

Child and Adult Core Sets Annual Review Workgroup

Meeting to Review Measures for the 2028 Core Sets
Day 2

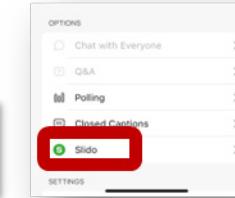
February 4, 2026

Technical Instructions (1/2)

- If you are experiencing technical issues during the webinar, please send a message through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



On the mobile app:



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

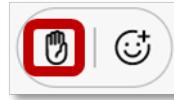
- Audio settings can be accessed by selecting the arrow next to the unmute button.



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

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.



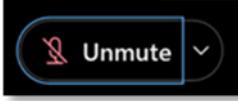
- Please wait for a verbal cue to speak and lower your hand when you have finished speaking.
 - Only Workgroup members can unmute themselves using the **unmute** button.
- Please note that the chat function is disabled for this webinar. All questions should be submitted using the **Q&A** function, located 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 Review Day 1

Workgroup Member Roll Call

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.
A black rectangular button with a white border. Inside, there is a small microphone icon on the left, the word "Unmute" in white, and a downward-pointing arrow icon on the right.
 - 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 | Florida Agency for Health Care Administration |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| Dawn Alley , PhD | IMPaCT Care |
| Erin Alston , MS, MPH | American College of Obstetricians and Gynecologists |
| <i>Nominated by the American College of Obstetricians and Gynecologists</i> | |
| Stacey Bartell , MD | American Academy of Family Physicians |
| <i>Nominated by the American Academy of Family Physicians</i> | |
| Lee Savio Beers , MD, FAAP | American Academy of Pediatrics |
| <i>Nominated by the American Academy of Pediatrics</i> | |
| Laura Boutwell , DVM, MPH | Virginia Department of Medical Assistance Services |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| Matt Brannon , MBA | West Virginia Bureau for Medical Services |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| Joanne Bush , MFSC | Iowa Department of Human Services |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| Angela Filzen , DDS | G.A. Carmichael Family Health Center |
| <i>Nominated by the American Dental Association</i> | |

2028 Core Sets Annual Review Workgroup (2/3)

| Voting Members | Company |
|--|--|
| Jessica Harley , MS | Community Health Choice |
| <i>Nominated by the Association for Community Affiliated Plans</i> | |
| Richard Holaday , MHA | Delaware Division of Medicaid and Medical Assistance |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| Jeff Huebner , MD, FAAFP | Wisconsin Department of Health Services |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| David Kelley , MD, MPA | Pennsylvania Department of Human Services |
| David Kroll , MD | Included Health |
| <i>Nominated by the American Psychiatric Association</i> | |
| Chimene Liburd , MD, MBA, FACP, CPE, CPC | The District of Columbia Health Care Finance Agency |
| <i>Nominated by the Medicaid Medical Directors Network</i> | |
| Djinge Lindsay , MD, MPH | Maryland Department of Health |
| Paloma Luisi , MPH | New York State Department of Health |
| Christina Marea , PhD, MA, MSN, FACNM | Georgetown University |
| <i>Nominated by the American College of Nurse Midwives</i> | |
| Angela Parker , RHIT | Kentucky Department of Medicaid Services |
| <i>Nominated by the National Association of Medicaid Directors</i> | |
| Nicole Pratt , MAT | SPAN Parent Advocacy Network |
| <i>Nominated by the National Center for Children's Vision and Eye Health</i> | |

2028 Core Sets Annual Review Workgroup (3/3)

| Voting Members | Company |
|--|---|
| Sural Shah , MD, MPH | California Department of Health Care Services |
| Bonnie Silva <i>Nominated by AAdvancing States</i> | Colorado Department of Health Care Policy & Financing |
| Sarah Tomlinson , DDS, RDH <i>Nominated by the American Dental Association</i> | 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 <i>Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association</i> | 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



Measure Suggested for Addition: Adults' Access to Preventive/Ambulatory Health Services

Measures on the 2027 Core Sets Related to Primary and Preventive Care for Adults

| Measure Name | Data Collection Method |
|---|------------------------|
| Adult Core Set | |
| Cervical Cancer Screening (CCS-AD) | ECDS or EHR |
| Chlamydia Screening: Ages 21 to 24 (CHL-AD) | Administrative or EHR |
| Colorectal Cancer Screening (COL-AD) | ECDS or EHR |
| Breast Cancer Screening (BCS-AD) | ECDS or EHR |
| Adult Immunization Status (AIS-AD) | ECDS |

Addition: Adults' Access to Preventive/Ambulatory Health Services

| | |
|---|--|
| Description | The percentage of persons 20 years of age and older who had an ambulatory or preventive care visit during the measurement period. |
| Measure steward | National Committee for Quality Assurance (NCQA) |
| Measure type | Process |
| Suggested to replace current measure? | No |
| Data collection method | Administrative |
| Denominator | Persons 20 years of age and older as of December 31 of the measurement period. |
| Numerator | One or more ambulatory or preventive visits during the measurement period. |
| Stratifications | The measure steward commented that the measure can be stratified by age and has not been assessed for its ability to capture additional stratifications. |
| Testing or use in state Medicaid and CHIP programs | The individual who suggested the measure indicated that 21 states included the measure in performance measure validation in their External Quality Review (EQR) Technical Reports for 2023-2024. The measure steward confirmed that they are aware of six states that currently use this measure in Medicaid or CHIP: New Hampshire, South Carolina, Tennessee, Texas, Virginia, and Washington. |



Workgroup Member Discussion: Adults' Access to Preventive/Ambulatory Health Services



Opportunity for Public Comment: Adults' Access to Preventive/Ambulatory Health Services



Vote on Measure: Adults' Access to Preventive/Ambulatory Health Services

Additions: Measure Vote #5

Should the Adults' Access to Preventive/Ambulatory Health Services 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: Measuring the Value-Functions of Primary Care: Continuity of Care

Addition: Measuring the Value-Functions of Primary Care: Continuity of Care (1/4)

| | |
|--|---|
| Description | The measure calculates the percentage of a physician's patients who have a continuity index score of at least 0.7 (excluding patients with fewer than two primary care visits during the one-year measurement period). This is a physician-level measure that can be rolled up to different levels, including health plans and states. The measure leverages a previously validated patient-level continuity index that quantifies the extent to which patients experience continuity of provider in their primary care visits. |
| Measure steward | American Board of Family Medicine (ABFM) |
| Measure type | Efficiency, Process |
| Suggested to replace current measure? | No |
| Data collection method | Administrative, electronic health records (EHR), or clinical registry. The measure steward noted that these data sources are independent options for measure calculation and do not need to be combined or supplemented with one another. |
| Denominator | The denominator includes patients who had at least two primary care visits to any primary care provider (PCP) during the measurement period (January 1 to December 31). <u>Definitions</u> <ul style="list-style-type: none">• Primary care visit = Any visit with a PCP.• Primary care provider, or PCP = A physician with a HCCC of 01. Do not include nurse practitioners or physician assistants. |

Addition: Measuring the Value-Functions of Primary Care: Continuity of Care (2/4)

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|--------------------------------|---|
| Denominator (continued) | <p>Each patient that is eligible for the denominator is assigned to a PCP:</p> <ul style="list-style-type: none">• A patient with primary care visits to more than one PCP is assigned to the PCP who saw the patient the most.• A patient that visited two PCPs an equal number of times throughout the measurement period is assigned to the PCP that they visited closest to the end of the measurement period. <p>The denominator for each PCP is the total number of patients attributed to that PCP.</p> <p>Follow the steps below to calculate the measure denominator at the physician-level:</p> <ul style="list-style-type: none">• Step 1: Identify all patients with at least two visits to a PCP in either the office or outpatient setting. This is done using the HCCC of 01 to identify primary care physicians, and the place of service codes listed in the Measure Information Sheet.• Step 2: Retain the unique physician identifier (NPI) associated with each visit for the patients in Step 1. Attribute patients to physicians using the logic provided above. The denominator for each physician is the total number of patients attributed to that physician. |
| Numerator | <p>The numerator for each physician is the number of patients attributed to that physician who has a continuity index score of at least 0.7.</p> <p>For each patient, the continuity index score is calculated using the Bice-Boxerman Continuity of Care Index (BBI). The BBI is a validated measure of patient-level care continuity that ranges from 0 to 1; 0 reflects completely disjointed care (a different provider for each visit) and 1 reflects complete continuity with the same provider for all visits.</p> |

Addition: Measuring the Value-Functions of Primary Care: Continuity of Care (3/4)

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|------------------------------|--|
| Numerator (continued) | <p>Follow the steps below to calculate the measure numerator and performance rate at the physician-level:</p> <ul style="list-style-type: none">• Step 3: Calculate each patient's continuity index score using the BBI calculation.• Step 4: Determine if the BBI patient-level continuity score has Met or Not Met the 0.7 threshold. For each patient, if their index score is ≥ 0.7 then they are included in the numerator.• Step 5: Divide the numerator by the denominator to get the physician-level continuity score. This reflects the proportion of patients that the PCP saw who have a continuity index score of at least 0.7. <p>The measure can be rolled up to a state-level Medicaid and CHIP performance rate using the process in Step 6 below:</p> <ul style="list-style-type: none">• Step 6: Divide the sum of physician-level scores of physicians associated with the state Medicaid and CHIP program by the number of physicians associated with the state Medicaid and CHIP program to get the average percentage of physicians with patients with a BBI score of 0.7 or higher at the state-level of analysis. Physicians are associated with the state Medicaid and CHIP program if at least one Medicaid and CHIP beneficiary was attributed to that physician in denominator calculation Step 2. |
| Stratifications | <p>The measure steward explained that the data source allows for stratification by race, ethnicity, sex, and geography. They noted that during measure testing, they were able to stratify the full, all-payer data source by sex and geography, but not by race and ethnicity, since the testing dataset did not have reliable data on race and ethnicity. They indicated that if the data source being used by states has reliable data, the measure could also be stratified by race and ethnicity.</p> |

Addition: Measuring the Value-Functions of Primary Care: Continuity of Care (4/4)

Testing or use in state Medicaid and CHIP programs

The measure steward indicated that the measure was tested using 2021 data from the Virginia All-Payer Claims Database, which offers a patient sample that is demographically similar to the U.S. across age, gender, and rurality. They reported that the dataset included Medicaid data from Medicaid low-income health maintenance organizations (HMOs) and special needs plans for individuals dually eligible for Medicare and Medicaid. They provided testing results stratified by type of health plan. The Medicaid low-income HMO results were based on a denominator of 600,580 beneficiaries with at least two visits to any PCP in the measurement period, and the special needs plan dual eligible results were based on a denominator of 434,512 beneficiaries.

The measure steward was not aware of any state Medicaid and/or CHIP programs that are currently using the measure. However, they noted that the measure has been included in two (non-Medicaid) California state programs: Covered California 2026-2028 Qualified Health Plan Issuer Contract and CalPERS 2026 Health Maintenance Organization Contract.



Workgroup Member Discussion: Measuring the Value-Functions of Primary Care: Continuity of Care



Opportunity for Public Comment: Measuring the Value-Functions of Primary Care: Continuity of Care



Vote on Measure: Measuring the Value-Functions of Primary Care: Continuity of Care

Additions: Measure Vote #6

Should the Measuring the Value-Functions of Primary Care: Continuity of Care 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

Gap Areas for the Public Call for Measures for the 2029 Child and Adult Core Sets

Approach

- **Each year, the Workgroup discusses measure gaps in the Child and Adult Core Sets, to inform the Call for Measures for the subsequent annual review.**
- **Today, we will start with a targeted discussion related to immunization measures.**
 - Approach: Opening remarks, followed by joint discussion among Child and Adult and Health Home Core Sets Review Workgroup members
- **Then, the Child and Adult Core Sets Workgroup will discuss other priority gap areas in the Child and Adult Core Sets.**
 - Approach: Round robin with Child and Adult Core Sets Review Workgroup members, in order listed on the roster.
- **We will provide an opportunity for public comment on Core Set gap areas after both Workgroup discussions.**

Opening Remarks

**Caprice Knapp, Principal Deputy Director
Center for Medicaid and CHIP Services (CMCS)**

Joint Child and Adult and Health Home Core Sets Review Workgroup Discussion

Workgroup Discussion of Other Priority Gap Areas in the Child and Adult Core Sets

- **Discussion Question:** What other gap areas in the current Child and Adult Core Sets could be addressed by the public Call for Measures to strengthen and improve the Core Sets?
- **Approach:** Round robin with Child and Adult Core Sets Review Workgroup members in order of the roster used for the roll call
 - Mention one gap area or plus-one a gap area mentioned by another Workgroup member



Opportunity for Public Comment: Gap Areas for the 2029 Child and Adult Core Sets

Workgroup Reflections and Future Directions

Agenda

- **Recap of Workgroup recommendations**
- **Feedback on the 2028 Core Sets Annual Review process**

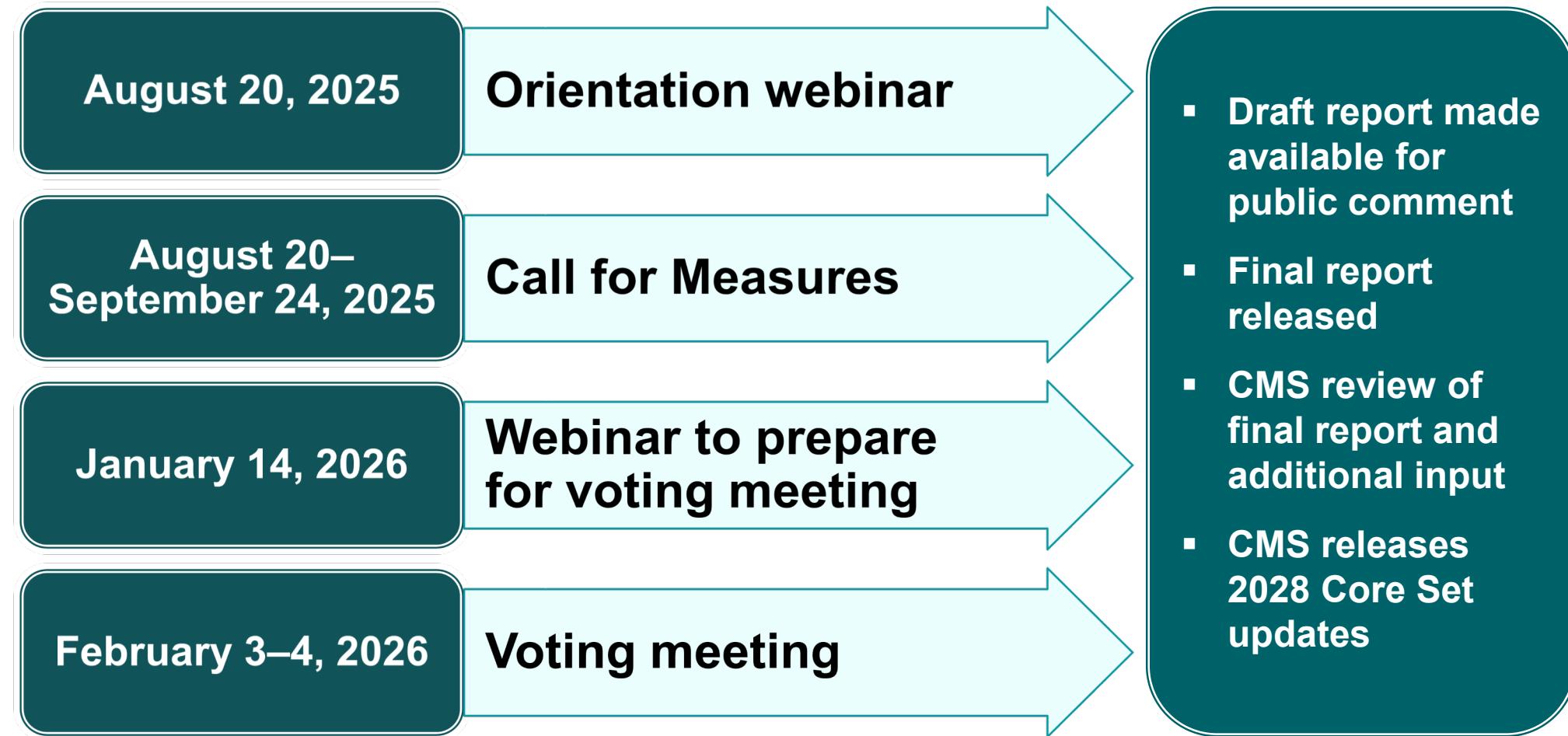
Opportunity for Public Comment

Next Steps and Wrap-Up

Co-Chair Wrap-Up Remarks

**Kim Elliott
Rachel La Croix**

2028 Core Sets Annual Review Workgroup Milestones



Questions

If you have questions about the Child and Adult Core Sets Annual Review,
please email the Mathematica Core Sets Review Team at
MACCoreSetReview@mathematica-mpr.com.



**Thank you for participating in the
2028 Child and Adult Core Sets Annual Review!**

