Mathematica
Progress Together

# Child and Adult Core Sets Annual Review Workgroup

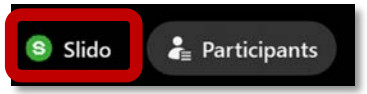
## Meeting to Review Measures for the 2026 Core Sets

## Day 2

**February 7, 2024**

# Technical Instructions

- If you are experiencing technical issues during the webinar, please send a message through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.

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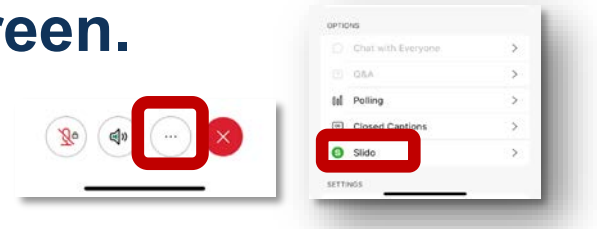


- If you are having issues speaking during Workgroup or public comments, ensure you are not also muted on your headset or phone. Connecting to audio using the "call me" feature in WebEx is the most reliable option.
  - Audio settings can be accessed by selecting the arrow next to the unmute button.


  - Call-in only users cannot make comments. Please ensure your audio is associated with your name in the platform.

# Technical Instructions *(continued)*

- 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 Review Day 1

# Workgroup Members Roll Call

# 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
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- 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<br>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<br>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<br>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<br>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<br>Nominated by American Academy of Pediatrics | American Academy of Pediatrics |
| **Clara Filice**, MD, MPH, MHS<br>Nominated by the Medicaid Medical Directors Network | MassHealth |
| **Angela Filzen**, DDS<br>Nominated by the American Dental Association | Mississippi State Department of Health |
| **Sara Hackbart**, MS<br>Nominated by the National MLTSS Health Plan Association | Elevance Health |
| **Richard Holaday**, MHA<br>Nominated by the National Association of Medicaid Directors | Delaware Division of Medicaid and Medical Assistance |
| **Jeff Huebner**, MD, FAAFP<br>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<br>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<br>Nominated by the Academy of Managed Care Pharmacy | Healthfirst |

# 2026 Core Sets Annual Review Workgroup *(continued)*

| Voting Members | |
|---|---|
| **Katherine Leyba**<br>Nominated by the National Association of Medicaid Directors | New Mexico Human Services Department |
| **Lisa Patton**, PhD | CVP |
| **Laura Pennington**, MHL<br>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<br>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**<br>Nominated by ADvancing States | Colorado Department of Health Care Policy & Financing |
| **Kai Tao**, ND, MPH, FACNM<br>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<br>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 |

# Measure Suggested for Addition: Social Need Screening and Intervention

# Addition: Social Need Screening and Intervention

| | |
|---|---|
| **Description** | The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive. Six rates are reported:<br>1. **Food Screening**. The percentage of members who were screened for food insecurity.<br>2. **Food Intervention**. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.<br>3. **Housing Screening**. The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.<br>4. **Housing Intervention**. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.<br>5. **Transportation Screening**. The percentage of members who were screened for transportation insecurity.<br>6. **Transportation Intervention**. The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity. |
| **Measure steward** | National Committee for Quality Assurance (NCQA) |
| **Measure type** | Process |
| **Recommended to replace current measure?** | No |

# Addition: Social Need Screening and Intervention

*(continued)*

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|---|---|
| **Data collection method** | HEDIS® Electronic Clinical Data Systems (ECDS).<br>(Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries.) |
| **Denominator** | The measure includes denominators for six rates:<br>1. **Denominator 1 – Food Screening**. Members of any age enrolled at the start of the measurement period who also meet criteria 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 (*see next slide*).<br>2. **Denominator 2 – Food Intervention**. All members in numerator 1 with a positive food insecurity screen finding between January 1 and December 1 of the measurement period.<br>3. **Denominator 3 – Housing Screening**. Members of any age enrolled at the start of the measurement period who also meet criteria for participation.<br>4. **Denominator 4 – Housing Intervention**. All members in numerator 3 with a positive housing instability, homelessness, or housing inadequacy screen finding between January 1 and December 1 of the measurement period.<br>5. **Denominator 5 – Transportation Screening**. Members of any age enrolled at the start of the measurement period who also meet criteria for participation.<br>6. **Denominator 6 – Transportation Intervention**. All members in numerator 5 with a positive transportation insecurity screen finding between January 1 and December 1 of the measurement period. |

# Addition: Social Need Screening and Intervention

*(continued)*

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| **Denominator** *(continued)* | • Allocation criteria: The member was enrolled with a medical benefit throughout the measurement period (January 1 – December 31) and was enrolled on the last day of the measurement period.<br>• Continuous enrollment criteria: No more than one gap in enrollment of up to 45 days during the measurement period. For Medicaid members where enrollment is verified monthly, the member may not have a gap of more than 30 days. |
| **Numerator** | The measure includes numerators for six rates:<br>1. **Numerator 1 – Food Screening**. Members in denominator 1 with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period.<br>2. **Numerator 2 – Food Intervention**. Members in denominator 2 who received a food insecurity intervention on or up to 30 days after the date of the first positive food insecurity screen (31 days total).<br>3. **Numerator 3 – Housing Screening**. Members in denominator 3 with a documented result for housing instability, homelessness, or housing inadequacy screening performed between January 1 and December 1 of the measurement period.<br>4. **Numerator 4 – Housing Intervention**. Members in denominator 4 who received an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen (31 days total).<br>5. **Numerator 5 – Transportation Screening**. Members in denominator 5 with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period. |

# Addition: Social Need Screening and Intervention

*(continued)*

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|---|---|
| **Numerator** *(continued)* | 6. **Numerator 6 – Transportation Intervention**. Members in denominator 6 who received a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen (31 days total).<br><br>**Screening numerator notes**: Screening numerators count only screenings completed using one of the instruments included in the measure specification (the list of eligible screening instruments is provided in the Measure Information Sheet). However, NCQA recognizes that organizations might need to adapt or modify instruments to meet the needs of their membership.<br><br>**Intervention numerator notes:** The intervention must correspond to the type of need identified to count toward the numerator (e.g., a positive food insecurity screen finding must be met by a food insecurity intervention). Interventions may include any of the following categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral. |
| **Stratifications** | The HEDIS MY 2024 measure specifications include stratifications by age group (≤17 years, 18-64 years, and 65 years and older) for the Medicaid product line. |
| **Other** | NCQA, the measure steward, indicated that they are working to update the measure to add utility insecurity as a fourth domain. This update would go into effect for MY 2026 (corresponds to 2027 Child and Adult Core Sets). |

# Workgroup Member Discussion

# Opportunity for Public Comment

# Vote on Measure

# Additions: Measure Vote #2

## Should the Social Need Screening and Intervention 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

# Break

# Priority Gap Areas and Criteria for the Public Call for Measures for the 2027 Child and Adult Core Sets

# Approach

- Each year, the Workgroup discusses measure gaps on the Child and Adult Core Sets, to inform the Call for Measures for the subsequent annual review
- Beginning with the 2027 Child and Adult Core Sets Annual Review cycle, Mathematica will conduct a Public Call for Measures
- Today, the Workgroup will discuss priority gap areas for the Child and Adult Core Sets, to inform the 2027 Public Call for Measures
- The Workgroup will also discuss the criteria for measure submission for the Public Call for Measures
- We will provide an opportunity for public comment at the end

# Workgroup Discussion of 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?
- Keep in mind the purposes and uses of the Core Sets:
  - Estimate and understand the overall national quality of health care provided in Medicaid and CHIP
  - Assess access to and quality of health care provided to Medicaid and CHIP beneficiaries
  - Identify and improve understanding of the disparities experienced by Medicaid and CHIP beneficiaries
  - Use Core Set data to develop targeted quality improvement efforts to advance health equity
- Approach: Lightning round with Workgroup members (including federal liaisons) in order of the roster used for the roll call
  - Mention one priority gap area or plus-one a gap area mentioned by another Workgroup member
  - Please be succinct!

# Workgroup Discussion of Criteria for Measure 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
- Are there other criteria that you would suggest for the 2027 Public Call for Measures?

# 2026 Call for Measures: Criteria for Suggesting Measures for Addition

## Minimum Technical Feasibility Requirements

- ✓ The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).
- ✓ The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs.
- ✓ An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
- ✓ The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
- ✓ The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.

## Actionability and Strategic Priority

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

## Other Considerations

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

# Opportunity for Public Comment

# Workgroup Reflections and Future Directions

# Agenda

- Recap of Workgroup recommendations
- Technical assistance needs to support state reporting
- Feedback on the 2026 Core Sets Annual Review process
- Other reflections

# Opportunity for Public Comment

# Next Steps and Wrap-Up

# Co-Chair Wrap-Up Remarks

## Kim Elliott
## Rachel La Croix

# 2026 Core Sets Annual Review Workgroup Milestones

# Questions

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

# Thank you for participating in the 2026 Child and Adult Core Sets Annual Review!