

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>7-10-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000007</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Deps, CNS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

RECEIVED

JUL 09 2013



Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Calendar Year (CY) 2013 Oct - Dec Phased-down State Contribution Final Per-Capita Rates

June 28, 2013

Dear State Medicaid Director:

As you know, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires that the Centers for Medicare & Medicaid Services (CMS) notify each State of its per capita drug payment expenditure amount. Payments for the phased-down State contribution are made on a monthly basis. These payments are defined by the MMA to be the product of the annual per capita full dual-eligible drug payment amount and the monthly State enrollment of full dual eligibles.

This letter is to notify you of the phased-down State contribution full dual-eligible per capita Medicaid drug payment amount for October - December 2013, as required by the MMA.

Oct-Dec 2013 phased-down State contribution per capita rates are shown in Attachment 1. The per capita drug expenditure amount for Oct-Dec 2013 is based on the value for Jan-Sep 2013, adjusted for the change in FMAP, if any, between FY 2013 and FY 2014.

Questions regarding these calculations may be directed to Carolyn Lawson, Division of Information Analysis and Technical Assistance, Data & Systems Group, at 410-786-0704 or via email at Carolyn.Lawson@cms.hhs.gov.

Sincerely,

/s/

Elaine Olin
Director, Data & Systems Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



SHO # 13-002

January 24, 2013

**Re: 2013 Children's Core Set of Health Care
Quality Measures**

Dear State Health Official:
Dear State Medicaid Director:

Over the past two years, the Centers for Medicare & Medicaid Services (CMS) has worked closely with states to support the voluntary collection of the initial core set of health care quality measures (Initial Children's Core Set) for children in Medicaid and the Children's Health Insurance Program (CHIP). The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3) added Section 1139A(a) to the Social Security Act (the Act) which requires the Secretary of the Department of Health and Human Services to identify an initial core set of recommended pediatric quality measures for voluntary use by State Medicaid and CHIP programs. The Initial Children's Core Set was released officially via a state health official letter (SHO# 11-001) in February 2011. Early successes demonstrate increased state voluntary reporting on the Initial Children's Core Set, with forty-eight states and the District of Columbia (DC) voluntarily reporting one or more of the initial core set of children's health care quality measures for federal fiscal year (FFY) 2011. The median number of measures reported by states this year was 12, which is an increase from 7 measures reported in FFY 2010.

Section 1139A(b)(5) of the Social Security Act provides that, beginning January 1, 2013 and annually thereafter, the Secretary shall publish recommended changes to the Initial Children's Core Set. This letter provides an overview of the steps undertaken to improve the Initial Children's Core Set, identifies changes to the Initial Children's Core Set, and presents the timing for the implementation of the 2013 Children's Core Set. Similar to the way that CMS and states have used the Initial Children's Core Set to assess quality and access to health care, this portfolio of measures must be assessed periodically to ensure that its measures are relevant to current approaches to health care delivery. For example, the measure set should address updates to clinical guidelines, feedback from states on the challenges of collecting the measures, under-reported measurement domains, and changes in the health care landscape.

I. Approach to Identifying Additional Measures

As part of a multi-stakeholder process, the Agency for Healthcare Research and Quality (AHRQ), in partnership with CMS, conducted a February 2012 public call for nominations of measures for consideration for inclusion in the 2013 Children's Core Set. The goal of

identifying new measures for possible inclusion in the 2013 Children's Core Set is to find opportunities to build upon the original measure set by addressing gap areas, improving upon existing Initial Children's Core Set measures, and aligning with national quality measurement activities. As a result of this iterative process, the children's core set of health care quality measures will become more robust and will better support states' and CMS's quality measurement needs. AHRQ received a total of 77 measure submissions. Sixty-four measures were received through a public call for measures and 13 measures were submitted by the AHRQ-CMS Pediatric Quality Measures Program's Centers of Excellence. An overview of the AHRQ-CMS Pediatric Quality Measures Program and the Centers of Excellence can be found at <http://www.ahrq.gov/chipra/pqmpfact.htm>. Measure nominations covered a range of topics, from school days missed due to illness to pediatric heart surgery mortality. Over the summer of 2012, AHRQ convened a Subcommittee to its National Advisory Committee (SNAC) on Quality Measures for Children's Healthcare to review the submitted measures. The SNAC was asked to recommend measures for the 2013 Children's Core Set. Of the 77 measure submissions, the SNAC reviewed and scored 63 of the measures. Fourteen measures submitted through the public nominations process did not include sufficient information (e.g., no numerator or denominator information) for the SNAC to conduct an assessment.

The SNAC evaluated which measures were best suited for the improved core set based on their validity, feasibility of use by Medicaid and CHIP programs, and importance to improving health outcomes for children. The SNAC ultimately recommended seven measures. CMS had the discretion to identify uses for these measures. Information about the SNAC recommendations and the process used to identify the recommendations can be found at: <http://www.ahrq.gov/chipra/background2012/>.

II. Changes to the Initial Children's Core Set

Of the measures recommended by the SNAC, CMS is adding the following three measures and retiring one measure. Appendix A provides a complete listing of the 2013 Children's Core Set Measures.

Measures Added

Title	Measure Steward	Description as per Measure Steward	Benefit of Including Measure in 2013 Children's Core Set
Human Papillomavirus (HPV) Vaccine for Female Adolescents	National Committee for Quality Assurance (NCQA)	The percentage of female adolescents 13 years of age who had three doses of the HPV vaccine by their 13th birthday.	This measure serves as a compliment to the Immunizations for Adolescents (NQF 1407) measure. By adding this measure, the 2013 Children's Core Set better aligns with Advisory Committee on Immunization Practices and US Preventive Services Task Force immunization recommendations.

Title	Measure Steward	Description as per Measure Steward	Benefit of Including Measure in 2013 Children's Core Set
Medication Management for People with Asthma	National Committee for Quality Assurance (NCQA)	<p>Percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications who remained on those medications during the treatment period.</p> <p>For the purposes of the 2013 Children's Core Set, states will be asked to collect data on this measure for children ages 5-18.</p>	<p>This measure presents an opportunity to evaluate the extent to which individuals with persistent asthma are consistently taking their prescribed controller medications.</p> <p>States can use this as a pairing measure with the Asthma ED visit (NQF 1381) measure in the 2013 Children's Core Set.</p> <p>CMS acknowledges that a similar yet distinct measure, "Use of Appropriate Medications for People with Asthma," is in stage two of the EHR Incentive Program. This measure monitors that people identified as having persistent asthma are appropriately prescribed medication. The 2013 Children's Core Set measure focuses on the percentage of patients who remained on an asthma controller medication. The two measures, both developed by NCQA, are complimentary, using both the same denominator and similar medication lists. One measure monitors whether medication is prescribed whereas the other measures patient adherence to the medication.</p>
Behavioral Health Risk Assessment (for Pregnant Women)	AMA-convened Physician Consortium for Performance Improvement®	Percentage of patients, regardless of age, who gave birth during a 12-month period seen at least once for prenatal	Assessing behavioral health risk for pregnant women creates an opportunity to impact the quality of health care for both mother and

Title	Measure Steward	Description as per Measure Steward	Benefit of Including Measure in 2013 Children's Core Set
	(PCPI™) is a key member of the Pediatric Measurement Center of Excellence (PMCoE) consortium.	care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: screening for depression, alcohol use, tobacco use, drug use, and intimate partner violence screening.	child. This measure assesses a variety of topics relevant to health care quality that are not captured in other 2013 Children's Core Set measures (e.g. depression, alcohol, tobacco, and drug use, domestic violence).

Retired Measure:

As part of CMS's efforts to work with states in increasing the number of measures voluntarily collected, we have identified significant challenges in collecting one of the core measures: NQF # 0657, Otitis Media with Effusion –Avoidance of Inappropriate Systemic Antimicrobials in Children (ages 2-12). This measure will be retired from the Core Set. Most Medicaid and CHIP agencies have not been able to report this measure since it draws from CPT II codes which are not commonly used by Medicaid or CHIP agencies.

III. Implementation Timeline for the 2013 Children's Core Set

The technical specifications for the three new measures will be posted by early spring 2013 on CMS's technical assistance and analytic support webpage for the children's core set measures, available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>.

States choosing to voluntarily report measures from the 2013 Children's Core Set can submit data results to CMS during the next reporting period (December 2013). Technical assistance and analytic support are available to states collecting the three new measures; questions and requests should be sent to: CMSCHIPRAQualityTA@cms.hhs.gov.

Conclusion

The CHIPRA legislation requires that improvements to the initial core set of children's health care quality measures be issued annually beginning in January 2013. CMS sees this as a unique opportunity to meet our goal of continuing to fill measurement gap areas in the core set and apply states' feedback about implementing the measures. Additionally, these annual updates will allow CMS to further demonstrate alignment with National Quality Strategy and other HHS reporting programs such as the Electronic Health Record (EHR) Medicaid Incentive Program.

We are committed to identifying measures that build a stronger portfolio of measures that states can use to improve care for their Medicaid and CHIP beneficiaries, while keeping in mind the

additional resources that may be needed to implement updates. Our staff is available to assist states in working through this process.

We look forward to continuing to partner with states to support the collection, reporting, and use of the 2013 Children's Core Set measures.

Sincerely,



Cindy Mann
Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health Operations

Matt Salo
Executive Director
National Association of Medicaid Directors

Alan R. Weil, J.D., M.P.P.
Executive Director
National Academy for State Health Policy

Ron Smith
Director of Legislative Affairs
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Heather Hogsett
Director, Committee on Health & Homeland Security
National Governors Association

Debra Miller
Director for Health Policy
Council of State Governments

Christopher Gould
Director, Government Relations
Association of State and Territorial Health Officials

Appendix A
2013 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP

NQF	Measure Steward	Measure Name	Alignment to CMS Programs
<i>Population/Community Health</i>			
1959	NCQA/HEDIS	Human papillomavirus (HPV) Vaccine for Female Adolescents	New measure
0024	NCQA/HEDIS	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents	
<i>Clinical Care</i>			
NA	NCQA/HEDIS	Child and Adolescent Access to Primary Care Practitioners	Current CHIP reporting element
0038	NCQA/HEDIS	Childhood Immunization Status	EHR for Eligible Providers (EPs), Physician Quality Reporting System (PQRS), Proposed in Value-Based Payment Modifier
1407	NCQA/HEDIS	Adolescent Immunization Status	
1391	NCQA/HEDIS	Frequency of Ongoing Prenatal Care	Supports Strong Start Initiative, Maternity Measures Core Set
1517	NCQA/HEDIS	Timeliness of Prenatal Care	Supports Strong Start Initiative, Maternity Measures Core Set
1382	CDC	Live Births Weighing Less Than 2,500 Grams	Supports Strong Start Initiative, Maternity Measures Core Set
0471	California Maternal Quality Care Collaborative	Cesarean Rate for Nulliparous Singleton Vertex	Supports Strong Start Initiative, Maternity Measures Core Set
NA	AMA-PCPI	Behavioral Health Risk Assessment (for Pregnant Women)	New measure
1448	Oregon Health and Science University, CAHMI	Developmental Screening in the First Three Years of Life	

<i>Clinical Care – continued</i>			
0060	NCQA	Annual Pediatric Hemoglobin A1C Testing	EHR for EPs, Proposed in Value-Based Payment Modifier, Measures Under Consideration (MUC) in PQRS
1392	NCQA/HEDIS	Well-Child Visits in the First 15 Months of Life	
1516	NCQA/HEDIS	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	
NA	NCQA/HEDIS	Adolescent Well-Care Visit	
0033	NCQA/HEDIS	Chlamydia Screening	Adult Medicaid Core Set, EHR for EPs, PQRS, Proposed in Value-Based Payment Modifier
NA	CMS	Preventive Dental Services	CMS Form 416, CMCS Oral Health Initiative
NA	CMS	Dental Treatment Services	CMS Form 416, CMCS Oral Health Initiative
1799	NCQA/HEDIS	Medication Management for People with Asthma	New measure
<i>Care Coordination</i>			
0576	NCQA/HEDIS	Follow-up After Hospitalization for Mental Illness	Adult Medicaid Core Set, Medicare Part C, Physician Feedback, MUC in Inpatient Psych, PQRS, and Value-Based Payment Modifier
0108	NCQA/HEDIS	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication	EHR for EPs, Proposed in Value-Based Payment Modifier, MUC in PQRS
<i>Safety</i>			
0139	CDC	Pediatric Central-Line Associated Blood Stream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	Hospital Compare, Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing, LTCH, PPS Exempt Cancer Hospital, MUC in Hospital Acquired Condition Payment Reduction Program
<i>Efficiency and Cost Reduction</i>			
0002	NCQA/HEDIS	Appropriate Testing for Children with Pharyngitis	EHR for EPs, Physician Feedback, PQRS, Proposed

			in Value-Based Payment Modifier
1381	Alabama Medicaid	Annual Percentage of Asthma Patients 2 Through 20 Years old with One or More Asthma-Related Emergency Room Visits	
N/A	NCQA/HEDIS	Ambulatory Care: Emergency Department Visits	
<i>Person and Caregiver Centered Experience</i>			
N/A	NCQA/HEDIS	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)	Can be used to support CHIPRA requirement. CHIPRA requires Title XXI programs to submit to CMS beginning in December 2013, data regarding access to primary and specialty services, accesses to network of care, and care coordination provided under the state child health plan, using quality of care and consumer satisfaction measures included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.