

## Measure Applications Partnership

Medicaid Child Task Force  
Web Meeting



NATIONAL  
QUALITY FORUM

*September 23, 2014*

***Welcome, Review of Meeting  
Objectives, and Introductions***

## Meeting Objectives

- 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

## 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	Representative TBD
March of Dimes	Cynthia Pellegrini
National Partnership for Women and Families	Carol Sakala, PhD, MSPH

### Subject Matter Experts

Anne Cohen, MPH

## 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 2014. A second, in-depth report is due by September 1, 2015.

## *Overview of the Population of Children Enrolled in Medicaid/CHIP*

## Scope of Medicaid and CHIP for Low-Income Children

- Medicaid is the largest health insurance program in the U.S. and the primary health insurance program for low-income individuals.
- CHIP provides health coverage to children in families with incomes too high to qualify for Medicaid, but who can't afford private coverage.
- Both Medicaid and CHIP are financed through a federal-state partnership
- Each state designs and operates its own Medicaid and CHIP programs within federal guidelines
- States can design their CHIP program in one of three ways:
  - Medicaid expansion (seven states, DC and five territories)
  - Separate Child Health Insurance Program (17 states)
  - Combination of the two approaches (26 states)

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<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/Medicaid-and-CHIP-Program-Information.html>

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## Medicaid/CHIP Enrollees and Eligibility

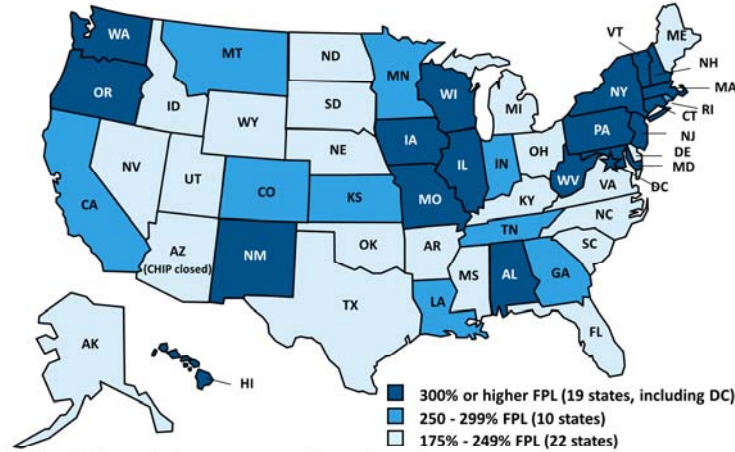
- Medicaid and CHIP cover over 43 million children—more than 1 in every 3—and ~40% of all births
- Most states have elected to provide Medicaid to children with family incomes above the minimum of 100% of the FPL (\$19,790 for a family of three in 2014).
- The average CHIP income eligibility level for children is 241% of the FPL.

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Kaiser Commission on Medicaid and the Uninsured. Medicaid Primer: Key Information on the Nation's Health Coverage Program for Low-Income People. March 2013.

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### Children's Eligibility for Medicaid/CHIP by Income, April 2014



NOTE: Thresholds include the standard 5 percentage point of the FPL disregard.

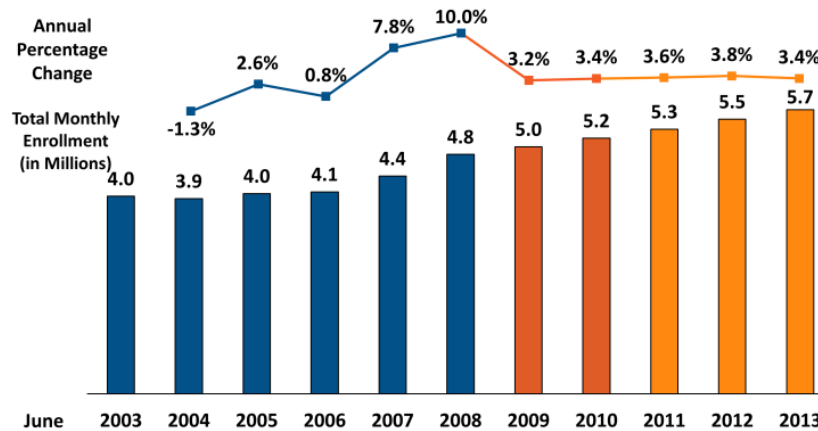
SOURCE: Based on data from the Centers for Medicare and Medicaid Services, available at <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html> as of April 1, 2014.



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### Annual Change in CHIP Enrollment in 50 States and DC, June 2003 to June 2013



SOURCE: Data provided by state CHIP officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2013.



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## Medicaid Benefits for Children

### Mandatory Benefits:

- Inpatient hospital services
- Outpatient hospital services
- Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services:
  - Screening Services
  - Dental Services
  - Hearing Services
  - Other Necessary Health Care Services
  - Diagnostic Services
  - Treatment
- Physician services
- Laboratory and X-ray services
- Certified Pediatric and Family Nurse Practitioner services
- Family planning services
- Nurse Midwife services

### Optional Benefits:

- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services

## CHIP Benefits

- Medicaid Expansion CHIP programs provide the standard Medicaid benefit package, including EPSDT
- Separate CHIP can provide either:
  - Benchmark coverage based on one of the following:
    - » The standard Blue Cross/Blue Shield PPO plan offered to Federal employees
    - » State employee's coverage plan
    - » HMO plan that has the largest commercial, non-Medicaid enrollment within the state
  - Benchmark-equivalent coverage must be actuarially equivalent and include:
    - » Inpatient and outpatient hospital services
    - » Physician's services
    - » Surgical and medical services
    - » Laboratory and x-ray services
    - » Well-baby and well-child care, including immunizations

## Health Issues for Children in Medicaid/CHIP

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

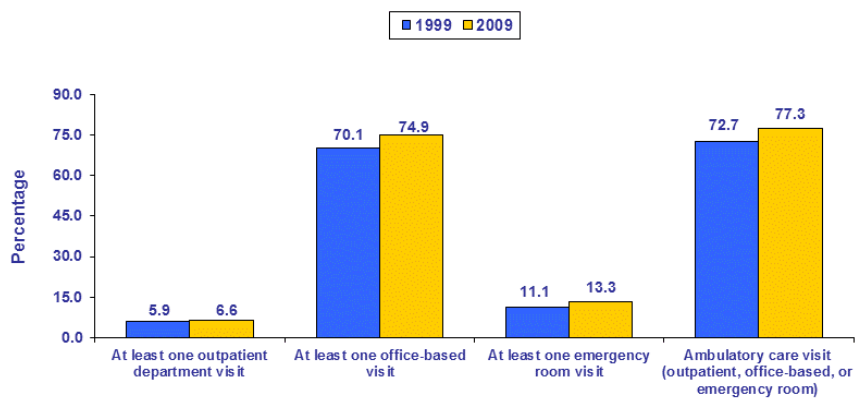
- Primary Care Access and Preventive Care
  - Well-child
  - Developmental screenings
  - Preventive screenings
- Perinatal Health
- Management of Acute and Chronic conditions
  - Children with complex health needs
- Dental and Oral Health

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**Figure 1. Use of ambulatory care among children (less than 18 years), 1999 and 2009**

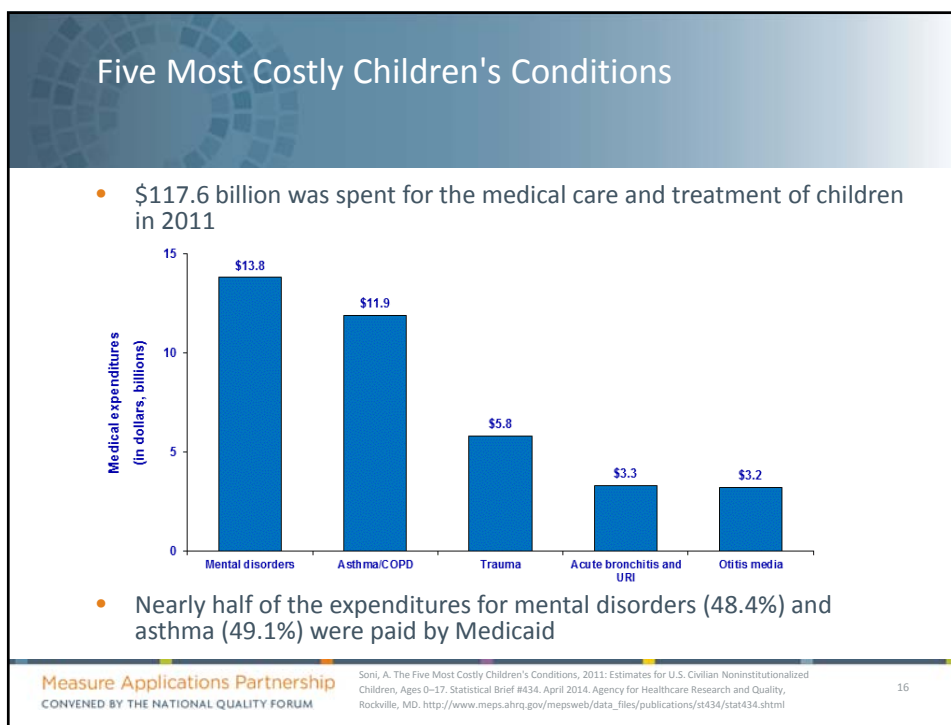
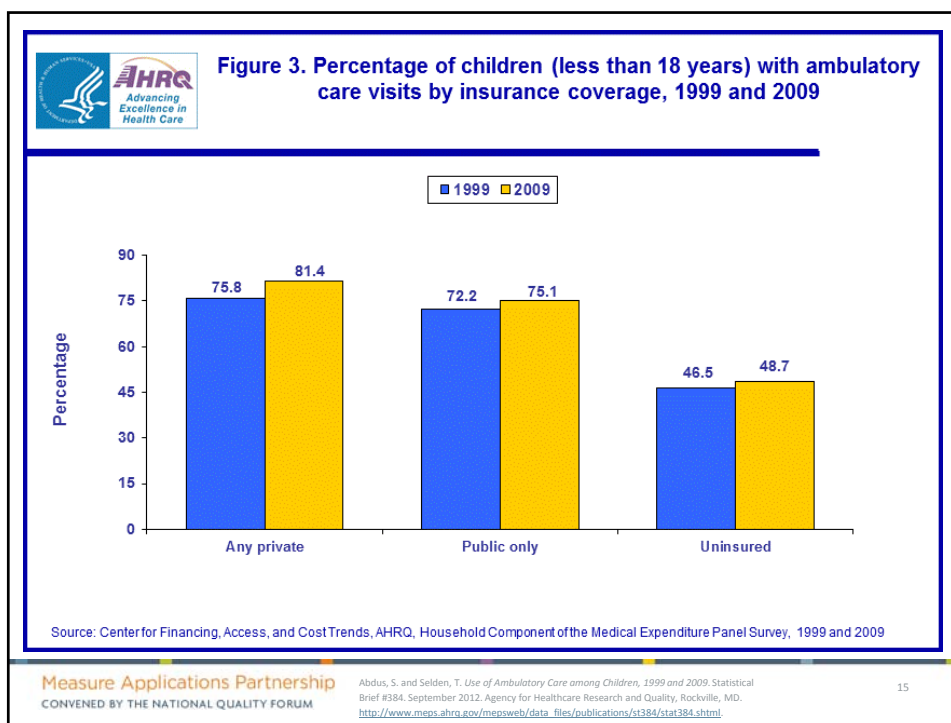


Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1999 and 2009

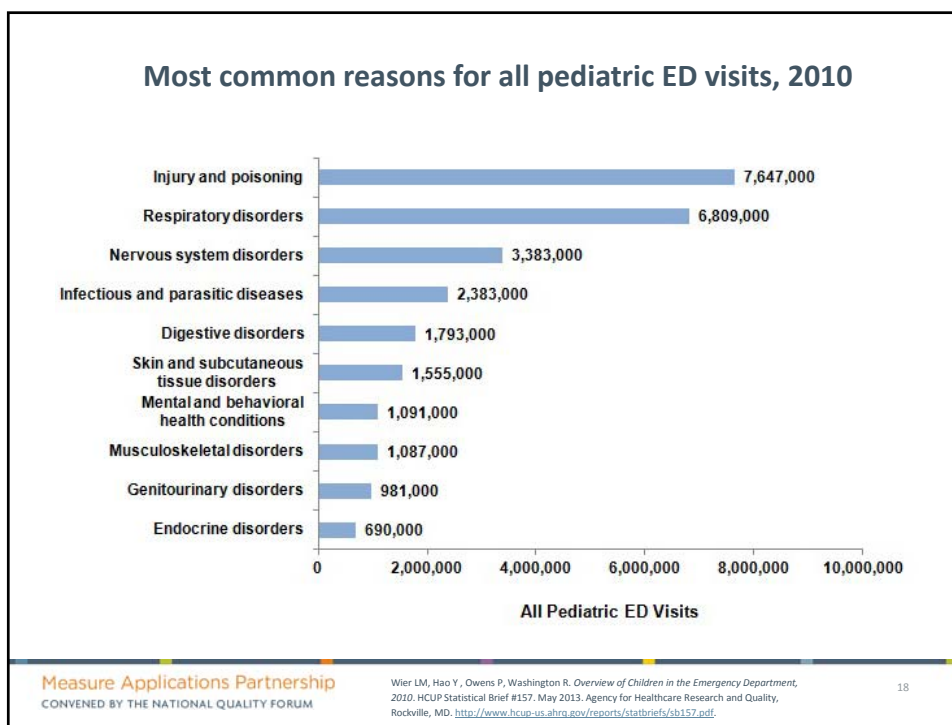
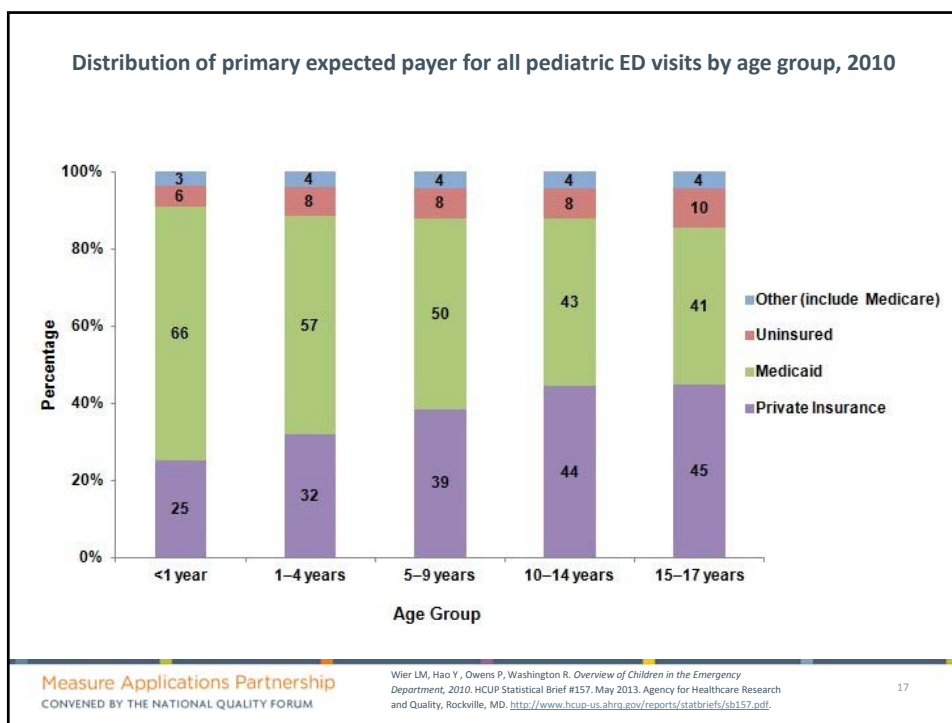
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Abdus, S. and Selden, T. Use of Ambulatory Care among Children, 1999 and 2009. Statistical Brief #384. September 2012. Agency for Healthcare Research and Quality, Rockville, MD.  
[http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st384/stat384.shtml](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st384/stat384.shtml)

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## Prioritized Child Health Conditions and Risks (NQF, 2011)

- Tobacco Use
- Overweight / obesity
- Risk of developmental delays or behavioral problems
- Oral health
- Diabetes
- Asthma
- Depression
- Behavior or conduct problems
- Chronic ear infections (3 or more per year)
- Autism spectrum disorders

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National Quality Forum (NQF), Measure Development and Endorsement Agenda, Washington, DC: NQF, 2011. Available at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=7170>

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## Overview of the Child Core Set

**Karen Llanos**  
**Center for Medicaid and CHIP Services**  
**Centers for Medicare & Medicaid Services**



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## Children's Core Set Measures

- Initial Core Set released in Feb 2011
  - 24 measures, had to be “in use”
- Voluntary reporting of measures
  - Closed 4th year of reporting
  - CMS updates technical specifications manual annually
  - States submit data to CMCS
  - Technical Assistance and Analytic Support Program for States
- Most recent Child Core Set released in 2014

## Improving the Child Core Set

- CHIPRA requires the initial core set of measures to be “improved” annually beginning in January 1, 2013
- In the past, CMCS partnered with AHRQ's Subcommittee to the National Advisory Committee to provide multi-stakeholder feedback
- Previous updates to the Child Core Set
  - 2012: Focused on identifying which measures to add to Child Core Set (retired 1, added 3)
  - 2013: Focused on which measures to retire (retired 3)

## 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)*

## Next Steps (after MAP feedback process)

- Annual updates to Child Core Set to be released by January 2015
- CMS to issue public reports
  - Annual Secretary's Report (every September 30th)
  - Report to Congress every three years (last report issued January 2014)
- Continue CMS-funded measurement development
  - AHRQ funded to develop pediatric-focused measures through seven centers of excellence (ongoing)
  - ONC funded to develop small set of electronically specified measures focused on child health issues (ongoing)

*Questions?*

## *Program Experience to Date*

### 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

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### Measures Already Retired from the Core Set

- Appropriate Testing for Children with Pharyngitis (two to 18 years)
- Annual Pediatric Hemoglobin A1C Testing (five to 17 years)
- Annual Percentage of Asthma Patients who are two to 20 years old with one or more Asthma-related Emergency Department Visits
- Otitis Media with Effusion – Avoidance of Inappropriate Systemic Antimicrobials in Children (ages 2-12)

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## Medicaid Child Core Set Properties: Conditions

Clinical Conditions in Current Medicaid Child Core Set	Number of Measures (n = 23)
Access to Care	1
Acute Care and Chronic Conditions (e.g., Asthma, Overweight/Obesity)	3
Behavioral Health	3
Consumer Experience	1
Dental	2
Perinatal Care	6
Preventive Screening and Care	7

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## Medicaid Child Core Set Properties: NQS

National Quality Strategy and CMS Quality Strategy Priorities	Number of Measures (n = 23)
<b>Patient Safety</b>	<b>1</b>
<ul style="list-style-type: none"> <li><i>Pediatric Central-line Associated Bloodstream Infections—Neonatal Intensive Care Unit and Pediatric Intensive Care Unit</i></li> </ul>	
<b>Person- and Family-Centered Experience of Care</b>	<b>1</b>
<ul style="list-style-type: none"> <li><i>Consumer Assessment of Healthcare Providers and Systems® CAHPS 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)</i></li> </ul>	

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## Medicaid Child Core Set Properties: NQS

National Quality Strategy and CMS Quality Strategy Priorities	Number of Measures (n = 23)
<b>Effective Communication and Care Coordination</b>	<b>3</b>
<ul style="list-style-type: none"> <li><i>Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication</i></li> <li><i>Follow-up After Hospitalization for Mental Illness</i></li> <li><i>Medication Management for People with Asthma</i></li> </ul>	
<b>Prevention and Treatment of Chronic Disease</b>	<b>0</b>
<b>Affordability</b>	<b>2</b>
<ul style="list-style-type: none"> <li><i>Cesarean Rate for Nulliparous Singleton Vertex</i></li> <li><i>Ambulatory Care - Emergency Department (ED) Visits</i></li> </ul>	

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## Medicaid Child Core Set Properties: NQS

National Quality Strategy and CMS Quality Strategy Priorities	Number of Measures (n = 23)
<b>Healthy Living and Well-Being</b>	<b>16</b>
<ul style="list-style-type: none"> <li><i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/Adolescents</i></li> <li><i>Chlamydia Screening in Women</i></li> <li><i>Childhood Immunization Status</i></li> <li><i>Live Births Weighing Less than 2,500 Grams</i></li> <li><i>Frequency of Ongoing Prenatal Care</i></li> <li><i>Well-Child Visits in the First 15 Months of Life</i></li> <li><i>Immunization Status for Adolescents</i></li> <li><i>Timeliness of Prenatal Care</i></li> <li><i>Human Papillomavirus (HPV) Vaccine for Female Adolescents</i></li> <li><i>Adolescent Well-Care Visit</i></li> <li><i>Behavioral Health Risk Assessment (for Pregnant Women)</i></li> <li><i>Child and Adolescents' Access to Primary Care Practitioners</i></li> <li><i>Percentage of Eligibles That Received Preventive Dental Services</i></li> <li><i>Percentage of Eligibles That Received Dental Treatment Services</i></li> </ul>	

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## Medicaid Child Core Set Properties: Measure Characteristics

Medicaid Child Core Set Characteristics		Number of Measures (n = 23)
NQF Endorsement Status	Endorsed	16
	Not Endorsed	7
Measure Type	Structure	0
	Process	19
	Outcome	4
Data Collection Method	Administrative Claims	20
	Electronic Clinical Data	13
	eMeasure Available	5
	Survey Data	2
Alignment	In use in one or more other federal programs	6
	In the Medicaid Adult Core Set	2*

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

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***Questions or comments about the measures currently included in the program?***

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## Overview of Medicaid Child Core Set FFY 2012 Reporting

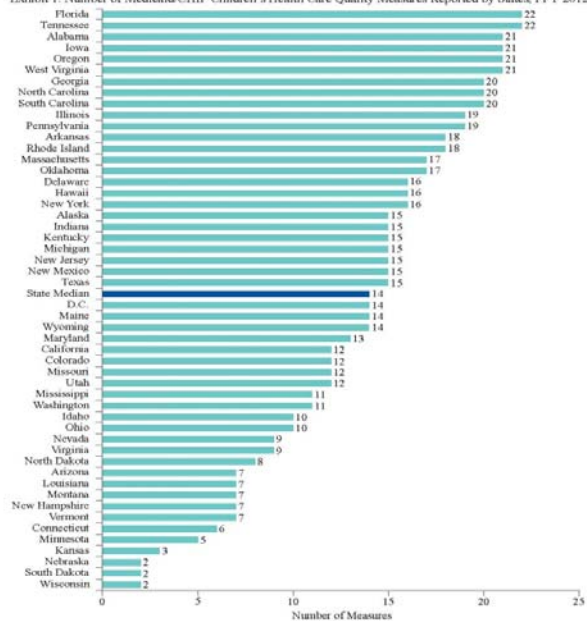
The term “states” includes the 50 states and the District of Columbia

- All states reported two or more of the Child Core Set measures
- Median of 14 measures reported
- 35 states reported at least 11 of the 22 core measures to CMS
  - Florida and Tennessee reported 22 of the core measures
  - Nebraska, South Dakota, and Wisconsin reported 3 measures

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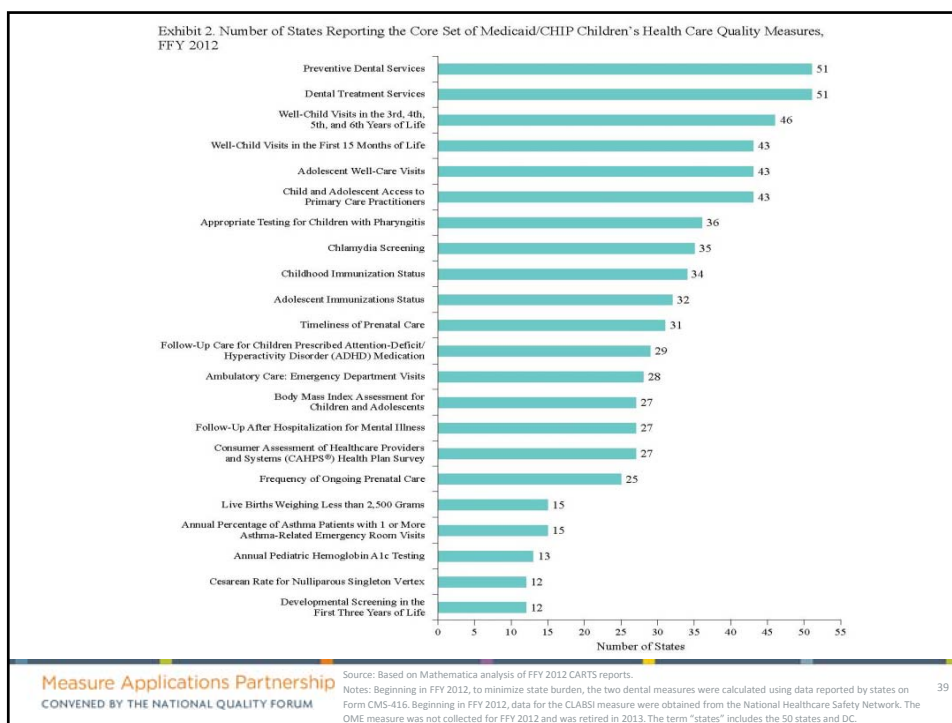
Exhibit 1. Number of Medicaid/CHIP Children's Health Care Quality Measures Reported by States, FFY 2012



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Source: Based on Mathematica analysis of FFY 2012 CARTS reports.  
Notes: This figure is based on state reporting of 22 core set measures for FFY 2012. Beginning in FFY 2012, data for the CLASBI measure were obtained from the National Healthcare Safety Network. The OME measure was not collected for FFY 2012 and was retired in 2013. The term “states” includes the 50 states and the District of Columbia.

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## Overview of Medicaid Child Core Set FFY 2012 Reporting

- The most frequently reported measures in the Child Core Set assess children's access to primary care, well-child visits, and dental services
- Quality improvement opportunities remain among frequently reported measures:
  - 13 of 14 measures had median below 80%
  - 9 of 14 measures had median below 60%
  - 2 of 14 measures had median below 40%

## Overview of Medicaid Child Core Set FFY 2012 Reporting

- Significant quality improvement opportunities remain related to:
  - Percentage of Eligibles That Received Preventative Dental Services
  - Percentage of Eligibles That Received Dental Treatment Services
  - Adolescent Well-Care Visit
  - Immunization Status for Adolescents
  - Chlamydia Screening in Women
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents
  - Frequency of Ongoing Prenatal Care
  - Follow-up After Hospitalization for Mental Illness (within 7 Days)
  - Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

***Questions or comments about the data  
reported by states?***




***What information is needed from state  
panelists at the in-person meeting?***

## ***Forming MAP's Input 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

## AHRQ SNAC Recommendations for Additions to the Core Set in 2013

Topic	Measure Name	Measure Submitter
<b>Recommended for voluntary use by Medicaid/CHIP and other purposes</b>		
Duration of enrollment	Coverage in Medicaid and CHIP	CHOP
Duration of enrollment	Duration of newborn's first enrollment	CHOP
Child and adolescent immunizations	Human papillomavirus (HPV) vaccine for female adolescents	NCQA 
Imaging	Recording radiation exposure from diagnostic computed tomography exams	St. Louis Children's Hospital
Asthma	Medication management for people with asthma	NCQA 
<b>Recommended for other purposes only</b>		
Prenatal	Behavioral risk assessment	PMCoE-AMA PCPI 
Substance use/abuse	Tobacco use and help with quitting among adolescents	NCINQ

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Recommendations to Improve Children's Health Care Quality Measures: Background Report on the 2012 Process, December 2012, Agency for Healthcare Research and Quality, Rockville, MD.  
<http://www.ahrq.gov/policymakers/chipra/pubs/background-2012/backgroundtab2.html>

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## Previously Identified Gaps

### Task Force Discussion

- *Are any important measure gap areas missing?*
- *Are you aware of measures that could fill these gaps?*
  - If necessary, can review selected measure development activities underway in Pediatric Centers of Excellence during October meeting

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## AHRQ-CMS Pediatric Quality Measures Program: Topics of Available Measures

- Perinatal care (services for delivery of healthy newborns)
- Child clinical preventive services
- Management of acute conditions
  - Temperatures of LBW newborns
- Management of chronic conditions
  - Medical complexity
  - ADHD care
  - ER use by children with asthma
  - Use of antipsychotics
  - Sickle cell treatment
  - Hospital readmissions
- PROs (health outcomes and patient/family experience of care)
- Duration of enrollment and coverage (continuity of coverage)
- Availability of services

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Pediatric Quality Measures Program: Quality Measures. August 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/policymakers/chipra/factsheets/index.html>

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## *Opportunity for Public Comment*

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## *Summary and Next Steps*

### 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

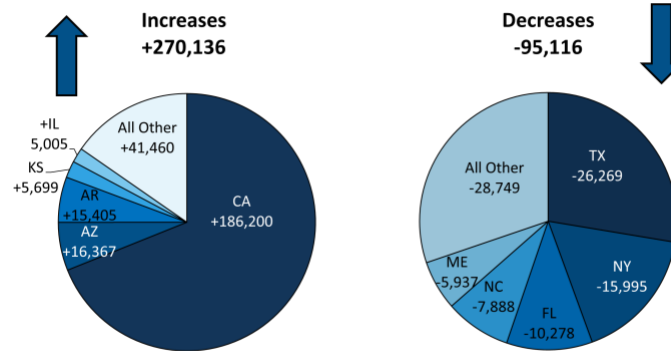


## Important Dates

- October 17: In-person meeting of Medicaid Child Task Force
- 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!***

### Enrollment Increases and Decreases by State, December 2012 through December 2013



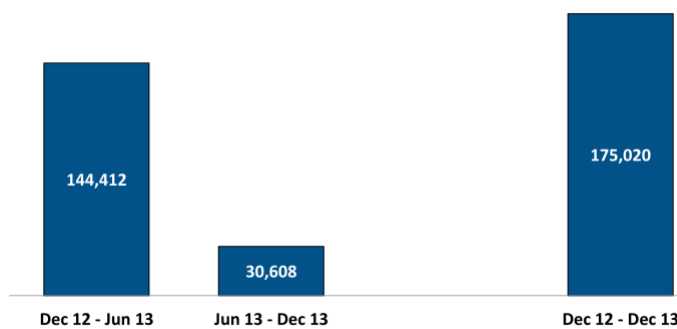
NOTES: Data for December 2013 were not available for MO and ND; therefore, enrollment figures for June 2013 data were used in place of December 2013 for these states.  
SOURCE: Data provided by state CHIP officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2013.



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### Enrollment growth between December 2012 and December 2013 by 6 month periods (in thousands)



NOTES: Data for December 2013 were not available for MO and ND; therefore, enrollment figures for June 2013 data were used in place of December 2013 for these states.  
SOURCE: Data provided by state CHIP officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2013.



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## AHRQ-CMS Pediatric Quality Measures Program: Topics of Measures in Development

IOM Domain	Perinatal / Prenatal	Child Clinical Preventive Services	Management of Acute Conditions	Management of Chronic Conditions	Other
Patient Safety			✓	✓	
Timeliness			✓		
Effectiveness	✓	✓	✓	✓	
Efficiency			✓	✓	
Patient-Centeredness				✓	
Access	✓			✓	✓
Care Coordination				✓	
Other (Varied Domains or Domains to be Determined)			✓	✓	✓

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Pediatric Quality Measures Program: Quality Measures, August 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/policymakers/chpra/factsheets/factsheets2.html>

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