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Child and Adult Core Set Stakeholder Workgroup:

Measures Suggested for Removal from the 2022 Core Sets

Measure Information Sheets

May 2021

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Contents

PRIMARY CARE ACCESS AND PREVENTIVE CARE

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**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/5.1H Adult Survey was completed.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0039
Core Set	Adult Core Set
Core Set domain	Primary Care Access and Preventive Care
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	The Workgroup member (WGM) indicated that removal of this measure would leave a gap in the Core Set. The WGM recommended a replacement measure to avoid this gap.
Has another measure been proposed for substitution (new or existing measure)?	Preventive Care and Screening: Influenza Immunization
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Wellness and Prevention (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	• Marketplace Quality Rating System (QRS) • Medicaid State Directed Payment Programs (where applicable)

FFY 2021 Technical Specifications	
Ages	Ages 18 to 64 as of July 1 of the measurement year.
Data collection method	Survey. Collected as part of the CAHPS Health Plan Survey 5.0H/5.1H, Adult Version.
Denominator	The number of beneficiaries with a Flu Vaccinations for Adults Ages 18 to 64 Eligibility Flag of "Eligible" who responded "Yes" or "No" to the question "Have you had either a flu shot or flu spray in the nose since July 1, YYYY?"
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?"

Exclusions	The survey excludes those who are not currently enrolled in Medicaid at the time of the survey.
Continuous enrollment period	The last six months of the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

The WGM indicated that four states began reporting this measure for the first time for FFY 2019, for a total of 25 states reporting. The WGM noted that this measure was not publicly reported due to concerns about data quality for a couple of states.

The WGM acknowledged that CMS is conducting a pilot with 35 states to use CAHPS results from the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database for Core Set reporting. The WGM noted that the pilot has shown it is feasible to calculate the Flu Vaccination measure for Medicaid beneficiaries using the AHRQ CAHPS Database, although the data are incomplete due to lack of plan submissions for some states.

The WGM also mentioned that because CAHPS 5.0H responses and completed surveys vary widely across cultures, age groups, and other demographics, the measure does not allow for consistent calculations across counties and states. [1,2,3,4,5,6,7]

Actionability and Strategic Priority

The WGM noted that they recommend an alternative measure for addition to the Adult Core Set that is used by other CMS programs.

Other Considerations

None identified by the WGM.

Core Set Reporting History

Year added to Core Set	2013 (Initial Adult Core Set)
Number of states reporting the measure for FFY 2019	25 states (all states reported calculating the measure using Core Set specifications)
Was the measure publicly reported for FFY 2019?	No
Is the measure on the Medicaid & CHIP Scorecard?	No

Challenges noted by states in reporting the measure for FFY 2019	The most common reason was data not available (13 states) due to budget constraints, staff constraints, and data not collected. States also noted: • State performed the CAHPS survey. However, the responses associated with the reporting units within the state could not be generalized to a statewide response. • This measure is not currently within the state's strategic quality measures initiative. • While CAHPS is conducted in the adult population at the health plan level by each plan (MCO), the data are reflective of each MCO's adult enrollee population only. Each MCO sample frame is not the entire statewide adult Medicaid population. • State did not conduct a survey for the overall Medicaid population.

Citations

[1] Adapting Patient Experience Data Collection Processes for Lower Literacy Patient Populations Using Tablets at the Point of Care. Tieu I, et al. Medical Care 2019 Jun:S140-S148.

[2] Racial/ethnic differences in reporting versus rating of healthcare experiences. Chung S, et al. Medicine (Baltimore). 2018;97(50):e13604.

[3] CAHPS Survey Administration: What We Know and Potential Questions. Tesler R, Sorra J. Agency for Healthcare Research and Quality: Oct 2017. AHRQ Publication Number 18-0002-EF.

[4] Understanding Variations in Medicare Consumer Assessment of Health Care Providers and Systems Scores: California as an Example. Farley DO, et al. Health Services Research 2011 Oct; 46(5)1646-62.

[5] Case-mix adjustment and the comparisons of community health center performance on patient experience measures. Johnson ML, et al. Health Services Research 2010 Jun; 45(3)670-90.

[6] Cognition, Communication, and Culture: Implications for the Survey Response Process. Schwarz N, et al. Wiley Series in Survey Methodology: Survey Methods in Multinational, Multiregional, and Multicultural Contexts (2010), 177-190.

[7] Survey response style and differential use of CAHPS rating scales by Hispanics. Weech-Maldonado R, et al. Medical Care 2008 Sep; 46(9):963-8.

MATERNAL AND PERINATAL HEALTH

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**PC-01: Elective Delivery (PC01-AD)**
Description	Percentage of women with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed.
Measure steward	The Joint Commission (TJC)
NQF number (if endorsed)	0469/0469e
Core Set	Adult Core Set
Core Set domain	Maternal and Perinatal Health
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	The Workgroup member (WGM) who suggested this measure indicated that removing this measure would not leave a gap in the Core Set, as there are other maternal health measures, such as the Low-Risk Cesarean Delivery (LRCD-CH), Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH), and Prenatal and Postpartum Care: Postpartum Care (PPC-AD) measures.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Affordability and Efficiency (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	• Hospital Inpatient Quality Reporting (IQR) Program • Core Quality Measures Collaborative (CQMC) Obstetrics and Gynecology Core Measures Note: This measure was removed from the Hospital Value Based Purchasing Program beginning with the FY 2021 program year. The federal rule states: We continue to believe that avoiding early elective delivery is important; however, because overall performance on the PC-01 measure has improved over time and we anticipate the measure will have little meaningful effect on the Total Performance Scores (TPS) for most hospitals, we believe the measure is no longer appropriate for the Hospital Value-Based Purchasing (VBP) Program. In order to continue tracking and reporting rates of elective deliveries to incentivize continued high performance on the measure, this measure would remain in the Hospital Inpatient Quality Reporting (IQR) Program.

FFY 2021 Technical Specifications	
Ages	Not applicable for this measure.
Data collection method	Hybrid or electronic health records (EHR).
Denominator	Beneficiaries delivering newborns with ≥ 37 and < 39 weeks of gestation completed.
Numerator	Beneficiaries with elective deliveries by either medical induction of labor while not in labor prior to the procedure, or cesarean birth while not in labor and with no history of a prior uterine surgery.
Exclusions	Exclude beneficiaries with any of the following: • Principal or other diagnosis codes for conditions possibly justifying elective delivery prior to 39 weeks gestation. • History of prior stillbirth. • Less than age 8 or age 65 and older. • Length of stay greater than 120 days. • Gestational age < 37 or ≥ 39 weeks or unable to determine.
Continuous enrollment period	None.
Allowable gap	Not applicable.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

The WGM noted that this measure requires chart review to identify if the delivery was elective. However, many states do not conduct chart reviews for Core Set reporting, as evidenced by the fact that five of the nine states reporting the measure for FFY 2019 deviated from the specifications by not using medical record review to capture key data elements.

Actionability and Strategic Priority

The WGM referenced preliminary data from the measure steward for calendar year 2019 that indicated a median rate of 0 percent and a mean rate of 1.83 percent among 2,005 hospitals reporting. The measure steward indicated that data are not available by payer.

According to the WGM, these performance rates indicate that either providers have identified coding and charting to justify deliveries OR elective deliveries are not being performed.

Other Considerations

None identified by the WGM.

Core Set Reporting History	
Year added to Core Set	2013 (Initial Adult Core Set)
Number of states reporting the measure for FFY 2019	Nine states (five of the nine states indicated substantial deviations from the Core Set specifications)
Was the measure publicly reported for FFY 2019?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Challenges noted by states in reporting the measure for FFY 2019	Data not available (28 states) due to budget and/or staff constraints, data source not easily accessible, or information not collected. For example: • State did not perform chart reviews as part of Adult Core Set reporting. • The state's Medicaid managed care contract does not require the MCOs to collect data for this measure. • State does not have access to electronic health records and does not conduct medical record review at this time, • Medicaid managed care plans have had issues with the data collection of this measure, so the data for this measure are inaccurate.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)**
Description	Percentage of newborns who did not pass hearing screening and have an audiological diagnosis no later than three months of age (90 days).
Measure steward	Centers for Disease Control and Prevention (CDC)
NQF number (if endorsed)	1360
Core Set	Child Core Set
Core Set domain	Maternal and Perinatal Health
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	Three Workgroup members (WGM) suggested this measure for removal and their responses varied about whether the removal would leave a gap: • Response 1: There would be no gap if this measure is removed. Although not a direct match, well-child visits (Early and Periodic Screening, Diagnostic, and Treatment [EPSDT] visits in Medicaid) include hearing screenings as part of the visit. The well-child visit measures included in the Child Core Set were reported by 48 states (W15-CH) and 49 states (W34-CH) for FFY 2019 and reporting has been stable from 2017-2019. • Response 2: There could be a gap if this measure is removed because there are no measures related to newborn screening. • Response 3: There would be no gap if this measure is removed. Hearing screening is part of the well-child visit per the Bright Futures guidelines. Hearing screening is reported to CDC and is generally tracked in public health departments. Removal of this measure from the Child Core Set does not remove existing activity that monitors this issue.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Wellness and Prevention (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	No other programs listed in CMS's Measure Inventory Tool.

FFY 2021 Technical Specifications	
Ages	Infants who were born between January 1 and December 31 of the measurement year.
Data collection method	Electronic health records (EHR).
Denominator	The number of infants born during the measurement year who have not passed hearing screening.
Numerator	The number of infants born during the measurement year who have not passed hearing screening and whose age is less than 91 days at the time of audiological diagnosis.
Exclusions	Exclude newborns who died before 91 days of age.
Continuous enrollment period	Date of birth to 90 days of age.
Allowable gap	No allowable gaps in the continuous enrollment period.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

Response 1: The WGM pointed out that in FFY 2019 only two states reported the measure (neither adhered to Core Set specifications) and states reported challenges with accessing EHR data as the primary reason for not reporting the measure. The WGM reiterated that states' challenges with accessing EHR data may lead to inconsistent calculations across states and incomplete data.

Response 2: The WGM noted that this measure requires use of EHR data, which many states cannot access and that it is difficult to ascertain the event/diagnosis criteria for the measure using Medicaid data (e.g., has not passed a hearing screening as indicated by Fail/Refer). The WGM explained that their state has tried to use administrative claims data to track those who have not received follow up; however, because data are transmitted to EHDI by facility or provider, and not billed to Medicaid, the state has had challenges identifying gaps in care for improvement with this measure.

Response 3: The WGM pointed out that this measure uses EHR data and only two states reported the measure for FFY 2019 reporting.

Actionability and Strategic Priority

Response 1: None identified by this WGM.

Response 2: None identified by this WGM.

Response 3: The WGM pointed out that data are reported for all populations by CDC (however, data are not available for Medicaid). The national summary data are available at: https://www.cdc.gov/ncbddd/hearingloss/2018-data/01-data-summary.html.

Other Considerations

Response 1: The WGM noted that all states will not be able to report an EHR-based performance measure by FFY 2024, since access and completeness continue to be a challenge. The WGM noted that in 2019 only two states were able to report the measure rate (although neither state used the Core Set specifications).

Response 2: The WGM commented that the prevalence of this condition [failed hearing screenings] is very low and achieving meaningful state-level variance will be very difficult for quality improvement activities. Furthermore, the WGM pointed out that only two states are currently reporting this measure (FFY 2019), and that all states will not be able to report by FFY 2024. Lastly, the WGM outlined that there are three milestones in the guidelines for Early Hearing Detection and Intervention Programs (EHDI): (1) for the infants who fail the newborn hearing screening to have a repeat screening by one month of age; (2) for those who fail the newborn hearing screening by one month of age to have a diagnostic test for hearing by three months of age; and (3) for those infants who are diagnosed with hearing loss to have a referral to early intervention and enrollment by six months of age. The WGM noted that it is unclear why the measure being used to represent the entire program is in milestone #2. This WGM noted that their state has worked with health plans to use claims data to try and track children who have not had a screen, only to find the child did actually receive the screen and that the information was provided to EHDI but a claim was not submitted to Medicaid.

Response 3: The WGM noted that CMS and CDC are discussing whether it would be possible to obtain state data from CDC's EHDI Program. According to the WGM, CDC is working with states to report patient-level data and expects to have data for more than half the states by Fall 2021. The WGM noted that the payer variable is not required; however, most states are reporting payer for some infants. The WGM also noted that it is unclear if the remaining states that are not currently reporting patient-level data to CDC will be able to do so by 2024.

Core Set Reporting History

Year added to Core Set	2016
Number of states reporting the measure for FFY 2019	Two states (both states indicated substantial deviations from the Core Set specifications)
Was the measure publicly reported for FFY 2019?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Challenges noted by states in reporting the measure for FFY 2019	Data not available (32 states) due primarily to data source not easily accessible or information not collected. States also noted: • State cannot report on EHR data at this time. • Information not collected by MCOs, health plans, or providers. • Limited state resources. • LOINC codes needed for the denominator are not collected.
Other	One WGM noted that reconsideration of this measure by the Workgroup should take into account CMS's progress in working to identify an alternate data source (other than EHR). It will be important that these data are available for all states and include payer information, so that it accurately reflects the Medicaid and CHIP population for Core Set reporting. Over the past year, CMCS has not identified an alternate data source for this measure (other than EHR). Thus, states will be responsible for reporting this measure as part of the Child Core Set.

CARE OF ACUTE AND CHRONIC CONDITIONS

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)**
Description	Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Core Set	Child Core Set
Core Set domain	Care of Acute and Chronic Conditions
Measure type	Outcome
If measure is removed, does it leave a gap in the Core Set?	The Workgroup member (WGM) indicated that removing this measure would not leave a gap in the Child Core Set. The WGM suggested that specific measures around ED use for high-cost and highly prevalent conditions is preferred over a general measure of all ED usage. The WGM suggested two measures to replace this measure.
Has another measure been proposed for substitution (new or existing measure)?	• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Note: This measure was suggested for addition to the Child Core Set for ages 13-17; this measure is currently in the Adult Core Set [FUA-AD] and the Health Home Core Set [FUA-HH]) • Follow-Up After Emergency Department Visit for Mental Illness (Note: This measure was suggested for addition to the Child Core Set for ages 6-17; this measure is currently in the Adult Core Set [FUM-AD])
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Affordability and Efficiency (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	• Medicaid & CHIP Scorecard • Medicare Medicaid Financial Alignment Initiative (FAI) Demonstration

FFY 2021 Technical Specifications	
Ages	Age 19 and younger as of the date of service.
Data collection method	Administrative.
Denominator	Number of beneficiary months. Beneficiary months are a beneficiary's "contribution" to the total yearly enrollment. Beneficiary months are calculated by summing the total number of months each beneficiary is enrolled in the program during the measurement year.
Numerator	Number of ED visits: Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit.
Exclusions	• Exclude ED visits for mental health or chemical dependency. • Exclude ED visits that result in an inpatient stay. • Exclude beneficiaries in hospice from the eligible population.
Continuous enrollment period	None.
Allowable gap	None.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

None identified by the WGM.

Actionability and Strategic Priority

The WGM suggested that having a measure of overall ED use without the ability to analyze the conditions driving the ED use is not very helpful for quality improvement initiatives.

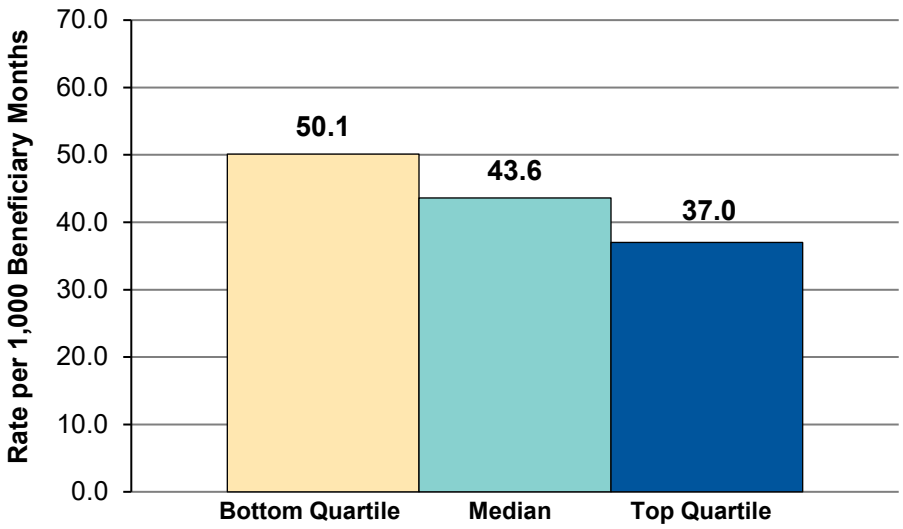
Other Considerations

The WGM noted that they suggested two other measures that address quality of care following an ED visit that align with current Adult Core Set measures. The WGM noted that having measures that span across both the Child and Adult Core Sets (where possible) provides an opportunity for quality improvement and a greater understanding of the overall quality of care for Medicaid and CHIP beneficiaries.

This measure was suggested for retirement by the measure steward for measurement year 2020. The measure was retired from the Medicare and commercial lines of business. The measure was retained for Medicaid because of its inclusion in the Child Core Set. The measure steward noted that it is their intention to retire the AMB measure for Medicaid at some point and explore the addition of the Medicaid product line to the existing Emergency Department Utilization and Acute Hospital Utilization measures.

Core Set Reporting History	
Year added to Core Set	2010 (Initial Child Core Set)
Number of states reporting the measure for FFY 2019	47 states (all states reported calculating the measure using Core Set specifications)
Was the measure publicly reported for FFY 2019?	Yes (see next page for FFY 2019 data)
Is the measure on the Medicaid & CHIP Scorecard?	Yes
Challenges noted by states in reporting the measure for FFY 2019	The two states unable to report the measure noted that it was because of limited state resources. (Note that two additional states did not report any Child Core Set measures for FFY 2019.)

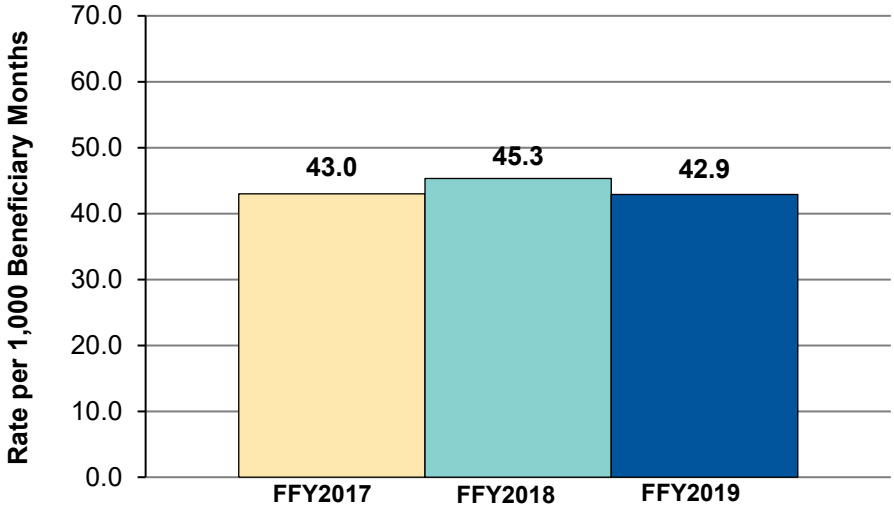
Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19, FFY 2019 (n = 47 states) [Lower rates are better for this measure]



Source: 2020 Child Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf.

Notes: This measure shows the rate of emergency department visits per 1,000 beneficiary months among children up to age 19. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

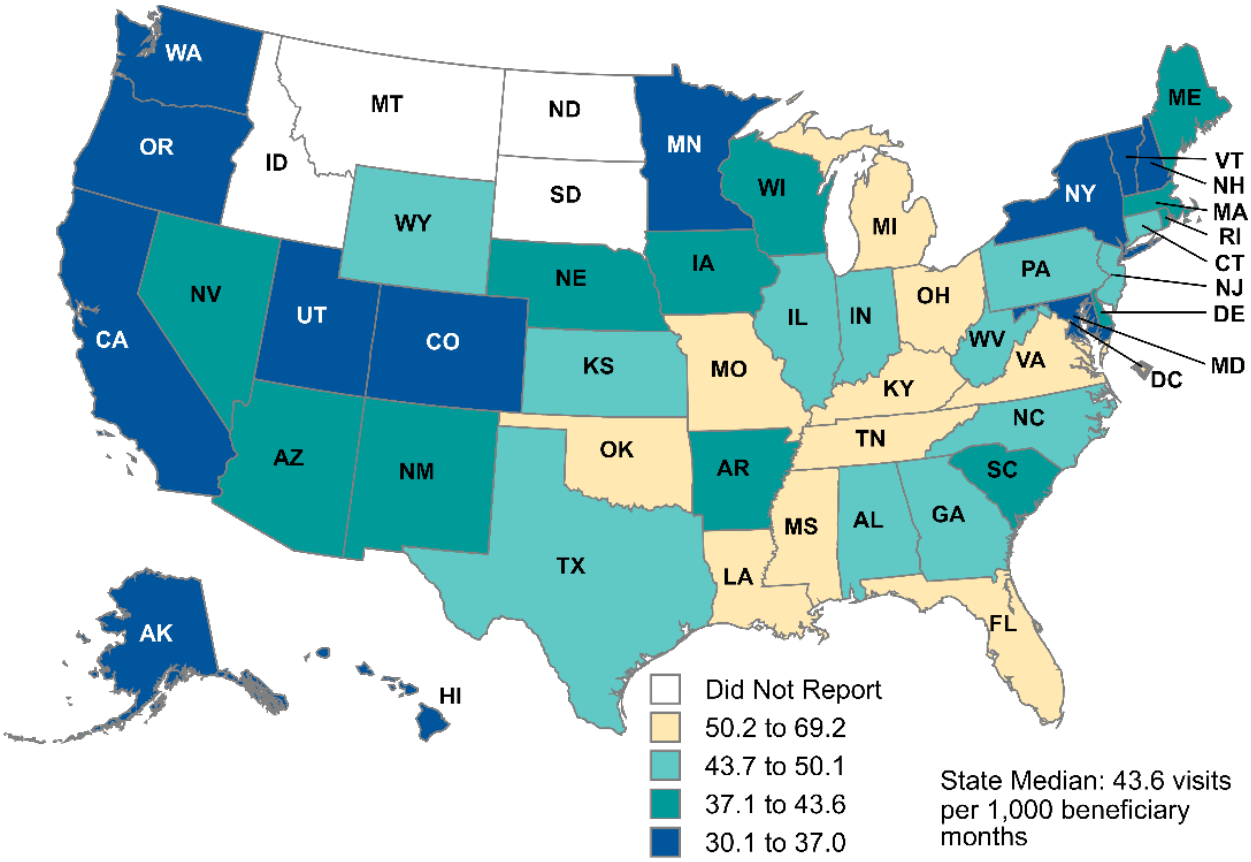
Trends in State Performance, FFY 2017 to FFY 2019: Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) [Lower rates are better for this measure]



Source: 2020 Child Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf.

Notes: This chart includes the states that reported the measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used. Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

Geographic Variation in the Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19, FFY 2019 (n = 47 states) [Lower rates are better for this measure]



Source: 2020 Child Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

BEHAVIORAL HEALTH CARE

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)**
Description	Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0004
Core Set	Adult Core Set
Core Set domain	Behavioral Health Care
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	The Workgroup member (WGM) indicated that removing this measure would not leave a gap. The WGM noted that other measures address several components of this measure already (e.g., Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence [FUA-AD] and Use of Pharmacotherapy for Opioid Use Disorder [OUD-AD]) so this measure is now duplicative.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the Core Set?	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) and Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
Meaningful Measures area of measure	Behavioral Health (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	• Medicaid & CHIP Scorecard • Medicaid Health Home Core Set • Merit-based Incentive Payment Systems (MIPS) • Medicare Medicaid Financial Alignment Initiative (FAI) Demonstration • Marketplace Quality Rating System (QRS) • Promoting Interoperability (PI) Program • Medicaid State Directed Payment Programs (where applicable)

FFY 2021 Technical Specifications	
Ages	Age 18 and older as of December 31 of the measurement year.
Data collection method	Administrative or electronic health records (EHR).
Denominator	Beneficiaries with a new diagnosis of AOD abuse or dependence (the eligible population). The denominator is stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; total AOD abuse or dependence.
Numerator	Beneficiaries who received AOD treatment: • Within 14 days of diagnosis (Initiation of AOD treatment rate) • Within 34 days of the initiation event (Engagement of AOD treatment rate) where either of the following criteria are met: – The initiation of AOD treatment event was a medication treatment event, and the beneficiary received two or more engagement events, only one of which was a medication treatment event. – The initiation of AOD treatment event was not a medication treatment event, and the beneficiary received at least one engagement medication treatment event or at least two engagement visits. The numerator is also stratified by four diagnosis cohorts: alcohol abuse or dependence; opioid abuse or dependence; other drug abuse or dependence; total AOD abuse or dependence.
Exclusions	Exclude beneficiaries with any of the following: • Initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year. • Exclude beneficiaries in hospice from the eligible population.
Continuous enrollment period	60 days (two months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days).
Allowable gap	No allowable gaps in the continuous enrollment period.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

None identified by the WGM.

Actionability and Strategic Priority

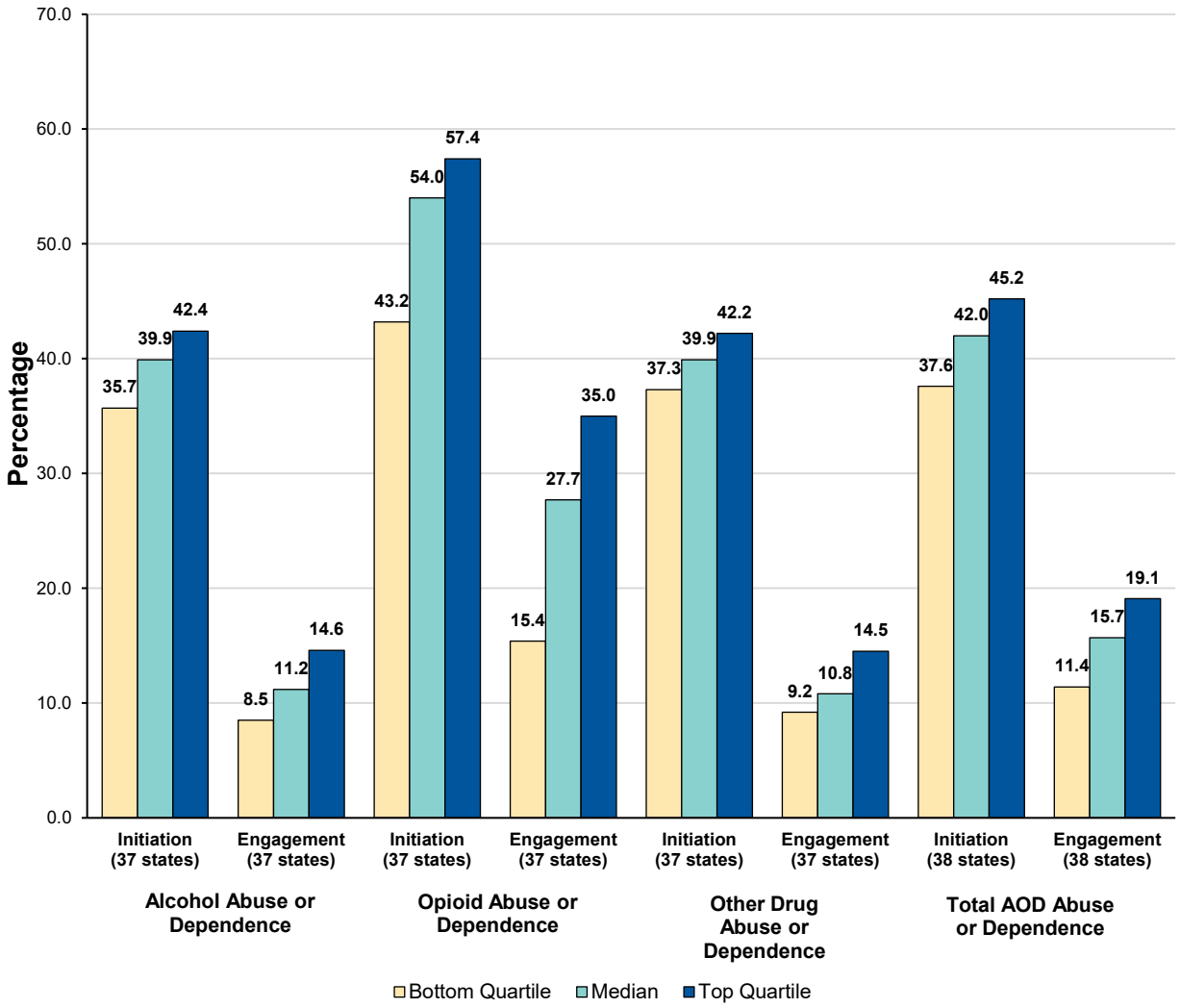
The WGM indicated that this measure's result is reflected in other measures (FUA-AD and OUD-AD) and is therefore duplicative. The WGM noted that the other measures currently in the Adult Core Set are more specific to the treatment of substance use disorders.

Other Considerations

None identified by the WGM.

Core Set Reporting History	
Year added to Core Set	2013 (Initial Adult Core Set)
Number of states reporting the measure for FFY 2019	38 states (all states reported calculating the measure using Core Set specifications)
Was the measure publicly reported for FFY 2019?	Yes (see following pages for FFY 2019 data)
Is the measure on the Medicaid & CHIP Scorecard?	Yes
Challenges noted by states in reporting the measure for FFY 2019	Among the eight states not reporting the IET-AD measure for FFY 2019, the following reasons were noted: • Data not available due to staff constraints or data inconsistencies/accuracy. • State is piloting metric for future year reporting. • MCOs only cover limited substance abuse treatment services, and the bulk are carved out of managed care. Therefore, the MCOs do not collect this data. • This measure is not currently within the state's strategic quality measures initiative. • The state's managed care contract does not require the MCOs to collect data for this measure. Note that five states did not report any Adult Core Set measures for FFY 2019.
Other	Changes proposed by the measure steward for measurement year 2022 (the 2023 Core Set) include: • Change the measure from "member-based" to "episode-based." • Lengthen the negative substance use disorder (SUD) lookback period from 60 days to 180 days. • Stratify the "total" rate by an indicator of "behavioral health complexity." • Remove the numerator requirement that pharmacotherapy be accompanied by psychosocial treatment. • Count each new episode of SUD treatment in only one diagnosis cohort, rather than in every cohort on the index claim. More information is available at: https://www.ncqa.org/wp-content/uploads/2021/02/11.-IET.pdf

Percentage of Adults* Age 18 and Older with a New Episode of Alcohol or Other Drug Abuse or Dependence who: (1) Initiated Treatment within 14 Days of Diagnosis, and (2) Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days of the Initiation Visit, FFY 2019

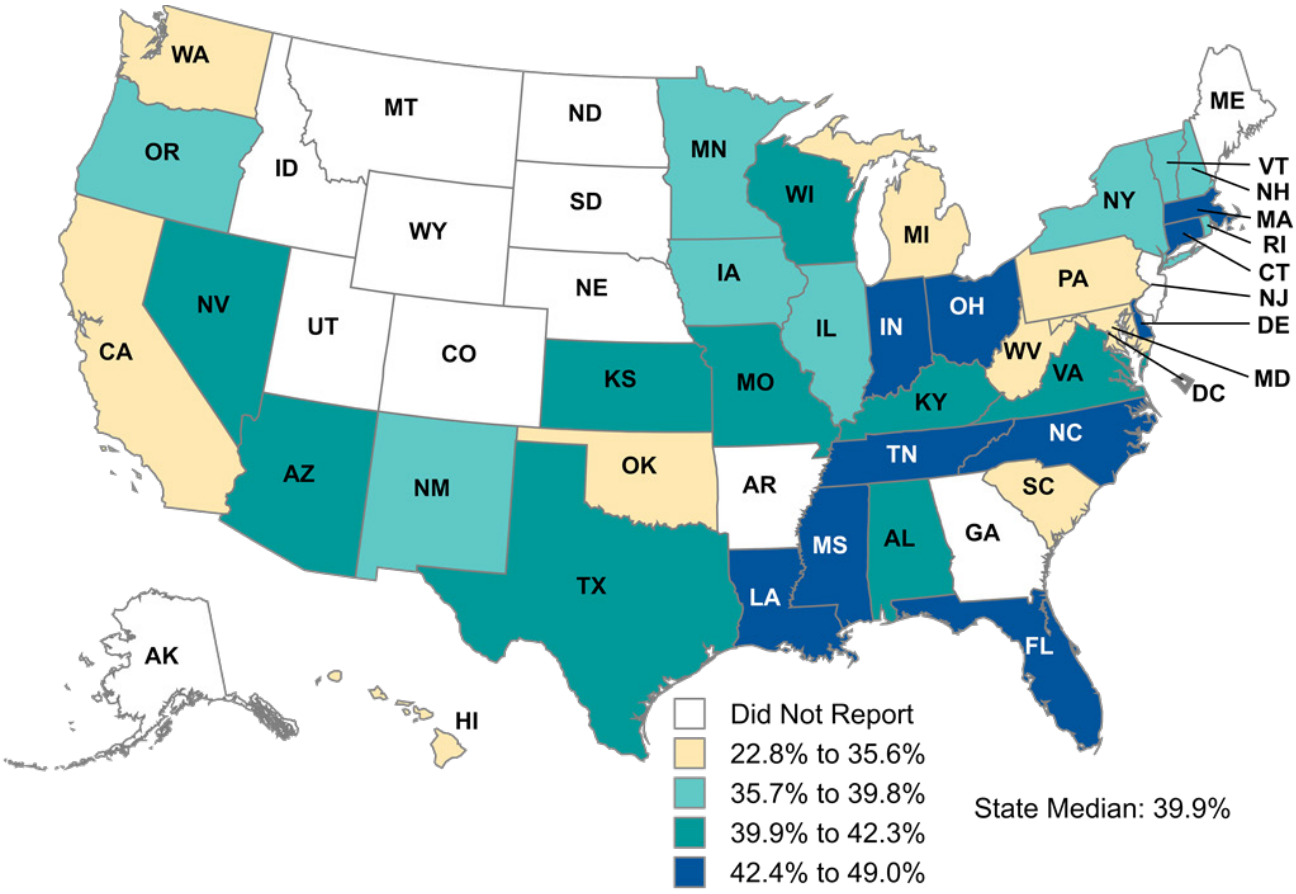


Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

Notes: This measure shows the percentage of adults age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis (initiation rate); and (2) initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit (engagement rate).

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 11 states.

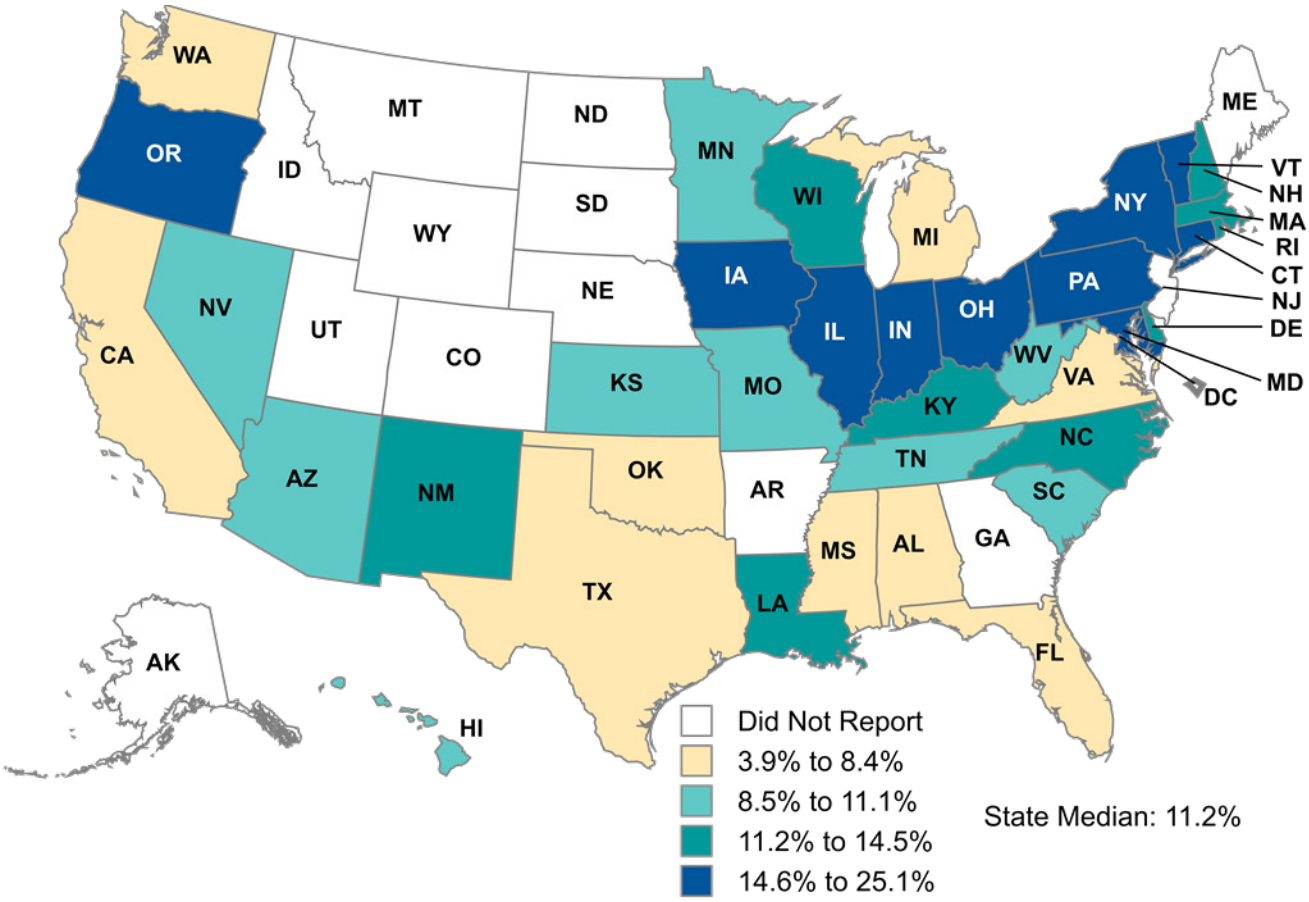
Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2019 (n = 37 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Alcohol Abuse or Dependence Treatment rate.
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

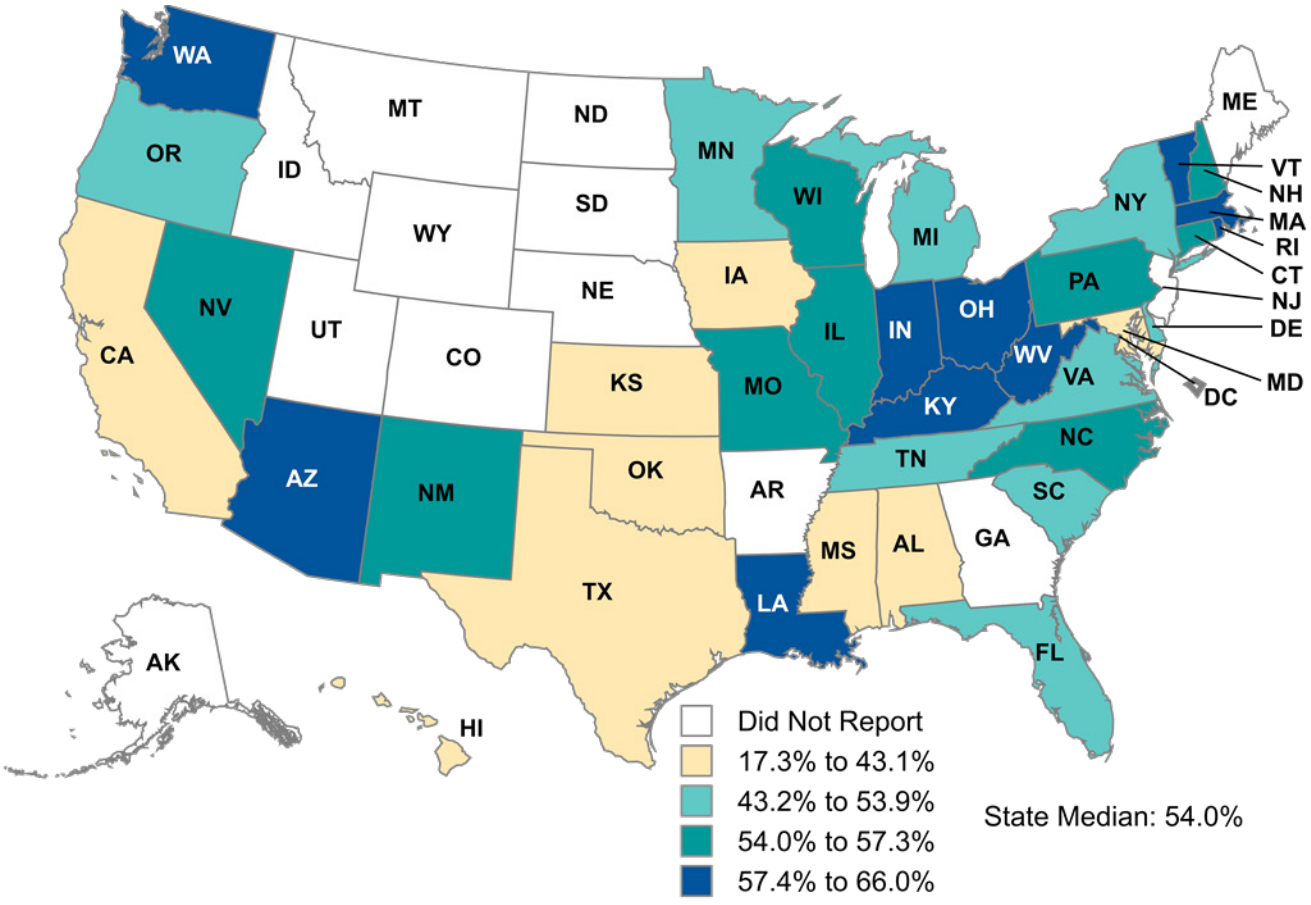
Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days, FFY 2019 (n = 37 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Alcohol Abuse or Dependence Treatment rate.
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

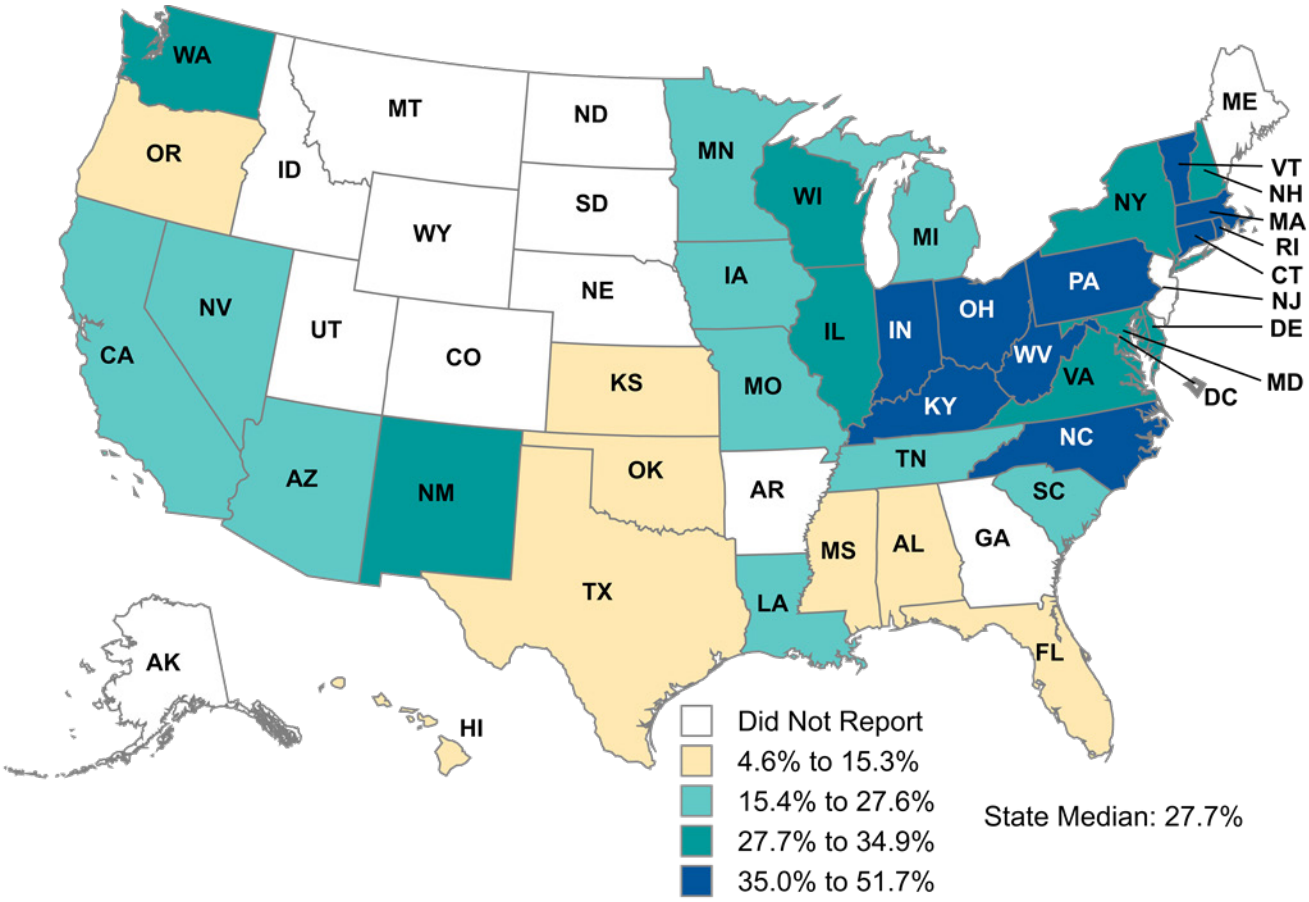
Geographic Variation in Percentage of Adults* with a New Episode of Opioid Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2019 (n = 37 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Opioid Abuse or Dependence Treatment rate.
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

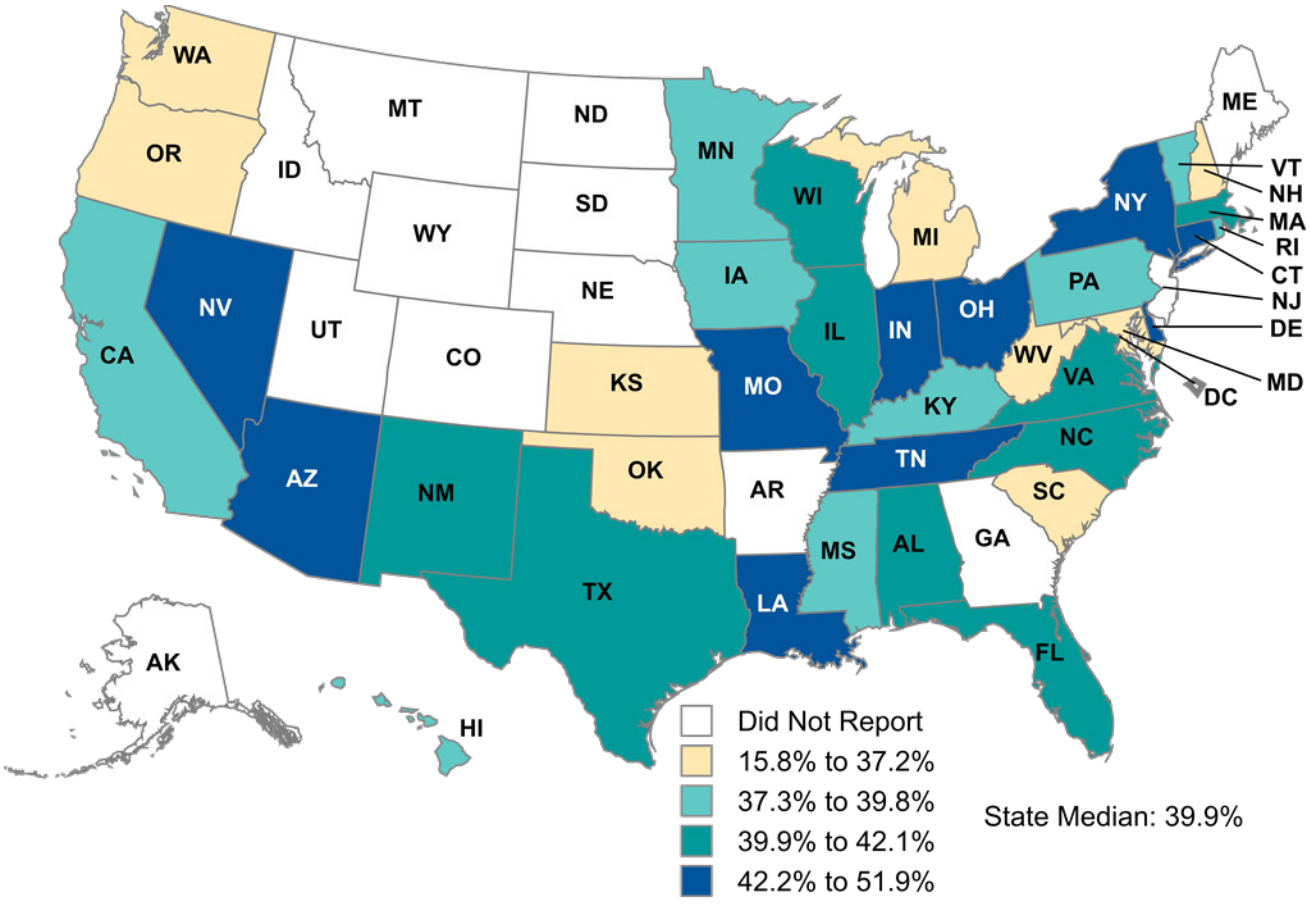
Geographic Variation in the Percentage of Adults* with a New Episode of Opioid Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days, FFY 2019 (n = 37 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Opioid Abuse or Dependence Treatment rate.
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

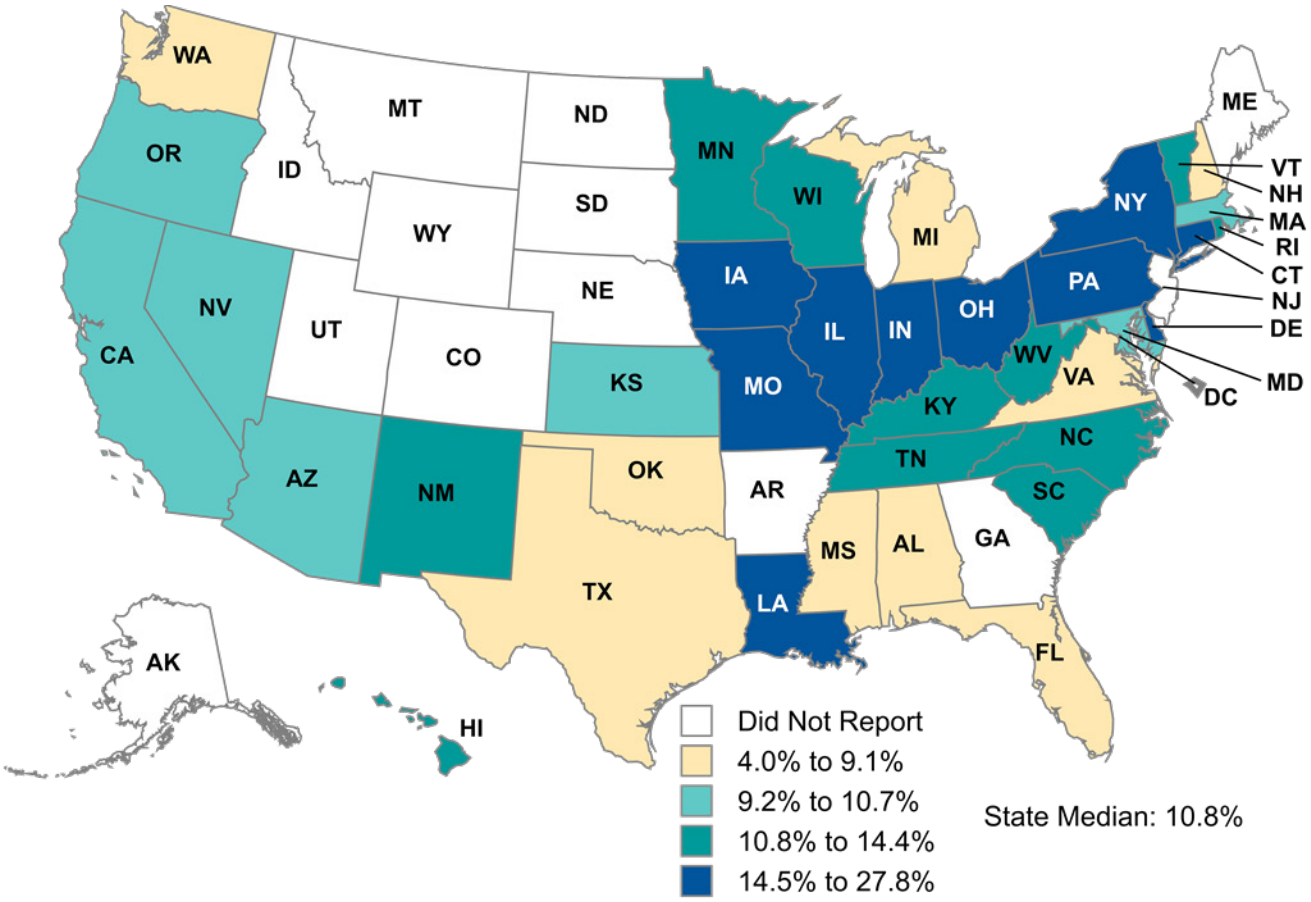
Geographic Variation in Percentage of Adults* with a New Episode of Other Drug Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2019 (n = 37 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Other Drug Abuse or Dependence Treatment rate.
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

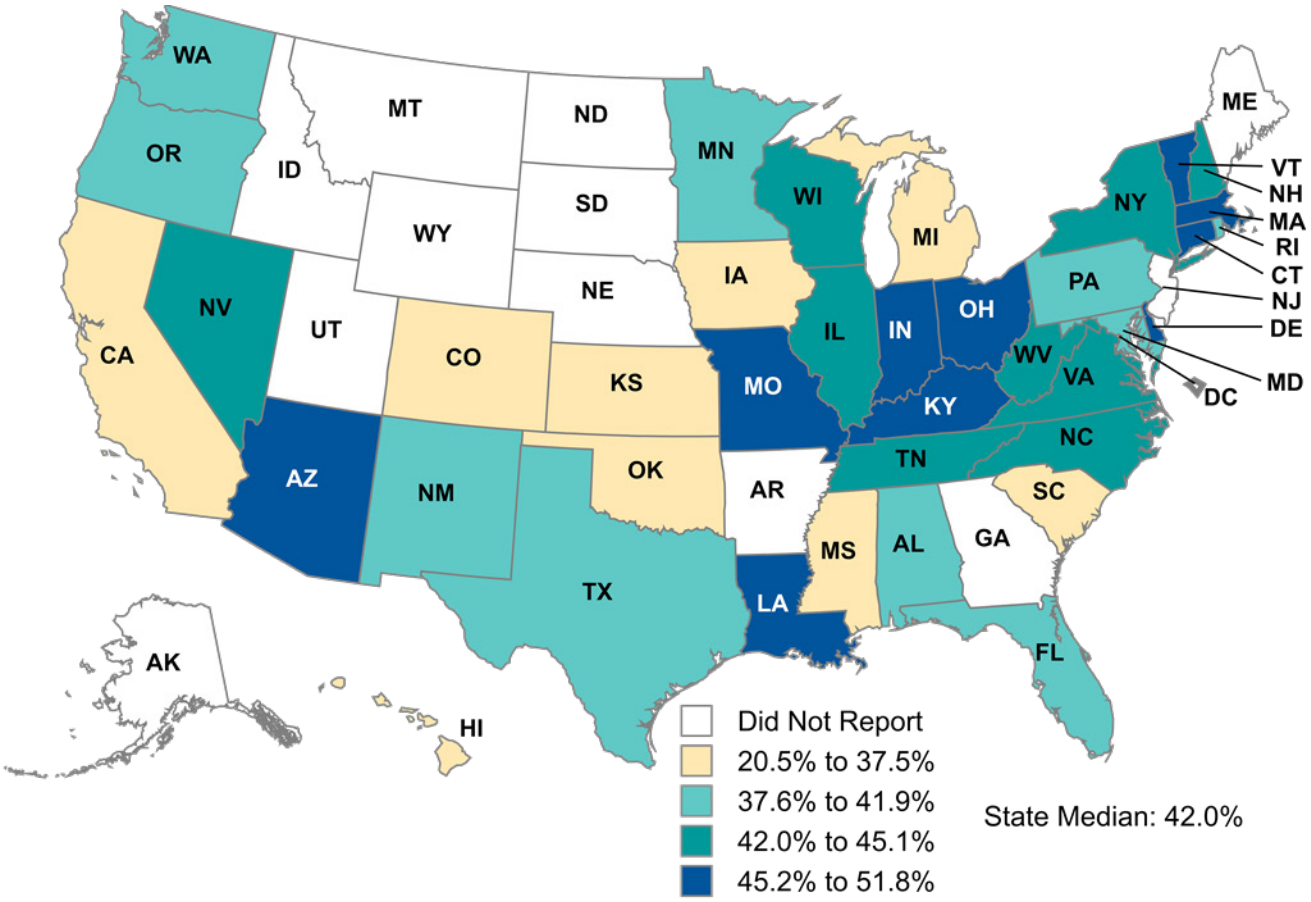
Geographic Variation in the Percentage of Adults* with a New Episode of Other Drug Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days, FFY 2019 (n = 37 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.

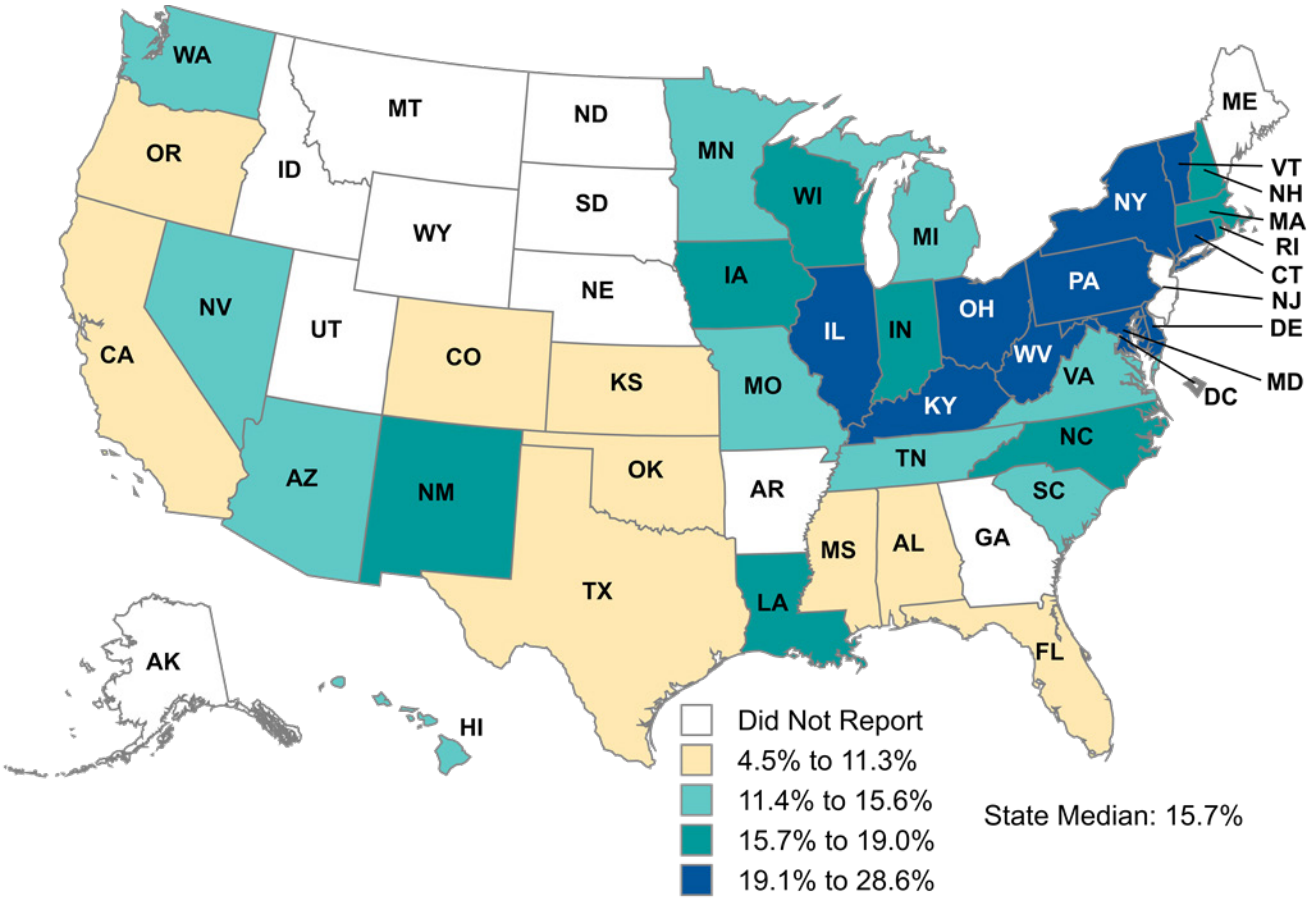
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Other Drug Abuse or Dependence Treatment rate.
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment within 14 Days (Total Rate), FFY 2019 (n = 38 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.
*Data displayed in this chart include adults ages 18 to 64 for 28 states and age 18 and older for 10 states.

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days (Total Rate), FFY 2019 (n = 38 states)



Source: 2020 Adult Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-chart-pack.pdf.
*Data displayed in this chart include adults ages 18 to 64 for 28 states and age 18 and older for 10 states.

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)**
Description	The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation: • **Advising Smokers and Tobacco Users to Quit.** A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year. • **Discussing Cessation Medications.** A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. • **Discussing Cessation Strategies.** A rolling average represents the percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0027
Core Set	Adult Core Set
Core Set domain	Behavioral Health Care
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	Yes, the Workgroup member (WGM) recommends replacing the measure with an alternative tobacco measure so as not to leave a gap.
Has another measure been proposed for substitution (new or existing measure)?	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028)
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Behavioral Health (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	• Marketplace Quality Rating System (QRS) • Medicaid State Directed Payment Programs (where applicable)

FFY 2021 Technical Specifications	
Ages	Age 18 and older as of December 31 of the measurement year.
Data collection method	Survey. Collected as part of the CAHPS Health Plan Survey 5.0H/5.1H, Adult Version using a two-year rolling average methodology.
Denominator	**Advising Smokers and Tobacco Users to Quit (Denominator)** The number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator: • Q32: "Do you now smoke cigarettes or use tobacco every day, some days, or not at all?" = "Every day" or "Some days" • Q33: "In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?" = "Never" or "Sometimes" or "Usually" or "Always" **Discussing Cessation Medications (Denominator)** The number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator: • Q32 = "Every day" or "Some days" • Q34: "In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication." = "Never" or "Sometimes" or "Usually" or "Always" **Discussing Cessation Strategies (Denominator)** The number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator: • Q32 = "Every day" or "Some days" • Q35: "In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program." = "Never" or "Sometimes" or "Usually" or "Always" Note: This measure uses a two-year rolling average to calculate the three rates. If the denominator is less than 100 across the two years, the rates are not calculated. If the state did not report results for the current year, the rates are not calculated. If the state did not report results in the previous year and achieves a denominator of 100 or more in the current year, the rates are calculated.

Numerator	**Advising Smokers and Tobacco Users to Quit (Numerator)** The number of beneficiaries in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering "Sometimes" or "Usually" or "Always" to Q33: "In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?" **Discussing Cessation Medications (Numerator)** The number of beneficiaries in the denominator who indicated that their doctor or health provider recommended or discussed cessation medications by answering "Sometimes" or "Usually" or "Always" to Q34: "In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication." **Discussing Cessation Strategies (Numerator)** The number of beneficiaries in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies by answering "Sometimes" or "Usually" or "Always" to Q35: "In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program."
Exclusions	Not specified.
Continuous enrollment period	The last six months of the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

The WGM noted that three states began reporting this measure for the first time for FFY 2019, for a total of 23 states reporting.

The WGM acknowledged that CMS is conducting a pilot with 35 states to use CAHPS results from the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database for Core Set reporting. The WGM noted that the pilot has shown it is feasible to calculate the Medical Assistance with Smoking and Tobacco Use Cessation measure using the AHRQ CAHPS Database, although the data are incomplete due to lack of plan submissions for some states.

Actionability and Strategic Priority

None identified by the WGM.

Other Considerations

The WGM recommended replacing this measure with an alternative measure that is used by other CMS programs. The WGM also pointed out that currently 23 states report this measure, and it is unclear whether it will be possible for all states to produce the measure by FFY 2024.

Core Set Reporting History	
Year added to Core Set	2013 (Initial Adult Core Set)
Number of states reporting the measure for FFY 2019	23 states (one of the 23 states did not use Core Set specifications)
Was the measure publicly reported for FFY 2019?	No
Is the measure on the Medicaid & CHIP Scorecard?	No
Challenges noted by states in reporting the measure for FFY 2019	The most common reason was data not available (12 states) such as due to budget constraints, staff constraints, and data not collected. States also noted: • State performed the CAHPS survey. However, the responses associated with the reporting units within the state could not be generalized to a statewide response. • This measure is not currently within the state's strategic quality measures initiative. • While CAHPS is conducted in the adult population at the health plan level by each Medicaid managed care plan (MCO) in the state, the data are reflective of each MCO's adult enrollee population only. Each MCO sample frame is not the entire statewide adult Medicaid population. • A rolling average for the two-year period could not be accurately calculated, as data were available for FFY 2019 for only two of the three MCOs who reported CAHPS data for FFY 2018. • Not reported by external quality review organization. • Data are contained in the CAHPS reports for each plan. • This measure was not reported due to denominator less than 100. • A survey for the overall Medicaid population was not conducted.

DENTAL AND ORAL HEALTH SERVICES

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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	**Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)**
Description	Percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Core Set	Child Core Set
Core Set domain	Dental and Oral Health Services
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	Two Workgroup members (WGMs) suggested this measure for removal. Both suggested alternate measures, noting that removal of this measure would leave a gap. One of the WGMs noted that the current Child Core Set contains two dental measures (including the PDENT-CH measure) and that removing PDENT-CH without a replacement dental measure would leave a gap in child prevention measures generally, and specifically within the dental and oral health services domain. The WGM requested that this measure not be removed unless the proposed replacement measure (Prevention: Topical Fluoride for Children at Elevated Caries Risk) is added to the Child Core Set.
Has another measure been proposed for substitution (new or existing measure)?	One WGM proposed the Prevention: Topical Fluoride for Children at Elevated Caries Risk measure. The second WGM suggested the Oral Evaluation, Dental Services measure.
Is there another related measure in the Core Set?	No
Meaningful Measures area of measure	Wellness and Prevention (Note: The Meaningful Measures 2.0 Framework is still under development)
Use in other CMS programs	• Medicaid & CHIP Scorecard • Medicaid State Directed Payment Programs (where applicable) • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (Form CMS-416) reporting

FFY 2021 Technical Specifications	
Ages	Ages 1 to 20 as of September 30 of the federal fiscal year.
Data collection method	Administrative (Form CMS-416).
Denominator	The total unduplicated number of individuals ages 1 to 20 who have been continuously enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 days during the federal fiscal year and are eligible to receive EPSDT services.
Numerator	The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist, as defined by HCPCS codes D1000 - D1999 (or equivalent CDT codes D1000 - D1999 or equivalent CPT codes, that is, only those CPT codes that are for preventive dental services and only if provided by or under the supervision of a dentist), based on an unduplicated paid, unpaid, or denied claim. The numerator should be inclusive of services reimbursed directly by the state under fee-for-service, managed care, prospective payment, or any other payment arrangements, or through any other health or dental plans that contract with the state to provide services to Medicaid or CHIP Medicaid expansion beneficiaries, based on an unduplicated paid, unpaid, or denied claim.
Exclusions	Exclude individuals with any of the following: • Medically needy individuals ages 1 to 20 if the state does not provide EPSDT services for the medically needy population. • Individuals eligible for Medicaid only under a Section 1115 waiver as part of an expanded population for which the full complement of EPSDT services is not available. • Undocumented aliens who are eligible only for emergency Medicaid services. • Children in separate state CHIP programs. • Groups of individuals ages 1 to 20 who are eligible only for limited services as part of their Medicaid eligibility (for example, pregnancy-related services).
Continuous enrollment period	Eligible for EPSDT services for at least 90 continuous days during the federal fiscal year.
Allowable gap	None.

Reasons for Removal Noted by Workgroup Member(s)

Minimum Technical Feasibility Criteria

One WGM noted that PDENT-CH may be subject to inconsistencies in calculations due to the broad set of codes used to calculate the measure, including the nonspecific code D1999. The WGM pointed out that although PDENT-CH has been reported extensively for EPSDT state and national reporting, this WGM is unaware of rigorous testing of the measure to establish the reliability and consistency of calculations across states, nor testing to evaluate whether the numerator may be subject to variation across states due to differences in coding, covered benefits, or data completeness.

Actionability and Strategic Priority

One WGM noted that there is evidence that specific preventive services, in particular sealants and topical fluoride applications, which are included within the broad set of services contained within PDENT-CH, lead to improved evidence-based quality of care and improved outcomes. This WGM indicated, however, that they are unaware of evidence that 'prevention' defined broadly with the array of different types of services included in PDENT-CH leads to quality improvement. This WGM suggested that it is possible that an improvement in the measure score may not reflect an increase in evidence-based preventive services, which have been shown to improve oral health outcomes.

Other Considerations

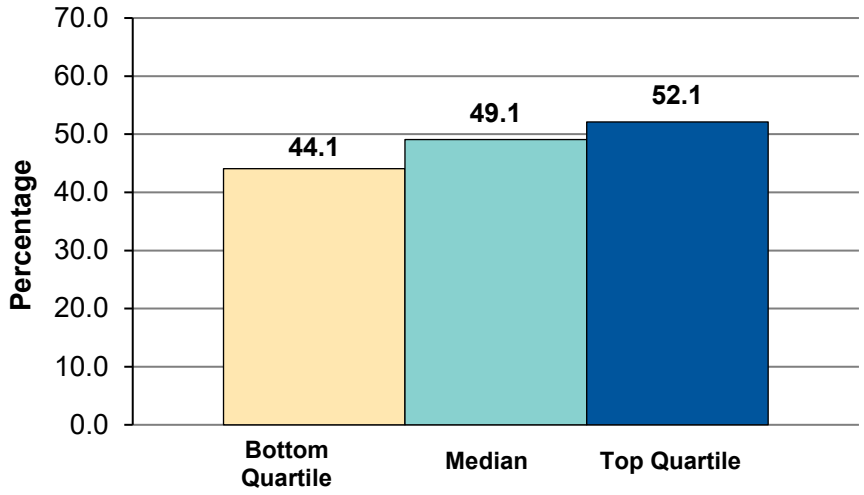
One WGM noted that although PDENT-CH may have some potential to drive change in state Medicaid programs, the measure is so broadly defined that it may not serve as a valid and reliable indicator of quality of care. They pointed out that the numerator of this measure includes all procedures within the range of CDT codes D1000 - D1999, which capture a range of "preventive services," including space maintainers and "unspecified preventive procedure," as a means of assessing utilization of dental preventive services, but does not provide an indication of whether the beneficiaries received recommended evidence-based preventive services. Furthermore, the WGM noted that the COVID-19 pandemic highlighted validity and reliability shortcomings of PDENT-CH associated with having an overly broad measure that does not target specific preventive dental services. The WGM noted that services related to the use of personal protective equipment are being coded using D1999 ("unspecified preventive procedure"), which falls within the range of procedures included in the calculation of PDENT-CH.

The WGM acknowledged that PDENT is definitely an improvement over an "any dental services" measure by focusing on prevention. However, the WGM stated that to more effectively drive quality improvement efforts focused on evidence-based preventive services with demonstrated impact on reducing dental caries in children, more targeted measures are required. The WGM indicated that the proposed topical fluoride measure suggested for addition to the 2022 Child Core Set focuses on a specific evidence-based prevention intervention and aligns with and can support CMS's recently launched "Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative," which is targeting improving the delivery of fluoride varnish.

The other WGM indicated that they had suggested PDENT-CH for removal in favor of an alternate dental measure, Oral Evaluation, Dental Services. The WGM indicated that this alternate measure would be preferable, since the PDENT specifications include codes that would not indicate an evaluation of oral health.

Core Set Reporting History	
Year added to Core Set	2010 (Initial Child Core Set)
Number of states reporting the measure for FFY 2019	51 states
Was the measure publicly reported for FFY 2019?	Yes (see page after next for FFY 2019 data)
Is the measure on the Medicaid & CHIP Scorecard?	Yes
Challenges noted by states in reporting the measure for FFY 2019	None. States report this measure via the Form CMS-416, and do not report challenges with the measure. To reduce state reporting burden and to standardize calculation of the measure across states, CMS tested replication of the Form CMS-416 using T-MSIS data (including the PDENT-CH measure). CMS is giving states the option of having CMS produce the Form CMS-416 beginning with the FFY 2020 submission due April 2021.

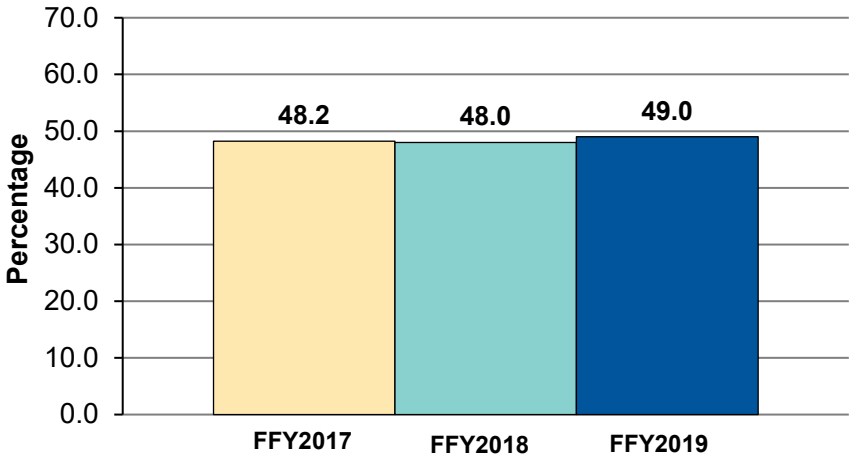
Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2019 (n = 51 states)



Source: 2020 Child Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf.

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

Trends in State Performance, FFY 2017 to FFY 2019: Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)

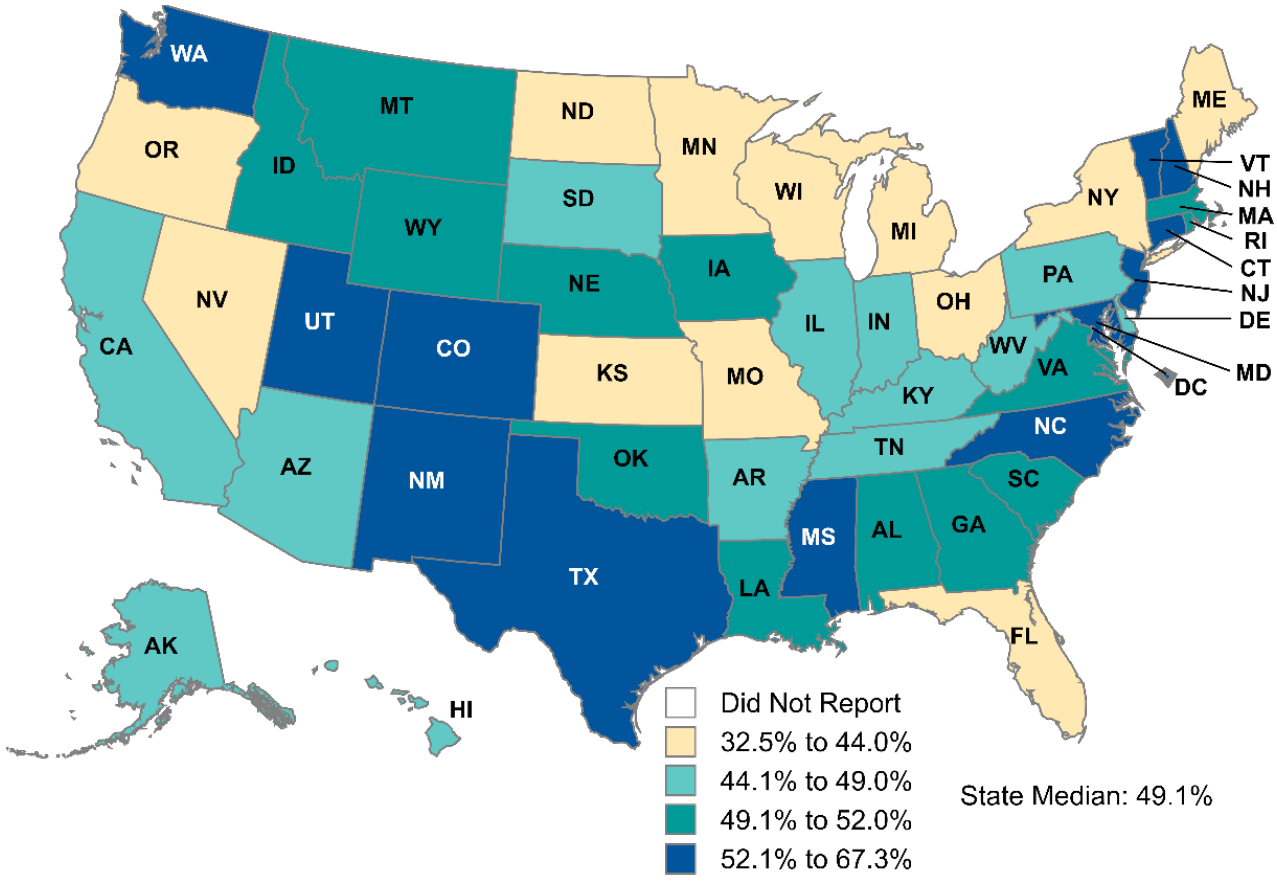


Percentage of Eligibles who Received Preventive Dental Services (50 states) Median

Source: 2020 Child Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf.

Note: This chart includes the states that reported each measure using Child Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2019 (n = 51 states)



Source: 2020 Child Core Set Chart Pack, FFY 2019 available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-chart-pack.pdf.