

2022 Child and Adult Core Set Annual Review:
Webinar to Prepare for the May Meeting Transcript
April 8, 2021, 1:00 – 2:00 PM EST

Hello, everyone. Thank you for joining us for the 2022 Child and Adult Core Set Annual Review meeting to prepare for the voting meeting. I'm Dayna Gallagher from Mathematica, and I'll be walking us through a few housekeeping items before we get started today.

Next slide.

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 list. Those who have joined us today using the mobile app will need to open the participant panel by tapping on the "participants" icon. The "raise hand" icon will appear at the bottom of your screen. You will be unmuted in the order in which your hand was raised. Please wait for your cue to speak and remember to lower your hand when you finish speaking.

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If you have any technical issues during today's webinar, please send the event producer a message through the Q&A function. Please note that the chat function is not enabled during this webinar, you will need to use Q&A to ask for support. And with that, I will hand it over to Margo Rosenbach to get us started.

Thanks, Dayna. Hi, everyone, my name is Margo Rosenbach and I'm a Vice President at Mathematica. I direct our quality measurement and improvement technical assistance contract with the Center for Medicaid and CHIP Services. It's my pleasure to welcome you to the webinar to prepare for the voting meeting for the 2022 Child and Adult Core Set Annual Review. And whether you're listening to the meeting live or listening to a recording, thank you so much for joining us and we hope you and your families are doing well.

Next slide, please.

I'd like to provide an overview of today's meeting objectives. First, I'll discuss the measure review strategy and then turn it over to Dayna, who will talk about the criteria that will be used to review the measures. Then next, Chrissy will identify the measures that were suggested by Workgroup members for removal from or addition to the 2022 Core Sets. And Dayna will describe the resources that are available to Workgroup members for reviewing the measures and also present our May meeting approach. We'll provide an opportunity for public comment and also have several opportunities for Workgroup members to share comments or ask questions. We'll also hear from our Co-Chairs, Shevaun Harris and David Kelley. So, with that, let's get started.

Next slide, please.

I'd first like to acknowledge our Mathematica Core Set Review team, they're listed here: Chrissy, Dayna, Tricia, Alli, Emily and Jessica. And since the call for measures closed on January 19, they've been very busy gathering information on the measures suggested for addition and removal and developing the materials for the Workgroup's review of those measures. So, thank

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you to the team for all your efforts as we continue to work from home and plan this virtual review process.

Next slide.

And also thank you to all of our Workgroup members. This slide and the next one show a list of the members of the 2022 Child and Adult Core Set Annual Review Workgroup. I won't be doing a roll call today in the interest of time. However, we are taking attendance based on the webinar login. And I'd like to give a special thank you to David Kelley and Shevaun Harris for serving as our Co-Chairs.

Next slide, please.

And here's the list of the rest of the Workgroup members. Thank you all for attending today and for all the work you'll be doing to prepare for the May voting meeting.

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I'd also like to acknowledge the participation of Federal Liaisons in the annual review process. The Workgroup includes representatives from CCSQ, CDC, AHRQ, HRSA, ASPE, ODPHP, SAMHSA and Veteran Affairs. The inclusion of federal liaisons reflects CMS' partnership in collaboration with other agencies to ensure alignment across federal agencies and programs. Federal Liaisons are non-voting members of the Workgroup and we thank them for their participation in the Annual Review Process. I'd also like to recognize the contributions of staff in the Division of Quality in the Center for Medicaid and CHIP Services and in particular Karen Matsuoka, Gigi Raney, Deirdra Stockmann, and Renee Fox.

Next slide.

And now for a brief recap of our milestones for the 2022 Child and Adult Core Set Annual Review. Here we are today at the webinar to prepare for the voting meeting, and then on May 4th through 6th we will convene again to review and vote on the measures suggested for removal and addition. After the voting meeting, we'll prepare the draft report summarizing the Workgroup's recommendations, making that available for public comment in July and then releasing a final report in August. After that, CMCS will review the final report and gather additional stakeholder input. And finally, by December 31 CMCS will release the 2022 Core Sets.

Before we discuss the measure review strategy and criteria, I'd like to invite our Co-Chairs David Kelley and Shevaun Harris to say a few words of welcome. David, do you want to go first?

Sure. Thanks, Margo. And thanks to the entire committee and Workgroup for all of the hard work that you have done so far. And also, I just want to take the opportunity to thank the Mathematica staff that have put a lot of time and energy into moving this process along and lastly, I want to thank all of our federal partners and thanking you for the opportunity for our Workgroup as stakeholders to provide this advice and input to the process but of course that measures. These measures are - I see them as being vitally important to the Medicaid and CHIP programs and as we know and we'll hear about, it's very important that we pick measures on the Core Set that are feasible, actionable, and meet strategic priorities, and whenever

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possible, align with other programs. So, we have our work cut out for us again. We are going to be meeting early in May to look at the additions and suggested removals that have been put forth. We'll be covering that a little bit later today. So, again, want to thank everybody for all the hard work, there will be homework between now and our meeting in May. So, again, thanks, everyone, and just really appreciate the opportunity to work with all of you. And Shevaun, I'll turn it over to you.

Thank you, David. So, I just want to echo David's comments, I want to thank Margo and the rest of the team at Mathematica for the tremendous amount of effort that they put into organizing these Workgroup meetings. They really do a great job of making it easy from a reviewer and participant perspective. And so, I know that a lot of prep and planning goes into all of that and also want to echo David's sentiments around our federal partners, the Centers for Medicare and Medicaid Services, and all of the others that participate in this process and make this forum possible. I have participated in the Core Set Review, I think this is maybe my third time, and it's thoroughly enjoyable each and every time. I'm a big believer in continuous quality improvement and making data-informed decisions. And I think for Medicaid and CHIP programs that is vitally important in understanding what is the member experience in terms of health outcomes.

And this is a prime opportunity for us to hone in on what's important in terms of evaluation and measurement and really try to align around other important areas that the federal government is looking at and what state programs are trying to accomplish. And so, wherever we can find synergy, I think, great things are bound to come from that. So, looking forward to the discussion today and in May. Thank you.

Thank you, David and Shevaun. That's really great.

Next slide, please.

Now we're going to move on to the measure review strategy and criteria.

Next slide.

And Shevaun's remarks were actually a great segue to this part of the presentation. As we mentioned last year, the review process is anchored by the purpose and uses of Core Set measures and these are primarily based on language in the statutes establishing the Core Set. So, here you can see the definition for the purpose of the Child and Adult Core Sets, to estimate the national quality of care for Medicaid and CHIP beneficiaries. You'll see here a recognition that the Core Set measures should cover the continuum of prevention, diagnostic, and treatment services for acute and chronic physical, behavioral, dental, and developmental conditions as well as long term services and supports.

And turning to the uses of the Core Sets, I want to highlight two primary uses. The first is to monitor the performance of state Medicaid and CHIP programs and the second is to identify where improvements in care delivery and health outcomes are needed. Of course, that should therefore include measures that are within the sphere of influence of state Medicaid and CHIP agencies to drive improvement through evidence-based interventions. In other words, the Core Sets should include measures that are actionable by state Medicaid and CHIP programs, and CMS and states should be able to use the measures to monitor improvement, both nationally and at the state level. And so, the charge to the Workgroup is to assess measures for removal

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and addition from the lens of the purpose and uses of the Core Sets. We all know that there are a lot of good quality measures and the key for the Workgroup is to recommend measures that fit the purpose of the Core Sets.

Next slide, please.

So, this slide highlights the balance that the Workgroup faces in assessing measures in terms of their feasibility, desirability, and viability. This Venn diagram will look familiar to many or most of you by now. And the goal is to optimize the overlap of the three components to select measures that achieve the goals of technical feasibility, desirability for stakeholders, and financial and operational viability. These characteristics are tied to the criteria included in the call for measures. So, in terms of technical feasibility, you'll recall that the call for measures included requirements related to minimum technical feasibility in order for a measure to be considered by the Workgroup. We also think about feasibility in terms of the ability of all states to report a measure within a reasonable period of time. Desirability for stakeholders relates to actionability and strategic priority for state Medicaid and CHIP programs. That is measures that fit within their sphere of influence to drive improvements in care delivery and health outcomes for beneficiaries.

Finally, the goal of viability ties back to such considerations as the prevalence of conditions within the Medicaid and CHIP populations, alignment across programs, and states capacity for reporting.

Next slide, please.

An important context for the 2022 Core Set Review is the beginning of mandatory reporting in 2024. And as you know, beginning in 2024, states will be required to report measures in the Child Core Set and Behavioral Health measures in the Adult Core Set. And the 2022 Core Set Review is another step closer to mandatory reporting. This year's annual review provides another opportunity for Workgroup members to focus on the purpose and uses of the Core Set measures to ensure a mix of measures that are feasible, desirable, and viable for state Medicaid and CHIP programs.

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So, as CMS and states prepare for mandatory reporting, we wanted to let Workgroup members know about several initiatives that are currently underway to use alternate data sources to calculate Core Set measures. The goals are to reduce states' burden and to standardize reporting across states. Over the past year, CMS has made substantial progress on the four initiatives listed here. First, CMS will be using data from CDC WONDER to publicly report two Child Core Set measures, Low Birth Weight Rate and Low Risk Cesarean Delivery. With the use of CDC WONDER data, we will have rates for all states on these two measures, which is very exciting, and these measures also are closely tied to CMS's new maternal and infant health quality improvement initiative.

Second, CMS is piloting the use of the AHRQ CAHPS Database to report the four Core Set measures shown on this slide. We completed the first round of the pilot this winter and are beginning the second round shortly. Third, CMS is giving states the option of using data generated by CMS from the TMSIS Analytic File, or TAF, for the April 2021 submission of the

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Form CMS 416 EPSDT report. This will include reporting of the Preventive Dental Services, or PDENT, measure in the Child Core Set.

And finally, CMS is testing the feasibility of using TAF data to construct other measures in the Child and Adult Core Sets, again, with the goal of reducing state burden and standardizing reporting across states and also helping states to prepare for mandatory reporting.

Next slide, please.

So, with that, I would like to turn it over to Dayna who will talk about the criteria for the 2022 Core Set Annual Review.

Thank you, Margo.

Next slide.

So, most of you have seen these before and you'll see them again, our criteria for considering measures during the 2022 Core Set Review. The criteria fall into the categories of minimum technical feasibility requirements, actionability and strategic priority, and other considerations. So, to be discussed by the Workgroup at the May voting meeting, all suggested measures must meet the minimum technical feasibility requirements. And we'll talk a bit later on in the webinar about suggested measures that did not meet these criteria. So, I will begin with the criteria for recommending measures for addition.

On this slide, we've showed the criteria for meeting the minimum technical feasibility requirements and these requirements help ensure that if the measure is placed on the Core Sets, states are able to report the measure. So, first a measure must have detailed technical specifications that enable production of the measure at the state level. It must have been tested in state Medicaid and CHIP programs or currently be in use by one or more Medicaid and CHIP agencies. It must have an available data source or validated survey that contains all required data elements needed to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries. The measure's specifications and data source must allow for consistent calculations across states. And another criterion articulated by CMCS is that the measure must include technical specifications, including code sets, that are provided free of charge for state use in the Core Sets. The Mathematica team has assessed all suggested measures for adherence to these minimum criteria. And Mathematica will also work with CMCS to determine whether specifications are available free of charge.

Next slide.

So, as we articulated on the previous slide, measures must be tested or be in use by Medicaid and CHIP agencies to be considered. So, I briefly wanted to elaborate on what we mean by testing of the measures in Medicaid and CHIP, as this will be important when Chrissy talks about some of the measures that have not met technical feasibility requirements. We've adopted the definitions on this slide from the CMS Measures Blueprint. So, there are two broad types of testing that we think about with quality measures. The first is alpha testing, also known as formative testing, that occurs alongside the development of a measure's technical specifications. It provides baseline information on whether the data elements exist, their quality, and initial information about feasibility. The second is beta testing, which is the type of testing

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we're thinking about with our criteria. This is field testing that occurs after the specifications are fully developed. So, beta testing is used to test implementation and usability in the target population, in this case, state Medicaid and CHIP programs. So, to meet minimum technical feasibility requirements, measures must have been field tested to ensure that the specifications can be implemented by state Medicaid and CHIP programs.

Next slide.

So, returning back to the criteria, next we have the actionability and strategic priority criteria. So, taken together with other Core Set measures, the measures should be useful for estimating the overall national quality of health care in Medicaid and CHIP, as well as perform comparative analyses of disparities among beneficiaries. Second, the measure should address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP. And finally, the measure should be able to be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP. So, for example, is there room for improvement on the measure? Can state Medicaid and CHIP programs or providers directly influence improvement on the measure?

Next slide.

So, lastly, other important considerations for recommending a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results for state Medicaid and CHIP program performance, and whether the measure is aligned with those used in other CMS programs. And thinking ahead to mandatory reporting, Workgroup members should consider whether all states will be able to produce the measure by FFY 2024 for all Medicaid and CHIP populations, and that includes fee-for-service beneficiaries and dually eligible beneficiaries.

Next slide.

Now, the criteria for recommending measures for removal. We've provided a set of criteria for removal, which reflects some reasons that a measure may no longer meet the criteria for inclusion in the Core Sets. Under feasibility, this could be that the measure is not fully developed, that states have difficulty accessing the data source, that results across states are inconsistent for reasons outside of quality differences, or that the measure will no longer be maintained by the measure steward.

For actionability and strategic priority, a measure could be recommended for removal if it's not contributing to estimating the overall national quality of care, if it doesn't address a strategic priority for improvement, or it can't be used to assess state progress in improving health care delivery and outcomes. Other considerations include whether the low prevalence of the condition or outcome impacts the reliability of results, whether another measure would be better aligned across other federal programs, or if all states will be unable to produce the measure by FFY 2024.

Next slide.

I'll now turn it over to Margo to take any questions from Workgroup members.

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Great. Thank you, Dayna. Do we have any questions from Workgroup members? And remember, please use the “raise hand” feature in the bottom right of the participant panel to join the queue, and then lower your hand when you are done, and we'll let you know when you've been unmuted.

Again, please use the “raise hand” feature in the bottom right if you have a question.

Not seeing any questions in the interest of time, why don't we move on. We have several other opportunities for questions from Workgroup members. So, with that, I'll turn it over to Chrissy to go over the list of measures suggested for addition or removal from the Core Sets. Chrissy?

Thanks, Margo.

Next slide.

I'm going to provide a brief overview of the measures that Workgroup members suggested for addition to or removal from the 2022 Core Sets. Before I get started with the measures, I want to thank the Workgroup members for their time and effort suggesting these measures.

Next slide.

This slide lists the 14 measures suggested for addition that will be reviewed during the May meeting, by Core Set domain. The slide also includes the measure steward, NQF number, and the data collection method. In the interest of time, I'm just going to read out the domains and measure names today. I'll also provide a quick summary of the measure characteristics in a couple of slides.

There are two measures suggested in Primary Care Access and Preventive Care: Preventive Care and Screening: Influenza Immunization and Colorectal Cancer Screening.

There are five measures suggested in Care of Acute and Chronic Conditions: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis; Appropriate Treatment for Upper Respiratory Infection; Proportion of Days Covered: Diabetes All Class; Proportion of Days Covered: Renin Angiotensin System Antagonists; and Proportion of Days Covered: Statins.

There are three measures suggested in Behavioral Health Care: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention; Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, which is currently in the Adult Core Set and has been suggested for addition to the Child Core Set for ages 13 to 17; and Follow-Up After Emergency Department Visit for Mental Illness, which is currently in the Adult Core Set and has been suggested for addition to the Child Core Set for ages 6 to 17.

There are three measures suggested in Dental and Oral Health Services: Oral Evaluation; Dental Services, Prevention: Topical Fluoride for Children at Elevated Caries Risk; and Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults.

And there's one measure suggested in Long-Term Services and Supports: Long-Term Services and Supports: Comprehensive Care Plan and Update.

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Six other measures were suggested for addition that will not be reviewed at the May meeting. As Dayna described, the call for measures included a specific set of minimum technical feasibility requirements. When suggesting a measure for addition, Workgroup members were asked to provide details describing how the measure satisfies those requirements. We reviewed all the measure submission forms carefully and followed up with measure nominators and measure stewards for more information when necessary. It was determined that six of the suggested measures did not meet all the minimum technical feasibility criteria. First, State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports, which is the last measure listed on this slide, does not meet the criteria since it is not fully specified as a measure with a numerator, denominator, and rate.

The other five measures listed here have all been fully specified and have undergone the type of alpha testing that Dayna had described earlier. However, they have not been field tested by state Medicaid and CHIP programs as is required for addition to the Core Sets. These five measures are: Prediabetes: Screening for Abnormal Blood Glucose; Intervention for Prediabetes; Retesting of Abnormal Blood Glucose in Patients with Prediabetes; Statin Therapy for the Prevention and Treatment of Cardiovascular Disease; and Tobacco Use and Help with Quitting Among Adolescents. Workgroup members and the public will still receive information on all six of these measures, including more details around technical feasibility. However, the Workgroup will not be voting on whether to recommend these measures for addition to the Core Sets in May.

Next slide.

This slide summarizes the characteristics of the 14 measures suggested for addition that will be reviewed in May. The measures span most of the current Core Set domains. Ten of the measures use the administrative method only, two have an option for administrative or another data collection method, one measure requires EHR or clinical registry, and one measure requires case management record review. Nine of the measures were originally specified for plan-level reporting, one for state-level reporting, two for both plan- and state-level, and two for provider-level.

Next slide.

So, here is the list of the seven measures suggested for removal that will be reviewed by the Workgroup in May by Core Set domain. And again, I'm just going to read out the domains and measure names. There is one measure in Primary Care Access and Preventive Care: Flu Vaccinations for Adults Ages 18 to 64. There are two measures in Maternal and Perinatal Health: PC-01: Elective Delivery, and Audiological Diagnosis No Later than 3 Months of Age. There is one measure in Care of Acute and Chronic Conditions: Ambulatory Care: Emergency Department Visits. There are two measures in Behavioral Health Care: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, and Medical Assistance with Smoking and Tobacco Use Cessation. And there is one measure in Dental and Oral Health Services: Percentage of Eligibles Who Received Preventive Dental Services. These measures should look familiar to you, as most of them were discussed at the Core Set Annual Review meeting last year.

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Next slide.

This slide summarizes the characteristics of the seven measures suggested for removal that will be reviewed in May. Again, the measures span almost all of the current domains, and include 3 of the 23 measures in the 2021 Child Core Set and 4 of the 32 measures in the 2021 Adult Core Set. And you can see that four of the seven measures rely exclusively on non-administrative data sources, such as hybrid, EHR, or survey data.

Next slide.

And with that, I'll turn it over to Margo to take any questions from Workgroup members.

Thank you, Chrissy. And again, remember to use the "raise hand" feature in the bottom right of the participant panel to join the queue and then lower your hand when you're done, and we'll let you know when you've been unmuted. So, are there any questions from Workgroup members?

Okay. Well, why don't we keep going and we will have other opportunities. Thanks very much. All right now turning it back over to Dayna to describe the guidance for reviewing measures. Dayna?

Thanks, Margo.

Next slide.

So, I'll 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.

So, in preparation for the May meeting, we ask that Workgroup members review all of the measures suggested for removal from or addition to the Core Sets. Workgroup members will have access to a SharePoint site that includes materials to help assess each measure's appropriateness for the Core Sets. Workgroup members, we'll be sending you an email tomorrow with a user guide and credentials to log in to the site. So, as you go through your review, please keep the criteria for removal and addition to the Core Sets top of mind. And 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.

So, the primary resource we developed to help you review the measures are the measure information sheets. We've 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 measures for addition, these include technical information like numerators, denominators, and data collection method, as well as information on the measure's alignment with the minimum technical feasibility criteria. We've also included comments from the Workgroup members who nominated the measures on how the measure meets the feasibility, actionability, and strategic priority criteria. These sheets also include additional information, like the use of measures in other programs, prevalence of the condition in Medicaid and CHIP, and links to more detailed information about the measures.

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Next slide.

We also have measure information sheets for measures suggested for removal, which include many of the same elements as the measures for addition, including technical specifications, the nominating Workgroup member's reasons for removal, and other information, including measure alignment across programs. For these current measures, we are also able to provide information on states' reporting history and any challenges noted by states in reporting the measure. For measures with publicly reported rates, and that's generally those with more than 25 states reporting, we also included current measure rates and graphics.

Next slide.

So, when you sit down to review the measures, we recommend starting with a review of the measure information sheets. You can use the measure review worksheet available on the SharePoint site to record notes and questions as you go through these. If you have outstanding questions or want more background information on the measure or condition, we also have a few other resources you can consult. First, the Medicaid and CHIP beneficiary profile can be used to locate more information on the characteristics and health status of Medicaid and CHIP beneficiaries, the prevalence of certain conditions, and expenditures on different areas of care. The Core Set history table shows which year measures were added or removed over the history of the Core Sets, and can be a useful tool for seeing the longevity and turnover of measures. We also have the Reasons for Not Reporting Fact Sheet, which details the reasons states provided for not reporting the existing Core Set measures for FFY 2019. This fact sheet can help Workgroup members understand the feasibility and challenges of state Core Set reporting. We will also link to the chart packs and measure-specific tables which have more information on state reporting and measure rates for the current measures.

Finally, we will also provide the Core Set resource manuals and technical specifications for the current Core Set measures. For measures recommended for addition, the technical specifications are generally linked in the measure information sheets. Once you found any additional information you need, you can assess the measures against the criteria for addition or removal and record your preliminary vote to recommend removal or addition in the measure review worksheet.

Next slide.

This slide is a screenshot from the "Review Measures" page of the Workgroup member SharePoint site. The measure review worksheet is linked at the top and the measure information sheets will be available either under the "measures suggested for removal" or the "measures suggested for addition" links. And you can download these either as individual sheets or as a combined file, whichever is more convenient. The additional resources I referenced on the last slide will be available at the "resources for reviewing measures" link. And again, we'll be sending more information on how to access and use the SharePoint site directly to Workgroup members tomorrow.

Next slide.

So, if you have any questions while reviewing the measures, please don't hesitate to reach out to us. We've gotten very in the weeds with these measures over the last few months and are

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more than happy to help. We'd also like to thank the measure stewards for the suggested measures, as they've been very helpful to us in learning more about the measures.

And 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 some interesting conversations with you during the May meeting. We always enjoy hearing your debate and insights.

Next slide.

Okay, I'll turn it over to Margo to take questions from Workgroup members.

Okay. And as a reminder, please use the "raise hand" feature in the bottom right of the participant panel to join the queue and we'll let you know when you've been unmuted. Do we have any questions at this point?

Great. Why don't we continue? We do have one more opportunity for Workgroup members to make comments or ask questions later on.

Okay, great. I'll now spend a few minutes discussing our approach to the May voting meeting.

Next slide. And one more.

So, much like last year we will again be doing a virtual meeting taking place over three days, May 4th through 6th. 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 PM Eastern on the first two days and by 3 PM Eastern on the third day. We will post an agenda at least one week before the meeting, and just like today's webinar, the May meeting will be open to the public and there will be opportunities for public comment throughout. Registration is now available on our web page. So, feel free to go ahead and register.

Next slide.

So, this year there will be a total of 21 measures to discuss: 7 suggested for removal and 14 suggested for addition. The measures will be reviewed by domain without regard to Core Set (so Child and Adult measures will be discussed together). And within each domain we'll begin with the measures suggested for removal and continue on to the measures suggested for addition. However, when we vote on paired measures, and that's when a measure was suggested for addition to replace a measure suggested for removal, we'll vote on the measure for addition first. And as always, measures will be considered in their specified form, meaning we'll discuss and vote on the measures as they're currently specified by the measure stewards, without conditions or modifications.

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As for the voting process, voting will take place by domain after Workgroup discussion and public comment. So, for each measure, a "Yes" vote will mean "I recommend adding the measure to the Core Set" and a "No" vote means "I do not recommend adding the measure to the Core Set." Similarly, for each measure for removal Workgroup members will vote "Yes" or "No," where "Yes" is "I recommend removing the measure" and "No" is "I do not recommend removing the measure." For a measure to be recommended for removal from or addition to the

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Core Sets, the “Yes” vote needs to receive two-thirds of the eligible votes. Prior to the May meeting, we will be providing a fact sheet to Workgroup members with more information on how to vote virtually.

Next slide.

And now we'll open it up for our final opportunity for Workgroup comments.

Okay, once again, if you have a question use the “raise hand” feature in the bottom right of the participant panel to join to queue.

I'm not seeing any questions from Workgroup members. All right, well, why don't we open it up now for an opportunity for public comment?

Next slide, please.

Okay, so, as a reminder, if you have a public comment, please raise your hand if you wish to speak. And then we will unmute you in turn.

Okay. Daniel Anderson, I think we see that you have a comment.

Derek, please unmute Daniel.

Daniel, your line has been unmuted. Daniel, your line has been unmuted so you're free to ask your comment.

Daniel, is it possible that you're double muted? There you go. Can you speak now?

Why don't we move on to the next person, Courtney Marino?

Derek, could you unmute Courtney, please?

Courtney, your line has been unmuted. Courtney, your line has been unmuted.

Courtney, perhaps you're double muted? Well, why don't we move on to someone else? I see Matt has a raised hand. Matt, your line is unmuted.

Can you hear me?

Yes, we can.

Great. Thank you, I just wanted to offer encouragement for the inclusion of Colorectal Cancer as a Medicaid Core measure. I'm from the state of Minnesota and Minnesota Community Measurement has reported this data for Medicaid for over a decade. It has shown a consistent gap between other types of insurance and the Medicaid population. But in that same timeframe, Colorectal Cancer screening has also increased in the Medicaid population by 12%. And I think part of that is because of the transparency and the reporting of it as a Medicaid measure has created some priority among cancer control stakeholders and health systems. So, I just wanted to put that into the public comment today. Thank you.

Thank you for your comments. How about going back to Daniel Anderson and seeing if he can be unmuted again.

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Daniel, your line is unmuted. Daniel, just as a reminder, your line is unmuted.

Let's try Courtney again. Courtney Marino.

Courtney, your line is unmuted.

Let's move on. How about Dr. Maria Teresa?

Hi, good afternoon. Can you hear me?

We can. Thank you.

I'll keep my comments brief. I just wanted to also express my support for the addition of Colorectal Cancer screening. I'm with the Maryland Department of Health and I think it would be great to add that to this set. Thank you.

Thank you very much. Do we have comments from anyone else?

Margaret, your line has been unmuted.

Thank you. Can you hear me okay?

We can.

Oh, perfect. Thank you. I have thundering hordes in the background here, typical Zoom. Thank you. So, my name is Margaret Hitchcock and I'm Vice President of the California Colorectal Cancer Coalition. And for some reason, I suspect Dr. Anderson is having issues with unmuting his computer. We would really love to thank you all for including the Colorectal Cancer measure in the Core Set. From our perspective of what we're doing in California, one of our primary concerns with our Medicaid patients is, recent analysis from the California Cancer Registry, is that our Medicaid patients are presenting with stage of diagnosis, late-stage diagnoses and mortality that are paralleling uninsured patients in California. So, that's a pretty critical data point for us that we would, we're very hopeful that having this quality measure pass will help us address that issue. So, thank you again.

Thank you for your comments. I see we have a few comments or questions in the chat about the materials. And I'll just say that the measure information sheets that were referenced will be available to the public in advance of the May meeting. They are being made available to the Workgroup members for their review process at this point and will be finalized and made available to everyone else shortly before the meeting. And we also will be posting the agenda before the meeting as well.

Daniel, perhaps we could try to unmute Daniel again?

All right let's move on to Cindy Borassi.

Can you hear me?

We can. Thank you.

Okay, thank you. I just want to echo what Margaret had to say and probably what Dr. Anderson was going to say. I'm the president of the Colon Cancer Foundation. We work closely with them

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at the National Colorectal Cancer roundtable level and I just want to thank you for adding the Colorectal Cancer, adding Colorectal Cancer to the field as a measure. Thank you very much.

Great. Do we have other public comments? And just as a reminder, we appreciate all of the public comments in support of the Colorectal Cancer screening measure. This will be discussed at the May meeting by the Workgroup.

All right, any other public comments? Do we have any other Workgroup members who would like to speak at this point?

All right, I'm thinking why don't we move on? Thank you all for your comments.

So, next slide, please.

Okay, we're in the homestretch. Before we wrap up, I wanted to pause and give Shevaun and David an opportunity to make some final remarks about the work ahead of us. So, Shevaun do you want to go first this time?

Sure. Thank you, Margo. Well just to wrap up, I'll say a few words. First, I love the criteria and guardrails with which Mathematica has created to guide us through the process of making recommendations related to the addition and/or removal of measures. I know that our federal partners really take to heart the recommendations that are made and most importantly the discussion that will ensue in the May meeting. I challenge all of the Workgroup members to adhere to Mathematica's criteria related to feasibility, actionability and strategic priorities. I know when thinking about performance measurement and quality improvement there's sometimes a real tension between the boldness with which we may want to be, versus what is possible. This process allows us to assist our federal partners in recommending things that hopefully strike that balance among numerous competing priorities and honing in on areas where we can have the biggest impact. As a previous Workgroup participant, I've had to challenge myself when reviewing additions and removals to bring to bear my professional experiences from my state, which is Florida, but to think beyond that and more globally around what makes the most sense, across all states. So, as someone who has worked in a Medicaid program for over 15 years, I truly do think that's super critical for us to achieve the best outcomes. And I look forward to the meeting in May and being able to further engage with all of you on this very important effort. Thank you.

And David? Want to say a few words?

Yes thanks, Margo. Again, I just want to thank the committee for your diligence in working through this year's recommended additions and removals. We have 21 total. Hopefully you'll be doing your homework between now and the beginning of May to review those measures and come ready to discuss based on the guardrails that have been established. Really look forward to virtually meeting with everyone and having a great, robust discussion. Also, again, wanted to just thank our federal – all of our federal partners, CMCS especially, in giving us all the opportunity to provide this input to both the Medicaid and the CHIP programs. And also thank you to Margo, Chrissy and Dayna and the entire Mathematica team really for all of the hard work that goes into this. And then lastly, I'd like to thank the public individuals that commented. We really appreciate the comments that have come in and your participation in this process as

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well. So, thanks to everyone and look forward to virtually meeting with everyone in early May. So, thanks and Margo, back over to you.

Great. Thank you so much, David and Shevaun, for your remarks, and next slide please.

This slide shows the next steps for the measure review. Between now and early May, workgroup members will be reviewing materials about the measures suggested for addition and removal. And so, tomorrow we will ask all Workgroup members to log in to the SharePoint site. We'll be uploading the materials tomorrow and we'll send an email when that information is available. If you need help with SharePoint or if you have any other questions, please email us at MACCoreSetReview@mathematica-mpr.com. And we know that sometimes SharePoint can be very daunting, so we're here to help you if you have any issues.

Next slide, please.

And for those of you who would like more information, we have included Medicaid.gov links for the Child and Adult Core Sets. We've also included the link to the Core Set Annual Review webpage and as Dayna mentioned, registration for the May voting meeting is now open and you can register at this webpage. We also have a new feature this year, which is really exciting, that you can register for all three days at once. You will also find agendas and slides for each meeting, a calendar of events, and other resources such as last year's report. Next slide. And as always, you can reach us at MACCoreSetReview@mathematica-mpr.com.

And finally, next slide.

Thank you all so much for participating. We look forward to having you join us in May to discuss the measures suggested for removal and addition. So, everybody take care, stay safe, stay well.

This meeting is now adjourned. Bye, everybody.