2028 Child and Adult Core Sets Annual Review: Orientation Meeting Transcript
August 20, 2025, 2:00 – 3:00 PM ET

Denesha Lafontant:

Hi, everyone. My name is Denesha Lafontant and I am pleased to welcome you to the 2028 Child and Adult Core Sets Annual Review Workgroup Orientation Meeting. Before we get started today, we wanted to cover a few technical instructions. If you have any technical issues during today's meeting, please send a message through the Slido Q&A function located in the Slido panel on the bottom right corner of your screen. If you are having issues speaking during our Q&A period, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the "call me" feature in WebEx are the most reliable options. Please note that call-in users cannot make comments. If you wish to make comments, please make sure that your audio is associated with your name in the platform.

All attendees have entered the meeting muted. There will be opportunities during the meeting to ask questions and to make comments. To make a comment, please use the "raise hand" feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee or panelist list. Please wait for a verbal cue to speak. If you are a Workgroup member, you may unmute yourself by clicking on the unmute button in WebEx. If you are not a Workgroup member, the event producer will unmute you when it is your turn to speak. Please lower your hand when you have finished speaking by following the same process you used to raise your hand.

Note that the chat is disabled for this meeting. Please use the Slido Q&A feature if you need support. When you send us a question via the Slido Q&A feature, your question will say "waiting for review." Our response will appear under your question. Closed captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click "Control-Shift-A" on your keyboard to enable closed captioning. And, with that, I will hand it over to Tricia to get us started.

Patricia Rowan:

Part of [audio cuts off] -- Next slide. All right, while we are waiting for the slide, [audio cuts off] –

Caitlyn Newhard:

Hey, everyone. It sounds like we're having some technical issues here with Tricia's audio. So I'm going to take over for her and, if Tricia is able to restore her audio, we'll have her jump back in. So, thank you, Denesha, for the technical instructions. Hello, everyone. My name is Caitlyn Newhard. I'm a managing consultant at Mathematica. I'm part of Mathematica's Technical Assistance and Analytic Support team for the Medicaid and CHIP Quality Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services.

Welcome to the orientation meeting for the 2028 Annual Review Workgroup of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you for joining us. I hope everyone is doing well and is ready to dive into this process together. Next slide, please.

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Now I'd like to share with you the objectives for this meeting. First, I will introduce the Workgroup members. This year's Workgroup process will focus on updates to the 2028 Adult and Child Core Sets. CMS is still reviewing the recommendations of the 2027 Workgroup and will release updates to the 2027 Core Sets in the coming months prior to this Workgroup's voting meeting. Note that this Workgroup could consider recommending additional changes to the 2027 Core Sets if measure stewards announce any measure retirements or replacements that could affect the 2027 Core Set measurement year.

Next, I will describe the charge, timeline and vision for the 2028 Annual Review. Deirdra Stockmann from CMCS will also present some welcome remarks and CMCS's vision for the 2028 Annual Review. I'll provide background information on the Child and Adult Core Sets and Chrissy Fiorentini will present the process that Workgroup members will use to suggest measures for removal from or addition to the 2028 Core Sets.

Our co-chairs, Kim Elliott and Rachel LaCroix, will then give brief remarks about the journey ahead of us for this year. We will take questions from Workgroup members and the public near the end of the meeting. We have a full agenda today and the purpose of this meeting is to convey information about the review process. We will not have time to engage in discussion about the Core Sets or the measures. However, we have plenty of time for discussion at the voting meeting. Next slide.

I would now like to take the opportunity to acknowledge my colleagues at Mathematica who are part of the Child and Adult Core Sets Annual Review team. Tricia, Chrissy, Maria, Deb, Sreyashi, Denesha and Alli. Thank you to this wonderful team. Next slide.

Now I would like to introduce the Workgroup for the 2028 Annual Review. In the interest of time today, we will not have a roll call. This slide and the next two slides list the Workgroup members, their affiliation and whether they were nominated by an organization. However, 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 the Workgroup. I would also like to give a big thanks to Kim Elliott and Rachel La Croix for returning as co-chairs. I'd also like to welcome 10 new Workgroup members who are indicated with an asterisk before their name. Next slide.

The roster continues on this slide. A copy of the Workgroup roster is also available on our website. Next slide.

And this slide shows the remaining Workgroup members. Again, new Workgroup members are denoted by an asterisk before their name. Welcome again to our new members this year. As you can see from these three slides, we have 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 contributions. Next slide.

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

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 Sets Annual Review Workgroup. All Workgroup members are required to disclose any interests that could

give rise to a potential conflict or the appearance of a conflict related to their consideration of Core Set measures. Each member will review and update a 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 will now review the Workgroup charge. The 2028 Child and Adult Core Sets Annual 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 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 all states for all Medicaid and CHIP populations. As states prepare to begin mandatory reporting, we appreciate the participation of our Workgroup members that bring a diversity of state perspectives. We encourage members from all states to share your experiences and insights with reporting Core Set measures. Next slide.

This graphic is a visual representation of the milestones for the 2028 Core Sets Annual Review. Thank you for joining us today for the orientation meeting. The Call for Measures for the 2028 Annual Review also opens today. September 24th is the deadline to suggest measures for removal or addition. On January 14th, we plan to convene the Workgroup to prepare for the voting meeting. We will introduce the measures suggested for consideration for the 2028 Review and describe the process we will use to discuss and vote on the measures. The voting meeting is planned for February 3rd through 5th. Note that all Workgroup meetings are held virtually and 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 CMCS's updates to the 2028 Child and Adult Core Sets. 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, which is comprised of state Medicaid and CHIP quality leaders. They will provide input about the feasibility of recommended measures for state-level reporting. And, second, CMS will meet with federal partners 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.

Next, I will provide some background on the Child and Adult Core Sets. Next slide.

States are required to report on a standardized set of quality metrics across key domains of care. This consistency supports transparency and comparability across Medicaid programs. The domains consist of primary care access and prevention, which measures routine screenings and access to essential care; Maternal and Perinatal Health, which focuses on health outcomes for mothers and newborns including prenatal care; Care of Acute and Chronic Conditions, which captures treatment and management of short and long-term illnesses; Behavioral Health Care, which includes access to and quality of mental health and substance use services; Dental and Oral Health Services, which tracks access to and quality of dental care for children and adults; and last, but not least, Experience of Care, which measures patient perceptions of care and service quality.

The 2026 Child Core Set includes 28 measures and two provisional measures. The provisional measures are voluntary for 2026 reporting. The 2026 Adult Core Set includes 34 measures and

two provisional measures. Comprehensive lists of the child and adult measures are available via the links on this slide. Next slide.

Next, I'll provide an overview of the Core Set reporting years relevant to this review cycle as CMS and states are working on multiple years of Core Set reporting simultaneously. The first year of mandatory reporting was for the 2024 Core Sets. Those data were due to CMS in December 2024 and CMS expects to begin making the results publicly available next month. States are currently preparing to report data for the 2025 Core Sets. That data reporting period will open next month and close on December 31st of this year. The 2026 Child and Adult Core Sets represent the latest year for which CMS has released the measure sets. State reporting of the 2026 Core Set data will begin in the fall of 2026. CMS is reviewing the recommendations of the 2027 Workgroup and aims to release the 2027 Core Sets by the end of calendar year 2025. And, lastly, the focus of this current review cycle is the 2028 Core Sets. CMS will use the recommendations of this Workgroup in combination with other input to make updates for the 2028 Core Sets and state reporting of those data will then occur in the fall of 2028. Next slide.

Now I'll provide a brief overview of Core Sets mandatory reporting. Beginning with the 2024 Core Sets, reporting of all of the Child Core Set measures and the behavioral health measures on the Adult Core Set was required for all states. When reporting mandatory measures, states must adhere to the data reporting guidance in the Core Set resource manuals and TA briefs issued by CMS.

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 Medicare or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing. Except for these populations, states are required to report mandatory measures for all Medicaid and CHIP beneficiaries.

Beginning with the 2025 Core Sets reporting, states must stratify a subset of mandatory measures by the required stratification categories included in the annual Core Sets guidance. Feasibility and viability of state-level reporting of current and future Core Set measures is a key consideration for mandatory reporting. Next slide.

I would now like to briefly describe some potential upcoming changes to the Child and Adult Core Sets starting with a recap of the recommendations of the 2027 Annual Review Workgroup. 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*, and *Adults with Diabetes − Oral Evaluation*. The Workgroup did not recommend adding any measures for children to the 2027 Core Sets. The Workgroup also did not recommend removing any measures from the 2027 Core Sets.

Also, we would like to note that NCQA announced that two measures currently on the Child and Adult Core Sets are being retired for HEDIS Measurement Year 2026, which corresponds to the 2027 Core Sets. The two measures are *Asthma Medication Ratio*, AMR-CH and AMR-AD, and *Medical Assistance with Smoking and Tobacco-Related Cessation*, MSC-AD. We encourage Workgroup members and the public to keep these upcoming changes in mind when suggesting measures for addition to or removal from the 2028 Core Sets. Next slide.

I'd like now to turn to the vision for the 2028 Core Sets Annual Review. I'll begin by sharing some high-level perspectives and then we'll hear remarks from CMS. Next slide.

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First, we want to share CMS goals for the Core Sets, which include to 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, including completeness and accuracy; streamline data collection and reporting processes to reduce burden on states; and support states to drive improvements in health care quality and health outcomes using Core Set measures.

Next slide. I would now like to turn it over to Deirdra Stockmann to share CMS's vision for the 2028 Core Sets Review. Deirdra is the director of the Division of Quality and Health Outcomes at the Center for Medicaid and CHIP Services. Deirdra, please raise your hand so we can unmute you. Brice, please unmute Deirdra.

Deirdra Stockmann:

Thanks so much, Caitlyn and also Brice for unmuting me. I am so happy to be here with all of you at the launch of this year's Medicaid and CHIP Core Set Review for the 2028 Core Set. I want to express gratitude on behalf of CMS to all of you for your time and participation in this important public process and for the work that you do for Medicaid and CHIP programs and beneficiaries. Thank you especially to the Workgroup members for bringing your expertise in quality measurement, health care delivery, and the Medicaid and CHIP programs to bear as you consider updates to the Core Sets.

We value the variety of perspectives this group brings to this endeavor. We have Workgroup members representing health care providers, health plans and associations, beneficiaries and, of course, state Medicaid and CHIP agencies. Our complex programs rely on all of these components working together to deliver quality care to Medicaid and CHIP beneficiaries. We encourage the Workgroup members to think about how the Core Set measures work together as a set when you consider potential measure additions and removals as we're always striving to strengthen the Core Sets to be the most effective tool they can be to support quality monitoring and improvement in the Medicaid and CHIP programs.

I also want to thank the federal partners for sharing your unparalleled subject matter expertise to inform the discussion of potential updates to the Core Sets and also to help us align the Core Sets and our related quality activities with other federal programs to the extent possible. And I want to appreciate any members of the public who are listening in today or into a recording, thank you for bringing your passion for ensuring that individuals enrolled in Medicaid and CHIP receive the high-quality care they need when they need it, where they need it, and in a way that meets them and treats them as a whole person.

Public engagement and input is essential to the success of the Medicaid and CHIP programs in general and to the Core Set program in particular. And, finally, of course, I want to thank our CMCS Core Set team and the Mathematica team here today for all the work that goes into managing and running this process that is so critical to the work that we do together. You do a great job.

As the Workgroup prepares to consider updates for the Core Sets for 2028, states are preparing to report data to CMS on the 2025 Core Set, as Caitlyn went through a couple of minutes ago. 2025 will be the second year of mandatory reporting for the Child Core Set and behavioral health measures on the Adult Core Set. And CMS appreciates the time and resources states commit to collect and report on quality of care in their programs. And, at this time, as noted, CMS is preparing to release, next month, data from the 2024 Core Set. As you know, CMS publishes data on measures reported by 25 or more states that meet data quality standards

each year. And we'll be publishing more data than ever on quality of care delivered through Medicaid and CHIP and adding another year of data to our new Core Set Data Dashboard where users can explore state and national performance on Core Set metrics through dynamic visualization. If you haven't checked out the data dashboard, please do and stay tuned for our annual September data release.

And I want to conclude with a few thoughts about why we're doing all this. The Core Sets are valuable to us not only because they give us data and they help us tell the story of how we're doing and, of course, make pretty maps and show geographic variation and so forth [audio cuts off]… they point us to, how they inform, and how they can help drive efforts to improve care and health outcomes for beneficiaries.

Over the past several years, CMS has expanded the scope of our support to states in quality improvement, or QI. We've hosted several Medicaid and CHIP learning collaboratives and affinity groups on a range of topics including maternal health, oral health, and behavioral health. All 50 states, plus D.C., Puerto Rico and the U.S. Virgin Islands have participated in numerous webinars highlighting promising practices to drive improvement. We have posted scores of QI resource materials on Medicaid.gov, including briefs highlighting state improvement initiatives. We currently have affinity groups underway addressing drivers of maternal mortality and improving early childhood preventive care, one of the foundations of the Medicaid and CHIP programs. And we anticipate a new quality improvement opportunity focused on children's preventive dental care coming soon, one more thing to stay tuned for.

Since quality measurement is an essential component of quality improvement, without the Core Sets, this meaningful improvement work -- this meaningful work that improves lives cannot be possible. So this Workgroup and the engagement of federal liaisons and members of the public is incredibly valuable to the Medicaid and CHIP programs in CMS. Thank you. I'll hand it back to Caitlyn.

Caitlyn Newhard:

Thanks, Deirdra. We appreciate those insights. Next slide.

We'll now review the process -- the Call for Measures process. Like last year, the Call for Measures for the 2028 Core Sets will be open to all members of the public and not limited to Workgroup members or federal liaisons as it was in the past. Next slide.

To ensure measures are a strong fit for the 2028 Child and Adult Core Sets, Mathematica has developed a structured set of criteria for both measure additions and removals. These criteria help focus the Call for Measures on measures that are technically feasible, meaningful, and align with the Core Set's overall goals.

For additions, proposed measures must meet all criteria in the minimum technical feasibility and appropriateness category. This ensures that added measures are reliable, actionable and suitable for state-level reporting. For removals, a measure may be considered for removal if it meets at least one criterion in any category. This allows for greater flexibility in removing measures that may no longer be relevant, useful, or feasible. These guidelines help maintain the integrity and value of the Core Sets while also supporting continuous improvement. Next slide.

I'll begin with the criteria for suggesting measures for addition. This list of criteria is available in the Call for Measures Materials packet on our website so I'll review them at a higher level here.

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The minimum technical feasibility and appropriateness criteria are designed to ensure that any measure added to the Core Sets is suitable and feasible for state-level reporting. To meet these criteria, the 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 or CHIP programs or currently be in use by one or more Medicaid or CHIP programs according to measure specifications. There must be an available data source that contains all the elements needed to calculate the measure including an identifier for Medicaid and CHIP beneficiaries. The specifications and data source should allow states to calculate the measure consistently. The measure should also align with current clinical guidelines and/or positive health outcomes. Finally, the technical specifications, including code sets, must be publicly available and free of charge for state use in Core Set reporting.

Our team will determine whether all suggested measures meet the criteria. We strongly encourage Workgroup members and members of the public to carefully consider these requirements when submitting a measure for addition. Next slide.

Next, I'll review the actionability criteria for suggesting measures for addition to the Core Sets. Under the actionability category, a measure should address a priority gap in the Core Sets or add value to the existing measure set, be used to assess state progress in improving delivery and outcomes in Medicaid and CHIP, and be able to be stratified by the required categories.

Other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful state-level results, whether the measure is aligned with those used in other CMS programs, whether adding the measure would result in additional data collection burden, whether all states will be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Sets, and whether the code sets and codes specified are in use by Medicaid and CHIP programs. These criteria help ensure that each new measure is not only technically feasible, but also actionable, impactful, and aligned with the broader federal priorities. Next slide.

As part of the measure review process, any measures proposed for addition should aim to address a priority gap in the Core Sets in line with the actionability criteria. The 2027 Core Sets Annual Review Workgroup identified 23 priority gap areas. Twenty gap areas are aligned with existing Core Set domains, such as behavioral health care, maternal and perinatal health, and others. Three additional gap areas are cross-cutting, meaning they span multiple domains and reflect broader system-level needs.

These gap areas help guide the selection of new measures by highlighting where additional measurement is most needed to improve care and health outcomes. The complete list of the 2027 Workgroup's priority gap areas is available in the Call for Measures packet, which can be accessed via the link on this slide.

Additionally, we would like to highlight two HHS priority areas. The first is wellness and prevention, including primary prevention, which focuses on preventing the onset of disease or injury; secondary prevention, which aims to detect and treat diseases early; and tertiary prevention, which focuses on managing existing conditions and minimizing their impact. The second priority is targeting care for children with chronic conditions. Next slide.

Now let's turn to the criteria for suggesting measures for removal from the Core Sets. We encourage both Workgroup members and the public to carefully review the current Core Set measures and consider whether any no longer meet the inclusion criteria. To make this a bit

easier, we've outlined a set of criteria for removal which reflect reasons that a measure may no longer meet the criteria for inclusion.

Under technical feasibility, a measure may be considered for removal if it is not fully developed or will no longer be maintained, if the majority of states have difficulty assessing the data source, or if results across states are inconsistent for reasons like variation in coding or data completeness.

For actionability, a measure may be suggested for removal if it is topped out, meaning performance is already uniformly high with little room for improvement; improvement on the measure is outside the direct influence of Medicaid and CHIP programs and providers; the measure no longer aligns with current clinical guidelines and/or positive health outcomes; the measure is not able to be stratified by the required categories; or a measure has been suggested for replacement that is more broadly applicable, more timely, or more strongly tied to meaningful beneficiary outcomes. Next slide.

Other considerations for removal include whether the condition being measured is not prevalent enough to produce reliable and meaningful state-level results, whether the measure is not aligned across federal programs, whether the measure results in substantial data collection burden, and whether all states cannot produce the measure for Core Set reporting within two years of it being added to the Core Sets.

We encourage anyone interested in suggesting a measure for addition or removal to review the Call for Measures Materials packet available on our website, which includes a list of measures previously discussed by the Workgroup that either were not recommended for removal or were recommended for removal, but retained on the Core Sets by CMS. While we understand that circumstances can change over time, we suggest becoming familiar with and building on prior annual reviews. Next slide.

And now I'll turn it over to Chrissy to describe the process for suggesting measures for addition to or removal from the Core Sets.

Chrissy Fiorentini:

Thank you, Caitlyn. Next slide.

As part of the Call for Measures, anyone, including Workgroup members, federal liaisons, and members of the public, is invited to suggest measures for addition to or removal from the 2028 Child and Adult Core Sets. The Call for Measures process opens today. After this meeting, you may use the links shown on this slide to access the form to suggest a measure for addition, the form to suggest a measure for removal, and additional resources to support the Call for Measures process.

These materials are already available on our website. Our team will also send out an email with the links to the forms and the instructions on how to suggest measures for addition or removal. All measure suggestions are due by Wednesday, September 24th at 8:00 p.m. Eastern. Next slide.

Our website includes several resources which Workgroup members and the public should use to inform their measure suggestions. If you navigate to the 2028 Resources tab on our website and filter by Call for Measures, you will see a comprehensive list of all the resources that are available to support the Call for Measures process.

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A few resources that may be particularly helpful include the Call for Measures Materials packet. This packet includes the instructions for suggesting measures, including the criteria that Caitlyn reviewed earlier; a list of measures discussed during previous Workgroup meetings; a list of previously identified measure gaps; and the 2026 Core Set measure lists. The 2028 Resources section of the website also contains background resources on the Child and Adult Core Sets, Word previews of the measure suggestion forms, and a Measure Submission Tips & FAQ resource, which I will preview shortly. Next slide.

On this slide, you can see a preview of what the form to suggest the measure for addition to the Core Sets looks like. If you click on the submission form link provided on Slide 31, you'll arrive at the starting page. Click the "Start" button in the lower left corner of the page to advance the form and complete your submission. The form to suggest a measure for removal looks very similar. Both forms are web-based and were designed to be user-friendly and accessible to the public. If you experience any technical difficulties with the forms, please email our team for support. Next slide.

We wanted to provide some general tips on submitting measure suggestions. First, we want to note that the measure submission forms are the most important input to the materials that Workgroup members review prior to the voting meeting. So the form is really your best opportunity to explain why the Workgroup should consider a measure for addition or removal. Please provide clear evidence to support your suggestion, including citations and links where applicable to strengthen your case. If you suggested a measure that the Workgroup has considered in the past, but not recommended, consider why the measure was not recommended and include new or updated information that supports revisiting it. And, for measures suggested for addition, just another reminder to be sure you address the minimum technical feasibility and appropriateness criteria that Caitlyn reviewed earlier.

New this year, we've streamlined the process for suggesting a new measure to replace a current Core Sets measure. To encourage thoughtful additions, we ask that when suggesting a new measure, you also consider whether an existing measure could be removed in its place. You can now submit both the proposed addition and the rationale for the substitution using only the addition form, no separate removal form is required.

Before submitting, we strongly encourage you to review the Word previews of the submission forms to ensure you have all the required information and technical details ready before you start to fill out the online form. This helps ensure you submit a comprehensive submission. And if there's any additional information you can't include in the body of the form, you can submit it as an attachment at the end of the form. Next slide.

This slide and the next include the answers to some frequently asked questions about the Call for Measures process. The first question we've been asked a lot is whether all measures submitted will be considered by the Workgroup during the voting meeting. And the answer is, "No." Our team will review all measure submission forms and determine which measures meet the criteria for the Workgroup's review and discussion. Measures may not be considered if the submission form is incomplete or the questions in the form are not fully addressed; if the measure has been previously discussed and no new justification or evidence has been provided to support reconsideration; and, for measures suggested for addition, failure to meet the minimum technical feasibility and appropriateness criteria will disqualify the measure from discussion. During past reviews, the most common reason why a measure suggested for addition has not been considered was that it had not been tested in Medicaid or CHIP and was not in use by state Medicaid and CHIP programs.

Another question we've been asked is, "What do we mean by strong justification and new evidence that would justify the Workgroup reconsidering a measure that has been discussed in the past?" To support reconsideration of a previously reviewed measure, we look for substantive updates. This slide does not contain a comprehensive list of all reasons why the Workgroup might reconsider a measure, but some examples include a substantive change to the measure's technical specifications that impacts the feasibility of state-level reporting. For example, a change to the data collection method or required code sets, or evidence that the measure has been widely adopted by states since the last time it was considered, or a change in the relevant clinical guidelines and/or population health conditions. Next slide.

As I mentioned, historically, the most common reason why a measure suggested for addition has not been discussed is that it had not been tested in Medicaid or CHIP and was not in use by state Medicaid and CHIP programs. So, we wanted to take a little time to explain what we mean by testing in Medicaid and or CHIP programs and state use of a measure. Turning to the testing piece first, 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, also known as 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. By state use, we mean that 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 the specifications of an existing measure, for example, by changing the data collection method or codes used, this does not qualify a state use of the measure.

And, finally, we wanted to close out with the answer to one frequently asked technical question, which is, "Will I need to complete the form in one session or is there an option to save my work?" Both forms do include an option to save your work and continue later. But please note that you must complete all required questions on a given page before you can access the "save and continue later" feature.

And if you have any additional questions about the Call for Measures process, including the criteria and forms, we encourage you to review the Measure Submission Tips and FAQ document that is available on our website. If the answer to your question is not there, please send us an email. Our team is here to support you with the Call for Measures process. Next slide.

And 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 2028 Core Sets. Kim, I will turn it over to you first and then Rachel. And you should be able to unmute yourself.

Kim Elliott:

Thank you, Chrissy. This is Kim. I'm happy to be working with all of you on the 2028 CMS Child and Adult Core Set Review. I recognize and appreciate the expertise and knowledge that each of you bring from your professional life and your unique and diverse quality and performance measure experience. I also want to acknowledge the time and work that we have ahead of us and thank Mathematica, CMS, and others for the resources, time and dedication that are continually provided to support the work that we're doing.

The results from this Workgroup have a significant impact on states and the resources that are needed at the state, health plan, and provider levels. The results of our work also have an impact on measuring the improvement in quality and outcomes of the Medicaid and CHIP

programs. As we conduct our work, please review the excellent resources that are provided by Mathematica.

Each measure considered for or included in the adult and child core measure sets have very specific focus areas. And, when considered together, they provide an opportunity to measure the quality and outcomes at the system levels and, of course, at the state levels.

As we use and review the information and data provided by Mathematica or other sources, we should also continue to consider whether our recommendations for measures is a strategic priority, if there's room for improvement in the outcomes, if -- or the quality that's being measured, if it is actionable. If the measure is selected, is it possible to implement interventions that could improve outcomes for the members being served?

Is the measure technically feasible and not too resource intensive so that the states, plans, and providers are able to implement without a huge burden or cost? Is there an available data source that supports measure reporting? And does it move Core Set reporting in the direction of measuring outcomes versus just processes?

I want to thank everybody again for your time, effort, energy, the thoughtfulness and, of course, all of the brain power that all of you are going to be putting into this work. And I really do look forward to continuing to work with all of you. I'd like to now turn it over to Rachel.

Rachel La Croix:

[no audio]

Chrissy Fiorentini:

I can hear you, you're a little bit faint.

Rachel La Croix:

Okay, I will try to raise my voice a little bit.

First, I'd just like to say thank you to the CMS and the Mathematica team for all the work convening this group every year and all the preparation work that has gone into setting up this process for the review each year. I'd also like to welcome the new Workgroup members and say hello again to the returning members. It looks like we have a good mix of new and returning folks, so I look forward to some robust conversations in the future regarding setting up the measures for the next year.

I also just wanted to echo some of Kim's comments about really thinking carefully as we are considering adding measures and removing measures from the Core Sets and how feasibility really is very key. There are a number of measures out there that we've talked about in the past that may cover different areas that we are interested in measuring, but for one reason or another may be prohibitive for many, if not all, states to be able to collect and report. So please do think about feasibility a lot as we make recommendations for adding or removing measures. And also, just about really trying to look for measures in those priority gap areas where we don't already have adequate measurement.

I also wanted to thank the CMS and Mathematica team for the streamlined submission process for proposed replacement measures. I know this is something that the Workgroup has discussed other years related to other measures where folks have sometimes proposed a new measure and tried to link it to possibly removing another measure. So, I appreciate the

streamlined process for doing that starting this year. So, I think those were the main things I wanted to hit on. Just welcome, everyone, and I look forward to a really good review Workgroup process this year.

Chrissy Fiorentini:

Thank you, Kim and Rachel. Next slide.

I'd now like to open it up for questions from Workgroup members and the public. As a reminder, you can use the "raise hand" feature in the bottom right of the participant panel to join the queue and lower your hand when you're done. Workgroup members, you should be able to unmute yourselves, but please wait for us to call on you. If you're a member of the public, please wait for us to let you know when you've been unmuted. And please introduce yourself, including your name and your affiliation. Let me now open it up for any questions or comments.

I'm not seeing any. We'll just give it another minute or so. Okay, last call for any questions before we move on. Okay, let's move on. Next slide.

Now, I'd like to wrap up and recap the next steps. Next slide.

As I mentioned earlier, the forms to suggest a measure for addition to or removal from the Core Sets are now live on our website along with a number of resources to support the Call for Measures process. Everyone who is on our mailing list and who is attending today's webinar will also receive an email with the links to the submission forms and the instructions on how to suggest measures for addition or removal. All submissions are due no later than 8:00 p.m. Eastern time on Wednesday, September 24th.

The next meeting is planned for January 14th via webinar. This meeting will provide information on the measures that will be discussed at the voting meeting, which is planned for February 3rd to February 5th via webinar. Both meetings are open to the public. Please save the dates. Registration links will be available on our website soon. Next slide.

On this slide, you will see links that will lead you to key resources on Medicaid.gov and the Core Sets Annual Review webpage. In addition to the Call for Measures resources, the Annual Review webpage includes previous Workgroup reports, agendas, slides for each meeting, and a calendar of events. Next slide.

If you have any questions about the Child and Adult Core Sets Annual Review, please email our team at MACCoreSetReview@mathematica-mpr.com. Next slide.

Finally, we want to thank everyone for participating in today's meeting. This meeting is now adjourned.