

Wednesday, December 3, 2025

Committee members present: Matt Flory, Jamie Galbreath, Kate Hust, Steven Inman, Clarence Jones, Sue Knudson, Sterling Kowalski, David Kurtzon, Jennifer Lamprecht, Leota Lind, Christine Norton, Angela Olson, Bridget Olson, Carmen Parrotta, Angie Pokharel, David Satin, Denise Schneekloth, Sean Wherry

Committee members absent: Cara Hull, Craig Johnson, Dave Johnson, Laura Pelaez, Anne Stephen, Amanda Strom

Staff members present: Liz Cinqueonce, Jess Donovan, Nila Hines, Christopher Lee, Guevara Mehche, Ma Xiong

Observers: Caryn Davidson, Jessica Davidson, Armelle Edoh, Haley Hotham, Sharat Iyer, Stephanie Krieg, Julie Leibel, James Turi, Anne Snowden

Welcome – Sue Knudson

Sue Knudson welcomed members of the committee and completed a roll call of committee members. Observers were welcomed and reminded that only official members of the committee can participate in the discussion.

Updates – Jess Donovan

Jess Donovan provided a few updates in preparation for 2026:

2026 Meeting Dates

MARC meetings will shift slightly in 2026 so that they occur before the MNMCM Board of Directors meetings. Meetings will remain on Wednesdays at 7:30-9:00AM. The meeting dates for 2026 are:

- Wednesday, February 4th
- Wednesday, May 6th
- Wednesday, August 5th
- Wednesday, December 2nd

Membership

Members at the end of their third term will be notified and will need to re-apply for their position on the committee. Members at the end of their first or second term will be asked to confirm that they'd like to continue on the committee.

Skill Set Analysis

All committee members will need to complete the skill set analysis. This survey gathers demographic information and insights into members' skills and experiences. Responses will help the co-chairs recommend candidates to ensure diversity and expertise on the committee. Members are asked to complete the survey by Friday, December 5th.

ACTION ITEM: Continued Depression measure discussion – Kate Hust & Jess Donovan

The committee continued their discussion of the measure review of depression suite. Based on the discussion in September and a few follow-up emails from committee members, the following motion was proposed:

- **Continue to report six-month measures, but align specifications with HEDIS measure (Depression Remission or Response for Adolescents and Adults (DRR-E))**
 - Rationale: HEDIS measure is an adaptation of MNCM’s measures. Primary differences are the allowed time range for administration of the PHQ-9 (HEDIS: 15 days before or after visit; MNCM: 7 days before visit) and requirement of encounter code for visit (used in HEDIS and in MNCM’s MIPS measure, but not in MNCM’s local measure)
- **Rename six-month measures to better reflect timeframe being measured (i.e., 4-8 months)**
 - Rationale: Labeling the six-month measures as “Response at Six Months”, “Remission at Six Months”, etc. can lead to confusion as to what the actual timeframe is.
- **Discontinue/retire 12-month measures**
 - Rationale: 12-month measures are not as clinically valuable as the six-month measures. Discontinuing will reduce number of depression measures and burden for both medical groups and MNCM.
- **Discontinue/retire PHQ-9/9M utilization measures**
 - Rationale: Measures are only reported for the last four months of the year, which isn’t helpful to clinicians.

Jess also shared a recent letter sent to MNCM by the American Psychiatric Association (APA). The letter primarily outlined concerns that the APA has about the lack of risk-adjustment at the federal level for the Remission at Six Months measure. While the measure is risk adjusted for initial PHQ-9 score at the local level, it is not risk adjusted at the federal level. CMS decides risk adjustment for measures at the federal level. APA would like MNCM’s assistance in advocating that the measure is removed from the Certified Community Behavioral Health Clinics (CCBHC) measure set. Additionally, the APA proposed two alternative definitions for response measures: using an absolute score reduction of five or more from the baseline PHQ-9 score or defining a response as either a 50% decrease in score or a follow-up score below.

The committee did not have any additional discussion regarding the proposed motion.

MOTION BY Christine Norton, seconded by Bridget Olson to approve the motion outlined above. The motion passed unanimously.

Note: The earliest these changes could take effect would be for 2026 measurement year (or 2027 reporting). However, further discussion by MNCM is needed to determine exact timing of changes. This will be discussed further in the new year.

ACTION ITEM: Slate of measures for 2026 public reporting – Sue Knudson & Jess Donovan

Jess Donovan presented the slate of measures for public reporting in 2026, including preliminary state results, upcoming measure changes, and recommendations for public reporting.

Notable items/changes beginning in 2026 (2025 MY) include:

- HEDIS measures transitioning to ECDS methodology: Childhood Immunization Status, Immunizations for Adolescents, Cervical Cancer Screening
- Breast Cancer Screening measure will expand eligible age range to 40-74
- Data collection and aggregation will remain paused for orthopedic and cancer measures
- Follow-up Care for Children Prescribed ADHD Medication (C&M Phase) will be publicly reported (privately reported in 2025 because of change from reporting initiation phase)

The committee did not have any additional discussion regarding the slate of measures.

MOTION by Steve Inman, seconded by Matt Flory to approve the slate of measures. The motion passed unanimously.

Next MARC Meeting: Wednesday, February 4, 2026 – 7:30-9:00am