

## 2027 Child and Adult Core Sets Annual Review: Meeting to Prepare for the 2027 Voting Meeting Transcript January 15, 2025, 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, Meeting to Prepare for the 2027 Review. Before we get started today, we wanted to cover a few technical instructions.

If you have any technical issues during today's webinar, 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.

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. 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 have finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this webinar, 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." You will see the reply under your question when we respond. 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:**

Thanks, Talia. Next slide.

Hi, everyone. Happy New Year. My name is Alli Steiner, and I'm a Senior Researcher at Mathematica. I work on 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. It is my pleasure to welcome you to the Meeting to Prepare for the 2027 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.

First, I'd like to provide an overview of today's meeting objectives. First, I'll review updates to the 2026 Child and Adult Core Sets. Next, Chrissy will briefly review the criteria for assessing the suggested measures. Then, Chrissy will identify the measures that were suggested by the Workgroup members for removal from or addition to the 2027 Child and Adult Core Sets. We won't be discussing specific measures today, but we'll have plenty of time for these discussions during the voting meeting in three weeks. Then, Caitlyn will describe the resources available to the Workgroup members for reviewing the measures and present the agenda and approach for the voting meeting. We'll have an opportunity for Workgroup members and members of the public to share comments or ask questions, and we'll wrap up with remarks from our two co-chairs, Kim Elliott and Rachel La Croix. So, with that, let's get started. Next slide, please.

I'd like to acknowledge our Mathematica Core Sets Review team. They're listed here. Since the Call for Measures closed on September 25th, they've been very busy gathering information on the measures suggested for removal and addition and developing the materials for the Workgroup review of those measures. Thank you, team, for your efforts. Next slide, please.

This slide and the next two slides list the members of the 2027 Child and Adult Core Sets Annual Review Workgroup. I will not be doing a roll call today in the interest of time, but we will take attendance based on the webinar participant list. I would like to extend a special thank you to Kim Elliott and Rachel La Croix for serving as our co-chairs. Next slide.

The roster continues on this slide. Next slide, please.

And this shows the remaining Workgroup members. 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 Medicaid and CHIP programs. Thank you to all the Workgroup members for your contributions. Next slide.

I'd also like to acknowledge the participation of federal liaisons in the annual review process. The Workgroup includes representatives from the Agency for Healthcare Research and Quality, the Center for Clinical Standards and Quality at CMS, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Office of the Assistant Secretary for Planning and Evaluation, the Office of Disease Prevention and Health Promotion, and the Substance Abuse and Mental Health Services Administration, and the Department of Veterans Affairs.

The inclusion of federal liaisons reflects CMS's partnership and collaboration with other agencies to ensure alignment across federal 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.

So for now, I'll do a brief recap of our milestones for the 2027 Child and Adult Core Sets Annual Review. Today, we are preparing for the voting meeting, which will be held February 4th and 5th, when we convene the Workgroup 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 report available for public comment in April. We will release the final report in June. Following that, CMS will review the final report and gather additional input, and then release the 2027 Core Set updates. Next slide.

Now we will review the recent updates to the 2026 Child and Adult Core Sets. Next slide.

Based on input received through the 2026 Core Sets Annual Review process, CMS made the following updates to the Child and Adult Core Sets. They added two of the 2025 Provisional Child Core Set measures to the 2026 Child Core Set for mandatory reporting. These measures are Oral Evaluation During Pregnancy: Ages 15 to 20 and Prenatal Immunization Status: Under Age 21. They also removed two measures from the Adult Core Set for 2026, including Antidepressant Medication Management and Use of High Opioids -- sorry, Use of Opioids at High Dosage in Persons without Cancer. Two measures will transition from the Adult Core Set to the Home and Community Based Services, or HCBS, Quality Measure Set, which are Long-Term Services and Supports Comprehensive Care Plan and Update and the National Core Indicators Survey. Next slide.

CMS also added one new provisional measure with both child and adult age group specifications for voluntary reporting in 2026: Prenatal Depression Screening and Follow-Up: Under Age 21 and Age 21 and Older. This provisional measure is not considered part of the 2026 Child or Adult Core Sets. Also, the Postpartum Depression Screening and Follow-Up measure will remain provisional for 2026 due to state concerns about feasibility. More information is also available on [Medicaid.gov](https://www.Medicaid.gov) in the link provided. Next slide.

I'll now turn it over to Chrissy to describe the measure review criteria. Chrissy?

**Chrissy Fiorentini:**

Thanks, Alli. Next slide.

This slide reflects information that CMS has shared about the use of the Core Sets to advance access, quality, and equity in the Medicaid and CHIP programs. Overall, the Core Sets are a tool to understand 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 and 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. Next slide.

Next, we wanted to share some thoughts about the Workgroup's role in strengthening the 2027 Child and Adult Core Sets. The 2027 Core Sets Annual Review Workgroup is charged with assessing the existing Core Sets and recommending measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP. The annual Workgroup process is also designed to identify gaps in the existing Core Sets. The Workgroup must first determine whether a measure is feasible for state reporting and if so, also consider the facets of desirability and viability of adding the measures to the Core Sets. While there are many good quality measures, we need to keep in mind mandatory reporting requirements. To be included on the Core Sets, the measures must be feasible and viable for state-level use in Medicaid and CHIP. Next slide.

To assess whether measures are a good fit for the Core Sets, Workgroup members will consider criteria for addition and removal in three areas. Note that these criteria are the same criteria we introduced during the orientation meeting when we provided direction on suggesting measures for addition and removal through the 2027 Public Call for Measures. Since we reviewed those criteria in detail during the previous meeting, I will go through them at a higher level today. I also wanted to note that to be discussed by the Workgroup in 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. Mathematica has made the determination about which measures meet these criteria as part of our measure review process, and I'll share our findings a little later in this presentation. Next slide.

On this slide, we show the criteria for assessing the measures suggested for removal in terms of technical feasibility, actionability, and strategic priority. Note that the criteria that are new starting with the 2027 review cycle have an asterisk next to them. For example, when assessing whether a measure should be removed from the Core Sets, the Workgroup should consider whether the specifications and data source do not allow for consistent calculations across states, or whether the measure no longer aligns with current clinical guidelines and positive health outcomes. As we've discussed these criteria at the orientation meeting, I won't read through all of them now. Workgroup members will receive a list of these criteria from our team to facilitate their review of the measures and should keep them in mind during the voting meeting discussions. Also, these slides are available on our website if you would like to review the criteria in more detail. Next slide.

Here we present a few additional criteria the Workgroup should keep in mind when assessing the measures suggested for removal. Next slide.

On this slide, we show the criteria for assessing the measures suggested for addition, 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 technical 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 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. 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 populations. The Mathematica team has assessed the suggested measures for adherence to these minimum criteria. Next slide.

Next we have the criteria for assessing measures suggested for addition in terms of their actionability and strategic priority and other considerations. One new criterion for the 2027 review cycle that I wanted to highlight is that the Workgroup should consider whether the code sets and codes specified in the measure are in use by Medicaid and CHIP programs or are readily available to Medicaid and CHIP programs to support calculation of the measure. I won't read through all the other criteria in the interest of time, but again, the Workgroup should refer to these criteria as they prepare for the discussions during the voting meeting. Next slide.

So before we move on to the list of measures the Workgroup will be reviewing, I wanted to take a moment to provide more details about one of the criteria Mathematica used when assessing the measures suggested for addition to the Core Sets. As I mentioned earlier, one of the minimum technical feasibility and appropriateness requirements is that measures suggested for addition must have been field tested in or be currently in use by state Medicaid and CHIP programs according to technical specifications. This is to ensure that the measure's specifications can be implemented using state Medicaid and CHIP data for state-level Core Set reporting. 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, which in this case is state Medicaid and CHIP programs. And to qualify 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 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. Next slide.

I'm now going to provide a brief overview of the measures that were suggested for removal from or addition to the 2027 Core Sets. I want to thank everyone for their time and effort in suggesting these measures. Next slide.

This slide lists the two measures suggested for removal that will be reviewed during the voting meeting. The slide also includes the Core Set domain, measure steward, and the data collection method for each of the measures. There are two measures suggested for removal from both the Child and Adult Core Sets. Contraceptive Care – Postpartum Women: Ages 15 to 20 and Ages 21 to 44, and Contraceptive Care – All Women: Ages 15 to 20 and Ages 21 to 44. Both measures are in the Maternal and Perinatal Health domain and use administrative data. And the measure steward for both is the U.S. Office of Population Affairs. Next slide.

And this slide lists the six measures suggested for addition that will be reviewed during the voting meeting. The slide also includes the measure steward and the data collection method for each measure. I will provide a brief summary of the measures' characteristics on the next slide. The six measures are Adults with Diabetes – Oral Evaluation, Antibiotic Utilization for Respiratory Conditions, Depression Remission or Response for Adolescents and Adults, Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit, Evaluation of Hepatitis B and C, and Initial Opioid Prescribing for Long Duration. Please note that the domains and Core Set placement of these six measures will be determined by CMS if they are added to the 2027 Core Sets. Next slide.

This slide summarizes the characteristics of the six measures suggested for addition that will be reviewed at the voting meeting. One of the measures falls within the Affordability and Efficiency area of CMS's Cascade of Meaningful Measures framework, two are within the Behavioral Health area, one is within the Chronic Conditions area, and two are within the Wellness and Prevention area. In terms of the age ranges included, one measure includes children only, three include adults only, and two include both children and adults. Note that for the purposes of this exercise, we are defining adults as age 18 and older and children as under age 18. Five of the measures require administrative data only, and one uses the HEDIS ECDS data collection method. Five of the measures are process measures, one is an intermediate outcome measure, one is an outcome measure, and one is a population health measure. Note that the numbers in this last category don't add up to six since some measures have more than one measure type. For example, the Evaluation of Hepatitis B and C measure includes multiple performance rates and some rates measure processes while other rates measure intermediate outcomes. Next slide.

This slide summarizes the two measures suggested for addition that will not be reviewed at the voting meeting because they did not meet the minimum technical feasibility and appropriateness criteria. After careful consideration, Mathematica determined that the HIV Screening measure does not meet the minimum criteria because it has not been tested or used by a state Medicaid or CHIP program, according to the technical specifications of the suggested measure. Since this measure has been fully developed, is used in other non-Medicaid federal programs, and has detailed technical specifications, we have prepared a Measure Information Sheet to orient the Workgroup members and the public to this measure. However, the Workgroup will not discuss or vote on the measure during the voting meeting. We also determined that the Social-Emotional Screening Birth to Three measure does not meet the minimum criteria because it is not a fully developed measure with detailed technical specifications. Note that since there are not technical specifications or a measure steward, we have not prepared a Measure Information Sheet for this measure. And with that, I'll now turn it over to Caitlyn to describe the guidance to Workgroup members for reviewing measures. Caitlyn?

**Caitlyn Newhard:**

Thank you, Chrissy. Next slide.

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

In preparation for the voting meeting, we ask that Workgroup members review all the measures suggested for removal from or addition to the Core Sets. Tomorrow, we will email Workgroup members a packet of materials to help assess each measure's appropriateness for the Core Sets. As you go through your review, please keep the criteria for removal of existing measures and addition of new measures top of mind. A copy of the criteria is included in the packet you will receive. 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.

The primary resource we've developed to help you review the measures are the Measure Information Sheets. 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, the Measure Information Sheets include technical specifications, the reason for removal provided by the individual who suggested the measure, and other information, including measure alignment across programs. For the current Core Set measures, we also provide information on states' reporting history and any challenges noted by states in reporting the measure. And we include the 2023 Core Set measure rates and graphics. We have also summarized prior Workgroup discussions for the Contraceptive Care – Postpartum Women: Ages 15 to 20 measure, as the measure was previously suggested for removal. We hope this will help Workgroup members build on the conversations we've had in the past. Next slide.

We also have Measure information sheets for the six 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 the minimum technical feasibility criteria. We've also noted whether the measure's data source allows for stratification by race, ethnicity, and other characteristics when that information is available. The Measure Information Sheets include comments from the individual who suggested the measure on how the measure meets the feasibility, actionability, and strategic priority criteria. There is also information about the use of the measures in other programs, prevalence of the condition in Medicaid and CHIP, and links to more detailed information about the measures. We've also summarized prior Workgroup discussions for the Adults with Diabetes – Oral Evaluation measure. Again, our hope is that this will help the Workgroup build on conversations from previous years. Next slide.

When Workgroup members review the measures, we recommend starting with a review of the Measure Information Sheets. You can use the included Measure Review Worksheet to record notes and questions as you go through these. If you have questions or want more background information on the measure or condition, we have a few other resources you can consult. All these resources are linked in the resource

list that we will email out to the Workgroup tomorrow. 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 profile also includes a special section related to health-related social needs in the Medicaid and CHIP populations. We will also provide a link to the Core Set History Table, which shows the year measures were added or removed over the history of the Core Sets. This can be a useful tool for seeing the longevity and turnover of measures. We will also link to the Core Set Chart Packs and Measure Performance Tables, which have more information on state reporting and measure rates for the most recent years of Core Set reporting, and the new Trends in State Performance resource, which provides median state performance rates for select Core Set measures over a three-year period. Finally, we'll provide the links to the 2025 Resource Manuals and Technical Specifications. We also have a late-breaking 2023 reporting resource that was released by CMS yesterday. We've linked in the chat the Core Set Data Dashboard, an interactive tool developed by CMS, which can be used to explore state performance of publicly reported 2023 Core Set measures. The tool aims to improve accessibility of data about the quality of care provided to Medicaid and CHIP beneficiaries. 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 in the Measure Review Worksheet. Next slide.

Now I'll spend a few minutes discussing our approach to the voting meeting. Next slide.

Much like last year, we'll be holding a virtual meeting over two days, February 4th and 5th. The meeting will start at 11 a.m. Eastern each day to accommodate those joining us from the West Coast, and we plan to end by 4:30 p.m. Eastern each day. Please note that this is different from the previously announced three-day meeting. We will post an agenda one week before the meeting. Just like today's webinar, the voting meeting will be open to the public, and there will be opportunities for public comment. Registration is now available on our webpage. Next slide.

This year, there will be a total of eight measures to discuss – two suggested for removal and six suggested for addition. We'll begin with the measures suggested for removal, then move on to the measures suggested for addition. And as has been the case previously, measures will be considered in their specified form, meaning we will discuss and vote on the measures as they are currently specified by the measure stewards without conditions or modifications. Next slide.

As for the voting process, voting will take place by measure after Workgroup discussion and public comment. For each measure for removal, a "Yes" vote means "I recommend removing the measure from the Core Set," and a "No" vote means "I do *not* recommend removing the measure from the Core Set." Similarly, for each measure for addition, Workgroup members will vote "Yes" or "No", where "Yes" means "I recommend adding the measure to the Core Sets," and "No" means "I do *not* recommend adding the measure to the Core Sets". For a measure to be recommended for removal or addition, the "Yes" vote needs to receive two-thirds of the eligible votes. Prior to the voting meeting, we will be providing a fact sheet to Workgroup members with more information on how to use the voting platform. Workgroup members will also have an opportunity to test out the voting platform, and we strongly encourage you try it out before the meeting. We will be sending an email on Thursday, January 30th, with more details about voting, including the process for conducting your test vote. Next slide.

The Workgroup will also discuss gaps in the Core Sets at the voting meeting. The goal of the gaps discussion is to inform the Call for Measures for the next annual review cycle. In the past, the Call for Measures has been open only to Workgroup members and federal liaisons. Starting with this year's review cycle, the Call for Measures was open to the public. This new process allows members of the public to suggest measures for addition to or removal from the Core Sets. At the voting meeting, we will engage the Workgroup in a discussion about the priorities for the 2028 Public Call for Measures, and we will invite public comments on the priorities and criteria as well. Next slide.

Workgroup members, your homework to prepare for the voting meeting is to review the materials related to the measures suggested for removal and addition, and to prepare for the discussion on the Public Call for Measures by reviewing the list of previously identified gaps. If you have questions while reviewing the materials, please don't hesitate to reach out to us. We are more than happy to answer questions to help

you prepare for the meeting. We will also email Workgroup members with a request to update their disclosure of interest form before the voting meeting. Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure. We'd also like to thank the measure stewards for sharing information about the measures. Finally, a big thank you to our Workgroup members for taking the time to prepare and engage in this process. We're looking forward to interesting discussions during the voting meeting in February. Next slide.

With that, I want to pause and give our two co-chairs, Kim Elliott and Rachel La Croix, an opportunity to make some remarks about the work ahead of us. So I will pass it over to Kim.

**Kim Elliott:**

Thank you. Hi. I'm excited to be working with all of you on the 2027 CMS Core Set Review. I recognize and appreciate the expertise and knowledge that each of you bring from your professional life and your unique and diverse quality and performance measure experience. I also want to acknowledge the time and work that we have ahead of us and thank Mathematica, CMS, and federal liaisons in advance for the resources, time, and dedication that are continually provided to support this work.

I want to stress that it is really important that we prepare for the Workgroup meetings. The results from the Workgroup have a significant impact on states, particularly for mandatory reporting and the resources that are needed. As we prepare for the Workgroup meetings, I want to share with you my approach when I review the measures recommended for addition or removal from the Core Sets. I focus on the opportunities we have to strengthen the Core Sets and some of the things I prioritize and consider as I prepare for the meetings include, first at a high level, I consider the value of the measure in indicating or estimating the quality of care or services 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 states?

I also consider the gaps in the measure set. 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 review, hybrid measures, and expanded use of electronic methods to collect data, use of CCDs, or measures that are calculated by CMS using data, for example, from T-MSIS or the CDC WONDER data, and I also consider the actionability of the measure, is there room for improvement? Are states able to move the needle through use of evidence-based interventions or improvement in care delivery?

Then I spend time at the detail level. Resources that I use when reviewing the measures recommended for addition or removal from the Core Set include the very valuable resources provided by Mathematica and CMS. Mathematica organizes detailed information for each measure that we will be discussing. More information is also available on the CMS website. First I look at the Measure Information Sheets that Mathematica provides. I use the Measure Information Sheets to first understand the measure specifications. For example, is it a process or an outcome measure? The data sources and collection methods, are these sources reasonably available to the state Medicaid program? Are there barriers or limitations that can impact the state's ability to capture the data? Are the measures in use by states, and what has their experience been when implementing the measure? And what strategic priority will the measure address? Is the measure actionable? Is there room for improvement? Are there potential interventions to improve the measure rate reasonable for a state Medicaid program or its managed care entities to implement? Really looking at the lift of implementing that measure. Will the inclusion of the measure have a meaningful impact such as improved health, improved quality of life for Medicaid and CHIP members?

I also review the scientific evidence that is available and what the study of testing results have shown. And I also really pay attention to the size of the population included in those studies. I look at the prevalence of the condition, particularly within Medicaid and/or CHIP population, and how will inclusion of the measure move the needle for the Medicaid program? Is it a big impact or are there better ways to adjust quality improvement for the low prevalence conditions? I then look at the Core Set Chart Packs. In

this source, I review detailed information on state reporting of core measures and how many states are successfully reporting the measure. What are the performance trends? Does the inclusion of the measure in the Core Set have an impact such as improvement in the median rates? And do enough states have the ability to report the measure so that they are included in public reporting? I also review the three-year trends. I review the CMS fact sheet that is prepared by Mathematica. I also review information reported by states on why they are not reporting individual measures. Sometimes they don't have a valid data source. Sometimes it is a result of a lack of resources.

I also review the list of measures that have been recommended for addition or removal over the past several years. I review the discussion of those measures and when they were not recommended for addition or removal in whatever years, what the rationale was for that recommendation. I also review results of Workgroup discussions on gaps, particularly the high priority gaps such as patient-reported outcomes and experience of care or the member's voice, maternal and perinatal health, opportunities to address social drivers of health or health equity. And I also look at the opposite of gaps to determine whether we have some degree of balance across the domains, ensuring that we are looking at the whole person and conditions that are prevalent in the Medicaid population. And does that measure have the ability to demonstrate the quality of care for the Medicaid and CHIP population overall? Does the work that we do make a difference, drive improvement, improve quality of care and quality of life?

And finally, I do a limited literature search to see what other information on the conditions or the measures is published. I'd like to turn it over to Rachel now for her remarks.

**Rachel La Croix:**

Thank you, Kim. Can you hear me?

**Alli Steiner:**

We can.

**Rachel La Croix:**

Okay, great. Thank you. All right. First, I'd like to thank Kim for sharing her very thorough review process with all of us. And to thank the Mathematica team for all the work they put into preparing all these review documents for us and information sheets. These are all really helpful resources. And Kim described some of the different ways all of these resources are helpful for reviews as well. So, I just want to echo and encourage all of the Workgroup members to make use of all of those resources that are available as part of the review process.

And also just to encourage everyone to really carefully, and particularly state representatives, to really carefully review the measure specifications for the proposed additions. And not just to review these yourself, but to go back to your team, your data analytics folks, possibly your policy office folks, to really look at all of the elements of a measure to make sure that it really is feasible for state collection and reporting. And I know that one of the elements that was mentioned earlier in the call is one of the new criteria to consider in terms of feasibility. And that's about the use of the code sets and codes that are needed for particular measures. I know in my own experience in the past, there was a measure that allowed for certain procedure codes. But when I went and spoke with our policy folks, I found out that some of those procedure codes either weren't regularly used for our program or might be used to represent a different type of screening tool or something than it sounded like the specs required. So definitely check into some of those different elements with your state teams just to make sure that any of the proposed measures we're considering truly would be feasible for state collection and reporting. Because those are the things that I know we all sometimes run into questions about, particularly as we're in mandatory reporting at this point.

So I just want to say again that I really am looking forward to working with all of you and participating in the meeting in early February. And thank you to the Mathematica team and to Kim, my co-chair, for all of the different resources. And I look forward to us having good discussions about all of these meetings coming up and all of the measures. So thank you.



**Caitlyn Newhard:**

Thank you, Kim. Thank you, Rachel. Next slide.

I'll now turn it over to Alli to take any questions from Workgroup members.

**Alli Steiner:**

All right. Thank you. So if you have a question, please use the raise hand feature in the bottom right of the participant panel and you can join the queue. Please lower your hand when you are done and you'll hear a tone when you've been unmuted.

Again, we're going to start with Workgroup members. So if you do have a question, you can use the raise hand feature in the bottom right-hand corner.

We'll give it another moment or so and then we will keep going.

All right. Why don't we move to the next slide?

So now I'd like to open it up for any public comment. As a reminder, you can use the raise hand feature if you wish to speak, and please give your name and affiliation.

All right. We'll just give it another moment here and then we will keep moving. Not seeing any hands. Okay. So why don't we keep moving and we'll go to the next slide, please. And let's go one more slide, please.

So to recap for the next steps, Workgroup members will receive the measure review materials via email tomorrow. Workgroup members will use the information to review the measures suggested for addition and removal. And if you have any questions, please email us at [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com).

For members of the public, the Measure Information Sheets will be posted publicly on our website at the beginning of February. Next slide.

For those who would like more information, we have included Medicaid.gov links for the Child and Adult Core Sets. We have also included the link to the Core Set Annual Review webpage. As Caitlyn mentioned, registration for the voting meeting is now open and you can register at this webpage. 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.

And as always, you can reach out to us at [MACCoreSetReivew@mathematica-mpr.com](mailto:MACCoreSetReivew@mathematica-mpr.com). Next slide.

Finally, we want to thank everyone for participating in today's webinar. We look forward to having you join us in February to discuss the measures suggested for removal and addition. This meeting is now adjourned. Bye, everyone.