2023 Child and Adult Core Set Annual Review:
Orientation Meeting Transcript
December 15, 2021, 2:00 – 3:00 PM EST

Welcome everyone to the 2023 Child and Adult Core Set Annual Review Orientation meeting. Before we get started today, we wanted to cover a few housekeeping items. Next slide.

All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list. Those who are using a browser app can find the raise hand icon by clicking the ellipsis icon. You'll find the option to raise and lower your hand in the list. You will be unmuted in the order in which your hand was raised. Please wait for your cue to speak and remember to lower your hand when you have finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this webinar. Please use the Q&A feature if you need support. Next slide, please.

If you have any technical issues during today's webinar, please send the event producer a message through the Q&A function located on the bottom right of your screen. If you're on a browser, look for the question-mark icon. If you are having issues speaking during Workgroup or public comments, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the "Call Me" feature are the most reliable options. Instructions for adjusting your audio are on this slide. Next slide, please.

With that, I will turn it over to Margo Rosenbach. Margo, you have the floor.

Thank you, Morgan. Good afternoon, everyone, or good morning if you're joining from another time zone. My name is Margo Rosenbach and I'm a vice president at Mathematica. I direct Mathematica's Technical Assistance and Analytic Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services, or CMCS. Welcome to the orientation meeting for the 2023 Annual Review of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you for joining us. I hope everyone is doing well and is ready for another journey together. Next slide, please.

Now I'd like to share with you the objectives for this meeting. First, I'll introduce the Workgroup members. Next, I'll describe the charge, timeline, and vision for the 2023 Annual Review. We will hear from Liz Clark from CMCS, and also from our co-chairs, David Kelley and Kim Elliott. Then Chrissy Fiorentini will provide background on the Child and Adult Core Set measures. Next, Dayna Gallagher will present the process that the Workgroup will use to suggest measures for removal from or addition to the 2023 Core Sets. And near the end of the meeting, we'll provide an opportunity for public comment.

As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We won't have time today to engage in discussion about the Core Sets or the measures. However, we will have plenty of time for discussion at the April voting meeting. Next slide, please.

I'd like to begin by acknowledging my colleagues at Mathematica who are part of the Core Set Review Team: Chrissy, Dayna, Tricia, Alli, Kate, Jessica, and Morgan. Many of us are still working from home and I appreciate their efforts to produce a virtual review process. Next slide, please.

Now I would like to introduce the Workgroup for the 2023 Core Set Annual Review. And in the interest of time today, we won't have a roll call. This slide and the next one list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, as we have discussed in the past, Workgroup members nominated by an organization do not represent that organization during the review process. All Workgroup members are here to provide their expertise as individuals and not as representatives of an organization.

I'd like to welcome back the continuing members of our Workgroup. I would also like to thank David Kelley for returning as a co-chair and thank Kim Elliott for agreeing to serve as a co-chair this year. I'd also like to acknowledge six new Workgroup members: Karly Campbell from TennCare, Curtis Cunningham from the Wisconsin Department of Health Services, Katelyn Fitzsimmons from Anthem – next slide, please – Rachel LaCroix from the Florida Agency for Health Care Administration, Kolynda Parker from Louisiana Department of Health, and Mihir Patel from PacificSource. We welcome our new members and thank you in advance for your service on the Workgroup. As you can see from these two slides, we have assembled a diverse Workgroup that spans a range of stakeholder perspectives, quality measure expertise, and Medicaid and CHIP program experience. Next slide, please.

This slide shows the federal liaisons, reflecting CMS's partnership and collaboration with other agencies to promote alignment across federal programs. The federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in the annual review process. Next slide, please.

The disclosure of interest by Workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the Core Set Annual Review Workgroup. All Workgroup members are required to disclose any interests that could give rise to a potential conflict or appearance of a conflict related to their consideration of Core Set measures. Each member will review and update the Disclosure of Interest form before the voting meeting. Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure. Next slide, please.

I will now describe the Workgroup charge and process for the 2023 Core Set Annual Review. We define the Workgroup charge as follows: The Child and Adult Core Set Stakeholder Workgroup for the 2023 Annual Review is charged with assessing the 2022 Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP. The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for state-level reporting to ensure the measures can meaningfully drive improvement in quality of care and outcomes in Medicaid and CHIP. Next slide.

This graphic is a visual representation of the milestones for the 2023 Core Set Annual Review. Tomorrow, the Workgroup members will receive the Call for Measures for the 2023 Annual Review. January 11th is the deadline for Workgroup members and federal liaisons to suggest measures for removal or addition. On March 24th, we will reconvene the Workgroup to prepare for the voting meeting. We'll introduce the measures suggested for consideration for the 2023 review and describe the process we will use to vote on the measures.

The voting meeting will be virtual and will take place April 5th to April 7th. Note that all these meetings are open to the public. This process will culminate in the development of a final report based on the recommendations of the Workgroup. And the final report along with additional

stakeholder input will inform CMS's update to the 2023 Child and Adult Core Sets, which will be released by December 31st, 2022. Next slide.

After the final report is released, CMCS will obtain stakeholder input on the Workgroup recommendations through two processes. First, CMCS will meet with the Quality Technical Advisory Group, or QTAG, which is comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting. And second, CMCS will meet with federal liaisons about alignment and priority of the recommended measures. We've included a link to a document on Medicaid.gov in which CMCS describes the process in greater detail. Next slide.

I would now like to briefly recap the outcomes of the 2022 Core Set Annual Review. After considering the Workgroup recommendations and additional stakeholder input, CMCS removed three measures from the Core Sets: Audiological Diagnosis No Later Than Three Months of Age and Percentage of Eligibles Who Received Preventive Dental Services, otherwise known as PDENT, were removed from the Child Core Set; and PC-01: Elective Delivery was removed from the Adult Core Set.

CMCS added four measures to the Child Core Set. Oral Evaluation, Dental Services, and Topical Fluoride for Children replaced the PDENT measure. And together with the existing dental sealant measure, they capture receipt of evidence-based preventive oral health care. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17, and Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17, were added to align with the Adult Core Set and create opportunities for care coordination. Finally, two measures of evidence-based care were added to the Adult Core Set: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis and Colorectal Cancer Screening. Next slide.

CMCS opted to retain the Ambulatory Care: Emergency Department (ED) Visits measure in the Child Core Set. CMCS deferred a decision on the Long-Term Services and Supports: Comprehensive Care Plan and Update measure as it finalizes the HCBS measure set and to promote alignment across the measures. Finally, CMCS continued to defer a decision on the Prenatal Immunization Status and Postpartum Depression Screening and Follow-Up measures. CMCS is considering how the proprietary nature of the ECDS method impacts the feasibility and viability of including these measures on the Core Sets. Please note that these measures remain under consideration by CMCS and will not be discussed during the 2023 Core Set Review. More information about the updates to the 2022 Core Sets is available in the CMCS Informational Bulletin, or CIB, that was released last week, and which is linked here. Next slide, please.

I would now like to pivot our meeting to discuss the vision for the 2023 Core Set Annual Review. I'll start with some big-picture perspectives followed by remarks from CMCS and from our co-chairs. Next slide, please.

This slide reflects language in the CIB about the role of the Core Sets. This language provides a nice framing for the task ahead. Overall, the Core Sets are a tool to advance health quality, equity, and access. They can be used to assess access and quality, and identify and improve our understanding of health disparities experienced by Medicaid and CHIP beneficiaries. Ultimately, the goal is to use Core Set data to develop targeted quality improvement efforts to advance health equity. Next slide.

We wanted to share some thoughts with the Workgroup about their role in strengthening the 2023 Child and Adult Core Sets, building on our experiences over the past three years. As you know, the annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve them. This can involve suggesting new measures for addition to fill gaps or suggest existing measures for removal because they no longer meet the criteria for inclusion.

We wanted to highlight that this is an inherent balance across three different facets of desirability, feasibility, and viability. Here we show the Venn Diagram that depicts the intersection of a measure's desirability from the perspective of diverse stakeholders, technical feasibility for state-level reporting, and financial and operational viability based on state resources. While there are many good quality measures, we need to keep in mind the perspective that the measures must be good for use in state-level quality measurement and improvement in Medicaid and CHIP. Next slide.

On the next two slides, we provide a recap of the Core Set measure gaps discussed during the 2022 Core Set Annual Review. Note that the appendix to this slide deck contains the full list of gaps summarized in the Final Report for the 2022 Core Set Annual Review. A common cross-cutting theme was the desire to use the Core Set measures to identify and address health disparities among Medicaid and CHIP beneficiaries. This includes both stratification and public reporting of Core Set measures by demographic characteristics and consideration of measures related to social determinants of health. Next slide.

Workgroup members identified other opportunities for improving access, care integration, and outcomes through quality measurement, such as measures related to the content of prenatal and postpartum care, adult dental and oral health care, integration of behavioral health and primary care, and whole person care for behavioral health, care for children and youth with complex care needs, and care quality and experience for LTSS populations. The Workgroup members also discussed methodological considerations, such as leveraging electronic data sources beyond claims and encounter data, reducing state burden by using other existing data sources, supporting Medicare/Medicaid data linkages, considering implications of small denominators for conditions with small populations, improving response rates for beneficiary experience of care surveys, and prioritizing and balancing measures within the behavioral health domain, which Chrissy will show is the largest domain in the Adult Core Set.

We want to recognize an inherent tension in the 2023 Core Set Review process, that is considering measures that may be desirable to address gaps in the Core Sets while also considering the feasibility and viability for state-level reporting. And especially this year as we are one year closer to mandatory reporting with the 2024 Core Sets. Next slide, please.

So, as you may know, beginning in 2024, reporting of all the Child Core Set measures and the behavioral health measures in the Adult Core Set will be required for all states. States will also be required to include all their Medicaid and CHIP populations. This includes all delivery systems and all eligibility categories. For example, states that have included only managed care populations in their measures will now be required to include all their populations. So, we ask the Workgroup members to emphasize the feasibility and viability for all states to report a measure by FFY 2024 for all their Medicaid and CHIP populations. This includes both measures in the current Core Sets and measures that might be suggested for addition.

I'd like to pause for a moment and share some further information to frame the importance of this year's annual review for mandatory reporting. Due to rulemaking and mandatory Core Set reporting beginning in 2024, CMS has asked us to notify the Workgroup that the potential changes recommended by the Workgroup could apply to the 2023, 2024, or both Core Sets. Due to rulemaking, CMS isn't able to elaborate more on this. They are working to issue a final rule in a manner designed to give states adequate time to implement mandatory reporting. Next slide.

With mandatory reporting as a backdrop for this year's annual review, we wanted to share some insights with the Workgroup about state challenges with reporting selected Core Set measures that will be subject to mandatory reporting. This information was gathered through various state convenings over the past year. First, the Screening for Depression and Follow-Up Plan measure. This measure is in both the Child and Adult Core Sets. This measure requires G codes to determine screening and follow-up, and these codes are not generally used in Medicaid and CHIP. Some states have used medical record reviews to determine screening and follow-up, but the measure is not specified for the hybrid methodology.

Next, Developmental Screening in the First Three Years of Life, known as the DEV measure. Only global developmental screenings are intended to be included in this measure, but many states are not able to distinguish between global and non-global developmental screenings using the 96110 code. As a result, many states report the measure with substantial deviations from the specifications. A few years ago, CMS opted to publicly report the measure with these deviations, despite the lack of consistency across states. And with mandatory reporting, CMS will expect states to adhere to the technical specifications.

Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control is next. As you can see, only seven states reported the measure for FFY 2020. The two main challenges are that many states do not have access to HbA1c results in claims or laboratory data, and some states and health plans have issues with small denominators of beneficiaries with diabetes and serious mental illness.

Finally, the Use of Pharmacotherapy for Opioid Use Disorder. This was a first-year measure for FFY 2020, and 23 states reported the measure in the first year. We are not aware of specific challenges identified by states as they ramp up reporting on this measure. In addition, as we note here, CMCS is exploring calculating this measure using TAF data. Next slide, please.

I would now like to turn it over to Liz Clark to share CMCS's vision for the 2023 Core Set Review. Liz is the acting director of the Division of Quality and Health Outcomes in CMCS. Derek, can you please unmute Liz? And, Liz, it's all yours now.

Hi. Can everybody hear me?

Yes, we can.

Terrific. Thanks, Margo. And welcome everyone and thank you all for taking time out of your very busy lives to be part of this Annual Review of the Core Set measures. We appreciate everyone for their flexibility with the meeting times and it's really helpful to us as we work through some challenging timelines. As you know, the Core Sets form the foundation of Medicaid and CHIP quality measurement and improvement efforts, and it all really starts here with you. Your efforts over the course of this Annual Review are critical to ensuring a robust,

relevant, and reportable set of quality health measures that will help drive improvement in the health and health care of our 83-plus million beneficiaries. This is no small task.

As mandatory reporting of the Child Core Set and the behavioral health measures on the Adult Core Set approaches, it becomes all the more important that this Workgroup is thoughtful in their consideration of measures and in your recommendations for additions and removals to the Core Sets. We've created a system – we, Mathematica, has created a system for reviewing the Core Sets that's designed to ensure measures are desirable, feasible for states to report, and usable for quality improvement. And the system is working.

This reporting year, we saw more states report on more measures, and a quick uptake on reporting for recently added measures. In fact, two of three new measures that were added into the 2020 Core Set, Metabolic Monitoring for Children and Adolescents on Antipsychotics and the National Core Indicators Survey, were both publicly reported in their first year. And the third, which Margo just mentioned on her last slide, was reported by 23 states. So, it was just two states short of being able to be publicly reported. We owe all of those positive outcomes and measure reporting to this group. Thank you for that.

It's critical to remember that your contributions impact more than what measures appear on the Core Sets. Data from the Core Sets give us valuable information about services delivered to Medicaid and CHIP beneficiaries and help us respond to administration priorities. A clear example is in the area of maternal health. Both the Trump and Biden administrations prioritized maternal health in an effort to address declining health outcomes related to pregnancy and during the postpartum period. Our maternal health measures and quality improvement activities have been central to Medicaid and CHIP's role in this national effort to improve maternal outcomes and advance maternal health equity.

To say that the Core Set measures had high visibility in this arena is an understatement, but it isn't just high-profile work that I want to highlight here. We're charged today and throughout this process to look at the whole health of our beneficiaries, and to choose quality measures that aren't just high profile but that help us understand how our programs are meeting the diverse health care needs of those we serve. This is important because the Core Set measure data drive our quality improvement efforts. We look at all states' performance on these measures to identify where we need to direct our quality improvement resources.

As we use measures to track performance improvement over time through the Core Sets and other data sources, we identify areas for improvement based on prevalence of conditions, poor and inequitable health outcomes, or low utilization of needed services. We then target our quality improvement learning collaboratives based on what the data tell us. For example, we know through public health surveillance data that there is a high prevalence of asthma among our Medicaid and CHIP beneficiaries. We see that performance on the Asthma Medication Ratio measure has room for improvement. It's pointed us in a direction of creating, in collaboration with partners at CDC, a learning collaborative to help states address asthma. Eight states opted to dive deep into quality improvement efforts through an affinity group that's now in its second year. We look forward to seeing how this work will impact performance on the Asthma Medication Ratio measure and in participating states and health plans, and hope that work will generate promising practices and valuable lessons we can share with other states.

We have similar quality improvement efforts underway in maternal and infant health. We have learning collaboratives on improving postpartum care, increasing infant well-child visits,

decreasing low risk cesarean deliveries. We have a learning collaborative in oral health – increasing topical fluoride for children – and one in behavioral health for ensuring follow-up after hospital encounters. We look forward to reporting back in the future on how your work to build a robust, relevant, and reportable Core Set of Medicaid and CHIP measures has improved the health and health care of our beneficiaries. It's at the heart of this Annual Review work, and you are all essential.

I would like to finally thank the DQ team of Gigi Raney, Mary Beth Hance, Mary Crimmins, Andy Snyder, Kristen Zycherman, and Deidra Stockmann for all of their amazing efforts to lead this work from the CMCS side, as well as the incredible Mathematica team that's gone above and beyond at every turn to ensure you all have and will continue to have everything you need to make informed decisions, ensure fairness in the process, and run an incredibly organized set of meetings. You are in very good hands. With that, I'll turn it back to Margo.

Thank you, Liz. Thank you for the remarks about our team and also – our teams, I should say, the quality measurement *and* quality improvement teams – and also want to echo what you said, thanking the rest of DQ for all the support that they have provided to us on this work. So, thanks for all your inspiring remarks.

And now I'd like to invite our co-chairs, David Kelley and Kim Elliott, to offer their brief welcome and their vision for the 2023 Core Set Review. So, Derek, can you unmute David and Kim? David, I'll turn it over to you first, and then Kim.

Okay. Thanks so much, Margo. Hopefully you can hear me.

We can. Thank you, David.

Okay. Great. Just wanted to check. Well, I want to start by thanking Mathematica and CMCS for the opportunity for us, as a Workgroup, to provide this ongoing input to both the Adult and Pediatric Core Sets. It's a privilege really to serve as a co-chair for several years, but it's really special since we are heading into a really essential timeframe where we're really teeing up the Core Set for mandatory reporting in 2024. I also want to thank all of the returning members of the Workgroup, as well as those new members. We have a fair number of new members that Margo introduced earlier. Welcome and really look forward to working with all of you.

The Core Set is really vital to, as Liz said, quite vital to really, as state programs and nationally, to really quantify what's happening from a quality-of-care standpoint and an access-to-care standpoint. And part of our job is to make sure that we're getting this right, that we're continuing to push forward with molding a Core Set that really looks at all of the key data elements, quality elements that are desirable, but with that balance of feasibility. That, I hear that loud and clearly from my colleagues in all of our state Medicaid programs about the feasibility and the challenges with certain measures, and then, moving forward into 2024, the challenges of being able to measure across both managed care as well as fee-for-service in all populations.

So, as we move forward, we really do need to think in terms of how can we choose a set or make recommendations to CMCS that is a set that is feasible, desirable, really also paying attention to whole person care and with a lens for being able to identify health equity, looking for gaps in equity, and being able to fill those gaps. Then, lastly, I think it's really important as we proceed to think in terms of how we can really align across other government programs as well as the commercial programs from a quality-of-care standpoint so that providers are not faced

with several subsets of quality measures for different populations. So, those are just a few of the challenges and opportunities that we have going forward. And really look forward to working with all of you. Margo, back to you.

Thanks, David. Kim, it's your turn. You're up.

Thank you, Margo and David. I'm not going to repeat everything that David said because I completely agree with the comments that he made, but we do thank Mathematica and CMCS for this great opportunity. It is one of the most exciting times right now as we start getting closer and closer to mandatory reporting. So, I'm very excited to co-chair the Core Set Review Workgroup this year. I think we all view it from the reasons we participate in this Core Set Review, as one of the most important efforts to select measures that really reflect the access, quality, and timeliness of care and services for all Medicaid beneficiaries.

As we approach the 2024 mandatory reporting of the Child Core Set and, of course, the adult behavioral health measures, the work that we're doing here really becomes more and more important. And the consideration that we put into the viability and feasibility of these measures is even more important than in any other year. It's really important for us to keep in mind as we start our work and start reviewing measures for either addition or removal, that we really pay attention to the feasibility and take a look at the reasons states are giving for either not being able to report the measures or things that would really enhance the measure set that we have.

It's also really important to start paying attention to what our states that are reporting these measures say about the data sources, their ability to get the data. All of those things are really going to make a huge difference and they're going to be really significant in their ability to report the measures. So, as we think through the measures, we really need to talk through all of those types of things in making our recommendations, and then forwarding those recommendations on to CMCS.

And then I think the other final thing I would like to say is just that we really need to start – we already do this, so I shouldn't say start – but we need to continue to really pay attention to all of the different measure sets out there, the alignment, and where the biggest bang for the buck is going to be to really improve the health outcomes for Medicaid beneficiaries. And this review of the core measure sets really provides that great opportunity for us to do so. I'll turn it back to you, Margo.

Great. Thank you so much, Kim. Now I'd like to open it up to Workgroup members. We have time for a few questions now and more time later in the meeting. Remember, if you would like to speak, please raise your hand and I will call on you in turn. I'm not seeing any raised hands. Do we have anyone that wants to speak? Curtis. Derek, can you unmute Curtis Cunningham, please?

Hi. This is Curtis Cunningham. I just want to first say I'm very appreciative to be on this Workgroup with so many wonderful colleagues, and really want to think about a variety of things but one thing is looking at the whole person and the delivery of services instead of just a specific benefit. I also have some interest in continuing the conversation and getting up to speed on where the committee has been on long-term care measures. In Wisconsin, we have about 40 percent of our Medicaid spend is for long-term care, HCBS, and nursing home, et cetera. So, I think that there's a strong need to somehow quantify quality metrics related to that. So, I just

wanted to throw those two things out there. Maybe look at rebalancing also. But again, just appreciate being on the committee and willing to help out in any way I can.

Thank you, Curtis. We're really glad to have you and the perspectives that you bring. We'd sure be happy to help you get up to speed and have a lot of resources that you'll be receiving tomorrow that will also help you to get up to speed on what's happened over the past few years. So, welcome and thank you. We look forward to your participation. Anyone else before we move on? And, Curtis, you can lower your hand if you're done. Thank you. All right. Well, let's move on now. We will have some more time later on. So, with that, I would like to turn it over to Chrissy Fiorentini.

Thanks, Margo. So, we will now provide a brief background on the Child and Adult Core Sets. After the meeting, as Margo mentioned, we'll be providing Workgroup members with additional information and resources about the Core Set measures to support your suggestions for adding or removing measures. Next slide.

This slide shows the breakdown of the 2022 Core Set measures by domain. As you can see, the Child Core Set is more heavily weighted toward measures of Primary Care Access and Preventive Care, whereas the Adult Core Set is more heavily weighted toward measures of Behavioral Health Care and Care of Acute and Chronic Conditions. You can also see that the maternal and perinatal health measures are spread between the Child and Adult Core Sets. Three measures of dental and oral health are currently included in the Child Core Set. The Adult Core Set includes one measure of long-term services and supports.

As you think about how to strengthen and improve the Core Sets, we encourage you to consider the distribution of measures across the domains. We also encourage you to keep in mind that all measures in the Child Core Set and behavioral health measures in the Adult Core Set will be subject to mandatory reporting for FFY 2024. As Margo mentioned, the potential changes recommended by the Workgroup this year could apply to the 2023, 2024, or both Core Sets. Next slide.

On this slide, we present some very high-level findings about state reporting for FFY 2020, which is the most recently available data for both the Child and Adult Core Sets. For the Child Core Set, all states reported at least one measure. 21 of 24 measures were reported publicly. 16 states reported at least 22 of the measures, with a median of 19 measures reported. And we are pleased to see that 20 states reported more Child Core Set measures for FFY 2020 than for FFY 2019. Next slide.

This slide shows the number of states reporting each of the 2020 Child Core Set measures. As you can see, there is a wide range in the number of states reporting each measure. The measures reported by fewer states tend to require EHR data or medical record reviews, are newer to the Core Set, or require data linkages. The three measures on the bottom of the slide did not have enough states reporting for the data to be publicly reported. However, the Cesarean birth measure will now be calculated on behalf of states by CMCS using CDC WONDER data. So, we will see that measure publicly reported for FFY 2021.

And the Audiological Diagnosis No Later Than Three Months of Age measure has been removed by CMCS from the 2021 Child Core Set. That leaves just one measure in this group, Screening for Depression and Follow-Up Plan for Ages 12 to 17, and Margo mentioned states' challenges with this measure earlier. And as Margo also noted, Developmental Screening in the

First Three Years of Life was publicly reported for FFY 2020 but with substantial deviations from the specs. Next slide.

For the Adult Core Set, 50 states reported at least one measure. 28 of 33 measures were reported publicly. 16 states reported at least 27 measures, with a median of 22 measures reported. And we are pleased to see that 23 states reported more Adult Core Set measures for FFY 2020 than for FFY 2019. Next slide.

So, this slide shows the number of states reporting each of the 2020 Adult Core Set measures. Again, the measures that tend to be less frequently reported are those that are newer to the Core Set, or are more resource-intensive to calculate, such as requiring data linkage, chart review, or survey data. The five measures on the bottom of the slide did not have enough states reporting for the data to be publicly reported. However, as Margo noted, the PC-01: Elective Delivery measure has been removed by CMCS from the 2022 Adult Core Set.

That leaves four measures in this group: Use of Pharmacotherapy for Opioid Use Disorder, Screening for Depression and Follow-Up Plan for Age 18 and Older, HIV Viral Load Suppression, and Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control. All of these measures, except for the HIV measure, are behavioral health measures that are subject to mandatory reporting. We did want to note that HRSA has begun an intensive TA initiative to help states with reporting the HIV Viral Load Suppression measure. And now I am going to turn it to Dayna to talk about the Call for Measures for the 2023 Core Set Review. Next slide and then back to you, Dayna.

Thank you, Chrissy. I'll start with an overview of the Call for Measures and then dive into some of the details. Next slide.

So, the criteria for suggesting measures for addition and removal are similar to those we used the last two years. The criteria fit into three areas: minimum technical feasibility requirements, actionability and strategic priority, and other considerations. To be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the criteria within the minimum technical feasibility area. We made a few changes to the criteria this year given input from stakeholders and the approach of mandatory reporting. So, we'll discuss those in a bit. Next slide.

So, before we get into the criteria, we wanted to take a moment to pause and acknowledge that there are good, important quality measures that may not meet the criteria for inclusion in the Core Sets, but there are many other avenues to use quality measures to drive improvement at the state, plan, or national level. Other tools include the Medicaid and CHIP Scorecard, the Beneficiary Profile, Managed Care Quality tools, Section 1115 Demonstrations, State Plan Amendments and Waivers, State Directed Payment Programs, and Pay-for-Performance and Value-Based Purchasing Initiatives. So, measures that may not be a good fit for the Core Sets could be appropriate for use in these other programs. So, over the next two slides we're going to go over the criteria Workgroup members should use to determine whether to suggest a measure for addition to or removal from the Core Sets. Next slide.

Okay. So, I'll begin with the criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria to consider during the call for measures, so I'll just review them at a high level here. So, starting with the minimum technical feasibility requirements, these

requirements help us ensure that if a measure is placed on the Core Sets, states will be able to report on the measure.

First, a measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level. The measure must have been tested in state Medicaid or CHIP programs, or currently be in use by one or more state Medicaid and CHIP programs. There must be an available data source that contains all the elements needed to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries. The specifications and data source should allow states to calculate the measure consistently. And the measure must include technical specifications, including code sets, that are provided free of charge for state use in the Core Set. Our team will determine whether all the suggested measures meet these criteria, and we encourage Workgroup members to pay close attention to these. For the last criterion around cost, Workgroup members don't need to take that into account. This will be determined by CMCS.

So, next, we have the actionability and strategic priority criteria. Suggested measures should be useful for estimating the overall national quality of health care in Medicaid and CHIP when taken together with the existing Core Sets. And the measure should allow for comparative analyses based on racial, ethnic, and socioeconomic disparities. Second, the measure should address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP. And finally, the measure should be able to be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP. For example, is there room for improvement on the measure and can state Medicaid and CHIP programs or providers influence improvement on the measures?

Finally, other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results and whether the measure is aligned with those used in other CMS programs. And as Margo mentioned earlier, all states should be able to produce new measures by FFY 2024 when mandatory reporting goes into effect, and this should include reporting for all Medicaid and CHIP populations. Next slide.

Now, for the criteria for suggesting measures for removal, we ask that Workgroup members look through the current Core Set measures and consider whether any measures no longer meet the criteria for the Core Sets. To make this a bit easier, we provided a set of criteria for removal which reflect reasons that a measure may no longer meet the criteria for inclusion. Under feasibility, this could be that states have difficulty accessing the data source, that results across states are inconsistent for reasons like variation in coding or data completeness, or that the measure is being retired by the measure steward.

For actionability and strategic priority, a measure could be suggested for removal if it's not making a significant contribution to measuring quality of care in Medicaid and CHIP, doesn't address a strategic priority for improvement, or is no longer useful for monitoring state progress. Other considerations include whether another measure would be better aligned across other federal programs or if all states may be unable to produce the measure by FFY 2024 for all populations. Next slide.

Workgroup members and federal liaisons will have the opportunity to suggest measures for removal from or addition to the Child and Adult Core Sets. The Call for Measures process will start on December 16th, when our team will send Workgroup members and federal liaisons an

email with instructions on how to suggest measures for addition or removal. And measure suggestions will be due on January 11th at 8:00 P.M. Eastern. Next slide.

The Call for Measures email will also include a wealth of resources, which Workgroup members should use to inform their measure suggestions. These include a list of publicly available background resources on the current Child and Adult Core Sets, including measure lists, state performance on the measures, a document showing the history of measures on the Core Sets, and the Medicaid and CHIP Scorecard. Other supplementary materials include a list of measures subject to mandatory reporting for FFY 2024, a list of measures discussed during previous Workgroup meetings, and updates on the Child and Adult Core Set measures that were not publicly reported for FFY 2020 or were reported with substantial deviations. Next slide.

Based on our previous experience, we wanted to provide some tips on submitting measure suggestions. First, we wanted you to know these measure submission forms are the most important input to materials that Workgroup members review prior to the voting meeting. So, the form really is your best opportunity to explain why the Workgroup should consider a measure for addition or removal, and provide evidence to support your suggestion, including citations.

So, if you suggested a measure that the Workgroup has considered in the past but not recommended, we ask that you include information about why you're suggesting the measure be reconsidered. And for the measures suggested for addition, just another plug to be sure that you address the minimum technical feasibility as well as you can. And if you're suggesting a measure to replace a current Core Set measure, remember to submit both an addition and removal form. And if there's anything you can't include in the form, please do send it to our team over email. Next slide.

A few more tips on the addition form. For the first section, do refer back to the document we'll provide on previously discussed measures on the Core Set history table to see if a measure has been discussed or included in the Core Set before. And if it was previously discussed, we encourage you to pull information from the previous Measure Information Sheet. For Technical Feasibility, we strongly encourage you to include state testing results, if you can find them, and a link to the current tech specs.

Under Actionability, we've added a criterion this year to explain whether the data source allows for stratification by race, ethnicity, language, disability, and other characteristics. And in Other Considerations, we ask that you provide Medicaid and CHIP-specific prevalence estimates where possible, and you may be able to find those in the Beneficiary Profile. Finally, there are links in the background resources that can help you identify if a measure is in use by other CMS programs. Next slide.

So, for removals, similar suggestions for the first section. If it's been discussed before, you don't need to reinvent the wheel. For the criteria sections, please provide an explanation for any criteria that you think represent a reason for removing the measure from the Core Sets. And it may be helpful to refer to the background materials and measure performance results. And then under Other Considerations, similar suggestion to the additions; we encourage you to look at the background resources and supplementary materials to assess whether all states will be able to produce the measure by 2024. Next slide. With that, I will turn it back over to Margo for questions.

Thanks, Dayna. Now I'd like to open it up for Workgroup questions. Please raise your hand if you wish to speak. Rich Antonelli. Derek, can you make sure to unmute Rich? Thank you.

Can you hear me, Margo?

We can. Hello.

Thank you. I have one substantive question and one what I hope will be a quick question. Let me do the quick one first. When we talk about mandatory reporting in 2024 and beyond, should we infer that that's going to be the same thing as public reporting? That's the simple question.

Huh, simple. So, the – I wouldn't call it the same, but, by definition, measures that are reported by 25 or more states and that meet CMS standards of data quality are publicly reported. So, with mandatory reporting, we are assuming that if 51 states including D.C., and Puerto Rico and other territories, report, then, yes, it would be publicly reported. So, maybe it's a little bit of a semantics issue that I would not call it the same, but, by definition, I think it would be equivalent.

Okay. Thank you. And that sort of aligns with what my intuition would have been. The next question actually is – starts with an accolade. Thank you, CMCS, CMS, and to Mathematica et al. I'm thrilled to see such a rigorous approach to expecting race, ethnicity, language built into the consideration of measures. And on slide 35, in the middle of that, I was particularly excited to see that to inform our thinking. My question is this, it's straightforward for me to think about if we're looking at a new measure for consideration for the Core Set, to be able to say, okay, can we do REL and/or D, D being disability, with that new measure? Is the group allowed to and, if so, how can we look at existing measures to figure out are the current Core Set measures meeting a quantifiable bar, if you will, of equity?

When you say, "are they meeting a quantifiable bar of equity," what exactly do you mean? In the sense that, for Core Set measures, we do not currently have data stratified by race, ethnicity, language, and/or disability. So, in that sense, we do not have data that we can share, but I think the expectation would be that states should be able to report those measures stratified by race, ethnicity, language, and disability by the time, let's say, of mandatory reporting, to some extent.

And just thinking about what the data sources permit – so, in this case, let's say claims and encounter data – we know that there are some challenges. We know that there are some issues of completeness and accuracy. So, I think, to the extent that perhaps there's the opportunity, that could be noted; but then also note what the challenges might be and what the needs for technical assistance might be. I think it's well-known that there are efforts underway to try and improve claims and encounter data for those kinds of characteristics to make such reporting available. But I think maybe what you're alluding to is that we might not have the capability now, it might be something that we aspire to and have kind of a mandate – not using the term "mandatory reporting" – but a charge to be able to move in that direction. Does that answer your question, Rich?

Yeah, that really goes to the spirit of my question. In fact, I'll be even a little bit more concrete. I see that there will be a bar of eligibility for consideration of a new measure with respect to REL and hopefully and possibly D, but I don't want to give a, if you will, grandfatherly pass to existing core measures if it's problematic in any way for RELD. And so that's what I want to make sure that our committee will have the ability to hear from various sources that, yep, that existing Core Set measure, and I won't put any of them forward because I'm thinking very generically, that

we'll have the ability to hear it's going to be impossible, Rich, to do REL on that existing Core Set measure. So, I want to make sure that we have the opportunity to really be as – no pun intended – equitable as we can with existing measures in addition to the new measures coming in.

So, to that point, that is a criterion for removal as well, but I think to the extent that there are efforts underway to make progress in that area, which I think there are, we should also be cognizant of those efforts since it's something that I think is at, it's developmental.

Yes. Right. So, I think we all recognize that we may not be there today or maybe not tomorrow, but that that is the goal. And as long as there is the potential, I think that's something that we should recognize. I think, with that, Rich, I'm going to say thank you for those comments. And every time I think of REL and D, I think of you from last year's Core Set Review. You are our conscience on that.

Thank you.

Curtis, do you have a comment or question?

Yeah, I was just – I was thinking that I think the one thing I'd like to understand more is also what can be calculated from the data and the T-MSIS data we have. For example, does the T-MSIS data have race and ethnicity, you know, information in it. Can you calculate some of, you know, what we're doing at state level, looking at some of the potentially preventable events? So, looking forward to having a conversation on understanding the state data sources that we have so we can think about maybe some new measures that are out there.

And then the other comment, I couldn't help but notice the slide that shows all the other metrics and measures that states have to report through CMS and just a comment of how can we leverage that work already in those other arenas to maybe, you know, lessen the burden on states that report various measures. For example, if you're 80 percent managed care and there's the managed care measure, whether it's HEDIS or homegrown, can we just expand that out to all populations and look at that? So, understanding what some of the measures are, and metrics in all those other areas and on that slide would be helpful to understand.

Yeah. Thank you. So, two things. First, good points about alignment. And if you have some questions about that, we're happy to follow up offline. Second, about measures that can be calculated with other data sources, particularly T-MSIS, you will see in our resource list that we identify some resources you can look at related to data quality, and specifically race/ethnicity is included in that as well. So, with that, thank you both, Curtis and Rich.

I'm going to move on to the next section of public comments, in the interest of time, and open it up to members of the public, if you have any public comments you'd like to make. So, again, raise your hand and we will unmute you. I'm not seeing any raised hands. Do we have any public comments? Give it another minute. All right. With that, next slide, please.

All right. So, now I'd like to wrap up and recap the next steps. Next slide, please. As Dayna mentioned earlier, the Workgroup members and federal liaisons will receive an email tomorrow, December 16th, with instructions on how to suggest measures for addition or removal. All submissions are due no later than 8:00 P.M. on January 11th. The next meeting will be held on March 24th via webinar. This meeting will provide information on the measures that will be

discussed at the voting meeting, which will take place April 5th to April 7th via webinar. And both of those meetings are open to the public. We wanted to mention that these are new dates. If you have already registered, your registration will be updated automatically. If you have not yet registered, please visit our website at the link on the slide. Next slide, please.

On this slide, you will see links that will lead you to key resources on Medicaid.gov and the Core Set Annual Review webpage. The Annual Review webpage includes resources, such as previous reports, agendas and slides for each meeting, and a calendar of events. Next slide, please.

If you have any questions about the Child and Adult Core Set Annual Review, please email our team at MACCoreSetReview@mathematica-mpr.com. Next slide, please.

Finally, we want to thank everyone for participating in today's meeting. We had a great turnout. Appreciate everyone joining. And we wish everyone a happy and safe holiday season, and a good new year. This meeting is now adjourned.