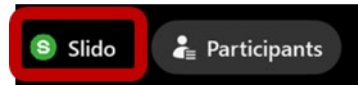# Child and Adult Core Sets Annual Review Workgroup

## 2028 Annual Review Orientation Meeting
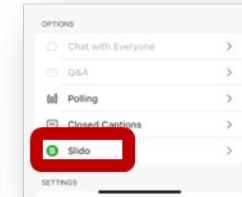
**August 20, 2025**

# Technical Instructions

- **If you are experiencing technical issues during the webinar, please send a message through the <span style="color:red">Slido Q&A</span> function. To access the Q&A, click the <span style="color:red">Slido</span> panel in the lower right corner of your screen.**

*On the mobile app:*

- **If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.**

  - **Audio settings can be accessed by selecting the arrow next to the unmute button.**

  - **Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.**

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# Technical Instructions *(2/2)*

- **During the webinar, there will be opportunities for Workgroup member comments or public comment.**

- **To make a comment, please use the <span style="color:red">raise hand</span> feature. A hand icon will appear next to your name in the participants panel.**

- **Please wait for a verbal cue to speak and lower your hand when you have finished speaking.**

  – **Only Workgroup members can unmute themselves using the <span style="color:red">unmute</span> button.**

- **Please note that the chat function is disabled for this webinar. All questions should be submitted using the <span style="color:red">Q&A</span> function, located within the <span style="color:red">Slido</span> panel.**

- **To enable closed captioning, click on the "CC" icon in the lower-left corner of the screen. You can also click "Ctrl, Shift, A" on your keyboard.**

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3

# Welcome, Introductions, and Workgroup Objectives

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# Meeting Objectives

- **Introduce the 2028 Child and Adult Core Sets Annual Review Workgroup.**
  - **CMS is reviewing the recommendations of the 2027 Workgroup and plans to release the 2027 Core Sets by the end of this year.**
  - **This year's review will:**
    - Focus on updates to the <u>2028</u> Child and Adult Core Sets
    - Cover any Core Set measure changes that were announced after the 2027 review concluded

- **Describe the charge, timeline, and vision for the 2028 Child and Adult Core Sets Annual Review.**

- **Present the process for suggesting measures for addition to or removal from the 2028 Child and Adult Core Sets.**

- **Provide opportunity for questions.**

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# Mathematica Core Sets Review Team

- **Patricia Rowan, Principal Researcher**

- **Chrissy Fiorentini, Researcher**

- **Caitlyn Newhard, Managing Consultant**

- **Maria Dobinick, Researcher**

- **Deb Haimowitz, Health Analyst**

- **Sreyashi Ghosh, Health Analyst**

- **Denesha Lafontant, Health Associate**

- **Alli Steiner, Senior Researcher**

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# 2028 Core Sets Annual Review Workgroup *(1/3)*

| Voting Members | |
|---|---|
| **Co-Chair: Kim Elliott**, PhD, MA, CPHQ, CHCA | Health Services Advisory Group |
| **Co-Chair: Rachel La Croix**, PhD, PMP<br>*Nominated by the National Association of Medicaid Directors* | Florida Agency for Health Care Administration |
| * **Dawn Alley**, PhD | IMPaCT Care |
| **Stacey Bartell**, MD<br>*Nominated by the American Academy of Family Physicians* | American Academy of Family Physicians |
| **Laura Boutwell**, DVM, MPH<br>*Nominated by the National Association of Medicaid Directors* | Virginia Department of Medical Assistance Services |
| **Matt Brannon**, MBA<br>*Nominated by the National Association of Medicaid Directors* | West Virginia Bureau for Medical Services |
| **Joanne Bush**, MFSC<br>*Nominated by the National Association of Medicaid Directors* | Iowa Department of Human Services |
| **Roshanda Clemons**, MD<br>*Nominated by the Medicaid Medical Directors Network* | Nevada Department of Health and Human Services |
| **Angela Filzen**, DDS<br>*Nominated by the American Dental Association* | G.A. Carmichael Family Health Center |
| * **Jessica Harley**, MS<br>*Nominated by the Association for Community Affiliated Plans* | Community Health Choice |

* New Workgroup member

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# 2028 Core Sets Annual Review Workgroup *(2/3)*

| Voting Members | |
|---|---|
| **Richard Holaday**, MHA<br>*Nominated by the National Association of Medicaid Directors* | Delaware Division of Medicaid and Medical Assistance |
| **Jeff Huebner**, MD, FAAFP<br>*Nominated by the National Association of Medicaid Directors* | Wisconsin Department of Health Services |
| **David Kelley**, MD, MPA | Pennsylvania Department of Human Services |
| **David Kroll**, MD<br>*Nominated by the American Psychiatric Association* | Department of Psychiatry, Mass General Brigham Health, Harvard Medical School |
| **Chimene Liburd**, MD, MBA, FACP, CPE, CPC<br>*Nominated by the Medicaid Medical Directors Network* | The District of Columbia Health Care Finance Agency |
| * **Djinge Lindsay**, MD, MPH | Maryland Department of Health |
| * **Paloma Luisi**, MPH | New York State Department of Health |
| * **Christina Marea**, PhD, MA, MSN, FACNM<br>*Nominated by the American College of Nurse Midwives* | Georgetown University |
| * **Nivedita Mohanty**, MD, MS, FAAP<br>*Nominated by the American Academy of Pediatrics* | American Academy of Pediatrics |
| **Angela Parker**, RHIT<br>*Nominated by the National Association of Medicaid Directors* | Kentucky Department of Medicaid Services |

\* New Workgroup member

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# 2028 Core Sets Annual Review Workgroup

| Voting Members | |
|---|---|
| * **Nicole Pratt**, MAT<br>*Nominated by the National Center for Children's Vision and Eye Health* | SPAN Parent Advocacy Network |
| **Grant Rich**, PhD, MA | State of Alaska Division of Behavioral Health |
| **Lisa Satterfield**, MS, MPH, CAE, CPH<br>*Nominated by the American College of Obstetricians and Gynecologists* | American College of Obstetricians and Gynecologists |
| * **Sural Shah**, MD, MPH | California Department of Health Care Services |
| **Bonnie Silva**<br>*Nominated by ADvancing States* | Colorado Department of Health Care Policy & Financing |
| **Sarah Tomlinson**, DDS, RDH<br>*Nominated by the American Dental Association* | North Carolina Department of Health and Human Services |
| * **Sara Toomey**, MD, MPhil, MSc, MPH | Boston Children's Hospital |
| **Ann Zerr**, MD | Indiana Family and Social Services Administration |
| **Bonnie Zima**, MD, MPH<br>*Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association* | UCLA Mental Health Informatics & Data Science (MINDS) Hub |
| * **David Zona**, MBA, PMP, CHCA | IPRO |

\* New Workgroup member

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# 2028 Core Sets Annual Review Workgroup: Federal Liaisons

| Federal Liaisons (Non-voting) |
|---|
| Agency for Healthcare Research and Quality |
| Center for Clinical Standards and Quality at CMS |
| Centers for Disease Control and Prevention |
| Health Resources and Services Administration |
| 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 |

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# 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.**
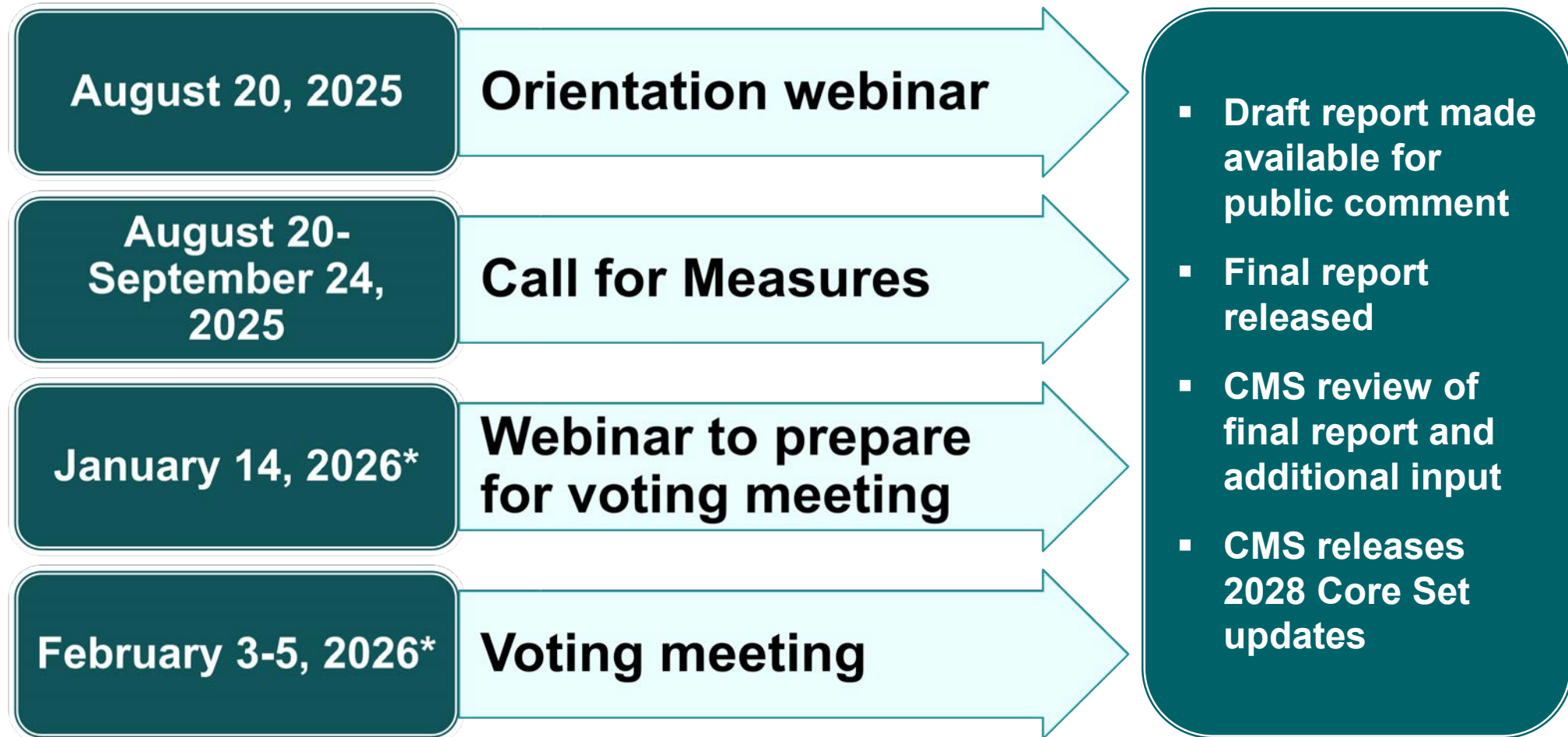
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# 2028 Core Sets Annual Review Workgroup Charge

**The 2028 Child and Adult Core Sets Annual Review Workgroup is charged with assessing the existing Core Sets and recommending measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP.**

**The Workgroup should recommend measures that are actionable, feasible, and appropriate for state-level reporting, to ensure the measures can meaningfully drive improvement in health care delivery and outcomes in Medicaid and CHIP.**

**Given mandatory reporting requirements, the Workgroup should focus, in particular, on the feasibility of state reporting by <u>all</u> states for <u>all</u> Medicaid and CHIP populations.**

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# 2028 Core Sets Annual Review Workgroup Milestones

| Date | Milestone | |
|---|---|---|
| August 20, 2025 | Orientation webinar | • Draft report made available for public comment<br>• Final report released<br>• CMS review of final report and additional input<br>• CMS releases 2028 Core Set updates |
| August 20–September 24, 2025 | Call for Measures | |
| January 14, 2026* | Webinar to prepare for voting meeting | |
| February 3-5, 2026* | Voting meeting | |

*Dates subject to CMS approval

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13

# Additional Input During the 2028 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 federal partners about alignment and priority of recommended measures.**

- **More information about the Medicaid and CHIP Child and Adult Core Sets Annual Review and Selection Process is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/annual-core-set-review.pdf.**

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# Background on the Child and Adult Core Sets

# What are the Medicaid & CHIP Child and Adult Core Sets?

- **Quality reporting by states on consistent metrics across these 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

- **2026 Child Core Set:**
  - 28 measures and 2 provisional measures
  - Measure list is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set.pdf

- **2026 Adult Core Set:**
  - 34 measures and 2 provisional measures
  - Measure list is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set.pdf

Note: The provisional measures are not considered part of the 2026 Core Sets and are voluntary for 2026 reporting.

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# Child and Adult Core Set Reporting Years

**First year of mandatory reporting; public data coming soon!** →

**Latest year for which CMS has released measure lists** →

**Focus of current review cycle** →

| Core Sets Reporting Year | Period of Services Reflected in the Data* | Deadline for State Reporting | Approximate Timeframe for Public Data Release |
|---|---|---|---|
| **2024** | CY 2023 | 12/31/2024 | Fall 2025 |
| **2025** | CY 2024 | 12/31/2025 | Fall 2026 |
| **2026** | CY 2025 | 12/31/2026 | Fall 2027 |
| **2027** | CY 2026 | 12/31/2027 | Fall 2028 |
| **2028** | CY 2027 | 12/31/2028 | Fall 2029 |

CY = Calendar year.

* For most Core Set measures, the data states report to CMS reflect services provided in the previous calendar year. The specific measurement periods for each measure are included in the reporting resources that are updated annually for the Child and Adult Core Sets.

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# Mandatory Core Set Reporting Requirements

- **States must report all Child Core Set measures and the behavioral health measures on the Adult Core Set.**

- **States must adhere to the reporting guidance in the Core Set resource manuals and technical assistance briefs issued by CMS.**

- **States must include all measure-eligible Medicaid and CHIP beneficiaries for mandatory measures. However, the following populations are exempt from mandatory reporting for 2025 and 2026:**
  - **Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid; and**
  - **Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.**

- **Beginning with 2025 Core Sets reporting, states must stratify a subset of mandatory measures by the required stratification categories included in the annual Core Sets guidance.**

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# Potential Changes to the 2027 Child and Adult Core Sets: Recap of the 2027 Annual Review

- **The Workgroup recommended three measures for addition to the 2027 Adult Core Set:**
  - Evaluation of Hepatitis B and C
  - Initial Opioid Prescribing for Long Duration
  - Adults with Diabetes – Oral Evaluation

- **The Workgroup did not recommend removing any measures from the 2027 Core Sets.**

- **Two measures currently on the Child and Adult Core Sets are being retired by NCQA for HEDIS MY 2026 (2027 Adult Core Sets):**
  - Asthma Medication Ratio (AMR-CH and AMR-AD)
  - Medical Assistance with Smoking and Tobacco-Related Cessation (MSC-AD)

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# Vision for the 2028 Child and Adult Core Sets Annual Review

# CMS Goals for the Core Sets

- **Increase the number of states meeting Core Set mandatory reporting requirements through technical assistance and outreach to states**

- **Increase the number of measures reported by each state**

- **Improve the quality of the data reported (completeness, accuracy)**

- **Streamline data collection and reporting processes to reduce burden on states**

- **Support states to drive improvements in health care quality and health outcomes using Core Set measures**

# CMCS Remarks

**Deirdra Stockmann**

**Director, Division of Quality and Health Outcomes**

**Center for Medicaid and CHIP Services**

# Preparing for the Public Call for Measures for the 2028 Child and Adult Core Sets

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# Call for Measures: 2028 Child and Adult Core Sets Annual Review

- To focus the Call for Measures for the 2028 Child and Adult Core Sets on measures that are a good fit for the Core Sets, Mathematica has identified criteria for addition and removal and sorted them into categories.

- To be considered for addition to the 2028 Core Sets, measures must meet <u>all criteria</u> in the minimum technical feasibility and appropriateness category.

- To be considered for removal from the 2028 Core Sets, measures must meet <u>at least one criterion</u> in any category.

# Criteria for Suggesting Measures for Addition (1/2)

- **All minimum technical feasibility and appropriateness criteria <u>must</u> be met for a measure to be considered by the Workgroup during the voting meeting.**

| Minimum Technical Feasibility and Appropriateness |
|---|
| **A1.** 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). (Specifications must be provided as part of the submission.) |
| **A2.** 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 according to measure specifications. (Documentation is required as part of the submission.) |
| **A3.** 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). |
| **A4.** The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). |
| **A5.** The measure aligns with current clinical guidance and/or positive health outcomes. |
| **A6.** The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets. |

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# Criteria for Suggesting Measures for Addition <span>(2/2)</span>

## Actionability

**B1.** The measure would fill a priority gap in the Core Sets or would add value to the existing measures on the Core Sets.

**B2.** 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 or providers).

**B3.** The measure is able to be stratified by the required stratification categories included in the annual Core Sets guidance for the Medicaid and CHIP population. Considerations could include adequate sample and population sizes and available data in the required data source(s).

## Other Considerations

**C1.** The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.

**C2.** The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).

**C3.** Adding the measure to the Core Sets does not result in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.

**C4.** All states should be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.

**C5.** The code sets and codes specified in the measure must be in use by Medicaid and CHIP programs or otherwise be readily available to Medicaid and CHIP programs to support calculation of the measure.

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# Priority Gaps in the Child and Adult Core Sets

- **As indicated in the actionability criteria, measures suggested for addition should ideally fill a priority gap in the Core Sets.**

- **The 2027 Workgroup identified 23 priority gap areas in the Core Sets:**
  - **20 gap areas that fall within an existing Core Sets domain (e.g., Behavioral Health Care, Maternal and Perinatal Health)**
  - **3 cross-cutting gap areas**

- **The full list of priority gap areas identified by the 2027 Workgroup is available in the Call for Measures Materials packet on our website: https://www.mathematica.org/features/maccoresetreview.**

# Criteria for Suggesting Measures for Removal *(1/2)*

## Technical Feasibility

**A1.** The measure is being retired by the measure steward and will no longer be updated or maintained.

**A2.** 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).

**A3.** The majority of 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).

**A4.** The specifications and data source do not allow for consistent calculations across states (e.g., there is documented variation in coding or data completeness across states).

## Actionability

**B1.** Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.

**B2.** Improvement on the measure is outside the direct influence of Medicaid and CHIP programs or providers.

**B3.** The measure no longer aligns with current clinical guidance and/or positive health outcomes.

**B4.** The measure is not able to be stratified by all the required stratification categories included in the annual Core Sets guidance. Considerations could include lack of adequate sample and population sizes or lack of available data in the required data source(s).

**B5.** Another measure is recommended for replacement which is (1) more broadly applicable (across settings, populations, or conditions) for the topic, and/or (2) more proximal in time to desired beneficiary outcomes, and/or (3) more strongly associated with desired beneficiary outcomes. (Note that the replacement measure must also meet the minimum technical feasibility criteria to be considered by the Workgroup.)

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# Criteria for Suggesting Measures for Removal

| Other Considerations |
|---|
| **C1.** The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics. |
| **C2.** The measure and measure specifications are not aligned with those used in other CMS programs (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program). |
| **C3.** Including the measure on the Core Sets results in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries. |
| **C4.** Not all states may be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets. |

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# Process and Resources for Suggesting Measures for Addition or Removal

# Suggesting Measures for Addition or Removal

- **For the 2028 review cycle Workgroup members, federal liaisons, and members of the public are invited to suggest measures to add to or remove from the Child and Adult Core Sets.**

- **Use the links below to suggest a measure for addition or removal.**
  - **Form to Suggest a Measure for Addition: https://mathematica.questionprogov.com/2028Additions**
  - **Form to Suggest a Measure for Removal: https://mathematica.questionprogov.com/2028Removals**

- **All measure submission forms must be submitted by 8:00 PM ET on Wednesday, September 24, 2025.**

- **The submission forms and additional resources are also available at: https://www.mathematica.org/features/maccoresetreview.**

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# Call for Measures Resources

- **The 2028 Resources tab on the <u>website</u> contains helpful documents including: Call for Measures Materials packet, Measure Submission Tips & FAQs, background resources on the Child and Adult Core Sets, and Word previews of the measure submission forms.**

# 2028 Measure Submission Form: Measure(s) Suggested for Addition to the Child and/or Adult Core Sets

# 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.**
  - 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 and include information that justifies discussing the measure again.
  - For measures suggested for addition, be sure to address the minimum technical feasibility and appropriateness criteria.

- **If there are existing Core Set measures that are similar to the measure you are suggesting for addition, consider suggesting an existing measure for removal.**

- **NEW When suggesting a new measure to replace a current Core Sets measure, submit your rationale for the substitution using an <u>additions</u> form only.**

- **Use the Word previews of the measure submission forms to ensure that you have all the required information.**

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# Measure Submission FAQ <span>(1/2)</span>

- **Will all measures submitted be considered by the Workgroup during the voting meeting?**

  - <u>No</u>. Mathematica will review all measure submission forms and determine which measures meet the criteria for discussion.

  - Measures may not be discussed if the submission form is incomplete, lacks sufficient detail, or if the measure was previously discussed without new justification or evidence to support reconsideration.

  - Measures suggested for addition must meet <u>all minimum technical feasibility and appropriateness criteria</u> to be considered by the Workgroup. In past cycles, the most common reason a measure was not discussed was lack of testing in Medicaid or CHIP and absence of use by at least one state program.

- **What are examples of "strong justification and new evidence" that would justify the Workgroup reconsidering a measure that has been discussed in the past?**

  - A substantive change to the measure's technical specifications (e.g., a change to the data collection method or required code sets) that affects feasibility for state reporting.

  - Evidence that the measure has been widely adopted by states since the last time it was considered.

  - A change in the relevant clinical guidelines and/or population health conditions.

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# Measure Submission FAQ

- ## What do you mean by "testing in state Medicaid and/or CHIP programs"?

  – **To meet minimum technical feasibility and appropriateness requirements, measures must have been field tested in or be currently in use by state Medicaid and CHIP programs.**

  – **Field testing—or beta testing—occurs after the development of complete specifications and is designed to test implementation and usability in the target population (in this case, state Medicaid and CHIP programs).**

- ## What qualifies as "state use" of a measure?

  – **The measure must be in current use, *according to technical specifications,* by at least one state Medicaid or CHIP program.**

  – **If a state has adapted an existing quality measure, this does NOT qualify as state use of the measure.**

- ## Will I need to complete the form in one session or is there an option to save my work and continue later?

  – **Both forms include an option to save your work and continue later.**

  – **Note that you must complete all required questions on a given page before you can access the "Save & Continue Later" feature.**

*See the "Measure Submission Tips & FAQ" document in the 2028 Resources tab of* https://www.mathematica.org/features/maccoresetreview *for more questions and answers.*

# Co-Chair Remarks

**Kim Elliott**

**Health Services Advisory Group**

**Rachel La Croix**

**Florida Agency for Health Care Administration**

# Questions from Workgroup Members and the Public

# Next Steps and Resources

# Next Steps

- **Workgroup members, federal liaisons, and members of the public are invited to suggest measures to add to or remove from the Child and Adult Core Sets.**

- **Measure suggestion forms must be received by <u>Wednesday, September 24, 2025</u> at <u>8:00 PM ET</u>.**

- **The meeting to prepare for the voting meeting is planned for January 14, 2026, 2:00–3:00 PM ET via webinar.**

- **The voting meeting is planned for February 3–5, 2026, 11:00 AM–4:30 PM ET via webinar.***

- **Registration information is available at <u>https://www.mathematica.org/features/maccoresetreview</u>.**

\* The dates and times for the voting meeting are dependent on the number of measures to be reviewed.

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# For More Information

- **Information on the Child Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html.**

- **Information on the Adult Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html.**

- **Information on the Child and Adult Core Sets Annual Review is available at https://www.mathematica.org/features/maccoresetreview.**

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# Questions

**If you have questions about the 2028 Child and Adult Core Sets Annual Review, please email the Mathematica Core Sets Review Team at: [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com).**

# THANK YOU FOR PARTICIPATING!