

Child and Adult Core Set Stakeholder Workgroup: Webinar to Prepare for the Voting Meeting

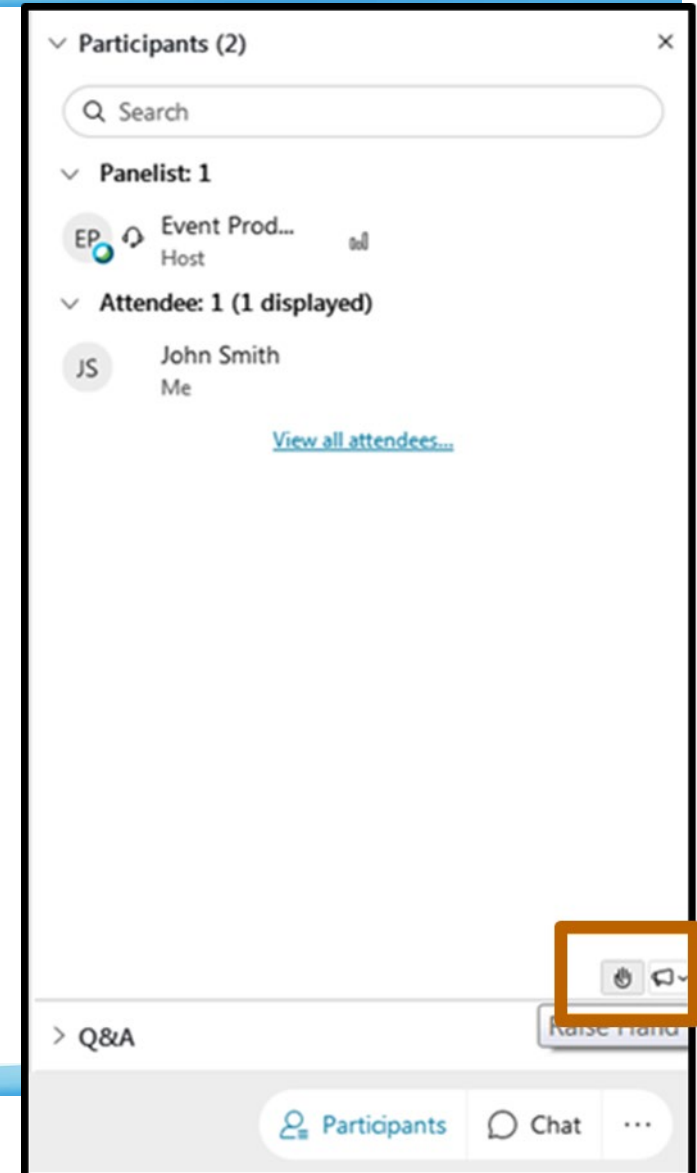
April 8, 2021

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- During the webinar, there will be opportunities for Workgroup member comments or public comment.
- 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 list.



- You will be unmuted in turn. Please wait for your cue to speak and lower your hand when you have finished speaking.



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Welcome and Meeting Objectives

Meeting Objectives

- **Discuss measure review strategy and criteria**
- **Identify the measures suggested by Workgroup members for addition to or removal from the 2022 Core Sets**
- **Describe resources available to Workgroup members for review of measures**
- **Present the May voting meeting approach**
- **Provide an opportunity for public comment**

Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**
- **Chrissy Fiorentini, Researcher**
- **Dayna Gallagher, Analyst**
- **Patricia Rowan, Senior Researcher**
- **Alli Steiner, Researcher**
- **Emily Peterson, Analyst**
- **Jessica Rosenblum, Associate**

2022 Child & Adult Core Set Annual Review Workgroup

Voting Members

Co-Chair: Shevaun Harris, MBA, MSW Nominated by the National Association of Medicaid Directors	Florida Department of Children and Families
Co-Chair: David Kelley, MD, MPA Richard Antonelli, MD, MS Lowell Arye, MS Tricia Brooks, MBA Laura Chaise, MBA Nominated by the National MLTSS Health Plan Association	Pennsylvania Department of Human Services Boston Children's Hospital Aging and Disability Policy and Leadership Consulting, LLC Georgetown University Center for Children and Families Centene Corporation
Lindsay Cogan, PhD, MS James Crall, DDS, ScD, MS Nominated by the American Dental Association	New York State Department of Health UCLA School of Dentistry
Amanda Dumas, MD, MSc Nominated by the Medicaid Medical Directors Network	Louisiana Department of Health
Anne Edwards, MD Kim Elliott, PhD, MA, CPHQ, CHCA Tricia Elliott, MBA, CPHQ	American Academy of Pediatrics Health Services Advisory Group The Joint Commission
Karen George, MD, MPH, FACOG Nominated by the American College of Obstetricians and Gynecologists	George Washington School of Medicine and Health Sciences
Lisa Glenn, MD Nominated by the Medicaid Medical Directors Network	Texas Health and Human Services Commission
Steve Groff Nominated by the National Association of Medicaid Directors	Delaware Department of Health and Social Services

2022 Child & Adult Core Set Annual Review Workgroup (cont.)

Voting Members

Tracy Johnson, PhD, MA Nominated by the National Association of Medicaid Directors	Colorado Department of Health Care Policy and Financing
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Carolyn Langer, MD, JD, MPH	Fallon Health
Jill Morrow-Gorton, MD, MBA Amy Mullins, MD, CPE, FAAFP Nominated by the American Academy of Family Physicians	University of Pittsburgh Medical Center (UPMC) Health Plan American Academy of Family Physicians
Fred Oraene, MBA Nominated by the National Association of Medicaid Directors	Oklahoma Health Care Authority
Lisa Patton, PhD	IBM Watson Health
Sara Salek, MD	Arizona Healthcare Cost Containment System
Linette Scott, MD, MPH	California Department of Health Care Services
Jennifer Tracey, MHA Michelle Tyra, PharmD Nominated by the Academy of Managed Care Pharmacy	Zero to Three OptumRx
Ann Zerr, MD Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	Indiana Family and Social Services Administration UCLA-Semel Institute for Neuroscience and Human Behavior

2022 Child & Adult Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)

Center for Clinical Standards and Quality

Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

Health Resources and Services Administration

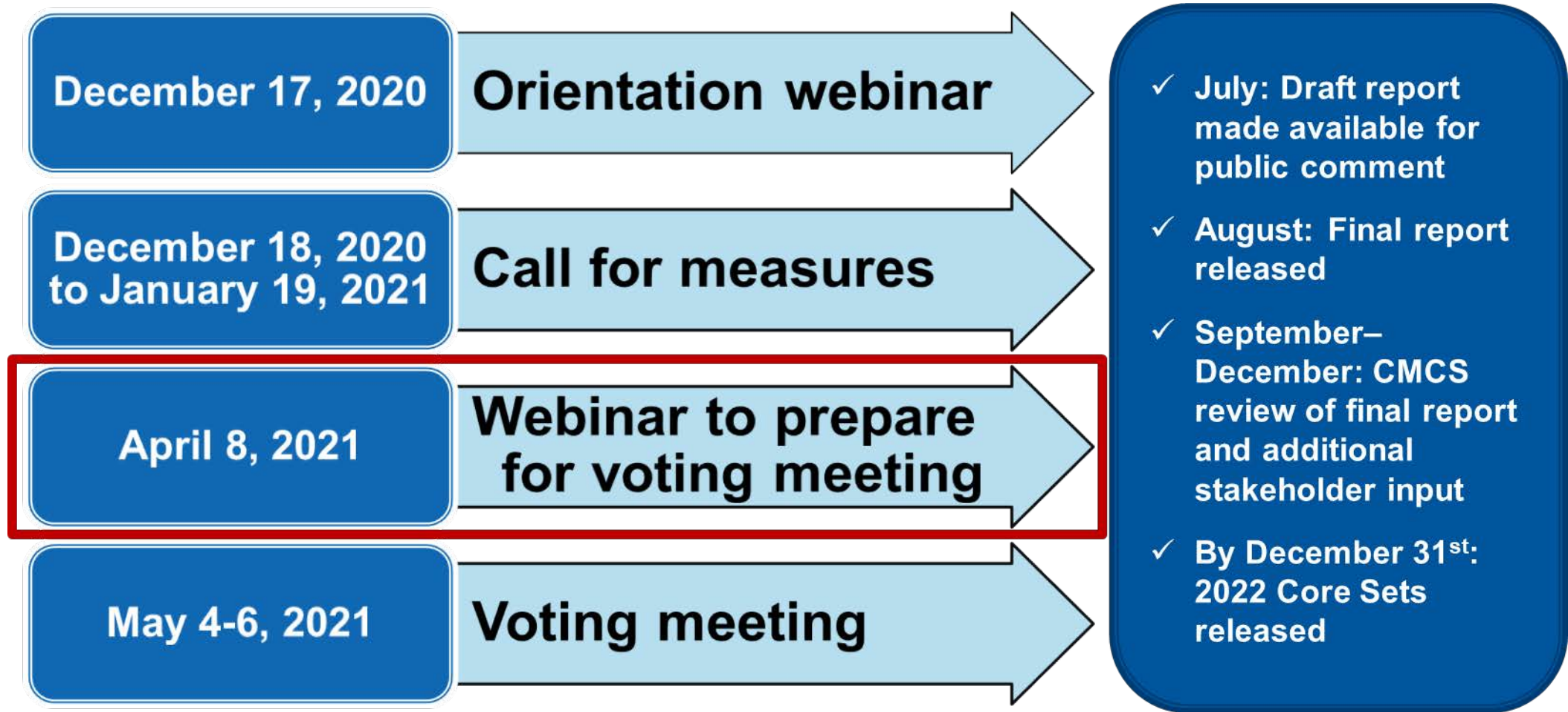
Office of The Assistant Secretary for Planning and Evaluation

US Department of Veteran Affairs

Office of Disease Prevention and Health Promotion

Substance Abuse and Mental Health Services Administration

2022 Child & Adult Core Set Annual Review Workgroup Milestones

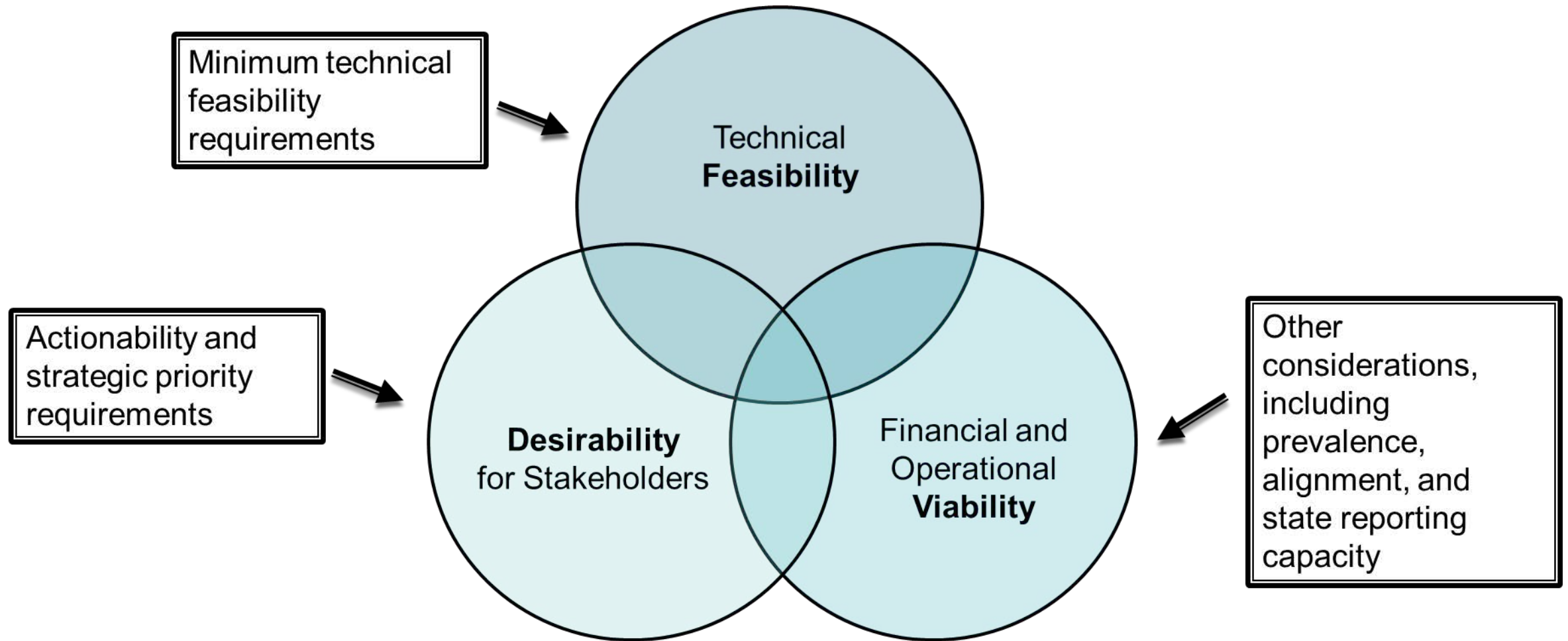


Measure Review Strategy and Criteria

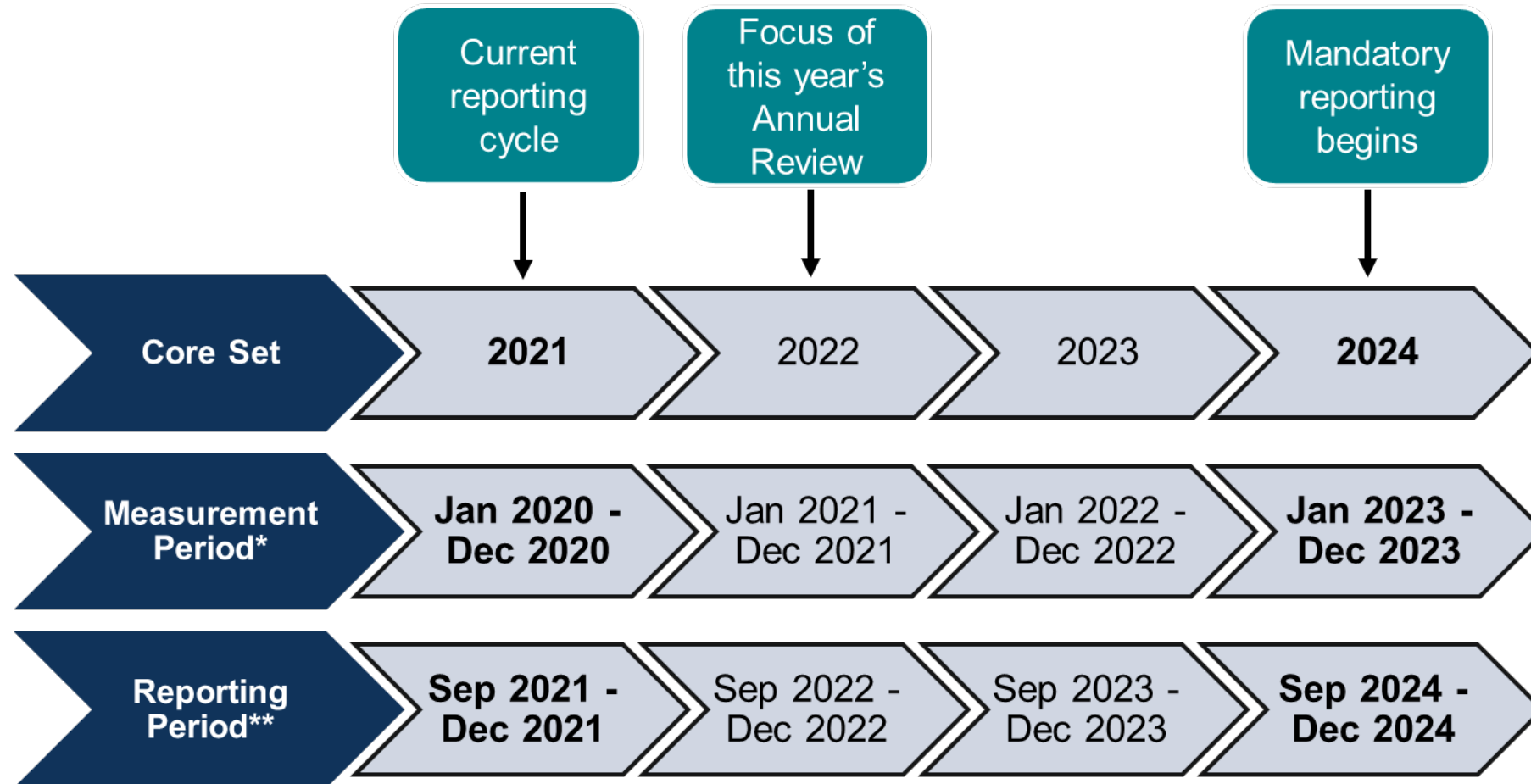
Overview of the Purpose and Uses of Core Set Measures

- The purpose of the Child and Adult Core Sets is to estimate the national quality of care for Medicaid and CHIP beneficiaries
 - Core Set measures should cover the continuum of preventive, diagnostic, and treatment services for acute and chronic physical, behavioral, dental, and developmental conditions as well as long-term services and supports
- Core Set measures are used to:
 - Monitor the performance of state Medicaid and CHIP programs
 - Identify where improvements in care delivery and/or outcomes are needed
- State Medicaid/CHIP agencies can drive improvements on Core Set measures through evidence-based interventions as needed
- **Charge to the 2022 Core Set Annual Review Workgroup:** Assess measures for removal and addition using the lens of the purpose and uses of the Core Sets

Framework for Assessing Measures for the 2022 Core Sets



Projected Core Set Reporting Timeline: Looking Ahead to Mandatory Reporting



*This reflects the typical measurement period, but it may vary by measure and include lookback periods.

**This reflects the reporting period for the 2021 Core Set and is subject to change in future years.

Using Alternate Data Sources to Streamline Reporting

- **CMS is exploring the use of alternate data sources to calculate Core Set measures to (1) reduce state burden and (2) standardize reporting across states**
 - CMS will use data from CDC WONDER for two measures in the Child Core Set: Low Birth Weight Rate (LBW-CH)* and Low Risk Cesarean Delivery (LRCD-CH, formerly PC-02)*
 - CMS is piloting the use of data submitted by states and health plans to the AHRQ CAHPS Database to report four Core Set measures: the Child and Adult CAHPS measures (CPC-CH* and CPA-AD), Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD), and Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)*
 - CMS is giving states the option of having CMS create their FFY 2020 Form CMS-416 EPSDT report using T-MSIS Analytic Files (TAF), which includes the Preventive Dental Services (PDENT-CH)* measure in the Child Core Set
 - CMS is testing the feasibility of using TAF to construct other measures in the Child and Adult Core Sets, and is prioritizing measures subject to mandatory reporting in FFY 2024

***Note: Measure is subject to mandatory reporting beginning in FFY 2024.**

Criteria for the 2022 Core Set Annual Review

- **To assess measures for inclusion in the Child and Adult Core Sets, Workgroup members will use criteria in three areas:**
 - **Minimum Technical Feasibility Requirements**
 - **Actionability and Strategic Priority**
 - **Other Considerations**
- **To be considered for the 2022 Core Sets, all measures must meet minimum technical feasibility requirements**

Criteria for Assessing Measures for Addition: Minimum Technical Feasibility Requirements

- 1. 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).**
- 2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid or CHIP agencies.**
- 3. 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).**
- 4. The specifications and data source must allow for consistent calculations across states.**
- 5. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set.**

What Do We Mean by Testing of Measures in Medicaid and CHIP?

- **Alpha testing – or formative testing – occurs concurrently to developing detailed technical specifications**
 - Typically involves small scale, iterative testing to determine the existence and quality of required data elements
 - Provides initial information about the feasibility of collecting required data to calculate and report a measure
- **Beta testing – or field testing – occurs after the development of complete specifications to assess the scientific acceptability and usability of a measure**
 - Field testing is designed to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs
 - Field testing determines measure reliability and validity while providing further feasibility information such as burden and costs associated with implementing a measure
- **To meet minimum technical feasibility requirements, measures must have been field tested in or currently in use by state Medicaid and CHIP programs to ensure that the specifications can be implemented using state Medicaid and CHIP data**

Criteria for Assessing Measures for Addition: Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP and to perform comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries (as specified in the Statute).
2. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.
3. The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP.

Criteria for Assessing Measures for Addition: Other Considerations

- 1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.**
- 2. The measure and measure specifications are aligned with those used in other CMS programs, where possible.**
- 3. All states must be able to produce the measure by FFY 2024, including all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).**

Criteria for Assessing Measures for Removal

Technical Feasibility

1. 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).
2. 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).
3. The specifications and data source do not allow for consistent calculations across states.
4. The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure does not contribute to estimating the overall national quality of health care in Medicaid and CHIP or does not allow for comparative analyses of racial, ethnic, and socioeconomic disparities among Medicaid and CHIP beneficiaries (as specified in the Statute).
2. The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.
3. The measure cannot be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure is topped out or improvement is outside the direct influence of Medicaid and CHIP programs/providers).

Other Considerations

1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.
2. The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
3. All states will not be able to produce the measure by FFY 2024.

Questions from Workgroup Members

Measures Suggested for Addition to or Removal from the 2022 Child and Adult Core Sets

Measures Suggested for Addition That Will Be Reviewed at the May Meeting

Measure Name and Proposed Domain	Measure Steward	NQF #	Data Collection Method
Primary Care Access and Preventive Care			
Preventive Care and Screening: Influenza Immunization (suggested as a replacement for FVA-AD)	NCQA (formerly PCPI)	0041/0041e	EHR or clinical registry
Colorectal Cancer Screening	NCQA	0034	Administrative, hybrid, or ECDS
Care of Acute and Chronic Conditions			
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	NCQA	0058	Administrative
Appropriate Treatment for Upper Respiratory Infection	NCQA	0069	Administrative
Proportion of Days Covered: Diabetes All Class	PQA	0541	Administrative
Proportion of Days Covered: Renin Angiotensin System Antagonists	PQA	0541	Administrative
Proportion of Days Covered: Statins	PQA	0541	Administrative
Behavioral Health Care			
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (suggested as a replacement for MSC-AD)	NCQA (formerly PCPI)	0028/0028e	Administrative, EHR, or clinical registry
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA, suggested for addition to the Child Core Set for ages 13-17 as a replacement for AMB-CH)	NCQA	3488	Administrative
Follow-Up After Emergency Department Visit for Mental Illness (FUM, suggested for addition to the Child Core Set for ages 6-17 as a replacement for AMB-CH)	NCQA	3489	Administrative
Dental and Oral Health Services			
Oral Evaluation, Dental Services (suggested as a replacement for PDENT-CH)	ADA/DQA	2517	Administrative
Prevention: Topical Fluoride for Children at Elevated Caries Risk (suggested as a replacement for PDENT-CH)	ADA/DQA	2528	Administrative
Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	ADA/DQA	NA	Administrative
Long-Term Services and Supports			
Long-Term Services and Supports: Comprehensive Care Plan and Update	NCQA	NA	Case management record review

Measures Suggested for Addition That Will Not Be Reviewed at the May Meeting

Measure Name and Proposed Domain	Measure Steward	NQF #	Data Collection Method
Primary Care Access and Preventive Care			
Prediabetes: Screening for Abnormal Blood Glucose <i>Not field tested by state Medicaid and CHIP programs</i>	AMA	NA	EHR
Intervention for Prediabetes <i>Not field tested by state Medicaid and CHIP programs</i>	AMA	NA	EHR
Retesting of Abnormal Blood Glucose in Patients with Prediabetes <i>Not field tested by state Medicaid and CHIP programs</i>	AMA	NA	EHR
Care of Acute and Chronic Conditions			
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease <i>Not field tested by state Medicaid and CHIP programs</i>	CMS	NA	EHR or clinical registry
Behavioral Health Care			
Tobacco Use and Help with Quitting Among Adolescents <i>Not field tested by state Medicaid and CHIP programs</i>	NCQA	2803*	Administrative or EHR
Long-Term Services and Supports			
State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports <i>Not a fully specified measure with a rate, numerator, and denominator</i>	CMS	NA	CMS count of surveys administered

*This measure is no longer endorsed.

Summary of the 14 Measures Suggested for Addition That Will be Reviewed at the May Meeting

Characteristic	Number of Measures
Domain	
Primary Care Access and Preventive Care	2
Care of Acute and Chronic Conditions	5
Behavioral Health Care	3
Dental and Oral Health Services	3
Long Term Services and Supports	1
Data Collection Methods	
Administrative Only	10
Administrative, EHR, or Clinical Registry	1
Administrative, Hybrid, or ECDS	1
EHR or Clinical Registry	1
Case Management Record Review	1
Level of Reporting for Which the Measure was Developed	
Plan-level	9
State-level	1
Both plan- and state-level	2
Provider-level	2

Measures Suggested for Removal That Will Be Reviewed at the May Meeting

Measure Name and Domain	Measure Steward	NQF #	Data Collection Method
Primary Care Access and Preventive Care			
Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	NCQA	0039	Survey
Maternal and Perinatal Health			
PC-01: Elective Delivery (PC01-AD)	TJC	0469/0469e	Hybrid or EHR
Audiological Diagnosis No Later than 3 Months of Age (AUD-CH)	CDC	1360	EHR
Care of Acute and Chronic Conditions			
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	NCQA	NA	Administrative
Behavioral Health Care			
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)	NCQA	0004	Administrative or EHR
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA	0027	Survey
Dental and Oral Health Services			
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	CMS	NA	Administrative (Form CMS-416)*

*Beginning with FFY 2020 Form CMS-416 reports due April 1, 2021, states may opt to use the Form CMS-416T report generated by CMS on behalf of states using TAF.

Summary of the 7 Measures Suggested for Removal That Will Be Reviewed at the May Meeting

Characteristic	Number of Measures
Domain	
Primary Care Access and Preventive Care	1
Maternal and Perinatal Health	2
Care of Acute and Chronic Conditions	1
Behavioral Health Care	2
Dental and Oral Health Services	1
Core Set	
Child Core Set	3
Adult Core Set	4
Data Collection Methods	
Administrative Only	2
Administrative or EHR	1
Hybrid or EHR	1
EHR Only	1
Survey	2


Questions from Workgroup Members

Guidance to Workgroup Members for Reviewing Measures

Guidance for Measure Review

- **Before the May meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup**
- **Resources are available on a Workgroup SharePoint site to help Workgroup members assess the measures for removal from or addition to the Core Sets**
- **To guide their review, Workgroup members should refer to the criteria for addition of new measures and removal of existing 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: Addition


MEASURE INFORMATION SHEET

**CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP:
MEASURES SUGGESTED FOR ADDITION TO THE 2022 CORE SET**

Measure Information	
Measure name	Oral Evaluation, Dental Services
Description	Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year.
Measure steward	American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA)
NQF number (if endorsed)	2517
Core Set domain	Dental and Oral Health Services
Meaningful Measures area(s) of measure	Promote Effective Prevention & Treatment of Chronic Disease
Measure type	Process
Recommended to replace current measure?	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)


Technical Specifications	
Ages	Less than age 21 as of the last day of the reporting year.
Data collection method	Administrative (enrollment and claims only).
Denominator	Unduplicated number of enrolled children under age 21.
Numerator	Unduplicated number of children who received a comprehensive or periodic oral evaluation as a dental service.
Exclusions	None.
Continuous enrollment period	180 days during the reporting year.
Level of reporting for which specifications were developed	Plan-level, state-level.

Minimum Technical Feasibility Criteria	
Link to current technical specifications	DQA Measure Technical Specifications: https://www.ada.org/-/media/ADA/DQA/2021_OralEvaluation.pdf?la=en
Information on testing or use at state Medicaid/CHIP level	<p>The measure was tested with Medicaid and CHIP data from Texas and Florida, including data from fee-for-service and managed care delivery systems.¹</p> <p>The measure is currently used in Nebraska Medicaid, for pay-for-performance in Texas Medicaid,² and for Massachusetts Medicaid's Delivery System Reform Incentive payment program.³</p>
Description of required data source and data elements, including any barriers, limitations, or variations that could affect consistency of calculations	The measure requires administrative enrollment and claims data for a single year, without a lookback period. Data elements include beneficiary ID, birthdate, enrollment indicator, dental procedure codes (CDT codes), and NUCC Provider Taxonomy codes.

1

- Measure information and technical specifications
- Information on minimum technical feasibility
- Nominating Workgroup member's comments on feasibility, actionability, and strategic priority
- Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs

Measure Information Sheet: Removal


MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP:
MEASURES SUGGESTED FOR REMOVAL FROM THE 2022 CORE SET

Measure Information	
Measure name	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
Description	<p>Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ol style="list-style-type: none"> 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0004
Core Set	Adult Core Set
Core Set domain	Behavioral Health Care
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	The Workgroup member (WGM) indicated that removing this measure would not leave a gap. The WGM noted that other measures address several components of this measure already (e.g., Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence [FUA-AD] and Use of Pharmacotherapy for Opioid Use Disorder [OUD-AD]) so this measure is now duplicative.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the Core Set?	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) and Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
Meaningful Measures area of measure	Behavioral Health and Substance Use Disorders
Use in other CMS programs	<ul style="list-style-type: none"> • Medicaid & CHIP Scorecard • Merit-based Incentive Payment Systems • Medicare Medicaid Financial Alignment Initiative (FAI) Demonstration • Marketplace Quality Rating System (QRS) • Promoting Interoperability (PI) Program • State Directed Payment Program

FFY 2021 Technical Specifications

Agers	Age 18 and older as of December 31 of the measurement year.
Data collection method	Administrative or EHR
Denominator	Beneficiaries with a new diagnosis of alcohol and other drug (AOD) abuse or dependence (the eligible population). The denominator is

- Measure information and technical specifications
- Nominating Workgroup member's reasons for removal, by criteria
- Core Set reporting history and reporting challenges identified by states
- Other information, including measure alignment across programs
- Current measure rates, if publicly reported

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 Beneficiary Profile:** beneficiary characteristics, prevalence of conditions, and expenditures
 - **Core Set History Table:** when measures were added to or removed from the Core Sets
 - **Reasons for Not Reporting Core Set Measures:** detailed information on why states are unable to report current measures
 - **Chart Packs and Measure Specific Tables:** state reporting and measure rates
 - **Core Set Resource Manuals and Technical Specifications**
3. Assess the measure against the criteria for addition or removal
4. Record preliminary vote in measure review worksheet

Overview of Workgroup SharePoint Site



Medicaid and CHIP 2022 Child and Adult Core Set Annual Review

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Review Measures

CLICK ON BLUE HEADERS BELOW TO VIEW MATERIALS.

NOTE: These materials are for Workgroup use only. Please do not distribute.

[Measure Review Worksheet](#)

A worksheet to facilitate measure review, which includes space for notes on the measures, questions, and how you plan to vote.

[Measures Suggested for Removal](#)

Measure Information Sheet for each measure suggested for removal from the Core Sets.

[Measures Suggested for Addition](#)

Measure Information Sheet for each measure suggested for addition to the Core Sets.

[Resources for Reviewing Measures](#)

Additional resources to supplement the measure review including (1) information on the 2021 Core Set measures; (2) reasons for not reporting the measures for FFY 2019; (3) Medicaid and CHIP Beneficiary Profile; and (4) a resource list with links to the 2021 Child and Adult Core Set Resource Manuals and Technical Specifications, 2020 Chart Packs (FFY 2019 reporting), and other Core Set reporting resources.

Workgroup Homework

- If you have questions while reviewing the measures, please email MACCoreSetReview@mathematica-mpr.com
- Thank you for taking the time to prepare for discussion and voting!

Questions from Workgroup Members

May Voting Meeting Approach

May Meeting Logistics

- The virtual meeting is scheduled to take place May 4-6
- The meeting will be open to the public
- More information about the meeting agenda, registration, and resources will be posted on our website prior to the May meeting:
www.Mathematica.org/MACCoreSetReview

Approach to Measure Discussion

- **The Workgroup will discuss a total of 21 measures during the May meeting – 7 suggested for removal and 14 suggested for addition**
- **Measures will be reviewed by domain without regard to Core Set**
- **Within each domain, we will first discuss measures suggested for removal followed by measures suggested for addition**
 - **For paired measures, voting on the measure(s) for addition will occur prior to voting on the measure(s) for removals**
- **Measures will be considered in their specified form**

Voting Process

- **Voting will take place by domain after Workgroup discussion and public comment**
- **Workgroup members will vote on each measure in its specified form**
 - **Measures for addition:**
 - Yes = I recommend adding the measure to the Core Set
 - No = I do not recommend adding the measure to the Core Set
 - **Measure for removal:**
 - Yes = I recommend removing the measure from the Core Set
 - No = I do not recommend removing the measure from the Core Set
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes”**

Questions from Workgroup Members

Opportunity for Public Comment

Wrap Up

Next Steps for Measure Review

- The SharePoint site will be updated with measure review materials for Workgroup members tomorrow, April 9th
 - Measure information sheets will be posted publicly prior to the May voting meeting
- For help with SharePoint or other questions, Workgroup members should email 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/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>
- Information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>
- Information on the Core Set Annual Review is available at <https://www.mathematica-mpr.com/MACCoreSetReview>

Questions

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

THANK YOU FOR PARTICIPATING!

Appendix

Acronyms

Acronym	Definition
ADA	American Dental Association
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CDC WONDER	CDC Wide-ranging ONline Data for Epidemiologic Research
CMS	Centers for Medicare & Medicaid Services
DQA	Dental Quality Alliance
ECDS	Electronic Clinical Data Systems
EHR	Electronic Health Record
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
NCQA	National Committee for Quality Assurance
NQF	National Quality Forum
PCPI	PCPI Foundation
PQA	Pharmacy Quality Alliance
TAF	Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files
TJC	The Joint Commission
T-MSIS	Transformed Medicaid Statistical Information System