Mathematica
Progress Together

Child and Adult Core Sets Annual Review Workgroup

Meeting to Review Measures for the 2028 Core Sets Day 1

February 3, 2026

Technical Instructions *(1/2)*

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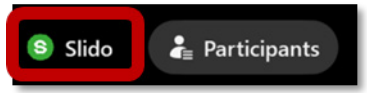

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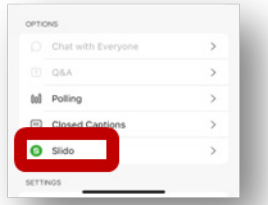


- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.
  - Audio settings can be accessed by selecting the arrow next to the unmute button.

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

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 raise hand 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 unmute button.
- Please note that the chat function is disabled for this webinar. All questions should be submitted using the Q&A function, located within the Slido 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.

Welcome and Meeting Objectives

Mathematica Core Sets Review Team

- Rosemary Borck, Project Director
- Patricia Rowan, Principal Researcher
- Chrissy Fiorentini, Researcher
- Caitlyn Newhard, Managing Consultant
- Maria Dobinick, Researcher
- Deb Haimowitz, Health Analyst
- Denesha Lafontant, Health Associate
- Alli Steiner, Senior Researcher
- Fiona Shapiro, Production Technical Support Lead

Meeting Objectives

- Review measures suggested for removal from or addition to the 2028 Child and Adult Core Sets
- Recommend updates to the 2028 Child and Adult Core Sets
- Discuss priority gap areas for the 2029 public Call for Measures
- Provide opportunities for public comment

Co-Chair Welcome Remarks

Kim Elliott

Rachel La Croix

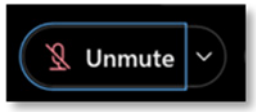
Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interests

- All Workgroup members were required to submit a Disclosure of Interest form that discloses any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Child and Adult Core Set measures or measures reviewed during the Workgroup process.
- Members deemed to have an interest in a measure suggested for removal or addition will be recused from voting on that measure.
- During introductions, members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists.

Workgroup Roll Call

- **Please use the "Raise Hand" feature during introductions.**
  - **Wait for your cue to speak, then unmute yourself using the unmute button in WebEx.**



  - **Check to make sure you are not also muted on your headset or phone.**
- **Please mute yourself and lower your hand after speaking.**
- **If you wish to speak later during the meeting, please use the raise hand feature and wait for your cue to speak before unmuting yourself.**

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

Voting Members	Company
Co-Chair: Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Rachel La Croix, PhD, PMP *Nominated by the National Association of Medicaid Directors*	Florida Agency for Health Care Administration
Dawn Alley, PhD	IMPaCT Care
Erin Alston, MS, MPH *Nominated by the American College of Obstetricians and Gynecologists*	American College of Obstetricians and Gynecologists
Stacey Bartell, MD *Nominated by the American Academy of Family Physicians*	American Academy of Family Physicians
Lee Savio Beers, MD, FAAP *Nominated by the American Academy of Pediatrics*	American Academy of Pediatrics
Laura Boutwell, DVM, MPH *Nominated by the National Association of Medicaid Directors*	Virginia Department of Medical Assistance Services
Matt Brannon, MBA *Nominated by the National Association of Medicaid Directors*	West Virginia Bureau for Medical Services
Joanne Bush, MFSC *Nominated by the National Association of Medicaid Directors*	Iowa Department of Human Services
Angela Filzen, DDS *Nominated by the American Dental Association*	G.A. Carmichael Family Health Center

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

Voting Members	Company
Jessica Harley, MS *Nominated by the Association for Community Affiliated Plans*	Community Health Choice
Richard Holaday, MHA *Nominated by the National Association of Medicaid Directors*	Delaware Division of Medicaid and Medical Assistance
Jeff Huebner, MD, FAAFP *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 *Nominated by the American Psychiatric Association*	Included Health
Chimene Liburd, MD, MBA, FACP, CPE, CPC *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 *Nominated by the American College of Nurse Midwives*	Georgetown University
Angela Parker, RHIT *Nominated by the National Association of Medicaid Directors*	Kentucky Department of Medicaid Services
Nicole Pratt, MAT *Nominated by the National Center for Children's Vision and Eye Health*	SPAN Parent Advocacy Network

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

Voting Members	Company
Sural Shah, MD, MPH	California Department of Health Care Services
Bonnie Silva *Nominated by ADvancing States*	Colorado Department of Health Care Policy & Financing
Sarah Tomlinson, DDS, RDH *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 *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

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

CMCS Remarks

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

Overview of the Child and Adult Core Sets

Core Set Reporting Years

Latest year of publicly available state performance data and first year of mandatory reporting →

Focus of current review cycle →

Core Set 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

* 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 Core Set reporting resources that are updated annually on Medicaid.gov.

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 will continue to be exempt from mandatory reporting for 2026 and 2027:
  - 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 race and ethnicity, sex, and geography.

* CHIP reporting is voluntary but encouraged for Adult Core Set measures.

2024 Child and Adult Core Set Reporting at a Glance

Core Set Reporting Metrics	Child Core Set	Adult Core Set
Measures on the 2024 Core Sets	**27**	**33**
Number of publicly reported measures	27	30
Median number of measures reported by states	27	30
States reporting Core Set measures*	**52**	**52**
Number of states reporting more measures for 2024 than for 2023 (includes states that reported all measures in both years)	48	29

* Starting with the 2024 Core Sets, reporting of the Child Core Set and the behavioral health measures on the Adult Core Set is mandatory for the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. For 2024 reporting, Guam and the U.S. Virgin Islands obtained a one-year exemption from reporting all populations for all measures.

Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-core-set-reporting.pdf.

Highlights from 2024 Child and Adult Core Set Reporting

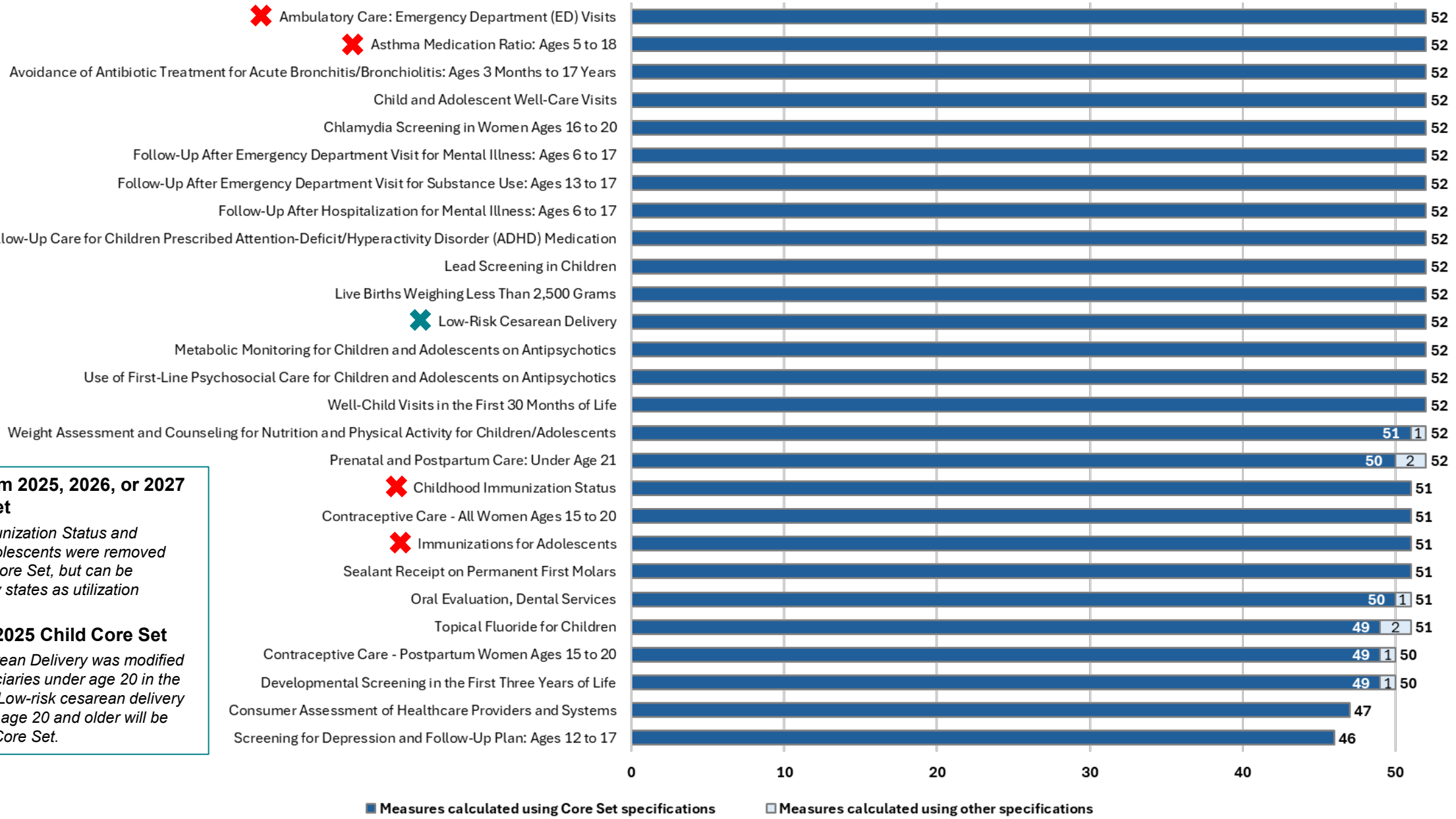
- **Two measures on the Child and Adult Core Sets were publicly reported for the first time:**
  - **Prenatal and Postpartum Care: Under Age 21 (PPC2-CH) and Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)**
  - **Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)* and Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)***
- **CMS also publicly reported several performance rates for the first time:**
  - **Age group stratifications for Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)**
  - **Seven indicators from the Child Medicaid CAHPS survey (CPC-CH) for children with chronic conditions**
  - **Medication rates for Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)**
  - **A coordination of care indicator from the Adult Medicaid CAHPS Survey (CPA-AD)**

Note: Measure- and state-specific performance results for all publicly reported measures are available in the interactive Core Set Data Dashboard, available at https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main.

* Due to data quality concerns noted by states, CMS publicly reported descriptive statistics that summarize national performance for these measures, but not state-specific performance.

CAHPS = Consumer Assessment of Healthcare Providers and Systems.

Number of States Reporting the Child Core Set Measures, 2024



Removed from 2025, 2026, or 2027 Child Core Set

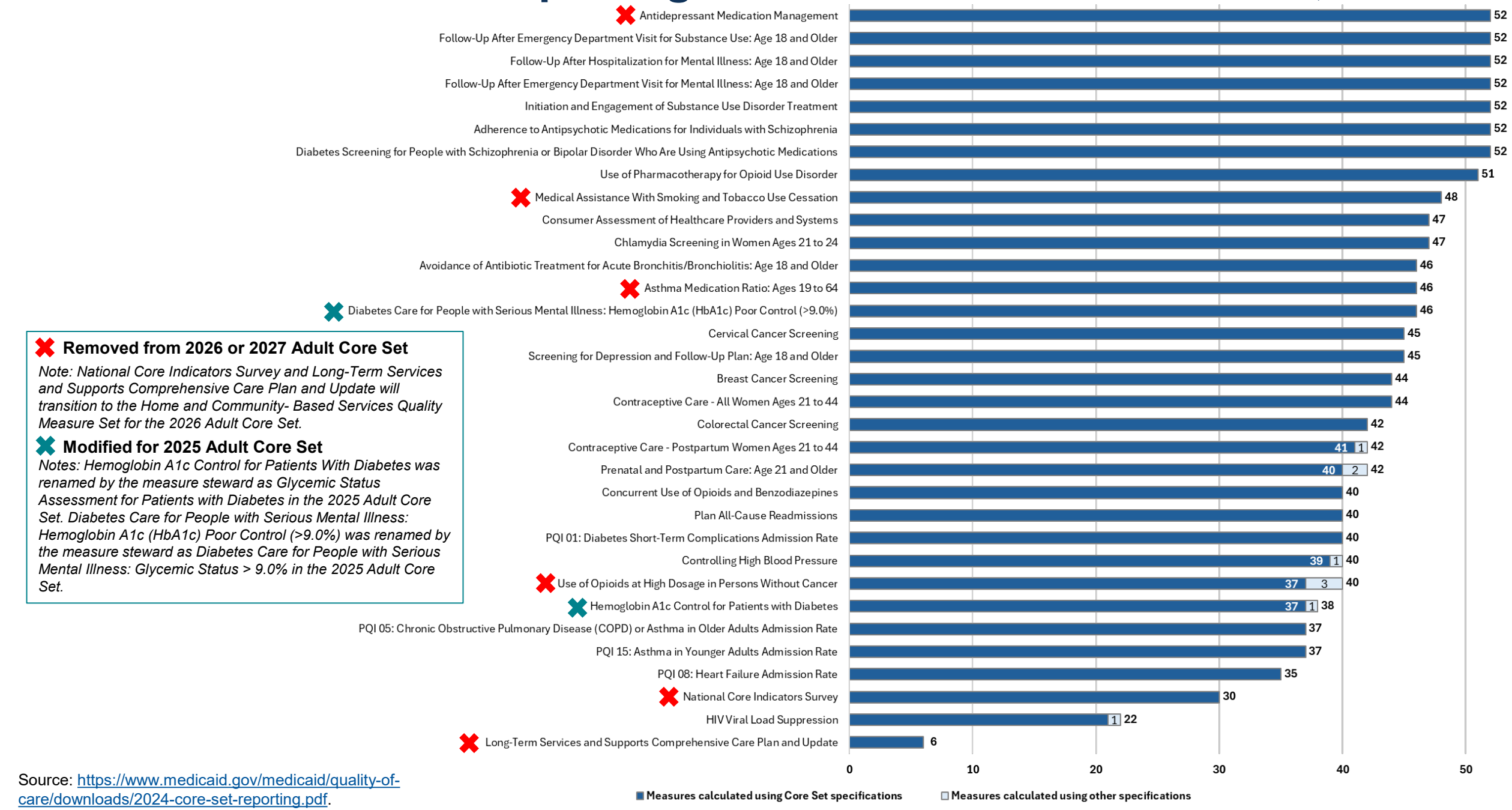
Note: Childhood Immunization Status and Immunizations for Adolescents were removed from the 2026 Child Core Set, but can be voluntarily reported by states as utilization measures.

Modified for 2025 Child Core Set

Note: Low-Risk Cesarean Delivery was modified to include only beneficiaries under age 20 in the 2025 Child Core Set. Low-risk cesarean delivery rates for beneficiaries age 20 and older will be reported in the Adult Core Set.

Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-core-set-reporting.pdf.

Number of States Reporting the Adult Core Set Measures, 2024



Removed from 2026 or 2027 Adult Core Set

Note: National Core Indicators Survey and Long-Term Services and Supports Comprehensive Care Plan and Update will transition to the Home and Community- Based Services Quality Measure Set for the 2026 Adult Core Set.

Modified for 2025 Adult Core Set

Notes: Hemoglobin A1c Control for Patients With Diabetes was renamed by the measure steward as Glycemic Status Assessment for Patients with Diabetes in the 2025 Adult Core Set. Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) was renamed by the measure steward as Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0% in the 2025 Adult Core Set.

Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-core-set-reporting.pdf.

2026 Core Set Updates

In a recent State Health Official letter (SHO), CMS announced the following updates to the 2026 Child and Adult Core Sets:

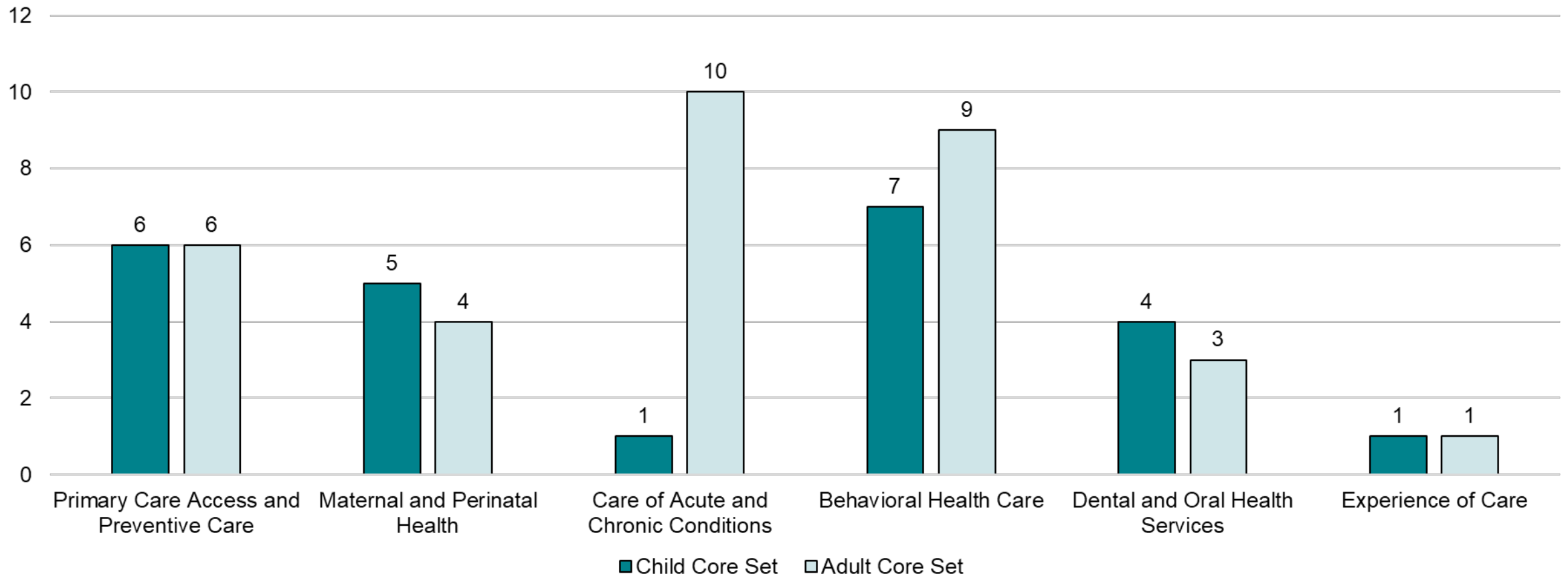
- **CMS removed four measures related to pediatric and prenatal immunization status.**
  - **Childhood Immunization Status (CIS-CH)**
  - **Immunizations for Adolescents (IMA-CH)**
  - **Prenatal Immunization Status: Under Age 21 (PRS-CH)**
  - **Prenatal Immunization Status: Age 21 and Older (PRS-AD)**
- **Although not part of the Core Sets, states may voluntarily report on the results of these four utilization measures to allow CMS to maintain a longitudinal dataset.**

Key Changes to the 2027 Child and Adult Core Sets

The recent SHO also announced updates to the 2027 Core Sets:

- **CMS added two measures to the 2027 Adult Core Set:**
  - **Evaluation of Hepatitis B and C (EHBC-AD)**
  - **Adults with Diabetes – Oral Evaluation (DOE-AD)**
- **Two measures currently on the Child and Adult Core Sets are being retired by the measure steward and will be removed from the Core Sets:**
  - **Asthma Medication Ratio (AMR-CH and AMR-AD)**
  - **Medical Assistance with Smoking and Tobacco-Related Cessation (MSC-AD)**
- **More information about the updates to the 2026 and 2027 Core Sets is available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho25005.pdf.**

2027 Child and Adult Core Set Measures, by Domain



Notes: For 2027, there are also two provisional measures and three utilization measures for children that are voluntary for state reporting. There are two provisional measures and one utilization measure for adults. The provisional and utilization measures are not considered part of the 2027 Core Sets and therefore are not included in this figure.

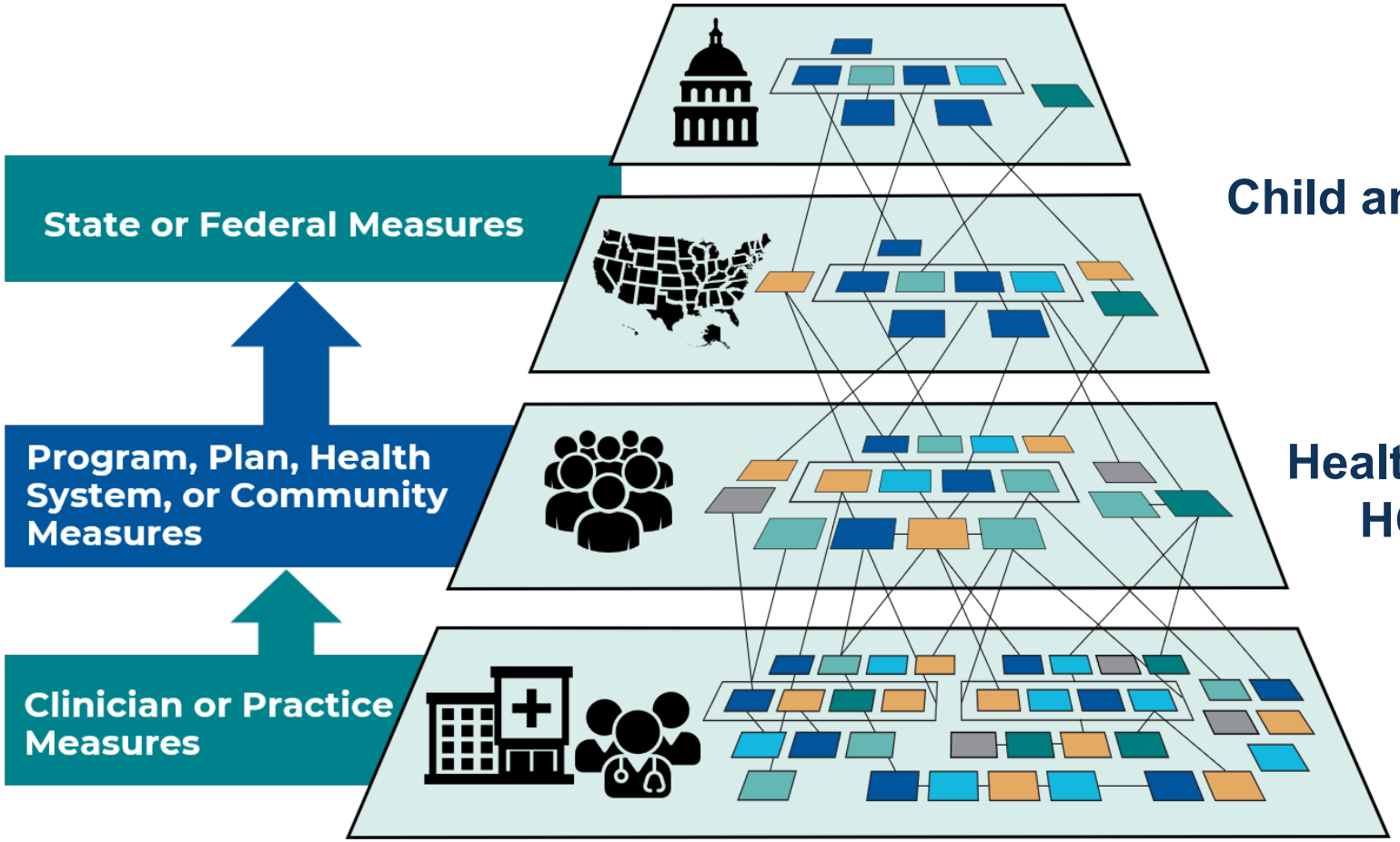
Questions from Workgroup Members 1

Approach to Measure Review and Voting

Role of the Workgroup in Strengthening the 2028 Child and Adult Core Sets

- **Charge to the 2028 Core Sets Annual Review Workgroup: Assess the existing Core Sets and recommend measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP.**
- **The Workgroup discussion must first determine whether a measure is feasible for state reporting and then balance the desirability and viability of measures from the perspective of state-level quality measurement and improvement.**
  - **Quality measures must be feasible for states to report to be included on the Core Sets.**

Alignment Across Multiple Levels to Facilitate Quality Improvement



Child and Adult Core Set Measures

Health Home Core Set Measures, HCBS Quality Measure Set

HCBS = Home and Community-Based Services.

Level-Setting about the Child and Adult Core Sets

- **Measure stewards update quality measure specifications annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names.**
  - **Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections.**
- **The Measure Information Sheets for the measures being discussed by the Workgroup are based on information as of November 2025.**
  - **Because of regular steward updates, the Measure Information Sheets may not reflect the measure specifications that will be used for reporting in 2028.**
- **Additional context for the 2028 Core Sets Annual Review:**
  - **Mandatory reporting of all Child Core Set measures and behavioral health measures in the Adult Core Set**
  - **Use of alternate data sources to reduce state burden and improve measure completeness, consistency, and transparency**
  - **Increasing emphasis on digital measures and supplemental data sources**

Criteria for Assessing Measures for Addition *(1/2)*

All minimum technical feasibility and appropriateness criteria must 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.

Criteria for Assessing Measures for Addition *(2/2)*

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.

Criteria for Assessing Measures for Removal

- Current Core Set measures may be recommended for removal using related criteria regarding Technical Feasibility, Actionability, or Other Considerations.
- Examples include:
  - 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).
  - The measure no longer aligns with current clinical guidance and/or positive health outcomes.
  - Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.
  - 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.

Voting Process

- **Voting will take place by measure after Workgroup discussion and public comment.**
- **Voting is open to Workgroup members only.**
- **Workgroup members will vote on each measure in its specified form.**
  - **Measures for removal:**
    - Yes, I recommend removing this measure from the [Child/Adult] Core Set
    - No, I do not recommend removing this measure from the [Child/Adult] Core Set
  - **Measures for addition:**
    - Yes, I recommend adding this measure to the Core Sets
    - No, I do not recommend adding this measure to the Core Sets
  - **For the paired antibiotics measures, voting on the measure for addition will occur before voting on the measure for removal.**
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes."**

Questions from Workgroup Members 2

Practice Voting

Practice Vote #1

What is your favorite way to enjoy coffee?

- **Black**
- **With milk or cream**
- **Latte**
- **Iced coffee**
- **I don’t drink coffee**

Practice Vote #2

Do you prefer movies or TV shows?

- **Movies**
- **TV shows**
- **I don’t watch either**

Break 1

Paired Antibiotic Utilization Measures Suggested for Addition and Removal

Removal: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-CH/AD) *(1/2)*

Core Set Domain	Care of Acute and Chronic Conditions
Description	**AAB-CH:** Percentage of episodes for beneficiaries ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. **AAB-AD:** Percentage of episodes for beneficiaries age 18 and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. *Note: The measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).*
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Data collection method	Administrative
Denominator	**AAB-CH:** The denominator includes episodes for beneficiaries 3 months to 17 years of age as of the episode date who had an outpatient visit, emergency department (ED) visit, telephone visit, e-visit, or virtual check-in during the intake period (July 1 of the year prior to the measurement year to June 30 of the measurement year) with a diagnosis of acute bronchitis/bronchiolitis. **AAB-AD:** The denominator includes episodes for beneficiaries 18 years of age and older as of the episode date who had an outpatient visit, ED visit, telephone visit, e-visit, or virtual check-in during the intake period with a diagnosis of acute bronchitis/bronchiolitis.

Removal: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-CH/AD) *(2/2)*

Denominator (*continued*)	For both AAB-CH and AAB-AD, episodes are removed from the denominator if any of the following conditions are met: • The episode results in an inpatient stay. • The beneficiary had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date. • A new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date. • The beneficiary had a claim/encounter with a competing diagnosis on or three days after the episode date. If a beneficiary has more than one eligible episode in a 31-day period, include only the first eligible episode.
Numerator	Dispensed prescription for an antibiotic medication on or three days after the episode date.
Stratifications	Starting with 2026 Core Sets reporting, states will be required to stratify the Child Core Set measure by race and ethnicity, sex, and geography. States report the Adult Core Set measure stratified by age group (ages 18 to 64 and age 65 and older). Reporting for additional stratification categories is encouraged, but not required.
Number of states reporting the measure for 2024	52 states reported the Child Core Set measure and 46 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).
Is the measure on the Medicaid & CHIP Scorecard?	No

Addition: Antibiotic Utilization for Respiratory Conditions *(1/2)*

Description	The percentage of episodes for persons three months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event. *Note: This measure is designed to capture the frequency of antibiotic utilization for respiratory conditions. Organizations should use this information for internal evaluation only. NCQA (the measure steward) does not view higher or lower service counts as indicating better or worse performance.*
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Data collection method	Administrative
Denominator	The denominator includes episodes for persons three months of age and older as of the episode date who had an outpatient visit, emergency department (ED) visit, telephone visit, e-visit, or virtual check-in during the intake period with a diagnosis of a respiratory condition. The intake period captures eligible episodes of treatment and is defined as July 1 of the year prior to the measurement period to June 30 of the measurement period. The measurement period is defined as January 1 to December 31. Episodes are removed from the denominator if any of the following conditions are met: • The episode results in an inpatient stay. • The person had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date. • A new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date. • The person had a claim/encounter with a competing diagnosis on or three days after the episode date.

Addition: Antibiotic Utilization for Respiratory Conditions *(2/2)*

Numerator	Dispensed prescription for an antibiotic medication from the Antibiotic Utilization for Respiratory Conditions Antibiotic Medications List on or three days after the episode date.
Stratifications	The individual who suggested the measure explained that the data source allows for stratification by sex and geography. The measure steward noted that they have not assessed the feasibility of stratifying the measure by race and ethnicity, but plan to assess the applicability of this stratification in the future.
Testing or use in state Medicaid and CHIP programs	The individual who suggested this measure explained it was tested using claims data for Medicaid, Medicare Advantage, and commercial enrollees to assess feasibility. Testing drew on the Merative™ MarketScan® Multi-State Medicaid Database, which contains claims data from multiple state Medicaid agencies. The individual also shared that the New York State Department of Health has required reporting of the measure for Medicaid and commercial managed care plans since 2022. Similarly, they noted that the New Hampshire Department of Health and Human Services collects measure rates from state Medicaid managed care plans and publishes publicly available performance reports that allow comparison across organizations. The individual reported that this measure has also been adopted by Louisiana's Medicaid program.

Workgroup Member Discussion: Paired Antibiotic Utilization Measures

Opportunity for Public Comment: Paired Antibiotic Utilization Measures

Vote on Measures:
Paired Antibiotic Utilization Measures

Additions: Measure Vote #1

Should the Antibiotic Utilization for Respiratory Conditions measure be added to the Core Sets?

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

Removals: Measure Vote #1

Should the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Ages 3 Months to 17 Years (AAB-CH) measure be removed from the Child Core Set?

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

Removals: Measure Vote #2

Should the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Age 18 and Older (AAB-AD) measure be removed from the Adult Core Set?

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

Measure Suggested for Addition: Follow-Up After Acute and Urgent Care Visits for Asthma

Measures on the 2027 Core Sets Related to Asthma

Measure Name	Data Collection Method
Child Core Set	
None	Not applicable
Adult Core Set	
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Administrative
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Administrative

Note: The Asthma Medication Ratio (AMR) measure was included on the Child Core Set (for ages 5 to 18) and the Adult Core Set (for ages 19 to 64) through the 2026 Core Sets but was retired by the measure steward and removed from the 2027 Core Sets. The measure assessed the percentage of beneficiaries (ages 5 to 18 or ages 19 to 64) who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Addition: Follow-Up After Acute and Urgent Care Visits for Asthma *(1/2)*

Description	The percentage of persons ages 5 to 64 with an urgent care visit, acute inpatient discharge, observation stay discharge or emergency department (ED) visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Suggested to replace current measure?	Yes, *Asthma Medication Ratio: Ages 5 to 18* (AMR-CH) and *Asthma Medication Ratio: Ages 19 to 64* (AMR-AD). Note that AMR-CH and AMR-AD were retired for the 2027 Core Sets.
Data collection method	HEDIS® Electronic Clinical Data Systems (ECDS)
Denominator	The measure includes a denominator for one rate, defined as: Acute visits for asthma on or between January 1 and December 1 of the measurement period for persons ages 5 to 64 as of the episode date. Acute visits include urgent care visits, ED visits, acute inpatient discharges, and observation stay discharges. ED and urgent care visits followed by admission to an acute inpatient or observation stay care setting on the date of the visit or within 30 days are excluded. For this measure, health plans report the following two chronic obstructive pulmonary disease (COPD) diagnosis cohorts for each of four age groups (ages 5 to 11, ages 12 to 17, ages 18 to 50, and ages 51 to 64): • Persons diagnosed with COPD. • Persons not diagnosed with COPD.

Addition: Follow-Up After Acute and Urgent Care Visits for Asthma *(2/2)*

Numerator	An outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of asthma within 30 days after the asthma episode. Visits are removed from the numerator if any of the following conditions are met: • The visit occurs on the same day as the asthma episode. • The services during the visit are provided in an urgent care setting.
Stratifications	The measure steward explained that the data source allows for stratification by race, ethnicity, sex, and geography.
Testing or use in state Medicaid and CHIP programs	The measure steward indicated that this measure has been tested using state Medicaid and CHIP data but is not currently in use by any states, since the measure was only recently released (in August 2025). Testing was conducted using data from Measurement Year (MY) 2023 from the Merative™ MarketScan® Multi-State Medicaid Database. The database contains records for approximately 8 million Medicaid beneficiaries of all ages covered under fee-for-service and managed care plans across multiple Medicaid programs in selected geographically diverse states.

Key Differences Between Retired and Suggested Asthma Measure

	Retired Measure (AMR-CH/AD)	Measure Suggested for Addition (AAF-E)
Data collection method	Administrative	HEDIS® Electronic Clinical Data Systems (ECDS)
Denominator	**Beneficiaries with persistent asthma** ages 5 to 64. Beneficiaries with no asthma controller or reliever medications dispensed are excluded. "Persistent asthma" is identified based on the presence of one of the following during two consecutive years: • ≥1 ED visit, acute inpatient encounter, or acute inpatient discharge with a principal diagnosis of asthma. • ≥4 outpatient visits, telephone visits, e-visits, or virtual check-ins with any diagnosis of asthma AND ≥2 asthma medication dispensing events. • ≥4 asthma medication dispensing events.	**Asthma episodes** for persons ages 5 to 64. Episodes for persons with a diagnosis of cystic fibrosis are excluded. An "asthma episode" is defined as an acute visit with a diagnosis of asthma between January 1 and December 1 of the measurement year. Acute visits include urgent care visits, ED visits, acute inpatient discharges, and observation stay discharges. ED and urgent care visits followed by admission to an acute inpatient or observation stay care setting are excluded.
Stratification by diagnosis cohort	No	Yes, measure rates are reported separately for persons with and without COPD.
Outcome being measured	A **ratio of controller medications to total asthma medications of ≥ 0.50** during the measurement year.	An **outpatient follow-up visit with a diagnosis of asthma within 30 days** after the asthma episode.

Workgroup Member Discussion: Follow-Up After Acute and Urgent Care Visits for Asthma

Opportunity for Public Comment: Follow-Up After Acute and Urgent Care Visits for Asthma

Vote on Measure: Follow-Up After Acute and Urgent Care Visits for Asthma

Additions: Measure Vote #2

Should the Follow-Up After Acute and Urgent Care Visits for Asthma measure be added to the Core Sets?

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

Break 2

Measure Suggested for Addition: Tobacco Use Screening and Cessation Intervention

Measures on the 2027 Core Sets Related to Tobacco Use

Measure Name	Data Collection Method
Child and Adult Core Sets	
None	Not applicable

Note: The Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) measure was **included on the Adult Core Set through the 2026 Core Set but was retired by the measure steward and removed from the 2027 Core Set.** MSC-AD assessed different facets of providing medical assistance with smoking and tobacco use cessation:

1. **Advising Smokers and Tobacco Users to Quit.** The percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who received advice to quit during the measurement year.
2. **Discussing Cessation Medications**. The percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
3. **Discussing Cessation Strategies**. The percentage of beneficiaries age 18 and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Addition: Tobacco Use Screening and Cessation Intervention *(1/2)*

Description	The percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user. Two rates are reported: 1. **Tobacco Use Screening.** The percentage of persons who were screened for tobacco use. 2. **Cessation Intervention.** The percentage of persons who were identified as a tobacco user and who received tobacco cessation intervention.
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Suggested to replace current measure?	Yes, Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD). Note that MSC-AD was retired for the 2027 Adult Core Set.
Data collection method	HEDIS® Electronic Clinical Data Systems (ECDS)
Denominator	The measure includes denominators for two rates: 1. **Denominator 1 – Tobacco Use Screening**. Persons 12 years of age and older at the start of the measurement period who meet continuous enrollment criteria and do not meet exclusion criteria. 2. **Denominator 2 – Cessation Intervention**. Persons from numerator 1 who were identified as a positive tobacco user between January 1 and December 1 of the measurement period.
Numerator	The measure includes numerators for two rates: 1. **Numerator 1 – Tobacco Use Screening.** Persons who were screened for tobacco use and identified as either a positive or negative tobacco user* during the measurement period. * Persons are identified as either positive or negative tobacco users through LOINC codes. Tobacco use includes all commercial tobacco and nicotine products.

Addition: Tobacco Use Screening and Cessation Intervention *(2/2)*

Numerator *(continued)*	**2. Numerator 2 – Cessation Intervention.** Persons who received tobacco cessation intervention during the measurement period or 180 days prior to the measurement period. The following meet criteria: ▪ Persons 12 through 17 years of age who received tobacco cessation counseling during the measurement period or in the 180 days prior to the measurement period. ▪ Persons 18 years of age and older who received tobacco cessation counseling or dispensed pharmacotherapy intervention** during the measurement period or 180 days prior to the measurement period. ** Pharmacotherapy interventions that satisfy numerator compliance are bupropion, varenicline, and some forms of nicotine replacement therapy. Pharmacotherapy interventions are identified using NDC and RxNorm codes.
Stratifications	The HEDIS measurement year (MY) 2026 measure specifications include stratifications by age group (ages 12 to 17, ages 18 to 64, and age 65 and older) for the Medicaid product line. The measure steward confirmed that it is also feasible to stratify the measure by race and ethnicity, sex, and geography.
Testing or use in state Medicaid and CHIP programs	The measure steward provided testing results showing that they tested the measure for the Medicare, commercial, and Medicaid product lines using December 2020 through March 2022 data from two health plans and four health systems in different states. One of the health plans was in California, served a majority Latino population, and provided testing data for 923,665 members age 12 and older with either Medicaid or commercial insurance. This health plan provided Medicaid-specific testing results. The measure steward was not aware of any state Medicaid or CHIP programs that are currently using the measure. They noted that the measure is new for HEDIS in MY 2026, so adoption is still emerging.

Key Differences Between Retired and Suggested Tobacco Measures

	Retired Measure (MSC-AD)	Measure Suggested for Addition (TSC-E)
Included ages	Age 18 and older	Age 12 and older
Data collection method	CAHPS Health Plan Survey 5.1H Adult Questionnaire (Medicaid)	HEDIS® Electronic Clinical Data Systems (ECDS)
Denominator population	The denominator for all three rates includes beneficiaries who reported that they are current smokers or tobacco users.	The denominator for the Tobacco Use Screening rate includes all beneficiaries, regardless of tobacco use status. The denominator for the Cessation Intervention rate is limited to beneficiaries who are identified as positive tobacco users.
Identification of cessation interventions	Three separate rates identify whether the beneficiary received a specific type of tobacco cessation intervention: 1. Whether a provider **advised the beneficiary to quit** smoking or using tobacco 2. Whether a provider **recommended or discussed medication** to assist the beneficiary with quitting smoking or using tobacco 3. Whether a provider **discussed or provided methods and strategies other than medication** to assist the beneficiary with quitting smoking or using tobacco	The Cessation Intervention rate identifies whether the beneficiary received any type of tobacco cessation intervention. Included interventions vary by beneficiary age: 1. For adolescents: **tobacco cessation counseling** 2. For adults: **tobacco cessation counseling** or **dispensed pharmacotherapy intervention**

Workgroup Member Discussion: Tobacco Use Screening and Cessation Intervention

Opportunity for Public Comment: Tobacco Use Screening and Cessation Intervention

Vote on Measure:
Tobacco Use Screening and Cessation Intervention

Additions: Measure Vote #3

Should the Tobacco Use Screening and Cessation Intervention measure be added to the Core Sets?

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

Measure Suggested for Addition: Social Need Screening and Intervention

Addition: Social Need Screening and Intervention *(1/5)*

Description	The percentage of persons who were screened using prespecified instruments, or assessed by a provider, for unmet food, housing, and transportation needs at least once during the measurement period, and the percentage of persons with a positive screen or identified need for food, housing, or transportation who received an intervention corresponding to the positive screen or identified need within 30 days of the positive screening. Six rates are reported: 1. **Food Screening** 2. **Food Intervention** 3. **Housing Screening** 4. **Housing Intervention** 5. **Transportation Screening** 6. **Transportation Intervention** Note: The specifications described in this resource reflect the current technical specifications, but the measure steward is updating the specifications for measurement year (MY) 2026.
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Suggested to replace current measure?	No
Data collection method	HEDIS® Electronic Clinical Data Systems (ECDS)

Addition: Social Need Screening and Intervention *(2/5)*

Denominator	The measure includes denominators for six rates: 1. **Denominator 1 – Food Screening.** Persons of any age at the start of the measurement period who met continuous enrollment criteria. 2. **Denominator 2 – Food Intervention.** All persons in numerator 1 with an identified food need or a positive food insecurity screen finding, between January 1 and December 1 of the measurement period. 3. **Denominator 3 – Housing Screening**. Persons of any age at the start of the measurement period who met continuous enrollment criteria. 4. **Denominator 4 – Housing Intervention.** All persons in numerator 3 with an identified housing need or a positive housing instability, homelessness, or housing inadequacy screen finding, between January 1 and December 1 of the measurement period. 5. **Denominator 5 – Transportation Screening.** Persons of any age at the start of the measurement period who met continuous enrollment criteria. 6. **Denominator 6 – Transportation Intervention.** All persons in numerator 5 with an identified transportation need, or a positive transportation insecurity screen finding, between January 1 and December 1 of the measurement period. Intervention denominator notes (Denominators 2, 4, and 6): Persons are included in intervention denominators based on the presence of either: (a) an ICD-10 Z-code indicating an identified need; or (b) a LOINC code indicating a positive screen finding.

Addition: Social Need Screening and Intervention *(3/5)*

Numerator	The measure includes numerators for six rates: 1. **Numerator 1 – Food Screening.** Persons in denominator 1 with a documented result for food insecurity screening, or assessment by a provider, performed between January 1 and December 1 of the measurement period. 2. **Numerator 2 – Food Intervention.** Persons in denominator 2 who received a food insecurity intervention on or up to 30 days after the date of the first food need identified or positive food insecurity screen (31 days total). 3. **Numerator 3 – Housing Screening.** Persons in denominator 3 with a documented result for housing instability, homelessness, or housing inadequacy screening, or assessment by a provider, performed between January 1 and December 1 of the measurement period. 4. **Numerator 4 – Housing Intervention.** Persons in denominator 4 who received an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first housing need identified or positive housing screen (31 days total). 5. **Numerator 5 – Transportation Screening.** Persons in denominator 5 with a documented result for transportation insecurity screening, or assessment by a provider, performed between January 1 and December 1 of the measurement period. 6. **Numerator 6 – Transportation Intervention.** Persons in denominator 6 who received a transportation insecurity intervention on or up to 30 days after the date of the first transportation need identified or positive transportation screen (31 days total).

Addition: Social Need Screening and Intervention *(4/5)*

Numerator *(continued)*	Screening numerator notes (Numerators 1, 3, and 5): Persons are included in screening numerators based on the presence of either (a) HCPCS code G0136, indicating assessment by a provider; or (b) a LOINC code indicating a documented screening result. If a documented screening result, the screening must have been completed using one of the instruments included in the measure specification (the list of eligible screening instruments is provided in the Measure Information Sheet). However, NCQA recognizes that organizations might need to adapt or modify instruments to meet the needs of their membership. Intervention numerator notes (Numerators 2, 4, and 6): The intervention must correspond to the type of need identified to count toward the numerator (that is, an identified food need or positive food insecurity screen finding must be met by a food insecurity intervention). Interventions may include any of the following categories: direct assistance, counseling, coordination, education, evaluation of eligibility, provision, or referral. Some food insecurity interventions may be identified using CPT or HCPCS codes. All other types of interventions must be identified using SNOMED codes.
Stratifications	The measure steward explained that in the first few years of measure reporting, the measure has not had a large enough sample to generate valid results for race and ethnicity stratification. Given increases in data availability for the measure over time, there may be an opportunity to reassess the validity of race and ethnicity stratification in the coming years. The measure steward has not assessed the measure for stratification by sex or geography.

Addition: Social Need Screening and Intervention *(5/5)*

Testing or use in state Medicaid and CHIP programs	The measure steward indicated that pilot testing of the measure was conducted on a national Medicaid sample (n=24,728) from one health plan in 2022. They indicated that performance for the screening rates was low in measure testing, which was expected since it is a new measurement area. They did not identify differences in performance rates based on the data sources used, since the variety of data sources used for testing was limited. In an October 2025 publication, the measure steward reported that 222 Medicaid plans (80.4 percent) submitted reportable data for the Social Needs Screening and Intervention Food Screening Indicator for HEDIS measurement year (MY) 2024, up from 184 plans (66.2 percent) for MY 2023. The measure is currently in use by state Medicaid and CHIP agencies, including: California, Georgia, Kentucky, New Jersey, New York, and Pennsylvania.

Workgroup Member Discussion: Social Need Screening and Intervention

Opportunity for Public Comment: Social Need Screening and Intervention

Vote on Measure:
Social Need Screening and Intervention

Additions: Measure Vote #4

Should the Social Need Screening and Intervention measure be added to the Core Sets?

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

Preview of Day 2 and Wrap-Up

Agenda for Day 2

- **Measures suggested for addition:**
  - Adults' Access to Preventive/Ambulatory Health Services
  - Measuring the Value-Functions of Primary Care: Continuity of Care
- **Gap areas for the public Call for Measures for the 2029 Child and Adult Core Sets**
  - Targeted discussion related to immunization measures
  - Discussion of other priority gap areas
- **Workgroup reflections and future directions**
- **Public comment**
- **Next steps and wrap-up**

Preview of Gap Areas Discussion

- **Targeted discussion: CMS is gathering feedback on how new measures could capture person and family preferences related to vaccines.**
  - **Approach: Joint discussion among Child and Adult and Health Home Core Sets Review Workgroup members**
- **Discussion of other priority gap areas: The Workgroup will discuss other priority gap areas in the Child and Adult Core Sets that could be addressed by the 2029 public Call for Measures.**
  - **Approach: Round robin with Child and Adult Core Sets Review Workgroup members**
  - **Please come prepared to mention one gap area you see as a priority**
- **Public comment period: Members of the public will be invited to provide comments on Core Set gap areas after the Workgroup discussions.**

Co-Chair Wrap-Up Remarks

Kim Elliott
Rachel La Croix

Thank you for participating in Day 1 of the 2028 Child and Adult Core Sets Annual Review!