

Criteria for Using the Child and Adult Core Set Measures to Assess Trends in State Performance in Medicaid and the Children's Health Insurance Program

Introduction

The Child and Adult Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to assess performance and drive improvement in the quality of care provided by Medicaid and the Children's Health Insurance Program (CHIP). The Centers for Medicare & Medicaid Services (CMS) annually reports information on state performance on the Child and Adult Core Set measures. Core Set reporting is also important because the State Health System Performance pillar of the Medicaid and CHIP Scorecard uses Core Set data for several measures.

This methods brief summarizes the criteria CMS uses to assess trends in state performance and identifies which measures can be used to assess trends for the three-year period from federal fiscal year (FFY) 2018 to FFY 2020.

Criteria for Assessing Child and Adult Core Set Measures Available for Trending

Each year, CMS assesses which Child and Adult Core Set measures are available for trending for the most recent three-year period. To be trended, each measure must meet the following three criteria:

¹ Some states reported Core Set rates based on "other" specifications that deviated substantially from Core Set specifications, such as those that use alternate data sources, different populations, or other methodologies. CMS does not publicly report a state's performance when the rate is calculated using "other" specifications.

² Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National Committee for Quality Assurance (NCQA) makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf. NCQA's HEDIS 2020

1. The measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality.¹
2. The measure was reported by a set of at least 20 states that used Core Set specifications in all three years.
3. The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).²

The next section applies these criteria to identify the measures available for trending for the most recent three-year reporting period from FFY 2018 to FFY 2020.

Child and Adult Core Set Measures Available for Assessing Trends in State Performance from FFY 2018 to FFY 2020

Tables 1 and 2 show the publicly reported measures potentially available for trending from FFY 2018 to FFY 2020.³ For each measure, the table indicates whether (1) the measure was publicly reported all three years, (2) a set of at least 20 states reported the measure in all three years using Core Set specifications, and (3) Core Set rates are trendable based on consistent specifications across all

Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2020/02/HEDIS%C2%AE-2020-Measure-Trending-Determinations.pdf>. Trending determinations for non-HEDIS measures follow a similar approach, and decisions about trending are made in consultation with measure stewards.

³ Tables 1 and 2 exclude the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures in the Child and Adult Core Sets because states do not report CAHPS performance on specific indicators for Core Set reporting.

three years. CMS does not recommend trending performance for measures that do not meet all three of these criteria. Based on the three criteria, CMS determined that trends in performance could be assessed from FFY 2018 to FFY 2020 for 14 Child Core Set measures and 14 Adult Core Set measures (Tables 1 and 2).

Of the publicly reported Core Set measures that are not recommended for trending for FFY 2020, one Child Core Set measure and eight Adult Core Set measures were not publicly reported for all three years.

Child Core Set

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

Adult Core Set

- Contraceptive Care—All Women Ages 21 to 44 (CCW-AD)
- Concurrent Use of Opioids and Benzodiazepines (COB-AD)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)
- Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
- Medical Assistance With Smoking and Tobacco Use Cessation (MSC-AD)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
- National Core Indicators Survey (NCIDDS-AD)

Three additional Child Core Set measures and five additional Adult Core Set measures are not recommended for trending due to changes in measure steward specifications during the three-year period.

Child Core Set

- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)

Adult Core Set

- Adult Body Mass Index Assessment (ABA-AD)
- Controlling High Blood Pressure (CBP-AD)
- Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
- Plan All-Cause Readmissions (PCR-AD)
- Prenatal and Postpartum Care: Postpartum Care (PPC-AD)

Finally, the Live Births Weighing Less Than 2,500 Grams (LBW-CH) and Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) measures are not recommended for trending due to changes in the data sources used to calculate the measures for some states starting in FFY 2019 and FFY 2020, respectively.

Please refer to Tables 1 and 2 for more information on the factors that affected trendability for the publicly reported Child and Adult Core Set measures for FFY 2018 to FFY 2020.

For More Information

More information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>.

For technical assistance related to the Child and Adult Core Sets, contact the TA mailbox at MACqualityTA@cms.hhs.gov.

Table 1. Assessment of Publicly Reported Child Core Set Measures Available for Trending State Performance, FFY 2018 to FFY 2020

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Primary Care Access and Preventive Care				
Adolescent Well-Care Visits (AWC-CH)	Yes	Yes	Yes	Trend
Childhood Immunization Status (CIS-CH)	Combination 3 rate: Yes Measles, Mumps, and Rubella (MMR) rate: No	Yes	The Combination 3 rate should be trended with caution due to a change in measure specifications for FFY 2019 for the MMR, chicken pox (VZV), and Hepatitis A rates to include only vaccinations administered on or between the child's first and second birthdays. In previous years, the vaccines could be administered any time prior to the child's second birthday. Note that the MMR rate cannot be trended because it was not publicly reported all three years.	Combination 3 rate: Trend with caution MMR rate: Do not trend
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	Yes	Yes	Yes	Trend
Developmental Screening in the First Three Years of Life (DEV-CH)	Yes	Yes	Yes	Trend
Immunizations for Adolescents (IMA-CH)	Yes	Yes	Yes	Trend
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Body mass index (BMI) Percentile Documentation: Yes Counseling for Physical Activity: No Counseling for Nutrition: No	BMI Percentile Documentation: Yes Counseling for Physical Activity: NA Counseling for Nutrition: NA	A break in trending is recommended for BMI percentile documentation rates calculated using the administrative method due to a change in ICD-10 coding guidelines for how BMI is billed that took effect during the FFY 2019 measurement year. This change does not affect rates calculated using the hybrid method.	Do not trend
Well-Child Visits in the First 15 Months of Life (W15-CH)	Yes	Yes	Yes	Trend
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH)	Yes	Yes	Yes	Trend
Maternal and Perinatal Health				
Contraceptive Care—Postpartum Women Ages 15 to 20 (CCP-CH)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Contraceptive Care—All Women Ages 15 to 20 (CCW-CH)	Yes	Yes	Yes	Trend
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	Yes	Yes	A break in trending is recommended due to a change in the data source used for some states. Starting with FFY 2019, some states chose to have CMS calculate rates using vital records data submitted by states and compiled by the National Center for Health Statistics in the Centers for Disease Control and Prevention's Wide-Ranging Online Data for Epidemiologic Research (CDC WONDER).	Do not trend
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	Yes	Yes	A break in trending is recommended due to significant changes to the FFY 2020 measure specifications. Changes include revising the numerator to allow for prenatal visits that occurred before the Medicaid or CHIP enrollment start date, changing the timing of the event/diagnosis criteria (live birth), revising the continuous enrollment criteria, and standardizing the requirements for prenatal care.	Do not trend
Care of Acute and Chronic Conditions				
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Yes	Yes	Yes	Trend
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	Yes	Yes	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 Technical Specifications.	Trend with caution
Behavioral Health Care				
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Yes	Yes	Yes	Trend
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for FFY 2019: including beneficiaries with a principal diagnosis of intentional self-harm, removing the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner (all numerator events require a visit with a mental health practitioner), and adding age stratifications.	Do not trend

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	No	NA	NA	Do not trend
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Yes	Yes	This measure should be trended with caution due to changes in the specifications for FFY 2020 to remove prochlorperazine from the Antipsychotic Medications List.	Trend with caution
Dental and Oral Health Services				
Dental Sealants for 6- to 9-Year-Old Children at Elevated Caries Risk (SEAL-CH)	Yes	Yes	Yes	Trend
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	Yes	Yes	A break in trending is recommended due to a change in the data source used for some states for FFY 2020. For FFY 2020, some states chose to have CMS produce their Form CMS-416 reports—the data source for the PDENT-CH measure—using Transformed Medicaid Statistical Information System (T-MSIS) data.	Do not trend

Sources: Mathematica analysis of MACPro reports, Form CMS-416 reports, CDC WONDER data, and Core Set measure specifications for the FFY 2018 to 2020 reporting cycles.

Notes: This table includes measures that were publicly reported for FFY 2020. However, the table excludes the CAHPS measure because states do not report performance on this measure for Child Core Set reporting.

For a measure to be trendable from FFY 2018 to FFY 2020, it must have been publicly reported for all three years, have been reported by at least 20 states for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for FFYs 2018 to 2020 can be found in the Core Set annual reporting products available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>. Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, NCQA makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf. NCQA's HEDIS 2020 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2020/02/HEDIS%20AE-2020-Measure-Trending-Determinations.pdf>. Trending determinations for non-HEDIS measures follow a similar approach, in consultation with measure stewards.

NA = Not applicable because the measure was not included in the Child Core Set for all three years from FFY 2018 to FFY 2020.

Table 2. Assessment of Publicly Reported Adult Core Set Measures Available for Trending State Performance, FFY 2018 to FFY 2020

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Primary Care Access and Preventive Care				
Adult Body Mass Index Assessment (ABA-AD)	Yes	Yes	A break in trending is recommended for rates calculated using the administrative method due to a change in ICD-10 coding guidelines for how BMI is billed that went into effect during the FFY 2019 measurement year. This change does not affect rates calculated using the hybrid method.	Do not trend
Breast Cancer Screening (BCS-AD)	Yes	Yes	This measure should be trended with caution due to a change for FFY 2019: the exclusion of beneficiaries age 66 and older with advanced illness and frailty.	Trend with caution
Cervical Cancer Screening (CCS-AD)	Yes	Yes	This measure should be trended with caution due to updates to the cervical cancer screening methods for FFY 2020 to include primary high-risk human papillomavirus (HPV) testing to count for numerator compliance.	Trend with caution
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Yes	Yes	Yes	Trend
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	No	No	Yes	Do not trend
Maternal and Perinatal Health				
Contraceptive Care—Postpartum Women Ages 21 to 44 (CCP-AD)	Yes	Yes	Yes	Trend
Contraceptive Care—All Women Ages 21 to 44 (CCW-AD)	No	No	Yes	Do not trend

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Prenatal and Postpartum Care: Postpartum Care (PPC-AD)	Yes	Yes	A break in trending is recommended due to significant changes made to the measure specifications for FFY 2020. Changes include expanding the time frame for identifying postpartum visits, changing the timing of the event/diagnosis criteria (live birth), revising the continuous enrollment criteria, and updating the numerator to exclude services provided in an acute inpatient setting.	Do not trend
Care of Acute and Chronic Conditions				
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	Yes	Yes	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 Technical Specifications.	Trend with caution
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)	Yes	Yes	This measure should be trended with caution due to changes for FFY 2019: adding an exclusion for beneficiaries age 66 and older with advanced illness and frailty and the addition of telehealth.	Trend with caution
Controlling High Blood Pressure (CBP-AD)	Yes	Yes	A break in trending is recommended due to significant updates to the measure for FFY 2019. Changes include adding the administrative method for reporting, removing the requirement to identify and use different thresholds for beneficiaries ages 60 to 85 without a diagnosis of diabetes, and revising the definition of representative blood pressure (BP) to indicate that the BP reading must occur on or after the second diagnosis of hypertension, among other changes.	Do not trend

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Plan All-Cause Readmissions (PCR-AD)	Yes	Yes	A break in trending is recommended due to significant updates to the measure for FFY 2019 and FFY 2020. For FFY 2019, the measure specifications were revised to remove planned admissions from the numerator instead of from the denominator. For FFY 2020, the measure specifications were revised to add observation stays to the numerator and denominator and to remove outlier beneficiaries.	Do not trend
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Yes	Yes	Yes	Trend
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Yes	Yes	Yes	Trend
PQI 08: Heart Failure Admission Rate (PQI08-AD)	Yes	Yes	Yes	Trend
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Yes	Yes	Yes	Trend
Behavioral Health Care				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Yes	Yes	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 Technical Specifications.	Trend with caution
Antidepressant Medication Management (AMM-AD)	Yes	Yes	Yes	Trend
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	No	No	This measure cannot be trended because it was not publicly reported all three years. In addition, measure specification updates for FFY 2020 include adding an exclusion for beneficiaries with a diagnosis of sickle cell disease, modifying the value set to include codes for identifying beneficiaries in hospice and with a diagnosis of sickle cell disease, adding criteria to determine the eligible population, and adding benzhydrocodone to the Opioid Medications list.	Do not trend

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Yes	Yes	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 Technical Specifications.	Trend with caution
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)	No	NA	A break in trending is recommended because of significant changes to the measure. For FFY 2018, rates for alcohol and other drug abuse (AOD) or dependence were combined with rates for mental illness in a single Adult Core Set measure. Starting with FFY 2019, rates for AOD abuse or dependence are reported as a separate measure in the Adult Core Set.	Do not trend
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for FFY 2019: including beneficiaries with a principal diagnosis of intentional self-harm, removing the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner (all numerator events require a mental health practitioner), and adding age stratifications.	Do not trend
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	No	NA	A break in trending is recommended because of significant changes to the measure. For FFY 2018, rates for AOD or dependence were combined with rates for mental illness in a single Adult Core Set measure. Starting with FFY 2019, rates for mental illness are reported as a separate measure in the Adult Core Set.	Do not trend
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET-AD)	Yes	Yes	Yes	Trend
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	No	Yes	Yes	Do not trend

Measure name	Was the measure publicly reported from FFY 2018 to FFY 2020?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2018 to FFY 2020?	Trending determination based on all three criteria
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	No	Yes	A break in trending is recommended due to significant changes to the measure specifications for FFY 2019. The changes include shifting from a rate per 1,000 beneficiaries to a percentage, revising the numerator to include beneficiaries who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents over a period of 90 days or more, adding an exclusion for beneficiaries with a diagnosis of sickle cell disease, and adding benzohydrocodone to the Opioid Medication list.	Do not trend
Long-Term Services and Supports				
National Core Indicators Survey (NCIDDS-AD)	No	NA	NA	Do not trend

Sources: Mathematica analysis of MACPro reports, National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (the NCI National Team) through the Online Data Entry System (ODESA), and Core Set measure specifications for the FFY 2018 to 2020 reporting cycles.

Notes: This table includes measures that were publicly reported for FFY 2020. However, the table excludes the CAHPS measure because states do not report performance on this measure for Adult Core Set reporting.

For a measure to be trendable from FFY 2018 to FFY 2020, it must have been publicly reported for all three years, have been reported by at least 20 states for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for FFYs 2018 to 2020 can be found in the Core Set annual reporting products available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>. Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, NCQA makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS 2019 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Review-Memo_updated-4.8.19.pdf. NCQA's HEDIS 2020 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2020/02/HEDIS%C2%AE-2020-Measure-Trending-Determinations.pdf>. Trending determinations for non-HEDIS measures follow a similar approach, in consultation with measure stewards.

NA = Not applicable because the measure was not included in the Adult Core Set for all three years from FFY 2018 to FFY 2020.