



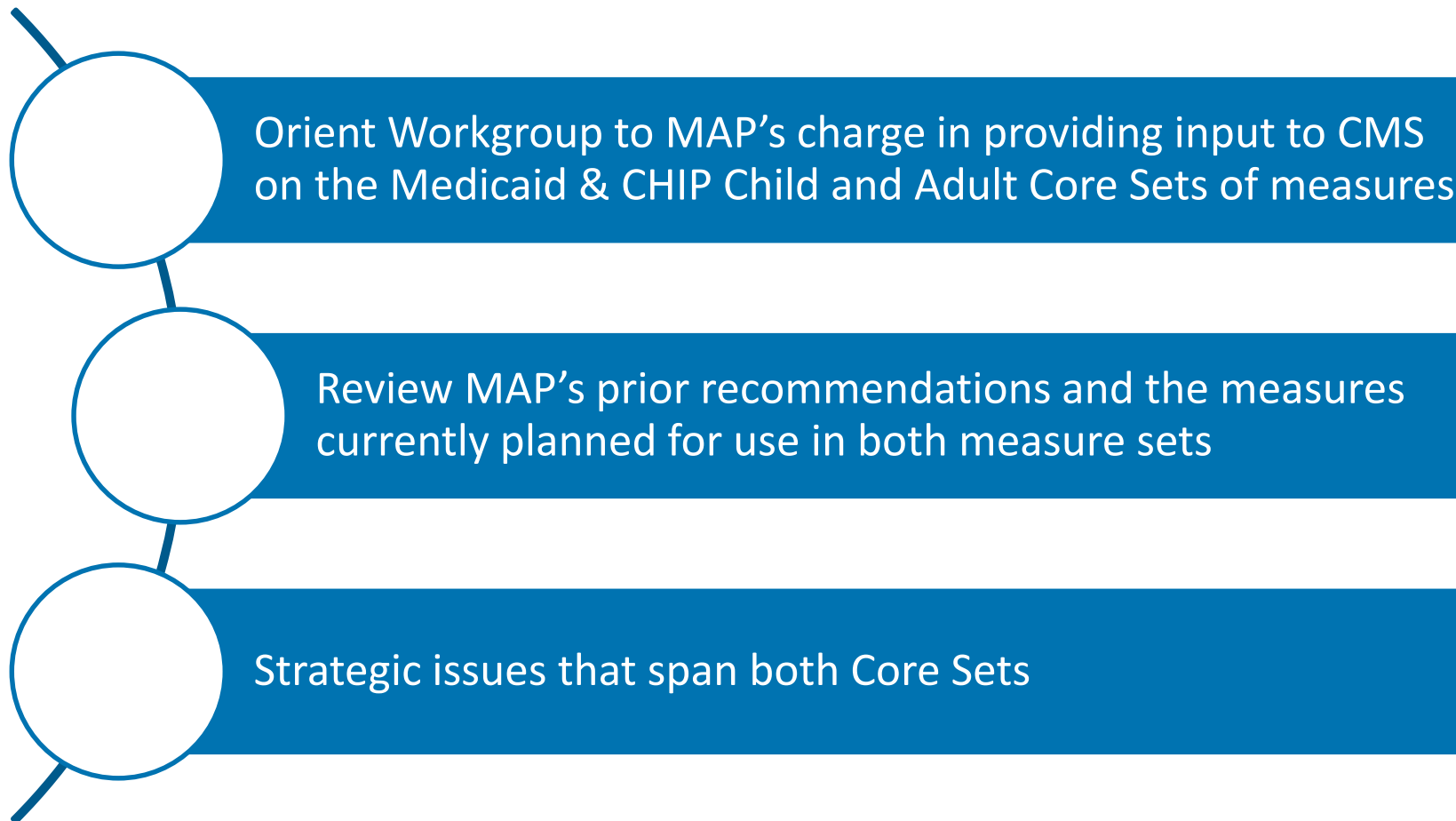
NATIONAL  
QUALITY FORUM

# Measure Applications Partnership Joint Web Meeting of the Medicaid Adult and Child Workgroups

*January 17, 2018*

# Welcome and Review of Meeting Objectives

# Meeting Objectives



# Introductions of Workgroup Members

# MAP Medicaid Adult Workgroup Membership

## Workgroup Chairs (voting)

Harold Pincus, MD

Marissa Schlaifer, RPh, MS

Organizational Members (voting)	Organizational Representative
American Association on Health and Disability	Clarke Ross, DPA
American Association of Retired Persons (AARP)	Lynda Flowers, JD, RN, MSN
American College of Obstetricians and Gynecologists (ACOG)	Michelle H. Moniz, MD, MSc
American Association of Nurse Practitioners (AANP)	Sue Kendig, JD, WHNP-BC, FAAPN
American Occupational Therapy Association	Joy Hammel, PhD
Association for Community Affiliated Plans (ACAP)	Deborah Kilstein, RN, MBA, JD
Human Services Research Institute	David Hughes, PhD
Intermountain Health	Jesse Spencer, MD
National Association of Medicaid Directors (NAMD)	Rachel La Croix, PhD
Ohio Department of Medicaid	Mary Applegate, MD

# MAP Medicaid Adult Workgroup Membership

## Individual Subject Matter Experts (voting)

Kim Elliott, PhD, CPHQ

Diana Jolles, PhD, CNM, FACNM

SreyRam Kuy, MD, MHS, FACS

Julia Logan, MD

Lisa Patton, PhD

Janice Tufte

Judy Zerzan, MD

## Federal Government Members (non-voting)

### Agency

### Agency Representative

Centers for Medicare & Medicaid Services (CMS)

Marsha Smith, MD, MPH, FAAP

Health Resources and Services Administration

Suma Nair, MS, RD

Substance Abuse and Mental Health Services  
Administration

Laura Jacobus-Kantor, PhD

# MAP Medicaid Child Workgroup Membership

## Workgroup Chairs (voting)

Richard Antonelli, MD

Lindsay Cogan, PhD

## Organizational Members (voting)

## Organizational Representative

Aetna Medicaid

Angela N Moemeka MD MBA FAAP

American Academy of Pediatrics (AAP)

Terry Adirim, MD, MPH

American Nurses Association (ANA)

Rhonda Anderson, RN

Anthem Indiana Medicaid

Julie Keck, MD

Children's Hospital Association (CHA)

Gary Freed, M.D., M.P.H.

National Association of Medicaid Directors (NAMD)

Fred Oraene

National Association of Pediatric Nurse Practitioners (NAPNAP)

Shayna Dahan, BSN, RN, MSN, CPNP, PMHS

National Partnership for Women & Families

Carol Sakala, PhD, MSPH

Ohio Department of Medicaid

Mary Applegate, MD

Sargent Shriver National Center on Poverty Law

Stephanie Altman, JD

# MAP Medicaid Child Workgroup Membership

## Individual Subject Matter Experts (voting)

Kamala Allen, MHS

David Einzig, MD

Amy Houtrow, MD, PhD

David Kelley, MD, MPA

Stephen Lawless, BS, MD, MBA, FAAP, FCCM, FSMB

Kenneth Schellhase, MD

Jeff Schiff, MD, MBA

Margaret Tomcho, MD, MPH

## Federal Government Members (non-voting)

### Agency

### Agency Representative

Agency for Healthcare Research and Quality  
(AHRQ)

Kamila Mistry, PhD, MPH

Centers for Medicare & Medicaid Services (CMS)

Marsha Smith, MD, MPH, FAAP

Health Resources and Services Administration

Suma Nair, MS, RD



# MAP and MAP Medicaid Adult and Child Workgroup Overview

# The Role of MAP

- Inform the selection of performance measures to achieve the goal of quality and care delivery improvement, transparency, and value for all
- Provide input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identify gaps for measure development, testing, and endorsement
- Encourage measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - *Promote coordination of care delivery*
  - *Reduce data collection burden*

# MAP Also Provides Guidance beyond Pre-Rulemaking

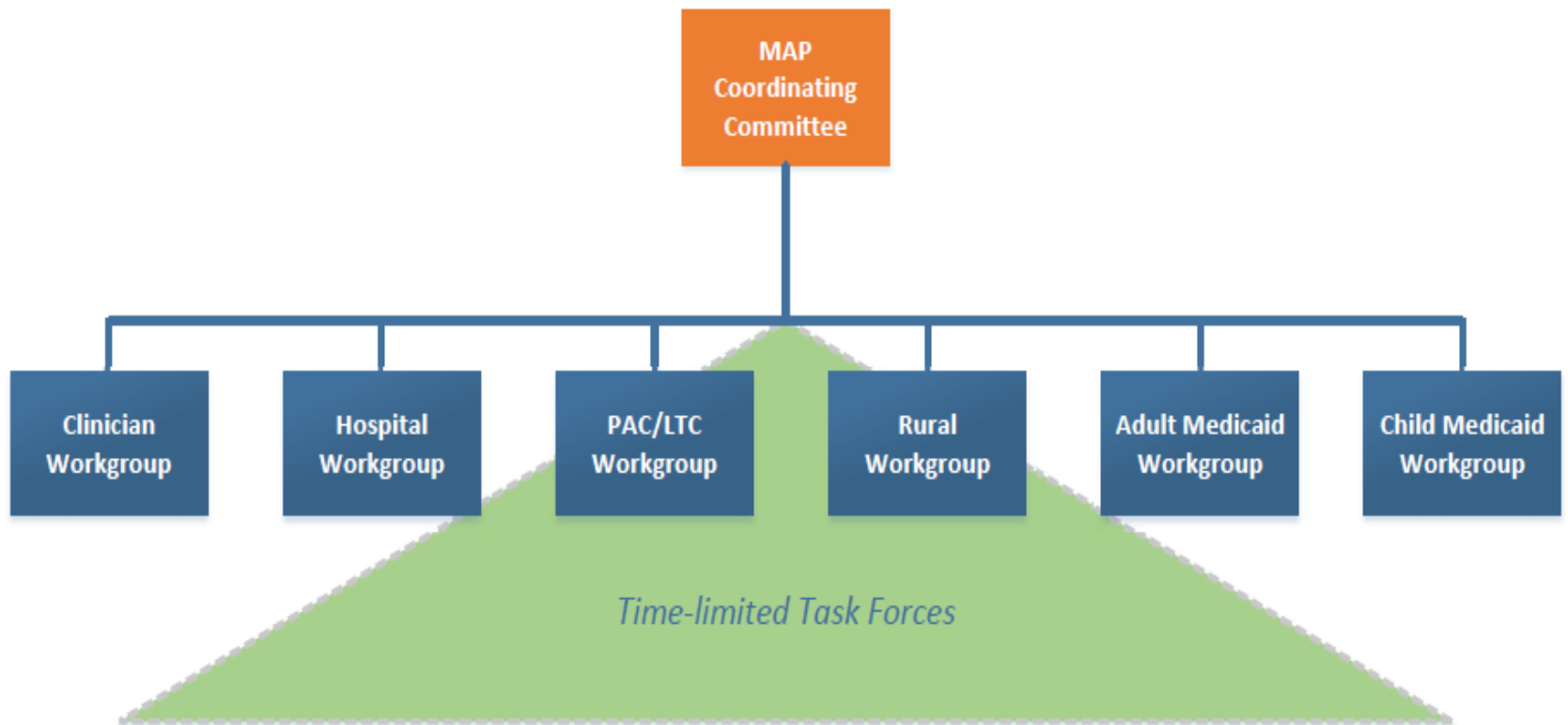
- Current

- *Medicaid Adult Core Set*
- *Medicaid & CHIP Child Core Set*
- *Rural Health*

- Past

- *Dual Eligible Beneficiaries Family of Measures*
- *Health Insurance Exchange Quality Rating System*

# MAP Structure



# MAP Members

## Three types of members:

- **Organizational Representatives**

- *Constitutes the majority of MAP members*
- *Include those that are interested in or affected by the use of measures*
- *Organizations designate their own representatives*

- **Subject Matter Experts**

- *Serve as individual representatives bringing topic specific knowledge to MAP deliberations*
- *Chairs and co-chairs of MAP's Coordinating Committee and Workgroups are considered subject matter experts*

- **Federal Government Liaisons**

- *Serve as ex-officio, non-voting members representing a Federal agency*

# Charge of the MAP Medicaid Adult and Child Workgroup

- Each year, the Medicaid Workgroups provide input to the MAP Coordinating Committee on recommendations to HHS for strengthening the Adult and Child Core Sets of measures by:
  - *Reviewing states' experiences voluntarily reporting measures*
  - *Refining previously identified measure gap areas*
  - *Recommending potential measures for addition or removal from the sets, with a focus on addressing high-priority measure gap areas*

# Key Changes for 2017-2018

## MAP Medicaid Evolution from Taskforces to Workgroups

- In 2017-2018 the MAP Medicaid Adult and Child committees will convene as Workgroups. Members have been seated through a formal nominations process.
- Workgroup members will initially draw straws for a one, two or three year term.
- The workgroups will convene twice to complete its annual review (January via webinar and May in-person)



# Medicaid Annual Review of Measures

- MAP's annual review begins January 2018 and ends with a report due to CMS by August 2018.
- HHS uses MAP's recommendations to inform the statutorily required annual updates of the Adult and Child Core Sets
- Guided by MAP's Measure Selection Criteria (MSC), a preliminary analysis algorithm and feedback from the most recent year of state implementation, MAP reviews measures in the current Core Sets.
- Guided by state feedback, review of state reporting, and data on prevalent conditions affecting the Medicaid and CHIP populations, MAP identifies and prioritizes gaps for programs and settings



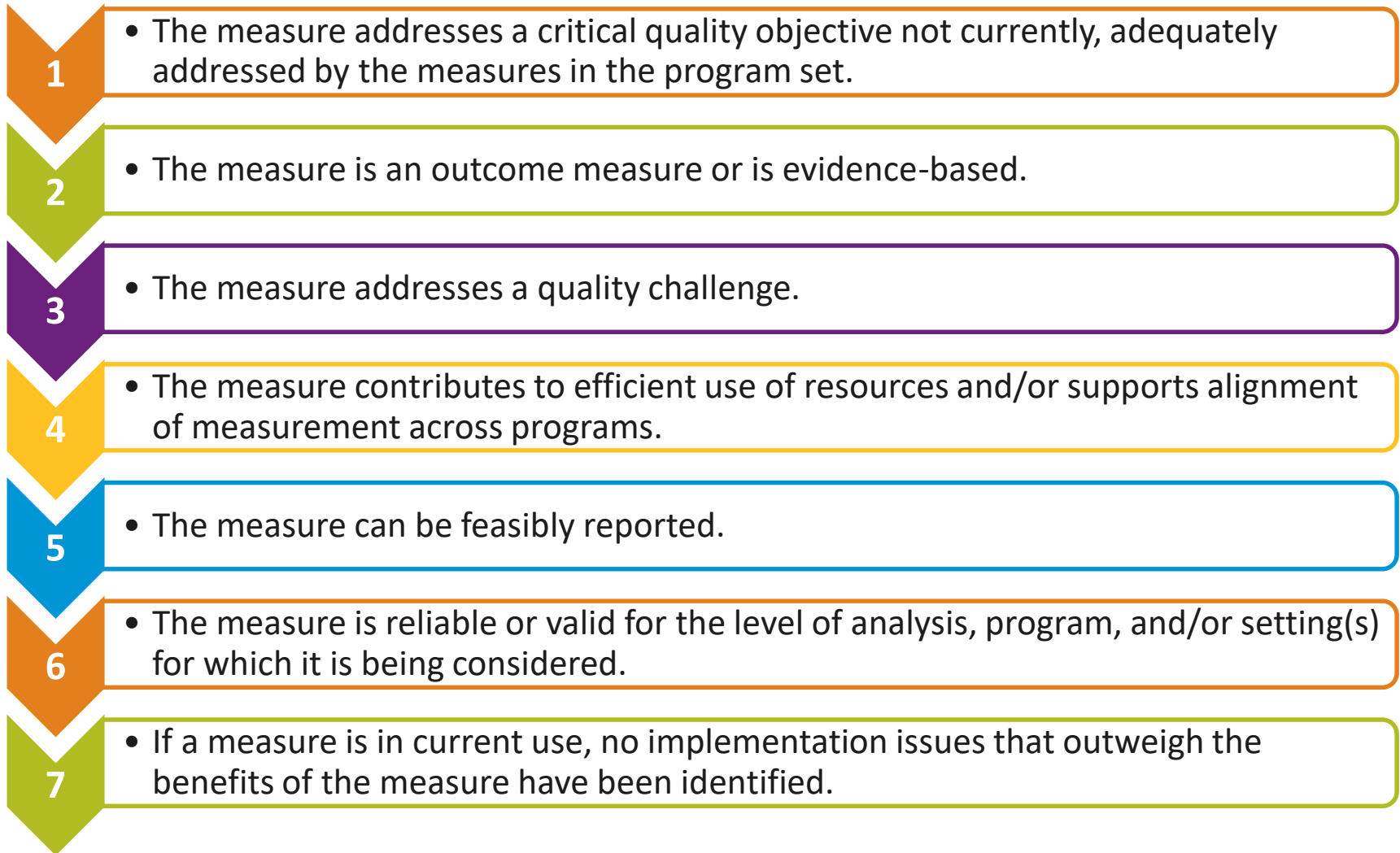
# Tools Used to Guide Measure Review

## MAP's Measure Selection Criteria (MSC)

1	NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2	Program measure set adequately addresses each of the National Quality Strategy's three aims
3	Program measure set is responsive to specific program goals and requirements
4	Program measure set includes an appropriate mix of measure types
5	Program measure set enables measurement of person- and family-centered care and services
6	Program measure set includes considerations for healthcare disparities and cultural competency
7	Program measure set promotes parsimony and alignment

# Tools Used to Guide Measure Review

## MAP's Preliminary Analysis Algorithm



# Measure Review and Voting Process

- Staff compile measures that address existing high-priority gap areas in the Core Sets.
- Measures suggested for review by workgroup members, become measures for consideration during the in-person meeting
- Voting on Measures
  - *Workgroup members who recommend measures for discussion will be assigned as lead discussants during the in-person meeting*
  - *Ensuing discussions will include all workgroup members*
  - *Public comments will be solicited post workgroup discussions*
  - *After discussion of each measure and public comments, the Workgroup will vote on the measure*

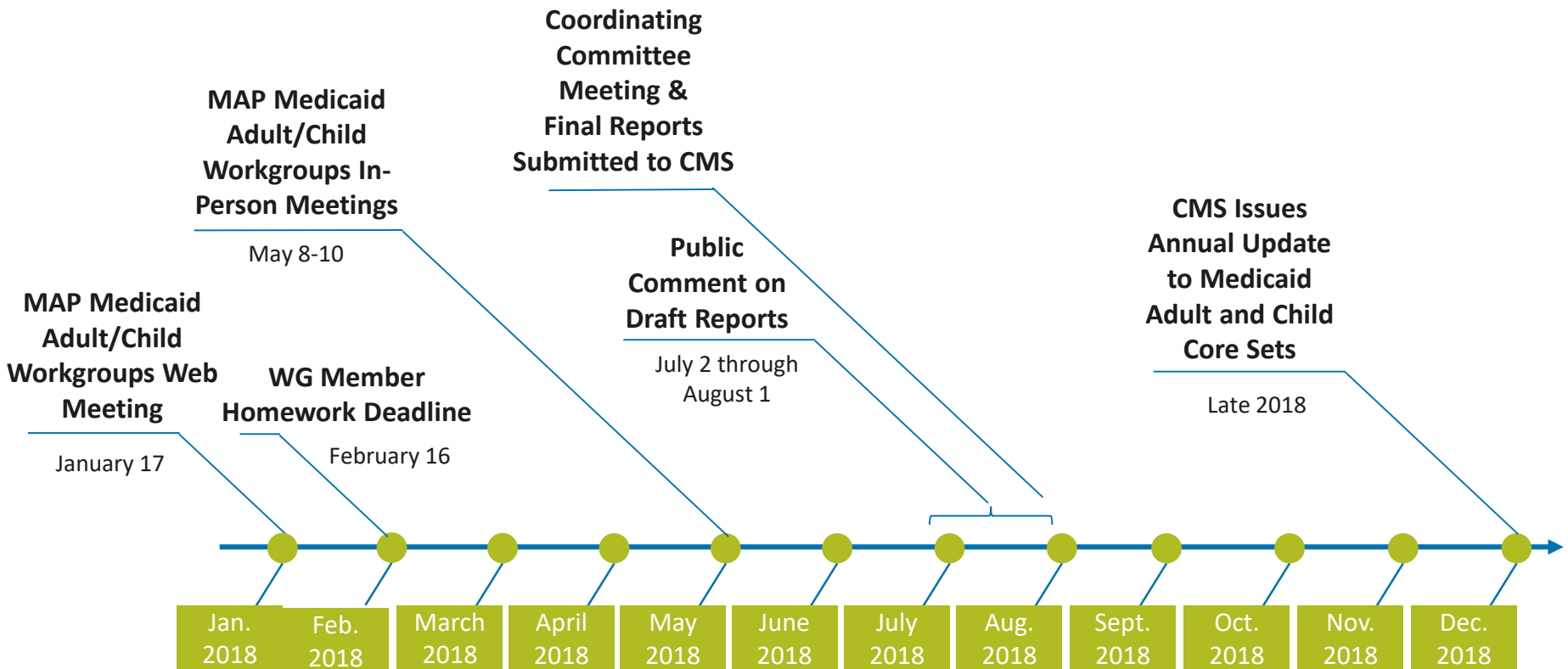
# MAP Medicaid Decision Categories

- MAP Workgroups must reach a decision about every measure discussed
  - Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached
- Decision Categories include:
  - » Support
  - » Support with conditions
  - » Do not support
- Tallying the votes:
  - *Quorum - 66% of Workgroup required to be present for voting*
  - *>60% of votes denote the result of voting*

# Final Deliverables

- MAP will issue two reports by August 31.
- The Medicaid reports include:
  - *Recommendations on individual measures for addition or removal from the Adult and Child Core Sets.*
  - *Summaries of selected states' feedback on collecting and reporting measures.*
  - *Cross-cutting strategic issues that span both the Adult and Child Core Sets, such as opportunities for alignment, social determinants of health and stratification.*

# 2018 Timeline



# Questions?

# **CMS Policy Objectives for the Medicaid & CHIP Child and Adult Core Sets**

National Quality Forum (NQF)  
Medicaid Measures Application Partnership (MAP)  
January 2018

Karen Matsuoka, PhD  
Chief Quality Officer  
Center for Medicaid and CHIP Services (CMCS)





# Overview



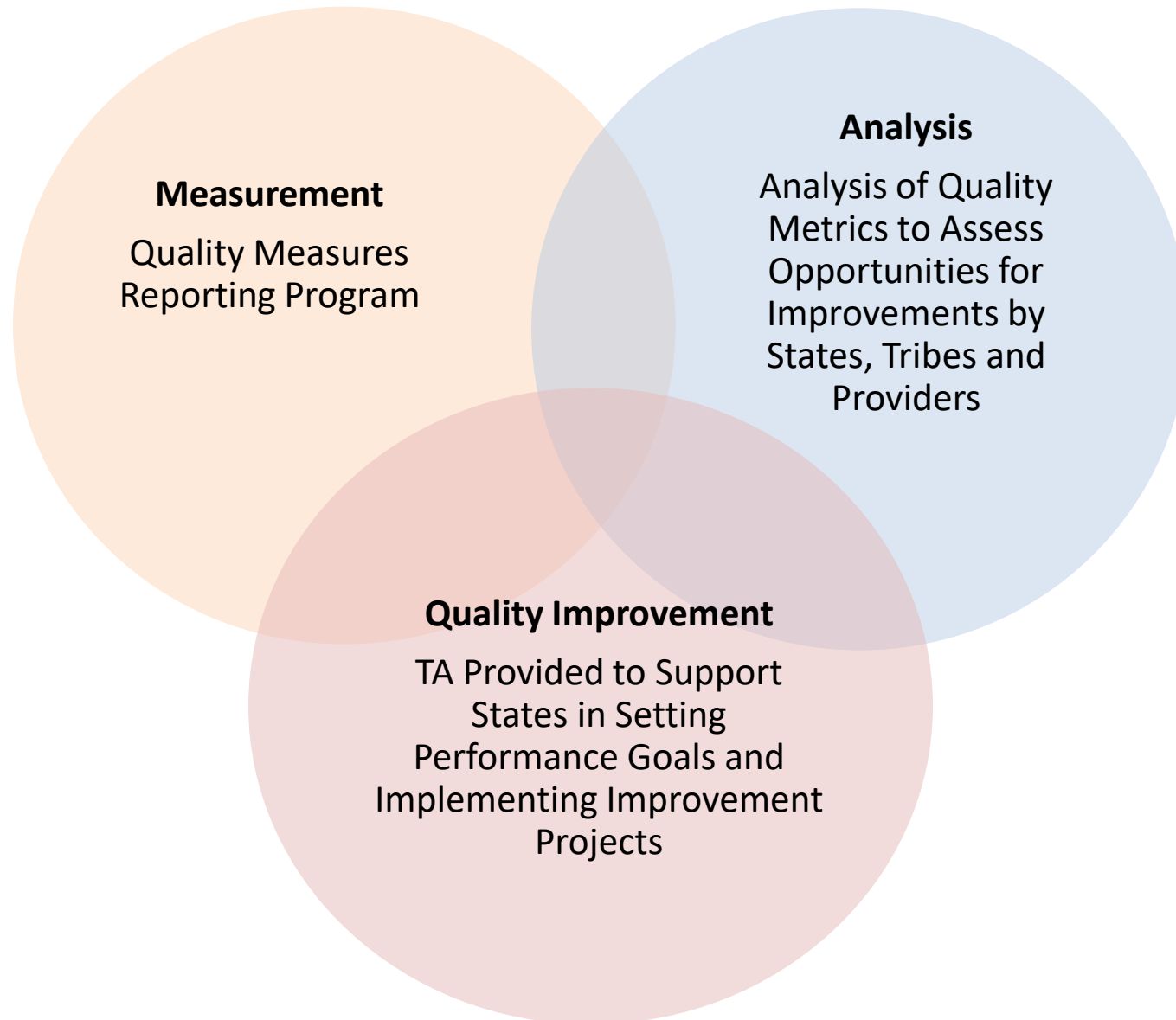
- What is the charge for the Medicaid Measure Applications Partnership (MAP) Work Group?
- What are the Medicaid & CHIP Child and Adult Core Sets?
- How do CMS and states use the Medicaid Child and Adult Core Sets?
- What is the timeline?
- Important considerations

# MAP Medicaid Work Group Charge



- The charge of the MAP Medicaid Work Group is to advise the MAP Coordinating Committee on recommendations to CMS for strengthening and revising measures and the identification of high priority measure gaps in the Core Sets of Health Care Quality Measures for Adult and Children enrolled in Medicaid and CHIP.
- MAP can assist CMS in identifying ways to strengthen the Medicaid Adult and Child Core Sets through incremental annual updates
  - Adding measures to fill gaps
  - Retiring current measures that no longer reflect current clinical guidance, are retired by a measure steward, or are recommended by stakeholders for removal
  - Aligning with other CMS/HHS programs
- MAP will convene the Work Group beginning May 2018 with a report due to CMS by August 2018.

# Building a Foundation for Quality Measurement and Improvement in Medicaid and CHIP



# What are the Medicaid & CHIP Child & Adult Core Sets?



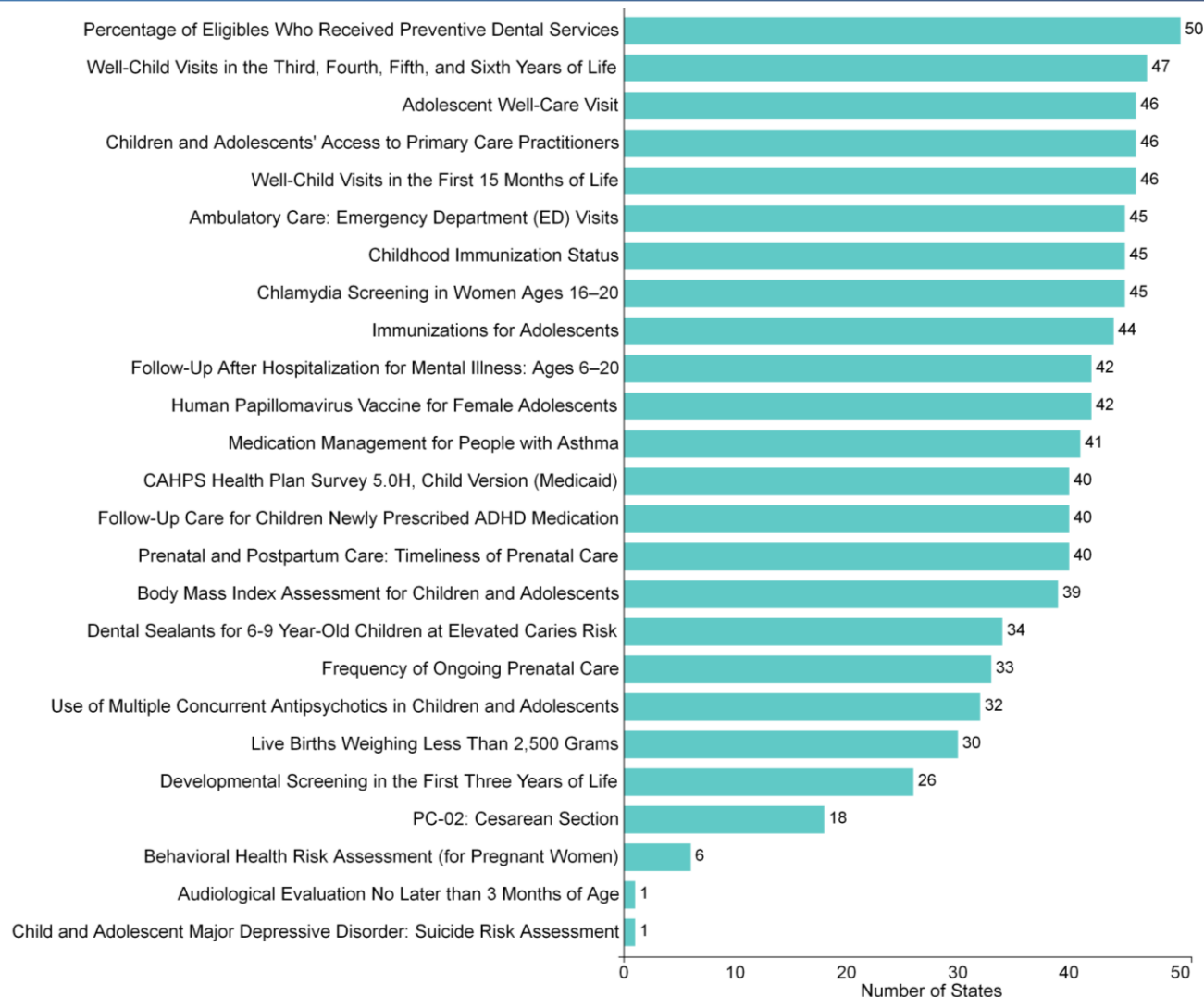
- **Voluntary quality reporting by states on consistent metrics across these domains**
  - Primary Care Access and Preventive Care
  - Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services (Child Core Set)
  - Experience of Care
- **Child Core Set (26 measures in the 2018 Core set)**
  - Initial Core Set released in 2010
  - States are currently completing the 8<sup>th</sup> year of voluntary reporting
  - 50 States + DC reported on at least one Child Core Measure (median = 16 measures) for FFY2015
- **Adult Core Set (33 measures in the 2018 Core Set)**
  - Initial Core Set released in 2012
  - States are currently completing the 5<sup>th</sup> year of voluntary state reporting
  - 39 states reported on at least one Adult Core Measure for FFY2015 (median = 16), with 7 states reporting at least one measure for the first time

# CMCS Goals for Measurement and Reporting



- **Increase number of states reporting Core Set measures through technical assistance and outreach to states**
- **Increase number of measures reported by each state**
- **Improve the quality of the data reported (completeness, accuracy)**
- **Streamline data collection and reporting processes**
- **Support states to drive improvements in health care quality and health outcomes using Core Set data**

# Number of States Reporting the Child Core Set Measures, FFY 2016



**50**  
states voluntarily  
reported at least one  
Child Core Set  
measure for FFY 2016

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2016 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia. The 2016 Child Core Set includes 26 measures. This chart excludes the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network.

# Number of States Reporting the Child Core Set Measures, FFY 2014–2016

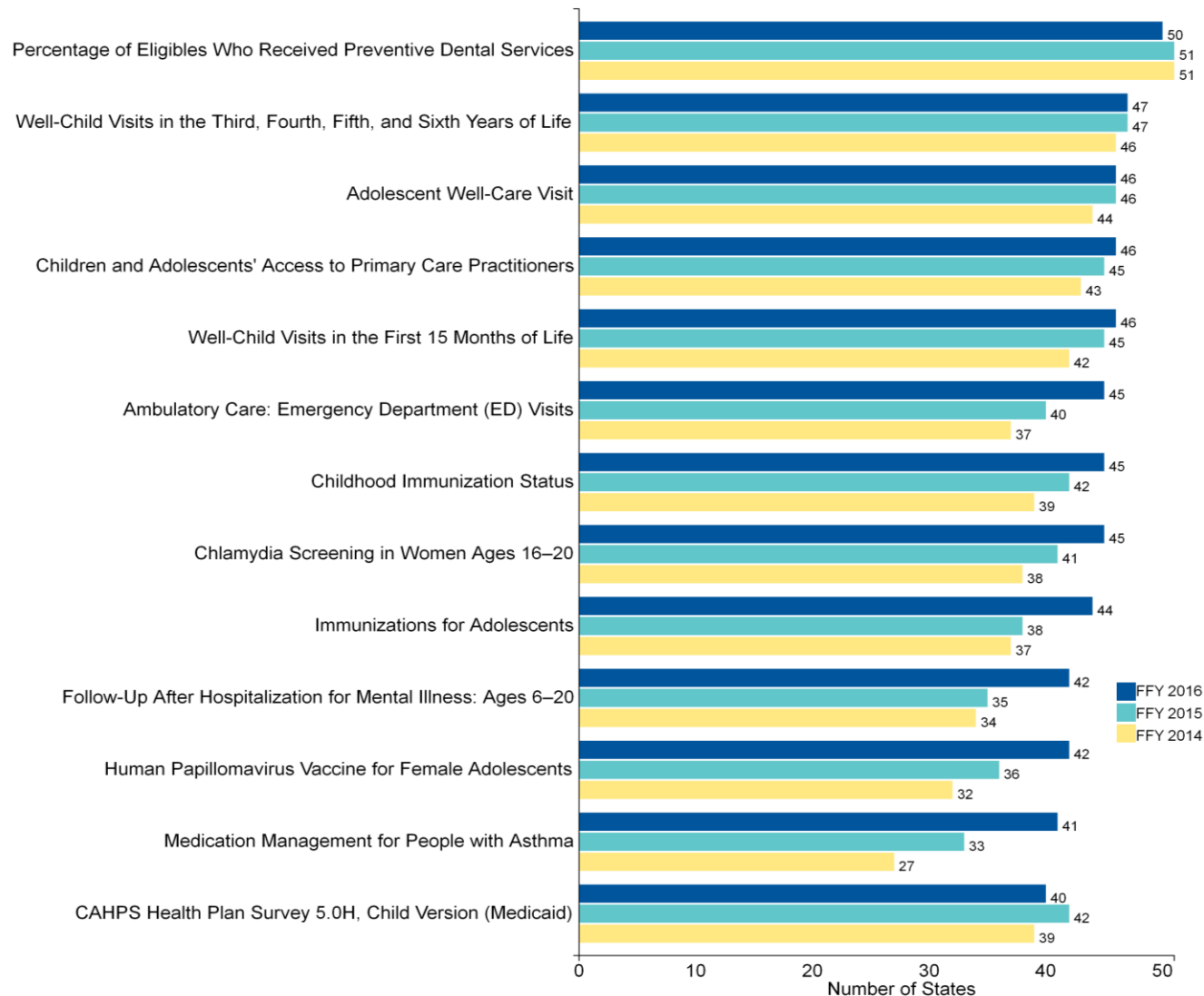
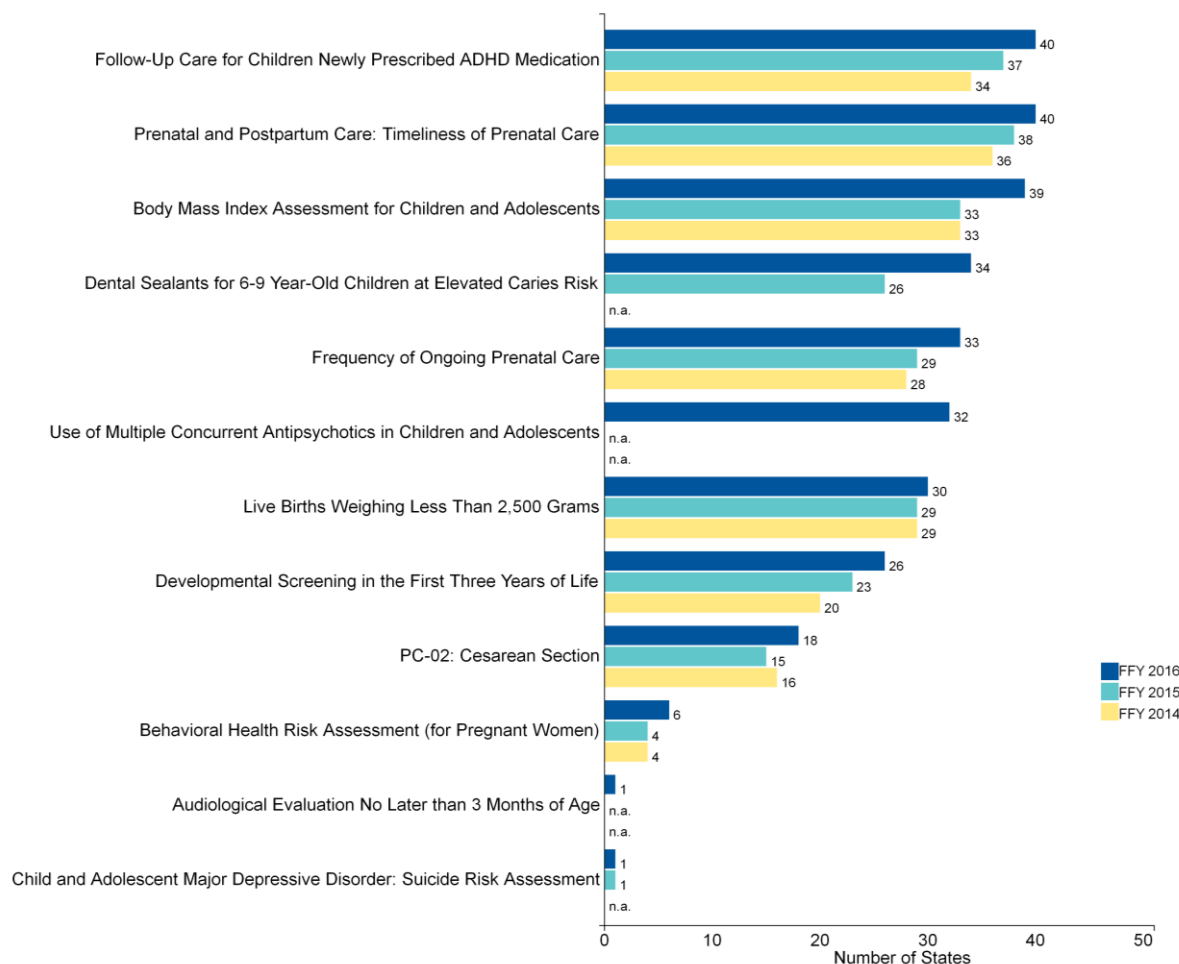


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State reporting increased for

**18** of the 23 measures included in both the 2015 and 2016 Child Core Sets

# Number of States Reporting the Child Core Set Measures, FFY 2014–2016 (continued)



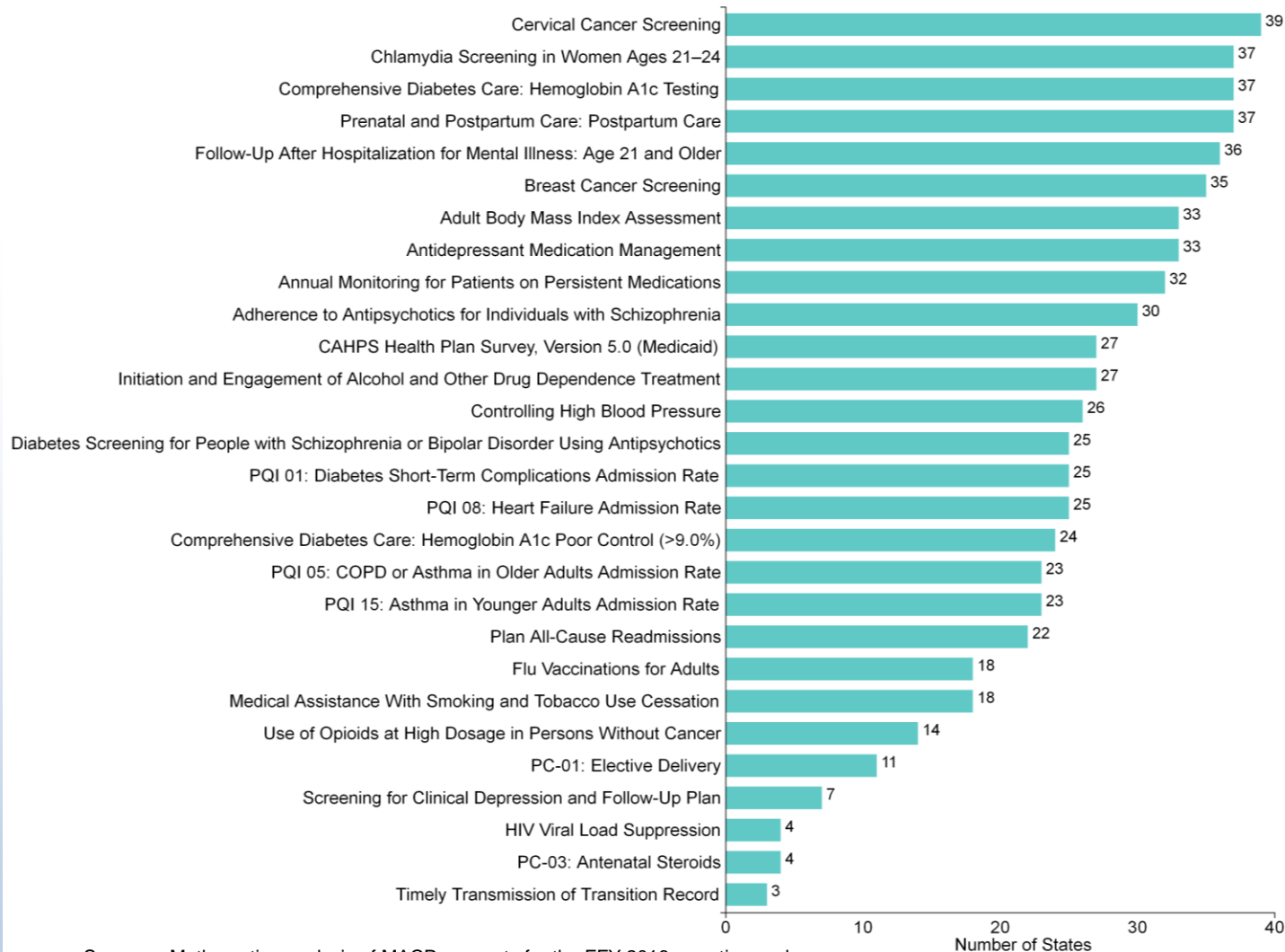
Sources: Mathematica analysis of FFY 2014 CARTS reports, FFY 2015–2016 MACPro reports, and FFY 2014–2016 Form CMS-416 reports.

Notes: The term “states” includes the 50 states and the District of Columbia. The 2016 Child Core Set includes 26 measures. This chart excludes the CLABSI measure, which is obtained from CDC’s National Healthcare Safety Network. Data from previous years may be updated based on new information received after publication of the 2016 Chart Pack. North Dakota is not included in the Percentage of Eligibles Who Received Preventive Dental Services measure for FFY 2016 because the state was experiencing systems challenges at the time of the Form CMS-416 report deadline.

n.a. = not applicable; measure not included in the Child Core Set for the reporting period.



# Number of States Reporting the Adult Core Set Measures, FFY 2016



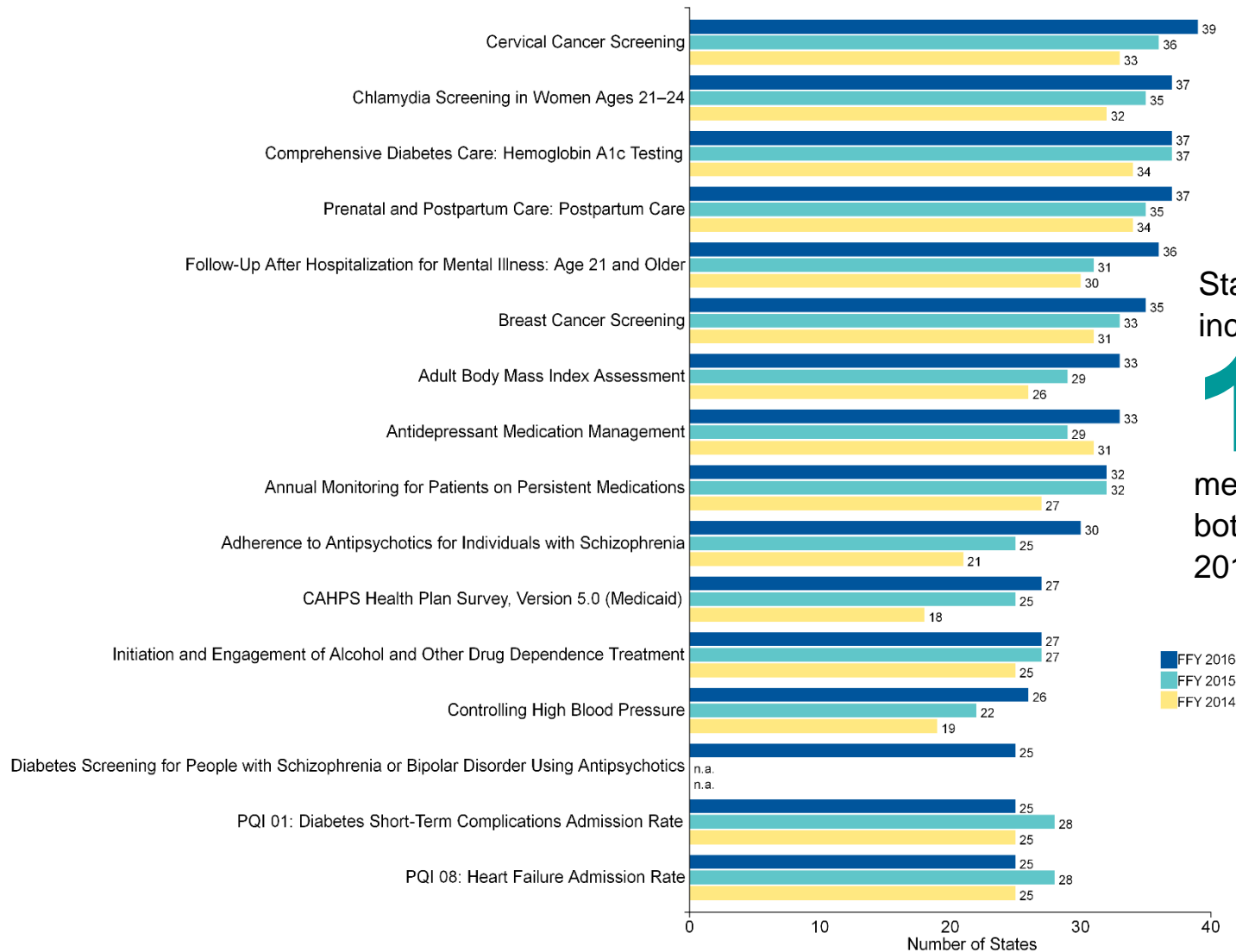
41

states voluntarily  
reported at least one  
Adult Core Set  
measure for FFY 2016

Source: Mathematica analysis of MACPro reports for the FFY 2016 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia.

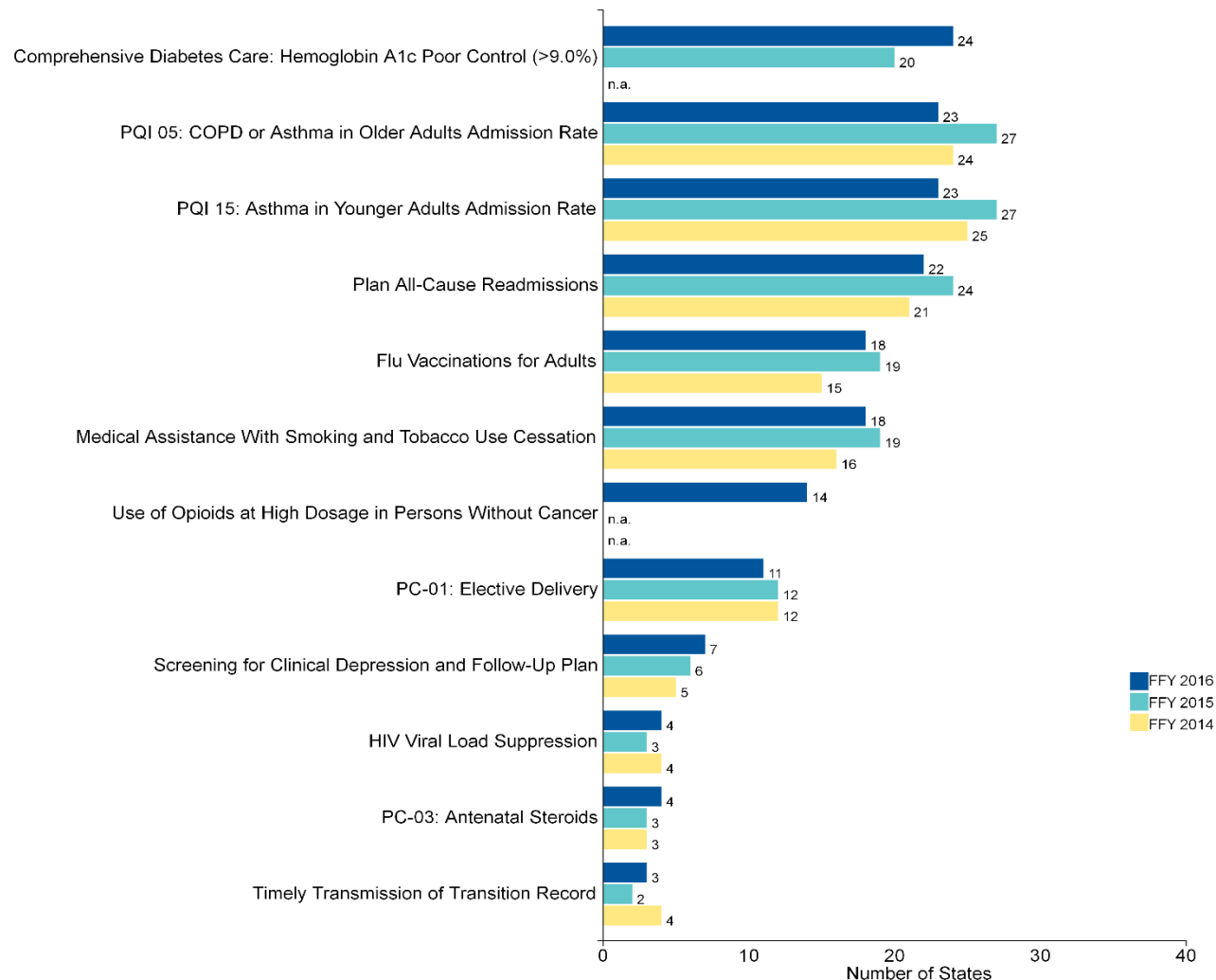
# Number of States Reporting the Adult Core Set Measures, FFY 2014–2016



State reporting increased for  
**15** of the 26 measures included in both the 2015 and 2016 Adult Core Sets

Figure is continued on the next slide.

# Number of States Reporting the Adult Core Set Measures, FFY 2014–2016 (continued)



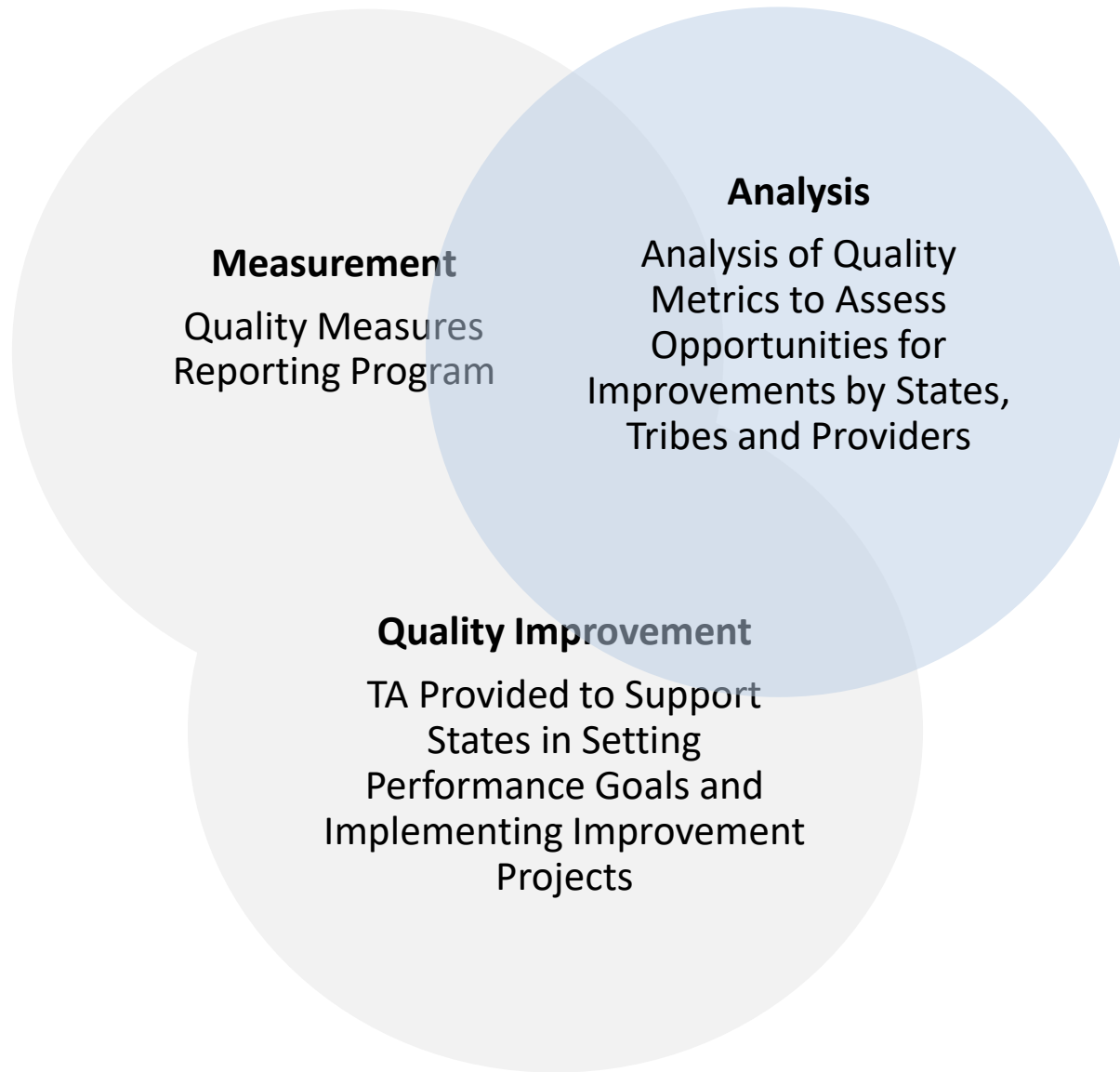
Sources: Mathematica analysis of FFY 2014 CARTS reports and FFY 2015–2016 MACPro reports.

Notes: The term "states" includes the 50 states and the District of Columbia.

n.a. = not applicable; measure not included in the Adult Core Set for the reporting period.

Data from previous years may be updated based on new information received after publication of the 2016 Chart Pack.

# Building a Foundation for Quality Measurement and Improvement in Medicaid and CHIP

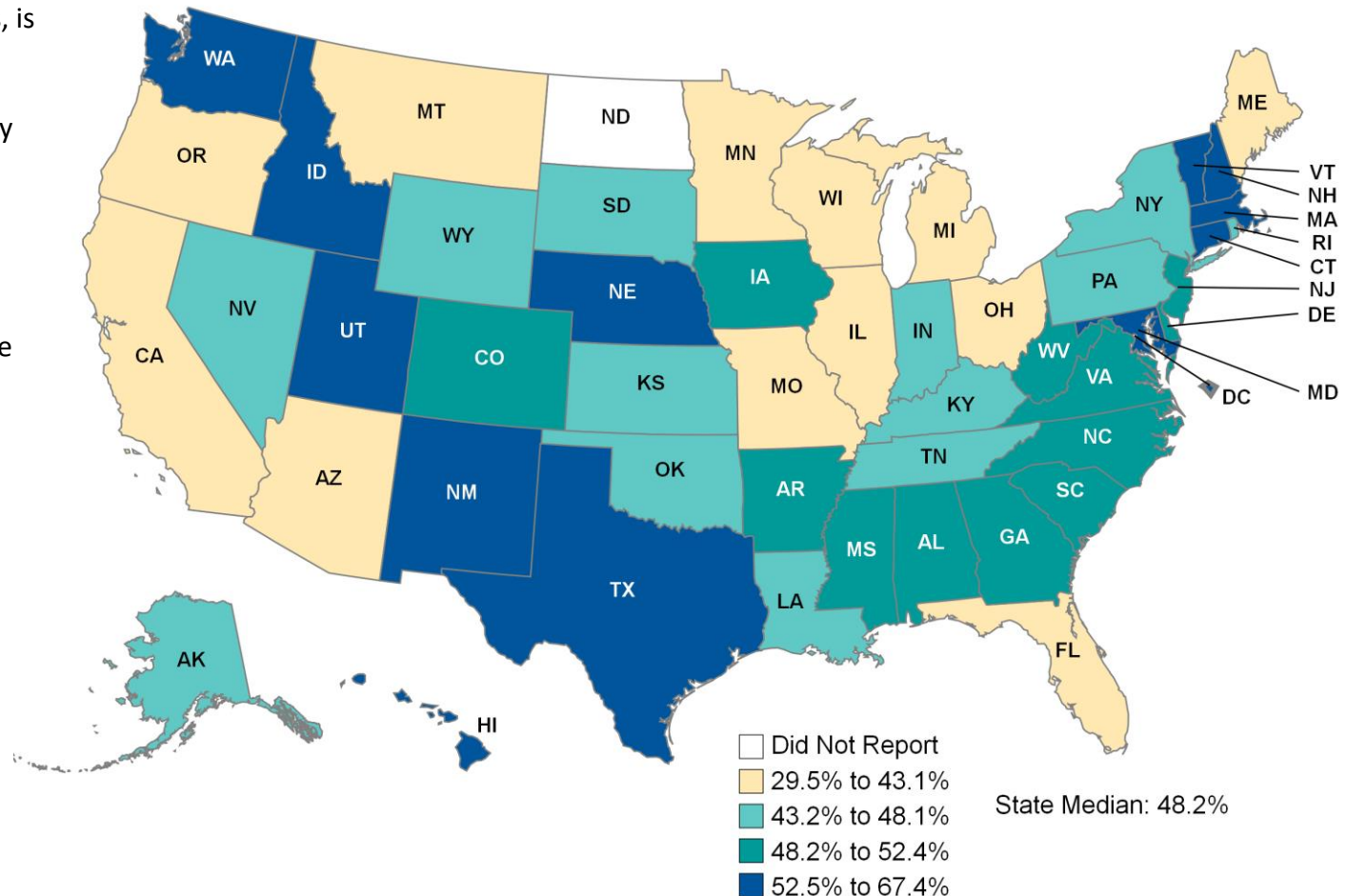


# Preventive Dental Services

- Percentage of Eligibles Who Received Preventive Dental Services, FFY 2016 (n = 50 states)

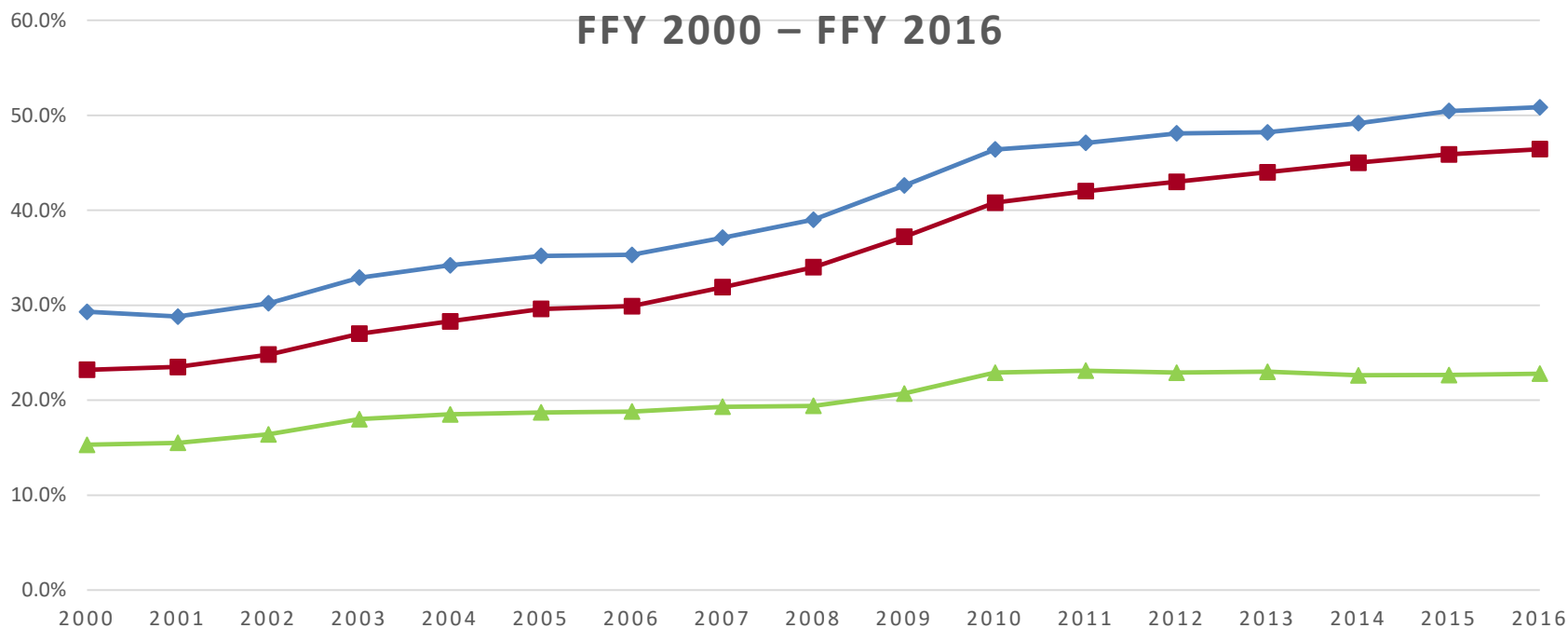
Tooth decay, or dental caries, is one of the most common chronic diseases of children. The disease is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assess the percentage of children ages 1 to 20 that received preventive dental services.

**47** percent of  
children ages 1 to 20  
received a preventive  
dental service (50  
states)



# Steady Progress on Access to Dental Care

## PROPORTION OF CHILDREN, AGE 1-20, ENROLLED IN MEDICAID FOR AT LEAST 90 DAYS WHO RECEIVED DENTAL HEALTH SERVICES, FFY 2000 – FFY 2016



— Any Dental — Preventive — Treatment

Source: FFY 2000-2016 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c

Note: Data reflect updates as of 9/11/2017.

1 With the exception of FL and OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013. Due to errors in FL's FFY 2011 data that could not be corrected, the state's FFY 2012 data were used in the FFY 2011 national percentage. As FFY 2011 data for OH were reported after May 28, 2013, these data were not included in the FFY 2011 national percentage.

2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2012 data were similarly excluded from the FFY 2012 national percentage.

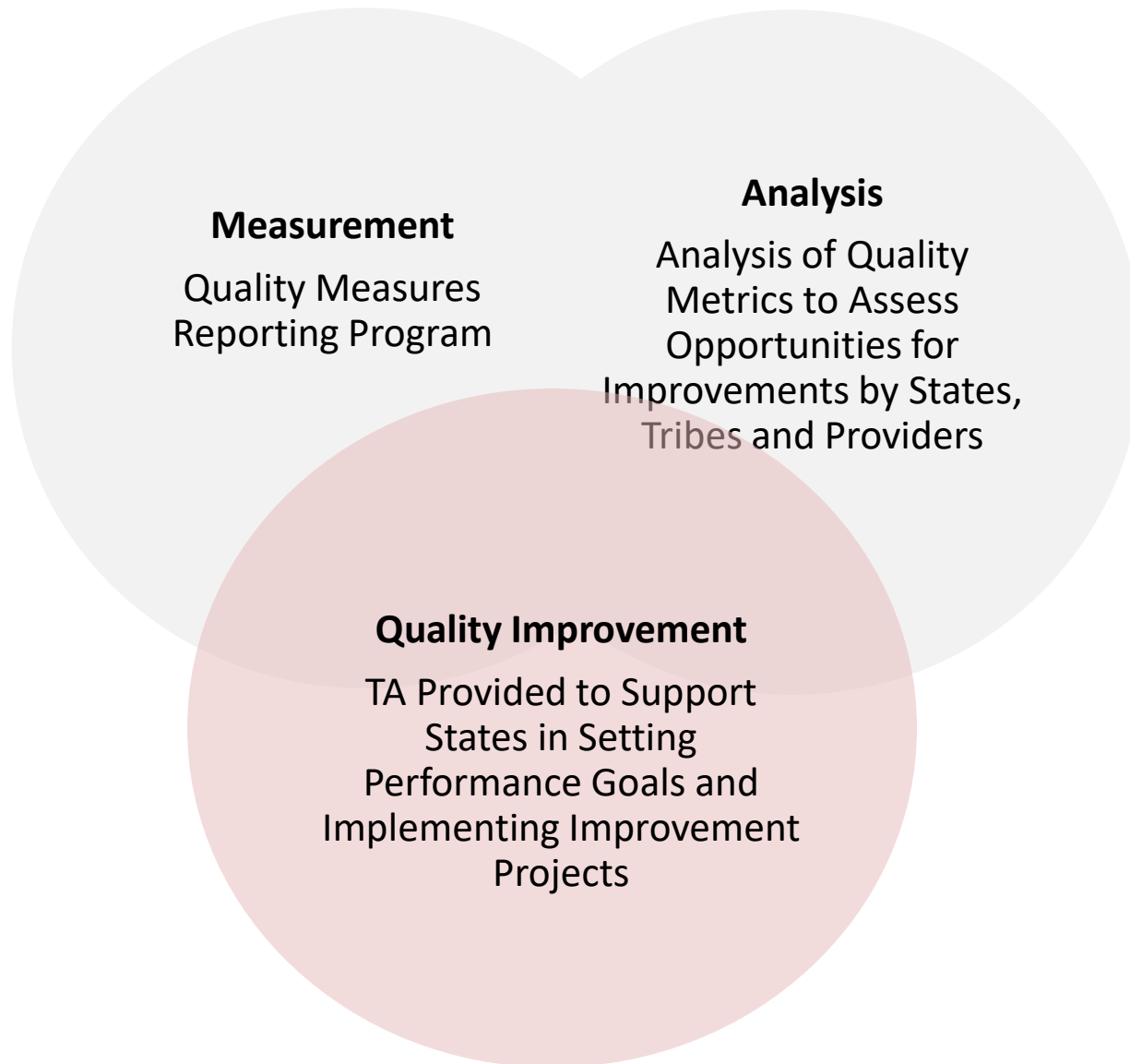
3 With the exception of OH, the national FFY 2013 percentage used data reported by states to CMS as of December 15, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2013 data were similarly excluded from the FFY 2013 national percentage.

4 With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2014 data were similarly excluded from the FFY 2014 national percentage.

5 With the exception OH, the national FFY 2015 percentage used data reported by states as of September 29, 2016. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2015 data were similarly excluded from the FFY 2015 national percentage.

6 With the exception OH, the national FFY 2016 percentage used data reported by states as of September 11, 2017. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2016 data were similarly excluded from the FFY 2016 national percentage. Due to system challenges, data from North Dakota is not included in FFY 2016 analysis.

# Building a Foundation for Quality Measurement and Improvement in Medicaid and CHIP



# Examples of Work in Two States



- **Florida 2013:** CMS used 1115 waiver approval process to get provisions in the STCs focused on improving stakeholder engagement and data quality, and requiring oral health Performance Improvement Projects.
- State placed PDENT improvement targets and sanctions in MCO contract.
- PDENT performance has improved from 19% in FY 12 to 36% in FY 16.



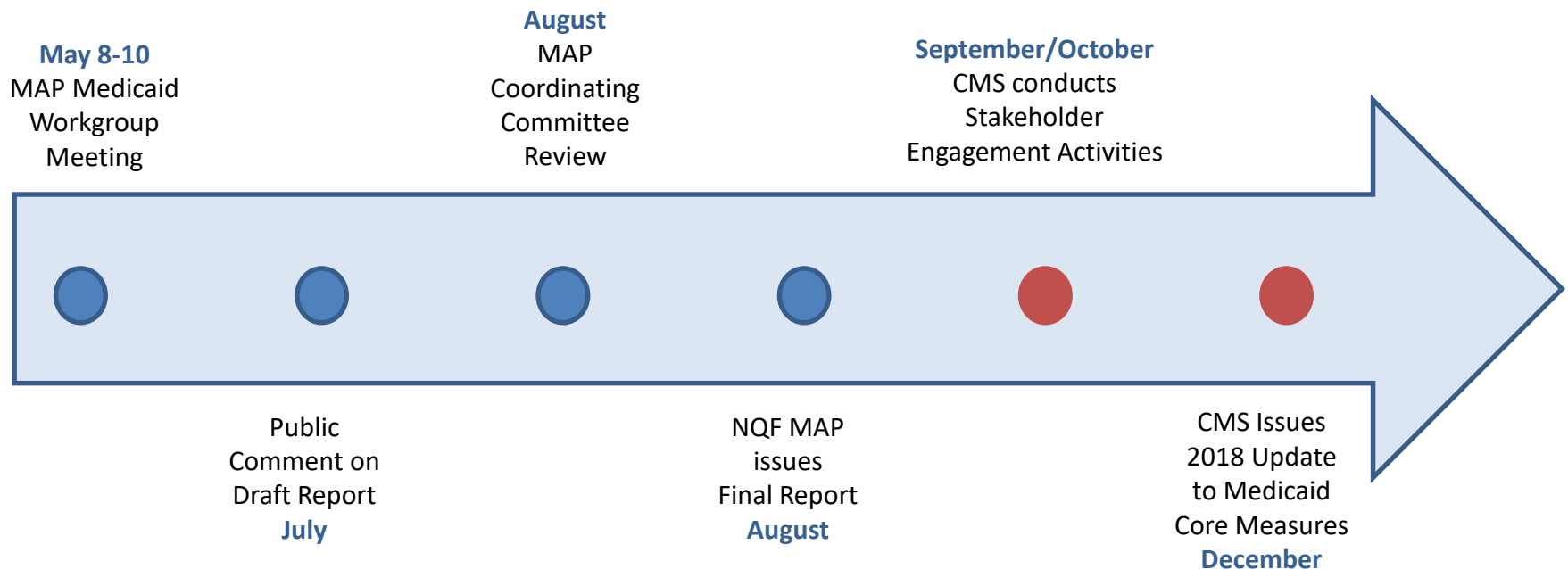
- **California 2015:** CMS used 1115 delivery system reform process to get \$740M allocated to dental improvement over five years.
- Focus will be primarily on provider incentives for PDENT and continuity of care through provider incentives.
- At least 10 percentage points of improvement required by 2020; state can earn additional \$10M by exceeding targets, up to 15 percentage points of improvement.



# Next Steps

## (after MAP feedback process)

- **CMS reviews MAP feedback with various internal/external stakeholders:**
  - Internal discussions at the Center for Medicaid and CHIP Services
  - Broader discussions with CMS's agency-level Quality Measures Task Force
  - State level stakeholder feedback



**Annual updates to both Core Sets to be released by January 1, 2019**

# Input Requested for 2018



- MAP can assist CMS to identify ways to strengthen the Child & Adult Core Set:
  - Which measures can be added to fill key gap areas
  - Which measures to retire (i.e. measures that no longer reflect current clinical guidance, are retired by a measure steward, or are recommended by stakeholders for removal)
  - Ways to better align with other CMS/HHS programs
- Focus on incremental changes
  - CMS and states continue to learn about current Child & Adult Core Set measures
    - Connecting existing data to measures
    - Using data for quality improvement
  - Consider state staff time and resources it takes to learn/incorporate new measures

# Important Considerations



- The Core Sets are tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP enrollees
  - They are intended for quality improvement not payment purposes
- The Core Sets are for state-level reporting, not provider-level reporting
- Under statute, state reporting on these measure sets is voluntary
- Alignment with other quality measure programs (such as CMS-American Health Insurance Plans (AHIP) Core Sets, Health Homes Core Set, and Dual Eligible Beneficiary Workgroup)
  - Trade-off between measure alignment across programs and fit-for-purpose of state-level program

# CMCS Measurement Resources

- **State-Level Medicaid & CHIP Measures**
  - Medicaid & CHIP [Child Core Measures](#)
  - Medicaid [Adult Core Measures](#)
- **Plan-Level Medicaid & CHIP Measures**
  - Medicaid & CHIP Managed Care Quality Rating System
- **Provider-Level CMS Measures**
  - [Health Homes Core Measures](#)
  - [Behavioral Health Clinics Core Measures](#)
  - [CCSQ/AHIP Core Quality Measures Collaborative](#)
    - Adult Core Sets
    - Pediatric Core Set

forthcoming

# Questions & Contact Information



- Questions?
- Karen Matsuoka, PhD  
Medicaid Chief Quality Officer
  - [Karen.Matsuoka@cms.hhs.gov](mailto:Karen.Matsuoka@cms.hhs.gov)

# Questions?

# Adult Core Set: Prior Recommendations and Updated 2018 Measure Set

# Medicaid Adult Population

- In FY 2016, Medicaid covered:<sup>1</sup>
  - *27 million adults*
  - *9 million blind and disabled*
  - *6 million aged*
- In 2015, Medicaid covered roughly 21 percent of adults with mental illness, 26 percent of adults with serious mental illness, and 17 percent of adults with substance use disorder.
- 5 percent of Medicaid beneficiaries with complex care needs account for 54 percent of total Medicaid expenditures.<sup>3</sup>

<sup>1</sup> Congressional Budget Office. Detail of Spending and Enrollment for Medicaid for CBO's January 2017 Baseline. Available at: <https://www.cbo.gov/sites/default/files/recurringdata/51301-2017-01-medicaid.pdf>. Accessed February 2017. <sup>2</sup> Kaiser Family Foundation. Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals. Available at: <https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/>. Accessed December 2017. <sup>3</sup> Medicaid.gov. Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs. Available at: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/beneficiaries-with-complex-needs/beneficiaries-with-complex-needs.html>. Accessed December 2017.



# MAP's 2017 Recommendations to Address High Priority Gaps

- Behavioral health (integration and coordination with primary and acute care settings and outcomes)
- Assessing and addressing social determinants of health\*
- Maternal/Reproductive health
  - *Inter-conception care to address risk factors*
  - *Access to obstetric care in the rural community*
  - *Postpartum complications*
- Long-term supports and services
- New chronic opiate use (45 days)

\* Denotes newly identified gap area

# Adult Task Force Measure- Specific Recommendations

- In 2017, MAP supported 28 of 30 measures in the 2017 Adult Core Set for continued use
- MAP recommended the removal of
  - ***NQF #0476 PC-03 Antenatal Steroids***
    - » MAP recommends removal from the Adult Core Set to reduce duplication and burden at the state level and increase bandwidth for reporting other measures
  - ***NQF #1517 Postpartum Care Rate\****
    - » MAP emphasized the importance of promoting actionable measures that directly address outcomes, whereas NQF #1517 focuses on visit counts.

**\*Conditional support to remove**

# Adult Task Force Measure- Specific Recommendations, cont.

- MAP recommended four measures for phased addition:

Rank	NQF Number (if applicable) and Measure Title
1	NQF #1800 Asthma Medication Ratio
2	NQF # 2967 CAHPS @ Home and Community-Based Services Experience Measures^
	Concurrent Use of Opioids and Benzodiazepines^
3	NQF #2903 Contraceptive Care: Most & Moderately Effective Methods

^Indicates conditional support

Adopted in 2018 Core Set

# CMS - Adult Core Set Update for 2018 Reporting

Issued November 14, 2016

- Based on MAP's recommendations, CMCS updated the 2018 Adult Core Set:
  - Added three measures:
    - » NQF #1800: Asthma Medication Ratio
    - » Concurrent Use of Opioids and Benzodiazepines
    - » NQF #2903: Contraceptive Care – Most & Moderately Effective Methods
- *No measures will be retired*

CMCS Informational Bulletin. 2017 Updates to the child and Adult Core Health Care Quality Measurement Sets. Available: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib120516.pdf>. Accessed February 2017.

# Medicaid Adult Core Set Measures for FFY 2018 Use

NQF #	Measure Name	Measure Steward
<b>Primary Care Access and Preventive Care</b>		
0032	Cervical Cancer Screening (CCS-AD)	NCQA
0033	Chlamydia Screening in Women Ages 21–24 (CHL-AD)	NCQA
0039	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	NCQA
0418/ 0418e	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	CMS
2372	Breast Cancer Screening (BCS-AD)	NCQA
N/A	Adult Body Mass Index Assessment (ABA-AD)	NCQA
<b>Maternal and Perinatal Health</b>		
0469/ 0469e	PC-01: Elective Delivery (PC01-AD)	TJC
0476	PC-03: Antenatal Steroids (PC03-AD)	TJC
2902	Contraceptive Care – Postpartum Women Ages 15–44 (CCP-AD)*	OPA
2903	Contraceptive Care: Most & Moderately Effective Methods	OPA
N/A	Postpartum Care Rate (PPC-AD)	NCQA

CMS = Centers for Medicare & Medicaid Services; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; TJC = The Joint Commission; OPA = U.S. Office of Population Affairs

# Medicaid Adult Core Set Measures for FFY 2018 Use, cont.

NQF #	Measure Name	Measure Steward
<b>Care of Acute and Chronic Conditions</b>		
0018	Controlling High Blood Pressure (CBP-AD)	NCQA
0057	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)	NCQA
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)	NCQA
0272	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	AHRQ
0275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	AHRQ
0277	PQI 08: Heart Failure Admission Rate (PQI08-AD)	AHRQ
0283	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	AHRQ
1800	Asthma Medication Ratio	NCQA

NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research & Quality

  **Newly Added Measure**

# Medicaid Adult Core Set Measures for FFY 2018 Use, cont.

NQF #	Measure Name	Measure Steward
<b>Care of Acute and Chronic Conditions</b>		
1768	Plan All-Cause Readmissions (PCR-AD)	NCQA
2082	HIV Viral Load Suppression (HVL-AD)	HRSA
2371	Annual Monitoring for Patients on Persistent Medications (MPM-AD)	NCQA
<b>Experience of Care</b>		
0006	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)	AHRQ

NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research & Quality; HRSA = Health Resources and Services Administration

# Medicaid Adult Core Set Measures for FFY 2018 Use, cont.

NQF #	Measure Name	Measure Steward
<b>Behavioral Health Care</b>		
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)	NCQA
0027	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA
0105	Antidepressant Medication Management (AMM-AD)	NCQA
0576	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD)	NCQA
1879	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD)	CMS
1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	NCQA
2605	Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence (FUA-AD)*	NCQA
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)*	NCQA
N/A	Use of Opioids at High Dosage (OHD-AD)	PQA
N/A	Concurrent Use of Opioids and Benzodiazepines	PQA

NCQA: National Committee for Quality Assurance; CMS = Centers for Medicare & Medicaid Services;  
PQA: Pharmacy Quality Alliance

**Newly Added Measure**



# Medicaid Adult Core Set Properties: Measure Characteristics

Medicaid Adult Core Set Characteristics		# of Measures (n = 30)
NQF Endorsement Status	Endorsed	29
	Not Endorsed	4
Measure Type	Structure	0
	Process	22
	Outcome	10
	Patient Experience of Care	1
Data Collection Method	Administrative Claims	27
	Electronic Clinical Data	18
	eMeasure Available	9
	Survey Data	3
Alignment	In use in one or more Federal Programs	28
	In the Child Core Set	6*

# Strategic Issues for State-Level Medicaid Reporting

- Alignment
- Data: Integration and Connection
- Data: Stratification
- Social Risk Factors and Impact on Health

# Adult Workgroup Discussion and Questions

- Questions or comments about the data presented?
- Observations about the updates that CMS made based on MAP's 2017 review?
- Have any measure gap areas been satisfied as a result of the most recent update? Emerged since the last deliberations?
  - *Measures suggested by MAP for addition/removal but not yet added/removed by CMS may need to be re-evaluated in 2018 along with other priorities for updates.*

# Child Core Set: Prior Recommendations and Updated 2018 Measure Set

# Medicaid and CHIP

## BACKGROUND

- >40% of births in the US are financed by Medicaid<sup>1</sup>
- Medicaid and the Children's Health Insurance Program (CHIP) covered nearly 35 million children in August 2017<sup>2</sup>
  - *Better health*
  - *Lower rates of mortality*
  - *Higher educational and economic outcomes*
- Promote access to care among children with special health care needs<sup>3</sup>
- Children with special health needs<sup>4</sup>
  - *15% of children have special health care needs*
  - *36% covered by public insurance*
  - *58% have  $\geq 4$  functional difficulties*

<sup>1</sup>- Medicaid.gov. Medicaid & CHIP: Strengthening Coverage, Improving Health. Jan 2017. <sup>2</sup>- Medicaid.gov. September 2017 Medicaid and CHIP Enrollment Data Highlights. <sup>3</sup>- Paradise,J. The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? Jul 2014. <sup>4</sup> National Survey of Children with Special Health Care Needs, NS-CSHCN 2009/10.

# MAP's 2017 Recommendations to Address High Priority Gaps

- Substance Abuse
- Care Coordination
  - *Aspects of care integration, social services coordination, cross-sector measures and care coordination for conditions requiring community linkages*
- Mental Health
- Overuse and Medically Unnecessary Care
  - *Underuse of care*
- Cost Measures

# Measures Recommended for Removal in FFY 2018 Medicaid and CHIP Child Core Set

MAP supported all but five of the 27 measures for continued use in the program

NQF #	Measure Name
1391*	Frequency of Ongoing Prenatal Care
1517*	Prenatal and Postpartum Care- Timeliness of Prenatal Care
1799*	Medication Management for People with Asthma
1365	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
N/A	Behavioral Health Risk Assessment (for Pregnant Women)

\* No longer NQF endorsed

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2017.  
[http://www.qualityforum.org/Publications/2017/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2017.aspx](http://www.qualityforum.org/Publications/2017/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2017.aspx)

# Measures Recommended for Phased Addition in FFY 2018 Medicaid and CHIP Child Core Set

- MAP recommended five measures for phased addition:

Rank	NQF #	Measure Name	MAP Recommendation
1	2903	Contraceptive Care: Most & Moderately Effective Methods	Support
	1800	Asthma Medication Ratio	Support
2	3154	Informed Participation	Support
3	0418/ 0418e	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Support
4	2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Support

 Adopted in 2018 Core Set

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2017.  
[http://www.qualityforum.org/Publications/2017/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2017.aspx](http://www.qualityforum.org/Publications/2017/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2017.aspx)



# CMS – Medicaid and CHIP Child Core Set

## Update for 2018 Reporting - Issued November 14, 2017

- Based on MAP's recommendations, CMCS updated the 2018 Child Core Set:
  - Added three measures:
    - » NQF #2903: Contraceptive Care: Most & Moderately Effective Methods
    - » NQF #1800: Asthma Medication Ratio
    - » NQF #0418/0418e: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - Removed four measures:
    - » NQF #1391: Frequency of Ongoing Prenatal Care
    - » NQF #1799: Medication Management for People with Asthma
    - » NQF #1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
    - » Behavioral Risk Assessment (for pregnant women) measure.

CMCS Informational Bulletin. 2017 Updates to the Child and Adult Core Health Care Quality Measurement Sets. Available: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111417.pdf>. Accessed December 2017.

# Medicaid and CHIP Child Core Set Measures for FFY 2018 Use

NQF #	Measure Name	Measure Steward
<b>Primary Care Access and Preventive Care</b>		
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)	NCQA
0033	Chlamydia Screening in Women Ages 16–20 (CHL-CH)	NCQA
0038	Childhood Immunization Status (CIS-CH)	NCQA
1392	Well-Child Visits in the First 15 Months of Life (W15-CH)	NCQA
1407	Immunizations for Adolescents (IMA-CH) <sup>a</sup>	NCQA
1448*	Developmental Screening in the First Three Years of Life (DEV-CH)	OHSU
1516	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)	NCQA
0418/ 0418e	Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF-CH)	CMS
N/A	Child and Adolescent Access to Primary Care Practitioners (CAP-CH)	NCQA
N/A	Adolescent Well-Care Visit (AWC-CH)	NCQA

• \*No longer NQF Endorsed.

• NCQA: National Committee for Quality Assurance; OHSU: Oregon Health and Science University; CMS: Centers for Medicare & Medicaid Services

 **Newly Added Measure**

# Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

NQF #	Measure Name	Measure Steward
<b>Maternal and Perinatal Health</b>		
0139	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)	CDC
0471	PC-02: Cesarean Section (PC02-CH)	TJC
1360	Audiological Evaluation No Later Than 3 Months of Age (AUD-CH)	CDC
1382	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	CDC
1517*	Prenatal and Postpartum Care- Timeliness of Prenatal Care (PPC-CH)	NCQA
2902	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)	OPA
2903	Contraceptive Care- Most and Moderately Effective Methods: Ages 15-20 (CCW-CH)	OPA

  Newly Added Measure

\*No longer NQF Endorsed

AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CDC = Centers for Disease Control and Prevention; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs.

# Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

NQF #	Measure Name	Measure Steward
<b>Behavioral Health Care</b>		
0108	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA
0576	Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)	NCQA
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)	AHRQ- CMS CHIPRA NCINQ

AHRQ = Agency for Healthcare Research and Quality; AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CHIPRA = Children's Health Insurance Program Reauthorization Act; CMS = Centers for Medicare & Medicaid Services; NCINQ = National Collaborative for Innovation in Quality Measurement; NCQA = National Committee for Quality Assurance

# Medicaid and CHIP Child Core Set Measures for FFY 2018 Use, cont.

NQF #	Measure Name	Measure Steward
<b>Dental and Oral Health Services</b>		
2508	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH)	DQA (ADA)
NA	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	CMS
<b>Care of Acute and Chronic Conditions</b>		
NA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	NCQA
1800	Asthma Medication Ratio: Ages 5-18 (AMR-CH)	NCQA
<b>Experience of Care</b>		
NA	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	NCQA

  **Newly Added Measure**

DQA (ADA) = Dental Quality Alliance (American Dental Association); CMS = Centers for Medicare & Medicaid Services; NCQA = National Committee for Quality Assurance

# 2018 Medicaid and CHIP Child Core Set Properties: Measure Characteristics

Medicaid Child Core Set Characteristics		Number of Measures (n = 26)
NQF Endorsement Status	Endorsed	19
	Not Endorsed	7
Measure Type	Structure	0
	Process	19
	Intermediate Clinical Outcome	2
	Outcome	5
Data Collection Method	Administrative Claims	20
	Electronic Clinical Data	12
	Survey/Registry	4
	Paper Records	10
Alignment	In use in one or more other federal programs	16
	In the Medicaid Adult Core Set	6

# Strategic Issues for State-Level Medicaid Reporting

- Alignment
- Data: Integration and Connection
- Data: Stratification
- Social Risk Factors and Impact on Health

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2017.  
[http://www.qualityforum.org/Publications/2017/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2017.aspx](http://www.qualityforum.org/Publications/2017/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2017.aspx)

# Child Workgroup Discussion and Questions

- Questions or comments about the data presented?
- Observations about the updates that CMS made based on MAP's 2017 review?
- Have any measure gap areas been satisfied or emerged as a result of the most recent update? Emerged since the 2017 deliberations?
  - *Measures suggested by MAP for addition but not yet added by CMS may need to be re-evaluated in 2018 along with other priorities for updates.*



# Looking Ahead to the In-Person Meeting: Opportunities to Further Strengthen the Measure Sets

# May In-Person Meeting Objectives

- Consider states' experiences implementing the Medicaid Adult and Child Core Sets
  - *Presenters from states will join MAP meetings in 2018*
- Develop concrete recommendations for strengthening the Medicaid Adult and Child Core Sets through identification of:
  - *Categorize measure gaps by importance*
  - *Consider potential measures to address gap areas*
  - *Measures found to be ineffective, for potential removal*
  - *Other strategic, implementation and or policy issues*

# Strategic Issues for Consideration

- Measurement Methodology:
  - *Alignment of measures*
  - *Social determinants of health*
- Measurement Data Issues:
  - *Population stratification*
  - *Social determinants of health*
- Multi-layer reporting:
  - *Effect on reporting burden*
  - *Measure development*

# Strategic Issues-Alignment of Measures across Medicaid Core Sets

- To what extent are the Core Sets aligned?
- Shared measures with different age groups reported
  - *Chlamydia Screening (#0033)*
  - *Contraceptive Care – Postpartum Women (CCP-AD) (#2902)*
  - *Contraceptive Care: Most & Moderately Effective Methods(OPA)(#2903)*
  - *Follow-up After Hospitalization for Mental Illness (#0576)*
- Measure with rates/age split across the measure sets
  - *Timeliness of Prenatal Care (Child)*
  - *Postpartum Care (Adult)*
  - *Screening for Clinical Depression and Follow-Up Plan (CDF-AD)*
- Similar but separate measures for different age groups
  - *BMI Screening/Counseling (not endorsed)*
- Asthma

# Strategic Issues- Alignment contd.

## Opportunities for Alignment

- Between Core Sets
  - *What gap areas provide opportunities for further alignment of measures between the Adult and Child Core Sets?*
- With Other Programs/Measure Sets
  - *How does overlap between Core Quality Measure Collaborative Adult Measure Sets and Medicaid Core Sets promote quality through alignment?*

# Strategic Issues-Population Stratification

## **Reasons for Population Stratification:**

- Health severity classes among condition groups
- Stratification of patient population by risk
- Stratification of patient population by age
- Stratification of patient population by other factors of interest

# Strategic Issues – Social Determinants of Health

## Methodological and Data Issues:

- Data regarding social determinants:
  - *What to collect*
  - *How to collect*
  - *Ways to maximize existing data*
- Methodological issues regarding analysis of social determinants:
  - *Analytical framework*
  - *Statistical tools*

# Additional Strategic Issue

## **CMS perspective on additional methodological considerations:**

*Multi-layer reporting and effect on reporting burden and measure development*



# Planned Sources of Information

- Evaluation of the current Medicaid Adult and Child Core Sets of measures against the MAP Measure Selection Criteria and the NQS
- Feedback from participating States to include:
  - *Measures selected for reporting and reasoning for selection*
  - *Most common types of technical assistance requests*
  - *Data collection challenges and solutions*
  - *How states are leveraging the measure results*

# Planned Sources of Information

- Measure-specific information collected by CMS
  - *Analysis of data on the 26 Child Core Set measures*
  - *Analysis of data on 33 Adult Core Set measures*
  - *The analysis for both Core Sets is presented in five domain specific reports: (1) primary care access and preventive care, (2) perinatal health, (3) care of acute and chronic conditions, (4) behavioral health care, and (5) dental and oral health services.*
- Aggregated and ranked quality results for select measures, with a minimum threshold of reporting, to demonstrate low vs. high performing measures

# Discussion: Additional Information Sources

- What additional information do the Workgroups need to support their deliberations?
- What other information is needed about the implementation experience from participating and/or non-participating states?

# Public Comment

# SharePoint Overview

# SharePoint Overview

- Accessing SharePoint
- MAP Member Guidebook
- Meeting and Call Documents
- Committee Roster
- Calendar of Meetings
- Reference Materials

# SharePoint Overview

## ■ Screenshot of Homepage

The screenshot shows the SharePoint homepage for the National Quality Forum (NQF) MAP Medicaid Adult Task Force. The interface includes a top navigation bar with 'Site Actions', 'Browse', 'Page', 'Documents', and 'Library' tabs. The user 'Miranda Kuwahara' is logged in. The main header features the NQF logo and the text 'NATIONAL QUALITY FORUM MAP Medicaid Adult Task Force Home'. A secondary navigation bar includes links like 'NQF Share', 'Intranet', 'Projects', 'HHS', 'CSAC', 'Workgroups', 'Archives', and 'SharePoint Help'. A left sidebar contains a 'Committee Home' section with links to 'Committee Calendar', 'Committee Links', 'Committee Roster', and 'Staff Contacts', as well as 'Surveys', 'Measures Suggestions', and 'Policy Issues'. The main content area is titled 'MAP Medicaid Adult Task Force' and displays a 'General Documents' library. This library contains a table of documents with columns for 'Type', 'Name', and 'Modified'. The documents listed include various 2015 domain-specific reports, the 2015 HHS Annual Report, the 2015 MAP Medicaid Adult Final Report, the 2017 Medicaid Adult Core Set of Measures (marked as new), and other informational bulletins and guides. An 'Add document' link is at the bottom of the document list.

**General Documents**

Type	Name	Modified
	2015 Domain-Specific Report - Acute and Chronic	4/14/2016 4:36 PM
	2015 Domain-Specific Report - Behavioral Health	4/14/2016 4:36 PM
	2015 Domain-Specific Report - Dental and Oral Health	4/14/2016 4:37 PM
	2015 Domain-Specific Report - Perinatal	4/14/2016 4:37 PM
	2015 Domain-Specific Report - Primary and Preventive	4/14/2016 4:37 PM
	2015 HHS Annual Report on the Quality of Care for Adults in Medicaid	3/24/2016 1:34 PM
	2015 MAP Medicaid Adult Final Report	9/1/2015 1:17 PM
	2017 Medicaid Adult Core Set of Measures <b>NEW</b>	1/27/2017 3:06 PM
	CMCS Informational Bulletin - 2017 Updates to the Child and Adult Measurement Sets	1/11/2017 5:54 PM
	Final Rule - Extension of Deadline for Access Monitoring Review Plan Submissions	5/17/2016 6:24 PM
	MAP Member Guidebook	12/7/2016 8:42 AM

[Add document](#)

# SharePoint Overview

- Please keep in mind:
  - (+) and (–) signs :

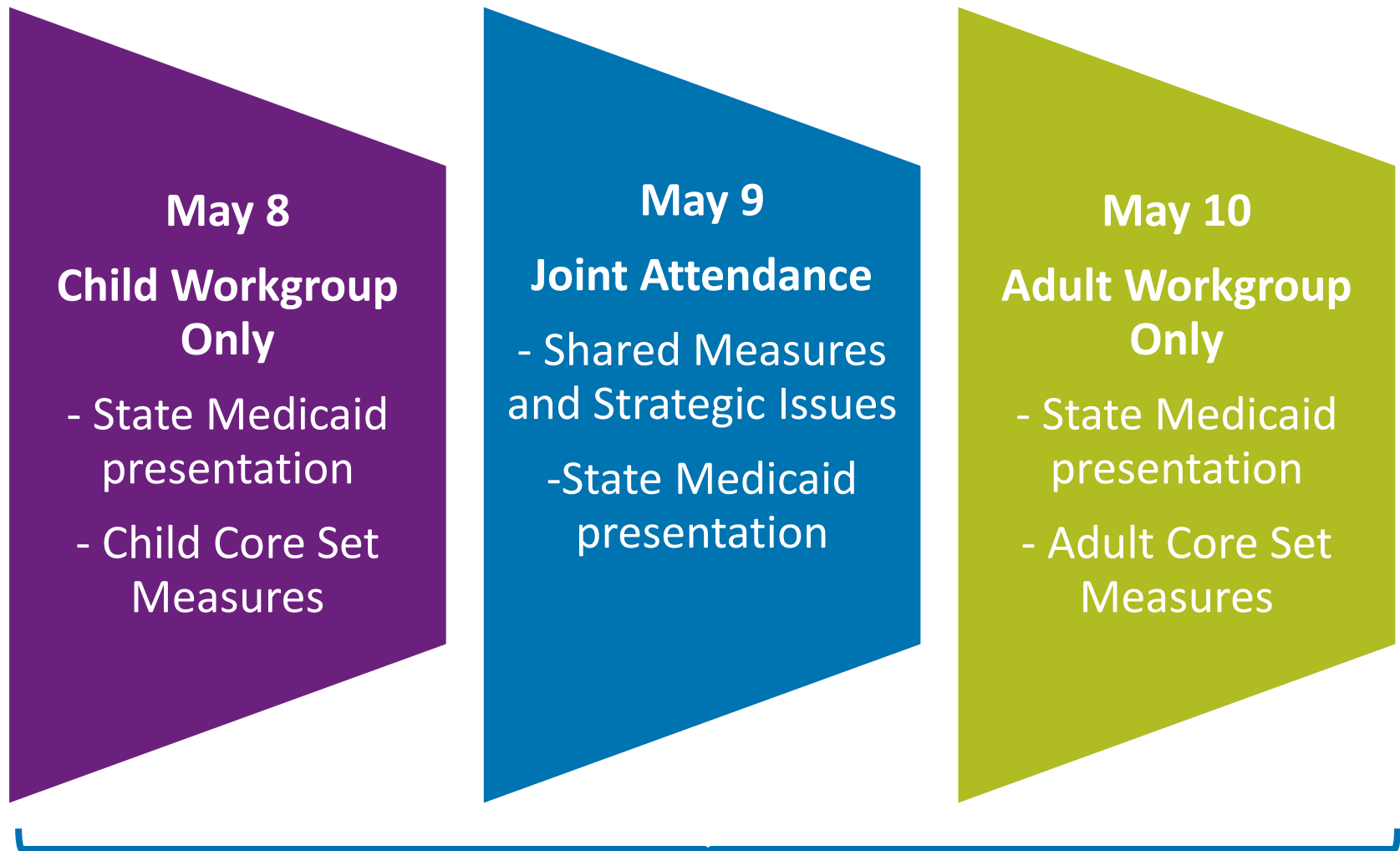
Meeting Documents		
<input type="checkbox"/> Type	Name	Modified
	Meeting Title : May 24-26, 2016: Medicaid Adult and Child Joint In-person Meeting (10)	

Meeting Documents		
<input type="checkbox"/> Type	Name	Modified
	Meeting Title : May 24-26, 2016: Medicaid Adult and Child Joint In-person Meeting (10)	
	MAP Medicaid Adult Task Force Roster	5/18/2016 8:37 AM
	Final Rule – Methods for Assuring Access to Covered Medicaid Services	5/18/2016 8:38 AM
	CMS Adult One-pagers_confidential	5/18/2016 8:38 AM
	Adult Core Measures Alignment - Used in Other programs	5/18/2016 8:39 AM
	Summary of Adult Core Set Technical Assistance Requests	5/18/2016 10:59 AM
	CMS Snapshots	5/18/2016 10:37 PM
	MAP Medicaid Adult_2016 Core Set and Measure Gap Areas Analysis	5/24/2016 8:14 AM
	MAP Medicaid 2016 In person Meeting Agenda.final	5/24/2016 8:14 AM
	Medicaid Adult and Child In-person Meeting Presentation Slides	5/24/2016 8:16 AM
	Asthma Measures_Side by Side comparison	5/25/2016 8:48 AM



# Next Steps

# Structure of May Workgroup Deliberations



**May 2018 In-Person Meeting**

# Workgroup Homework - Identifying Measures to Fill Gaps in the Core Sets

- Please send suggestions of new/potential measures to fill identified gaps in the Adult and Child Core Sets for discussion and consideration by **February 16**.
- Please enter measure(s) information on the Committee SharePoint site via the Measure Survey (links below):
  - **Adult Workgroup Measure Survey:**  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Workgroup/Lists/MAP%20Medicaid%20Adult%20Task%20Force/overview.aspx>
  - **Child Workgroup Measure Survey:**  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Workgroup/Lists/Medicaid%20Task%20Forces%20Measure%20Suggestions/overview.aspx>

*Workgroup members will deliberate on the appropriate measures to fill gaps during the in-person meeting on May 8-10.*

# Measure Submission Form

## Guidance for Medicaid Measure Submission for Consideration and Discussion during May In-Person Meeting:

1. Recommendations must be based on current Gap Areas
2. Recommenders must fill out measure submission form and serve as the lead discussant during the in-person meeting discussion of the measure(s)
3. Recommender must contact developer/steward to ensure adequate information is available, if the measure is not NQF endorsed
4. Measure submissions are due. Late submissions will not be accepted.

## Medicaid Measure Submission Form –

Measure Nominated by (organization/individual):

Measure Number (if NQF endorsed):

Measure Title:

Measure Description:

Point of Contact (also considered Lead Discussant for measure discussion):

Measure Related Information	Measure Details
Measure Number (if NQF endorsed)	
Measure Title	
Measure Description	
Measure Numerator Statement	
Measure Denominator Statement	
Exclusions	
NQF Endorsement Status	
Measure Type	
Data Source	
Level of Analysis	
Care Setting	
Alignment (use in federal program)	
Steward/developer organization name	
Steward/developer contact, name, email and/or telephone number	
Medicaid Gap area addressed by measure	

Is the measure reliable and valid for the level of analysis, setting or Medicaid program in general	
Is measure linked to an outcome	
Can the measure be implemented without necessity for additional resources	
Can the measure be feasibly reported	
Is the measure currently being used	

# Important Dates

- **Feb 16:** Homework due (Identifying measures to fill gaps in the Core Sets)
- **May 8-9:** In-person meeting of Medicaid **Child** Workgroup
- **May 9-10:** In-person meeting of Medicaid **Adult** Workgroup
- **July 2 - August 1:** 30-day public comment period on draft reports
- **August (Date TBD):** MAP Coordinating Committee review of draft reports
- **August 31:** Final reports due to HHS and made available to the public

# MAP Medicaid Adult and Child Workgroups NQF Staff Support Team

- Debjani Mukherjee: Senior Director
- Shaconna Gorham: Senior Project Manager
- May Nacion: Project Manager
- Miranda Kuwahara: Project Manager

# Project Contact Info

- **Email**

- *Adult Workgroup:* [mapmedicaidadult@qualityforum.org](mailto:mapmedicaidadult@qualityforum.org)
- *Child Workgroup:* [mapmedicaidchild@qualityforum.org](mailto:mapmedicaidchild@qualityforum.org)

- **NQF Phone:** 202-783-1300

- **Project page:** [http://www.qualityforum.org/MAP\\_Task\\_Forces.aspx](http://www.qualityforum.org/MAP_Task_Forces.aspx)

- **SharePoint sites**

- *Adult Workgroup:*  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Task%20Force/SitePages/Home.aspx>
- *Child Workgroup:*  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Task%20Force/SitePages/Home.aspx>

# Thank You for Participating!