Reporting Stratified Results in the Quality Measure Reporting System for the 2024 Child, Adult, and Health Home Core Sets

Introduction

The Child, Adult, and Health Home Core Sets of health care quality measures are designed to measure, monitor, and improve the quality of care in Medicaid, the Children's Health Insurance Program (CHIP), and the Medicaid health home program. Reporting stratified results for Core Set measures is a priority for the Centers for Medicare & Medicaid Services (CMS) because it supports CMS's goal of advancing health equity. Relying on state[1]- and program-level data could mask important disparities across subpopulations that could be identified with stratified data. Stratification can also help CMS and states determine where to focus their quality improvement priorities. Stratification of Child, Adult, and Health Home Core Set measures is optional, but strongly encouraged, for federal fiscal year (FFY) 2024 reporting. Beginning with FFY 2025 Core Set reporting, states will be required to report stratified data for a subset of measures.[2]

Reporting Stratified Data in the Quality Measure Reporting (QMR) System

This technical assistance (TA) resource identifies the Child, Adult, and Health Home Core Set measures and rates included in stratified reporting, as well as the stratification categories and subcategories for FFY 2024. Box 1 lists the stratification categories and subcategories in the measure stratification section for FFY 2024 Core Sets reporting.

Box 1. Stratification Categories and Subcategories in the QMR System for FFY 2024

- **Race**
  - American Indian or Alaska Native
  - Asian
    - Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian; Another subcategory
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
    - Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Islander; Another subcategory
  - White
  - Two or More Races [a]
  - Some Other Race
  - Missing or Not Reported
  - Another Race
- **Ethnicity**
  - Not of Hispanic, Latino/a, or Spanish origin
  - Hispanic, Latino/a, or Spanish origin
    - Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin; Another subcategory
  - Missing or Not Reported
  - Another Ethnicity
- **Sex**
  - Male
  - Female
  - Missing or Not Reported
  - Another Sex
- **Geography**
  - Urban
  - Rural
  - Missing or Not Reported
  - Another Geography

Notes: For FFY 2024, race, ethnicity, and sex are based on the 2011 HHS standards. Geography is defined using either the Rural-Urban Commuting Area (RUCA) standard (preferred) or the Core-Based Statistical Area (CBSA) standard (at minimum). Box 2 and Appendix B provide additional information on the geography categories.

[a] States should collect race information in a disaggregated way. For example, an individual who identifies as being both "White" and "Asian" should be offered the option to select both response options rather than a single "two or more races" option. However, states may choose to later aggregate this information and code these individuals as "two or more races" for purposes of Core Set stratification.

[1] The term "states" includes the 50 states, the District of Columbia, and the territories.

[2] More information on requirements for reporting stratified data for FFY 2025 reporting, including the stratification categories and required measures, is included in the Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets (https://www.medicaid.gov/sites/default/files/2023-12/sho23005_1.pdf) and Health Home Core Sets (https://www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf). The stratification categories for race and ethnicity may change for FFY 2025 Core Sets reporting to align with the 2024 OMB standards (https://www.federalregister.gov/d/2024-06469). CMS will release more information about race and ethnicity categories for FFY 2025 prior to FFY 2025 Core Sets reporting.

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States can report stratified rates in the Quality Measure Reporting (QMR) system for each applicable measure. See Appendix A at the end of the TA resource for more information on which measures and rates are included in the measure stratification section. The measure stratification section can be found toward the bottom of the QMR reporting template.[3] Note that the subcategories might differ by measure. For example, some measures are specified for female beneficiaries and do not have the Sex stratification category.

Box 2 provides additional information on the stratification categories for FFY 2024 reporting. For several race and ethnicity categories (Asian; Native Hawaiian or Other Pacific Islander; and Hispanic, Latino/a, or Spanish origin), states can choose to report aggregate data for the category or further stratify by subcategory. For example, states could report aggregate data for the Asian category, or they could disaggregate data for Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian subcategories. For these categories, users will be asked if they are reporting aggregate data for the given category. If they are reporting disaggregated data, they would select "No," and the subcategories will appear. States can add as many categories and subcategories as needed. If the state collects race information for a specific race category that is not included in QMR and is able to provide a definition of the included populations, states are encouraged to use "+ Add Another Race." If the state collects race information that does not fit into any of the other race categories, and is unable to define the population, states should use the "Some Other Race" category.

The QMR system includes two sex categories (Male and Female) and allows states that collect data for additional categories to add one or more categories and enter a label describing the population included in the category.

Two geographic categories (urban and rural) are included in the QMR system, with the option of adding one or more categories. See Box 2 and Appendix B for more information on mapping geography categories using Core-Based Statistical Area (CBSA) and Rural-Urban Community Area (RUCA) standards. Where possible, states are encouraged to use the RUCA standard as it is more granular than CBSAs and enables more accurate identification of rural areas.

Box 2. Additional Information on Using the Stratification Categories for FFY 2024 Reporting in the QMR System

- **Race and Ethnicity**
  - Race and Ethnicity are collected as separate variables to align with the 2011 HHS standards.
    - If individuals with Hispanic, Latino/a, or Spanish origin ethnicity do not have a reported race, their race should be reported in the Missing or Not Reported category.
    - If individuals have a reported race but do not have a reported ethnicity, their ethnicity should be reported in the Missing or Not Reported category.
- **Sex**
  - The Sex stratification categories in the QMR system also align with the 2011 HHS standards, which include two categories for sex (Male and Female).
    - States that collect data for additional categories can add additional Sex subcategories in the QMR system by selecting "Add Another Sex."
    - For each added category, states should enter a unique label that describes the population included in the category.
- **Geography**
  - To stratify data by Geography, states should use the beneficiary address information that is available in their data to assign each beneficiary to a category of Urban or Rural.
    - For Core Set reporting, states should assign Urban and Rural categories using a minimum standard of Core-Based Statistical Areas (CBSA) codes. CMS recommends states move toward using Rural-Urban Community Area (RUCA) codes.
  - The tables in Appendix B provide additional guidance on using these standards to assign beneficiaries to the geography categories.

Entering stratified data in the QMR system

The QMR system is designed to offer categories to users based on responses to earlier questions. If reporting stratified data, complete the state-level or health home program-level rates in the Performance Measure section of the QMR system before entering stratified data. Numerator, denominator, and rate sets will appear in the measure stratification section only for the state- and program-level rates reported in the Performance Measure

[3] For FFY 2024 reporting, the stratification section in the QMR system is labeled "Optional Measure Stratification."

section. For example, if a state reports the follow-up within 30 days after discharge rate but not the follow-up within 7 days after discharge rate in the Performance Measure section for the Follow-Up After Hospitalization for Mental Illness (FUH) measure, only the follow-up within 30 days after discharge rate will appear in the measure stratification section.

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 measure stratification section. For example, if a state reports the Ages 1 to 11, Ages 12 to 17, and Total (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 (Ages 1 to 17) rate will appear in the measure stratification section. The tables in Appendix A note which rates will be included in the measure stratification section for each measure for FFY 2024 reporting.

To complete the measure stratification section in the QMR system, select each stratification category the state will report and, in each category, report the numerator, denominator, and rate for each population and rate for which data are collected. For example, if a state is reporting stratified data by race for the Ages 18 to 64 population and has data for Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White populations, the state would select only those categories and enter numerators, denominators, and rates for each one. If the state does not collect data for the Missing or Not Reported categories, it would not select this category. If an individual selects more than one race, the individual should be counted in the "Two or More Races" category. If the state does not aggregate data from individuals who identify as being more than one race into a "Two or More Races" category, states should exercise caution in assigning multi-race individuals to a single race category and explain the coding hierarchy it has used in the text box provided in the measure stratification section of the online reporting system.

If a state has data for a selected category or subcategory but there are zero measure-eligible beneficiaries that fall into that category, enter zero in the numerator and denominator. For example, if a health home program is reporting data by race, but no beneficiaries identify as White for a given rate, then the program would enter zero in the numerator and denominator for the White subcategory. Note that a warning might appear in the QMR system about a missing numerator, denominator, and rate set. If this occurs, disregard this message and complete the measure.

CMS recognizes that stratifying data could result in small cell sizes. For the purpose of public reporting, data will be suppressed in accordance with the CMS cell-size suppression policy, which prohibits the direct reporting of beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. Furthermore, CMS will suppress rates with a denominator less than 30 due to reliability concerns.

Adding more categories and subcategories

Within all stratification categories, states can add as many categories as needed to represent their data utilizing the "Another Race", "Another Ethnicity", "Another Sex", and "Another Geography" categories. CMS encourages states to review how to map their "Another Race" or "Another Ethnicity" categories to the HHS data standards using the Centers for Disease Control (CDC) Race Category value set or Ethnicity Category value set before adding one or more "Another Race" or "Another Ethnicity" categories.[4] If adding a category, states should give it a descriptive label (such as "Frontier" for a Geography category).

For More Information

CMS created several TA resources to support state reporting in the QMR system:

- Guidance on accessing the QMR system and system training videos are available in the Medicaid Data Collection Tool (MDCT) portal: https://www.medicaid.gov/resources-for-states/medicaid-and-chip-program-portal/medicaid-data-collection-tool-mdct-portal/index.html.
- A September 2023 training webinar with guidance and tips on data entry in the QMR system is available on Medicaid.gov:

[4] The CDC Race Category value set and Ethnicity Group value set are based upon OMB recommendations: https://phinvads.cdc.gov/vads/DownloadHotTopicDetailFile.action?filename=7F8CE446-BF78-EE11-81D0-005056ABE2F0

https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html. An additional training webinar will be held in Fall 2024.

- The Data Quality Checklist provides guidance for states on improving the completeness, accuracy, consistency, and documentation of data reported in the QMR system: https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf.

More information on FFY 2024 mandatory reporting of the Child Core Set and the behavioral health measures on the Adult Core Set, including the measures and categories selected for mandatory stratified reporting beginning in FFY 2025, can be found here: https://www.medicaid.gov/sites/default/files/2023-12/sho23005_1.pdf. More information on the FFY 2024 mandatory reporting of the Health Home Core Sets, including the measures and categories selected for mandatory stratified reporting beginning in FFY 2025, can be found here: https://www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf.

If your state has questions about reporting stratified data for the Core Sets, please contact the TA mailbox at **MACQualityTA@cms.hhs.gov**

Appendix A: Measures and Rates Included in the Measure Stratification Section

This appendix shows which measures and rates are included in the measure stratification section of the Quality Measure Reporting (QMR) system for FFY 2024.

- Table A.1 shows the measures and rates for the Child Core Set.
- Table A.2 shows the measures and rates for the Adult Core Set.
- Table A.3 shows the measures and rates for the Health Home Core Set.

To reduce reporting burden and to align with measure steward recommendations, some measures have fewer rates included in the measure stratification section than in the Performance Measure section of the QMR system. An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Table A.1. Child Core Set Measures and Rates Included in the Measure Stratification Section for FFY 2024

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	• Ages 3 months to 17 years
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	• Initiation phase • Continuation and maintenance (C&M) phase
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	• Total (ages < 1 to 19)*
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	• Total (ages 5 to 18)*
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	• Blood glucose: Total (ages 1 to 17)* • Cholesterol: Total (ages 1 to 17)* • Blood glucose and cholesterol: Total (ages 1 to 17)*
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	• Total (ages 1 to 17)*
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	• Most effective or moderately effective method of contraception: Three days postpartum rate • Most effective or moderately effective method of contraception: Ninety days postpartum rate • Long-acting reversible method of contraception (LARC): Three days postpartum rate • Long-acting reversible method of contraception (LARC): Ninety days postpartum rate
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	• Most effective or moderately effective method of contraception • Long-acting reversible method of contraception (LARC)
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	• Ages 12 to 17
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	• Ages 16 to 20
Childhood Immunization Status (CIS-CH)	• MMR* • Combo 3* • Combo 10*

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	• Not applicable (performance rates are not collected for this measure in the QMR system).
Developmental Screening in the First Three Years of Life (DEV-CH)	• Children total*
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	• Follow-up within 30 days of ED visit: Ages 13 to 17 • Follow-up within 7 days of ED visit: Ages 13 to 17
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	• Follow-up within 30 days after discharge: Ages 6 to 17 • Follow-up within 7 days after discharge: Ages 6 to 17
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	• 30-day follow-up after ED visit for mental illness: Ages 6 to 17 • 7-day follow-up after ED visit for mental illness: Ages 6 to 17
Immunizations for Adolescents (IMA-CH)	• Meningococcal • Tdap • Human papillomavirus (HPV) • Combination 1 (meningococcal, Tdap) • Combination 2 (meningococcal, Tdap, HPV)
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	• Not applicable (performance rates are not collected for this measure in the QMR system).
Low-Risk Cesarean Delivery (LRCD-CH)	• Not applicable (performance rates are not collected for this measure in the QMR system).
Lead Screening in Children (LSC-CH)	• At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday
Oral Evaluation, Dental Services (OEV-CH)	• Total ages <1 to 20*
Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)	• Timeliness of prenatal care: Under age 21 • Postpartum care: Under age 21
Sealant Receipt on Permanent First Molars (SFM-CH)	• Rate 1 – At least one sealant • Rate 2 – All four molars sealed
Prevention: Topical Fluoride for Children (TFL-CH)	• Dental or oral health services: Total ages 1 through 20*
Well-Child Visits in the First 30 Months of Life (W30-CH)	• Rate 1 – Six or more well-child visits in the first 15 months • Rate 2 – Two or more well-child visits for ages 15 months to 30 months
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	• Body mass index (BMI) percentile documentation: Total (ages 3 to 17)* • Counseling for nutrition: Total (ages 3 to 17)* • Counseling for physical activity: Total (ages 3 to 17)*
Child and Adolescent Well-Care Visits (WCV-CH)	• Total (ages 3 to 21)*

Note: An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Table A.2. Adult Core Set Measures and Rates Included in the Measure Stratification Section for FFY 2024

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	• Ages 18 to 64 • Age 65 and older
Antidepressant Medication Management (AMM-AD)	• Effective acute phase treatment: Ages 18 to 64 • Effective acute phase treatment: Age 65 and older • Effective continuation phase treatment: Ages 18 to 64 • Effective continuation phase treatment: Age 65 and older
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	• Total (ages 19 to 64)*
Breast Cancer Screening (BCS-AD)	• Ages 50 to 64 • Ages 65 to 74
Controlling High Blood Pressure (CBP-AD)	• Ages 18 to 64 • Ages 65 to 85
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	• Most effective or moderately effective method of contraception: Three days postpartum rate • Most effective or moderately effective method of contraception: Ninety days postpartum rate • Long-acting reversible method of contraception (LARC): Three days postpartum rate • Long-acting reversible method of contraception (LARC): Ninety days postpartum rate
Cervical Cancer Screening (CCS-AD)	• Percentage of women ages 21 to 64 screened
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	• Most effective or moderately effective method of contraception • Long-acting reversible method of contraception (LARC)
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	• Ages 18 to 64 • Age 65 and older
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	• Ages 21 to 24
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	• Ages 18 to 64 • Age 65 and older
Colorectal Cancer Screening (COL-AD)	• Ages 46 to 50 • Ages 51 to 65 • Ages 66 to 75
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	• Not applicable (performance rates are not collected for this measure in the QMR system).
Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)	• CMS is not collecting stratified data for this measure for FFY 2024 Core Set reporting.*
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	• Follow-up within 30 days of ED visit: Ages 18 to 64 • Follow-up within 30 days of ED visit: Age 65 and older • Follow-up within 7 days of ED visit: Ages 18 to 64 • Follow-up within 7 days of ED visit: Age 65 and older
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	• Follow-up within 30 days after discharge: Ages 18 to 64 • Follow-up within 30 days after discharge: Age 65 and older • Follow-up within 7 days after discharge: Ages 18 to 64 • Follow-up within 7 days after discharge: Age 65 and older

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	• 30-day follow-up after ED visit for mental illness: Ages 18 to 64 • 30-day follow-up after ED visit for mental illness: Age 65 and older • 7-day follow-up after ED visit for mental illness: Ages 18 to 64 • 7-day follow-up after ED visit for mental illness: Age 65 and older
Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)	• HbA1c control (<8%): Ages 18 to 64 • AbA1c control (<8%): Ages 65 to 75 • HbA1c poor control (> 9.0%): Ages 18 to 64* • HbA1c poor control (> 9.0%): Ages 65 to 75*
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	• Ages 18 to 64 • Ages 65 to 75
HIV Viral Load Suppression (HVL-AD)	• Ages 18 to 64 • Age 65 and older
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	• Initiation of SUD treatment: Total: Ages 18 to 64* • Initiation of SUD treatment: Total: Age 65 and older* • Engagement of SUD treatment: Total: Ages 18 to 64* • Engagement of SUD treatment: Total: Age 65 and older*
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	• Not applicable (performance rates are not collected for this measure in the QMR system).
National Core Indicators Survey (NCIIDD-AD)	• Not applicable (performance rates are not collected for this measure in the QMR system).
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	• Ages 18 to 64 • Age 65 and older
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	• Total rate*
Plan All-Cause Readmissions (PCR-AD)	• CMS is not collecting stratified data for this measure for FFY 2024 Core Set reporting.*
Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)	• Timeliness of prenatal care: Age 21 and older • Postpartum care: Age 21 and older
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	• Ages 18 to 64 • Age 65 and older
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	• Ages 40 to 64 • Age 65 and older
PQI 08: Heart Failure Admission Rate (PQI08-AD)	• Ages 18 to 64 • Age 65 and older
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	• Ages 18 to 39
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	• Beneficiaries age 18 and older
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	• Percentage of beneficiaries ages 18 to 64

Note: An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Table A.3. Health Home Core Set Measures and Rates Included in the Measure Stratification Section for FFY 2024

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section
Admission to a Facility from the Community (AIF-HH)	• Total (age 18 and older): Short-term admissions per 1,000 enrollee months* • Total (age 18 and older): Medium-term admissions per 1,000 enrollee months* • Total (age 18 and older): Long-term admissions per 1,000 enrollee months*
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	• Total (all ages)*
Controlling High Blood Pressure (CBP-HH)	• Total (ages 18 to 85)*
Screening for Depression and Follow-Up Plan (CDF-HH)	• Total (age 12 and older)*
Colorectal Cancer Screening (COL-HH)	• Ages 46 to 50 • Ages 51 to 65 • Ages 66 to 75
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	• Follow-up within 30 days of ED visit: Total (age 13 and older)* • Follow-up within 7 days of ED visit: Total (age 13 and older)*
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	• Follow-up within 30 days after discharge: Total (age 6 and older)* • Follow-up within 7 days after discharge: Total (age 6 and older)*
Follow-Up After Emergency Department Visit for Mental Illness: Age 6 and Older (FUM-HH)	• 30-day follow-up after ED visit for mental illness: Total (age 6 and older)* • 7-day follow-up after ED visit for mental illness: Total (age 6 and older)*
Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	• Initiation of SUD treatment: Total SUD: Total (age 13 and older)* • Engagement of SUD treatment: Total SUD: Total (age 13 and older)*
Inpatient Utilization (IU-HH)	• Inpatient: Total inpatient*
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	• Total rate*
Plan All-Cause Readmissions (PCR-HH)	• CMS is not collecting stratified data for this measure for FFY 2024 Core Set reporting.*
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	• Total (age 18 and older)*

Note: An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Appendix B: Mapping Geography Categories using RUCA and CBSA Standards

This appendix provides additional guidance for mapping urban and rural categories using Rural-Urban Commuting Area (RUCA) and Core-Based Statistical Area (CBSA) standards.

- Table B.1 shows how to map geography categories based on RUCA standards into Urban and Rural.
- Table B.2 shows how to map geography categories based on CBSA standards into Urban and Rural.

Table B.1. Mapping Urban and Rural Categories Using Rural-Urban Commuting Area (RUCA) Codes

States can use RUCA codes to assign each beneficiary's address to one of ten categories based on measures of population density, urbanization, and daily commuting. The RUCA codes can be assigned based on U.S. census tracts or ZIP code areas. The most recent RUCA codes are based on data from the 2010 decennial census and the 2006–10 American Community Survey. More information about RUCA codes, including the data tables that states can use to classify beneficiaries, is available at: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/. Table B.1 shows how each of the 10 categories can be mapped to an Urban or Rural designation for the purpose of Core Set reporting.

Urban/Rural Classification	RUCA category
Urban	1. Metropolitan area core: primary flow with an urbanized area
Urban	2. Metropolitan area high commuting: primary flow 30% or more to an urbanized area
Urban	3. Metropolitan area low commuting: primary flow greater than or equal to 10% and less than 30% to an urbanized area
Rural	4. Micropolitan area core: primary flow within an urban cluster of 10,000 to 49,999 (large urban cluster)
Rural	5. Micropolitan high commuting: primary flow 30% or more to a large urban cluster
Rural	6. Micropolitan low commuting: primary flow greater than or equal to 10% and less than 30% to a large urban cluster
Rural	7. Small town core: primary flow within an urban cluster of 2,500 to 9,999 (small urban cluster)
Rural	8. Small town high commuting: primary flow 30% or more to a small urban cluster
Rural	9. Small town low commuting: primary flow greater than or equal to 10% and less than 30% to a small urban cluster
Rural	10. Rural areas: primary flow to a tract outside of an urbanized area or urban cluster

Source:https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/.

Table B.2. Mapping Urban and Rural Categories Using Core-Based Statistical Area (CBSA) Standards

States can use CBSA standards to assign each beneficiary's address to one of three categories of urbanization. More information about the CBSA standards, including the mapping tools and reference files that states can use to classify beneficiaries, is available at: https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html. Table B.2. shows how each of the three categories can be mapped to an Urban or Rural designation for the purpose of Core Set reporting.

CBSA Classification	Characteristics
Urban	Metropolitan Statistical Areas: Have at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.
Rural	Micropolitan Statistical Areas: Have at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.
Rural	Non-CBSA: Do not have at least one urban cluster of at least 10,000 population.

Source:https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html.