![Mathematica – Progress Together]

Child and Adult Core Set Stakeholder Workgroup

Meeting to Review Measures for the 2023 Core Sets

Day 3

April 7, 2022

To Make Comments or Ask Questions During the Webinar

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

- **To make a comment, please use the raise hand feature. A hand icon will appear next to your name in the participant panel.**

Desktop app:

🖐	∨ **Attendee: 1 (1 displayed)**
	JS John Smith Me 🖐

Browser or mobile app:

⚫ · · ·   🖐 Raise Hand

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

- **Please note that the chat function is disabled for attendees of this webinar.**

Mathematica®
Progress Together

Technical Issues

- **If you are experiencing technical issues during the webinar, please send the event producer/host a private message through the Q&A function.**

  Desktop app: [Q & A]   Browser or mobile app: [?]

- **If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.**

  – **Audio settings can be accessed using the menu buttons below.**

  Desktop app: [Unmute ▼]   Browser or mobile app: [...] 📞 Audio connection ⚙ Speaker and microphone
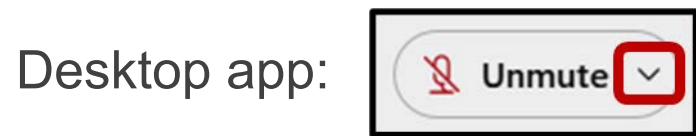
  – **Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.**

Mathematica
Progress Together

Welcome and Review Day 2

Workgroup Members Roll Call

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 *Nominated by the National Association of Medicaid Directors*	TennCare
Lindsay Cogan, PhD, MS	New York State Department of Health
James Crall, DDS, ScD, MS *Nominated by the American Dental Association*	UCLA School of Dentistry
Curtis Cunningham *Nominated by ADvancing States*	Wisconsin Department of Health Services
Amanda Dumas, MD, MSc *Nominated by the Medicaid Medical Directors Network*	Louisiana Department of Health
Anne Edwards, MD	American Academy of Pediatrics
Katelyn Fitzsimmons, MA *Nominated by the National MLTSS Health Plan Association*	Anthem
Lisa Glenn, MD *Nominated by the Medicaid Medical Directors Network*	Texas Health and Human Services Commission
Tracy Johnson, PhD, MA *Nominated by the National Association of Medicaid Directors*	Colorado Department of Health Care Policy and Financing
Diana Jolles, PhD, CNM, FACNM *Nominated by the American College of Nurse-Midwives*	Frontier Nursing University

Mathematica®
Progress Together

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

Voting Members

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

Mathematica
Progress Together

2023 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

Office of The Assistant Secretary for Planning and Evaluation

Office of Disease Prevention and Health Promotion

Office of Minority Health

Substance Abuse and Mental Health Services Administration

US Department of Veteran Affairs

Care of Acute and Chronic Conditions

Mathematica®
Progress Together

2022 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH) (#1800)	Administrative	43
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Administrative	48
Adult Core Set		
Controlling High Blood Pressure (CBP-AD) (#0018)	Administrative, Hybrid, or EHR	34
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD) (#0058)	Administrative	Not applicable (new to 2022 Core Set)
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) (#0059)	Administrative, Hybrid, or EHR	32
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) (#0272)	Administrative	36

Mathematica®
Progress Together

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 *(cont'd.)*		
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) (#0275)	Administrative	31
PQI 08: Heart Failure Admission Rate (PQI08-AD) (#0277)	Administrative	31
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) (#0283)	Administrative	32
Plan All-Cause Readmissions (PCR-AD) (#1768, no longer endorsed)	Administrative	38
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD) (#1800)	Administrative	42
HIV Viral Load Suppression (HVL-AD) (#2082/3210e)*	Administrative or EHR	9

* Measure with an asterisk is suggested for removal.

Removal: HIV Viral Load Suppression (HVL-AD)

Description	Percentage of beneficiaries age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
Measure steward	Health Resources and Services Administration (HRSA)
NQF number (if endorsed)	2082/3210e
Data collection method	Administrative or electronic health records (EHR)
Denominator	The number of beneficiaries age 18 and older with both a diagnosis of HIV in the measurement year and at least one medical visit in the measurement year. Medical visits that occurred any time during the measurement year should be included in the denominator for this measure; there are no restrictions regarding the date of the visit relative to the date of the HIV diagnosis.
Numerator	The number of beneficiaries in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2020	9 states (1 state indicated substantial deviations from the Core Set specifications)
Is the measure on the Medicaid & CHIP Scorecard?	No
Other	In August 2021, HRSA launched a four-year initiative, "Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set." The goal is to increase state capacity to improve the collection and reporting of high-quality HIV viral suppression data for the Adult Core Set.

Mathematica
Progress Together

Addition: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Child Core Set)

Description	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0058
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative
Denominator	Episodes for members 3 months of age and older as of the episode date who had an outpatient, telephone, e-visit or virtual check-in, an observation visit, or ED encounter with a diagnosis of acute bronchitis/bronchiolitis during the intake period.
Numerator	Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or three days after the episode date.
Other	This measure was added to the 2022 Adult Core Set for adults age 18 and older as of the episode date. The measure is being suggested for addition to the Child Core Set for children ages 3 months to 17 years as of the episode date.

Mathematica
Progress Together

Addition: Eye Exam for Patients With Diabetes

Description	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0055
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative, hybrid, electronic health records (EHR)
Denominator	Members 18–75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.
Numerator	Members who received screening or monitoring for diabetic retinal disease. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. • A negative retinal exam or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. • Bilateral eye enucleation anytime during the patient's history through December 31 of the measurement year. For exams performed in the year prior to the measurement year, a result must be available.
Other	This measure was previously included as an indicator in the HEDIS Comprehensive Diabetes Care (CDC) measure. Starting with HEDIS MY 2022 (which corresponds to the 2023 Core Set), this is a standalone HEDIS measure.

Mathematica
Progress Together

Addition: Blood Pressure Control for Patients With Diabetes

Description	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0061
Measure type	Intermediate Outcome
Recommended to replace current measure?	No
Data collection method	Administrative, hybrid, electronic health records (EHR)
Denominator	Members 18–75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.
Numerator	Members whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.
Other	This measure was previously included as an indicator in the HEDIS Comprehensive Diabetes Care (CDC) measure. Starting with HEDIS MY 2022 (which corresponds to the 2023 Core Set), this is a standalone HEDIS measure.

Addition: Kidney Health Evaluation for Patients With Diabetes

Description	The percentage of members 18–85 years of age with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
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
Denominator	Members 18–85 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.
Numerator	Members who received both an eGFR and a uACR during the measurement year on the same or different dates of service.
Other	This measure was added to HEDIS for measurement year 2020. It was developed to replace the Medical Attention for Nephropathy indicator, which was part of the former HEDIS Comprehensive Diabetes Care (CDC) measure.

Mathematica
Progress Together

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

Description	Percentage of the following patients – all considered at high risk of cardiovascular events – who were prescribed or were on statin therapy during the measurement period: • **Population 1:** All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR • **Population 2:** Patients age 20 years and older who have ever had a low-density lipoprotein cholesterol (LDL-C) level at or above 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR • **Population 3:** Patients ages 40 to 75 years with a diagnosis of diabetes.
Measure steward	Centers for Medicare & Medicaid Services (CMS)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Electronic health records (EHR) or clinical registry

Addition: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *(cont'd.)*

Denominator	• **Population 1:** All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure. • **Population 2:** Patients age 20 years and older at the beginning of the measurement period who have ever had a laboratory result of LDL-C at or above 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. • **Population 3:** Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes. This measure is intended to have one reporting rate, which aggregates all three populations into a single performance rate for reporting purposes.
Numerator	Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period.
Other	• This measure is specified at the provider level. • Texas currently uses the Merit-based Incentive Payment System (MIPS) version of this measure in its Delivery System Reform Incentive Payment (DSRIP) program. • To align with the 2019 American College of Cardiology/American Heart Association Guideline on the Primary Prevention of Cardiovascular Disease, CMS is exploring adding a fourth measure population to capture patients that are at risk for ASCVD.

Mathematica
Progress Together

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Care of Acute and Chronic Conditions: Measure Vote #1

Should the HIV Viral Load Suppression (HVL-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

Care of Acute and Chronic Conditions: Measure Vote #2

Should the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure be added to the Child Core Set?

- **Yes, I recommend adding this measure to the Core Set**

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

Care of Acute and Chronic Conditions: Measure Vote #3

Should the Eye Exam for Patients with Diabetes measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**

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

Care of Acute and Chronic Conditions: Measure Vote #4

Should the Blood Pressure Control for Patients with Diabetes measure be added to the Core Set?

- Yes, I recommend adding this measure to the Core Set

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

Mathematica®
Progress Together

Care of Acute and Chronic Conditions: Measure Vote #5

Should the Kidney Health Evaluation for Patients with Diabetes measure be added to the Core Set?

- Yes, I recommend adding this measure to the Core Set

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

Care of Acute and Chronic Conditions: Measure Vote #6

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

- **Yes, I recommend adding this measure to the Core Set**

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

Discuss Gaps in Care of Acute and Chronic Conditions Domain

Break

Measure Gaps

Agenda

- **Discussion of measure gaps in other Core Set domains**

  - **Maternal and Perinatal Health**

  - **Dental and Oral Health Services**

  - **Experience of Care**

- **Discussion of cross-cutting measure gaps**

  - **What measure gaps should be considered for future Core Sets?**

  - **What are the implications for developing new quality measures for Medicaid and CHIP?**

    - Domain(s) for future focus
    - Data sources for state-level reporting, such as claims/encounters, electronic health records, surveys
    - Use of other existing data sources, including T-MSIS

Maternal and Perinatal Health: 2022 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Live Births Weighing Less Than 2,500 Grams (LBW-CH) (#1382)	State vital records*	52
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) (#1517, no longer endorsed)	Administrative or hybrid	42
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (#2902)	Administrative	36
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH) (#2903/2904)	Administrative	37
Low-Risk Cesarean Delivery (LRCD-CH)	State vital records*	Not applicable (modified for 2021 Core Set)

* In FFY 2020, CMS calculated the LBW-CH measure using vital records submitted by states and compiled by the National Center for Health Statistics (NCHS). Beginning with FFY 2021, CMS will also calculate the LRCD-CH measure using vital records submitted by states and compiled by NCHS.

Maternal and Perinatal Health: 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		
Prenatal and Postpartum Care: Postpartum Care (PPC-AD) (#1517, no longer endorsed)	Administrative or hybrid	41
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD) (#2902)	Administrative	34
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD) (#2903/2904)	Administrative	31

Dental and Oral Health Services: 2022 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Oral Evaluation, Dental Services (OEV-CH) (#2517)	Administrative	Not applicable (new to 2022 Core Set)
Topical Fluoride for Children (TFL-CH) (#2528)*	Administrative	Not applicable (new to 2022 Core Set)
Sealant Receipt on Permanent First Molars (SFM-CH)	Administrative	Not applicable (new to 2021 Core Set)

* This measure has three rates corresponding to topical fluoride applications provided as (1) dental OR oral health services, (2) dental services, or (3) oral health services. The NQF number corresponds to rate 2 (dental services).

Experience of Care: 2022 Core Set Measures

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

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

Mathematica
Progress Together

Discussion of Cross-Cutting Measure Gaps

Opportunity for Public Comment

Break
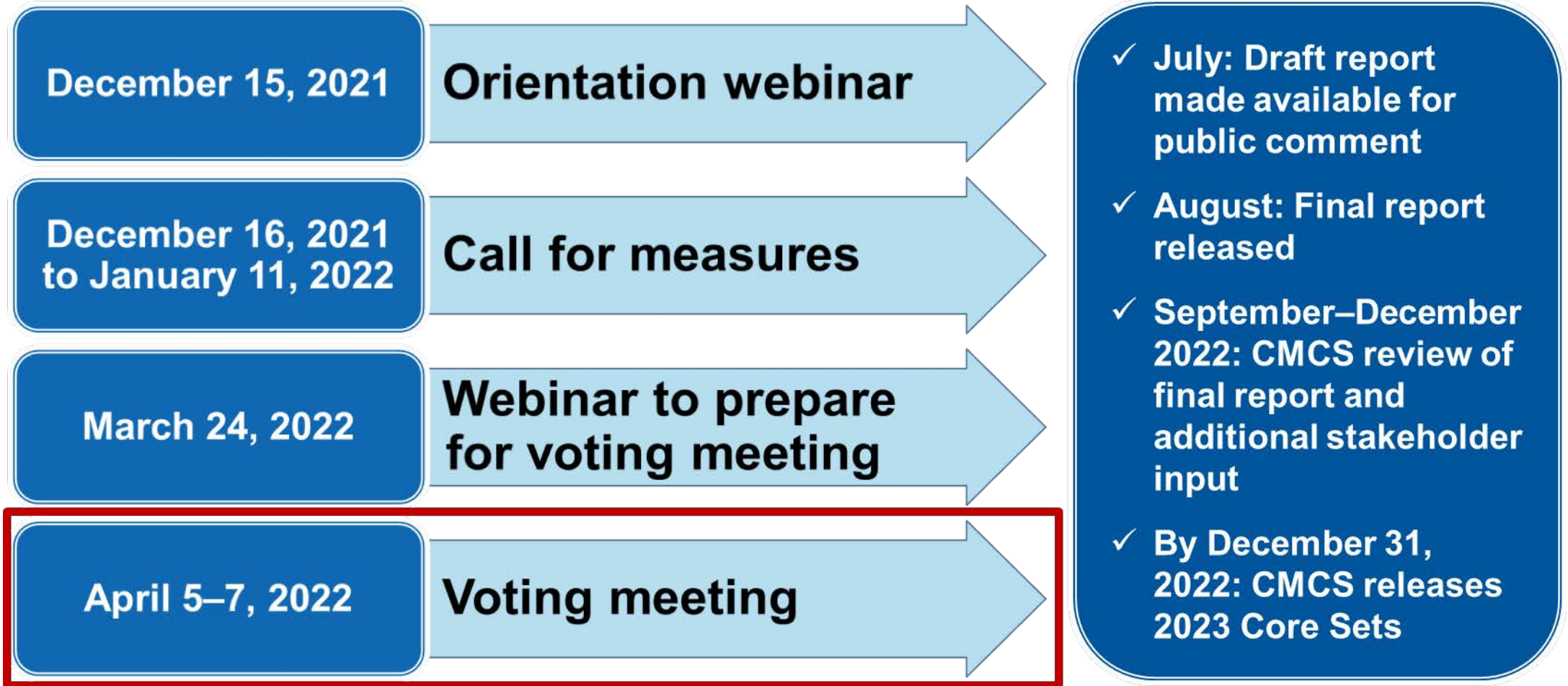
Reflections and Future Directions

Agenda

- **Recap of Workgroup recommendations**

- **Preparing for mandatory reporting**

- **Feedback on the 2023 Core Set Annual Review process**

- **Other reflections**

Opportunity for Public Comment

Next Steps and Wrap-Up

2023 Core Set Annual Review Workgroup Milestones

December 15, 2021 — Orientation webinar

December 16, 2021 to January 11, 2022 — Call for measures

March 24, 2022 — Webinar to prepare for voting meeting

April 5–7, 2022 — Voting meeting

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

Mathematica®
Progress Together

Questions

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

Mathematica.
Progress Together

Thank you for participating in the 2023 Annual Review Meeting of the Child and Adult Core Set Stakeholder Workgroup!

Mathematica.
Progress Together