

Technical Assistance Webinar on Less Frequently Reported Core Set Measures

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Presented by:

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Technical Instructions

- All participants are muted upon entry.
- During the discussion, please use the “**raise hand**” option and you will be called upon to make your comment. You can also enter comments in the **chat**.
- To enable closed captioning, click on the “CC” icon in the lower-left corner of the screen. You can also click “Ctrl, Shift, A” on your keyboard.



- The meeting will be recorded and posted on Medicaid.gov after the webinar.
- Please use the chat feature if you encounter any technical issues.

Objectives

- Provide an overview of less frequently reported Child, Adult, and Health Home Core Set measures subject to mandatory reporting:
 - Developmental Screening in the First Three Years of Life (DEV-CH)
 - Screening for Depression and Follow-Up Plan (CDF-CH/AD/HH)
 - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
- Summarize federal fiscal year (FFY) 2022 reporting of these measures
- Learn from states about reporting challenges and best practices
- Share technical assistance (TA) resources available to states

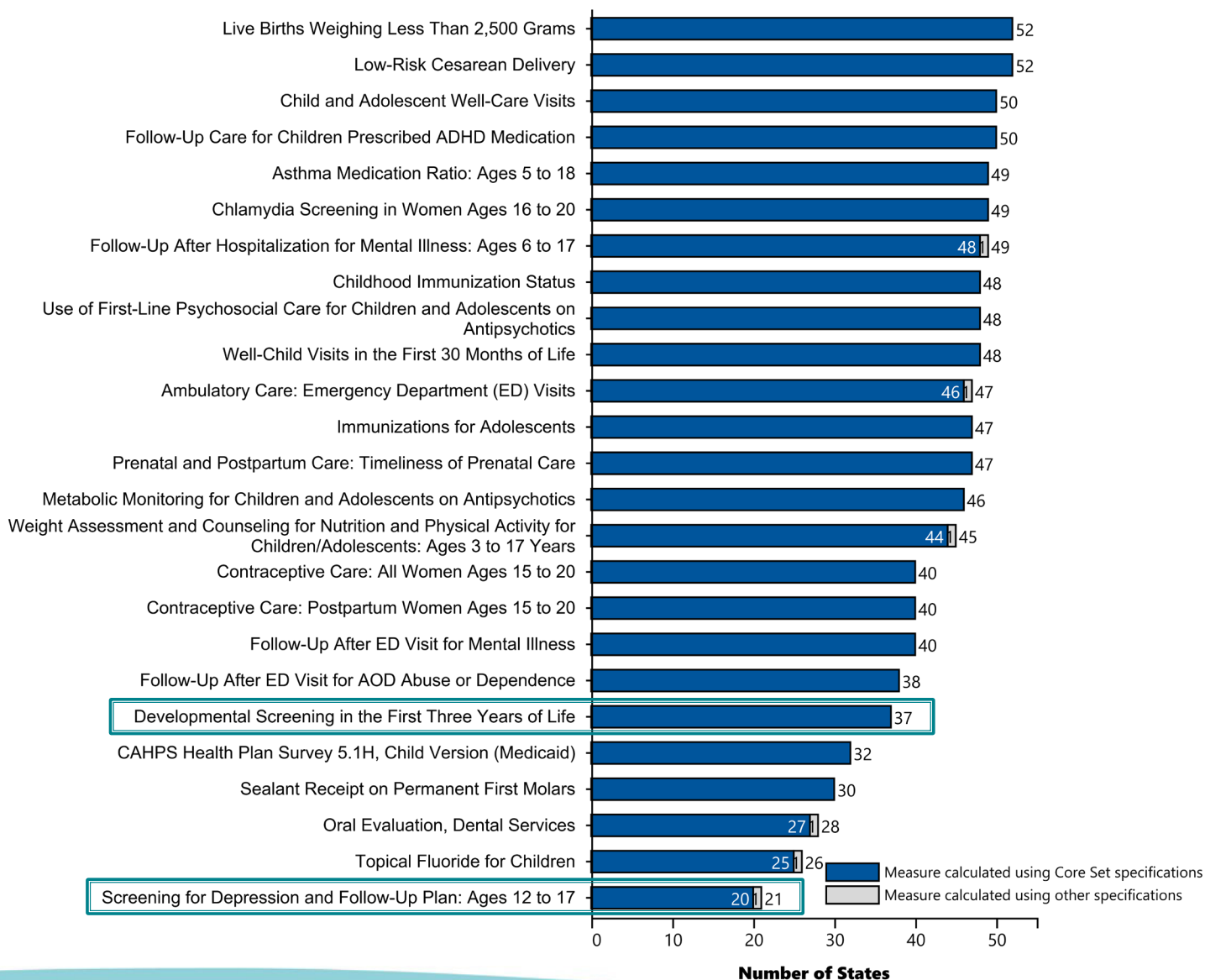
Introduction

Introduction

- Why are we highlighting these three measures?
 - These measures are subject to mandatory Core Set reporting starting with the FFY 2024 reporting cycle.
 - These measures are among the least frequently reported measures in the Core Sets and/or states have reported challenges adhering to the technical specifications.
- As finalized in § 437.15(a)(3) of the final rule,¹ states are required to report on the mandatory measures in accordance with CMS Core Set Reporting Guidance. Adherence to the reporting guidance is essential for providing effective comparisons across states on standardized quality measure performance and for deriving national performance rates for the care provided to Medicaid and CHIP beneficiaries.
- This webinar will provide states the opportunity to share challenges and best practices for reporting these measures and identify technical assistance (TA) needs to help prepare for FFY 2024 mandatory reporting.

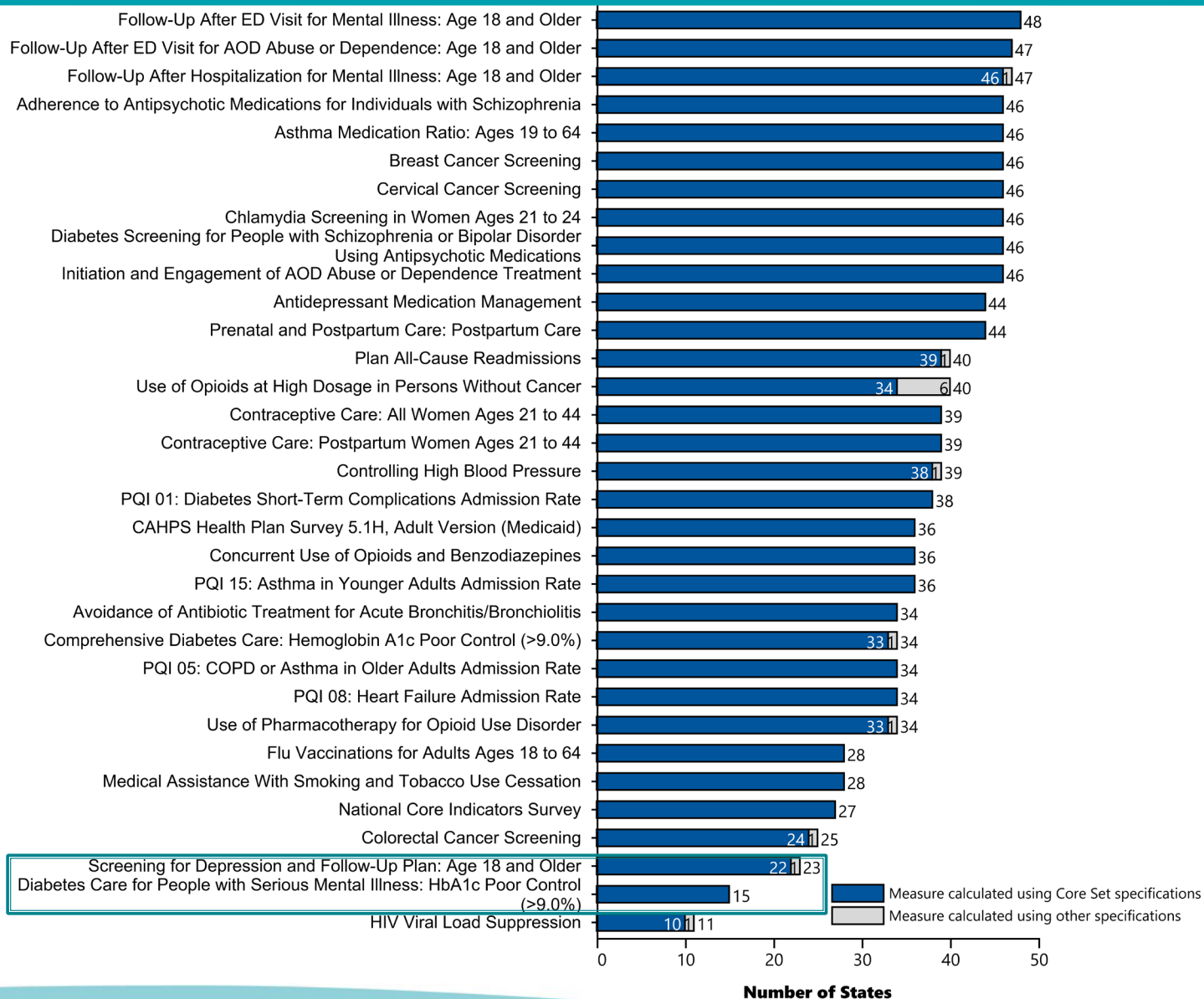
¹ Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting Final Rule (<https://www.federalregister.gov/d/2023-18669>)

Number of States Reporting the Child Core Set Measures, FFY 2022



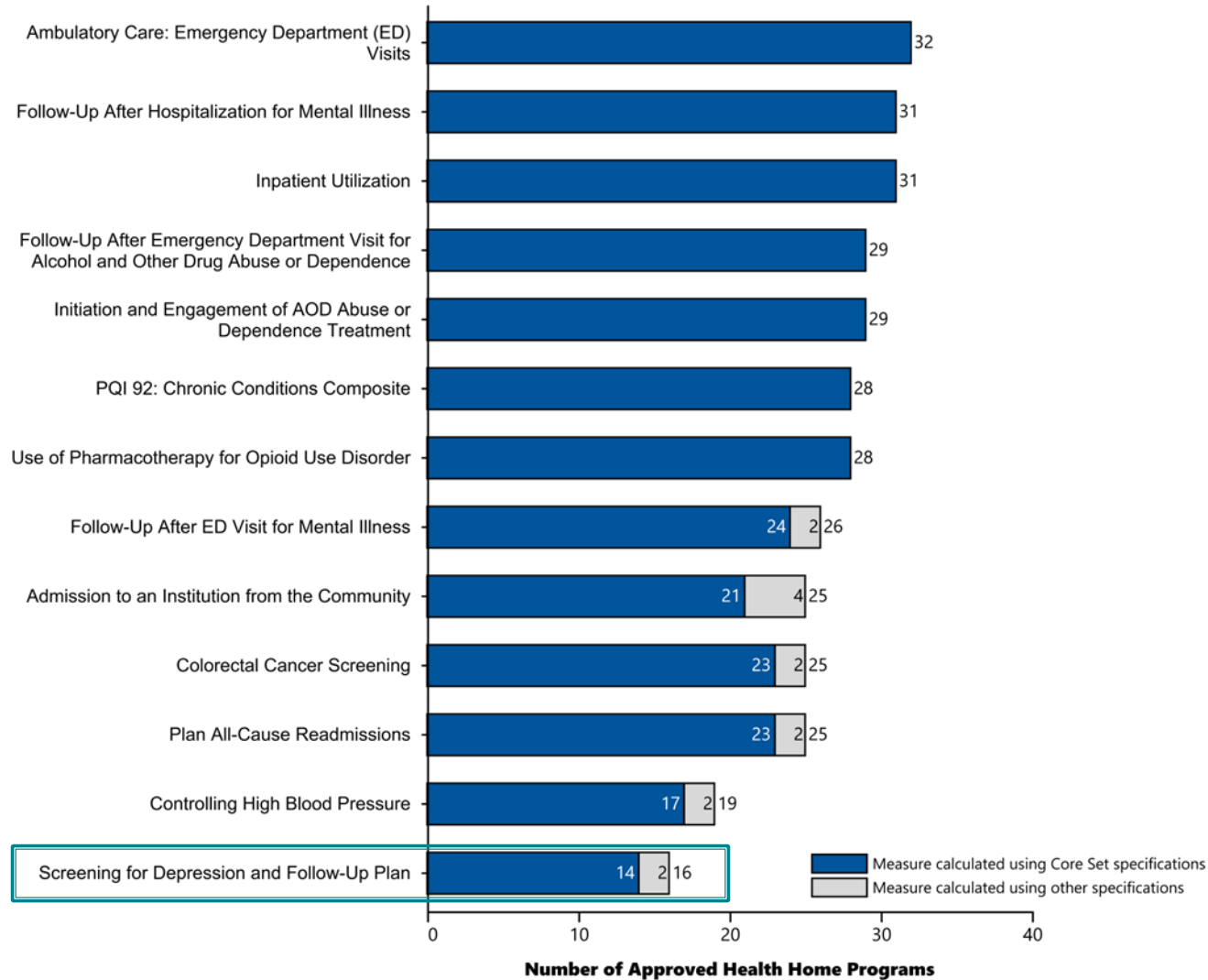
Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.
Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Number of States Reporting the Adult Core Set Measures, FFY 2022



Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.
Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Number of Health Home Programs Reporting the Health Home Core Set Measures, FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 9, 2023.

Notes: The 2022 Health Home Core Set includes 10 quality measures and 3 utilization measures. This chart includes all Health Home Core Set measures that States reported for the FFY 2022 reporting cycle.

CMCS Remarks

Overview of Measures

Developmental Screening in the First Three Years of Life (DEV-CH)

Description	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.
Measure steward	Oregon Health and Sciences University (OHSU)
Data collection method	Administrative or hybrid
Denominator	<ul style="list-style-type: none"> • Denominator 1: The children in the eligible population who turned 1 during the measurement year. • Denominator 2: The children in the eligible population who turned 2 during the measurement year. • Denominator 3: The children in the eligible population who turned 3 during the measurement year. • Denominator 4: All children in the eligible population who turned 1, 2, or 3 during the measurement year, e.g., the sum of the denominators 1, 2, and 3.
Numerator (Administrative Specification)	<ul style="list-style-type: none"> • Numerator 1: Children in Denominator 1 who had a claim with CPT code 96110 before or on their first birthday. • Numerator 2: Children in Denominator 2 who had a claim with CPT code 96110 before or on their second birthday. • Numerator 3: Children in Denominator 3 who had a claim with CPT code 96110 before or on their third birthday. • Numerator 4: Children in the entire eligible population who had a claim with CPT code 96110 in the 12 months preceding or on their 1st, 2nd, or 3rd birthday (the sum of numerators 1, 2, and 3).

Developmental Screening in the First Three Years of Life (DEV-CH) (continued)

Numerator (Medical Records Specification) ¹	<ul style="list-style-type: none"> • Numerator 1: Children in Denominator 1 who had screening for risk of developmental, behavioral, and social delays using a standardized screening tool that was documented before or on their first birthday. • Numerator 2: Children in Denominator 2 who had screening for risk of developmental, behavioral, and social delays using a standardized screening tool that was documented before or on their second birthday. • Numerator 3: Children in Denominator 3 who had screening for risk of developmental, behavioral, and social delays using a standardized screening tool that was documented before or on their third birthday. • Numerator 4: Children in Denominator 4 who had screening for risk of developmental, behavioral, and social delays using a standardized screening tool that was documented in the 12 months preceding or on their first, second or third birthday (the sum of numerators 1, 2 and 3).
Note on Medical Record Review	Documentation in the medical record must include all of the following: A note indicating the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score.
Exclusions	None

¹ This measure includes guidance for medical record review to validate the use of the 96110 CPT code or for the hybrid specification. Information on use of a systematic sample of 411 drawn from the eligible population stratified by age is available in the technical specifications.

Developmental Screening in the First Three Years of Life (DEV-CH) (continued)

Developmental Screening Tools (Criteria)

This measure is anchored to recommendations focused on **global developmental screening** using tools that identify risk for developmental, behavioral, and social delays.

Tools must meet the following criteria:

1. **Developmental domains:** The following domains must be included in the standardized developmental screening tool: motor (fine and gross), language, cognitive, and social- emotional.
2. **Established Reliability:** Reliability scores of approximately 0.70 or above.
3. **Established Findings Regarding the Validity:** Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).
4. **Established Sensitivity/Specificity:** Sensitivity and specificity scores of approximately 0.70 or above

See the technical specifications (and the next slide) for example tools that meet these criteria.

Developmental Screening in the First Three Years of Life (DEV-CH) (continued)

Example Tools that Meet Criteria	<ul style="list-style-type: none">• Ages and Stages Questionnaire - 3rd Edition (ASQ-3)• Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8• Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)• Survey of Well-Being in Young Children (SWYC)• Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months• Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2• Brigance Screens-II - Birth to 90 months• Child Development Inventory (CDI) - 18 months to age 6• Infant Development Inventory - Birth to 18 months <p>The tools listed above are not specific recommendations but are examples of tools cited in Bright Futures that meet the above criteria.</p>
Example Tools that <u>DO NOT</u> Meet Criteria	<p>Standardized tools specifically focused on one domain of development (e.g., child's socio-emotional development [ASQ-SE] or autism [M-CHAT]) are not included in the list above as this measure is anchored to recommendations related to global developmental screening using tools that identify risk for developmental, behavioral, and social delays.</p>

Developmental Screening in the First Three Years of Life (DEV-CH) (continued)

Number of states reporting DEV-CH, FFY 2020-2022

	FFY 2020	FFY 2021	FFY 2022
DEV-CH	31	33	37

Notes: For FFY 2020 reporting, 1 state reported that it used “other specifications.”

In addition, across reporting years, several states reported the DEV-CH measure with deviations from the technical specifications, including counting codes that were not limited to global developmental screenings. Beginning with FFY 2024 reporting, CMS would count these states as using “other specifications,” because they did not adhere to the technical specifications for the measure.

Developmental Screening in the First Three Years of Life (DEV-CH) (continued)

- **States reported the following reasons for not reporting this measure for FFY 2022:**
 - Data are not available and/or the data source is not easily accessible
 - CPT code 96110 is not available for use in the state
 - Screening tools allowed for CPT code 96110 under state guidelines do not align with the intent of the measure (global developmental screenings)
 - Requires medical record review (for states where administrative claims are not specific to the tools stated in the measure specifications)
 - Information not collected
 - Data inconsistencies/accuracy

Screening for Depression and Follow-Up Plan (CDF-CH/AD/HH)

Description	<p>Percentage of beneficiaries screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter.</p> <p>The qualifying encounter is an outpatient visit during the measurement year (identified through CPT and G-Codes).</p>
Measure steward	<p>Centers for Medicare & Medicaid Services</p>
Data collection method	<p>Administrative or EHR (Note that this measure is not specified for the hybrid methodology).</p>
Denominator	<p>The eligible population with an outpatient visit during the measurement year.</p>
Ages	<ul style="list-style-type: none"> • CDF-CH: Ages 12 to 17 • CDF-AD: Age 18 and older • CDF-HH: Age 12 and older
Numerator	<p>Beneficiaries screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the qualifying encounter using one of the following codes:</p> <ul style="list-style-type: none"> • G8431: Screening for depression is documented as being positive and a follow-up plan is documented. • G8510: Screening for depression is documented as negative, a follow-up plan is not required.

Screening for Depression and Follow-Up Plan (CDF-CH/AD/HH) (continued)

Exclusions & exceptions

Exclusion: A beneficiary is not eligible if they have been diagnosed with depression or bipolar disorder.

Exception: A beneficiary that does not meet the numerator criteria and meets the following exception criteria should be removed from the measure denominator

- Beneficiary Reason:
 - Beneficiary refuses to participate.
- Medical Reason:
 - Beneficiary is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the beneficiary's health status.
 - Situations where the beneficiary's cognitive, functional, or motivational limitations may impact the accuracy of results.

Screening for Depression and Follow-Up Plan (CDF-CH/AD/HH) (continued)

Number of states reporting the CDF measure, FFY 2020-2022¹

	FFY 2020	FFY 2021	FFY 2022
CDF-CH	14	16	21
CDF-AD	15	19	23
CDF-HH	13	13	16

¹ These counts include states that reported using "other specifications." This include the following number of states:

- FFY 2020: CDF-AD (1 state); CDF-HH (3 health home programs)
- FFY 2021: CDF-CH (1 state); CDF-AD (2 states); CDF-HH (3 health home programs)
- FFY 2022: CDF-CH (1 state); CDF-AD (1 state); CDF-HH (2 health home programs)

Other states may have deviated from Core Set specifications based on their methodology and available codes.

Screening for Depression and Follow-Up Plan (CDF-CH/AD/HH) (continued)

- **CMS conducted outreach to states that reported the CDF measure to understand state challenges, lessons learned, and technical assistance needs.**
 - Thank you to those who provided feedback!
- **States communicated that providers do not consistently use the G-codes required to calculate the numerator.**
 - Often these G-codes are not reimbursed.
 - Many states felt their rate underreported depression screening and follow-up in their state.
- **Several states conducted provider education about the G-codes to increase use of the codes in claims.**
 - These states reported increased use of the codes by providers.



Screening for Depression and Follow-Up Plan (CDF-CH/AD/HH) (continued)

- **States reported the following reasons for not reporting this measure for FFY 2022:**
 - Data are not available and/or the data source is not easily accessible
 - Measure cannot be calculated accurately due to inconsistent use of G codes by providers
 - Codes included in the measure are not billable or widely used
 - State tracks psychometric assessment but not the type of assessment (e.g., depression screening)
 - The measure is behavioral health-related, which is addressed through a separate agency
 - Preference is to use EHR data, which is not currently available

Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%)

Description	Percentage of beneficiaries ages 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) in poor control (>9.0%).
Measure steward	National Committee for Quality Assurance (NCQA)
Data collection method	Administrative or Hybrid
Denominator	<p>Beneficiaries who meet the following criteria:</p> <ol style="list-style-type: none"> 1. Beneficiaries ages 18 to 75 as of the end of the measurement year. 2. Beneficiaries from step 1 with a diagnosis of serious mental illness. Beneficiaries are identified as having serious mental illness if they met at least one of the following criteria during the measurement year: <ul style="list-style-type: none"> • At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder. • At least two encounters, on different dates of service where both encounters have any diagnosis of schizophrenia or schizoaffective disorder or both encounters have any diagnosis of bipolar disorder. <p>(continued on next slide)</p>

Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%) (continued)

<p>Denominator (continued)</p>	<p>Beneficiaries from Step 2 with diabetes. Beneficiaries who met any of the following criteria during the measurement year or the year prior to the measurement year:</p> <ul style="list-style-type: none"> • At least one acute inpatient encounter, with a diagnosis of diabetes without telehealth. • At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. • At least two outpatient visits, observation visits, telehealth visits, e-visit or virtual check-ins, ED visits, nonacute inpatient encounters, or nonacute inpatient discharges on different dates of service, with a diagnosis of diabetes.
<p>Numerator (Administrative)</p>	<p>Beneficiaries whose most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p> <p>Note: Numerator compliance can be determined through lab value sets or CPT category II value sets. States that use CPT Category II codes to identify numerator compliance must search for all codes in the four value sets referenced in the specifications and use the most recent code during the measurement year to evaluate whether the beneficiary is numerator compliant.</p>
<p>Numerator (Hybrid)</p>	<p>Beneficiaries whose most recent HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.</p>

Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%) (continued)

Exclusions

Beneficiaries who do not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Beneficiaries in hospice, receiving palliative care, or who died anytime during the measurement year.

Beneficiaries age 66 and older with frailty and advanced illness.

Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%) (continued)

Number of states reporting HPCMI-AD, FFY 2020-2022

	FFY 2020	FFY 2021	FFY 2022
HPCMI-AD	7	10	15

Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%) (continued)

- **States reported the following reasons for not reporting this measure for FFY 2022:**
 - Data are not available and/or the data source is not easily accessible
 - Limited use of CPT Category II codes
 - HbA1c values not available in claims data
 - Requires Medical Record Review (for states where administrative claims do not include numerator codes)

State Discussion

Goals for State Discussion

- Focus on solutions to share with other states
- Build on previous comments; please do not repeat challenges already mentioned
- Share efforts you have taken (or are planning to take) to address these challenges

Discussion Topics: DEV-CH

- **If your state reports this measure:**
 - What data source(s) do you use?
 - Has your state implemented any strategies to include only the global developmental screening tools?
 - Do you have any best practices or lessons learned to share with other states?
- **If your state does not report this measure:**
 - What have you tried to begin reporting this measure?
 - What questions do you have for other states calculating the measure?
 - What technical assistance would help your state to report the measure?
- **What other solutions come to mind for increasing state reporting on the measure?**

Discussion Topics: CDF-CH/AD/HH

- **If your state reports this measure:**
 - What data source(s) do you use?
 - Has your state implemented any strategies to increase use of the G-codes?
 - Do you have any best practices or lessons learned to share with other states?
- **If your state does not report this measure:**
 - What have you tried to begin reporting this measure?
 - What questions do you have for other states calculating the measure?
 - What technical assistance would help your state to report the measure?
- **What other solutions come to mind for increasing state reporting on the measure?**

Discussion Topics: HPCMI-AD

- **If your state reports this measure:**
 - What data source(s) do you use?
 - Has your state implemented any strategies to increase use of the CPT Category II codes?
 - Do you have any best practices or lessons learned to share with other states?
- **If your state does not report this measure:**
 - What have you tried to begin reporting this measure?
 - What questions do you have for other states calculating the measure?
 - What technical assistance would help your state to report the measure?
- **What other solutions come to mind for increasing state reporting on the measure?**

State Discussion Wrap Up

Technical Assistance Resources

Upcoming Technical Assistance (TA) for FFY 2024 Core Sets Reporting

- One-on-one virtual TA on Core Sets reporting is available on request to the TA mailbox: MACQualityTA@cms.hhs.gov.
- CMS will host office hours on topics related to mandatory reporting.
 - May 13, 2-3 PM ET (Less frequently reported measures)
- **NEW:** Frequently Asked Questions on Mandatory Reporting (<https://www.medicaid.gov/media/176316>)
- In September 2024, CMS will host a webinar on calculating and reporting the Core Set measures in the online reporting system.
- Stay tuned! Updates on additional webinars and TA resources will be announced through MACQualityTA@cms.hhs.gov.
- For questions about Core Set reporting, submit your questions to the TA mailbox at MACQualityTA@cms.hhs.gov.

Resources for FFY 2024 Child Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html
FFY 2024 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2024-01/2024-child-core-set.pdf
FFY 2024 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2024	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2024-02/ffy-2024-child-core-set-measurement-periods.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Resources for FFY 2024 Adult Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html
FFY 2024 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2024-01/2024-adult-core-set.pdf
FFY 2024 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2024	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2024-01/ffy-2024-adult-core-set-measurement-periods.pdf


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Resources for FFY 2024 Health Home Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 Core Set Resource Pages	https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html
FFY 2024 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2024-01/2023-2024-health-home-core-set_0.pdf
FFY 2024 Resource Manual and Technical Specifications*	https://www.medicaid.gov/sites/default/files/2024-03/FFY-2024-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2024	https://www.medicaid.gov/sites/default/files/2024-03/hh-change-summary-2024.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/sites/default/files/2024-02/child-adult-healthhomes-data-quality-checklist-2024.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2024-03/hh-core-set-measurement-period-table-2024.pdf
FFY 2024 Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-reporting-table.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Additional Resources for FFY 2024 Child, Adult, and Health Home Core Sets Reporting

Measure(s)	Resource
All	 New: Frequently Asked Questions: Medicaid and CHIP Core Sets Mandatory Reporting (https://www.medicaid.gov/media/176316)
All	Updated: Calculating State-Level Rates Using Data from Multiple Reporting Units (https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf)
All	Updated: Allowance of Telehealth in the 2024 Child, Adult, and Health Home Core Set Measure Specifications (https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)
All	Updated: Reporting Stratified Results in the QMR system (https://www.medicaid.gov/media/145476)
All	New: Measure-Specific Attribution Guidance for the FFY 2024 Core Set Measures (https://www.medicaid.gov/sites/default/files/2024-02/core-set-medicaid-chip-attribution.pdf)
AIF-HH	Updated: Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the Health Home Core Set
COB-AD, FUA-CH/AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	Updated: Overview of Substance Use Disorder Measures in the 2024 Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf)
CPC-CH, CPA-AD, MSC-AD	New: The CAHPS Health Plan Survey: Reporting Requirements and Data Submission for the Medicaid and the Children’s Health Insurance Program (CHIP) Core Sets and State CHIP Annual Reporting https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf

Additional Resources for FFY 2024 Child, Adult, and Health Home Core Sets Reporting (continued)

Measure(s)	Resource
CCP-CH/AD, CCW-CH/AD	Updated: SAS code for calculating contraceptive care measures (https://opa.hhs.gov/claims-data-sas-program-instructions)
CPU-AD	Updated: Calculating the Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) Measure in the 2024 Adult Core Set (https://www.medicaid.gov/medicaid/quality-of-care/downloads/cpu-ta-resource.pdf)
OEV-CH, SFM-CH, TFL-CH	Updated: Overview of the Dental and Oral Health Services Measures in the 2024 Child Core Set (https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)
PCR-AD/HH	Updated: Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2024 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, PQI92-HH	Free software for calculating the PQI measures (http://www.qualityindicators.ahrq.gov/Software/Default.aspx) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary/enrollee months (not per 100,000 beneficiaries/enrollees)</i>
SFM-CH	Updated: Calculating the Sealant Receipt on Permanent First Molars Measure in the Child Core Set (https://www.medicaid.gov/quality-of-care/downloads/sfm-ta-resource.pdf)

Thank you for attending the webinar!

Appendix A: 2024 Core Set Measure Lists

2024 Child Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Primary Care Access and Preventive Care		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	NCQA	Administrative, hybrid, or EHR
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	NCQA	Administrative or EHR
Childhood Immunization Status (CIS-CH)	NCQA	Administrative, hybrid, or EHR ^a
Well-Child Visits in the First 30 Months of Life (W30-CH)	NCQA	Administrative
Immunizations for Adolescents (IMA-CH)	NCQA	Administrative or hybrid ^a
Developmental Screening in the First Three Years of Life (DEV-CH)	OHSU	Administrative or hybrid
Child and Adolescent Well-Care Visits (WCV-CH)	NCQA	Administrative
Lead Screening in Children (LSC-CH)	NCQA	Administrative or hybrid
Maternal and Perinatal Health		
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	CDC/NCHS	State vital records
Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)*	NCQA	Administrative or hybrid
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	OPA	Administrative
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	OPA	Administrative
Low-Risk Cesarean Delivery (LRCD-CH)	CDC/NCHS	State vital records
Care of Acute and Chronic Conditions		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	NCQA	Administrative
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	NCQA	Administrative
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	NCQA	Administrative

(continued on next slide)

2024 Child Core Set Measures (cont.)

Measure Name	Measure Steward	Data Collection Method
Behavioral Health Care		
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Administrative or EHR ^a
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	NCQA	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Administrative ^a
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	NCQA	Administrative
Dental and Oral Health Services		
Oral Evaluation, Dental Services (OEV-CH)	DQA (ADA)	Administrative
Topical Fluoride for Children (TFL-CH)	DQA (ADA)	Administrative
Sealant Receipt on Permanent First Molars (SFM-CH)	DQA (ADA)	Administrative
Experience of Care		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	AHRQ	Survey

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2024 Child Core Set Measures (cont.)

More information on Updates to the 2024 Child and Adult Core Health Care Quality Measurement Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

It is important to note that these measures reflect high quality comprehensive care provided across health care settings. Domains are intended to categorize measure topic areas and are not intended to define the health care setting in which care is provided.

* Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries under age 21. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.

^a The Childhood Immunization Status, Immunizations for Adolescents, Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, and Metabolic Monitoring for Children and Adolescents on Antipsychotics measures are also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Child Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCHS = National Center for Health Statistics; NCQA = National Committee for Quality Assurance; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs.

2024 Adult Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Primary Care Access and Preventive Care		
Cervical Cancer Screening (CCS-AD)	NCQA	Administrative, hybrid, or EHR
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	NCQA	Administrative or EHR
Colorectal Cancer Screening (COL-AD)	NCQA	Administrative or EHR ^a
Breast Cancer Screening (BCS-AD)	NCQA	Administrative or EHR ^a
Maternal and Perinatal Health		
Prenatal and Postpartum Care: Age 21 and older (PPC2-AD)*	NCQA	Administrative or hybrid
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	OPA	Administrative
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	OPA	Administrative
Care of Acute and Chronic Conditions		
Controlling High Blood Pressure (CBP-AD)	NCQA	Administrative, hybrid, or EHR
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	NCQA	Administrative
Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)	NCQA	Administrative, hybrid, or EHR
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	AHRQ	Administrative
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	AHRQ	Administrative
PQI 08: Heart Failure Admission Rate (PQI08-AD)	AHRQ	Administrative
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	AHRQ	Administrative
Plan All-Cause Readmissions (PCR-AD)	NCQA	Administrative
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	NCQA	Administrative
HIV Viral Load Suppression (HVL-AD)	HRSA	Administrative or EHR
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	PQA	Administrative
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	PQA	Administrative

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2024 Adult Core Set Measures (cont.)

Measure Name	Measure Steward	Data Collection Method
Behavioral Health Care		
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	NCQA	Administrative or EHR
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA	Survey
Antidepressant Medication Management (AMM-AD)	NCQA	Administrative or EHR
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	NCQA	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	NCQA	Administrative
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	NCQA	Administrative or hybrid
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Administrative
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	NCQA	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	NCQA	Administrative
Experience of Care		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	AHRQ	Survey
Long-Term Services and Supports		
Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)	NCQA	Case management record review
National Core Indicators Survey (NCIIDD-AD)	NASDDDS/ HSRI	Survey

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2024 Adult Core Set Measures (cont.)

More information on Updates to the 2024 Child and Adult Core Health Care Quality Measurement Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

It is important to note that these measures reflect high quality comprehensive care provided across health care settings. Domains are intended to categorize measure topic areas and are not intended to define the health care setting in which care is provided.

* Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries under age 21. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.

^a The Colorectal Cancer Screening and Breast Cancer Screening measures are also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Adult Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; HRSA = Health Resources and Services Administration; HSRI = Human Services Research Institute; NASDDDS = National Association of State Directors of Developmental Disabilities Services; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance.

2024 Section 1945 Health Home Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Core Set Measures		
Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	NCQA	Administrative or EHR
Controlling High Blood Pressure (CBP-HH)	NCQA	Administrative, EHR, or hybrid
Colorectal Cancer Screening (COL-HH)	NCQA	Administrative or EHR ^a
Screening for Depression and Follow-Up Plan (CDF-HH)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	NCQA	Administrative
Plan All-Cause Readmissions (PCR-HH)	NCQA	Administrative
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	CMS	Administrative
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	NCQA	Administrative
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	AHRQ	Administrative
Utilization Measures		
Admission to a Facility from the Community (AIF-HH)	CMS	Administrative
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	NCQA	Administrative
Inpatient Utilization (IU-HH)	CMS	Administrative

More information on updates to the 2024 Health Home Core Sets is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>. A resource that provides a history of the measures included in the Health Home Core Set is available at <https://www.medicaid.gov/sites/default/files/2024-03/2024-health-home-core-set-history-table.pdf>.

^a The Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Health Home Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.