

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 2017 to FFY 2019.

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. 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 2017 to FFY 2019.

Child and Adult Core Set Measures Available for Assessing Trends in State Performance from FFY 2017 to FFY 2019

Tables 1 and 2 show the publicly reported measures potentially available for trending from FFY 2017 to FFY 2019.³ For each measure, the table indicates whether (1) the measure was publicly reported all three years, (2) at least 20 states reported the measure 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

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 2019 Measure Trending Determinations are available at [https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-](https://www.ncqa.org/wp-content/uploads/2019/04/HEDIS-2019-Measure-Trending-Determinations.pdf)

[Measure-Review-Memo_updated-4.8.19.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 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.

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 2017 to FFY 2019 for 14 Child Core Set and 12 Adult Core Set measures (Tables 1 and 2).

Of the publicly reported Core Set measures that are not recommended for trending for FFY 2019, four Child Core Set and six Adult Core Set measures were not publicly reported for all three years.

Child Core Set

- Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)
- Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)
- Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)

Adult Core Set

- Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)
- Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-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)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
- Plan All-Cause Readmissions (PCR-AD)

Two additional Child Core Set measures and six 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)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)

Adult Core Set

- Adult Body Mass Index Assessment (ABA-AD)
- Annual Monitoring for Patients on Persistent Medications (MPM-AD)
- Breast Cancer Screening (BCS-AD)
- Controlling High Blood Pressure (CBP-AD)
- Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)

Finally, the Live Births Weighing Less Than 2,500 Grams (LBW-CH) measure is not recommended for trending due to a change in the data source used to calculate the measure for some states for FFY 2019.

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 2017 to FFY 2019.

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 2017 to FFY 2019

Measure Name	Was the measure publicly reported from FFY 2017 to FFY 2019?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	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)	Measles, Mumps, and Rubella (MMR) rate: No Combination 3 rate: Yes	Yes	The MMR and Combination 3 rates should be trended with caution due to a change in measure specifications 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 prior years, the vaccines could be administered any time prior to the child's second birthday.	MMR Rate: Do not trend Combination 3 Rate: Trend with caution
Children and Adolescents' Access to Primary Care Practitioners (CAP-CH)	Yes	Yes	Yes	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	Human Papillomavirus (HPV) Rate: A break in trending in the 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: Yes	HPV Rate: Do not trend Combination 1 Rate: Trend
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)	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
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)	No	No	Yes	Do not trend
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	No	NA	Yes	Do not 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 for FFY 2019. Starting with FFY 2019, CMS calculated rates for 39 states using vital records data submitted by states and compiled by the National Center of Health Statistics (NCHS) in Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER).	Do not trend

Measure Name	Was the measure publicly reported from FFY 2017 to FFY 2019?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	Trending determination based on all three criteria
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 to 18 (AMR-CH)	No	NA	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 specifications.	Do not trend
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 to 17 (FUH-CH)	Yes	Yes	A break in trending is recommended due to changes in the measure specifications for FFY 2018 and FFY 2019. For FFY 2018, the measure specifications changed to no longer allow follow-up visits that occur on the date of discharge. For FFY 2019, the specifications were revised to include beneficiaries with a principal diagnosis of intentional self-harm, remove 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 add age stratifications.	Do not trend
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	No	No	Yes	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 a change to the FFY 2019 specifications to exclude denied claims when identifying the measure-eligible population.	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	Yes	Trend

Sources: Mathematica analysis of MACPro reports, Form CMS-416 reports, CDC WONDER data, and Core Set measure specifications for the FFY 2017-2019 reporting cycles.

Notes: This table includes measures that were publicly reported for FFY 2019. 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 measure because it uses a different summary statistic than other Core Set measures.

In order for a measure to be trendable from FFY 2017 to FFY 2019, 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 2017 – 2019 can be found in the Child Core Set Chart Packs, which are available at <https://www.medicare.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. 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 2017 to FFY 2019.

Table 2. Assessment of Publicly Reported Adult Core Set Measures Available for Trending State Performance from FFY 2017 to FFY 2019

Measure Name	Was the measure publicly reported from FFY 2017 to FFY 2019?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	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	A break in trending is recommended due to the addition of digital breast tomosynthesis to the numerator for FFY 2018. Trending with caution is also recommended due to the addition of exclusions for beneficiaries 66 years of age and older with advanced illness and frailty for FFY 2019.	Do not trend
Cervical Cancer Screening (CCS-AD)	Yes	Yes	Yes	Trend
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Yes	Yes	Yes	Trend
Maternal and Perinatal Health				
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	No	No	Yes	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 to 64 (AMR-AD)	No	NA	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 specifications.	Do not trend
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)	Yes	Yes	This measure should be trended with caution due to the addition of an exclusion for beneficiaries 66 years of age and older with advanced illness and frailty and the addition of telehealth and telehealth modifiers.	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 the addition of an exclusion for beneficiaries 66 years of age and older with advanced illness and frailty and the addition of telehealth and telehealth modifiers.	Trend with caution

Measure Name	Was the measure publicly reported from FFY 2017 to FFY 2019?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	Trending determination based on all three criteria
Controlling High Blood Pressure (CBP-AD)	Yes	Yes	A break in trending is recommended due to significant updates to the measure for FFY 2019, including addition of the administrative method for reporting, removal of the requirement to identify and use different thresholds for beneficiaries ages 60 to 85 without a diagnosis of diabetes, and revision of 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
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. For FFY 2019, the measure specifications were revised to remove planned admissions from the numerator instead of the denominator.	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 specifications.	Trend with caution
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	This measure should be trended with caution due to the addition of telehealth and telehealth modifiers to the FFY 2019 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 FFY 2017 rates for this measure included ED visits for both mental illness and alcohol and other drug (AOD) dependence. For FFY 2018, specifications were updated to report rates for mental illness and AOD dependence in a single Adult Core Set measure. Starting with FFY 2019, rates for AOD dependence are reported as a separate measure in the Adult Core Set.	Do not trend

Measure Name	Was the measure publicly reported from FFY 2017 to FFY 2019?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from FFY 2017 to FFY 2019?	Trending determination based on all three criteria
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Yes	Yes	A break in trending is recommended due to changes in the measure specifications for FFY 2018 and FFY 2019. For FFY 2018, the measure specifications changed to no longer allow follow-up visits that occur on the date of discharge. For FFY 2019, the specifications were revised to include beneficiaries with a principal diagnosis of intentional self-harm, remove 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 add 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 FFY 2017 rates for this measure included ED visits for both mental illness and alcohol and other drug (AOD) dependence. For FFY 2018, specifications were updated to report rates for mental illness and AOD dependence 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. In addition, the measure specifications for FFY 2019 changed to include beneficiaries with a principal diagnosis of intentional self-harm and the numerator was revised to allow for any diagnosis of a mental health disorder.	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
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	No	No	A break in trending is recommended due to significant changes to the measure specifications for FFY 2019, including changing from a rate per 1,000 beneficiaries to a percentage and changing 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.	Do not trend

Sources: Mathematica analysis of MACPro reports and Core Set measure specifications for the FFY 2017-2019 reporting cycles.

Notes: This table includes measures that were publicly reported for FFY 2019. 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 2017 to FFY 2019, 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 2017 – 2019 can be found in the Adult Core Set Chart Packs, which are available at <https://www.medicare.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. 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 2017 to FFY 2019.