

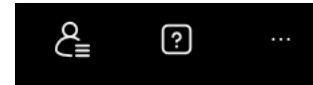
Child and Adult Core Sets Annual Review Workgroup:

Meeting to Prepare for the 2026 Review

January 10, 2024

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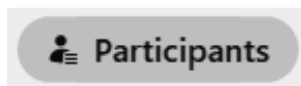
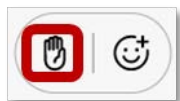


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Welcome and Meeting Objectives

Meeting Objectives

- Discuss the strategy and criteria for assessing measures
- Identify the measures suggested by Workgroup members for removal from or addition to the 2026 Child and Adult Core Sets
- Describe the resources available to Workgroup members for reviewing measures
- Present the agenda and approach for measure discussion at the voting meeting (February 6–7, 2024)
- Provide an opportunity for public comment

Mathematica Core Sets Review Team

- **Margo Rosenbach, Project Director**
- **Chrissy Fiorentini, Researcher**
- **Caitlyn Newhard, Managing Consultant**
- **Maria Dobinick, Researcher**
- **Deb Haimowitz, Health Associate**
- **Talia Parker, Health Associate**
- **Alli Steiner, Senior Researcher**

2026 Core Sets Annual Review Workgroup

Voting Members

Co-Chair: Kim Elliott , PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Rachel La Croix , PhD, PMP Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Benjamin Anderson , JD	Families USA
Richard Antonelli , MD, MS	Boston Children's Hospital
Stacey Bartell , MD Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
Tricia Brooks , MBA	Georgetown University Center for Children and Families
Emily Brown	Free From Market
Joy Burkhard , MBA	Policy Center for Maternal Mental Health
Stacey Carpenter , PsyD, IMH-E®	ZERO TO THREE
Roshanda Clemons , MD Nominated by the Medicaid Medical Directors Network	Nevada Department of Health and Human Services
Lindsay Cogan , PhD, MS	New York State Department of Health
James Crall , DDS, ScD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Erica David Park , MD, MBA, FAAPMR	AmeriHealth Caritas

2026 Core Sets Annual Review Workgroup *(continued)*

Voting Members

Anne Edwards, MD Nominated by American Academy of Pediatrics	American Academy of Pediatrics
Clara Filice, MD, MPH, MHS Nominated by the Medicaid Medical Directors Network	MassHealth
Angela Filzen, DDS Nominated by the American Dental Association	Mississippi State Department of Health
Sara Hackbart, MS Nominated by the National MLTSS Health Plan Association	Elevance Health
Richard Holaday, MHA Nominated by the National Association of Medicaid Directors	Delaware Division of Medicaid and Medical Assistance
Jeff Huebner, MD, FAAFP Nominated by the National Association of Medicaid Directors	Wisconsin Department of Health Services
Sarah Johnson, MD, MPH	IPRO
David Kelley, MD, MPA	Pennsylvania Department of Human Services
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Mass General Brigham Health, Harvard Medical School
Jakenna Lebsock, MPA	Arizona Health Care Cost Containment System (AHCCCS)
Hannah Lee-Brown, PharmD, RPh, CPHQ Nominated by the Academy of Managed Care Pharmacy	Healthfirst

2026 Core Sets Annual Review Workgroup *(continued)*

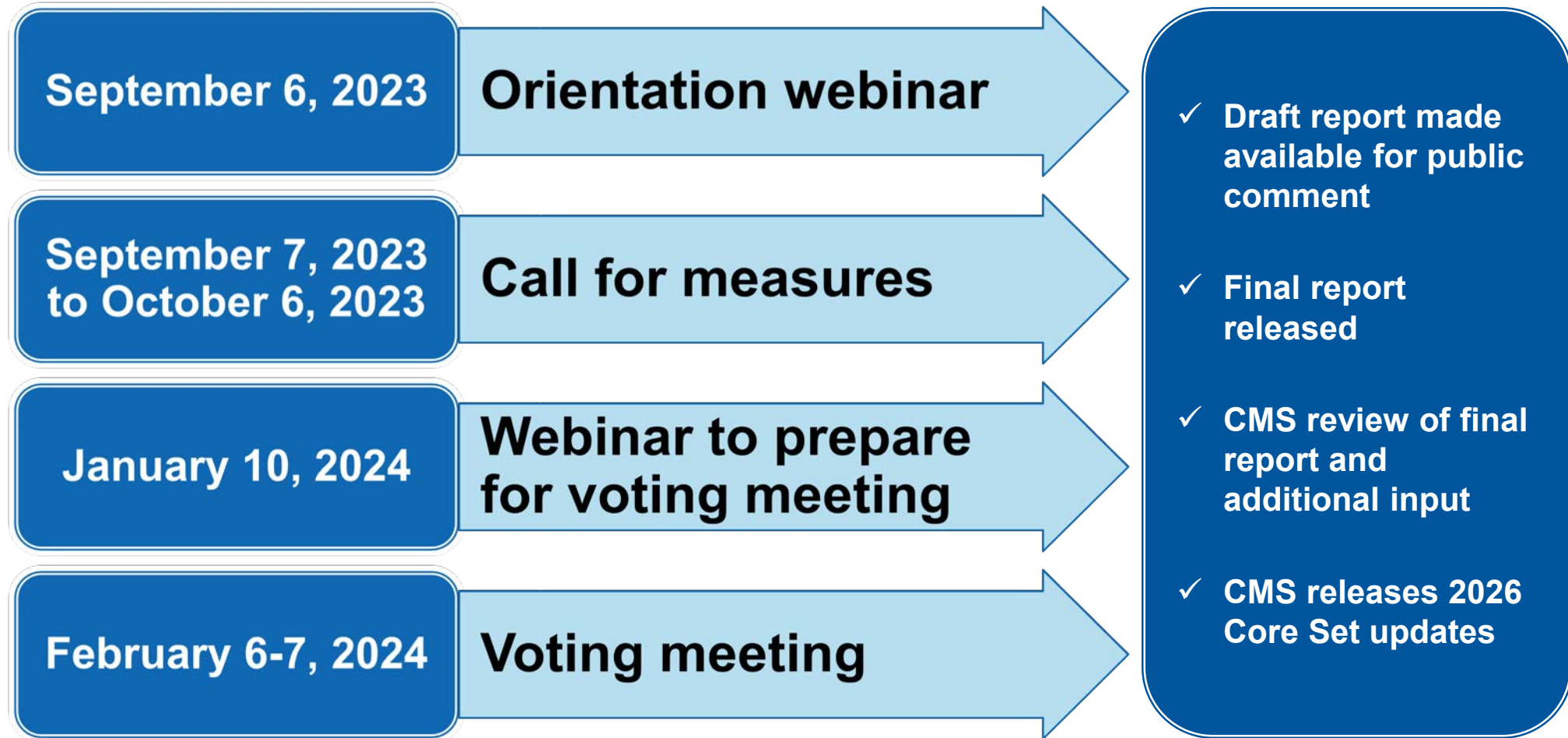
Voting Members

Katherine Leyba Nominated by the National Association of Medicaid Directors	New Mexico Human Services Department
Lisa Patton, PhD	CVP
Laura Pennington, MHL Nominated by the Medicaid Medical Directors Network	Washington Health Care Authority
Grant Rich, PhD, MA	Alaska Department of Health
Lisa Satterfield, MS, MPH, CAE, CPH Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Linette Scott, MD, MPH	California Department of Health Care Services
Bonnie Silva Nominated by ADvancing States	Colorado Department of Health Care Policy & Financing
Kai Tao, ND, MPH, FACNM Nominated by the American College of Nurse Midwives	Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior

2026 Core Sets Annual Review Workgroup: Federal Liaisons

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

2026 Core Sets Annual Review Workgroup Milestones



Measure Review Strategy and Criteria

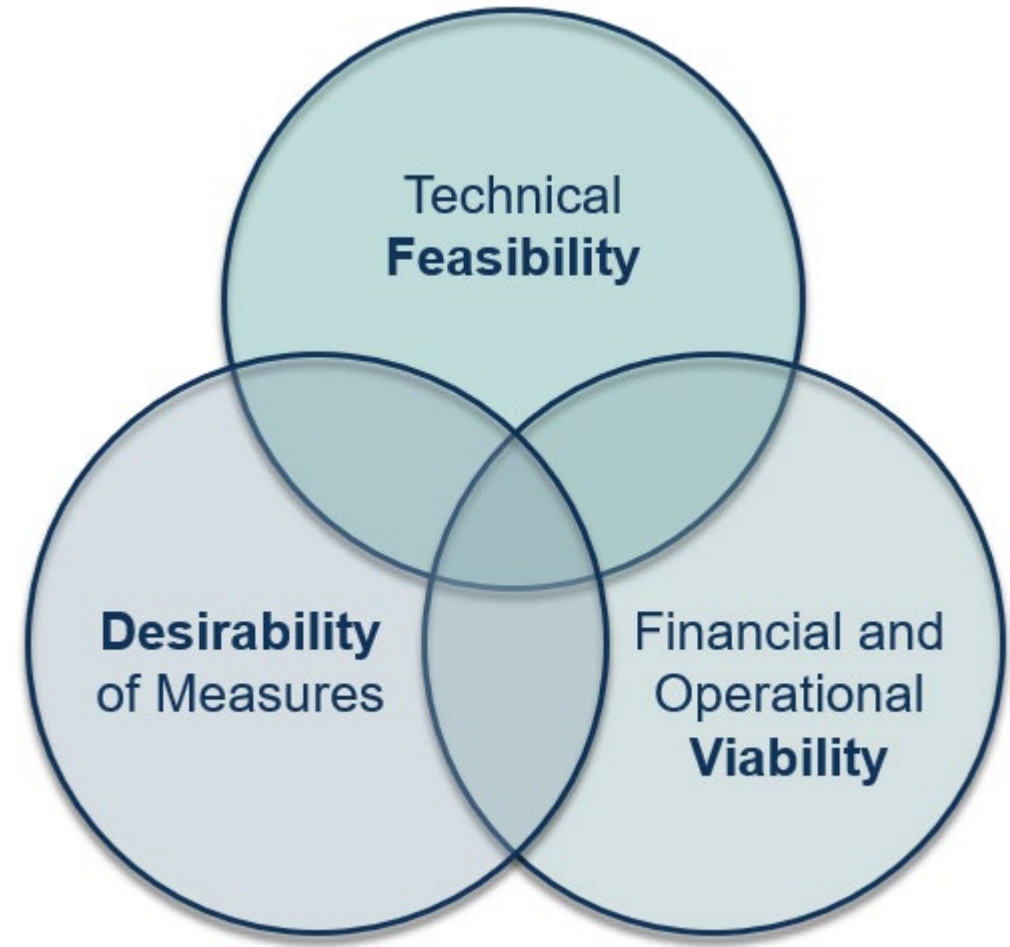
Using the Child and Adult Core Sets to Advance Access, Quality, and Equity

- The Child and Adult Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP
- The Core Sets help CMS and states:
 - Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries
 - Identify and improve understanding of the health disparities experienced by Medicaid and CHIP beneficiaries
- CMS encourages states to use Core Set data to identify disparities in care and to develop targeted quality improvement efforts to advance health equity
- **Charge to the 2026 Core Sets Annual Review Workgroup:** Assess the existing Core Sets and recommend measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP

Source: CMCS Informational Bulletin (11/15/2022).

Role of the Workgroup in Strengthening the 2026 Child and Adult Core Sets

- The annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve the Core Sets
- The Workgroup discussion must balance the desirability, feasibility, and viability of measures from the perspective of state-level quality measurement and improvement
 - Example: Quality measures that reflect health outcomes may be more desirable than process measures, but they may be more challenging to report based on data availability and resource intensity



Preparing for Mandatory Reporting

- **States must report on all Child Core Set measures and the behavioral health measures on the Adult Core Set for FFY 2024 state reporting and annually thereafter**
 - States must adhere to reporting guidance in the resource manuals and TA briefs issued by CMS
 - For more information on the mandatory reporting requirements, see https://www.medicaid.gov/sites/default/files/2023-12/sho23005_0.pdf
- **Feasibility and viability of state-level reporting of current and future Core Set measures are key considerations as mandatory reporting begins**
- **Another key consideration is the ability to stratify measures by factors such as race, ethnicity, sex, geography, age, disability, and language**
 - States will be required to report data stratified by race, ethnicity, sex, and geography for a subset of mandatory measures beginning with FFY 2025 Core Set reporting
- **Workgroup recommendations for the 2026 Core Sets should consider the feasibility for all states to report a measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets**

Criteria for the 2026 Child and Adult Core Sets 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 2026 Child and Adult Core Sets, all measures must meet minimum technical feasibility requirements

Criteria for Assessing Measures for Removal

Technical Feasibility

- ✓ 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).
- ✓ 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).
- ✓ The specifications and data source do not allow for consistent calculations across states (e.g., there is variation in coding or data completeness across states).
- ✓ The measure is being retired by the measure steward and will no longer be updated or maintained.

Actionability and Strategic Priority

- ✓ 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.
- ✓ The measure is not suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ✓ The measure does not address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP (e.g., it does not promote effective care delivery, does not address the unique and complex needs of Medicaid and CHIP beneficiaries, or there is a lack of evidence that this measure will lead to quality improvement).
- ✓ 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, trending is not possible, or improvement is outside the direct influence of Medicaid and CHIP programs/providers).

Other Considerations

- ✓ The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, considering Medicaid and CHIP population sizes and demographics.
- ✓ The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
- ✓ All states may not be able to produce the measure for Core Set reporting within two years of the reporting cycle under review or may not be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).

Criteria for Assessing Measures for Addition

Minimum Technical Feasibility Requirements

- ✓ 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).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ 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).
- ✓ The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

Actionability and Strategic Priority

- ✓ 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.
- ✓ The measure should be suitable for comparative analyses of disparities among Medicaid and CHIP beneficiaries by factors such as race, ethnicity, sex, age, rural/urban status, disability, and language.
- ✓ The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.
- ✓ The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs/providers).

Other Considerations

- ✓ 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.
- ✓ The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- ✓ All states should be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Sets and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).

Measures Suggested for Removal from or Addition to the 2026 Child and Adult Core Sets

Measures Suggested for Removal or Addition That Will Be Reviewed at the Voting Meeting

Domain	Measure Name	Measure Steward	Data Collection Method
Measures Suggested for Removal			
Care of Acute and Chronic Conditions	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	PQA	Administrative
Behavioral Health Care	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	NCQA	Administrative or EHR
Measures Suggested for Addition			
TBD	Prenatal Depression Screening and Follow-Up	NCQA	ECDS ^a
TBD	Social Need Screening and Intervention	NCQA	ECDS ^a

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

ECDS = Electronic Clinical Data System; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance; PQA = Pharmacy Quality Alliance.

Summary of the Measures Suggested for Removal or Addition That Will Be Reviewed at the Voting Meeting

Characteristic	Measures Suggested for Removal	Measures Suggested for Addition
Data Collection Methods		
Administrative only	1	-
Administrative or EHR	1	-
ECDS	-	2
Level of Reporting for Which the Measure was Developed		
Plan level	2	2


Questions from Workgroup Members

Guidance to Workgroup Members for Reviewing Measures

Guidance for Measure Review


- Before the voting meeting, Workgroup members should review all the measures suggested for consideration by the Workgroup
- Mathematica will provide additional resources to help Workgroup members assess the measures for removal from or addition to the Child and Adult Core Sets
- To guide their review, Workgroup members should refer to the criteria for removal of existing measures and addition of new measures
- The Measure Review Worksheet can be used to record and organize notes, questions, and planned vote for each measure suggested for removal or addition

Measure Information Sheet: Removal

 MEASURE INFORMATION SHEET	
CHILD AND ADULT CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2026 CORE SETS	
Measure Information	
Measure name	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)
Description	<p>Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days. Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.
Measure steward	National Committee for Quality Assurance (NCQA)
Core Set	Adult Core Set
Core Set domain	Behavioral Health Care
Meaningful Measures area	Behavioral Health
Measure type	Process
If measure is removed, does it leave a gap in the Core Set?	No. The Workgroup member (WGM) who suggested this measure for removal indicated that removing the measure would not leave a gap in the Core Set.
Has another measure been proposed for substitution (new or existing measure)?	No
Is there another related measure in the Core Set?	<ul style="list-style-type: none"> Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
Use in other CMS programs	<ul style="list-style-type: none"> Merit-Based Incentive Payment System Program Marketplace Quality Rating System Medicaid Health Home Core Set
FFY 2024 Technical Specifications	
Ages	Age 18 and older as of the SUD episode date.
Data collection method	Administrative or electronic health records (EHR).
Denominator	The number of beneficiaries age 18 and older as of the SUD episode date who had a new episode of SUD during the intake period.
Numerator	<ul style="list-style-type: none"> Numerator 1: Initiation of SUD Treatment

- Measure information and technical specifications
- Nominating Workgroup member reasons for removal, by criteria
- Core Set reporting history and reporting challenges identified by states
- Other information, including measure alignment across programs
- Summary of prior Workgroup discussions, if previously discussed
- Performance measure rates, if publicly reported

Measure Information Sheet: Addition



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MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SETS REVIEW WORKGROUP:
MEASURES SUGGESTED FOR ADDITION TO THE 2026 CORE SETS

Measure Information	
Measure name	Social Need Screening and Intervention
Description	<p>The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive. Six rates are reported:</p> <ol style="list-style-type: none"> Food Screening. The percentage of members who were screened for food insecurity. Food Intervention. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity. Housing Screening. The percentage of members who were screened for housing instability, homelessness, or housing inadequacy. Housing Intervention. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy. Transportation Screening. The percentage of members who were screened for transportation insecurity. Transportation Intervention. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.
Measure steward	National Committee for Quality Assurance (NCQA)
Core Set domain	Other
Meaningful Measures area(s)	Equity
Measure type	Process
Recommended to replace current measure?	No

Technical Specifications	
Ages	<p>Members of any age. Results are reported using the following age stratifications:</p> <ul style="list-style-type: none"> ≤ 17 years. 18-64 years. 65 and older. <p>The total rate is the sum of the age stratifications.</p>
Data collection method	HEDIS® Electronic Clinical Data Systems (ECDS).

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- Measure information and technical specifications
- Information on minimum technical feasibility
- Whether the data source allows for stratification by racial, ethnic, and sociodemographic characteristics
- Nominating Workgroup member comments on feasibility, actionability, and strategic priority
- Other information, including condition prevalence in Medicaid and CHIP and measure alignment across programs
- Summary of prior Workgroup discussions, if previously discussed

Guidance for Measure Review

1. Review Measure Information Sheet and record notes and questions in measure review worksheet
2. Consult other available resources as needed
 - **Medicaid and CHIP Beneficiary Profile:** Beneficiary characteristics, prevalence of conditions, and expenditures
 - **Core Set History Table:** When measures were added to or removed from the Core Sets
 - **Chart Packs and Measure Performance Tables:** State reporting and measure rates
 - **Core Sets Resource Manuals and Technical Specifications:** Instructions on how to calculate the measures
 - **List of Measures Previously Discussed:** Years considered and Workgroup recommendations for measures that have been previously discussed
3. Assess the measure in relation to the criteria for addition or removal
4. Record preliminary vote in measure review worksheet

Voting Meeting Approach

Voting Meeting Logistics

- The virtual meeting will be held February 6-7, 2024
- Registration is now available at www.Mathematica.org/MACCoreSetReview
- The meeting will be open to the public
- More information about the meeting agenda and resources will be posted on our website before the voting meeting: www.Mathematica.org/MACCoreSetReview

Approach to Measure Discussion

- The Workgroup will discuss 4 measures during the voting meeting, including 2 suggested for removal and 2 suggested for addition
- The Workgroup will first discuss measures suggested for removal followed by measures suggested for addition
- Measures will be considered in their specified form

Voting Process

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

Discussion of Gaps at the Voting Meeting

- Every year, the Workgroup identifies a list of gaps in the Core Sets
- The list of gaps is intended to inform the Call for Measures for the subsequent annual review
- Beginning with the 2027 Child and Adult Core Sets Annual Review cycle, Mathematica will conduct a Public Call for Measures
- During the Voting Meeting next month, Mathematica will engage the Workgroup in a discussion about priorities and criteria for the 2027 Public Call for Measures
- Public comment on priorities and criteria for the Public Call for Measures will be invited

Workgroup Homework

- Review the Measure Information Sheets and record notes and questions in measure review worksheet
- Prepare for the discussion on the Public Call for Measures by reviewing measure criteria and previously identified gaps
- If you have questions while reviewing the materials, please email MACCoreSetReview@mathematica-mpr.com
- Thank you for taking the time to prepare for the discussion and voting!

Questions from Workgroup Members

Opportunity for Public Comment

Wrap Up

Next Steps for Measure Review

- Workgroup members and federal liaisons will receive the measure review materials via email by COB tomorrow, January 11th
- Measure information sheets will be posted publicly before the voting meeting
- Workgroup members should email Mathematica with any questions about the measures suggested for removal or addition, voting meeting process, or other logistics
 - Contact us at MACCoreSetReview@mathematica-mpr.com

For More Information

- Information on the Child Core Set is available at 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 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 Child and Adult Core Sets Annual Review is available at www.mathematica.org/features/MACCoreSetReview

Questions

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

Thank you for participating!