Child and Adult Core Set Stakeholder Workgroup:
2020 Annual Review Orientation Meeting Transcript
February 14, 2019, 1 – 2:30 PM EST

Hello, everyone, and thank you for attending today's event, the Child and Adult Core Set Annual Review Orientation Webinar.

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Before we begin, we wanted to cover a few housekeeping items. At the bottom of your audience console are multiple application widgets that you can use. You can expand each widget by clicking on the Maximize icon on the top right of the widget or by dragging the bottom right corner of the widget panel.

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Now I'd like to introduce Margo Rosenbach from Mathematica. Margo, you now have the floor.

Thank you, Brice.

Good afternoon, or good morning if you are joining us from another time zone. My name is Margo Rosenbach, and I am a Vice President at Mathematica Policy Research. I am the Project Director for the 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.

I am joined by our co-Chairs, Gretchen Hammer and David Kelley, whom you will hear from shortly.

It is my pleasure to welcome you to the orientation meeting for the 2020 Annual Review of the Child and Adult Core Set. Whether you are listening to the meeting live or you are listening to a recording after the

meeting, I thank you for joining us as we begin our journey to review the current Child and Adult Core Set, consider where there are gaps, and seek opportunities to strengthen and improve the Core Set by filling those gaps.

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I'd like to begin by introducing my colleagues at Mathematica who lead the Core Set Review Team. They include Bailey Orshan, the Task Lead. And Alli Steiner, the Task Manager. Ruth Hsu is a Health Analyst and Dayna Gallagher is a Health Associate. Our two Senior Advisors are Michaela Vine and Rosemary Borck. And I'm pleased to be accompanied by them in the room this afternoon.

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Now I'd like to share with you the objectives for this meeting. First, I will introduce the charge and members for the Child and Adult Core Set 2020 Annual Review Stakeholder Workgroup. Next, Bailey will describe the process for the Annual Review. Then Bailey and Alli will provide background on the Child and Adult Core Sets measures. Next we will hear from Karen Matsuoka, the Chief Quality Officer of the Center for Medicaid and CHIP Services, who will share CMS's policy objectives for the Child and Adult Core Sets. Then Bailey will present the process for submitting recommendations to strengthen and improve the 2020 Child and Adult Core Set. And throughout the meeting, our co-Chairs will share their perspectives and facilitate questions from Workgroup members. And near the end of the meeting, we will provide an opportunity for public comment.

As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We will not have much time to engage in discussion about the Core Sets or the measures, however, we will have plenty of time for discussion at the April and May meetings.

Now let's review the charge to the Workgroup.

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We have defined the Workgroup charge as follows: The Child and Adult Core Set Stakeholder Workgroup for the 2020 Annual Review is charged with assessing the 2019 Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for 2020. The Workgroup should focus on measures that are actionable, aligned, and appropriate for state-level reporting to ensure the measures can meaningfully drive improvement in quality of care and outcomes in Medicaid and CHIP. By actionable, we mean that states can use the results to improve care delivery and outcomes in Medicaid and CHIP. By aligned, we mean that where possible, measures are aligned with those used in other programs to minimize burden on states, plans, and providers. And when we say appropriate for state-level reporting, we mean that the technical specifications, data collection methods, and data sources have been tested and validated by states or are easily adapted for reporting by states.

Now I'd like to invite our co-Chairs Gretchen Hammer and David Kelley to offer their welcome and reflections on the charge to the Workgroup. Gretchen, I'll turn it over to you and then to David.

Terrific. Thank you, Margo.

Hello, everyone. My name is Gretchen Hammer, and I am very pleased to be able to serve as the co-Chair for this important workgroup. As Margo mentioned, we have a very clear charge, and that is to improve and strengthen the Core Sets. And so we look forward to the next couple of months of working together in an open and democratic way that has been clearly outlined by our colleagues at Mathematica. And I'm confident that with this clear outline and this clear charge, that we'll be successful.

And it's really important that we are successful because the Core Sets provide an important framework for Medicaid leaders, providers, and beneficiaries to understand the health needs of Medicaid beneficiaries, their experiences with care, and how the healthcare system is operating to meet their needs.

The Core Set allows us to examine and address inequities in our healthcare system and also to guide quality assurance and promote clinical accountability and value-based payment – all things that are really important for us as we try to improve care for Medicaid beneficiaries across the nation.

So, thank you again for the opportunity to serve as a co-Chair for this, and I'll turn it over to David to provide his opening remarks.

Thanks, Gretchen. This is Dave Kelley, Chief Medical Officer at the Department of Human Services Pennsylvania Medicaid. I'd like to thank CMS and Mathematica for hosting this and inviting me to become one of the Chairs, but also really for the opportunity for the whole Workgroup to provide input to really try to improve both pediatric and adult Core Sets. Again, our task is to look for the removal or the addition of the Core Sets in order to really improve the quality of care for our Medicaid beneficiaries. And, again, I think one of the things – one of the challenges is always to find those key gaps where we're not really measuring things adequately. And, again, that will, I'm sure, where we'll be encouraging workgroup members to be thinking about those areas where there are key gaps or perhaps measures have met their needs and need to be retired. So, again, appreciate the opportunity to serve as Chair and really look forward to the great, robust discussion that we're going to have in subsequent meetings. And, again, I'm going to turn it back over to Margo.

Thank you, Gretchen and David.

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Now I would like to introduce the Workgroup for the 2020 Core Set Annual Review and to share Mathematica's process for disclosure of its interests.

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The Disclosure of Interest 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 interests that could give rise to a potential conflict or appearance of conflict related to their consideration of Core Set measures. Each member will review and update the Disclosure of Interest form before each meeting, and any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure.

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In the interest of time today, we will not be introducing each Workgroup member by name. This slide and the next one list the Workgroup members by name and shows their affiliation and whether they were nominated by an organization. Please note that the full roster is available for download in the Resources section of the webinar console or on our public website.

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As you can see from these two slides, we have an extremely qualified panel of 31 voting members who span a range of stakeholder perspectives, quality measure expertise, and Medicaid and CHIP program experience.

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This slide shows the federal liaisons, reflecting CMS's partnership and collaboration with other agencies in collecting, reporting, and using the Core Sets measures to drive improvement in Medicaid and CHIP. Thank you to all the Workgroup members and federal liaisons for taking part in the 2020 Core Set Annual Review process. We are very excited to be on this journey with you.

Now I will turn it over to Bailey Orshan, a Senior Researcher at Mathematica and the Task Lead for the 2020 Core Set Annual Review.

Bailey?

Thank you, Margo.

We are excited to be kicking off the 2020 Core Set Annual Review process with the orientation meeting today. As Margo discussed the charge to the Workgroup, and I will now provide an overview of the annual review process.

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As required by statute, we have convened a multi-stakeholder workgroup to make recommendations to improve and strengthen the Core Sets for 2020. The Workgroup's recommendations will inform CMS's updates to the 2020 Core Set in terms of measures to add and measures to remove.

As part of the annual review, the Workgroup will review the measures in the 2019 Core Sets, as well as information on state reporting and performance for FFY 2017.

The Workgroup will consider the Core Sets individually and in combination. To facilitate this, we've assembled a single workgroup to look holistically at the measures to include in the Core Sets. This will ensure that the measures reflect the continuum of care delivery and outcomes across both children and adults in Medicaid and CHIP. Based on their expertise and experience, Workgroup members and federal liaisons will recommend measures for addition to or removal from the Core Sets. We will discuss details on this process later in the meeting.

We also invite the Workgroup to identify gap areas for future measure development.

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The graphic on this slide is a visual representation of the milestones in the process. The next date that we ask you to keep in mind is March 8, which is the due date for measures recommendations from Workgroup members and federal liaisons. On April 23, we will reconvene the Workgroup to prepare for the in-person meetings. We will introduce the measures submitted for consideration for the 2020 review and describe the process you will use to vote on the measures during this meeting.

And finally, the in-person meetings will take place on May 7th through 9th in Mathematica's Washington, D.C. office.

Note that all of the meetings are open to the public. This process will culminate in the development of two draft reports, one for the Child Core Set and one for the Adult Core Set, based on the recommendations of this Workgroup. These reports will then be made available for public comment to inform the final report. In turn, the final report will inform CMS's updates to the 2020 Child and Adult Core Sets, which will be released before December 31 of this year.

Gretchen or David, do you have anything to add?

Sure, Bailey, thank you. This is Gretchen Hammer. I think I would just like to make the – the observation that we are clearly in very good hands with Mathematica serving as the backbone organization to guide us. This slide, as well as the entire structure of the process, I think should give us all confidence as Workgroup members that we have a clear task, we have a strong facilitated approach, and that really should enable us to use most of our brain power to dedicate it to the task at hand, which, as David said, is – is really looking at key gaps in measures and potentially measures that need to be retired. And so I just want to share my appreciation back to Mathematica for outlining the process to be so clear and to help give confidence to the Workgroup members that we have the opportunity to really focus on the content and – and know that the logistics are so well managed.

So, with that I – I just add my – my sense of gratitude and excitement for the journey that will go on between now and the final report and recommendations.

David, did you have other comments?

Sure. Thanks, Gretchen.

I'm really very impressed with the workgroup that's been put together and the various areas of expertise and perspectives that each of the Workgroup members bring to the table. I think it's so valuable to have a broad stakeholder approach to – to our task at hand. So, I really want to commend, you know, the – the selection of the Workgroup. We have a lot of great brain power and a lot of various stakeholder perspectives that I think really need to be taken into consideration.

I also am pleased that, you know, this is a combined workgroup, and I think there is synergy in discussing both the pediatric and adult measures together. There are some measures where there is overlap and there needs to be discussion. Some of the age bands overlap between what one considers pediatric and adult care.

And I think it's also good to have a combined workgroup so that we can think in terms of behavioral health integration and how we make sure that in both pediatric and adults that we're addressing the behavioral health needs of the populations that we serve.

I will say that the big challenge is that March 8th, to be able to get those recommendations in, you know. So, there's a lot of homework, I think, that will need to be done between now and March 8th for our Workgroup to really, again, look at the current measures and then really kind of scan the availability of other measures that are out there.

So – but I'm really – I'm very, very excited about the workgroup that's been put together, the fact that it's a combined workgroup, and I'm very excited about the opportunity to really improve the Core Sets.

And I think at this point we are going to invite members from the Workgroup, if they have any questions. And I've been told to do that you need to press star six to unmute.

I think –

Do we have any questions from Workgroup members at this time?

Just a reminder for the Workgroup, to unmute your line you'll press star six. And for any members of the public, you'll press five star in order to raise your hand.

Well, thanks, David. Why don't we turn it back over to Bailey at this point, and we'll have other opportunities for Workgroup members to ask questions and then public comment toward the end. Thanks David and Gretchen.

Great. Thank you, Margo.

Next slide, please.

So we will now provide a brief background on the Child and Adult Core Sets. After the meeting, the Mathematica Core Set review team will provide Workgroup members and federal liaisons with additional information about the Core Set measures to support your recommendations for adding or removing measures.

Next slide, please.

First I would like to provide some basic information about the national context for quality measurement for Medicaid and CHIP, who is enrolled in the programs, and the services provided is important context.

Together Medicaid and CHIP cover about one in five people in the U.S., and almost 50% of the people covered are under the age of 21. Additionally, more females are covered than males.

When you look at the graphic on the bottom left of the slide, it shows the annual Medicaid expenditures by service category. The two areas with the highest spending annually are Medicaid Managed Care, with expenditures of about 42%, or $228 billion, and long-term care, which is 21% of expenditures, or about $115 billion. This illustrates clearly how much is spent on long-term care and support, which is a gap area in the Adult Core Set. It also helps emphasize the importance of managed care organizations as partners in measuring quality in Medicaid and CHIP.

Finally, of the total annual expenditures for Medicaid and CHIP, Medicare, and private health insurance, one in four dollars is spent on Medicaid and CHIP. As you can see, about one in five individuals are covered by Medicaid and CHIP, but about one in four healthcare dollars are spent on them.

The importance of the Core Sets is underscored by the role they play in understanding access and quality in Medicaid and CHIP as well as providing a snapshot of performance on the programs that serve about one in five people in the U.S.

Alli Steiner will now provide more specifics on the history of the Core Sets and state reporting of the measures.

All right. Thank you, Bailey. Next slide, please.

The Child Core Set was established first, and it was established by the Children's Health Insurance Program Reauthorization Act of 2009, which is better known as CHIPRA. The initial Core Set of measures was released in 2010, and states recently completed their ninth year of voluntary reporting of the Child Core Set measures.

The 2019 Child Core Set has 26 measures, and no measures were removed from or added to the 2018 Child Core Set.

The Adult Core Set was established by the Affordable Care Act, and the initial Core Set was released in 2012. States recently completed their sixth year of voluntary reporting.

The 2019 Adult Core Set has 33 measures after the removal of the antenatal steroid measure from the 2018 Adult Core Set.

Next slide, please.

I am now going to provide a high-level overview of some of the key characteristics of the 2019 Child and Adult Core Sets.

This slide shows the breakdown of the Core Set measures by domain. As you can see, the Child Core Set is more heavily weighted towards measures of primary care access and preventive care whereas the Adult Core Set is more heavily weighted towards measures of acute and chronic conditions and behavioral health.

You can also see that the maternal and perinatal health measures are spread between the Child and Adult Core Sets. As you think about how to strengthen and improve the Core Sets, we encourage you to consider the distribution of measures across these domains.

Next slide, please.

This slide shows some additional characteristics of the 2019 measures. There are six measures that span across the Child and Adult Core Sets. These measures are included in both Core Sets based on the age group covered by the rates.

You'll also notice that the majority of the measures in the Child and Adult Core Sets are process measures, although six of the 26 measures in the Child Core Set, and nine of the 33 measures in the Adult Core Set, are considered intermediate clinical outcomes or outcome measures.

More than 85% of the measures in each Core Set can be calculated with administrative data. About half of these measures are calculated with administrative data only, and the other half can also be calculated using EHR data or the hybrid methodology, which uses both administrative data and medical record data.

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On this slide we present some very high-level findings about state reporting for FFY 2017, which is the most recently available data for the Child and Adult Core Sets. For the Child Core Set, all states reported at least one measure, and 45 states reported at least half of the measures. The median number of measures reported by states was 18.

And for the Adult Core Set, 45 states reported at least one measure, and 34 states reported at least half of the measures. States reported a median of 17 measures.

Of particular note, state reporting has increased over time. For FFY 2017, 21 states reported more Child measures than in the previous year and 33 states reported more Adult measures than in the previous year. And four states reported the Adult Core Set for the first time in FFY 2017.

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This slide shows the number of states reporting each of the 2017 Child Core Set measures. As you can see, there is a wide range in the number of states reporting each measure. The measures indicated by a red X on the screen have since been retired from the Child Core Set.

The measures reported by fewer states tend to be measures that require EHR data or medical record reviews, are newer to the Core Set, or require data linkages.

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And here we have the number of states reported for the Adult Core Set in FFY 2017. Again, the measures that tend to be less-frequently reported are those that are newer to the Core Set, are more – or are more resource – resource-intensive to calculate because they require EHR data or medical record review.

Additional information about the 2019 Core Sets and the most recently – the most recent publicly-available data can be found in the Appendix of this presentation.

And now I will turn it back to the co-Chairs to see if they have any comments.

Terrific. Thanks, Alli.

So, we recognize that that is a high, high, high level review of the Adult and Child Core Sets. But we wanted to provide that overview simply to remind ourselves of our opportunity and to focus our task on these Core Sets and how we could strengthen and improve them moving forward to meet the goals (audio break).

I think we may have lost Gretchen. David, can you hear me?

Yes, I can. So let me add a few comments. Hopefully Gretchen will be able to – to rejoin us.

But, again, having been around and involved with both the Adult and pediatric Core Sets since their inception, I really – I'm excited to see how many measures are being reported and knowing full well, also, that there are potential challenges to collecting various measures.

So, also of note was the, you know, the lots and lots of expenditures in the LTSS world. But not really having the good representation of those measures currently on the Core Set, the Core Adult Set, and – and that obviously is a challenge, and many of those measures are fairly new measures. So, again, I think that's in the area that, hopefully, the Workgroup will be paying attention to and will focus on.

Also, I think in the pediatric Core Set, there is – pay a lot of attention to access to care and some, you know, very basic things around pediatric care. And I think increasingly we also need to think about children with chronic conditions or those children living with special needs. So I think we need to think in terms of that.

Also, one of the things that we do in Pennsylvania is many of the measures, we actually over sample. And we like to do some breakdown by race and ethnicity because we find that when there are gaps in – in care, that that's really a great way to drive quality improvement. So that's another, I think, variable that we need to be thinking of as far as the Workgroup.

And, of course, I'll put my state Medicaid hat on, and say that, you know, the measures need to be feasible. That, you know, it can't be overly burdensome. Some states – many states have managed care, and many of the measures are done by the managed care organizations, but there are states that remain in a fee-for-service model of care, and there are very unique challenges to that.

And then my last comment is really around, you know, administrative data is always easier to – to – to measure and to obtain. Hybrid measures tend to, you know, involve chart review and a lot of intensity and cost that goes along with that. And each of those two ways of collecting data have their pros and cons. But I will put a pitch in that, you know, as we move more and more towards the use of electronic health records, that we need to think in terms of electronic quality measurement to drive quality improvement as well as reporting.

So those are some of my comments. I don't know if Gretchen has had a chance to rejoin us.

I am here if you can hear me.

I'm going to turn it back over to you, Gretchen.

Terrific. I – sorry about falling off there. I don't have much to add. I think David did a wonderful job of – of overview. And I think the only thing I would – would add is that we recognize that the five or six slides that Alli went through are very high level. There will be additional resources made available, and certainly members of the public can also do additional research to understand in greater detail the details behind each of these measures so that we can all build our collective knowledge for our deliberations and final recommendations.

So, I think, again, this high-level overview is very helpful. I think all of the comments that David made are right on point. And I think at that – at this point, we'll turn it over to our colleagues as CMS to share their perspectives on these policy objectives.

Thank you. Before we do that – Karen, before we do that, could we take some questions from the Workgroup? I think we have a little bit of time allotted for that.

(Inaudible) opportunity. Works for me. Thank you. Sorry, Karen.

Are there any questions from Workgroup members?

Again, to open your line –

Hi. This is Lowell Arye. Thanks for all of this conversation. It's been very helpful. I guess I have – I have a comment and then a question. The comment is I appreciated David's statement about the – needing measurements for long-term services. I think that's one of the reasons why I'm on this Workgroup, is because of that, because of my time. But I do appreciate him saying that.

The other piece of this is I am wondering, because I've noticed – I know that in the Children's Core Set, there is more of a division between – between ages somewhat. And in the Adult Core Set there's not. And I'm wondering – or not that much, really. And I'm wondering if there is some possibilities of opening that up a little bit. You know, 18 to 64 is kind of a very broad and huge group, and doesn't always – doesn't always give you a full understanding. I'm thinking of, for example, vaccinations. If you look at vaccinations

for someone, you know, 50 to 64 and 64 and above, necessarily, or something like that. Just curious about that possibility.

Thanks. And I'm going to just – and I'm going to mute myself now.

Thanks, Lowell. I think to address your question about the different age bands, usually the measure stewards define those age bands. And many times there are – there's maybe subdivisions within those age bands. So what may be presented here, there may be a – a wide age band, but there are, many times, subdivisions within those age bands. And I, being a general internist and geriatrician, I always get in trouble when I talk about pediatric immunizations, but, you know, there's – there are pediatric, and then there are adolescent immunizations. And those are age-band appropriate. So, many times, within the measures, there are even smaller breakdowns in the age bands within that particular metric. But that is usually, again, defined by the measure stewards that have developed and have tested the measures. And, again, our job is to try to pick measures that do meet the needs of the various populations we serve. And, again, unfortunately, sometimes those measures that have been vetted by the developers may or may not have the perfect age bands, but usually there is breakdown of those age bands and there are ways that you can do sub-analyses.

Hopefully that answered your question or addressed that particular concern.

Yeah. Thank you for that. I appreciate that. And I guess when we get more into the actual measurements, that will be helpful to understand. Appreciate it.

Are there other questions?

Okay. If not, I'll turn it over to Karen Matsuoka, who is the Chief Quality Officer for the Center for Medicaid and CHIP Services. Karen, thanks so much for being here with us today, and thanks so much for your continued leadership and really driving the quality improvement within the Medicaid program.

Thank you so much, David. And actually I want to start out by returning the thanks to you, the long colleagues that we have worked with, because, as everyone on this call knows, Medicaid and CHIP are federal-state partnership programs. And so, any – any progress that we make in these programs is, you know, in large part due to the partners that we work with, many of whom are on this call and on the Workgroup. So thank you so much.

And I want to just start by just reflecting on the role that the Medicaid and CHIP Child and Adult Core Set plays, and give you a little bit of – of sense for why they are so mission critical to the work that we do here at the Centers for Medicaid and CHIP Services. And why we're so thankful to have you here because the work that you'll be doing as part of this Workgroup would be considered to be mission critical as well.

So, as the fantastic overview that MPR provided shows, we serve not only a huge number of beneficiaries, more than Medicare and the medi – and the Marketplaces combined, but if you look at the variety of the beneficiaries that we serve, there is a huge mix of individuals that we serve. And all of them, in some form or fashion, arguably constitute some of the most vulnerable members of our society. And so having some ability to reliably look across all 50 states and D.C. to assess how well we're doing by our beneficiaries that we serve becomes critical.

And yet, until the advent of the Child and Adult Core Sets, there really was no standardized way for us to do that. That's not to say that individual state programs like the ones that Dave Kelley runs in Pennsylvania and certainly Gretchen in Colorado were not doing quality measurement on their own, and certainly they were. But what's new about the Child and Adult Core Set is that for the first time in the history of these programs it represents a coming together of all the Medicaid and CHIP stakeholders to agree that these are the measures that we think are the key indicators of how well we're doing in terms of access to care and quality of care. And it's a barometer that we use to assess how well we're doing and how far we need to go in terms of the opportunities for quality improvement.

It also allows us to roll up across states to a national number. And figure out how well we're doing, not just state by state, but nationally how well we're doing.

And when it comes to thinking about the Child and Adult Core Set, and the policy objectives and goals that we have, that we'd like you to keep in mind as you are thinking about how you would recommend that we improve on these Core Sets, there are a few key goals that we – that we think about here in the Center.

First, is to increase the number of states reporting the Core Set measures. Do our technical assistance reach the states that we do in close collaboration with MPR, and increase the number of measures reported by each state. That's important because the value of the Core Sets taken together becomes all the – all the greater depending on the number of states reporting each measure. Congress has said by statute that these measures are meant to provide a picture of how well we're doing as a nation. And so, a measure that only has three states reporting provides a much thinner slice of a picture of how well we're doing for populations that we're serving than a measure, say, that 40 states are reporting. So the more measures that more states report to us, the more we're able to have a complete picture of how well we're doing.

With regard to these first two goals, it's important to note, as people have said on this call, that state participation in this program is voluntary. So there's no reason why states have to do any of this reporting to – to us. They do it because they see value in it. So, taking into consideration things that Dr. Kelley said, like feasibility of reporting, as well as the importance of any particular measure to the populations the state serves through the Medicaid and CHIP programs becomes paramount. And we ask that you think about these dimensions as you give us your input.

In addition to those goals, we have a number of other goals as well, like improving the quality of the data that states report to us in terms of their completeness and accuracy. This becomes important because one of the key things that we'd like these Core Set measures to be able to do is to enable states to compare in an apples-to-apples way how their performance stacks up against the states that they would consider to be their peers. And the only way to do that is to have complete, accurate, reliable, valid data that states are reporting to us.

We're also looking to, over time, better streamline data collection and reporting processes. So, as David Kelley mentioned, a huge population gap that we have in our Adult Core Set is the long-term – the LTSS population. And one of the data sources that we're looking into is the Minimum Data Set. This was something that we presented at last year's Workgroup meeting as a mechanism by which we might be able to tap into data that states are already reporting into CMS that we can then derive measures for them.

So the Minimum Data Set, for those of you who don't know, is an assessment conducted by Medicare and Medicaid-certified nursing facilities on all of their residents, regardless of payor source. This can add further items to the Minimum Data Set, but the bulk of the assessment is standardized across all nursing facilities across all states. This data then comes to CMS for us to use in programs like nursing home compare and a skilled nursing facility value-based purchasing program.

Importantly, using the data elements in the minimum data set, it is possible to construct multiple measures that have direct bearing on Medicaid nursing facility residents, including several that are NQF endorsed.

So, in addition to thinking about particular measures, we do encourage you to think about where states are already reporting data, how these data are already flowing, and how CMS might be able to tap into them and not necessarily rely always on states to report them to us so that we can increase the number of meaningful measures that we have without necessarily increasing reporting burden on our state partners.

And then finally, and perhaps most paramount, is that when we set up the Child and Adult Core Set measures, it was never the objective for us to collect measures for the sake of just public reporting. It was

always meant to be a mechanism to support states to use this information to drive improvements in healthcare quality and health outcomes by being able to use this data to get insight into where they might be able to improve.

So, we will be talking later in this presentation on how these goals translate into a few key attributes of what you might call an ideal Core Set measure looks like. Things like feasibility. Things like meaningfulness to the populations that we serve. Things like their ability to fill an important gap area in things that we aren't already measuring. And you'll hear more about that later in this webinar.

But before I turn it back over to David and Gretchen, I think the only other things that I would just reemphasize, because in many ways the Child and Adult Core Set are different from many other measurement programs that you may be familiar with, maybe in use in Medicare or in the commercial sector. And importantly, the measures are at the state level. And, by statute, the measures are meant to be taken together to allow us to understand how well we're serving our beneficiaries.

So, as you think about individual measures, and whether they, as individual measures, are meaningful measures, it's also important to think about how those measures, taken together with everything else that's already on our Core Set, together work to give us this barometer of how well we're serving our patients and – or there might be areas to improve.

So with that, I hope you can see how important your input is into this role. The vital function that the Child and Adult Core Sets serve with regard to the Medicaid and CHIP programs, both at the federal and state level.

And with that I just want to thank you again in advance for all of your time and expertise. And I will open it up for feedback or input from either of our co-Chairs.

Thank you so much, Karen. This is Gretchen Hammer. I think that you have provided us a critical overview and a wonderful reminder of the importance that these Core Sets play as – as you described them to be mission critical. So, thank you, and I think you continue to sort of mirror many of the – the framework that we've already started, which is these measures must be meaningful, and they must be feasible, and there is probably going to be a set of ideal attributes, I think is the word that you used, that we're going to want to work together as a – as a workgroup and ensure that all measures included in the Core Sets meet a number of those ideal attributes.

I think the only other thing I would add, and I think it – it – it begins where your comments ended, which is another identified potential area for improvement in the Core Set is our understanding of the beneficiary experience. That is one of the areas that in – when we looked at the domains, does not have very many measures dedicated to it. It's a very difficult part of our quality measurement structure to really understand beneficiary experience.

But I – I did want to add it in addition to the areas of long-term services and supports.

And I think, again, I appreciate that Mathematica has put this process together as it relates to adults and children – the Adult and Child Core Sets being reviewed at the same time. Because I think that gives us members of the Workgroup the opportunity to think more holistically about families or about individuals who may be enrolled in the Medicaid program or the CHIP program as a young person and then also as a young adult and then as an adult. And, really, can we understand that beneficiary's experience across the age spectrum.

So, thank you so much for your comments, and we appreciate the seriousness with which you take our work, and we look forward to – to bringing you a set of recommendations.

David, do you have any additional comments?

Sure. Thanks, Gretchen, and thanks, Karen, for your comments, and your insight, and your ongoing leadership.

You know, again, there are certain gaps that we need to, I think, focus on. One of the questions that came in online was, you know, what is – what is actionable and what is aligned? And actionable, in my mind at least, from our – from our state perspective, is something that we've measured in a valid way and there's a huge gap and there's room for improvement. And it's especially actionable if we find, as I previously mentioned, we look at race and ethnicity, and if we see gaps there, to help drive quality improvement. To me that's what helps to define what's actually actionable.

And then, what's aligned? I think that a part of our duty is to really, from a provider standpoint, we need to think in terms of what is the burden at the provider level? Even though this is – we're being asked to report this at the state level, but providers are burdened with quality measures. And any way that we can align the measures across the commercial world, across Medicaid, and obviously Medicare, I think we need to think in terms of how can we do quality measurement and quality improvement where providers don't have to think about little nuances of particular measures.

Then my last comment here is that I really commend CMS in looking at and trying to make use of the MDS, the Minimum Data Set, which anyone that uses it knows that that's a misnomer, there's nothing minimal about it. But it's data that's been collected for many years for nursing facility residents. And I think it's a huge opportunity to be able to use the MDS to start to measure and look at what's happening within the nursing facilities.

My last comment here is, and there was a question about dental, and in – from the state Medicaid program, dental is vitally important. In Pennsylvania we've been very focused on our pediatric dental measures and improvement and – and access to care, both preventative and restorative. And for many years we have actually measured dental access for those with special needs. I will say that we're actually venturing into, on our own, developing some adult dental measures. Unfortunately, again, that's really in the developmental stage. But, again, as we're a state that has done Medicaid expansion, and we want to look at what is the adult access care for dental services. And even those states that have not done expansion, there's still a fairly significant aged, blind, and disabled population that has dental needs. And we know that dental disease is also linked to diabetes, coronary disease, and other chronic conditions. So that is an area that I think we are all challenged, and we need to think in terms of coming up with some additional measures or some better measures.

So, I think next I'm going to turn this over to Bailey, and we're going to continue through the slide deck.

Bailey, over to you.

Thank you so much, David. And thank you, Karen, for sharing CMS's policy objectives for the Core Sets.

Now we'll describe our first ask of the Workgroup which is to make recommendations to strengthen and improve the Core Sets for 2020.

Next slide, please.

So, over the next few weeks, Workgroup members and federal liaisons will have the opportunity to recommend measures to add to or to remove from the Core Sets. This process will start tomorrow, when the Mathematica Core Set Review Team sends an email with instructions on how to recommend measures for addition or removal. This email will also include a list of resources to inform the recommendation, including information about the current Core Sets, proposed changes to HEDIS 2020, and sources of potential new measures. This will allow each Workgroup member and federal liaison to take the time they need to familiarize themselves with the Core Set measures and other available measures.

This email will also include a link to a Google form to fill out for each measure recommended for addition or removal to the Core Sets.

This process will conclude on March 8, when all recommendations are due 8:00 p.m. Eastern Time.

If you have any questions about this process, please send us an email at the email address listed on this slide.

Next slide, please.

Next I would like to spend a few minutes thinking about potential areas where measures could be added to strengthen or improve the Core Sets.

The areas that you see listed on this slide are not an exhaustive list, and they come from multiple discussions conducted about the Core Sets over the years. We have listed some areas that cut across both the Child and Adult Core Sets, such as the integration of behavioral healthcare and primary care and social determinants of health.

We have also included some areas that are specific to the Child Core Set, such as measures about care for children with special healthcare needs. And also areas specific to the Adult Core Set, such as long-term services and supports, which have been mentioned a few times on this meeting.

Over the next two slides, I will cover characteristics to consider when recommending measures for removal or addition.

Next slide, please.

When considering measures for addition, we ask that you pay attention to the following five characteristics.

The first one is actionability, which is whether the measure's results will be useful to states to help them improve their Medicaid and CHIP programs.

Next, alignment. Whether the measure is used in other reporting programs, such as the Merit-based Incentive Payment System, MIPS, program, or the Medicaid Electronic Health Record Incentive program.

We also ask whether the measure is appropriate for state-level reporting. Meaning has the measure been tested and validated for state-level reporting, and is it currently used by any states.

Next, feasibility. So are states likely to be able to access the data needed to calculate the measure, or could CMS offer technical assistance to facilitate complete and accurate reporting of the measure in the future?

And finally, strategic priority. Does the measure fill a gap area in the Child and/or Adult Core Set? And this could be one of the areas on the previous slide or one that you feel the gap based on your experience.

Next slide, please.

We have also identified five characteristics to consider when recommending a measure for removal. Some of these characteristics are the same as the ones for measure addition, but in the context of current reporting.

So we also include actionability here, which would include measures that are not considered useful to drive improvement in state Medicaid and CHIP programs.

Next we ask you to consider clinical revel – relevance, pardon me, and whether the measure no longer adheres to clinical evidence or guidelines.

We also ask that you consider feasibility, in terms of whether states have experienced significant challenges to reporting the measure, such as barriers to accessing data, and whether these challenges are unlikely to be overcome with technical assistance or collaboration.

And next we ask have you or are you recommending a new or alternate measure to replace an existing Core Set measure?

And finally, performance. So have states consistently reported a high level of performance on the measure which indicates there is little room for improvement on that measure?

And now I'll turn it back to Gretchen and David to see if they have any comments they would like to add. Thank you.

Thank you, Bailey. I think that, as I mentioned in my remarks after Karen, I think that we are, you know, beginning to build and understand the set of ideal attributes that we'll be using in an active way as a workgroup to decide – make some final recommendations when – when we get to that point in our meeting in May.

So I think that, you know, among the slides today, all of them, of course, are important and include important information, but slides 32 and 33 are really an important set of criteria, if you will, that – that we as Workgroup members can begin to use and – and normalize in our thinking as we think about the kinds of measures that we'll want to – as we're reviewing measures, and the kind of measures that we may want to recommend or recommend for removal.

So I think that, again, as I've mentioned, this is a high-level overview. There will be follow up that comes, so please don't feel the need to be writing these down or trying to take a screenshot. There will be follow-up materials provided by Mathematica that will support us in – in using this information as we move forward in our work.

So, thank you again for the – the high-level overview, Bailey. And with that, I'll turn it over to – to David to see if he has any additional remarks.

Thanks, Gretchen.

Again, our task at hand is an interesting one and sometimes difficult from a state standpoint. I think we need to be looking at the total number of measures in both the Adult as well as the pediatric Set. I believe that some of those measures, including the behavioral health measures in the pediatric measures will become, I think, mandatory to be reported in 2024. And, again, I just think that we need to be thinking now, strategically. 2024 sounds like it's a long ways away, but, I think we need to be thinking in terms of what are we recommending. And we need to be cognizant of sometimes limited resources, and there's probably a long wish list of what we want to add to the list, so we also need to think about the total number. So, one of the challenges is to also be thinking in terms of what we actually remove from the list.

So those are the challenges that we face, and looking at the Workgroup and the members that are on this Workgroup, I have great faith that we'll be able to – to really work through this process and – and really make some great recommendations for the Adult and pediatric Core Sets.

And with that I think we are going to open it up for public comment.

Okay, we have a few hands raised, so I'm going to unmute the first caller with their hand raised. You should hear a brief recording coming over your phone. Your phone line is now unmuted so you can make your comment.

Caller, just a reminder, your phone line is unmuted.

Okay. We'll move on to the next caller in line. So, again, you'll hear a brief message come over your line indicating that you're unmuted, and you should be able to make your comment at this point.

Good afternoon. This is Sally Turbyville with the Children's Hospital Association. I'm actually on the committee but I haven't been able to get unmuted until now.

I just – I was curious, and it's important as – as a liaison for the Children's Hospital Association in gathering thoughts about adding or removing measures, what CMS has for, you know, directionally, to say about the pending 2024 mandatory reporting for the Child Core Set. You know, anything to help shape how likely we would be to add or recommend removing measures. I also, I'm curious from CMS, none of the measures recommended last year were added, whether as you're looking down the road including this year or next. If you are looking to reduce the number of measures on the Core Set over time or if it was just what happened last year. So I'm trying to get a sense of where CMS sits, what your short and long view are that might really affect how we at the Association look at measures for removal or addition this year.

Hi, Sally. This is Karen. I think we are - we are very, very in early stages in thinking about what 2024 looks like and the road to getting there. So I think the best recommendation, and I completely take the point and I understand why you're asking the question, but I think for purposes of this year, I think the best thing to do is to think about, you know, this workgroup is the workgroup charged to think about the 2020 Core Set. There's a lot that we know will happen between 2020 and 2024. It's both a very long period of time and a short period of time. But because there's a considerable gap between 2020 and 2024, I think for purposes of this workgroup, we'd encourage you to think about just, you know, looking at the 2019 Core Sets and then thinking about additions in 2020. What would you recommend to either add or remove? And really think about the – the measure characteristics that MPR went through a little bit earlier. These tend to be the kinds of things that we do consider as well. And so in thinking through, you know, what measures got recommended last year, you know, why we either did or did not take recommendations, they pretty much fall on the lines of, you know, deliberations that we've had internally as well as with our state partners about how well they do or don't match up to some of these characteristics.

So that's probably the – the best answer I can give for you at this point in time.

That's fine. And Karen, in terms of which – I don't think the report gave a lot of insights of the rationale for CMS not uptaking some of those measures. Is there something you can send to me that you can share that will help us avoid, you know, making a misstep that if we had had that information it would have gotten us closer to where you are?

You don't have to answer now, but anything that you can send to me will – will help and shape those insights a little bit.

We don't – we don't have a report, per se, but maybe we can chat offline if there are particular things that you're – you're wondering about.

Yeah. I mean, I think there are some recommendations from the Child Core Set that have been made, you know, numerous times. You know, are there solutions that are now, maybe in 2020, more reasonable. Or, you know, would they continue to be barriers. I think those will be helpful in us focusing our member and our resources in sorting through what we might recommend for 2020.

I think for –

We can talk about it offline.

We can definitely talk about it offline, but if you can take a look at the CIB that we put out announcing the 2019 Core Set revisions. We did have a little bit of an explanation about, in particular, the PQMP measures. I – I'm assuming that those are among the things that you're wondering about. So, you know, maybe take a look at that.

And they do get to issues of things like actionability, feasibility, performance. So, maybe take a look at that. Think about it, and maybe get in touch with us if you have other questions.

And Karen, this is Gretchen. And Sally, thank you for asking the question. I guess I would advocate that as opposed to taking that conversation offline, it seems that Sally, you're asking an important question,

which is, if there is a barrier to acceptance of a certain recommendation, it would be helpful for the Workgroup members to know that so that we dedicate our time in the right areas and in the right places of measures that are likely to have adoption or at least be sort of clear in our recommendations to allow CMS to make the final decision. So, I appreciate the willingness, Karen to continue that conversation with Sally. Maybe there is a way that David and I, and Margo, and Bailey could follow up and make sure that everyone has the CIB that you just referenced so that we all have that as a resource. And then to the extent that now you know the question, if there is any sort of additional information that you could provide us as an entire workgroup, that would be super helpful.

I think that makes a lot of sense. We can certainly send you the CIB, and then maybe we can follow up after this meeting to figure out what the best process would be to get that information out to everyone. Because I think you make an important point, that this is information that will be useful for everyone, not just Children's Hospital Association, so we would like to make sure that we can make this same information accessible to everyone on the same footing.

Wonderful. Thank you.

Hey, this is David Kroll. I'm one of the Workgroup members. One question I wanted to ask you guys is when we're talking about like using actionability as a criterion for the measures, I'm wondering whether that also includes an assessment of how feasible it is for states to collect the measures, whether they have the infrastructure to collect the measures. And also, not even just whether they're technically or potentially actionable, but whether or not the states have resources to do anything about them. Or take action.

David, this is Gretchen. I'll jump in. I think that those are excellent questions. And I think what we will need to do collectively as a workgroup is build our own understanding of what these concepts of actionable and aligned mean. I certainly have, as a former Medicaid director, I have some thoughts about whether or not state resources being available is a useful criteria. I think that could go either way. Sometimes it's nice to have a metric that then you can go to your general assembly and say we need more resources because this is now something that we share in – of interest with – with the federal government and with a whole group of stakeholders. Or, it can make it difficult if a state can't go to their legislature and ask for those resources, then they're sort of automatically behind in their ability to report on that measure. So, I think some of those questions could go either way. And I think what we'll need to do as a workgroup is just clarify how we use that concept in our decision making and how that informs any final recommendations. So I think you're asking great questions, and that will be some of, I think, our shared work is coming to those agreements about what those criteria mean for us.

Great. Thanks.

This is Laura Seeff. I'm a federal liaison from CDC on the Workgroup. And I have a question about sort of parsimony and any sort of target number you have in mind. This is for Karen and everybody. But presumably you want – I know you want to keep this list short. Are you thinking about things like a new measure should be paired with sunsetting a measure or – or not? And do you have a general idea in mind below which you need to keep the list of measures?

So this is Gigi Raney at CMS. We do not have a general number that we try and stick below. I think when we talk about parsimony, part of that has been trying to make sure that we are taking into consideration the burden to states that changes in the measures on the Core Sets reflect. Not only financial changes, but also it causes shifts in their own QI programs, potentially. So I think when we've tried to make those incremental changes, it's wanting to reflect the reality that for most states making major shifts would – would be burdensome and not actually feasible. So, we're looking at it in that – in that sense in terms of changes. So we don't necessarily have a limit. So we're not reco – we're not stating that you need to – if you want to add a measure that you have to recommend a measure for removal at all. But I think looking at the Core Set and looking at each measure to see which ones might be appropriate for removal, or where there might be gap areas, which measures might be good to add to address those gaps. Or even, I think, looking at what's on there and identifying if there's a better measure out there. Because I think as science changes and other things happen, sometimes a better measure might exist, but we might have

an older measure on there and it might be appropriate for us to retire and replace, which we did with our asthma measure in the last year or two. So, I think there's a few different options in ways to take a look at that.

Great. Thanks.

This is Tricia Brooks from Georgetown and a member of the Workgroup. I'm not sure if this is the right time to ask this question, and basically it's two parts. One is, can you remind me again of when recommendations are due for new measures?

Hi, Tricia. Yes, this is Bailey. And recommendations are due March 8 at 8:00 p.m. Eastern.

Okay. So, I think this is the – you know, I'm extremely familiar with the Child Core Set and have helped a lot of state groups analyze their own data and have particular interest because of the work that we do in children's health in particular. But I am not a measurement expert in regard to what's in the pipeline that is showing promise. So, it feels like there's a missing step here in terms of, you know, I can't recommend a measure if I don't know that, you know, it is in the pipeline and it's been showing a lot of promise.

Tricia, this is Gretchen. I can try and jump in and respond. We had that exact conversation as a Workgroup Leadership as we were preparing for this conversation. And I think we recognized that for, you know, experts who live and breathe this work, they may come with a level of knowledge that some of us, like myself included, who don't live and breathe this work but have an operating knowledge of this work, that there is going to have to be some additional homework done by all of us, especially if we don't – if our area of expertise is in one area and not another. And so, Mathematica – we will work together with Mathematica to provide some resources of places where people can do their own research. I think we are mindful of not wanting to direct people to measures that we think would be good ideas, but rather, as you said, give people a menu of resources so that they can go and do a little research.

It does mean that between now and March 8 everyone is going to have to dedicate some additional time to this effort. And I think that's something we want to be explicit about, that some homework will be required, some independent study, if you will. And so, you will get some additional resources from us to help support that. But we also encourage a little self-study and – and looking around to the extent that every member of the Workgroup feels like they want to build their knowledge of some of these potential measures as well.

Thank you.

This is Dave Kelley.

Hello?

Just to add to that, I think there are state programs – in Pennsylvania we use our external quality review organization to develop measures for us where we feel there is a gap. And other states have undertaken that same opportunity to do measure development. And we actually have tried – we've validated with our external quality review organization. So, that is one of the resources hopefully we'll be able to tap into. And I would challenge – we have a fair number of folks representing state Medicaid programs – to actually go back and look at, you know, what is being measured? How are you using your external quality review organization to look at various measures? So that – that's kind of an additional resource that might be there and might be available, and I would challenge the state Medicaid programs, if you have measures that those are the types of things that really need to come forward. I know in Pennsylvania we've developed several measures over the years, in lead screening, childhood obesity, looking at depression in pregnant moms and postpartum, and not just looking at depression but, you know, actual treatment. And then we also, for many years, have looked at pregnant moms and whether or not they've been counseled to quit smoking, or if they're exposed to second-hand smoke, and then whether or not they actually have quit. So, those are just some examples of – other states have done some very innovative and unique measurements that have been, you know, kind of tried and true for several years. So, those are the types of things I think we want to also tap into because states have already been doing

those measures for several years. So that – that's just one example of another resource that is out there and available.

Thank you, David. This is Margo.

Hello?

At this time – can we turn to public comment? Brice, can you

Yes, I'm going –

Unmute the line for public comment?

Absolutely. So I'm going to unmute the next caller with their hand raised, so you'll hear a brief recording coming on your line, and you should now be able to speak.

Hi. This is Clarke Ross. I work for the American Association on Health and Disability and the liaison for the Consortium for Citizens with Disabilities to the National Quality Forum. CCD is a D.C. public policy coalition of 113 national disability organizations.

And I currently serve on the MAP scorecard committee. So I wanted to follow up on Dr. – Dr. Matsuoka's identified gap of LTSS and Dr. Hammer's identified gap of experience of care, and share with you all that the CAHPS home and community-based service experience survey has been endorsed by the National Quality Forum MAP and also recommended for inclusion in the Core Set. The CAHPS HCBS experience survey is used by roughly 15 state Medicaid programs currently, including by Dr. Kelley in Pennsylvania. And then there are two other widely used disability experience surveys, the National Core Indicators and the Personal Outcome Measures.

So the Consortium for Citizens with Disabilities will be submitting those by the March 8 deadline, but I wanted to reinforce that the National Quality Forum MAP has already endorsed and recommended for inclusion in the Core Measure Set, the CAHPS HCBS experience survey.

Thank you very much.

Thanks, Clarke. I think, Brice, there's one more person for public comment, and then we'll turn to Richard Antonelli.

That's correct, so I'm going to go ahead and unmute the public caller now. You should hear the brief recording, and you are now –

Yeah. Hey. Hi there. Bill Golden. I'm Medical Director from Arkansas Medicaid. Long-time developer and measure committee person. I've been on the NQF board and a number of committees.

I just hope that we spend time looking at the consistency of data extraction and submission. There is still considerable questions about these measures when they are put into mass distribution for use. And so there are many measures I do not submit because I'm concerned either about their burden or their inaccuracy. I'll give you an example. We have been trying to use our state immunization registry to record our data. And then when we began to use it, we realized that the data was not in any condition to be used for accountability or reporting. And it's my opinion that many states have registries in similar condition. So I would hope that over time, and one of the things we can do is use the state Medicaid programs to look for issues of validity or accuracy of the data.

Likewise, my colleague David Kendrick in Oklahoma had extensive experience with eCQMs, and he has found that the same EMR in different implementation settings will produce different data. So that's a real concern as we go to mandatory reporting.

Thank you for that comment. That's great.

And now Richard Antonelli, I know you've been trying to get into the queue. Can you unmute?

Yes. Can you hear me?

Yes, we can. Thank you.

Oh, okay, great. Thank you, and thanks to CMS-Mathematica for pulling all this together.

I've had some technically difficulties, so if this was covered already, I apologize, but I did want to call this out. And it's sort of thinking about the opportunity we have to be mindful about the approach to LTSS. And I do want to also call out the fact that I'm grateful that there is a gap area that's been discussed briefly, and that's children with special healthcare needs. And I want to connect those two universes for something that's extremely important for those of us that take care of youth, young adults, and even adults with special healthcare needs, that really – that have very little opportunity to transition from pediatrics to adult care.

So a couple things that I wanted to point out, and I'd like the opportunity to frame this in the context of looking at existing measures in the Core Set as well as nominating new measures that could go there.

So, if you look at some of the measures, the age of majority is 18, and that's the bottom of that so-called adult measure. If one looks, for example, at patients that come to Boston's Children's Hospital that are still 18, 25, 28 years old, it's because they generally started out life here in our cardiovascular institute. So I just want to make sure that people understand that there are youths and young adults that are LTSS eligible. That, in fact, there are many young adults and adults that fall under the rubric of special healthcare needs. But we need to consider measures that are relevant for them that go beyond that what I would call base criteria of simply hitting the eighteenth birthday.

Thanks. That's a great comment and actually relevant to other work we're doing in the quality improvement area on children, youth, and young adults, I believe is the terminology, with special healthcare needs. So, thank you.

All right. Other public comment or Workgroup members before we continue with Bailey? We appreciate everybody's comments.

Hi. This is Lowell Arye again. I kind of just wanted to reiterate some of the stuff on LTSS that was discussed as well as what Karen had said about using the MDS. The MDS is great, as she said, for nursing facilities. However, as we've all seen in the last couple of years, HCBS is now actually at the 50-plus percent mark for Medicaid services, and so utilizing certain other criteria similar to what Clarke Ross mentioned is definitely very, very important as is what was just discussed by the gentleman from Boston, from Boston's Children's Hospital, for people with special needs because individuals with – with developmental disabilities and the like clearly have an issue with regards to age range which is different than the general population. But I think there are a number of different propo – criteria that can be used. As Clarke said, the NCI – NCI, which is used by something like 48 or 49 states already. There's also the NCIAD which is the National Core Indicators for Aging and Disability, which about 35 states, I think, now are utilizing. As well as the CAHPS survey for – for Home and Community-Based Services. As well as the personal outcome measurements that are done by CQL, which are also being used by a number of states.

So I think there are criteria for HCBS that – that can be utilized, and certainly we should be looking at that a little bit more. So, thank you for that.

Well, thank you, Lowell, and thanks to everybody for their comments, both Workgroup members and federal liaisons as well as the public.

Let's turn it back to Bailey now to talk about next steps, and we'll begin to wrap up. Thank you.

Thank you, Margo.

Next slide, please.

Now I'm going to recap some of the next steps.

Next slide, please.

So, as I mentioned earlier, Workgroup members and federal liaisons will receive an email with instructions on how to make recommendations of things that improve the Core Sets. This email will be sent tomorrow.

All measures recommended for addition or removal are due on March 8, so next month, by 8:00 p.m. Eastern.

And the next webinar will be held on April 23 from 12:30 to 2:00 p.m. Eastern.

Then our in-person meeting will take place in Washington, D.C. from May 7 to May 9. Both meetings are open to the public and registration information is forthcoming.

And if anyone's line is still unmuted, can you please mute yourself. Thank you.

Next slide, please.

On this slide you see links that will lead you to key resources on the Child and Adult Core Set Medicaid.gov pages. You will find technical specifications, detailed FFY, so Federal Fiscal Year, 2017 performance information, as well as technical assistance resources. And also the Core Set Annual Review webpage is listed here, and that includes resources such as agendas and slides for each meeting and calendar of events for the following meetings.

Next slide, please.

If you have any questions about the Child and Adult Core Set Annual Review process, please email our team at MACCoreSetReview@mathematica-mpr.com. And that email address is also listed on this slide.

I will now turn it over to Gretchen and David for any last thoughts and to wrap up the meeting. Thank you.

Terrific. Thank you, Bailey. My only concluding thoughts are appreciation for your willingness to be part of the Workgroup and to thank you in advance for your work. As I mentioned, when Tricia and I were speaking, you know, there is probably work to be done between now and March 8 as well as after that to build all of our collective understanding of the measures that we'll be evaluating and making recommendations on. So, again, thank you in advance, and as David mentioned, I think we have a wonderful collection of members on our Workgroup, and I look forward to working with you all and seeing you all in person in May.

David?

Thanks, Gretchen. And, again, I want to thank everybody that's on the call today and really want to challenge the Workgroup, our stakeholders, the public to really roll up your sleeves, do your homework, you know, to meet the – the deadline that we have at hand. This is very important work. I also want to recognize the participation of our federal liaison partners and how important I think they are to add to the discussion their perspectives and the areas and domains in which they have great expertise. So, I'm really looking forward to this opportunity.

And I want to thank CMS as well as Mathematica for arranging the call today but, you know, getting us organized and getting us set up so that we'll meet all of the timelines that CMS has laid out for us over this next year.

So thanks again and really appreciate the ability – the capability of being one of the Chairs. And I'm going to turn – turn it back over to Margo and to Mathematica.

Well, on behalf of the Mathematica team, thank you very much for joining. And now I'll turn it over to Brice to wrap up the technical side.

Thanks, everyone. This concludes the webcast for today. Please submit feedback to the presentation team using the survey in your browser window when the event concludes. Thank you.