



Measure Applications Partnership

Review of 2017 Recommendations for
Medicaid and Dual Eligible Beneficiaries

Coordinating Committee Web Meeting

August 22, 2017

Meeting Agenda

- Welcome
- Introductions
- Review of Meeting Objectives
- Review of Reports
 - *2017 MAP Dual Eligible Beneficiaries Workgroup Report*
 - *2017 MAP Medicaid Child Task Force Report*
 - *2017 MAP Medicaid Adult Task Force Report*
 - *Cross-Cutting Issues Affecting Low-Income Populations*

Meeting Objectives

- Review public comments on three draft MAP reports
- Finalize:
 - *2017 MAP Dual Eligible Beneficiaries Workgroup Report*
 - *2017 MAP Medicaid Child Task Force Report*
 - *2017 MAP Medicaid Adult Task Force Report*
- Examine cross-cutting issues affecting low-income Medicaid and dual eligible beneficiaries, including alignment, measure gaps, data and Sociodemographic Status (SDS)

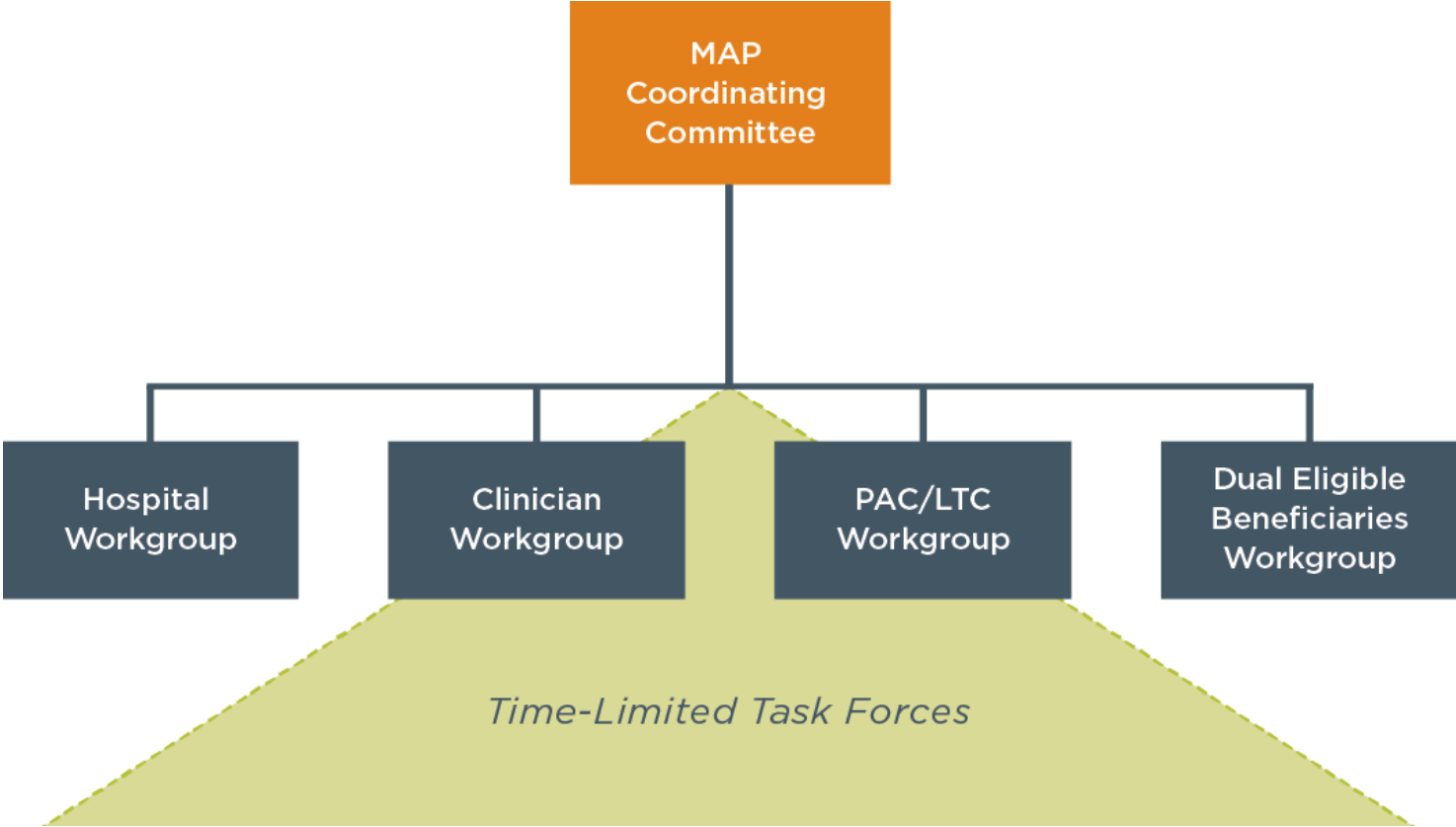
MAP Coordinating Committee Members

- Chip N. Kahn, III, MPH(Co-Chair)
- Harold Pincus, MD (Co-Chair)
- Marissa Schlaifer, RPh, MS
- Steven Brotman, MD, JD
- Shaun O'Brien
- Aparna Higgins, MA
- R. Barrett Noone
- Amy Mullins, MD, FAAFP
- Amir Qaseem, MD, PhD, MHA
- Bruce Hall, MD, PhD, MBA, FACS
- David Gifford, MD, MPH
- Rhonda Anderson, RN, DNSc, FAAN
- Carl Sirio, MD
- Sam Lin, MD, PhD, MBA
- Mary Beth Bresch White
- Samuel Lin, MD, PhD, MBA, MPA, MS
- Carole Flamm, MD, MPH
- John Bott, MSSW, MBA
- Richard Gundling, FHFMA, CMA
- Blake Hendrickson
- David Baker, MD, MPH, FACP
- Leah Binder, MA, MGA
- Gail Hunt
- Foster Gesten, MD, FACP
- Steve Wojcik, MA
- Mary Barton, MD, MPP
- Carol Sakala, PhD, MSPH
- Chris Queram, MS
- William Kramer, MBA
- Jennifer Bryant, MBA
- Ari Robicsek, MD
- Richard Antonelli, MD, MS
- Doris Lotz, MD, MPH
- Nancy Wilson, MD, MPH
- Chesley Richards, MD, MH, FACP
- Patrick Conway, MD, MSc
- David Hunt, MD, FACS

MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the Measure Applications Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

MAP Structure



2017 MAP Dual Eligible Beneficiaries Workgroup Report

Dual Eligible Beneficiaries Workgroup Membership

Workgroup Chairs: Jennie Chin Hansen, RN, MS, FAAN; Michael Monson, MPP; Nancy Hanrahan PhD, PN, FAAN (Inactive March-May 2017)

Organizational Members

AARP Public Policy Institute	Susan Reinhard, RN, PhD, FAAN
American Medical Directors Association	Gwendolen Buhr, MD, MHS, Med, CMD
American Occupational Therapy Association	Joy Hammel, PhD, OTR/L, FAOTA
Association for Community Affiliated Health Plans	Christine Aguiar Lynch, MPH
Centene Corporation	Michael Monson, MPP
Consortium for Citizens with Disabilities	E. Clarke Ross, DPA
Homewatch CareGivers	Jennifer Ramona
iCare	Thomas H. Lutzow, PhD, MBA
Medicare Rights Center	Joe Baker, JD
National Association of Medicaid Directors	Alice Lind, BSN, MPH
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
New Jersey Hospital Association	Aline Holmes, DNP, MSN, RN
SNP Alliance	Richard Bringewatt

Dual Eligible Beneficiaries Workgroup Membership

Subject Matter Experts

Alison Cuellar, PhD
K. Charlie Lakin, PhD
Pamela Parker, MPA
Kimberly Rask, MD, PhD

Federal Government Members

Administration for Community Living	Eliza Bangit, JD
CMS Medicare-Medicaid Coordination Office	Stacey Lytle, MPH
Office of The Assistant Secretary for Planning and Evaluation	D.E.B. Potter, MS

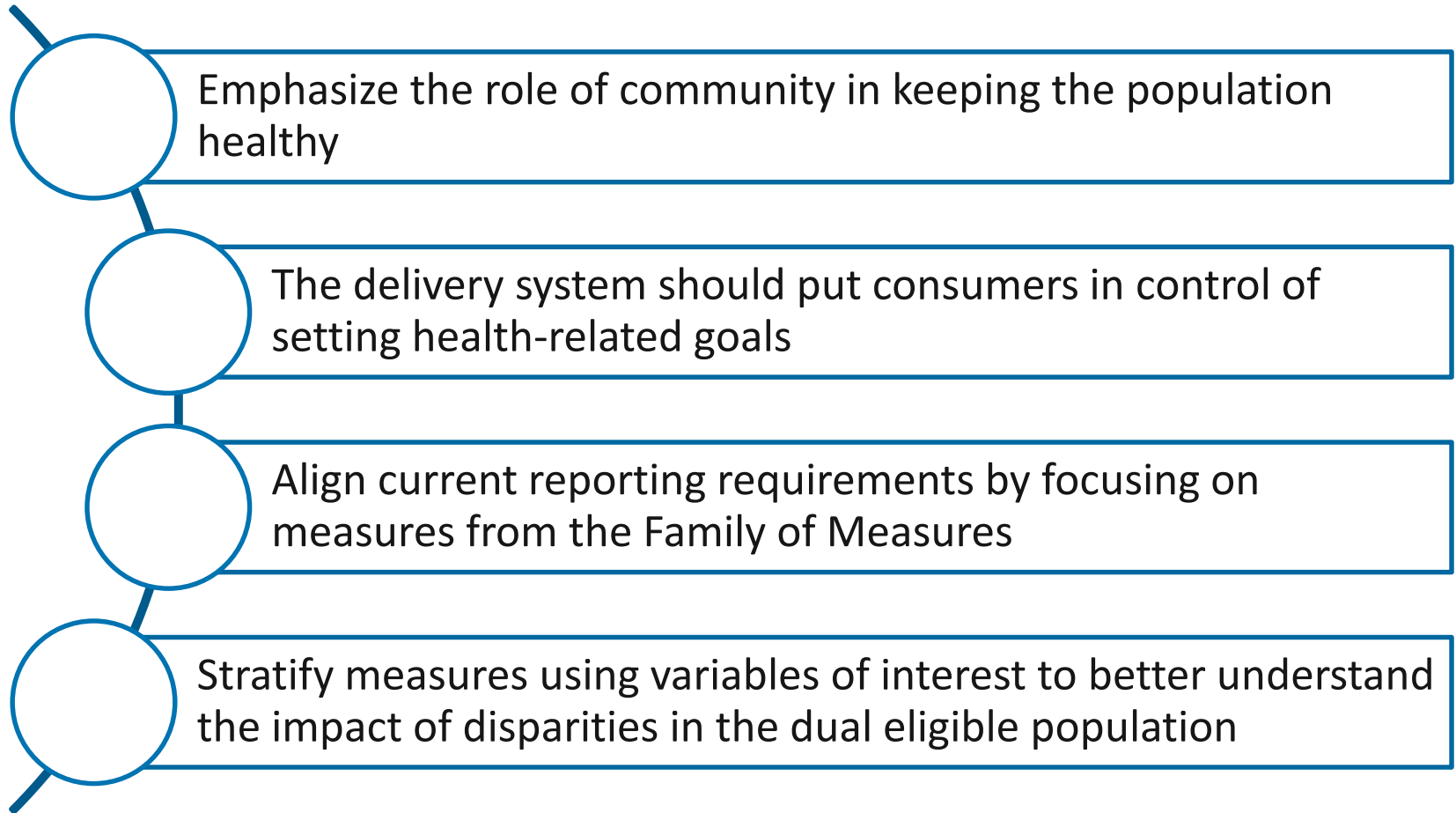
MAP Dual Eligible Beneficiaries Workgroup Charge

- Consider the range of measurement issues relevant to consumers with complex medical and social needs, such as:
 - *Persistent gaps in available measures*
 - *Stratification and risk adjustment*
 - *Multiple chronic conditions (MCC)*
 - *Shared accountability*
- Maintain a “family of measures” relevant to dual eligible beneficiaries and to promote uptake and alignment of these measures across a variety of programs

Past Topics Addressed by the Duals Workgroup

- Strategies to support improved quality of life outcomes
 - *Considered models and practices*
 - *Discussed indicators and surveys*
- Advancing person- and family-centered care
 - *Discussed health disparities and sociodemographic status*
 - *Considered strategies to better address the unique needs of Dual Eligible Beneficiaries*
- Addressing connections across healthcare and community supports and services
 - *Discussed barriers to measuring connectivity*
 - *Considered promising state-level models*

Past Recommendations from the Duals Workgroup



Strategies to Maintain the Family of Measures

Overview of Activities

- Review of Measure Selection Criteria (MSC) and the Workgroup's high-leverage opportunities for measurement
- Consider features of the current Family of Measures and priority gap areas
- Evaluate measures that are no longer NQF endorsed and consider available alternatives to address the priority areas

Strategies to Maintain the Family of Measures (cont.)

Overview of Activities

- Identify newly-endorsed measures that address a high-leverage opportunity or gap area
- Maintain the starter set by prioritizing measures in each high-leverage opportunity
- Address measurement burden
- Align with programs discussed during MAP Pre-rulemaking

Maintaining the MAP Family of Measures for Dual Eligible Beneficiaries

- Workgroup voted to remove a total of 4 measures
 - *These 4 measures in the Family had changes to endorsement status since the last review*
- Workgroup voted to add a total of 5 measures
 - *Two functional change measures, one measure that assesses successful discharge into the community, one patient reported outcome measure that captures HCBS quality of care, and one measure that assesses HIV viral load suppression*
- Following the in-person meeting, 4 additional measures lost endorsement
- Total of 71 measures in the updated 2017 family

Maintaining the Family of Measures: New Additions

**indicates newly added to the starter set*

NQF #	Measure Title	Steward
2775	Functional Change: Change in Motor Score for Skilled Nursing Facilities	Uniform Data System
2776	Functional Change: Change in Motor Score in Long Term Acute Care Facilities	Uniform Data System
2858	Discharge to Community	American Health Care Association
2967*	CAHPS® Home- and Community-Based Services Measures	CMS
3086	Population Level HIV Viral Load Suppression	CDC

Maintaining the Family of Measures: Removals

NQF #	Measure Title	Steward
0043	Pneumococcal Vaccination Status for Older Adults (PNU)	NCQA
0557	HBIPS-6 Post discharge continuing care plan created	The Joint Commission
0558	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	The Joint Commission
0682	Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	CMS

Maintaining the Family of Measures: Lost Endorsement Following In-Person Meeting

**indicates former measure of the starter set*

NQF #	Measure Title	Steward
0646	Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or any other Site of Care)	PCPI Foundation
0647*	Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or any other Site of Care)	PCPI Foundation
0648*	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or any other Site of Care)	PCPI Foundation
0649	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care] or Home Health Care)	PCPI Foundation

Maintaining the MAP Family of Measures for Dual Eligible Beneficiaries

Priority Gap Areas for Dual Eligible Beneficiaries

- Goal-directed, person-centered care planning and implementation
- Shared decision-making
- Systems to coordinate acute care, long-term services and supports, and nonmedical community resources
- Beneficiary sense of control/autonomy/self-determination
- Psychosocial needs
- Community integration/inclusion and participation
- Optimal functioning
- Home and community based services
- Affordable and cost- effective care

Dual Eligible Beneficiaries- Future Needs

- Workgroup thanked CMS for supporting the work for the past six years
- Commended CMS' commitment to improving the health and quality of life of this diverse and growing population that includes young and old people with a variety of health challenges
- As the work comes to an end, the Workgroup urges CMS to keep focus on the needs of dual eligible beneficiaries

Strategic Issues for Dual Eligible Beneficiaries

Organizational Coordination and Integration

Measurement Coordination and Integration

Measurement Paradigm Shift

Sociodemographic Status and Risk Adjustment for Social Risk Factors

Organizational Coordination and Integration

- Workgroup members noted the need to organize, coordinate, and integrate current efforts of measurement and survey instrument development
 - *Recommended federal agencies collaborate with each other as well as with community-based organizations to allow for the efficient use of resources, coordinated program requirements, and a reduction in data collection and reporting burden*
 - *Recommended that HHS develop a strategy for coordination and integration that covers all agencies and standardizes the process of collaboration and integration*

Measurement Coordination and Integration

- The Workgroup discussed strategies to reduce data collection burden for providers and individuals
 - *Recommended using one instrument that allows for subpopulation specific modifications to address the needs of the heterogeneous population*
 - *Suggested the creation of a crosswalk of all measurement systems and movement towards a universal survey*
- Workgroup discussed using pre-existing tools to minimize duplication and beneficiary confusion
 - *For example: Medicare-Medicaid Plan (MMP) comprehensive beneficiary assessments*

Measurement Paradigm Shift

- Suggested that future measure development should start at the individual beneficiary level
- Reiterated the need for interoperability of electronic data systems
- Noted the need for measures that assess the connection between medical and social care
- Recommended reframing of quality measurement with a person-centered and population-based measurement perspective

Sociodemographic Status and Risk Adjustment for Social Risk Factors

- Workgroup members supported the concept of addressing social risk factors and encouraged continued support for both Assistant Secretary for Planning and Evaluation's (ASPE) work as well as NQF's Sociodemographic Status (SDS) efforts.
- Workgroup members stressed the need to develop a standard methodology to capture the impact of social risk factors.
- Workgroup members cautioned that risk adjustment should be balanced with the complexities of providing care to dual eligible beneficiaries.

Summary of Public Comments

■ Volume

- *14 comments from 6 organizations*
- *Primarily received comments from the advocacy stakeholder perspective*
 - » Consumer advocates (e.g., Consortium for Citizens with Disabilities, Justice in Aging, Inc.)
 - » Others (e.g., SCAN Foundation, SNP Alliance)

■ Tone

- *Generally supportive, with concerns about future of the Workgroup*

Summary of Public Comments: Themes

- Family of measures and measurement gaps
 - *Very supportive of the inclusion of NQF #2967 CAHPS® Home- and Community-Based Services Measures. Commenters noted the importance of HCBS in maintaining the health and safety of individuals living in the community as well as the importance of patient reported outcomes*
 - *Encouraged continued focus on patient reported outcomes measures*
- Sociodemographic Status and Risk Adjustment for Social Risk Factors
 - *Agreed that guidance is needed on how to appropriately adjust for social risk factors*
 - *Commenters encouraged the addition of functional impairment as a risk factor*
 - *Suggested stratification as a means of comparing quality of Duals focused health plans*

Summary of Public Comments: Themes

- **Measurement Coordination and Integration**
 - *Agreed that the promotion of sustainable integration among federal agencies will reduce burden*
 - *Supported the concept of standardized measures across programs as a strategy to reduce reporting burden and redundancy in measures*
- **Measurement Paradigm Shift**
 - *Encouraged testing of measures within the dual eligible beneficiaries population and subpopulations*
 - *Supported the paradigm shift towards a person-centered approach to measurement development*
 - *Recommended engaging consumers, advocates, and the community in measure development*
- **Other**
 - *Emphasized the need for continued focus on dually eligible persons within NQF*

MAP Coordinating Committee Discussion

- Does the Coordinating Committee have specific responses to public commenters or direction to reflect comments in the final report?
- How can MAP support the development of new measures and/or methodologies to address persistent gaps such as care integration or experience of care?

Opportunity for Public Comment

MAP Coordinating Committee Approval

- *Co-chair will ask for objections from Coordinating Committee members.*
 - *If there are any objections, they will be addressed through brief discussion and the Coordinating Committee will vote.*
 - *If there are no objections, the report and recommendations will be considered approved.*
- Are there objections to the MAP's 2017 recommendations for measurement in the dual eligible beneficiary population?

2017 MAP Medicaid Child and Adult Task Forces Overview

MAP Medicaid Child and Adult Task Forces' Charge

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

CMS Goals

Child and Adult Core Sets

- Three-part goal for Child and Adult Core Sets:
 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*
- CMS uses the Core Set data to obtain a snapshot of quality and to inform Medicaid policy and program decisions.

Process of Task Forces' Measure Review

- Using measure gap areas identified in the 2016 review to begin, NQF staff compiled measures in the relevant topic areas.
- Task Force members submitted measure recommendations to identify the best measures to fill gaps in the Child and Adult Core Sets, using the measure gap areas as a baseline.
- Guided by MAP's Measure Selection Criteria (MSC), a defined decision algorithm and state data on the measures reported in FFY 2015, MAP reviewed measures in the current Child and Adult Core Sets.
- All MAP Task Force members also had the opportunity to propose other available measures for discussion and consideration
- Measures required support of >60% of voting members to move forward

2017 MAP Medicaid Child Task Force Report

Medicaid Child Task Force Membership

Child Task Force Chair

Richard Antonelli, MD – Boston Children’s Hospital/ Harvard Medical School

Organizational Representatives (Voting)

Organizational Members

Terry Adirim, MD, MPH, FAAP

American Academy of Pediatrics

Kathryn Beattie, MD

America’s Essential Hospitals

Andrea Benin, MD

Children’s Hospital Association

Ann Greiner, MUP

Patient-Centered Primary Care Collaborative

Deborah Kilstein, RN, MBA, JD

Association for Community Affiliated Plans

Gregory Craig, MPA, MS

American Nurses Association

Rachel La Croix, PhD, PMP

National Association of Medicaid Directors

Roanne Osborne-Gaskin, MD, MBA, FAAFP

American Academy of Family Physicians

Amy Poole-Yaeger, MD

Centene Corporation

Amy Richardson, MD, MBA

Aetna

Carol Sakala, PhD, MSPH

National Partnership for Women and Families

Medicaid Child Task Force Membership

SME (Voting)

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

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

BACKGROUND

- >40% of births in the US are financed by Medicaid¹
- Medicaid and the Children's Health Insurance Program (CHIP) covered nearly 35 million children in November 2016²⁻³
 - *Better health*
 - *Lower rates of mortality*
 - *Higher educational and economic outcomes*
- Promote access to care among children with special health care needs⁴
- Children with special health needs⁵
 - *19% of children have special health care needs*
 - *43% covered by public insurance*

¹ Medicaid.gov. Medicaid & CHIP: Strengthening Coverage, Improving Health. Jan 2017. ² Medicaid.gov. November 2016 Medicaid and CHIP Enrollment Data Highlights. ³ Children's Health Association. Medicaid and CHIP: Essential Investments in Children. Jan 2017. ⁴ Paradise, J. The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? Jul 2014. ⁵ Data Resource Center for Child & Adolescent Health. 2011/12 National Survey of Children's Health.

Medicaid, CHIP and the Child Core Set

BACKGROUND

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

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

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

Medicaid Child Core Set Measures for FFY 2017 Use

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

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

Medicaid Child Core Set Measures for FFY 2017 Use, cont.

NQF #	Measure Name	Measure Steward
Maternal and Perinatal Health		
0139	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)	CDC
0471	PC-02: Cesarean Section (PC02-CH)	TJC
1360	Audiological Evaluation No Later Than 3 Months of Age (AUD-CH)	CDC
1382	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	CDC
2902	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)	OPA
N/A	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)	AMA-PCPI
N/A	Frequency of Ongoing Prenatal Care (FPC-CH)	NCQA
N/A	Timeliness of Prenatal Care (PPC-CH)	NCQA

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

 Newly Added Measure

Medicaid Child Core Set Measures for FFY 2017 Use, cont.

NQF #	Measure Name	Measure Steward
Behavioral Health Care		
0108	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA
0576	Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)	NCQA
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA-CH)	AMA-PCPI
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)	AHRQ- CMS CHIPRA NCINQ

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

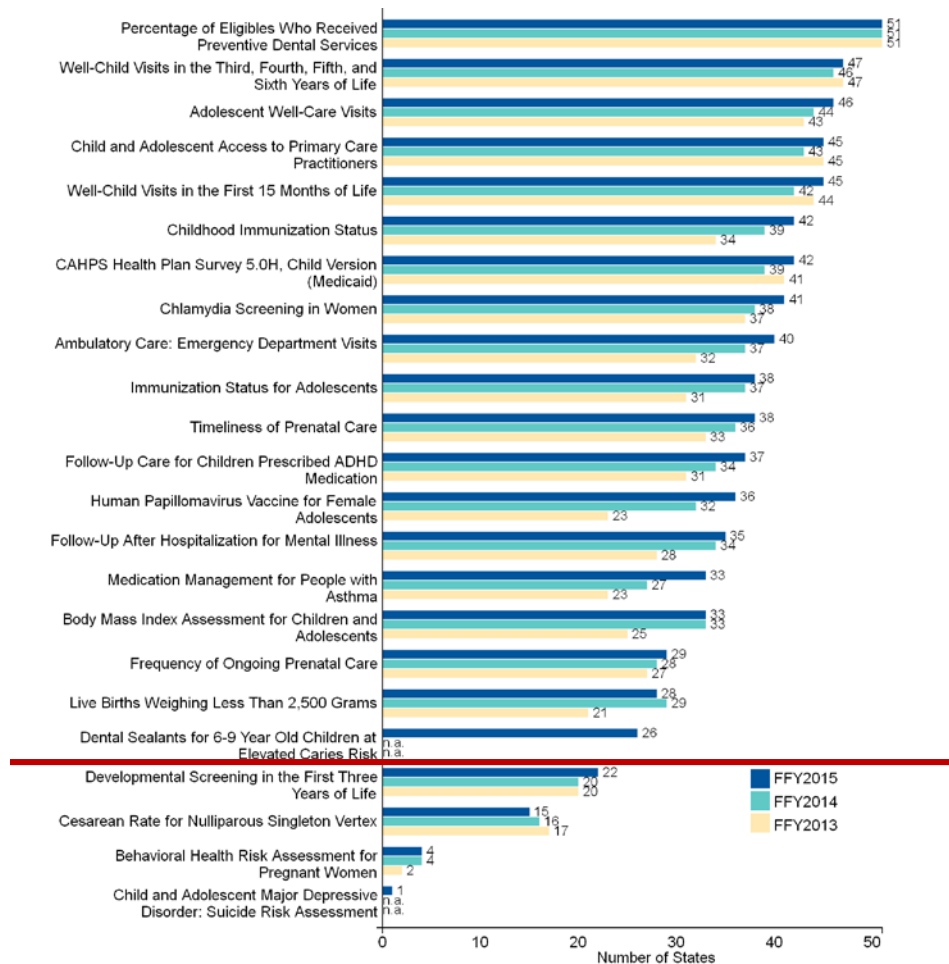
 **Newly Added Measure**

Medicaid Child Core Set Measures for FFY 2017 Use, cont.

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

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

Number of States Reporting the Child Core Set Measures, FFY 2013–2015



State reporting increased for **16** of the 23 measures included in both the 2014 and 2015 Child Core Sets

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports, FFY 2015 MACPro reports, and FFY 2013–2015 Form CMS-416 reports.

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

This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC’s National Healthcare Safety Network.

ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems; n.a. = not applicable; measure not included in the Child Core Set for the reporting period.



New York and Ohio's Experience Collecting and Reporting the Child Core Set

- New York and Ohio reported on 75% of the 26 Child Core Set measures
- The majority of children are covered by a managed care plan
- The following barriers impede more comprehensive reporting:
 - *Fragmented care system*
 - *Administrative reporting burden*
 - *Provider workload issues*

New York and Ohio's Experience Collecting and Reporting the Child Core Set, cont.

- Recommendations:
 - *The Core Set should assess the entire spectrum of care and gather actionable information based on episodes of care*
 - *Alignment of measures across programs*
 - *Increasing the use of administrative data based measures to simplify data collection*
 - *Episode of care-focused data collection*
 - *Systems view of care quality that encompasses all stakeholder groups*
 - *Community and patient engagement through outreach and education*

Child Task Force Measure-Specific Recommendations for Removal

NQF Number and Measure Name, if applicable

1391: Frequency of Ongoing Prenatal Care

1517: Prenatal and Postpartum Care- Timeliness of Prenatal Care

1799: Medication Management for People with Asthma

1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Behavioral Health Risk Assessment (for Pregnant Women)

Child Task Force Measure-Specific Recommendations for Phased Addition

Rank	NQF Number and Measure Name, if applicable
1	2903 Contraceptive Care: Most & Moderately Effective Methods
	1800 Asthma Medication Ratio
2	3154 Informed Participation*
3	3148 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan^
4	2800 Metabolic Monitoring for Children and Adolescents on Antipsychotics

*#3154 was endorsed in July 2017.

^ Formerly #0418. The measure number is updated to reflect multiple measure formats available.

High-Priority Gaps in Child Core Set

- Among the 13 gap areas identified in 2016, MAP considered the following as the key gap areas, ranked in order of importance:

Rank	Gap Area
1	Substance Abuse
2	Care Coordination
	Mental Health
3	Overuse and Medically Unnecessary Care
4	Cost Measures

Joint Adult/Child Strategic Considerations for State-Level Medicaid Reporting

- Task Force members encouraged continued efforts at aligning measure sets and quality initiatives across health care (e.g. macro-, meso-, micro- systems of care)
- For data lag times and lack of universal coding language usage, MAP recommended focusing efforts on coordination and working around systems integration issues at the federal level.
- Task Force members discussed data stratification as a methodological tool to help overcome the behavioral/general medical health divide. Members also encouraged states to leverage stratification to address state-specific quality improvement needs.
- Task Force members encouraged the development of measures that address social vulnerability.

Themes from Public Comments

25 comments from 15 organizations

Measure-Specific Comments:

- Most commenters were in support of all recommendations for phased addition and removal from the Child Core Set.

Future considerations:

- Social vulnerability measures
- Outcome measures
- Stratification of measures
- Emphasis on fewer but targeted measure sets
- Measures that focus on the “aspects of care” vs “frequency of care”
 - Track quality improvement and quality of care

Themes from Public Comments

Strategic Comments

- Commenters supported strategic topics, (e.g., alignment with other measure sets like HEDIS, parsimony, prioritization of measures, etc.)

Requested action from CMS

- Updates on prior recommended measures that have not been implemented (Child-HCAHPS)

MAP Coordinating Committee Discussion

- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect the comments in the final Child Core Set report?
- Does the Coordinating Committee suggest any changes for next year's approach?

2017 Medicaid Adult Task Force Report

Medicaid Adult Task Force Membership

Adult Task Force Chair

Harold Pincus, MD – Columbia University’s College of Physicians and Surgeons/New York Presbyterian Hospital

Organizational Representatives (Voting)	Organizational Members
Diane Calmus, JD	National Rural Health Association
Mary Kay Jones, MPH, BSN, RN, CPHQ	Centene Corporation
Rhys Jones, MPH	America's Health Insurance Plans
Sue Kendig, JD, WHNP-BC, FAANP	American Association of Nurse Practitioners
Deborah Kilstein, RN, MBA, JD	Association for Community Affiliated Health Plans
Rachel La Croix, PhD, PMP	National Association of Medicaid Directors
Roanne Osborne-Gaskin, MD, MBA, FAAFP	American Academy of Family Physicians
Clarke Ross, DPA	Consortium for Citizens with Disabilities
Marissa Schlaifer, RPh, MS	Academy of Managed Care Pharmacy

Medicaid Adult Task Force Membership

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

Medicaid Adult Population Background

- In FY 2015, Medicaid covered:¹
 - *27 million adults*
 - *10 million blind and disabled*
 - *6 million aged*
- Medicaid pays for roughly 27 percent of all spending on mental health services and 21 percent of all spending on substance use treatment.²
- 5 percent of Medicaid beneficiaries with complex care needs account for 54 percent of total Medicaid expenditures.³

¹ Congressional Budget Office. Detail of Spending and Enrollment for Medicaid for CBO's March 2016 Baseline. Available at: <https://www.cbo.gov/sites/default/files/recurringdata/51301-2016-03-medicaid.pdf>. Accessed February 2017. ² MACPAC. Report to Congress on Medicaid and CHIP. Available at: <https://www.macpac.gov/wp-content/uploads/2016/06/June-2016-Report-to-Congress-on-Medicaid-and-CHIP.pdf>. Accessed February 2017. ³ Medicaid.gov. Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs. Available at: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/beneficiaries-with-complex-needs/beneficiaries-with-complex-needs.html>. Accessed February 2017.

Medicaid Adult Population Background, cont.

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

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

Medicaid Adult Core Set

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

Medicaid Adult Core Set Measures for FFY 2017 Use

NQF #	Measure Name	Measure Steward
Primary Care Access and Preventive Care		
0032	Cervical Cancer Screening (CCS-AD)	NCQA
0033	Chlamydia Screening in Women Ages 21–24 (CHL-AD)	NCQA
0039	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	NCQA
0418	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	CMS
2372	Breast Cancer Screening (BCS-AD)	NCQA
N/A	Adult Body Mass Index Assessment (ABA-AD)	NCQA
Maternal and Perinatal Health		
0469/ 2829	PC-01: Elective Delivery (PC01-AD)	TJC
0476	PC-03: Antenatal Steroids (PC03-AD)	TJC
2902	Contraceptive Care – Postpartum Women Ages 15–44 (CCP-AD)*	OPA
N/A	Postpartum Care Rate (PPC-AD)	NCQA

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

Newly Added Measure

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

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

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

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

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

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

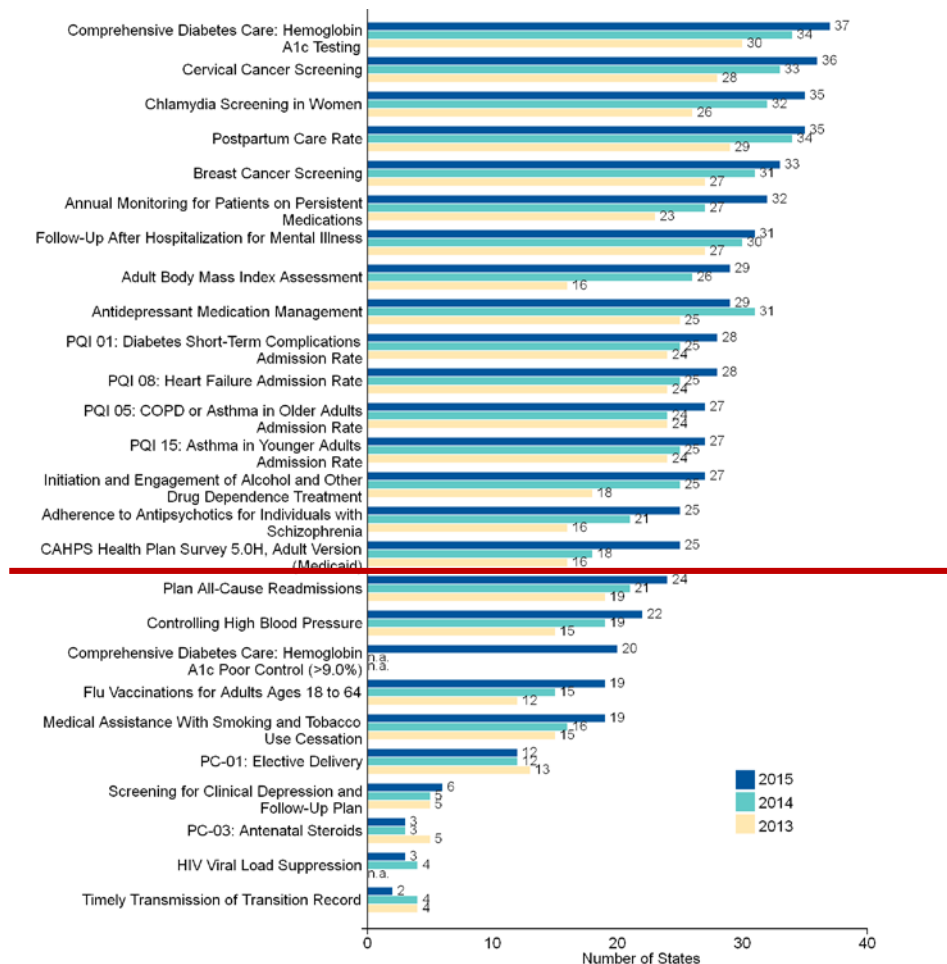
Medicaid Adult Core Set Measures for FFY 2017 Use, cont.

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

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

 **Newly Added Measure**

Number of States Reporting the Adult Core Set Measures, FFY 2013–2015



State reporting increased for **20** of the 25 measures included in both the 2014 and 2015 Adult Core Sets

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

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

This chart includes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

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



Colorado's Experience Collecting and Reporting the Adult Core Set

- Colorado reports one third of Adult Core Set measures
- The following barriers impede more comprehensive reporting:
 - *Resource issues*
 - *Behavioral health carve outs*
 - *Age and/or risk adjustment issues with proprietary measures and licensing agreements*
 - *State firewall issues*
 - *Use of hospital measures in medical homes*
 - *Non-administrative measures requiring chart/medical record reviews*
- Recommendation:
 - *Alignment of the Core Set with other payment programs (e.g. State Innovation Models (SIM), MACRA, etc.)*

Ohio's Experience Collecting and Reporting the Adult Core Set

- Ohio reports three fourths of measures on the Adult and Child Core Sets
- The following barriers impede more comprehensive reporting:
 - *Fragmented care system*
 - *Administrative reporting burden*
 - *Provider workload issues*
- Recommendations:
 - *Alignment of measures across programs*
 - *Increasing the use of administrative data based measures to simplify data collection*
 - *Episode of care-focused data collection*
 - *Systems view of care quality that encompasses all stakeholder groups*
 - *Community and patient engagement through outreach and education*

Adult Task Force Measure- Specific Recommendations

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

*Conditional support to remove

Adult Task Force Measure- Specific Recommendations, cont.

- MAP recommended four measures for phased addition:

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

[^]Indicates conditional support

High-Priority Gaps in Adult Core Set

- Among the 12 gap areas identified in 2017, MAP considered the following as the key gap areas, ranked in order of importance:

Rank	Gap Area
1	Behavioral health and integration with primary care
	Assessing and addressing of social determinants of health
2	Maternal/Reproductive health
	Long-term supports and services
3	New or chronic opiate use (45 days)

Joint Adult/Child Strategic Considerations for State-Level Medicaid Reporting

- Task Force members encouraged continued efforts at aligning measure sets and quality initiatives across health care (e.g. macro-, meso-, micro- systems of care)
- In response to data lag times and lack of universal coding language usage, MAP recommended focusing efforts on working around systems integration issues at the federal level.
- Task Force members discussed data stratification as a methodological tool to help overcome the behavioral/general medical health divide. Members also encouraged states to leverage stratification to address state-specific quality improvement needs.
- Task Force members encouraged the development of measures that address social vulnerability.

Review of Public Comments

32 comments submitted by 21 organizations

Measure-Specific Comments

- All measures recommended for phased addition to the Core Set received support.
 - *Commenters strongly supported the inclusion of Concurrent Use of Opioids and Benzodiazepines, pending endorsement and 2903 Contraceptive Care: Most & Moderately Effective Methods*
- Commenters were both in support of or against Task Force recommendations to remove two measures from the Core Set

Review of Public Comments

Strategic/General Comments

- Encouragement for future focus and development in a few measurement areas:
 - *Person driven outcome measures*
 - *Measures related to function and performance*
 - *Social vulnerability measures*
- Suggestions for continued focus:
 - *Alignment (e.g. from a multi-level perspective, with NCQA HEDIS, of both Core Sets, etc.)*
 - *Emphasis on fewer, more targeted measure sets*
 - *Emphasis of measures telling of quality of care and outcomes*

MAP Coordinating Committee Discussion

- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect the comments in the final Adult Core Set report?
- Does the Coordinating Committee suggest any changes for next year's approach?

Opportunity for Public Comment

MAP Coordinating Committee Approval

- Are there objections to the MAP's Child Core Set recommendations?
- Are there objections to the MAP's Adult Core Set recommendations?

Cross-Cutting Issues

Cross Cutting Issues

- Social risk factors
 - *Impact on vulnerable populations*
 - *The variety and volume of risk factors*
 - *Need for standardizing ways of addressing social risk*
 - *Need for a manageable set of risk factors*

Cross Cutting Issues

- Alignment, Coordination, Collaboration
 - *Across federal, state and local entities*
 - *Within federal and state entities-across divisions*
 - *Coordination of efforts-maximize resource allocation*
 - *Alignment and coordination of reporting requirements-lower reporting burden*

Cross Cutting Issues

- Data
 - *Availability*
 - *Resource cost of collecting and reporting data*
 - *Types of data and their uses*
 - *Patient reported data*

MAP Coordinating Committee Discussion

- How can MAP continue to recommend measures that best fit a program's design and intended purpose?
- Can the Coordinating Committee identify any organizations working to develop new measures in the identified gap areas?

Opportunity for Public Comment

Next Steps

Next Steps: Reports Finalized and Submitted

- **August 31:** MAP reports on Dual Eligible Beneficiaries, Medicaid Adult Core Set, and the Medicaid Child Core Set are due to HHS
- Visit the project pages for updates and to download the final reports:
 - [MAP Dual Eligible Beneficiaries Workgroup](#)
 - [MAP Medicaid Task Forces](#)

Thank You for Participating!