

#### Child and Adult Core Sets Annual Review Workgroup:

2026 Annual Review Orientation Meeting

September 6, 2023

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# Welcome, Introductions, and Workgroup Objectives



# **Meeting Objectives**

- Introduce the 2026 Child and Adult Core Sets Annual Review Workgroup
  - This year's review will focus on updates to the 2026 Child and Adult Core Sets
  - CMS will release the 2025 Child and Adult Core Sets in spring 2024, based on the recommendations of the 2025 Workgroup
- Describe the charge, timeline, and vision for the 2026 Child and Adult Core Sets Annual Review
- Present the process for Workgroup members to suggest measures for addition to or removal from the 2026 Child and Adult Core Sets
- Provide opportunity for public comment



# **Mathematica Core Sets Review Team**

- Margo Rosenbach, Project Director
- Chrissy Fiorentini, Researcher
- Caitlyn Newhard, Managing Consultant
- Genae Brown, Health Analyst
- Maria Dobinick, Researcher
- Kate Nilles, Health Analyst
- Talia Parker, Health Associate
- Kathleen Shea, Researcher
- Alli Steiner, Senior Researcher



# **2026 Core Sets Annual Review Workgroup**

Voting Members		
Co-Chair: Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group	
Co-Chair: Rachel LaCroix, PhD, PMP	Florida Agency for Health Care Administration	
Nominated by the National Association of Medicaid Directors		
Benjamin Anderson, JD	Families USA	
Richard Antonelli, MD, MS	Boston Children's Hospital	
Stacey Bartell, MD	American Academy of Family Physicians	
Nominated by the American Academy of Family Physicians		
Tricia Brooks, MBA	Georgetown University Center for Children and Families	
Emily Brown	Free From Market	
Joy Burkhard, MBA	Policy Center for Maternal Mental Health	
Stacey Carpenter, PsyD, IMH-E®	ZERO TO THREE	
*Roshanda Clemons, MD	Nevada Department of Health and Human Services	
Nominated by the Medicaid Medical Directors Network		
Lindsay Cogan, PhD, MS	New York State Department of Health	
James Crall, DDS, ScD, MS	UCLA School of Dentistry	
Nominated by the American Dental Association		
Erica David-Park, MD, MBA, FAAPMR	AmeriHealth Caritas	
Anne Edwards, MD	American Academy of Pediatrics	
Nominated by American Academy of Pediatrics		

\*New Workgroup member



# **2026 Core Sets Annual Review Workgroup (continued)**

Voting Members	
Clara Filice, MD, MPH, MHS	MassHealth
Nominated by the Medicaid Medical Directors Network	
*Angela Filzen, DDS	Mississippi State Department of Health
Nominated by the American Dental Association	
Sara Hackbart, MS	Elevance Health
Nominated by the National MLTSS Health Plan Association	
*Richard Holaday	Delaware Division of Medicaid and Medical Assistance
Nominated by the National Association of Medicaid Directors	
*Jeff Huebner, MD, FAAFP	Wisconsin Department of Health Services
Nominated by the National Association of Medicaid Directors	
Sarah Johnson, MD, MPH	IPRO
David Kelley, MD, MPA	Pennsylvania Department of Human Services
David Kroll, MD	Department of Psychiatry, Mass General Brigham Health, Harvard
Nominated by the American Psychiatric Association	Medical School
Jakenna Lebsock, MPA	Arizona Health Care Cost Containment System (AHCCCS)
*Hannah Lee-Brown, PharmD, RPh, CPHQ	Healthfirst
Nominated by the Academy of Managed Care Pharmacy	
*Katherine Leyba	New Mexico Human Services Department
Nominated by the National Association of Medicaid Directors	
Lisa Patton, PhD	CVP

\*New Workgroup member.

# **2026 Core Sets Annual Review Workgroup (continued)**

Voting Members		
Laura Pennington, MHL	Washington Health Care Authority	
Nominated by the Medicaid Medical Directors Network		
Grant Rich, PhD, MA	Alaska Department of Health	
Lisa Satterfield, MS, MPH, CAE, CPH	American College of Obstetricians and Gynecologists	
Nominated by the American College of Obstetricians and Gynecologists		
Linette Scott, MD, MPH	California Department of Health Care Services	
Kai Tao, ND, MPH, FACNM	Illinois Contraceptive Access Now of AllianceChicago and Erie Family	
Nominated by the American College of Nurse Midwives	Health Center	
Ann Zerr, MD	Indiana Family and Social Services Administration	
Bonnie Zima, MD, MPH	UCLA-Semel Institute for Neuroscience and Human Behavior	
Nominated by the American Academy of Child and Adolescent Psychiatry and		
American Psychiatric Association		



## **2026 Core Sets 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

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 Sets 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

# **2026 Core Sets Annual Review Workgroup Charge**

The 2026 Child and Adult Core Sets 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 Sets measures.



# **2026 Core Sets Annual Review Workgroup Milestones**

September 6, 2023	Orientation webinar	<ul> <li>✓ Draft report made available for</li> </ul>
September 7, 2023 to October 6, 2023	Call for measures	public comment ✓ Final report released
January 10, 2024	Webinar to prepare for voting meeting	<ul> <li>✓ CMS review of final report and additional input</li> <li>✓ CMS releases</li> </ul>
February 6-8, 2024	Voting meeting	2026 Core Sets updates



## **Additional Input During the 2026 Core Sets 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 <u>https://www.medicaid.gov/medicaid/quality-of-care/downloads/annualcore-set-review.pdf</u>

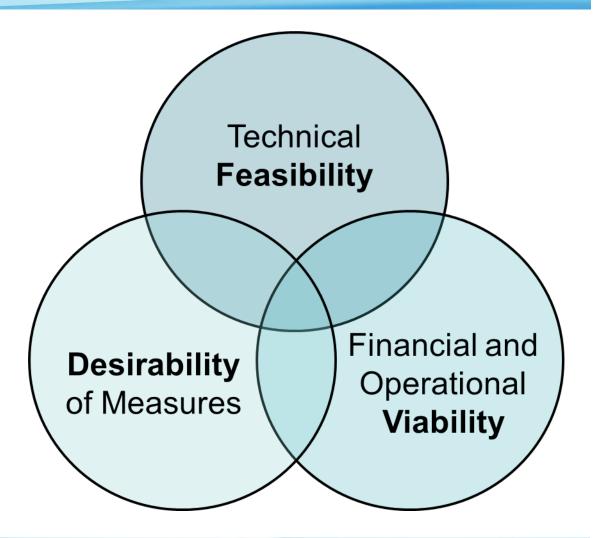


# Vision for the 2026 Child and Adult Core Sets Annual Review



# Role of the Workgroup in Strengthening the 2026 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





# **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
- Feasibility and viability of state-level reporting of current and future Core Sets 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 2026 Core Sets should consider the feasibility for <u>all</u> states to report a measure for <u>all</u> Medicaid and CHIP populations within two years of the measure being added to the Core Sets



## 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).



# 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

# **CMCS Remarks**

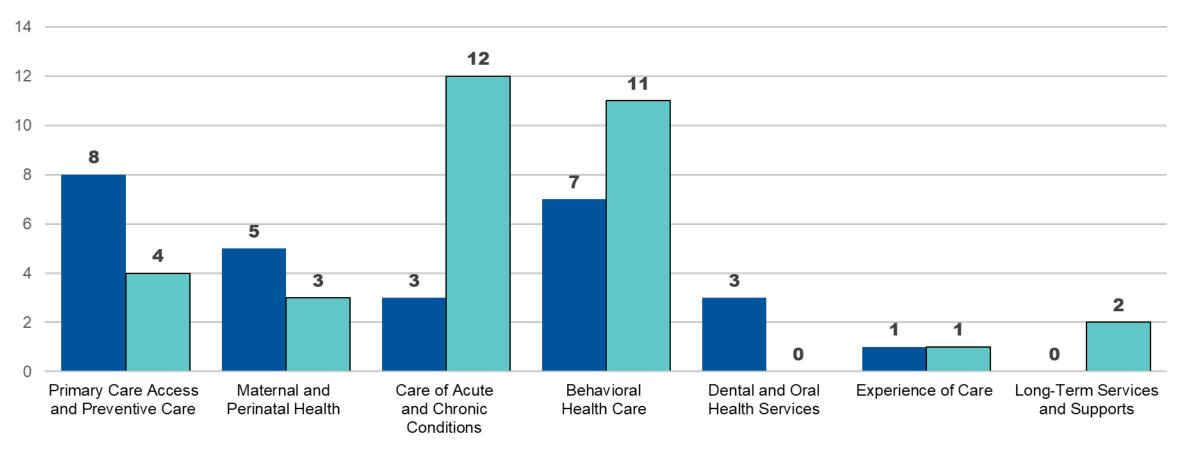
# Deirdra Stockmann, Director Division of Quality and Health Outcomes Center for Medicaid and CHIP Services



# **Background on the Child and Adult Core Sets**



# **2024 Child and Adult Core Sets Measures, by Domain**



Child Core Set Adult Core Set



# **Changes to the 2024 Child and Adult Core Sets**

- CMCS recently announced the following changes to the 2024 Child and Adult Core Sets:
  - Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) is being retired by the measure steward and has been removed from the 2024 Adult Core Set
  - The Prenatal and Postpartum Care measures in the Child and Adult Core Sets have been updated
    - Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) is now Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)
    - Prenatal and Postpartum Care: Postpartum Care (PPC-AD) is now Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)
- The 2024 measure lists are available at:
  - <u>https://www.medicaid.gov/media/161836</u> (Child Core Set)
  - <u>https://www.medicaid.gov/media/161841</u> (Adult Core Set)



## Potential Changes to the 2025 Child and Adult Core Sets: Recap of the 2025 Annual Review

- The Workgroup recommended two measures for addition to the 2025 Core Sets
  - Oral Evaluation During Pregnancy
  - Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults
- The Workgroup did not recommend any measures for removal



### **Other Potential Changes for 2025 and Beyond: ECDS Measures**

- The 2025 Workgroup reconsidered three measures that use the Electronic Clinical Data System (ECDS) reporting method. Prior Workgroups had recommended these measures for addition to the Core Sets but CMCS deferred a decision pending further assessment of how the proprietary nature of the ECDS reporting method could impact the feasibility and viability of the measures for state-level reporting in the Core Sets
- The Workgroup affirmed support for adding the three ECDS measures to the Child and Adult Core Sets
  - Postpartum Depression Screening and Follow-Up
  - Prenatal Immunization Status
  - Adult Immunization Status



## Other Changes for 2025 and Beyond: Upcoming HEDIS Measure Retirements

- NCQA announced in July 2023 that three measures currently on the Child and Adult Core Sets are being retired:
  - Ambulatory Care (AMB-CH) will be retired for HEDIS MY 2024 (2025 Child Core Set)
  - Antidepressant Medication Management (AMM-AD) will be retired for HEDIS MY 2025 (2026 Adult Core Set)
  - Medical Assistance with Smoking and Tobacco-Related Cessation (MSC-AD)
    - A new measure will expand to adolescents and will leverage electronic clinical data to incorporate prevention, screening, and receipt of evidence-based cessation interventions. NCQA plans to retire the MSC measure when the replacement measure is ready, which is planned for HEDIS Measurement Year 2026 (2027 Adult Core Set)

Source: <u>https://www.ncqa.org/blog/retiring-and-replacing-hedis-measures-2024-2026/</u>



# **Workgroup Questions**



# Preparing for the Workgroup Call for Measures for the 2026 Child and Adult Core Sets



# **Identifying Measure Gaps in the Child and Adult Core Sets**

- Each year, the Child and Adult Core Sets Annual Review Workgroup discusses measure gaps on the Core Sets
- Since 2020, several gaps have been filled through the annual review
  - 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 ECDS measures have been deferred by CMS due to licensing and feasibility considerations
    - Adult Immunization Status
    - Prenatal Immunization Status
    - Postpartum Depression Screening and Follow-up
- At the end of the 2025 Core Sets Review meeting, Workgroup members participated in a group discussion and prioritization of previously mentioned measure gaps



## Domain-Specific Gaps Discussed During the 2025 Child and Adult Core Sets Annual Review

- Primary Care Access and Preventive Care
  - Integrated physical health and behavioral health
  - Identification of and intervention for adverse childhood experiences and exposure to trauma and toxic stress
- Maternal and Perinatal Health
  - Prenatal screenings for depression and mental health
  - Contraceptive counseling
  - Maternal health outcomes
- Care of Acute and Chronic Conditions
  - Hepatitis C screening
- Long-Term Services and Supports
  - Adverse health and safety events, including hospitalizations
  - Focus on whole-person care, including integration of medical and HCBS for individuals in LTSS
  - Children's experience of care, community integration, and quality-of-life measures



## Cross-Cutting Gaps Discussed During the 2025 Child and Adult Core Sets Annual Review

#### Cross-cutting gap areas

- Advancement of health equity
- Stratification of measures by race, ethnicity, language, disability, and medical complexity, particularly for children
- Subgroup analyses of existing measures for pregnant beneficiaries
- Improved engagement with beneficiaries to support measure development and implementation

#### Cross-cutting methodological considerations

- Stratification and identification of disparities in existing measures
- Inclusion of more outcome measures
- Using trend analysis to determine whether a measure is driving improvement over time
- Development and implementation of multigenerational measures
- Incorporation of broader measures of treatment outcomes for chronic conditions that include beneficiaries who
  may not have access to care
- Use of existing data sources to increase efficiency and reduce state administrative burden (such as Transformed Medicaid Statistical Information System [T-MSIS] data)
- Alignment and standardization across reporting programs (such as HEDIS, Medicare)
- Collaboration across agencies to align measures and better address gaps (such as HRSA Maternal and Child Health Bureau)
- Use of newer technologies for survey-based measures to collect information in real time



# Workgroup Call for Measures for the 2026 Child and Adult Core Sets Annual Review

- To focus the Call for Measures for the 2026 Child and Adult Core Sets 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 2026 Core Sets, <u>all measures</u> 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 Sets.

#### Actionability and Strategic Priority

- Taken together with other Core Sets 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 Sets 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 Sets 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 2026 Child and Adult Core Sets
- After the orientation meeting, Workgroup members and federal liaisons will receive a link to a form they can use to suggest measures for removal or addition
- The call for measures will open on <u>Thursday, September 7, 2023 by 5:00</u> <u>PM ET</u> and close on <u>Friday October 6, 2023 at 8:00 PM ET</u>
- If you have any questions about the Call for Measures process, please email the Mathematica Core Sets Review Team at: <u>MACCoreSetReview@mathematica-mpr.com</u>



# **Resources for Assessing Measures for Addition and Removal**

- 2023 Medicaid and CHIP Beneficiary Profile: Enrollment, Expenditures, Characteristics, Health Status, and Experience
- Background Resources on the Child and Adult Core Sets
  - 2024 Core Sets measure lists
  - 2023 Core Sets reporting resources
  - Core Sets measure performance
  - Core Sets 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 2025 Workgroup

# **Measures Discussed During Previous Workgroup Meetings**

 The following measures have been discussed during three or more previous Workgroup meetings and have not been removed (column 1) or added (column 2):

Measures Suggested for Removal	Measures Suggested for Addition
Screening for Depression and Follow-Up Plan: Ages 12 to 17 and Age 18 and older (CDF-CH and CDF-AD)	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS version)
CAHPS® Health Plan Survey 5.0H – Child Version and Adult Version (CPC-CH and CPA-AD)	National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer Survey
HIV Viral Load Suppression (HVL-AD)	Proportion of Days Covered: Antiretroval Medications
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	

Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

 If you are considering one of these measures, please review previous reports and transcripts for more information on the Workgroup discussions and decisions. You must suggest a strong justification and new evidence to explain why the Workgroup should consider the measure again. If you have questions, please contact us at <u>MACCoreSetReview@mathematica-mpr.com</u>.



# **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



# **Measure Submission Tips: Additions**

#### Measure Information section

- Refer to the list of previously discussed measures and Core Set history table to determine whether the measure has been discussed previously or included in the Core Sets
- Wherever possible, pull information directly from the measure specifications or from previous Measure Information Sheets (if the measure has been discussed in the past)
- Minimum Technical Feasibility Criteria section
  - Provide a link to the current technical specifications
  - Include state testing results (if available)
- Actionability and Strategic Priority section
  - Explain whether the measure is suitable for stratification by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language
- Other Considerations section
  - Provide Medicaid- and CHIP-specific prevalence estimates where possible; the Medicaid and CHIP Beneficiary Profile contains prevalence estimates for some conditions
  - Refer to the links in the Background Resources document to determine whether the measure is used by other CMS programs
  - Use the Background Resources and other supplementary materials to assess feasibility of producing the measure for all populations within two years of being added to the Core Sets

# **Measure Submission Tips: Removals**

#### Measure Information section

- Refer to the list of previously discussed measures to determine whether the measure has been suggested for removal before
- Wherever possible, pull information directly from the Core Sets resource manuals or from previous Measure Information Sheets (if the measure has been discussed in the past)
- Minimum Technical Feasibility Criteria and Actionability and Strategic Priority sections
  - Select "yes" for any criteria that represent a reason for removal of the measure and explain
  - Refer to the background materials and Core Sets measure performance results

#### Other Considerations section

- Provide Medicaid- and CHIP-specific prevalence estimates where possible; the Medicaid and CHIP Beneficiary Profile contains prevalence estimates for some conditions
- Refer to the links in the Background Resources document to determine whether the measure is used by other CMS programs
- Use the Background Resources and other supplementary materials to assess feasibility of producing the measure for all populations within two years of the measure cycle under review



#### **Co-Chair Remarks**

### Kim Elliott Health Services Advisory Group

## Rachel LaCroix Florida Agency for Health Care Administration



## **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 <u>Friday</u>, <u>October 6, 2023</u> by <u>8:00 PM ET</u>
- Meeting to prepare for voting will be held January 10, 2:00–3:00 PM ET via webinar
- Voting meeting will be held February 6-8, 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 <u>https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html</u>
- Information on the Adult Core Set is available at <u>https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html</u>
- Information on the Child and Adult Core Sets Annual Review is available at <a href="https://www.mathematica.org/features/maccoresetreview">https://www.mathematica.org/features/maccoresetreview</a>



### **Questions**

If you have questions about the 2026 Child and Adult Core Sets Annual Review, please email the Mathematica Core Sets Review Team at: <u>MACCoreSetReview@mathematica-mpr.com</u>



# **THANK YOU FOR PARTICIPATING!**

