# 2029 Child and Adult Core Sets Annual Review: Orientation Meeting Transcript August 19, 2026, 2:00 – 3:00 PM ET

**Ben Szeto:**

Hi everyone, my name is Ben Szeto and I'm pleased to welcome you to the 2029 Child and Adult Core Sets Annual Review Workgroup Orientation Meeting. Before we get started today, we want to cover a few technical instructions. If you have any technical issues during today's meeting, please send a message through the Teams Q&A function located on the top of your screen. If you are having issues speaking during our Q&A period, please make sure you are also not muted on your headset or phone. We recommend that participants connect using computer audio and headphones to reduce echo. Please note that the call-in users cannot make comments. If you wish to make comments, please make sure that your audio is associated with your name in the platform. Be sure that you are using the latest version of Teams or a supported browser.

All attendees have entered the meeting muted. There will be opportunities during the meeting to ask questions and make comments. To make a comment, please use the raise hand feature located in the middle of the control panel. A hand icon will appear next to your name in the participants list. Please wait for a verbal cue to unmute your microphone and speak. Please lower your hand and mute yourself when you have finished speaking by following the same process you used to raise your hand.

Note that the chat is disabled for this meeting. Please use the Q&A feature if you need support. To view answers to questions you have submitted through the Q&A, click "my posts" located below the ask a question box. Our response will appear under your question.

Closed captioning is available in the Teams platform. To enable closed captioning, click on the "more" tab in the upper right corner, then press "language and speech" and "show live captions." You can also click "alt, shift, C" on your keyboard to enable closed captioning. And with that, I will hand it over to Rosemary to get us started.

**Rosemary Borck:**

Thank you, Ben. Hello, everyone. My name is Rosemary Borck and I'm a Principal Health Researcher at Mathematica. I'm the project director for Mathematica's technical assistance and analytic 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 2029 Annual Review Workgroup 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. I hope everyone is well and is 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 will introduce the 2029 Workgroup members. Then, we'll preview this year's Workgroup process, which will focus on updates to the 2029 Child and Adult Core Sets. CMS is reviewing the recommendations of the 2028 Workgroup and will release updates to the 2028 Core Sets in the coming months prior to this Workgroup's voting meeting. Note that this Workgroup could consider recommending additional changes to the 2028 Core Sets if there are any measure retirements or changes that would affect the 2028 Core Set measurement year.

Next, I will describe the charge and timeline for the 2029 Annual Review. Then, Vishal Arora and Gigi Raney from CMS will offer some welcome remarks and share CMS's vision for the 2029 Review and priorities for updates to the Core Sets. Then, Jess Saddler will provide background information on the Child and Adult Core Sets, and Chrissy Fiorentini will present the process that Workgroup members will use to suggest measures for removal from or addition to the 2029 Core Sets. Our co-chairs, Kim Elliott and Sarah Tomlinson, 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 specific measures. However, we will have plenty of time for discussion at the voting meeting. Next slide.

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. Maria, Chrissy, Deb, Denesha, Patricia, Jess, Allie, and Ben, thank you to this wonderful team. Next slide.

Now, I would like to introduce the Workgroup for the 2029 Annual Review. In the interest of time today, we will not have a full 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 would like to welcome back the continuing members of our Workgroup. Also, I would like to thank Kim Elliott for returning as co-chair and Sarah Tomlinson for joining us this year as a co-chair. We are also welcoming three new Workgroup members who are indicated with an asterisk before their name on the next two slides. Next slide.

The roster continues on this slide, and a copy of the Workgroup roster is also available on our website. Next slide.

This slide shows the remaining Workgroup members. Again, new Workgroup members are denoted by an asterisk before their name. Welcome again to our new members this year. As you can see from these 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 of the Workgroup members for your contributions. Next slide.

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 recommendations of the Core Set Annual Review Workgroup. All Workgroup members are required to disclose any interest 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 a measure submitted for consideration will be recused from voting on that measure. Next slide.

I will now review the Workgroup charge. The 2029 Child and Adult Core Set 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 Workgroup should recommend adding measures that are actionable, feasible, and appropriate for state-level reporting to ensure the measures can meaningfully drive improvement in healthcare delivery and outcomes in Medicaid and CHIP.

The Workgroup should recommend removing measures that do not provide states and CMS with meaningful and actionable information about quality of care. Given mandatory reporting requirements, the Workgroup should focus in particular on the feasibility of state reporting by all states for all Medicaid and CHIP populations. As states prepare now for the third year of mandatory Core Sets 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 Core Set measures. Next slide.

This graphic is a visual representation of the milestones for the 2029 Core Sets Annual Review. Thank you for joining us today for the Orientation Meeting. The Call for Measures for the 2029 Annual Review also opens today. September 23rd is the deadline to suggest measures for removal or addition. On January 14th, we plan to reconvene the Workgroup to prepare for the voting meeting. At that time, we will introduce the measures suggested for consideration for the 2029 review and describe the process we will use to discuss and vote on the measures.

The voting meeting is planned for February 2nd through 4th. Note that all Workgroup meetings are held virtually and are open to the public. This 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 2029 Child and Adult Core Sets. Next slide, please.

All right. I would now like to turn it over to Dr. Vishal Arora to provide welcoming remarks and share CMS's visions for the 2029 Core Sets Annual Review. Dr. Arora is a senior advisor at CMS. Okay, Dr. Arora, you have the floor.

**Vishal Arora:**

Thank you so much for the introduction and welcome to those who are joining the call today from across the country. You know, before we dive into slides, I just want to thank many of you, all of you for being here, both for those who are on the Core Set Workgroup as well as those who are participating through this process through the public comment and review. We obviously believe this is absolutely critical in how we're driving towards quality and improved health outcomes in the Medicaid population. So we appreciate your participation.

So we can go to the next slide.

Thank you. So you know, one thing that we want to outline, which I think kind of comes with each year as we think about the Core Set, is obviously, you know, we have certain goals that we want to highlight here, many of which I think are not unfamiliar to folks who've kind of been part of this process historically. I think one is obviously just increasing the number of states that are meeting the Core Set mandatory reporting requirements through our technical assistance and outreach. We obviously want to make sure that those that are mandatory are being reported through our processes.

I think second, which is just as important, is ensuring that the quality of that data is complete as well as accurate, and that we're trying to simplify and reduce reporting burden where it's possible. The last three bullets are also important to call out here of saying that, you know, we

want to really support states in using these Core Set measures, you know, whether that's through their managed care contracts or other quality reporting programs, because we genuinely believe that what this Core Set is putting forth is really what reflects improvement in healthcare quality and health outcomes in the Medicaid population.

And we also commit to really trying to, you know, improve the accessibility and usability of that data as well so that states can really compare and contrast how they are doing on certain outcome measures and how that can inform their future, you know, their quality strategy as well as their reporting programs as well. And I think this last piece is something that I really want to mention and that we'll kind of get to in a future slide as well, is we recognize fully that the field is moving towards an implementation of digital quality measures.

We think this is essential to really ensure that we have a learning health system not just in Medicaid, but even in other lines of business as well. So I think where it's possible, we would love to provide technical assistance to help states on that journey to really advance digital quality measures throughout their Medicaid programs, and we fully recognize that it is a multi-stakeholder effort to make that happen as well. We can go to the next slide.

Now, a couple things that we wanted to also kind of mention on priority gaps in the Child and Adult Core Sets is, you know, we really want to make sure that if we're adding measures, we want to demonstrate there's evidence that that measure is actually missing - you know, that is actually filling a priority gap in the Core Sets today. We really want to make sure that the threshold of, you know, adding a measure really kind of meets that mark.

And the 2028 Workgroup, as many of you know, had identified 32 priority gap areas in the Core Sets. 25 of those gap areas already fall within an existing Core Set domain, and there's seven cross-cutting gap areas. Our Mathematica colleagues have posted this, you can review some of these priority gap areas. We just want to make sure that we're reiterating that as well as we're kind of going into this period of calling for measures. I'm going to go to the next slide.

Now, a couple of things that I want to really focus on as we think about CMS's priorities on quality, I think there's really two things I want to highlight, one of which some of you may have already heard about, which we're calling the Investing in Health Outcomes Pledge, which I'll explain on a later slide, as well, of course, you know, a broader HHS initiative around Making America Healthy Again as well. So I think ultimately, you know, I'll get into some of the content of each of these initiatives, but I think we really want to encourage the Workgroup, as I mentioned previously, to identify opportunities that reduce reporting burden and really kind of focus efforts on improving health outcomes for Medicaid beneficiaries.

So this obviously relates to, you know, recommending removal of measures that offer limited value for improvement, recommending outcomes-oriented measures that can replace process measures where it's available, and of course, aligning measures across programs. We fully recognize that, you know, Medicaid is obviously a big part of state healthcare systems, but where we can, if we can align with other lines of business, that's obviously appropriate, and it's important to do so for our providers and beneficiaries. We can go to the next slide.

So the first initiative that I want to talk about is really the HHS-wide initiative of, you know, MAHA priorities, and really, I think what we're aiming for here is what measures really kind of focus on improving health outcomes in these five core areas of disease prevention, chronic disease management, physical activity, nutrition, and wellness and behavioral health. I know this was mentioned last year as well, and we just want to reiterate the importance of some of

these key domains as we're thinking about measures to add or remove. We can move to the next slide as well.

This most recent effort is really CMS and CMCS specific. As some of you may have noticed in other contexts, we have launched a pledge focused on Medicaid quality, and we won't read through the entire slide here, but the idea is quite simple, just kind of focusing on several principles that we want states and managed care plans and others in the Medicaid ecosystem to really drive towards as they think about their Medicaid quality agenda.

And those four principles are this. One is really, how do we prioritize outcomes over process today and in the future? Two, how can we rationalize measure inventories where it's appropriate to reduce regulatory burden without sacrificing accountability of health outcomes? Third, as we kind of talked about previously, modernizing the quality measurement enterprise towards digital and really selecting measures that are ready for that digital transition where we can. And the most importantly, of course, is aligning financial accountability to those outcomes-oriented measures that we really want to focus on for the Medicaid population.

Now, I want to acknowledge that the Core Set has been on this trajectory already, and we are extremely supportive of that and want to continue that as well. You know, even just kind of looking at the measures that we have today, close to probably 70 to 80 percent of our measures are either primary outcomes, like controlling high blood pressure, or they're surrogate outcomes that are kind of reflective of improved population health. But what we really challenge the Workgroup, and as well as the public, is what can we do in the next cycle to really kind of push it even more and really driving towards outcomes-oriented measures that I think we want to see reflected in the Medicaid population.

So you know, we welcome any inbound on this and kind of ways in which we can operationalize this. We obviously believe the Core Set is one important way and obviously has its own regulatory processes that need to be followed. But we really hope that these principles continue to be embedded and really committed to in, you know, in the workflows going into the 2029 Core Set cycle. So thank you so much for joining again, and I'll pass it along to Gigi.

**Gigi Raney:**

Thank you so much, Dr. Arora. We appreciate you participating with us today. My name is Gigi Raney, and I am so happy to be here with all of you at the launch of this year's Medicaid and CHIP Core Set review for the 2029 Core Set. I want to express gratitude on behalf of CMS to all of you for your time and participation in this important process, in this important public process, and for the work that you do for Medicaid and CHIP programs and beneficiaries. Thank you especially to the Workgroup members for bringing in your expertise in quality and measurement, healthcare delivery, and the Medicaid and CHIP programs to bear as you consider updates to the Core Sets. We value the variety of perspectives that this group brings to this endeavor, and we have Workgroup members representing healthcare providers, health plans, and associations, beneficiaries, and of course, state Medicaid and CHIP agencies. Our complex programs rely on all of these components working together to deliver quality care to Medicaid and CHIP beneficiaries.

So when you're considering potential measure additions and removals, we want to encourage our Workgroup members to think about how the Core Set measures work together as a set and how they align with measures used in other programs, as Dr. Arora mentioned. We're asking you to identify opportunities to reduce reporting burden, to consider outcomes-oriented measures that can replace process measures where available, and to consider recommending

removal of measures that offer limited value for supporting quality improvement activities. In the end, our goal for this process is to strengthen the Core Sets to be the most effective tool they can be to support quality monitoring and improvement in the Medicaid and CHIP programs.

I also want to thank our federal partners for sharing your unparalleled subject matter expertise to inform the discussion of potential updates to the Core Sets, and also to help us align the Core Sets and our related quality activities with other federal programs to the extent possible. And I want to appreciate any members of the public who are listening in today or into a recording, and thank you for bringing your passion for ensuring that individuals enrolled in Medicaid and CHIP receive the high-quality care that they need, 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.

And finally, of course, I want to thank our CMCS Core Set team and Mathematica team here today for all the work that goes into managing and running this process that is so critical to the work that we do together. You guys do a great job. As the Workgroup prepares to consider updates for 2029, states are preparing to report data to CMS on the 2026 Core Set. As Rosemary mentioned earlier, this is our third year of mandatory reporting for the Child Core Set and behavioral health measures on the Adult Core Sets being mandatory. And we appreciate the time and resources that states commit to collect and report on quality of care in their programs.

I also want to conclude with a reminder of why we are doing all of this. The Core Sets are valuable to us not only because they give data and they help us tell the story of how we're doing, but more importantly, how they inform us and how they can help drive efforts to improve care and health outcomes for our beneficiaries. Over the past several years, CMS has expanded the scope of our support to states in quality improvement, or QI. We've hosted several Medicaid and CHIP learning collaboratives and affinity groups on a range of topics including maternal health, oral health, and behavioral health. And all 50 states plus DC, Puerto Rico, and the U.S. Virgin Islands have participated in numerous webinars highlighting promising practices to drive improvement. We've posted scores of QI resource materials on Medicaid.gov.

Since quality measurement is an essential component of quality improvement, without the Core Sets, this meaningful improvement work, the meaningful work that improves lives cannot be possible. This Workgroup and the engagement of federal liaisons and member of the public is incredibly valuable to CMS, Medicaid and CHIP programs in CMS. Thank you so much for your time today, and we look forward to seeing the measures that you submit for consideration and your participation in the Workgroup process this year. Now I will turn it back to Mathematica.

**Jess Saddler:**

Thank you, Gigi. Next slide, please.

I will now provide some background on the Child and Adult Core Sets as context for the 2029 Annual Review. Next slide, please.

States are required to report on a standardized set of quality measures across key domains of care. This consistency supports transparency and comparability across Medicaid programs. The domains are:

- Primary Care Access and Preventive Care measures routine screenings and access to essential care.
- Maternal and Perinatal Health focuses on health outcomes for mothers and newborns, including prenatal and postpartum care.
- Care of Acute and Chronic Conditions captures treatment and management of short and long-term illnesses.
- Behavioral Health Care includes access to and quality of mental health and substance use services.
- Dental and Oral Health Services tracks access to and quality of dental care for children and adults.
- Experience of Care measures patient perceptions of care, and service quality.

The 2027 Child Core Set includes 24 mandatory measures. In addition, two provisional measures and three utilization measures are available for voluntary reporting. The 2027 Adult Core Set includes 33 measures, 9 mandatory and 24 voluntary. There are also two provisional measures and one utilization measure available for voluntary reporting. Comprehensive lists of the Child and Adult measures are available at the links on this slide. Next slide, please.

Next, I'll provide an overview of the Core Set reporting years relevant to this cycle, as CMS and states work on multiple years of Core Set reporting simultaneously. 2025 represents the latest year of data reported by states. Those data were due to CMS in December 2025 and CMS expects to begin making the results publicly available next month. States are currently preparing to report data for the 2026 Core Sets. That data reporting period will open next month and close on December 31st of this year.

The 2027 Child and Adult Core Sets represent the latest year for which CMS has released the measure lists. State reporting of the 2027 Core Set data will begin in the fall of 2027. CMS is reviewing the recommendations of the 2028 Workgroup and aims to release the 2028 Core Sets by the end of the calendar year of 2027. And lastly, the focus of this current review cycle is the 2029 Core Sets. CMS will use the recommendations of this Workgroup in combination with other input to make updates to the 2029 Core Sets. And state reporting of those data will occur in the fall of 2029. Next slide, please.

Next, I will provide a brief overview of Core Sets mandatory reporting. Beginning with the 2024 Core Sets, reporting of all Child Core Set measures and the behavioral health measures on the Adult Core Set is required for all states. When reporting mandatory measures, states must adhere to the data reporting guidance in the Core Set resource manuals and TA briefs issued by CMS. States must also include all measure-eligible Medicaid and CHIP beneficiaries when reporting mandatory measures. However, the following populations are exempt from mandatory reporting for 2026 and 2027:

- Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid, and
- Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.

States must also stratify all eligible mandatory measures by the required stratification categories included in the annual Core Sets guidance. Feasibility and viability of state-level reporting of current and future Core Set measures is a key consideration for mandatory reporting. Next slide, please.

I would now like to briefly describe some potential upcoming changes to the Child and Adult Core Sets based on the recommendations of the 2028 Annual Review Workgroup. The Workgroup recommended four measures for addition to the 2028 Child and Adult Core Sets. *Follow-up After Acute and Urgent Care Visits for Asthma*, *Tobacco Use Screening and Cessation Intervention*, *Social Need Screening and Intervention*, and *Adults' Access to Preventive/Ambulatory Health Services*. The Workgroup did not recommend removing any measures from the 2028 Core Sets. We encourage Workgroup members and the public to keep these recommendations in mind when suggesting measures for addition to or removal from the 2029 Core Sets. Please note that you do not need to suggest any of these four measures for the 2029 Workgroup to consider. Next slide, please.

We'll now review the Call for Measures process. Like last year, the Call for Measures for the 2029 Core Sets will be open to all members of the public. Next slide, please.

To ensure measures are a strong fit for the 2029 Child and Adult Core Sets, Mathematica has developed a structured set of criteria for both measure additions and removals. These criteria help focus the Call for Measures on measures that are technically feasible, meaningful, and aligned with the Core Sets' overall goals. For additions, proposed measures must meet all criteria in the minimum technical feasibility and appropriateness category. This ensures that added measures are reliable, actionable, and suitable for state-level reporting. For removals, a measure may be considered for removal if it meets at least one criterion in any category. This allows for flexibility in removing measures that may no longer be relevant, useful, or feasible. These guidelines help maintain the integrity and value of the Core Sets while also supporting continuous improvement. Next slide, please.

I'll begin with the criteria for suggesting measures for addition. This list of criteria is available in the Call for Measures material packet on our website, so I'll review them at a higher level here. The minimum technical feasibility and appropriateness criteria are designed to ensure that any measure added to the Core Sets is suitable and feasible for state-level reporting. To meet these criteria, the measure must be fully developed and have detailed specifications that enable production on the measure at the state level. It must be tested in state Medicaid or CHIP programs or currently be in use by one or more Medicaid or CHIP programs according to the 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 also allow states to calculate the measure consistently. The measure should also align with current clinical guidelines and/or positive health outcomes. Finally, the technical specifications, including code sets, must be publicly available and free of charge for state use in Core Sets reporting. Our team will determine whether all suggested measures meet the criteria. We strongly encourage Workgroup members and members of the public to carefully consider these requirements when submitting a measure for addition. Next slide, please.

Next, I'll review the actionability criteria for suggesting measures for addition to the Core Sets. Under the actionability criteria, a measure should improve upon or enhance an existing measure on the Core Sets, address a priority gap in the Core Sets and align with national health care quality priorities, be used to assess state progress in improving delivery and outcomes in Medicaid and CHIP, and be able to be stratified by the required categories.

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, whether adding a measure would result in additional data collection burden, and whether the code sets and codes specified are in use by Medicaid and CHIP programs. These criteria help ensure that each new measure is not only technically feasible, but also actionable, impactful, and aligned with broader federal priorities. Next slide, please.

Now let's turn to the criteria for suggesting measures for removal from the Core Sets. We encourage both Workgroup members and the public to carefully review the current Core Set measures and consider whether any no longer meet the inclusion criteria. To make this a bit easier, we've outlined a set of criteria for removal which reflects reasons a measure may no longer meet the criteria for inclusion. Under technical feasibility, a measure may be considered for removal if it is not fully developed or will no longer be maintained, the majority of states have difficulty accessing the data source, results across states are inconsistent for reasons like variation in coding or data completeness.

For actionability, a measure could be suggested for removal if:

- A measure has been suggested for replacement that is more broadly applicable, more timely, or more strongly tied to meaningful beneficiary outcomes.
- It is topped out, meaning performance is already uniformly high with little room for improvement.
- Improvement on the measure is outside the direct influence of Medicaid and CHIP programs and providers.
- The measure no longer aligns with current clinical guidelines and/or positive health outcomes.
- The measure is not able to be stratified by the required categories.

Next slide, please.

Other considerations for removal 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 the measure results in substantial data collection burden. 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, please.

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, Jess. Next slide.

As part of the Call for Measures process, anyone, including Workgroup members, federal liaisons, and members of the public is invited to suggest measures for addition to or removal from the 2029 Child and Adult Core Sets. The Call for Measures opens today. After this meeting, you may use the link 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 available on our website. Yesterday, our team

also sent out an email with the links to the forms and the instructions for suggesting measures for addition or removal. All measure suggestions are due by Wednesday, September 23rd, at 8 p.m. Eastern Time. Next slide.

Our website includes several resources which Workgroup members and the public should use to inform their measure suggestions. If you navigate to the 2029 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 that Jess reviewed earlier. It also includes a list of measures discussed during previous Workgroup meetings, a list of previously identified measure gaps, and the 2027 Core Set measure lists. The 2029 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 the previous slide, 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 wanted 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 clear evidence to support your suggestion, including citations and links where applicable to strengthen your case.

If you've suggested a measure that the Workgroup has considered but not recommended in the last five years, consider why the measure was not recommended and include new or updated information that supports revisiting it this year. And for measures suggested for addition, just another reminder to be sure to address the minimum technical feasibility and appropriateness criteria that Jess reviewed earlier. To encourage thoughtful additions, we ask that when suggesting a new measure, you also consider whether an existing measure could be removed in its place. You can submit both the proposed addition and the rationale for the substitution using only the additions form. No separate removal form is needed.

Before submitting, we strongly encourage you to review the Word previews of the submission forms to ensure you have all the required information and technical details ready before you start to fill out the online form. This helps ensure a comprehensive submission. And if there's any additional information you can't include in the body of the form, for example, measure testing results or a list of citations, you can email the attachments to us at MACCoreSetReview@Mathematica-mpr.com. Use the subject line "Public Call for Measures" and indicate the related question numbers in the attachment file name. Next slide.

This slide includes the answers to some frequently asked questions about the Call for Measures process. The first question we've been asked a lot is whether all measures submitted will 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. Measures might not be discussed by the Workgroup if the submission form is incomplete or the questions in the form are not fully addressed, or if the measure has been discussed within the last five years and no new justification or evidence has been provided to support reconsideration. For measures suggested for addition, failure to meet the minimum technical feasibility and appropriateness criteria will disqualify them from discussion.

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 was not in use by state Medicaid and CHIP programs. So we wanted to take a little bit of time to explain what we mean by testing in Medicaid and CHIP 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. And 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 the 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 if you have any additional questions about the Call for Measures process, including the criteria and forms, we encourage you to review the full 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.

Now I'd like to invite our co-chairs, Kim Elliott and Sarah Tomlinson, to offer a brief welcome and share their vision for the 2029 Core Sets Annual Review. Kim, I will turn it to you first, and then Sarah.

**Kim Elliott:**

Thank you.

**Chrissy Fiorentini:**

Kim, go ahead.

**Kim Elliott:**

I'd like to welcome everyone to the children's and adult Core Sets Workgroup meeting and thank you all in advance for your work. I'm honored to co-chair this Workgroup with Sarah and I'm excited to start this year's work with this wide range of subject matter expertise that Workgroup members bring to this work. When I think about the value of the work that we do, I immediately think about the potential impact our work has on improving outcomes for individuals receiving care and services through Medicaid and CHIP. The results of the Workgroup recommendations have the potential to shift resources and work across the system from the state level, health plan, and provider level to focus on improving the measure rates.

For those of you that work in the quality domain, you recognize that there are never enough resources to drive significant improvement in a large set of performance or quality measures. Therefore, resources are often focused on a subset of measures where there are identified opportunities or interventions that have the potential to drive improvement.

As a Workgroup, we are charged with reviewing the current measure sets and making recommendations to CMS to remove measures from the Core Set. There are quite a few measures in the measure sets. Do all of the measures still make sense to be included in the core measure sets? That's something we'll have to discuss. There are many things to consider, such as whether the measure is process-oriented or focused on outcomes. Do process measures demonstrate Medicaid and CHIP outcomes? Do the measures demonstrate improved outcomes from care and service delivery? Or do the measures focus on prevention, health, or wellness?

The Workgroup is also charged with recommending measures for addition to the Core Sets. As you consider measures for addition, I'd like to encourage you to think about how the measures can advance the goals and objectives of the CMS Quality Strategy and the Make America Healthy Again goals. These goals and objectives include a focus on primary prevention, wellness, physical activity, chronic disease management, nutrition, and behavioral health, and I'd like to add to that ultimately outcomes.

Some suggestions that I have for this year's work include considering how, through measurement, can we demonstrate improved outcomes? How can we shift measurement away from process measures to outcome measures? What measures could be considered that are focused on prevention, on early diagnosis of conditions, or are focused on wellness? What are the components or factors of care that must be considered for measures focused on prevention and wellness? What components are most meaningful? Where are the opportunities through measurement to not only manage chronic conditions, but also to improve the health and wellness of those with chronic conditions? What types of measures do these look like? What characteristics are important for these types of measures?

Mathematica provides excellent resources for our use as we review measures. You may also want to reach out to discuss measures with your peers as you do your homework. As you review materials and measures, please think about the population served through Medicaid and CHIP. Other things that should be considered are, will adding the measure add value to the Core Set? Will the measure fill a gap in the Core Set? Will the measure track improvement and outcomes for members served in Medicaid and CHIP? Will the measures enhance quality, access, and timelines of care and service delivery? Will the measure increase the measurement burden on states or providers? And does the measure advance the goals of CMS and the Make America Healthy initiatives?

I'd like to encourage everyone to participate fully in this process, and I'd also like to thank Mathematica for the resources that they consistently provide to make our work more efficient. I'd now like to turn it over to Sarah for her opening remarks.

**Sarah Tomlinson:**

Thank you, Kim. Good afternoon, everyone. I'm Sarah Tomlinson, and I'm grateful for the opportunity to join you as a co-chair of the 2029 Child and Adult Core Set Review. I was nominated by the American Dental Association to serve as a dentist member of this Workgroup. In my role as senior dental consultant for North Carolina Medicaid and previously as the state dental director, I've seen how performance data helps identify gaps and guide improvement to

ultimately strengthen overall health and well-being. The Core Sets play an essential role in highlighting care delivery and supporting accountability across our healthcare system.

From a state perspective, meeting annual Core Set reporting requirements can be challenging. Even small measure changes can create major operational impacts. States work hard to integrate data sources and streamline reporting. As we begin this year's review, I encourage us to prioritize feasibility alongside clinical value. Measures should offer clear insight into access quality and outcomes while remaining practical for states to collect and report. Our shared goal is a Core Set that can reflect the health of our system without creating unintended burdens for those implementing it. Thank you, and I'll hand it back to Chrissy.

**Chrissy Fiorentini:**

Thank you. Can we go to the next slide?

Okay, so now I'd like to open it up for any questions from Workgroup members and the public. As a reminder, use the "raise hand" feature at the top of the screen to join the queue and lower your hand when you are done. Please wait until I call on you to speak and then unmute yourself using the microphone button at the top of the Teams application. And please introduce yourself, including your name and affiliation.

Okay, so I will open it up for any questions now. [Pause] Not seeing any hands. Give it one last call for any questions. You can also email us after the meeting if any questions come up later. [Pause] Okay, still not seeing any, so let's move on to the next slide.

Okay, so now I'm going to wrap up and recap the next steps. Next slide.

As I mentioned earlier, the forms to suggest a measure for addition to or removal from the Core Sets are now live on our website, along with a number of resources to support the Call for Measures process. Everyone who is on our mailing list and who is attending today's webinar will also receive an email with the links to the submission forms and the instructions on how to suggest measures for addition or removal.

All submissions are due by 8 p.m. Eastern Time on Wednesday, September 23rd. The next meeting is planned for January 14th via webinar. This meeting will provide information on the measures that will be discussed at the voting meeting, which is planned for February 2nd to February 4th via webinar. Both meetings are open to the public. Please save the dates. Registration links will be available on our website closer to the meeting dates. Next slide.

On this slide, you can see links that will lead you to key resources on Medicaid.gov and the Core Sets Annual Review web page. In addition to the Call for Measures resources, the Annual Review web page includes previous Workgroup reports, agendas, slides for each meeting, and a calendar of events. Next slide.

If you have any questions about the Child and Adult Core Sets Annual Review or the call for measures, please email our team at MACCoreSetReview@Mathematica-mpr.com. Next slide.

Finally, we want to thank everyone for participating in today's meeting. The meeting is now adjourned.