

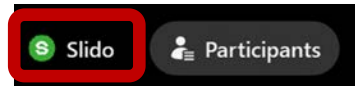
Child and Adult Core Sets Annual Review Workgroup

Meeting to Review Measures for the 2026 Core Sets
Day 1

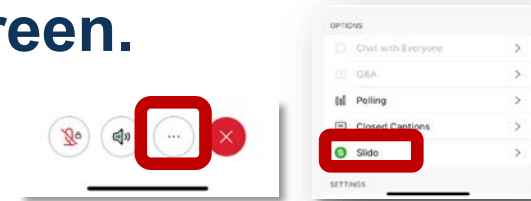
February 6, 2024

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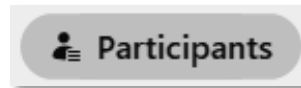
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Technical Instructions *(continued)*

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- 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: Margo Rosenbach**
- **Research, analytics, and logistics team: Chrissy Fiorentini, Caitlyn Newhard, Deb Haimowitz, Maria Dobinick, Talia Parker, Alli Steiner**
- **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 2026 Child and Adult Core Sets**
- **Recommend updates to the 2026 Child and Adult Core Sets**
- **Discuss priority gap areas and criteria for the 2027 Public Call for Measures**
- **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**

2026 Core Sets Annual Review Workgroup

Voting Members

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

2026 Core Sets Annual Review Workgroup *(continued)*

Voting Members

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

2026 Core Sets Annual Review Workgroup *(continued)*

Voting Members

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

2026 Core Sets Annual Review Workgroup: Federal Liaisons

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

CMCS Remarks

**Deirdra Stockmann, Director
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services**

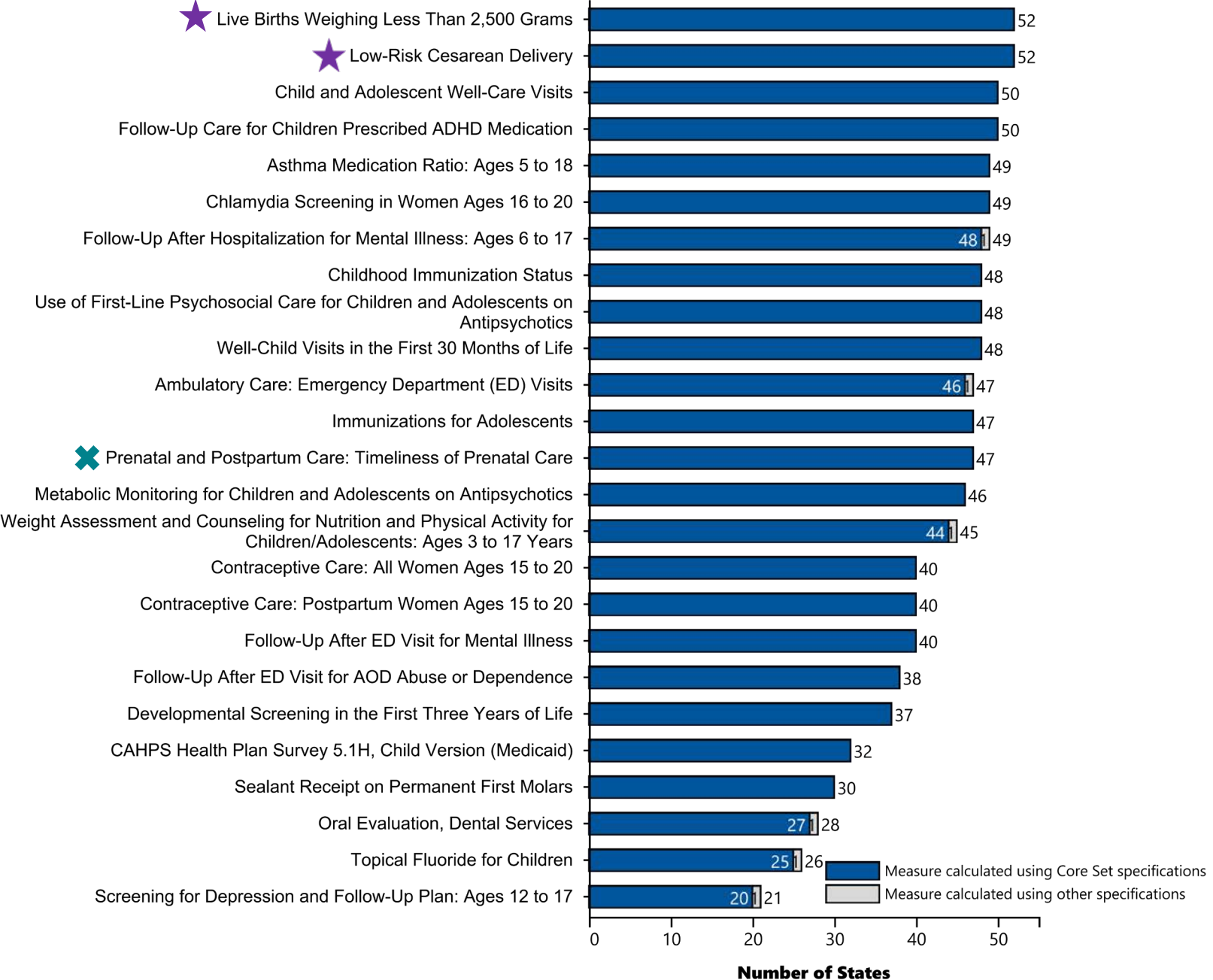
Overview of Child and Adult Core Sets Measures

Results of Voluntary Reporting of the 2022 Child and Adult Core Sets

- States reported a median of 21.5 (out of 25) Child Core Set measures and 26 (out of 33) Adult Core Set measures
- Almost all measures met criteria for public reporting: 24 Child Core Set measures and 29 Adult Core Set measures
- 40 states reported more measures for FFY 2022 than for FFY 2021
- 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/sites/default/files/2023-09/ffy-2022-core-set-reporting.pdf>.

Number of States Reporting the Child Core Set Measures, FFY 2022

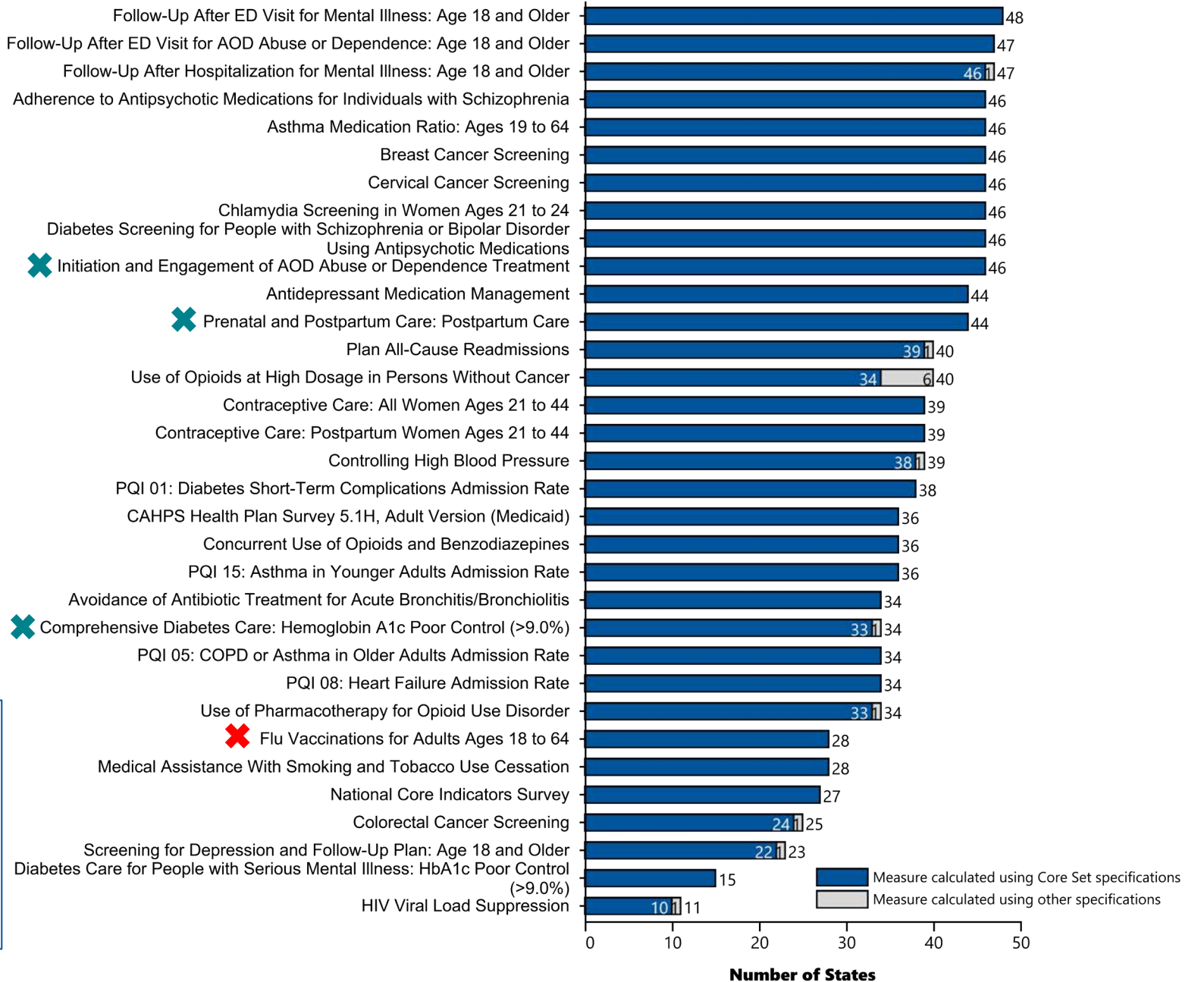


★ Calculated by CMS on behalf of states
 ✕ Modified for the 2024 Child Core Set
 Note: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) was modified to Prenatal and Postpartum Care: Under Age 21 (PPC2-CH) in the 2024 Child Core Set



Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.
 Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Number of States Reporting the Adult Core Set Measures, FFY 2022



✖ Removed from the 2024 Adult Core Set

✕ Modified for the 2023 or 2024 Adult Core Set

Notes: Initiation and Engagement of AOD Abuse or Dependence Treatment (IET-AD) was modified by the measure steward and renamed as Initiation and Engagement of Substance Use Disorder Treatment in the 2023 Adult Core Set. 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. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)(HPC-AD) was replaced by Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) in the 2023 Adult Core Set.

Overview of the 2024 Child and Adult Core Sets

- The 2024 Child Core Set includes 27 measures and the 2024 Adult Core Set includes 33 measures
 - There is no target number of measures (maximum or minimum) for the Child and Adult Core Sets
- The 2024 Core Sets contain seven domains:
 - Primary Care Access and Preventive Care
 - Maternal and Perinatal Health
 - Care of Acute and Chronic Conditions
 - Behavioral Health Care
 - Dental and Oral Health Services (Child only)
 - Experience of Care
 - Long-Term Services and Supports (Adult only)
- The Core Sets and domains are not assigned by the Workgroup
 - Note that some measures cut across the Child and Adult Core Sets
- The 2024 Child and Adult Core Sets measure lists are available at <https://www.medicaid.gov/medicaid/quality-of-care/index.html>

Potential Changes to the 2025 Child and Adult Core Sets: Recap of the 2025 Annual Review

- **The Workgroup recommended two measures for addition to the 2025 Core Sets**
 - Oral Evaluation During Pregnancy
 - Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults
- **The Workgroup did not recommend any measures for removal**

Other Potential Changes for 2025 and Beyond: ECDS Measures

- **The 2025 Workgroup reconsidered three measures that use the Electronic Clinical Data System (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 three ECDS measures to the Child and Adult Core Sets**
 - **Postpartum Depression Screening and Follow-Up**
 - **Prenatal Immunization Status**
 - **Adult Immunization Status**

Stratification of Core Sets Measures

- **CMCS encourages states to stratify Core Set data by subpopulations**
 - Aggregate quality measure data can mask important differences across subpopulations
 - Stratifying quality measure data can help focus state quality improvement initiatives and priorities
- **For the FFY 2024 Core Set reporting cycle (reporting will open September 2024) states have the option to report stratified rates for one or more categories: race, ethnicity, sex, and/or geography**
- **For the FFY 2025 Core Set reporting cycle, states will be required to report data stratified by race, ethnicity, sex, and geography for a subset of mandatory measures**
 - For more information on the requirements for FFY 2025, see https://www.medicaid.gov/sites/default/files/2023-12/sho23005_0.pdf

Requirements for 2026 Core Sets Mandatory Reporting

**Virginia Raney, Technical Director
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services**

Questions from Workgroup Members

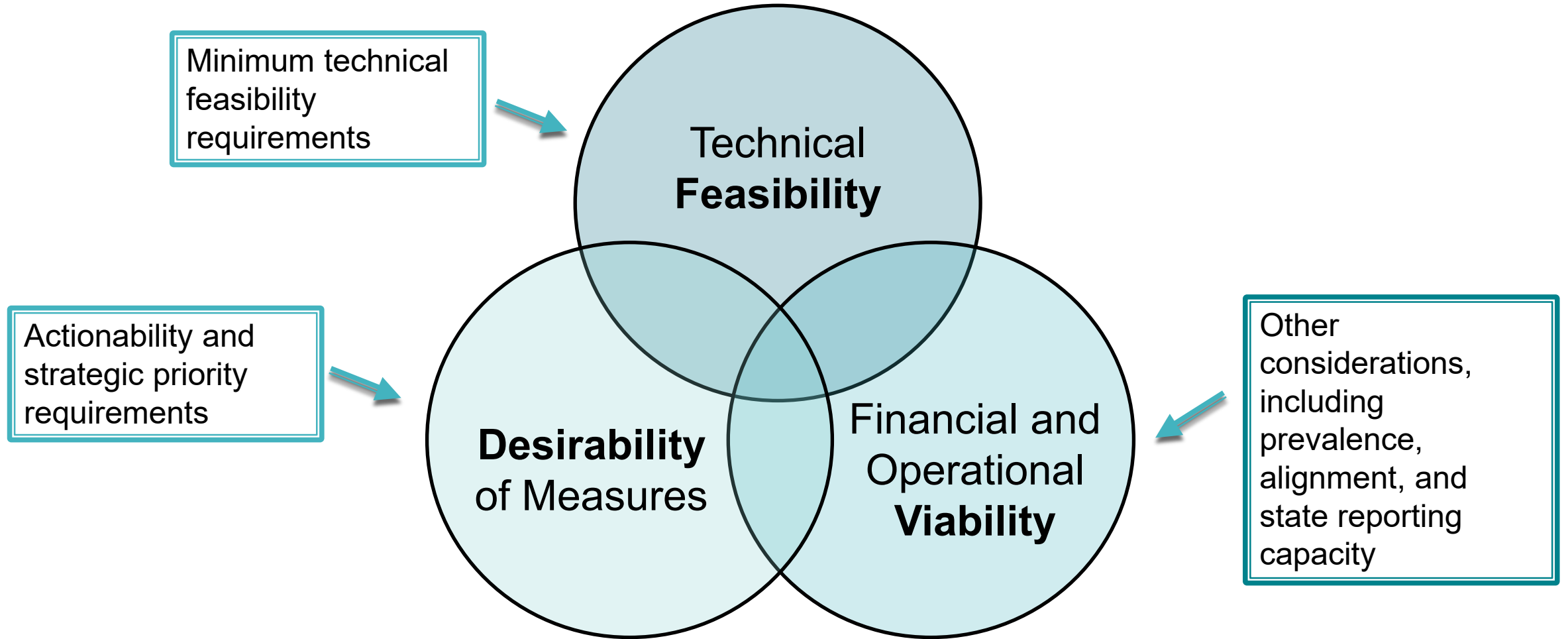
Approach to Measure Review and Voting

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

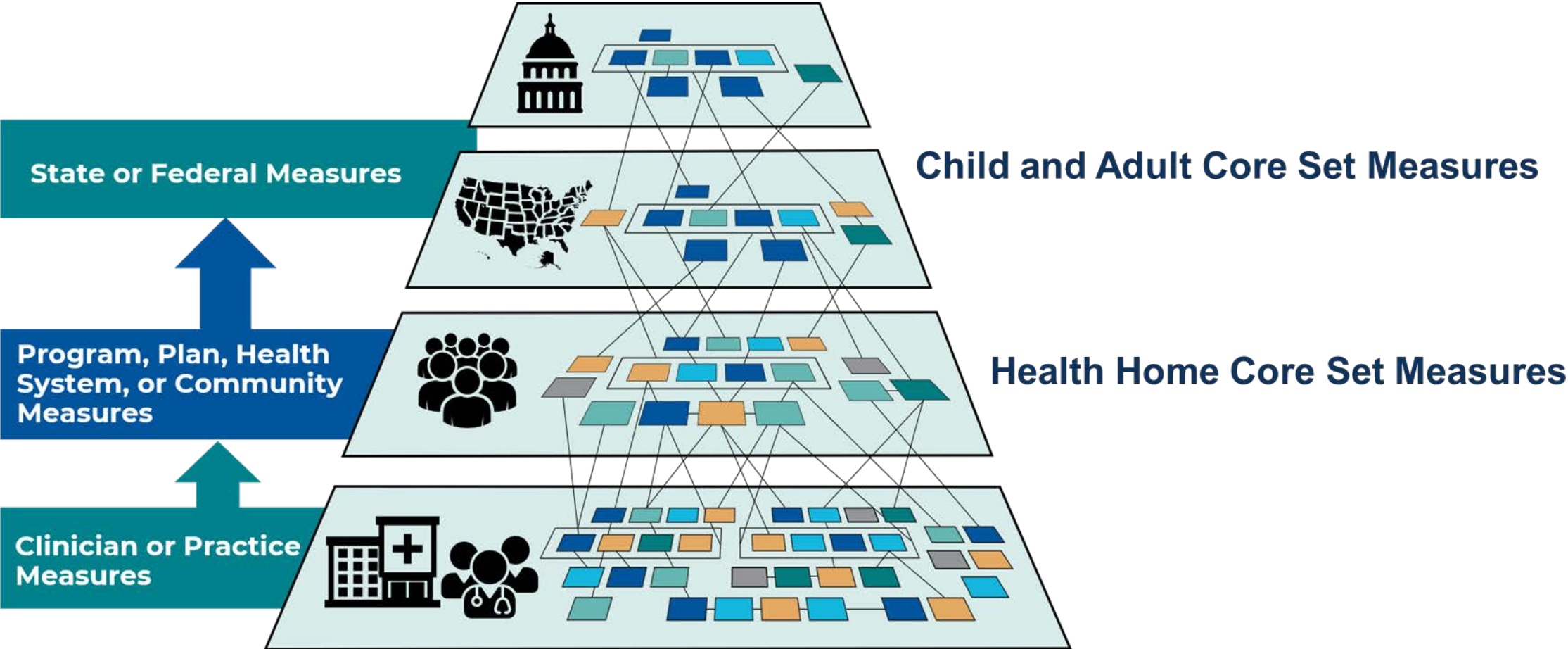
- The Child and Adult Core Sets are a foundational tool for understanding the quality of health care provided in Medicaid and CHIP
- The Core Sets help CMS and states:
 - Assess access to and quality of health care being provided to Medicaid and CHIP beneficiaries
 - Identify and improve understanding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

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

Recap of the Framework for Assessing Measures



Alignment Across Multiple Levels to Facilitate Quality Improvement



Level-Setting about the Child and Adult Core Sets

- **Measure stewards update quality measures 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 consideration by the Workgroup are based on publicly available information and information from measure stewards as of November 2023**
 - Measures may undergo updates and the measure information sheets may not reflect the measure specifications that will be used for FFY 2026 reporting
- **This reflects the evolving nature of quality measurement in health care**

Level-Setting *(continued)*

- **Additional context for the 2026 Core Sets Annual Review**
 - **Mandatory reporting of all Child Core Set measures and behavioral health measures in the Adult Core Set beginning in 2024**
 - **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: Minimum Technical Feasibility Requirements

1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).
2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
5. 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: Actionability and Strategic Priority

- 1. Taken together with other Core Set measures, the measure can be used to estimate the overall national quality of health care in Medicaid and CHIP.**
- 2. 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.**
- 3. The measure addresses a strategic priority for improving health care delivery and outcomes in Medicaid and CHIP.**
- 4. 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).**

Criteria for Assessing Measures for Addition: Other Considerations

- 1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.**
- 2. The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicaid Promoting Interoperability Program, Merit-Based Incentive Payment System, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).**
- 3. All states should be able to produce the measure for Core Set reporting within two years of the measure being added to the Core Sets and be able to include all Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).**

Criteria for Suggesting Measures for Removal

- **Current Core Set measures may be suggested for removal using related criteria regarding Technical Feasibility, Actionability and Strategic Priority, or Other Considerations**
- **Examples include:**
 - **Taken together with the other Core Set measures, the measure does not significantly contribute to estimating the national quality of health care in Medicaid and CHIP**
 - **States report significant challenges accessing a data source that contains all the elements necessary to calculate the measure**
 - **The available data source does not allow for consistent calculations across states**
 - **The measure cannot be used to assess state progress in improving health care delivery and outcomes for beneficiaries**
 - **The measure is not aligned with those used in other CMS programs**

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**
 - **Measure for removal:**
 - Yes, I recommend removing this measure from the Core Set
 - No, I do not recommend removing this measure from the Core Set
 - **Measures for addition:**
 - Yes, I recommend adding this measure to the Core Set
 - No, I do not recommend adding this measure to the Core Set
- **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

Do you like coffee?

- **Yes, I like coffee**
- **No, I do not like coffee**

Practice Vote #2

Are you a morning person?

- **Yes, I am a morning person**
- **No, I am not a morning person**

Break

Measure Suggested for Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

Domain	Care of Acute and Chronic Conditions
Description	The percentage of beneficiaries aged 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
Measure steward	Pharmacy Quality Alliance (PQA)
Data collection method	Administrative
Denominator	<p>Beneficiaries who meet all the following criteria:</p> <ol style="list-style-type: none">1. Two or more prescription claims for opioids medications on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year.2. An Index Prescription Start Date (IPSD) on January 1 through October 3 of the measurement year.3. An opioid episode of 90 or more days during the measurement year. <p>Notes:</p> <ul style="list-style-type: none">• Exclude days' supply that occur after the end of the measurement year.• The prescription can be for the same or different opioids.• If multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescription with the longest days' supply.• If multiple prescriptions for opioids are dispensed on different days, sum the days' supply for all the prescription claims, regardless of overlapping days' supply.

Removal: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) *(continued)*

Numerator	Any beneficiary in the denominator with an average daily dosage \geq 90 morphine milligram equivalent (MME) during the opioid episode.
Stratifications (for Adult Core Set reporting)	Age group (ages 18 to 64 and age 65 and older)
Has another measure been proposed for substitution?	No
Number of states reporting the measure for FFY 2022	40 states (6 of the 40 states reported using other specifications). States that reported the measure using “other” specifications reported the HEDIS® Use of Opioids at High Dosage measure.
Is the measure on the Medicaid & CHIP Scorecard?	Yes

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Removals: Measure Vote #1

Should the Use of Opioids at High Dosage in Persons Without Cancer (OHD-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 Removal: Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)

Removal: Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)

Domain	Behavioral Health Care
Description	<p>Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.
Measure steward	National Committee for Quality Assurance (NCQA)
Data collection method	Administrative or electronic health records (EHR)
Denominator	The number of new substance use disorder episodes for beneficiaries age 18 and older as of the SUD episode date.
Numerator	<p>Numerator 1: Initiation of SUD Treatment</p> <ul style="list-style-type: none"> • Step 1: If the SUD episode was an inpatient discharge, the inpatient stay is considered initiation of treatment and the SUD episode is compliant. • Step 2: If the SUD episode was an opioid treatment service that bills monthly, the opioid treatment service is considered initiation of treatment and the SUD episode is compliant. • Step 3: For remaining SUD episodes (those not compliant after steps 1–2), identify episodes from the qualifying episode list with at least one SUD episode date on or during the 13 days after the SUD episode date (14 total days).

Removal: Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) *(continued)*

Numerator *(continued)*

Numerator 2: Engagement of SUD Treatment

- Step 1: Identify all SUD episodes compliant for the Initiation of SUD Treatment numerator. SUD episodes that are not compliant for Initiation of SUD Treatment are not compliant for Engagement of SUD Treatment.
- Step 2: Identify SUD episodes that had at least one weekly or monthly opioid treatment service with medication administration on the day after the initiation encounter through 34 days after the initiation event. The opioid treatment service is considered engagement of treatment and the SUD episode is compliant.
- Step 3: Identify SUD episodes with long-acting SUD medication administration events on the day after the initiation encounter through 34 days after the initiation event. The long-acting SUD medication administration event is considered engagement of treatment and the SUD episode is compliant.
- Step 4: For remaining SUD episodes identify episodes with at least two of the qualifying engagement visits or engagement treatment events (any combination) on the day after the initiation encounter through 34 days after the initiation event.

Stratifications (for Adult Core Set reporting)

Age group (ages 18 to 64 and age 65 and older) and SUD diagnosis (alcohol use disorder, opioid use disorder, other substance use disorder, and total)

Beginning with FFY 2025 Adult Core Set reporting, states will also be expected to stratify the IET-AD measure by race, ethnicity, sex, and geography.

Has another measure been proposed for substitution?

No

Removal: Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) *(continued)*

Number of states reporting the measure for FFY 2022	46 states. Note that some states did not report all 8 measure rates.
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Is the measure on the Medicaid & CHIP Scorecard?	Yes
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Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Removals: Measure Vote #2

Should the Initiation and Engagement of Substance Use Disorder Treatment (IET-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**

Break

Measure Suggested for Addition: Prenatal Depression Screening and Follow-Up

Addition: Prenatal Depression Screening and Follow-Up

Description	<p>The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported:</p> <ol style="list-style-type: none">1. Depression Screening. The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.2. Follow-Up on Positive Screen. The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
Measure steward	National Committee for Quality Assurance (NCQA)
Measure type	Process
Recommended to replace current measure?	No
Data collection method	<p>HEDIS Electronic Clinical Data Systems (ECDS)</p> <p>(Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries.)</p>
Denominator	<p>The measure includes denominators for two rates:</p> <ol style="list-style-type: none">1. Depression Screening. Deliveries during the measurement period (January 1 – December 31) that meet the following criteria:<ol style="list-style-type: none">a. Meet requirements for participation. Participation is defined as the identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Participation includes both allocation and continuous enrollment criteria (<i>see next slide</i>).b. Have a gestational age assessment or gestational age diagnosis within 1 day of the delivery date.

Addition: Prenatal Depression Screening and Follow-Up

(continued)

Denominator (continued)

- Allocation criteria: The member was enrolled with a medical benefit 28 days prior to the delivery date through the delivery date.
 - Continuous enrollment criteria: The member was enrolled 28 days prior to the delivery date through the delivery date, with no gaps in enrollment.
- 2. Follow-Up on Positive Screen.** All deliveries from the Depression Screening numerator with a positive finding for depression during pregnancy.

Numerator

The measure includes numerators for two rates:

- 1. Depression Screening.** Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized screening instrument, performed during pregnancy (on or between pregnancy start date and the delivery date).
 - Deliveries between January 1 and December 1 of the measurement period: Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
 - Deliveries between December 2 and December 31 of the measurement period: Screening should be performed between the pregnancy start date and December 1 of the measurement period.
- 2. Follow-Up on Positive Screen.** Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 days total). Follow-up care is defined as any of the following:
 - An outpatient antidepressant, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. *(List continues on next slide.)*

Addition: Prenatal Depression Screening and Follow-Up

(continued)

Numerator (continued)

- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
- A dispensed medication.

Or

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: Please see the Measure Information Sheet for a list of eligible screening instruments with thresholds for positive findings.

Stratifications

The HEDIS MY 2024 measure specifications include stratifications by race and ethnicity for the Medicaid product line.

Other

This measure was previously discussed by the Workgroup at the 2021 Core Sets Annual Review meeting, in conjunction with the *Postpartum Depression Screening and Follow-Up* measure. The Workgroup prioritized recommending the *Postpartum Depression Screening and Follow-Up* measure and did not recommend the *Prenatal Depression Screening and Follow-Up* measure for addition to the Core Sets. CMCS deferred a decision on adding the postpartum measure to the Core Sets pending further assessment of how the proprietary nature of the ECDS reporting method could impact the feasibility and viability of the measure for state-level reporting.

Workgroup Member Discussion

Opportunity for Public Comment

Vote on Measure

Additions: Measure Vote #1

Should the Prenatal Depression Screening and Follow-Up measure be added to the Core Set?

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

Preview of Day 2 and Wrap-Up

Agenda for Day 2

- **Measure Suggested for Addition: Social Need Screening and Intervention**
- **Priority Gap Areas and Criteria for the Public Call for Measures for the 2027 Child and Adult Core Sets**
- **Workgroup Reflections and Future Directions**
- **Public Comment**
- **Next Steps and Wrap-Up**

Preview of Workgroup Discussion of the Public Call for Measures

- **Priority Gap Areas: What are the priority 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 Core Sets?**
 - **Lightning round with Workgroup members (including federal liaisons)**
 - Mention one priority gap area or plus-one a gap area mentioned by another Workgroup member
 - Please be succinct!
 - **Keep in mind the purposes and uses of the Core Sets**
- **Criteria for Submission: Thinking about the 2026 Call for Measures criteria, what changes would you suggest for the 2027 Public Call for Measures?**
 - **Minimum Technical Feasibility Requirements**
 - **Actionability and Strategy Priority**
 - **Other Considerations**
 - **Other Criteria?**
- **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
2026 Child and Adult Core Sets Annual Review!**