2025 Child and Adult Core Set Annual Review:
Orientation Meeting Transcript
December 14, 2022, 2:00 – 3:00 PM EST

Good afternoon, everyone, or good morning if you're joining us from another time zone. My name is Margo Rosenbach, and I'm a Vice President at Mathematica. I direct Mathematica's Technical Assistance and Analytic Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services. Welcome to the orientation meeting for the 2025 Annual Review of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you so much for joining us. I hope everyone is doing well and is ready for another journey together. Next slide, please.

Now I'd like to share with you the objectives for this meeting. First, I'll introduce the Workgroup members. Next, I'll describe the charge, timeline, and vision for the 2025 Annual Review. We'll hear from Deirdra Stockmann from CMCS and also our Co-Chairs, Kim Elliott and Rachel La Croix. Then, Chrissy Fiorentini will present the process that Workgroup members will use to suggest measures for removal from or addition to the 2025 Core Sets; and near the end of the meeting, we will provide an opportunity for public comment.

Before we move on, I wanted to explain how we got to the 2025 Child and Adult Core Sets Annual Review this year. In case you were wondering, you did not miss the 2024 Annual Review. As you may know, CMS released the 2023 and 2024 Child and Adult Core Sets based on the recommendations of the 2023 Workgroup. CMS's goal in releasing the two Core Sets at once is to support states in their efforts to prepare for mandatory reporting in 2024. So as a result, this year's review will focus on updates to the 2025 Child and Adult Core Sets.

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, but we will have plenty of time for discussion at the April voting meeting. Next slide, please.

I'd now like to take the opportunity to acknowledge my colleagues at Mathematica who are part of the Child and Adult Core Set Annual Review Team: Chrissy, Genae, Maria, Caitlyn, Kate, Jessica, Tricia, Kathleen, and Alli. Thank you all so much for everything that you've done and that you will be doing. Next slide, please.

Now I'd like to introduce the Workgroup for the 2025 Core Set Annual Review. In the interest of time today, we will not have a rollcall. This slide and the next two slides 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 also would like to thank Kim Elliott for returning as a Co-Chair and to thank Rachel La Croix for agreeing to serve as a Co-Chair this year. I'd also like to welcome new Workgroup members, who are indicated with an asterisk after their name. Next slide, please.

The roster continues on this slide; and again, new Workgroup members are denoted by an asterisk after their name. We are pleased to be welcoming many new members this year. Next slide.

This slide shows the remaining Workgroup members. As you can see from these three slides, we've assembled a diverse workgroup that spans a wide range of subject matter expertise and perspectives about the Medicaid and CHIP programs. Thank you to all the Workgroup members for your service. Next slide, please.

This slide shows the federal liaisons, reflecting CMS's partnership in collaboration with other agencies to promote alignment across federal programs. The federal liaisons are non-voting members of the Workgroup, and we thank them for their participation in the annual review process. Next slide, please.

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. Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure. Next slide.

I'll now review the Workgroup charge. As you can see on this slide, 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.

And this year, we've added a new element to the charge. 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. Next slide.

This graphic is a visual representation of the milestones for the 2025 Core Set Annual Review. Thank you for joining us today for the orientation meeting. We're happy to see so many people joining us. Tomorrow the Workgroup members will receive the Call for Measures for the 2025 Annual Review. January 13th is the deadline for Workgroup members and federal liaisons to suggest measures for removal or addition.

On April 4th, we'll reconvene the Workgroup to prepare for the voting meeting. We'll introduce the measures suggested for consideration for the 2025 review and also describe the process we will use to discuss and vote on the measures. The voting meeting will be virtual and will take place April 25th to April 27th. Note that all these meetings are open to the public.

This process will culminate in the development of a final report based on the recommendations of the Workgroup. The final report, along with additional input, will inform CMS's update to the 2025 Child and Adult Core Sets which will be released by December 31, 2023. Next slide.

After the final report is released, CMS will obtain additional input on the Workgroup recommendations. First, CMS will meet with the Quality Technical Advisory Group, or QTAG, comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting. Second, CMS will meet with federal liaisons about alignment

and priority of the recommended measures. We've included a link to a document on Medicaid.gov in which CMS describes the process in greater detail. Next slide.

I would now like to briefly recap the outcomes of the 2023 Core Set Annual Review. After considering the Workgroup recommendations and the additional input, CMS added two measures to the Child Core Set. The first is Lead Screening in Children, or LSC-CH, which 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. The second is Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis for ages 3 months to 17 years, or AAB-CH. That was added to promote antibiotic stewardship and also create alignment across the Core Sets.

CMS added one measure to the Adult Core Set, Long-Term Services and Supports Comprehensive Care Plan and Update, or CPU-AD, which was added to fill a gap in measuring quality of care in LTSS and to promote alignment with the HCBS Quality Measure Set.

CMS did not remove any measures from the Core Sets. Next slide.

CMS opted to retain two measures that the Workgroup recommended for removal, Screening for Depression and Follow-up Plan and also Flu Vaccinations for Adults Ages 18 to 64. These measures were retained because of their strategic priority, and they align with other measurement programs.

CMCS deferred a decision on three measures that use the 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. The three measures are Adult Immunization Status, Prenatal Immunization Status, and Postpartum Depression Screening and Follow up. More information about the updates to the 2022 Sets is available, I'm sorry to the 2023 and 2024 Core Sets, is available in the CMCS Informational Bulletin, or CIB, that was released last month, and which is linked here. Next slide, please.

I'd now like to shift to the vision for the 2025 Core Set Annual Review. I'll start with some big-picture perspectives followed by remarks from CMCS and also our Co-Chairs. Next slide.

First, we want to share some thoughts with the Workgroup about their role in strengthening the 2025 Child and Adult Core Sets, building on our experiences over the past four years. As you know, the annual Workgroup process is designed to identify gaps in the existing Core Sets and 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.

As we've highlighted in previous years, this is an inherent balance across three different facets of desirability, feasibility, and viability. Here we show the Venn diagram that depicts the intersection of a measure's desirability from diverse perspectives; technical feasibility for state-level reporting; and finally, financial and operational viability based on state resources. While there are many good quality measures, we need to keep in mind the perspective that the measures must also be good for use in state-level quality measurement and improvement in Medicaid and CHIP. And this becomes especially important in the context of mandatory reporting, as we'll discuss shortly. Next slide, please.

We wanted to take a moment to acknowledge that there are good, important quality measures that may not meet the criteria for inclusion in the Core Sets. We urge Workgroup members and federal liaisons to recognize that there are many other venues to use measures to monitor quality and also to drive improvement at the national, state, health plan, program, or provider level. Other tools include the Medicaid and CHIP Scorecard, the Beneficiary Profile, Managed Care Quality Tools, Section 1115 demonstrations, State plan amendments and waivers, State Directed Payment programs, and Pay-for-Performance and Value-Based Purchasing Initiatives. So measures that might not be a good fit for the Core Sets could be appropriate for use in these other programs. Next slide.

Also, as you think about whether a measure is a good fit for the Core Sets, we encourage you to consider how the measure advances access, quality, and equity. This language taken from the CIB provides a nice framing for the task ahead. Think about how the measures can help CMS and states assess access and quality and also identify and improve our understanding of health disparities experienced by Medicaid and CHIP beneficiaries. Ultimately, the goal is for states and their partners 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. Next slide, please.

Now we frame this year's review in the context of mandatory reporting. As you may know, beginning in 2024, reporting of all the Child Core Set measures and the behavioral health measures in the Adult Core Set will be required for all states. States will also be required to include all their Medicaid and CHIP populations. This includes all delivery systems and all eligibility categories. For example, states that have included only managed care populations in their measures will now be required to include all their populations.

So we ask the Workgroup members to consider the feasibility and viability for all states to report a measure for all their Medicaid and CHIP populations. We also ask the Workgroup to consider whether a measure could be stratified by such factors as race, ethnicity, sex, age, rural/urban status, disability, and language. We realize that Workgroup members may have questions about what will be included in the final rule related to mandatory reporting. Because rulemaking is in process, CMS is not able to elaborate on the terms of the final rule. We encourage Workgroup members to carefully review the criteria for the call for measures to ensure that the suggested measures balance considerations related to desirability, feasibility, and viability in the context of mandatory reporting. Next slide.

I would now like to turn it over to Deirdra Stockmann to share CMS's vision for the 2025 Core Set Review. Deirdra is the Acting Director of the Division of Quality and Health Outcomes in CMCS. Derek, can you please unmute Deirdra?

Thank you so much, Margo. I am so happy to be here with all of you at the launch of this year's Annual Medicaid and CHIP Core Set Review. First and most importantly, I am here to express gratitude on behalf of CMS to all of you for being here today and for the work that you will do this year for the Medicaid and CHIP programs. To the Workgroup members, thank you for bringing your deep expertise in quality measurement, health care delivery, and the Medicaid and CHIP programs to bear as you consider updates to the Core Sets. We're really thrilled this year to have a number of new members, as Margo mentioned, to the Workgroup. You bring additional diverse perspectives to the group that we value greatly. And while both the new and seasoned members are all in the Workgroup because of the specific expertise you have, I also encourage you to balance that perspective that you bring – be it the provider, health plan,

beneficiary, or state perspective – with the needs of the Medicaid and CHIP program as a whole when you consider updates to the Core Sets which, of course, are meant to be, when taken together, to represent the quality of our programs as a whole.

To the federal partners, thank you for sharing your unparalleled subject matter expertise to inform the discussion of potential updates and to help us align with other federal programs.

To all the members of the public who are listening in today, thank you for bringing your passion, for ensuring that each of the nearly 90 million individuals enrolled in Medicaid and CHIP receive the high-quality care that they need and deserve when they need it, where they need it, and in a way that meets them and treats them as a whole person.

Finally, on behalf of the CMCS Core Set team, I'd like to thank the Mathematica team for all the work that goes into managing and running this incredibly, this incredible process that is really critical to the work that we do together.

Additionally, I want to share my enthusiasm, my excitement, and anticipation for the work ahead of you. The Medicaid and CHIP Core Sets are having a bit of a moment right now. One reason the Core Sets are getting more attention now is because of the role they play in advancing Administration priorities. Advancing equity is one of those priorities, and we know that many individuals enrolled in Medicaid and CHIP experience disparities in access to care, quality of care, and health outcomes. Advancing health equity in Medicaid and CHIP depends on our ability to measure disparities in health care access, quality, experience, and outcomes to support innovation and adoption of equity-focused interventions and initiatives, and to orient payment and delivery system reforms to improve care for all and close equity gaps. Without quality measurement, we can't do any of those things. We don't know how we're doing on improving access, improving equity, or delivering value without quality measures. So this vision is particularly meaningful for the Annual Core Set Review Workgroup because it's through quality measurement and improvement that we're able to tell and track the story of the health of our beneficiaries and the care they receive.

Another reason of course that they're having a moment is that we're on the cusp of a new era for the Core Sets, and that is mandatory reporting, which of course you've heard about, you've been paying attention to. As you know, state reporting of the Core Set measures has been voluntary since their inception; and that is about to change. Measures on the Child Core Set and the behavioral health measures on the Adult Core Set will become mandatory for states to report starting with the 2024 Core Sets. The advent of mandatory reporting will be a big lift for states. We know that. But also the vast majority of states will stand up mandatory reporting on a robust platform they've been building over the last decade. For example, 48 states reported at least half of the Child Core Set measures last year, including Puerto Rico for the first time; 43 states reported at least half of the Adult Core Set measures last year including Idaho, Maine, North Dakota, and Puerto Rico for the first time. Always fun to shout out and appreciate those states coming in reporting for the first time. As many of you know, CMS publishes publicly data on Core Set measures reported to us by at least 25 states. Last year, we were able to report five Adult Core Set measures for the first time due to increases in voluntary reporting. We laud and appreciate states for their commitment to collecting and reporting on the quality of care in their programs and really look forward to continued partnership as we move toward mandatory reporting.

On that note, we'd like to thank everyone who submitted public comments on the proposed mandatory reporting rule earlier this year. As Margo alluded to, CMS is reviewing those comments as we develop the final rule for mandatory reporting, which we hope to release in calendar year 2023. CMS is strongly committed to supporting states as we transition to mandatory reporting, to helping make that a manageable lift for all of you; and we will be releasing additional guidance on mandatory reporting in the coming year.

Also to help states prepare, CMS issued the 2023 and 2024 Core Sets in November of 2022. I know Margo said that. I'm saying it again to make sure it was heard and that you didn't sleep through a whole year of Core Set review. But we're excited that because of that we're convening this Workgroup – or Mathematica is convening this Workgroup – to make recommendations for the 2025 Core Sets, which makes us feel really on top of things.

Finally, the Core Sets are having a moment and are valuable to us not only because they give us data and help us tell the story of how we're doing; but the real value of the Core Sets is how they point us to, how they inform and help drive efforts to improve care and health outcomes for Medicaid and CHIP beneficiaries. Over the past several years, CMS has significantly expanded the scope of our support to states in quality improvement. We have six Medicaid and CHIP quality improvement learning collaboratives underway on a range of topics represented by Core Set measures. All 50 states plus D.C. and Puerto Rico have participated in numerous webinars highlighting promising practices to drive improvement in all of our improvement learning collaborative areas, and 34 states have committed to developing and implementing improvement projects through one or more of the affinity groups associated with our learning collaboratives.

So in closing, thank you. We're gathered here today to begin another year of incredibly valuable work to the Medicaid and CHIP programs. We appreciate all the work you will do, and we look forward to the adventure. I'll hand it back to Margo.

Thanks, Deirdra. Now I'd like to invite our Co-Chairs, Kim Elliott and Rachel La Croix, to offer a brief welcome and share their vision for the review. Derek, can you please unmute Kim and Rachel? Kim, I'll turn it over to you first and then Rachel. Kim, you look like you're muted. Are you able to unmute? Derek, can you unmute Kim?

Sure thing.

Thank you.

Kim, your line is unmuted. You should receive your request to unmute.

Kim, is it possible you're double-muted? I still see your microphone muted.

Why don't we try Rachel first? Derek, can you unmute Rachel La Croix?

Rachel, your line is unmuted.

Great, thank you. Can you hear me?

Yes, we can.

Okay, great, thank you. Well, first, I'd just like to welcome everyone – all the new members – as Deirdra mentioned. We really are excited to have folks with new perspectives to bring to the group. Also, welcome to all of the returning members. I know that I'm really looking forward to us having some really robust conversations around the measures that we'll be considering for 2025 and all the different perspectives from which the Workgroup members are coming to be able to discuss those measures.

I'd also like to just say that as a state Medicaid program – and I don't think I'm alone in this – I think that we as states really appreciate CMS going ahead and setting the Core Set measures for 2024. Knowing that that is the first year of mandatory reporting, it is really helpful for all of us to know what measures we will be reporting that year and then have this year's Workgroup really focus on 2025. So still a couple years out, but being able to give us a little more foresight into what measures will be required and what operations and requirements we may need to put in place for our own systems and our managed care plans and any vendors that states may use to run their measures. It's really helpful to have those measure sets put out a couple years in advance so that we really can plan and be prepared for that. So I just wanted to express my appreciation for that.

For the 2025 measure set, I think I'm echoing some of the things that Margo and Deirdra mentioned already; but really just the importance that all of us think about what really will be feasible for states to report, particularly since the Child Core Set measures are mandatory and the behavioral health Adult measures are mandatory, really making sure that those measures we identify for the Core Sets are feasible and not just in terms of running them at a statewide level, but taking into account how feasible they are for looking at the different stratifications that may be required and the extent to which we will be able to collect and report on those measures for all the different eligibility groups and populations that may be required.

I know we are still waiting on information that will be in the final rule and additional guidance, but just thinking about how some of those things may play out with the measures will be important as well. And with that, I'll go ahead and turn it back over to you, Margo, so that Kim can give her remarks as well.

Thanks, Rachel. Kim, you should be unmuted now.

I am, thank you so much. I am very happy to join you all and happy also to co-chair this Workgroup with Rachel. I'd like to welcome the returning and of course new members to the Workgroup and all of the federal partners and liaisons to this Core Measure Workgroup. We know that all of us are carving out time for this very important work from our very busy schedules; and as we work our way through the 2025 Core Set Review process, it's so important to note one thing that makes this work so interesting and exciting. And that is, that Workgroup members do come from a variety of impressive backgrounds, experience, and expertise; and all of these perspectives are welcome and valued in the Core Set process.

Each state Medicaid program or organization brings a very different perspective to the discussion sometimes based on their program designs, populations served, or any number of factors. There are also opportunities to learn the challenges that are related to the measure reporting so we can think through those as we're making recommendations for additions or removing measures from the Core Sets. These diverse perspectives of Workgroup members ultimately result in a very thoughtful recommendation for the Core Set to CMS.

For those of us that have been involved in the Core Set review process for a while, it's exciting to think that the 2024 mandatory Child Core Set and Adult behavioral measure is only a year away. When I think about the purpose of the Core Set, I think it's really important as Workgroup members that we also think about the entire continuum of care and service delivery that's provided through Medicaid such as preventive, diagnostic, treatment services for acute and chronic conditions, physical, behavioral, dental, developmental, and of course LTSS.

We know that measures are used for many purposes in addition to what we do from the Core Set for national quality measurement. We also know that states use it. We know that programs use it, and that it really is kind of a benchmark to see how we're doing in all of our different programs.

As we begin this year's work, we may want to think about certain factors for recommending additions or removals of measures from the Core Set. A lot of those things apply to like, gaps in the measure sets, the prevalence of conditions or outcomes, the measure specifications, whether they're aligned with other CMS programs. And then we also know that states do have limited resources or real estate for the core measures and really, is it creating some parsimony in state reporting? Is the measure ready for prime time? Has it been tested by states? Is it viable? Are states reporting the measures? Is the measure feasible for states to report? Do states have the capacity, resources, and data sources to support the reporting of the measure?

And when I think about considerations for removing measures, some of the things that come right to mind are: does the measure contribute to estimating the national Medicaid and CHIP national quality of health care? Are the data sources accessible, accurate, valid, and reliable, or is that a challenge for states? Could all states report the measure consistently? And are measures aligned with other CMS programs, which would make sense then perhaps to retain those measures?

I also think that it's really important for us to think about the family voice and the member voice as we work through these measures and what they experience in the program. And, of course, we want to prospectively think through different gaps in the program as we're looking at additions to the measure set. We will see all of the gaps in one place, which makes it really convenient for us as we do our work.

And then of course I want to do just a teensy little bit of a walk down memory lane since I've been on this committee for a number of years now. I've had the honor of serving on this committee since it was formed by Mathematica, and I'd like to share a few observations of what we've been doing from an “additions” standpoint. And when you look through the different measure sets over the last four years per the [suggestions] that have been made by the Workgroup – for instance, Prenatal Immunization Status, we've [discussed] two of four years; Adult Immunization Status, three of four years; and the NCI-AD survey, two of four years. That's just an example for [discussions] of additions. So we do have a lot of consistency in how we approach and think about our [discussions]. As far as removing, we also have a lot of consistency there when I look back over the last four years as well – such as adult BMI, two of four years being [discussed] to remove; flu vaccinations, two of four; and HIV load suppression, four of four years. So we had a lot of good discussion[s].[1]

[1] Please refer to the Final Reports for more precise information on the Workgroup discussions and recommendations, available at https://mathematica.org/features/MACCoreSetReview.

Then I also think we have an opportunity as Workgroup members to really focus some attention on the measure developers and provide some really good information to them on what would really be helpful for them to develop and test for us to consider, such as social determinants of health is one really good example.

And of course, the last thing I wanted to touch on is technical assistance. I know that Margo mentioned that, and so did Deirdra. But it is an opportunity to really identify what technical assistance would be helpful to states as they prepare to do the mandatory reporting. What would help them to get those measures ready to report? With that, I'll turn it back over to you, Margo. We're very excited to be working on this.

Well, thank you, Kim. Thank you, Rachel. I actually would like to take this special opportunity to invite two of our new Workgroup members to briefly share their thoughts on incorporating beneficiary and family perspectives into quality measurement in Medicaid and CHIP, and that echoes something that Kim just mentioned as well. So, we're very fortunate to have with us on the Workgroup new this year Emily Brown, she's co-founder and CEO of Free From Market; and Ben Anderson, who is Director of Maternal and Child Health at Families USA. Derek, can you unmute Emily and Ben? Emily, first I'll turn it over to you and then Ben. Emily, you might be – there you go, thank you.

Hi, thank you for the opportunity to address the committee and the Workgroup and all of the participants here today. I come to this work with lived experience. I have two daughters that have chronic conditions and one that has a rare disease; and we have been on Medicaid, and we have been recipients of Medicaid at a very critical time right when that diagnosis was made. And it was really overwhelming as a family to manage that care and find all of the resources we needed. We happen to live in a community here in Kansas City where there was only one clinic that accepted Medicaid, and that was at our local children's hospital.

So, I have been so grateful for the care and coverage that we've received through Medicaid, as well as the care that we finally had the ability to access. There were challenges in accessing that care but really grateful for it, and have really kind of dedicated the rest of my life to addressing health equity and really infusing that patient and family voice into everything. Because we know how important it is to have all stakeholders at the table for us to kind of work through the nuances and the challenges and really overcome some of those hidden barriers or kind of reimagine or redefine kind of what's missing from those core datasets.

So, I've had an opportunity to be involved with quality improvement work at the Children's Hospital here in Kansas City and serve on the next generation of quality for CHA [Children's Hospital Assocation], their Steering Committee; and I'm really excited to engage in this work and really infuse that voice of lived experience, that patient/family voice, on this Workgroup – so excited to do the work together.

Thank you so much, Emily. Ben, you can unmute.

Great, thank you. Hi, everyone. Ben Anderson here from Families USA. And I've been working with consumers to improve equity and quality within our health care systems for most of my career, and I cannot say how important it is to the consumer that we engage in this work. If COVID-19 has taught us anything, it's that access to health through coverage is not enough. What consumers want is quality equitable care and services, and the work of this group and CMS on quality measurement is key to delivering the results for children and families so that

they can achieve their best health. You know. So excited to be here and to be able to do this work to improve quality for children and families.Thank you so much. Next slide, please.

So at this point, we had planned to take Workgroup questions; but we are running quite a bit behind schedule. So with that, we will have time later on to have some Workgroup questions if there are any; but I'd like to – next slide, please – turn it over to Chrissy Fiorentini, who is going to describe how to prepare for the 2025 Call for Measures. Chrissy, all yours.

Thanks, Margo. I'm going to provide a brief background on the Child and Adult Core Sets and measure gaps previously identified by the Workgroup, and then, I will then describe the criteria and process for the 2025 Call for Measures. Next slide.

This slide shows the breakdown of the 2023 and 2024 Core Sets 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 for acute and chronic conditions and behavioral health care. You can also see that maternal and perinatal health measures are spread between the Child and Adult Core Sets. Three measures of dental and oral health are currently included in the Child Core Set. The Child and Adult Core Sets each contain one experience of care measure, and the Adult Core Set includes two measures 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. We also encourage you to keep in mind that all measures in the Child Core Set and behavioral health measures in the Adult Core Set will be subject to mandatory reporting beginning in FFY 2024.Next slide.

On the next three slides, we provide a recap of the Core Set measure gaps discussed during previous Core Set Annual Review cycles. Each year, the Workgroup discusses gaps on the Core Sets; and this process has evolved over the past four years since Mathematica began convening the Workgroup. During the 2020 Review, each individual Workgroup member was invited to mention one or more measure gaps at the end of the in-person meeting. During the 2021 review, the Workgroup members participated in a group discussion of measure gaps at the end of the virtual meeting. We decided to change our approach for the 2022 and 2023 reviews. The Workgroup discussed domain-specific gaps at the end of each domain discussion. The Workgroup then discussed remaining domain-specific gaps and cross-cutting gaps at the end of the meeting. We will continue this approach for the 2025 review. Next slide.

In reviewing the list of measure gaps identified by the 2020 through 2023 Workgroups, we identified several frequently mentioned gaps. A common cross-cutting theme has been the desire to use the Core Set measures to identify and address health disparities among Medicaid and CHIP beneficiaries. This includes both stratification and public reporting of Core Set measures by demographic characteristics and consideration of measures related to social determinants of health. Other measure gaps that have been mentioned all four years include care integration across sectors and settings of care (especially for LTSS users and beneficiaries with complex needs), quality and experience with care for long-term services and supports, oral health care access and quality for children and adults, screening for adverse childhood experiences, and screening for children's social-emotional needs. Gaps mentioned in three of the four years include 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, and suicide screening, prevention, and treatment. Next slide.

We also want to acknowledge that several gaps have been filled based on the Workgroup's recommendations over the past four years. For example, CMS added the NCQA Colorectal Cancer Screening measure to the Adult Core Set in 2022 in order to fill a gap related to colorectal cancer screening and men's health. CMS also added a suite of three measures related to dental care for children and two measures related to long-term services and supports. Several measures that could address remaining gaps are specified for the HEDIS ECDS reporting method and have been deferred by CMS due to licensing and feasibility considerations.

We encourage Workgroup members to review the list of gaps as you prepare for the Call for Measures. However, we have a few caveats we wanted to note. First, the exhibits do not prioritize the suggested measure gaps; nor do they assess their feasibility or fit for the Core Sets. In addition, they do not represent a consensus of the Workgroup. However, this information may be helpful as a starting point for considering potential measures, as well as longer-term planning for future Core Sets. In some cases, you might note that measures are not available to fill a potential gap; and we encourage you to suggest areas for measure development or refinement. Next slide.

I'll move on now to provide an overview of the 2025 Call for Measures. The criteria for suggesting measures for addition and removal are similar to those used in previous years. The criteria fit into three areas: minimum technical feasibility requirements, actionability and strategic priority, and other considerations. To be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the criteria within the minimum technical feasibility area. We've made a few refinements to the criteria this year given the approach of mandatory reporting which I'll highlight in a bit. Next slide.

I'll begin with the criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria to consider during the Call for Measures so I'll review them at a higher level here. Starting with the minimum technical feasibility requirements, these requirements help ensure that if the measure is placed in the Core Sets, states will be able to report on the measure. First, a measure must be fully developed and have detailed specifications that enable production of the measure at the state level. It must have been tested in state Medicaid and CHIP programs or currently be in use by one or more Medicaid and CHIP programs. There must be an available data source that contains all the elements needed to calculate the measure. The specifications and data source should allow states to calculate the measure consistently, and the measure must include technical specifications that are provided free of charge for state use in the Core Set.

Next we have the actionability and strategic priority criteria. Suggested measures should be useful for estimating 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. Note that we have separated this out as its own criterion this year and included more details about the types of stratifications that the Workgroup should consider. Third, the measure should address a strategic priority for improving health care delivery and outcomes in [Medicaid and] CHIP. The measure should be able to be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP. Finally, other considerations for

suggesting a measure include whether the condition being measured is prevalent enough to produce reliable and meaningful results and whether the measure is aligned with those used in other CMS programs. All states should be able to produce new measures for Core Set reporting within two years of the measure being added to the Core Set, and this should include reporting for all Medicaid and CHIP populations. You may note that we revised this criterion slightly to reflect the fact that we are considering updates for the 2025 Core Sets, which is after mandatory reporting will have gone into effect. Next slide.

Now for the criteria for suggesting measures for removal. 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 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 states have difficulty accessing the data source; that results across states are inconsistent; or that the measure is being retired by the measure steward. For actionability and strategic priority, a measure could be suggested for removal if it's not making a significant contribution to measuring quality of care; is not suitable for comparative analyses; doesn't address a strategic priority; or is no longer useful for monitoring state progress. Other considerations include whether another measure would be better aligned across other programs; if 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 populations. We encourage Workgroup members, especially new members, to review a supplemental resource we'll be sharing about measures previously discussed by the Workgroup. While we understand that circumstances can change over time, we suggest becoming familiar with and building on prior Workgroup experiences. Next slide.

As part of the Call for Measures, Workgroup members and federal liaisons will have the opportunity to suggest measures for removal from or addition to the 2025 Child and Adult Core Sets. The Call for Measures process will start tomorrow, on December 15th, when our team will send Workgroup members and federal liaisons an email with instructions on how to suggest measures for addition or removal. Measure suggestions are due by January 13th at 8:00 p.m. Eastern Time. We encourage you to reach out if you have questions about the process including the criteria, the submission forms, or potential measures. Next slide.

So based on our previous experience, we wanted to provide some tips on submitting measure suggestions. Given that we are running a little bit behind, I'm not going to read through these now; but these and some other tips have been included in the supplementary materials for Workgroup members. Next slide.

The Call for Measures email that we will send out tomorrow will include a wealth of resources, which Workgroup members should use to inform their measure suggestions. It includes the 2022 Medicaid and CHIP Beneficiary Profile, which provides background on various aspects of the Medicaid and CHIP programs; a list of publicly available background resources on the current Child and Adult Core Sets including measure lists, state performance on the measures, a document showing the history of measures in the Core Sets, and the Medicaid and CHIP Scorecard; and finally, other supplementary materials include a list of measures discussed during previous Workgroup meetings, a list of measure gaps identified by the previous Workgroups, and the measure submission tips I just mentioned. With that, I will turn it back to Margo for Workgroup questions.

Great. Next slide, please. Thank you so much, Chrissy. And thanks to all those who have made comments leading up to this. With that, I'd like to call on Karly Campbell. Derek, can you unmute Karly...see if she can – there you go. Karly, I think you now have the floor.

I'm our Chief Quality Officer at TennCare, which is Tennessee's Medicaid Agency. I was really just wondering if this Workgroup will also be weighing in on the stratification itself and the details around how things will be stratified; or if we're just simply voting on the measures.

So that's a great question, Karly. This Workgroup will certainly be discussing the feasibility of stratification, the desirability of stratification, any concerns and constraints. So that would certainly go into not only the discussion but also individual voting decisions about the ability to stratify. As Chrissy has mentioned, as Kim also referred, this stratification is a key aspect for the future of the Core Sets. So we would love to hear more about that during the discussion process and then leading up to the voting. So, there won't be an explicit vote about stratification, but that certainly is an important criterion for discussion.

Thank you. Other Workgroup -- Tricia – Tricia Brooks.

Tricia Brooks with the Georgetown University Center for Children and Families. Margo, one of the things I noted when we were doing our work and commenting on mandatory reporting is that the statute that enacted the Core Sets – say, § 1139(a) – specifically calls for there to be a 'duration of children's health coverage over a 12-month period' as part of the Core Set. And I had totally forgotten that, even though several years ago on the Workgroup I did put forth a continuous coverage or continuity of coverage proposal based on some work that was being done at CHOP in Philadelphia. The Chair at that time's reaction was they did not believe that a continuity of coverage measure belonged on the Core Set. So, I wish I had remembered that it was in the statutory language at that time to sort of reinforce that point. But I'm just curious if this is on Mathematica's radar screen. I'd heard something about CMS looking more at the T-MSIS data itself; but it seems to me that now that we have mandatory reporting, there's a hole in the Core Set of not having this duration of children's health coverage over a 12-month period.

Thanks for raising that, Tricia. I do remember that conversation with the 2020 review; and I think, dating back to that conversation, there were definitely some concerns about that particular measure. I think that's why it was not recommended. It is on our radar – on Mathematica's radar. And I know CMCS is aware of that. I think you rightfully point to the fact that a lot of work currently is going on using T-MSIS and TAF data to try and look at issues related to continuity of coverage and disruptions of coverage. Certainly with unwinding, there's a lot of interest in looking at continuity of coverage and shifts between programs and things like that. So I think there's definite awareness of it – an awareness that it is in the statute and not in the Core Set.

Other questions from the Workgroup or comments? Clara? Derek? I think, Clara, you are unmuted.

Terrific, are you able to hear me?

We can.

Okay, great. Hi, everyone. My name is Clara Filice. I'm from MassHealth in Massachusetts. I am interested in understanding further the interaction between the Core Sets and the forthcoming

CMS Health Equity Slate. I don't know if you're able to address that now but would love to hear a little bit about the thinking regarding that slate stratification and the Core Sets.

Thanks for asking that question. We are not able to answer that at this point. We focus on the Core Sets and the, you know, measures to be added or removed from the Core Sets given the criteria that we have shared here. I don't know if there's anyone else from CMS who can speak to that, or we can get back to you on that. So Clara, thanks for raising -- I think that is a little bit out of scope of this particular – it's another tool, I guess is the way I would frame it, that is used to drive improvement, drive health equity.

All right, other comments from the Workgroup? All right, with that why don't we move to public comment? Next slide, please.

All right, so if you have a public comment, please raise your hand; and we will call on you. We also ask you to please introduce yourself and your affiliation. Oh, I see we have other Workgroup comments. Sorry that I missed that. I don't see any public comments; so, Laura [Pennington], why don't we take you next from the Workgroup? Laura, you are unmuted.

My question is related to how much does ongoing good performance of a measure over time play into the fact of consideration for removal or retainment?

That's a good question. So we do actually have that as a measure [criterion] – if a measure is topped out, that could be considered a factor for removal; but it is not certainly the only factor that would be considered for removal.

Thank you. So is there a maximum number of measures on the Set at any given time; or is it really just based on priorities?

It's based on priorities. There is no minimum or maximum number.

Okay, thank you.

Thank you.

Rich Antonelli?

Margo?

Yes, you are unmuted.

Okay, good, good – wanted to make sure I had clicked all the right buttons. So I am extremely pleased to see the criteria about stratification. Thank you to everyone for getting that going forward. I'm also really honored to be one of the returning folks and excited to do this work. My question is this. Whenever I look at the current Core Sets each year – both the Adult and the Child – I'm looking for areas that are both gaps but also potentially better measures. My question is this. Can we see in the summaries that the MPR staff will be sharing with the committee which measures are being stratified and by what data elements they're being stratified? The logic for doing that is this. Based on that criteria for putting new measures in, I really don't want to grandfather in measures that are maybe filling a gap but not doing so in the

equitable space. So is that possible that we could get that in our measure performance summaries?

We will do our best. I think as we've talked about in the past, some of that information is not readily available, but we will certainly do our best because we appreciate, based on all the conversations that we've had, the questions that we've received today, just how important that is to understand – what the potential is, what the potential challenges are. So, Rich, thank you for raising that. And we will put that on our to-do list to figure out how we can best identify that information from measure stewards, from other public sources. Thank you.

An additional follow-up, Margo. If it is challenging to get it, could we have a sentence as to why? Because I want to make sure that the lens that I'm using here – a solid, strong measure in the Core Set should be defensible on the equity side. So to the extent that there is an effort involved, that's great. But a single sentence about, "We couldn't get this data because...." would be much appreciated, okay?

That sounds great. Thanks, Rich.

Thank you.

Welcome back [Rich].

With that, do we have any public comments? If you have a public comment, please raise your hand; and we will call on you. With that, I am not seeing any public comment; and I'm not seeing any further Workgroup comments. And we are also almost out of time. Next slide, please.

All right, now I just wanted to do a wrap-up and recap the next steps. Next slide. As Chrissy mentioned, the Workgroup members and federal liaisons will receive an email tomorrow with instructions on how to suggest measures for addition or removal. All submissions are due no later than 8:00 p.m. Eastern on January 13th. The next meeting will be held on April 4th via webinar, providing information on the measures that will be discussed at the voting meeting, which will take place April 25th to April 27th. Both meetings are open to the public, and registration is available at the link on this slide. Next slide, please.

So on this slide, you see links that will lead you to key resources on Medicaid.gov and the Core Set Annual Review webpage. The Annual Review webpage also includes resources such as previous reports, agendas, and slides for each meeting and a calendar of events. Next slide.

So if you have any questions about the Child and Adult Core Set Annual Review, please do email our team at MACCoreSetReview@mathematica-mpr.com. And next slide.

We want to thank everyone for participating in today's meeting. We wish everyone a happy and safe holiday season and a great new year. This meeting is now adjourned. Thank you, everyone, for attending.