Child and Adult Core Set Stakeholder Workgroup:
2022 Annual Review Orientation Webinar Transcript
December 17, 2020, 1:00 – 2:00 PM EST

Good afternoon everyone, 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. I direct Mathematica's technical assistance and analytics support team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services, or CMCS. It's my pleasure to welcome you to the orientation meeting for the 2022 Annual Review of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you for joining us. And it seems like just yesterday we were meeting for the 2021 Core Set Review. I hope everyone is doing well and is ready for another journey together.

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I just want to double-check on the sound. I have a feeling that I might be cutting out. We are having a lot of snow here today, and so I apologize for that. Let me see if I can do something to improve my internet. Okay, tell me if this is better. Okay.

So now, I'd like to share with you the objectives for this meeting. First, I will introduce the Workgroup members; next I will describe the charge, timeline, and vision for the 2022 Annual Review. We'll hear from Karen Matsuoka, from CMCS, and from one of our co-chairs, David Kelley. Then Chrissy Fiorentini will provide background on the Child and Adult Core Set measures, and Dayna Gallagher will present the process that the Workgroup will use to suggest measures for removal from or addition to the Core Sets. Near the end of the meeting, we'll 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 won't have time today to engage in discussion about the Core Sets or the measures; however, we'll have plenty of time for discussion at the April and May meetings.

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I'd like to begin by acknowledging my colleagues at Mathematica who are part of the Core Set Review Team: Chrissy, Dayna, Tricia. Allie, Emily, Lindsay, and Jessica, who are all working from home, and I appreciate their efforts to design a virtual review process.

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Now, I would like to introduce the Workgroup for the 2022 Core Set Annual Review. In the interest of time today we won't have a roll call. This slide and the next one list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, as we have discussed in the past, 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'd like to welcome back the continuing members of our Workgroup, and I would like to thank David Kelley for returning as the co-chair. And our new co-chair, Shevaun Harris, regrets that she could not attend today, but a little bit later on I will read a statement from her. I'd also like to acknowledge the six new Workgroup members. First, Amanda Dumas is a Medicaid Medical Director from Louisiana; second, Karen George is an OB-GYN from the George Washington University School of Medicine and Health Sciences; and third, Lisa Glenn is a Medicaid Medical Director for Texas.

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Next, we have Tracy Johnson, the Colorado Medicaid Director. Satya Sarma is the Medicaid Medical Director from Arizona. And finally, Michelle Tyra is a pharmacy quality expert from OptumRx. We welcome our new members and thank you in advance for your service on the Workgroup. As you can see from these two slides, we have assembled a diverse Workgroup that spans a range of stakeholder perspectives, quality measure expertise, and Medicaid and CHIP program experience.

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This slide shows federal liaisons, reflecting CMS's partnership and collaboration with other agencies to assure alignment across federal agencies and programs. They are nonvoting members of the Workgroup, and we thank them for their participation in the Annual Review process as well.

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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 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 the voting 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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I'll now describe the Workgroup charge and process for the 2022 Core Set Annual Review. And as in previous years, we've defined the Workgroup charge as follows: the Child and Adult Core Set Stakeholder Workgroup for the 2022 Annual Review is charged with assessing the 2021 Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP. The Workgroup should focus on recommending 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.

Later in this meeting, we will be discussing the criteria for suggesting measures for removal or addition, in order to meet the goals of a Core Set that is actionable, aligned, and appropriate for state-level reporting.

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Our process for the 2022 Core Set Annual Review will follow the same process used for the 2021 Annual Review. This graphic is a representation of the milestones. So tomorrow, the Workgroup members will receive the call for measures for the 2022 Annual Review, and January 19th is the deadline for Workgroup members and federal liaisons to suggest measures for removal or addition. On April 8th, we will reconvene the Workgroup to prepare for the voting meeting; we'll introduce the measures suggested for consideration for the 2022 Review and describe the process we will use to vote on the measures. The voting meeting will be virtual and will take place May 4th to 6th. Note that all of these meetings are open to the public.

This process will culminate in the development of a draft report based on the recommendations of the Workgroup, and the report will then be made available for public comment. The final report, along with additional stakeholder input will inform CMCS's update to the 2022 Child and Adult Core Sets, which will be released before December 31st, 2021.

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After the final report is released CMCS will obtain stakeholder input on the Workgroup recommendations through two processes. First, they will be meeting with the Quality Technical Advisory Group, or QTAG, which is comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting. And second, discussions with federal liaisons about alignment and priority of the recommended measures. We've included a link here to a document on Medicaid.gov in which CMCS describes the process in greater detail.

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I would now like to briefly recap the outcomes of the 2021 Core Set Annual Review. So, after considering the Workgroup recommendations and additional stakeholder input, CMCS removed two measures from the Core Sets because they were retired by the measure steward. And as you can see here, dental sealants for six to nine-year-old children at Elevated Caries Risk was removed from the Child Core Set, and Adult Body Mass Index Assessment was removed from the Adult Core Set. CMCS added one new measure to the Child Core Set, Sealant Receipt on Permanent 1st Molars, and that replaced the retired dental sealant measure. CMCS opted to retain the Diabetes Care for People with Serious Mental Illness, Hemoglobin A1c Poor Control measure, which had been recommended by the Workgroup for removal from the Adult Core Set.

And then CMCS deferred a decision on two measures using the Electronic Clinical Data System, or ECDS reporting: the Prenatal Immunization Status and Postpartum Depression Screening and Follow-up measures. CMCS is considering how the proprietary nature of the ECDS method impacts the feasibility and viability of including these measures on the Core Sets. And please note that these measures remain under consideration by CMCS and will not be discussed during the 2022 Core Set Review.

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To reduce state burden, CMCS also announced that it will be calculating two Child Core Set measures on behalf of states using state vital records data submitted to CDC WONDER, that's for Live Births Weighing Less Than 2,500 Grams, and Low Risk Cesarean Delivery, which replaced the PC-02 Cesarean Delivery measure. As we mentioned during last year's review, CMCS is exploring opportunities to use alternate data sources to calculate Core Set measures in an effort to reduce state burden and increase consistency and completeness of reporting across states.

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I would now like to pivot our meeting to discuss the vision for the 2022 Core Set Annual Review. And I'll start with some big picture perspectives, followed by remarks from CMCS and from David Kelley.

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We wanted to share some thoughts with the Workgroup about their role in strengthening the 2022 Child and Adult Core Sets, building upon our experiences over the past two years. So as you know, the annual Workgroup process is designed to identify gaps in the existing Core Sets and to suggest updates to strengthen and improve them. This can involve suggesting new measures for addition to fill gaps or suggesting existing measures for removal because they no longer meet the criteria for inclusion. We wanted to highlight that this is an inherent balance across three different facets of desirability, feasibility, and viability. And here we show the Venn diagram that depicts the intersection of a measure's desirability from the perspective of diverse stakeholders, technical feasibility for state-level reporting, and financial and operational viability based on state resources.

There are many good quality measures, but we need to keep in mind the perspective that the measures must be good for use in state-level quality measurement and improvement in Medicaid and CHIP. And here, we give an example of the types of tradeoffs that Workgroup members have discussed in the past. While outcome measures may be more desirable to stakeholders than process measures, the Workgroup also needs to consider the feasibility and viability for state-level reporting. For example, outcome measures that rely on electronic health records may be highly desirable but may not yet be feasible or viable for the majority of states.

There is also a bit of tension between suggesting measures for the near-term based on current data and resource capabilities versus stretching for the longer-term to include measures that are more challenging to produce today, but that will move the Core Sets toward a future aspirational goal.

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We also want to acknowledge that the 2022 Core Set Annual Review brings us one year closer to mandatory reporting in 2024. As you may know, beginning in 2024, reporting on the Child Core Set measures and the behavioral health measures in the Adult Core Set will be required for all states and will include all their Medicaid and CHIP populations. This includes all delivery systems, managed care and fee-for-service, as well as all eligibility categories. So we ask Workgroup members to consider the feasibility and viability for all states to report a suggested measure by 2024, for example, the availability of the data sources and the data elements that are required to calculate a measure, and what types of technical assistance might be required to help states prepare for mandatory reporting of a measure.

I'd like to emphasize that we are not excluding desirability as a factor in considering measures for addition or removal this year; however, we want to encourage the Workgroup to consider the balance of all three sectors of desirability, feasibility, and viability in discussing and recommending measures this year.

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So with that, I would now like to turn it over to Karen Matsuoka to share CMCS's vision for the 2022 Core Set Review. Karen is the Director of the Division of Quality and Health Outcomes in CMCS. Karen, it's all yours.

Karen, we can't hear you. Are you muted?

Oh, am I? Is that better?

Yes, we can hear you okay, thank you.

Okay, thank you. I am very technically challenged, sorry about this. Okay, so Margo, I wanted to thank you for your remarks, and of course also your partnership. Mathematica is our partner in crime in this. And none of this would have been possible without that - and none of the work that we do in quality measurement in CMCS would have been possible without our strong partnership, so thank you very much. And I also wanted to echo Margo's remarks and thanks for everyone on the Workgroup, both our new members as well as our returning members, and for signing on for what will be a lot of work.

It is every year a lot of work, but I think when you stop to think that the measures that end up becoming the Core Set measures in any given year really do function as not only our north star with regard to the cues that we take from the Core Set with regard to telling us what it is that our Medicaid and CHIP stakeholder group thinks are the important things to measure in order to know how well we're serving the beneficiaries in Medicaid and CHIP. Hopefully knowing that and how important the Core Sets are to the entire CMCS enterprise of what we do in delivering not just coverage, but high-quality care, hopefully for the purpose of improving outcomes and wellness.

Hopefully all of that means that all the hard work that's ahead of you will in the end feel worth it. And certainly, all of the Core Set Workgroup meetings do turn out to be sort of highlights for all of us in CMCS when it comes to thinking about the meetings that really stand out as far as quality of the conversation and decision-making. So I don't think I have really anything to add beyond what Margo has already said with regard to the vision for thinking about additions and removals from our 2021 Core Set as you're thinking about what should be in the 2022 Core Set. I think everything that Margo mentioned with regard to the importance of balancing desirability, feasibility, viability–that has always been true.

And I will say that that balance is all the more important for the reason that Margo gave, which is that we are one year closer to when the measures, at least a big chunk of them, become mandatory for states in 2024. So, I don't know that I necessarily have anything to add to that, except to maybe provide this group a little bit of context and background on the recommendations that came through this Workgroup last year, and how CMS used those recommendations to think through what the 2021 Core Set would be, where we didn't fully pick up on the recommendations from this Workgroup. I thought I'd also say a little bit more in that vein about the importance of the data streamlining work that we've been taking on, starting first with the data in CDC WONDER, as I think that might help to explain some of the reasons why what we decided to do in 2021 deviated a bit from the recommendations that this group sent forward to us last year.

So, as Margo mentioned, this Workgroup last year made four recommendations. There was one measure recommended for removal, which was Diabetes Care for People with Serious Mental Illness, Hemoglobin A1c Poor Control Over 9%. And there were three measures that were recommended for addition, the Postpartum Depression Screening and Follow-up Measure, as well as the Prenatal Immunization Status Measure; both of them are NCQA measures that are relying on this new data source called ECDS. And the third measure that was recommended for addition was Sealant Receipt on Permanent First Molars. So, let me start with the last one first because that's the easiest.

So, the Sealant Receipt on Permanent First Molars was recommended for addition, CMCS agreed, and we added that to the Child Core Set especially since we were retiring our old sealant measure, and so this new measure does a nice job of replacing the measure that was removed because the measure steward was retiring that measure.
And as Margo mentioned, when it came to the two NCQA measures for Postpartum Depression Screening and Follow-up and Prenatal Immunization Status, there is a proprietary nature with regards to the measure specification for these two measures that we're continuing to discuss with NCQA. This really gets back to the viability and feasibility aspects of the Venn diagram that Margo showed in a prior slide.

Historically, it's always been CMS's policy to offer any measure that we're either requesting and certainly requiring our state partners or, in the case of Medicare, providers, to report to us, it's always been a standing policy that we make those measure specifications available for free to those entities that we are either requesting or requiring to report those measures to us. And what we understand from NCQA is that that may not be possible with regard to these two particular measures and potentially others in the pipeline. Because we don't know what impact that could have with regard to how feasible it might be for our state partners to report, certainly how viable that might be if suddenly they had to pay every time they use the measure, that is something that we are continuing to explore and examine.

We certainly agree and recognize that from a desirability point of view, for all the reasons that this Workgroup recommended those be added, we couldn't agree more. But from the point of view of viability, because of the charge and the proprietary nature of this measure, what's unclear is viability. And what's also unclear is feasibility, given that this is a very new data source, called ECDS. It's not entirely electronic. It's not necessarily just EHR based, but it certainly does require states to be able to aggregate data from across a wide variety of new data sources, many of which are electronic. And so it's not entirely clear whether these particular measures would be feasible or viable for states. And so, we're looking into this, which is why we have decided to not add. So, the framing that Margo provided is exactly right, which is that we are deferring decision-making on these two measures so that we can just examine the impact of these measures on feasibility and viability. So, more to come, but for now our decision has been deferred.

The one recommendation that we decided not to take was the Workgroup's recommendation to remove the Diabetes Care for People with Serious Mental Illness, Hemoglobin A1c Poor Control Over 9%. The reason for that is because this particular measure, in addition to measuring something very important which is, as you know, individuals who are diagnosed with serious mental illness, many of them are prescribed different kinds of medications that then can sometimes get in the way of diabetes care.

It's for this reason that we have a very similar measure on the Child Core Set around the extent to which kids who are prescribed antipsychotics have their diabetes care also in check. So, from a parity point of view, this measure seemed to be very important, especially given the prevalence of SMI in the Medicaid population. So that was an interesting and important consideration, number one. Number two was that, in addition to this particular measure measuring something that we thought was important in and of itself, we also look at this measure as almost doing double duty in the sense that it is a good measure also of physical and behavioral health integration.

And for those of you who have been following the focus areas that were chosen for the IAP program, the Innovation Accelerator Program, you will know that one of the focus areas that was chosen for that body of work was physical and behavioral health integration because it's such a big issue with regard to the conditions that our Medicaid beneficiaries grapple with. So, for those two reasons we thought it was very important to keep this on. But then third, one of the reasons that we heard people were interested in removing this measure is because states have had so much trouble reporting it in the past. So, to this point, it may be desirable but what good is it if states can't report; is that the kind of measure that belongs in our Core Set?

Here, as it turns out—and there's not much that I can really say in this public forum about what it is that we're doing with regard to thinking about the road to 2024 and making sure that the measures that we have that are going to be mandatory in 2024—are the ones that are not only desirable but also feasible and viable for states to report. In order for us to continue looking into how we can make this measure more feasible for states to report, including applying some of the data streamlining approaches that Margo talked about, that we are applying for two of our measures, Cesarean Section and Low Birth Weight, I won't get into the reasons why, but in order for us to be able to allocate any resources to looking at this issue, it's important for the measure to remain on the Core Set.

All of our funding authorities stem from measures that are on the Core Set. So, if we were to have removed this measure it would mean that we would not be able to pour resources into thinking about how to make this measure more feasible for more complete reporting. And here, a similar measure just to think about is, for example, Cesarean section. I think Cesarean section, for anyone who has been in the Medicaid space, I think you'll know why that measure has been seen as a desirable measure from the beginning of our Core Set. So, it's been on from the inception of our Core Set, and yet it has been one of those measures that every year states struggle to report.

And yet, by being able to tap into CDC WONDER data we have figured out a way to report that, a very similar measure, for all 50 states and DC, leveraging CDC WONDER data so we're able to get to complete information on a very important measure without increasing state reporting burden at all, and address feasibility and viability by looking at alternate data sources. We would like to continue being able to look at solutions like that for this Diabetes Care for People with Serious Mental Illness measure. And if we had taken it off the Core Set it would have been very difficult for us to do that.

So, those are, that's sort of the behind-the-scenes thinking in case you're wondering how we arrived at our decisions for the 2021 Core Set. I know sometimes it can feel like a black box, and so anything that we can do to improve transparency around that we're very open to. So, we are very happy to accept Mathematica's invitation to kind of explain some of our thinking with regard to this Workgroup's recommendations last year.

For that, I know we have a very full agenda, so I think I will turn this back over to you, Margo.

Karen, it's great to have an opportunity to look inside the black box and behind the scenes, so thank you.

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I mentioned earlier that Shevaun Harris sends her regrets that she is unable to attend today, but just before the meeting she did send some prepared remarks that I will read on her behalf. So, this is from Shevaun Harris, in her own words.

I am so sorry that I cannot be in attendance for our 2022 Core Set Review kickoff meeting. I truly enjoy these meetings and will be looking forward to our next meeting. 2020 has been such a difficult year due to the COVID pandemic. For many Medicaid directors, they are grappling with closing care gaps that have emerged due to foregone health care over the last months (missed vaccines, missed screenings, etc.). And while there is hope in the availability of a vaccine, the impact of the COVID pandemic will certainly linger into some of the months of 2021, as consumers regain confidence in resuming normal activities.

I see our efforts on this year's Workgroup as playing a pivotal role in helping to ensure that the Core Set is inclusive of measures that are widely relevant across our Medicaid and CHIP population in helping to understand each state's performance post-pandemic, and that the resulting data can be used meaningfully in addressing gaps that may have been exacerbated by the pandemic, especially to the degree that these negative impacts were experienced across many states. In my opinion, the current Core Set already addresses many of these areas, but I think it would be a missed opportunity if it were not front and center of our minds as we begin this exciting work. We focus a lot on feasibility and actionability in these workgroups, but now more than ever, these two prongs seem even more relevant in rebounding from this pandemic.

So, with that, we will turn it over to David Kelley for his remarks. David, you have the floor.

Thanks, Margo, and thanks to Karen and everyone at CMCS as well as everyone at Mathematica for the opportunity to continue as one of the co-chairs. I am just so grateful that Shevaun will be joining us this year as a co-chair as well. So, I'm so grateful that we, I think we all understand how busy everyone is related to COVID, plus all of our other responsibilities during these very trying times. I'd like to really thank Karen for the explanation of what was actually done with last year's recommendations. I think that's just so helpful to hear the thought processes in the decision-making that goes on, and to have an understanding that what we are doing is we are making recommendations. And that there are other variables that CMCS has to take into consideration as they're making their final determinations.

As we head into the 2022 Core Set Review, in 2021, I also want to thank the new members that are joining us. And look forward to the opportunity to working with all of you. And I want to thank all the returning members for all the hard work that you have done over the last, many of you have been on this committee for several years. So, thanks to those new individuals joining. Really appreciate having that wide variety of stakeholders, multiple Medicaid states represented either for medical directors or Medicaid directors, but also just a good, wide stakeholder representation I think is just vitally important as we go into these discussions and deliberations.

You saw that the timeline was fairly tight for the call for measures. I believe the 19th of January is when we need to do our homework and the call for measures, we need to submit them so that we can start our deliberations later on in the year. As we think in terms of what we should be looking at over the next month or so, again, we really do need to keep in mind the feasibility and viability especially as we head into 2022, since this will really cue us up for a lot of the mandatory reporting in both pediatric and behavioral health measures for 2024. So, we really do need to be thinking about the feasibility. However, we also need to put our thinking caps on as far as where are there key gaps in the Core Set, where do we need to fill in those key gaps, and can we find the measures that are actionable, aligned, and appropriate.

I'm going to finish by, again, thanking CMCS and Mathematica. Really appreciate the reduction in the state burden in measuring the low birth weight and the low-risk C-section measures. I think it's, again, just a great example of how we can collaboratively work together to find solutions so that if there are measures that are difficult and the feasibility is difficult, to look for alternative ways to get to those measurements. So, again, I just want to thank CMCS and Mathematica, and all the Workgroup members for all of the past work, but also the work that we have in front of us in 2021. Thanks.

Margo, back to you.

Thank you David. So, now I would like to open it up to Workgroup members. We have a couple minutes for a few questions now, and hopefully more time later in the meeting. And remember, if you would like to speak please raise your hand, and I will call on you in turn. And you should see the raised hand button.

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And just a reminder, if you have a question raise your hand. Tricia, I see that you have a question.

Derek, can you unmute Tricia Brooks?

Thank you. Hi, Margo, and hello everyone. I'm - I think all of our brains are a little foggy after the past year, but I think I remember last year that the Workgroup talked about an opportunity to discuss the recommendations at a time that was separate from the voting so that there could be some time in between, to really sort of process what we hear, maybe something more that was really from talking to the pros and the cons of each of those. But I could be misremembering, and I would have to say I would need to go back and look at the schedule to see if you planned anything to that effect. But tell me if the past year has done something to my memory on that.

Tricia, I'm laughing because I've been thinking a little bit about the craziness of time myself recently. And so, I actually don't think that that was specifically what the Workgroup might have talked about or what was part of the process. I think one of the things that we are thinking about is how to incorporate more information about some of the challenges about reporting specific measures and technical assistance around the measures. And I think we'll try to incorporate more of that into the next meeting as we see more about the measures that have been suggested for addition and removal, to talk a little bit more about some of the challenges and the opportunities related to those measures. So, I think that's the recollection that I have about moving forward with some of the challenging measures.

Okay, thank you.

Thank you. Anyone else, raise your hand or we'll come back later on. Sara, I see your - do you have a raised hand?

Derek, can you unmute Sara Salek?

Hi, can you hear me?

Yes, we can.

Oh great. Yeah, so I was just wondering. Thank you so much for clarifying the issue with the addition of the two new measures around those NCQA measures, and the proprietary nature, and addressing that with NCQA. Can you just clarify for me, how did we get around that with the current Core Set measures that are NCQA HEDIS?

Yeah, that's a good question, and I can give a high-level answer. I think that the ECDS measures by nature of being electronic have a different structure for acquisition of the code and of the specifications. So, that's the basic difference is that they have different specifications, a different structure, different acquisition process. So, if you could see in our resource manual, we have the codes, or the code sets are available for the HEDIS measures that are currently in the Core Set, but it would be a different process for acquiring the ECDS measures. And that's still under consideration, as Karen had mentioned. So, stay tuned.

Great, thank you so much.

Thank you. So, with that, let's move on. I think we're a little bit behind schedule, and we'll try to catch up in the next section.

So, with that, I will turn it over to Chrissy.

Next slide please.

Thanks, Margo. 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 with additional information about the Core Set measures to support your suggestions for adding or removing measures.

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This slide shows the breakdown of the 2021 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 care of acute and chronic conditions and behavioral health. You can also see that maternal and perinatal health measures are spread between the Child and Adult Core Sets. Two measures of dental and oral health are currently included in the Child Core Sets. And beginning in 2020, the Adult Core Set includes one measure of long-term services and supports. As you think about how to strengthen and improve the Core Sets, we encourage you to consider the distribution of measures across the domains.

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On this slide, we present some very high-level findings about state reporting for FFY 2019, 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, 23 of 26 measures were reported publicly, 48 states report at least half of the measures with a median of 20 measures reported, and we were pleased to see that 31 states reported more measures for FFY 2019 than for 2018.

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This slide shows the number of states reporting each of the 2019 Child Core Set measures. As you can see, there is a wide range in the number of states reporting each measure. The measures reported by fewer states tend to require EHR data or medical record review, are newer to the Core Set, or require data linkages. Three measures did not have enough states reporting for the data to be publicly reported. However, as you heard earlier, the Cesarean birth measure will now be calculated on behalf of states by CMCS, so we will see that measure publicly reported in the future. That leaves two measures not publicly reported, Screening for Depression and Follow-Up Plan and Audiological Diagnosis No Later Than Three Months of Age.

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So, turning now to the Adult Core Set, for FFY 2019, 46 states reported at least one measure, 25 of 33 measures were reported publicly, and 40 states reported at least half of the measures with a median of 22.5 measures reported. We were pleased to see that 36 states reported more adult measures for FFY 2019 than for 2018.

Next slide.

And this slide shows the number of states reporting each of the 2019 Adult Core Set measures. Again, the measures that tend to be less frequently reported are those that are newer to the Core Set or more resource-intensive to calculate such as requiring data linkage, chart review, or survey data. Additional information about the 2021 Core Sets and the most recent publicly available data can be found at the end of this presentation.

And now, I'm going to turn it over to Dayna Gallagher to talk about the call for measures for the 2022 Core Set Review.

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Thank you Chrissy. I'd like to give an overview of the Call for Measures before we dive into the details. So, as noted in the CMCS Informational Bulletin announcing the 2021 Core Sets, the Core Sets are tools that states can use to monitor and improve the quality of health care to Medicaid and CHIP beneficiaries. The criteria for suggesting measures for addition and removal are generally aligned with last year, falling into the categories of Minimum Technical Feasibility Requirements, Actionability and Strategic Priority, and Other Considerations. To be discussed by the Workgroup at the May voting meeting, all suggested measures must meet the first criterion, which is the Minimum Technical Feasibility Requirements. We made a few changes this year given input from stakeholders, as well as the approach of mandatory reporting.

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So, we wanted to start by noting that the Core Sets are just one of many tools that can be used to drive quality improvement in Medicaid and CHIP. Other tools include the Medicaid and CHIP Scorecard, Managed Care Quality Tools, Section 1115 Demonstrations, State Plan Amendments and Waivers, Directed Payment Programs, and State Pay-for-Performance and Value-Based Purchasing Initiatives. There are a lot of good important quality measures out there. Some of these measures will be a good fit for the Core Sets, while others might be more appropriate for use in these other programs. Over the next few slides, we'll go over the criteria Workgroup members should use to determine whether a measure is a good fit for the Core Sets.

Next slide.

I'll begin with the criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria after today's meeting to consider during the call for measures. So, I'll review the criteria at a high level. On this slide, we show the criteria for meeting the Minimum Technical Feasibility Requirements. These requirements help ensure that if the measure is placed on the Core Sets, states are able to report on the measure. So first, a measure must have detailed specifications that enable production of the measure at the state level. It must have been tested in state Medicaid or CHIP programs or be in use by one or more state Medicaid and CHIP agencies.

It must have an available data source or validated survey that contains all required data elements needed to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries. The measure needs to be calculated in a consistent manner across states using the available data source. Another criterion articulated by CMCS is that the measure must include technical specifications, including code sets, that are provided free of charge for state use in the Core Set. The Mathematica team will assess suggested measures for adherence to the minimum technical feasibility criteria, and we encourage Workgroup members to pay close attention to the technical requirements. However, Mathematica will work with CMCS to determine whether specifications are available for Core Set reporting.

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Next, measures suggested for addition should be actionable and align with strategic priorities in Medicaid and CHIP. More specifically, when taken together with other Core Set measures, the measure should be useful for estimating the overall national quality of health care in Medicaid and CHIP. Additionally, we have added this year that the measure should allow for comparative analyses based on racial, ethnic, and socioeconomic disparities. Both of these criteria are identified in the statute that establishes the Core Sets.

Second, the measure should address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP. Finally, the measure should be able to be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP. For example, is there room for improvement on the measure, and can state Medicaid and CHIP programs or providers directly influence improvement on the measure?

Next slide.

Some other important considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results for state Medicaid and CHIP program performance, and whether the measure is aligned with those used in other CMS programs. And finally, Workgroup members should consider whether all states will be able to produce the measure by FFY 2024, including for all Medicaid and CHIP populations. And, if necessary, we encourage Workgroup members to identify opportunities for technical assistance to help states report the measure.

Next slide.

Now, for the criteria for suggesting measures for removal. Over the next month we ask that Workgroup members look through the current Core Set measures and consider whether any measures no longer fit the criteria for the Core Sets. To make this a bit easier, we've provided a set of criteria for removal which reflect reasons that a measure may no longer meet the criteria for inclusion. Under feasibility, this could be that the measure is not fully developed, that states have difficulty accessing the data source, that results across states are inconsistent for reasons outside of quality differences, or that the measure will no longer be maintained by the measure steward. For actionability and strategic priority, a measure could be suggested for removal if it's not contributing to estimated national quality of care, doesn't address a strategic priority for improvement, or can't be used to assess state progress in improving health care delivery and outcomes.

Other considerations include whether low prevalence of the condition or outcome impacts the reliability of results, whether another measure would be better aligned across other federal programs, or if all states will be able to produce the measure by FFY 2024. In the latter situation, we encourage Workgroup members to consider opportunities for technical assistance to support states that have experienced challenges.

Next slide.

So, over the next month, Workgroup members and federal liaisons will have the opportunity to suggest measures for addition to or removal from the Core Sets. The call for measures process will start on December 18th, tomorrow, when the Mathematica Core Set Review Team will send an email with instructions on how to suggest measures for addition or removal to the Workgroup members and federal liaisons. This email will also include a link to a form to fill out for each measure suggested for addition or removal. The process will conclude on January 19th, when all recommendations are due by 8:00 PM Eastern Time.

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The call for measures email will also include the following key resources, which Workgroup members should use to inform their measure decisions. First, a fact sheet on states' reasons for not reporting the FFY 2019 Child and Adult Core Set measures. The Medicaid and CHIP Beneficiary Profile, which is a publicly available resource that describes the characteristics, health status, access, utilization, expenditures, and experience of Medicaid and CHIP beneficiaries. And finally, a list of background resources on the Child and Adult Core Sets, including information about 2021, 2020, and 2019 Core Sets, the Medicaid and CHIP Scorecard, and sources of potential new measures.

And with that, I'd like to turn it back to Margo.

Next slide please.

Thanks to Chrissy and Dayna for your presentations. Now, I'd like to open it up for questions. So please raise your hand if you wish to speak.

Derek, could you unmute Rich Antonelli? Rich, you're unmuted.

Yes. Margo, can you hear me?

I can.

Great, thank you. Hello everybody, and happy holidays. I want to applaud, especially the slide that explicitly talked about looking at the racial/ethnic disparities. Can you say a little bit more about how that might be made explicitly available either in the tools that we're going to be looking at to consider new measures or removal, so in other words would an explicit criteria be we're already collecting REALD [Race, Ethnicity, Language, and Disability] type data on this measure or not. So, I'd appreciate a little bit more insight into that aspect. And again, I want to applaud that fact that we're taking that on explicitly.

Rich, thank you so much for pointing that out. So, that is actually an addition to the criteria that are coming straight from the statute. We wanted to make it explicit given the conversations last year and just really going back to statute to be adhered to that. So, Rich, it's a great question in terms of how that would actually get operationalized. I think the way we are thinking about it is that the data source would actually have the capability to disaggregate, to stratify by racial and ethnic status, as well as socioeconomic status. Those are the two elements that are mentioned in the statute. Not necessarily the measure would have rates that are broken out in that way, but that there would be a capability to stratify according to race, ethnicity, and socioeconomic characteristics.

So, we very much hope that Workgroup members will take that into account in thinking about the measure, and the ability to use the measure to narrow gaps. I think that goes back to Shevaun's point as well and her statement, thinking about how we look at gaps that may have been exacerbated. And I think one way to do that is through the stratification that might be possible with the various measures that would be included. Does that help?

Yeah, it's actually - directionally, yes. And then if I may just get a little bit more granularity if possible and in sort of this. So, let's say there's a measure that I want to promote. Would it be, how would I find out that the data source is able to be disaggregated or stratified, because what I, yeah, I mean would that be an MPR staff issue, would we get that from CMCS, or would it just be an open discussion amongst the Workgroup?

Yes, another good question. And I think in the first instance Mathematica would do our best to establish that. So, for example, we know that there are some inconsistencies in the way claims data gather race and ethnicity. So, while it might be a potential in the future, it may not be immediately feasible. So, I think that's an example of something that we would say that there's the potential for that in the future, and that that's something that we would strive toward. We do know that many states are using race/ethnicity stratification to be able to drive some of their quality improvement initiatives. So, I think that's an area where we could use some technical assistance going forward. So, I don't think it has to be inherently available across all states at this point, but we want really to be having that conversation and having that be an explicit thing that we consider. So, I think it's a good question. We'll take a look at that between when the call for measures closes, and when we bring that to the Workgroup in the April meeting. And I suspect that will be on the agenda for the April meeting to talk a little bit more about that.

Wonderful, absolutely wonderful. And I guess just to sort of put a punctuation then on my comment, to the extent that that's there, fantastic. But I don't want to give an easy pass if you will, "Well, you know, go figure that out." I want to make sure that we can build on the strength of that statement in the legislation, and to be able to move it forward, and actually sort of send that signal. And I just, again, I applaud the fact that we've got that explicitly in criteria number one. Thank you very much.

Thanks, Rich. Anyone else before we move on to public comment?

All right. Well, why don't we now open it up for public comment? Again, if you have a public comment, please raise your hand and we will put you in the queue and call on you.

Daniel Anderson. Derek, can you please unmute Dan.

Dan, your line is unmuted.

We cannot hear you. Are you possibly double-muted?

In the interest of time, why don't we move on to Karolina. Can you unmute Karolina?

Hi, welcome everyone. This is Karolina Craft, Minnesota Department of Human Services. I have two questions. One about reporting the 2020 calendar year data, knowing the different utilization of services that happened in 2020, I was just wondering if you have any comments about that future reporting for the state. And my other question is about the well child visit measures; those measures, the measure steward is NCQA, and those measures actually were changed for the next measurement year. So, I was wondering if you have any comments about that.

Karolina, thank you so much. Those questions do apply to another year of reporting. What I'd like to do is take that offline and I can follow-up with you directly. We have incorporated those considerations into the 2020 and 2021 Core Set reporting cycles, so we'll be in touch separately with you, if that's okay.

Thank you. Yeah, I appreciate that. Thank you so much.

Sure, thank you.

Adrienne Griffen. Derek, can you unmute Adrienne.

My name is Adrienne Griffen, and I am the Executive Director of Maternal Mental Health Leadership Alliance. First, I want to thank you so much for the transparency with the whole process and giving opportunity for public comment. I want to circle back to the Postpartum Depression Screening Measure, and I understand, I appreciate your explaining why it has been put on hold for the moment. Just wondering, first, if you could explain a little bit more about the viability and feasibility aspect of that because we know, for example, that the EPPS, the screening tool that you referenced is free and has been used for many, many years because it is free, and so is the concern, so I'm just curious about what more is the concern. And then secondly, I know that there, that last year was the, the committee did not accept the screening for depression during pregnancy, and I'm wondering if that's going to be up for discussion this year?

Thank you for those questions. So, first of all, I'll answer your second question first. So yes, screening during pregnancy could be up for discussion, sure. And second of all, the issue is not so much with the screening tool, it is with the technical specification that would enable states to report the measure, and to access the specifications for reporting, that's the consideration. And so CMCS, as we mentioned, is still considering that. And stay tuned for further information.

So, we are running short on time. Daniel Anderson, if you could unmute him, Derek. If you have a quick comment, and please do be quick, because we still have a few more slides.

You are unmuted, do you have a comment? Are you double-muted? What I'd like to suggest then is that you send in your comment through the mailbox and we'll get back to you on that.

So, with that, next slide.

All right, we're in the home stretch here. So, now I'd like to wrap up and recap the next steps.

Next slide please.

So, as Dayna mentioned earlier, the Workgroup members and federal liaisons will receive an email tomorrow with instructions on how to suggest measures for addition or removal, and a reminder that those are due no later than 8:00 PM on January 19. The next meeting will be held on April 8th, via webinar, and the meeting will provide information on the measures that will be discussed at the voting meeting on May 4th to 6th, which will also be via webinar. And a reminder, both meetings are open to the public, and registration information will be posted in the new year.

Next slide please.

So, here we have links that will lead you to key resources on Medicaid.gov and the Core Set Annual Review webpage. The Annual Review webpage includes resources such as last year's report, agendas, and slides for each meeting, and a calendar of events. So, we encourage you to look at that.

Next slide.

So, if you have any questions about the Child and Adult Core Set Annual Review, please email our team at MACCoreSetReview@mathematica-mpr.com and we will respond to your email. And finally, we want to thank everyone for participating in today's meeting. And we wish everyone a happy and safe holiday season, and a good New Year.

This meeting is now adjourned. Thank you everyone.