

Child and Adult Core Set Stakeholder Workgroup

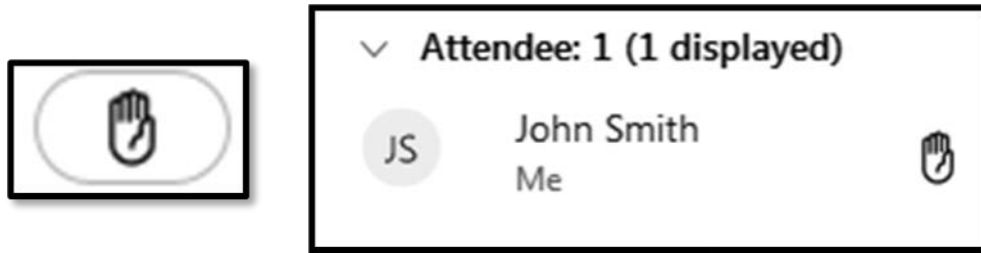
Meeting to Review Measures for the 2023 Core Sets
Day 1

April 5, 2022

To Make Comments or Ask Questions During the Webinar

- During the webinar, there will be opportunities for Workgroup member comments or public comment.
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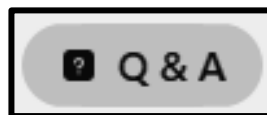


- You will be unmuted in turn. Please wait for your cue to speak and lower your hand when you have finished speaking.
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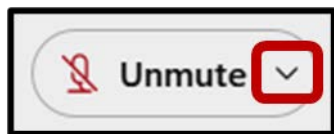


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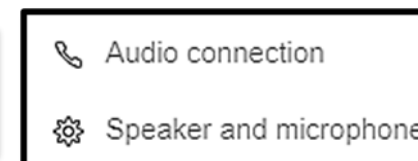


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 - Audio settings can be accessed using the menu buttons below.

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Welcome and Meeting Objectives

Mathematica Project Team

- **Project director: Margo Rosenbach**
- **Research, analytics, and logistics team: Chrissy Fiorentini, Dayna Gallagher, Patricia Rowan, Alli Steiner, Kathleen Shea, Kate Nilles, Jessica Rosenblum, and Morgan Lee**
- **Communications support: Christal Stone Valenzano and Derek Mitchell**
- **Writing support: Megan Thomas and Jenneil Magpantay, Aurrera Health Group**

Meeting Objectives

- Review measures suggested for removal from or addition to the Child and Adult Core Sets
- Recommend updates to the Child and Adult Core Sets
- Discuss gap areas and areas for future measure development
- Provide opportunities for public comment

Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interests

- 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

Workgroup Roll Call

- Please use the “Raise Hand” feature to be unmuted during introductions
- Please mute yourself after speaking
- Workgroup members will now be able to mute and unmute themselves during discussion
- If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted

2023 Core Set Annual Review Workgroup

Voting Members

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

2023 Core Set Annual Review Workgroup *(cont'd.)*

Voting Members

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

2023 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

Office of The Assistant Secretary for Planning and Evaluation

Office of Disease Prevention and Health Promotion

Office of Minority Health

Substance Abuse and Mental Health Services Administration

U.S. Department of Veteran Affairs

Advancing Health Equity Through the Child and Adult Core Sets

CMCS Remarks

**Dan Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services**

**Elizabeth Clark, Acting Director
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services**

Topics for Workgroup Discussion

- **Opportunities to advance health equity through the Core Sets**
 - Drivers of health measures
 - Stratification of measures
 - Other strategies

Opportunity for Public Comment

Break

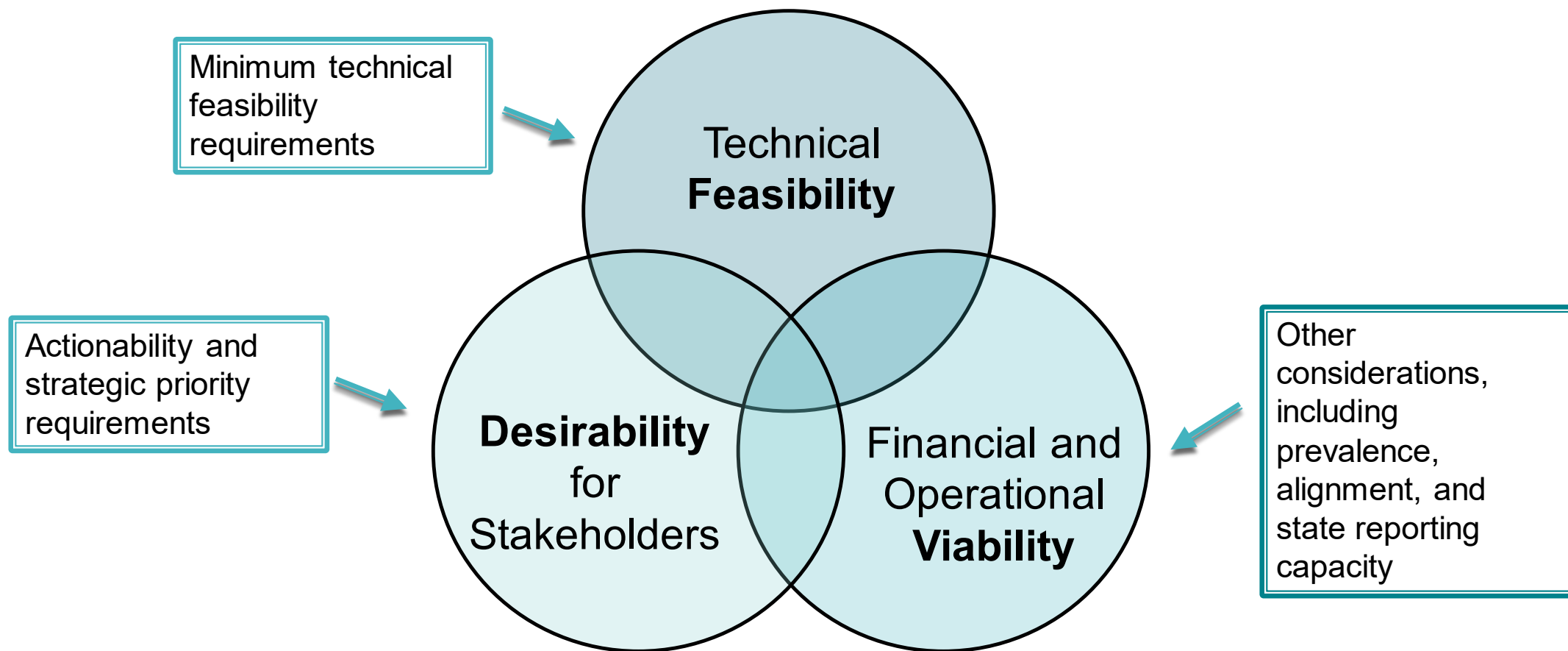
Approach to Measure Review and Voting

Purpose of the Child and Adult Core Sets and Workgroup Charge

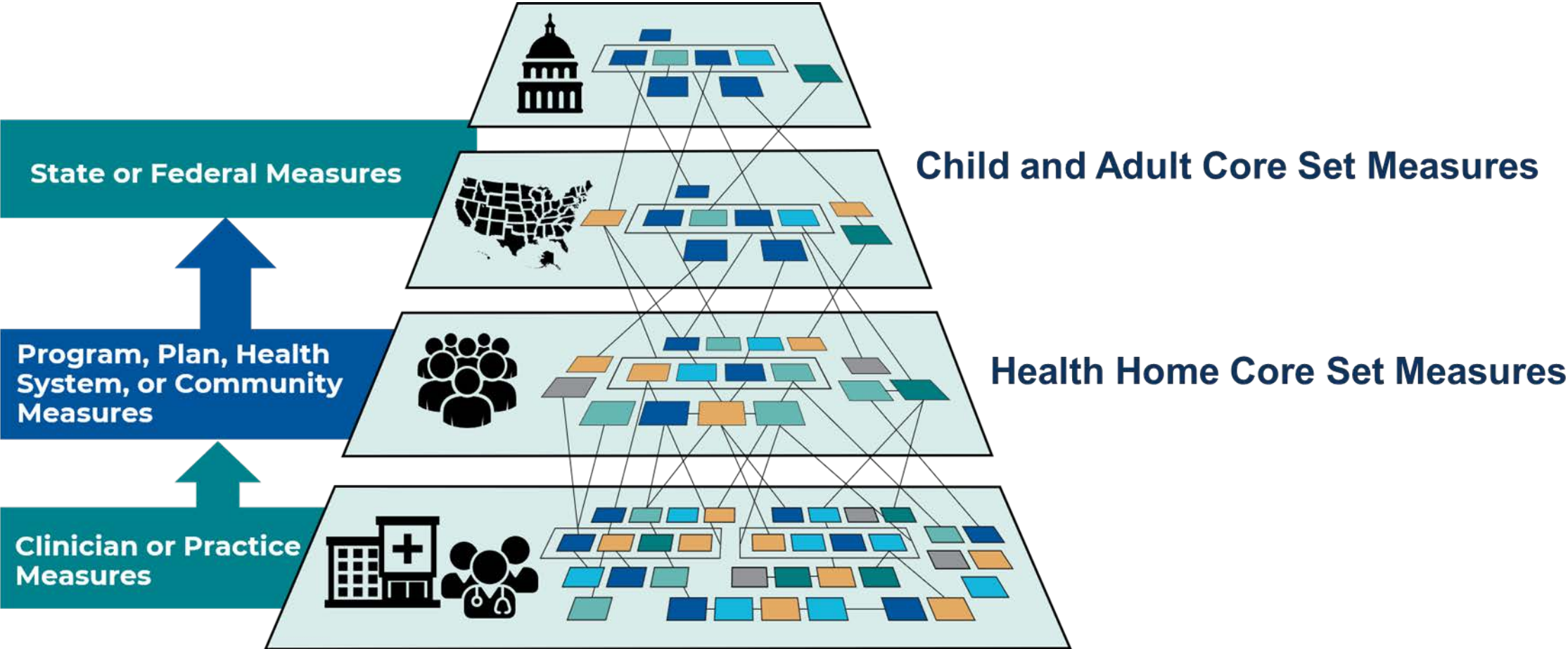
- The Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP
- The Core Sets help CMS and states:
 - Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries
 - Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries
- CMS encourages states to use Core Set data to identify disparities in care and to develop targeted quality improvement efforts to advance health equity
- **Charge to the 2023 Core Set Annual Review Workgroup:** Assess measures for removal and addition in order to strengthen and improve the Core Sets

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

Recap of the Framework for Assessing Measures



Alignment Across Multiple Levels to Facilitate Quality Improvement



Level-Setting about the Child and Adult Core Sets

- **The 2022 Child Core Set includes 25 measures and the 2022 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 19 (out of 24) Child Core Set measures and 22 (out of 33) Adult Core Set measures for FFY 2020**
 - 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 existing administrative data
 - New or revised measures are often reported with a lag as states require time to “ramp up” for reporting

Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2020-core-set-reporting.pdf>.

Level-Setting *(cont'd.)*

- **The current Core Sets contain seven 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
 - Long-Term Services and Supports
- **The Core Sets and domains are not assigned by the Workgroup**
 - Note that some measures cut across the Child and Adult Core Sets

Level-Setting *(cont'd.)*

- **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 publicly available information and information from measure stewards as of March 2022**
 - Measures may undergo updates and the measure information sheets may not reflect the measure specifications for 2023 reporting
- **This reflects the evolving nature of quality measurement in health care**

Level-Setting *(cont'd.)*

- **Additional context for the 2023 Core Set Annual Review**
 - Preparation for mandatory reporting in 2024 of all Child Core Set measures and behavioral health measures in the Adult Core Set by all states for all Medicaid and CHIP populations (including managed care and fee-for-service delivery systems as well as dually eligible beneficiaries)
 - Use of alternate data sources to reduce state burden and improve measure completeness, consistency, and transparency
 - Increasing emphasis on digital measures and supplemental data sources

Meeting Logistics

Criteria for Assessing Measures for Addition: Minimum Technical Feasibility Requirements

1. The measure must be **fully developed** and have **detailed technical specifications** that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).
2. The measure must have been **tested in state Medicaid and/or CHIP programs** or **be in use by one or more state Medicaid and/or CHIP programs**.
3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
4. The specifications and data source must allow for **consistent calculations across states** (e.g., coding and data completeness).
5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Criteria for Assessing Measures for Addition: Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure can be used to estimate the **overall national quality of health care** in Medicaid and CHIP and to **perform comparative analyses of racial, ethnic, and socioeconomic disparities** among Medicaid and CHIP beneficiaries (as specified in the Statute).
2. The measure addresses a **strategic priority for improving health care delivery and outcomes** in Medicaid and CHIP.
3. The measure can be used to assess **state progress in improving health care delivery and outcomes** in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers).

Criteria for Assessing Measures for Addition: Other Considerations

1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.
2. The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
3. **All states must be able to produce the measure by the FFY 2024 Core Set reporting cycle** and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems). The FFY 2024 Core Set reporting cycle is when mandatory reporting goes into effect for all measures in the Child Core Set and behavioral health measures in the Adult Core Set.

Criteria for Suggesting Measures for Removal

- **Current Core Set measures may be suggested for removal using related criteria regarding Technical Feasibility, Actionability and Strategic Priority, or Other Considerations**
- **Examples include:**
 - Taken together with the other Core Set measure, the measure does not significantly contribute to estimating the national quality of health care in Medicaid and CHIP
 - States report significant challenges accessing a data source that contains all the elements necessary to calculate the measure
 - The available data source does not allow for consistent calculations across states
 - The measure cannot be used to assess state progress in improving health care delivery and outcomes for beneficiaries
 - The measure is not aligned with those used in other CMS programs
 - Not all states will be able to produce the measure for FFY 2024

Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**
- **Voting is open to Workgroup members only**
- **Workgroup members will vote on each measure in its specified form**
 - **Measures for addition:**
 - Yes, I recommend adding this measure to the Core Set
 - No, I do not recommend adding this measure to the Core Set
 - **Measure for removal:**
 - Yes, I recommend removing this measure from the Core Set
 - No, I do not recommend removing this measure from the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

Questions from Workgroup Members

Practice Voting

Practice Vote #1

Do you prefer thin crust pizza over thick crust pizza?

- **Yes, I prefer thin crust pizza.**
- **No, I prefer thick crust pizza.**

Practice Vote #2

Would you choose a Caesar salad over a Greek salad to go with your pizza?

- **Yes, I'd choose the Caesar salad.**
- **No, I'd prefer the Greek salad.**

Behavioral Health Care

2022 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (#0108)	Administrative or EHR ^a	46
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) (#0576)	Administrative	47
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) (#2800)	Administrative	38
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) (#2801)	Administrative	40
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-CH) (#3488)	Administrative	Not applicable (new to 2022 Core Set)
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) (#3489)	Administrative	Not applicable (new to 2022 Core Set)

^a ADD-CH is also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Child Core Set reporting.

2022 Core Set Measures *(cont'd.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Adult Core Set		
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) (#0004)	Administrative or EHR	40
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) (#0027, no longer endorsed)*	Survey	29
Antidepressant Medication Management (AMM-AD) (#0105)	Administrative or EHR	43
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) (#0576)	Administrative	49
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) (#1932)	Administrative	44
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) (#2607)*	Administrative or Hybrid	7

* Measures with an asterisk are suggested for removal.

2022 Core Set Measures *(cont'd.)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Adult Core Set <i>(cont'd.)</i>		
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) (#2940)*	Administrative	33
Concurrent Use of Opioids and Benzodiazepines (COB-AD) (#3389)*	Administrative	28
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) (#3400)	Administrative	23
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) (#3488)	Administrative	41
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) (#3489)	Administrative	40
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	Administrative	43

* Measures with an asterisk are suggested for removal.

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)

Description	<p>The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none">• 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 (no longer endorsed)
Data collection method	Survey. Collected as part of the CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid).
Denominator	<p>Calculation of the Measure</p> <p>This measure uses a rolling two-year average to achieve a sufficient number of respondents (denominator) for reporting. If the denominator is less than 100, this measure is not reported. First-year data collection will generally not yield enough responses to be reportable.</p>

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) *(cont'd.)*

Denominator *(cont'd.)*

For all three components, the denominator is the number of beneficiaries who responded to the survey and indicated that they were current smokers or tobacco users. Beneficiary response choices must be as follows to be included in the denominator:

Advising Smokers and Tobacco Users to Quit (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)

- 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)

- 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”

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) *(cont'd.)*

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.”

Removal: Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) *(cont'd.)*

Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	28 states; data were suppressed for one state due to small cell sizes (all states reported calculating the measure using Core Set specifications)
Is the measure on the Medicaid & CHIP Scorecard?	No

Removal: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (HPCMI-AD)

Description	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) in poor control (> 9.0%). Note: A lower rate indicates better performance.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	2607
Data collection method	Administrative or hybrid
Denominator	Beneficiaries ages 18 to 75 as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits with a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder during the measurement year AND with a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year before. If a state is using the hybrid method to calculate the measure, they draw a systematic sample from the eligible population.
Numerator	<p>Administrative: Use codes to identify the most recent HbA1c test during the measurement year. The beneficiary is numerator compliant if the most recent HbA1c level is > 9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The beneficiary is not numerator compliant if the result for the most recent HbA1c test during the measurement year is $\leq 9.0\%$.</p> <p>Hybrid: The most recent HbA1c level (performed during the measurement year) is > 9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.</p>

Removal: Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (HPCMI-AD) *(cont'd.)*

Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	Seven states (one state reported substantial deviations from the Core Set specifications)
Is the measure on the Medicaid & CHIP Scorecard?	No

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

Description	The percentage of beneficiaries age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
Measure steward	Pharmacy Quality Alliance (PQA)
NQF number (if endorsed)	2940
Data collection method	Administrative
Denominator	<p>Beneficiaries who meet all of the following criteria:</p> <ol style="list-style-type: none"> 1. Two or more prescription claims for opioids medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year. 2. An Index Prescription Start Date (IPSD) on January 1 through October 3 of the measurement year. 3. An opioid episode of 90 or more days during the measurement year. <p>Notes:</p> <ul style="list-style-type: none"> • The prescription can be for the same or different opioids. • If multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescriptions with the longest days' supply. • If multiple prescriptions for opioids are dispensed on different days, sum the days' supply for all the prescription claims, regardless of overlapping days' supply.

Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) *(cont'd.)*

Numerator	Any beneficiary in the denominator with an average daily dosage \geq 90 Morphine Milligram Equivalent during the opioid episode.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	33 states (5 states reported calculating the measure using other specifications) Note that there is a similar HEDIS measure, Use of Opioids in High Dosage. Five states reported the HEDIS measure instead of the PQA measure for FFY 2020.
Is the measure on the Medicaid & CHIP Scorecard?	Yes

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

Description	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
Measure steward	Pharmacy Quality Alliance (PQA)
NQF number (if endorsed)	3389
Data collection method	Administrative
Denominator	Beneficiaries with two or more prescription claims for opioid medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.
Numerator	The number of beneficiaries from the denominator with: <ul style="list-style-type: none"> • Two or more prescription claims for any benzodiazepine with different dates of service, AND • Concurrent use of opioids and benzodiazepines for 30 or more cumulative days.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	27 states (all states reported calculating the measure using Core Set specifications)
Is the measure on the Medicaid & CHIP Scorecard?	No

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Behavioral Health Care: Measure Vote #1

Should the Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) measure be removed from the Core Set?

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

Behavioral Health Care: Measure Vote #2

Should the Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (HPCMI-AD) measure be removed from the Core Set?

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

Behavioral Health Care: Measure Vote #3

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

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

Behavioral Health Care: Measure Vote #4

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

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

Discuss Gaps in Behavioral Health Care Domain

Preview of Day 2 and Wrap-Up

Agenda for Day 2

- **Strategies for Including Digital Measures in the Child and Adult Core Sets**
- **Primary Care Access and Preventive Care**
- **Long-Term Services and Supports**