



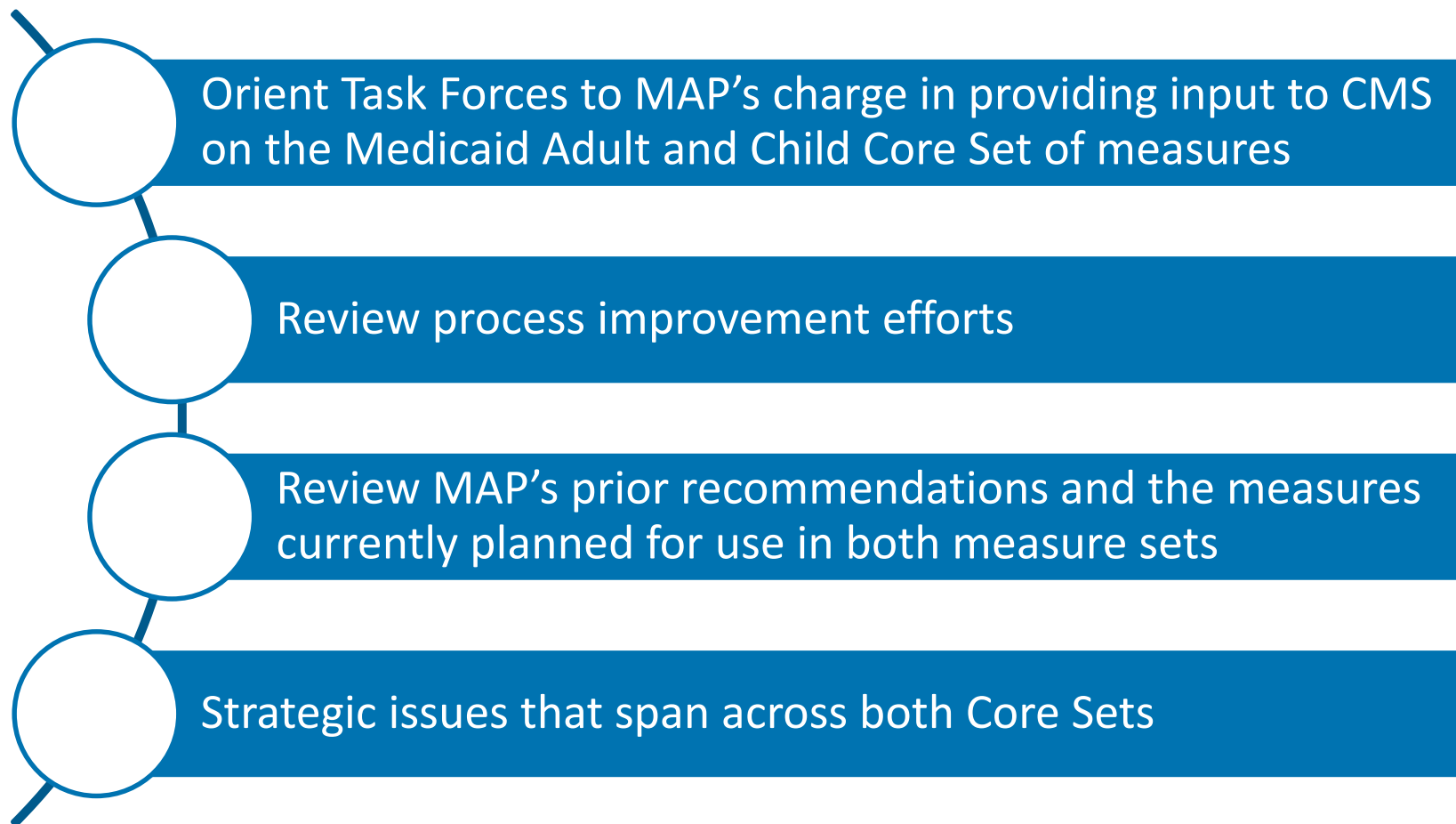
NATIONAL  
QUALITY FORUM

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

*March 16, 2017*

# Welcome and Review of Meeting Objectives

# Meeting Objectives



# Introductions of Task Force Members

# Medicaid Adult Task Force Membership

Organizational Representatives (Voting)	Organizational Members
Harold Pincus, MD – Chair	Columbia University’s College of Physicians and Surgeons/New York Presbyterian Hospital
Diane Calmus, JD	National Rural Health Association
Mary Kay Jones, MPH, BSN, RN, CPHQ	Centene Corporation
Rhys Jones, MPH	America's Health Insurance Plans
Sue Kendig, JD, WHNP-BC, FAANP	American Association of Nurse Practitioners
Deborah Kilstein, RN, MBA, JD	Association for Community Affiliated Health Plans
Roanne Osborne-Gaskin, MD, MBA, FAAFP	American Academy of Family Physicians
Clarke Ross, DPA	Consortium for Citizens with Disabilities
Marissa Schlaifer, RPh, MS	Academy of Managed Care Pharmacy

# Medicaid Adult Task Force Membership

## Federal Government Members (Non-Voting)

Suma Nair, MS, RD	Health Resources and Services Administration (HRSA)
Marsha Smith, MD	Centers for Medicare & Medicaid Services (CMS)
Lisa Patton, PhD	Substance Abuse and Mental Health Services Administration (SAMHSA)

# Medicaid Child Task Force Membership

Organizational Representatives (Voting)	Organizational Members
Richard Antonelli, MD - Chair	Boston Children's Hospital/ Harvard Medical School
Terry Adirim, MD, MPH, FAAP	American Academy of Pediatrics
Kathryn Beattie, MD	America's Essential Hospitals
Andrea Benin, MD	Children's Hospital Association
Deborah Kilstein, RN, MBA, JD	Association for Community Affiliated Plans
Susan Lacey, RN, PhD, FAAN	American Nurses Association
Roanne Osborne-Gaskin, MD, MBA, FAAFP	American Academy of Family Physicians
Amy Poole-Yaeger, MD	Centene Corporation
Amy Richardson, MD, MBA	Aetna
Carol Sakala, PhD, MSPH	National Partnership for Women and Families
Rosemarie Sweeney, MPA	Patient-Centered Primary Care Collaborative

# Medicaid Child Task Force Membership

## SME (Voting)

Kim Elliot, PhD, CPHQ	Health Services Advisory Group
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## Federal Government Members (Non-Voting)

Suma Nair, MS, RD	Health Resources and Services Administration (HRSA)
Marsha Smith, MD	Centers for Medicare & Medicaid Services (CMS)
Kamila Mistry, PhD, MPH	Agency for Healthcare Research and Quality (AHRQ)



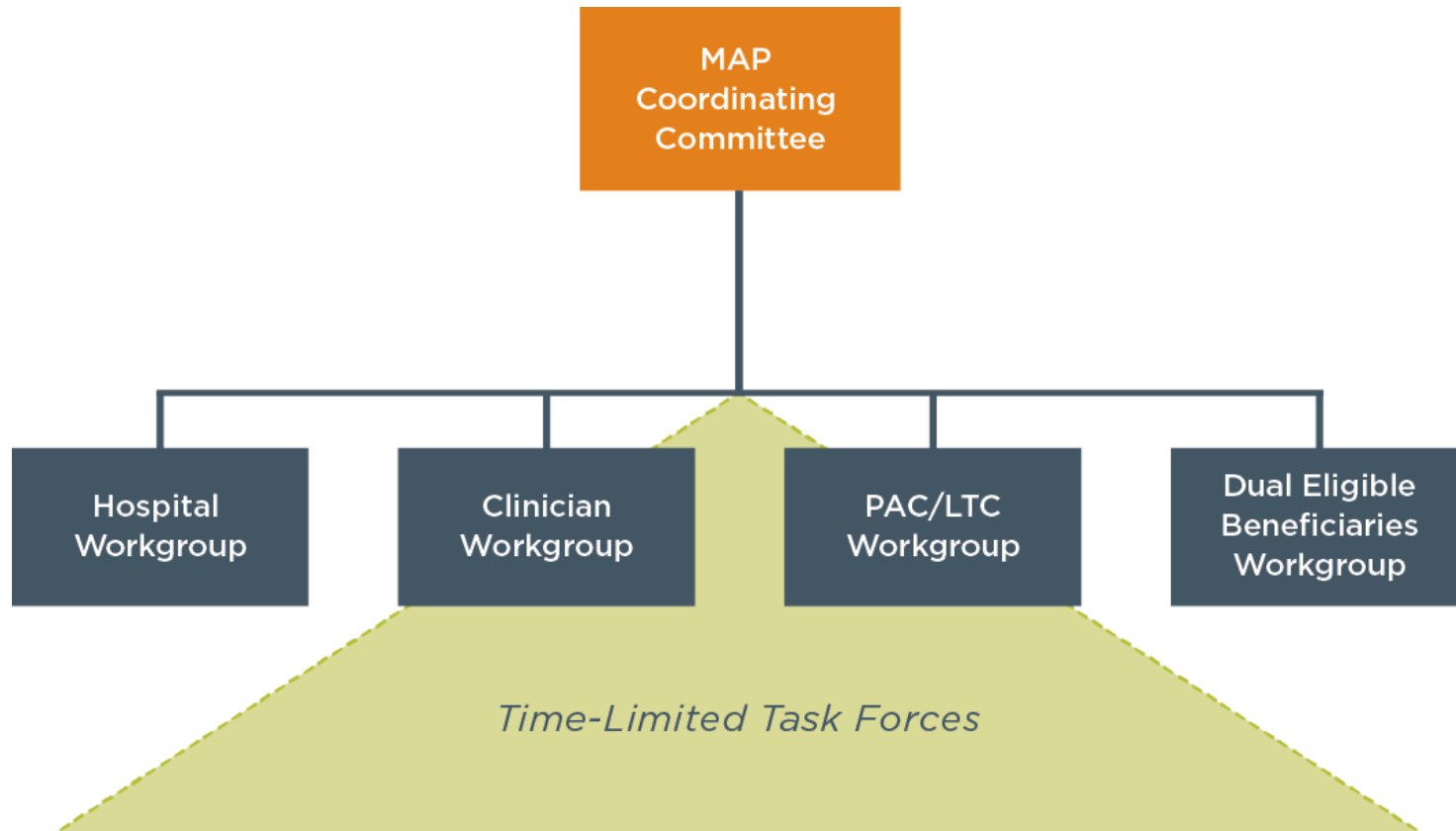
# MAP Medicaid Taskforce Overview

## Process Improvement Updates

# MAP Medicaid Child and Adult Task Forces' Charge

- For this review, the charge of the MAP Medicaid Child and Adult Task Forces is to:
  - *Review states' experiences reporting measures to date*
  - *Refine previously identified measure gap areas and recommend potential measures for addition to the set*
  - *Recommend measures for removal from the set that are found to be ineffective*
- The Task Force consists of current MAP members from the MAP Coordinating Committee and MAP Workgroups with relevant interests and expertise.
- MAP will convene the Task Forces beginning March 2017, with a report due to CMS by August 2017.

# 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, workgroups, and task forces are considered subject matter experts*

- **Federal Government Liaisons**

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

# MAP Task Forces-Membership Policy

- MAP Task forces are time-limited entities.
- MAP Medicaid membership is drawn from current MAP Workgroups and Coordinating Committee based on relevant experience.
- Prior task forces include the Health Insurance Exchange Task Force, the Measure Selection Criteria and Impact Task Force, and the Strategy Task Force.

# Medicaid Project Evolution

## GOALS

- Align with MAP Pre-rulemaking Processes
- Standardize workflow
- Facilitate standardized assessment and recommendations across project years
- Systematically review measures recommended for addition

# Medicaid Process Improvement

- MAP's annual recommendations are guided by the Measure Selection Criteria, feedback from state implementation and Medicaid population specific gap areas
- Introduce a standardized way of discussing potential measure recommendations based on a Medicaid specific Algorithm and Preliminary Analysis
- Medicaid TFs members submit measure recommendations for strengthening the core sets

# Preliminary Analysis Tool

## **Standardize Measure Review by Systematically Focusing on Measure related:**

- Evidence
- Reliability & Validity
- Gap Areas
- Opportunities for Improvement
- Applicability with respect to Medicaid population



# MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set.
2. The measure is an outcome measure or is evidence-based.
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is NQF-endorsed or has been submitted for NQF-endorsement for the program's setting and level of analysis.
7. If a measure is in current use, no implementation issues have been identified.

# MAP Preliminary Analysis Algorithm- Medicaid Specific Sub-Criteria Additions

- Added for Medicaid adult and child population high impact areas and health conditions as an additional focus.
- Added data collection and measure implementation feasibility.
- Added consideration of issues related to resource needs for implementation.
- Added consideration of the need to vary a measure prior to implementation at the state level.

# MAP Task Forces-Voting Policy

- Voting is a multiple step process that includes:
  - ***Step 1: Measure discussions with respect to Medicaid population needs***
  - ***Step 2: Public Comments***
  - ***Step 3: Voting***

# TF Measure Recommendations - Discussion prior to Voting

- Taskforce member(s) who identified measures for discussion will describe their perspective on the measure and how it adds to the information in the preliminary analysis framework.
- Taskforce member(s) who nominated measures will be assigned as lead discussant(s). Lead discussant(s) should state their own point of view regarding the measure with a specific focus on Medicaid relevancy.
- Other Taskforce members should participate in the discussion to make their opinions known. However, in the interests of time, one should refrain from repeating points already presented by others.
- After discussion of each measure, the Taskforce will vote on the measure with three options:
  - » *Support*
  - » *Conditional Support*
  - » *Do Not Support*

# Voting

- Voting requirements:
  - *Quorum-66% of Taskforce required to be present for voting*
  - *≥60% of votes denote the result of voting*
- Re-voting allowed based on new information that is brought forth post-Taskforce discussion and voting and or confusion as to information related to the measure being voted on, a Taskforce member can request a re-vote.

# Medicaid Decision Categories

## **SUPPORT**

- Addresses a previously identified measure gap
  - Ready for immediate use
- Promotes alignment across programs and settings

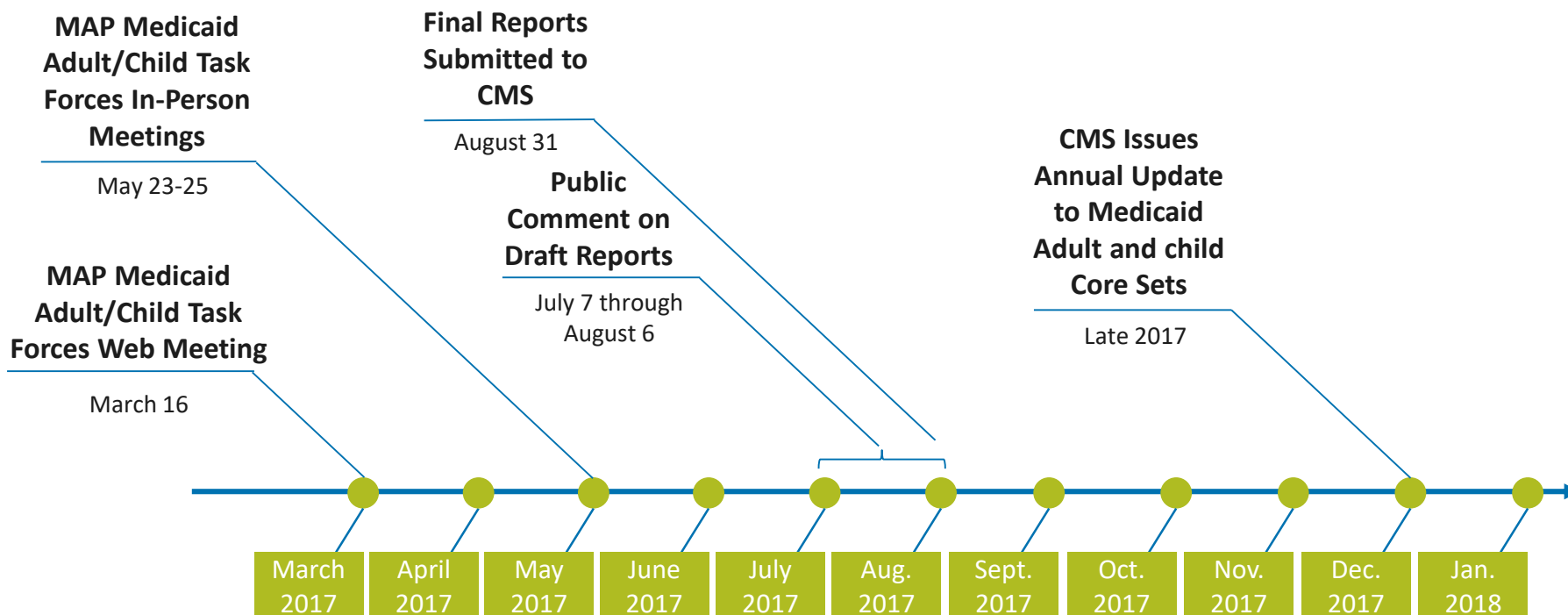
## **CONDITIONAL SUPPORT**

- Pending endorsement from NQF
- Pending change by the measure steward
- Pending CMS confirmation of feasibility
- Et cetera

## **DO NOT SUPPORT**

- Measure and/or measure focus inappropriate or a poor fit for the Core Sets
  - Duplication of efforts
  - Resource constraints
- State Medicaid agencies will need to tweak and/or vary the level of analysis to increase measure adoption and implementation

# 2017 Timeline



# Questions?





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

National Quality Forum (NQF)  
Medicaid Measures Application Partnership (MAP)  
March 2017

Karen Matsuoka, PhD  
Chief Quality Officer

Center for Medicaid and CHIP Services (CMCS)

Measure Applications Partnership CONVENED BY THE NATIONAL QU

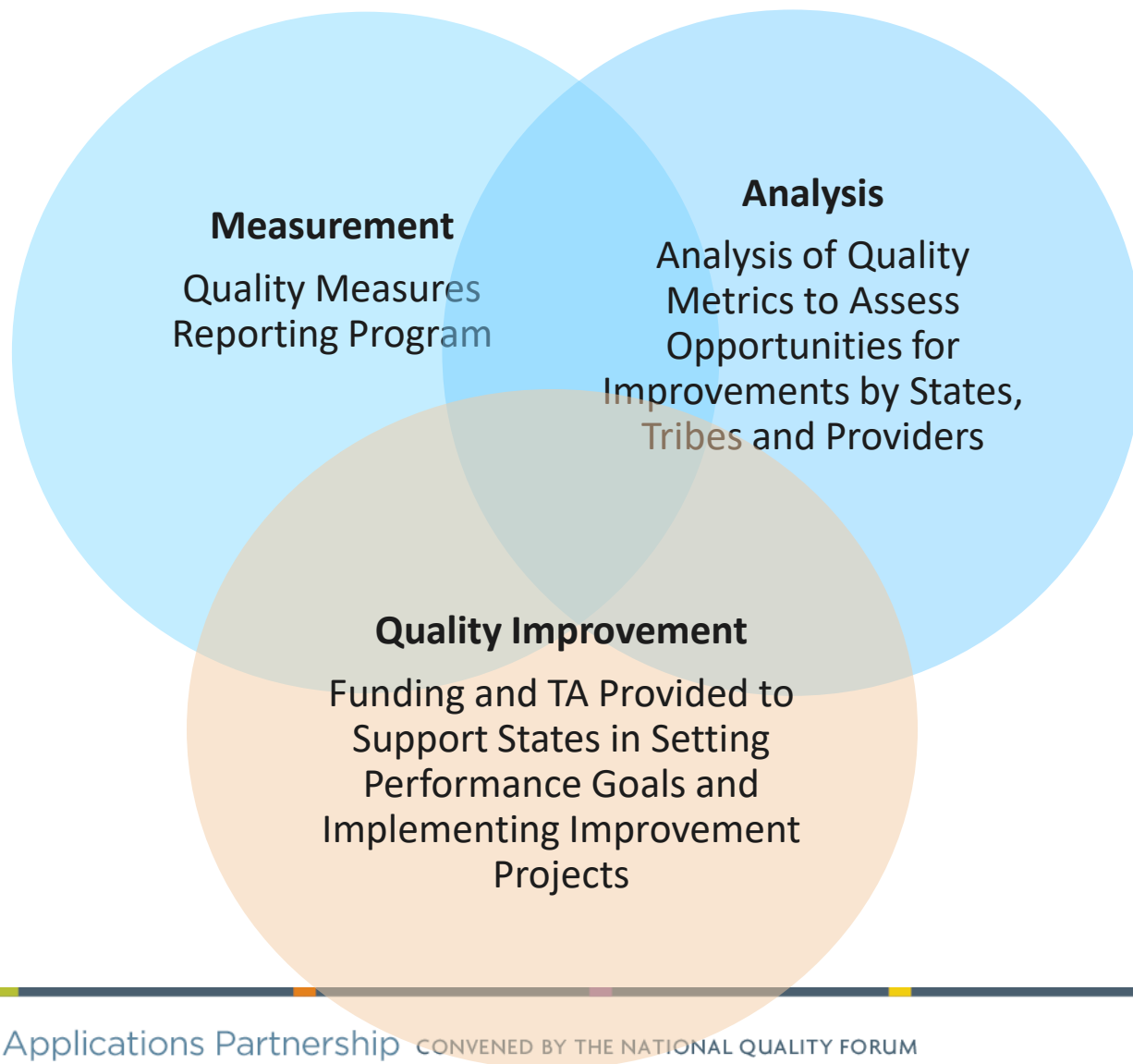


- What is the charge for the Medicaid Measure Applications Partnership (MAP) Task Force?
- What are the Medicaid & CHIP Child and Adult Core Sets?
- How do CMS and states use the Medicaid Child and Adult Core Sets?
- What is the timeline?
- Important considerations

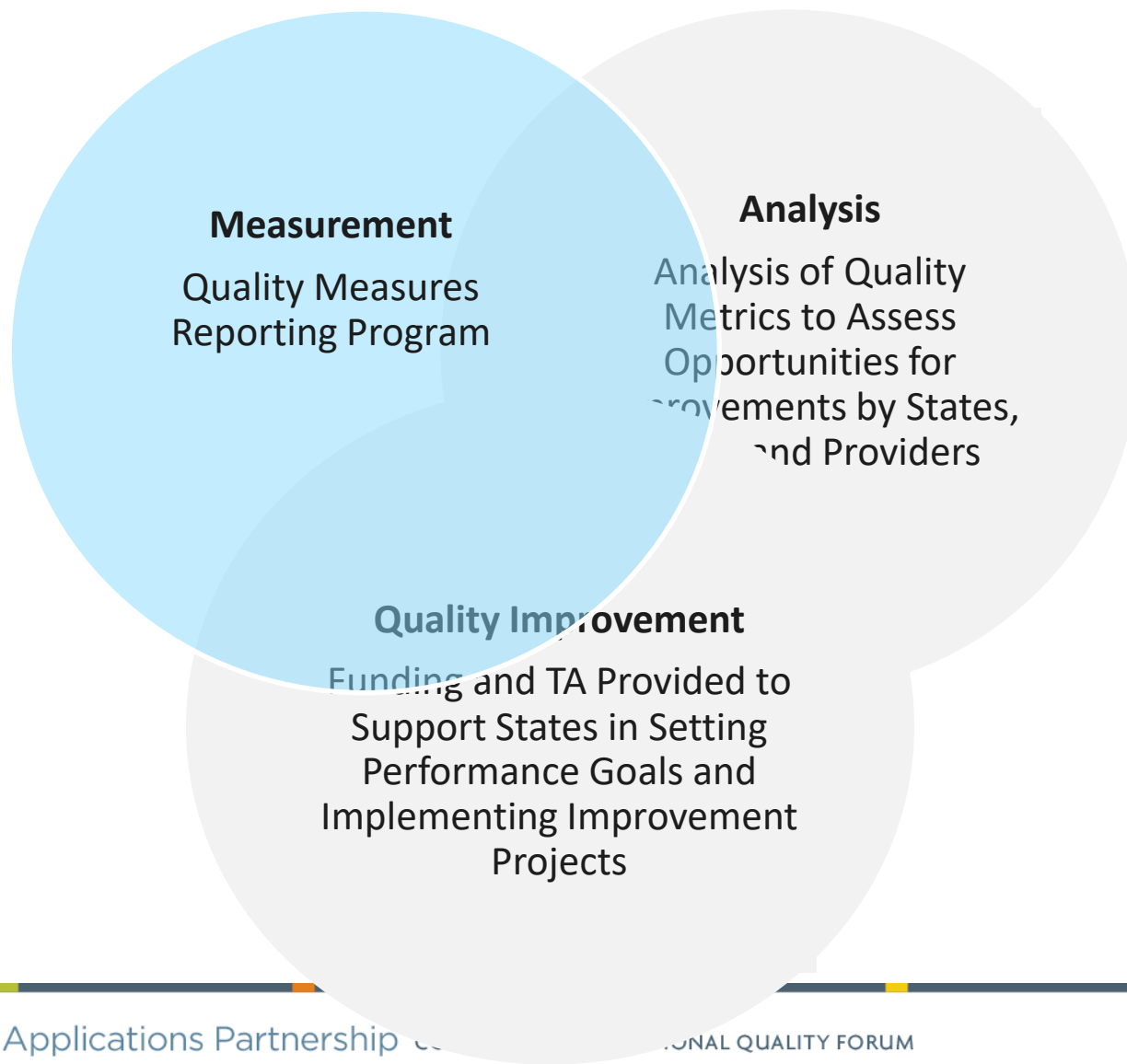
# MAP Medicaid Task Force Charge

- The charge of the MAP Medicaid Task Force 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 Set 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*
  - *Aligning with other CMS/HHS programs*
- The Task Force consists of current MAP members from the MAP Coordinating Committee and MAP workgroups with relevant interests and expertise.
- MAP will convene the Task Force beginning May 2017 with a report due to CMS by August 2017.

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



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



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

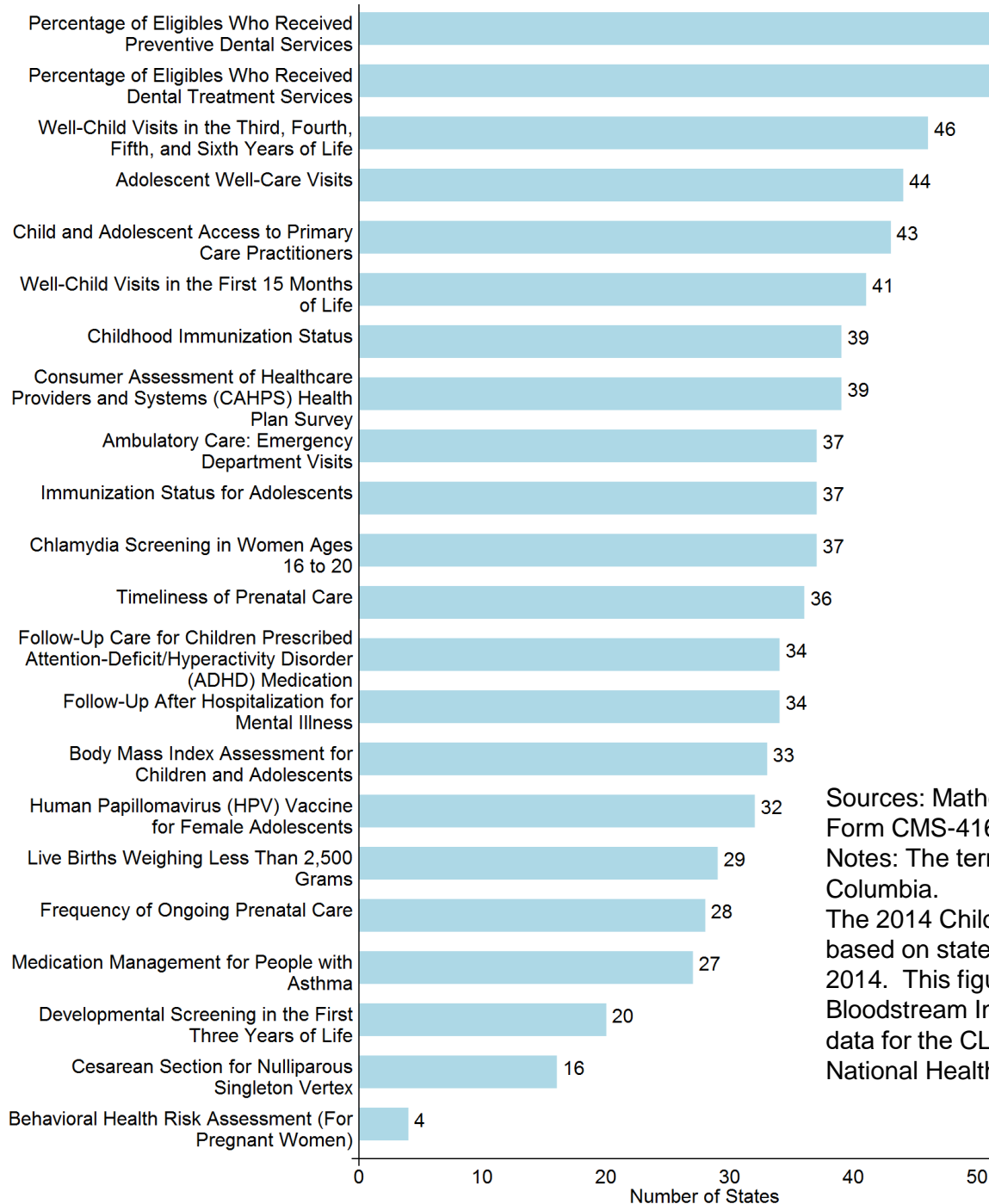
- **Voluntary quality reporting by states on consistent metrics across 5 domains**
  - *Primary Care Access and Preventive Care*
  - *Perinatal Health*
  - *Care of Acute and Chronic Conditions*
  - *Behavioral Health Care*
  - *Dental and Oral Health Services*
- **Child Core Set (27 measures in the 2017 Core set)**
  - *Initial Core Set released in 2010*
  - *Recently completed 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 (30 measures in the 2017 Core Set)**
  - *Initial Core Set released in 2012*
  - *Recently completed 4<sup>rd</sup> year of voluntary 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



- **Increase number of states reporting Core Set measures**
- **Maintain or 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 2014



Sources: Mathematica analysis of FFY 2014 CARTS reports and Form CMS-416 reports.

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

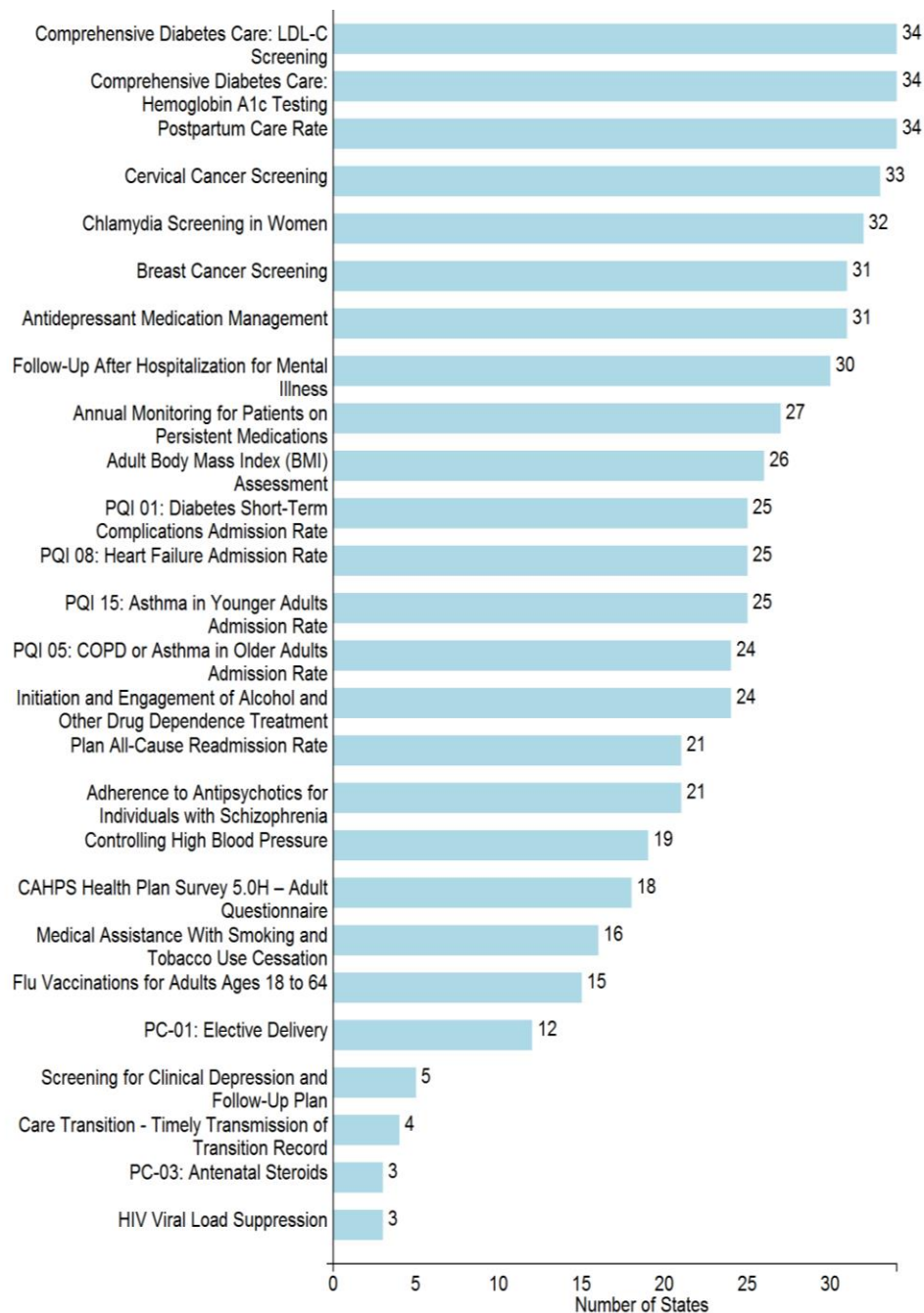
The 2014 Child Core Set includes 23 measures. This figure is based on state reporting of 22 Child Core Set measures for FFY 2014. This figure excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC’s National Healthcare Safety Network.



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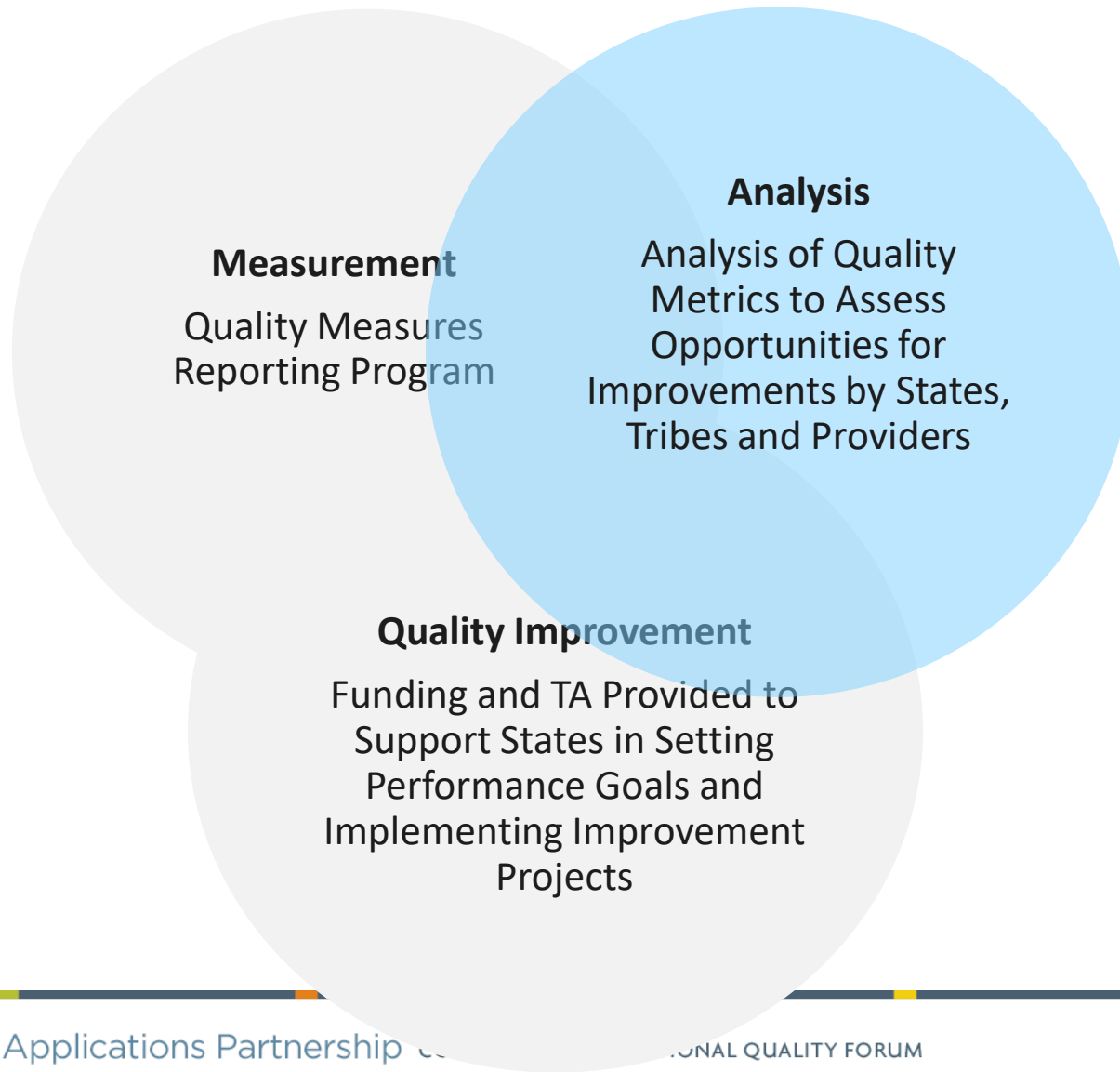
# Number of States Reporting the Adult Core Set Measures, FFY 2014



Sources: Mathematica analysis of FFY 2014 CARTS reports.

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

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



# Preventive Dental Services

## Percentage of Eligibles Who Received Preventive Dental Services, FFY 2014 (n = 51 states)

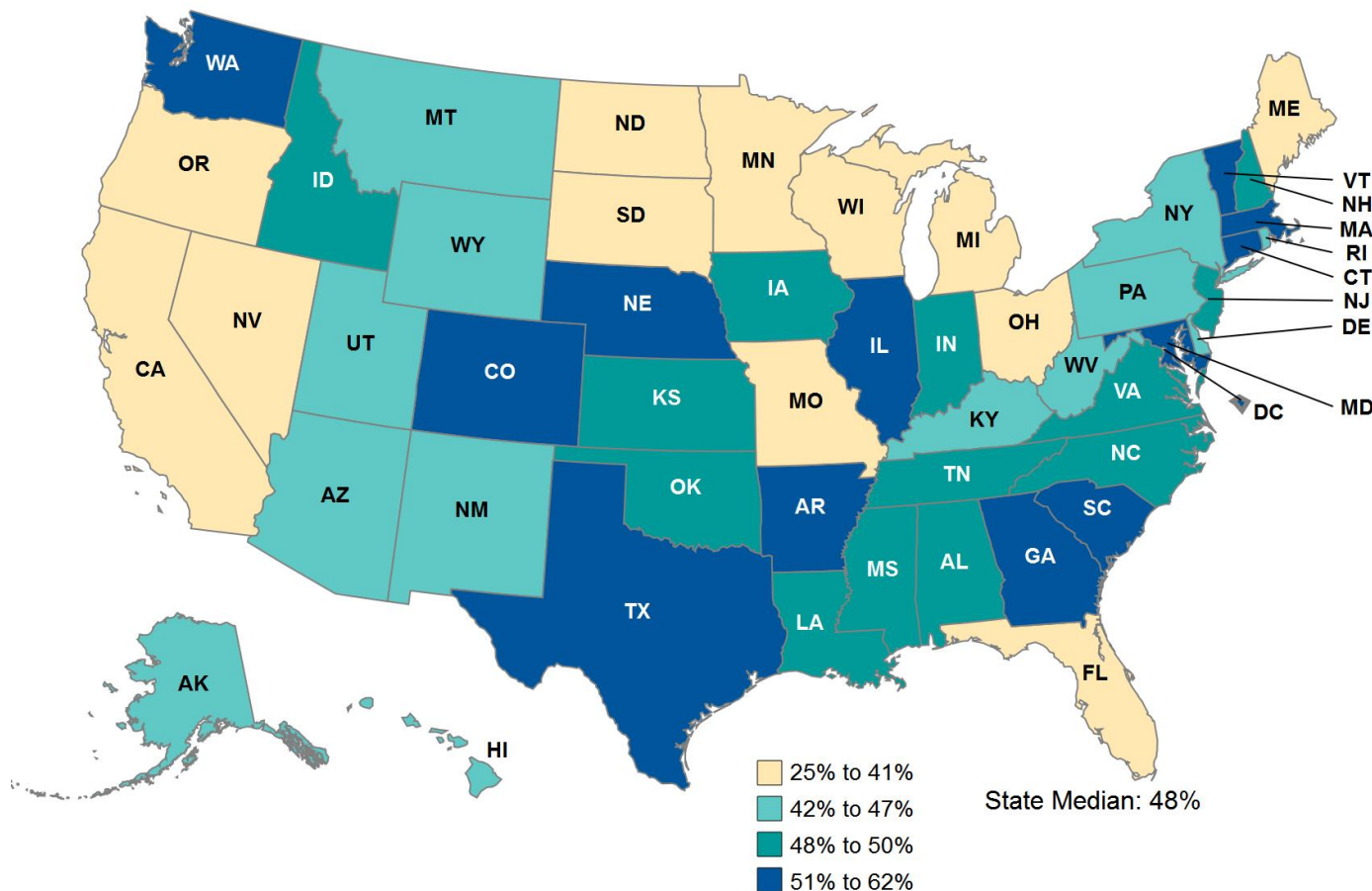
Tooth decay, or dental caries, is one of the most common chronic diseases of children. The disease is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assess the percentage of children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

A median of

**48**

percent

of children ages 1 to 20 had a preventive dental service (51 states)

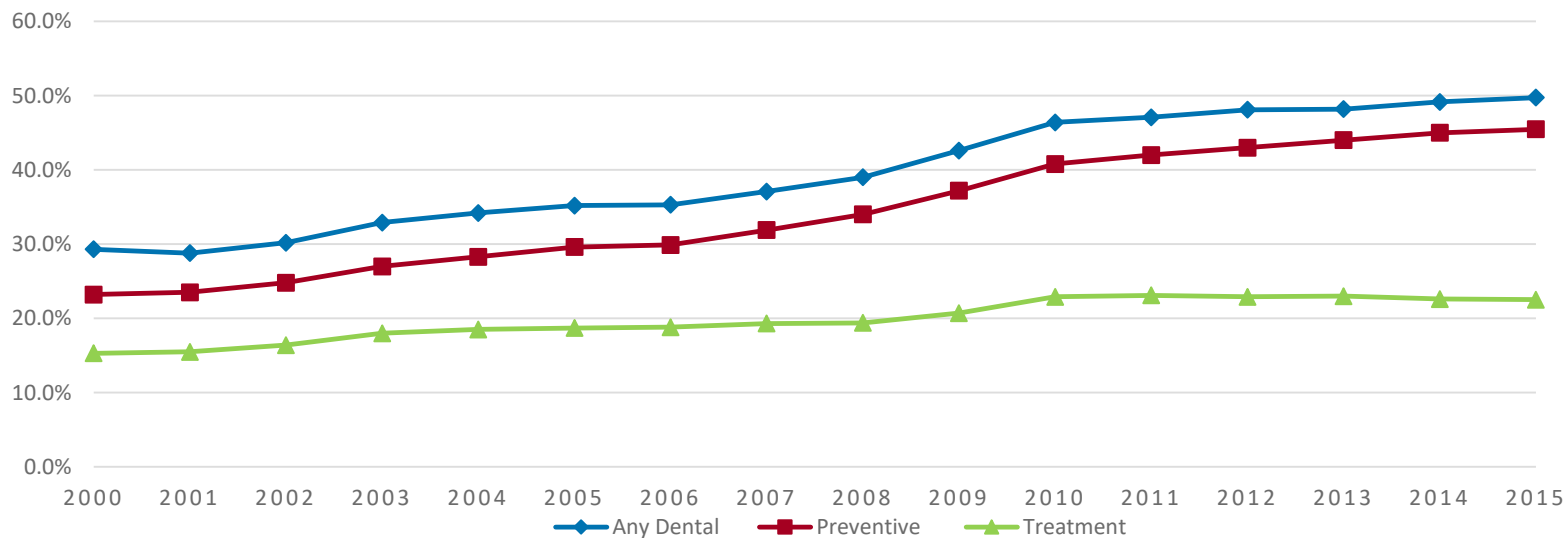


Source: Mathematica analysis of FFY 2014 Form CMS-416 reports as of September 29, 2015.

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# Steady Progress on Access to Dental Care

## PROPORTION OF CHILDREN, AGE 1-20, ENROLLED IN MEDICAID FOR AT LEAST 90 DAYS WHO RECEIVED DENTAL SERVICES, FFY 2000 – FFY 2015



Source: FFY 2000-2015 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c

Note: Data reflect updates as of 7/13/16.

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.

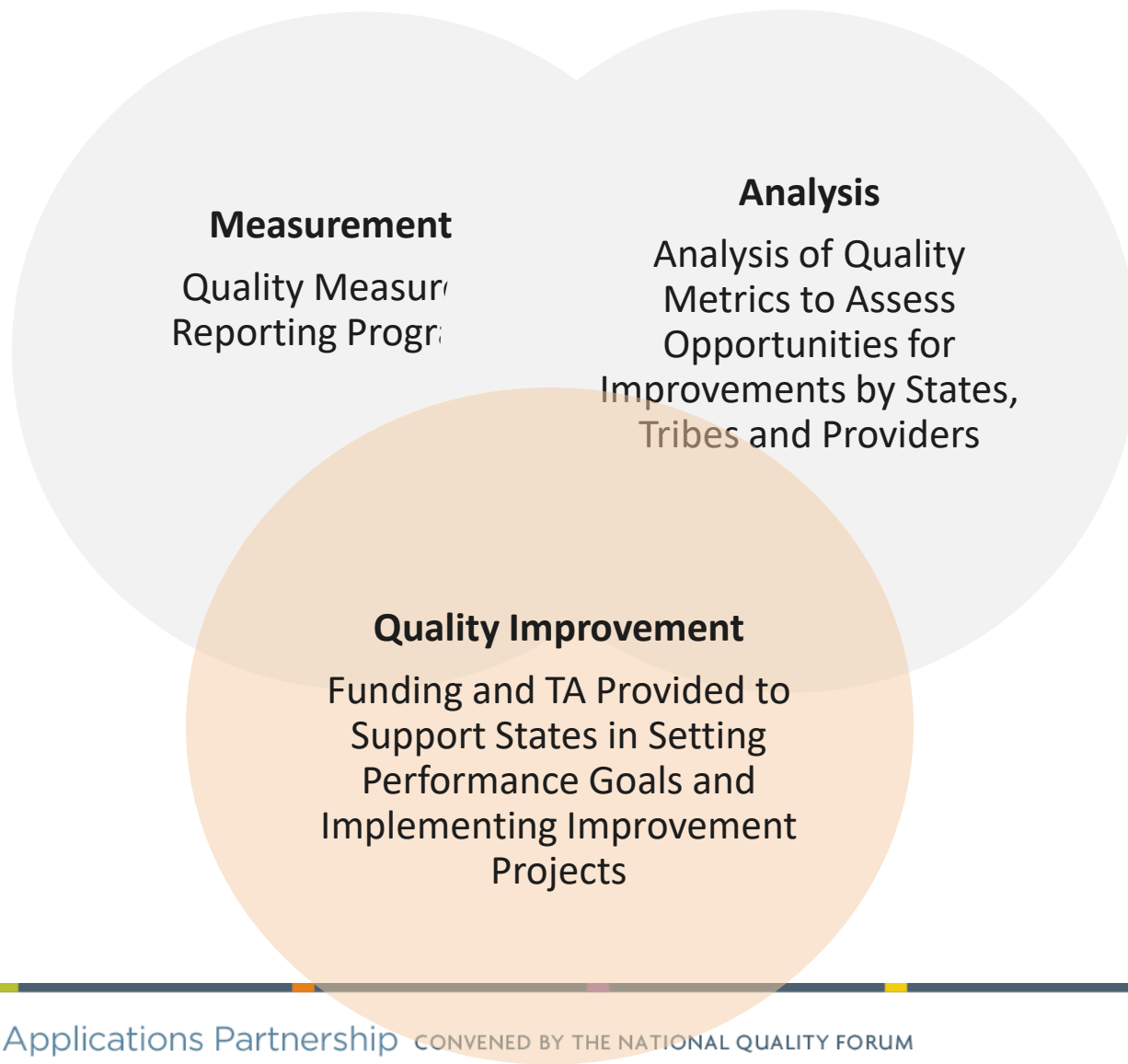
2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not 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 of 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 of OH, the national FFY 2015 percentage used data reported by states as of July 13, 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.

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



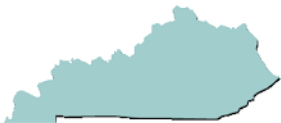
# Examples of Work in Three States



- **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 11 to 31% in FY 15.



- **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.

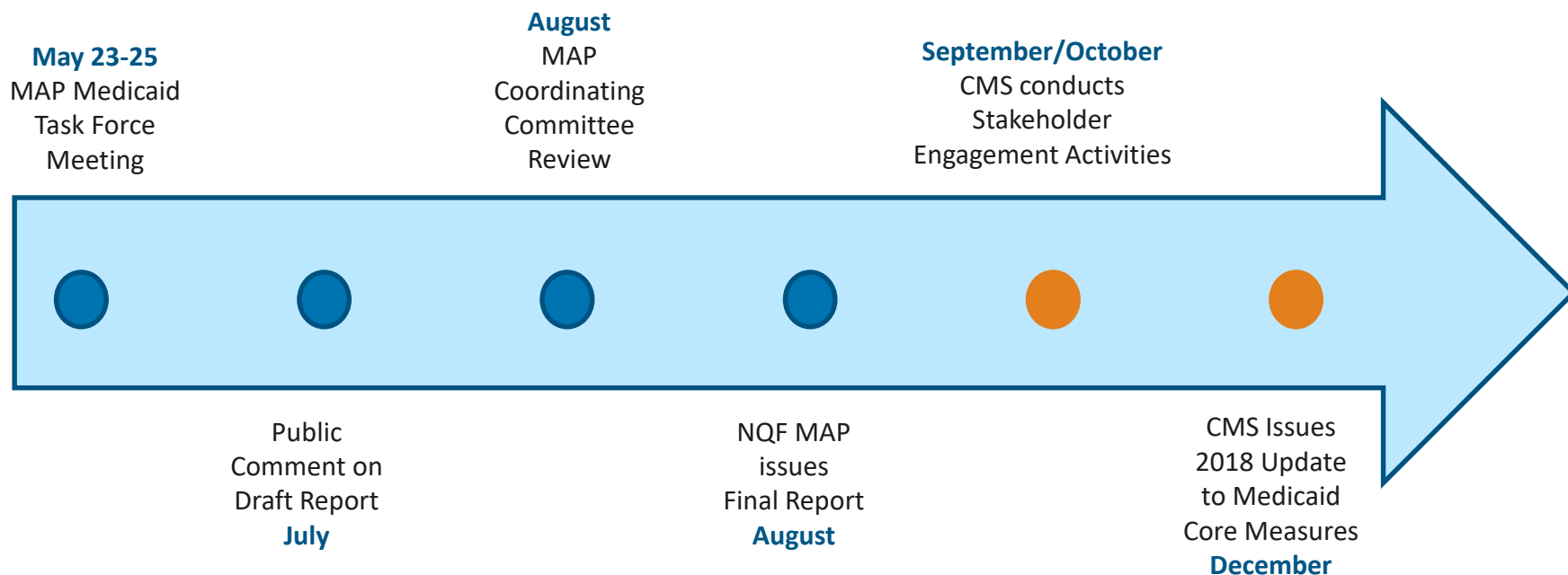


- **Kentucky 2015:** CMS hosted a 9-month learning collaborative for Kentucky Medicaid and their 5 MCOs to develop collaborative oral health PIPs.
- The aim is to increase the proportion of children age 3 and under who receive an oral health evaluation and a fluoride varnish treatment every six months.
- PDENT performance has improved from 44% in FFY 11 to 45% in FFY 15.

# 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 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*
  - *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 Medicaid 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 Medicaid 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*

forthcoming

- **Provider-Level CMS Measures**

- [Health Homes Core Measures](#)
- [Behavioral Health Clinics Core Measures](#)
- [CCSQ/AHIP Core Quality Measures Collaborative](#)
  - » Adult Core Sets – first 7 released February 2016
  - » Pediatric Core Sets

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 2017 Measure Set

# Medicaid Adult Population

- In FY 2015, Medicaid covered:<sup>1</sup>
  - *27 million adults*
  - *10 million blind and disabled*
  - *6 million aged*
- Medicaid pays for roughly 27 percent of all spending on mental health services and 21 percent of all spending on substance use treatment.<sup>2</sup>
- 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 March 2016 Baseline. Available at: <https://www.cbo.gov/sites/default/files/recurringdata/51301-2016-03-medicaid.pdf>. Accessed February 2017. <sup>2</sup>. MACPAC. Report to Congress on Medicaid and CHIP. Available at: <https://www.macpac.gov/wp-content/uploads/2016/06/June-2016-Report-to-Congress-on-Medicaid-and-CHIP.pdf>. Accessed February 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 February 2017.

# Medicaid Adult Population, cont.

- Medicaid is the nation's single largest insurer, financing more than 16 percent of all personal health care spending in the U.S.<sup>1</sup>
- As of January 2017:<sup>2</sup>
  - *34 states cover pregnant women with incomes at or above 200% of the federal poverty level (FPL).*
  - *32 states cover parents and other adults with incomes up to at least 138% FPL.*
  - *In the 19 Medicaid non-expansion states, the median eligibility level for parents is 44% FPL. Other adults remain ineligible, except in Wisconsin.*

<sup>1</sup>. Kaiser Family Foundation. Medicaid Pocket Primer. Available at: <http://kff.org/medicaid/fact-sheet/medicaid-pocket-primer/>. Accessed February 2017. <sup>2</sup>. Kaiser Family Foundation. Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey. Available at: <http://kff.org/report-section/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2017-medicaid-and-chip-eligibility/>. Accessed February 2017.

# Medicaid Adult Core Set

- The Affordable Care Act (ACA) called for the creation of a core set of quality measures for adults enrolled in Medicaid.
  - *Initial Adult Core Set of measures was published in 2012*
- Annually, states voluntarily submit data to CMS
- MAP's 2017 report is its fifth set of annual recommendations on the Adult Core Set for HHS



# MAP 2016 Assessment of the Adult Core Set

- MAP encourages HHS to continue to engage and support states in efforts to adopt and report on quality measures.
- MAP's deliberations addressed the population-specific needs and considerations of the adult Medicaid population
- MAP encourages the Core Set's strong alignment with other program sets and parsimonious number of measures
- MAP encourages the inclusion of relevant outcome measures in future iterations of the set
- MAP strongly prefers that the set contain NQF-endorsed measures to ensure scientific acceptability of measure properties
- MAP acknowledged that, despite increased standardized measure reporting among states, many gap areas still lack appropriate or adequate metrics for measuring quality improvement

# MAP's 2016 Recommendations to Address High Priority Gaps

- Access to primary, specialty, and behavioral healthcare
  - *Access to care by a behavioral health professional*
- Behavioral health and integration with primary care\*
- Beneficiary-reported outcomes
  - *Health-related quality of life*
- Care coordination
  - *Integration of medical and psychosocial services*
  - *Primary care and behavioral health integration*
- Cultural competency of providers
- Efficiency
  - *Inappropriate emergency department utilization*

**\* Denotes newly identified gap area**

# MAP's 2016 Recommendations to Address High Priority Gaps, cont.

- Long-term supports and services
  - *Home and community-based services*
- Maternal/Reproductive health
  - *Inter-conception care to address risk factors*
  - *Poor birth outcomes (e.g., premature birth)*
  - *Postpartum complications*
  - *Support with breastfeeding after hospitalization*
- Promotion of wellness
- Treatment outcomes for behavioral health conditions and substance use disorders
  - *Psychiatric re-hospitalization*
  - *Follow-up*
  - *Clinical improvement*

# MAP's 2016 Recommendations to Address High Priority Gaps, cont.

- Workforce/Access
- New chronic opiate use (45 days)
- Polypharmacy
- Engagement and activation in healthcare
- Trauma-informed care

# Task Force Measure-Specific Recommendations

- In 2016, MAP supported the continued use of all 28 measures in the Adult Core Set
- MAP supported or conditionally supported six new measures, from a total of 14 measures discussed
  - *Recommended measures would fill gaps in the measure set*
  - *Measures not yet reviewed by NQF for endorsement received conditional support, pending successful endorsement review*

# Measures Recommended for Addition to the Adult Core Set

## Measure Name and NQF Number

**NQF #2152: Preventive Care and Screening: Unhealthy Alcohol Use**

**NQF #0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category**

**NQF #2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**

**NQF #2605: Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence**

**NQF #2829: Elective Delivery (Conditional Support)\***

**NQF #1799: Medication Management for People with Asthma**

\*Conditionally supported measure, pending NQF endorsement

☐ Adopted in 2017 Core Set

# CMS - Adult Core Set Update for 2017 Reporting

Issued December 5, 2016

- Based on MAP's recommendations, CMCS updated the 2017 Adult Core Set:
  - Added three measures:
    - » NQF #2607: Diabetes Care for People with Serious Mental Illness: Hemoglobin (HbA1c) Poor Control (>9.0%)
    - » NQF #2605: Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
    - » NQF #2902: Contraceptive Care –Postpartum
  - CMCS also added the electronic clinical quality measure (eMeasure) format of NQF measure #0469 PC-01 Elective Delivery, already a measure on the adult core set. The NQF eMeasure number is 2829.
- *Based on recommendations from the states, CMCS retired one measure, the Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care).*

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 2017 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	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/ 2829	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
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

  **Newly Added Measure**



# Medicaid Adult Core Set Measures for FFY 2017 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

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

# Medicaid Adult Core Set Measures for FFY 2017 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

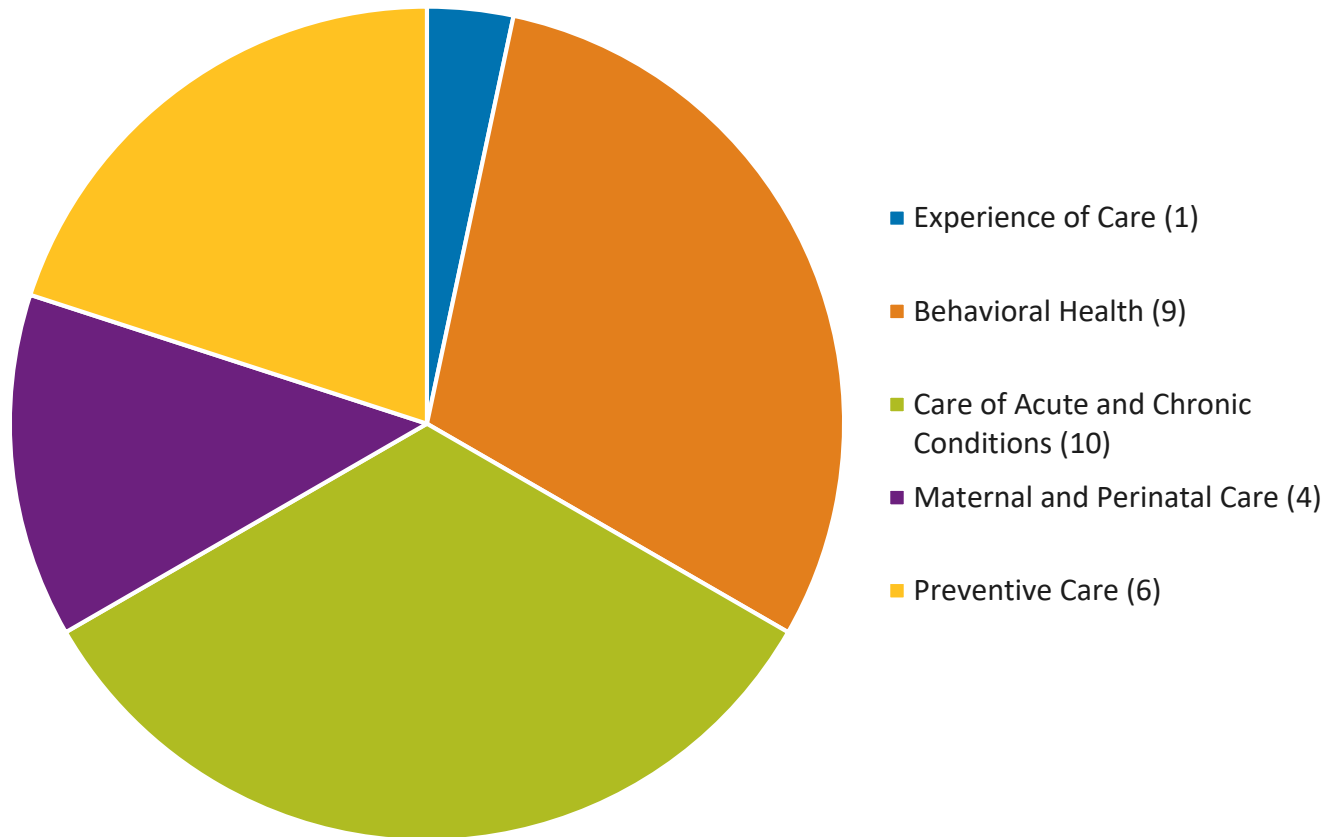
# Medicaid Adult Core Set Measures for FFY 2017 Use, cont.

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

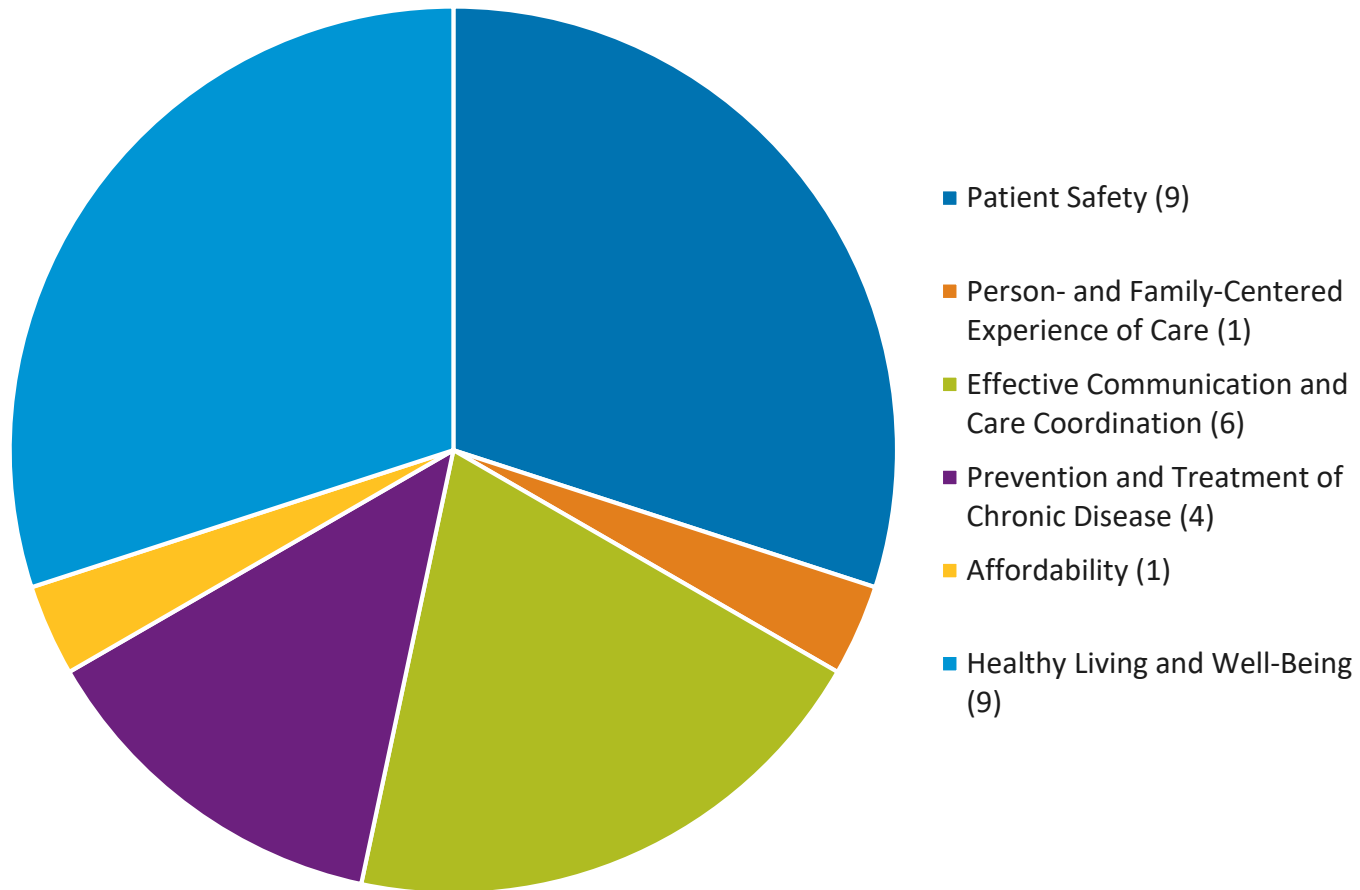
NCQA: National Committee for Quality Assurance; CMS = Centers for Medicare & Medicaid Services;  
PQA: Pharmacy Quality Alliance

**Newly Added Measure**

# Medicaid Adult Core Set Properties: Clinical Area



# Medicaid Adult Core Set Properties: NQS Priorities



# Medicaid Adult Core Set Properties: Measure Characteristics

Medicaid Adult Core Set Characteristics		# of Measures (n = 30)
NQF Endorsement Status	Endorsed	27
	Not Endorsed	3
Measure Type	Structure	0
	Process	21
	Outcome	8
	Patient Experience of Care	1
Data Collection Method	Administrative Claims	24
	Electronic Clinical Data	18
	eMeasure Available	9
	Survey Data	3
Alignment	In use in one or more Federal Programs	22
	In the Child Core Set	4*

# Strategic Issues for State-Level Medicaid Reporting

- Measure Characteristics
  - Determined based on use and purpose of measure
- Voluntary Reporting
- Data Collection Burden
  - Reporting decision based on level of effort or cost
  - Need for balancing measure types in the core set
- State Participation
  - Affected by innovation, data issues, measure alignment, cost of data abstraction, infrastructure and intent of reporting

# Adult Task Force Discussion and Questions

- Questions or comments about the data presented?
- Observations about the updates that CMS made based on MAP's 2016 review?
- Have any measure gap areas been satisfied or emerged as a result of the most recent update?
  - *Measures suggested by MAP for addition/removal but not yet added/removed by CMS may need to be re-evaluated in 2017 along with other priorities for updates.*



# Child Core Set: Prior Recommendations and Updated 2017 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 November 2016<sup>2-3</sup>
  - *Better health*
  - *Lower rates of mortality*
  - *Higher educational and economic outcomes*
- Promote access to care among children with special health care needs<sup>4</sup>
- Children with special health needs<sup>5</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. November 2016 Medicaid and CHIP Enrollment Data Highlights. <sup>3</sup>- Children's Health Association. Medicaid and CHIP: Essential Investments in Children. Jan 2017. <sup>4</sup>- Paradise, J. The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? Jul 2014. <sup>5</sup>- National Survey of Children with Special Health Care Needs, NS-CSHCN 2009/10.

# Medicaid, CHIP and the Child Core Set

## BACKGROUND

- The Children's Health and Insurance Program Reauthorization Act of 2009 (CHIPRA) provided for the identification of a core set of measures for children enrolled in Medicaid and CHIP
  - *Beginning January 2013, CHIPRA required CMS to update the initial core set annually*
- Measures in the Core Set are relevant to children ages 0-18 as well as pregnant women
- Annually, states **voluntarily** submit data to CMS
- 2017 Child Core Set measures were informed by MAP's 2016 review and input.

CMS. Medicaid by topic: quality of care: CHIPRA initial core set of children's health care quality measures website.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>. Last accessed Jan 2017

# MAP 2016 Assessment of the Child Core Set

- MAP's 2016 review informed the 3<sup>rd</sup> set of recommendations on the Child Core Set for HHS.
- MAP generally favored measures that can be:
  - *Implemented at the state level;*
  - *Promote parsimony and alignment; and*
  - *Address prevalent and/or high-impact health conditions for pediatric Medicaid and CHIP enrollees*
- MAP supported all but two of the measures for continued use in the program and recommended up to five measures for phased addition to the 2017 Child Core Set

# High-Priority Gaps in Child Core Set

## ■ Care coordination

- *Home- and community-based care*
- *Social services coordination*
- *Cross-sector measures that would foster joint accountability with the education and criminal justice systems*
- *Care integration to assess efficacy and outcomes from integrated behavioral health in primary care Medical Homes, as well as collaborative care between primary and subspecialty care providers for patients with chronic conditions\**
- *Adolescent Preparation for Transition to Adult-Focused Healthcare\**
- *Care coordination for conditions requiring community linkages\**

\* Denotes newly identified gap area

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

[http://www.qualityforum.org/Publications/2016/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2016.aspx](http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx)

# High-Priority Gaps in Child Core Set, cont.

- Screening for abuse and neglect
- Injuries and trauma
  - *Specifically trauma as it is one of the leading causes of death among adolescents\**
- Sickle-cell disease
- Overuse/medically unnecessary care
  - *Appropriate use of CT scans*
  - *Measures that assess appropriate use, misuse, and overuse\**
- Exposure to Adverse Childhood Experiences (ACEs)\*
- Patient-reported outcome measures
- Substance abuse\*

\* Denotes newly identified gap area

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

[http://www.qualityforum.org/Publications/2016/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2016.aspx](http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx)

# High-Priority Gaps in Child Core Set, cont.

- Durable medical equipment (DME)
- Cost measures
  - *Targeting people with chronic needs*
  - *Families' out-of-pocket spending*
- Dental care access for children with disabilities – could stratify current measures
- Duration of children's health insurance coverage over a 12-month period\*
- Mental health
  - *Access to outpatient and ambulatory mental health services*
  - *ED use for behavioral health*
  - *Behavioral health functional outcomes that stem from trauma-informed care\**

\* Denotes newly identified gap area

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

[http://www.qualityforum.org/Publications/2016/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2016.aspx](http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx)

# Task Force Measure-Specific Recommendations

- MAP supported all but two of the 26 measures for continued use in the program
- MAP recommended up to five measures for phased addition to the 2017 Child Core Set from a total of 13 measures discussed.
  - *These measures would promote measurement of identified high-priority quality issues*
  - *Measures not yet reviewed by NQF for endorsement received conditional support, pending successful endorsement review*



# Measures Recommended for Removal in FFY 2017 Child Core Set

NQF #	Measure Name
N/A	Frequency of Ongoing Prenatal Care
N/A	Child and Adolescents' Access to Primary Care Practitioners

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

[http://www.qualityforum.org/Publications/2016/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2016.aspx](http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx)

# Measures Recommended for Phased Addition in FFY 2017 Child Core Set

Rank	NQF #	Measure Name	MAP Recommendation
1	2797	Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia	Support
	0480	PC-05 Exclusive Breast Milk Feeding	Conditional Support*
	2830	PC-05 Exclusive Breast Milk Feeding (e-measure)	Conditional Support*
2	2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Support
3	2902	Contraceptive Care – Postpartum	Conditional Support*

Adopted in 2017 Core Set

\*Conditionally supported measure, pending NQF endorsement

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

[http://www.qualityforum.org/Publications/2016/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2016.aspx](http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx)

# CMS - Child Core Set Update for 2017 Reporting

Issued December 5, 2016

- CMS updated the 2017 Child Core Set:
  - Added two measures:
    - » NQF #2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
    - » NQF #2902: Contraceptive Care – Postpartum
  - Removed one measure:
    - » NQF #1407: HPV Vaccination for Female Adolescents
- CMS and the Agency for Healthcare Research and Quality (AHRQ) will continue to test the Child HCAHPS measure to assess feasibility. This measure has not been included in the 2017 core set.

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 Child Core Set Measures for FFY 2017 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
N/A	Child and Adolescent Access to Primary Care Practitioners (CAP-CH)	NCQA
N/A	Adolescent Well-Care Visit (AWC-CH)	NCQA

NCQA: National Committee for Quality Assurance; OHSU: Oregon Health and Science University

# Medicaid Child Core Set Measures for FFY 2017 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
2902	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)	OPA
N/A	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	AMA-PCPI
N/A	Frequency of Ongoing Prenatal Care (FPC-CH)	NCQA
N/A	Timeliness of Prenatal Care (PPC-CH)	NCQA

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.

  **Newly Added Measure**

# Medicaid Child Core Set Measures for FFY 2017 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
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA-CH)	AMA-PCPI
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

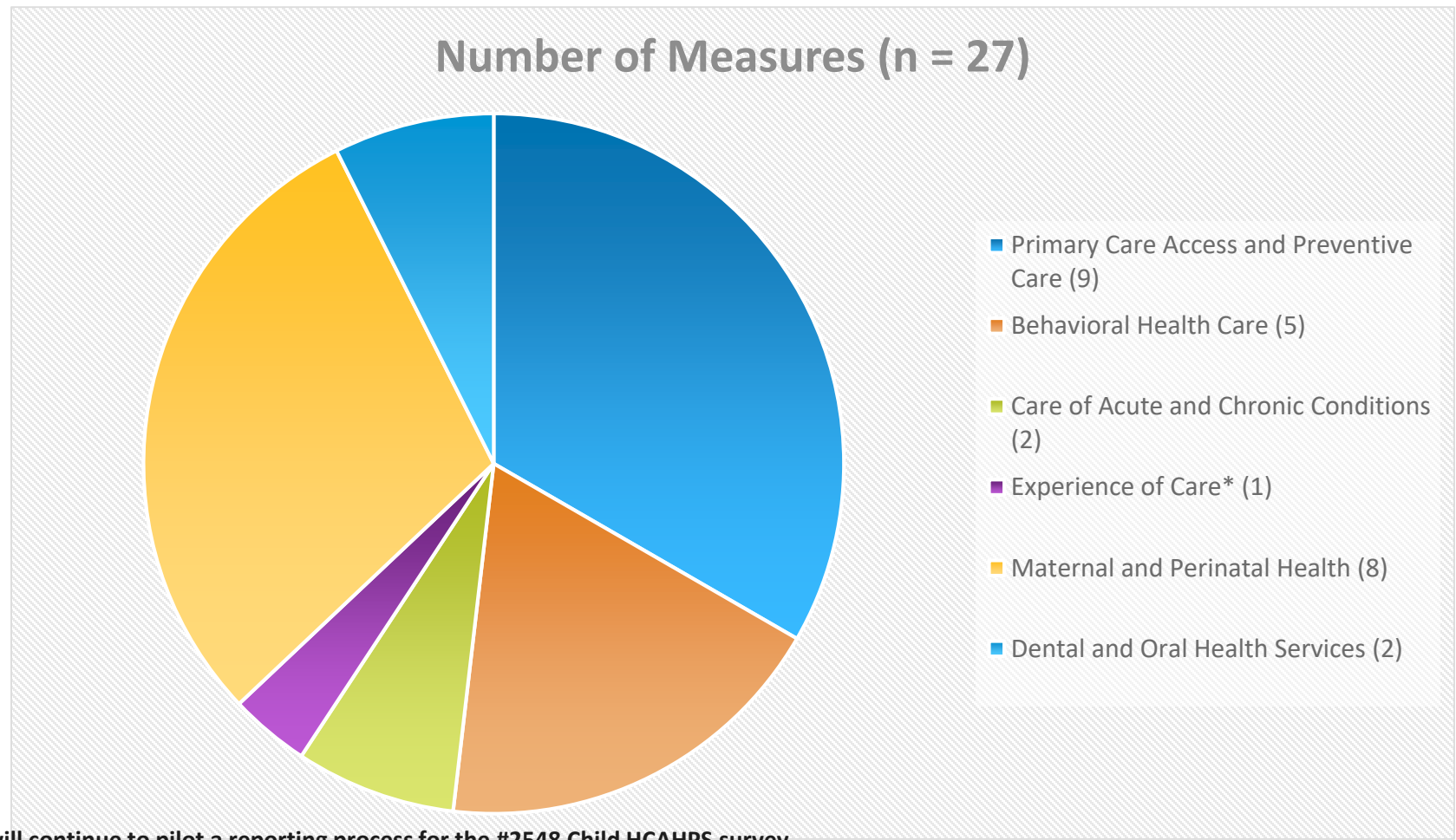
**Newly Added Measure**

# Medicaid Child Core Set Measures for FFY 2017 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
NA	Medication Management for People with Asthma (MMA-CH)	NCQA
<b>Experience of Care<sup>b</sup></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

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

# 2017 Medicaid Child Core Set Properties: Conditions



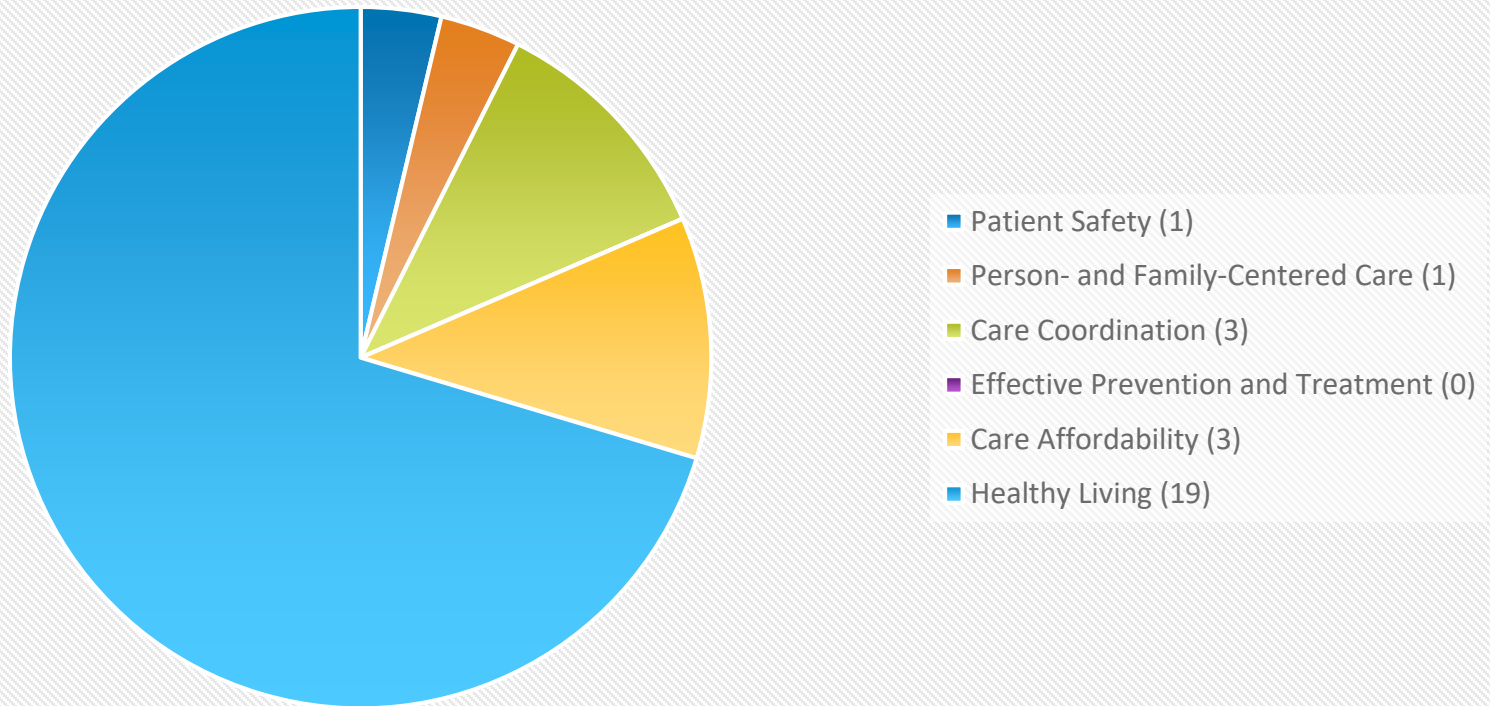
\*CMS will continue to pilot a reporting process for the #2548 Child HCAHPS survey

Data aggregated from 2017 Child Core Set



# 2017 Medicaid Child Core Set Properties: National Quality Strategy Priorities

Number of Measures (n = 27)



# 2017 Medicaid Child Core Set Properties: Measure Characteristics

Medicaid Child Core Set Characteristics		Number of Measures (n = 27)
NQF Endorsement Status	Endorsed	17
	Not Endorsed	10
Measure Type	Structure	0
	Process	24
	Outcome	3
Data Collection Method	Administrative Claims	21
	Electronic Clinical Data	15
	eMeasure Available	6
	Survey Data	2
Alignment	In use in one or more other federal programs	10
	In the Medicaid Adult Core Set	3*

\*Frequency of Ongoing Prenatal Care has one rate in the child set and one rate in the adult set

# Strategic Issues for State-Level Medicaid Reporting

- Measure Characteristics
  - Determined based on use and purpose of measure
- Voluntary Reporting
- Data Collection Burden
  - Reporting decision based on level of effort or cost
  - Need for balancing measure types in the core set
- State Participation
  - Affected by innovation, data issues, measure alignment, cost of data abstraction, infrastructure and intent of reporting

NQF. Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2016.

[http://www.qualityforum.org/Publications/2016/08/Strengthening\\_the\\_Core\\_Set\\_of\\_Healthcare\\_Quality\\_Measures\\_for\\_Children\\_Enrolled\\_in\\_Medicaid,\\_2016.aspx](http://www.qualityforum.org/Publications/2016/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Children_Enrolled_in_Medicaid,_2016.aspx)

# Child Task Force Discussion and Questions

- Questions or comments about the data presented?
- Observations about the updates that CMS made based on MAP's 2016 review?
- Have any measure gap areas been satisfied or emerged as a result of the most recent update?
  - *Measures suggested by MAP for addition but not yet added by CMS may need to be re-evaluated in 2017 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's meetings again in 2017*
- Develop concrete recommendations for strengthening the Medicaid Adult and Child Core Sets through identification of:
  - *Most important measure gaps and potential measures to address them*
  - *Measures found to be ineffective, for potential removal*
  - *Other strategic, implementation and or policy issues*

# 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)*
  - *Follow-up After Hospitalization for Mental Illness (#0576)*
- Single measure with rates split across the measure sets (#1517)
  - *Timeliness of Prenatal Care (Child)*
  - *Postpartum Care (Adult)*
- 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

# Discussion

- What are the most important elements for stratification within Medicaid?
- How can stratification be maximized through quality measurement? How best to incorporate stratification into measure mechanics?

# 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 27 Child Core Set measures*
  - *Analysis of data on 30 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 task forces 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 page features a navigation bar at the top with 'Site Actions', 'Library Tools', and 'Documents'. The main content area displays a list of documents under the heading 'MAP Medicaid Adult Task Force'.

**Navigation Bar:**

- Site Actions
- Library Tools
- Documents
- Library

**Header:**

- NATIONAL QUALITY FORUM
- MAP Medicaid Adult Task Force ▶ Home
- Miranda Kuwahara

**Left Navigation Panel:**

- Committee Home
- Committee Calendar
- Committee Links
- Committee Roster
- Staff Contacts
- Surveys
- Measures Suggestions
- Policy Issues
- Staff Home
- Staff Documents
- Recycle Bin
- All Site Content

**Main Content Area:**

### MAP Medicaid Adult Task Force

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 <span>NEW</span>	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

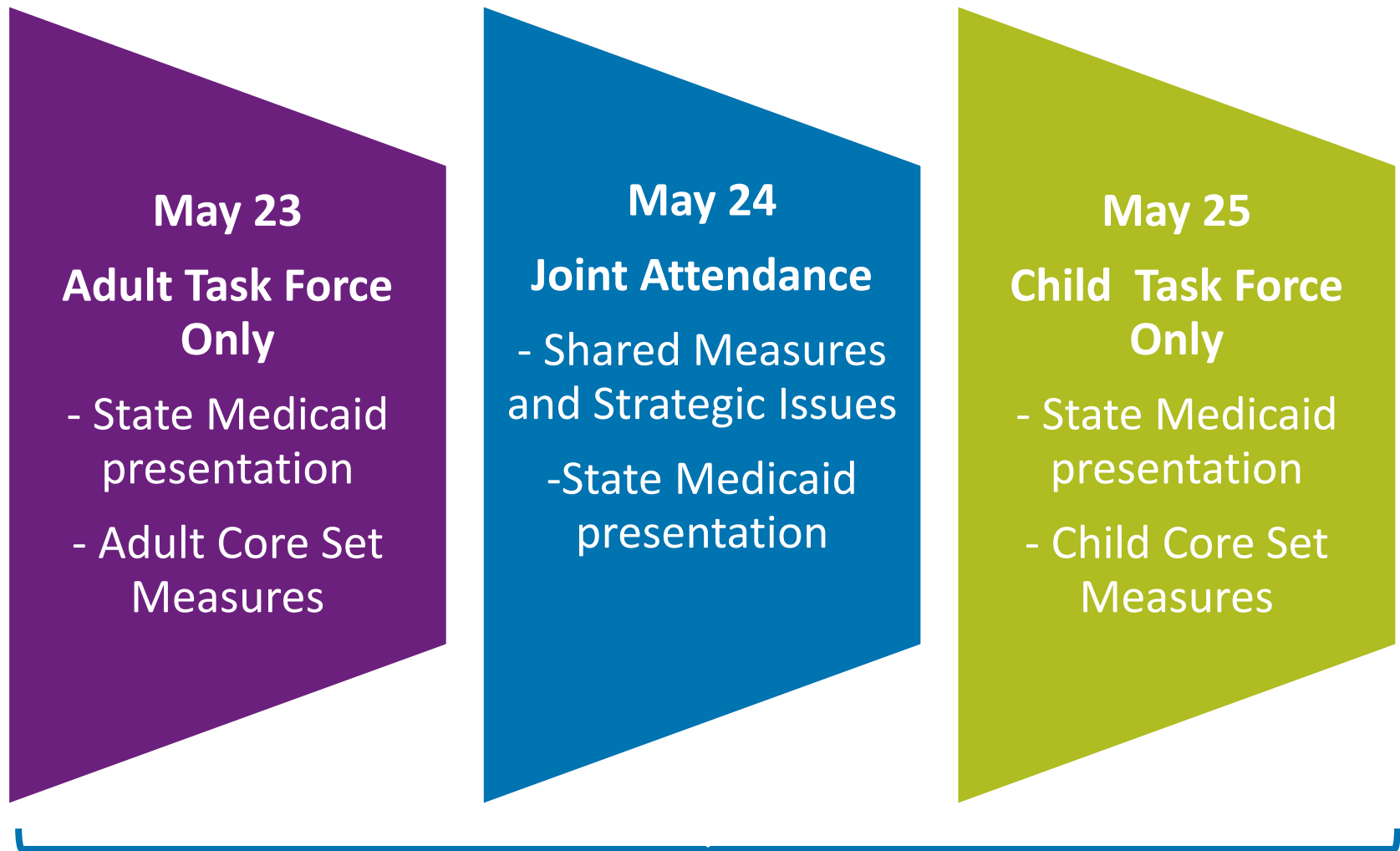
- Please keep in mind:
  - (+) and (–) signs :

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 Task Force Deliberations



**May 2017 In-Person Meeting**

# Task Force 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 **April 6**.
- Please enter measure(s) information on the Committee SharePoint site via the Measure Survey (links below):
  - **Adult Task Force Measure Survey:**  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Task%20Force/Lists/MAP%20Medicaid%20Adult%20Task%20Force/overview.aspx>
  - **Child Task Force Measure Survey:**  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Task%20Force/Lists/Medicaid%20Task%20Forces%20Measure%20Suggestions/overview.aspx>
- Task Force members will deliberate on the appropriate measures to fill gaps during the in-person meeting on May 23-25.

# 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

- **April 6:** Homework due (Identifying measures to fill gaps in the Core Sets)
- **May 23-24:** In-person meeting of Medicaid **Adult** Task Force
- **May 24-25:** In-person meeting of Medicaid **Child** Task Force
- **July 7 - August 6:** 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 Task Forces

## NQF Staff Support Team

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



# Project Contact Info

- **Email**

- *Adult Task Force:* [mapmedicaidadult@qualityforum.org](mailto:mapmedicaidadult@qualityforum.org)
- *Child Task Force:* [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 Task Force:*  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Task%20Force/SitePages/Home.aspx>
- *Child Task Force:*  
<http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Task%20Force/SitePages/Home.aspx>

# Thank You for Participating!