NATIONAL QUALITY FORUM

Agenda

MAP Medicaid Child Task Force

Expedited Review of Core Set of Children's Health Care Quality Measures for Medicaid and CHIP

Friday, October 17, 2014 | 9:00-4:00 pm ET

NQF Conference Center at 1030 15th Street NW, 9th Floor, Washington, DC 20005

Remote Participation Instructions:

- Please log in 10 minutes prior to the scheduled start to allow time for troubleshooting
- Direct your browser to: http://nqf.commpartners.com for slides and streaming audio
- Under "Enter a Meeting," type in the meeting number **889339** and click "Enter"
- In the "Display Name" field, type in your first and last name and click "Enter Meeting"
- Task force members dial **(888) 802-7237; ID 4393225** to access the audio platform.
- Public participants dial **(877) 303-9138; ID 4393225** to access the audio platform.

Meeting Objectives:

- Consider states' experiences implementing the Medicaid Child Core Set
- Develop concrete recommendations for strengthening the Medicaid Child Core Set:
  - Most important measure gaps and potential measures
  - Other strategic or implementation issues

9:00 am **Breakfast**

9:30 am **Welcome and Review of Meeting Objectives**

Foster Gesten, Task Force Chair

9:40 am **Introductions of Task Force Members and Disclosures of Interest**

Ann Hammersmith, General Counsel, NQF

9:50 am **State Perspectives Panel**

David K. Kelley, MD, MPA, Chief Medical Officer, Pennsylvania Department of Public Welfare Office of Medical Assistance Programs
William E. Golden, MD, MACP, Medical Director, Arkansas Medicaid

- State perspectives and experience on:
  - Purpose and use of Core Set measures
  - Barriers to implementation
  - Measure gap areas

- Task force questions and discussion

11:15 am **Break**

11:30 am **Child Health Topics Panel**

Sarah Lash, Senior Director, NQF
Krishna Aravamudhan, MS, BDS, Director, Council on Dental Benefit Programs, ADA Practice Institute

- Additional information on high-impact conditions and quality issues requested by Task Force
- Opportunities and challenges related to oral health
- Task force questions and discussion

12:00 pm **Recap of Morning Discussion and Opportunity for Public Comment**

12:15 pm **Lunch**

12:45 pm **Prioritizing Measure Gap Areas**

Foster Gesten
Task Force Members

- Determine which measure gaps are most important to address

1:30 pm **Measure-Specific Recommendations on Strengthening the Child Core Set**

Foster Gesten
Elizabeth Carey, Project Manager, NQF
Task Force Members

- Review and select measures to fill gap areas

2:45 pm **Break**

3:00 pm **Cross-Cutting Recommendations on Strengthening the Child Core Set**

Foster Gesten
Task Force Members

- Strategic or implementation issues
- Topics to be revisited during MAP's 2015 review

3:40 pm **Opportunity for Public Comment**

3:50 pm **Next Steps and Adjourn**

Supporting Materials

Meeting Presentation

Dental Quality Alliance 2-pager

Spreadsheet of Potential Gap-Filling Measures

Web Meeting Summary

MAP Medicaid Child Task Force Roster

Measure Applications Partnership

Medicaid Child Task Force
In-Person Meeting

NATIONAL QUALITY FORUM

October 17, 2014

Welcome, Review of Meeting Objectives, and Introductions

October In-Person Meeting Objectives

- Consider states' experiences implementing the Medicaid Child Core Set
- Develop concrete recommendations for strengthening the Medicaid Child Core Set:
  - Most important measure gaps and potential measures
  - Other strategic or implementation issues

Medicaid Child Task Force Membership

Task Force Chair: Foster Gesten, MD, FACP

Organizational Members

Aetna	Sandra White, MD, MBA
American Academy of Family Physicians	Alvia Siddiqi, MD, FAAFP
American Nurses Association	Susan Lacey, RN, PhD, FAAN
American Academy of Pediatrics	Terry Adirim, MD, MPH, FAAP
America's Essential Hospitals	Beth Feldpush, DrPH
Children's Hospital Association	Andrea Benin, MD
Kaiser Permanente	Susan Fleischman, MD
March of Dimes	Cynthia Pellegrini
National Partnership for Women and Families	Carol Sakala, PhD, MSPH

Subject Matter Experts

Anne Cohen, MPH
Marc Leib, MD, JD

Federal Liaison (non-voting)

Marsha Smith, MD (CMS)

Agenda at a Glance	
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9:40 am	Introductions of Task Force Members and Disclosures of Interest
9:50 am	State Perspectives Panel
11:15 am	Break
11:30 am	Child Health Topics Panel
12:00 pm	Recap of Morning Discussion and Opportunity for Public Comment
12:15 pm	Lunch
12:45 pm	Prioritizing Measure Gap Areas
1:30 pm	Measure-Specific Recommendations on Strengthening the Child Core Set
2:45 pm	Break
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3:40 pm	Opportunity for Public Comment
3:50 pm	Next Steps and Adjourn

MAP Medicaid Child Task Force Charge

- For this expedited review, the charge of the MAP Medicaid Child Task Force is to:
  - Review states' experiences reporting measures to date
  - Identify and prioritize measure gap areas to fill, and
  - Recommend potential measures for addition to the set
- 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 September 2014, with a report due to CMS by November 14, 2014. A second, in-depth report is due by September 1, 2015.

CMS Goals for Child Core Set

- CMS has spent the past four and a half years working with states to understand the Child Core Set measures and to refine the reporting guidance provided
- Three-part goal for Child Core Set:
  1. Increase number of states reporting Core Set measures
  2. Increase number of measures reported by each state
  3. Increase number of states using Core Set measures to drive quality improvement

Input requested from MAP in 2014

- Focus on incremental changes
  - CMS and states continue to learning about current Child Core Set measures
  - Take into account the state staff time and resources it takes to learn/incorporate a new measure
- MAP can assist CMS identify ways to strengthen the Child Core Set:
  - Which measures can be added to fill critical gap areas
  - Ways to better reflect CMS's Measurement Quality Domains
  - Ways to better align with other CMS/HHS programs
  - *Which measures to retire (future MAPs, not current)*

State Perspectives Panel

David K. Kelley, MD MPA
Chief Medical Officer, Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

William E. Golden, MD MACP
Medical Director, Arkansas Medicaid

- *States' presentations to be added prior to the meeting.*

Key Themes from State Experiences

- What are states' most significant challenges and how could changes to the Core Set be helpful?
- Will any points of feedback from the states need to influence the decision process about specific measures?
- Have the states raised any policy-level issues that should be discussed during the afternoon session on strategy?
- What are states' most notable successes related to quality measurement?

Break

Child Health Topics Panel

Sarah Lash
Senior Director, NQF

Krishna Aravamudhan, MS, BDS
Director, Council on Dental Benefit Programs, ADA Practice Institute

Health Issues for Children in Medicaid/CHIP

Understanding the health-related needs of the population contributes to the selection of appropriate measures

- Primary Care Access and Preventive Care
  - Well-child
  - Developmental screenings
  - Preventive screenings
- Perinatal Health
- Management of Acute and Chronic conditions
  - Children with complex health needs
- Dental and Oral Health

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

- A substantial body of evidence regarding pediatric health risk and treatment standards underscores EPSDT's continuing importance.
- As acute health conditions in children have declined, the relative importance of serious and chronic health conditions, and risks for such conditions, has grown.
- Today, a significant proportion of children live with chronic illnesses such as asthma, autism, sickle cell disease, or cystic fibrosis.
- Other conditions such as obesity and its physical and mental health consequences, or the effects of conditions of birth that might have claimed children's lives a generation ago, are also a reality in modern pediatrics.
- Taken together, these chronic conditions account for the majority of pediatric hospitalizations and health care spending.
- The health care system has improved its capacity to detect, treat, manage, and reduce the impact of (if not eliminate) chronic physical and mental conditions that affect development.
- The implications of this research are particularly important for low-income children, who face the most significant health risks.

EPSDT: Previous Recommendations on High-Value Well-Child Care

Domains in preventive care with implications for long-term physical, emotional, social, educational, and functional outcomes:

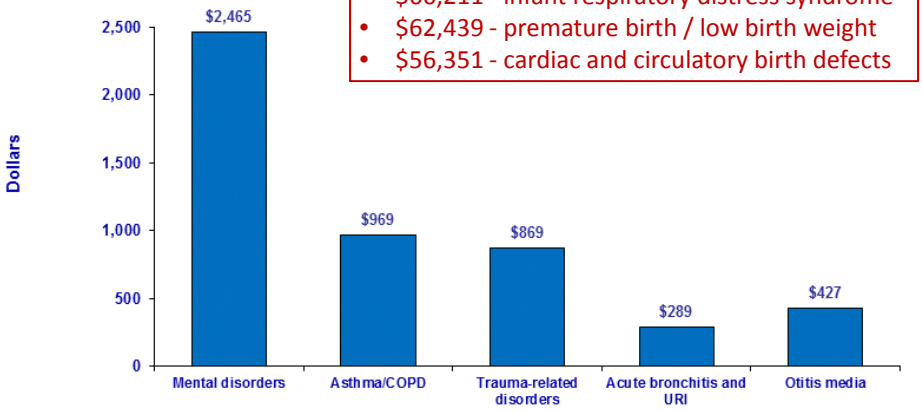
- Anticipatory guidance for parents
- Immunization
- Preventive dental care
- Vision and hearing screening
- Lead screening
- Mental health screening
- Developmental screening
  - Resources from APA: http://www2.aap.org/sections/dbpeds/screening.asp
- Body mass index

Impact of Poor Birth Outcomes Relative to Other High-Impact Conditions

- In 2009, one of every eight babies in the U.S. was born prematurely (defined as birth before 37 weeks' gestation), according to CDC's National Center for Health Statistics.
- About 75 percent of the infants who use a NICU do so because they're premature; the other 25 percent have other medical problems.
- An Institute of Medicine report found that medical bills and other costs related to prematurity totaled at least $26.2 billion in 2005, or $51,600 per premature infant.
- More than half of hospital stays related to short gestation, low birth weight, or inadequate fetal growth were paid by Medicaid.
  - 10,735 of 19,205 discharges at an average cost of $64,578.

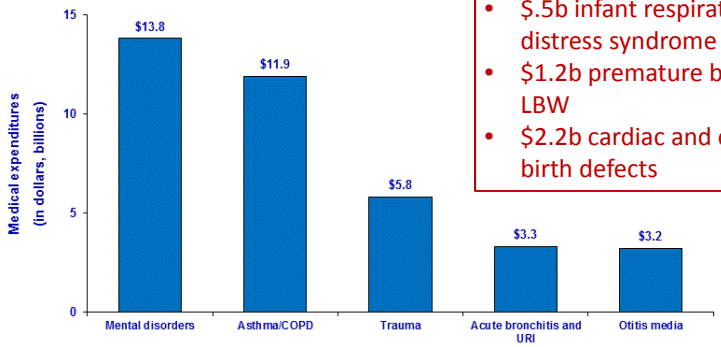
Average Expenditures per Child for Most Costly Conditions

- $66,211 - infant respiratory distress syndrome
- $62,439 - premature birth / low birth weight
- $56,351 - cardiac and circulatory birth defects



Five Most Costly Children's Conditions

- $117.6 billion was spent for the medical care and treatment of children in 2011



- $.5b infant respiratory distress syndrome
- $1.2b premature birth and LBW
- $2.2b cardiac and circulatory birth defects

- Nearly half of the expenditures for mental disorders (48.4%) and asthma (49.1%) were paid by Medicaid

Soni, A. The Five Most Costly Children's Conditions, 2011: Estimates for U.S. Civilian Noninstitutionalized Children, Ages 0–17. Statistical Brief #434. April 2014. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st434/stat434.shtml

What was classified in the HCUP analysis as a "mental disorder?"

Mental disorders included in analysis: CCS 650-663

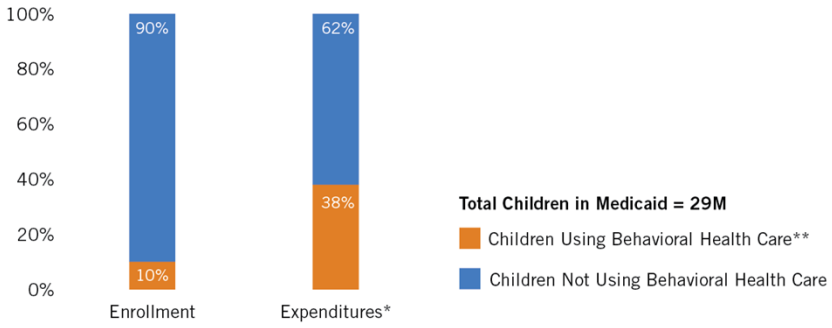
650	Adjustment disorders
651	Anxiety disorders
652	Attention-deficit, conduct, and disruptive behavior disorders
653	Delirium, dementia, and amnestic and other cognitive disorders
654	Developmental disorders
655	Disorders usually diagnosed in infancy, childhood, or adolescence
656	Impulse control disorders, NEC
657	Mood disorders
658	Personality disorders
659	Schizophrenia and other psychotic disorders
660	Alcohol-related disorders
661	Substance-related disorders
662	Suicide and intentional self-inflicted injury
663	Screening and history of mental health and substance abuse codes

About 41.5% of mental health expenditures on children were for prescription medicines

Soni, A. The Five Most Costly Children's Conditions, 2011: Estimates for U.S. Civilian Noninstitutionalized Children, Ages 0–17. Statistical Brief #434. April 2014. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st434/stat434.shtml

Behavioral health accounts for a disproportionate share of Medicaid spending for children, given the relatively small number of children who use behavioral health care.

CHILDREN USING BEHAVIORAL HEALTH CARE AS A PROPORTION OF TOTAL MEDICAID ENROLLMENT AND EXPENDITURES



* Total combined expenditures for all children in Medicaid in 2005 from: Centers for Medicare & Medicaid Services, Center for Medicaid and State Operations: Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services (HCFA 2082), Medicaid and Statistical Information System. 2008 Statistical Supplement.
** Children using behavioral health care in 2005, N= 2,787,919.

Source: S. Pires, K. Grimes, T. Gilmer, K. Allen & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.

CHCS Center for Health Care Strategies, Inc.

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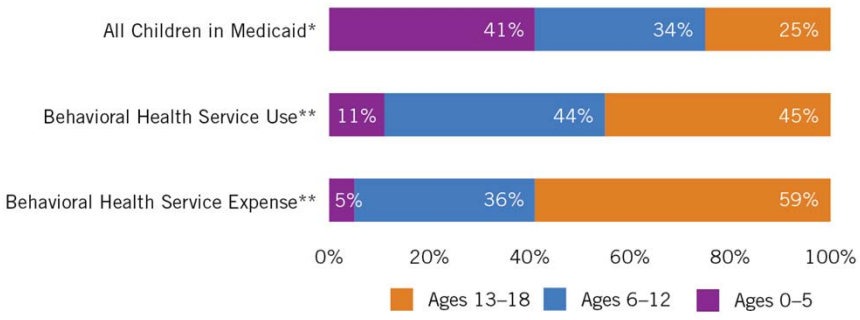
Adolescents, ages 13–18, represent 25% of the overall Medicaid child population, but 45% of children in Medicaid using behavioral health services, and nearly 60% of total behavioral health expenditures.

MEDICAID ENROLLMENT, BEHAVIORAL HEALTH SERVICE USE AND EXPENSE BY AGE GROUP



* All children in Medicaid in 2005, N=29,050,305.
** Behavioral health service use and expense in 2005, N=1,958,908.

Source: S. Pires, K. Grimes, T. Gilmer, K. Allen, & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.

CHCS Center for Health Care Strategies, Inc.

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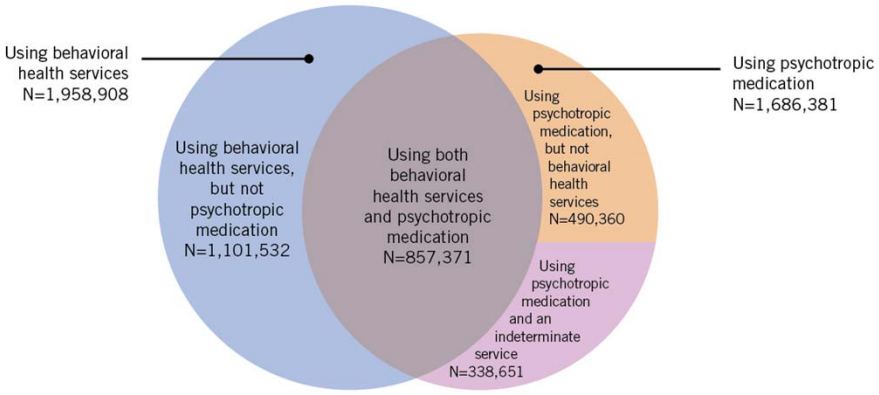
In 2005, 2.8 million children in Medicaid used behavioral health care, and of those, 1.7 million used psychotropic medications.

ALL CHILDREN IN MEDICAID USING BEHAVIORAL HEALTH CARE, 2005 (N=2,787,919)



Source: S. Pires, K. Grimes, T. Gilmer, K. Allen, & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.

CHCS Center for Health Care Strategies, Inc.

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Questions?

Measure Applications Partnership
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- *Oral health presentation to be added prior to the meeting.*

Opportunity for Public Comment

Lunch

Prioritizing Measure Gap Areas

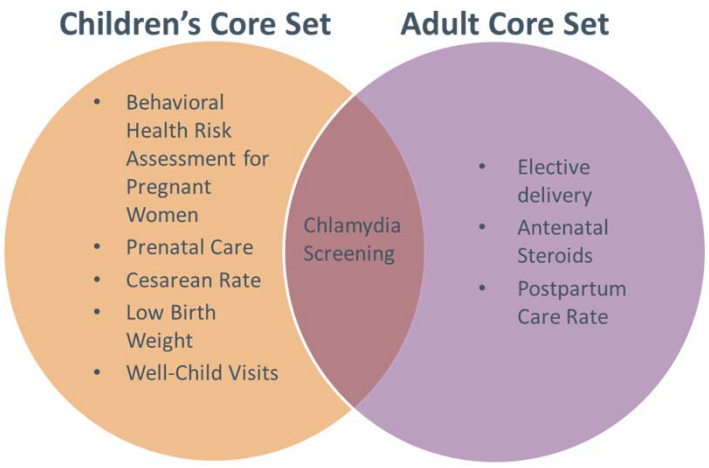
Current Medicaid Child Core Set Measures

NQF #	Measure Name	Measure Steward
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA
0033	Chlamydia Screening in Women	NCQA
0038	Childhood Immunization Status	NCQA
0108	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA
0139	Pediatric Central-line Associated Bloodstream Infections–Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC
0471	Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Joint Commission
0576	Follow-up After Hospitalization for Mental Illness	NCQA
1382	Live Births Weighing Less than 2,500 Grams	CDC
1391	Frequency of Ongoing Prenatal Care	NCQA
1392	Well-Child Visits in the First 15 Months of Life	NCQA

Current Medicaid Child Core Set Measures

NQF #	Measure Name	Measure Steward
1407	Immunization Status for Adolescents	NCQA
1448	Developmental Screening in the First Three Years of Life	OHSU
1516	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA
1517	Timeliness of Prenatal Care	NCQA
1799	Medication Management for People with Asthma	NCQA
1959	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA
n/a	Ambulatory Care - Emergency Department (ED) Visits	NCQA
n/a	Adolescent Well-Care Visit	NCQA
n/a	Behavioral Health Risk Assessment (for Pregnant Women)	AMA-PCPI
n/a	Child and Adolescents' Access to Primary Care Practitioners	NCQA
n/a	Consumer Assessment of Healthcare Providers and Systems® CAHPS 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)	NCQA
n/a	Percentage of Eligibles That Received Preventive Dental Services	CMS
n/a	Percentage of Eligibles That Received Dental Treatment Services	CMS

Overlapping Maternal and Child Health Measures in the Medicaid Quality Programs



Gap Areas Discussed at Web Meeting

- Care Coordination
  - Home- and community-based care
  - Social services coordination
- Screening for abuse and neglect
- Injuries and trauma
- Mental health
  - Access to outpatient and ambulatory mental health services
  - ER use for behavioral health
- Overuse / medically unnecessary care
  - CT scans
- Inpatient measures
- Durable medical equipment
- Cost measures, specifically targeting children with chronic conditions

Gap Areas with Measures Currently Available

- Care Coordination (3)
- Mental health (5)
- Inpatient measures (10)
- Cost measures (on the topic of readmissions) (3)
  - *How would the Task Force rank-order these gap areas for its measure-specific review?*
  - *Some measure gap areas may not have strong enough measures for addition at this time. New measures will become available for later reviews.*

Measure-Specific Recommendations on Strengthening the Child Core Set

MAP Measure Selection Criteria

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

Decision Categories

- Support (for immediate use)
- Conditional Support
  - Pending endorsement by NQF
  - Pending a change by the measure steward
  - Pending CMS confirmation of feasibility
  - Et cetera

Suggested gap areas in the Medicaid Child Core Set: Gap areas with potential measures

- Care coordination
  - 3 endorsed measures that use patient reported data/ survey
- Mental/ behavioral health
  - 3 measures on screening/ risk assessment
  - 1 measure on treatment
  - 1 measure on safety/ medication use
- Inpatient measures
  - 2 measures on premature birth / low birth weight
  - 4 measures on cardiac and circulatory birth defects
  - 4 measures on other topics
  - Facility level measures may not roll up to state level
- Cost measures and readmissions:
  - 1 endorsed PICU unplanned readmissions at the facility level
  - 2 new measures specified for pediatrics recommended for endorsement by the Standing Committee, both at the facility level

Substitution of Oral Health Measure

- 2508 Prevention: Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk
- 2509 Prevention: Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk
- 2511 Utilization of Services, Dental Services
- 2517 Oral Evaluation, Dental Services
- 2528 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services

Centers of Excellence - Measures in Development

Oral health	Measure Ready?	COE
Link dental preventive to dental treatment using EPSDT measures	✓	PMCOE
Availability of dental providers (up to 5 measures)	Feb-15	PMCOE
Oral health Patient-Reported Outcome Measures	Feb-15	QMETRIC

Suggested gap areas in the Medicaid Child Core Set: Potential Care Coordination measures

- 0719 Children Who Receive Effective Care Coordination of Healthcare Services When Needed
- 0720 Children Who Live in Communities Perceived as Safe
- 0721 Children Who Attend Schools Perceived as Safe
- 1340 Children with Special Health Care Needs (CSHCN) who Receive Services Needed for Transition to Adult Health Care

Centers of Excellence - Measures in Development

Care Coordination	Measure Ready?	COE
ADAPT (transition from pediatric- to adult-focused care) (adolescent self-report)	✓	CEPQM
CC for Children with medical complexity	Feb. 2015	COE4CCN
Medication reconciliation - general and MH	Feb. 2015	CAPQUAM
Children With Disabilities Algorithm (CWDA)	Feb-15	CEPQM
Social services coordination		
Identification of children with social complexity	in the works	COE4CCN
Care Coordination for children with social complexity	Feb. 2015	COE4CCN
Foster care-focused CC measure	Jan. 2015	NCINQ

Suggested gap areas in the Medicaid Child Core Set: Potential Mental/ Behavioral Health measures

- 3 measures on screening/ risk assessment
  - 0418 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - 1364 Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation (endorsed)
  - 1365 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (undergoing maintenance review, recommended for endorsement by Standing Committee)
- 1 measure on treatment
  - 0004 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
- 1 measure on safety/ medication use:
  - 2337 Antipsychotic Use in Children Under 5 Years Old (New measure, recommended for endorsement by Patient Safety Standing Committee)

Centers of Excellence - Measures in Development

Mental health	Measure Ready?	COE
Adolescent depression management and follow-up	Jan-15	NCINQ
Quality of Antipsychotic use (7 measures)	✓	NCINQ
Access to outpatient/ambulatory MH care		
State reporting on CAHPS data on Percentage of parents who responded usually or always : In the last 6 months how often was it easy to get treatment or counseling for your child?	✓	QMETRIC
Follow-up after mental hospitalization	Jan-15	QMETRIC
Connection to and quality of OPD and Ambulatory services on discharge from ED and inpatient MH care	Feb-15	CAPQUAM
Availability of specialty mental health services	Jan-15	COE4CCN
Adequate follow-up after inpatient mental health discharge		QMETRIC
ER use for behavioral health		
Avoidable MH Ed and inpatient use	Feb-15	COE4CCN
Quality and Content of ED care for child/adolescent with primary MH dx	15-Feb	COE4CCN

Suggested gap areas in the Medicaid Child Core Set: Potential inpatient measures

- Premature birth / low birth weight
  - 0304 Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)
  - 0477 Under 1500g infant Not Delivered at Appropriate Level of Care
- Cardiac and circulatory birth defects
  - 0339 RACHS-1 Pediatric Heart Surgery Mortality
  - 0340 Pediatric Heart Surgery Volume (PDI 7)
  - 1815 Pediatric Cardiac Surgery Stratified Mortality and Volume Pair
    - 0732 Surgical Volume for Pediatric and Congenital Heart Surgery
    - 0733 Operative mortality stratified by the five STS-EACTS Mortality Levels
- Other topics:
  - 0334 PICU Severity-adjusted Length of Stay
  - 0337 Pressure Ulcer Rate (PDI 2)
  - 0343 PICU Standardized Mortality Ratio
  - 0714 Standardized mortality ratio for neonates undergoing non-cardiac surgery

Centers of Excellence - Measures in Development

Inpatient measures	Measure Ready?	COE
Pediatric global health (PGH-7, a child/adolescent patient-reported measure)	in the works	CHOP
Temperature of LBW newborns (4 measures)	✓	CAPQUAM
Neonatal readmissions	Feb. 2015	CHOP
Availability of HROB in inpatient settings (4 measures)	Feb. 2015	CHOP
Pediatric Medical Complexity Algorithm	✓	CAPQUAM
Global Assessment of Pediatric Patient Safety (GAPPS)	Feb. 2015	COE4CCN
C-section for nulliparous women	✓	CHOP
ADHD - accurate dx	✓	PMCOE
Behavior therapy as first-line tx/preschool children with ADHD	✓	PMCOE
Quality of inpatient mental health care	Feb. 2015	COE4CCN
PICU preventable harm	Feb. 2015	PMCOE
Family/caregiver activation in post-acute care	Feb. 2015	PMCOE
Sepsis (4 measures)	Feb 2015 (tentative)	QMETRIC

Suggested gap areas in the Medicaid Child Core Set: Potential readmissions measures

- 0335 PICU Unplanned Readmission Rate
- New measures from the Center of Excellence for Pediatric Quality Measurement recommended for endorsement by the Standing Committee:
  - 2393 Pediatric All-Condition Readmission Measure
  - 2414 Pediatric Lower Respiratory Infection Readmission Measure

Suggested gap areas in the Medicaid Child Core Set: Potential CT scan measures

- Two measures under review were not recommended by NQF's Patient Safety Standing Committee

Centers of Excellence - Measures in Development

Overuse/medically unnecessary care	Measure Ready?	COE
Overuse of antimicrobials for OME	in the works	CHOP
ED use for asthma (multiple measures)	✓	CAPQUAM
Appropriate use of CT scans		
Imaging for seizures and headaches	Feb 2015 (tentative)	QMETRIC

Ranking Measures with Support for Addition to the Child Core Set

- *Task Force will prioritize measures selected for use in the preceding discussion.*
- *Priority will indicate the order in which MAP recommends CMS add the measures to the set.*

Break

Cross-Cutting Recommendations on Strengthening the Child Core Set

Strategic issues for further discussion

Potential issues:

- Lack of an overarching data infrastructure to facilitate reporting
- Alignment of maternal and child health measures across Adult and Child Core Sets
- Medicaid's role in mitigating social and environmental determinants of health
- Translating measures to the state level of analysis (from facility, health plan, etc.)

Strategic issues for further discussion

- Which measures in the development pipeline are the Task Force most interested in hearing more about during its 2015 review?

Opportunity for Public Comment

Summary and Next Steps

Important Dates

- October 27 through November 7 (approximate): NQF Member and public comment on draft report
- November 10: MAP Coordinating Committee review of draft report
- November 14: Finished report due to HHS and made available to the public

Thank You for Participating!

DQA
DENTAL QUALITY ALLIANCE®
Improving Oral Health Through Measurement

Dental Quality Alliance

In 2008, the Centers for Medicare and Medicaid Services (CMS) proposed that the American Dental Association (ADA) take the lead in establishing a Dental Quality Alliance (DQA) to develop performance measures for oral health care. Many major dental professional societies, payers, educators, and health professions organizations outside dentistry, as well as a member from the general public, came together as an Alliance to further the DQA mission. Several federal agencies under the Department of Health and Human Services (HHS) serve as technical advisors to the DQA.

The DQA is proud to note the release of the first comprehensive, fully-validated measure set in dentistry. Targeted at the goal of addressing Prevention and Disease Management for Dental Caries in Children, this DQA measure set addresses utilization, cost, and quality of dental services for children enrolled in public (Medicaid, CHIP) and private (commercial) insurance programs. These measures and their specifications are listed below:

Measure Set #1: Dental Caries in Children: Prevention & Disease Management (programmatic measures)

Purpose	Measure	AHRQ Domain
Evaluating Utilization	Use of Services*	Use of Services
	Preventive Services	Use of Services
	Treatment Services	Use of Services
Evaluating Quality of Care	Oral Evaluation*	Access/Process
	Topical Fluoride Intensity*	Access/Process
	Sealant use in 6-9 years*	Access/Process
	Sealant use in 10-14 years*	Access/Process
	Care Continuity	Access/Process
	Usual Source of Services	Access/Process
Evaluating Cost	Per-Member Per-Month Cost	Cost

*NQF Endorsed Measures

Measure	Description and Specifications
Utilization of Services	Percentage of all enrolled children under age 21 who received at least one dental service within the reporting. **Utilization of Services Specifications (PDF)**
Oral Evaluation	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year. **Oral Evaluation Specifications (PDF)**
Sealants in 6 – 9 years	Percentage of enrolled children in the age category of 6-9 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent **first** molar tooth within the reporting year. **Sealants in 6-9 years Specifications (PDF)**
Sealants in 10 – 14 years	Percentage of enrolled children in the age category of 10-14 years at “elevated” risk (i.e., “moderate” or “high”) who received a sealant on a permanent second molar tooth within the reporting year. **Sealants in 10-14 years Specifications (PDF)**
Topical Fluoride Intensity	Percentage of enrolled children aged 1-21 years who are at “elevated” risk (i.e. “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year. **Topical Fluoride Intensity Specifications (PDF)**

More information about the DQA can be accessed at **Dental Caries in Children: Prevention & Disease Management Measure Set**

CHIPRA CORE SET measures

	CHIPRA P-DENT	CHIPRA T-DENT
Description	The percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and that received preventive dental services.	The percentage of individuals ages 1 to 20 that are enrolled in Medicaid or CHIP Medicaid Expansion programs, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and that received dental treatment services.

Technical Specifications for the Core Set of measures may be found at **2014 CHIP Core Set Manual**

NQF Work on Oral Health

Oral health Performance Measurement Technical Report

The project focused on measures applicable to all populations, with specific focus on children and other vulnerable populations. The introduction to this document provides a summary of the importance of oral health.

measure number	title	description	numerator statement	denominator statement	denominator exclusions	status	most recent endorsement	type	data source	measurement level	care setting	steward organization name
2511	Utilization of Services, Dental Services	Percentage of enrolled children under age 21 years who received at least one dental service within the reporting year.	Unduplicated number of children under age 21 years who received at least one dental service	Unduplicated number of enrolled children under age 21 years	Medicaid/ CHIP programs should apply the following overall exclusions before determining the denominator: - Undocumented aliens who are eligible only for emergency Medicaid services; - Other groups of individuals under age 21 who are eligible only for limited services as part of their Medicaid eligibility (e.g., pregnancy-related services) and would not be	Endorsed	Sep-14	Process	Administrative Claims	Health Plan, Integrated Delivery System	Ambulatory Care: Clinician Office/Clinic	American Dental Association on behalf of the Dental Quality Alliance
2517	Oral Evaluation	Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year.	Unduplicated number of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation as a dental service	Unduplicated number of enrolled children under age 21 years	Medicaid/ CHIP programs should apply the following overall exclusions before determining the denominator: - Undocumented aliens who are eligible only for emergency Medicaid services; - Other groups of individuals under age 21 who are eligible only for limited services as part of their Medicaid eligibility (e.g., pregnancy-related services) and would not be	Endorsed	Sep-14	Process	Administrative Claims	Health Plan, Integrated Delivery System	Ambulatory Care: Clinician Office/Clinic	American Dental Association on behalf of the Dental Quality Alliance
2508	Sealants in 6 – 9 years	Percentage of enrolled children in the age category of 6-9 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent first molar tooth within the reporting year.	Unduplicated number of enrolled children age 6-9 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent first molar tooth as a	Unduplicated number of enrolled children age 6-9 years who are at "elevated" risk (i.e., "moderate" or "high")	Medicaid/ CHIP programs should apply the following overall exclusions before determining the denominator: - Undocumented aliens who are eligible only for emergency Medicaid services; - Other groups of individuals under age 21 who are eligible only for limited services as part of their Medicaid eligibility (e.g., pregnancy-related services) and would not be	Endorsed	Sep-14	Process	Administrative Claims	Health Plan, Integrated Delivery System	Ambulatory Care: Clinician Office/Clinic	American Dental Association on behalf of the Dental Quality Alliance
2509	Sealants in 10 – 14 years	Percentage of enrolled children in the age category of 10-14 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent second molar tooth within the reporting year.	Unduplicated number of enrolled children age 10-14 years at "elevated" risk (i.e., "moderate" or "high") who received a sealant on a permanent second molar tooth as a	Unduplicated number of enrolled children age 10-14 years who are at "elevated" risk (i.e., "moderate" or "high")	Medicaid/ CHIP programs should apply the following overall exclusions before determining the denominator: - Undocumented aliens who are eligible only for emergency Medicaid services; - Other groups of individuals under age 21 who are eligible only for limited services as part of their Medicaid eligibility (e.g., pregnancy-related services) and would not be	Endorsed	Sep-14	Process	Administrative Claims	Health Plan, Integrated Delivery System	Ambulatory Care: Clinician Office/Clinic	American Dental Association on behalf of the Dental Quality Alliance
2528	Topical Fluoride Intensity	Percentage of enrolled children aged 1-21 years who are at "elevated" risk (i.e., "moderate" or "high") who received at least 2 topical fluoride applications within the reporting year.	Unduplicated number of enrolled children aged 1-21 years who are at "elevated" risk (i.e., "moderate" or "high") who received at least 2 topical fluoride	Unduplicated number of enrolled children aged 1-21 years who are at "elevated" risk (i.e., "moderate" or "high")	Medicaid/ CHIP programs should apply the following overall exclusions before determining the denominator: - Undocumented aliens who are eligible only for emergency Medicaid services; - Other groups of individuals under age 21 who are eligible only for limited services as part of their Medicaid eligibility (e.g., pregnancy-related services) and would not be	Endorsed	Sep-14	Process	Administrative Claims	Health Plan, Integrated Delivery System	Ambulatory Care: Clinician Office/Clinic	American Dental Association on behalf of the Dental Quality Alliance
1388	Annual Dental Visit (ADV)	Percentage of patients 2-21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.	Patients who had one or more dental visits with a dental practitioner during the measurement year.	Patients 2–21 years of age as of the end of the measurement year (e.g., December 31). Report six age stratifications and a total rate: 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, 19-21 years, and Total.	Non	Endorsed	Aug-11	Process	Administrative Claims; Electronic Clinical Data	Health Plan, Integrated Delivery System	Ambulatory Care: Clinician Office/Clinic	NCQA

measure number	title	description	numerator statement	denominator statement	denominator exclusions	status	most recent endorsement	type	data source	measurement level	care setting	steward organization name	review committee
0719	Children Who Receive Effective Care Coordination of Healthcare Services When Needed	This is a composite measure used to assess the need and receipt of care coordination services for children who required care from at least two types	Children who used at least two health	Children age 0-17 years who used two or	Excluded from denominator if child does not	Endorsed	Jan 17, 2011	Outcome	Patient Reported Data/Survey	Population : National, Population :	Other	The Child and Adolescent Health	Health and Well Being
0720	Children Who Live in Communities Perceived as Safe	This measure ascertains the parents' perceived safety of child's community or neighborhood.	Children whose parents	Children age 0-17 years	Excluded from denominator if child does not	Endorsed	Jan 17, 2011	Outcome	Patient Reported Data/Survey	Population : National, Population :	Other	The Child and Adolescent Health	Health and Well Being
0721	Children Who Attend Schools Perceived as Safe	This measure ascertains the perceived safety of child's school.	Children whose parents	Children age 6-17 years who have been	Children are excluded from the	Endorsed	Jan 17, 2011	Outcome	Patient Reported Data/Survey	Population : National, Population :	Other	The Child and Adolescent Health	Health and Well Being
1340	Children with Special Health Care Needs (CSHCN) who Receive Services Needed for Transition to Adult Health Care	Whether children with special health care needs (CSHCN) ages 12-17 have doctors who usually/always encourage increasing responsibility	Percentage of youth with special	Children with special health care needs	Excluded from denominator if child does not	Endorsed	Aug 15, 2011	Outcome	Patient Reported Data/Survey	Population : National, Population :	Other	The Child and Adolescent Health	Health and Well Being

measure number	title	description	numerator statement	denominator statement	denominator exclusions	status	most recent endorsement	type	data source	measurement level	care setting	steward organization name	review committee
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	The percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following.	Initiation of AOD Dependence Treatment:	Patients age 13 years of age and older who were diagnosed with	Exclude patients who had a claim/encounter with a diagnosis	Annual Updates Form Opened	Nov 02, 2012	Process	Administrative claims, Electronic Clinical Data	Health Plan, Integrated Delivery System	Ambulatory Care : Clinician Office/Cli	National Committee for Quality Assurance	Behavioral Health
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	Patient's screening for clinical depression	All patients aged 12 years and older	Not Eligible/Not Appropriate – A patient is not eligible if one or	Endorsed	Feb 28, 2014	Process	Administrative claims, Electronic Clinical Data :	Population : Community, Population : County or City, Clinician : Group/Practice, Clinician	Ambulatory Care : Clinician Office/Cli	Centers for Medicare & Medicaid Services	Behavioral Health, Behavioral Health :
1364	Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation	Percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder with documented evidence that they met the DSM-IV criteria [at least 5 elements with symptom duration	Patients with documented evidence that they	All patients aged 6 through 17 years with a diagnosis of	None	Changed from Time-Limited to Endorsed Status	Apr 11, 2013	Process	Electronic Clinical Data : Electronic Health Record,	Clinician : Group/Practice, Clinician : Individual, Clinician : Team	Ambulatory Care : Clinician Office/Cli	American Medical Association - Physician	Behavioral Health, Behavioral Health :
1365	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Patient visits with an assessment for suicide	All patient visits for those patients aged 6 through 17	None	Steering Committee Review - recommended	Aug 15, 2011	Process	Electronic Clinical Data : Electronic Health Record	Clinician : Individual	Ambulatory Care : Clinician Office/Cli	American Medical Association - Physician	Behavioral Health, Behavioral Health :
2337	Antipsychotic Use in Children Under 5 Years Old	The percentage of children under age 5 who were dispensed antipsychotic medications during the measurement period.	The number of patients under 5 years of age	Children who are less than 5 years old at any point during the	None.	Recommended for endorsement by Standing Committee		Process	Administrative claims	Health Plan, Population : State	Other	Pharmacy Quality Alliance (PQA, Inc.)	Safety

measure number	title	description	numerator statement	denominator statement	denominator exclusions	status	most recent endorsement	type	data source	measurement level	care setting	steward organization name	review committee
0304	Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted)	Standardized rate and standardized morbidity ratio for nosocomial bacterial infection after day 3 of life for very low birth weight infants, including infants with birth weights between 401 and 1500 grams	Eligible infants with one or more of the	Eligible infants who are in the reporting hospital after day	Exclude patients who do not meet eligibility criteria for birth	Annual Update Completed	Feb 25, 2014	Outcome	Electronic Clinical Data : Registry	Facility	Hospital/ Acute Care Facility	Vermont Oxford Network	Perinatal
0334	PICU Severity-adjusted Length of Stay	The number of days between PICU admission and PICU discharge.	Number of PICU days, PICU days = Number of	Discharges from the PICU (including tranfers to other	Patients => 18 years of age	Annual Update Submitted	Jul 31, 2012	Outcome	Administrative claims, Paper Records, Electronic	Facility	Hospital/ Acute Care Facility	Virtual PICU Systems, LLC	Pulmonary/Critical Care : COPD
0337	Pressure Ulcer Rate (PDI 2)	Percent of discharges among cases meeting the inclusion and exclusion rules for the denominator with ICD-9-CM code of pressure ulcer in any secondary diagnosis field and ICD-9-CM code of	Discharges among cases meeting the inclusion and	All surgical and medical discharges under age 18 defined	Exclude cases: - neonates - with length of stay of less than	Assigned To Maintenance-Patient Safety 2015	Dec 14, 2012	Outcome	Administrative claims	Facility	Hospital/ Acute Care Facility	Agency for Healthcare Research and Quality	Safety 2015
0339	RACHS-1 Pediatric Heart Surgery Mortality	Risk-adjusted rate of in-hospital death for pediatric cases undergoing surgery for congenital heart disease, along with ratio of observed to expected in-hospital mortality rates.	Number of deaths (DISP=20) among cases	Discharges under age 18 with ICD-9-CM procedure codes for	Exclude cases: • MDC 14 (pregnancy, childbirth and	Annual Updates Form Opened	Jan 31, 2012	Outcome	Administrative claims	Facility	Hospital/ Acute Care Facility	Agency for Healthcare Research and Quality	Surgery
0340	Pediatric Heart Surgery Volume (PDI 7)	Number of discharges with procedure for pediatric heart surgery	Discharges under age 18 with ICD-9-CM	This measure does not have a denominator due to the fact it is a	Not applicable. This measure does not have a denominator	Annual Updates Form Opened	Jan 31, 2012	Structure	Administrative claims	Facility	Hospital/ Acute Care Facility	Agency for Healthcare Research and Quality	Surgery
0343	PICU Standardized Mortality Ratio	The ratio of actual deaths over predicted deaths for PICU patients.	Actual number of deaths occurring in	Predicted mortality, "Predicted mortality" =	Preterm infants and/or adults who are admitted to the	Annual Update Submitted	Jul 31, 2012	Outcome	Administrative claims, Paper Records, Electronic	Facility	Hospital/ Acute Care Facility	Virtual PICU Systems, LLC	Pulmonary/Critical Care : COPD
0477	Under 1500g infant Not Delivered at Appropriate Level of Care	The number per 1,000 livebirths of <1500g infants delivered at hospitals not appropriate for that size infant.	Liveborn infants (<1500gms but over 24	All live births over 24 weeks gestation at the given birth	Stillbirths and livebirths <24weeks gestation.	Annual Updates Form Opened	Mar 30, 2012	Outcome	Other, Electronic Clinical Data : Registry	Population : County or City, Facility, Health Plan, Population	Hospital/ Acute Care Facility	California Maternal Quality Care Collaborative	Perinatal
0714	Standardized mortality ratio for neonates undergoing non-cardiac surgery	Ratio of observed to expected rate of in-hospital mortality following non-cardiac surgery among infants <= 30 days of age, risk-adjusted.	Cases of non-cardiac surgery among	Total cases of non-cardiac surgery among infants <= 30	Patients > 30 days of age at time of surgery; those	Annual Updates Form Opened	Sep 20, 2012	Outcome	Administrative claims, Electronic Clinical Data,	Facility	Hospital/ Acute Care Facility	Boston Children's Hospital, Center for	Surgery
0732	Surgical Volume for Pediatric and Congenital Heart Surgery: Total Programmatic Volume and Programmatic Volume Stratified by the Five STS-EACTS Mortality Categories	Surgical volume for pediatric and congenital heart surgery: total programmatic volume and programmatic volume stratified by the five STS-EACTS Mortality Levels, a multi-institutional	1) Total number of pediatric and congenital	N/A	Measure Exclusions: Any operation	Annual update complete, paired measure in	Nov 21, 2011	Structure	Electronic Clinical Data : Registry	Population : County or City, Facility, Clinician : Group/Practice,	Hospital/ Acute Care Facility	The Society of Thoracic Surgeons	Surgery
0733	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	Operative mortality stratified by the five STS-EACTS Mortality Levels, a multi-institutional validated complexity stratification tool	Number of patients who undergo pediatric and	Number of index cardiac operations in each level of	Measure Exclusions: Any operation that is not a	Annual update complete, paired measure in	Nov 18, 2011	Outcome	Electronic Clinical Data, Electronic Health/Medic	Population : Counties or cities, Facility/Agency,	Hospital	The Society of Thoracic Surgeons	Surgery

measure number	title	description	numerator statement	denominator statement	denominator exclusions	status	most recent endorsement	type	data source	measurement level	care setting	steward organization name	review committee
0335	PICU Unplanned Readmission Rate	The total number of patients requiring unscheduled readmission to the ICU within 24 hours of discharge or transfer.	Total number of unplanned readmissions within 24	100 PICU Discharges, <18 yrs of age	Patients =>18 years of age,	Maintenance Complete - Endorsement Renewed	Jul 31, 2012	Outcome	Electronic Clinical Data : Electronic Health Record,	Facility	Hospital/Acute Care Facility	Virtual PICU Systems, LLC	Pulmonary/Critical Care : COPD
2393	Pediatric All-Condition Readmission Measure	This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old.	The numerator consists of hospitalizatio	Hospitalizations at general acute care hospitals for	EXCLUSIONS from the NUMERATOR (READMISSIONS	Steering Committee Review	New measure-Recommended for Endorsement by the Standing	Outcome	Administrative claims	Facility	Hospital/Acute Care Facility	Center of Excellence for Pediatric Quality	All-Cause Admissions and Readmissions
2414	Pediatric Lower Respiratory Infection Readmission Measure	This measure calculates case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, following hospitalization for lower	The numerator consists of hospitalizatio	Hospitalizations at general acute care hospitals for	EXCLUSIONS from the NUMERATOR (READMISSIONS	Steering Committee Review	New measure-Recommended for Endorsement by the Standing	Outcome	Administrative claims	Facility	Hospital/Acute Care Facility	Center of Excellence for Pediatric Quality	All-Cause Admissions and Readmissions

NQF #	Title	description	status	Federal Programs: Current Finalized 2013-2014	data source	HHS NQS Priority	measure_type	steward organization
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of the following during the measurement year: - Body mass index (BMI) percentile documentation - Counseling for nutrition - Counseling for physical activity	Endorsed	Medicaid Child Core Set; Meaningful Use - Eligible Professionals; Physician Feedback; Physician Quality Reporting System (PQRS); Health Insurance Exchange Quality Rating System	Administrative claims, Electronic Clinical Data, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
0033	Chlamydia Screening in Women (CHL)	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Endorsed	Medicaid Child Core Set; Medicaid Adult Core Set; Meaningful Use - Eligible Professionals; Physician Quality Reporting System (PQRS)	Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Pharmacy	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
0038	Childhood Immunization Status (CIS)	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B(HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination	Endorsed	Medicaid Child Core Set; Meaningful Use - Eligible Professionals; Physician Quality Reporting System (PQRS); HRSA; Health Insurance Exchange Quality Rating System	Administrative claims, Electronic Clinical Data: Registry, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
0108	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. • Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.	Endorsement Maintenance	Medicaid Child Core Set; Meaningful Use - Eligible Professionals; Physician Quality Reporting System (PQRS)	Administrative claims	Effective Communication and Care Coordination	Process	National Committee for Quality Assurance
0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Standardized Infection Ratio (SIR) of healthcare-associated, central line-associated bloodstream infections (CLABSI) will be calculated among patients in the following patient care locations: • Intensive Care Units (ICUs)	Endorsed	Medicaid Child Core Set; Hospital Acquired Condition Reduction Program; Hospital Inpatient Quality Reporting; Hospital Value-Based	Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record,	Patient Safety	Outcome	Centers for Disease Control and Prevention
0471	PC-02 Cesarean Section	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).	Endorsed	Medicaid Child Core Set	Administrative claims, Paper Medical Records	Affordable Care	Outcome	The Joint Commission
0576	Follow-Up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: - The percentage of discharges for which the patient received follow-up within 30 days of discharge - The percentage of discharges for which the patient received follow-up within 7 days of	Endorsed	Medicaid Child Core Set; Dual Eligibles Core Quality Measures- Captiated Demonstrations; Dual Eligibles Core Quality Measures- Managed Fee For Service Demonstrations; Medicaid Adult Core Set; Inpatient Psychiatric Hospital Quality Reporting; Medicare Part C Plan Rating; Health Insurance Exchange Quality Rating System	Administrative claims, Electronic Clinical Data	Effective Communication and Care Coordination	Process	National Committee for Quality Assurance
1382	Percentage of low birthweight births	The percentage of births with birthweight <2,500 grams		Medicaid Child Core Set	Patient Reported Data/Survey	Healthy Living and Well-Being	Outcome	Centers for Disease Control and Prevention
1391	Frequency of Ongoing Prenatal Care (FPC)	Percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: •<21 percent of expected visits •21 percent–40 percent of expected visits •41 percent–60 percent of expected visits •61 percent–80 percent of expected visits •> or =81 percent of expected visits		Medicaid Child Core Set	Administrative claims, Electronic Clinical Data, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
1392	Well-Child Visits in the First 15 Months of Life (W15)	Percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life. Seven rates are reported: •No well-child visits •One well-child visit •Two well-child visits •Three well-child visits •Four well-child visits	Endorsed	Medicaid Child Core Set	Administrative claims, Electronic Clinical Data, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance

1407	Immunizations for Adolescents (IMA)	The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday.	Endorsed	Medicaid Child Core Set; HRSA	Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Registry, Paper Medical	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
1448	Developmental Screening in the First Three Years of Life	The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.	Endorsed	Medicaid Child Core Set	Administrative claims, Electronic Clinical Data: Electronic Health Record, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
1516	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Percentage of patients 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	Endorsed	Medicaid Child Core Set	Administrative claims, Electronic Clinical Data, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
1517	Prenatal & Postpartum Care (PPC)	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	Endorsed	Medicaid Child Core Set; Medicaid Adult Core Set	Administrative claims, Electronic Clinical Data, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
1799	Medication Management for People with Asthma (MMA)	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.	Endorsed	Medicaid Child Core Set	Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Pharmacy	Effective Communication and Care Coordination	Process	National Committee for Quality Assurance
1959	Human Papillomavirus Vaccine for Female Adolescents (HPV)	Percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.	Endorsed	Medicaid Child Core Set	Administrative claims, Electronic Clinical Data, Electronic Clinical Data: Registry, Paper Medical Records	Healthy Living and Well-Being	Process	National Committee for Quality Assurance
N/A	Maternity Care: Behavioral Health Risk Assessment	Percentage of patients, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: screening for depression, alcohol use, tobacco use, drug use, and intimate partner violence screening	Not Endorsed	Medicaid Child Core Set	Electronic Clinical Data: Electronic Health Record	Healthy Living and Well-Being	Process	AMA-PCPI
N/A	Children and Adolescents' Access to Primary Care Practitioners	The percentage of children 12 months –19 years of age who had a visit with a primary care practioner. Four separate percentages are reported: Children 12 through 24 months and children 25 months through 6 years who had a visit with a primary care practioner during the measurement year; Children 7 through 11 years and adolescents 12 through 19 years who had a visit with a primary care practioner during the measurement year or the year prior to the measurement year.	Not Endorsed	Medicaid Child Core Set	Administrative Data	Healthy Living and Well-Being	Process	NCQA
N/A	Adolescent Well-Care Visits	The percentage of enrolled adolescents 12–21 years of age who had at least one comprehensive well-care visit with a primary care practioner or an OB/GYN practitioner during the measurement year.	Not Endorsed	Medicaid Child Core Set	Administrative Data	Healthy Living and Well-Being	Process	NCQA

N/A	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 4.0, Child Version	Survey provides information on parents' experience with their child's health care. Results summarize member experiences through ratings, composites and individual question summary rates. Four global rating questions reflect overall satisfaction: 1. Rating of All Health Care; 2. Rating of Personal Doctor; 3. Rating of Specialist Seen Most Often: 4. Rating of Health Plan Five composite scores summarize responses in key areas: 1. Customer Service; 2. Getting Care Quickly: 3. Getting Needed Care: 4. How Well Doctors Communicate; 5. Shared Decision Making Children With Chronic Conditions (CCC)	Not Endorsed	Medicaid Child Core Set	Survey Data	Person- and Family-Centered Experience of Care	Outcome	NCQA
N/A	Percentage of Eligible Children Who Received Preventive Dental Services	The percentage of individuals ages one to twenty years old eligible for Medicaid or CHIP Medicaid Expansion programs (that is, individuals elgible to receive EPSDT services) who received preventive dental services.	Not Endorsed	Medicaid Child Core Set	Administrative Data	Healthy Living and Well-Being	Process	CMS
N/A	Percentage of Eligible Children Who Received Dental Treatment Services	The percentage of individuals ages one to twenty years old eligible for Medicaid or CHIP Medicaid Expansion programs (that is, individuals elgible to receive EPSDT services) who received dental treatment services.	Not Endorsed	Medicaid Child Core Set	Administrative Data	Healthy Living and Well-Being	Process	CMS
N/A	Ambulatory Care: Emergency Department Visits	The rate of emergency department visits per 1,000 member months among children up to age 19.	Not Endorsed	Medicaid Child Core Set	Administrative Data	Affordable Care	Process	NCQA

NATIONAL QUALITY FORUM

Meeting Summary

HHSM-500-2012-00009I—Task Order 11

MAP Medicaid Task Force Web Meeting

Expedited Review of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP

Tuesday, September 23, 2014

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Child Medicaid Task Force on Tuesday, September 23, 2014. An online archive of the meeting is available.

Task Force Members in Attendance:

Name	Organization
Foster Gesten, MD Task Force Chair	National Association of Medicaid Directors
Sandra White, MD, MBA	Aetna
Beth Feldpush, DrPH	America's Essential Hospitals
Alvia Siddiqi, MD, FAAFP	American Academy of Family Physicians
Terry Adirim, MD, MPH, FAAP	American Academy of Pediatrics
Susan Lacey, RN, PhD, FAAN	American Nurses Association
Andrea Benin, MD	Children's Hospital Association
Cynthia Pellegrini	March of Dimes
Carol Sakala, PhD, MSPH	National Partnership for Women and Families
Anne Cohen, MPH	Subject Matter Expert: Disability

Welcome and Review of Meeting Objectives

Dr. Gesten welcomed members and the public audience to the web meeting, and reviewed the meeting objectives, which were to:

- Establish understanding of program goals for the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
- Identify measure gap areas for further exploration during the in-person meeting

Dr. Gesten also reviewed the MAP Medicaid Child Task Force Charge to remind members of the purpose and structure of this expedited review, which is to provide input on the Child Core Set by November 14, 2014. A second, more in-depth review will be completed by August 31, 2015.

Overview of Medicaid/CHIP and the Reporting Program

Elizabeth Carey, Project Manager, NQF, provided background information on the Medicaid and CHIP programs. Ms. Carey shared key characteristics about the Medicaid and CHIP enrollee population,

including program history, demographics, benefits, health status, and expenditures. Ms. Carey noted that while most kids are healthy, an important sub-group to consider is children with complex health needs, who represent about 6 percent of the total number of children on Medicaid but nearly 40 percent of costs. Also, mental disorders are the most costly conditions to treat; nearly half of the $13.8 billion spent on mental disorders in 2011 was covered by Medicaid.

The Task Force commented that conditions and costs provide useful filters for assessing measures and measure gaps. They also requested additional information on:

- Medicaid costs associated with complications of childbirth and poor birth outcomes,
- Greater specificity on mental health and neurobehavioral diagnoses,
- Mix of inpatient and outpatient services accessed by Medicaid and CHIP recipients,
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) diagnosis statistics, and
- Site of care for measures in the Child Core Set.

NQF will provide additional information on these topics at the group's upcoming in-person meeting.

CMS Program Goals for Child Core Set

Karen LLanos, CMS, provided a brief summary of CMS' goals for Child Core Set reporting, the statutory requirement for annual updates and previous efforts to strengthen the Core Set, and the input requested from MAP during this expedited review.

CMS' three-part goal for the Child Core Set is to increase the number of states reporting Core Set measures, increase the number of measures reported by each state, and increase the number of states using Core Set measures to drive quality improvement.

CMS now has four years of experience with this voluntary reporting program and providing technical assistance and analytic support for States. In 2012, all states (including DC) reported two or more of the Child Core Set measures. This information was made available in the 2013 Annual Secretary's Report on the Quality of Care for Children in Medicaid and CHIP.

CHIPRA requires the initial Core set of measures to be "improved" annually beginning in January 1, 2013. Previous updates to the Child Core Set included identifying measures to be added (three in 2012) and measures to be retired (one in 2012 and three in 2013). The next annual updates to the Child Core Set will be released by January 2015. Ms. LLanos stressed the value of multi-stakeholder perspectives and encouraged MAP to identify opportunities to strengthen the Child Core Set by recommending measures to fill critical gap areas and promote better alignment with other measurement programs.

Task force members had several questions and comments:

- Ms. LLanos highlighted several challenges for States, including reporting on measures that do not use administrative claims, aligning state-define priorities with the Core Set, accessing information for hospital-based measures, and implementing newer measures.
- The voluntary nature of the program was stressed, and that the focus is to better understand the quality of care being provided and identifying areas for improvement, rather than on payment incentives.
- Dr. Foster summarized by noting that MAP's input will be valuable to consider the "ideal" number of measures that balances parsimony with relevance to measure and report, the challenges states are experiencing with reporting, and themes from other MAP groups such as placing emphasis on settings of care and on prevention.

Program Experience to Date

Sarah Lash, Senior Director, NQF, shared measure characteristics of the Child Core Set and results gathered from reporting states. Ms. Lash also reviewed measures already retired from the Child Core Set and the reasons why. A range of clinical conditions are represented across the measures.

Measures are concentrated in the National Quality Strategy priority area of Healthy Living and Well-Being. Task Force members highlighted the large number of prevention measures as compared to measures for specific conditions, access to care, or consumer experience. It was also noted that most measures are at the health plan level of analysis.

Dr. Gesten facilitated a discussion of the information needed from state panelists at the in-person meeting. Members suggested feedback on challenges and barriers to reporting, underlying factors influencing participation, the states' understanding of the purpose of the Core Set, and perceived measure gaps.

Forming MAP's Input on Strengthening the Child Core Set

Dr. Gesten invited discussion of gap areas in the Medicaid Child Core Set, yielding the following suggestions:

- Care coordination
    - Home- and community-based care
    - Social services coordination
- Screening for abuse and neglect
- Injuries and trauma
- Mental health
    - Access to outpatient and ambulatory mental health services
    - ER use for behavioral health
- Overuse/ medically unnecessary care
    - Appropriate use of CT scans
- Inpatient measures
- Durable medical equipment
- Cost measures, specifically targeting people with chronic needs

Additionally, the lack of an overarching data infrastructure to facilitate reporting was noted as a strategic issue for further discussion.

Opportunity for Public Comment

Dr. Gesten invited public participants to share their comments. Rhonda Medows, United Health Group, recommended that MAP consider aligning the Child Core Set with the Health Insurance Exchange quality measures and children's quality measures used in State Employee Health Plans.

Summary and Next Steps

Dr. Gesten reflected on the next steps for NQF Staff and the Task Force in preparation for the in-person meeting in October. Planned information sources to support deliberations for strengthening the Medicaid Child Core Set include:

- A comprehensive spreadsheet that captures the characteristics of measures in the Core Set, including the ability to sort by site of care
- Information about available measures in key gap areas

- EPSDT information on conditions and diagnosis, if available
- The Annual Secretary's Report on the Quality of Care for Children in Medicaid and CHIP
- Slides from the Medicaid Adult Task Force that mapped conditions for readmissions with measures in the Adult Core Set
- child health measures endorsed by NQF in the past year
- Status of the AHRQ-CMS Pediatric Quality Measures in development

NQF staff noted important upcoming events for the Task Force include:

- October 17: In-Person Meeting of Child Medicaid Task Force
- October 27 – November 7 (tentative): Public Comment on draft final report
- November 10: MAP Coordinating Committee review of draft report
- November 14: Final report due to HHS and made available to the public

Dr. Foster thanked the Task Force, presenters, and public for their participation, and the web meeting was adjourned.

NATIONAL QUALITY FORUM

Roster

Measure Applications Partnership
Medicaid Child Task Force

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