

2028 CHILD AND ADULT CORE SETS ANNUAL REVIEW WORKGROUP NOMINATION FORM

Thank you for your interest in submitting a nomination for the 2028 Child and Adult Core Sets Annual Review Workgroup. Please submit this nomination form, along with a resume or curriculum vitae to MACCoreSetReview@mathematica-mpr.com.

Nominee information

| | |
|---------------------------------|---------------------|
| First name and last name | |
| | |
| Name pronunciation | |
| | |
| Title | |
| | |
| Organization | |
| | |
| State | Phone number |
| | |
| Email address | |
| | |

Nominator information (if different from above)

| | |
|---------------------------------|---------------------|
| First name and last name | |
| | |
| Title | |
| | |
| Organization | |
| | |
| State | Phone number |
| | |
| Email address | |
| | |

☐ I acknowledge that the nominee has been contacted and is willing to participate.

Areas of expertise (select all that apply)

Subject matter expertise

- | | |
|--|--|
| <input type="checkbox"/> Primary care access and preventive care <input type="checkbox"/> Maternal and perinatal health <input type="checkbox"/> Acute health care conditions <input type="checkbox"/> Chronic health care conditions <input type="checkbox"/> Mental health <input type="checkbox"/> Substance use <input type="checkbox"/> Dental and oral health <input type="checkbox"/> Experience of care | <input type="checkbox"/> Long-term services and supports <input type="checkbox"/> Patient safety <input type="checkbox"/> Disability <input type="checkbox"/> Children with special health care needs <input type="checkbox"/> Medicare and Medicaid dually eligible individuals <input type="checkbox"/> Other (specify) _____ |
|--|--|

Beneficiary age groups

- ☐ Children and adolescents
☐ Adults
☐ Older adults

Methods and data sources

- ☐ Medicaid and CHIP data sources (such as claims and enrollment data, clinical registries, surveys, other)
☐ Data linkage (such as linking Medicaid claims and vital records, Medicaid and Medicare claims, clinical registries, or immunization information systems)
☐ Calculating Medicaid and CHIP quality measures using digital/electronic data sources (such as electronic health records, health information exchanges, etc.)
☐ Collection and reporting of quality measures by states
☐ Use of quality measures for quality improvement
☐ Advancement of evidence-based measures of health care
☐ Measure development
☐ Measure testing and/or refinement
☐ Measure stratification
☐ Other (specify) _____

Nominee affiliations (select all that apply)

Organization or individual affiliated with or representing:

- ☐ State Medicaid or CHIP agencies
- ☐ Medicaid and CHIP beneficiaries
- ☐ People with disabilities and/or chronic conditions
- ☐ Physicians, dentists, or other health care providers
- ☐ Primary health care providers to children or adults who live in medically underserved communities or who are members of population sub-groups at heightened risk for poor health outcomes
- ☐ Hospitals and health systems
- ☐ Medicaid or CHIP managed care plans
- ☐ Voluntary consensus standards setting organizations
- ☐ Other (specify) _____

Brief description of nominee interest, knowledge, and experience

Please describe why you are interested in participating in the 2028 Child and Adult Core Sets Annual Review Workgroup and the knowledge or experience you will contribute (1,500 characters max).

Disclosure of interest*

Please disclose any involvement as a measure steward or measure developer in the past 4 years, particularly as it relates to the [2026 Child Core Set measures](#) and [2026 Adult Core Set measures](#) (1,500 characters max).

☐ I agree to submit a Disclosure of Interest form upon selection.**

Availability to participate*

The 2028 Child and Adult Core Sets Annual Review Workgroup requires virtual meeting attendance. Planned dates for the review of the 2028 Child and Adult Core Sets are below.*** Please note that future meetings to review measures may take place in person.

I am available to participate in the following meetings:

- ☐ August 20, 2025: 2-3 pm ET (via webinar)
- ☐ January 14, 2026: 2-3 pm ET (via webinar)
- ☐ February 3-5, 2026: 11 am-4:30 pm ET (via webinar)

* If the form is submitted by a nominator, we will ask the nominee to attest to the disclosure of interest and the availability to participate upon selection.

** Nominees with conflicts of interest will be asked not to participate in recommendations for which they have a personal financial interest.

*** The 2028 Workgroup meeting dates and times are tentative and subject to CMS approval. The dates and times for the February meeting are also dependent on the number of measures to be reviewed.

Please submit with this form your resume or curriculum vitae including relevant experience and publications to MACCoreSetReview@mathematica-mpr.com.