

Technical Assistance to Support FFY 2023 Reporting of the Child, Adult, and Health Home Core Sets in the Quality Measure Reporting (QMR) System

September 8, 2023

Hilary Johnson:

[Slide 1] Welcome and thank you for attending today's webinar on Technical Assistance to support FFY 2023 Reporting of the Child, Adult, and Health Home Core Sets. My name is Hilary Johnson, and I will be facilitating today's session.

Before I turn it over to CMS, I'd like to cover a few housekeeping items you may have noticed in the chat. First, you have been muted upon entry. For questions and comments, please use the Q&A feature. We will answer your questions at the end of the presentation. Our focus today will be to answer content-related questions, as opposed to functionality-related questions. If we do not respond to your question, we will make sure to connect you with the right resources after the presentation. Additionally, you will notice that chat for participants has been disabled. And finally, this meeting is being recorded and will be posted to Medicaid.gov.

Now, I'll turn things over to CMS to kick things off.

Gigi?

Virginia Raney:

Thank you so much Hilary. Hi, I'm Gigi Raney and I am the technical director for our health operations measurement and evaluation team at CMS, working on the Child and Adult Core Sets, and I just want to say, thank you so much for spending your Friday afternoon with us. We are so excited to be opening the quality measure reporting system for 2023 reporting of the Core Sets this September. And we are grateful to you, our partners in this process, for the time and energy and thought and effort that you have already put into collecting the data for the Core Sets, and that we know you will be putting into reporting these measures for your states. States have increasingly reported these voluntary measures over time, and we are so grateful for the information that we have on the quality of health care being provided in Medicaid and CHIP. And we look forward to continuing that partnership in the future.

As Hilary mentioned, today we're going to be talking about 2023 reporting. So, while I'm sure many of you are aware we released a final rule on mandatory reporting of the Core Sets that starts in 2024, we will not be discussing the mandatory rule, or 2024 reporting, during this call. Today we're going to be focusing on the present -- 2023 reporting, and we are grateful for all of your time and energy and look forward to working with you to understand even more what your states have been working on related to quality in Medicaid. So, thank you for your time today, and as always, we will be available for any technical assistance that you need throughout the reporting process. Now I am going to turn it over to Sara with our Health Home program.

Sara?

Sara Rhoades:

Hi everyone, thank you so much for joining. I want to reiterate what Gigi has said. We really appreciate everyone taking the time to be on this call on a Friday afternoon. I am the technical director for the Health Home program, and we are also part of the quality reporting system, and I appreciate everyone being on and, like Gigi also said, Health Homes is part of the 2024 rule, and we will be talking about that at a future time. Thank you so much. Take care.

Hilary?

Hilary Johnson:

Thank you Sara.

Before we get started, a quick reminder that last year we held two QMR system demonstrations, which were identical and focused on helping users understand the functionality of the QMR system. If you would like a refresher on QMR navigation and functionality, we encourage you to watch the recordings on Medicaid.gov.

Next slide please.

[Slide 2] To help orient you to today's training, here's an agenda of what we plan to cover. We will first provide an introduction to Core Set reporting. We will then discuss Data Quality priorities and the data quality review process, reporting stratified data in the QMR system, some key considerations when entering your data into the QMR system, and a few reporting resources. We will then open it up for questions.

Additionally, this slide deck will be posted on Medicaid.gov and contains appendices to further support your Core Set reporting. Now I'm going to turn it over to Alli to provide an introduction.

Alli Steiner:

[Slide 3] Thank you, Hilary. I'm going to provide some background information on the Child, Adult, and Health Home Core Sets, the importance of reporting, and goals for the FFY 2023 reporting year.

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[Slide 4] To begin, this slide introduces the Child and Adult Core Sets.

The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and CHIP.

FFY 2023 will be the 14th year of voluntary reporting of the Child Core Set and the 11th year of reporting of the Adult Core Set.

The Child Core Set was authorized under section 401 of the Children's Health Insurance Program Reauthorization Act of 2009, also known as CHIPRA. The Adult Core Set was established in 2010 under section 2701 of the Affordable Care Act. The 2023 Child Core Set includes 27 measures and the 2023 Adult Core Set includes 34 measures.

Next slide please.

[Slide 5] Now I'm going to provide some background information on the Health Home Core Set.

FFY 2023 will be the 11th year of expected reporting since CMS established the Section 1945 Health Home Core Set in 2013. The Health Home benefit itself was established under section 1945 of the Social Security Act.

The Section 1945 Health Home Core Set consists of quality measures and utilization measures that are used for ongoing monitoring and evaluation purposes across all state health home programs. In addition to the Section 1945 Health Home Core Set measures, each health home program can report specific goals and measures identified by their individual programs.

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[Slide 6] Over time, CMS has seen an increase in the number of states reporting Child and Adult Core Set measures and in the number of measures reported by each state. The quality and completeness of data submitted has also improved.

Selected measures from the Child and Adult Core Sets are included in the Medicaid and CHIP Scorecard which is available on Medicaid.gov and at the link on this slide. We have also included links to all the FFY 2020 Child and Adult Core Set reporting products in Appendix A of this slide deck. FFY 2021 and FFY 2022 reporting products will be available on Medicaid.gov soon. As a reminder, this slide deck will be available after the webinar.

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[Slide 7] This slide has information about Health Home reporting updates. Not all health home programs are expected to report for FFY 2023. Reporting requirements are based on the initial start date of each health home program. To determine if your health home program is expected to report you can refer to the health home reporting table available at Medicaid.gov and linked on this slide or you can contact the TA mailbox at the address on this slide.

Appendix A of this slide deck includes links to the FFY 2020 Section 1945 Health Home Core Set reporting products. FFY 2021 and FFY 2022 reporting products will be available soon on Medicaid.gov.

Next slide please.

[Slide 8] So why are states strongly encouraged to calculate and report Core Set data?

Reporting provides a national snapshot of the quality of health care in Medicaid and CHIP. CMS is focused on data quality and completeness to support the use of measures by CMS, states, and other quality partners to drive quality improvement at the national and state levels. Current quality improvement priorities for states include preventive dental care for children, maternal and infant health care, care for acute and chronic conditions such as asthma and tobacco use cessation, and timely and effective use of behavioral health services.

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[Slide 9] CMS has established several goals for FFY 2023 Core Sets reporting.

The first goal is to continue to increase the number of states reporting the Core Set measures and the number of measures reported by each state.

CMS also wants to continue to improve data quality to support the use of the Core Set measures in improving care in Medicaid and CHIP. This includes improving the accuracy of reported data, improving adherence to technical specifications, improving completeness of populations included in the data, and improving documentation of state deviations and exclusions.

In addition, a third goal is to increase the number of states reporting stratified data for Core Set measures, including stratifications by race, ethnicity, sex, and urban/rural location.

CMS works with the technical assistance team to conduct outreach to states before, during, and after the reporting process to support these goals.

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[Slide 10] As you can see on this slide, the QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Sets reporting! We will go into more detail about reporting in the QMR system later in the presentation. The reporting deadline for FFY 2023 is December 31, 2023. However, because December 31 falls on a weekend, states will have until Tuesday, January 2 to finalize reporting.

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[Slide 11] And now I'll discuss data quality.

Next slide please.

[Slide 12] In this next part of the presentation, I'm going to talk about the data quality priorities for FFY 2023 Core Set reporting, including the process for ensuring data quality.

Here we show the key data quality considerations: completeness and accuracy of the data reported, consistency between measures within and across Core Sets, and documentation of methods. Additional guidance on data quality can be found in the combined Data Quality Checklist for the Child, Adult, and Health Home Core Sets. A link to this resource is included on this slide.

We encourage states to review the checklist as you begin reporting and also as a final check before submitting data.

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[Slide 13] First, CMS encourages states to include all eligible populations and services in each measure. States should work to include and document programs, namely Medicaid and CHIP; delivery systems, such as fee-for-service or managed care; special populations like dually eligible beneficiaries or individuals in foster care; and specific health care settings.

States should document which populations and services are excluded from their calculations of each measure.

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[Slide 14] Some states calculate a state- or program-level rate by combining rates across multiple reporting units such as managed care plans. CMS asks that you please document the methods that were used to develop a state-level rate.

If you combined rates from multiple reporting units, states should select "Yes" to the question that asks, "Did you combine rates from multiple reporting units (e.g., health plans, delivery systems, programs) to create a State-Level rate?" Then, the state should indicate if the state-level rate was not weighted by population size, weighted by population size, or weighted by some other factor.

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[Slide 15] When reporting units use different methodologies for calculating measures, please indicate the number of reporting units using each methodology in the web-based reporting system.

Additional guidance on calculating state- or program-level rates can be found in the technical assistance resource linked on the slide.

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[Slide 16] Finally, we would like to emphasize the importance of data documentation. States should document any deviations from the Core Set specifications, such as differences in age groups, data sources, and methods. Additionally, states should document any changes in the populations, denominators, or rates between reporting years.

Additional data quality tips are available in Appendix B of the slide deck, which will be posted on Medicaid.gov in the coming weeks.

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[Slide 17] Now I'd like to talk about the data quality review process that will occur after states have submitted their reports to CMS.

Next slide.

[Slide 18] The State Data Preview Process provides states the opportunity to review all data that may be used for public reporting. After states submit their data in the QMR system, CMS and the TA team will send a state data preview to state QMR users that includes all data reported in the QMR system.

The preview will be sent as an email attachment to state QMR users through the State Data Preview email shown on the slide. Please make sure that all team members who should receive the preview are registered QMR users to be sure they are included on the email.

If applicable, potential data quality issues will be flagged. States should review flagged data carefully and make any needed updates directly in the QMR system.

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[Slide 19] All changes or additional context must be entered in the QMR system. CMS and the TA Team will not accept any data changes or contextual documentation that are not recorded in the QMR system. States should not document their responses in the preview report.

If a state communicates that they have reviewed and updated their data, a new state preview report will be generated and shared with the state QMR users and additional state Medicaid and CHIP leadership.

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[Slide 20] Now we'd like to provide an overview of the process for generating state-specific comments.

State specific comments summarize contextual information about a state's Core Set data. These comments accompany the reported rates in Core Set-related analytic products.

The SSCs are automated based on information reported in various fields in the QMR system. For example, SSCs include information about the delivery systems, denominator, data sources, validation, and additional context provided by the state.

The state previews will include the automated SSC for the state to review. If edits are needed, states should update the corresponding fields in QMR.

Please be concise when entering text in QMR, as the combined state-specific comment cannot exceed 1,000 characters.

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[Slide 21] This slide shows the indicator that has been added to the QMR system on text fields that will feed into the SSCs.

Next slide please.

[Slide 22] This slide has some Dos and Don'ts for completing the text fields that feed into the SSCs.

States should briefly summarize any contextual information that could be helpful in interpreting state data in the Additional Notes/Comments field. Some examples of important context are included on the slide.

States should use complete sentences in SSC text fields and use consistent language across measures, as applicable. Only information relevant to the QMR field should be included.

Please do not include symbols, undefined acronyms, health plan or contractor names, and special formatting.

In addition, states should not enter the same information in multiple SSC fields as this will lead to repetitive SSCs.

Finally, there is no need to note when a state followed Core Set specifications, only deviations need to be noted.

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[Slide 23] There are several technical assistance resources available to support states with the data preview process.

First, there is a technical assistance resource that provides an overview of the data preview process. It also provides detailed information about how the information in QMR maps to the state-specific comments, and how to update your state-specific comments by updating the information reported in the QMR system.

There is also a separate mailbox address that will be sending out the state preview report and will be available to answer questions about your preview report.

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[Slide 24] And now I'll pass it to Talia to discuss stratification.

[Talia Parker]

Thanks, Alli! Now we will discuss reporting stratified Core Set data in the QMR system.

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[Slide 25] Reporting stratified data is a priority for CMS because it helps to advance health equity. CMCS encourages states to stratify Core Set data by subpopulations for two important reasons. First, because aggregate quality measure data can mask important differences across subpopulations, and second, stratifying quality measure data can help states and CMS determine where to focus state quality improvement initiatives and priorities. Stratification is currently voluntary but will become mandatory for select measures beginning with FFY 2025 Core Sets reporting.

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[Slide 26] CMS made the following updates to the stratification categories and subcategories in FFY 2023 reporting: removed Primary Language, Disability Status, and Adult Eligibility Group; added subcategories for Two or More Races and Some Other Race in the Race category; added Another Sex as a subcategory in the Sex category; and added a Missing or Not Reported option to all categories.

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[Slide 27] The QMR system includes stratification by several categories. On this slide, we show the race and ethnicity categories included for stratification in QMR for FFY 2023 reporting. The race categories are in alphabetical order and states can add categories by selecting add another race.

In addition, for the Asian and Native Hawaiian or Other Pacific Islander categories, states have the option of reporting aggregate data or disaggregated data by subcategories. For example, states could report an aggregate Asian category, or data by Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian.

Similarly, states can report aggregate or disaggregated data for beneficiaries of Hispanic, Latino, Latina, or Spanish Origin, and can add categories by selecting add another ethnicity.

Please note that race and ethnicity are collected as separate variables in QMR.

Next slide.

[Slide 28] This slide shows the QMR stratification categories for sex and geography for FFY 2023 reporting.

Next slide.

[Slide 29] As I mentioned, states can add additional categories to the stratification section. To do so, select the "Add Another Category" button at the bottom of the section. This slide shows an example of adding an additional geography category called "Frontier."

Next slide.

[Slide 30] To reduce reporting burden and to align with measure steward recommendations, not all rates that exist in the Performance Measure section will appear in the OMS section. For example, if a state reports the Ages 1 to 11, Ages 12 to 17, and Total (which includes Ages 1 to 17) rates for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) measure, only the Total rate will appear in the OMS section.

The resource linked on this slide provides more information about which measures have fewer rates in the Optional Measure Stratification section than the Performance Measure section, as well as additional guidance on reporting stratified rates in QMR.

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[Slide 31] Now I'll pass it to Hilary to discuss 2023 training points.

Next slide.

[Hilary Johnson]

Thank you, Talia! We are now going to review some key considerations when entering your Core Set measure data in the QMR system, including a review of the basic QMR setup as well as some areas where your experience in the 2023 QMR system might be different from what you experienced over the previous year.

As a reminder, many of the navigation tips were covered during the previous system demos conducted in 2022, though we will be highlighting a few now as well. The primary purpose of today's review is to explain special nuances to the system and discuss measure-specific considerations.

[Slide 32] Just like last year, when you log into QMR, you will be taken to the landing page where you will report on your Adult Core Set measures and add Child and Health Home Core Sets.

[Slide 33] A couple of updates to the landing page worth noting. First, the landing page will now default to FFY 2023 reporting.

[Slide 34] You will also see a banner across the top of your screen with important updates. It currently provides guidance that FFY 2023 reporting is open and runs through December 31, 2023. This banner language may change throughout the reporting process to bring you important information.

[Slide 35] Right now, the banner is in place because you are able to use the “Reporting Year” toggle feature to navigate back to previous years in QMR, which are, in this case, FFYs 2021 and 2022. Previous years are available to be both viewed and edited but are no longer being read in for public reporting or data products. You are welcome to go back into your previous years of data to refer to them or create PDFs of your previously reported submissions.

This also means when you submit your data in 2023, like previous years, you will still be able to see and edit your data after hitting submit. This is how you are able to go back and make updates based on requests you may receive from the TA team after the reporting period.

[Slide 36] Like last year, the Adult Core Set is defaulted on the home page. To report on the Child or Health Home measures, continue to add the Child and/or Health Home Core Sets.

[Slide 37] To add a Child Core Set, you will click on the Add Child Core Set button.

[Slide 38] In creating a Child Core Set, you will be asked if you are reporting Medicaid and CHIP measures in separate Core Set reports or combined Core Set reports. Please select whichever is appropriate for your state or territory and click Create to populate your reporting options on the home page. Please note that if you plan to report Medicaid and CHIP data separately for any measures, you should add separate Core Set reports.

[Slide 39] Within each individual measure, you will have the opportunity to indicate that your denominator includes Medicaid only, CHIP only, or both Medicaid and CHIP populations.

[Slide 40] If you are reporting some measures separately and some measures combined, you should report the combined measures in the Medicaid template only. You do not need to report these measures in both the Medicaid and CHIP templates.

[Slide 41] Note that if you report only Medicaid or only CHIP, you should add separate reports. If you submit only Medicaid or CHIP data, do not delete the other report - simply do not submit it. If you delete either the Medicaid or the CHIP report, it will delete both reports and you will lose your work!

[Slide 42] When adding a Health Home Core Set report, you will be brought to a page where you can select which program you are reporting on.

[Slide 43] Select your program and click Create to populate your reporting options on the home page. Please note, for states with multiple health home programs, each program must be added individually.

[Slide 44] Just like last year, you will notice that on the landing page, some measures already show as being complete. These measures are no longer entered by states in the QMR system as they use alternate data sources.

[Slide 45] If you click into an Adult or Child Core Set report, you will notice that these measures are automatically marked as Complete.

[Slide 46] If you click into one of the nonreportable measures, you will see notes that CMS is calculating this measure for states and an indicator that you are not being asked to report data for the reporting year. CMS will coordinate with you outside of the QMR system to preview the data for these measures.

[Slide 47] Like last year, once you have added a Core Set report, click on the Core Set to enter the main measure page. At the top of the screen, you will see the Core Set Qualifier questions, previously known as the Admin questions. Click on the link to fill these out.

[Slide 48] When you are done filling out your information for the qualifier questions, hit the Complete Core Set Questions button to return to the main measure page. If you need more time, use the Save button to save your progress.

[Slide 49] New this year in response to your feedback, the Health Home Qualifier questions now automatically sum the number of adults and children reported for a given program, and you are able to override this total as necessary.

[Slide 50] Also new this year, if you are reporting on a HEDIS measure and choose NCQA/HEDIS but forget to specify a HEDIS year, you will receive a warning reminding you to select the appropriate HEDIS year upon validating your measure.

[Slide 51] You will notice that Electronic Clinical Data Systems (ECDS) is now an available Data Source in QMR for measures specified in HEDIS for reporting using the ECDS reporting standard. If your state uses ECDS as a Data Source, you are now able to select it as an option.

[Slide 52] For CIS-CH and IMA-CH, you will notice that the Immunization Registry data source is now called “Immunization Registry/Immunization Information Systems (IIS)”.

[Slide 53] Also based on your feedback, we have updated the date range section to be more streamlined. When indicating the date range for your measure data, you will be asked if your state adhered to Core Set specifications in defining the measure period for calculating the measure.

If you select yes, you can continue to the rest of the form.

[Slide 54] If you select no, you should use the calendar functionality or type in the four-digit calendar year. Remember to update the year before you select a month. Note that the calendar functionality now defaults to the appropriate year, which for FFY 2023 reporting is Calendar Year 2022.

[Slide 55] Also new this year, if you accidentally type in a two-digit year, you will now be reminded that you need to provide a four-digit year.

[Slide 56] For measures where Hybrid is an available method, you will see two Hybrid-specific questions. If you are not reporting Hybrid data for a given measure, you can disregard these questions. If you are using the Hybrid method, please fill these out.

[Slide 57] For some measures, the Core Set and HEDIS age ranges differ because HEDIS includes a single rate for Age 18 and older and the Core Set includes rates for Ages 18 to 64 and Age 65 and older. If you are using HEDIS age ranges and cannot disaggregate data for Age 65 and older, you should enter your full population in the “Ages 18 to 64” boxes. Include a note in the Additional Notes/Comments field, such as “The ages 18 to 64 rate includes data for individuals 18 and older.”

[Slide 58] If you select that your “Denominator includes Medicare and Medicaid Dually-Eligible population” and you do not include data for age 65 and older, you will receive a warning that you are missing data for the 65+ population.

If this is accurate for your state, bypass the warning by hitting the Complete Measure button.

[Slide 59] Similarly, if you include data in the Age 65 and Older rates but do not select “Denominator includes Medicare and Medicaid Dually-Eligible population”, you will receive a warning that you have not included the Medicare and Medicaid Dually-Eligible population.

If this is accurate for your state, bypass the warning by hitting the Complete Measure button.

[Slide 60] If a measure has multiple rates, but you are not reporting all the rates, you should explain why you are not reporting the omitted rates in the Additional Notes/Comments section on the bottom of the form.

[Slide 61] For example, this might apply if you are reporting only one age range or reporting only the 30-day rate and not the 7-day rate.

[Slide 62] For Health Home reporting, you should distinguish whether there are no Health Home enrollees that are measure compliant, or if there is no available data and the state is not reporting the measure or rate.

If there are no Health Home enrollees that are measure compliant, enter zero in the numerator and/or denominator fields as appropriate.

[Slide 63] If there is no available data and you are not reporting the measure or rate, simply leave the fields blank rather than entering a zero.

You should also explain why you are not reporting the omitted rates in the Additional Notes/Comments field on the bottom of the form.

[Slide 64] Now we will briefly review the auto-calculation functionality, which has not changed since FFYs 2021 and 2022.

When you enter a numerator and denominator, the rate will auto-calculate.

If a measure's data source is not 'Administrative' only, you are able to override the rate. For example, you may want to do this if you use weighting or an alternate method to calculate the rate.

If a measure's data source is 'Administrative' only, you are not able to override the auto-calculated rate.

[Slide 65] Auto-calculation will not consider weighting by reporting entity. If you choose hybrid as one of your data sources, you can leave the Numerator blank and manually enter your rate. More information can be found at the link provided on this slide.

[Slide 66] Please note that if you leave the Numerator blank, you will get a warning flag about a partially completed Numerator/Denominator/Rate set, but you will be able to disregard this warning and still complete your measure.

[Slide 67] New this year, if you are reporting Other Specifications and entering in multiple rates, the rate labels you create to describe the rates must be unique from one another. If they are not, you will receive a validation warning to remind you that each label needs to be distinct. In this example, the validation warning fired because I added two rates and labeled both as "40 to 64".

[Slide 68] Under deviations from measure specifications, if you select yes when asked if your calculation of the measure deviates from the measure specification, you will now see one box to explain these deviations, so you do not have to repeat the same text across multiple rates. Use concise language when describing deviations.

[Slide 69] If you are reporting on a measure, make sure you complete the fields in the form in order. Many early fields determine what you will see in later fields, such as the Performance Measure and Optional Measure Stratification (OMS) sections.

If you are entering multiple rates, you must fill in all your rates to have the appropriate sections appear in the OMS section.

You should fill out the Performance Measure section in its entirety before reporting stratified data so that all reported rate categories appear properly.

[Slide 70] When you have finished data entry for a given measure, you will validate your data at the bottom of the measure form by hitting the Validate Measure button.

If you forget to validate your data, when you hit the Complete Measure button, the validation checks will run automatically. You can then choose to go back or bypass the validation checks.

You can bypass any validation check you see. There are no hard stops in the QMR system.

[Slide 71] When you have finished data entry for all measures and qualifying questions in a given Core Set report (Adult, Child, or Health Home), please submit your report by using the Submit button in the upper right hand corner of the report screen.

[Slide 72] We will now review some reporting resources available to you as you enter your data in the QMR system before turning to questions.

[Slide 73] Reporting resources for the FFY 2023 Core Sets can be found on Medicaid.gov and in Appendix C of this slide deck. These resources include many helpful links, including links to recorded trainings on new measures in the 2023 Core Sets, and links to value sets and other resources on Medicaid.gov.

Since we have received several questions about the measurement periods in previous webinars, I wanted to specifically point out the measurement period resource. This resource is available for each of the Core Sets and gives guidance on the measurement period for each measure according to the Core Set specifications. Additional guidance on the measurement periods can also be found in Appendix B, in the slide titled “Data Documentation Reporting Tips: Start Date and End Date Fields”.

[Slide 74] There are also a number of teams available to help you if you run into challenges while reporting in the QMR system.

For technical questions regarding use of the QMR system, please reach out to MDCT Help Desk.

For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the MAC Quality TA mailbox.

For one-on-one TA on using immunization registry data as a supplemental data source for CIS-CH and IMA-CH measures, you should also contact the MAC Quality TA mailbox.

Contact the TA team at CoreSetDataPreview@Mathematica-mpr.com to ask questions about your state data preview or to set up a meeting with the TA team.

[Slide 75] Finally, here is a list of appendices so you can easily find your way to the resource you need.

[Slide 76] Thank you again for attending today's training session!

If you have questions, reference and TA resources are readily available on Medicaid.gov and this slide deck will also be posted after this session.

[Slide 77] Now I'll turn it over to Alli who will facilitate our Q&A session. Please ask your questions using the Q&A feature and we will address them now.

Alli?

[Alli Steiner]

OK thank you Hilary. We we'll just wait and see if we get any questions in. I'll just say a couple of questions that we tend to get a lot about the slides, which is that the slides will be send out after the webinar and also posted on Medicaid.gov in the coming weeks.

In just a reminder that the recording deadline this year is December 31. That falls on a Saturday, so states will have until the following Tuesday to complete their data.

OK we haven't gotten any questions in yet. Just as a reminder, if you have a question to use the Q&A feature. Otherwise we'll give it a last call for questions.

Well I'm still no seeing any questions. Just as a reminder, there are technical assistance mailboxes available which were provided in the slides and circulated via email about a week or so after the webinar, as well as posted on Medicaid.gov. And with that we'd like to thank everyone for your time today. And I hope everyone has a nice rest of the afternoon. Thanks everyone.

[Hilary Johnson]

Alli – we did just get a question actually.

[Alli Steiner]

Alright let me take a look. Just in the nick of time. OK so the question asks about the CAHPS measures in the Core Sets. It says, 'we received the CAHPS preview in June, will we need to submit CAHPS in the Core measure set?' So I can start off this question, I might ask others on the team to jump in as well. So there are a few measures related to CAHPS in the Core Set. For the Child and Adult Core Set, there are two measures in QMR where the state answers questions about reporting of CAHPS, but they're not actually submitting performance measure data. And there are also two measures within the Adult Core Set where the data source is CAHPS. States are also strongly encouraged, if they collect CAHPS, they are strongly encouraged to submit it through the CAHPS database. The approach to submitting CAHPS data has not changed since last year for QMR reporting purposes.

Alright this is actual last call for questions.

Not seeing any, we're going to close the webinar, thank you so much everyone for participating and have a nice rest of your day, take care.