Medicaid Program and CHIP: Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting (CMS-2440-F)

August 2023

Overview

- Annual reporting of the Child Core Sets, the behavioral health measures on the Adult Core Set, and the Health Home Core Sets will become **mandatory** in 2024.
- The final rule outlining requirements for States to comply with mandatory reporting requirements: on display August 28, 2023 and published on August 31, 2023.

  - https://www.federalregister.gov

- Additional guidance will follow in a State Health Official Letter expected in Fall 2023.

Objectives

1 Background on the Core Sets and Current Reporting

2 Transition to Mandatory Reporting

3 2024 Core Sets and Annual Update Process

4 Mandatory Reporting Requirements

5 State Compliance

Background on the Core Sets and Current Reporting

Purpose

Medicaid and CHIP Child Core Set and the Medicaid Adult Core Set:

- Measure the overall national quality of care for beneficiaries.
- Monitor performance at the State level
- Improve the quality of health care

Health Home Core Sets

- Measure the overall program quality of health home services for Medicaid beneficiaries enrolled in a health home program under section 1945 or 1945A of the Social Security Act (the Act)
- Monitor the impact of these two optional State plan benefits
- Monitor performance of these two benefits at the program level
- Improve the quality of health care.

What are the Child and Adult Core Sets?

- Sets of health care quality measures for State reporting across several domains:
  - Primary Care Access and Preventive Care
  - Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services (Child Core Set)
  - Experience of Care
  - Long –Term Services & Supports (Adult Core Set)
- The Child Core Set was established by CHIPRA in 2009 and the Adult Core Set was established by the Affordable Care Act in 2010.
- 2024 Core Sets
  - 27 measures on the Child Core Set
  - 33 measures on the Adult Core Set (11 are behavioral health measures)
- Core Sets are updated annually and until 2024, reporting is voluntary.

What are the Health Home Core Sets?

- Sets of health care quality measures for provider/State reporting across several domains:
  - Primary Care Access and Preventive Care
  - Coordination of Care
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Follow up after Care
  - Utilization
- The 1945 Health Home Core Set was established by the Affordable Care Act of 2010 and the 1945A Health Home Core Set was established by the Medicaid Services Investment and Accountability Act of 2019.
- 2024 Health Home Core Sets
  - 13 measures on the 1945 Health Home Core Set
  - 7 proposed measures on the 1945A Health Home Core Set
- Core Sets are updated annually.

Child and Adult Core Set Public Reporting

- States have been voluntarily reporting on the Core Sets for over a decade with improvements every year.

- Core Set Data is published annually on Medicaid.gov and data.medicaid.gov for all measures reported by at least 25 States that meet data quality standards.
  - Child Core Set Reporting
  - Adult Core Set Reporting

FFY 2022 Core Set Reporting Metrics	Child Core Set	Adult Core Set
Number of measures in 2022 Core Set	25	33
Number of publicly reported measures	24	29
Number of states reporting at least half the measures	50	47
Median number of measures reported by states	21.5	26
Number of states reporting more measures for FFY 2022 than for FFY 2021	40	40
Number of states voluntarily reporting at least one measure	52	50

Health Home Public Reporting

- CMS publicly reports all section 1945 Health Home measures voluntarily submitted by States, if:

  - Reported by at least 15 health home programs

  - Meet data quality standards, following data suppression rules when applicable

  - [Health Home Core Sets Reporting](#)

2022 Health Home Core Set Reporting Metrics	
Number of measures in 2022 Core Set	13
Number of publicly reported measures	12
Number of health home programs expected to report	38
Number of health home programs reporting at least half the measures	31
Median number of measures reported for health home programs	10
Number of states reporting more measures for FFY 2022 than for FFY 2021	1
Number of health home programs voluntarily reporting at least one measure	34

Transition to Mandatory Reporting

Requirement for Mandatory Reporting Child/Adult Core Sets

- Bipartisan Budget Act of 2018: Required that reporting on the Child Core Set is mandatory beginning with State reporting in 2024.

- Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients for Patients and Communities Act (SUPPORT Act): Required that reporting on the Adult Core Set behavioral health measures is mandatory beginning with State reporting in 2024.

- Mandatory reporting will include the 50 States, District of Columbia, Puerto Rico, Virgin Islands, and Guam.

Requirement for Mandatory Reporting Health Home Core Sets

- Section 2703 of The Affordable Care Act of 2010: Requires State reporting of section 1945 health home quality measures, and that States require their health home providers to report on the same measures.

- SUPPORT Act of 2018: Amended 1945 for the SUD population which added measures to the section 1945 core set.

- The Investment and Accountability Act of 2019: Establishes section 1945A health home quality measures.

- Reporting is mandatory for any State or United States Territory with an approved Medicaid Health Home State Plan Amendment under section 1945 or 1945A.

NPRM and Final Rule

- The Notice of Proposed Rulemaking (NPRM) was published on August 22, 2022, and CMS received 93 public comments.
- Most comments were supportive. Some commenters recommended that CMS allow more time for implementation or consider eliminating some provisions due to State burden.
- CMS took all comments into consideration, and generally finalized the Final Rule as proposed. To balance State reporting burden with the statutory requirement for comprehensive, consistent Core Set reporting, CMS revised the proposal to add time-limited optional reporting and State exemptions pathways for populations for which States do not have data access.
- CMS will provide technical assistance to states as we transition to mandatory reporting.

Timeline for Mandatory State Reporting

- States must report by December 31, 2024 on:
  - All measures on the 2024 Child Core Set and the behavioral health measures on the Adult Core Set.
  - Section 1945 or 1945A Health Home Core Sets (as applicable), for States with health home program(s) with an effective date and implementation more than 6 months prior to the December 31st reporting deadline.

- The reporting system will not change, States will continue to report Core Set data to CMS using the Quality Measure Reporting (QMR) system.

2024 Core Sets and Annual Update Process

2024 Child Core Set

- The 2024 Child Core Set was released in 2022 in order to help states prepare for mandatory reporting and is available on Medicaid.gov.

- The entire Child Core Set is subject to mandatory reporting.

2024 Mandatory Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

CMIT #*	Measure Steward	Measure Name	Data Collection Method
Primary Care Access and Preventive Care			
760	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Administrative, hybrid, or EHR
128	NCQA	Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	Administrative or EHR
124	NCQA	Childhood Immunization Status (CIS-CH)	Administrative, hybrid, or EHR^a
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-CH)	Administrative
363	NCQA	Immunizations for Adolescents (IMA-CH)	Administrative or hybrid^a
1003	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)	Administrative or hybrid
24	NCQA	Child and Adolescent Well-Care Visits (WCV-CH)	Administrative
1775	NCQA	Lead Screening in Children (LSC-CH)	Administrative or hybrid
Maternal and Perinatal Health			
413	CDC/NCHS	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	State vital records
581	NCQA	Prenatal and Postpartum Care: Up to Age 20 (PPC2-CH)**	Administrative or hybrid
166	OPA	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	Administrative
1002	OPA	Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	Adm
508	CDC/NCHS	Low-Risk Cesarean Delivery (LRCD-CH)	Sta
Care of Acute and Chronic Conditions			
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	Ad
80	NCQA	Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	Ad
49	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Ad
Behavioral Health Care			
271	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Ad
672	CMS	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	Ad
268	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Ad
448	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	Ad
743	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Ad
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Ad
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	Ad
Dental and Oral Health Services			
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-CH)	Administrative
1672	DQA (ADA)	Topical Fluoride for Children (TFL-CH)	Administrative
830	DQA (ADA)	Sealant Receipt on Permanent First Molars (SFM-CH)	Administrative

CMIT #*	Measure Steward	Measure Name	Data Collection Method
Experience of Care			
151***	AHRQ	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)	Survey

More information on Updates to the 2024 Child and Adult Core Health Care Quality Measurement Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf.

It is important to note that these measures reflect high quality comprehensive care provided across health care providers and settings. Domains are intended to categorize measure topic areas and are not intended to define the type of providers or the health care settings in which care is provided.

* The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote health care quality and quality improvement. More information is available at https://cmit.cms.gov/cmit/. A public access quick start guide for CMIT is available at https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf.

** Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries up to age 20. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.

*** AHRQ is the measure steward for the survey instrument in the Child Core Set (CMIT #151) and NCQA is the developer of the survey administration protocol.

^a The Childhood Immunization Status, Immunizations for Adolescents, Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, and Metabolic Monitoring for Children and Adolescents on Antipsychotics measures are also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Child Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCHS = National Center for Health Statistics; NCQA = National Committee for Quality Assurance;; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs.

2024 Adult Core Set

- The 2024 Adult Core Set was released in 2022 in order to help states prepare for mandatory reporting and is available on Medicaid.gov.

- Only the behavioral health measures on the Adult Core Set are subject to mandatory reporting. States are encouraged to continue to report all Adult Core Set measures.

- There are 11 behavioral health measures on the 2024 Adult Core Set.

2024 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)

CMIT #*	Measure Steward	Measure Name	Data Collection Method
Primary Care Access and Preventive Care			
118	NCQA	Cervical Cancer Screening (CCS-AD)	Administrative, hybrid, or EHR
128	NCQA	Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Administrative or EHR
139	NCQA	Colorectal Cancer Screening (COL-AD)	Administrative or EHRª
93	NCQA	Breast Cancer Screening (BCS-AD)	Administrative or EHRª
Maternal and Perinatal Health			
581	NCQA	Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)**	Administrative or hybrid
166	OPA	Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	Administrative
1002	OPA	Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	Administrative
Care of Acute and Chronic Conditions			
167	NCQA	Controlling High Blood Pressure (CBP-AD)	Administrative, hybrid, or EHR
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	Administrative
148	NCQA	Hemoglobin A1c Control for Patients With Diabetes	
577	AHRQ	PQI 01: Diabetes Short-Term Complications Admiss	
578	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (C Older Adults Admission Rate (PQI05-AD)	
579	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)	
580	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate	
561	NCQA	Plan All-Cause Readmissions (PCR-AD)	
80	NCQA	Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	
325	HRSA	HIV Viral Load Suppression (HVL-AD)	
748	PQA	Use of Opioids at High Dosage in Persons Without	
150	PQA	Concurrent Use of Opioids and Benzodiazepines (C	
Behavioral Health Care (Mandatory)			
394	NCQA	Initiation and Engagement of Substance Use Disord (IET-AD)	
432	NCQA	Medical Assistance with Smoking and Tobacco Use (MSC-AD)	
63	NCQA	Antidepressant Medication Management (AMM-AD)	
672	CMS	Screening for Depression and Follow-Up Plan: Age (CDF-AD)	
268	NCQA	Follow-Up After Hospitalization for Mental Illness: A (FUH-AD)	
202	NCQA	Diabetes Screening for People With Schizophrenia Who Are Using Antipsychotic Medications (SSD-AD)	
196	NCQA	Diabetes Care for People with Serious Mental Illnes (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	
750	CMS	Use of Pharmacotherapy for Opioid Use Disorder (C	
264	NCQA	Follow-Up After Emergency Department Visit for Su and Older (FUA-AD)	
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	Administrative

CMIT #*	Measure Steward	Measure Name	Data Collection Method
18***	NCQA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	Administrative
Experience of Care			
152****	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	Survey
Long-Term Services and Supports			
961	NCQA	Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)	Case management record review
457	NASDDDS/ HSRI	National Core Indicators Survey (NCIIDD-AD)	Survey

More information on Updates to the 2024 Child and Adult Core Health Care Quality Measurement Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf.

It is important to note that these measures reflect high quality comprehensive care provided across health care providers and settings. Domains are intended to categorize measure topic areas and are not intended to define the type of providers or the health care settings in which care is provided.

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** Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries up to age 20. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.

*** The Adult Core Set includes the NCQA version of the measure, which is adapted from the CMS measure.

**** AHRQ is the measure steward for the survey instrument in the Adult Core Set (CMIT #152) and NCQA is the developer of the survey administration protocol.

ª The Colorectal Cancer Screening and Breast Cancer Screening measures are also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Adult Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; HRSA = Health Resources and Services Administration; HSRI = Human Services Research Institute; NASDDDS = National Association of State Directors of Developmental Disabilities Services; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance.

2024 Section 1945 and 1945A Health Home Core Sets

- The 2024 Health Home Core Sets were released in 2022 in order to help states prepare for mandatory reporting and are available on Medicaid.gov.

2023 and 2024 Core Set of Health Care Quality Measures for 1945 Medicaid Health Home Programs (1945 Health Home Core Set)

CMIT #*	Measure Steward	Measure Name	Data Collection Method
Core Set Measures			
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	Administrative or EHR
167	NCQA	Controlling High Blood Pressure (CBP-HH)	Administrative, EHR, or hybrid
139	NCQA	Colorectal Cancer Screening (COL-HH)	Administrative or EHR[a]
672	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for	
561	NCQA	Plan All-Cause Readmissions (PC	
750	CMS	Use of Pharmacotherapy for Opio	
264	NCQA	Follow-Up After Emergency Depar HH)	
265	NCQA	Follow-Up After Emergency Depar (FUM-HH)	
593	AHRQ	Prevention Quality Indicator (PQI) (PQI92-HH)	
Utilization Measures			
20	CMS	Admission to an Institution from th	
49	NCQA	Ambulatory Care: Emergency Dep	
397	CMS	Inpatient Utilization (IU-HH)	

More information on updates to the 2023 and 2024 Health Home states/medicaid-state-technical-assistance/health-home-informati resource that provides a history of the measures included in the https://www.medicaid.gov/sites/default/files/2023-03/2023-core-s

* The CMS Measures Inventory Tool (CMIT) is the repository of healthcare quality and quality improvement. More information is a for CMIT is available at https://cmit.cms.gov/cmit/assets/CMIT-Q

[a] The Colorectal Cancer Screening measure is also specified for specifications are not currently available for Health Home Core S

AHRQ = Agency for Healthcare Research & Quality; CMIT = CM Services; EHR = Electronic Health Record; NCQA = National Co

2024 Mandatory Core Set of Health Care Quality Measures for 1945A Health Home Programs (1945A Health Home Core Set)

CMIT #*	Measure Steward	Measure Name	Data Collection Method
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-HH)	Administrative
24	NCQA	Child and Adolescent Well-Care Visits (WCV-HH)	Administrative
124	NCQA	Childhood Immunization Status (CIS-HH)	Administrative, EHR, or hybrid[a]
363	NCQA	Immunizations for Adolescents (IMA-HH)	Administrative or hybrid[a]
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-HH)	Administrative
49	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	Administrative
397	CMS	Inpatient Utilization (IU-HH)	Administrative

More information on the 2023 and 2024 Health Home Core Sets is available at https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html.

* The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote healthcare quality and quality improvement. More information is available at https://cmit.cms.gov/cmit/. A public access quick start guide for CMIT is available at https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf.

[a] The Childhood Immunization Status and Immunizations for Adolescents measures are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Health Home Core Set reporting.

CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

Annual Update Process: Core Sets Review

- The Child and Adult Core Set Annual Review Workgroup and the Health Home Annual Review Workgroup ("Workgroups") have annual public meetings to develop recommendations on how to revise, strengthen, and improve the applicable Core Sets.

- Criteria for measures recommended for addition: technical feasibility, desirability of measures, viability for State Medicaid and CHIP programs, and tested or currently in use by a State Medicaid or CHIP program.

- Measures recommended for addition or removal require an affirmative vote of at least two-thirds of eligible Workgroup members.

- A report of workgroup recommendations is made available for public review and comment.

- CMS uses the recommendations and report to make updates to the Core Sets, which are published annually by January 1st.

Mandatory Reporting Requirements

Populations in Mandatory Reporting (§ 437.10)

- <u>Final Rule</u> establishes that States will be required to report on all populations and annual guidance will identify any exceptions to reporting these populations (change from proposed rule).
  - Health Home Core Sets: States must report on **ALL** populations served by the health home program except those identified through annual guidance.

- Exemption Process for the Child and Adult Core Sets (change from proposed rule):
  - States may request a 1-year exemption from reporting a specific population for one or more Child and/or Adult Core Set measures.
  - Exemption requests (outlined further in § 437.15) must be submitted by Sept 1st

> *Includes all Medicaid and CHIP beneficiaries in quality reporting*

Data Stratification Requirements (§ 437.10)

- <u>Final Rule</u> establishes requirements for stratification of Core Set measures by race, ethnicity, sex, age, rural/urban status, disability, language, or other factors.

  - Phase-in of measures requiring stratification:
    - Year 1 (2024): Optional for stratification
    - Year 2 (2025): 25% of measures will be stratified
    - Year 3 (2026) and 4 (2027): 50% of measures will be stratified
    - Year 5 (2028): 100% of measures will be stratified
  - Reporting guidance will identify:
    - Measures to be stratified for each Core Set
    - Factors by which measures should be stratified

Identifies health disparities among Medicaid and CHIP beneficiaries

Reporting for the Children's Health Insurance Program (CHIP) (§§ 437.15 and 457.700)

- <u>Final Rule</u> establishes that States with a separate CHIP must report on Child Core Set measures in two categories (change from proposed rule):

  - Separate CHIP (Title XXI); and
  - Medicaid inclusive of CHIP-funded Medicaid expansion (Titles XIX and XXI).

> *Ensures all children are included in quality reporting*

Annual Reporting Guidance (§ 437.10)

- Final Rule establishes that CMS will provide annual reporting guidance to States that identifies the following:
  - Measure Specific Information including measures subject to mandatory reporting; that CMS will report on for States; that States may elect to have CMS report for them; and that are subject to stratification requirements.
  - Populations that States have the option to report on (all other populations are mandatory).
  - Factors for stratification (examples: race, sex, age, urban/rural).
  - Guidance on how to collect and calculate data on the Core Sets and report data
  - Guidance on how a State may request a 1-year exemption for reporting one or more Child and/or Adult Core Set measures for specific populations if unable to obtain access to necessary data despite making reasonable efforts.

State Compliance for Mandatory Reporting

Compliance Requirements (§ 437.10)

- <u>Final Rule</u> establishes compliance requirements for mandatory reporting of the Core Sets:

  - Requires States to adhere to CMS-issued reporting guidance.

  - Requires States to utilize a standardized format for reporting Core Set data to CMS.

  - Establishes attribution rules for determining how States must report on measures for beneficiaries who are in multiple programs and/or delivery systems during a measurement year.

> *Establishes consistent standards for all States*

State Plan Requirements (§ 437.20)

- <u>Final Rule</u> establishes that States must submit an updated State plan by December 31, 2024.

- The State plan must specify that:
  - The agency will report on the Child and Adult Core Sets adhering to CMS issued reporting guidance.
  - The agency will report on applicable Health Home Core Set(s) if health home services are covered.

Ensures consistent standards for all States

Technical Assistance (TA)

- CMS will provide TA to States during the transition to mandatory reporting and for future annual reporting.
  - CMS provides ongoing TA to States to improve measure reporting, measure performance, quality of care delivered to beneficiaries, and the use of measures to gauge the effectiveness of quality improvement efforts.
  - One-on-one TA is available.
- CMS regularly hosts webinars and learning collaboratives in specific quality areas.
- To request technical assistance email: MACQualityTA@cms.hhs.gov

Questions?