



**NATIONAL CORE
INDICATORS®**
NASDDDS & HSRI

NCI Virtual Annual Meeting: Session 1

August 12, 2020



- Please let everyone know which state you are representing by including the state in your participant name
 - Right click on your video/name and choose “rename”.
 - For example “Laura Vegas, TN”
- Please mute to lessen background noise, unless you are speaking
- For questions or comments during the presentation piece of this webinar, either raise your hand in the participant pod or comment in chat box
- Have fun!

National Core Indicators, **YEAR IN REVIEW**



2019



2020

My plans for
2020

Medicaid Adult Core Set/Score Card

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



CMCS Informational Bulletin

DATE: November 19, 2019

FROM: Calder Lynch, Acting Deputy Administrator and Director
Center for Medicaid & CHIP Services

SUBJECT: 2020 Updates to the Child and Adult Core Health Care Quality Measurement Sets

This informational bulletin describes the 2020 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.medicare.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 beneficiaries. CMCS released the initial Child Core Set in 2010 and the initial Adult Core Set in January 2012. Currently, by statute, state reporting on these measure sets is voluntary.^{1,2} Since the inception of the Child and Adult Core Sets, CMCS has collaborated with state Medicaid and CHIP agencies to voluntarily collect, report, and use the core set measures to drive quality improvement. The goals for the reporting of the Child and Adult Core Set 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. Reporting of the Child Core Set and the Behavioral Health measures on the Adult Core Set will become mandatory starting in 2024.^{3,4} CMCS will provide further guidance to states regarding mandatory Core Set reporting in future years. 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.

2020 Adult Core Set

For the 2020 Adult Core Set, CMCS will retire two measures from the Adult Core Set.

- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD) (NQF#0057) because there is another publicly reported diabetes measure on the Adult Core Set, Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9 percent) (HPC-AD), which is an outcomes measure that also assesses whether testing is being conducted. Removing the HA1C-AD measure will reduce state burden without losing the value of measuring diabetes control.¹⁴
- Annual Monitoring for Patients on Persistent Medications (MPM-AD) (NQF#2371) because this measure is being retired by the measure steward.¹⁵

For the 2020 update, CMCS will add two measures to the Adult Core Set:

- National Core Indicators (NCI) Survey. This survey assesses the experience and outcomes of individuals with intellectual and developmental disabilities and their families.¹⁶
- Use of Pharmacotherapy for Opioid Use Disorder (NQF#3400). This measure assesses the percentage of Medicaid beneficiaries ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for, or were administered or ordered, a Food and Drug Administration-approved medication for the disorder during the measurement year.¹⁷

The addition of these measures will allow CMCS and states to expand the measurement of quality of care for adults in Medicaid in two areas: (1) long-term services and supports (LTSS) and (2) behavioral health. There has been a critical measurement gap in the area of LTSS,

NCI Awarded National Policy Award



COVID-19 Public Health Emergency

I finished Netflix today



-What month is it?
-March 2020
-How long has it been
March 2020?





As Winston Churchill was working to form a United Nations after WW II famously said, “never let a good crisis go to waste”

COVID-19 Bulletins

National Core Indicators® Data on Life Activities



Strategies to help address social isolation and life disruption among people with IDD during the COVID-19 pandemic



National Core Indicators® COVID-19 Bulletin



Indicators of isolation and loneliness among people with IDD – how to help during the COVID-19 pandemic



To aid the NCI community in this unprecedented time, we're sharing some preliminary data from the 2018-19 In-Person Survey (IPS). These data, though not collected during the pandemic, point to areas where states might be able to help mitigate feelings of social isolation and loneliness among people with intellectual and developmental disabilities (IDD)—feelings that may be heightened by the COVID-19 pandemic and resulting stay-at-home orders.

National Core Indicators® COVID-19 Bulletin #3: Data on Family Experiences



Understanding the emergency preparedness, crisis and respite services for children and adults with intellectual and developmental disabilities (IDD) and their families during the COVID-19 pandemic



National Core Indicators® COVID-19 Bulletin #4: Data on Racial Disparities



Using NCI to understand racial disparities among adults with intellectual and developmental disabilities during the COVID-19 pandemic



ABC News, April 10, 2020

A Call for Justice

**NASDDDS Statement on
Racial Inequities and Pledge
to Action June 8, 2020**

**In Solidarity: A Statement from
the National Core Indicators
Team at HSRI Jun 15th, 2020**

Agenda

- Value of NCI in this time
- Reporting for 19-20
- Medicaid Adult Core Set
- Planning for remote surveying
- COVID supplement

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Value of NCI now and beyond

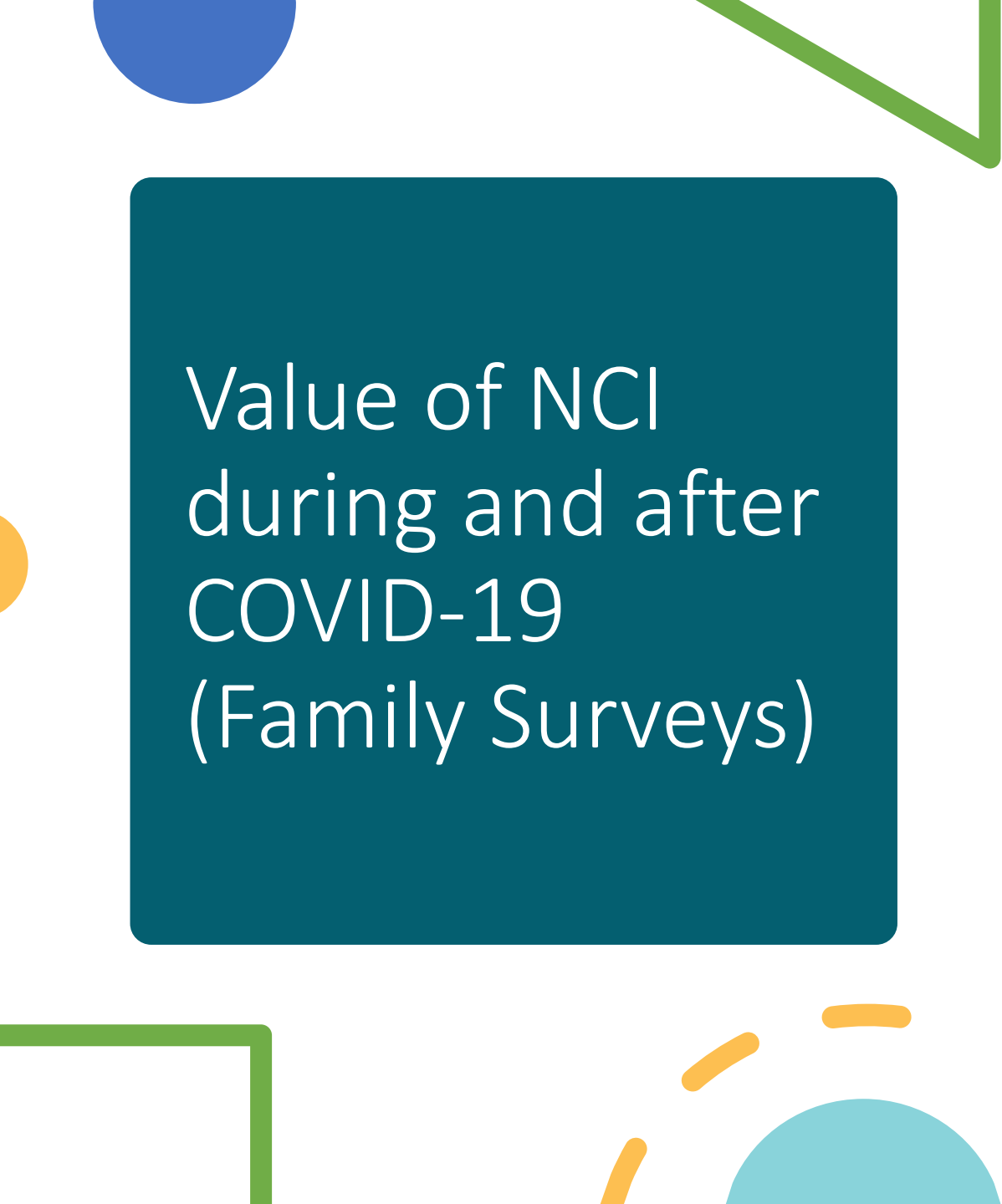
Value of NCI during and after COVID-19 (IPS)

- Critical time to gather information directly from people receiving services
- Data collected pre-COVID-19 can be used in conjunction with current data collection to understand the effects of the pandemic (and state response) on the lives of those receiving services
- Can help plan response in case of future emergencies (such as need for lockdown again)

Value of NCI during and after COVID-19 (IPS)

- Some questions: “irrelevant” in the current situation
 - Data can be used as a baseline to quantify effects of programs/policies.
- Data can be analyzed to understand potential **differences** or **disparities** in crisis response
 - racial/ethnic disparities, disparities based on service type, location
- NCI = only national dataset that will provide data throughout the COVID pandemic (pre, mid, post).
 - These data can be used to demonstrate trends across those time periods.
- Participation in NCI allows for tracking in **Medicaid Scorecard** and **Medicaid CHIP Adult Core Measure Set**.

For example:
The 2020-21 IPS data may show that few, if any respondents have participated in community activities (shopping, errands, etc), but these data serve as benchmarks to help track performance of recovery efforts.



Value of NCI during and after COVID-19 (Family Surveys)

- Critical time to gather information directly from families
 - And reach out to families that may have been isolated during the pandemic
- NCI = only national dataset that will provide data throughout the COVID pandemic (pre, mid, post).
 - These data can be used to demonstrate trends across those time periods.
- Information can help understand the effects on families of state response to COVID-19 pandemic
 - Can also help understand effectiveness of communication strategies employed by state during crisis
 - State DD agencies may use NCI data to identify gaps or areas where families could be supported differently during a pandemic and beyond.

Value of NCI Staff Stability Survey

- **The Staff Stability Survey can be used to provide important information on how the pandemic affected the provider base and the DSP workforce.**
 - Staffing levels
 - Turnover/layoffs, etc.
 - Vacancy rates
 - Wages
- The Staff Stability Survey can be used to examine providers' changing service portfolio
- Data on the workforce and staffing from 2021 (collected Jan-Jun 2022), can examine the impact of recovery efforts by examining the reach of federal recovery funds and the reach of other state-level efforts.

Staff Stability cont'd

- **Staff Stability will also be adding additional questions to assess the impact of COVID-19, such as:**
 - COVID testing extent and results, within states and providers
 - Access and utilization of PPE
 - Temporary loss of work and impact on overall vacancy/permanent turnover.
 - Requirements around number of settings in which a DSP can work
 - Closure of specific services during public health emergency/shift to other models of service provision
 - Wage changes during COVID:
 - Overtime
 - Increased wages in retainer payments
 - DSP pay differentials: multiple settings, supporting people COVID-19 positive;
 - Post-pandemic wages and co-occurring changes in turnover, tenure, vacancy
 - Access to various relief funds:
 - CARES
 - PPP (loan or grant)
 - Medicaid Provider Relief Funds



Reporting for
2019-20
Survey Cycle

Brief Background

- 2019-20 IPS was cut short → COVID-19 Pandemic.
 - Pause in-person surveying on March 16, 2020.
 - End in-person data collection for the remainder of the 2019-20 survey year on April 15, 2020.
- States were in different places in survey administration
- In response, NCI team modified criteria for inclusion in IPS reporting for 2019-20
 - balancing states' need for a data report of the 2019-20 data with the utility of to-date reported data for quality monitoring.
- Ultimately, we decided that, **to create a state report on the IPS data for a state this year, we would use a 10% Margin of Error (MoE) threshold.**

2019-20 IPS reports

- 26 states
- Thank you to state teams who put in work to ensure that samples were as complete as possible
- State reports, no national report
- No NCI Average
 - Variation in type and extent of selectivity due to stoppage
 - Regional or other variations in how the surveys were completed—introduce selectivity that NCI team is unable to measure or correct for
 - A key function of an NCI average is its potential use as a benchmark.
 - To have a dependable benchmark, the state-level numbers going into the average must provide an average that, aggregated, is sufficiently representative of the NCI states overall.

Other reports

- Family Survey (AFS, FGS, CFS) reporting will continue as usual
 - Looking into questions/domains that may be affected by COVID, and how to statistically adjust
- NCI Staff Stability reporting for 2019 will continue as usual




Medicaid Adult Core Set and NCI

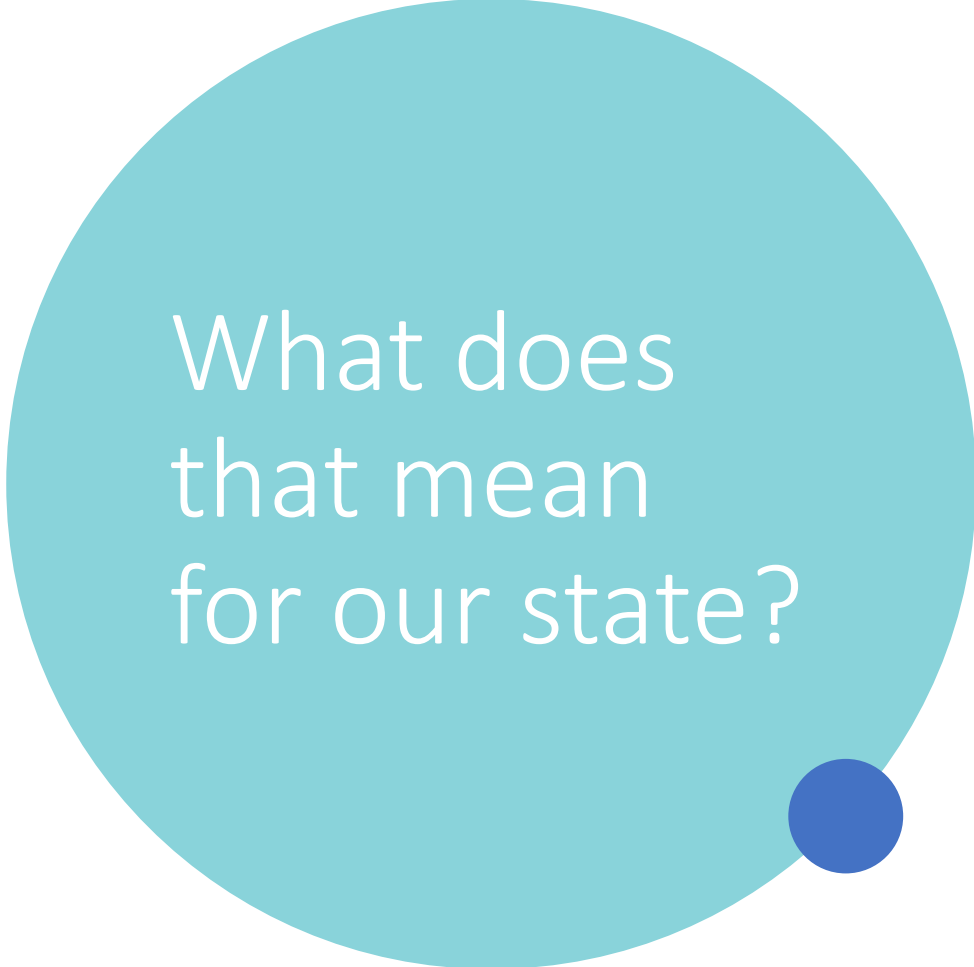
What are the Medicaid Adult Core Measures Set ?

- For Adult Medicaid Enrollees
 - Mechanism for state reporting on uniform set of measures to facilitate state and national analysis and track performance over time
 - Health Care quality measures that can be used to assess the quality of health care, including Long Term Supports and Services (LTSS)
 - Tools that states may use to monitor and improve quality of health care
 - Publicly-available information on the quality of health care provided

NCI and Adult Core Set

- 2020 Updates to the Adult Core Set, CMCS contracted with Mathematica to convene Annual Review stakeholder workgroup
- Identified Gap in Measures for Medicaid LTSS
- Two new Domains for LTSS in 2020 Adult Core Set
- Input from State Medicaid Agencies through Quality Technical Advisory Group (QTAG), CMS internal stakeholder meetings, interagency federal partners
- Specific NCI indicators will be shared on the Medicaid website, with links to the full state report
- Only includes **In Person Survey Responses (IPS)**

- 
- Uniform set of reporting to CMS for the purposes of quality improvement
 - First measure set in Adult Core Set for LTSS – HCBS
 - HCBS data, non-acute care, part of national analysis of quality
 - Recognizes the Validity and Reliability of the NCI IPS tool and survey process
 - Voluntary Participation/ Reporting



What does
that mean
for our state?

How to Participate

- DD state director decision (for IPS years) in collaboration with state Medicaid Agency
- Notify NCI of desire to participate
- Authorize NCI to share your state's data results with CMS (Completed by Medicaid personnel)
- NCI will transfer IPS data corresponding with Core Set measurement year, but only for states requesting participation and notifying NCI
- Assure Medicaid enrollment can be verified for all NCI sample participants.

What does the report look like?

- Results are provided in table format, with downloadable charts; in addition, a public facing chart generator can be used to compare states on individual measures.

Cervical Cancer, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 40 states)

State	Population	Methodology	Denominator	Rate
State Mean				55.2
State Median				56.1
Alabama	Medicaid	Administrative	75,726	40.2
Arizona	Medicaid	Administrative	273,399	50.5
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	44,385	37.1
California	Medicaid	Administrative & Hybrid	2,427,945	55.0
Connecticut	Medicaid; CHIP	Hybrid	1,121	72.0
Delaware	Medicaid	Hybrid	411	35.3
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Hybrid	977	58.0
Florida	Medicaid	Hybrid	5,635	59.8
Georgia	Medicaid	Administrative	184,096	46.7
Hawaii	Medicaid	Administrative & Hybrid	64,295	59.7
Illinois	Medicaid; CHIP	Administrative	552,338	52.3
Iowa	Medicaid	Administrative	79,899	55.4
Kansas	Medicaid	Hybrid	1,193	58.3
Kentucky	Medicaid; Dual Eligibles	Administrative & Hybrid	262,585	54.7
Louisiana	Medicaid; CHIP	Administrative	272,868	51.6
Maryland	Medicaid; CHIP	Hybrid	3,020	61.2
Massachusetts	Medicaid; Dual Eligibles	Hybrid	2,100	71.5
Michigan	Medicaid	Administrative	382,126	47.5
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	219,906	54.7
Mississippi	Medicaid	Hybrid	806	62.8
Missouri	Medicaid; CHIP	Administrative	159,754	43.3
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	28,242	63.2
New Hampshire	Medicaid	Hybrid	806	61.4
New Jersey	Medicaid; CHIP	Hybrid	2,024	59.5
New Mexico	Medicaid	Administrative & Hybrid	125,908	52.6
New York	Medicaid	Administrative	1,090,592	62.8
North Carolina	Medicaid	Administrative	349,720	42.3
Ohio	Medicaid; CHIP	Hybrid	2,055	58.1
Oklahoma	Medicaid; Dual Eligibles	Administrative	33,899	44.3
Oregon	Medicaid; Dual Eligibles	Administrative	127,572	57.2
Pennsylvania	Medicaid	Hybrid	3,604	60.8
Rhode Island	Medicaid; CHIP	Hybrid	822	71.4
South Carolina	Medicaid; CHIP	Administrative	118,063	49.9
Tennessee	Medicaid	Hybrid	3,927	62.2
Texas	Medicaid	Administrative & Hybrid	207,327	53.4
Utah	Medicaid; Dual Eligibles	Hybrid	1,597	53.9
Vermont	Medicaid; CHIP	Administrative	29,358	56.8
Virginia	Medicaid; CHIP	Administrative	NR	65.4
Washington	Medicaid	Hybrid	2,193	56.9
West Virginia	Medicaid; Dual Eligibles	Administrative	118,247	46.6

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

Notes: This measure identifies the percentage of women ages 21 to 64 who were screened for cervical cancer



Important Things to Know

- NCI IPS data cycle is fiscal year
- Medicaid Adult Core Measure Set data cycle is calendar year
- NCI 19-20 IPS data will be included in 2020 Core Set
- Submit data for 2020 report through December 31, 2020
- At least 25 states to participate



REMOTE IPS SURVEYING USING VIDEOCONFERENCE

2020-21 IPS Cycle

NCI Remote Surveying Pilot

Background

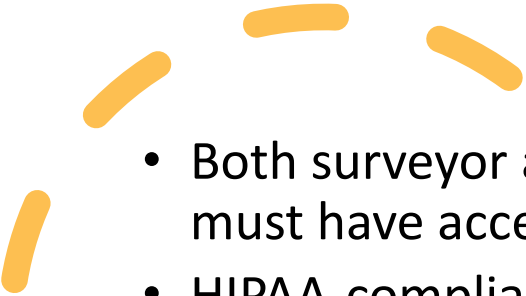
- **Remote surveying** = surveying conducted via video-conference
- Pilot had started in AK, but took on new urgency during pandemic
- Pilot took place May-June 2020 in 8 states
- Pilot tool gathered BI, survey responses, info on tech access/internet access, and participant/surveyor feedback information

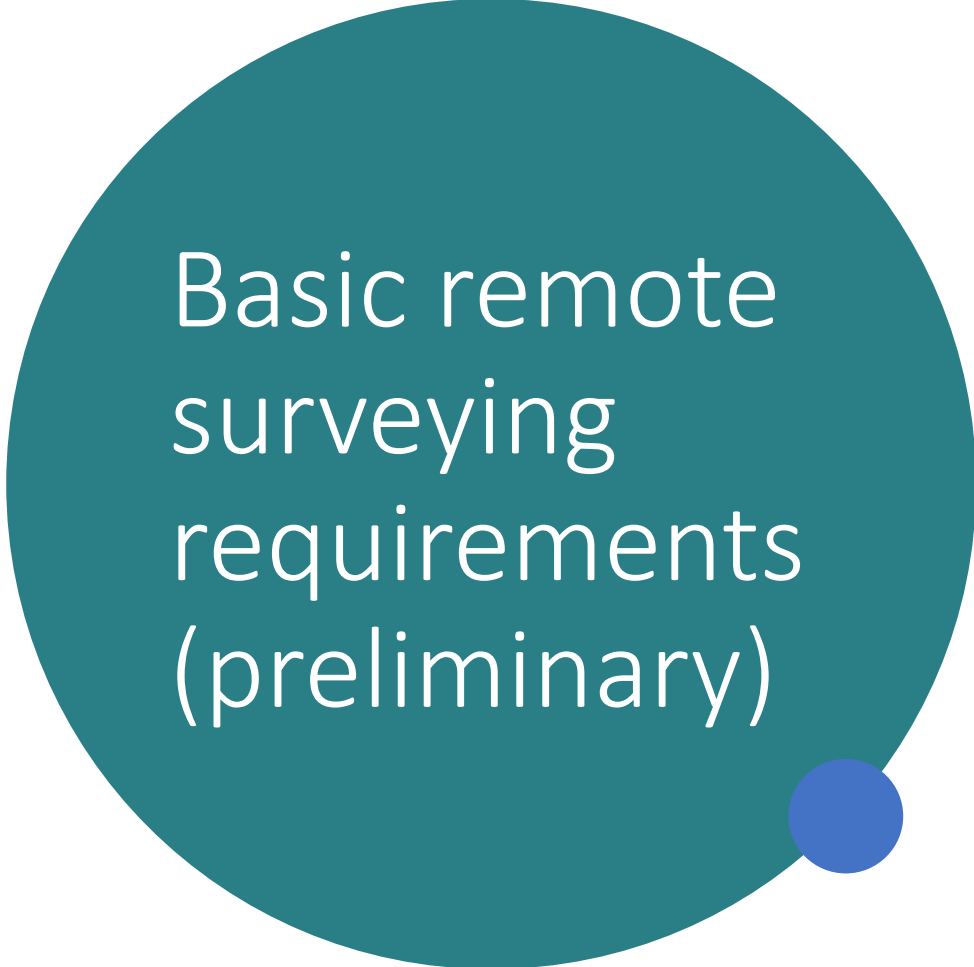
Remote Surveying Pilot Analysis

We are examining:

- How individual responses differ based on mode (comparing to pre-COVID-19, face-to-face data)
- Qualitative information. What was the experience like for the participant and surveyor (and proxy, if applicable)? How can it be improved? Was it comparable to face-to-face surveying?
- How the people reached using remote surveying and face-to-face surveying differ. Are people being excluded/included from one mode when compared to the other?

...And using this info to refine protocols and guidance

- 
- Both surveyor and person being surveyed must have access to high-speed internet.
 - HIPAA-compliant Zoom (a Zoom HCC-type account) <https://zoom.us/healthcare> must be used unless otherwise discussed with NCI.
 - Both surveyor and person participating in the survey must have functioning webcam.
 - Surveyors must use a computer or tablet to administer the survey (no smart phones).
 - The person being surveyed may participate via the Zoom app on a smartphone, tablet, or computer.
 - Full two-way audio support for communication, either through a functional computer microphone and speakers, a functional headset, or the ability to connect via telephone for audio communication.



Basic remote surveying requirements (preliminary)

Timeline 2020-21 IPS cycle

- Sep 1: Decision on remote surveying for 2020-21 IPS cycle
- Sep 15: Protocols, guidance and requirements for remote surveying released
- Sep 15: Training materials released and trainings begin
- Sep 15: ODESA opens and state-specific customizations begin
- June 30, 2021: Data due in ODESA



Considerations
for states:
remote
surveying

Can state help increase access to technology across the state? (for participants and surveyors)

When contracting/
communicating with
contractors: Considerations

Changes to tools: COVID Supplements


Goals of IPS COVID Supplement:

- Examine the pandemic experience of people who receive DD system services
- Understand the nature of interactions with the DD system during that time
- Understand his/her quality of life during that time
- Understanding areas for improvement around the DD system's emergency response

Goals for Family Survey COVID Supplement:

- Understand the family experience during the COVID pandemic
- Understand the nature of family interactions with the DD system during that time
- Understand any staffing shortages/difficulty accessing respite

NCI added questions to the BI section of the IPS to assess COVID-19 infection, hospitalization, and post-hospitalization

A dark, irregularly shaped graphic with a splatter effect, containing white text. The graphic is centered on a white background and has a rough, ink-like border. The text is in a clean, sans-serif font.

Can the COVID
supplements be used as
stand-alone tools?