
CMCS Informational Bulletin

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SUBJECT: 2017 Updates to the Child and Adult Core Health Care Quality Measurement Sets

This informational bulletin describes the 2017 updates to the core set of children's health care quality measures for Medicaid and the Children's Health Insurance Program (CHIP) (the Child Core Set) and the core set of health care quality measures for adults enrolled in Medicaid (the Adult Core Set).

Background

The Center for Medicaid & CHIP Services (CMCS) has worked with stakeholders to identify two core sets of health care quality measures that can be used to assess the quality of health care provided to children and adults enrolled in Medicaid and CHIP (see <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/index.html>).

The core sets are tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP enrollees. Under statute, state reporting on these measure sets is voluntary.^{1 2} The goals of this effort are to encourage national reporting by states on a uniform set of measures and to support states in using these measures to drive quality improvement.

Part of implementing an effective quality measures reporting program is to periodically reassess the measures that comprise it since many factors, such as changes in clinical guidelines and experiences with reporting and performance rates, may warrant modifying the measure set. In addition, CMCS continues to prioritize working with federal partners to promote quality

¹ The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) required the Secretary of the U.S. Department of Health and Human Services (HHS) to establish a program to standardize the measurement of health care quality for children in Medicaid and the Children's Health Insurance Program (CHIP) and facilitate voluntary reporting and use of the measures for quality improvement.

² The Affordable Care Act required the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an adult health care quality measurement program to standardize the measurement of health care quality across state Medicaid programs and facilitate voluntary reporting and use of the measures for quality improvement. This program builds and expands upon HHS's quality measurement programs established for children as part of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

measurement alignment across programs (e.g., Quality Payment Program), recognizing that this reduces burden and helps to drive quality improvement across payers and programs.

For the 2017 updates to the Child and Adult Core Sets, CMCS worked with the National Quality Forum's (NQF) Measure Applications Partnership (MAP),³ a public-private partnership that reviews measures for potential use in federal public reporting and identifies ways to improve the core sets. Collaborating with NQF's MAP process for core set updates promotes measure alignment across CMS since NQF also reviews measures for other CMS reporting programs.

Since the core sets were established in 2010 and 2012, states have made progress reporting on the core measures. All states and the District of Columbia (DC) voluntarily reported at least one Child Core Set measure in FFY 2015, with 41 states voluntarily reporting at least 12 of the 23 Child Core Set measures for FFY 2015. The median number of Child Core Set measures reported by states for FFY 2015 remained consistent with reporting for FFY 2013 and FFY 2014 (16 measures for each year), an increase from 14 measures reported for FFY 2012. For the Adult Core Set, the number of states reporting measures has increased steadily from 30 states in FFY 2013 to 34 states for FFY 2014 and 39 states for FFY 2015. The median number of Adult Core Set measures reported remained the same, with 16 measures reported in both FFY 2014 and FFY 2015.

2017 Child Core Set

Since the release of the initial Child Core Set in 2010, CMCS has collaborated with state Medicaid and CHIP agencies to voluntarily collect, report, and use the measures to drive quality improvements. Section 1139A of the Social Security Act, as amended by Section 401(a) of the Children's Health Insurance Reauthorization Act (CHIPRA) of 2009, provides that, beginning annually in January 2013, the Secretary shall publish recommended changes to the core measures.⁴ This year CMS will be adding two measures to the Child Core Set and retiring one measure.

For the 2017 Child Core Set update, CMCS will add two measures:

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (the percentage of children and adolescents 1–17 years of age with a new prescription for an antipsychotic, but no indication for antipsychotics, who had documentation of psychosocial care as first-line treatment).⁵

³ http://www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx

⁴ The first update was issued via a State Health Official Letter "2013 Children's Core Set of Health Care Quality Measures," SHO#13-002. <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-002.pdf>. The 2014 update was issued via a CMCS Informational Bulletin "2014 Updates to the Child and Adult Core Health Care Quality Measurement Sets." <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-12-19-13.pdf> as was the "2015 Updates to the Child and Adult Health Care Quality Measurements Sets." <http://www.medicaid.gov/federal-policy-guidance/downloads/cib-12-30-2014.pdf> and "2016 Updates to the Child and Adult Core Health Care Quality Measurement Sets." <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-12-11-15.pdf>

⁵ Measure Steward National Committee for Quality Assurance (NCQA): [NQF # 2801](#)

- Contraceptive Care – Postpartum (the percentage of women ages 15 through 44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery).⁶

The addition of the measure, Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics, to the existing Core Set measure (Use of Multiple Concurrent Antipsychotics in Children and Adolescents) will focus attention on the important challenge of providing access to appropriate care for Medicaid and CHIP insured children on these medications. The Contraceptive Care - Postpartum measure focuses on measuring the provision of contraception to mothers in the postpartum period which can help women space pregnancies to their desired inter-pregnancy interval and help to improve future birth outcomes. As Healthy People 2020⁷ recommends an inter-pregnancy interval of at least 18 months, providing contraception in the postpartum period can be considered an indicator of quality care. For consistency and ease of reporting this measure will also be added to the Adult Core Set.

CMS will retire the standalone Human Papilloma Virus (HPV) measure from the Child Core Set. The stand-alone HPV Vaccination for Female Adolescents measure (NQF #1959) has been retired by the measure steward,⁸ and added to the Immunizations for Adolescents (IMA) Measure (NQF #1407) already in the Child Core Set.⁹ CMS will update the IMA measure and provide detailed reporting instructions in the 2017 Technical Specifications and Resource Manual.

The child version of the Hospital Consumer Assessment of Healthcare Providers and Systems survey (Child HCAHPS)¹⁰ was recommended by the 2014 MAP to help address gaps noted in the measure set in three areas: inpatient care; patient experience; and care coordination. As part of the Pediatric Quality Measures Program (PQMP),¹¹ CMS and the Agency for Healthcare Research and Quality (AHRQ) will further test the Child HCAHPS measures in real-world settings and assess the extent to which this hospital-level measure can be reported at the state-level. As such, CMCS will not be adding this measure to the Child Core Set at this time but will continue to assess its feasibility for possible addition in future Core Sets.

Additional information about the 2016 Child Core Set MAP review process and their recommendations to CMCS can be found at: <http://medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>.

⁶ Measure Steward US Office of Population Affairs, [NQF # 2902](#)

⁷ [MICH-16.6 | Healthy People 2020](#)

⁸ The measure steward refers to the organization that is responsible for providing the required measure information for the measure maintenance process that occurs approximately every three years and is responsible for making the necessary updates to the measure and for informing NQF about any changes that are made to the measure on an annual basis.

⁹ [https://www.ncqa.org/Portals/0/PublicComment/HEDIS2017/12.%20HPV IMA.pdf](https://www.ncqa.org/Portals/0/PublicComment/HEDIS2017/12.%20HPV%20IMA.pdf)

¹⁰ Measure steward: Center for Quality Improvement and Patient Safety-Agency for Healthcare Research and Quality, [NQF#2548](#)

¹¹ [PQMP Dissemination and Implementation of Child Health Quality Measures Cooperative Research Grants—New Grantee Information](#)

2017 Adult Core Set

In January 2012, CMCS released its initial Adult Core Set. Section 1139B of the Social Security Act, as amended by Section 2701 of the Affordable Care Act, notes that the Secretary shall issue updates to the Adult Core Set beginning in January 2014 and annually thereafter.¹² This year CMS will add three measures to the Adult Core Set and retire one measure.

For the 2017 Adult Core Set update, CMCS has decided to add three measures to the Adult Core Set:

- Diabetes Care for People with Serious Mental Illness: Hemoglobin (HbA1c) Poor Control (>9.0%) (the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 or type 2) whose most recent HbA1c level during the measurement year is >9.0%).¹³
- Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence (the percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year, who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7- and 30-days of discharge).¹⁴
- Contraceptive Care –Postpartum (the percentage of women ages 15 through 44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery).¹⁵

The addition of these three measures will allow CMCS and states to expand the measurement of quality of care in Medicaid for two population groups – adults with substance use disorders and/or mental health disorders and reproductive age women.

CMCS is also adding the electronic clinical quality measure (e-measure) format of NQF measure #0469 PC-01 Elective Delivery, already a measure on the adult core set.¹⁶ The addition of this e-measure will provide states an additional reporting method for an existing measure.

After consulting with states, CMCS has decided to retire one measure, the Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site

¹² The first update was issued via a CMCS Informational Bulletin “2014 Updates to the Child and Adult Core Health Care Quality Measurement Sets.” <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-12-19-13.pdf>. The 2015 update was issued via a CMCS Informational Bulletin “2015 Updates to the Child and Adult Core Health Care Quality Measurement Sets.” <http://www.medicare.gov/federal-policy-guidance/downloads/cib-12-30-2014.pdf>. The 2016 update was issued via a CMCS Information Bulletin “2016 Updates to the Child and Adult Core Health Care Quality Measurement Sets.” <https://www.medicare.gov/federal-policy-guidance/downloads/cib-12-11-15.pdf>

¹³ Measure steward: NCQA, [NQF # 2607](#)

¹⁴ Measure steward: NCQA, [NQF # 2605](#)

¹⁵ Measure Steward: US Office of Population Affairs, [NQF # 2902](#)

¹⁶ Measure steward: The Joint Commission, [NQF #2829](#). This measure is the e-measures version of [NQF #0469](#) which is already included in the Adult Core Set.

of Care),¹⁷ due to the low number of states reporting this measure, a decrease in the number of states reporting over time, and the challenges states have described in collecting it.

Additional information about the 2016 Adult Core Set MAP review process and their recommendations to CMCS can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>

Next Steps

The 2017 updates to the Core Sets will take effect in the FFY 2017 reporting cycle, which will begin no later than fall 2017. To support states in making these changes, CMCS will release updated technical specifications for both Core Sets in spring 2017 and make them available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care.html>. States with questions or that need further assistance with reporting and quality improvement regarding the Child and Adult Core Sets can submit questions or requests to: MACQualityTA@cms.hhs.gov.

If you have questions about this bulletin, please contact Karen Matsuoka, PhD at karen.matsuoka@cms.hhs.gov, or call (410)786-9726.

¹⁷ Measure steward: American Medical Association-Physician Consortium for Performance Improvement (AMA-PCPI_, [NOF # 0648](#))