

Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: FFY 2023 Updates and Reporting Resources

April 12, 2023

Maria Dobinick:

[Slide 1] Hello, and thank you for joining us for this technical assistance webinar. My name is Maria Dobinick and I'm part of the Core Set Technical Assistance Team. Today we will be reviewing updates to the Federal Fiscal Year 2023, Child, Adult, and Health Home Core Sets. My colleagues: Katie Booth, Madelaine Spiering, Katerin Fernández, and Alli Steiner will also be presenting today. We're also joined by other members of the Core Set TA Team, and by colleagues from the Division of Quality and Health Outcomes, and the Center for Medicaid and CHIP Services.

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[Slide 2] Before we begin, we wanted to cover a few technical instructions. All participants of today's webinar will have entered the meeting muted. We welcome audience questions throughout today's event, you may submit your questions through the Q&A panel, which is located on the right side of the WebEx platform. We will have a dedicated time toward the end of this webinar to respond to your questions. Please select all panelists in the dropdown menu and click send. Closed captioning is available in the WebEx platform. To enable closed captioning, click on the "CC" icon in the lower left corner of your screen. You can also click "Control, Shift, A" on your keyboard to enable closed captioning.

This meeting is being recorded and will be posted on Medicaid.gov after the event. Finally, if you have any technical difficulties, please contact Derrick Mitchell, the event producer for today's webinar, by using the Q&A panel for assistance.

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[Slide 3] For our agenda today, I will first review major updates to the 2023 Child, Adult, and Health Home Core Sets. Next, Maddy, Katie will health notable changes to the technical specifications and discuss stratification categories for reporting. Then Maddy will discuss use of the alternative data sources and preview data quality priorities for FFY 2023. Next, Kat will highlight TA resources to help states calculate the measures and preview the timeline for FFY 2023 reporting. Finally, Alli will facilitate a Q&A session to answer the questions you've submitted.

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[Slide 4] Now we will discuss the updates to the Child, Adult, and Health Home Core Sets, including the measures that were added or retired for the FFY 2023 reporting year.

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[Slide 5] Here we provide a high-level overview of the updates to the Core Sets for FFY 2023. Two new measures were added to the Child Core Set this year. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) and Lead Screening in Children (LSC-CH).

One measure was added to the Adult Core Set. Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD). No measures were added to the Health Home Core Set. And no measures were retired from the Child, Adult, or Health Home Core Sets for FFY 2023.

For more information about the addition of these measures to the Child and Adult Core Sets, please refer to the CMCS Informational Bulletin, which can be accessed through the link at the bottom of this slide. The slides will be posted on Medicaid.gov after the webinar. We will also email the slides to webinar registrants within a few days of the webinar.

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[Slide 6] Now we'll review the measures in a bit more detail. Please note that the FFY 2023 Resource Manuals contain the technical specifications for these measures. Links for these documents on Medicaid.gov, can be found in the Technical Assistance Resources section of the slide deck.

The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years, assesses the percentage of episodes for beneficiaries ages 3 months to 17 years with a diagnosis of acute bronchitis or bronchiolitis that did not result in an antibiotic dispensing event. The measure steward is the National Committee for Quality Assurance. This measure includes a single rate and is calculated using administrative data. The calculation for this measure aligns with the existing Adult Core Set measure that was added last year for beneficiaries age 18 and older. The Child Core Set measure includes beneficiaries ages 3 months to 17 years.

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[Slide 7] The Lead Screening in Children measure assesses the percentage of children 2 years of age, who had at least one capillary or venous lead blood test for lead poisoning by their second birthday. The measure steward is the National Committee for Quality Assurance. This measure includes a single rate and can be calculated using administrative or hybrid data sources.

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[Slide 8] The Long-Term Services and Supports, Comprehensive Care Plan and Update measure assesses the percentage of beneficiaries age 18 and older receiving long-term services and supports, or LTSS services, who have had documentation of a comprehensive LTSS care plan in a specified time period that includes core elements.

Two rates are reported for this measure. The first rate is care plan with core elements documented. This reflects those beneficiaries who had a comprehensive LTSS care plan with nine core elements documented within 120 days of enrollment for new beneficiaries or, during the measurement year for established beneficiaries. The second rate is care plan with supplemental elements documented. This reflects beneficiaries who had a comprehensive LTSS care plan with nine core elements and at least four supplemental elements documented within 120 days of enrollment for new beneficiaries or during the measurement year for established beneficiaries. The measure steward is the National Committee for Quality Assurance.

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[Slide 9] The data source for this measure is case management record review. On this slide and the next, I will describe the denominator and numerator, but for the interest of time, I will not go into those details here. This information is in the Adult Core Set Resource Manual linked in the Technical Assistance Resources section of the slide deck.

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[Slide10] Here you can see the numerator information for the second rate.

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[Slide 11] We wanted to mention that the TA Team is preparing a new TA resource to help states calculate the LTSS comprehensive care plan and update measure. It will be available at the link included on this slide.

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[Slide 12] Now I'll pass it to Katie, who will highlight notable changes to the technical specifications and discuss stratification categories for reporting.

Katie Booth:

Thank you, Maria. We can go to the next slide, please.

[Slide 13] In this section, I will summarize notable changes made by the measure stewards during their annual updates. First, I will present cross cutting changes to the specifications for FFY 2023. Then I will present specific changes for a few measures. You can also find information about these changes in the Summary of Updates documents on Medicaid.gov as linked on this slide.

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[Slide 14] For measures based on HEDIS specifications, guidance was added to clarify that beneficiaries in hospice or using hospice services at any time during the measurement year are a required exclusion. You can see the measures this applies to listed on this slide and also in the Summary of Updates. We know that many of you have not memorized the measure acronyms, so we have provided a list in Appendix A of the slide deck.

Next slide please.

[Slide 15] Now we will review the FFY 2023 specification updates for a few measures in greater detail.

This slide shows the updates for the Controlling High Blood Pressure measure in the Adult and Health Home Core Sets. The measure steward updated the numerator description to clarify that blood pressure readings taken in an acute inpatient setting or during an emergency department visit should be excluded.

The numerator of the hybrid specification was revised to clarify which readings meet criteria. Blood pressure readings taken by the beneficiary are eligible for use in reporting. A blood pressure documented as an average blood pressure is also eligible for use. However, ranges and thresholds of blood pressure do not meet the criteria.

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[Slide 16] This slide summarizes the updates to the four Contraceptive Care measures in the Child and Adult Core Sets. The measure steward updated the exclusion time period to exclude women who had a live birth in the last 3 months of the measurement year instead of the last 2 months. The measure steward also added notes on the use of stratification by race and ethnicity to help illuminate disparities in contraceptive provision.

For the Contraceptive Care: Postpartum Women, or CCP measures, the 60-day postpartum rate was revised to be a 90-day postpartum rate. The specifications clarify that the measure is episode-based.

For the Contraceptive Care: All Women, or CCW measures, the specifications clarify that the measure is person-based and calculated so that every person in the measure is counted once.

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[Slide 17] Next, the Colorectal Cancer Screening measure in the Adult and Health Home Core Sets was updated. The age range is now ages 45-75. The specifications clarify that the measure applies to beneficiaries ages 46-75 to account for the look back period. The three age groups states should calculate for Core Set reporting are ages 46-49, ages 50-64, and ages 65-75.

The numerator was also updated to change references of “FIT-DNA test” to “stool DNA (sDNA) with FIT test”.

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[Slide 18] This slide describes updates to the Follow-Up After Emergency Department Visit for Substance Use measure in the Child, Adult, and Health Home Core Sets. First, the measure name and specifications were updated to refer to substance use or substance use disorder throughout.

Second, a pharmacy benefit requirement was added for the eligible population.

Third, ED visits with a diagnosis of unintentional and undetermined drug overdose were added to the denominator.

And finally, the numerator logic and value sets were revised and restructured.

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[Slide 19] This slide shows measure steward updates to the Hemoglobin A1c Control for Patients with Diabetes measure in the Adult Core Set.

For FFY 2023, the measure now has two rates: HbA1c Control (<8.0%), and HbA1c Poor Control (>9.0%).

Several optional exclusions are now required exclusions: polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes.

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[Slide 20] Turning now to the HIV Viral Load Suppression measure in the Adult Core Set. The measure steward clarified that states may calculate the measure using administrative data sources, including claims and HIV surveillance data, or EHR data.

In addition, the measure steward clarified that the eligible population and denominator population are the same and provided additional guidance on identifying the denominator population. To be included in this denominator, the beneficiary must meet the criteria shown on the slide. They must be age 18 or older, they must have a diagnosis of HIV prior to the start of the measurement year, or within the first 90 days of the measurement year, and they must have at least one medical visit in the first 240 days of the measurement year.

Finally, the tables in the measure specifications were updated and additional codes were added for identifying the numerator.

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[Slide 21] The final measure we will highlight is the Initiation and Engagement of Substance Use Disorder Treatment measure in the Adult and Health Home Core Sets.

As you can see, the measure name and specifications were updated to refer to “substance use disorder” or “substance use disorder” treatment throughout.

In addition, the measure steward changed the start of the intake period to November 15 of the year prior to the measurement year and changed it from a beneficiary-based measure to an SUD diagnosis episode-based measure.

Also, the negative diagnosis history was revised from 60 days to 194 days and a negative medication history was added to the denominator.

The measure steward revised the continuous enrollment criteria from 108 days to 242 days and revised the numerator criteria for Initiation of SUD Treatment and Engagement of SUD Treatment.

Finally, the specifications were updated to clarify the Total rates are the sum of SUD diagnosis cohort stratifications.

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[Slide 22] Now I'm going to talk about the stratification categories for FFY 2023 Core Set reporting.

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[Slide 23] CMCS encourages states to stratify Core Set data by subpopulations for two important reasons. First, because aggregate quality measure data can mask important differences across subpopulations, and second, stratifying quality measure data can help focus state quality improvement initiatives and priorities.

In the Quality Measure Reporting, or QMR system, states can report stratified rates for one or more categories for each Core Set measure. CMCS is working with measure stewards to determine which rates should be stratified. For measures with multiple age rates, it will typically be the total rate.

The QMR system will be updated for FFY 2023 reporting to include Missing or Not Reported categories for all stratification categories. And in addition, CMCS removed the Primary Language, Disability Status, and Adult Eligibility Group categories for FFY 2023 reporting.

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[Slide 24] This slide shows the race categories included for stratification in QMR for FFY 2023 reporting.

The categories are in alphabetical order and states can add categories by selecting add another race.

In addition, for the Asian and Native Hawaiian or Other Pacific Islander categories, states have the option of reporting aggregate data or disaggregated data by subcategories.

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[Slide 25] This slide shows the QMR stratification categories for ethnicity for FFY 2023 reporting.

States can report aggregate or disaggregated data for beneficiaries of Hispanic, Latino, Latina, or Spanish Origin, and can add categories by selecting add another ethnicity.

Next slide.

[Slide 26] This slide shows the QMR stratification categories for sex for FFY 2023 reporting.

Next slide.

[Slide 27] And finally, this slide shows the geography categories and the QMR system for FFY 2023 reporting.

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[Slide 28] Now I'll pass it to Maddy to discuss use of alternate data sources and data quality considerations for core set reporting.

Madelaine Spiering:

Thanks Katie. Next slide, please.

[Slide 29] In the next few slides, I will present the alternate data sources that will be used for FFY 2023 Core Set reporting.

To reduce state burden and streamline reporting, CMCS will continue to calculate the Live Births Weighing Less than 2,500 grams and Low-Risk Caesarean Delivery measures for all states. CMCS will use state natality data submitted by states and compiled by the National Center for Health Statistics and the Centers for Disease Control and Prevention's Wide-ranging Online Data and Epidemiologic Research, or CDC WONDER.

In the spring of 2024, CMCS will send states a preview of these measures calculated using calendar year 2022 natality data.

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[Slide 30] The National Core Indicators – Intellectual and Developmental Disabilities provides information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities and their families.

State agencies voluntarily submit the NCI Survey results to the NCI National Team using the Online Data Entry System, or ODESA. State agencies that submit data in ODESA will be invited to approve their sharing of their data with CMCS for Core Set reporting. In the spring of 2024, CMCS will provide states a preview of NCI data for FFY 2023 Core Set reporting.

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[Slide 31] Now, turning to the four measures in the Child and Adult Core Sets based on CAHPS.

CMCS is working with the Agency for Healthcare Research and Quality to use data from the CAHPS Health Plan Survey Database to streamline reporting of the four CAHPS survey measures included in the Child and Adult Core Sets.

Medicaid and CHIP state agencies and health plans are encouraged to submit their CAHPS Health Plan Survey Data to the 2023 CAHPS Database during the upcoming submission window beginning on June 5, 2023 and ending on June 30, 2023. This includes surveys administered between July 1 of 2022 and June 30 of 2023. These data correspond to the FFY 2023 Core Set reporting cycle.

CMCS plans to use data from the CAHPS Database for public reporting of Core Set measures in the future reporting years.

States and plans that submit their data to the CAHPS Database will receive a feedback report showing their CAHPS survey results compared to overall results in the Database.

For those interested in learning more about how to participate, please visit the CAHPS database website which is shown on this slide. You may also email us at the address shown on this slide.

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[Slide 32] Now I'd like to give an overview of the data quality priorities for FFY 2023 core set reporting.

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[Slide 33] When states enter their core set data in the QMR system, they should confirm the following; First, the data should be complete – all questions should be answered in QMR, including the measure-level questions and the state-level qualifier questions. Data should be accurate. Double check the information is entered as expected before submitting the report. Data should be consistent for measures that are reported across multiple Core Sets. In addition, states should provide context for their reported data. We'll provide more guidance on this in the following slides.

Additional guidance on data quality can be found in the combined data quality checklist for child, adult, and health home core sets. A link to this resource is included on this slide. We encourage states to review the checklist as you begin reporting and as a final check before you submit the report.

Next slide.

[Slide 34] On the next few slides, we'll provide more detail on data quality priorities for FFY 2023 reporting.

First, states should ensure that cross-cutting measures are calculated using consistent methodology and are reported for all applicable Core Sets. However, please ensure that the measures in multiple Core Sets are reported for the specified age groups in the Core Set.

We would also like to emphasize the importance of data documentation, states should concisely document any deviations from the core set specifications, such as differences in age groups, data sources, and methods.

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[Slide 35] States should document which populations and services are excluded from their collections for each measure or example. Please document exclusions by program, namely, Medicaid or CHIP; by delivery system, such as fee for service or managed care; by special populations, like dually eligible beneficiaries or individuals in foster care, and by specific health care settings, such as services provided by federally-qualified health centers, rural health clinics, or Indian Health Service facilities.

If you are unable to include some measure eligible populations, we ask that you estimate the size of the excluded population and provide additional context on why these populations are missing.

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[Slide 36] Here, we discuss documentation of information in QMR. The QMR system includes text fields that are combined into "state-specific comments, or SSCs." The SSCs accompany state rates and public reporting, such as the measure-specific tables, raw data file, and Medicaid and CHIP scorecard.

The SSCs are created using information from the following text fields; data source descriptions, descriptions of other populations and the excluded populations, deviations, additional notes/comments on measures, and other delivery systems.

Text entered in these fields should be concise and only include context that is necessary for understanding a state's data. When entering text in these fields, please use complete sentences and avoid using special formatting, like bullets and tables.

Additional information on how the SSCs are automated can be found in the link on this slide. We encourage states to review this guidance before you begin entering information in the text fields.

Next slide, please.

[Slide 37] Now I'll pass it to Katerín to discuss the technical assistance resources.

Katerín Fernández:

Thank you, Maddy. Next slide.

[Slide 38] Now we will be discussing some technical assistance resources that are available to help states with their Core Set reporting. All of the resources highlighted in the next few slides are available for the Child, Adult, and Health Home Core sets. This slide shows links to the resources for the Child Core Set and the next two slides show links for the Adult and Health Home Core Sets. The first link is the general Medicaid DACA homepage where you can find all of these reporting resources.

Next, the 2023 Measure List include the measure name, measure steward, and data collection methodology. The Resource Manuals and technical specifications contain general reporting guidance as well as technical specifications for each measure. They also contain links to the Value Set Directories and medication list if needed to calculate a measure. We have also prepared a Summary of Updates document for each Core Set, which provides an overview of high-level changes from the previous year. These documents outline all of the changes to the measures that we discussed today, as well as some additional changes.

Next we have a Data Quality Checklist, which Maddy referred to early. States are encouraged to conduct internal quality reviews of core set data prior to submission. This document is intended to help states improve the completeness, accuracy, consistency, and documentation of data reported.

Finally, the Measurement Period Tables include the denominator, numerator, and continuous enrollment measurement periods for each measure in the Core Sets.

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[Slide 39] And here you have the links to the same resources for the Adult Core Set.

Next slide, please.

[Slide 40] And here you have links to the same resources for the Health Home Core Sets. In addition, there is one resource specific to the Health Home Core Set; the Expected Reporting Table provides guidance on which Health Home programs are expected to report for each reporting year based on the effective date of the program. Health Home programs that were in operation for at least 6 months of the measurement period are expected to report for federal fiscal year 2023.

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[Slide 41] Finally, here are some additional resources that have been updated for federal fiscal year 2023 reporting and that apply across the Core Sets or that focus on specific measures. All but one of these resources have been updated. These resources are available at the link shown on this slide.

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[Slide 42] This slide lists additional resources that have been updated for federal fiscal year 2023 reporting. We wanted to highlight that AHRQ offers free software for calculating the four Prevention Quality Indicators, or PQI, measures included in the Adult Core Set and one PQI measure in the Health Home Core Set. Please note that software calculates the rates per 100,000 beneficiaries, while the Core Set measures are calculated per 100,000 beneficiary months. States will need to adjust the calculation for Core Set reporting. We also wanted to call attention to updated resources for the dental sealant or SFM measure. You can request sample SAS code for the SFM measure by contacting the technical assistance mailbox at the address listed on this slide.

Next slide, please.

[Slide 43] We appreciate your time today and encourage you to contact the technical assistance mailbox if you have any questions about federal fiscal year 2023 Core Set reporting. We also wanted to mention that technical assistance is available to help states use immunization registry data as a supplemental data source for the Childhood Immunization Status and Immunizations for Adolescents measures. States that use immunization registry data to calculate their Core Set rates have considerably higher rates on these two measures than states that use only claims and encounter data. The rates are on par with those calculated using chart review through the hybrid methodology. States can request technical assistance by contacting the mailbox at the address noted on the slide.

Next slide, please.

[Slide 44] Now we'd like to provide an update on federal fiscal year 2023 reporting. CMCS will open reporting for Child, Adult, and Health Home Core Sets for federal fiscal year 2023 reporting in Fall 2023. CMCS anticipate that Core Set reporting for federal fiscal year 2023 will close by December 31, 2023. CMCS will host another training webinar in the Fall when the QMR system opens for federal fiscal year 2023 reporting.

Next slide, please.

[Slide 45] Now we have some time for Q and A. As Maria mentioned, you can enter your questions into the Q and A panel by selecting "All Panelists" in the dropdown menu and then clicking send. I'll now pass it to Alli to facilitate the Q and A.

Alli Steiner:

Great, thank you so much, Kat. So, we do have a couple of questions that have come in so far. One question about where you can download the slides, so we will send out the slides within a few days of the webinar to everyone who registered, and then we will also be posting the slides along with the recording and transcript on [Medicaid.gov](https://www.Medicaid.gov) and we'll send out a second email blast to notify everyone who registered when those resources are posted on [Medicaid.gov](https://www.Medicaid.gov).

We also have a question that asks about the FFY 2023 code set for the Use of Pharmacotherapy for Opioid Use Disorder, or OUD-AD measure, asking whether the codes have been updated. The measure steward did not make any changes to the OUD-AD value set directory or codes for this year.

I'll also note as we're waiting for questions to come in, that a few folks have reported challenges downloading the resource manuals using the Chrome web browser because of settings in Chrome. If that happens, we encourage you to try opening it with a different web browser – and that's specifically for the resource manuals.

We received a question about chart reviews and whether the sample charts should be selected randomly or systematically, we will follow-up with some more specific instructions because there are some differences between measures, we will follow-up with you. I think that there is an outstanding question through the TA mailbox, and we will get back to you as soon as possible with the guidance for that question.

We received a question about the state data preview process, so that's the process when CMS follows up with states to review their data after they have finished submitting in the QMR system. The question is about whether or not the free text is taken into consideration when CMS generates the state previews. We did want to reiterate that the state previews are an automated process and CMS is looking for states to review their data and confirm that any of the changes or flags are intentional and if so, it's not necessary to make changes. But for that reason, because a lot of the flags in the previews are automated, there may be, there may be questions about things that have been explained and if that's

the case, and if your state confirms that the rate appears as intended, it's not necessary to make any further changes.

We received a question about whether there are technical specifications available for stratifications, I'm going to pass that one to Margo to respond to.

Margo Rosenbach:

Thanks, Alli, and I think as you saw in earlier slides, that list of changes that are being made and the categories that are included for race, ethnicity, sex, and geography. That is the information currently available in QMR and we encourage you to submit questions through the TA mailbox if you have questions about the categories. In terms of what's in the current technical specifications, there is nothing written currently in the technical specifications about race and ethnicity and sex and geography stratifications. But please do feel free to get in touch with us if you do have some questions.

Alli Steiner:

We have a question about whether there are restrictions on using a smaller sample size when doing chart reviews. The resource manual does provide some guidance on reducing the sample size, and that depends on factors such as whether the measure had substantial changes from the previous year, so I would encourage if there are certain measures that you're curious about, that would probably be best to follow-up on that question through the TA mailbox and we can provide that guidance based on the particular measure. But there are rules about when sample size reduction is permitted.

We have another question about whether the slide deck will be shared and just as a reminder, the slide deck will be sent out to everyone who registered for the webinar within a few days, and it will also be posted on Medicaid.gov along with the recording and the transcript.

Well, we haven't received any questions, we'll give another minute or two to see if any other additional questions come in before we wrap up.

We received a question about whether states are reporting using FFY 2022 value set directories for non HEDIS measures rather than FFY 2023, we just wanted to say that states are encouraged to use the current year's value set directories and if states have questions about that, they can reach out to the TA mailbox. If states are using previous year value set directories, we would encourage you to document that in your reporting.

Okay, we received a couple of questions about the HVL measure and changes to the CPT codes used to identify medical visits. We are currently following up with the measure steward to confirm the response to that question and if any updates are needed, we will notify everyone, but as far as we are aware, there are no intended updates for this measure.

Alright, well thanks everyone for your questions. Last call for any additional questions before we close out. Alright, well, seeing no questions, we can move on to the next slide.

[Slide 46] So, we just wanted to thank everyone for attending the webinar today and encourage you to fill out the post-event survey that will pop up as you exit the webinar. Thank you so much everyone and have a nice rest of your day. Bye.