

# **Child and Adult Core Set Annual Review Workgroup:**

2025 Annual Review Orientation Meeting

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**December 14, 2022**

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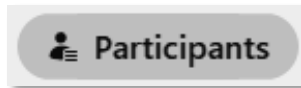


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# Welcome, Introductions, and Workgroup Objectives

# Meeting Objectives

- **Introduce the 2025 Child and Adult Core Set Annual Review Workgroup**
  - This year's review will focus on updates to the 2025 Child and Adult Core Sets
  - CMS released the 2023 and 2024 Child and Adult Core Sets based on the recommendations of the 2023 Workgroup
  - CMS's goal is to support states' efforts to prepare for mandatory reporting in 2024
- **Describe the charge, timeline, and vision for the 2025 Child and Adult Core Set Annual Review**
- **Present the process for Workgroup members to suggest measures for addition to or removal from the 2025 Child and Adult Core Sets**
- **Provide opportunity for public comment**

# Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**
- **Chrissy Fiorentini, Researcher**
- **Genae Brown, Analyst**
- **Maria Dobinick, Researcher**
- **Caitlyn Newhard, Managing Consultant**
- **Kate Nilles, Analyst**
- **Jessica Rosenblum, Research Associate**
- **Patricia Rowan, Senior Researcher**
- **Kathleen Shea, Researcher**
- **Alli Steiner, Researcher**

# 2025 Core Set Annual Review Workgroup

## Voting Members

<b>Co-Chair:</b> Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
<b>Co-Chair:</b> Rachel LaCroix, PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Benjamin Anderson, JD*	Families USA
Richard Antonelli, MD, MS	Boston Children's Hospital
Tricia Brooks, MBA	Georgetown University Center for Children and Families
Emily Brown*	Free From Market
Joy Burkhard, MBA*	2020 Mom
Karly Campbell, MPP Nominated by the National Association of Medicaid Directors	TennCare
Stacey Carpenter, PsyD*	ZERO TO THREE
Lindsay Cogan, PhD, MS	New York State Department of Health
James Crall, DDS, SCD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Curtis Cunningham Nominated by ADvancing States	Wisconsin Department of Health Services

\*New Workgroup member.

# 2025 Core Set Annual Review Workgroup (continued 1)

## Voting Members

Erica David Park, MD, MBA, FAAPMR*	CareBridge
Amanda Dumas, MD, MSc Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
Anne Edwards, MD Nominated by American Academy of Pediatrics	American Academy of Pediatrics
Clara Filice, MD, MPH, MHS* Nominated by the Medicaid Medical Directors Network	MassHealth
Katelyn Fitzsimmons, MA Nominated by the National MLTSS Health Plan Association	Anthem
Sarah Johnson, MD, MPH*	IPRO
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University
David Kelley, MD, MPA	Pennsylvania Department of Human Services
Russell Kohl, MD, FAAFP Nominated by the American Academy of Family Physicians	TMF Health Quality Institute
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Jakenna Lebsock, MPA*	Arizona Health Care Cost Containment System (AHCCCS)

\*New Workgroup member.



# 2025 Core Set Annual Review Workgroup (continued 2)

## Voting Members

Mihir Patel, PharmD Nominated by the Academy of Managed Care Pharmacy	PacificSource
Lisa Patton, PhD	CVP
Laura Pennington, MHL* Nominated by the Medicaid Medical Directors Network	Washington Health Care Authority
Grant Rich, PhD, MA*	Alaska Department of Health
Lisa Satterfield, MS, MPH, CAE, CPH Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Linette Scott, MD, MPH	California Department of Health Care Services
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior
Samuel Zwetchkenbaum, DDS, MPH* Nominated by the American Dental Association	Rhode Island Department of Health

\*New Workgroup member.

# 2025 Core Set Annual Review Workgroup: Federal Liaisons

## Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Health Resources and Services Administration

Indian Health Service

Office of The Assistant Secretary for Planning and Evaluation

Office of Disease Prevention and Health Promotion

Office of Minority Health

Substance Abuse and Mental Health Services Administration

US Department of Veteran Affairs

# Disclosure of Interest

- **All Workgroup members are required to submit a Disclosure of Interest form**
  - **Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Child and Adult Core Set measures or measures reviewed during the Workgroup process**
- **Workgroup members will review and update their Disclosure of Interest form before the voting meeting**
- **Members deemed to have an interest in a measure recommended for consideration will be recused from voting on that measure**
- **During the voting meeting, members will be asked to disclose any interests, though such disclosure may not indicate that a conflict exists**

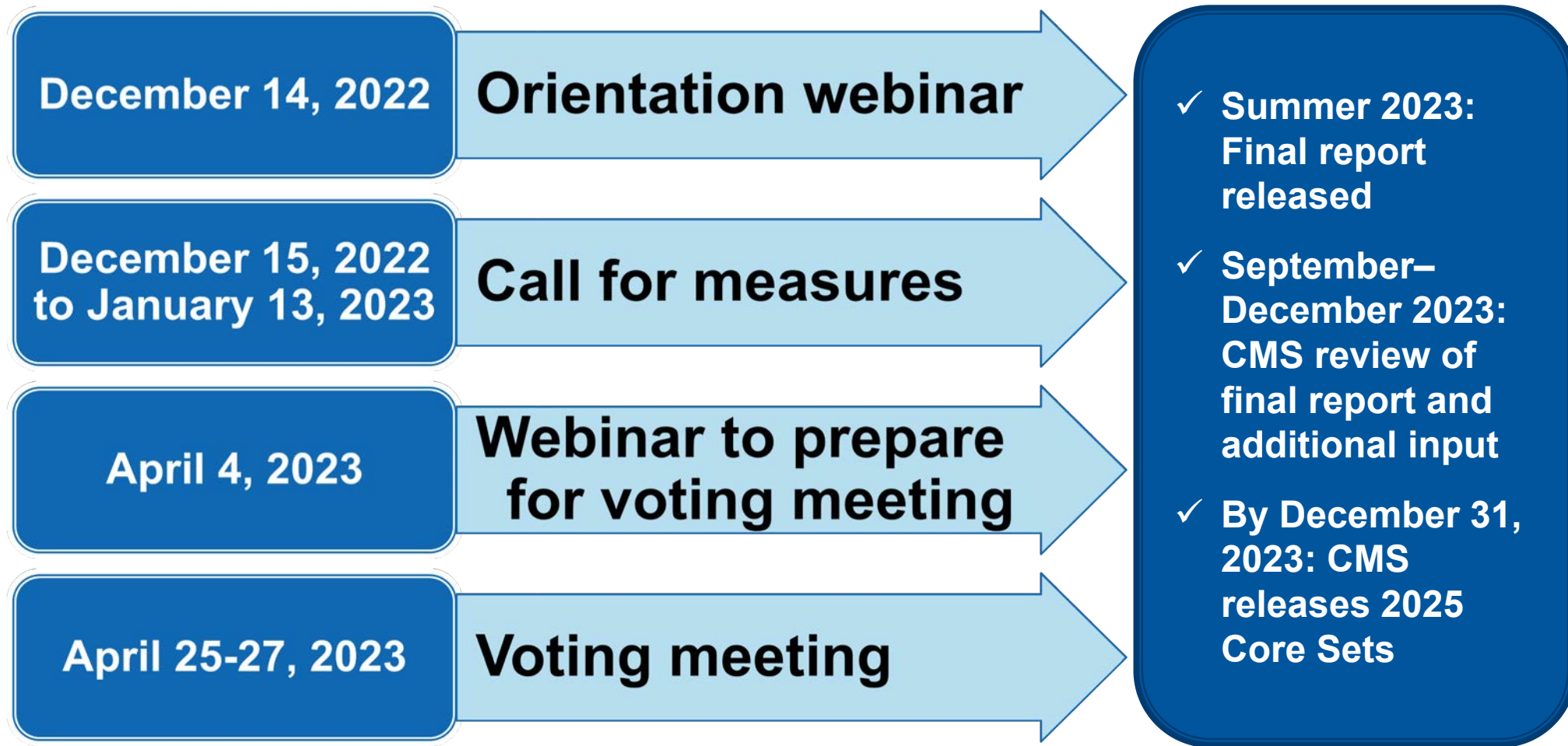
# 2025 Core Set Annual Review Workgroup Charge

**The 2025 Child and Adult Core Set Annual Review Workgroup is charged with assessing the existing 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 health care delivery and outcomes in Medicaid and CHIP.**

**With the mandatory reporting requirements beginning in 2024, the Workgroup should consider the feasibility of state reporting by all states for all Medicaid and CHIP populations as well as opportunities for advancing health equity through stratification of Core Set measures.**

# 2025 Core Set Annual Review Workgroup Milestones



# Additional Input During the 2025 Core Set Annual Review Process

- **CMS will obtain additional input on the Workgroup recommendations through two processes**
  - State outreach with CMS’s Quality Technical Advisory Group (QTAG), comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting
  - Outreach within CMS and with key federal partners about alignment and priority of recommended measures
- **More information about the Medicaid and CHIP Child and Adult Core Sets Annual Review and Selection Process is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/annual-core-set-review.pdf>**

# Recap of the 2023 Core Set Annual Review and Updates

- **CMS added two measures to the Child Core Set**
  - **Lead Screening in Children (LSC-CH)** was added to improve the understanding of the health disparities experienced by children who live in low-income housing at higher risk of lead exposure
  - **Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)** was added to promote antibiotic stewardship and create alignment across Core Sets
- **CMS added one measure to the Adult Core Set**
  - **Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)\*** was added to fill a gap in measuring quality of care in long-term services and supports (LTSS) and to promote alignment with the Home and Community Based Services (HCBS) quality measure set
- **CMS did not remove any measures from the Core Sets**

\*This measure was considered by the 2022 Workgroup. CMS deferred a decision until the release of the quality measure set in July 2022.

# Recap of the 2023 Core Set Annual Review and Updates (continued)

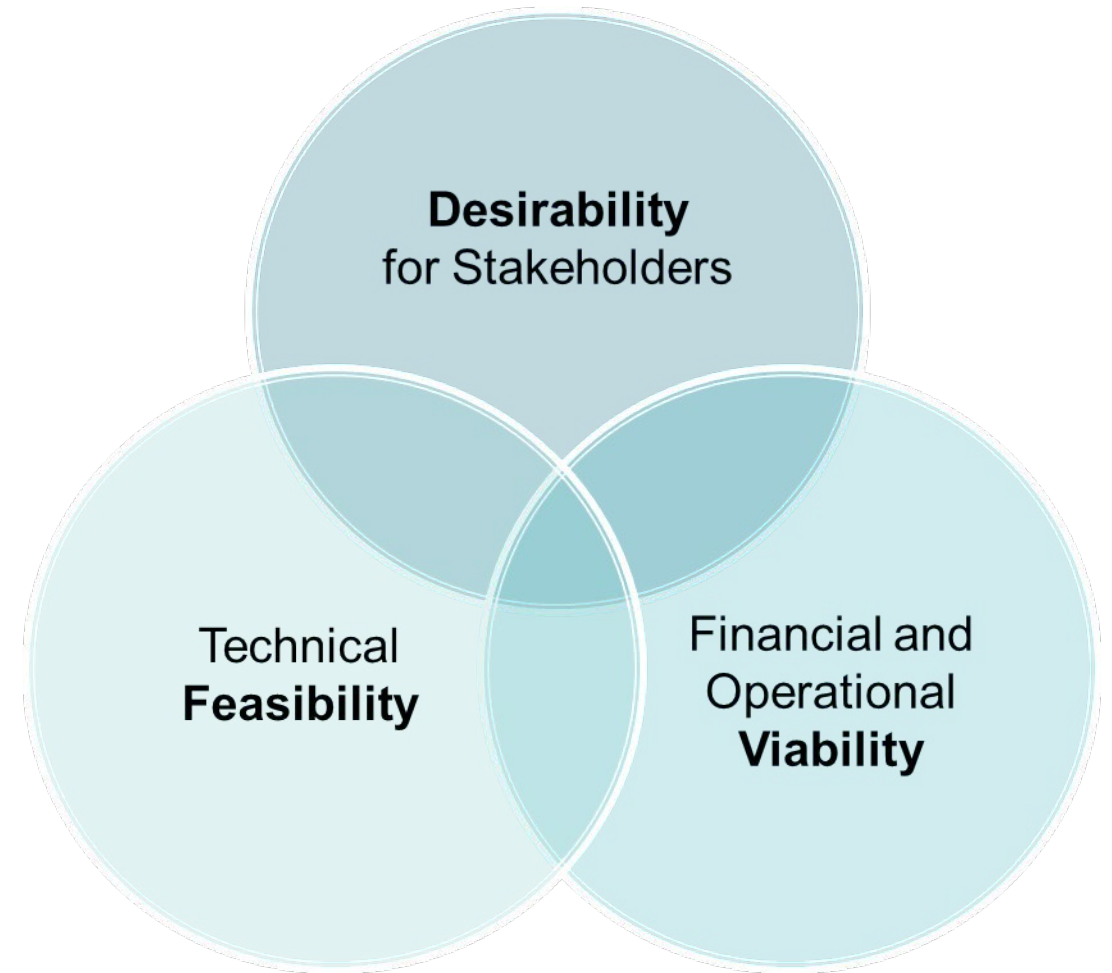
- **CMS retained two measures recommended by the Workgroup for removal**
  - Screening for Depression and Follow-Up Plan
  - Flu Vaccinations for Adults Ages 18 to 64
- **CMS deferred a decision on three measures that use the Electronic Clinical Data System (ECDS) reporting method, pending further assessment of how the proprietary nature of the ECDS reporting method impacts the feasibility and viability of including these measures in the Core Sets**
  - One measure was recommended by the 2023 Workgroup: Adult Immunization Status
  - Two measures were recommended by the 2021 Workgroup: (1) Prenatal Immunization Status and (2) Postpartum Depression Screening and Follow-up
- **CMS released the 2023 and 2024 Child and Adult Core Sets based on the recommendations of the 2023 Workgroup**
  - More information about the 2023 and 2024 updates is available in the CMCS Informational Bulletin (CIB) available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111522.pdf>



# **Vision for the 2025 Child and Adult Core Set Annual Review**

# Role of the Workgroup in Strengthening the 2025 Child and Adult Core Sets

- The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve the Core Sets
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of state-level quality measurement and improvement
  - Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity



# **There are Many Tools to Drive Quality Improvement in Medicaid and CHIP**

- **Medicaid and CHIP Core Sets (Child, Adult, and Health Home)**
- **Medicaid and CHIP Scorecard**
- **Medicaid and CHIP Beneficiary Profile**
- **Managed Care Quality Tools**
  - **Quality Strategy**
  - **External Quality Review, including Compliance Audits, Performance Improvement Projects, and Focus Studies**
  - **Quality Assurance and Performance Improvement (QAPI) Programs**
- **Section 1115 Demonstrations**
- **State Plan Amendments (SPAs) and Waivers**
- **State Directed Payment (SDP) Programs**
- **State Pay-for-Performance and Value-Based Purchasing Initiatives**

# Using the Core Sets to Advance Access, Quality, and Equity

- **The Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP**
- **The Core Sets help CMS and states:**
  - **Assess access to and quality of health care provided to Medicaid and CHIP beneficiaries**
  - **Identify and improve understanding of the disparities experienced by Medicaid and CHIP beneficiaries**
- **CMS encourages states to use Core Set data to identify disparities in health care delivery and outcomes and to develop targeted quality improvement efforts to advance health equity**

Source: CMCS Informational Bulletin (11/15/2022).

# Preparing for Mandatory Reporting

- Starting in FFY 2024, reporting of the Child Core Set measures and behavioral health measures in the Adult Core Set will become mandatory

- The 2023 and 2024 Child Core Set measure list is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-child-core-set.pdf>
- The 2023 and 2024 Behavioral Health Core Set measure list is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-bh-core-set.pdf>

- ★ • Feasibility and viability of state-level reporting of current and future Core Set measures are key considerations as mandatory reporting begins
- ★ • Another key consideration is the ability to stratify measures by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language
- ★ • Workgroup recommendations for the 2025 Core Sets should consider the feasibility for all states to report a measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Set

## **CMCS Remarks**

**Deirdra Stockmann, Acting Director  
Division of Quality and Health Outcomes  
Center for Medicaid and CHIP Services**



## **Co-Chair Remarks**

**Kim Elliott**  
**Health Services Advisory Group**

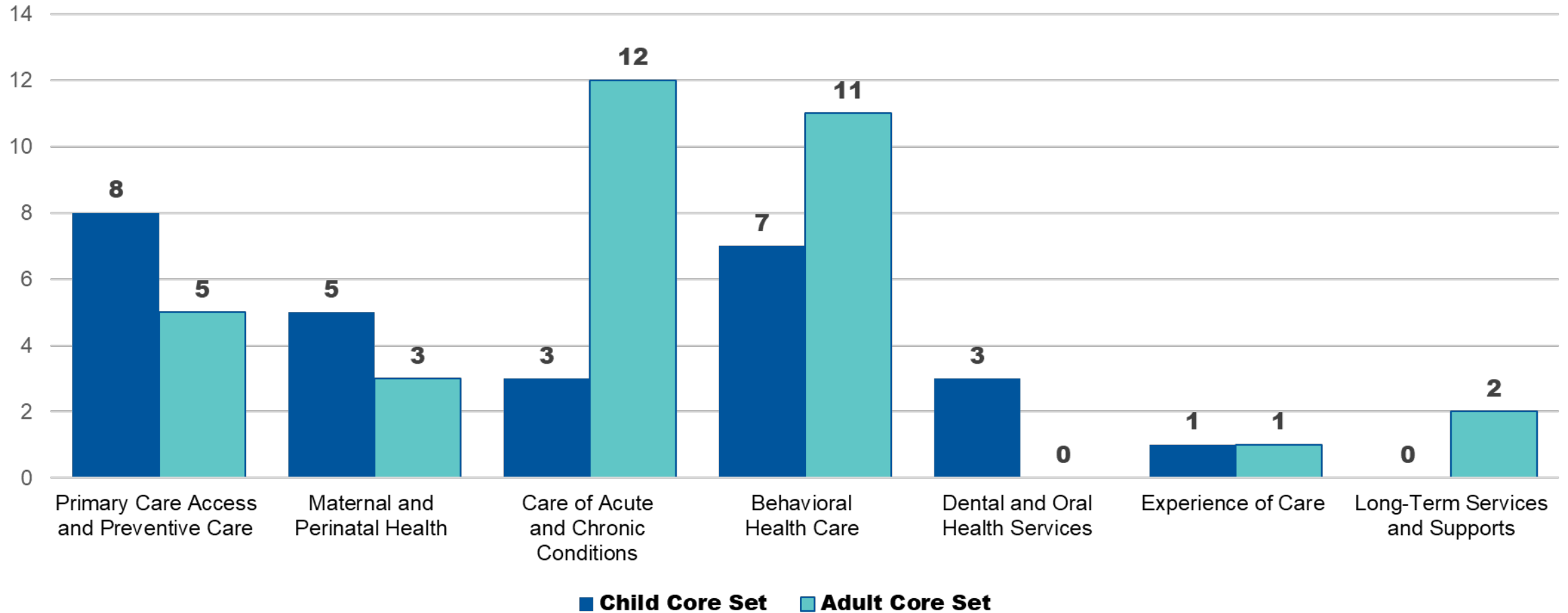
**Rachel LaCroix**  
**Florida Agency for Health Care Administration**

# Workgroup Questions



# **Preparing for the Workgroup Call for Measures for the 2025 Child and Adult Core Sets**

# 2023 and 2024 Child and Adult Core Set Measures, by Domain



# Identifying Measure Gaps in the Child and Adult Core Sets

- **Each year, the Child and Adult Core Set Annual Review Workgroup discusses measure gaps on the Core Sets**
- **The process has evolved over the past four years since Mathematica began convening the Workgroup**
  - **2020: At the end of the in-person meeting, each individual Workgroup member was invited to mention one or more measure gaps**
  - **2021: At the end of the virtual meeting, Workgroup members participated in a group discussion of measure gaps**
  - **2022 and 2023: At the end of each domain discussion, the Workgroup discussed domain-specific gaps; after domain discussions, the Workgroup discussed remaining domain-specific gaps and cross-cutting gaps**

# Frequently Mentioned Gaps During the 2020 – 2023 Child and Adult Core Set Annual Reviews

- **Gaps mentioned all four years**
  - Care integration across sectors and settings of care, especially for LTSS users and beneficiaries with complex needs
  - LTSS quality and experience with care
  - Oral health care access and quality for children and adults
  - Screening for adverse childhood experiences
  - Screening for social-emotional needs
  - Social determinants of health, including need for measure development and testing
  - Stratification of measures by race, ethnicity, and disability (among other factors)
- **Gaps mentioned three of the four years**
  - Colorectal cancer screening
  - Health care delivery and outcomes for male beneficiaries
  - Integration of behavioral health and physical health, particularly through primary care
  - Prenatal and postpartum care content and quality
  - Screening, follow-up, and treatment for depression, especially maternal depression
  - Suicide screening, prevention, and treatment

# Gaps Filled through the Core Set Review Process Since 2020

- **Colorectal cancer screening**
  - Colorectal Cancer Screening (COL-AD) added in 2022
- **Dental care for children**
  - Sealant Receipt on Permanent First Molars (SFM-CH) added in 2021
  - Oral Evaluation, Dental Services (OEV-CH) added in 2022
  - Topical Fluoride for Children (TFL-CH) added in 2022
- **LTSS**
  - National Core Indicators Survey (NCIDDS-AD) added in 2020
  - Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) added in 2023
- **Several measures specified for the ECDS reporting method have been deferred by CMS due to licensing and feasibility considerations**
  - Adult Immunization Status
  - Prenatal Immunization Status
  - Postpartum Depression Screening and Follow-up

# Workgroup Call for Measures for the 2025 Child and Adult Core Set Annual Review

- To focus the Call for Measures for the 2025 Child and Adult Core Set Annual Review on measures that are a good fit for the Core Sets, Mathematica has defined the criteria for addition and removal in three areas:
  - Minimum Technical Feasibility Requirements
  - Actionability and Strategic Priority
  - Other Considerations
- To be considered for the 2025 Core Sets, all measures must meet minimum technical feasibility requirements

# Criteria for Suggesting Measures for Addition

## Minimum Technical Feasibility Requirements

- ✓ The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
- ✓ The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

## Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP.
- ✓ The measure should be suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ★ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.
- ✓ The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers).

## Other Considerations

- ✓ The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.
- ✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- ✓ All states should be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Set and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).
- ★

# Criteria for Suggesting Measures for Removal

## Technical Feasibility

- ✓ The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).
- ✓ States report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
- ✓ The specifications and data source do not allow for consistent calculations across states (e.g., there is variation in coding or data completeness across states).
- ✓ The measure is being retired by the measure steward and will no longer be updated or maintained.

## Actionability and Strategic Priority

- ✓ Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid and CHIP.
- ✓ The measure is not suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ★ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid and CHIP beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement).
- ✓ The measure cannot be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure is topped out, trending is not possible, or improvement is outside the direct influence of Medicaid and CHIP programs/providers).

## Other Considerations

- ✓ The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- ✓ All states may not be able to produce the measure for Core Set reporting within two years of the reporting cycle under review or may not be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).
- ★



# Process for Suggesting Measures for Addition to or Removal from the Child and Adult Core Sets

- Workgroup members and federal liaisons may suggest measures for removal from or addition to the 2025 Child and Adult Core Sets
- After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms they can use to suggest measures for removal or addition
- The call for measures will open on Thursday, December 15, 2022 by 5:00 PM ET and close on Friday January 13, 2023 at 8:00 PM ET
- If you have any questions about the Call for Measures process, please email the Mathematica Core Set Review Team at: [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com)

# General Measure Submission Tips

- **Measure submission forms are the foundation for the Measure Information Sheets that Workgroup members review to prepare for the voting meeting**
  - In your form, explain why the Workgroup should consider recommending a measure for addition or removal
  - Provide evidence to support your measure suggestion, including citations where applicable
  - If the measure has been discussed by the Workgroup previously, consider why the measure was not recommended for addition/removal and include information that justifies discussing the measure again
  - For measures suggested for addition, be sure to address the minimum technical feasibility criteria
- **If suggesting a new measure to replace a current Core Set measure, remember to submit both an addition form and a removal form**
- **Include additional information as an email attachment, if necessary**
- **More submission tips are included in supplementary materials for Workgroup members**

# Resources for Assessing Measures for Addition and Removal

- **2022 Medicaid and CHIP Beneficiary Profile: Enrollment, Expenditures, Characteristics, Health Status, and Experience**
- **Background Resources on the Child and Adult Core Sets**
  - FFY 2023 and 2024 Core Set measure lists
  - FFY 2022 Core Set reporting resources
  - FFY 2020 Core Set measure performance
  - Core Set history table
  - Medicaid and CHIP Scorecard
  - Other quality measurement resources
- **Supplementary Materials for Workgroup Members**
  - List of measures discussed during previous Workgroup meetings
  - List of measure gaps identified by the 2020 – 2023 Workgroups
  - Measure submission tips

# Workgroup Questions

# Opportunity for Public Comment

# Next Steps and Resources

# Next Steps

- Workgroup members and federal liaisons will receive an email with instructions on how to suggest measures for addition to or removal from the Core Sets
- All measures suggested for addition or removal are due on Friday, January 13, 2023 by 8:00 PM ET
- Meeting to prepare for voting will be held April 4, 2023, 2:00–3:00 PM ET via webinar
- Voting meeting will be held April 25-27, 2023, 11:00–5:00 PM ET via webinar
- Registration information will be available at <https://www.mathematica.org/features/maccoresetreview>

## For More Information

- Information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>
- Information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>
- Information on the Child and Adult Core Set Annual Review is available at <https://www.mathematica.org/features/maccoresetreview>



# Questions

If you have questions about the 2025 Child and Adult Core Set Annual Review, please email the Mathematica Core Set Review Team at: [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com)

**THANK YOU FOR PARTICIPATING!**