

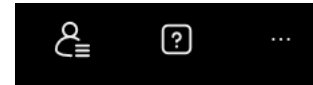
Child and Adult Core Sets Annual Review Workgroup

Meeting to Review Measures for the 2025 Core Sets
Day 1

April 25, 2023

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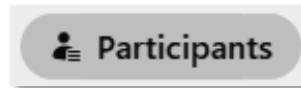


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Welcome and Meeting Objectives

Mathematica Project Team

- **Project director: Margo Rosenbach**
- **Research, analytics, and logistics team: Chrissy Fiorentini, Caitlyn Newhard, Genae Brown, Maria Dobinick, Kate Nilles, Talia Parker, Kathleen Shea, Alli Steiner**
- **Communications support: Christal Stone Valenzano and Derek Mitchell**
- **Writing support: Aurrera Health Group team, led by Megan Thomas and Jenneil Johansen**

Meeting Objectives

- **Review measures suggested for removal from or addition to the Child and Adult Core Sets**
- **Recommend updates to the Child and Adult Core Sets**
- **Discuss gap areas and areas for future measure development**
- **Provide opportunities for public comment**

Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interests

- **All Workgroup members were required to submit a Disclosure of Interest form that discloses 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**
- **Members deemed to have an interest in a measure suggested for removal or addition will be recused from voting on that measure**
- **During introductions, members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists**

Workgroup Roll Call

- Please use the “Raise Hand” feature to be unmuted during introductions
- Please mute yourself after speaking
- Workgroup members will now be able to mute and unmute themselves during discussion
- If a Workgroup member exits and re-enters the WebEx platform, they must again use the raise hand feature to be unmuted
- When your name is called, please indicate whether you have anything to disclose and, as an icebreaker, please mention one thing you are looking forward to during the 2025 Core Set Review meeting this week

2025 Core Set Annual Review Workgroup

Voting Members	
Co-Chair: Kim Elliott , PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Rachel La Croix , 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
Stacey Bartell , MD Nominated by the American Academy of Family Physicians	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
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

2025 Core Set Annual Review Workgroup *(continued)*

Voting Members	
Curtis Cunningham Nominated by ADvancing States	Wisconsin Department of Health Services
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
Sara Hackbart, MS Nominated by the National MLTSS Health Plan Association	Elevance Health
Sarah Johnson, MD, MPH	IPRO
David Kelley, MD, MPA	Pennsylvania Department of Human Services
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)

2025 Core Set Annual Review Workgroup *(continued)*

Voting Members	
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
Kai Tao, ND, MPH, FACNM Nominated by the American College of Nurse Midwives	Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center
Mitzi Wasik, PharmD, MBA, BCPS, FCCP, FAMCP Nominated by the Academy of Managed Care Pharmacy	OptumRx/ UHG
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

2025 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards and Quality, CMS, DHHS

Centers for Disease Control and Prevention, DHHS

Health Resources and Services Administration, DHHS

Indian Health Service, DHHS

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Office of Minority Health, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs

CMCS Remarks

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

**Jessica Lee, Medical Officer
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services**

Stratification of Core Set Measures to Advance Equity

Context for Today's Discussion

- **CMCS encourages states to stratify Core Set data by subpopulations.**
 - Aggregate quality measure data can mask important differences across subpopulations.
 - Stratifying quality measure data can help focus state quality improvement initiatives and priorities.
- **For the FFY 2023 Core Set reporting cycle, which is currently in process, states have the option to report stratified rates for one or more categories: Race, Ethnicity, Sex, and/or Geography.**
- **For the FFY 2025 Core Set reporting cycle, which is the Core Set currently under review, CMCS plans to provide additional guidance on reporting categories and definitions.**
- **The goal of today's conversation is to discuss opportunities and considerations for using stratified Core Set data to advance health equity.**

Core Set Stratification Categories for FFY 2023 Reporting: Race

- American Indian or Alaska Native
- Asian*
 - Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Add Another Sub-Category
- Black or African American
- Native Hawaiian or Other Pacific Islander*
 - Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Add Another Sub-Category
- White
- Two or More Races
- Some Other Race
- Add Another Race
- Missing or Not Reported

Core Set Stratification Categories for FFY 2023 Reporting: Ethnicity

- **Not Hispanic, Latino/a, or Spanish origin**
- **Hispanic, Latino/a, or Spanish origin***
 - **Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, Another Hispanic, Latino/a, or Spanish origin, Add Another Sub-Category**
- **Add Another Ethnicity**
- **Missing or Not Reported**

* For this category, states have the option of reporting aggregate data (e.g., Hispanic, Latino/a, or Spanish) or disaggregated data (e.g., Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, Another Hispanic, Latino/a, or Spanish origin).

Core Set Stratification Categories for FFY 2023 Reporting: Sex

- Male
- Female
- Add Another Sex
- Missing or Not Reported

Core Set Stratification Categories for FFY 2023 Reporting: Geography

- Urban
- Rural
- Add Another Geography
- Missing or Not Reported

Discussion Topics

- **How can stratified Core Set data be used to advance health equity in Medicaid and CHIP?**
 - How are states currently using or planning to use stratified Core Set data?
 - How are others currently using or planning to use stratified Core Set data?
- **What are the key challenges to **collecting**, **reporting**, and **using** stratified Core Set data?**
- **What additional resources are needed to advance this work?**
- **What are other key considerations for advancing this work?**

Workgroup Member Remarks

Benjamin Anderson, JD, Families USA

Emily Brown, Free From Market

Amanda Dumas, MD, MSc, Louisiana Department of Health

Jakenna Lebsock, MPA, Arizona Health Care Cost Containment System

Workgroup Member Discussion

Opportunity for Public Comment

Break

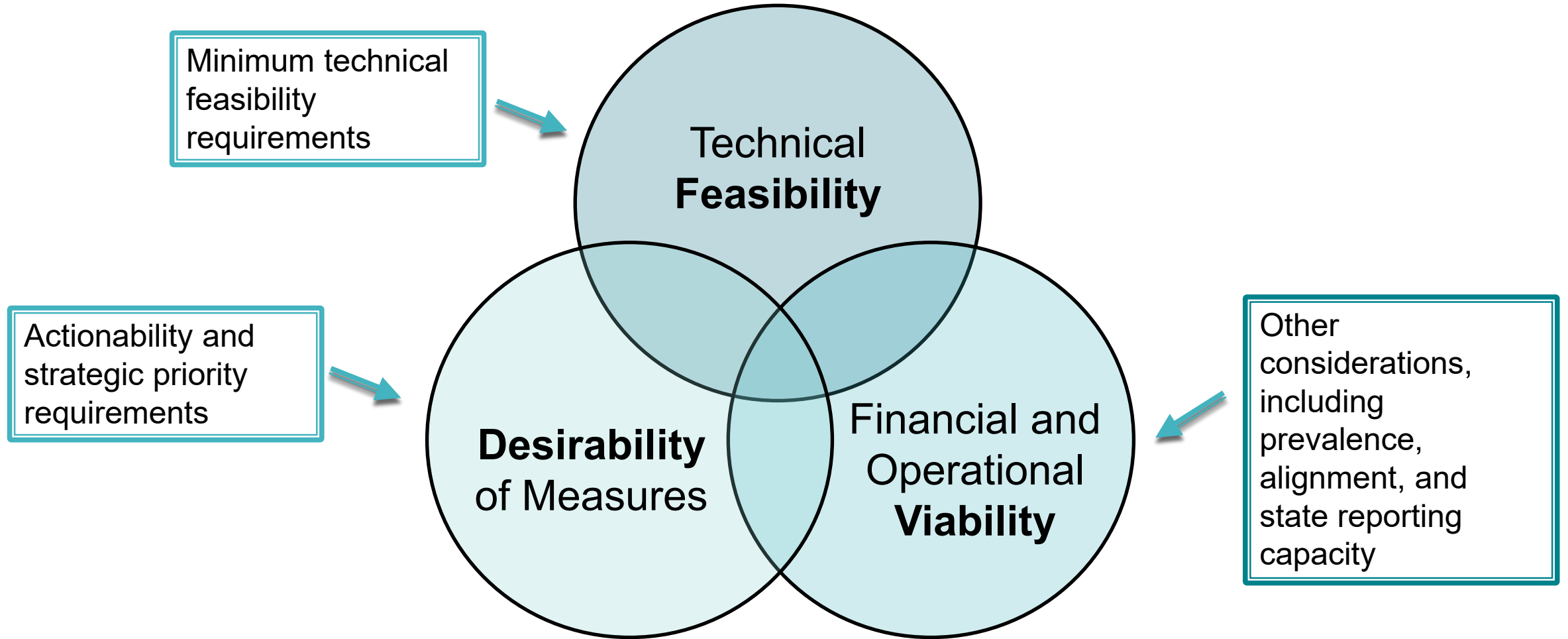
Approach to Measure Review and Voting

Using the Child and Adult Core Sets to Advance Access, Quality, and Equity

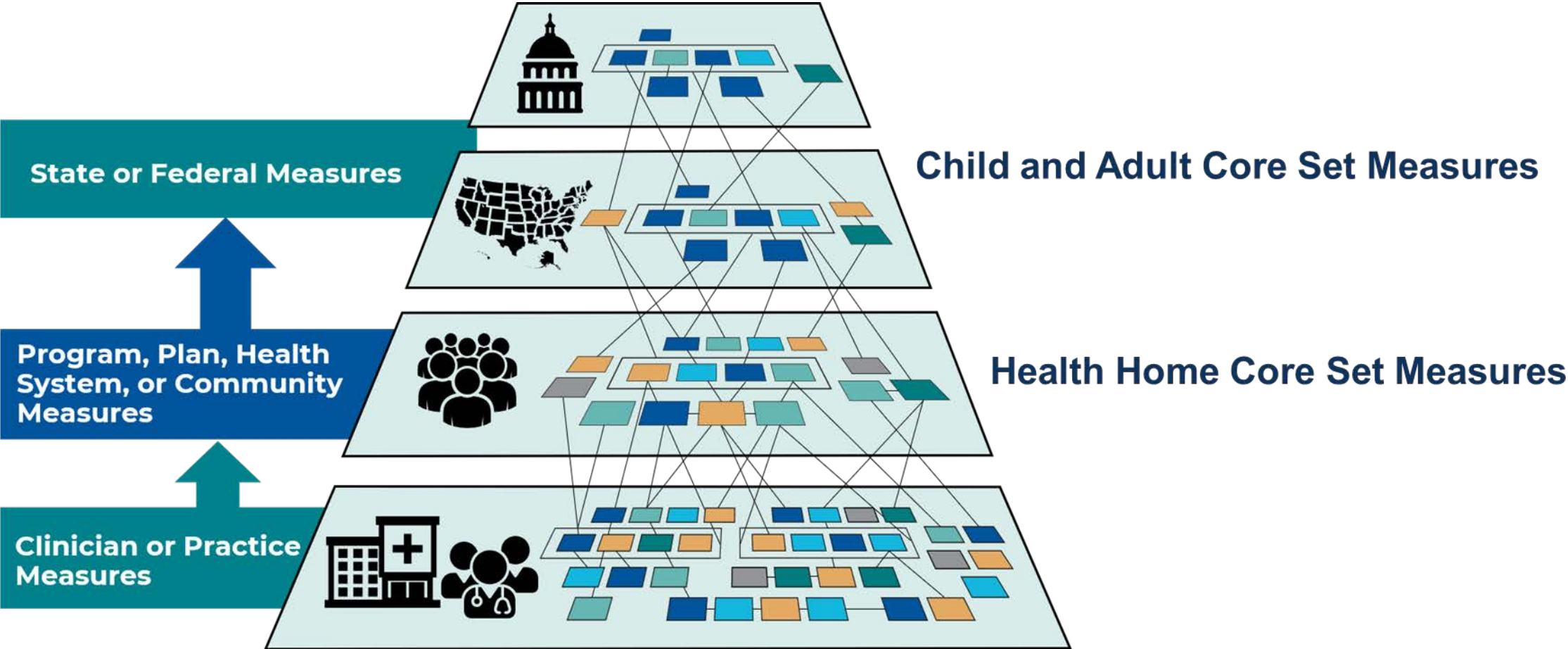
- The Child and Adult Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP
- The Core Sets help CMS and states:
 - Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries
 - Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries
- CMS encourages states to use Core Set data to identify disparities in care and to develop focused quality improvement efforts to advance health equity
- **Charge to the 2025 Child and Adult Core Sets Annual Review Workgroup:** Assess the existing Core Sets and recommend measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP

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

Recap of the Framework for Assessing Measures



Alignment Across Multiple Levels to Facilitate Quality Improvement



Level-Setting about the Child and Adult Core Sets

- **The 2023 Child Core Set includes 27 measures and the 2023 Adult Core Set includes 34 measures**
 - There is no target number of measures (maximum or minimum) for the Child and Adult Core Sets
- **States reported a median of 19 (out of 24) Child Core Set measures and 22 (out of 33) Adult Core Set measures for FFY 2020**
 - Measures reported most frequently included those that could be calculated accurately by most states based solely on administrative data (claims and encounters)
 - Measures reported less frequently required medical record abstraction, electronic health records, or survey data collection, or could not be calculated accurately based solely on existing administrative data
 - New or revised measures are often reported with a lag as states require time to “ramp up” for reporting

Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2020-core-set-reporting.pdf>.

Level-Setting *(continued)*

- **The current Core Sets contain seven domains:**
 - Primary Care Access and Preventive Care
 - Maternal and Perinatal Health
 - Care of Acute and Chronic Conditions
 - Behavioral Health Care
 - Dental and Oral Health Services
 - Experience of Care
 - Long-Term Services and Supports
- **The Core Sets and domains are not assigned by the Workgroup**
 - Note that some measures cut across the Child and Adult Core Sets

Level-Setting *(continued)*

- **Measure stewards update quality measures annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names**
 - Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections
- **The measure information sheets for the measures under consideration by the Workgroup are based on publicly available information and information from measure stewards as of March 2023**
 - Measures may undergo updates and the measure information sheets may not reflect the measure specifications for 2025 reporting
- **This reflects the evolving nature of quality measurement in health care**

Level-Setting *(continued)*

- **Additional context for the 2025 Core Set Annual Review**
 - **Mandatory reporting of all Child Core Set measures and behavioral health measures in the Adult Core Set beginning in 2024**
 - **Use of alternate data sources to reduce state burden and improve measure completeness, consistency, and transparency**
 - **Increasing emphasis on digital measures and supplemental data sources**

Meeting Logistics

Criteria for Assessing Measures for Addition: Minimum Technical Feasibility Requirements

1. 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).
2. 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.
3. 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).
4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.

Criteria for Assessing Measures for Addition: Actionability and Strategic Priority

- 1. 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.**
- 2. 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.**
- 3. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.**
- 4. 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).**

Criteria for Assessing Measures for Addition: Other Considerations

- 1. 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.**
- 2. 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).**
- 3. 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

- **Current Core Set measures may be suggested for removal using related criteria regarding Technical Feasibility, Actionability and Strategic Priority, or Other Considerations**
- **Examples include:**
 - **Taken together with the other Core Set measures, the measure does not significantly contribute to estimating the national quality of health care in Medicaid and CHIP**
 - **States report significant challenges accessing a data source that contains all the elements necessary to calculate the measure**
 - **The available data source does not allow for consistent calculations across states**
 - **The measure cannot be used to assess state progress in improving health care delivery and outcomes for beneficiaries**
 - **The measure is not aligned with those used in other CMS programs**

Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**
- **Voting is open to Workgroup members only**
- **Workgroup members will vote on each measure in its specified form**
 - **Measures for addition:**
 - Yes, I recommend adding this measure to the Core Set
 - No, I do not recommend adding this measure to the Core Set
 - **Measure for removal:**
 - Yes, I recommend removing this measure from the Core Set
 - No, I do not recommend removing this measure from the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

Questions from Workgroup Members

Practice Voting

Practice Vote #1

Do you prefer dogs over cats?

- **Yes, I prefer dogs.**
- **No, I prefer cats.**

Practice Vote #2

Do you think spring is the best season?

- **Yes, spring is the best season.**
- **No, spring is not the best season.**

Maternal and Perinatal Health

Maternal and Perinatal Health: 2023 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Live Births Weighing Less Than 2,500 Grams (LBW-CH) (#1382)	State vital records*	52
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) (#1517, no longer endorsed)	Administrative or hybrid	42
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (#2902)	Administrative	36
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH) (#2903/2904)	Administrative	37
Low-Risk Cesarean Delivery (LRCD-CH)	State vital records*	Not applicable (modified for 2021 Core Set)

* In FFY 2020, CMS calculated the LBW-CH measure using vital records submitted by states and compiled by the National Center for Health Statistics (NCHS). Beginning with FFY 2021, CMS will also calculate the LRCD-CH measure using vital records submitted by states and compiled by NCHS.

Maternal and Perinatal Health: 2023 Core Set Measures *(continued)*

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Adult Core Set		
Prenatal and Postpartum Care: Postpartum Care (PPC-AD) (#1517, no longer endorsed)	Administrative or hybrid	41
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD) (#2902)	Administrative	34
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD) (#2903/2904)	Administrative	31

Addition: Oral Evaluation During Pregnancy

Description	Percentage of enrolled persons aged 15 through 44 years with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation from a dental provider during pregnancy.
Measure steward	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative (enrollment and medical/dental claims)
Denominator	Unduplicated number of enrolled persons aged 15 through 44 years as of December 31st of the reporting year with live-birth deliveries in the reporting year.
Numerator	Unduplicated number of enrolled persons aged 15 through 44 years as of December 31st of the reporting year, with live-birth deliveries in the reporting year, who received a comprehensive or periodic oral evaluation during pregnancy.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Maternal and Perinatal Health: Measure Vote #1

Should the Oral Evaluation During Pregnancy measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Break

Dental and Oral Health Services

Dental and Oral Health Services: 2023 Core Set Measures

Measure Name (NQF number, if endorsed)	Data Collection Method	Number of States Reporting for FFY 2020
Child Core Set		
Oral Evaluation, Dental Services (OEV-CH) (#2517)	Administrative	Not applicable (new to 2022 Core Set)
Topical Fluoride for Children (TFL-CH) (#2528/3700/3701)*	Administrative	Not applicable (new to 2022 Core Set)
Sealant Receipt on Permanent First Molars (SFM-CH)	Administrative	Not applicable (new to 2021 Core Set)

* Measures with an asterisk are suggested for removal from the 2025 Core Set.

Removal: Topical Fluoride for Children (TFL-CH)

Description	Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.
Measure steward	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
NQF number (if endorsed)	2528 // 3700 // 3701
Data collection method	Administrative
Denominator	The eligible population, which includes children ages 1 through 20 as of December 31 of the measurement year.
Numerator	<ul style="list-style-type: none">• Numerator for Rate 1 (Dental or oral health services): The unduplicated number of enrolled children who received at least two fluoride applications as dental or oral health services during the measurement year, where there were at least two unique dates of service when topical fluoride was provided.• Numerator for Rate 2 (Dental services): The unduplicated number of enrolled children who received at least two fluoride applications as dental services during the measurement year, where there were at least two unique dates of service when topical fluoride was provided.• Numerator for Rate 3 (Oral health services): The unduplicated number of enrolled children who received at least two fluoride applications as oral health services during the measurement year, where there were at least two unique dates of service when topical fluoride was provided.

Removal: Topical Fluoride for Children (TFL-CH) *(continued)*

Numerator <i>(continued)</i>	Note that numerator 1 is not the sum of numerators 2 and 3. There could be instances where a child is eligible to be included in numerator 1 but not in numerator 2 or 3 (for example, if the child received two topical fluoride applications, one as a dental service and another as an oral health service). There could also be instances where a child is eligible to be included in both numerators 2 and 3 (for example, if the child received two topical fluoride applications as a dental service and two topical fluoride applications as an oral health service).
Has another measure been proposed for substitution?	Yes, Topical Fluoride for Children (NCQA version)
Number of states reporting the measure for FFY 2020	Not applicable; measure was added to the 2022 Child Core Set, for which reporting and analysis are still underway.
Is the measure on the Medicaid & CHIP Scorecard?	No

Addition: Topical Fluoride for Children

Description	The percentage of members 1 – 4 years of age who received at least two fluoride varnish applications during the measurement year.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	Not endorsed
Measure type	Process
Recommended to replace current measure?	Yes, Topical Fluoride for Children (TFL-CH, DQA version)
Data collection method	Administrative
Denominator	The eligible population (children ages 1 – 4 as of December 31 of the measurement year).
Numerator	Two or more fluoride varnish applications during the measurement year, on different dates of service.
Other	This is a first-year HEDIS measure for MY 2023. The measure was included in HEDIS with the permission of the Dental Quality Alliance and American Dental Association and is an adaptation of the DQA/ADA measure that is currently in the Child Core Set.

Workgroup Member Discussion

Addition: Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults

Description	Number of emergency department (ED) visits for ambulatory care sensitive non-traumatic dental conditions (NTDC) per 100,000 member months for adults. (Lower rates are better for this measure.)
Measure steward	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
NQF number (if endorsed)	Not endorsed
Measure type	Outcome
Recommended to replace current measure?	No
Data collection method	Administrative (enrollment and medical claims)
Denominator	All member months for individuals 18 years and older during the reporting year.
Numerator	Number of ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis code among individuals 18 years and older.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Dental and Oral Health Services: Measure Vote #1

Should the Topical Fluoride for Children measure (NCQA version) be added to the Core Set?

- **Yes, I recommend adding this measure to the Child Core Set**
- **No, I do not recommend adding this measure to the Child Core Set**

Dental and Oral Health Services: Measure Vote #2

Should the Topical Fluoride for Children measure (TFL-CH, DQA version) be removed from the Child Core Set?

- **Yes, I recommend removing this measure from the Child Core Set**
- **No, I do not recommend removing this measure from the Child Core Set**

Dental and Oral Health Services: Measure Vote #3

Should the Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults measure be added to the Core Set?

- **Yes, I recommend adding this measure to the Core Set**
- **No, I do not recommend adding this measure to the Core Set**

Preview of Day 2 and Wrap-Up

Agenda for Day 2

- **Care of Acute and Chronic Conditions**
- **Behavioral Health Care**
- **Experience of Care**