

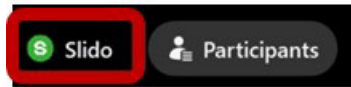
Child and Adult Core Sets Annual Review Workgroup

Meeting to Review Measures for the 2027 Core Sets
Day 1

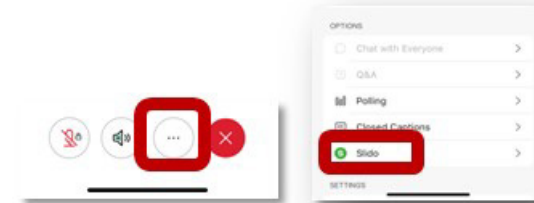
February 4, 2025

Technical Instructions (1/2)

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On the mobile app:



- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the “call me” feature in WebEx is the most reliable option.
 - Audio settings can be accessed by selecting the arrow next to the unmute button.
- Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.



Technical Instructions (2/2)

- During the webinar, there will be opportunities for Workgroup member comments or public comment.
- To make a comment, please use the **raise hand** feature. A hand icon will appear next to your name in the participant panel.



- You will hear a tone when you have been unmuted. Please wait for your cue to speak and lower your hand when you have finished speaking.
- Please note that the chat function is disabled for this webinar. All questions should be submitted using the **Q&A** function, located within the **Slido** panel.
- To enable closed captioning, click on the “CC” icon in the lower-left corner of the screen. You can also click “Ctrl, Shift, A” on your keyboard.



Welcome and Meeting Objectives

Mathematica Project Team

- **Project director: Rosemary Borck**
- **Research, analytics, and logistics team: Patricia Rowan, Chrissy Fiorentini, Caitlyn Newhard, Deb Haimowitz, Maria Dobinick, Talia Parker, Sreyashi Ghosh, Alli Steiner, David Clayman**
- **Communications support: Christal Stone Valenzano and Derek Mitchell**
- **Writing support: Aurrera Health Group team, led by Megan Thomas and Jenneil Johansen**

Meeting Objectives

- **Review measures suggested for removal from or addition to the 2027 Child and Adult Core Sets**
- **Recommend updates to the 2027 Child and Adult Core Sets**
- **Discuss gap areas**
- **Provide opportunities for public comment**

Co-Chair Welcome Remarks

Kim Elliott
Rachel La Croix

Introduction of Workgroup Members and Disclosure of Interests

Disclosure of Interests

- All Workgroup members were required to submit a Disclosure of Interest form that discloses any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Child and Adult Core Set measures or measures reviewed during the Workgroup process.
- Members deemed to have an interest in a measure suggested for removal or addition will be recused from voting on that measure.
- During introductions, members are asked to disclose any interests, though such disclosure may not indicate that a conflict exists.

Workgroup Roll Call

- **Please use the “Raise Hand” feature to be unmuted during introductions.**
 - You will hear a tone when you have been unmuted by the event producer.
 - Please ensure you are not also muted on your headset or phone.
- **Please mute yourself and lower your hand after speaking.**
- **If you wish to speak later during the meeting, please use the raise hand feature to be unmuted by the event producer.**

2027 Core Sets Annual Review Workgroup (1/4)

Voting Members

Co-Chair: Kim Elliott , PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Co-Chair: Rachel La Croix , PhD, PMP <i>Nominated by the National Association of Medicaid Directors</i>	Florida Agency for Health Care Administration
Benjamin Anderson , JD	Families USA
Richard Antonelli , MD, MS	Boston Children's Hospital
Palav Babaria , MD, MHS	California Department of Health Care Services
Stacey Bartell , MD <i>Nominated by the American Academy of Family Physicians</i>	American Academy of Family Physicians
Laura Boutwell , DVM, MPH <i>Nominated by the National Association of Medicaid Directors</i>	Virginia Department of Medical Assistance Services
Matt Brannon , MBA <i>Nominated by the National Association of Medicaid Directors</i>	West Virginia Bureau for Medical Services
Emily Brown	Attane Health
Joanne Bush , MFSC <i>Nominated by the National Association of Medicaid Directors</i>	Iowa Department of Human Services
Stacey Carpenter , PsyD, IMH-E®	ZERO TO THREE

2027 Core Sets Annual Review Workgroup (2/4)

Voting Members

Roshanda Clemons, MD <i>Nominated by the Medicaid Medical Directors Network</i>	Nevada Department of Health and Human Services
Lindsay Cogan, PhD, MS	New York State Department of Health
Erica David-Park, MD, MBA, FAAPMR	AmeriHealth Caritas
Anne Edwards, MD, FAAP <i>Nominated by American Academy of Pediatrics</i>	American Academy of Pediatrics
Clara Filice, MD, MPH, MHS <i>Nominated by the Medicaid Medical Directors Network</i>	MassHealth
Angela Filzen, DDS <i>Nominated by the American Dental Association</i>	G.A. Carmichael Family Health Center
Sara Hackbart, MS <i>Nominated by the National MLTSS Health Plan Association</i>	Elevance Health
Richard Holaday, MHA <i>Nominated by the National Association of Medicaid Directors</i>	Delaware Division of Medicaid and Medical Assistance
Jeff Huebner, MD, FAAFP <i>Nominated by the National Association of Medicaid Directors</i>	Wisconsin Department of Health Services
David Kelley, MD, MPA	Pennsylvania Department of Human Services

2027 Core Sets Annual Review Workgroup (3/4)

Voting Members

David Kroll, MD <i>Nominated by the American Psychiatric Association</i>	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 <i>Nominated by the Academy of Managed Care Pharmacy</i>	Novo Nordisk
Katherine Leyba <i>Nominated by the National Association of Medicaid Directors</i>	New Mexico Human Services Department
Chimene Liburd, MD, MBA, FACP, CPE, CPC <i>Nominated by the Medicaid Medical Directors Network</i>	The District of Columbia Health Care Finance Agency
Angela Parker, RHIT <i>Nominated by the National Association of Medicaid Directors</i>	Kentucky Department of Medicaid Services
Lisa Patton, PhD	CVP
Laura Pennington, MHL <i>Nominated by the Medicaid Medical Directors Network</i>	Washington Health Care Authority
Grant Rich, PhD, MA	Alaska Department of Health
Lisa Satterfield, MS, MPH, CAE, CPH <i>Nominated by the American College of Obstetricians and Gynecologists</i>	American College of Obstetricians and Gynecologists

2027 Core Sets Annual Review Workgroup (4/4)

Voting Members

Bonnie Silva <i>Nominated by ADvancing States</i>	Colorado Department of Health Care Policy & Financing
Kai Tao, ND, MPH, FACNM <i>Nominated by the American College of Nurse-Midwives</i>	Illinois Contraceptive Access Now of AllianceChicago and Erie Family Health Center
Sara Tomlinson, DDS, RDH <i>Nominated by the American Dental Association</i>	North Carolina Department of Health and Human Services
Bonnie Zima, MD, MPH <i>Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association</i>	UCLA Mental Health Informatics & Data Science (MINDS) Hub

2027 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

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

Overview of the Child and Adult Core Sets

Core Set Reporting Years

Latest year of publicly
available state
performance data



First year of
mandatory reporting



Focus of current
review cycle



Core Set Reporting Year	Period of Services Reflected in the Data*	Deadline for State Reporting	Approximate Timeframe for Public Data Release
2023	CY 2022	12/31/2023	Fall 2024
2024	CY 2023	12/31/2024	Fall 2025
2025	CY 2024	12/31/2025	Fall 2026
2026	CY 2025	12/31/2026	Fall 2027
2027	CY 2026	12/31/2027	Fall 2028

CY = Calendar year.

* For most Core Set measures, the data states report to CMS reflect services provided in the previous calendar year. The specific measurement periods for each measure are included in the Core Set reporting resources that are updated annually on [Medicaid.gov](https://www.Medicaid.gov).

Results of Voluntary Reporting of the 2023 Child and Adult Core Sets (1/2)

Core Set Reporting Metrics	Child Core Set	Adult Core Set
Number of measures on 2023 Core Set	27	34
Number of publicly reported measures	26	30
Median number of measures reported by states	25.5	28
Number of states reporting more measures for 2023 than for 2022	50	34

- **Measures reported most frequently included those that could be calculated accurately by most states based solely on administrative data (claims and encounters).**
- **Measures reported less frequently required medical record abstraction, electronic health records, or survey data collection, or could not be calculated accurately based solely on existing administrative data.**
- **New or revised measures often require time for states to “ramp up” for reporting.**

Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-core-set-reporting.pdf>.

Results of Voluntary Reporting of the 2023 Child and Adult Core Sets (2/2)

- **Two measures on the Child Core Set and one on the Adult Core Set were publicly reported for the first time:**
 - **Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)**
 - **Lead Screening in Children (LSC-CH)**
 - **Colorectal Cancer Screening (COL-AD)**
- **CMS also publicly reported performance rates for the CAHPS Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) and CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD) measures for the first time using state-level results from the AHRQ CAHPS database.**

Source: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-core-set-reporting.pdf>.

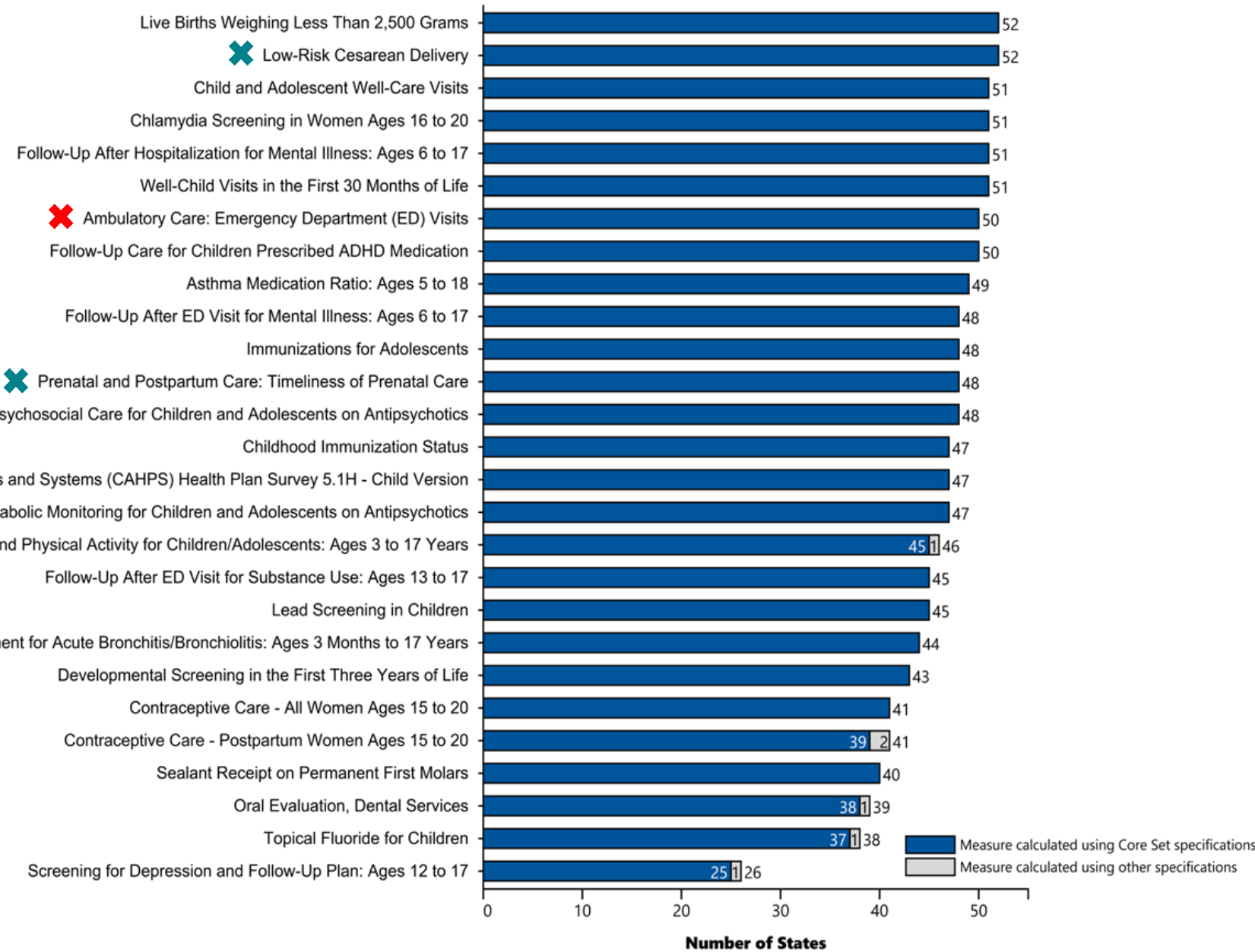
AHRQ = Agency for Healthcare Research and Quality; CAHPS = Consumer Assessment of Healthcare Providers and Systems.

Number of States Reporting the Child Core Set Measures, 2023

✖ Removed from the 2025 Child Core Set

✚ Modified for the 2024 or 2025 Child Core Set

Notes: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) was modified to Prenatal and Postpartum Care: Under Age 21 (PPC2-CH) in the 2024 Child Core Set. Low-Risk Cesarean Delivery (LRCD-CH) was modified to include only beneficiaries under age 20 in the 2025 Child Core Set. Low-risk cesarean delivery rates for beneficiaries age 20 and older will be reported in the Adult Core Set.



Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of CDC WONDER data for calendar year 2022 as of October 26, 2023; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Note: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

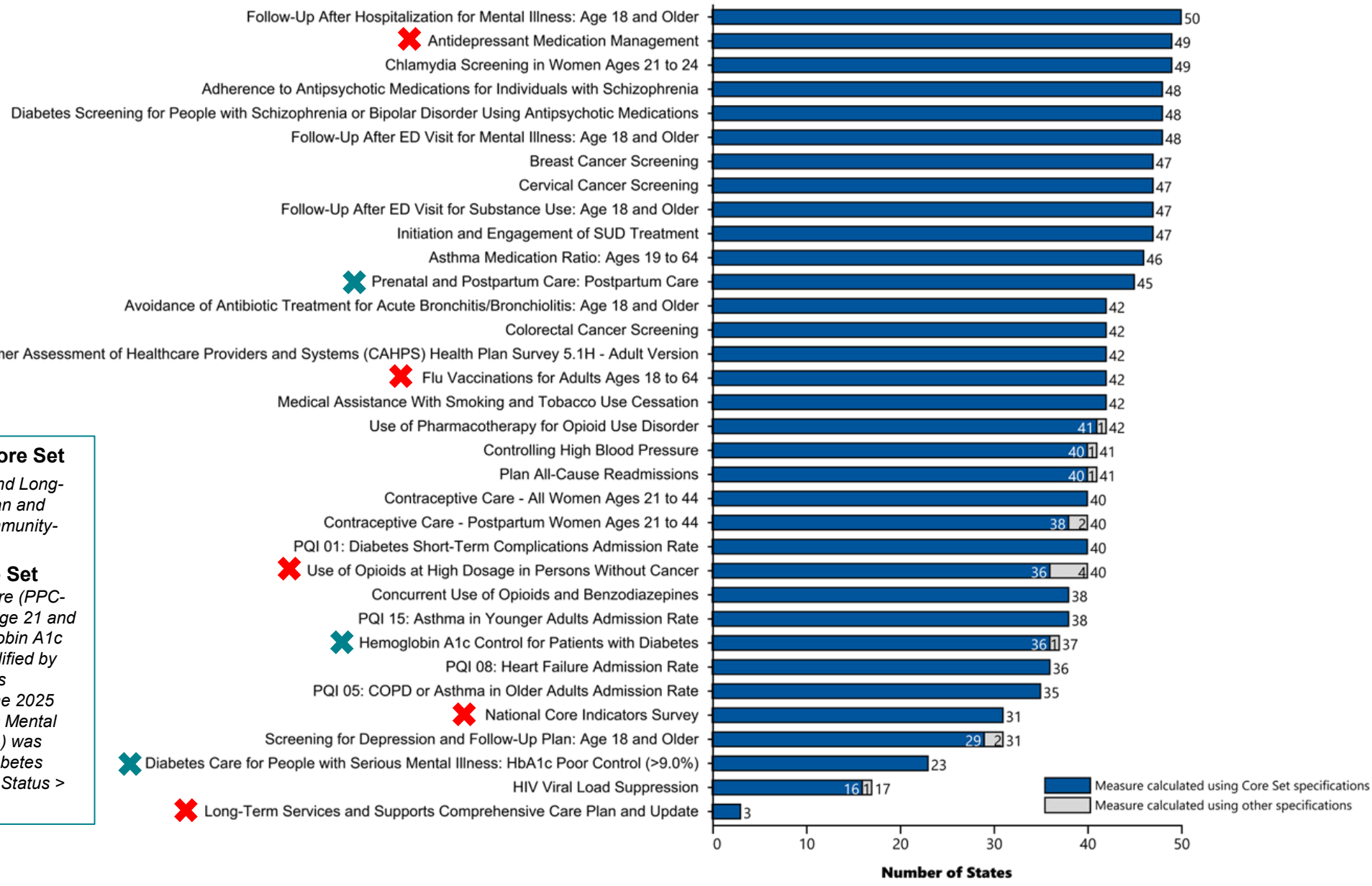
Number of States Reporting the Adult Core Set Measures, 2023

✖

Removed from the 2024 or 2026 Adult Core Set
Note: National Core Indicators Survey (NCIIDD-AD) and Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) will transition to the Home and Community-Based Services Quality Measure Set.

✚

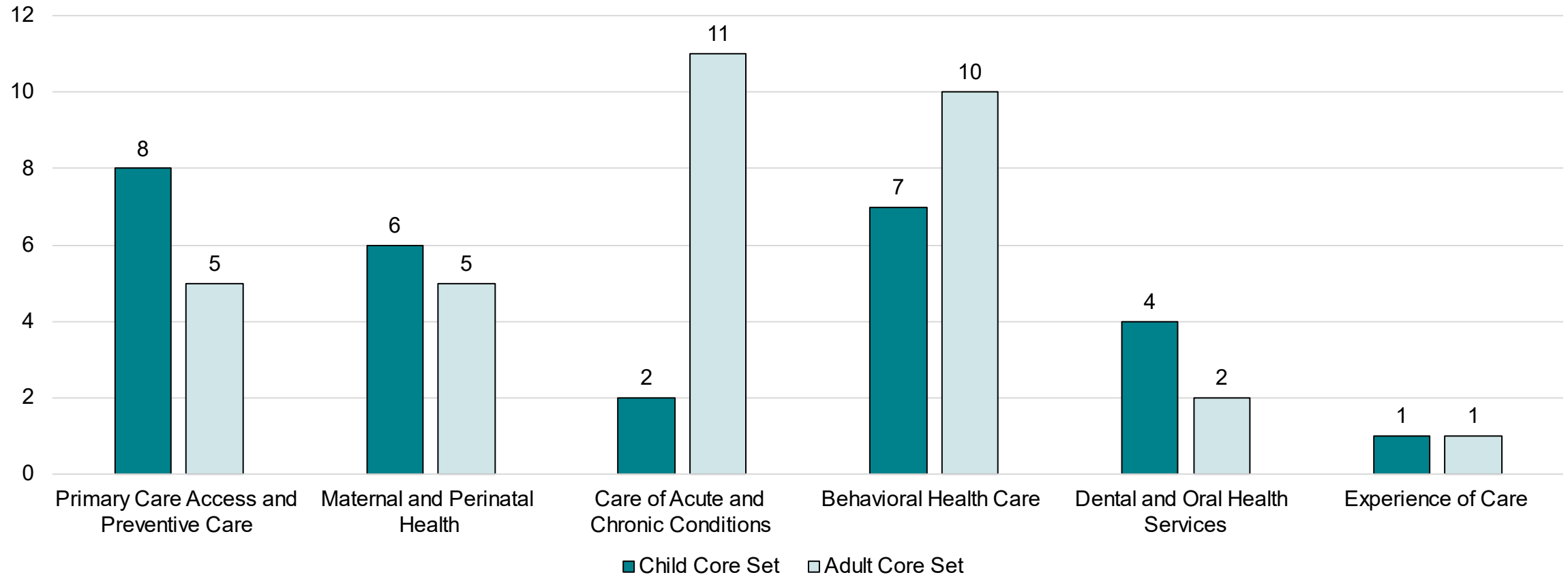
Modified for the 2024 or 2025 Adult Core Set
Notes: Prenatal and Postpartum Care: Postpartum Care (PPC-AD) was modified to Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD) in the 2024 Adult Core Set. Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) was modified by the measure steward and renamed as Glycemic Status Assessment for Patients with Diabetes (GSD-AD) in the 2025 Adult Core Set. Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) was modified by the measure steward and renamed as Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0% (HPCMI-AD) in the 2025 Adult Core Set.



Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) data submitted by states to the NCI National Team for the July 1, 2022 to June 30, 2023 data collection period as of May 22, 2024; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Note: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

2026 Child and Adult Core Set Measures, by Domain



Note: The 2026 Child and Adult Core Sets also each contain two provisional measures that are voluntary for 2026 reporting. The provisional measures are not considered part of the 2026 Core Sets and therefore are not included in this figure.

Key Changes to the 2026 Child and Adult Core Sets

- **Two of the 2025 Provisional Child Core Set measures will be added to the 2026 Child Core Set:**
 - Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)
 - Prenatal Immunization Status: Under Age 21 (PRS-CH)
- **Two measures were removed from the Adult Core Set for 2026 reporting:**
 - Antidepressant Medication Management (AMM-AD)
 - Use of Opioids at High Dosage in Persons without Cancer (OHD-AD)
- **Two measures will transition from the Adult Core Set to the Home and Community-Based Services (HCBS) Quality Measure Set:**
 - Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)
 - National Core Indicators Survey (NCIIDD-AD)
- **The Prenatal Depression Screening and Follow-Up measure (PND-CH/AD) was added as a provisional measure to both the Child and Adult Core Sets.**

Core Sets Mandatory Reporting

- Beginning with the 2024 Core Sets, reporting of all the Child Core Set measures and the behavioral health measures on the Adult Core Set is required for all states.
- When reporting mandatory measures, states must adhere to the reporting guidance in the Core Set resource manuals and technical assistance briefs issued by CMS.
- The following populations are currently exempt from mandatory reporting for 2025 and 2026:
 - Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid; and
 - Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing
- Except for these populations, states are required to report mandatory measures for all Medicaid and CHIP beneficiaries.
- Feasibility and viability of state-level reporting of current and future Core Set measures is a key consideration for mandatory reporting.

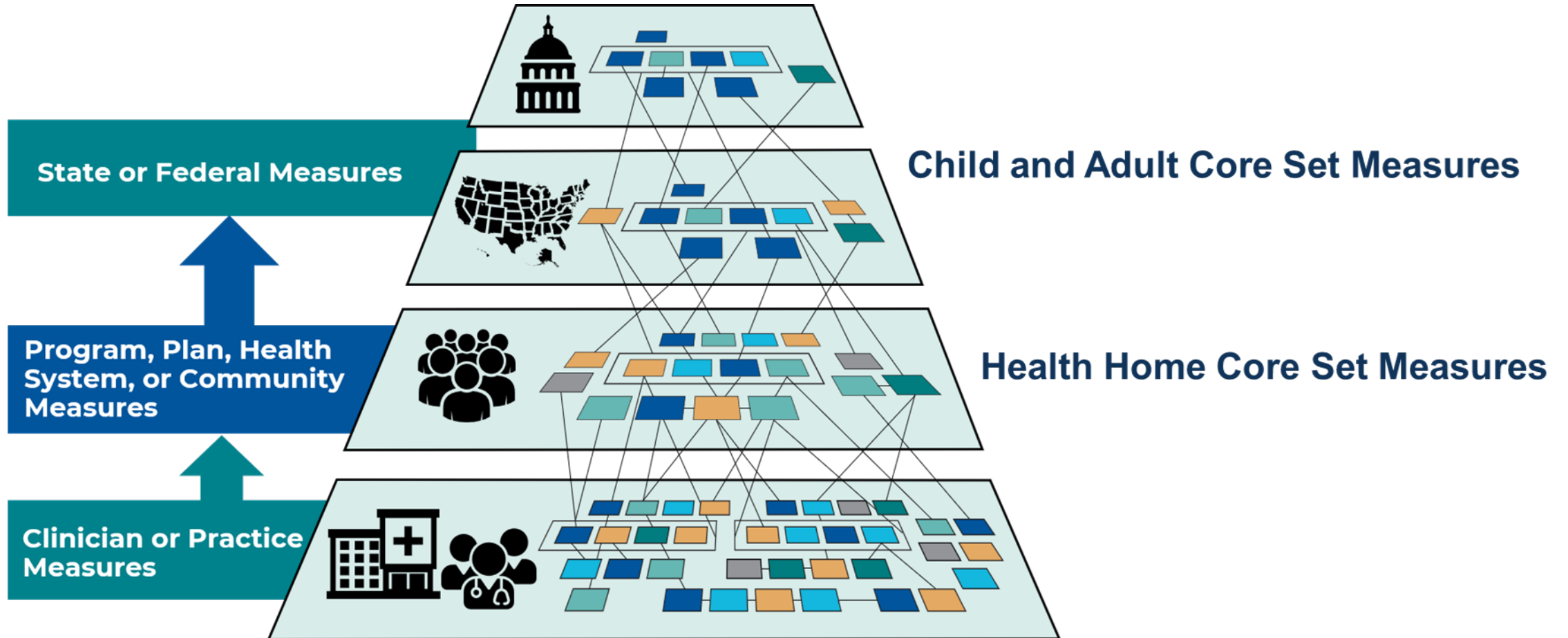
Questions from Workgroup Members

Approach to Measure Review and Voting

Role of the Workgroup in Strengthening the 2027 Child and Adult Core Sets

- **Charge to the 2027 Core Sets Annual Review Workgroup:** Assess the existing Core Sets and recommend measures for removal or addition to strengthen and improve the Core Sets for Medicaid and CHIP.
- The 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 first determine whether a measure is feasible and then balance the desirability and viability of measures from the perspective of state-level quality measurement and improvement.
 - Quality measures must be feasible for states to report to be included on the Core Sets.

Alignment Across Multiple Levels to Facilitate Quality Improvement



Level-Setting about the Child and Adult Core Sets

- **Measure stewards update quality measure specifications annually, including data sources, code sets, denominator and numerator definitions and calculations, exclusions, and measure names.**
 - Changes may reflect new clinical guidance, coding updates, emerging data sources, and technical corrections.
- **The Measure Information Sheets for the measures under review are based on information as of November 2024.**
 - Because of regular steward updates, the Measure Information Sheets may not reflect the measure specifications that will be used for reporting in 2027.
- **Additional context for the 2027 Core Sets Annual Review:**
 - Mandatory reporting of all Child Core Set measures and behavioral health measures in the Adult Core Set
 - Use of alternate data sources to reduce state burden and improve measure completeness, consistency, and transparency
 - Increasing emphasis on digital measures and supplemental data sources

Criteria for Assessing Measures for Addition (1/2)

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

Minimum Technical Feasibility and Appropriateness

- A1.** The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
- A2.** The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs according to measure specifications. (Documentation is required as part of the submission.)
- A3.** An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier). (Evidence about the reliability and validity of measures is required as part of the submission or explain why such information is not available.)
- A4.** The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness). (Documentation of data quality and consistency across states is required as part of the submission.)
- A5.** The measure aligns with current clinical guidance and/or positive health outcomes.
- A6.** The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

Criteria for Assessing Measures for Addition (2/2)

Actionability

- B1.** The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP (e.g., it addresses the most pressing needs of Medicaid and CHIP beneficiaries).
- B2.** The measure is able to be stratified by the required stratification categories included in the annual Core Set guidance for the Medicaid and CHIP populations. Considerations could include adequate sample and population sizes and available data in the required data source(s).
- B3.** 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).
- B4.** The measure would fill a gap in the Core Sets or would add value to the existing measures in the Core Sets. (If this measure is being suggested as a replacement of an existing measure, a removal form must be submitted for the existing measure.)

Other Considerations

- C1.** The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.
- C2.** The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
- C3.** Adding the measure to the Core Sets does not result in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.
- C4.** All states should be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.
- C5.** The code sets and codes specified in the measure must be in use by Medicaid and CHIP programs or otherwise be readily available to Medicaid and CHIP programs to support calculation of the measure.

Criteria for Assessing Measures for Removal

- **Current Core Set measures may be recommended for removal using related criteria regarding Technical Feasibility, Actionability, or Other Considerations.**
- **Examples include:**
 - The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
 - The measure no longer aligns with current clinical guidance and/or positive health outcomes.
 - Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.
 - All states may not be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.

Voting Process

- **Voting will take place by measure after Workgroup discussion and public comment.**
- **Voting is open to Workgroup members only.**
- **Workgroup members will vote on each measure in its specified form.**
 - **Measures for removal:**
 - Yes, I recommend removing this measure from the [Child/Adult] Core Set
 - No, I do not recommend removing this measure from the [Child/Adult] Core Set
 - **Measures for addition:**
 - Yes, I recommend adding this measure to the Core Sets
 - No, I do not recommend adding this measure to the Core Sets
- **Measures will be recommended for removal or addition if two-thirds of eligible Workgroup members vote “yes.”**

Questions from Workgroup Members

Practice Voting

Practice Vote #1

What is your favorite snow day activity?

- **Snowball fight**
- **Sledding**
- **Staying inside with a good book**
- **Making hot cocoa**
- **I've never experienced a snow day**

Practice Vote #2

Do you prefer cats or dogs?

- **Cats**
- **Dogs**
- **I am not an animal person**

Break

Measures Suggested for Removal

Removal: Contraceptive Care – Postpartum Women (CCP-CH/AD) (1/3)

Core Set Domain	Maternal and Perinatal Health
Description	<p>CCP-CH: Among women ages 15 to 20 who had a live birth, the percentage that:</p> <ol style="list-style-type: none">1. Were provided a most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery.2. Were provided a long-acting reversible method of contraception (LARC) within 3 days of delivery and within 90 days of delivery. <p>CCP-AD: Among women ages 21 to 44 who had a live birth, the percentage that:</p> <ol style="list-style-type: none">1. Were provided a most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery.2. Were provided a LARC within 3 days of delivery and within 90 days of delivery.
Measure steward	U.S. HHS Office of Population Affairs (OPA)
Data collection method	Administrative
Denominator	<p>CCP-CH: The eligible population includes women ages 15 to 20 who had a live birth in the measurement year.</p> <p>CCP-AD: The eligible population includes women ages 21 to 44 who had a live birth in the measurement year.</p>

Removal: Contraceptive Care – Postpartum Women (CCP-CH/AD) (2/3)

Denominator (continued)	<p>Follow the steps below to identify the eligible population for both the child and adult versions of the measure:</p> <ul style="list-style-type: none">• Step 1: Identify live births during the measurement year.• Step 2: Remove exclusions. Exclude deliveries that meet either of the following criteria:<ul style="list-style-type: none">– Deliveries that did not end in a live birth (e.g., miscarriage, ectopic, stillbirth, or pregnancy termination).– Live births that occurred in the last 3 months of the measurement year (after September 30).
Numerator	<p>Both the child and adult versions of the measure include numerators for two rates (corresponding to types of contraception). Both rates are also stratified by postpartum window: within 3 days of giving birth and within 90 days of giving birth. Follow the steps below to define the numerators:</p> <p>1. Numerator for Rate 1 (Most or Moderately Effective Method of Contraception): The eligible population that was provided a most or moderately effective method of contraception.</p> <ul style="list-style-type: none">– Step 3a: Identify Rate 1 Numerator. Define the numerator by identifying women in the denominator who were provided a most (sterilization, intrauterine devices or systems [IUD/IUS], or contraceptive implants) or moderately (injectables, oral pills, patch, or ring) effective method of contraception in the measurement year. <p>2. Numerator for Rate 2 (LARC): The eligible population that was provided a LARC method.</p> <ul style="list-style-type: none">– Step 3b: Identify Rate 2 Numerator. Define the numerator by identifying women in the denominator who were provided a LARC (contraceptive implants or IUD/IUS) in the measurement year.

Removal: Contraceptive Care – Postpartum Women (CCP-CH/AD) (3/3)

Stratifications	The measure steward indicated it is feasible to stratify this measure by race, ethnicity, and geography. Note, this measure is not subject to mandatory stratified reporting for either 2025 or 2026 Core Sets reporting.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for 2023	41 states reported the Child Core Set measure and 40 states reported the Adult Core Set measure (2 states reported using other specifications for the Child and Adult Core Set measures).
Is the measure on the Medicaid & CHIP Scorecard?	No

Removal: Contraceptive Care – All Women (CCW-CH/AD) (1/3)

Core Set Domain	Maternal and Perinatal Health
Description	<p>CCW-CH: Among women ages 15 to 20 at risk of unintended pregnancy, the percentage that:</p> <ol style="list-style-type: none">1. Were provided a most effective or moderately effective method of contraception.2. Were provided a long-acting reversible method of contraception (LARC). <p>CCW-AD: Among women ages 21 to 44 at risk of unintended pregnancy, the percentage that:</p> <ol style="list-style-type: none">1. Were provided a most effective or moderately effective method of contraception.2. Were provided a LARC.
Measure steward	U.S. HHS Office of Population Affairs (OPA)
Data collection method	Administrative
Denominator	<p>The denominator includes women who were:</p> <ul style="list-style-type: none">• Not pregnant at any point in the measurement year.• Pregnant during the measurement year but whose pregnancy ended in the first nine months of the measurement year, since there was adequate time to provide contraception in the postpartum period.• Pregnant during the measurement year but whose pregnancy ended in an ectopic pregnancy, stillbirth, miscarriage, or induced abortion.

Removal: Contraceptive Care – All Women (CCW-CH/AD) (2/3)

Denominator <i>(continued)</i>	<p>Follow the steps below to define the denominator:</p> <ul style="list-style-type: none">• Step 1: Identify all women who meet the age criteria for the measure:<ul style="list-style-type: none">– Ages 15 to 20 for CCW-CH.– Ages 21 to 44 for CCW-AD.• Step 2: Define the denominator by excluding women not at risk of unintended pregnancy because they:<ul style="list-style-type: none">– Were infecund due to non-contraceptive reasons such as natural menopause or oophorectomy.– Had a live birth in the last 3 months of the measurement year because there may not have been an opportunity to provide them with contraception.– Were still pregnant at the end of the measurement year, as indicated by pregnancy code and an absence of a pregnancy outcome code indicating a non-live birth or a live birth.
Numerator	<p>Both the child and adult versions of the measure include numerators for two rates (corresponding to types of contraception). Follow the steps below to define the numerators:</p> <p>1. Numerator for Rate 1 (Most or Moderately Effective Method of Contraception): The eligible population that was provided a most or moderately effective method of contraception.</p> <ul style="list-style-type: none">– Step 3a: Identify Rate 1 Numerator. Define the numerator by identifying women in the denominator who were provided a most (sterilization, intrauterine devices or systems [IUD/IUS], or contraceptive implants) or moderately (injectables, oral pills, patch, or ring) effective method of contraception in the measurement year.

Removal: Contraceptive Care – All Women (CCW-CH/AD) (3/3)

Numerator <i>(continued)</i>	2. Numerator for Rate 2 (LARC): The eligible population that was provided a LARC method. <ul style="list-style-type: none">– Step 3b: Identify Rate 2 Numerator. Define the numerator by identifying women in the denominator who were provided a LARC (contraceptive implants or IUD/IUS) in the measurement year.
Stratifications	The measure steward indicated it is feasible to stratify this measure by race, ethnicity, and geography. Note, this measure is not subject to mandatory stratified reporting for either 2025 or 2026 Core Sets reporting.
Has another measure been proposed for substitution?	No
Number of states reporting the measure for 2023	41 states reported the Child Core Set measure and 40 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).
Is the measure on the Medicaid & CHIP Scorecard?	No

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measures

Removals: Measure Vote #1

Should the Contraceptive Care – Postpartum Women: Ages 15 to 20 (CCP-CH) measure be removed from the Child Core Set?

- **Yes, I recommend removing this measure from the Child Core Set**
- **No, I do not recommend removing this measure from the Child Core Set**

Removals: Measure Vote #2

Should the Contraceptive Care – Postpartum Women: Ages 21 to 44 (CCP-AD) measure be removed from the Adult Core Set?

- **Yes, I recommend removing this measure from the Adult Core Set**
- **No, I do not recommend removing this measure from the Adult Core Set**

Removals: Measure Vote #3

Should the Contraceptive Care – All Women: Ages 15 to 20 (CCW-CH) measure be removed from the Child Core Set?

- **Yes, I recommend removing this measure from the Child Core Set**
- **No, I do not recommend removing this measure from the Child Core Set**

Removals: Measure Vote #4

Should the Contraceptive Care – All Women: Ages 21 to 44 (CCW-AD) measure be removed from the Adult Core Set?

- **Yes, I recommend removing this measure from the Adult Core Set**
- **No, I do not recommend removing this measure from the Adult Core Set**

Measure Suggested for Addition: Antibiotic Utilization for Respiratory Conditions

Measures on the 2026 Core Sets Related to Antibiotic Utilization for Respiratory Conditions

Measure Name	Data Collection Method	Number of States Reporting for 2023 Core Sets
Child Core Set		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	Administrative	44
Adult Core Set		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	Administrative	42

Addition: Antibiotic Utilization for Respiratory Conditions (1/2)

Description	<p>The percentage of episodes for members three months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.</p> <p>Note: This measure is designed to capture the frequency of antibiotic utilization for respiratory conditions. Organizations should use this information for internal evaluation only. NCQA [the measure steward] does not view higher or lower service counts as indicating better or worse performance.</p>
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Suggested to replace current measure?	No
Data collection method	Administrative
Denominator	<p>Episodes for members three months of age and older as of the episode date who had an outpatient, emergency department (ED) visit, telephone visit, e-visit, or virtual check-in during the intake period with a diagnosis of a respiratory condition. Episodes are removed from the denominator if any of the following conditions are met:</p> <ul style="list-style-type: none">• The episode results in an inpatient stay.• The member had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date.• A new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date.• The member had a claim/encounter with a competing diagnosis on or three days after the episode date.

Addition: Antibiotic Utilization for Respiratory Conditions (2/2)

Numerator	Dispensed prescription for an antibiotic medication from the Antibiotic Utilization for Respiratory Conditions Antibiotic Medications List one or three days after the episode date.
Stratifications	<p>The HEDIS MY 2025 measure specifications include stratifications by age group (3 months to 17 years, 18 to 64 years, and 65 years and older) for the Medicaid product line.</p> <p>NCQA, the measure steward, confirmed that it is also feasible to stratify the measure by sex and geography (census region, census division, and state). They noted that the measure may be considered for stratification by race and ethnicity in the future.</p>
Testing or use in state Medicaid and CHIP programs	The measure was tested using the IBM MarketScan Multi-State Medicaid Database, which includes claims data from multiple state Medicaid agencies. Since 2023, health plans from all states participating in HEDIS reporting have reported the measure as part of their HEDIS submission. For HEDIS Measurement Year 2023, this included Medicaid health plans from all states except Alabama, Alaska, Connecticut, Idaho, Maine, Montana, Oklahoma, South Dakota, Vermont and Wyoming. In addition, the measure is in use in Washington state as part of the Washington State Common Measure Set.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Additions: Measure Vote #1

Should the Antibiotic Utilization for Respiratory Conditions measure be added to the Core Sets?

- **Yes, I recommend adding this measure to the Core Sets**
- **No, I do not recommend adding this measure to the Core Sets**

Break

Measure Suggested for Addition: Evaluation of Hepatitis B and C

Addition: Evaluation of Hepatitis B and C (1/5)

Description

The number and percentage of adult, non-dually eligible Medicaid beneficiaries who were tested for hepatitis B (HBV), tested for hepatitis C (HCV), and treated for HCV. Nine rates are reported:

Overall Population

1. The percentage of adults who are tested for HBV in the Intake Period.
2. The percentage of adults who are tested for HCV in the Intake Period.
3. The percentage of adults receiving direct-acting antiviral treatment for HCV within six months of being tested for and diagnosed with HCV.

Beneficiaries Diagnosed with Opioid Use Disorder (OUD)

4. The percentage of adults diagnosed with OUD who are tested for HBV in the Intake Period.
5. The percentage of adults diagnosed with OUD who are tested for HCV in the Intake Period.
6. The percentage of adults diagnosed with OUD receiving direct-acting antiviral treatment for HCV within six months of being tested for and diagnosed with HCV.

Pregnant Women

7. The percentage of pregnant women who are tested for HBV during pregnancy.
8. The percentage of pregnant women who are tested for HCV during pregnancy.
9. The percentage of women receiving direct-acting antiviral treatment for HCV during the six-month postpartum period among those who were tested for and diagnosed with HCV during the Pregnancy Period.

Addition: Evaluation of Hepatitis B and C (2/5)

Measure steward	Medicaid Outcomes Distributed Research Network (MODRN) Data Coordinating Center at the University of Pittsburgh
Measure types	Intermediate outcome, population health, and process
Suggested to replace current measure?	No
Data collection method	Administrative
Denominator	<p>The measure includes denominators for nine rates:</p> <p><u>Overall Population</u></p> <ul style="list-style-type: none"> • HBV/HCV Testing (rates 1 and 2). Beneficiaries ages 18 to 64 as of June 30 of the Intake Period.* • HCV Treatment (rate 3). Beneficiaries included in the denominator for rates 1 and 2 who had an HCV test during the Intake Period and a diagnosis of chronic HCV within six months from Index HCV testing date. Exclude beneficiaries who filled any HCV treatment medication within six months before their index HCV testing. <p>* The Intake Period spans from July 1 of the year prior to the measurement year through June 30 of the measurement year.</p>

Addition: Evaluation of Hepatitis B and C (3/5)

Denominator (continued)

Beneficiaries Diagnosed with OUD

- **HBV/HCV Testing among Beneficiaries Diagnosed with OUD (rates 4 and 5).** Beneficiaries ages 18 to 64 as of June 30 of the Intake Period who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission at any time during the Intake Period.
- **HCV Treatment among Beneficiaries Diagnosed with OUD (rate 6).** Beneficiaries included in the denominator for rates 4 and 5 who had an HCV test during the Intake Period and a diagnosis of chronic HCV within six months from Index HCV testing date. Exclude beneficiaries who filled any HCV treatment medication within six months before their index HCV testing.

Pregnant Women

- **HBV/HCV Testing among Pregnant Women (rates 7 and 8).** Beneficiaries ages 18 to 44 as of Date of Delivery who had a delivery during the Intake Period.
- **HCV Treatment within Six-month Postpartum among Pregnant Women (rate 9).** Beneficiaries included in the denominator for rates 7 and 8 who had any HCV testing during the Pregnancy Period and a chronic HCV diagnosis during the Pregnancy Period.

Addition: Evaluation of Hepatitis B and C (4/5)

Numerator

The measure includes numerators for nine rates:

Overall Population

1. **HBV Testing.** Beneficiaries who had at least one HBV test during the Intake Period.
2. **HCV Testing.** Beneficiaries who had at least one HCV test during the Intake Period.
3. **HCV Treatment.** Beneficiaries who initiated Chronic HCV treatment within 6 months (180 days) of index HCV testing among those with an HCV diagnosis.

Beneficiaries Diagnosed with OUD

4. **HBV Testing among Beneficiaries Diagnosed with OUD.** Beneficiaries who had at least one HBV test during the Intake Period.
5. **HCV Testing among Beneficiaries Diagnosed with OUD.** Beneficiaries who had at least one HCV test during the Intake Period.
6. **HCV Treatment among Beneficiaries Diagnosed with OUD.** Beneficiaries who initiated Chronic HCV treatment within 6 months (180 days) of index HCV testing among those with a HCV diagnosis.

Addition: Evaluation of Hepatitis B and C (5/5)

Numerator <i>(continued)</i>	<u>Pregnant Women</u> 7. HBV Testing among Pregnant Women. Beneficiaries who had at least one HBV test during the Pregnancy Period. 8. HCV Testing among Pregnant Women. Beneficiaries who had at least one HCV test during the Pregnancy Period. 9. HCV Treatment within Six-month Postpartum among Pregnant Women. Beneficiaries receiving direct-acting antiviral treatment for HCV during the six-months postpartum period among those who were tested and diagnosed with HCV during the Pregnancy Period.
Stratifications	The measure steward indicated the measure can be stratified by race, ethnicity, sex, and geography.
Testing or use in state Medicaid and CHIP programs	The measure was tested among adults (ages 18 to 64), non-dually eligible, full-benefit Medicaid beneficiaries in Delaware, Maryland, Maine, Michigan, Ohio, Pennsylvania, and Virginia. The measure was also tested in subpopulations (pregnancy and opioid use disorder) and demographic subgroups based on race, ethnicity, gender, and geography. According to the individual who suggested the measure and the measure steward, the measure is not currently in use by any state Medicaid programs.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Additions: Measure Vote #2

Should the Evaluation of Hepatitis B and C measure be added to the Core Sets?

- **Yes, I recommend adding this measure to the Core Sets**
- **No, I do not recommend adding this measure to the Core Sets**

Preview of Day 2 and Wrap-Up

Agenda for Day 2

- **Measures Suggested for Addition:**
 - Depression Remission or Response for Adolescents and Adults
 - Initial Opioid Prescribing for Long Duration
 - Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit
 - Adults with Diabetes – Oral Evaluation
- **Gap Areas for the Public Call for Measures for the 2028 Child and Adult Core Sets**
- **Workgroup Reflections and Future Directions**
- **Public Comment**
- **Next Steps and Wrap-Up**

Preview of Workgroup Discussion of Gap Areas

- **Gap Areas: What are the gap areas in the current Child and Adult Core Sets that could be addressed by the Public Call for Measures to strengthen and improve the 2028 Core Sets?**
 - Round robin with Workgroup members: Mention one gap area or plus-one a gap area mentioned by another Workgroup member
- **Opportunity for public comment after the Workgroup discussion**

Co-Chair Wrap-Up Remarks

Kim Elliott
Rachel La Croix

**Thank you for participating in Day 1 of the
2027 Child and Adult Core Sets Annual Review!**