

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 (MAC) 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 FFY 2016 to FFY 2018.

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. The following criteria must be met for each measure:

- 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
- The measure was reported by a set of at least 20 states that used Core Set specifications in all three years.
- 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 2016 to FFY 2018.

Child and Adult Core Set Measures Available for Assessing Trends in State Performance from FFY 2016 to FFY 2018

Tables 1 and 2 show the publicly reported measures potentially available for trending from FFY 2016 to FFY 2018.³ For each measure, the table indicates whether (1) the measure was publicly reported all three years, (2) at least 20 states reported the measure

¹ Some states reported Core Set rates based on "other" specifications when they deviated substantially from Core Set specifications, such as using alternate data sources, different populations, or other methodologies. CMS does not publicly report performance when rates are calculated using "other" specifications.

² 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 2018 Measure Trending Determinations are available at [https://www.ncqa.org/wp-](https://www.ncqa.org/wp-content/uploads/2018/08/20180326_HEDIS_2018_Measure_Trending_Determinations.pdf)

[content/uploads/2018/08/20180326_HEDIS_2018_Measure_Trending_Determinations.pdf](https://www.ncqa.org/wp-content/uploads/2018/08/20180326_HEDIS_2018_Measure_Trending_Determinations.pdf). Trending determinations for non-HEDIS measures follow a similar approach and decisions regarding 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 Adult and Child Core Sets, for which states do not report performance on specific indicators, as well as the Central Line-Associated Bloodstream

in all three years using Core Set specifications, and (3) Core Set rates are trendable based on consistent specifications across all 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 2016 to FFY 2018 for 15 Child Core Set measures and 11 Adult Core Set measures (Tables 1 and 2). Of the publicly reported Core Set measures that are not recommended for trending for FFY 2018, four Child Core Set and seven Adult Core Set measures were not publicly reported for all three years and one Child Core Set measure was not reported by a set of 20 states using Core Set specifications for all three years.

One Child Core Set measure and four Adult Core Set measures could not be trended due to changes in measure steward specifications over the three-year period:

- Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)
- Annual Monitoring for Patients on Persistent Medications (MPM-AD)
- Breast Cancer Screening (BCS-AD)
- Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD)
- Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence (IET-AD)

Three additional measures should be trended with caution based on input from the measure steward:

- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
- Antidepressant Medication Management (AMM-AD)

Infection (CLABSI) measure, which is obtained from data reported by hospitals to the Centers for Disease Control and Prevention (CDC) and uses a different summary statistic than other Core Set measures.

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 the period from FFY 2016 to FFY 2018.

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 from FFY 2016 to FFY 2018

| Measure Name | Publicly reported from FFY 2016 to FFY 2018? | At least 20 states reported the measure in all three years using Core Set specifications? | Core Set measure specifications are consistent from FFY 2016 to FFY 2018? | Trending Determination |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Primary Care Access and Preventive Care | | | | |
| Adolescent Well-Care Visits (AWC-CH) | Yes | Yes | Yes | Trend |
| Childhood Immunization Status (CIS-CH) | Yes | Yes | Yes | Trend |
| Children and Adolescents' Access to Primary Care Practitioners (CAP-CH) | Yes | Yes | Yes | Trend |
| Chlamydia Screening in Women Ages 16–20 (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 | Combination 1 rate: Yes HPV rate: A break in trending in the Human Papillomavirus (HPV) vaccine rate is recommended due to the addition of the two-dose HPV vaccination series to the specifications for FFY 2018. | Combination 1 rate: Trend HPV rate: Do not trend |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH) | Yes | Yes | Yes | 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 15–20 (CCP-CH) | No | n.a. | n.a. | Do not trend |
| Contraceptive Care – All Women Ages 15–20 (CCW-CH) | No | n.a. | n.a. | Do not trend |
| Live Births Weighing Less Than 2,500 Grams (LBW-CH) | Yes | No | Yes | Do not trend |
| Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) | Yes | Yes | Yes | Trend |
| Care of Acute and Chronic Conditions | | | | |
| Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) | Yes | Yes | Yes | Trend |
| Asthma Medication Ratio: Ages 5–18 (AMR-CH) | No | n.a. | n.a. | Do not trend |

| Measure Name | Publicly reported from FFY 2016 to FFY 2018? | At least 20 states reported the measure in all three years using Core Set specifications? | Core Set measure specifications are consistent from FFY 2016 to FFY 2018? | Trending Determination |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Behavioral Health Care | | | | |
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) | Yes | Yes | This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2018 specifications. | Trend with caution |
| Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH) | Yes | Yes | A break in trending is recommended due to a change in measure specifications for FFY 2018 that follow-up visits occurring on the date of discharge no longer meet the numerator criteria. | Do not trend |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) | No | n.a. | n.a. | Do not trend |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) | Yes | Yes | This measure should be trended with caution due to the addition of a requirement to exclude denied claims in the numerator beginning with FFY 2017. | Trend with caution |
| Dental and Oral Health Services | | | | |
| Dental Sealants for 6–9 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 | Yes | Trend |

Source: Mathematica analysis of MACPro reports, Form CMS-416 reports, and Core Set measure specifications for the FFY 2016-2018 reporting cycles.

Notes: This table includes measures that were publicly reported for FFY 2018. However, the table excludes the CAHPS measure because states do not report performance on this measure for Child Core Set reporting. The table excludes the CLABSI-CH because the measure uses a different summary statistic than other Core Set measures.

In order for a measure to be trendable from FFY 2016 to FFY 2018, 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 2016 – 2018 can be found in the Child Core Set Chart Packs, which are 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 2018 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2018/08/20180326_HEDIS_2018_Measure_Trending_Determinations.pdf. Trending determinations for non-HEDIS measures follow a similar approach, in consultation with measure stewards as applicable.

n.a. = Not applicable because the measure was not included in the Child Core Set for all three years from FFY 2016 – FFY 2018.

Table 2. Assessment of Publicly Reported Adult Core Set Measures Available for Trending State Performance from FFY 2016 to FFY 2018

| Measure Name | Publicly reported from FFY 2016 to FFY 2018? | At least 20 states reported the measure in all three years using Core Set specifications? | Core Set measure specifications are consistent from FFY 2016 to FFY 2018? | Trending Determination |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Primary Care Access and Preventive Care | | | | |
| Adult Body Mass Index Assessment (ABA-AD) | Yes | Yes | Yes | Trend |
| Breast Cancer Screening (BCS-AD) | Yes | Yes | A break in trending is recommended due to the addition of digital breast tomosynthesis to the numerator for FFY 2018. | Do not trend |
| Cervical Cancer Screening (CCS-AD) | Yes | Yes | Yes | Trend |
| Chlamydia Screening in Women Ages 21–24 (CHL-AD) | Yes | Yes | Yes | Trend |
| Maternal and Perinatal Health | | | | |
| Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD) | No | n.a. | n.a. | Do not trend |
| Prenatal and Postpartum Care: Postpartum Care (PPC-AD) | Yes | Yes | Yes | Trend |
| Care of Acute and Chronic Conditions | | | | |
| Annual Monitoring for Patients on Persistent Medications (MPM-AD) | Yes | Yes | A break in trending for the Total rate is recommended due to the removal of the rate for beneficiaries on Digoxin for FFY 2018. | Do not trend |
| Asthma Medication Ratio: Ages 19–64 (AMR-AD) | No | n.a. | n.a. | Do not trend |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD) | Yes | Yes | Yes | Trend |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) | No | Yes | Yes | Do not trend |
| Controlling High Blood Pressure (CBP-AD) | Yes | Yes | Yes | Trend |
| Plan All-Cause Readmissions (PCR-AD) | No | No | A break in trending is recommended due to significant updates to the measure for FFY 2018, including the addition of risk adjustment for the Medicaid population. | 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) | No | Yes | Yes | Do not trend |

| Measure Name | Publicly reported from FFY 2016 to FFY 2018? | At least 20 states reported the measure in all three years using Core Set specifications? | Core Set measure specifications are consistent from FFY 2016 to FFY 2018? | Trending Determination |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| PQI 08: Heart Failure Admission Rate (PQI08-AD) | Yes | Yes | Yes | Trend |
| PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) | No | Yes | Yes | Do not trend |
| Behavioral Health Care | | | | |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD) | Yes | Yes | Yes | Trend |
| Antidepressant Medication Management (AMM-AD) | Yes | Yes | This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2018 specifications. | Trend with caution |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) | Yes | Yes | Yes | Trend |
| Follow-Up After Emergency Department Visit For Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD) | No | n.a. | n.a. | Do not trend |
| Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD) | Yes | Yes | A break in trending is recommended due to a change in measure specifications for FFY 2018 that follow-up visits occurring on the date of discharge no longer meet the numerator criteria. | Do not trend |
| Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET-AD) | Yes | Yes | A break in trending is recommended due to significant changes to the measure specifications for FFY 2018, including the inclusion of pharmacy benefits and medication-assisted treatment, new reporting by age and diagnosis, inclusion of telehealth in the numerator and denominator, and an extension of the Engagement of AOD Treatment time frame to 34 days. | Do not trend |

Source: Mathematica analysis of MACPro reports and Core Set measure specifications for the FFY 2016-2018 reporting cycles.

Notes: This table includes measures that were publicly reported for FFY 2018. However, the table excludes the CAHPS measure because states do not report performance on this measure for Adult Core Set reporting.

In order for a measure to be trendable from FFY 2016 to FFY 2018, 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 2016 – 2018 can be found in the Adult Core Set Chart Packs, which are 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 2018 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2018/08/20180326_HEDIS_2018_Measure_Trending_Determinations.pdf. Trending determinations for non-HEDIS measures follow a similar approach, in consultation with measure stewards as applicable.

n.a. = Not applicable because the measure was not included in the Adult Core Set for all three years from FFY 2016 to FFY 2018.