Child and Adult Core Sets Annual Review Workgroup

Meeting to Prepare for the 2028 Review

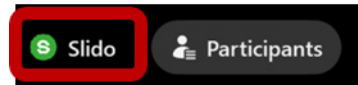**January 14, 2026**

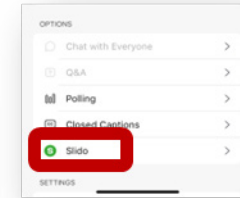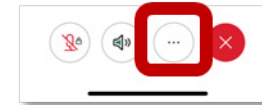- **If you are experiencing technical issues during the webinar, please send a message through the Slido Q&A function. To access the Q&A, click the Slido panel in the lower right corner of your screen.**

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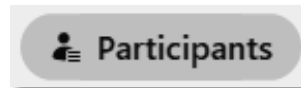
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Welcome and Meeting Objectives

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Meeting Objectives

- **Review updates to the 2026 and 2027 Child and Adult Core Sets**

- **Review the criteria for assessing measure suggestions**

- **Identify the measures suggested for removal from or addition to the 2028 Child and Adult Core Sets**

- **Describe the resources available to Workgroup members for reviewing measures**

- **Discuss the agenda and approach for measure discussion at the voting meeting**

- **Provide an opportunity for public comment**

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**

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

Voting Members	Agency
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
Stacey Bartell, MD *Nominated by the American Academy of Family Physicians*	American Academy of Family Physicians
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
* **David Gibson**	Alaska Division of Behavioral Health
* **Jessica Harley**, MS *Nominated by the Association for Community Affiliated Plans*	Community Health Choice

* New Workgroup member

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Voting Members	Agency
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
* **Nivedita Mohanty**, MD, MS, FAAP *Nominated by the American Academy of Pediatrics*	American Academy of Pediatrics
Angela Parker, RHIT *Nominated by the National Association of Medicaid Directors*	Kentucky Department of Medicaid Services

* New Workgroup member

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

Voting Members	Agency
* **Nicole Pratt**, MAT *Nominated by the National Center for Children's Vision and Eye Health*	SPAN Parent Advocacy Network
Lisa Satterfield, MS, MPH, CAE, CPH *Nominated by the American College of Obstetricians and Gynecologists*	American College of Obstetricians and Gynecologists
* **Sural Shah**, MD, MPH	California Department of Health Care Services
Bonnie Silva *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

* New Workgroup member

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2028 Core Sets Annual Review Workgroup: Federal Liaisons

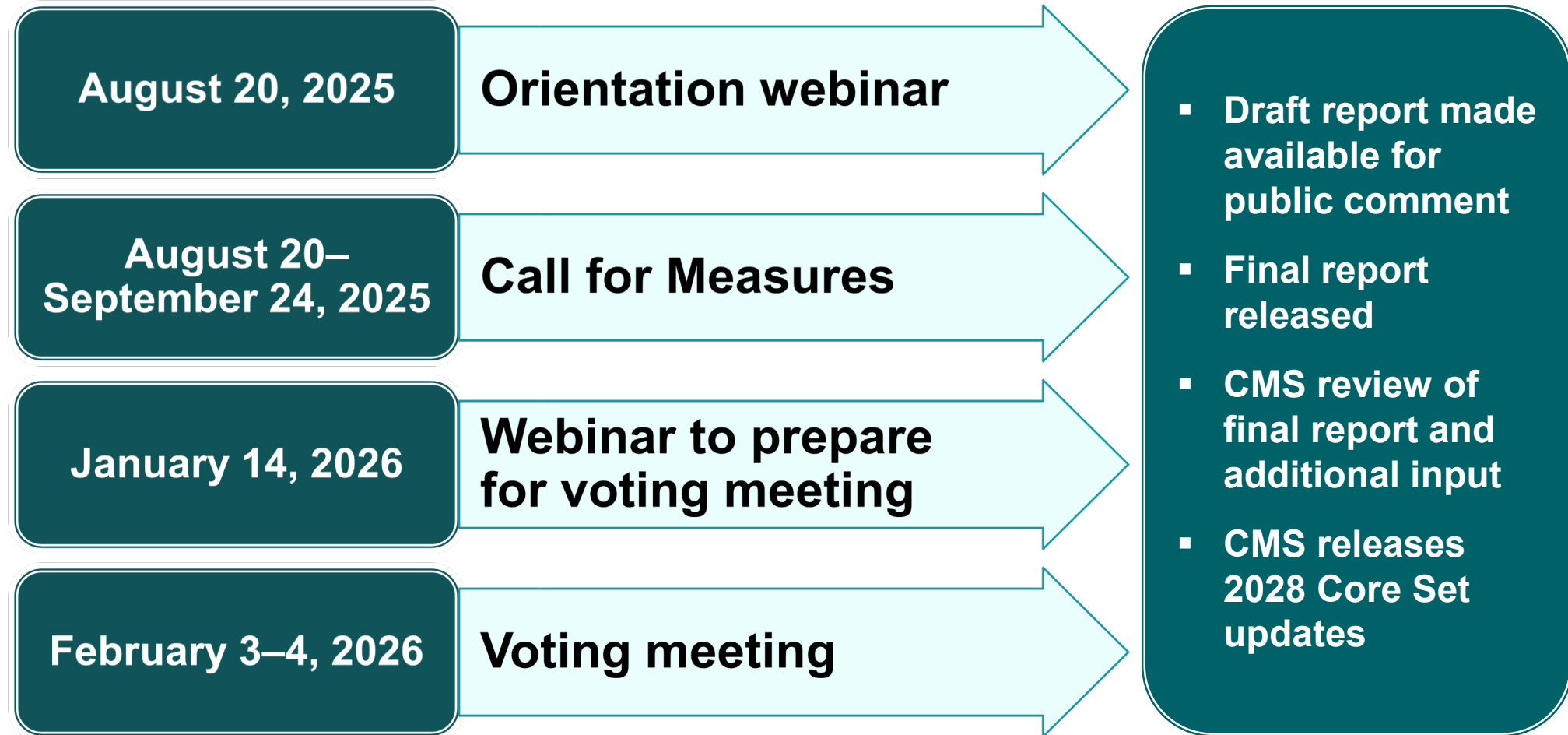| Federal Liaisons (Non-voting) |
| --- |
| Agency for Healthcare Research and Quality |
| Center for Clinical Standards and Quality at CMS |
| Centers for Disease Control and Prevention |
| Health Resources and Services Administration |
| Office of the Assistant Secretary for Planning and Evaluation |
| Office of Disease Prevention and Health Promotion |
| Substance Abuse and Mental Health Services Administration |
| US Department of Veteran Affairs |

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2028 Core Sets Annual Review Workgroup Milestones

August 20, 2025 — **Orientation webinar**

August 20–September 24, 2025 — **Call for Measures**

January 14, 2026 — **Webinar to prepare for voting meeting**

February 3–4, 2026 — **Voting meeting**

- Draft report made available for public comment
- Final report released
- CMS review of final report and additional input
- CMS releases 2028 Core Set updates

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Updates to the 2026 and 2027 Child and Adult Core Sets

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 from the 2026 Child and Adult Core Sets.
  - 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.

More information about the updates to the 2026 Core Sets is available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho25005.pdf.

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2027 Core Set Updates *(1/2)*

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)

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- **The Prenatal Depression Screening and Follow-Up measure (PND-CH and PND-AD) and Postpartum Depression Screening and Follow-Up measure (PDS-CH and PDS-AD) will remain provisional for 2027.**

  - **Provisional measures are <u>not</u> part of the 2027 Child or Adult Core Set.**

- **The 2027 Core Set measure lists are available at:**

  - **Child Core Set: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2027-child-core-set.pdf**
  - **Adult Core Set: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2027-adult-core-set.pdf**

Measure Review Criteria

CMS Goals for the Core Sets

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

- Improve the quality (completeness and accuracy) of reported data

- Simplify data collection and reporting to reduce burden on states

- Support states in using Core Set measures to improve health care quality and health outcomes

- Improve accessibility and usability of data through advanced data visualization techniques

- Provide technical assistance to facilitate implementation of digital quality measures, and to utilize sources of clinical data to assess health care quality

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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.**

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Criteria for the 2028 Child and Adult Core Sets Annual Review

- To assess measures for inclusion in the Child and Adult Core Sets, Workgroup members should use the criteria for addition and removal that Mathematica has identified.

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

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

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

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

Minimum Technical Feasibility and Appropriateness
A1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
A2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs according to measure specifications. (Documentation is required as part of the submission.)
A3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
A4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
A5. The measure aligns with current clinical guidance and/or positive health outcomes.
A6. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

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Criteria for 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.

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

Technical Feasibility

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

A2. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).

A3. The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).

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

Actionability

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

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

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

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

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

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

Other Considerations

C1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.

C2. The measure and measure specifications are not aligned with those used in other CMS programs (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).

C3. Including the measure on the Core Sets results in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.

C4. Not all states may be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.

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Measures Suggested for Removal from or Addition to the 2028 Child and Adult Core Sets

Measures Suggested for Addition

Measure Name	Measure Steward	Data Collection Method
Adults' Access to Preventive/Ambulatory Health Services	NCQA	Administrative
Antibiotic Utilization for Respiratory Conditions	NCQA	Administrative
Follow-Up After Acute and Urgent Care Visits for Asthma	NCQA	ECDS[a]
Measuring the Value-Functions of Primary Care: Continuity of Care	ABFM	Administrative, EHR, or clinical registry[b]
Social Need Screening and Intervention	NCQA	ECDS[a]
Tobacco Use Screening and Cessation Intervention	NCQA	ECDS[a]

[a] The ECDS data collection method includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. More information about ECDS is available at https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.
[b] These data sources are independent options for measure calculation and do not need to be combined or supplemented with one another.

ABFM = American Board of Family Medicine; ECDS = Electronic Clinical Data Systems; EHR = electronic health records; NCQA = National Committee for Quality Assurance.

Note that the domain and Core Set placement for any new measures added to the 2028 Child and Adult Core Sets will be determined by CMS.

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Measure Suggested for Removal

Domain	Measure Name	Measure Steward	Data Collection Method
Care of Acute and Chronic Conditions	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 years (AAB-CH) and Age 18 and Older (AAB-AD)	NCQA	Administrative

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Summary of the Six Measures Suggested for Addition

Characteristic	Number of Measures
Meaningful Measures Area	
Value, Affordability, and Efficiency	2
Behavioral Health	1
Chronic Conditions and Related Acute Events	1
Closing Gaps of Care	1
Wellness and Prevention	1
Ages Included	
Adults only	1
Both children and adults	5
Data Collection Methods	
Administrative only	2
Administrative or another method (EHR or clinical registry)	1
ECDS[a]	3
Measure Types	
Process	6
Efficiency	1

[a] The ECDS data collection method includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. More information about ECDS is available at https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

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Guidance to Workgroup Members for Reviewing Measures

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Guidance for Measure Review

- Before the voting meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup.

- Mathematica will provide additional resources to help Workgroup members assess the measures for removal from or addition to the Child and Adult Core Sets.

- To guide their review, Workgroup members should refer to the criteria for removal of existing measures and addition of new measures.

- The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition.

Measure Information Sheet: Removal

- **Measure information and technical specifications**

- **Submitter's reasons for removal**

- **Core Set reporting history and reporting challenges identified by states**

- **Other information, including measure alignment across programs**

- **2024 Core Set measure performance rates**

Measure Information Sheet: Addition

- **Measure information and technical specifications**

- **Information on minimum technical feasibility and appropriateness**

- **Whether the data source allows for stratification by required stratification categories**

- **Submitters' comments on actionability**

- **Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs**

- **Summary of prior Workgroup discussions, if previously discussed**

Guidance for Measure Review

1. Review Measure Information Sheet and record notes and questions in measure review worksheet.

2. Consult other available resources as needed:

   - **Medicaid and CHIP Data Products**: Data resources with information about beneficiary characteristics, prevalence of conditions, expenditures, and special topics
   - **Core Set History Table**: When measures were added to or removed from the Core Sets
   - **Core Set Data Dashboard**: State reporting and measure rates for the two most recent year of reporting
   - **Core Set Resource Manuals and Technical Specifications** (Child and Adult): Instructions on how to calculate the Core Set measures

3. Assess the measure in relation to the criteria for removal or addition.

4. Record preliminary vote in measure review worksheet.

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Voting Meeting Approach

Voting Meeting Logistics

- **The virtual meeting will be held February 3–4, 2026.**
  - **Please note that this is different from the originally announced three-day meeting.**

- **Registration is now available at www.Mathematica.org/MACCoreSetReview.**

- **The meeting will be open to the public.**

- **More information about the meeting agenda and resources will be posted on our website: www.Mathematica.org/MACCoreSetReview.**

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Approach to Measure Discussion

- **The Workgroup will discuss seven measures during the voting meeting, including six suggested for addition and one paired measure for removal.**

- **Each measure will be discussed and then voted on individually, with one exception: the paired antibiotic utilization measures recommended for removal and replacement.**

  - **These paired measures will be discussed together, and we will first vote on the suggested replacement measure and then on the removal.**

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Voting Process

- **Voting will take place by measure after Workgroup discussion and public comment.**

- **Workgroup members will vote on each measure in its specified form.**
  - **Measure for removal:**
    - Yes = I recommend removing the measure from the [Child/Adult] Core Set
    - No = I do not recommend removing the measure from the [Child/Adult] Core Set
  - **Measures for addition:**
    - Yes = I recommend adding the measure to the Core Sets
    - No = I do not recommend adding the measure to the Core Sets

- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote "yes."**

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Discussion of Gaps at the Voting Meeting

- **Every year, the Workgroup discusses gaps in the Core Sets and generates a list of priorities for new measures.**

- **The list of priority gap areas is intended to inform the Call for Measures for the subsequent annual review.**

- **During the Voting Meeting, the Workgroup will discuss priority gap areas for the 2029 Public Call for Measures.**

- **Public comment on priority gap areas for the Public Call for Measures will also be invited.**

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Workgroup Homework

- **Review the Measure Information Sheets and record notes and questions in measure review worksheet.**

- **Prepare for the discussion on measure gaps by reviewing the list of previously identified gaps.**

- **If you have questions while reviewing the materials, please email MACCoreSetReview@mathematica-mpr.com.**

- **Thank you for taking the time to prepare for the discussion and voting!**

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Co-Chair Remarks

Kim Elliott
Health Services Advisory Group

Rachel La Croix
Florida Agency for Health Care Administration

Questions from Workgroup Members

Opportunity for Public Comment

Wrap Up

Next Steps for Measure Review

- **Workgroup members and federal liaisons will receive the measure review materials via email by COB tomorrow, January 15.**

- **Measure information sheets will be posted publicly at a later date.**

- **Workgroup members and federal liaisons should email Mathematica with any questions about the measures suggested for removal or addition, voting meeting process, or other logistics.**

  - **Contact us at MACCoreSetReview@mathematica-mpr.com.**

For More Information

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

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

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

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Questions

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

Thank you for participating!

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