

# Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: FFY 2024 Updates and Reporting Resources

March 19, 2024

## Katie Booth:

[Slide 1] Hello, and thank you for joining us for this technical assistance webinar. My name is Katie Booth, and I'm part of the Core Sets technical assistance team. Today we will be reviewing updates to the Federal Fiscal Year 2024 Child, Adult, and Health Home Core Sets and highlighting resources that are available to states. My colleagues from the TA team, Madelaine Spiering, Monica Lazaro Davadi, and Alli Steiner will also be presenting today. We will also hear from Gigi Raney from CMS. We're joined by other members of the Core Sets TA team and by colleagues from the Division of Quality and Health Outcomes in the Center for Medicaid and CHIP Services.

Next slide, please.

[Slide 2] Oh, thanks. Before we begin, we want to cover a few technical instructions. All participants of today's webinar have entered the meeting muted. We welcome audience questions during today's event. You may submit questions through the Slido Q&A panel, which is located on the bottom right side of the WebEx platform. We will have a dedicated time toward the end of this webinar to respond to your questions. Closed captioning is available in the WebEx platform. To enable closed captioning, click on the "CC" icon in the lower left corner of your screen. You can also click Control-Shift-A on your keyboard to enable closed captioning.

This meeting is being recorded and will be posted on Medicaid.gov after the event. Finally, if you have any technical difficulties, please contact us by using the Slido Q&A panel for assistance.

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[Slide 3] For our agenda today, I will first summarize key updates to the 2024 Child, Adult, and Health Home Core Sets and share resources to prepare for mandatory reporting. Next, Gigi Raney from the Division of Quality and Health Outcomes will highlight the new State Plan Amendment Template for mandatory reporting. I will come back to review the use of alternate data sources. Then Maddy will discuss reporting stratified data and summarize key FFY 2024 measure specification updates. Finally, Monica will preview data quality priorities, highlight TA resources to help states calculate the measures, and preview the timeline for FFY 2024 reporting.

Next slide.

[Slide 4] Now we will discuss the updates to the Child, Adult, and Health Home Core Sets.

Next slide.

[Slide 5] Here we provide a high-level overview of the updates to the Core Sets for FFY 2024. No new measures were added to the Child, Adult, or Health Home Core Sets this year. No measures were retired from the Child or Health Home Core Sets for FFY 2024. One measure was retired from the Adult Core Set: Flu Vaccinations for Adults ages 18-64 or FVA-AD. For more information about FFY 2024 Core Sets, please refer to the CMCS Informational Bulletin, which can be accessed at the link at the bottom of this slide. The slides will be posted on Medicaid.gov after the webinar. We will also email the slides to webinar registrants within a few days of the webinar.

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Next slide, please.

[Slide 6] Now I will present cross-cutting data collection and reporting updates for FFY 2024, particularly related to mandatory reporting. Later in the webinar, Maddy will highlight specification changes. You can also find information about these changes in the Summary of Updates on [Medicaid.gov](https://www.Medicaid.gov) and as linked on this slide.

CMS added guidance to the reporting resources to remind states that Core Sets reporting is mandatory beginning with FFY 2024 for Child Core Set measures, behavioral health measures on the Adult Core Set, and Health Home measures for states with approved Health Home programs in operation by June 30, 2023.

States are required to adhere to technical specifications and reporting guidance issued by CMS. For additional information about mandatory reporting requirements, please see the August 2023 Mandatory Medicaid and Children's Health Insurance Program, or CHIP, Core Set Reporting Final Rule, the December 2023 Initial Core Set Reporting Mandatory Reporting Guidance for Child and Adult Core Sets, and the March 2024 Initial Core Set Reporting Guidance for the Health Home Core Sets, all of which are linked on this slide.

[Slide 7] All measure-eligible beneficiaries must be included in state reporting. Notably, this includes beneficiaries who moved in or out of Medicaid or CHIP, who were enrolled in more than one managed care plan, or who changed delivery systems, such as switching between fee-for-service managed care or primary care case management during the measurement period. In addition, states must ensure that each eligible beneficiary is included in the measure calculation and there is no duplication or double counting.

[Slide 8] This slide outlines the guidance for reporting separate rates for Medicaid and CHIP populations. For each Child and Adult Core Sets measure reported to CMS, states should calculate and report separate rates for the Medicaid population, including CHIP-funded Medicaid expansion and the separate CHIP population. This requirement applies to states with a separate CHIP and was stated in the August 2023 Final Rule.

Please note that although reporting the Adult Core Set measures is voluntary for CHIP programs, CMS encourages states that have separate CHIP and opt to include them in reporting to report these rates separately from the Medicaid rates.

States must ensure that each measure-eligible Medicaid and CHIP beneficiary is included in the measure calculation and attributed to the appropriate program based on the measure eligibility criteria and that there is no duplication or double-counting. The Medicaid and separate CHIP rates will be reported separately in the reporting system and used to create a combined state-level rate.

There is a new TA resource that provides measure-specific attribution guidance for the FFY 2024 Core Set measures available on [Medicaid.gov](https://www.Medicaid.gov) and at the link on this slide.

[Slide 9] Now I will highlight a few key resources available to states as they prepare for FFY 2024 mandatory reporting. At the end of the webinar, we will discuss all the available TA resources.

[Slide 10] CMS developed the Mandatory Reporting Readiness Tool, the MRRT for short, and an accompanying user guide to support states in preparing for mandatory reporting beginning in FFY 2024. The MRRT assesses data states submitted in the Quality Measure Reporting, or QMR, system for FFY 2023 to identify which mandatory reporting requirements states are already meeting and areas where states will need to make progress to adhere to mandatory reporting requirements.

By the end of March, CMS will send each state quality reporting team a state-specific version of the MRRT that is populated based on the data the states submitted in the QMR system for the FFY 2023

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Child and Adult Core Sets reporting. The MRRT will be tailored to the type of CHIP program operating in the state. The MRRT is for informational and planning purposes, including generating dialogue around technical assistance needs, and does not have any role in determining regulatory compliance.

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[Slide 11] The MRRT is an Excel workbook with a tab for the Child Core Set and a tab for the Adult Core Set. Each tab lists all 2024 Core Set measures states will report in the QMR system and the mandatory reporting requirements. For each measure, the MRRT assesses whether the state met the requirements based on the state's FFY 2023 data as reported in the QMR system and will report a value of "Yes", "No", "Not Applicable", or "Unknown".

States can use their MRRT to understand areas where they are not meeting requirements and develop a plan for meeting the requirements. States can also use the MRRT to identify where additional guidance is needed from CMS and the TA team. CMS and the TA team are interested in setting up one-on-one TA calls with states either virtually or in person at the CMS Quality Conference to discuss the MRRT. An accompanying user guide will provide additional context and map each requirement to its corresponding field in the QMR system.

[Slide 12] This slide shows a screenshot of an example Mandatory Reporting Readiness Tool. It is showing the Child tab, so we can see the 2024 Child Core Set measures listed in the first column. Going across the top of the table, we can see the mandatory reporting requirements. So for each measure, we can go across the table and see whether this example state is meeting each mandatory reporting requirement. The two blue rows at the top give a count of the measures meeting and not meeting requirements. States can reference the legend at the top of the page and the user guide to help them interpret the values in each cell. As a reminder, state-specific tools and user guides will be sent to each state later this month. They will be sent to the individuals who are listed as state QMR users.

Now I will pass it to Gigi to talk about the State Plan Amendment process.

### **Gigi Raney**

[Slide 13] As part of mandatory reporting, all states, including the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam must complete a State Plan Amendment related to mandatory Core Set reporting. Next slide, please.

[Slide 14] States and/or territories with a Section 1945 Health Home Program must also update their State Plan Amendment, which will have a new assurance related to mandatory Health Home Core Set reporting. Any states submitting a Section 1945A Health Home State Plan Amendment will have this assurance included in their initial State Plan Amendment. These new and updated State Plan Amendments are being finalized now and are expected to be released along with an implementation guide within the coming month. States must complete and submit their State Plan Amendment by December 31st of 2024 as per the final rule. Next slide, please.

[Slide 15] We wanted to give you a sneak peek at the State Plan Amendment, so the next few slides are screenshots of those materials. The State Plan Amendment is specifically for the Child and Adult Core Set reporting. To find this amendment, please look under Administration, then General Administration, and it will be a new reviewable unit under Reporting. Next slide, please.

[Slide 16] There are only a few checkboxes required in order to complete the State Plan Amendment. The first is an assurance that all of the requirements in 42 CFR 431.16 are met. Next slide, please.

[Slide 17] The next two assurances relate to Core Set reporting, and the agency is assuring that all of the requirements in 42 CFR 437.10 through 437.15 are met, and these are the regulations that were outlined in the Core Set final rule, which there was a link earlier in this presentation. The last one is an

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assurance the agency will report annually by December 31st on all measures on the Child Core Set and all of the behavioral health measures on the Adult Core Set. And that's it for the Child and Adult State Plan Amendment. Next slide, please.

[Slide 18] Lastly, we wanted to show you what the Health Home State Plan Amendment was going to look like. The third bullet down relates to the requirements for mandatory reporting of the Section 1945 Health Home Core Set, and is the only change to the State Plan Amendment. You simply open up your existing State Plan Amendment once this update has been released and update this one reviewable unit under Quality Monitoring where this new assurance will be located. And that's it for the State Plan Amendment. Next slide, and over to Katie.

### **Katie Booth**

[Slide 19] Thanks, Gigi. Now I will present the alternate data sources that will be used for FFY 2024 Core Sets reporting.

[Slide 20] CMS is working with the Agency for Healthcare Research and Quality to use data from the Consumer Assessment of Healthcare Providers and Systems, or CAHPS, Health Plan Survey Database to streamline reporting of the three CAHPS survey measures included in the Child and Adult Core Sets. Starting with FFY 2024 reporting, these measures will no longer be collected in the QMR system. Medicaid and CHIP state agencies and health plans are encouraged to submit their CAHPS Health Plan Survey data to the 2024 CAHPS Database during the upcoming submission window in June 2024. This includes surveys administered between July 1st, 2023 and June 30th, 2024.

These data correspond to the FFY 2024 Core Sets reporting cycle. States and plans that submit their data to the CAHPS Database will receive a feedback report showing their CAHPS survey results compared to overall results in the database.

We wanted to share that there is a brand-new fact sheet about CAHPS reporting, and we've included a link on this slide. For more information, you can also visit the CAHPS Database website or email us at the address shown on this slide.

[Slide 21] CMS will continue to calculate the Live Births Weighing Less Than 2,500 Grams and Low-Risk Cesarean Delivery measures for all states. CMS will use state natality data submitted by states and compiled by the National Center for Health Statistics and the Centers for Disease Control and Prevention's Wide-Ranging Online Data for Epidemiologic Research, or CDC Wonder.

In the spring of 2025, CMCS will send states a preview of these measures calculated using calendar year 2023 natality data.

[Slide 22] Now turning to the NCI-IDD measure. The National Core Indicators, Intellectual and Developmental Disabilities, provides information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities and their families. State agencies voluntarily submit the NCI-IDD survey results to the NCI National Team using the Online Data Entry System, or ODESA.

As in recent reporting years, state agencies that submit data in ODESA will continue to be invited to approve sharing their data with CMS for Adult Core Set reporting. In the spring of 2025, CMS will send states a preview of NCI-IDD data for FFY 2024 Adult Core Set reporting.

Next slide, please.

[Slide 23] And now I'll pass it to Maddy to discuss the reporting of stratified data and measure-specific updates.

## Madelaine Spiering

Thanks, Katie. Next slide, please.

[Slide 24] CMS 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 focus state quality improvement initiatives and priorities.

In the Quality Measure Reporting (or QMR) system, states have the option to report stratified rates for one or more categories for each Core Sets measure. Stratification of Core Set measures is optional, but strongly encouraged for FFY 2024 reporting. Beginning with FFY 2025 Core Sets reporting, states will be required to report stratified data for a subset of measures.

Next slide, please.

[Slide 25] CMS further defined Race, Ethnicity, Sex, and Geography for the purpose of Core Sets reporting in the December 2023 Initial Core Sets Mandatory Reporting Guidance, which is linked on the slide.

CMS is currently updating a TA resource on reporting stratified results in the Quality Measure Reporting system for the 2024 Child, Adult, and Health Home Core Sets. The resource will provide additional guidance on stratification categories available in QMR, as well as the option to “add another” category to the predefined stratification categories. CMS will send an announcement through the TA mailbox when this resource is available.

Next slide.

[Slide 26] This slide shows the Race categories included for stratification in QMR for FFY 2024 reporting. 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. These categories are defined by using the disaggregation of the 1997 Office of Management and Budget (OMB) Minimum Race and Ethnicity categories as specified in the 2011 HHS Standards.

Next slide, please.

[Slide 27] This slide shows the QMR stratification categories for Ethnicity for FFY 2024 reporting.

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. These categories are also defined using the disaggregation of the 1997 Office of Management and Budget (OMB) Minimum Race and Ethnicity categories as specified in the 2011 HHS Standards.

Next slide.

[Slide 28] This slide shows the QMR stratification categories for Sex for FFY 2024 reporting.

Sex is defined as biologic sex using the 2011 HHS Standards.

Next slide, please.

[Slide 29] Finally, this slide shows the geography categories in the QMR system for FFY 2024 reporting. The forthcoming Stratification TA Resource gives guidance on how to define rural and urban.

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Next slide.

[Slide 30] Now I will review a few key FFY 2024 measure specification updates.

Next slide, please.

[Slide 31] First, I will present some cross-cutting changes to the specifications for FFY 2024. Then I will present notable changes for a few measures. You can also find this information about these changes in the Summary of Updates on Medicaid.gov as linked on this slide.

Next slide.

[Slide 32] For HEDIS measures in the Core Sets, guidance was added to clarify that beneficiaries who died any time during the measurement year are a required exclusion. You can see the measures this applies to listed on this slide and also in the Summary of Updates resource.

In addition, guidance was added to clarify that for HEDIS measures, a visit results in an inpatient stay when the visit date of service occurs on the day prior to the admission date or any time during the admission. Again, you can see the measures this applies to listed here and in the Summary of Updates.

A list of measure acronyms is provided in Appendix A of this slide deck.

Next slide, please.

[Slide 33] Cross-cutting measure specification updates continue on this slide. For HEDIS measures, references to exclusions were updated throughout specifications.

Exclusions are now distinguished by whether supplemental and medical record data may be used to identify them. Specifically, supplemental and medical record data may be used for required exclusions but not exclusions.

Furthermore, the exclusion for frailty and advanced illness was updated from an optional exclusion to an exclusion. This means exclusions for which supplemental and medical records data may not be used.

Next slide, please.

[Slide 34] Now we will review the FFY 2024 specification updates for a few measures in greater detail. The slides are presented in alphabetical order using the measure abbreviation.

This slide shows the updates for the Colorectal Cancer Screening measure in the Adult and Health Home Core Sets.

The age stratification for Core Sets reporting were updated to include ages 46-50, 51-65, and 66-75. Please note that the age stratifications are defined in this way to account for the measure's look-back period.

There were also several changes related to exclusions that states should be aware of. In the interest of time, we will not review them all, but they are listed on this slide and in the summary of updates for your review.

Next slide, please.

[Slide 35] This slide shows the updates for the Initiation and Engagement of Substance Use Disorder Treatment measure in the Adult and Health Home Core Sets.

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This measure steward updated the guidance for reporting to clarify that the substance use disorder, or SUD, diagnosis in the negative SUD diagnosis history does not need to match the diagnosis on the claim for the given SUD episode.

There is also a new step and note in the “Event/Diagnosis” section with guidance on de-duplicating eligible episodes.

Next slide.

[Slide 36] This slide shows the updates for the Inpatient Utilization measure in the Health Home Core Set.

The measure steward created a standalone value set for the measure, and it is no longer included in the HEDIS Health Home Value Set Directory. The value set will be available soon on Medicaid.gov.

There are additional changes to the value set listed here and included in the summary of updates.

Next slide, please.

[Slide 37] Now turning to the Oral Evaluation Dental Services measure in the Child Core Set.

For FFY 2024 Child Core Set reporting, the total ages less than 1 to 20 rate is required. Please note that other age stratifications are encouraged but not required.

The measure steward also clarified in the numerator that the oral evaluation must be comprehensive or periodic.

Next slide, please.

[Slide 38] This slide shows the updates for the Plan All-Cause Readmissions in the Adult and Health Home Core Sets.

This measure steward clarified definition of count of enrollees in the Health Home population and clarified truncating and rounding rules in steps 6 and 8 of the risk adjustment weighting section.

There is also a new step, step 8, for calculating the variance for each index hospital stay. Calculating variance can help facilitate interpretation of results. However, it is not reported by states for the purpose of Core Sets reporting.

Next slide, please.

[Slide 39] For FFY 2024 Core Sets reporting, CMS updated the prenatal and postpartum care measures in the 2024 Child and Adult Core Sets. Starting with the 2024 Core Sets, both the prenatal and postpartum rates are included in each Core Set.

For the purpose of Adult Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries age 21 and older as of the delivery date.

For the purpose of Child Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries under age 21 as of the delivery date.

States that use the hybrid methodology will need to draw separate samples by age in order to submit results for the Adult Core Set age 21 and older, and the Child Core Set under age 21.

Next slide, please.

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[Slide 40] Continuing with the updates for prenatal and postpartum care measures, both measures now include age in the Eligible Population section to clarify the age groups for Core Set reporting.

The measure steward also clarified continuous enrollment requirements for Step 2 of the Timeliness of Prenatal Care numerator.

Next slide, please.

[Slide 41] The final measure we will highlight is the Prevention Topical Fluoride for Children measure in the Child Core Set.

CMS specified which three rates are subject to mandatory reporting. For FFY 2024 Child Core Set reporting, this includes the total ages 1 through 20 rates for, (1) Dental or Oral Health Services, (2) Dental Services, and (3) Oral Health Services. Reporting the individual age stratifications is encouraged but not required.

Next slide, please.

[Slide 42] Now I will pass it to Monica, who will give an overview of the data quality priorities for FFY 2024 Core Sets reporting.

### **Monica Lazaro Davadi**

Thank you, Maddy. Next slide, please.

[Slide 43] When states enter their Core Set data in the QMR system, they should confirm the following:

First the data should be complete – all questions should be answered in QMR, including the measure-level questions and the state-level qualifier questions.

Data should be accurate. Double check the information is entered as expected before submitting the report.

Data should be consistent for measures that are reported across multiple Core Sets.

In addition, states should provide context for their reported data. We'll provide more guidance on this in the following slides.

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 as a final check before you submit the report.

Next slide.

[Slide 44] On the next few slides, we provide more detail on data quality priorities for FFY 2024 reporting.

First, states should ensure that cross-cutting measures are calculated using consistent methodology and are reported for all applicable Core Sets. However, please ensure that measures in multiple Core Sets are reported for the specified age groups in each Core Set.

We would also like to emphasize the importance of data documentation. States should concisely document any variations from the Core Set specifications, such as difference in age groups, data sources, and methods.



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Next slide, please.

[Slide 45] States should document which populations and services are excluded from their calculations of each measure. For example, please carefully document exclusions by program, namely Medicaid or CHIP; by delivery system, such as fee-for-service or managed care; special populations like dually eligible beneficiaries or individuals in foster care; and specific health care settings, such as services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities.

If you are unable to include some measure-eligible populations, please select “No” to the question that asks: “Does this denominator represent your total measure-eligible population as defined by the technical specifications for this measure?” Then, we ask that you describe which populations are missing and estimate the size of the excluded population.

For the purpose of mandatory reporting, states are expected to include all measure-eligible beneficiaries and should reach out to CMS to discuss any questions about this requirement or if they need to request a one-year population exemption as outlined in the December 2023 state health official letter.

Next slide, please.

[Slide 46] Here we discuss documentation of information in QMR. The QMR system includes text fields that are combined into “state-specific comments (or SSCs).” The SSCs accompany state rates in public reporting, such as the measure-performance tables, the data file, and Medicaid and CHIP Scorecard.

The SSCs are created using information from the following text fields: data source descriptions, descriptions of other populations and excluded populations, variations, additional notes/comments on measures, and other delivery systems.

Text entered in these fields should be concise and only include context that is necessary for understanding a state’s data. When entering text in these fields please use complete sentences and avoid using special formatting (like bullets and tables).

Additional information on how the SSCs are automated can be found in the link on this slide. We encourage states to review this guidance before you begin entering information in the text fields.

Next slide, please.

[Slide 47] Now I will discuss technical assistance resources.

Next slide.

[Slide 48] We will be discussing some technical assistance resources that are available to help states with their Core Sets reporting.

All the resources highlighted in the next few slides are available for the Child, Adult, and Health Home Core Sets. This slide shows links to resources for the Child Core Set, and the next two slides show links for the Adult and Health Home Core Sets.

The first link is to the general Medicaid.gov home page where you can find all these reporting resources.

Next, the 2024 measure lists includes the measure name, measure steward, and data collection methodology.

The Resource Manuals and Technical Specifications contain general reporting guidance as well as technical specifications for each measure. They also contain links to the value set directories and medication lists if needed to calculate a measure.

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We have also prepared a Summary of Updates document for each Core Set, which provides an overview of high-level changes from the previous year. These documents outline all the changes to the measures that we discussed today as well as some additional changes.

Next, we have a Data Quality Checklist, which I referred to earlier. States are encouraged to conduct internal quality reviews of Core Set data prior to submission. This document is intended to help states improve the completeness, accuracy, consistency, and documentation of data reported.

Finally, the Measurement Period Tables include the denominator, numerator, and continuous enrollment measurement periods for each measure in the Core Sets.

Next slide, please.

[Slide 49] And here, you have links to the same resources for the Adult Core Set.

Next slide, please.

[Slide 50] And here, you have the links to the same resources for the Health Home Core Set.

In addition, there is one resource specific to the Health Home Core Set. The expected reporting table provides guidance on which Health Home programs are expected to report for each reporting year based on the effective date of the program. Health Home programs that were in operation for at least 6 months of the measurement period are expected to report for FFY 2024.

Next slide, please.

[Slide 51] Finally, here are some additional resources that have been updated for FFY 2024 reporting and that apply across the Core Sets or that focus on specific measures. The stratified reporting resource and AIF resource will be posted soon.

Next slide, please.

[Slide 52] This slide lists additional resources that have been updated for FFY 2024 reporting.

We wanted to highlight that AHRQ offers free software for calculating the four prevention quality indicators, or PQI, measures included in the Adult Core Set and one PQI measure in the Health Home Core Set. Please note that the software calculates the rates per 100,000 beneficiaries, while the Core Set measures are reported per 100,000 beneficiary months. States will need to adjust the calculation for Core Sets reporting.

Please also note that the measure steward maintains SAS code for calculating the contraceptive care measures.

Next slide, please.

[Slide 53] I would like to remind everyone that registration for the 2024 CMS Quality Conference is open and the registration link is on the slide.

The conference will be held in-person in Baltimore, MD on April 8-9, 2024, with a virtual component for people unable to attend in-person.

One-on-one TA on mandatory Core Sets reporting will be available to states at the Conference. Sign-up information will be provided closer to the event.

Next slide, please.

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[Slide 54] We wanted to remind you that One-on-one virtual TA on mandatory Core Sets reporting is available upon request from the TA mailbox.

On May 7, 2024, CMS will host a webinar on reporting less frequently reported Core Sets measures.

In addition, CMS plans to host office hours on topics related to mandatory reporting in April and May – we've noted the dates and times for the first four sessions on the slide. Please stay tuned for an announcement from the TA mailbox with additional information and additional dates.

In September 2024, CMS will host a webinar on reporting the Core Set measures in the online reporting system.

A reminder that updates on additional webinars and TA resources will be announced through the email noted on the slide.

Next slide, please.

[Slide 55] We appreciate your time today and encourage you to contact the TA Mailbox if you have any questions about FFY 2024 Core Sets reporting.

We also wanted to mention that technical assistance is available to help states with using the Mandatory Reporting Readiness Tool. States can request TA by contacting the mailbox at the address noted on the slide.

Next slide, please.

[Slide 56] Now we would like to provide an update on FFY 2024 reporting.

CMCS will open reporting for the Child, Adult, and Health Home Core Sets for FFY 2024 reporting in Fall 2024. CMCS anticipates that Core Sets reporting for FFY 2024 will close by December 31, 2024.

Next slide, please.

[Slide 57] Now we have some time for Q&A. As Katie mentioned, you can enter your questions into the Slido Q&A panel on the bottom right-hand side of the screen.

I'll now pass it to Alli to facilitate the Q&A.

### **Alli Steiner**

All right. Thank you so much. We'll start off with some of the questions we've received so far.

We received a question on whether there is any SAS programming available to assist with reporting. Talia, if you could go back to slide 52. There are a couple of measure stewards that have made sample programming code available. AHRQ has programming code available for the PQI measures. Just as a reminder, it would need to be modified to report the rates per 100,000 beneficiary months, and there's also sample programming code made available by OPA for the contraceptive care measures.

We also received a question - can we report CHIP and Medicaid population together if it's a combined program? So just as a reminder, Medicaid expansion CHIP should be reported together with Medicaid, but if your state operates separate CHIP, you will need to report a separate rate for your separate CHIP program for the Child Core Set measures.

We also have a question about, please distinguish measurement year and reporting year. So this is a really good question. We get it a lot, and it's definitely confusing. So the measurement year refers to the

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timeframe of the services that are being measured. So for example, for FFY 2024 Core Set reporting, many of the measures have a measurement year of January to December of 2023. So for example, the well-child visit measures are looking for well-child visits that occurred in 2023, and we'd encourage you to look at the measurement period tables to get the exact measurement periods for each measure, as they do tend to differ a bit for each measure with things like look-back periods. The reporting year refers to the year when the reporting occurs. So FFY 2024 Core Set reporting occurs in the fall of 2024.

Okay. We received a question about when states will receive their mandatory reporting readiness tool. The TA team will begin sending those out next week, so states should receive them before the end of this month.

Another question is, will there be a SPA required for CHIP? There is no SPA required for CHIP for Core Set reporting, as the requirements to comply with CHIP reporting are included in the existing CHIP statutes.

All right. Another question about the mandatory reporting readiness tool. Will the mandatory reporting readiness tool assess whether the state met attribution rules? So the mandatory reporting readiness tool will be tailored for each state's CHIP program structure. So for example, if a state has separate CHIP, it will be tailored to reflect that separate Medicaid and CHIP rates are expected starting in FFY 2024. However, there are some components of mandatory reporting that cannot be assessed using FFY 2023 data as reported in QMR. And so, there may be some categories that are unknown in that tool. We encourage you to look closely at the user guide for how the determinations were made. And we also want to be clear that the tool is not intended to be an exhaustive list and that states are encouraged to still review their reporting and compare it to the requirements in the Final Rule. And if you have any questions about what you're seeing in the tool or how to interpret it, we really want to encourage states to set up time to talk to the TA team and go over any questions that you have about how to interpret and use that tool.

We received a question about Race in the QMR stratification categories and whether they will change when OMB releases new standards. So for 2024 Core Set reporting, the race categories will include the current OMB stratification categories. CMS plans to update the categories in future reporting years to align with updated OMB guidance as noted in the December 2023 state health official letter.

We also have a question - based on the SHO, is it correct that people with third-party liability can be left out this year without requesting exemptions for that population? So that is correct. So just to read the language from the SHO, for FFY 2024, CMS is exempting states from including beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid, and individuals whose Medicaid and CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing. So for those populations, those are exempt for FFY 2024, and it is not necessary to separately request an exemption for those populations for FFY 2024 reporting.

Okay, we have a question about whether it's allowed to mix reporting methods within a measure such as the prenatal postpartum care measure. So for example, could hybrid review for managed care be combined with administrative calculation for fee-for-service members? Yes, states can use different methodologies for their different reporting units. On the technical assistance resources slide, there is a resource about how to combine rates from different reporting units, particularly when they use different methodologies. So for example, making sure that the calculations are weighted appropriately to the size of the different populations. And so, we encourage states to review that resource when creating their Medicaid rates or their CHIP rates or their combined state rates and to follow up with the TA team if you have any questions. But the short answer is that, yes, you can use different reporting methodologies within a single measure.

Lots of great questions. Thanks, everyone.

I'm just scrolling through all the questions as they're coming in.

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A question about the slides. Yes, the slides will be sent out to everyone who registered for the webinar as a link, and they will be posted on Medicaid.gov.

Is hybrid reporting required? No, states can use any of the reporting methodologies specified in the measure specifications. There is no requirement to prioritize one reporting methodology over another.

We have a question about where states will see the SPA. The SPA is the state attesting that they will comply to mandatory reporting requirements, and that would be completed in MACPro. It's separate from the QMR system that's used for Core Set reporting.

We have a couple of questions coming in about requesting exemptions, and we want to encourage everyone to review the guidance that was specified in the December 2023 state health official letter about the guidelines for requesting a one-year population exemption. But for specific questions about your state and any populations that need an exemption, we encourage you to please email the MACQualityTA mailbox with your specific state situation.

So another question about separate CHIP reporting. If a state has a separate CHIP, they would be reporting a Medicaid rate in the QMR system, and then they would also be reporting a separate CHIP rate. The state does not need to report the combined rate in this case. That will be done by CMS, and states will have the chance to preview that combined rate. There will also be additional technical assistance resources about this, what it will look like in the Quality Measure Reporting System, and the methodology for combining those rates that will be available to states as we get closer. Okay.

We have a question about whether exemptions apply to measures or populations. The state health official letter states that the exemptions are specific to populations, but we encourage you to reach out to the MACQualityTA mailbox to discuss your specific request, and we can talk to you one-on-one with your state situation.

We're continuing to get some questions about when the slides will be available. We're planning to post the slides, the recording, as well as the transcript from today's webinar on Medicaid.gov in about a week or so. I can't say the exact date, but we will send -- once everything is posted, we'll send out a notification through the TA mailbox.

We have a question about CAHPS reporting. For FFY 2024, states will no longer have the option to report CAHPS data in the QMR system. That will happen separately through the CAHPS database. There is a new reporting resource available on CAHPS reporting and we encourage you to take a look.

And I just want to say one reminder related to exemptions, that there are no exemptions for Health Home reporting. Sorry, I should have been more specific about that. This is specifically for Child and Adult reporting. For Health Home Core Sets reporting, all populations need to be reported.

Thanks, everyone, for these great questions.

We're continuing to review them as they come in. So I just want to clarify something about the state-level rates resource. That is intended to go over the methodology for how, once you've calculated a rate for distinct reporting units, that is the methodology for how you would mathematically combine those into one combined rate. But the state would need to first make sure everyone who should be included is included in those separate rates and that they are appropriately, being included for their various plans and also not double-counted anywhere. So just to clarify, the state-level rates resource is more just about the mathematical methodology for how to roll that up into one combined rate when you are using different reporting methodologies.

So we've continued to get a few questions about exemptions. With the exception of the two populations that I mentioned that are listed in the state health official letter (dually eligible beneficiaries and those with third-party liability) any other populations that states cannot include that are measure-eligible would

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require an exemption request. So again, please, I would encourage you to err on the side of checking in with CMS if there's a population that you are not able to include in confirming whether you need an exemption.

A question about stratified reporting. To clarify, for FFY 2024, stratification is strongly encouraged, but it is still optional. Starting with FFY 2025, that's when stratified reporting becomes required for a subset of measures, and you can find the list of those measures in the stratification categories available in the state health official letter.

With regard to when the SPA will be available, CMS is expecting that to be available in April, and CMS will send a notification out when the SPA is ready. We'll also send a notification out from our TA listserv, notifying states that the SPA is available.

I know we only have a few minutes left, but I just wanted to remind everyone that members of the TA team and the CMS team will be in attendance at the Quality Conference in April. We'd love to meet with as many of you as possible, and we'll be sending out more information about opportunities to meet one-on-one. For those who will not be in attendance at the Quality Conference in Baltimore, we'd still love to meet with you virtually, so please don't hesitate to reach out to the TA mailbox, and we'd love to set up some time to talk about any questions you have.

Just to reiterate one question about reporting years versus measurement years. So most measures for FFY 2024 reporting assess services that were provided during calendar year 2023. So the measurement year is calendar year 2023 for FFY 2024 Core Set reporting.

Yes, and with regards to the Quality Conference, we will have some formal sessions available to meet with folks, but we're also going to send out information about how to schedule some time if you'd like to meet one-on-one. We'll send out information about how to schedule that in advance.

[Slide 58] All right, we're seeing the questions are starting to slow down here, so I think we will wrap this up for today. We want to thank everyone so much for your active engagement and participation in this webinar, and we really look forward to continuing to work with states as we move towards mandatory reporting. So thank you so much for all your time today.