2027 Child and Adult Core Sets Annual Review:
Orientation Meeting Transcript
August 21, 2024, 2:00 – 3:00 PM ET

Talia Parker:

Hi, everyone. My name is Talia Parker, and I'm pleased to welcome you to the 2027 Child and Adult Core Sets Annual Review Workgroup Orientation Meeting. Before we get started today, we wanted to cover a few technical instructions. Next slide, please.

If you have any technical issues during today's meeting, please send a message through the Slido Q&A function located in the Slido panel on the bottom right corner of your screen. 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 in WebEx are the most reliable options. Please note that call-in only users cannot make comments. If you wish to make a comment, please make sure that your audio is associated with your name in the platform. Next slide, please.

All attendees have entered the meeting muted. There will be opportunities during the meeting for Workgroup members and the public to ask questions and 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. You will hear a tone when you have been unmuted. Please wait for your cue to speak and remember to mute your line when you are done speaking. Also, please lower your hand when you're finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this meeting, so please use the Slido Q&A feature if you need support. When you send us a question via the Slido Q&A feature, your question will say, "waiting for review." Please click the word "replies" under your question to see our response. Finally, closed captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click "Control, Shift, A" on your keyboard to enable closed captioning. And, with that, I will hand it over to Alli to get us started.

Alli Steiner:

Thank you, Talia. Hi, everyone. My name is Alli Steiner, and I'm a senior health researcher at Mathematica. I'm part of Mathematica's Technical Assistance and Analytics Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services.

Welcome to the Orientation Meeting for the 2027 Annual Review Workgroup of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to recording, thank you for joining us. I hope everyone is doing well and ready to dive into this process together. Next slide, please.

Now I'd like to share with you the objectives for this meeting. First, I'll introduce the Workgroup members. This year's Workgroup process will focus on updates to the 2027 Child and Adult Core Sets. CMS is reviewing the recommendations of the 2026 Workgroup and will be making final updates to the 2026 Core Sets in the coming months. Next, I will describe the charge, timeline, and vision for the 2027 Annual Review. Deirdra Stockmann from CMCS will also present some welcoming remarks and CMCS's vision for the 2027 Annual Review. Then Caitlyn Newhard will provide background information on the Child and Adult Core Sets and Chrissy Fiorentini will present the process that the Workgroup members will use to suggest measures

for removal from or addition to the 2027 Core Sets. Our co-chairs, Kim Elliott and Rachel La Croix, will then give brief remarks about the journey ahead of us this year. We will take questions from Workgroup members and the public near the end of the meeting.

We have a full agenda today, and the purpose of this meeting is to convey information about the review process. We will not have time to engage in discussion about the Core Sets or the measures. However, we will have plenty of time for discussion at the February voting meeting. Next slide, please.

I would now like to take the opportunity to acknowledge my colleagues at Mathematica who are part of the Child and Adult Core Sets Annual Review Team: Tricia, Chrissy, Caitlyn, Talia, Deb, Maria, David, and Sreyashi. Thank you to this wonderful team! I also want to acknowledge that Margo Rosenbach, who many of you know from her years of leading this effort, retired in May after nearly three decades of service at Mathematica, where her career was dedicated to improving the quality of the nation's Medicaid and CHIP Program. We want to wish Margo well in her well-deserved retirement. Next slide, please.

Now I'd like to introduce the Workgroup for the 2027 Annual Review. In the interest of time today, we will not have a roll call. This slide and the next two slides list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, 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, and I'd also like to thank Kim Elliott and Rachel La Croix for returning as co-chairs. And I'd like to welcome seven new Workgroup members who are indicated with an asterisk before their name. Next slide, please.

So here the roster continues on this slide. A copy of the roster is also available on our website. Next slide, please.

And this slide shows the remaining Workgroup members. Again, the new Workgroup members are denoted by an asterisk before their name. We're pleased to be welcoming several new Workgroup members this year. As you can see from these three slides, we have assembled a diverse Workgroup that spans a wide range of subject matter expertise and perspectives about the Medicaid and CHIP programs. Thank you to all the Workgroup members for your contributions. 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.

The disclosure of interest by Workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendation of the Core Sets Annual Review Workgroup. All Workgroup members are required to disclose any interests that could give rise to a potential conflict, or the 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 the measures submitted for consideration will be recused from voting on that measure. Next slide, please.

I will now review the Workgroup charge. The 2027 Child and Adult Core Sets Annual Review Workgroup is charged with assessing the existing 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 recommend measures that are actionable, feasible, and appropriate for state-level reporting to ensure that measures can meaningfully drive improvement and health care delivery and outcomes in Medicaid and CHIP.

With the mandatory reporting requirements beginning this year with the 2024 Core Sets, the Workgroup should focus, in particular, on the feasibility of state reporting by all states for all Medicaid and CHIP populations, as well as opportunities for advancing health equity through stratification of Core Set measures. As states begin to prepare for mandatory reporting, we appreciate the participation of our Workgroup members that bring a diversity of state perspectives. We encourage members from all states to share your experiences and insights with reporting the Core Set measures. Next slide, please.

This is a graphic visual representation of the milestones for the 2027 Core Sets Annual Review. Thank you for joining us today for the orientation Meeting. The Call for Measures for the 2027 Annual Review opens today. September 25th is the deadline to suggest measures for removal or addition. On January 15th, we'll reconvene the Workgroup to prepare for the voting meeting. We will introduce the measures suggested for consideration for the 2027 review and describe the process we'll use to discuss and vote on measures. The voting meeting will take place February 4th through 6th. Note that all Workgroup meetings will be held virtually and open to the public. The process will culminate in the development of a final report based on the recommendations of the Workgroup. The final report, along with additional input, will inform CMS's updates to the 2027 Child and Adult Core Sets. Next slide, please.

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

I'd now like to shift to the vision for the 2027 Core Sets Annual Review. I will start with some big picture perspectives, followed by remarks from CMCS. Next slide, please.

First, we want to share CMS's goals for updates to the Core Sets which include assisting states in reporting Core Sets according to the mandatory reporting requirements through technical assistance and outreach to states, streamlining data collection and reporting processes to reduce burden on states, monitoring state and national performance on the Core Set measures, supporting states to mobilize Core Set data to drive improvements in health care quality and health outcomes, and increasing the stratification of Core Set measures to advance health equity. Next slide.

So, beginning with the 2024 Core Sets, reporting of all Child Core Set measures and the behavioral health measures on the Adult Core Set will be required for all states. States will also be required to include their measure-eligible populations in reporting. This includes all delivery systems and all eligibility categories. So, for example, states that have previously only included managed care populations will now be required to include all applicable delivery systems. We also ask the Workgroup to consider whether a measure could be stratified by factors including race, ethnicity, sex, and geography. Beginning with 2025 Core Sets reporting, states will be expected to stratify a subset of mandatory measures. Stratification will be required for all eligible mandatory measures beginning with the 2028 Core Sets reporting. Given these new

developments related to mandatory reporting, we ask the Workgroup members to consider the feasibility and viability for all states to report a measure for all their Medicaid and CHIP populations within two years of the measure being added to the Core Sets. Next slide, please.

Next, we wanted to share some thoughts about the Workgroup's role in strengthening the 2027 Child and Adult Core Sets. The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve them. The Workgroup must determine whether a measure is feasible for state reporting and, if so, also consider the different facets of desirability and viability of adding the measure to the Core Sets. While there are many good quality measures, we need to keep in mind the perspective that the measures must be feasible and viable for use in state-level quality measurement and improvement in Medicaid and CHIP. Next slide, please.

I'd now like to turn it over to Deirdra Stockmann to share CMCS' vision for the 2027 Core Sets Review. Deirdra is the Director of the Division of Quality and Health Outcomes at the Center for Medicaid and CHIP Services. Deirdra, can you please unmute. I'm sorry. Derek, can you please unmute Deirdra.

Deirdra Stockmann:

Thank you so much, Alli and Derek. And I am so happy to be here with all of you at the launch of this year's Annual Medicaid and CHIP Core Set Review for the 2027 Core Sets.

First, and most importantly, my role here today is to express gratitude on behalf of CMS to all of you for being here today and for the work that you will do this year for the Medicaid and CHIP programs. Workgroup members, thank you for bringing your expertise in quality measurement, health care delivery, and the Medicaid and CHIP programs to bear as you consider updates to the Core Sets this year. We value greatly the variety of perspectives that this diverse group brings to our endeavor here. We have workgroup members representing health care providers; health plans and associations; beneficiaries; and, of course, state Medicaid and CHIP agencies. Our complex Medicaid and CHIP programs rely on all of these components working together to deliver quality care to Medicaid and CHIP beneficiaries.

Along those lines, I encourage the Workgroup members to think about how the Core Set measures work together as a set when you consider the potential measure additions and removals, as we are always striving to make the Core Sets taken together a stronger whole, representing the quality of care delivered by our programs.

Federal partners, I want to thank you for sharing your unparalleled subject matter expertise to inform the discussion of potential updates to the Core Sets and to help us align the Sets with our related quality activities in other federal programs.

And to all the members of the public who might be joining us today, thank you for bringing your passion for ensuring that each of the over 80 million individuals enrolled in Medicaid and CHIP receive the high-quality care that they need and deserve, when they need it, where they need it, and in a way that meets them and treats them as a whole person. Public engagement and input is essential to the success of the Medicaid and CHIP programs in general and to the Core Set program in particular. This year, we're adding a new way for the public to engage with the process of updating the Core Sets, which I'm excited to share about in just a moment. But to include my opening statements of gratitude, I would like to finally thank our CMCS Core Set Team and the Mathematica Team for all the work that goes into managing and running this process that is so critical to the work that we do together.

Now let me turn my attention to the important work ahead. In just a few weeks, the reporting system -- you can sense my excitement -- will open to start accepting data from states for the 2024 Core Sets. That is the first year that reporting the Child Core Set and the Adult behavioral health measures is mandatory for states.

We here at CMS, many of you, and countless folks in state Medicaid and CHIP programs have been working towards this moment for many years now. As the Core Set Technical Assistance Team has articulated in many, many calls with state partners over the last year, CMS is committed to supporting states to successfully make the transition to mandatory reporting, which will result in the most robust, complete national data on the quality of care in Medicaid and CHIP programs ever. And the country is looking at us and looking for these data as mandatory reporting shines a brighter spotlight on the Core Sets and the Medicaid and CHIP programs. The Core Sets have a leading role to play in supporting administrative priorities such as advancing equity. Many individuals enrolled in Medicaid and CHIP experience disparities in access, quality of care, and health outcomes. Advancing health equity in Medicaid and CHIP depends on our ability to measure disparities in health care access and quality and experience of care and outcomes and to support innovation and adoption of equity-focused interventions and initiatives and orient payment delivery system reforms to improve care for all and close equity gaps. Without quality measurement, we don't know how we're doing on improving access, improving equity, or delivering value. It is through quality measurement and improvement that we are able to tell and track the story of the impact of our programs on the health of beneficiaries.

As many of you know, CMS publicly releases data on Core Set measures that are reported by at least 25 states and that meet CMS's data quality standards. Over the last several years, we've consistently increased the number of measures we're able to report publicly. And, in late September, we'll release the Core Set data for 2023. And, while I can't get ahead of that release too much today, I do want to say that we're all tremendously encouraged to see the state reporting trends continuing to move in a positive direction, with the strongest voluntary reporting to date. We laud and appreciate states for their commitment to collecting and reporting on the quality of care in their programs, and we look forward to continuing, to continued partnership.

As part of our ongoing efforts to support states' quality data reporting, we have been working to issue updates to the Core Set and supporting guidance as early as possible. So you've seen things coming out over the last year earlier than they have in previous years. CMS issued the 2025 Core Set Measure Lists this past May. The final Workgroup for the 2026 Core Set updates was also published, or the report, was also published in May, reflecting the discussion and recommendations from the 2026 Workgroup meetings that were held in February of this year. CMS is reviewing those recommendations as we prepare for the release of the 2026 Core Set updates.

Phew, okay. '23, '24, '25, '26, that brings us back to this Workgroup for the 2027 Core Sets.

A few more thoughts for this year going forward. This year, as I just mentioned, we're adding a new opportunity for members of the public to submit measures for consideration for addition or removal from the Core Sets. This is an exciting new step. We're thrilled to create a new pathway to learn about measures that might help fill gaps in our measure sets in order to more fully capture and better represent the quality of care delivered by Medicaid and CHIP programs. Later in this meeting, the team will review the criteria and process for measure submission, so I'll just underscore a key point and really reiterate some of the goals that Alli just described. Our goal is for all Core Set measures to be feasible for states to report on their entire measure-

eligible populations and for those measures to be useful for driving meaningful quality improvement. So we'll encourage everyone thinking about potential additions to really have those goals in mind.

And I'll just conclude with a few more thoughts on why we do this and why it's so important. The Core Sets are valuable to us, not only because they give us data and help us tell the story of how we're doing and make pretty maps, which we all love, to show the geographic variation in performance. The real value of the Core Sets is how they point us to, how they inform, and how they help drive efforts to improve care and health outcomes for over 80 million people. Over the past several years, CMS has significantly expanded the scope of our support to states in quality improvement, or QI. We've hosted several Medicaid and CHIP QI learning collaboratives and affinity groups on a wide range of topics, including maternal health, oral health, and behavioral health. All 50 states plus DC, Puerto Rico, and the US Virgin Islands have participated in numerous webinars, highlighting promising practices to drive improvement. We have posted scores of new QI resources over the last several months on Medicaid.gov, including affinity group highlights briefs, sharing the work of the 34 states that have recently participated in affinity groups. And that's just so far. Two new affinity groups focused on the key drivers of maternal morbidity and mortality will launch this fall, with more new opportunities to be announced soon. Once again, quality measurement is the foundation of quality improvement. So, without the Core Sets, this meaningful work that improves care and improves lives would not be possible.

Finally, in closing, thank you again. We're gathered here today to begin another year of incredibly valuable work to the Medicaid and CHIP programs. We appreciate the work that you will do, and we're looking forward to the adventure. I will hand it back to Mathematica. Thank you.

Alli Steiner:

Thank you so much, Deirdra. Next slide, please.

I'll now turn it over to Caitlyn to provide some background on the Child and Adult Core Sets.

Caitlyn Newhard:

Thanks, Alli. Next slide. Perfect.

We wanted to provide an update on several changes to the 2025 Child and Adult Core Sets recently announced by CMCS based on the recommendations of the 2025 Workgroup. First, four provisional new measures will be added for voluntary reporting in 2025, three measures on the Child Core Set and one on the Adult Core Set. These provisional measures are not considered part of the 2025 Child or Adult Core Sets. CMS expects to add these provisional measures to the Core Sets for mandatory reporting in 2026 but encourages states to begin reporting in 2025. Next, one measure will be retired from the 2025 Child Core Set, which is the Ambulatory Care: Emergency Department Visits, or AMB-CH, measure. Lastly, four measures will be added to and no measures will be removed from the 2025 Adult Core Set. This slide includes a link to the State Health Official letter announcing the 2025 Child and Adult Core Set updates. The 2025 Core Set measure lists are also posted on the Core Sets Review website as a resource for the 2027 Annual Review. Next slide.

I would now like to briefly describe some potential upcoming changes to the Child and Adult Core Sets, starting with a recap of the recommendations of the 2026 Annual Review Workgroup. The Workgroup recommended the Prenatal Depression Screening and Follow-Up

measure for addition to the Core Sets and the Use of Opioids at High Dosage in Persons Without Cancer for removal from the Core Sets. Also, we would like to note that NCQA announced that two measures currently on the Child and Adult Core Sets are being retired, which will impact future Core Sets. The Antidepressant Medication Management, AMM-AD, measure will be retired for HEDIS Measurement Year 2025, which corresponds with the 2026 Adult Core Set. And NCQA plans to retire the Medical Assistance with Smoking and Tobacco-Related Cessation, MSC-AD, measure when a replacement measure is ready, which is planned for HEDIS Measurement Year 2026, which corresponds with the 2027 Adult Core Set. Furthermore, CMS, as the measure steward, has updated the population included in the Screening for Depression and Follow-Up Plan measure for the 2025 Core Set. CMS is currently reviewing implications of these changes. We encourage Workgroup members and the public to keep these upcoming changes in mind when suggesting measures for addition to or removal from the 2027 Core Sets. Next slide.

Now I'd like to review some changes to the Call for Measures process that we are excited to introduce. The Call for Measures for the 2027 Core Sets will be open to all members of the public and not limited to Workgroup members or federal liaisons as it has been in the past. We will share more information about this change in later slides. Next slide.

To focus the Call for Measures on measures that are a good fit for the Core Sets, Mathematica has defined the criteria for addition and removal in three areas. Note that we have made some changes to the criteria for suggesting measures for addition and removal since last year's review to accommodate the beginning of mandatory reportings and the transition to a Public Call for Measures process. Over the coming slides, I will highlight those criteria which are new for the 2027 review cycle. The new criteria were added based on input from Workgroup members and state and Medicaid and CHIP agencies and, in some cases, to align the criteria used in other CMS programs. I also want to note that, to be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the criteria within the minimum technical feasibility and appropriateness area. This is the same requirement as in previous years. Next slide.

I'll begin with the criteria for suggesting measures for addition. This list of criteria is available in the Call for Measures Materials Packet on our website, so I'll review them at a higher level here. Starting with the minimum technical feasibility and appropriateness requirements, these requirements help ensure that, if the measure is placed on the Core Sets, the measure will be appropriate and feasible for state-level reporting. First, a measure must be fully developed and have detailed specifications that enable production of the measure at the state level. It must have been tested in state Medicaid or CHIP programs or currently be in use by one or more Medicaid or CHIP programs, according to measure specifications. 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. The measure should also align with current clinical guidelines and/or positive health outcomes. Note that this criterion is new for the 2027 review cycle.

 And the measure must include technical specifications, including code sets, that are provided free of charge for state use in the Core Sets. Our team will determine whether all suggested measures meet the criteria, and we encourage Workgroup members and the public to pay close attention to them. Next slide.

Next, we have the actionability and strategic priority criteria. These criteria are largely the same as those used last year. However, I'll highlight criterion B4, which is new for this review cycle. This criterion notes that suggested measures should fill a gap in the Core Sets or add value to the existing measures on the Core Sets. Other criteria in this area assess whether the measure addresses a strategic priority for improving health care delivery and outcomes, whether the measure can be stratified by required stratification categories, and whether the measure can be used to assess state progress in improving healthcare delivery and outcomes. Other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful state-level results, whether the measure is aligned with those used in other CMS programs, and whether all states will be able to produce new measures for Core Set reporting within two years of the measure being added to the Core Sets. And two new criteria in this area are that adding the measure to the Core Set should not result in substantial data collection burden for providers or Medicaid and CHIP beneficiaries, and the code sets and codes specified in the measure must be in use by Medicaid and CHIP programs or otherwise be readily available to Medicaid and CHIP programs to support the calculation of the measure. Next slide.

Now for the criteria for suggesting measures for removal. We ask that Workgroup members and the public look through the current measures and consider whether any measures no longer fit the criteria for inclusion on the Core Sets. To make this a bit easier, we've provided a set of criteria for removal which reflect reasons that a measure may no longer meet the criteria for inclusion. Under technical feasibility, this could be that the measure is not fully developed; that the majority of states have difficulty accessing the data source; or that results across states are inconsistent for reasons like variation in coding or data completeness. For actionability and strategic priority, a measure could be suggested for removal if it's no longer aligned with strategic priorities; is not suitable for comparative analyses; is topped out; or if improvement on the measure is outside the direct influence of Medicaid and CHIP programs and providers. Two new criteria in this area for this review cycle are that a measure could be suggested for removal if the measure no longer aligns with current clinical guidelines and/or positive health outcomes; or, B6, if another measure has been suggested for replacement which is more broadly applicable, more proximal in time to the desired beneficiary outcomes, and/or more strongly associated with the desired beneficiary outcomes. Next slide.

Other considerations include whether the condition being measured is not prevalent enough to produce reliable and meaningful state-level results, whether the measure is not aligned across federal programs, and whether all states cannot produce the measure for Core Set reporting within two years of it being added to the Core Sets. One new consideration in this area, criterion C3, is whether including the measure on the Core Sets results in substantial data collection burden for providers or Medicaid and CHIP beneficiaries. We encourage anyone interested in suggesting a measure for addition or removal to review the Call for Measures Materials Packet available on our website, which includes a list of measures previously discussed by the Workgroup that either were not recommended for removal or were recommended for removal but retained on the Core Sets by CMS. While we understand that circumstances can change over time, we suggest becoming familiar with and building on prior annual reviews. Next slide.

Each year, the Workgroup discusses measure gaps on the Core Sets. On this slide, we provide a very high-level recap of the measure gaps identified by the Workgroup during the 2026 Core Sets Annual Review cycle. These high-priority gap areas in the Core Sets include health equity and social drivers of health, maternal and perinatal health, patient-reported outcomes and experiences of care, and behavioral health care. The full list of gap areas identified by the 2026 Workgroup is available in the Call for Measures Materials Packet on our website. We encourage

Workgroup members and the public to review the list of gaps as you prepare for the Call for Measures. However, please be sure that any measures you suggest meet the criteria for addition that I reviewed on the previous slides. Next slide.

Previous Workgroups have identified home and community-based services, or HCBS, as a gap in the Core Sets so we wanted to take a moment to mention the HCBS Quality Measure Set. The Ensuring Access to Medicaid Services final rule, referred to as the "Access Rule," requires all states to report on the HCBS Quality Measure Set beginning in 2028 for qualifying Medicaid HCBS programs. States receiving Money Follows the Person demonstration grants will be required to report on a subset of the measures beginning in 2026. As part of the reporting effort, CMS has launched a new HCBS Quality Measure Set Review Workgroup to update and maintain the HCBS Quality Measure Set. This Workgroup will operate similar to but separate from the Child and Adult and the Health Home Core Set Workgroups. More information about that review process is available on our website, which is listed here on the slide. CMS is focusing on implementing the HCBS Quality Measure Set requirements. They are working internally to coordinate across measure sets to ensure that the most appropriate measures are included in the measure sets without undue burden to states and programs. Next slide. Next slide, please. Perfect.

And now I'll turn it over to Chrissy to describe the process for suggesting measures for addition to or removal from the Core Sets.

Chrissy Fiorentini:

Thank you, Caitlyn. So, as part of the Call for Measures, anyone, including Workgroup members, federal liaisons, and members of the public is invited to suggest measures for addition to or removal from the 2027 Child and Adult Core Sets. The Call for Measures process opens today. After this meeting, you may use the links shown on the slide to access the form to suggest a measure for addition, the form to suggest a measure for removal, and additional resources to support the Call for Measures process. These materials are already available on our website. Our team will also send out an email with the links to the forms and the instructions on how to suggest measures for addition or removal. All measure suggestions are due by Wednesday, September 25, at 8pm Eastern Time. Next slide.

Our website includes a wealth of resources which Workgroup members and the public should use to inform their measure suggestions. If you navigate to the 2027 Resources tab on our website and filter by Call for Measures, you will see a comprehensive list of all the resources that are available to support the Call for Measures process. A few resources that may be particularly helpful are the Call for Measures Materials Packet. This packet includes the instructions for suggesting measures, including the criteria which Caitlyn reviewed earlier; a list of measures discussed during previous Workgroup meetings; a list of previously identified measure gaps; and the 2025 Core Set measure lists. The 2027 resources section of the website also contains background resources on the Child and Adult Core Sets, Word previews of the measure suggestion forms, and a Measure Submission Tips and FAQ resource, which I will preview shortly. Next slide.

On this slide, you can see a preview of what the form to suggest a measure for addition to the Core Sets looks like. If you click on the submission form link provided on slide 32, you'll arrive at the starting page. Click the "Start" button in the lower left corner of the page to advance the form and complete your submission. The form to suggest a measure for removal looks very similar. Both forms are web-based and were designed to be user-friendly and accessible to the public. If

you experience any technical difficulties with the forms, please email our team for support. Next slide.

We want to provide some general tips on submitting measure suggestions. First, we want to note that the measure submission forms are the most important input to the materials that Workgroup members review prior to the voting meeting. So, the form is really your best opportunity to explain why the Workgroup should consider a measure for addition or removal. Please provide evidence to support your suggestion, including citations and links where appropriate. If you suggested a measure that the Workgroup has considered in the past but not recommended, please include detailed and specific information about why you're suggesting the measure be reconsidered. And, for measures suggested for addition, just another reminder to be sure you address the minimum technical feasibility and appropriateness criteria that Caitlyn reviewed earlier. If you're suggesting a measure to replace a current Core Set measure, remember to submit both an addition and a removal form. And, in terms of the technical details, we recommend that you review the previews of the forms, which are available on our website, to ensure that you have all the required information before you start to fill out the online forms. If there's any additional information you can't include in the body of the form, you can submit it as an attachment at the end of the form. Next slide.

This slide and the next include the answers to some of the most frequently asked questions about the Call for Measures process. The first question we've been asked a lot is whether all measures submitted would be considered by the Workgroup during the voting meeting, and the answer is no. Our team will review all measure submission forms and determine which measures meet the criteria for the Workgroup's review and discussion. One reason why a measure might not be discussed is if the submission form is incomplete or the questions in the form are not fully addressed. Another reason is if the measure has been previously discussed and the submitter did not provide strong justification and new evidence explaining why the Workgroup should reconsider the measure. Measures suggested for addition must also meet the minimum technical feasibility and appropriateness criteria to be considered by the Workgroup. During past reviews, the most common reason why a measure suggested for addition has not been considered was that it had not been tested in Medicaid or CHIP and it was not in use by state Medicaid and CHIP Programs.

Another question we've been asked is, "what do we mean by strong justification and new evidence that would justify the Workgroup reconsidering a measure?" The slide does not contain a comprehensive list of all the reasons why the Workgroup might reconsider a measure, but some examples include a substantive change to the measure's technical specifications that impacts the feasibility of state-level reporting, for example, a change to the data collection method or required code sets; evidence that the measure has been widely adopted by states since the last time it was considered; or a change in the relevant clinical guidelines, population health conditions, and/or CMS's strategic priorities. Next slide.

And, as I mentioned, historically, the most common reason why a measure suggested for addition has not been discussed by the Workgroup is that it had not been tested in Medicaid or CHIP and was not in use by state Medicaid and CHIP programs. So, we want to take a little time to explain what we mean by testing in Medicaid and/or CHIP programs and state use of a measure. Turning to the testing piece first, to meet minimum technical feasibility and appropriateness requirements, measures must have been field tested in or be currently in use by state Medicaid and CHIP programs. Field testing, also known as beta testing, occurs after the development of complete specifications; and is designed to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs. By state use,

we mean that the measure must be in current use according to technical specifications by at least one state Medicaid or CHIP program. If a state has adapted the specifications of an existing quality measure, for example, by changing the data collection method or codes used, this does not qualify as state use of the measure.

And, finally, we wanted to close out with the answer to one frequently asked technical question, which is, "will I need to complete the form in one session, or is there an option to save my work and continue later?" Both forms do include an option to save your work and continue later, but please note that you must complete all required questions on a given page before you can access the "Save and Continue Later" feature.

If you have additional questions about the Call for Measures process, including the criteria and forms, we encourage you to review the Measure Submission Tips and FAQ document that is available on our website. If the answer to your question is not there, please send us an email. Our team is here to support you with the Call for Measures process. Next slide.

And now I'd like to invite our co-chairs, Kim Elliott and Rachel La Croix, to offer a brief welcome and share their vision for the 2027 Core Sets Review. Kim, I will turn to you first and then to Rachel. Kim, you're up.

Kim Elliott:

Hi. I'd also like to welcome you to the orientation meeting for the CMS Medicaid Child and Adult Core Set Workgroups. I'm so happy to join you all and happy to co-chair this workgroup with Rachel again this year. I'd also like to welcome the new Workgroup members. It is really exciting to see more state Medicaid program representatives participating in this important and meaningful work. I'd also like to welcome returning Workgroup members, federal partners, and liaisons. I recognize and appreciate the expertise and knowledge that each participant brings from their professional life and unique quality and performance measure experiences. Thank you for carving out time for this important work from your very busy schedules.

As we work our way through the 2027 Core Set review process, I think it is important to recognize that Workgroup members come from and apply a variety of impressive backgrounds, experience, and expertise to these work processes. All perspectives are welcome and valued. Workgroup members bring different perspectives to the measure discussion, sometimes based on unique Medicaid program design or in the population served in their program.

In addition, for the 2027 Core Set Review, I'm really excited that CMS is welcoming and inviting members of the public to suggest measures to add or remove from the Core Sets. I believe that these diverse perspectives result in thoughtful and meaningful recommendations for the Core Set.

And, as we prepare for the Workgroup meeting and consider Core Set measures, I want to share with you my approach when I think about the opportunities we have to strengthen the Core Set. I prioritize and consider the value of the measure in indicating or estimating the quality of care service provided to Medicaid members, including the potential to include demographic stratifications that may help in identifying, understanding, and addressing disparities and health equity; the prevalence of the measure condition; and is it sufficient to produce reliable and meaningful results across the states? The gaps in the measure set are really important to me, and are we considering the whole person, diverse enrollment groups, and the members' voice in measure recommendations. Are the data sources accessible, accurate, valid, and reliable for states to report the measure? As measures continue to evolve away from chart reviews, expand

the use of electronic methods to collect data, the use of CCDs, or are able to be calculated by CMS using data, for example, from T-MSIS or the CDC WONDER data. And, finally, the actionability of the measures, is there room for improvement? And are states able to move the needle through use of evidence-based interventions or improvements in care delivery? Thank you again for the work that you're about to do, and I'd like to now turn it over to Rachel for her remarks.

Rachel La Croix:

Good afternoon. Can you hear me?

Alli Steiner:

We can.

Rachel La Croix:

Okay, great. Thank you. Good afternoon, everyone. I'd like to echo Kim's and everyone else's welcome and thank you to everybody in the Workgroup. Especially welcome to the new members. And I, too, am excited about the addition of more state representatives.

One of the areas I know Kim's already covered, a lot of the areas and considerations to think about as we are looking at measures and thinking about changes to suggest for this upcoming 2027 Core Set. One of the areas I just wanted to focus on a little bit was talking about the increased focus on feasibility and how helpful I think that is, particularly now that we are in the mandatory reporting stages and there is the expectation that all states will be able to report on all populations in their Medicaid and CHIP programs for all of these measures. Previously, a lot of us across all of the states did submit performance measures voluntarily. But since it was voluntary, there weren't some of the same requirements in place that there are now regarding all of the different populations to include, the need to include populations of folks who transition from one delivery system to another or from Medicaid to CHIP or vice versa, from Medicaid managed care to CHIP managed care or to Medicaid fee-for-service. And those kinds of populations, as we think about all those different populations and moving to the requirement to include dual-eligible beneficiaries as well, it is really important to think about what kind of data will we need? Will we have access to all of those data for all of these measures, and how meaningful will these measures be for all of those populations and being able to get data that can be stratified by all of the different categories that are going to be expected moving forward as well.

So I really do encourage all of us to think about those feasibility aspects and especially looking at all of our different populations. And I'm glad to see that there have been more state representatives added to the Workgroup. I think that will help all of us to hear from each other's experiences with different measures with collecting different types of data and to hear about what some of those struggles and successes might be with collecting and calculating some of these measures. And that, overall, can help us with understanding how truly feasible some of these measures are or not.

And, with that, just want to say again welcome, and I'm looking forward to working with all of you through this process this year. Thank you.

Chrissy Fiorentini:

Thanks, Kim and Rachel. Next slide, please. Deb, can you move to the next slide? It's skipping ahead a little bit. But I'm going to turn it over to Alli here to take any questions.

Alli Steiner:

Alright, thank you. So, we'd like to open it up to questions from the Workgroup members and the public. And, as a reminder, you can use the "Raise Hand" feature in the bottom right of the participant panel to join the queue. Please lower your hand when you're done. We'll let you know when you've been unmuted. And please introduce yourself, including your name and affiliation. So first up we have Ben. Ben -- Derek, can you please unmute Ben?

Ben Shirley:

Can you hear me?

Alli Steiner:

We can hear you.

Ben Shirley:

Great. My name is Ben Shirley, Senior Director of Performance Measurement at the Pharmacy Quality Alliance. Great presentation. Really excited to kick off another cycle of this super important work.

With respect to the public submission, I imagine we'll now be seeing developers sort of submitting their own measures more frequently. This sort of pre-analysis phase, whereby there's this initial evaluation of measures before they go to the committee, does Mathematica plan to communicate with groups submitting measures before removing them on grounds of incompleteness or inadequacy with respect to a given criteria? I'm thinking about allowing clarification of misinterpreted fields, additional details that are available but not submitted. Obviously, this will be many developers' first time through this direct submission process, so just want to make sure that we're equipped to give the Core Set everything they need and not sort of being removed from consideration behind the scenes, as it were.

Alli Steiner:

Thanks. Ben. Thanks for that question. I'm going to pass it to Chrissy to respond.

Chrissy Fiorentini:

Sure. Yes. We do plan to review all of the submissions to make sure they've been filled out completely, and we will follow up with people if there's missing information.

Ben Shirley:

Okay. Thank you.

Alli Steiner:

I'm not seeing any other hands raised at the moment. Just a reminder, if you have a question, you can raise your hand using the hand icon at the bottom right hand, and we will call on you to make your comment or question. Thanks. Derek, can you please unmute Evie? You should be

unmuted now. Hi, we can't -- we can't hear you if you're speaking. Derek, can you make sure they're unmuted?

Derek:

So Evie's line is unmuted.

Alli Steiner:

Okay. The question was submitted by a written comment because of audio issues, so we will take that out loud. So, the question is regarding when the draft report will be available for public comment? I'm going to pass that one to you also, Chrissy.

Chrissy Fiorentini:

Sure. Yes. That will be available sometime in the spring of 2025. We don't have the exact dates available yet, but we will send an email when that report is available for public comment.

Alli Steiner:

Okay. We're not seeing any other hands. We'll just give it one moment before we continue. Okay. Well, why don't we keep moving. As a reminder, folks can always submit questions after the fact in the mailbox. So let's go to the next slide, please.

So now I'd like to wrap up and recap the next steps. Next slide, please.

Okay. So, as Chrissy mentioned earlier, the forms to suggest a measure for addition to or removal from the Core Sets are now live and on our website, along with a number of resources to support the Call for Measures process. Everyone who is on our mailing list and is attending today's webinar will also receive an email tomorrow with the links to the submission forms and the instructions on how to suggest measures for addition or removal. All submissions are due no later than 8 pm eastern on Wednesday, September 25, 2024. The next meeting will be held on January 15th via webinar. This meeting will provide information on the measures that will be discussed at the voting meeting, which will take place February 4th to February 6th via webinar. Both meetings are open to the public, and registration information is available at the link on the slide. Next slide, please.

On this slide, you'll see links that will lead you to the key resources on Medicaid.gov and the Core Sets Annual Review webpage. In addition to the Call for Measures resources, the Annual Review webpage includes preview report, previous -- sorry -- 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 Sets Annual Review, please email our team at MACCoreSetReview@mathematica-mpr.com. This is shown on the slide. Next slide, please.

And, finally, we want to thank everyone for participating in today's meeting. This meeting is now adjourned.