

**2021 Child and Adult Core Set Annual Review:
Webinar to Prepare for the April Meeting Transcript
March 19, 2020, 12:30 – 2:00 PM EST**

Hello everyone, and thank you for attending today's event, the 2021 Child and Adult Core Set Annual Review: Webinar to Prepare for the April Meeting. Next slide.

Before we begin, we would like to go over a few housekeeping items. At the bottom of your audience console are multiple application widgets you can use. You can expand each widget by clicking on the maximize icon at the top right of the widget or by dragging the bottom right corner of the widget panel. Next slide.

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During opportunity for comment by the Workgroup members and the public, participants can comment over the phone by pressing "*"1" to raise your hand, then listen for the cue to speak. The operator will indicate when your line has been unmuted. Note that you must be connected to the teleconference via your phone. Next slide.

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Now I'd like to introduce Margo Rosenbach from Mathematica. Margo, you now have the floor.

Thank you, Brian, and hello everyone. I'd like to welcome Workgroup members, our CMS colleagues, state partners, measure stewards, and other stakeholders for joining us today. I really appreciate your all coming together today. Many of us -- most of us are calling in from our homes across the U.S., our home offices. Maybe you're in your living room or kitchen, or like me, in a kid's bedroom that you've taken over for a makeshift home office. So, thank you, again, for joining us today.

You might have noticed that the title of this presentation has changed. Rather than calling it an in-person meeting, we're calling it a meeting to prepare for the April meeting. We will be planning for a web-based meeting April 28th through 30th, so I thought I'd put that out there right away and look forward to having you join us today and again in April. Next slide.

So, first let's talk about the meeting objectives. I'll discuss the measure review strategy and criteria, and then turn it over to Chrissy to identify the measures that were suggested by Workgroup members for removal from or addition to the 2021 Core Sets. Then Dayna will describe resources available to Workgroup members for reviewing the measures and also present our April meeting approach and logistics. We'll also provide an opportunity for public comment, and we'll also have several opportunities for Workgroup members to comment or ask questions, and hopefully hear from our chairs. David Kelley is on. Gretchen Hammer is having some technical difficulties with her home router and may not be able to join us. And then also Karen Matsuoka from CMCS will make some comments as well. So, with that, let's get started.

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The first thing I'd like to do is acknowledge our Mathematica Core Set Review team who have worked very diligently and tirelessly to get here today, and then to prepare all the materials that the Workgroup will be reviewing over the next month or so. Next slide.

Also, thank you to all of our Workgroup members. I will not be doing a roll call in the interest of time, and, also, recognizing the current circumstances working from home, whether it's a technology issue or the distractions of kids and dogs. Here is a list of our Workgroup members. Next slide. The rest of the Workgroup members, so thank you all. Next slide, please.

And I'd also like to acknowledge the participation of federal liaisons in the annual review process. We have federal liaisons from AHRQ, CCSQ, CDC, HRSA, ODPHP, ASPE, SAMHSA, and Veterans Affairs. So, thank you all for participating as well. Next slide.

And just a brief recap of our milestones. Here we are today at the webinar to prepare for the April meeting, and then April 28th to 30th, we'll be having the meeting to review suggested measures, both the measures for removal, as well as additions. We're still working through the logistics for the April meeting. Dayna will provide a few more details later on, and we will keep you updated on the details as they evolve. And we'll be working toward a release of the draft report, making that available for public comment in July, the final report in August. Additional review of the final report by CMCS and stakeholder input, and then by December 31st, the 2021 Core Sets will be released.

So, at this point, I wanted to turn it over to David, if you have any comments and welcome as our co-chair.

Thanks, Margo, and I just want to thank all of our community members, good morning and/or good afternoon, depending on where you're calling in from. Again, we have, once again, a lot of work ahead of us. Our work is cut out, as we'll be covering later on, measures to be added and measures to be, potentially, removed. So, we really look forward to having good conversation. There's also going to be a fair amount of expected homework between now and our April meeting, so thanks again to everyone in these uncertain times. Just appreciate everybody's time, energy, and effort to call in remotely.

Thank you, David.

And this is Gretchen Hammer. I was able to join.

Great. Thank you. Welcome. Do you have some comments at this point?

No. I was just letting you know I was here, and I echo David's comments and look forward to working with everyone again.

Thanks, Gretchen. And, Karen Matsuoka from CMCS.

Hi, everyone. So, yes, I do want to just start by echoing what Margo and Gretchen and David said about, you know, we very much appreciate you're being here. We know we're all being pulled in lots of different directions given what's going on in the world right now. You know, it's not as if we weren't busy enough as it was, but now we have this unusual situation, and so both really appreciate your making the time to be here, appreciate also your flexibility and your ongoing flexibility as we work through logistics for the forthcoming meetings, but very much appreciate not only you being here but also the very clear amount of thought that went into the measures that were submitted for recommendation.

I did sort of take CMS prerogative to glance at [the suggested measures]. I know that the meeting in April is going to be a very thoughtful, jam-packed session around how the team improves the Core Sets starting in 2021. So, very much want to thank you for being here and thank you for thoughtful considerations in the measures that you suggested, and that we're very much looking forward to a robust discussion in April about what makes the most sense for our Core Sets.

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Also wanted to just say that many of you on this Workgroup have been with us since the beginning of the journey, amazingly, almost ten years in the making, and I think a lot of you had also noticed that, last year, we had switched the convening for this away from NQF and to Mathematica. I think many of you noticed a lot of improvements to the process, and I think a lot of people shared a lot of favorable compliments about the process and the content of the meeting. I just want to let you know that this Mathematica team is amazing, echo Margo's thanks to the team. But the process just keeps getting better and better.

And I think one of the things that you'll see, starting this year, one of the things that they added was this very kind of in-depth additional capability screen for the measures that were recommended to the Core Sets, you know, especially as we're thinking about 2024, when the Core Sets for children become mandatory and the subset of [behavioral health measures in] the Adult Core Sets become mandatory in 2024, we very much are taking the issue of feasibility seriously. We always have. But we're putting even more concerted effort into really figuring out what's feasible for states, but also really trying to strike that right balance between feasibility and desirability, because we know that many of the most desirable measures that have been on our Core Sets for a very long time have also been the ones that states have had a lot of trouble reporting. So, we're really not only taking feasibility very seriously, and I think you'll see some of that starting today in the slides that Mathematica will present, but we're also trying to set that right balance with desirability as well.

And so the other thing I just wanted to preview just very quickly which the Mathematica team will be sharing during this session is about some of the efforts that we have underway to use alternate data sources to reduce state burden, as well as standardize measurement across states, and really get to some of those more challenging measures that aren't necessarily derived from claims, but that, because they really, you know, get to patient outcomes, I think many of us have, for a long time, thought that they are among the most meaningful and most desirable of the measures that are on our Core Sets.

So, without any further ado, I know there is a lot that is being packed into this session, so, with that, I will turn it back over to Margo.

Thank you, Karen. That was really a great way to frame what we're going to proceed with. Next slide.

So, now I'm going to talk about our measure review strategy and criteria and build a little bit on what Karen just said. Next slide.

So, one of the things that we've been working on over the last few months is to help focus the discussion in April on measures that are a good fit for the Core Sets. So, I wanted to provide an overview of the purpose and uses of the Core Set measures, built on the statute and other recent Workgroup discussions. So, to start off with the purpose, the purpose of the Child and Adult Core Sets is to estimate the national quality of care for Medicaid and CHIP beneficiaries. And you will also see here a recognition that the Core Set measures should cover the continuum of prevention, diagnostic, and treatment services for acute and chronic physical, behavioral, dental, and developmental conditions, as well as long-term services and supports. And I wanted to take special note that for the first time for the 2020 Core Sets, we have a long-term services and supports measure, thanks to the deliberations of last year Core Set Review Workgroup.

And turning to the uses, I wanted to highlight two primary uses, to monitor the performance of state Medicaid and CHIP programs and also to drive improvements in care delivery and health outcomes for beneficiaries. And I want to focus on the term "care delivery and health outcomes." I wanted to note that states are able to drive improvement on care delivery and outcomes using Core Set measures that are actionable by managed care plans, providers, and beneficiaries, and that are linked to evidence-based interventions. And so, the charge to the 2021 Core Set Annual Review Workgroup is to assess measures for removal and addition from the lens of the purpose and uses of the Core Sets, kind of our North Star as we think about what belongs in the Core Sets. Next slide.

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I also wanted to share with you a new product that we've put out in the last month or so, called "Medicaid and CHIP Beneficiaries at a Glance." It's part of our beneficiary profile. And what we wanted to highlight here is to keep the beneficiaries' needs front and center, and so this will be available to Workgroup members on the SharePoint site, but it's also available to the public on Medicaid.gov. And what this shows is beneficiary characteristics, managed care and long-term care expenditures, beneficiary experience of care, beneficiary self-reported health care utilization and functional status, and average cost, enrollment, and expenditures by beneficiary category.

And if you turn to the next slide, we provide a snapshot of just one piece of this, which is annual Medicaid and CHIP expenditures by service categories. And just a couple of things to point out, the pivotal role of managed care plans as partners in quality measurement and quality improvement, and also the prominence of long-term care in Medicaid, which I know was discussed quite extensively last year as well. Next slide.

So, this next slide builds on the comments that Karen just made in terms of feasibility, desirability, and viability, the framework for assessing measures for the 2021 Core Sets. We talked about this Venn diagram before, in terms of optimizing and balancing the three components, and here, we tie it to the criteria that were included in the call for measures.

So, in terms of technical feasibility, you'll recall that we had some requirements related to minimum technical feasibility; in terms of desirability for stakeholders, thinking about actionability and strategic priority requirements; and then finally, the goal of operational viability ties back to the prevalence of conditions, alignment across programs, and state reporting capacity. And as mentioned in the Call for Measures, all suggested measures need to meet minimum technical feasibility requirements and balance against the other two factors. Next slide.

So, as Karen mentioned, we are looking ahead to mandatory reporting, and we know that mandatory reporting weighs heavily on states. And we want to note that this year's annual review takes us one step closer and provides an opportunity for Workgroup members to focus on the use and purposes of the Core Set measures to assure a mix of Core Set measures that are feasible, desirable, and viable over the next coming years. Next slide.

So, now I wanted to briefly recap on the criteria for the 2021 Core Set Annual Review. We actually spent a fair amount of time over the past year refocusing the call for measures, based on our 2020 Core Set Review process. We wanted to focus on measures that are a good fit for the purposes and uses of the Core Set but then also really provide extra emphasis on feasibility, as Karen mentioned. And so here we list the three criteria, broad criteria. To be considered for the 2021 Core Set measures, all measures must meet minimum technical feasibility requirements. Next slide.

So, I particularly wanted to focus on the first two criteria here. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level, so numerator, denominator, value sets, specific rates. And the measure must also have been tested in state Medicaid and CHIP programs or be in use by one or more state Medicaid and CHIP agencies. And as Chrissy will mention, a few of the measures suggested for addition were determined to not meet one of these criteria, so I particularly wanted to focus on those first two. Next slide.

The next criteria relate to actionability and strategic priority, which ties to, as Karen mentioned, the desirability of the measures for the Core Set. They're the overall national quality of health care in Medicaid and CHIP, which was specified in the statute. The measure must provide useful and actionable results to drive improvement, and it must address a strategic priority and monitor the performance of state Medicaid and CHIP programs. Next slide.

The final three criteria, we call them Other Considerations, and they relate to the viability of the measures for states. So, the first is the prevalence of the condition or outcome being measured to be sufficient to produce reliable meaningful results across states, taking into account Medicaid and CHIP population

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sizes and demographics. The measure should align with other programs where possible, and it should also build on state capacity for producing the measure in the short run. Next slide.

So, in terms of the criteria for suggesting measures for removal, we identified three factors that were used in the Call for Measures for both additions and removals: technical feasibility, actionability, and strategic priorities, as well as other considerations.

Gretchen and David, do you have any comments at this point?

No comments from me.

No, I'm good to go.

Okay. All right. Well, let's keep moving along here. So, the next slide, actually, I wanted to just mention briefly about what we mean by testing of measures in Medicaid and CHIP. This will become apparent when Chrissy talks about some of the measures that have been determined not to meet technical feasibility requirements. So we've adapted this from the CMS measures blueprint. Two types of testing that are currently considered, alpha testing or formative testing, that occurs when measures are being developed to develop detailed specifications, and beta testing is the one that we're particularly focused on here, where field testing has occurred. And that phase is designed to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs. So, to meet minimum technical feasibility requirements, measures must have been field tested to ensure that the specifications can be implemented by state Medicaid and CHIP programs.

So, with that, I'd like to open it up for questions from Workgroup members. So, if you would like to make a comment or ask a question, please press "*"1" to enter the queue. Operator, do we have anybody in the queue?

Currently there are no questions in the queue; however, once again, that is "*"1" if you would like to ask a question or provide comment.

I'll give it another minute. Operator, is there anyone at this point?

It appears there are no questions or comments at this time.

Okay. Well, let's move on. We'll have several other opportunities. So, with that, I'd like to turn it over to Chrissy to talk about the measures suggested for removal or addition for the 2021 Core Sets. Chrissy.

Great. Hi everyone. So, I'm going to provide a brief overview of the measures the Workgroup members suggested for addition to or removal from the 2021 Core Sets, and I just want to start by thanking all the Workgroup members for the time and effort they took to suggest these measures. Next slide.

So, this slide shows the 13 measures suggested for removal that would be reviewed during the April meeting by Core Set domains. The slide also includes the measure steward, NQF number, and data collection method. In the interest of time today, I'm just going to read out the domains and measure names, and then I'm going to provide a quick summary of the measure characteristics on the key slides.

So, there are four measures in the Primary Care Access and Preventive Care domain: Adult Body Mass Index Assessment; Screening for Depression and Follow-Up Plan, both for ages 12 to 17, and age 18 and older; and Flu Vaccinations for Adults ages 18 to 64. There are two measures in Maternal and Perinatal Health: Audiological Evaluation No Later than Three Months of Age, and PC-01 Elective Delivery. There is one measure in Care of Acute and Chronic Conditions: HIV Viral Load Suppression. There are three measures in Behavioral Health Care: Medical Assistance with Smoking and Tobacco Use Cessation; Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C Poor Control; and Use of Opioids at High Dosage in Persons Without Cancer. There is one measure in Dental and Oral Health

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Services: Percentage of Eligibles who Received Preventive Dental Services. In Experience of Care, both the Child and Adult CAHPS survey measures were listed for removal. These measures should look pretty familiar to you, as about half of them were discussed at the Annual Review meeting last year. Next slide.

So, three of the measures were suggested for removal that will not be reviewed during the April meeting for various reasons. First, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents was suggested for removal because the version of the measure that was included in prior Core Sets did not include physical activity and nutrition counseling components. However, those components are now in the measure starting with 2020 reporting. So, as a result, the measure nominator withdrew that measure suggestion.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents was also suggested for removal but will not be discussed since the measure has been retired from the 2020 Core Sets. And, Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk will also not be discussed because the measure has been retired by the measure steward and will be removed from the 2021 Child Core Set. Next slide.

This slide summarizes the characteristics of the 13 measures suggested for removal that will be reviewed in April. As you can see, the measures span almost all the current Core Set domains and include four of the 24 measures in the 2020 Child Core Sets, and nine of the 32 measures in the 2020 Adult Core Set. Half of the measures exclusively rely on non-administrative data sources, such as hybrid, EHR, or survey data and all are process measures. Next slide.

So, this slide looks at 12 measures suggested for addition that will be reviewed during the April meeting by domain. There are two measures in Primary Care Access and Preventive Care: Adult Immunization Status and Prenatal Immunization Status. There are two measures in Maternal and Perinatal Health: Prenatal Depression Screening and Follow-Up, and Postpartum Depression Screening and Follow-Up. There are two measures in Care of Acute and Chronic Conditions: Proportion of Days Covered: Antiretroviral Medications and PQI 92: Prevention Quality Indicator Chronic Condition Composite. There are four measures in Dental and Oral Health: Annual Dental Visit; Sealant Receipt on Permanent First Molars; Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults; and Follow-Up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults.

And last, there are two measures in Long-Term Services and Supports: National Core Indicators for Aging and Disabilities Adult Consumer Survey or NCI-AD, and Long-Term Services and Supports: Admission to an Institution from the Community, or MLTSS-6. And, again, these measures should look familiar, as just under half of them were discussed at the Core Set Annual Review meeting last year. Next slide.

So, four other measures were suggested for addition that will not be reviewed at the April meeting. As Margo described, this year, the call for measures included a specific set of minimum technical feasibility requirements. When suggesting a measure for addition, Workgroup members were asked to provide details describing how the measure satisfied those requirements. We reviewed all measure submission forms carefully and followed up with measure nominators and measure stewards for more information where necessary. It has been determined that four of the suggested measures did not meet all the minimum technical feasibility criteria.

First, the Safe Environment for Every Kid Parent Questionnaire does not meet the criteria since it is a screening tool and is not fully specified as a measure with a numerator, denominator, and rate. The other three measures listed here have all been fully specified and have undergone the type of alpha testing that Margo described earlier; however, they have not been field tested by state Medicaid and CHIP programs, as is required for the Core Set. Those measures are HIV Screening, Global Assessment of Pediatric Patient Trigger Tools, and Admission to an Institution from the Community among Medicaid Fee-for-Service Home and Community-based Service Users.

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Workgroup members will still receive information on all four of these measures, including more details around technical feasibility. However, the Workgroup will not be voting on whether to recommend these measures for addition to the 2021 Core Sets. Next slide.

So, this slide summarizes the characteristics of the 12 measures suggested for addition that will be reviewed in April. Again, the measures span most of the current Core Set domains. Over half of the measures use the administrative method only, one is a survey measure, and four use the electronic clinical data systems or "ECDS" methodology, which I'll describe in a bit more detail on the next slide. And seven are specified for plan-level reporting, three for state-level reporting, and two for other levels of reporting. Next slide.

So, now I just want to give a very brief overview of the electronic clinical data systems or ECDS methodology, since that's the methodology that is not currently in Core Set reporting. You can also visit NCQA's website for more information. ECDS relies on a network of data containing an individual's personal health information and records of their experiences within the health care system. Eligible data sources for ECDS reporting are administrative claims, electronic health records, health information exchanges and clinical registries, and case management systems. Unlike supplemental data used in traditional HEDIS reporting, ECDS data can be used to identify any element of a measure's specification.

In September 2019, NCQA announced that Prenatal Immunization Status will be the first publicly reported ECDS measure. Health plans are using the measure in HEDIS Measurement Year 2020 and will report the results in June 2021. So, with that, I'm going to turn it back over to Margo to talk about alternative data sources.

Great. Thanks, Chrissy. So, we wanted to share several initiatives that are currently underway to use alternate data sources to calculate Core Set measures, and Karen actually had alluded to this in her remarks. So, CMS is exploring the use of alternate data sources to calculate Core Set measures in order to reduce states' burden, as well as to standardize reporting across states.

So, first, for FFY 2019 Core Set reporting, CMS will use data from CDC WONDER for two measures of the Child Core Set: Low Birth Weight Rate and Cesarean Births, and CMS will be conducting a preview with states this spring. So, with the use of CDC WONDER data, we would have rates for all states on these two measures, which is very exciting.

Second, AHRQ and CMS are collaborating on an effort to promote state-level reporting of Child and Adult Medicaid CAHPS data submitted to the AHRQ CAHPS database. And for the FFY 2019 reporting cycle, state-level results are available for 29 states for Adult Medicaid and 33 states for Child Medicaid. CMS will be conducting a dry run of state-level reporting of CAHPS data with states this spring.

And then third, beginning with the April 2021 submission of the Form CMS-416 EPSDT report, CMS will give states the option of having CMS create their 416 report using T-MSIS data, which includes the Preventive Dental Services or PDENT measure in the Child Core Set, and CMS will be conducting a pilot of the Form CMS-416 replication with a sample of states this spring. And in the future, T-MSIS could be used to construct other administrative measures in the Core Sets, again, with the goal of reducing state burden and standardizing reporting across states. Next slide.

So, with that, we would like to invite Workgroup members to ask questions or make comments, and please press "*"1" to get in the queue. Operator, do we have anyone in the queue?

Currently, there are no questions in the queue; however, once again, it is "*"1" if you would like to ask a question or comment.

We'll give it a couple more minutes.

There are no questions or comments; however, once again, that is "*"1."

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All right. Well, let's keep moving.

There are no questions.

Okay. Thank you. Well, we will still have more time for questions and comments toward the end. So, with that, I'd like to turn it over to Dayna to talk about guidance to Workgroup members for reviewing the measures.

Thank you, Margo. So, I'll now spend some time providing guidance on the approach for reviewing the measures suggested for removal or for addition to the Core Sets. Next slide.

So, in preparation for the April meeting, we request that Workgroup members review all the measures suggested for removal from or addition to the Core Sets, and Workgroup members have access to a SharePoint site that includes the materials to help assess each measure's appropriateness and feasibility for the Core Sets. Workgroup members, you received an email last month asking you to create a new password for the site, but we will send around a reminder of how to login and navigate the site tomorrow.

And to guide your review, Workgroup members should refer to the characteristics to consider for the removal of existing measures and addition to measures in the Core Set, and we reviewed those earlier in the webinar, but those will be posted as well. And we are also providing a Measure Review Worksheet that Workgroup members can use to record and organize their notes, questions, and preliminary vote on each measure. Next slide.

So, our team has prepared a number of materials to assist Workgroup members with reviewing the measures. First, we've created a Measure Information Sheet for each measure that was suggested for addition to or removal from the Core Sets. The information sheets standardize the information available for each measure to facilitate review. They include descriptions of the measures, numerators, denominators, and other elements; information on the measure's feasibility, actionability, and strategic priority; and additional information, like the use of measures in other programs, prevalence, and links to more detailed information about the measures.

Next, to provide context for the review, we provide information on the current Child and Adult Core Set measures. This information includes the 2020 Core Set Measure Lists and a Core Set History Table that shows which measures have been added or removed over the history of the Core Sets. We think that should be a useful tool for seeing the longevity and turnover of measures.

We have also prepared a factsheet for Workgroup members that details the reasons states provided for not reporting on the existing Core Set measures for FFY 2018, which is the most recently available publicly reported data. This factsheet is intended to help Workgroup members understand the feasibility and challenges of state Core Set reporting.

Next, we have created a document that includes links to useful resources on the Core Sets, including the 2019 Resource Manuals and Technical Specifications, as well as the Chart Packs and Measure-Specific Tables, which detail information from FFY 2018 reporting. Finally, we've provided a copy of the Medicaid and CHIP Beneficiary Profile and accompanying infographic that details some of the characteristics, health status, access, utilization, expenditures, and the experience of Medicaid and CHIP beneficiaries. The profile, which is now available to the public on Medicaid.gov as well, can help Workgroup members assess the gaps in the Core Set and frame the salience of suggested measures for the 2021 Core Sets. Next slide.

So, this slide is a screenshot from the "Review Measures" page of the Workgroup member SharePoint site. The Measure Information Sheets will be available under either the "Measures Suggested for Removal" or "Measures Suggested for Addition" links. The other resources are available under the "Resources for Reviewing the Measures" link, and we have also included a link to the Measure Review

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Worksheet I described earlier. And, again, we'll be sending more information on how to access and use the SharePoint site shortly following this webinar. Next slide.

To facilitate discussion at the April meeting, we're asking the Workgroup members to do a little homework reviewing each measure suggested for removal or addition prior to the meeting based on the criteria. And as a reminder, please use the Measure Review Worksheet to record any questions, points for discussion, and your preliminary vote of whether you plan to recommend or do not recommend the measure for removal or addition. We know those votes are subject to change based on the discussion we'll have in the April meeting.

And, again, just a big thank you to all of our Workgroup members for taking the time to prepare and engage in this process. We know you're all busy people. And we're really looking forward to hearing your insights at the April meeting. And as always, you know where to reach us, at this email address, with any of your questions. Next slide.

So, any questions from Workgroup members on the homework or the resources available to you? Reminder to press "*"1" to raise your hands. It looks like we have one caller. Operator, could you unmute the first Workgroup member.

Absolutely. Your line is now open.

Hi. This is Lowell. Thank you for all this. I do have a question, though. In the lists of all the current Core Set currently used – they're also in the resources – is there also material on saying how many members, how many states, I mean, basically, do each of those Core Sets? Because I know that there's now -- people had to show that 25 states were utilizing that particular measure. So, is there, for the current measurements, a listing for each measurement as to how many states currently use that measurement?

Lowell, this is Margo. Thanks for your question. So, as Dayna had mentioned, the most current year for which data are available is FFY 2018. And that information will be available to Workgroup members. It's also available on Medicaid.gov. But if you're interested in more recent data from FFY 2019, that's not available, and, of course, 2020 has not yet started reporting. So, we do have information for FFY 2018, and we will definitely make that available to Workgroup members.

All right. Okay. Yeah, go ahead.

Can I just also mention, it's also available —for the measures for removal – that information is also available in terms of the number of states that have reported the measure in the FFY 2018, so you will be able to see that in the Measure Information Sheets for the measures for removal. Sorry. What is your other question?

Well, it's really more of a comment. So, someone sent me a nice chapter from MACPAC, with regards to why states don't currently do the Core Sets and the like, and I would hope that you can send that around in case others have not seen it yet. I think that was a very useful chapter, I think, to read before the April meeting.

Sure. That's fine. And a lot of that information will also be available in the factsheet that Dayna mentioned on reasons for not reporting the measures. So, definitely, we can send around that information.

Thanks.

Thank you, Lowell. And it looks like we have another person in the queue. Operator, could you unmute their line.

Absolutely. Kim Elliott, your line is now open.

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Hi, I just needed to double check, are we supposed to also be thinking about when we give this review, the feasibility of the measures for states to be able to report them?

Hi, Kim. This is Margo. Yes, definitely. That will be a very important factor, and so we do include in the Measure Information Sheets information related to feasibility, as we are aware of that information from the technical specifications and from the information provided by measure stewards and Workgroup members. So, yes, please do keep that in mind.

Thank you.

At this time, it appears there are no further questions or comments in the queue.

Okay. Seeing no one else, we can move on to the next section. Next slide.

So, now we'll spend a few minutes discussing the approach and logistics for the April meeting. Next slide.

So, as we've stated, we're moving the meeting to a virtual webinar format to help us all stay safe during the COVID-19 outbreak. We still plan to hold this during the original dates, April 28th through 30th. And just like the webinar we're on now, this meeting will be open to the public, and there will be opportunities for public comment throughout. Registration for the virtual meeting will open on April 1st, but in the meantime, we'll be finalizing the details on how to make this a seamless experience for everyone, as well as how we'll be conducting the voting process.

So, what we do know is the approach we'll be taking to measure discussions. So, there will be a total of 25 measures to discuss: 13 suggested for removal, and 12 suggested for addition. And for those of you who were with us during last year's meeting, this should be an improvement over last year's 55 measures and should give us ample time to give each measure its due. And the measures will be reviewed by domain without regard to Core Set, either Child or Adult. We won't take that into consideration during the discussion. And within each domain, we'll begin with the measures suggested for removal and continue on to the measures suggested for addition.

And just to note, the measures will be considered in their specified form, meaning we need to discuss and vote on the measures as they're currently specified by the measure steward, without conditions or modifications. Next slide.

So, while the technical details of the voting process are still being determined as we move to a remote setting, we'll quickly go over what the general process will look like. So, similar to last year, voting will take place by domain, after Workgroup discussion and public comment. Workgroup members will vote on each measure in its specified form. For each measure for removal, Workgroup members will vote Yes or No, where "Yes" is "I recommend removing the measure from the Core Set," and "No" is "I do not recommend removing the measure from the Core Set."

Similarly, for each measure for addition, a "Yes" vote means "I recommend adding the measure to the Core Set," and a "No" vote means "I do not recommend adding the measure to the Core Set." And there will be no votes of conditional support for measures. They will be voted on in their specified form. And for a measure to be recommended for removal from or addition to the Core Set, the "Yes" vote needs to receive two-thirds of the eligible votes. And prior to the April meeting, we'll be providing a factsheet to Workgroup members with more information on the voting process. Next slide.

Okay, so any questions from Workgroup members on the homework or the voting process or the transition to the remote virtual meeting format for April? As a reminder "*" if you have any questions.

There appears to be no questions or comments at this time; however, once again, that's "*"."

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Okay. Well, seeing none, we'll go ahead and move on to the next slide. And I will turn it back over to Margo to open the public comment discussion. Margo?

Great, thank you, Dayna. And thanks to Lowell and Kim for your questions. And now it's an opportunity for public comment. So, reminder, press "*"1" to enter the queue. Operator, do we have anyone in the queue?

Currently, there are no questions or comments; however, once again, it is "*"1" if you'd like to ask a question, or comment. It appears that we have no questions at this time.

We'll give it one more minute for people to get off mute in case they have a question. Operator, did you have anyone in the queue?

No questions or comments at this time.

Okay. Well, then, let's move on to the final wrap-up. And thank you, everybody, for being with us today. We've had more than a hundred people join us, and that's quite remarkable in the current situation.

So, turning to the next slide, the next steps for the measure review, again, the meeting is scheduled to take place April 28th to 30th. It will be conducted virtually. The meeting will be open to the public. We'll open registration around Wednesday, April 1st. And the information related to the measures and the Measure Information Sheets will actually be posted for the public about a week before the meeting, so look for it around mid-April or so. So, we will make that information available. Next slide.

And for the Workgroup members, your next steps for measure review will be login to the SharePoint site. We will be updating with measure review materials sometime late in the day tomorrow. We'll send an email when information has been uploaded. And if you need help with SharePoint or with other questions, please email us at MACCoreSetReview@mathematica-mpr.com. Next slide.

And more information is available on [Medicaid.gov](https://www.Medicaid.gov) for the Child Core Set and Adult Core Set and then our Core Set Annual Review website link is posted here. Next slide. And, as always, you can reach us at MACCoreSetReview@mathematica-mpr.com. Next slide.

I want to pause here really quickly just to see if David or Gretchen has any final comments before we close out.

Sure. Thanks, Margo. I want to thank the committee for all the hard work that they've done so far. I think in keeping in mind feasibility, being actionable and strategic priority, our work we have in front of us is still a challenge. But from last year, going from 55 measures down to 25, I think that we have done our due diligence thus far and just want to thank everyone that's been involved in setting forth those measures for both removal and addition. And I want to thank you for the hard work that's yet to come in reviewing these measures prior to the April meeting.

And then, also, I'd like to thank CMCS, our federal partners, the fact that all the support that you've given us and Mathematica. I think also enlightening us to these alternative ways of gathering information so that there's less state burden, I think, is always appreciated by the state Medicaid programs, so, as was mentioned previously, some of the measures may be from alternative sources, I think, and the state Medicaid programs always are greatly appreciative of that.

And then the last comment I have is that I think the current pandemic shows us the challenge of doing chart review, and the limitations and feasibility associated with chart review. So, I again, trying to move more towards an electronic collection of these data points is really pertinent, especially as we see in a pandemic where there may be limitations in our auditors and folks that normally do these chart reviews will not necessarily have access to those types of reviews.

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So, I want to thank everyone. Again, the Mathematica team, as usual, has done a really great job. I really look forward to the April meeting. Unfortunately, it will not be face to face, but look to virtually hearing from everybody in April. Thanks.

Gretchen, do you have any final comments?

No. I think David summed it up beautifully. And I know he also shares my gratitude for the work of the Mathematica team. You have pulled us into the twenty-first century using this technology last year, and I think we're working very well and appreciate, always, the materials that you have put together. And I am highly confident that we will be able to conduct the April meeting with the openness and the transparency that this process requires, and also with the deliberations that I know we all want to engage in. So, thank you to everyone for your participation and flexibility, and again, thank you to the Mathematica team.

Thank you, once again, to everyone for participating in today's webinar. We look forward to having you join us in April. And we are looking forward to a robust discussion in April. Take care everybody, stay safe, and stay well. Bye everybody.