Child and Adult Core Sets Annual Review Workgroup
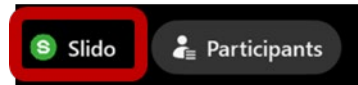
Meeting to Prepare for the 2027 Review
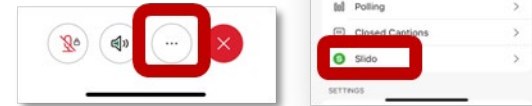
January 15, 2025

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Welcome and Meeting Objectives

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Meeting Objectives

- Review updates to the 2026 Child and Adult Core Sets

- Review the criteria for assessing measure suggestions

- Identify the measures suggested for removal from or addition to the 2027 Child and Adult Core Sets

- Describe the resources available to Workgroup members for reviewing measures

- Discuss the agenda and approach for measure discussion at the voting meeting (February 4-5, 2025)

- Provide an opportunity for public comment

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Mathematica Core Sets Review Team

- **Patricia Rowan, Principal Researcher**

- **Chrissy Fiorentini, Researcher**

- **Caitlyn Newhard, Managing Consultant**

- **Talia Parker, Health Analyst**

- **Deb Haimowitz, Health Associate**

- **Maria Dobinick, Researcher**

- **Alli Steiner, Senior Researcher**

- **David Clayman, Clinical Advisor**

- **Sreyashi Ghosh, Health Analyst**

2027 Core Sets Annual Review Workgroup *(1/3)*

Voting Members	
Co-Chair: Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Rachel La Croix, PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Benjamin Anderson, JD	Families USA
Richard Antonelli, MD, MS	Boston Children's Hospital
*Palav Babaria, MD, MHS	California Department of Health Care Services
Stacey Bartell, MD Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
*Laura Boutwell, DVM, MPH Nominated by the National Association of Medicaid Directors	Virginia Department of Medical Assistance Services
*Matt Brannon, MBA Nominated by the National Association of Medicaid Directors	West Virginia Bureau for Medical Services
Emily Brown	Attane Health
*Joanne Bush, MFSC Nominated by the National Association of Medicaid Directors	Iowa Department of Human Services
Stacey Carpenter, PsyD, IMH-E®	ZERO TO THREE
Roshanda Clemons, MD Nominated by the Medicaid Medical Directors Network	Nevada Department of Health and Human Services
Lindsay Cogan, PhD, MS	New York State Department of Health
Erica David-Park, MD, MBA, FAAPMR	AmeriHealth Caritas

* New Workgroup member for the 2027 Annual Review.

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2027 Core Sets Annual Review Workgroup *(2/3)*

Voting Members

Anne Edwards, MD Nominated by American Academy of Pediatrics	American Academy of Pediatrics
Clara Filice, MD, MPH, MHS Nominated by the Medicaid Medical Directors Network	MassHealth
Angela Filzen, DDS Nominated by the American Dental Association	G.A. Carmichael Family Health Center
Sara Hackbart, MS Nominated by the National MLTSS Health Plan Association	Elevance Health
Richard Holaday, MHA Nominated by the National Association of Medicaid Directors	Delaware Division of Medicaid and Medical Assistance
Jeff Huebner, MD, FAAFP Nominated by the National Association of Medicaid Directors	Wisconsin Department of Health Services
Sarah Johnson, MD, MPH	Self-employed
David Kelley, MD, MPA	Pennsylvania Department of Human Services
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Mass General Brigham Health, Harvard Medical School
Jakenna Lebsock, MPA	Arizona Health Care Cost Containment System (AHCCCS)
Hannah Lee-Brown, PharmD, RPh, CPHQ Nominated by the Academy of Managed Care Pharmacy	Novo Nordisk
Katherine Leyba Nominated by the National Association of Medicaid Directors	New Mexico Human Services Department

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2027 Core Sets Annual Review Workgroup *(3/3)*

Voting Members	
*Chimene Liburd, MD, MBA, FACP, CPE, CPC Nominated by the Medicaid Medical Directors Network	The District of Columbia Health Care Finance Agency
*Angela Parker, RHIT Nominated by the National Association of Medicaid Directors	Kentucky Department of Medicaid Services
Lisa Patton, PhD	CVP
Laura Pennington, MHL Nominated by the Medicaid Medical Directors Network	Washington Health Care Authority
Grant Rich, PhD, MA	Alaska Department of Health
Lisa Satterfield, MS, MPH, CAE, CPH Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Bonnie Silva Nominated by ADvancing States	Colorado Department of Health Care Policy & Financing
Kai Tao, ND, MPH, FACNM Nominated by the American College of Nurse Midwives	Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center
*Sara Tomlinson, DDS, RDH Nominated by the American Dental Association	North Carolina Department of Health and Human Services
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA Mental Health Informatics & Data Science (MINDS) Hub

* New Workgroup member for the 2027 Annual Review.

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2027 Core Sets Annual Review Workgroup: Federal Liaisons

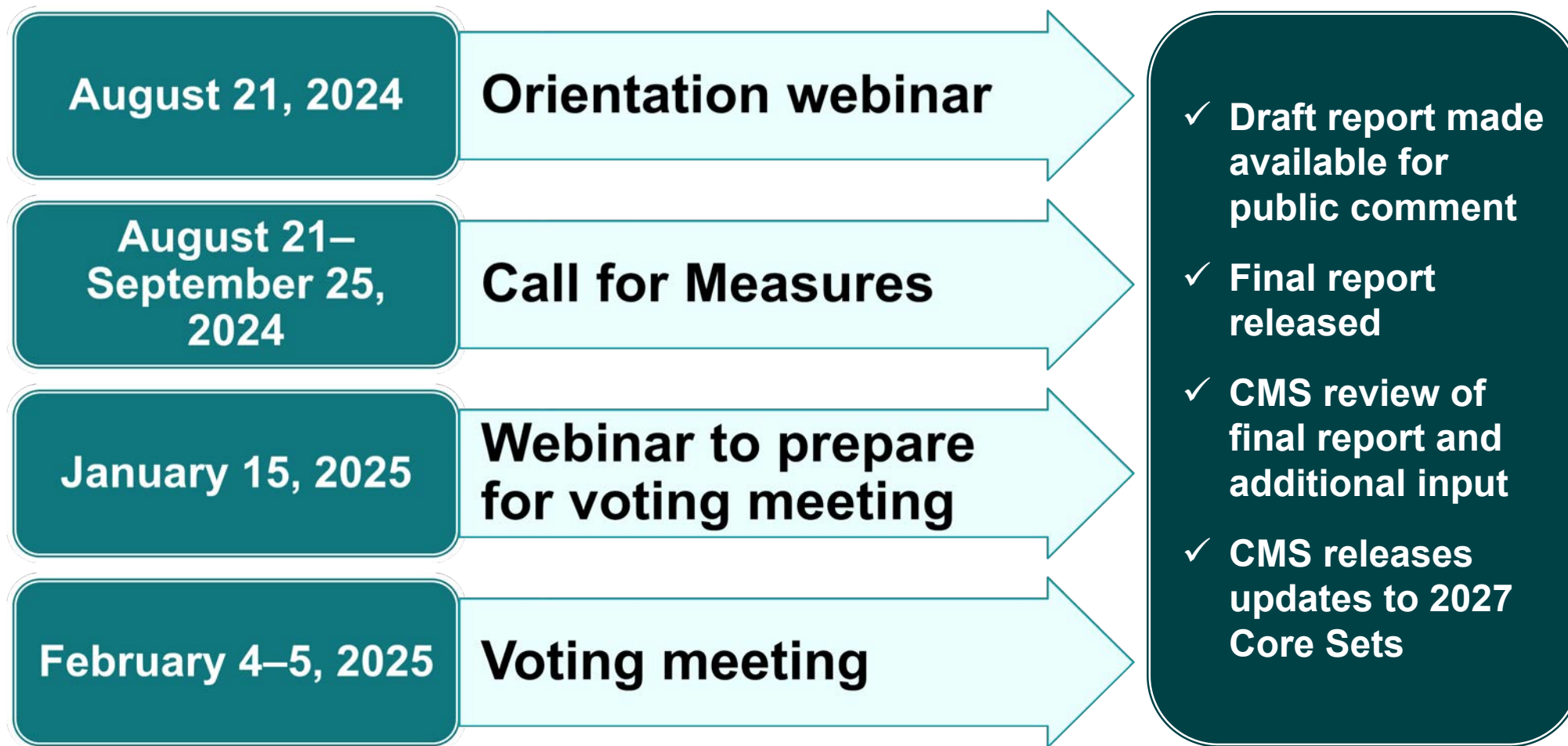| Federal Liaisons (Non-voting) |
|---|
| Agency for Healthcare Research and Quality |
| Center for Clinical Standards and Quality at CMS |
| Centers for Disease Control and Prevention |
| Health Resources and Services Administration |
| Office of the Assistant Secretary for Planning and Evaluation |
| Office of Disease Prevention and Health Promotion |
| Substance Abuse and Mental Health Services Administration |
| US Department of Veteran Affairs |

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2027 Core Sets Annual Review Workgroup Milestones

August 21, 2024 → Orientation webinar →

August 21–September 25, 2024 → Call for Measures →

January 15, 2025 → Webinar to prepare for voting meeting →

February 4–5, 2025 → Voting meeting →

- ✓ Draft report made available for public comment
- ✓ Final report released
- ✓ CMS review of final report and additional input
- ✓ CMS releases updates to 2027 Core Sets

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Updates to the 2026 Child and Adult Core Sets

2026 Core Set Updates

Based on input received through the 2026 Core Sets Annual Review process, CMS made the following updates to the Child and Adult Core Sets:

- **Added two of the 2025 Provisional Child Core Set measures to the 2026 Child Core Set for mandatory reporting:**
  - Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)
  - Prenatal Immunization Status: Under Age 21 (PRS-CH)

- **Removed two measures from the Adult Core Set for 2026:**
  - Antidepressant Medication Management (AMM-AD)
  - Use of Opioids at High Dosage in Persons without Cancer (OHD-AD)

- **Two measures will transition from the Adult Core Set to the Home and Community Based Services (HCBS) Quality Measure Set:**
  - Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)
  - National Core Indicators Survey (NCIIDD-AD)

2026 Core Set Updates (2/2)

- **CMS also added one new provisional measure, with both child and adult age specifications, for voluntary reporting in 2026:**

  - **Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH) and Age 21 and Older (PND-AD)**

- **The Postpartum Depression Screening and Follow-up measure (PDS-CH and PDS-AD) will remain provisional for 2026, due to state concerns about feasibility.**

- **More information about the 2026 updates is available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho24007.pdf.**

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Measure Review Criteria

Using the Child and Adult Core Sets to Advance Access, Quality, and Equity

- **The Child and Adult Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP.**

- **The Core Sets help CMS and states:**
  - **Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries**
  - **Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries**

- **CMS encourages states to use Core Set data to identify disparities in care and to develop targeted quality improvement efforts to advance health equity.**

Source: CMCS Informational Bulletin (11/15/2022).

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Role of the Workgroup in Strengthening the 2027 Child and Adult Core Sets

- **Charge to the 2027 Core Sets Annual Review Workgroup: Assess the existing Core Sets and recommend measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP.**

- **The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve the Core Sets.**

- **The Workgroup discussion must first determine whether a measure is feasible and then balance the desirability and viability of measures from the perspective of state-level quality measurement and improvement.**

  - **Keep in mind mandatory reporting requirements: Quality measures must be feasible for states to report in order to be included on the Core Sets.**

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Criteria for the 2027 Child and Adult Core Sets Annual Review

- **To assess measures for inclusion in the Child and Adult Core Sets, Workgroup members will use criteria in three areas.**

- **To be considered for addition to the 2027 Core Sets, <u>all measures must meet minimum technical feasibility and appropriateness requirements</u>.**

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Criteria for Assessing Measures for Removal *(1/2)*

Technical Feasibility

A1. The measure is being retired by the measure steward and will no longer be updated or maintained.

A2. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).

A3. The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).

A4. The specifications and data source do not allow for consistent calculations across states (e.g., there is documented variation in coding or data completeness across states).

Actionability and Strategic Priority

B1. The measure is no longer aligned with strategic priorities for improving health care delivery and outcomes in Medicaid and CHIP (e.g., strategic priorities have shifted and this measure does not address the most pressing needs of Medicaid and CHIP beneficiaries).

B2. The measure cannot be used for comparative analyses of disparities among Medicaid and CHIP beneficiaries by all the required stratification categories included in the May 2024 State Health Official letter: race, ethnicity, sex, and geography. Considerations could include lack of adequate sample and population sizes or lack of available data in the required data source(s).

B3. Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.

B4. Improvement on the measure is outside the direct influence of Medicaid and CHIP programs/providers.

B5.* The measure no longer aligns with current clinical guidance and/or positive health outcomes.

B6.* Another measure is recommended for replacement which is: (1) more broadly applicable (across settings, populations, or conditions) for the topic, and/or (2) more proximal in time to desired beneficiary outcomes, and/or (3) more strongly associated with desired beneficiary outcomes. (Note that the replacement measure must also meet the minimum technical feasibility criteria to be considered by the Workgroup.)

* Criterion is new for the 2027 Child and Adult Core Set review cycle.

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Criteria for Assessing Measures for Removal (2/2)

Other Considerations
C1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.
C2. The measure and measure specifications are not aligned with those used in other CMS programs (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
C3.* Including the measure in the Core Sets results in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.
C4. All states may not be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.

* Criterion is new for the 2027 Child and Adult Core Set review cycle.

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Criteria for Assessing Measures for Addition

All minimum technical feasibility and appropriateness criteria <u>must</u> be met for a measure to be considered by the Workgroup during the voting meeting in February.

Minimum Technical Feasibility and Appropriateness
A1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
A2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs according to measure specifications. (Documentation is required as part of the submission.)
A3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier). (Evidence about the reliability and validity of measures is required as part of the submission or explain why such information is not available.)
A4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across states is required as part of the submission.)
A5.* The measure aligns with current clinical guidance and/or positive health outcomes.
A6. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

* Criterion is new for the 2027 Child and Adult Core Set review cycle.

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Criteria for Assessing Measures for Addition (2/2)

Actionability and Strategic Priority

B1. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP (e.g., it addresses the most pressing needs of Medicaid and CHIP beneficiaries).

B2. The measure is able to be stratified by the required stratification categories included in the May 2024 State Health Official Letter: race, ethnicity, sex, and geography for the Medicaid and CHIP population. Considerations could include adequate sample and population sizes and available data in the required data source(s).

B3. The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers).

B4.* The measure would fill a gap in the Core Sets or would add value to the existing measures in the Core Sets. (If this measure is being suggested as a replacement of an existing measure, a removal form must be submitted for the existing measure.)

Other Considerations

C1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.

C2. The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).

C3.* Adding the measure to the Core Sets does not result in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.

C4. All states should be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.

C5.* 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 calculation of the measure.

* Criterion is new for the 2027 Child and Adult Core Set review cycle.

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What Do We Mean by Testing or Use of Measures in Medicaid and CHIP?

- 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, <u>according to technical specifications</u>. This is to ensure that the specifications can be implemented using state Medicaid and CHIP data for state-level Core Set reporting.

- Field testing—or 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).

- To quality as "state use," the measure must be in current use, according to technical specifications, by at least one state Medicaid or CHIP program.

  - If a state has made meaningful adaptations to the measure's specifications—for example by changing the data sources and/or codes used—this does NOT qualify as state use of the measure.

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Measures Suggested for Removal from or Addition to the 2027 Child and Adult Core Sets

Measures Suggested for Removal
That Will Be Reviewed at the Voting Meeting

Domain	Measure Name	Measure Steward	Data Collection Method
Maternal and Perinatal Health	Contraceptive Care – Postpartum Women: Ages 15 to 20 (CCP-CH) and Ages 21 to 44 (CCP-AD)	OPA	Administrative
Maternal and Perinatal Health	Contraceptive Care – All Women: Ages 15 to 20 (CCW-CH) and Ages 21 to 44 (CCW-AD)	OPA	Administrative

OPA = U.S. Office of Population Affairs.

Measures Suggested for Addition
That Will Be Reviewed at the Voting Meeting

Measure Name	Measure Steward	Data Collection Method
Adults with Diabetes – Oral Evaluation	DQA	Administrative
Antibiotic Utilization for Respiratory Conditions	NCQA	Administrative
Depression Remission or Response for Adolescents and Adults	NCQA	ECDS[a]
Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit	DQA	Administrative
Evaluation of Hepatitis B and C	MODRN	Administrative
Initial Opioid Prescribing for Long Duration	PQA	Administrative

[a] The ECDS data collection method includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. More information about ECDS is available at https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

DQA = Dental Quality Alliance; ECDS = Electronic Clinical Data System; MODRN = Medicaid Outcomes Distributed Research Network (MODRN) Data Coordinating Center at the University of Pittsburgh; NCQA = National Committee for Quality Assurance; PQA = Pharmacy Quality Alliance.

Note that the domain and Core Set placement for any new measures added to the 2027 Child and Adult Core Sets will be determined by CMS.

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Summary of the Six Measures Suggested for Addition That Will Be Reviewed at the Voting Meeting

Characteristic	Number of Measures
Meaningful Measures Area	
Affordability and Efficiency	1
Behavioral Health	2
Chronic Conditions	1
Wellness and Prevention	2
Ages Included	
Children only	1
Adults only	3
Both children and adults	2
Data Collection Methods	
Administrative only	5
ECDS[a]	1
Measure Types	
Process	5
Intermediate outcome	1
Outcome	1
Population health	1

[a] The ECDS data collection method includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. More information about ECDS is available at https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

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Measures Suggested for Addition
That Will Not Be Reviewed at the Voting Meeting

Measure Name	Measure Steward	Data Collection Method
HIV Screening *This measure has not been tested or used by one or more state Medicaid or CHIP programs according to technical specifications.*	CDC	Electronic clinical data and EHR[a]
Social-Emotional Screening Birth to Three *This measure is not fully developed and does not have detailed technical specifications that enable production of the measure at the state level.*	None	Administrative and hybrid

[a] Electronic clinical data sources include, but are not limited to, member eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries.

CDC = Centers for Disease Control and Prevention; EHR = Electronic Health Record.

Guidance to Workgroup Members
for Reviewing Measures

Guidance for Measure Review

- Before the voting meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup.

- Mathematica will provide additional resources to help Workgroup members assess the measures for removal from or addition to the Child and Adult Core Sets.

- To guide their review, Workgroup members should refer to the criteria for removal of existing measures and addition of new measures.

- The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition.

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Measure Information Sheet: Removal

- **Measure information and technical specifications**

- **Submitter's reasons for removal, by criteria**

- **Core Set reporting history and reporting challenges identified by states**

- **Other information, including measure alignment across programs**

- **Summary of prior Workgroup discussions, if previously discussed**

- **2023 Core Set measure performance rates**

Measure Information Sheet: Addition

- **Measure information and technical specifications**

- **Information on minimum technical feasibility and appropriateness**

- **Whether the data source allows for stratification by race, ethnicity, sex, and geography**

- **Submitters' comments on actionability and strategic priority**

- **Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs**

- **Summary of prior Workgroup discussions, if previously discussed**

Guidance for Measure Review

1. Review Measure Information Sheet and record notes and questions in measure review worksheet.

2. Consult other available resources as needed:

   – **Medicaid and CHIP Beneficiary Profile:** Beneficiary characteristics, prevalence of conditions, and expenditures

   – **Core Set History Table:** When measures were added to or removed from the Core Sets

   – **Chart Packs and Measure Performance Tables:** State reporting and measure rates for the most recent year of reporting

   – **Trends in State Performance:** Median state performance rates for select Core Set measures and statistically significant trends over a three-year period

   – **Core Set Resource Manuals and Technical Specifications:** Instructions on how to calculate the Core Set measures

3. Assess the measure in relation to the criteria for removal or addition.

4. Record preliminary vote in measure review worksheet.

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Voting Meeting Approach

Voting Meeting Logistics

- **The virtual meeting will be held February 4–5, 2025.**
  - **Please note that this is different from the originally announced three-day meeting.**

- **Registration is now available at www.Mathematica.org/MACCoreSetReview.**

- **The meeting will be open to the public.**

- **More information about the meeting agenda and resources will be posted on our website before the voting meeting: www.Mathematica.org/MACCoreSetReview.**

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Approach to Measure Discussion

- **The Workgroup will discuss eight measures during the voting meeting, including two suggested for removal and six suggested for addition.**

- **The Workgroup will first discuss measures suggested for removal followed by measures suggested for addition.**

  - **The two measures suggested for removal will be discussed together, then voted on separately.**

  - **Each measure suggested for addition will be discussed and voted on separately.**

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Voting Process

- **Voting will take place by measure after Workgroup discussion and public comment.**

- **Workgroup members will vote on each measure in its specified form.**
  - **Measure for removal:**
    - Yes = I recommend removing the measure from the [Child/Adult] Core Set
    - No = I do not recommend removing the measure from the [Child/Adult] Core Set
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the Core Sets
    - No = I do not recommend adding the measure to the Core Sets

- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes".**

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Discussion of Gaps at the Voting Meeting

- **Every year, the Workgroup develops a list of gaps in the Core Sets.**

- **The list of gaps is intended to inform the Call for Measures for the subsequent annual review.**

- **During the Voting Meeting next month, Mathematica will engage the Workgroup in a discussion about priority gap areas for the 2028 Public Call for Measures.**

- **Public comment on priority gap areas for the Public Call for Measures will also be invited.**

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Workgroup Homework

- **Review the Measure Information Sheets and record notes and questions in measure review worksheet.**

- **Prepare for the discussion on measure gaps by reviewing the list of previously identified gaps.**

- **If you have questions while reviewing the materials, please email MACCoreSetReview@mathematica-mpr.com.**

- **Thank you for taking the time to prepare for the discussion and voting!**

Co-Chair Remarks

Kim Elliott

Health Services Advisory Group

Rachel La Croix

Florida Agency for Health Care Administration

Questions from Workgroup Members

Opportunity for Public Comment

Wrap Up

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Next Steps for Measure Review

- **Workgroup members and federal liaisons will receive the measure review materials via email by COB tomorrow, January 16.**

- **Measure information sheets and an updated version of the Core Sets resource list will be posted publicly before the voting meeting.**

- **Workgroup members and federal liaisons should email Mathematica with any questions about the measures suggested for removal or addition, voting meeting process, or other logistics.**

  – **Contact us at MACCoreSetReview@mathematica-mpr.com.**

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For More Information

- **Information on the Child Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html.**

- **Information on the Adult Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html.**

- **Information on the Child and Adult Core Sets Annual Review is available at https://www.mathematica.org/features/maccoresetreview.**

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Questions

If you have questions about the 2027 Child and Adult Core Sets Annual Review, please email the Mathematica Core Sets Review Team at: MACCoreSetReview@mathematica-mpr.com.

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Thank you for participating!