addition: Follow-Up after Emergency Department Visits for Dental Caries in Children

Description	Percentage of caries-related emergency department (ED) visits among children 0 through 20 years in the reporting period for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit.
Measure steward	American Dental Association/Dental Quality Alliance (ADA/DQA)
NQF number (if endorsed)	2695
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Number of caries-related ED visits in the measurement year.
Numerator	Number of caries-related ED visits in the measurement year for which the member visited a dentist within (a) 7 days and (b) 30 days of the ED visit.

Addition: Adults with Diabetes – Oral Evaluation

Description	Percentage of enrolled adults with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the measurement year.
Measure steward	American Dental Association/Dental Quality Alliance (ADA/DQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Unduplicated number of all enrolled adults with diabetes.
Numerator	Unduplicated number of enrolled adults with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation.
Other information	This measure aligns with the denominator for the HEDIS Comprehensive Diabetes Care measures, which are included in the Adult Core Set.

Workgroup Member Discussion



Opportunity for Public Comment

Vote on Measures

Measure Vote 1

Should the Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children measure be added to the Core Set?

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

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

Measure Vote 2

Should the Follow-Up after Emergency Department Visits for Dental Caries in Children measure be added to the Core Set?

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

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

Measure Vote 3

Should the Adults with Diabetes – Oral Evaluation measure be added to the Core Set?

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

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

Lunch



Primary Care Access and Preventive Care: Immunization Measures

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
Childhood Immunization Status (CIS-CH) (#0038)	Administrative, hybrid, or EHR	44
Immunizations for Adolescents (IMA-CH) (#1407)	Administrative or hybrid	44
Adult Core Set		
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) (#0039)*	Survey (Medicare CAHPS Survey)	20

*Measures with an asterisk are suggested for removal.

Removal: Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)

Description	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.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0039
Data collection method	Survey (This measure is derived from the CAHPS 5.0H Adult Medicaid Survey)
Denominator	The number of beneficiaries with a “Flu Vaccination 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?”
Numerator	The number of beneficiaries in the denominator who responded “Yes” to the question: “Have you had either a flu shot or flu spray in the nose since July 1, YYYY?”
Has another measure been proposed for substitution?	New measure: Adult Immunization Status New measure: Influenza Immunization (NQF #0041)
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 19 FFY 2016: 18 FFY 2017: 20
Is the measure in the Medicaid & CHIP Scorecard?	No

Addition: Flu Vaccinations for Adults Age 65 and Older

Description	Percentage of Medicare members 65 years of age and older who received a flu vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0039
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Survey (This measure is derived from the Medicare CAHPS Survey)
Denominator	Medicare CAHPS respondents age 65 and older.
Numerator	The number of members in the denominator who responded “Yes” to the question “Have you had a flu shot since July 1, YYYY?”

Addition: Influenza Immunization

Description	Percentage of patients age 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Measure steward	Physician Consortium for Performance Improvement (PCPI) Foundation
NQF number (if endorsed)	0041/0041e
Measure type	Process
Recommended to replace current measure?	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
Data collection method	Administrative and EHR
Denominator	All patients seen for a visit between October 1 and March 31.
Numerator	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization. Previous receipt is defined as receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied.

Addition: Adult Immunization Status

Description	Percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), herpes zoster, and pneumococcal.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	Flu Vaccinations for Adults Ages 18-64 (FVA-AD)
Data collection method	HEDIS Electronic Clinical Data Systems (ECDS) (ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)

Addition: Adult Immunization Status (*cont.*)

Denominator	<p>This measure includes denominators for four individual vaccine rates and a composite rate. Initial population = Beneficiaries age 19 and older at the start of the measurement period.</p> <ol style="list-style-type: none">1. Influenza rate: The initial population, minus exclusions.2. Td/Tdap rate: The initial population, minus exclusions.3. Zoster rate: The initial population, minus exclusions, 50 years of age and older at the start of the measurement period.4. Pneumococcal rate: The initial population, minus exclusions, age 66 years of age and older at the start of the measurement period.5. Composite rate: The sum of denominators for the four individual vaccine rates.
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Addition: Adult Immunization Status (*cont.*)

Numerator

This measure includes numerators for four individual vaccine rates and a composite rate:

1. Influenza rate: Members in the influenza rate denominator who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; or prior anaphylaxis due to Haemophilus influenzae type b vaccine or its components any time during or before the measurement period.
2. Td/Tdap rate: Members in Td/Tdap rate denominator who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period OR members in Td/Tdap rate denominator with history of one or more contraindications any time during or before the measurement period.
3. Zoster rate: Members in Zoster rate denominator who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the member's 50th birthday; or prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period.

Addition: Adult Immunization Status (*cont.*)

Numerator (<i>cont.</i>)	<ol style="list-style-type: none">4. Pneumococcal rate: Members in Pneumococcal rate denominator who were administered both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60; or prior pneumococcal vaccine adverse reaction any time during or before the measurement period.5. Composite rate: The sum of numerators for the four individual vaccine rates.
Other information	This measure was a first-year measure in HEDIS 2019.

Addition: Prenatal Immunization Status

Description	Percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. Three rates are reported: Influenza, Tdap, and a Combination rate.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	HEDIS Electronic Clinical Data Systems (ECDS) (ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.)
Denominator	Deliveries during the measurement period, minus exclusions.
Numerator	This measure includes numerators for two individual vaccine rates and a combination rate: <ol style="list-style-type: none"> 1. Influenza rate: Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had a prior anaphylactic reaction to influenza vaccine or its components any time during or before the measurement period.

Addition: Prenatal Immunization Status *(cont.)*

Numerator <i>(cont.)</i>	<ol style="list-style-type: none">2. Tdap rate: Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date); or deliveries where member has a history of one or more contraindications any time before or during the measurement period.3. Combination rate: Deliveries that met criteria for both Influenza and Tdap numerators.
Other information	This measure was a first-year measure in HEDIS 2019.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Measure Vote 4

Should the Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) measure be removed from the Core Set?

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

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

Measure Vote 5

Should the Flu Vaccinations for Adults Age 65 and Older measure be added to the Core Set?

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

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

Measure Vote 6

Should the Influenza Immunization measure be added to the Core Set?

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

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

Measure Vote 7

Should the Adult Immunization Status measure be added to the Core Set?

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

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

Measure Vote 8

Should the Prenatal Immunization Status measure be added to the Core Set?

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

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



Other Primary Care Access And Preventive Care Measures

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH) (#0024)*	Administrative, Hybrid, or EHR	37
Chlamydia Screening in Women Ages 16–20 (CHL-CH) (#0033)	Administrative or EHR	46
Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH) (#0418/0418e)	Administrative or EHR	Not applicable (new to 2018 Core Set)
Well-Child Visits in the First 15 Months of Life (W15-CH) (#1392)	Administrative or hybrid	49
Developmental Screening in the First Three Years of Life (DEV-CH) (#1448, no longer endorsed)	Administrative or hybrid	27
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) (#1516)	Administrative or hybrid	50
Adolescent Well-Care Visit (AWC-CH)	Administrative or hybrid	49

*Measures with an asterisk are suggested for removal.

2019 Core Set Measures *(cont.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set <i>(cont.)</i>		
Child and Adolescents' Access to Primary Care Practitioners (CAP-CH)*	Administrative	48
Adult Core Set		
Cervical Cancer Screening (CCS-AD) (#0032)	Administrative, hybrid, or EHR	40
Chlamydia Screening in Women Ages 21–24 (CHL-AD) (#0033)	Administrative or EHR	40
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD) (#0418/0418e)	Administrative or EHR	7
Breast Cancer Screening (BCS-AD) (#2372)	Administrative or EHR	39
Adult Body Mass Index Assessment (ABA-AD)*	Administrative or Hybrid	32

*Measures with an asterisk are suggested for removal.

Removal: Child and Adolescents' Access to Primary Care Practitioners (CAP-CH)

Description	Percentage of children and adolescents age 12 months to age 19 who had a visit with a primary care practitioner (PCP). Four separate percentages are reported: (1) children ages 12 to 24 months and 25 months to age 6 who had a visit with a PCP during the measurement year; and (2) children ages 7 to 11 and adolescents ages 12 to 19 who had a visit with a PCP during the measurement year or the year prior to the measurement year.
Measure steward	National Committee For Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Data collection method	Administrative
Denominator	Children and adolescents age 12 months to age 19 as of December 31 of the measurement year.
Numerator	For ages 12 to 24 months and age 25 months to age 6: Children with one or more visits with a PCP during the measurement year. For ages 7 to 11 and ages 12 to 19: Children with one or more visits with a PCP during the measurement year or the year prior to the measurement year.

Removal: Child and Adolescents' Access to Primary Care Practitioners (CAP-CH) *(cont.)*

Has another measure been proposed for substitution?	Current measures: The three well-child visit measures are suggested as substitutes.
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 45 FFY 2016: 47 FFY 2017: 48
Is the measure in the Medicaid & CHIP Scorecard?	No

Removal: Body Mass Index Assessment for Children/Adolescents (WCC-CH)

Description	Percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index (BMI) percentile documentation during the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0024
Data collection method	Administrative, Hybrid, or EHR
Denominator	Children ages 3 to 17 who have an outpatient visit during the measurement year.
Numerator	Children who have evidence of BMI percentile documentation during the measurement year.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 33 FFY 2016: 39 FFY 2017: 37
Is the measure in the Medicaid & CHIP Scorecard?	No
Other information	Changes to ICD-10 coding guidelines will have implications for the administrative data collection method in 2020 because the code will apply only to those diagnosed with obesity.

Removal: Adult Body Mass Index Assessment (ABA-AD)

Description	Percentage of beneficiaries ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented in the medical record during the measurement year or the year prior to the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Data collection method	Administrative or hybrid
Denominator	Beneficiaries who had an outpatient visit during the measurement year or the year prior to the measurement year.
Numerator	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.

Removal: Adult Body Mass Index Assessment (ABA-AD) (cont.)

Has another measure been proposed for substitution?	New measure: 2017 MIPS Measure #128: Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan (NQF 0421).
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 29 FFY 2016: 33 FFY 2017: 32
Is the measure in the Medicaid & CHIP Scorecard?	No
Other information	Changes to ICD-10 coding guidelines will have implications for the administrative data collection method in 2020 because the code will apply only to those diagnosed with obesity.

Addition: Colorectal Cancer Screening

Description	Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0034
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative or Hybrid
Denominator	Members 51-75 years as of December 31 of the measurement year.

Addition: Colorectal Cancer Screening (*cont.*)

Numerator	One or more of the following screenings for colorectal cancer: <ul style="list-style-type: none">• Fecal occult blood test (FOBT) during the measurement period.• Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.• Colonoscopy during the measurement period or the nine years prior to the measurement period.• Computed tomography (CT) colonography during the measurement period or the four years prior to the measurement period.• Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period.
Other information	This measure has been tested and approved for Medicare and commercial health plan reporting.

Addition: Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan

Description	Percentage of patients age 18 years and older with a BMI documented during the current encounter or during the previous 12 months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 12 months of the current encounter. Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m ² .
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	0421/0421e
Measure type	Process
Recommended to replace current measure?	Adult Body Mass Assessment (ABA-AD)
Data collection method	Administrative (G-codes) or EHR
Denominator	All patients age 18 and older on the date of the encounter with at least one eligible encounter during the measurement period.
Numerator	Patients with a documented BMI during the encounter or during the previous 12 months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 12 months of the current encounter.
Other information	During the 2017 update for the 2018 performance year, the frequency of BMI documentation was revised from 6 months to 12 months.

Addition: Follow-up with Patient Family After Developmental Screening

Description	Percentage of patients aged 6 months to 36 months whose family received a follow-up discussion of developmental screening results on the same day of the screening visit
Measure steward	Agency for Healthcare Research & Quality (AHRQ), Pediatric Measurement Center of Excellence (PMCoE)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	EHR or Medical Record Review
Denominator	All patients aged 6 months to 36 months who received a developmental screen using a standardized developmental screening tool that was administered either by the primary care clinician or if conducted elsewhere, appears in the patient's medical chart.
Numerator	Patients whose family received a discussion of the developmental screen by a primary care clinician on the same day of the screening visit.

Addition: HIV Screening

Description	Percentage of patients 15-65 years of age who have been tested for HIV within that age range.
Measure steward	Centers for Disease Control and Prevention (CDC)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	EHR
Denominator	Patients 15 to 65 years of age who had an outpatient visit during the measurement period.
Numerator	Patients with documentation of an HIV test between ages of 15 and 65 before the end of the measurement period.

Addition: Lead Screening in Children

Description	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative or Hybrid
Denominator	Children enrolled in Medicaid who turn 2 years old during the measurement year.
Numerator	At least one lead capillary or venous blood test on or before the child's second birthday.

Workgroup Member Discussion



Opportunity for Public Comment

Vote on Measures

Measure Vote 9

Should the Child and Adolescents' Access to Primary Care Practitioners (CAP-CH) measure be removed from the Core Set?

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

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

Measure Vote 10

Should the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH) measure be removed from the Core Set?

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

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

Measure Vote 11

Should the Adult Body Mass Index Assessment (ABA-AD) measure be removed from the Core Set?

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

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

Measure Vote 12

Should the Colorectal Cancer Screening measure be added to the Core Set?

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

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

Measure Vote 13

Should the Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan measure be added to the Core Set?

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

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

Measure Vote 14

Should the Follow-up with Patient Family After Developmental Screening measure be added to the Core Set?

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

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

Measure Vote 15

Should the HIV Screening measure be added to the Core Set?

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

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

Measure Vote 16

Should the Lead Screening in Children measure be added to the Core Set?

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

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

Break



Experience of Care: Patient Reported Outcomes

2019 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2017
Child Core Set		
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) (Not endorsed)*	Survey	40
Adult Core Set		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD) (Not endorsed)*	Survey	29

*Measures with an asterisk are suggested for removal.

Removal: CAHPS® Health Plan Survey 5.0H, Child Version (Medicaid) (CPC-CH)

Description	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. The Child Core Set measure includes the Children with Chronic Conditions (CCC) Supplemental Items.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed. (This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006].)
Data collection method	Survey
Denominator	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. The sample must yield at least 411 completed surveys.
Numerator	The survey includes four global rating questions: Rating of All Health Care, Rating of Health Plan, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.

Removal: CAHPS® Health Plan Survey 5.0H, Child Version (Medicaid) (CPC-CH) (cont.)

Numerator (cont.)	Five composite scores summarize responses in key areas: Customer Service, Getting Care Quickly, Getting Needed Care. How Well Doctors Communicate, and Shared Decision Making. Summary rates are also reported for Health Promotion and Education and Coordination of Care. The CCC supplemental items include additional composite scores and summary rates.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 42 FFY 2016: 42 FFY 2017: 40
Is the measure in the Medicaid & CHIP Scorecard?	No
Other information	The Children’s Health Insurance Program Reauthorization Act (CHIPRA) requires all states that operate a Title XXI (CHIP) program to conduct the CAHPS survey and submit data that are representative of all children covered by their entire Title XXI program (CHIP Medicaid Expansion Program, Separate CHIP Program, or Combination CHIP Program).

Removal: CAHPS® Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)

Description	This measure provides information on beneficiaries' experiences 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 individual question summary rates.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed. (This measure is adapted from the Agency for Healthcare Research and Quality [AHRQ] CAHPS 5.0 measure [NQF #0006].)
Data collection method	Survey
Denominator	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. The sample must yield at least 411 completed surveys.
Numerator	The survey includes four global rating questions: Rating of All Health Care, Rating of Health Plan, Rating of Personal Doctor, and Rating of Specialist Seen Most Often.

Removal: CAHPS® Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD) (cont.)

Numerator (cont.)	Five composite scores summarize responses in key areas: Customer Service, Getting Care Quickly, Getting Needed Care. How Well Doctors Communicate, and Shared Decision Making. Summary rates are also reported for Health Promotion and Education and Coordination of Care.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2015-2017	FFY 2015: 25 FFY 2016: 27 FFY 2017: 29
Is the measure in the Medicaid & CHIP Scorecard?	No
Other information	CAHPS 5.0H includes questions used in two other Adult Core Set measures: Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) and Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD).

Addition: Child Hospital CAHPS® Survey

Description	The Child HCAHPS Survey is a standardized survey instrument that asks parents and guardians of children under 18 years old to report on their and their child's experiences with inpatient hospital care. The performance measures of the Child HCAHPS survey consist of 39 items organized by overarching groups into 18 composite and single-item measures. The domains include: Communication with Parent, Communication with Child, Attention to Safety and Comfort, Hospital Environment, and Global Rating.
Measure steward	Agency for Healthcare Research and Quality (AHRQ)
NQF number (if endorsed)	2548
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	Survey

Addition: Child Hospital CAHPS® Survey (*cont.*)

Denominator	The denominator for each single-item measure is the number of respondents with a completed survey who responded to the item. The denominator for each composite measure is the number of respondents with a completed survey who responded to at least one of the items within the measure. The target population for the survey is parents of children under 18 years old who have been discharged from the hospital during the target 12-month time frame.
Numerator	Using the top-box scoring method, the numerator of the top-box score for a measure consists of the number of respondents with a completed survey who gave the best possible answer for the item(s) in a measure. For example, the top-box numerator for the communication between you and your child’s nurses composite is the number of respondents who answered “Always” to questions about how well nurses communicated well with them.
Other	The survey was developed for facility-level reporting and is currently being used by at least 350 hospitals.

Addition: Healthy Days Core Module – Health-Related Quality of Life

Description	The four Health-Related Quality of Life Healthy Days Core Module (HRQOL-4) measures ask about self-rated general health and the number of days when a person was physically unhealthy, mentally unhealthy, or limited in usual activities within the previous 30 days. A summary measure combines physically and mentally unhealthy days. The module was developed for national and state surveillance surveys, including the state-based Behavioral Risk Factor Surveillance System (BRFSS), the National Health and Nutrition Examination Survey, and the Medicare Health Outcomes Survey.
Measure steward	Centers for Disease Control and Prevention (CDC)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome
Recommended to replace current measure?	No

Addition: Healthy Days Core Module – Health-Related Quality of Life (*cont.*)

Data collection method	Survey
Denominator	Total number of survey respondents (eligibility varies by survey).
Numerator	<p>Q1. Number of respondents indicating that their general health is Excellent [or Very Good].</p> <p>Q2. Number of days during the past 30 days the respondent’s physical health was not good.</p> <p>Q3. Number of days during the past 30 days the respondent’s mental health was not good.</p> <p>Q4. Number of days during the past 30 days the respondent’s poor physical or mental health kept them from doing their usual activities.</p>
Other information	The standard 4-item set of Healthy Days core questions (CDC HRQOL–4) has been in the state-based Behavioral Risk Factor Surveillance System (BRFSS) for persons age 18 and older since 1993. To address social needs and social determinants, the measure would require linkages with EHRs.

Workgroup Member Discussion



Opportunity for Public Comment

Vote on Measures

Measure Vote 17

Should the 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) measure be removed from the Core Set?

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

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

Measure Vote 18

Should the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD) measure be removed from the Core Set?

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

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

Measure Vote 19

Should the Child Hospital Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey measure be added to the Core Set?

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

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

Measure Vote 20

Should the Healthy Days Core Module - Health-Related Quality of Life measure be added to the Core Set?

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

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



Preview of Day 2 and Wrap-Up

Agenda for Day 2

- **Care of Acute and Chronic Conditions**
- **Maternal and Perinatal Health**
- **Behavioral Health**
- **Long-Term Services and Supports**
- **Other Measures**