2026 Child and Adult Core Sets Annual Review:
Orientation Meeting Transcript
September 6, 2023, 12:00 – 1:00 PM EST

Talia Parker:

Hi, everyone. My name is Talia Parker, and I'm pleased to welcome you to the 2026 Child and Adult Core Sets Annual Review Orientation Meeting. Before we get started today, we wanted to cover a few technical instructions. If you have any technical issues during today's webinar, please send a message to all panelists through the Q&A function located on the bottom right corner of your screen. If you are having issues speaking during Workgroup or public comments, please make sure you are not also muted on your headset or phone. Connecting to audio using computer audio or the call me feature in WebEx are the most reliable options. Please note that call-in-only users cannot make comments. If you wish to make comments, please make sure that your audio is associated with your name in the platform. All attendees of today's webinar have entered the meeting muted. There will be opportunities during the webinar for workgroup members and the public to make comments. To make a comment, please use the raise hand feature in the lower right corner of the participant panel. A hand icon will appear next to your name in the attendee list. 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 have finished speaking by following the same process you used to raise your hand. Note that the chat is disabled for this webinar, so please use the Q&A feature if you need support. Finally, closed captioning is available in the WebEx platform. To enable closed captioning, click on the CC icon in the lower left corner of your screen. You can also click Control-Shift-A on your keyboard to enable closed captioning.

And with that, I will hand it over to Margo to get us started.

Margo Rosenbach:

Thanks, Talia. Good afternoon, everyone, or good morning if you're joining us from another time zone. My name is Margo Rosenbach, and I'm a Vice President at Mathematica. I direct Mathematica's Technical Assistance and Analytics Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services.

Welcome to the orientation meeting for the 2026 Annual Review of the Child and Adult Core Sets. Whether you're listening to the meeting live or listening to a recording, thank you for joining us. I hope everyone is doing well and is ready for another journey together. Next slide, please. Now, I'd like to share with you the objectives for this meeting. First, I will introduce the Workgroup members. Next, I will describe the charge, timeline, and vision for the 2026 Annual Review. Deirdra Stockmann from CMCS will also present some welcome remarks and CMCS's vision for the 2026 Annual Review. Then, Chrissy Fiorentini will provide background information on the Child and Adult Core Sets, and Caitlyn Newhard will present the process that Workgroup members will use to suggest measures for removal from or addition to the 2026 Core Sets. Our co-chairs, Kim Elliott and Rachel LaCroix, will then give brief remarks about the journey ahead of us this year. We'll take questions from Workgroup members at several points during the meeting, and near the end, we'll provide an opportunity for public comment.

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As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We won't have time to engage in discussion about the Core Sets or the measures. However, we will have plenty of time for discussion at the February voting meeting. Next slide. I would now like to take the opportunity to acknowledge my colleagues at Mathematica who are part of the Child and Adult Core Sets Annual Review team. They've done an incredible job preparing for the 2026 Annual Review at the same time we've been finishing up our final report for the 2025 Annual Review. Chrissy, Caitlyn, Genae, Maria, Kate, Talia, Kathleen, and Alli, thank you so much, team. Next slide.

Now I'd like to introduce the Workgroup for the 2026 Annual Review. In the interest of time today, we won't have a roll call. This slide and the next two slides list the Workgroup members, their affiliations, and whether they were nominated by an organization. However, as we've discussed in the past, Workgroup members nominated by an organization do not represent that organization during the review process. All Workgroup members are here to provide their expertise as individuals and not as representatives of an organization. I'd like to welcome back the continuing members of our Workgroup, and also I'd like to thank Kim Elliott and Rachel La Croix for returning as co-chairs. I'd also like to welcome six new Workgroup members who are indicated with an asterisk before their name. Next slide.

The roster continues on this slide. Again, new Workgroup members are denoted by an asterisk before their name, and we're really pleased to be welcoming several new members this year. Next slide. And this slide shows the remaining Workgroup members. As you can see from the three slides, we've assembled a very diverse Workgroup that spans a wide range of subject matter expertise and perspectives about the Medicaid and CHIP programs. Thank you to all the Workgroup members for your service. Next slide.

This slide shows the federal liaisons, reflecting CMS's partnership and collaboration with other agencies to promote alignment across federal programs. The federal liaisons are non-voting members of the Workgroup, and we thank them so much for their participation in the annual review process. Next slide.

The disclosure of interest by Workgroup members is designed to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the Core Set Annual Review Workgroup. All Workgroup members are required to disclose any interest that could give rise to a potential conflict or appearance of conflict related to their consideration of Core Set measures. Each member will review and update the disclosure of interest form before the voting meeting. Any members deemed to have an interest in a measure submitted for consideration will be recused from voting on that measure. And thanks to all Workgroup members for submitting your initial DOIs before this meeting. Next slide.

I will now review the Workgroup charge. The 2026 Child and Adult Core Sets Annual Review Workgroup is charged with assessing the existing Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP. The Workgroup should focus on recommending measures that are actionable, aligned, and appropriate for state-level reporting to ensure the measures can meaningfully drive improvement in healthcare delivery and outcomes in Medicaid and CHIP. With the mandatory reporting requirements beginning in 2024, the Workgroup should closely consider the feasibility of state reporting by all states for all Medicaid and CHIP populations, as well as opportunities for advancing health equity through stratification of Core Sets measures. With mandatory reporting on the horizon, we appreciate the participation of our Workgroup

members from a wide range of states and encourage them to share their experiences and insights with quality measurement and improvement using the Core Sets and other measures. Next slide.

This graphic is a visual representation of the milestones for the 2026 Core Sets Annual Review. Thank you for joining us today for the orientation meeting. Tomorrow, the Workgroup members will receive the Call for Measures for the 2026 Annual Review, and October 6th is the deadline for Workgroup members and federal liaisons to suggest measures for removal or addition. On January 10th, we'll reconvene the Workgroup to prepare for the voting meeting, we'll introduce the measures suggested for consideration for the 2026 review, and describe the process we will use to discuss and vote on the measures. The voting meeting will be virtual and will take place February 6th to February 8th. Note that all these meetings are open to the public. This process will culminate in the development of a final report based on the recommendations of the Workgroup. The final report, along with additional input, will inform CMS's updates to the 2026 Child and Adult Core Sets. Next slide.

After the final report is released, CMS will obtain additional input on the Workgroup recommendations. First, CMS will meet with the Quality Technical Advisory Group, or QTAG, which is comprised of state Medicaid and CHIP quality leaders. They will provide input about the feasibility of recommended measures for state-level reporting. And second, CMS will meet with federal liaisons about alignment and priority of the recommended measures. We've included a link to a document on Medicaid.gov in which CMS describes the process in greater detail. Next slide.

I would now like to shift to the vision for the 2026 Core Sets Annual Review, and I'll start with some big picture perspectives followed by remarks from CMCS. Next slide.

First, we want to share some thoughts with the Workgroup about their role in strengthening the 2026 Child and Adult Core Sets, building on our experiences over the past five years. As you know, the annual Workgroup process is designed to identify gaps in the existing Core Sets and suggest updates to strengthen and improve them. As we've highlighted in previous years, this is an inherent balance across three different facets of desirability, feasibility, and viability. Here we show the Venn diagram that depicts the intersection of a measure's desirability from diverse perspectives, technical feasibility for state-level reporting, and financial and operational viability based on state resources. While there are many good quality measures, we need to keep in mind the perspective that the measures must be feasible and viable for use in state-level quality measurement and improvement in Medicaid and CHIP. While this is especially important in the context of measures subject to mandatory reporting, we would also like to encourage the Workgroup to apply this lens to measures not subject to mandatory reporting. Next slide.

Beginning in 2024, reporting of all the Child Core Set measures and the behavioral health measures in the Adult Core Set will be required for all states. States will be required to include all their Medicaid and CHIP populations. This includes all delivery systems and all eligibility categories. For example, states that have included only managed care populations in their measures will now be required to include all their populations. So we asked the Workgroup members to consider the feasibility and viability for all states to report a measure for all their Medicaid and CHIP populations within two years of the measure being added to the Core Sets. We also asked the Workgroup to consider whether a measure could be stratified by such factors as race, ethnicity, sex, age, rural-urban status, disability, and language. We encourage

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Workgroup members to carefully review the criteria for the Call for Measures to assure that suggested measures balance considerations related to desirability, feasibility, and viability in the context of mandatory reporting. Next slide.

Also, as you think about whether a measure is a good fit for the Core Sets, we encourage you to consider how the measure advances access, quality, and equity. This language, taken from the November 2022 CIB, or CMCS Informational Bulletin, provides a nice framing for the task ahead. Think about how the measures can help CMCS and states assess access and quality, and also identify and improve our understanding of health disparities experienced by Medicaid and CHIP beneficiaries. Ultimately, the goal is for states and their partners to use Core Sets data to identify disparities in health care delivery and outcomes, and to develop targeted quality improvement efforts to advance health equity. Next slide.

We wanted to take a moment to acknowledge that there are many quality measures that may not meet the criteria for inclusion in the Core Sets. We urge workgroup members and federal liaisons to recognize that there are many other venues to use measures to monitor quality and drive improvement at the national, state, health plan, program, or provider level. So measures that might not be a good fit for the Core Sets could be appropriate for use in these other programs. Next slide.

And with that, I'd like to turn it over to Deirdra Stockmann to share CMCS's vision for the 2026 Core Sets review. Deirdra is the Director of the Division of Quality and Health Outcomes in CMCS. Derek, can you please unmute Deirdra?

Deirdra Stockmann:

Thank you, Margo. I think I am unmuted, so I'll go ahead and get started. I am so happy to be here with all of you at the launch of this year's annual Medicaid and CHIP Core Set review for the 2026 Core Sets. First and most importantly, my role here is to express gratitude on behalf of CMS to all of you for being here today and for the work that you will do this year for the Medicaid and CHIP programs. To the Workgroup members, thank you for bringing your deep expertise in quality measurement, healthcare delivery, and the Medicaid and CHIP programs to bear as you consider updates to the Core Set. We are thrilled this year to have another diverse Workgroup of members who bring a variety of perspectives to the group that we value greatly. We have Workgroup members bringing perspectives of providers, health plans, beneficiaries, and of course, state Medicaid and CHIP agencies. Our complex programs rely on all of these components and others working together to deliver quality care to Medicaid and CHIP beneficiaries. I also, with Margo, encourage you all to balance the perspectives that you bring as individuals with the needs of the Medicaid and CHIP program as a whole when you consider updates to the Core Set. Always think of the Core Sets as a set of measures that are meant when taken together to represent the quality of our programs overall, and to really kind of think through all the criteria that Margo just went over, the desirability, feasibility, viability, the balance among all of those many criteria to select the best measures to add to the Core Set.

To the federal partners, I want to thank you for sharing your unparalleled subject matter expertise to inform the discussion of potential updates and to help us align the Core Sets and our related quality activities with other federal programs, which we know is a shared goal among all of us here.

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And to all the members of the public who are listening today, thank you for bringing your passion for ensuring that each of the well over 90 million individuals enrolled in Medicaid and CHIP receive the high-quality care that they need and deserve when they need it, where they need it, and in a way that meets them where they are and treats them as a whole person. And finally, I'd like to thank our CMCS Core Set team and the Mathematica team for all the very much work that goes into managing and running this process that is so critical to the work that we do together.

Next, let me just take a few minutes to share my enthusiasm and anticipation for the work ahead of you. The Medicaid and CHIP Core Sets are in the spotlight now in a good way and for good reason. One reason the Core Sets are getting more attention is because of the role they play in advancing administration priorities. Advancing equity is one of those priorities, and we know that many individuals enrolled in Medicaid and CHIP experience disparities in access to care, quality of care, and health outcomes. Advancing health equity in Medicaid and CHIP depends on our ability to measure disparities in health access, quality, experience, and outcomes, to support innovation and adoption of equity-focused interventions and initiatives, and to orient payment and delivery system reforms to improve care for all and close equity gaps. Without quality measurement, we can't do any of those things. We don't know how we're doing on improving access, improving equity, or delivering value without measuring quality. So this vision is particularly important for the Annual Core Sets Review Workgroup because it's through quality measurement improvement that we're able to tell and track the story of the health of our beneficiaries and the care they receive.

Another reason I already mentioned that the Core Sets are in the spotlight is because we are on the cusp of a new era for the Core Sets, and that is mandatory reporting for the Child Core Set and the behavioral health measures on the Adult Core Set, beginning next year with 2024 reporting. As you know, the mandatory Core Set final rule was released in late August. Once again, I'd like to take a minute to thank everyone who submitted public comments on the proposed mandatory reporting rule last year. CMS reviewed all of those comments closely as we developed the final rule for mandatory reporting. We're strongly committed to supporting states as we transition to mandatory reporting to help make that a manageable lift for all of you. We'll be releasing, of course, additional guidance on mandatory reporting and lots of technical assistance opportunities for states in the coming months.

State reporting on the Core Set measures has been voluntary since its inception, and we know that the advent of mandatory reporting will be a big lift for some states. But the vast majority of states will stand up mandatory reporting on a robust platform you've been building over the last decade. For instance, 48 states reported at least half of the 2020 Child Core Set measures, and 43 states reported at least half of the 2020 Adult Core Set measures last year. As many of you know, CMS publicly releases data on Core Set measures that are reported to us by at least 25 states. For the 2020 Core Set, which is the last thing we've publicly reported -- hold on just a second -- but for the 2020 Core Set, we were able to report five Adult Core Set measures for the first time due to increases in voluntary reporting. And in just a few weeks, we will release the Core Sets data for 2021 and 2022. And while I can't get ahead of that release today -- you'll have to wait just a tiny bit longer -- I can say that we're all very encouraged to see state reporting trends continuing to move in a positive direction. And we laud and appreciate states for your commitment to collecting and reporting on the quality of care in your programs, especially last fall when states had to report two years of data at once due to delays in standing up our new and improved measure reporting system.

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We really look forward to continued partnership as we move toward mandatory reporting. To help states prepare for that, we've been working to issue updates to the Core Sets and supporting guidance as early as possible. So CMS issued the 2023 and 2024 Core Sets measure lists last November of 2022. The final Workgroup report for the 2025 Core Sets updates was published just last week, reflecting the discussion and recommendations from the 2025 Workgroup meetings that were held in April of this year. CMS is reviewing those recommendations currently, and we expect to release the 2025 Core Sets updates in the spring and early 2024. Which brings me back to this Workgroup for the 2026 Core Sets. Are you getting dizzy yet? As you realize, at least for the returning members, we're starting this process a little earlier this year as part of our continued effort to release updates as soon as possible and to allow states ample time to be successful in reporting for the Core Sets in future years. If you've now completely lost track of what year it is, we very much understand. I just referenced six different years of Core Sets in the last two minutes.

Okay, so now after all that talk of data reporting and years of data, et cetera, I want to conclude with a few thoughts about why we do all this. The Core Sets are valuable to us, not only because they give us data and help us tell the story of how we're doing, but the real value is how they point us to, how they inform, and help drive efforts to improve quality of care and health outcomes for Medicaid and CHIP beneficiaries. Over the past several years, CMS has significantly expanded the scope of our support to states in quality improvement. We've hosted several Medicaid and CHIP quality improvement learning collaboratives in a wide range of topics and posted recently many, many new QI resource materials on Medicaid.gov. All 50 states plus D.C. and Puerto Rico have participated in numerous quality improvement webinars, highlighting promising practices to drive improvement across these topics, and 34 states have committed to developing and implementing improvement projects through one or more of the affinity groups associated with our learning collaboratives. We're so heartened to see the commitment across states to using measures as part of improvement efforts. So in closing, thank you. We are gathered here today to begin another year of incredibly valuable work to the Medicaid and CHIP programs, and we appreciate all the work you do, and we're looking forward to the adventure. I'll hand it back to Margo.

Margo Rosenbach:

Thanks, Deirdra. Yes, it is very confusing what year we're in, but here we are with the 2026 review, so thank you all for joining. And with that, I'll turn it over to Chrissy to provide some background on the Child and Adult Core Sets.

Chrissy Fiorentini:

Thanks, Margo. Next slide. This slide shows the breakdown of the 2024 Core Sets measures by domain. As you can see, the Child Core Set is more heavily weighted towards measures of Primary Care Access and Preventive Care and Behavioral Health Care, while the Adult Core Set is more heavily weighted towards measures of Care of Acute and Chronic Conditions and Behavioral Health Care. You can also see that Maternal and Perinatal Health measures are spread between the Child and Adult Core Sets. There are currently three Dental and Oral Health measures included in the Child Core Set and none in the Adult Core Set. Last April, the Workgroup recommended adding two adult Dental and Oral Health measures to the 2025 Core Sets. These recommendations are currently under consideration by CMS. The Child and Adult Core Sets each contain one general Experience of Care measure, which is the Health Plan CAHPS Survey, and the Adult Core Set includes two measures of Long-term Services and

Supports. As you think about how to strengthen and improve the Core Sets, we encourage you to consider the distribution of measures across the domains and how they reflect the needs of the Medicaid and CHIP populations. Next slide.

We want to provide an update on several changes to the 2024 Child and Adult Core Sets recently announced by CMCS. First, since the measure steward retired the Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) measure, CMCS has removed the measure from the 2024 Adult Core Set. Second, starting with the 2024 Core Sets, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets will include both the prenatal and postpartum care rates. For the Child Core Sets, the rates include beneficiaries under age 21, and for the Adult Core Set, the rates include beneficiaries age 21 and older. This slide includes a link to the updated 2024 Child and Adult Core Sets measure lists. The updated lists are also posted on the Core Sets review website as a resource for the 2026 Annual Review. Next slide.

I would now like to briefly describe some potential upcoming changes to the Child and Adult Core Sets, starting with a recap of the recommendations of the 2025 Annual Review Workgroup. The Workgroup recommended two measures for addition to the 2025 Core Sets: Oral Evaluation During Pregnancy, and Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults. The Workgroup did not recommend any measures for removal. Next slide. The Workgroup also reconsidered three measures that use the Electronic Clinical Data System, or ECDS, reporting method. Prior workgroups had recommended these measures for addition to the Core Sets, but CMCS deferred a decision pending further assessment of how the proprietary nature of the ECDS reporting method could impact the feasibility and viability of the measures for state-level reporting in the Core Sets. The Workgroup affirmed support for adding the following three ECDS measures to the Child and Adult Core Sets: Postpartum Depression Screening and Follow-Up, Prenatal Immunization Status, and Adult Immunization Status. CMS is currently reviewing the Workgroup's recommendations and gathering additional input, and as Deirdra noted, they expect to release the 2025 Child and Adult Core Sets in spring of 2024. Next slide.

Finally, we would like to note that NCQA announced in July 2023 that three measures currently in the Child and Adult Core Sets are being retired, which will impact future Core Sets. Ambulatory Care (AMB-CH) will be retired for HEDIS measurement year 2024. As a result, CMS plans to retire the AMB measure from the 2025 Child Core Set. Antidepressant Medication Management (AMM-AD) will be retired for HEDIS measurement year 2025, which corresponds with the 2026 Adult Core Set. And NCQA plans to retire Medical Assistance with Smoking and Tobacco-Related Cessation (MSC-AD) when a replacement measure is ready, which is currently planned for HEDIS measurement year 2026, which corresponds with the 2027 Adult Core Set. We encourage Workgroup members to keep these upcoming changes in mind when suggesting measures for addition to or removal from the 2026 Core Sets. Next slide. And now I would like to turn it back to Margo to take questions from Workgroup members.

Margo Rosenbach:

Thank you, Chrissy. So Workgroup members, we have time for a few questions now and more time later in the meeting. If you would like to speak, please raise your hand and I will call on you in turn. I am not seeing any raised hands. Kai, did I see that you had your hand raised? So Kai, I think -- Derek, can you unmute Kai? I think you are unmuted.

Kai Tao:

Thank you for that overview. Can you remind me, with previous sessions, when there is that period starting tomorrow through October 3rd, I think it was, for introducing new measures? And historically, how does that happen in terms of how many do we get? Who is actually doing these? I know we can as a Workgroup as well, I believe. If you can just kind of touch upon that, how that works.

Margo Rosenbach:

Yeah, that is a good question. And when we move into the next section, Caitlyn will provide a little more information about that. But yes, the Workgroup members and federal liaisons are the ones that would suggest measures for addition or removal. And there is a form, there is a process, criteria. So you will hear a lot more about that. We encourage you, if you have questions, to please reach out as part of the Call for Measures process. It varies a lot from year to year, how many measures are suggested by Workgroup members. I think, as you'll also hear, we go through a process of reviewing each measure suggested for removal, or rather for addition, to see if they meet technical feasibility criteria. And those that meet criteria will be discussed. Those that don't meet criteria won't be discussed, but we'll explain more about that when we get to that during the prep meeting. So that's a very high-level overview and I encourage you to listen to what Caitlyn is going to be sharing. And then, if you have specific questions, please feel free to ask either during the next session when we have Workgroup questions or feel free to reach out to us offline. Did that help?

Kai Tao:

Yes. Can I add one more, ask one more while I have the floor?

Margo Rosenbach:

Sure.

Kai Tao:

And this is just maybe my naivete here. Does NCQA have the -- like, between NCQA and HEDIS, are they directly aligned? Meaning what NCQA does, it becomes a HEDIS? And forgive me for not knowing.

Margo Rosenbach:

Yeah, I'm not sure exactly what your question is. I think we probably should take that offline. I'm not sure that's -- many of the measures in the Core Sets are HEDIS measures, and NCQA is the measure steward. But if your question is, are all of NCQA's measures HEDIS measures, I think that would be a better question for NCQA.

Kai Tao:

Fair. Thank you.

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Margo Rosenbach:

Okay. Thank you. Anyone else before we move on? All right. Why don't we move on, and then we will have another opportunity for questions from Workgroup members. So next slide. With that, I will turn it over to Caitlyn Newhard to describe how to prepare for the Call for Measures.

Caitlyn Newhard:

Thanks, Margo. Next slide. On the next three slides, we will provide a recap of the Core Sets measure gaps discussed during the previous Core Sets annual review cycles. We first want to acknowledge that several gaps have been filled based on the Workgroup's recommendations over the past five years. For example, CMS added the NCQA Colorectal Cancer Screening measure to the Adult Core Set in 2022 in order to fill a gap related to colorectal cancer screening and men's health. CMS also added a suite of three measures related to dental care for children and two measures related to long-term services and supports. Several measures that could address remaining gaps are specified for the HEDIS ECDS reporting method and have been deferred by CMS due to licensing and feasibility considerations. At the end of the 2025 Core Sets Review Meeting, Workgroup members participated in a group discussion and prioritization of previously mentioned measure gaps. Next slide.

This slide lists the domain-specific gaps discussed during the 2025 Annual Review. Some of these gaps include measure concepts, and there may not be existing measures that are suitable for state-level reporting in Medicaid and CHIP. These gaps include integrated physical and behavioral health, identification of and intervention for adverse childhood experiences and exposure to trauma and stress, prenatal screenings for depression and mental health, contraceptive counseling, and maternal health outcomes, hepatitis C screening, and, in the LTSS domain, adverse health and safety events, children's experience of care, community integration, and quality-of-life measures. Next slide.

The Workgroup also identified several cross-cutting gaps and methodological considerations, including: the advancement of health equity, stratification of measures, subgroup analyses, and beneficiary engagement to support measure development and implementation; inclusion of more measure outcomes, or sorry, outcome measures; and use of trend analysis to determine whether a measure is driving improvement over time; use of existing data sources to increase efficiency and reduce state administrative burden; alignment and standardization across reporting programs; and use of newer technologies for survey-based measures to collect information in real time. We encourage Workgroup members to review the list of gaps as you prepare for the Call for Measures. However, please be sure that any measures you suggest meet the criteria, which I will turn to next. Next slide.

The criteria for suggesting measures for addition and removal are the same as those used last year. The criteria fit into three areas, minimum technical feasibility requirements, actionability and strategic priority, and other considerations. To be discussed by the Workgroup at the voting meeting, all measures suggested for addition must meet the criteria within the minimum technical feasibility area. Next slide.

I'll begin with the criteria for suggesting measures for addition. Workgroup members will receive a list of these criteria to consider during the Call for Measures, so I'll review them at a high level here. Starting with the minimum technical feasibility requirements, these requirements help ensure that if the measure is placed on the Core Sets, the measure will be

feasible for state-level reporting. First, a measure must be fully developed and have detailed specifications that enable production of the measure at the state level. It must have been tested in state Medicaid or CHIP programs or currently be in use by one or more Medicaid or CHIP programs. There must be an available data source that contains all the elements needed to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries. The specifications and data source should allow states to calculate the measure consistently. And the measure must include technical specifications, including code sets, that are provided free of charge for state use in the Core Sets. Our team will determine whether all suggested measures meet the criteria, and we encourage Workgroup members to pay close attention to them. For the last criterion around cost, Workgroup members do not need to take this into account. This will be determined by CMS.

Next, we have actionability and strategic priority criteria. Suggested measures should be useful for estimating the overall national quality of health care in Medicaid and CHIP when taken together with other existing Core Set measures. And 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. Third, the measure should address a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP. Finally, the measure should be able to be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP. For example, is there room for improvement on the measure, and can state Medicaid and CHIP programs or providers influence improvement on the measure?

Finally, other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results, and whether the measure is aligned with those used in other CMS programs. And all states should be able to produce new measures for Core Set reporting within two years of the measure being added to the Core Set, and this should include reporting for all Medicaid and CHIP populations. Next slide.

Now, for the criteria for suggesting measures for removal. We ask that Workgroup members look through the current measures and consider whether any measures no longer fit the criteria for the Core Sets. To make this a bit easier, we've provided a set of criteria for removal, which reflect reasons that a measure may no longer meet the criteria for inclusion. Under feasibility, this could be that the measure is not fully developed and that states have difficulty assessing the data source, that results across states are inconsistent for reasons like variation in coding or data completeness, or that the measure is being retired by the measure steward. For actionability and strategic priority, a measure could be suggested for removal if it's not making a significant contribution to measuring quality of care and Medicaid and CHIP, is not suitable for comparative analyses, doesn't address a strategic priority for improvement, or is no longer useful for monitoring state progress. Other considerations include whether another measure would better align across other federal programs, or if all states may be unable 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 populations.

We encourage Workgroup members, especially new members, to review a supplemental resource we will be sharing about measures previously discussed by the Workgroup, and either not recommended for removal or recommended for removal, but retained by CMS. While we understand that circumstances can change over time, we suggest becoming familiar with

and building on prior Workgroup experiences. We will talk about this further in a few slides. Next slide.

As part of the Call for Measures, Workgroup members and federal liaisons will have the opportunity to suggest measures for removal from or addition to the 2026 Child and Adult Core Sets. The Call for Measures process will start on September 7th when our team will send Workgroup members and federal liaisons an email with instructions on how to suggest measures for addition or removal. Measure suggestions are due by October 6th at 8 p.m. Eastern Time. We encourage you to reach out to us if you have any questions about the process, including the criteria, the submission forms, or potential measures. Our team is here to support you with the Call for Measures process. Next slide.

The Call for Measures email that we will send out tomorrow will also include a wealth of resources which Workgroup members should use to inform their measure suggestions. The 2023 Medicaid and CHIP Beneficiary Profile, which is currently posted on our website, provides background on various aspects of the Medicaid and CHIP programs and beneficiary characteristics. Our website also contains a list of publicly available background resources on the current Child and Adult Core Sets, including measure lists, state performance on the measures, a document showing the history of measures on the Core Sets, and the Medicaid and CHIP Scorecard. Workgroup members will also receive a packet of supplementary materials, including a list of measures discussed during previous Workgroup meetings, a list of measure gaps identified by previous workgroups, and a list of measure submission tips, which I will preview shortly. I also want to acknowledge that while the federal fiscal year 2022 Core Set performance data are not yet publicly available, we will be providing these to Workgroup members via email as soon as they are ready. We expect this to be later in September before the Call for Measures closes. Next slide.

We would like to encourage Workgroup members to pay particular attention to the list of measures discussed during previous Workgroup meetings that will be included in the supplementary materials packet. Please note that the eight measures listed on this slide have been discussed during three or more previous Workgroup meetings and have not been removed from or added to the Core Sets. In some cases, the Workgroup may have recommended removal or addition, and CMCS opted not to act on the recommendation. If you are considering one of these measures, please preview previous reports and transcripts for more information on the Workgroup discussions and recommendations. You must suggest a strong justification and new evidence to explain why the Workgroup should consider the measure again. And if you have any questions about the previous discussions, please reach out to us. Next slide.

Based on our previous experience, we also wanted to provide some general tips on submitting measure suggestions. First, we want to note that the measure submission forms are the most important input to the materials that Workgroup members review prior to the voting meeting. So the form is really your best opportunity to explain why the Workgroup should consider a measure for addition or removal and provide evidence to support your suggestion, including citations. If you've suggested a measure that the Workgroup has considered in the past but not recommended, please include detailed and specific information about why you're suggesting the measure be reconsidered. And for measures suggested for addition, just another reminder to be sure you address the minimum technical feasibility criteria. If you're suggesting a measure to replace a current Core Set measure, remember to submit both an addition and

removal form. If there's anything you can't include in the form, please send it over to our team. Next slide.

This slide highlights additional tips for measures suggested for addition. In the interest of time, I will not read each tip, but the Workgroup members will receive the full list of tips in the materials emailed tomorrow. Next slide. And this slide highlights additional tips for measures suggested for removal. These will also be included in the materials emailed tomorrow. With that, I'll turn it back over to Margo.

Margo Rosenbach:

Thanks, Caitlyn. Next slide, please. So now, I'd like to invite our co-chairs, Kim Elliott and Rachel La Croix, to offer a brief welcome and share their vision for the 2026 Core Sets Review. Derek, can you please unmute Kim and Rachel? And, Rachel, I'll turn it over to you first, and then Kim. Rachel? Rachel, you should be unmuted. Can you say something else?

Rachel La Croix:

Are you able to hear me now?

Margo Rosenbach:

Yeah, we can. Thank you.

Rachel La Croix:

Okay, great. Thank you. It kept saying I was unmuted, but then it still looked like I was muted. Anyway, thank you, everyone, for joining the orientation meeting today, and I just wanted to echo everyone's welcome to our new Workgroup members, as well as welcome back to the continuing members. I'm definitely looking forward to working with all of you to look at proposed measures for addition and removal and having some really robust discussions about the measure sets moving forward this year. Just to echo some of the comments made already regarding proposing changes, and as we're considering changes and feasibility of new measures or which measures folks are proposing to remove, just wanting to remind everybody to keep in mind that states are in different places regarding access to some of the different data sources needed for measures, particularly some of the ones relying on electronic health record data or registries regarding screening and immunizations. And so keeping all of those different pieces in mind as we're thinking about feasibility of measures, and also to echo some comments made by Caitlyn going over the different resources, keeping in mind, too, that we really want to focus on measures that are most applicable to and are reflecting the needs and experiences of the Medicaid and CHIP populations. There are a lot of measures out there and a lot of health conditions that all of us know are important, but really trying to focus in on measures that reflect experiences of good amounts of the Medicaid and CHIP populations is an important piece as we're looking for measures that really reflect the quality of the Medicaid and CHIP programs as well.

I just wanted to also thank CMS and Mathematica for moving up the timeline for the Core Set Review Workgroup activities. I must admit I was a little surprised that it was so early this year. It feels like we just finished the Workgroup activities related to the 2025 Core Sets, but I appreciate moving up the timeline for these to try to get information out to states earlier as

we're moving into mandatory reporting and states needing to be able to react to changes to the Core Sets and possible changes to reporting guidelines. So I just wanted to thank everybody for their efforts to move these timelines up. And as both Deirdra and Mathematica folks talked about, the strength of our Core Sets really does reflect the perspectives and inputs of multiple stakeholders representing different areas within health care. And so just wanted to thank everybody really for providing their perspectives and sharing information that not all of us may have from our own viewpoint of where we work in the health care system. And then my last comment I'd just like to make is really reminding everyone and particularly for new Workgroup members to really make use of the resources provided by Mathematica on the Core Sets Review website. And Caitlyn just went over at a high level what some of those resources are, but these really provide a wealth of information about what the previous Workgroups have discussed, different measures that have come in and out of the Core Sets, and the rationales for why, and just providing a lot of information about how feasible it's been for states to report on different metrics and those types of things. So really do make use of their resources. They're very helpful for Workgroup members as we're looking at and considering changes to the Core Sets moving forward. And with that, I will go ahead and turn it over to Kim.

Kim Elliott:

Hi, everyone. Can you hear me?

Margo Rosenbach:

Yes, we can.

Kim Elliott:

Wonderful. I really appreciate all of Rachel's comments. I agree with everything she said. This is really just such a fantastic opportunity and the resources that Mathematica provides each year really do support all of the work that we're trying to accomplish. I'm not going to repeat anything that Rachel said or at least try not to, but with this new era of mandatory reporting, it really is an exciting and really a challenging period in performance or quality measurement. And it does require that we work together to really have a thoughtful and informed process to focus on expanding and involving not only the measures, but that it also reflects the expanding and evolving Medicaid population and also supports the CMS priorities for quality reporting. It provides an opportunity for us to review measures with a lens on improving the quality of care Medicaid members receive, particularly in the priority areas such as reducing healthcare disparities and also in improving health equity. And then with mandatory reporting in mind, I think it's really important that we work together to consider the feasibility of the measures and whether the actions have the opportunity to improve the quality of care if we do select a measure for reporting. You know, as I work with other states, and we work with quite a few different states as an external quality review organization on performance measure reporting, and as we discuss the measures as part of the Workgroup, it's really important, and I know that this has been stressed a couple of times during this call, that we recognize that each state is in a different place in their ability to collect the data necessary for reporting and in their ability to report accurate, valid, and reliable rates, so that we really can start moving the needle. And some of the things that I do when I'm looking at measures from that perspective for purposes of the core measure sets, I ask questions of myself as I consider the measures, is whether any state Medicaid programs are using or reporting the measure, and if they are, is the state experiencing any challenges in collecting the data necessary to report the measure? And this

work really provides us an opportunity to identify gaps and to consider measures that support the adoption of activities and interventions that improve equity and deliver value to Medicaid members and also the Medicaid program. And as we restart our review process and make recommendations to add measures, we can really support this focus by considering if there are opportunities to stratify the measures that we're recommending for adding to the measure set and for purposes of reporting, but also for purposes of implementing the quality improvement activities. If we're able to stratify, we're better able to identify interventions and activities that, again, can really move the needle on quality for the members that are being served.

You know, I'm really passionate about several care and service delivery areas, such as in areas where members can't always speak for themselves and also on the importance of the member's voice that allows us to understand how they experience care and service delivery in the Medicaid program and really what is important to members that are receiving Medicaid benefits. So I'm just going to conclude by saying I'm really excited to work with all of you. I'm really excited to see the new members that have joined the Workgroup, and I'm sure you're as excited as well to be working on this really important project. And it's really important to just dedicate the time to being part of this important work. And again, I want to just extend my thank you to CMS and to Mathematica for this opportunity for all of us to review the core measure sets and really keep moving quality measurement forward.

Margo Rosenbach:

All right. Thank you, Kim and Rachel. We're excited to have you back as co-chairs. So next slide, please. We are in the last seven minutes or so of the meeting, but I do want to take the opportunity to open it up for Workgroup questions. So please raise your hand if you wish to speak. Rich Antonelli.

Rich Antonelli:

Can you hear me, Margo?

Margo Rosenbach:

Yes, I can.

Rich Antonelli:

Great. Thank you. And welcome to new members and to the returning folks and federal colleagues. And as always, the MPR staff, you guys are just superb. There were several slides that jumped out at me today, and kudos to the staff for putting them together. It's possible, Margo, that the team is going to say, "Rich, send us an email." But I want to flag it for the sake of efficiency. So the slide that said these are measures that have been considered in the past and not removed. So think deeply about that. So as I begin to think deeply, the one that I'm focusing on is CAHPS. You know, we've revisited that year upon year upon year. The general theme has been it's out there, it's really important, but, you know, we're seeing single-digit implementation. And I know last year we spent a fair amount of time talking about that to get an update. So what's being done to improve those numbers? So for those of us thinking about moving new measures in or challenging measures out, can we get that information ahead of the actual voting meeting, specifically to CAHPS?

Margo Rosenbach:

So specifically about CAHPS, what I would say is that if a Workgroup member is inclined to suggest that measure for removal from the Core Sets, please be in touch with us. We actually will rely on you to come back with some additional information as well, to justify. I think you're absolutely right, Rich. It's on all of our minds. The conclusion is it's not perfect, but it's the best that's out there. So I think I would like to put it back on the Workgroup members that if you have another suggestion for another Experience of Care measure, please be in touch with us or please suggest that measure. But don't suggest -- and this is me talking -- don't suggest CAHPS for removal without having a suggestion of another measure of overall experience of care. Because I think there is widespread recognition that there are some concerns about CAHPS, and many of you have spoken to that. But then the Workgroup also has spoken clearly in not recommending it for removal, given that there is not a suitable replacement. So I hope, Rich, that makes sense to you, realizing that, you know, there are some constraints in what measures are out there. I think we have mentioned that there are opportunities for further measure development and measure refinement, but I think that's the recommendation that's coming from the Workgroup.

Rich Antonelli:

Okay. That's helpful. And then just a quick follow-up. Given this advancing when we're starting, if I sent a request that isn't slotted for add, remove, but really, can we learn what progress has been made? And I guess where I'm thinking about, Margo, is it's the quality of the quality measure. So in this case, it would be the feasibility of implementation. Is that a fair question to ask of the staff in this four-week window, especially, say, in the next three business days after you guys open the call? Is that reasonable? Because I'd rather not start in a provocative place like, let's remove CAHPS. I'd just like to hear, are we improving CAHPS in its implementation? And if that's a complicated answer, totally fine to take it offline.

Margo Rosenbach:

So Rich, I think you can request that we look at that.

Rich Antonelli:

Okay. That's helpful.

Margo Rosenbach:

Yes.

Rich Antonelli:

Perfect. All right. Thank you, Margo.

Margo Rosenbach:

Sure. I think at this point, I would like to open it up for public comment. I know we're running very, very short on time. So next slide, please. If we have public comments, please raise your

hand and then introduce yourself with your name and your affiliation. Rebekah, you are unmuted.

Rebekah Fries:

Hi, there. My name is Rebekah Fries. I'm the Federal Policy and Advocacy Specialist representing Upstream USA. I just wanted to take this time to acknowledge that Upstream appreciates the opportunity to comment on the 2026 Core Sets review process. Upstream is a nonprofit working to expand access to contraception by providing high-quality patient-centered training and technical assistance to healthcare organizations. This approach empowers patients to decide if and when they want to become pregnant, a critical step towards improving maternal health, as well as positive health and social outcomes for parents, children, and their families. Upstream continues to support the inclusion of the NQF-endorsed contraceptive measures 2902, 2903, and 2904 in the Core Sets. In addition to these method-use measures, we recommend the addition of a contraceptive needs screening measure. Contraceptive needs screenings open the door for broad conversations around reproductive life planning, such as contraception, preconception health, and prenatal care. Two specific measures of contraceptive needs screening that the workgroup could consider for inclusion in the Core Sets are the Self-Identified Need for Contraception, also known as SINC, and the Pregnancy Intention Screening Question, also known as PISQ. Upstream does not endorse any particular contraceptive needs screening over another and believes that any quality measures that examine rates of contraceptive counseling should avoid incentivizing counseling for patients who do not want it. Therefore, Upstream recommends connecting any contraceptive counseling measure to a screening measure such that providers are incentivized for screening patients and offering counseling only when indicated. Thank you for your time and your consideration.

Margo Rosenbach:

Thank you so much, Rebekah. The one thing I would encourage Workgroup members to consider is whether those measures are specified for state-level reporting, both in terms of the sampling criteria and other aspects of the measure specifications, because that will be one of the minimum technical feasibility criteria. So we are out of time. So let's move on really quick to the last part of this and just recapping on the next steps. Next slide, please.

Workgroup members and federal liaisons, you'll receive an email tomorrow with instructions on how to suggest measures. The due date is 8 p.m. Eastern Time, Friday, October 6th. We will meet again on January 10th to provide information on the measures that will be discussed, and then the voting meeting will be on February 6th to February 8th. All those meetings are open to the public. Registration information is available at the link on the slide. Next slide, please.

So here's some links to where you can find information on Medicaid.gov and the Core Sets Annual Review webpage. Next slide.

If you have any questions about the Child and Adult Core Sets Annual Review, please email our team at this address. We would be happy to respond. And finally, next slide. I'd like to thank everyone for participating in today's meeting, and the meeting is now adjourned. So thank you all so much.