Getting Ready for Child, Adult, and Health Home Core Sets Reporting: State Preview Reports, State-Specific Comments, and Additional Reporting Resources

Introduction

The Child, Adult, and Health Home Core Sets of health care quality measures are designed to measure the quality of care provided to children and adults in Medicaid, the Children's Health Insurance Program (CHIP), and the Medicaid health home program. Each year, CMS reports state performance on the Core Sets measures through publicly available data products.[1] In addition, Core Set measures comprise the majority of the State Health System Performance measures on the Medicaid and CHIP (MAC) Scorecard.[2]

Beginning with federal fiscal year (FFY) 2021 Core Set reporting, the Center for Medicaid and CHIP Services (CMCS) introduced a new online reporting system, the Quality Measure Reporting (QMR) system, for Core Sets measure reporting by states. This technical assistance (TA) resource (1) describes the process for states to preview their data submitted in the QMR system before public reporting, (2) provides guidance on the process for developing the state comments that accompany publicly reported data, and (3) includes links to additional resources on the QMR system.

Overview of the State Preview Process

CMCS is committed to working with states to ensure the quality and completeness of Core Sets data reported by states in the QMR system. Beginning with FFY 2021 and FFY 2022 Core Sets reporting, CMCS introduced a state preview process that enables states to review and revise (if needed) the data entered in the QMR system before the data are publicly reported.[3]

After a state completes and submits each report in the QMR system, the Core Set TA team will prepare a state preview report.[4] The preview report will include all data the state reported in the QMR system for that Core Set report and highlight any potential data quality issues. Box 1 (next page) shows the sections in the state preview report. The preview report will be sent to the QMR system state users from a mailbox, CoreSetDataPreview@Mathematica-mpr.com, as an email attachment.[5]

In the preview report, a data element highlighted with an asterisk (*) indicates a *potential* data quality issue or a deviation from Core Sets specifications. States should review the preview report carefully to check for errors or needed updates, with a particular focus on the accuracy

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[1] Core Set data products are available on the following pages:

Child Core Set: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html

Adult Core Set: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html

Health Home Core Set: https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html

[2] More information about the Medicaid and CHIP Scorecard is available at https://www.medicaid.gov/state-overviews/scorecard/index.html.

[3] The state preview process replaced the "Seek More Information (SMI)" process in MACPro, the previous web-based reporting system.

[4] All state team members who should receive the previews need to be registered QMR users.

[5] States will receive separate reports for each year of reporting and for each Core Set report. For example, if a state reports Medicaid and CHIP in separate reports, they will receive a state preview for each report. States with multiple health home programs will receive separate preview reports for each approved health home program.

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of highlighted items. CMCS also encourages the QMR system state users to engage their state Medicaid or CHIP director and/or Medicaid medical director in the review. Box 2 highlights the common types of data issues that may be flagged in the state preview report. If the state reviews the flags and determine the reported data are correct, it is not necessary to provide an explanation to CMCS.

Box 1. Sections of the State Preview Report

- **Section A: Measures Reported by State in the QMR System** shows the data for all measures reported by a state in the QMR system for one reporting year.

  Data elements included in Section A are:

  - Data source
  - Specifications
  - HEDIS version (if applicable)
  - Measurement period
  - Numerator, denominator, and rate
  - Sample size and measure eligible population (if applicable)
  - Population
  - Status of data
  - Audit or validation of data
  - Included delivery system(s)
  - Additional information added in free text fields
  - Automated State-specific comments (see below)

- **Section B: State-Level Delivery System Information** shows the percentage of Medicaid/CHIP/health home enrollees in each delivery system, as reported in the Qualifying Questions section of the QMR system.

- **Section C: Measures Not Reported in the QMR system** shows all measures not reported by a state in the QMR system for a given reporting year.

- **Appendix A: Summary Tables for the Population and Delivery System Fields** show the populations and delivery system information reported for each measure reported in the QMR system.

- **Supplemental Tables** show state-reported data for all measures and rates for key data fields from the last three reporting years. These are provided as a separate attachment.

Box 2. Example Data Quality Issues

- Missing rates, populations, or data sources
- Rates with substantial changes from previous state reporting
- Specifications or data sources that do not match the Core Set specifications
- Incomplete delivery system fields
- Measurement periods that do not align with the Core Set technical specifications

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Updating Data in the QMR System

Upon receipt of their state preview report, states have a few weeks to make any needed edits in the QMR system. While the state preview report can be used as a communication tool with CMCS to clarify any questions about their data, **all modifications or data clarifications must be entered directly into the QMR system.** Only data entered in the QMR system will be included in public reporting to ensure a single and complete record of data clarifications.

Once a state communicates that updates have been made and resubmits their Core Set report to CMCS, a second preview report will be generated and shared with the state, including state Medicaid and/or CHIP leadership. The state should review and ensure the intended updates are included. The revised report will include the automated data quality flags, but states should disregard these flags if they have already reviewed and confirmed the reported data.

State-specific Comments

CMCS recognizes that variations in state performance may be related to the populations included in the measures, state delivery systems, and calculation methodologies, among other factors. CMCS includes state-specific comments (SSCs) to contextualize each state's reported data and facilitate more meaningful comparisons across states. The SSCs accompany each state's performance rates wherever they are publicly reported, including in the Medicaid and CHIP Scorecard for applicable measures. SSCs include state-reported information on delivery systems, populations, denominators, data sources, deviations, and additional context for each measure reported. The SSCs are automated from information states enter various fields in

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Medicaid & CHIP
Health Care Quality Measures

the QMR system (Table 1). Appendix A includes examples of how information entered in the QMR system is used to automate the SSCs.

Starting with FFY 2023 reporting, there is an indicator in the QMR system for each of the open text fields that will be included in the SSCs. When completing text fields used in the SSCs, states should use complete sentences, use consistent language across measures when applicable, and only include context that is relevant to the QMR field. The SSC cannot exceed 1,000 characters, so any narrative context provided should be concise. Box 3 highlights best practices for completing the text fields used in the SSCs.

The automated SSCs will be included in the state preview reports. States should review the SSCs included in the state preview reports carefully for clarity and accuracy. **If states would like to revise their SSCs or add more context, they will need to update the relevant fields in the QMR system for each relevant measure.**

Box 3. Completing Text Fields Used in SSCs

Do:

✓ Briefly summarize contextual information in the "Additional Notes/Comments" field that could be helpful in interpreting your state's data.

✓ Use complete sentences.

✓ Use consistent language across measures, as applicable.

✓ Only include context that is relevant to the QMR field.

Do not:

X Include non-alphanumeric characters (such as symbols), undefined acronyms, and health plan / contractor names.

X Use special formatting (such as bullets).

X Repeat information in multiple fields, as this will result in duplication in the SSCs.

X Indicate that a state adhered to specifications (only include notes about deviations).

For More Information

CMCS has developed several TA resources to support state Core Sets reporting in the QMR system:

- Guidance on accessing the QMR system and system training videos are available on the Medicaid Data Collection Tool (MDCT) portal at https://www.medicaid.gov/resources-for-states/medicaid-and-chip-program-portal/medicaid-data-collection-tool-mdct-portal/index.html.

- A training with guidance and tips for data entry in the QMR system is available at Medicaid.gov at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.

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

- Guidance on reporting stratified results in the QMR system is available at https://www.medicaid.gov/sites/default/files/2023-07/QMR-stratification-resource-july-2023.pdf.

Please email us if you have any questions or would like to request technical assistance:

- For technical assistance related to the state preview report, contact the Preview Report mailbox at **CoreSetDataPreview@Mathematica-mpr.com**.

- For technical assistance related to calculating and reporting Child, Adult, and Health Home Core Sets measures, contact the TA mailbox at **MACQualityTA@cms.hhs.gov**.

Table 1. Quality Measure Reporting (QMR) System Fields That are Used to Automate State-specific Comments (SSCs)

Acronyms used in this table: CIS-CH: Childhood Immunization Status; FFS: Fee-for-service; IMA-CH: Immunizations for Adolescents; IIS = Immunization information system; MCO: managed care organization; MMIS: Medicaid Management Information System; PPC-CH: Timeliness of Prenatal Care; QMR: Quality Measure Reporting system; SSC: state-specific comment.

Component of State-specific Comment	Corresponding Quality Measure Reporting System Field	Guidance for Data Entry	Example State-specific Comment Text Segment
Data status	Generated based on selection in **"Status of Data Reported."**	• Indicate if the data are provisional and when the final data will be available.	*If state selects provisional:* "Rate(s) are provisional." *If state selects final, no text segment about data status will appear.*
Immunization registry data (Childhood Immunization Status [CIS-CH] and Immunizations for Adolescents [IMA-CH] only)	Generated for applicable immunization measures (CIS-CH and IMA-CH) based on **"Data Source"** selection.	• If the state used immunization registries or immunization information systems as a data source, select "Immunization Registry/Immunization information systems (IIS)" under the Administrative Data field or Hybrid – Administrative Data Source field.	*If state selects immunization registry/IIS only:* "Administrative data source is state immunization registry/immunization information systems." *If state selects immunization registry/IIS and Medicaid Management Information System (MMIS):* "Administrative data sources are claims/encounters and state immunization registry/immunization information system."
Vital record data (Timeliness of Prenatal Care [PPC-CH] only)	Generated for PPC-CH based on **"Data Source"** selection.	• If the state used vital records, select "Vital Records" under the Administrative Data field.	*If state selects vital records only:* "Administrative data source is state vital records." *If state selects vital records and Medicaid Management Information System (MMIS):* "Administrative data sources are claims/encounters and state vital records."

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Medicaid & CHIP
Health Care Quality Measures

Table 1 *(continued)*

Component of State-specific Comment	Corresponding Quality Measure Reporting System Field	Guidance for Data Entry	Example State-specific Comment Text Segment
Multiple data sources	Generated from state entries in the open text field: **"For each data source selected above, describe which reporting entities used each data source (e.g., health plans, FFS). If the data source differed across health plans or delivery systems, identify the number of plans that used each data source."**	• In cases where individual reporting entities used different data sources, the state should select each data source. • Then states should describe which reporting entities (such as managed care organizations [MCOs]) used each data source. • Please enter a complete sentence in the text field.	*A note will appear as entered by the state in the QMR system. For example:* The administrative method was used for [#] MCOs and the FFS population. The hybrid method was used for [#] MCOs.
Other data source	Generated based on selecting any of the following **data sources**: • Administrative Data Other • Hybrid: Other • Other Data Source	• In cases where the state uses an "other" data source, the state should describe the data source.	*A note will appear as entered by the state in the QMR system with a brief lead-in. For example:* The state described the "other" data sources used to calculate the measure as the following: "[Insert state comment]."
Excluded populations	Generated from state entries in open text field: "**Explain which populations are excluded and why**".	• States should indicate if the denominator does not represent the total measure-eligible population by selecting "No, this denominator does not represent the total measure-eligible population as defined by the technical specifications for this measure." • Then the state should list the excluded populations and briefly explain why they are excluded. If possible, the state should also specify the size of the population excluded. • Please enter a complete sentence in the text field to describe the excluded populations.	*A note will appear as entered by the state in the QMR system with a brief lead-in. For example:* State reported that rate(s) exclude(s) the following populations: "[Insert state comment]."
Other population (Adult and Health Home measures only)	Generated based on selecting "other" for **"Definition of Population Included in the Measure."**	• In cases where the state uses an "other" population, the state should describe the population.	*A note will appear as entered by the state in the QMR system with a brief lead-in. For example:* The state described the "other" population included in the measure as the following: "[Insert state comment]."

Table 1 *(continued)*

Component of State-specific Comment	Corresponding Quality Measure Reporting System Field	Guidance for Data Entry	Example State-specific Comment Text Segment
Delivery systems	Generated from information entered in the "**Which delivery systems are represented in the denominator?**" question.	• States should select all delivery systems that apply. • For each delivery system, indicate whether all of the measure-eligible population is included in the measure. • If not, enter the percentage of the delivery system that is included in the measure. • If state uses managed care organizations (MCOs), specify the number of health plans included in the measure.	*A note will appear indicating which delivery systems were selected by the state in the QMR system. For example:* "Rate(s) include(s) FFS and managed care populations ([#] MCOs)."
Sample size and measure-eligible population (hybrid measures only)	Generated for measures calculated using the hybrid method based on entry into the **sample size** and **measure eligible population** fields.	• For measures reported using the hybrid method only, the denominator should be the sample size. • For measures reported using both the hybrid method and the administrative method, the denominator should be the measure-eligible population.	*Option 1 (hybrid only):* Denominator is the sample size; measure-eligible population is [#####]. *Option 2 (administrative and hybrid):* Denominator is the measure-eligible population. If the state does not complete these fields, the SSC will indicate that the sample size and/or measure-eligible population is not available.
Deviations from measure specifications	For states that selected "**Yes, the calculation of the measure deviates from the measure specification**," generated from state entries under "**Explain the deviation(s)**".	States should concisely note any deviations from the Core Set specifications, such as different methodology, data source, or reported age groups. Please enter a complete sentence in the text field.	*A note will appear as entered by the state in the QMR system with a brief lead-in. For example:* State reported the following deviations: "[Insert state comment]."
Additional notes/ comments	State entries in "**Additional notes/comments on the measure**" field.	States should provide any additional context about their data that should accompany the rate in public reporting. For example: • Explanations of rates not reported • Context on whether optional exclusions were applied • Any differences in population for rates Please enter a complete sentence in the text field. Please note that information included only in attachments will not be reflected in the comment.	*A note will appear as entered by the state in the QMR system with a brief lead-in. For example:* • State noted: "The calculation applied the optional exclusion of children with a diagnosis of narcolepsy." • State noted: "The ages 18 to 64 rate includes data for individuals age 18 and older."

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Table 1 *(continued)*

Component of State-specific Comment	Corresponding Quality Measure Reporting System Field	Guidance for Data Entry	Example State-specific Comment Text Segment
Audit/validation	Generated based on state responses to the "**Audit or Validation of Measures**" section in qualifier questions.	If any measures were audited or validated, select "Yes, some of the Core Set measures were audited or validated." • Next enter the name of the entity conducting the audit or validation. • Then select the corresponding measures. • Add additional entities as needed.	*If the state selects "yes":* Rate(s) [was/were] audited or validated.

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Health Care Quality Measures

Appendix A. Example State-specific Comments

This appendix demonstrates how data entered into the QMR system translates into a state-specific comment. As indicated below, not all possible components of the SSC will be applicable, depending on the measure and a state's reporting. Example 1 shows the creation of an SSC for the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) measure in the Child Core Set. Example 2 shows the creation of an SSC for the Controlling High Blood Pressure (CBP-AD) measure in the Adult Core Set. Below each example, we show illustrative data entered in each field in the QMR system.

Example 1. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)

State-specific comment: Rates include FFS population. State reported that rates exclude the following populations: "Rates exclude individuals covered by a waiver." Rates were audited or validated.

Delivery systems. The state selected only the fee-for-service (FFS) delivery system and indicated that all of the measure-eligible FFS population is included.

Excluded populations. The state indicated that the rates exclude a waiver population. This text will appear in the SSC exactly as entered by the state in the QMR system.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Audit or validation of data. The state indicated that ABC Organization audited or validated the ADD-CH measure.

2. Audit or Validation of Measures

Were any of the Core Set measures audited or validated?

◉ Yes, some of the Core Set measures have been audited or validated

Who conducted the audit or validation?

ABC Organization

Which measures did they audit or validate?

Search by Measure... 🔍

☐ Select All

☑ ADD-CH - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

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Medicaid & CHIP
Health Care Quality Measures

Example 2. Controlling High Blood Pressure (CBP-AD)

State-specific comment: Rate includes managed care population (3 MCOs). Denominator is the sample size; measure eligible population is 76,590. State reported the following deviation: "The state included additional state-specific codes when calculating this measure."

Delivery systems. The state selected only the managed care population and indicated there are 3 managed care organizations (MCOs) representing the entire eligible MCO population for this measure.

Which delivery systems are represented in the denominator?

Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure-eligible population represented by that service delivery system.

☐ Fee-for-Service (FFS)

☐ Primary Care Case Management (PCCM)

☑ Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP)

> What is the number of Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) plans that are included in the reported data?
>
> 3
>
> Is all of your measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population included in this measure?
>
> ◉ Yes, all of our measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population are included in this measure.
>
> ○ No, not all of our measure-eligible Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP) population are included in this measure.

☐ Integrated Care Models (ICM)

☐ Other

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Medicaid & CHIP
Health Care Quality Measures

Sample size and measure-eligible population. The state used the hybrid method to calculate the rate. As shown below, the state entered the sample size in the denominator field for this measure and noted the size of the measure-eligible population.

Does this denominator represent your total measure-eligible population as defined by the Technical Specifications for this measure?

◉ Yes, this denominator represents the total measure-eligible population as defined by the Technical Specifications for this measure.

◯ No, this denominator does not represent the total measure-eligible population as defined by the Technical Specifications for this measure.

If you are reporting as a hybrid measure, provide the measure eligible population and sample size.

What is the size of the measure-eligible population?

76590

Specify the sample size:

1760

Enter a number for the numerator and the denominator. Rate will auto-calculate:

Please review the auto-calculated rate and revise if needed.

Ages 18 to 64

Numerator	Denominator	Rate
496	1220	40.7

Ages 65 to 85

Numerator	Denominator	Rate
268	540	49.6

Deviations from measure specifications. The state included additional state-specific codes when calculating this measure.

Deviations from Measure Specifications

Did your calculation of the measure deviate from the measure specification in any way?

For example: deviation from measure specification might include different methodology, timeframe, or reported age groups.

◉ Yes, the calculation of the measure deviates from the measure specification.

Explain the deviation(s) (text in this field is included in publicly-reported state-specific comments):

The state included additional state-specific codes when calculating this measure.

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Medicaid & CHIP
Health Care Quality Measures