2023 Child and Adult Core Set Annual Review:
Meeting to Prepare for the Voting Meeting Transcript
March 24, 2022, 3:00 – 4:00 PM EST

Welcome everyone to the 2023 Child and Adult Core Set Annual Review Meeting to Prepare for the Voting 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 the browser app can find the raise-hand icon by clicking the ellipses 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 finish speaking. Note that the chat is disabled for this webinar. Please use the Q&A feature if you need support. Next slide.

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 the browser app, look for the question mark icon. And if you're having issues speaking during the Workgroup discussion or public comments, please make sure you're 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. And with that, I will hand it over to Margo Rosenbach to get us started.

Thank you, Dayna. Next slide. Well, hi everyone. My name is Margo Rosenbach, and I'm a vice president at Mathematica. I direct Mathematica's Quality Measurement and Improvement Technical Assistance contract with the Center for Medicaid and CHIP Services. It is my pleasure to welcome you to the meeting to prepare for the 2023 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. Next slide, please.

I'd like to provide an overview of today's meeting objectives. First, I'll briefly discuss the strategy and criteria for assessing the suggested measures, and then Chrissy will identify the measures that were suggested by Workgroup members for removal from or addition to the 2023 Child and Adult Core Sets. I just want to mention that we won't be discussing specific measures today, but we will have plenty of time for these discussions during the April meeting in two weeks. Then, Dayna will describe resources available to Workgroup members for reviewing the measures and present our April meeting approach. We'll also provide an opportunity for public comment at the end, and we have several opportunities throughout the meeting for Workgroup members to share comments or ask questions. So, with that, let's get started. Next slide, please.

I'd like to acknowledge our Mathematica Core Set Review Team. They're listed here. And since the call for measures closed on January 11th, they've all been very busy gathering information on the measures suggested for addition and removal, and developing the materials for the Workgroup's review of those measures, so thank you team for all your efforts. Next slide, please.

Also, thank you to all of our Workgroup members. This slide and the next one show a list of members of the 2023 Child and Adult Core Set Annual Review Workgroup. I won't be doing a roll call today in the interest of time, but we will take attendance based on the webinar

participants list. I'd like to give a special thank you to David Kelley and Kim Elliott for serving as our co-chairs. Next slide, please.

And on this slide, here is the remainder of our Workgroup members. I'd also like to note two late-breaking updates to our roster. Lisa Satterfield will be taking over for Karen George for the American College of Obstetricians and Gynecologists, and Russell Kohl will be stepping in for Amy Mullins on behalf of the American Academy of Family Physicians. Thank you Lisa and Russell for stepping in, and to all the Workgroup members for attending today. Next slide, please.

I'd also like to acknowledge the participation of federal liaisons in the annual review process. The Workgroup includes representatives from CCSQ, CDC, AHRQ, HRSA, ASPE, ODPHP, OMH, SAMHSA, and Veterans Affairs. The inclusion of federal liaisons reflects CMS's partnership and collaboration with other agencies to assure alignment across federal agencies and programs. Federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in the annual review process. I'd also like to recognize the support of staff in the Division of Quality and Health Outcomes in the Center for Medicaid and CHIP services. Next slide, please.

And now for a brief recap of our milestones for the 2023 Child and Adult Core Set Annual Review. Here we are today to prepare for the April meeting, and then April 5th to 7th, we will convene again to discuss and vote on the measures suggested for removal and addition. After the voting meeting, we will prepare the draft report summarizing the Workgroup's recommendations and make the draft report available for public comment in July. And then we'll release the final report in August.

Following that, CMCS will review the final report and gather additional stakeholder input, and by December 31st, CMCS will release the 2023 Core Sets. Before we discuss the measure review strategy and criteria, I'd like to invite our co-chairs, David Kelley and Kim Elliott, to say a few words of welcome. David, would you like to go first?

I'd like to thank everyone for participating. I know this is a lot of intensive work, and everybody's very, very busy, but I appreciate the dedication to the cause and really trying to get to the best set of adult and pediatric core quality measures for Medicaid and CHIP. I just really appreciate and want to acknowledge, also, all the hard work that our colleagues at Mathematica have put into these meetings that are coming up, and also want to thank our CMCS and our other federal liaisons for all of the efforts. I think our duty here is to really work collaboratively to come up with the best set of recommendations for the adult and pediatric Core Set. Kim, I'll turn it over to you.

Thank you, David. And not to repeat anything that David has already said, but we do really sincerely appreciate all of the hard work that everybody puts in that participates in the core measure set review process. And I think one of the big focuses that we really have is making sure that we have the best set of measures that really represents the Medicaid population and Medicaid program and benefits and that are really going to drive quality in health care. And with that, I think everybody is doing their absolute best to recognize and nominate measures that will achieve the goals and purposes of the core measure sets, so thank you to everyone for the strong participation.

Thank you David and Kim. Next slide, please. Now we'll describe the measure review strategy and criteria. Next slide.

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This slide reflects information that CMCS has shared about the purpose of the Core Sets. I know we shared this at the December meeting, but we wanted to frame this again for the work at hand moving forward. So, overall, the Core Sets are a tool to understand and advance health quality, equity, and access. They can be used to assess access to and quality of health care and identify and improve our understanding of health disparities experienced by Medicaid and CHIP beneficiaries. And, ultimately, the goal is to use Core Set data to develop targeted quality improvement efforts to advance health equity. And so the charge to the Workgroup is to assess measures for removal and addition to the Child and Adult Core Sets to strengthen and improve its use for these purposes. Next slide, please.

As we've done in the past, we wanted to share this slide, which highlights the balance that the Workgroup faces in assessing measures in terms of their feasibility, desirability, and viability. Our goal in this year's annual review is to optimize the overlap of these three elements: Technical feasibility of collecting and reporting the measure, particularly in light of mandatory reporting beginning in 2024; desirability for stakeholders, which relates to the actionability and strategic priority of the measure; and financial and operational viability, which ties back to considerations like alignment across programs and state capacity for reporting. And these characteristics are tied to the criteria included in the call for measures, which we'll discuss shortly. Next slide.

An important context for the 2023 Core Set Review is the beginning of mandatory reporting. Beginning in 2024, states will be required to report all measures in the Child Core Set and behavioral health measures in the Adult Core Set. States will also be required to include all their Medicaid and CHIP populations, and this includes all delivery systems and all eligibility categories.

As we mentioned in the orientation meeting, CMS has asked us to notify the Workgroup that due to rulemaking and mandatory Core Set reporting beginning in 2024, the potential changes recommended by the Workgroup this year could apply to the 2023 Core Set, the 2024 Core Set, or both Core Sets, and due to rulemaking, CMS isn't able to elaborate more on this. They're working to issue a final rule in a manner designed to give states adequate time to implement mandatory reporting. Next slide.

So, most of you have seen our criteria for considering measures during the 2023 Core Set Review, so I'll briefly review them now in the interest of time. The criteria fall into three categories: minimum technical feasibility requirements, actionability and strategic priority, and other considerations. As we mentioned during the orientation meeting, to be discussed by the Workgroup at the April voting meeting, all measures must meet the minimum technical feasibility requirements. Next slide, please.

So, in this slide, we show the criteria for considering the measures suggested for removal. As we've discussed these criteria in prior webinars, I won't read through them now, but Workgroup members have a list of these criteria and will be keeping these criteria in the forefront during the April meeting discussions. Also, as a reminder, the slides are available on our website if you'd like to download them and view the criteria. Next slide.

On this slide, we show the criteria for the measures for addition, starting with the minimum technical feasibility requirements. Like with the criteria for removal, I won't read through all of these now, but I did want to highlight the minimum technical feasibility criteria, as we use these

criteria to assess the measures suggested by Workgroup members during the call for measures in order to determine which measures will be discussed and voted on by the Workgroup in April.

First, a measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level. It must have been tested in state Medicaid and/or CHIP programs or be in use by one or more Medicaid and/or CHIP programs. It must have an available data source or validated survey instrument that contains all required data elements needed to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries. And the measure specifications and data source must allow for consistent calculations across states. And, again, these criteria were developed to help ensure that if a measure is placed on the Core Sets, states are able to produce consistent state-level results for their Medicaid and CHIP beneficiaries.

The Mathematica team has assessed all suggested measures for adherence to these minimum criteria, and in a few minutes, Chrissy will present the measures that the Workgroup will consider at the April meeting. I won't go over the other criteria in the interest of time; however, the Workgroup will be referring to these criteria as they prepare for the discussions during the April meeting. Next slide.

I wanted to briefly mention one of the criteria that was listed in the previous slide, that measures must be tested in or be in use by Medicaid and CHIP agencies to be considered for the Core Sets. There are two broad types of testing that we think about with quality measures, and we have adapted these definitions from the CMS measures blueprint. The first is alpha testing, also known as formative testing, that occurs alongside the development of a measure's technical specifications. It provides baseline information on whether the data elements exist, their quality, and initial information about feasibility. And the second is beta testing, which is the type of testing that we use for our criteria. This is field testing that occurs after the specifications are fully developed.

Beta testing is used 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 to produce consistent state-level results. Next slide.

I'll now turn it over to Chrissy to go over the list of measures suggested for removal from or addition to the Core Sets. Chrissy.

Thanks, Margo. Before I get started, I just wanted to thank the Workgroup members for their time and effort suggesting these measures. Next slide.

This slide contains the list of seven measures suggested for removal that we will review during the April meeting by Core Set domain. The slide also includes the measure steward, NQF number, and the data collection method. In the interest of time, I'm just going to read out the domains and measure names. I'll also provide a quick summary of the measure characteristics on the next slide.

There are two measures in the Primary Care Access and Preventive Care domain, Flu Vaccinations for Adults Ages 18 to 64 and Screening for Depression and Follow-Up Plan: Ages 12 to 17 and Age 18 and Older. This measure is in both the Child and Adult Core Sets. There is one measure in the Care of Acute and Chronic Conditions domain; HIV Viral Load Suppression,

and there are four measures in the Behavioral Health Care domain: Medical Assistance with Smoking and Tobacco Use Cessation, Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%), Use of Opioids at High Dosage in Persons Without Cancer, and Concurrent Use of Opioids and Benzodiazepines. These measures should look familiar to you, as most of them have been discussed at previous Core Set Annual Review meetings. Next slide.

This slide summarizes the characteristics of the seven measures suggested for removal that will be reviewed in April. The measures span three of the current Core Set domains and include six measures in the Adult Core Set and one measure that is in both the Child and Adult Core Sets. Two of the measures require administrative data only, three require administrative data or another source, such as EHR data or medical record review, and two are survey-based measures. Next slide.

This slide lists the 12 measures suggested for addition that will be reviewed during the April meeting by Core Set domain. Again, I'm just going to read out the domains and measure names. There are four measures in the Primary Care Access and Preventive Care domain: Adult Immunization Status, Depression Screening and Follow-Up for Adolescents and Adults, Lead Screening in Children, and Adults' Access to Preventive/Ambulatory Health Services.

There are five measures in the Care of Acute and Chronic Conditions domain: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis was added to the Adult Core Set for 2022. It has now been suggested for addition to the Child Core Set for 2023. The other suggested measures in this domain are Eye Exam for Patients With Diabetes, Blood Pressure Control for Patients With Diabetes, Kidney Health Evaluation for Patients With Diabetes, and Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.

Finally, there are three measures in the Long-Term Services and Supports domain; Long-Term Services and Supports: Shared Care Plan with Primary Care Physician, Long-Term Services and Supports: Successful Transition After Long-Term Institutional Stay, and National Core Indicators for Aging and Disabilities, or NCI-AD, Adult Consumer Survey. Next slide.

This slide summarizes the characteristics of the 12 measures suggested for addition that will be reviewed in April. The measures span three of the current Core Set domains. Four of the measures use the administrative method only, three have an option for administrative or another method, two use the HEDIS Electronic Clinical Data System or ECDS method, one measure requires EHR clinical registry data, one measure requires case management record review, and one requires that a survey be conducted. Ten are specified for plan-level reporting, one for state-level reporting, and one for provider-level reporting. Next slide.

This slide shows measures suggested for addition that will not be reviewed at the April meeting. Hemoglobin A1c Control for Patients with Diabetes was suggested along with the three other diabetes measures described on the previous slide. This measure will not be discussed because it incorporates Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%), which is already in the Adult Core Set. The existing measure will be updated to include both the <8.0% rate and the >9.0% rate for 2023 Adult Core Set reporting.

Long-Term Services and Supports: Comprehensive Care Plan and Update will not be reviewed because it was discussed and previously recommended by the Workgroup. As we mentioned during the orientation meeting in December, CMCS deferred a decision on this measure as it

finalizes the HCBS measure set and to promote alignment across the measures. The other measures listed on this slide will not be reviewed at the April meeting because they do not meet minimum technical feasibility requirements.

As Margo described, 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 satisfies those requirements. We reviewed all measure submission forms carefully and followed up with measure stewards for more information when necessary.

First, the Long-Term Services and Supports Expenditures on Home & Community-Based Services measure does not meet the criteria since it is not fully developed for consistent calculations of the numerator and denominator across states. The Drivers of Health measures listed here do not meet the criteria because the measure specifications are not fully developed to allow for consistent calculation across states and to enable production of the measures at the state level. In addition, the measures have not been tested or used by one or more state Medicaid or CHIP programs.

There are eight Drivers of Health measures altogether, and we listed them here with four bullets, since each one is specified as both a child and adult measure. The measures are: Drivers of Health Screening Rate for Medicaid Managed Care Organizations and Provider-Led Accountable Entities (with both a child and adult measure); Drivers of Health Screening Rate for Providers (with both a child and adult measure); Drivers of Health Screen Positive Rate for Medicaid Managed Care Organizations and Provider-Led Accountable Entities (with both a child and adult measure); and Drivers of Health Screen Positive Rate for Providers (with both a child and adult measure).

We have prepared measure information sheets for the measures that do not meet minimum technical feasibility criteria, including more details around technical feasibility. However, the Workgroup will not be voting on these measures during the April meeting. Next slide.

And with that, I'll turn it over to Margo to take any questions from Workgroup members. Margo.

Thanks, Chrissy. Before we take questions from Workgroup members, Kim or David, did you have any comments that you wanted to make at this point?

Yeah, this is Dave Kelley. Thanks, Margo. Again, we have our work cut out for us with both the suggested additions, as well as the suggested removals from the Core Set, so we'll highly encourage everybody to come prepared for our meetings. Roll up your sleeves, and we'll have a really great discussion, and then hopefully we'll be able to come to some consensus and be able to come up with some great recommendations for the 2023 Core Set. So, again, just want to preemptively thank you for all the hard work that you've done thus far, and the hard work that's yet to come. Kim.

Thank you, David. Yes, I think it's really important that we do a lot of prep work since we do have quite a few measures to get through during our next call, and, really focus on, again, what we're really trying to achieve with the core measure sets and the feasibility of implementing these measures as part of the core measure set, and, again, some of the balance of the types of measures that are included in the Core Set to really represent the Medicaid population, as

well as meet the goals that have been established for the core measure sets. So, David's right, we've got a lot of work ahead of us, and we just need to dig in and be successful in this process.

Great. Thanks David and Kim. So, at this point, I wanted to ask if there are any questions from Workgroup members? Remember, use the raise-hand feature in the bottom right of the participant panel to join the queue, and then lower your hand when you're done, and we'll let you know when you've been unmuted. So, first I see Joe Francis has his hand raised, so, Derek, can you please unmute Joe.

Joe, I think you might be unmuted.

Joe, your line is unmuted.

Joe, you might be double muted if you have a headset or a phone that's also muted. Joe, are you able to speak? Well, why don't we move onto the next person whose hand is raised, and maybe, Joe, you'll be able to troubleshoot this, and maybe our producer can help you as well. Curtis Cunningham.

Curtis Cunningham from Wisconsin. I'm curious about two items: one, do we have any counts on the ability of states to report these measures specifically? I'm quite concerned, as a state person, of the ability for the states to be able to comply with the 2024 requirement, and I think that does need to be a consideration as we're looking at these measures.

The other question is, do we ever have recommendations on sub-reporting related to these measures? I'm thinking specifically about understanding equity and disparities among these measures within the state populations and making recommendations to be able to report by race, ethnicity, and various breakdowns? Thank you.

Yes, that is part of the prep materials that you will be receiving, and we really look forward to your discussion of that in the April meeting. Thank you. Curtis, could you lower your hand if you're done. Thank you so much.

Joe, do you want to try again? Derek, maybe unmute Joe again. Joe, you are unmuted. All right, why don't we move on.

Is there anyone else who has a comment at this point? Marlene. Derek, can you unmute Marlene. Marlene, you should be unmuted now.

I was just asking when you were going to release the agenda for the April meeting.
I don't see it up on the website yet.

That is correct. We will aim to have it available one week before the meeting. This year, as you all can tell, it's very close between the two meetings, so we will be scrambling to get that agenda done next week and posted one week before. So by the middle of next week is our goal.

Thank you.

Sure. Other questions at this point, before we move on? All right, anyone else? We'll have another opportunity for Workgroup comments and questions. So, at this point, I'll turn it over to Dayna to describe the guidance for reviewing measures. Dayna.

Thank you, Margo. Next slide. Okay, so now I'll go over some guidance to the Workgroup members on how to review the suggested measures and the resources available to assist you in that task. Next slide.

So, in preparation for the April meeting, we ask that Workgroup members review all the measures suggested for removal from or addition to the Core Sets. Workgroup members will have access to a SharePoint site that includes materials to help assess each measure's appropriateness for the Core Sets. Workgroup members, we will be sending you an e-mail tomorrow with a user guide and credentials to log in to the site.

As you go through your review, please keep the criteria for removal of existing measures and addition of new measures top of mind. We're 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, the primary resource we have developed to help you review the measures are the measure information sheets. And we have created a measure information sheet for each measure that was suggested for addition to or removal from the Core Sets. The information sheets provide standardized information for each measure to facilitate your review. For measures for removal, these include technical specifications, the nominating Workgroup member's reasons for removal, and other information, including measure alignment across programs. For current measures, we are also able to provide information on states' reporting history and any challenges noted by states in reporting the measure.

For measures with publicly reported rates, that's those with more than 25 states reporting, we also included current measure rates and graphics. This year, we have also added a summary of prior Workgroup discussions for measures that have been discussed in the previous three years, and our hope is that this will help Workgroup members refer back to and build on the conversations we've had in the past. Next slide.

We also have measure information sheets for measures suggested for addition, which include many of the same elements as the measures for removal, including technical information like numerators, denominators, and data collection method, as well as information on the measure's alignment with minimum technical feasibility criteria. This year, we have also noted whether the measure's data source allows for stratification by racial, ethnic, and socioeconomic characteristics when that information is available.

The measure information sheet includes comments from the Workgroup member who nominated the measure on how the measure meets the feasibility, actionability, and strategic priority criteria. There is also information about use of the measure in other programs, prevalence of the condition in Medicaid and CHIP, and links to more detailed information about the measures.

And as I mentioned for the removals, we've added a summary of prior Workgroup discussions for measures that have been discussed in the past three years for addition, and, again, our

hope is that this will help us have productive conversations that build on those from years past. Next slide.

So, when Workgroup members sit down to review the measures, we recommend starting with a review of those measure information sheets. You can use the measure review worksheet, which is going to be available on the Workgroup SharePoint site, to record notes and questions as you go through those. If you have questions or want more background information on the measure or condition, we have a few other resources you can consult. First, the Medicaid and CHIP Beneficiary Profile can be used to locate more information on the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions, and expenditures on different areas of care.

The Core Set history table shows which year measures were added or removed over the history of the Core Sets, and can be a useful tool for seeing the longevity and turnover of measures. We also link to the chart packs and measure specific tables, which have more information on state reporting and measure rates, and the Core Set resource manuals and technical specifications for the current Core Set measures.

For measures suggested for addition, the measure steward's technical specifications are linked in the measure information sheets if they're publicly available. We also encourage you to look back at some of the information we shared during the call for measures, including the list of measures subject to mandatory reporting, updates on measures that don't meet the threshold for public reporting, and the list of measures considered in previous years. Once you've found any additional information you need, you can assess the measures against the criteria for addition or removal and record your preliminary vote to recommend removal or addition in the measure review worksheet. Next slide.

So, this slide is a screenshot from the "Review Measures" page of the Workgroup member SharePoint site. The measure review worksheet is linked at the top, and the measure information sheets will be available under the next two links. You can download these either as individual sheets or as a combined file. The additional resources I referenced on the last slide will be available at the "Resources for Reviewing Measures" link at the bottom. And, again, we'll be sending more information about how to access and use SharePoint directly to the Workgroup members tomorrow. The login process and site navigation will look a little different this year, as we moved to a newer version of SharePoint, but will hopefully be a better experience. Next slide.

Workgroup members, if you have questions while reviewing the measures, please don't hesitate to reach out to us. We have collected a lot of information on these measures and are more than happy to answer questions if we can. We'd also like to thank all the measure stewards for their help in sharing information about the measures. And finally, a big thank you to our Workgroup members for taking the time to prepare and engage in this process, and we're looking forward to these conversations with you during the April meeting. Next slide.

So, speaking of the April meeting, I'll now spend a few minutes discussing our approach to the April voting meeting. Next slide.

So, much like last year, we'll be doing a virtual meeting, taking place over three days, April 5th through April 7th. The meeting will start at 11:00 a.m. Eastern each day to accommodate those joining us from the west coast. We plan to end by 4:00 p.m. Eastern each day. We will post an

agenda one week before the meeting, and just like today's webinar, the April meeting will be open to the public, and there will be opportunities for public comment throughout. Registration is available now on our webpage. Next slide.

As Chrissy mentioned, this year, there will be a total of 19 measures to discuss, 7 suggested for removal and 12 suggested for addition. The measures will be reviewed by domain, without regard to Core Set, so child and adult measures will be discussed together. Within each domain, we'll begin with the measures suggested for removal and then on to the measures suggested for addition. However, when we vote on paired measures, and that's where a measure was suggested for addition to replace a measure suggested for removal, we'll vote on the measure for addition first. And as always, measures will be considered in their specified form, meaning we will discuss and vote on measures as they are currently specified by the measure stewards without any conditions or modifications. Next slide.

As for the voting process, voting will take place by domain after Workgroup discussion and public comment. For each measure for addition, a "Yes" vote will mean "I recommend adding the measure to the Core Set", and a "No" vote will mean "I do not recommend adding the measure to the Core Set." Similarly, for each measure for removal, Workgroup members will vote "Yes" or "No", where "Yes" is "I recommend removing the measure," and "No" is "I do not recommend removing the measure." For a measure to be recommended for removal from or addition to the Core Sets, the "Yes" vote needs to receive two-thirds of the eligible votes. Prior to the April meeting, we will be providing a factsheet to Workgroup members with more information on how to vote. Next slide.

In addition to discussing the suggested measures, the agenda for the April meeting will include discussion of a few other cross-cutting topics. On Tuesday, April 5th, we'll spend the first part of the day discussing strategies for advancing health equity through the Child and Adult Core Sets. Some of the topics we'll cover include stratification of measures to identify disparities in care, measurement of social determinants of health in the Core Sets, and other future directions.

On Wednesday, April 6th, we'll spend some time discussing the use of digital measures for Child and Adult Core Set reporting, including Electronic Clinical Data System or ECDS measures. And as always, we will be discussing gaps in the Core Sets, both by domain, and, on the last day, across the Core Set as a whole. For domains where we have measures up for discussion, we'll be having those domain-specific gap conversations after the measures are voted on, and for domains where we don't have any measures up for discussion this year, we'll discuss potential gaps on the last day, and that includes three domains: Maternal and Perinatal Health, Dental and Oral Health Services, and Experience of Care. Next slide.

With that, I will turn it back over to Margo to take any additional questions from Workgroup members.

Thanks, Dayna. This is our last opportunity today for Workgroup questions. If you have a question, use the raise-hand feature in the bottom right of the participant panel to join the queue, and then lower your hand when you're done, and we'll let you know when you've been unmuted. I notice that we have a number of members of the public who have raised hands or who are interested in making comments, and we'll be taking those after the Workgroup members have their opportunity to speak.

So, Rich, I see your hand is raised. Derek, can you unmute Rich Antonelli please.

Thank you. And Mathematica team, as usual, thank you for setting this up so beautifully. Margo and team, I'm really so excited to see race, ethnicity, and language called out specifically, and in particular, having that included as part of the evaluation tool that we'll get to look at. But I'm wondering, has the team made a point of looking for whether disability status is included as a potential stratifier for any of the measures? And I know that that's not quite the same as R, E, and L, but just a comment about whether we can expect to see data, when available, about disability status stratifiers.

So, Rich, that's a good question. Our measure information sheets provide what information we have about stratification, what we are aware of. But it's a good question about disability status specifically, and we'll have to take a look at that over the next week or two as we prepare. And we certainly welcome Workgroup member input about that as we're having the discussion. For those of you who are familiar with the measures, the data sources, the opportunities, we recognize that that's important, along with race, ethnicity, and language. So, thanks for raising that, Rich, and we certainly will want to make sure that that is part of the conversation that we have with the Workgroup.

Thank you.

Thank you. All right, Joe Francis, are you able to speak now?

Can you hear me now?

Yes, we can. Thank you.

Yeah, I just wanted to let you know that my microphone was unmuted, but for some reason, Cisco WebEx doesn't work well within our VA environment. I'm not exactly sure why, but you're not the only one, so I had to use the phone. But I had kind of a question and maybe a comment suggestion. And the question was, right around this time that we're voting on these measures, CMS is going to be publicly releasing their new quality strategy, and there's even a virtual gathering, symposium, devoted to that. I don't know whether some of the elements of that quality strategy are reflected in the criteria or the processes that you will use moving forward. I'm going to say, there are a number of things that are sort of strengthening the concept of equity, which the previous questioner raised, so I think it's important to take that into consideration.

Thank you. We will look into that and see what we can share. I know that in the next two weeks, it sounds like the timing might be a little bit off, but we'll certainly see what's available about that. But I think, in any event, we're very much looking forward to the Workgroup perspectives, specifically related to how it might be applied in Medicaid and CHIP, but I'm sure CMS will be layering in also perspectives from the CMS quality strategy.

I can also mention that the director of the Center for Medicaid and CHIP Services, Dan Tsai, will also be part of that early conversation about advancing health equity in the Core Set, so he will do some level setting or framing remarks also to help start that conversation. So, I think we are very fortunate to have been able to schedule him for some time to help us frame that conversation for all of you.

Very good. And then the comment that I had referred back to one of your earlier slides, when you were looking across criteria for the measures and you mentioned alignment across CMS programs and other federal programs. I was going to also suggest that, among the federal programs, you consider adding Veterans' Health Care and the Defense Health Agency. Both VA and DOD have statutory requirements to align with the national measurement infrastructure. And so, in some ways, the decisions that will be happening for these Core Sets will also influence what other health agencies do. We don't take care of children, but the Department of Defense does take care of children of our service members and dependents, and, obviously, the VA serves a population that, in many ways, has some of the similar social risk factors as Medicaid.

Thanks, Joe. We very much appreciate that input. As you know, CMS is very actively engaged in connecting up with federal liaisons as part of the feedback after the Core Set Review, the recommendations from the Workgroup, so you will certainly have an opportunity to talk about alignment across federal agencies beyond just within CMS programs. So, certainly that will be a great opportunity for you to share those perspectives as well, and we're really glad to have you and encourage you to also be making comments in the April meeting as a federal liaison from Veteran Affairs, so thank you for that.

Do we have any other Workgroup members? I see a number of people from the public who are lining up to make comments. Anyone else from the Workgroup? All right. Well, at this point, why don't we move on to the next slide.

And now I'd like to open it up for public comment. And as a reminder, please raise your hand if you wish to speak, and please give your name and affiliation. So, the first person with a hand raised I see is Migdalia Lugo. So, could you please state your name and affiliation. And, Derek, please unmute.

Hi, I'm Migdalia Lugo from the Puerto Rico Health Insurance Administration. And, what I would like to know is how these measures will be applying to the territories and specifically, as an example, Puerto Rico, where our model of care is one that is under a contract with different MCOs, and none of the metrics that we have in the Adult and Child Core Sets are those metrics that are in complete responsibility of the Puerto Rico Health Insurance Administration, because, as an example, immunizations and HIV, those are programs that are under the Department of Health. And as I can see, they haven't been part of these meetings, and I don't know if they have any knowledge of what is happening with the metrics that are going to be compulsory for 2024. So, I am suggesting to the group that are working with us in establishing the new Adult and Child Core Sets to establish a connection with the Department of Health in Puerto Rico to see how we can collect those measures in order to comply with what is going to be required and compulsory for 2024.

Thank you so much for your feedback on that. I know that CMS is working closely with Puerto Rico regarding the preparation for mandatory reporting, and we appreciate your insights about how it is different in terms of how services are organized and delivered. I think there is an appreciation of that, so thank you for sharing that. And I'm sure there will be other opportunities for follow up, and we encourage you to provide public comment about specific measures or specific gaps or other feedback that you have during the April meeting, so thank you.

Thank you.

Derek, can you unmute Ned Mossman.

Thank you so much. I'm Ned Mossman. I'm the principal social determinants of health lead with OCHIN, a national nonprofit health innovation and research network established 21 years ago. Just for context, our members include a thousand locally controlled community-based clinics with 21,000 providers in 45 states, and serve nearly six million patients. We're among the nation's most medically and socially complex in rural and other underserved communities. 50 percent of those are covered by Medicaid. And our OCHIN members have collected the nation's largest EHR-based dataset of social determinants screening data in the safety net, which includes over one million individual screenings.

We urge the Workgroup, as we move into the April meetings, to move forward with standardized social determinants of health quality measures. These measures are essential moving forward to advance structural equity. Further implementation of such measures is technically feasible. In our years of experience that we've been working with our members, we've demonstrated that it's entirely possible to implement these measures and the tools and resources to do so, such as the CMS Accountable Health Care Communities tool, are widely available, even to safety net providers. Moving these measures forward, the social determinants measures forward, allows for a phased implementation for further foundation measures in a pragmatic and kind of step-wise fashion.

Currently, our members continue to be penalized as they undertake these screenings, which drive quality care, without the associated benefit that other better resourced providers and specialists receive from applicable quality measures.

Finally, the lack of existing social determinants of health measures also limits efforts to identify sustainable pathways to value-based payment for our members. Thank you.

Thank you so much. Kate Hudson. Derek, can you unmute? Kate, I think you are muted. Kate, are you able to speak?

Can you hear me?

Now we can. Thank you.

Oh, I'm sorry about that. Okay, so Kate Hudson from the State of Alaska. I'm the CHIP administrator. My question is really more about the process, in terms of where and to what extent do the people outside of the Workgroup have the ability to have input into what measures get considered for addition or removal?

Thanks, Kate. That process does work through the Workgroup members for the call for measures that occurs after the orientation meeting. So that is the structure that's been established, is through the Workgroup members. But we very much appreciate your public comment as the opportunities arise during the Workgroup meeting to make comments. Is there anything else that you wanted to raise at this point?

No, that's it. Thank you.

Thank you. All right, the next person is Sylvia Trujillo. Sylvia, did you have a comment? I just saw your hand get lowered.

No comment.

Okay. So why don't we move on to Patrick Conway.

This is Patrick. I hope you can hear me okay. I'll be brief. At one point, I was Chief Medical Officer at CMS and Deputy Administrator – I ran the Innovation Center – and Blue Cross North Carolina, now in my third year at Optum. I just wanted to comment briefly on the social determinants of health measures, both the screening measure and the closing the referral loops, so understanding the prevalence rates after screening for social determinants. I know that it's been put forward a number of times and not recommended for inclusion in the Core Set.

I would just push us. You know, I certainly, having been deep in measurement before, I understand some of the measure specifications requirements and other things. But I think from a public health perspective we need to move forward on screening for social determinants of health and reporting this data. It would really -- you know, I know you know this, but major impact on health outcomes, on total cost of care, critical in the Medicaid population.

Both in my North Carolina role and now in my Optum role we're literally screening millions of people across the country, so it is doable. From the CMMI model on accountable health communities, we set up a structure to do that, which was executed upon. So, we just really encourage the Medicaid group to include those two measures, even if it means, in the future, there has to be work on the measure specifications and how reported, I think will be important to be able to move states in that direction, so wanted to share that with this group and take the time to do so. Thank you for listening.

We appreciate that you're making those comments. We're very much looking forward to the conversation in the April meeting to be able to talk about what would make it feasible and how to move forward, because I think, as you mentioned, we all know that this is very important, and so how do we arrive at a measurement approach methodology that will make it feasible for consistent state-level reporting, so thank you. And we hope you'll come back in April to listen to that conversation and make some more comments.

All right. Thanks a lot for your time.

Sure. Do we have anyone else for public comment? And I think there may be some questions and answers, people put the comments in writing. We would appreciate anybody who has a comment to please make them public for this so we can hear those comments. Anyone else before we move on to the next part of the agenda?

All right. Well, thank you so much for all of the Workgroup comments, all of the public comments. Let's move onto the next slide.

And before we wrap up, I wanted to pause and give David and Kim an opportunity to make some final remarks about the work ahead of us and just general reflections on this process.

Kim, I'll defer first to you.

Thank you, David. We have built here with Mathematica a really strong process to really focus our energies and our efforts on developing Core Sets that really will strengthen the quality of

care provided to Medicaid, so it's really important that we take and make the time to really review the measures that are being proposed for removal, as well as additions, so that we ensure that we are getting the right measures in the core measure set, and that they're really feasible for states to be able to report on, particularly with the mandatory reporting requirements starting in 2024. So, good group of people, good set of measures, and I'm looking forward to the meeting in April. David.

Thanks, Kim. Again, I'd like to thank the Workgroup and Mathematica, especially for the resources that you provided so that can really get to doing our homework here prior to the meeting in April. Also, I think as we're discussing these measures, thinking in terms of are they crosscutting, going across other programs. I think that's really vitally important to really, from a provider's standpoint, to try to align quality metrics as much as we possibly can. And then I think what's really important, and we'll have some more ongoing discussion, is really the whole equity discussion and looking at many of these measures with the lens of equity and being able to close gaps and disparities. So, I think those are going to be two very important aspects of the discussion.

I think the third key aspect is around feasibility and states really being able to queue up these measures and to actually, not only just measure them, but to actually do something with the results, and I think that is going to be an important part of the discussion. So, I really look forward to our meeting in April, and want to thank Mathematica, our CMCS colleagues, and our other federal liaisons, and really appreciated also the public comments, so thanks so much. Back to you, Margo.

Great. Thanks David and Kim. Next slide, please. So, to recap the next steps, Workgroup members will receive the information to log in to the SharePoint site tomorrow via email, and you will use that information to review the measures suggested for addition and removal, the resources that Dayna had mentioned.

If you need help with SharePoint or other questions, please email us at this address. And for members of the public, the measure information sheets will be posted publicly on our website prior to the April 5th to 7th meeting, so you will be able to look at those to prepare as well. Next slide, please.

So, for those who would like more information, we have included Medicaid.gov links for the Child and Adult Core Sets, also the link to the Core Set Annual Review webpage. As Dayna mentioned, the registration for the April meeting is now open, and you can register at this webpage. And you will also find agendas and slides for each meeting, a calendar of events, and other resources, such as last year's report. Next slide, please.

And, as always, you can reach us at this email address. So, feel free to email us if you have questions about the process or the resources. Next slide, please.

And finally, thank you all so much for participating. We look forward to having you join us in April to discuss the measures suggested for removal and addition. Take care, stay safe, stay well, and the meeting is now adjourned. Bye everybody.