

**2028 Child and Adult Core Sets Annual Review:
Meeting to Prepare for the 2028 Voting Meeting Transcript
January 14, 2026, 2:00 – 3:00 PM ET**

Denesha Lafontant:

Hi, everyone. My name is Denesha Lafontant, and I'm pleased to welcome you to the 2028 Child and Adult Core Sets Annual Review Workgroup Prep meeting. Before we get started today, we want to cover a few technical instructions.

If you have any technical issues during today's webinar, please send a message through the Slido Q&A function located in the Slido panel on the bottom right corner of your screen. If you are having issues speaking during the Workgroup or public comments, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the "call me" feature in Webex are the most reliable options. Please note that call-in only users cannot make comments. If you wish to make comments, please make sure that your audio is associated with your name in the platform.

All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for Workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee or panelist list. Please wait for a verbal cue to speak. If you are a Workgroup member, you may unmute yourself by clicking on the unmute button in Webex. If you are a member of the public, the event producer will unmute you when it's your turn to speak during the public comment period. Please lower your hand when you have finished speaking by following the same process you used to raise your hand.

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

Patricia Rowan:

Wonderful. Thank you, Denesha. Hi, everyone. And Happy New Year. My name is Tricia Rowan. I'm a principal researcher here at Mathematica, and I work on Mathematica's Technical Assistance and Analytics Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services. It is my pleasure to welcome you today to the Meeting to Prepare for the 2028 Review of the Child and Adult Core Sets. Whether you are listening to this meeting live or listening to a recording, thank you so much for joining us. Next slide.

I'd like to provide a brief overview of today's meeting objectives. So, first, we'll spend some time reviewing updates to the 2026 and 2027 Child and Adult Core Sets. Next, Chrissy will briefly review the criteria for assessing the suggested measures. Then she will identify the measures that were suggested for removal from or addition to the 2028 Child and Adult Core Sets. Note that we won't be discussing specific measures today, but we will have plenty of time for these discussions during the voting meeting in three weeks. Then, Caitlyn will describe the resources

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that are available to our Workgroup members for reviewing the measures and present the agenda and approach to our voting meeting.

We will also have an opportunity for Workgroup members and members of the public to share comments or ask questions. And we'll wrap up with remarks from our two Workgroup co-chairs, Kim Elliott and Rachel La Croix. So, with that, let's get started. Next slide.

So I'd like to begin by acknowledging our Mathematica Core Sets Review Team, who are listed here on the slide. Since the Call for Measures closed on September 24th, they have been incredibly busy gathering information on the measures that were suggested for addition and removal and developing all of the materials to facilitate the Workgroup's review of those measures. Thank you to this team for all of those efforts. Next slide.

This slide and the next two slides list out all of our members of the 2028 Child and Adult Core Sets Annual Review Workgroup. We will not be doing a roll call today in the interest of time, but we will take attendance based on the webinar participant list. I'd also like to extend a special thank you to Kim Elliott and Rachel La Croix for agreeing to serve again this year as our Workgroup co-chairs. I'd also like to acknowledge the 10 new Workgroup members who are new for this review cycle. They are indicated on these slides with an asterisk before their name, and we appreciate their willingness to be part of this effort. Next slide.

The roster continues on this slide. And next slide. And this slide shows our remaining Workgroup members. As you can see from these three slides, we have assembled a diverse Workgroup that spans a wide range of subject matter expertise, backgrounds, and perspectives about the Medicaid and CHIP programs. Thank you to all of our Workgroup members for your contributions. Next slide.

I would also like to acknowledge the participation of federal liaisons in the annual review process. The Workgroup includes representatives from the Agency for Healthcare Research and Quality, the Center for Clinical Standards and Quality at CMS, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Office of the Assistant Secretary for Planning and Evaluation, the Office of Disease Prevention and Health Promotion, the Substance Abuse and Mental Health Services Administration, and the United States Department of Veteran Affairs.

The inclusion of federal liaisons reflects CMS's partnership and collaboration with other federal agencies to promote alignment across federal programs. Federal liaisons are nonvoting members of the Workgroup, and we thank them for their participation in the annual review process. I'd also like to recognize the support of staff in the Division of Quality and Health Outcomes at the Center for Medicaid and CHIP Services. Next slide.

And now for a brief recap of the milestones of the 2028 Child and Adult Core Sets Annual Review. So today we will be preparing for the voting meeting, which will be held on February 3rd and 4th, when we will reconvene the Workgroup to discuss and vote on the measures suggested for removal and addition. Please note that the voting meeting will only last two days on February 3rd and 4th, and not the initially announced three days. After the voting meeting, we will prepare a draft report summarizing the Workgroup's recommendations, and we will make that draft available for public comment. We plan to release the final report over the summer. And, following that, CMS will review the final report, gather some additional input, and then release the updates to the 2028 Core Sets. Next slide.

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Now I'd like to review some recent updates that were made to the 2026 and 2027 Child and Adult Core Sets. Next slide. In a recent State Health Official letter, or SHO, CMS announced the following updates to the 2026 Child and Adult Core Sets: CMS removed four measures that were related to pediatric and prenatal immunization status from the 2026 Child and Adult Core Sets.

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 on immunization rates. In 2026 and beyond, CMS will explore options to facilitate the development of new vaccine measures. Additional information and context about the 2026 Core Set updates is available at the link that is shown here on the slide. Next slide.

The recent SHO also announced the following updates to the 2027 Child and Adult Core Sets: CMS added two new measures to the 2027 Adult Core Set, that are Evaluation of Hepatitis B and C, and Adults With Diabetes-Oral Evaluation.

As a reminder, the 2027 Workgroup recommended both measures for addition to the Core Sets. CMS also removed two measures that are being retired by their measure steward. These measures are the Asthma Medication Ratio, which is on both the Child and Adult Core Sets; and the Medical Assistance with Smoking and Tobacco-Related Cessation, which is on the Adult Core Set. Next slide.

CMS also announced that the Prenatal Depression Screening and Follow-Up measure and the Postpartum Depression Screening and Follow-up measure will remain provisional, voluntary measures for 2027. As a reminder, these provisional measures are not part of the Core Sets. Because the Postpartum Depression Screening and Follow-Up measure was included on the 2025 Core Sets as a provisional voluntary measure, and the Prenatal Depression Screening and Follow-Up measure was added as a provisional measure for the 2026 Core Sets, most states have not reported these measures yet. A small number of states reported the 2025 Core Set data for the postpartum measure, but CMS is still in the process of reviewing those data.

State reporting for the 2026 Core Sets has not yet begun, so we do not have data on the prenatal measure yet. CMS, therefore, lacks sufficient information to determine whether these measures would yield valid, reliable performance results; and, accordingly, CMS will maintain their provisional status for 2027 and reevaluate them in future annual updates. For reference, the 2027 Child and Adult Core Set measure lists are available now on [medicaid.gov](https://www.medicaid.gov) at the links provided. Next slide.

And now I will turn it over to my colleague Chrissy to describe the measure review criteria. Chrissy.

Chrissy Fiorentini:

Thanks, Tricia. Next slide. Before we turn to the specific measure review criteria, I want to start with a higher-level reminder of CMS's goals for the Core Sets and the role of the Workgroup.

This slide reflects information that CMS has shared about their goals for the Child and Adult Core Sets, which are to increase the number of states meeting Core Set mandatory reporting requirements through technical assistance and outreach; improve the quality of reported data; simplify data collection and reporting to reduce burden on states; support states in using Core Set measures to improve healthcare quality and health outcomes; improve accessibility and usability of data through advanced data visualization techniques; and provide technical

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assistance to facilitate implementation of digital quality measures and to utilize sources of clinical data to assess healthcare quality. Next slide.

The Workgroup plays an important role in helping CMS meet its goals for the Core Sets. The 2028 Core Sets Annual Review Workgroup is charged with assessing the existing Core Sets and recommending measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP. The annual Workgroup process is also designed to identify gaps in existing Core Sets.

When considering updates to the Core Sets, the Workgroup must first determine whether a measure is feasible for state reporting; and, if so, also consider the different facets of desirability and viability of adding the measure to the Core Sets. While there are many good quality measures, we need to keep in mind mandatory reporting requirements. To be included on the Core Sets, the measures must be feasible and viable for state-level use in Medicaid and CHIP. Next slide.

To assess whether measures are a good fit for the Core Sets, Workgroup members should use the criteria for addition and removal that Mathematica has identified. Note that these criteria are the same criteria we introduced during the Orientation meeting when we provided direction on suggesting measures for addition and removal through the public call for measures process. Since we reviewed those criteria in detail during the previous meeting, I'll go through them at a higher level today. I also want to note that, to be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the criteria in the minimum technical feasibility and appropriateness area.

As part of our measure review process, Mathematica has determined that all six of the measures suggested for addition meet these minimum criteria. Therefore, the Workgroup will discuss all six measures at the voting meeting. In terms of measures suggested for removal, the requirement for discussion is that the measure must meet at least one criterion in any category. Again, Mathematica has made the determination that the one measure suggested for removal satisfies this requirement. Next slide.

This slide shows the criteria for assessing the measures suggested for addition, starting with the minimum technical feasibility and appropriateness requirements. These requirements help ensure that, if the measure is placed in the Core Sets, the measure will be appropriate and feasible for state-level reporting. I won't read through each criterion in detail, since the Mathematica team has assessed the suggested measures for adherence to these criteria and determined that all six measures meet the minimum requirements described here. However, please note that these are the minimum feasibility requirements. If a measure meets these requirements, it does not guarantee that measure will be feasible for reporting by all states or that the measure will produce reliable and meaningful results for all Medicaid and CHIP populations. We encourage Workgroup members to consider these additional facets of feasibility and viability when reviewing the measure materials. Next slide.

Next, we have the criteria for assessing measures suggested for addition in terms of actionability and other considerations. Under the actionability category, a measure should address a priority gap in the Core Sets or add value to the existing measure set; be used to assess state progress in improving delivery and outcomes in Medicaid and CHIP; and be able to be stratified by the required categories.

Other considerations when assessing a measure for addition to the Core Sets include whether the condition or outcome being measured is prevalent enough to produce reliable and

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meaningful state level results, whether the measure is aligned with those used in other CMS programs, whether adding the measure would result in additional data collection burden, whether all states will be able to produce the measure for Core Sets reporting within two years, and whether the code sets and codes needed to calculate the measure are in use by Medicaid and CHIP. These criteria help ensure that each new measure is not only technically feasible but also actionable, impactful, and aligned with broader federal priorities. The Workgroup should refer to these criteria as they prepare for the discussions during the voting meeting. Next slide.

On this slide, we show the criteria for assessing the measures suggested for removal in terms of technical feasibility and actionability. For example, when assessing whether a measure should be removed from the Core Sets, the Workgroup should consider whether the specifications and data source do not allow for consistent calculations across states or whether another measure has been suggested for replacement that is more broadly applicable for the topic; more proximal in time for the desire--to the desired beneficiary outcomes; or more strongly associated with the desired outcomes.

As we've discussed these criteria at the orientation meeting, I won't read through all of them now. Workgroup members will receive a list of these criteria from our team to facilitate their review of the measures and should keep them in mind during the voting meeting discussions. Also, these slides are available on our website if you would like to review the criteria in more detail. Next slide.

Here we present a few additional criteria the Workgroup should keep in mind when assessing the measures suggested for removal. Next slide.

I'm now going to provide a brief overview of the measures that are suggested for removal from or addition to the 2028 Core Sets. I want to thank everyone for their time and effort suggesting these measures. Next slide.

This slide lists the six measures suggested for addition that will be reviewed during the voting meeting. The slide also includes the measure steward and the data collection for each measure. I will provide a summary of the measures' characteristics on an upcoming slide.

The six measures are Adults' Access to Preventive/Ambulatory Health Services; Antibiotic Utilization for Respiratory Conditions; Follow-Up After Acute and Urgent Care Visits for Asthma; Measuring the Value Functions of Primary Care: Continuity of Care; Social Needs Screening and Intervention; and Tobacco Use Screening and Cessation Intervention. Please note that domains and Core Set placement for these six measures will be determined by CMS if they are added to the 2028 Child and Adult Core Sets. Next slide.

This slide lists the one measure suggested for removal that will be reviewed during the voting meeting. The slide also includes the Core Set Domain, measure steward, and the data collection method for the measure. The measure suggested for removal from both the Child and Adult Core Sets is Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 years and Age 18 and Older. Note that the suggestion to remove this measure was paired with a suggestion to add the antibiotic utilization for respiratory conditions measure in its place. Next slide.

This slide summarizes the characteristics of the six measures suggested for addition that will be reviewed at the voting meeting. Two of the measures fall within the value, affordability, and efficiency area of CMS's cascade of Meaningful Measures framework. One is within the Behavioral Health area; one is within the Chronic Conditions and Related Acute Events area;

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one is within the Closing Gaps of Care area; and the last is within the Wellness and Prevention area. In terms of the age ranges included, one measure includes adults only, and the others include both children and adults.

Note that, for the purposes of this exercise, we are defining adults as age 18 or older and children as under age 18. Two of the measures require administrative data only. One can be calculated using either administrative data or another data source, and three use the HEDIS ECDS data collection method. The HEDIS ECDS data collection method includes data from administrative claims, electronic health records, case management systems, and health information exchanges or clinical registries.

More information about the ECDS method is available at the link shown on the slide. All six of the suggested measures are process measures, and one is also an efficiency measure. CMS defines an efficiency measure as the cost of care associated with a specified level of health outcome. Next slide.

And, with that, I'll now turn it over to Caitlyn to describe the guidance to Workgroup members for reviewing these measures. Caitlyn.

Caitlyn Newhard:

Thank you, Chrissy. I'll now go over some guidance to Workgroup members on how to review the suggested measures and the resources available to assist you in that task. Next slide.

In preparation for the voting meeting, we ask that Workgroup members review all the measures suggested for addition to and removal from the Core Sets. Tomorrow, we will email Workgroup members a packet of materials to help assess each measure's appropriateness for the Core Sets. As you review, please keep the criteria for addition of new measures and removal of existing measures top of mind. A copy of the criteria are included in the packet you will receive. We're also providing a measure review worksheet that Workgroup members can use to record and organize their notes, questions, and preliminary vote on each measure. Next slide.

The primary resource we've developed to help you review the measures is the Measure Information Sheets. We created a Measure Information Sheet for each measure that was suggested for addition to or removal from the Core Sets. The information sheets provide standardized information for each measure to facilitate your review. For the measure for removal, the measure information sheet includes technical specifications, the reasons for removal provided by the individual who suggested the measure, and other information, including measure alignment across programs. We also provide information on states' reporting history and any challenges noted by states in reporting the measure. And we include 2024 Core Set measure rates and graphics. Next slide.

We also have Measure Information Sheets for the six measures suggested for addition, which include many of the same elements as the measure for removal, including technical information like numerators, denominators, and data collection method, as well as information on the measure's alignment with the minimum technical feasibility and appropriateness criteria. We've also noted whether the measure's data source allows for stratification by the stratification categories required for the 2026 and 2027 Core Set reporting.

The Measure Information Sheets include comments from the individual who suggested the measure on how the measure meets the feasibility, actionability, and other criteria. There is also information about the use of the measure in other programs, prevalence of the condition in

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Medicaid and CHIP, and links to more information about the measures. Where applicable, we have summarized prior Workgroup discussions about the measure. We hope this will help Workgroup members build on the conversations we've had in the past. Next slide.

When Workgroup members review the measures, we recommend starting with the review of the Measure Information Sheets. You can use the included measure review worksheet to record notes and questions as you go through these. If you have questions or want more background information on the measure or condition, we have a few other resources you can consult. All these resources are linked on the slide and in the resource list that we will email to the Workgroup tomorrow. First, the Medicaid and CHIP Data Products page contains multiple data resources with information about the characteristics and health status of Medicaid and CHIP beneficiaries; the prevalence of certain conditions; Medicaid and CHIP expenditures; and various special topics.

One key resource on this page is the Medicaid and CHIP beneficiary profile. Note that CMS plans to release an updated 2026 profile later this month. We've also provided a link to the Core Set History Table, which shows the year measures were added or removed over the history of the Core Sets. This can be a useful tool for seeing the longevity and turnover of measures. Next, we've provided a link to the Core Set Data Dashboard, an interactive tool developed by CMS that can be used to explore state performance on publicly reported Core Set measures for 2023 and 2024. The tool aims to improve accessibility of data about the Quality of care provided to Medicaid and CHIP beneficiaries.

Finally, we've provided the links to the 2026 Core Set resource manuals and technical specifications. Once you've found any additional information you need, you can assess the measures against the criteria for addition or removal and record your preliminary vote in the measure review worksheet. Next slide.

Now I'll spend a few minutes discussing our approach to the voting meeting. Next slide. Much like last year, we'll hold a virtual meeting over two days, February 3rd and 4th. The meeting will start at 11 am Eastern each day to accommodate those joining us from the West Coast, and we plan to end by 4:30 pm Eastern, or earlier, each day.

Please note that this is different from the previously announced three-day meeting. We will post an agenda approximately one week before the meeting. Just like today's webinar, the voting meeting will be open to the public, and there will be opportunities for public comment. Registration is now available on our web page. Next slide.

This year, there will be a total of seven measures to discuss, one suggested for removal and six suggested for addition. We'll begin with the paired antibiotic utilization measures suggested for removal and replacement. These paired measures will be discussed together. Then we will vote separately on the suggested replacement measure and on the removal.

Then we will move on to the other five measures suggested for addition. Each of these measures will be discussed and voted on individually. And, as has been the case previously, measures will be considered in their specified form, meaning we will discuss and vote on the measures as they are currently specified by the measure stewards without conditions or modifications. Next slide.

As for the voting process, voting will take place by measure after Workgroup discussion and public comment. For the one measure suggested for removal, a yes vote means I recommend

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removing the measure from either the Child or Adult Core Set, and a no vote means I do not recommend removing the measure from the Child or Adult Core Set.

Note that, since the measure suggested for removal is included on both Core Sets, we will be voting separately on its removal from the Child and Adult Core Sets. For each measure for addition, Workgroup members will vote yes or no, where yes means I recommend adding the measure to the Core Sets and no means I do not recommend adding the measure to the Core Sets. We will not be voting separately on measures suggested for addition to the Child and Adult Core Sets, as CMS makes the determination about Core Set placement for any new measures. For a measure to be recommended for removal or addition, the yes vote needs to receive two-thirds of the eligible votes.

Prior to the voting meeting, we will provide a fact sheet to Workgroup members with more information on how to use the voting platform. Workgroup members will also have an opportunity to test out the voting platform, and we strongly encourage you to try it out before the meeting. We will send an email the week before the voting meeting with more details, including the process for conducting your test vote. Next slide.

The Workgroup will also discuss gaps in the Core Sets at the voting meeting and generate a list of priorities for new measures. The goal of the gaps discussion is to inform the public call for measures for the next annual review cycle. At the voting meeting, we will engage the Workgroup in a discussion about the priority gap areas for the 2029 public call for measures. And, as part of that discussion, we will solicit targeted feedback related to the immunization measures. In the 2027 SHO that Tricia referenced earlier, CMS noted that they plan to engage with stakeholders to learn how new measures could capture person and family preferences related to vaccines. Additional details are available at the link provided on slide 13. At the voting meeting, we will also invite public comments on priority gap areas in the Child and Adult Core Sets. Next slide.

Workgroup members, your homework to prepare for the voting meeting is to review the materials related to the measures suggested for removal and addition and to prepare for the discussion on measure gaps by reviewing the list of previously identified gaps and the 2027 Core Set measure lists. If you have questions while reviewing the materials, please don't hesitate to reach out to us. We're more than happy to answer questions to help you prepare for the meeting. We will also email Workgroup members with a request to update their disclosure of interest form before the voting meeting.

Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure. We also would like to thank the measure stewards for sharing information about the measures. Finally, a big thank you to our Workgroup members for taking the time to prepare and engage in this process. We're looking forward to interesting discussions during the voting meeting in February. Next slide.

With that, I want to pause and give our two co-chairs, Kim Elliott and Rachel La Croix, an opportunity to make some remarks about the work ahead of us. Rachel, I'll first pass it to you.

Rachel La Croix:

Thank you. Can you hear me?

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Caitlyn Newhard:

Yes, we can.

Rachel La Croix:

Okay. Great. Good afternoon, everyone. And thank you for participating in this preparatory call this afternoon. I just want to thank the Mathematica team for all of the work they've done preparing all the materials for us to take a look at to be able to do our homework for the meeting and be prepared to discuss the measures that have been suggested for addition and removal. I'd also like to thank folks that very carefully reviewed measures and thought of ones to suggest adding and removing this time around, and it's clear that folks really were thinking about some measures that have been retired and better measures that we could consider to possibly still address some of those areas and not leave gaps in the Core Sets. So I'm really excited to take a look at some of those measures that have been suggested for addition in the context of ones that we no longer have in the Core Set.

Just, yeah. Want to again say how excited I am to work with everybody in the Core Set Workgroup at our upcoming meeting and to discuss all these measures and how we can strengthen the Core Sets. And look forward to having a robust conversation with everyone. Just a reminder to really focus on those different criteria for addition and removal that were gone over on the call today, and really think about the feasibility for your own state, as well as states in general, on collecting and reporting on any of these measures suggested for addition.

And definitely take things back to your team and discuss those before the meeting, if you're able to do so, to really get into some of those feasibility aspects so that we can take all of that into account as we discuss possibly adding these measures. And, with that, again, I'll just say thank you to the Mathematica team for your organization and coordination of all of this, and I will turn it over to Kim.

Kim Elliott:

Thank you, Rachel. I'm also very happy to be with you, co-chairing this Workgroup with Rachel, and I'm looking forward to our work on the 2028 CMS Medicaid Child and Adult Core Sets. As always, I really do appreciate the support, involvement, and resources that CMS, Mathematica, federal liaisons, partners, and Workgroup members provide throughout the process. Although the healthcare and Medicaid landscape is continually changing and evolving, this year, probably more than others, one focus remains: strengthening the core measure sets to demonstrate the quality of care, timeliness of care, and access to care Medicaid recipients receive.

As we prepare for these meetings, it's really important to recognize that each of our unique experiences, our expertise, and our knowledge will be an asset to the discussion and recommendations that we ultimately make to CMS. And it's also important to recognize that CMS invited and welcomed members of the public to suggest measures to add or remove from the Core Sets. So that's another type of involvement and experience that is really important to this process. These diverse perspectives result in thoughtful and meaningful recommendations for us to consider and discuss during our Workgroup process. The results and recommendations from the Workgroup have a significant impact on states, and we really can't take that too lightly, particularly on mandatory reporting and the resources that are needed.

Our thoughtful approach to our work over the next few months should consider the value of the measures in indicating or estimating the quality of care services provided to those served by

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Medicaid; the prevalence of the measure conditions; whether the measures will result in reliable and meaningful results across states; the strength, accessibility, accuracy, and completeness of data; the resources needed by states to calculate the measures; and whether outcomes can be improved by including the measure in the Core Set. Our work should also consider the actionability of the results and the resources needed to make improvements in care and outcomes.

Can we really move the needle? Is there an opportunity for improvement is one thing I ask myself as I'm looking at these measures. Thank you for your commitment to this important work. The work we do now leading up to the February meeting is incredibly important and provides the foundation for a measured discussion and the recommend -- recommendations we make to CMS. Thank you for carving out time in your busy schedules to focus on strengthening the core measure sets. I'm really looking forward to our work and to the discussion of each of the measures recommended for removal or addition to the measure sets during our next meeting. With that, I'll turn it back to you.

Caitlyn Newhard:

Awesome. Thank you, Rachel and Kim. Next slide. I'll turn it over to Tricia to take any questions from Workgroup members.

Patricia Rowan:

All right. Thank you, Caitlyn. So at this point, we will go to questions from our Workgroup members. If you have a question, please use the "raise hand" feature that is in the bottom right of the participant panel in Webex to join the queue, and then lower your hand when you're done speaking. You should be able to unmute yourself, but please wait for us to call on you. And, if you don't mind, please introduce yourself, including your full name and affiliation. So we'll start with comments from the Workgroup. I am not seeing any hands raised. Workgroup members, if you'd like to ask a question or make a comment, please use that raise hand little icon. I see a hand from Dawn. Dawn, you should be able to unmute yourself. Go ahead.

Dawn Alley:

Hi. Dawn Alley, IMPaCT Care. I'm new to the Workgroup, and I appreciate the opportunity to be a part of this process. I also appreciate the opportunity at the forthcoming meeting to talk about what might replace or sort of supplement some of the vaccination measures that were removed in the State Health Official letter. I also just wanted to register my concern about those -- those measures being removed, particularly given the very deliberative process that this body goes through to recommend addition or removal of measures and their critical importance to health in this country.

Patricia Rowan:

Thank you, Dawn. Other questions or comments from Workgroup members. Don't see any hands raised right now. Go ahead. Sara Toomey.

Sara Toomey:

I'm Sara Toomey. I'm from Boston Children's Hospital, and I just can't help myself but to reaffirm the comment that Dawn just made. I think this group is very thoughtful in making their recommendations. Vaccines are extraordinarily important to the health, in particular of our children and our elderly and those for whom they have serious chronic conditions. And I think it

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is -- I am very much looking forward to hearing how those measures will be replaced, hopefully very quickly, as this is something that's very important for us to be monitoring longitudinally over time across the country. Thank you.

Patricia Rowan:

Thank you, Sara. All right. I am not seeing any other comments or hands raised from Workgroup members. So why don't we move to the next slide and open it up for public comment.

So now, as a reminder, any other members of the public who are listening in can make a comment during this time or ask a question about the process. Please also use the "raise hand" feature that's in the bottom right corner of the participant panel to join the queue and wait for us to let you know when you've been unmuted. When it's your turn to speak, please introduce yourself, including your name and affiliation; and lower your hand when you are done speaking. I see a hand actually from Chimene.

Chimene Liburd:

Good afternoon. Thank you. Dr. Chimene Liburd, Chief Medical Officer for DC Medicaid. Quick question on the times again for the February 3rd and 4th meetings. I heard -- I thought I heard 9 to 4:30; is that correct for both days?

Patricia Rowan:

I think we're starting a little bit later at -- team, help me out. It's 11:00 AM Eastern Time on both days.

Chimene Liburd:

And 4:30 ending approximately?

Patricia Rowan:

Yes.

Chimene Liburd:

Okay. Thank you. I want to make sure my calendar is up to date. Thank you.

Patricia Rowan:

Of course. Yep. Thank you. So, Sara, I still see your hand raised. I think that's left over from your previous comment. But, if you'd like to ask a further question, go ahead.

Sara Toomey:

Nope. Sorry. Let me try to see if I can lower it. Sorry.

Patricia Rowan:

No problem. There you go. All right. I see a hand from David Gibson. Brice, can we unmute David. Go ahead, David.

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David Gibson:

This is David Gibson with the Alaska Division of Behavioral Health. And I was just curious when is the window of opportunity for the public to make comment about measures to be added or removed from the Core Set?

Patricia Rowan:

Yeah. That's a good question. So back in the fall, we did an orientation meeting, and then we had an open public call for measures where anyone, any member of the public could suggest a measure for removal from the Core Sets or addition to the Core Sets. So that process for suggesting measures has been closed now for this year's review cycle. During the voting meeting in February, the Workgroup will discuss each of the measures.

And then, for each of the measures, there will also be an opportunity for members of the public to comment or ask questions about those measures as well that Chrissy presented today, that will be discussed by the Workgroup. So I hope that answers your question. The next opportunity to suggest new measures for consideration would be later this calendar year in the fall.

Other questions or comments, either from members of the public or the Workgroup. All right. Well, I am not seeing any more hands raised. Actually, there is one. Monica. Brice, could we unmute Monica. Go ahead, Monica.

Monica Trevino:

Hi, everyone. I'm Monica Trevino. I'm the Director of the Center for Social Change at the Michigan Public Health Institute. I did spend quite a few years in the Michigan Medicaid agency, though. I wondered -- I know we've missed the window for this year, but if anyone has considered any prevalence measures to be added to the future Core Sets, really specific to those same immunizations that are being removed. So, you know, prevalence of meningitis; prevalence of, you know, dose other -- other conditions that we almost -- they were -- they were almost gone, and now they're coming back. And just to see if there's some correlation between reduction of those vaccinations in the Core Set and changes in prevalence across Medicaid agencies. So -- so that was really just a comment.

Patricia Rowan:

All right. Thank you, Monica. Yes. To answer your question, measures of prevalence of some of those conditions were not suggested in this review cycle. And, as I mentioned previously, the next opportunity to suggest measures for the Workgroup's consideration will be later this fall. All right. I'm not seeing any additional hands raised. Actually, I see one from David Kelley. David, go ahead.

David Kelley:

Thanks. Just wanted to remind folks, based on that last comment, that the Evaluating Hepatitis B and C measure gives Medicaid states the ability to look at what's happening specific to hepatitis B and C. They're not really purely prevalence measures. But they are measures that allow states to have a good idea of what's happening with screening, disease detection, and, for hep C, for actual initiation of treatment. So that is a new measure that was added. So I think that particular measure will be helpful for states going forward and especially for states in being able to evaluate quality improvement and disease elimination. Thanks.

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Patricia Rowan:

Thank you, David. All right. Why don't we move on to the next slide.

So why don't we start the process of recapping some of our next steps and wrapping up the meeting, and I'll give one more -- one more chance at the end before we adjourn for any other comments. So next slide.

So, to recap our next steps, as Caitlyn mentioned, Workgroup members will receive an email from us with measure review materials. That will be coming your way tomorrow. Workgroup members can use that information to review the measures that were suggested for addition and removal.

And, if you have any questions as you're going through that packet of information, please don't hesitate to reach out to us. Our email address is listed here on the slide. It is MACCoreSetReview@mathematica-mpr.com. And, for members of the public, the measure information sheets will be posted publicly on our website ahead of the voting meeting in a few weeks. So keep your eyes open for that. Next slide.

For those who would like more information, we have included Medicaid.gov links to the Child and Adult Core Sets here on this slide, as well as a link to the Core Sets Annual Review web page. As Caitlyn mentioned, registration for our voting meeting is now open, and you can register on our web page, which is listed on the slide. There you will also find agendas, slides, recordings from our past meetings, a calendar of events, and lots of other resources including last year's report. Next slide.

Again, you can always reach us and our team at the email address here on the slide, MACCoreSetReview@mathematica-mpr.com. Next slide.

And, with this, I want to just take an opportunity to thank everybody for participating in today's webinar. And we really look forward to having you join us in February on the 3rd and 4th to discuss the measures that were suggested for removal and addition.

Before I adjourn the meeting, let me just take a final look to see if we've got any hands raised, any last questions or comments from the Workgroup or members of the public. All right. Seeing none, I am going to go ahead and adjourn this meeting. Thank you, everyone, for being here, and we look forward to seeing you in a few weeks at our voting meeting. Take care, y'all.