

# **Technical Assistance to Support FFY 2021 and FFY 2022 Reporting of the Child, Adult, and Health Home Core Sets in the Quality Measure Reporting (QMR) System**

**September 15, 2022**

**Hilary Johnson:**

[Slide 1] Good afternoon, everyone. Welcome and thank you for attending today's webinar on Technical Assistance to Support FFY 2021 and 2022 Reporting of the Child, Adult, and Health Home Core Sets in the Quality Measure Reporting (QMR) System. My name is Hilary Johnson, and I will be facilitating today's session

Before I turn it over to CMS, I'd like to cover a few housekeeping items you may have noticed in the chat. First, you've been muted upon entry. For questions and comments, please use the Q&A feature. We will answer your questions at the end of the presentation.

Our focus today will be to answer content-related questions as opposed to functionality-related questions. If we do not respond to your question, we will make sure to connect you with the right resources after the presentation. Additionally, you will notice that chat for participants has been disabled. Finally, this meeting is being recorded, and will be posted to Medicaid.gov.

Now I will turn things over to CMS. Gigi?

**Virginia Raney:**

Thank you. First, I want to second Hilary's welcome to our Core Set reporting webinar for reporting on the 2021 and 2022 measures.

I expect that most of you have already attended one of the trainings on the new quality reporting system that we held over the last week. Today's training will focus on the quality measures themselves that you will be reporting in the coming months. This system, which we have built with your many years of feedback in mind, as well as lots of impacts input from states, should streamline reporting on the Core Sets.

In case you haven't noticed already, reporting is now open, and will close on December 31st. CMS does plan to publicly release both the 2021 and 2022 Child and Adult Core Set data products in September of 2023.

While today's webinar contains lots of great information to help support states in their reporting of the Core Sets, we also wanted to encourage states to enter some stratified data and work towards reporting more in the future. The Biden Harris administration has made expanding access to high quality, affordable health care a top priority, and by stratifying the Core Set data we will be able to further our understanding of health disparities and health equity for racial and ethnic minorities and other marginalized populations that are involved in our program.

I want to thank you so much for joining us today, and for all the time and effort that you'll be putting into the Core Set data over the next few months, and for all the work that you've already done to get to this point. Your efforts are key to this process, and we wouldn't be able to do this without you.

I'm going to now turn it over to Sara Rhoades with the Health Homes program for a few more welcoming remarks.

**Sara Rhoades:**

Hello everyone, I'm Sara Rhoades, the technical director for Health Homes. Welcome. We are very excited on the Health Home side to also have the Health Homes Core Set as part of this new system as we encourage alignment with the Child and Adult Core Set measures. Two things I just want to point out specific to Health Homes is that the new Health Home benefit option for children with medically complex conditions will have its own Core Set, which will be added to this system. So, this will also be the reporting system that is used for that for that benefit once the reporting is open. Secondly, I'd also like to mention that this is for the quality reporting only. As for Health Homes which have moved to this system, the State Plan Amendments will still be in the MACPro system, and I mention this for those of you that may be responsible for entering those data. State Plan Amendments will still be in the MACPro system.

And now I will turn it back over to Hilary. Thank you.

**Hilary Johnson:**

Thank you Sara.

As Gigi mentioned, we have already held two QMR system demonstrations – one last Wednesday, September 7th and the other this past Tuesday, September 13th. Those trainings were identical and focused on helping users understand the functionality of the QMR system. If you were not able to attend either of those trainings, we encourage you to watch the recordings on Medicaid.gov.

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

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

**Katie Booth:**

[Slide 3] Thank you, Hilary. I'm going to provide some background Information on the Child, Adult, and Health Home Core Sets, the importance of reporting, and goals for the FFY 2021 and FFY 2022 reporting years.

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[Slide 4] Thank you. So to begin, this slide introduces the Child and Adult Core Sets.

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

FFYs 2021 and 2022 will be the twelfth and thirteenth years of voluntary reporting of the Child Core Set, and the ninth and tenth years of reporting of the Adult Core Set.

The Child Core Set was authorized under Section 401 of the Children's Health Insurance Program Reauthorization Act of 2009, also known as CHIPRA. The Adult Core Set was established in 2010 under Section 2701 of the Affordable Care Act. The 2022 Child Core Set includes 25 measures, and the 2022 Adult Core Set includes 33 measures.

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

FFYs 2021 and 2022 will be the ninth and tenth years of expected reporting since CMS established the section 1945 Health Home Core Set in 2013. The health home benefit itself was established under Section 1945 of the Social Security Act.

The Section 1945 Health Home Core Set consists of quality measures and utilization measures that are used for ongoing monitoring and evaluation purposes across all state health home programs.

In addition to the Section 1945 Health Home Core Set measures, each State Plan Amendment or SPA can report specific goals and measures identified by their individual programs.

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

Selected measures from the Child and Adult Core Sets are included in the Medicaid and CHIP Scorecard, which is available on [Medicaid.gov](https://www.Medicaid.gov) and at the link on this slide. We've also included links to all the FFY 2020 Child and Adult Core Set reporting products in Appendix A of the slide deck.

As a reminder, this slide deck will be available after the webinar.

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[Slide 7] This slide has information about Health Home reporting updates. Not all health home programs are expected to report for FFYs 2021 and 2022. Reporting requirements are based on the initial start date of each health home program. To determine if your SPA is expected to report, you can refer to the health home reporting table on [Medicaid.gov](https://www.Medicaid.gov) and linked on the slide, or you can contact the TA mailbox at the address on this slide. Appendix A of this slide deck also includes links to the FFY 2020 Section 1945 Health Home Core Set reporting products.

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[Slide 8] So why are states strongly encouraged to calculate and report Core Set data? Reporting provides a national snapshot of the quality of health care in Medicaid and CHIP. CMS is focused on data quality and completeness to support the use of measures by CMS, states, and other quality partners to drive quality improvement at the national and state levels.

Current quality improvement priorities for states include preventative dental care for children, maternal and infant health care, care for acute and chronic conditions (such as asthma and tobacco use cessation) and timely and effective use of behavioral health services.

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[Slide 9] CMS has established several goals for FFY 2021 and FFY 2022 Core Sets reporting. The first goal is to continue to increase the number of states reporting the Core Set measures and the number of measures reported by each state.

CMS also wants to continue to improve data quality to support the use of Core Set measures in improving care in Medicaid and CHIP. This includes improving the accuracy of reported data, improving adherence

to technical specifications, improving completeness of populations included in the data, and improving documentation of state deviations and exclusions.

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

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

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[Slide 10] As you can see on this slide, the QMR system is now open for FFY 2021 and FFY 2022 Child, Adult and Health Home Core Set reporting.

We will go into more detail about reporting in the QMR system later in the presentation, but we wanted to highlight states will be reporting two years of data at once by creating separate reports for each year.

The reporting deadline for both FFY 2021 and FFY 2022 is December 31, 2022.

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[Slide 11] And now I'll pass it to Alli to discuss data quality.

**Alli Steiner:**

All right, Thank you, Katie. Next slide, please.

[Slide 11] So in this next part of the presentation I'm going to talk about the data quality priorities for FFY 2021 and FFY 2022 Core Set reporting, including a new process for ensuring data quality.

[Slide 12] Here we show key data quality considerations, including completeness and accuracy of the data reported, consistency between measures within and across Core Sets, and documentation of data and methods.

Additional guidance on data quality can be found in the data quality checklist for the Child, Adult, and Health Home Core Sets. A link to this resource is included on the slide. We encourage states to review this checklist as you begin reporting, and also as a final check before submitting your data.

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[Slide 13] So now I'll go into a little bit more about the data quality priorities. States should document which populations and services are excluded from their calculations of each measure.

So, for example, please document exclusion of beneficiaries by program, namely, Medicaid and CHIP, by delivery systems, such as fee-for-service or managed care, special populations, like dually-eligible beneficiaries or individuals in foster care and specific health care settings.

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[Slide 14] Some states calculate a state- or program-level rate by combining rates across multiple units, such as their managed care plans. We ask that you please document the methods that were used to develop a state-level rate when reporting units use different methodologies for calculating measures. Please indicate the number of reporting units using each methodology in the Web-based reporting system.

States should also indicate whether the state-level rates are weighted by the population size. Additional guidance on calculating state or program level rates, and entering this information in the QMR system can be found in the technical assistance resource linked on this slide.

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[Slide 15] All right. Finally, I'd like to emphasize the importance of data documentation. States should document any deviations from Core Set specifications, such as differences in age, groups, data, sources, and methods.

Additionally, states, should document any changes in populations, denominators, or rates between reporting years. CMS acknowledges that the rates may not be comparable over time due to the COVID-19 pandemic.

Additional data quality tips are available in Appendix B of this slide deck, which will be posted on [Medicaid.gov](https://www.Medicaid.gov) in the coming weeks.

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[Slide 16] Now, I'd like to talk about the Data Quality review process that will occur after states have submitted their reports to CMS.

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[Slide 17] So if you were responsible for reporting in MACPro, you may recall the seek more information or SMI process in which states receive outreach with questions about specific measures, and were asked to provide written responses back to CMS.

Going forward, CMS and the TA team will send a state data preview to state users that includes all of the data reported in the QMR system. If applicable, potential data quality issues will be flagged.

All changes or additional context must be entered in the QMR System. States should not document their responses in the preview report.

Next slide, please.

[Slide 18] The preview report process provides states the opportunity to review all the data that may be used for public reporting. CMS encourages states to engage with their quality staff and Medicaid and CHIP leadership to review the data. If a state communicates that they have reviewed and updated their data, a new state preview report will be generated.

Again, I want to emphasize that CMS and the TA team will not accept any changes or contextual documentation that is not recorded in the QMR system.

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[Slide 19] Now, I'd like to provide an overview of the process for generating state-specific comments.

State-specific comments summarize contextual information about a state's Core Set data. These comments accompany the reported rates and Core Set-related analytic products. The state-specific comments will be automated, based on information reported in various fields in the QMR system.

For example, the state-specific comments include information about delivery systems, denominators, data, sources, whether measures were validated, an additional context provided by the state.

The state previews will include the automated state-specific comments for the state to review, and if edits are needed, states should update the corresponding fields in the QMR system.

States are encouraged to enter complete sentences in the open text fields describing excluded populations, deviations, and in the additional notes, since the text will be pulled directly into the state comments. Please also note that information included in attachments uploaded to the QMR system will not be included in the state-specific comments.

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[Slide 20] So there are several technical assistance resources available to help states with the new data preview process. First, there is a technical assistance resource that provides an overview of the data preview process. It also provides detailed information about how the information entered by states in QMR maps to the state-specific comments, and also how to update your state-specific comments by updating the information reported in the QMR system.

There's also a separate mailbox that will be sending out the state preview reports. Once the state submits their data that email mailbox will be available to answer questions after you see your preview report.

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[Slide 21] Now, I'd like to talk about reporting stratified Core Set data in the QMR system.

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[Slide 22] So reporting stratified data is a priority for CMS because it helps to advance health equity. Whereas aggregate data may mask important differences across sub populations, data that is stratified by population characteristics can help focus quality improvement initiatives and priorities.

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[Slide 23] So the QMR system includes stratification by several categories. On this slide we show the categories included under race and the categories included under ethnicity. For several categories, states have the option to report either in the aggregate or more detailed data. So, for example, states could report an aggregate Asian category or data by Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asians.

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

Next slide, please.

[Slide 24] On this slide we show stratification categories for sex, primary language, disability status, and geography. For the Adult Core Set there is also an option to report for the ACA Expansion group.

Next slide, please.

[Slide 24] And then one last note in the quality measure reporting system. The numerator, denominator, and rates only appear in the stratification section for rates that were reported in the aggregate in the performance measure section.

So, for example, if you only report the 18 to 64 rate in the performance measure section, only the 18 to 64 rate will appear in the stratification section. So it's important to enter the data in the performance measure section in the aggregate before getting down to the optional measure stratification section.

Next slide, please.

[Slide 25] And now I'll pass it over to Hillary to discuss quality measure system training points.

**Hilary Johnson:**

[Slide 26] Thank you, Alli! We are now going to review some key considerations when entering your Core Set measure data in the QMR system, including some areas where your experience in the QMR system might be different from what you experienced in MACPro.

As a reminder, many of the navigation tips were covered during the previous system demos conducted on 9/7 and 9/13, though we will be highlighting a few now as well. The primary purpose of today's review is to explain special nuances to the system and discuss measure-specific considerations.

Next slide.

[Slide 27] When you log into QMR, you will be taken to the landing page where you will report on your Adult Core Set measures and add Child and Health Home Core Sets.

Next slide, please.

[Slide 28] Note that the Adult Core Set is defaulted on the home page.

To report on the Child or Health Home measures, move past the Adult measures and continue to add the Child and/or Health Home Core Sets.

[Slide 29] To add a Child Core Set, you will click on the *Add Child Core Set* button.

Next slide, please.

[Slide 30] In creating a Child Core Set, you will be asked if you are reporting Medicaid and CHIP measures in separate Core Set reports or combined Core Set reports. Please select whichever is appropriate for your state or territory and click *Create* to populate your reporting options on the home page. Please note that if you plan to report Medicaid and CHIP data separately for any measures, you should add separate Core Set reports.

Next slide, please.

[Slide 31] Within each individual measure, you will have the opportunity to indicate that your denominator includes Medicaid only, CHIP only, or both Medicaid and CHIP populations.

Next slide, please.

[Slide 32] If you are reporting some measures separately and some measures combined, you should report the combined measures in the Medicaid template only. You do not need to report these measures in both the Medicaid and CHIP templates.

[Slide 33] Note that if you report only Medicaid or only CHIP, you should add separate reports. If you submit only Medicaid or CHIP data, do not delete the other report - simply do not submit it. **If you delete either the Medicaid or the CHIP report, it will delete both reports and you will lose your work!**

[Slide 34] When adding a Health Home Core Set report, you will be brought to a page where you can select which SPA you are reporting on.

[Slide 35] Select your SPA and click *Create* to populate your reporting options on the home page.

[Slide 36] On the landing page you will also notice the Reporting Year in the upper right-hand corner. This is where you will toggle between reporting your 2021 and 2022 Core Sets data.

Please note, when you log into the system your home page will always default to the 2021 Core Set, even if you were last reporting in 2022.

[Slide 37] You will notice that on the landing page, some measures already show as being complete. These measures are no longer entered by states in the QMR system as they use alternate data sources.

[Slide 38] If you click into one of the nonreportable measures, you will see notes that CMS is calculating this measure for states and an indicator that you are not being asked to report data for the reporting year. CMS will coordinate with you outside of the QMR system to preview the data for these measures.

[Slide 39] Once you have added a Core Set report, click on the Core Set to enter the main measure page. At the top of the screen, you will see the Core Set Qualifier questions, previously known as the Admin questions. Click on the link to fill these out.

[Slide 40] When you are done filling out your information for the qualifier questions, hit the *Complete Core Set Questions* button to return to the main measure page. If you need more time, use the *Save* button to save your progress.

[Slide 41] When indicating the date range for your measure data, you should use the calendar functionality or type in the four-digit calendar year. Remember to update the year before you select a month. Because the year defaults to the current year, you will likely need to navigate to an earlier year for the proper reporting period.

[Slide 42] For measures where Hybrid is an available data source, you will see two Hybrid-specific questions. If you are not reporting Hybrid data for a given measure, you can disregard these questions. If you are reporting Hybrid data, please fill these out.

[Slide 43] If you are reporting on a measure and you are using HEDIS age ranges for a measure that does not disaggregate data for age 65 and older you should enter your full population in the “Ages 18 to 64” boxes.

[Slide 44] When you validate the measure, you will receive a warning that you are missing data for the 65+ population. Please enter a comment in the Additional Notes/Comments section that your data includes this age range and bypass the warning by hitting the *Complete Measure* button. Please note whether your data include the full population of dually eligible beneficiaries.

[Slide 45] If a measure has multiple rates, but you are not reporting all the rates, you should explain why you are not reporting the omitted rates in the Additional Notes/Comments section on the bottom of the form.

[Slide 46] For example, this might apply if you are reporting only one age range or reporting only the 30-day rate and not the 7-day rate.

[Slide 47] Now we will briefly review the auto-calculation functionality.

When you enter a numerator and denominator, the rate will auto-calculate. If a measure’s data source is not ‘Administrative’ only, you are able to override the rate. For example, you may want to do this if you use weighting or an alternate method to calculate the rate.

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



[Slide 48] Auto-calculation will not consider weighting by reporting entity. If you choose hybrid as one of your data sources, you can leave the Numerator blank and manually enter your rate. More information can be found at the link provided on this slide.

[Slide 49] Please note that if you leave the Numerator blank, you will get a warning flag about a partially completed Numerator/Denominator/Rate set, but you will be able to disregard this warning and still complete your measure.

[Slide 50] If your entered rate is lower than 0.5, you may receive a validation error stating that your manually entered rate should not be zero. The error states: “If the calculated rate is less than 0.5 disregard this validation.”

[Slide 51] If you are reporting on a measure, make sure you complete the fields in the form in order. Many early fields determine what you will see in later fields, such as the Performance Measure and Other Measure Stratification (OMS) sections. If you are entering multiple rates, you must fill in all your rates to have the appropriate sections appear in the OMS section. You should fill out the Performance Measure section in its entirety before reporting stratification data so that all reported rate categories appear properly.

Please make sure to read the sections carefully. There may be times when the rates are ordered differently between sections in the QMR system.

[Slide 52] If you indicate you are reporting on a measure and enter information into the Additional Notes/Comments section, and then indicate you are *not* reporting on the measure, your comments will carry over. Please make sure to review your notes before submitting the measure to make sure they are still accurate.

[Slide 53] When you have finished data entry for a given measure, you will validate your data at the bottom of the measure form by hitting the *Validate Measure* button

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

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

[Slide 54] We will now review some reporting resources available to you as you enter your data in the QMR system before turning to questions.

[Slide 55] Reporting resources for the FFY 2021 and 2022 Core Sets can be found on Medicaid.gov and in Appendix C of this slide deck. These resources include many helpful links, including links to recorded trainings on new measures in the 2021 and 2022 Core Sets, and links to value sets and other resources on Medicaid.gov.

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

Next slide, please.

[Slide 56] There are also a number of teams available to help you if you run into challenges while reporting in the QMR system. For technical questions regarding use of the QMR system, please reach out to MDCT Help Desk. For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the MAC Quality TA mailbox. For one-on-one TA on using immunization registry data

as a supplemental data source for CIS-CH and IMA-CH measures, you should also contact the MAC Quality TA mailbox. Contact the TA team at [CoreSetDataPreview@Mathematica-mpr.com](mailto:CoreSetDataPreview@Mathematica-mpr.com) to ask questions about your state data preview or to set up a meeting with the TA team.

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[Slide 57] Finally, here is a list of appendices so you can easily find your way to the resource you need.

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[Slide 58] Thank you again for attending today's training session!

If you have questions, reference and TA resources are readily available on [Medicaid.gov](https://www.Medicaid.gov) and this slide deck will also be posted after this session.

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[Slide 59] Now I'll turn it over to Alli who will facilitate our Q&A session. Please ask your questions using the Q&A feature and we will address them now.

### **Alli?**

All right. Thanks, Hilary. So we do have some questions that have started to come in into the Q&A. And the first question says 'the portal closes on 12/31. How do we report measures that won't have results until after 12/31/22, historically for our state? These measures include the LBW and HIV viral load measures.' States are strongly encouraged to complete their reporting by the reporting deadline, and should reach out to the TA mailbox if they have questions or concerns that are specific to their state that they would like to discuss with CMCS. I did also just want to note, though, for the low birthweight measure (LBW), and for the low-risk cesarian delivery (LRCD) measure, those two measures are ones that CMS calculates on behalf of states using the CDC WONDER. So those are two measures that will show up as complete in the QMR system when you create your report, and they do not need to be reported by the state into the QMR system.

Okay, the next question asks 'how or where would we specify the methodology used? Is there a section to explain this, or do we need to attach a separate document with explanation?' So when a state goes to report the measure, they should indicate whether they are adhering to the Core Set specifications. Or if they are following other specifications. If they choose 'other,' there will be a text box where they can enter more detail about the specifications that they are using. If the state is using Core Set specifications, but there's a small deviation, maybe like a different age group, or something like that is included, note that in the deviations section. If your state would like to provide more detailed information, there is an option to upload an attachment. But I just wanted to remind you that the information uploaded as an attachment will not appear in the state-specific comments. It's still useful for CMS, to see, but it will not appear in the state specific comments.

All right. We also have a question 'are there technical details on how CMS is defining how to measure urban rural?' So currently there is not guidance on that in the QMR system. CMS is planning to issue additional guidance on this in future years. But for the time being, if you would like to upload information about how your state has defined that, that would be helpful information for CMS to have.

Okay, we also received a question about 'where can historical state submissions be located prior to FFY 2021?' While MACPro is not being used to report data Core Set reporting anymore, your state is able to still view those reports. So I would encourage you to reach out to the MDCT Help Desk if you need assistance accessing your previous reports. There's also a fair amount of information publicly reported on [Medicaid.gov](https://www.Medicaid.gov). But if you're looking for the original submission from your state, you would need to access that in the previous MACPro system.

Okay, we also received a question about reporting race and ethnicity stratifications in QMR. So I wanted to reiterate that race and ethnicity are reported as separate variables in the QMR system. I think in this case we will follow up with you because we want to make sure we're giving correct guidance for how your state collects and reports this information, so we will follow up with you to discuss specifics for your state. But in general those two fields, race and ethnicity should be reported as separate variables in the optional measure stratification section.

Okay, 'who at the State will receive the state data preview? Note that this went to the Medicaid director in the past.' So this is it's going to be different from what CMS has sent to Medicaid directors in previous years. This state preview will be sent to the individuals who are registered with the QMR System, and states are encouraged to share this information with other quality measure individuals in their state, and also their leadership to ensure that all of the folks who should be reviewing the data do, but it will be primarily sent to the folks that have user roles in the system.

Okay, thanks for all these questions. There's a lot of questions coming in, so let's do, 'please confirm the performance period for Core Set reporting. So like Hilary said, in general for FFY 2021 reporting that would correspond to services that were provided in calendar year 2020. However, there are specific measurements that align with each of the measures, and they so differ slightly from the calendar year. So I would encourage you to look at the measurement period resource that's linked in the slide and also available on Medicaid.gov for specifics on the measurement period for each measure, and you should be entering the denominator measurement period in the QMR system if your state follows the Core Set specification.

Okay, we have a question about whether the stratifications are mandatory at this time. Um stratifications are not mandatory for FFY 2021 and FFY 2022, they are encouraged by CMS but they are not mandatory.

Okay, there's a question that asks, 'Where will this slide deck be posted?' This slide deck will be posted on um the reporting resource page of Medicaid.gov. Which is included in the appendix of the slide deck, and we'll also be posting the recording, and we will plan to send out the link to the transcript and the recording when they are available to everyone who is registered for the webinar.

'Will there be training for new state employees who do not have any experience reporting in the MACPro system?' Um. So there have been two demos offered that were both recorded that are available, and they are also regular office hours. If you did not receive those please contact the MDCT Help Desk, and we can make sure that folks in your state get connected to those.

Okay, let's see. We have a question here about 'what is provisional data reporting? When should one use that?' So that's an option in the QMR system, if your state is reporting data. But, for example, is maybe still going under the audit or validation process, and you want to indicate to CMS that there could still be further updates to your data. Please select that option and then enter information about when the data will be final. The note that your data are provisional would, if that doesn't change before the reporting system closes, that will be included in your state-specific comments.

Ok, there are a couple of questions about how long the MDCT Help Desk office hours will be offered. Currently they are scheduled through the end of this month, however, we will continue to evaluate that based on attendance, and I would encourage you to reach out to the MDCT Help Desk for questions about office hours, including how long they last and the content, and when they are, if you need to get the links to those.

Okay, there's a question about 'which report to use for Child Core Set reporting for a state that combines CHIP and Medicaid when calculating the Child Core Set metrics.' So when you create your report for a Child Core Set reporting, please select the combined Medicaid and CHIP report. So there will just be a singular report. If your state reports any measures separately for Medicaid and CHIP, please select the separate report.

Okay, there's a question about 'do we add a separate Adult Core Set report for our Medicaid expansion population?' Uh, there's only an option to create one Adult Core Set report, so you should report a state level rate that includes that population. However, I would encourage if you have specific questions about how your populations are covered and reported in your state to please reach out to the MAC Quality TA mailbox, and we can give you more directed state specific guidance on that.

Okay, there's a question about 'if we know that a rate change is due to covid-related issues for example, dental offices, shut down, telehealth codes, et cetera, should we enter in the comments, or wait to receive the state preview report?' I would encourage, if you know that that's the case. Um, to please, there's going to be a field that asks about substantial changes to your rate or population in the QMR system. If you have that context, it would be helpful to include. Now you might still get a question about that in your future report, but in that case you can just disregard that knowing that you've already explained it.

Okay. 'Will there still be an option to report state calculated rates for the Live Births Less than 2,500 grams measure?' No. So starting with FFY 2021 reporting, there is not an option for states to report their own data for that measure or the Low-Risk Cesarean Delivery measure. CMS is calculating those two measures on states' behalf, starting with 2021 reporting.

Question about the audit or validation of measures... 'were any of the Core Set measures audited or validated? Does this apply to having a private audit done?' so I would say that if there is any entity in your state that provided an audit or validation of the measures, including private, please report that. If you have specific questions about how that works in your state, I would encourage you to reach out to the MAC Quality TA mailbox for guidance on that.

'Will CMS release documentation on a Consolidated Implementation Guide for QMR on 2021 and 2022 Core Set reporting?' At this time, I do not believe that there is an implementation guide for the QMR system. However, I would encourage you to reach out to the MDCT Help Desk to confirm that.

Ok, there is a request for the link to access this recording. We will circulate an email after the webinar, once the slides and recording are posted. There are slides in the appendix, that link to the general reporting resources page where this recording will be posted. Let me see if I can get that dropped into the chat box as I continue to answer questions.

'I have a question about registration requiring personal information and asking if there's a workaround for this.' Since this is more of a question about access to the system, I'm going to defer that one to the MDCT Help Desk to better respond to that.

Okay, there's a question about denominators less than eleven. 'We don't report given Medicare policy on small denominators. Is this the same for this reporting?' Um. So there is an option in the QMR System to indicate that you're not reporting on a specific measure, because the denominator is less than thirty. Please also note that CMS does apply additional cell suppression if measures are reported with denominator less than thirty.

'Is it acceptable to report managed care populations only as long as we note that fee-for-service populations are excluded?' So I would say that states are highly encouraged to report on their full populations that are covered by Medicaid and CHIP. However, if your state is not reporting on that population, yes, please do note that that population is excluded, and it provide as much information as you can about um the size of that population. That would be helpful. Thank you.

'If CMS has any questions on reported measures, when should they reach out to the state for clarifications. Is it after the due date of December 31? Or while we are submitting those measures?' States should use the submit button in the quality measure reporting system, once all of their measures have the status of complete, as well as their qualifier questions, and that will be an indication to CMS that CMS can start reviewing your state data, so CMS will likely be reaching out to states on a rolling basis to review their report. So, not necessarily waiting until the December 31 deadline.

And I just want to note that Hilary dropped the link in the chat where the Webinar materials will be posted after the Webinar.

Well, there's a question about 'will all of the measures have an auto-calculate feature for all rates or only random ones?' So all of the all of the measures auto-calculate in the quality measure reporting system. However, some measures if a state selects multiple data sources, for example, the hybrid method states will have the option to override that calculation. So I believe Hilary gave the example that if your state uses a weighted rate and the auto-calculated rate does not reflect the weighting that your state has used, you have the option to override. So let me just say that again that all of the measures will auto calculate. Measures that are calculated using the administrative method only cannot be edited. However, if you select other or hybrid, or EHR in addition to that, you can override the auto calculation.

Okay, 'is there only one role state users are assigned?' And that's correct. Unlike the previous MACPro system, which had various roles, there's only one state user role in the QMR system.

Okay 'will TMSIS be used in the future as a source for these measures?' Uh, so CMS is actively working to assess the feasibility of calculating quality measures, using TMSIS data, and has been conducting some pilots. However, there's not a specific timeframe for replacing state calculations with TMSIS and CMS will update states as more information is available.

Ok, Here's a question about the proposed role for 2024 mandatory reporting. So I'm going to just say that CMS released the proposed rule on August 22, and we're not able to discuss the details of the proposed rule during this webinar. However, we will drop the link to the proposed rule into the chat. The deadline for comments is October 21, and we encourage states to review the proposed rule and to submit their comments.

Ok, we have received a couple of questions about the timeline for the specifications to be released. Currently CMS plans to release the next set of technical specifications on the same timeline as in the past, around spring or March. However, I wanted to acknowledge that we're seeing your questions, and that this is maybe something that CMS will talk about and consider. But as of right now, the timeline for releasing the specifications has not changed.

So there's a question in the chat box about receiving states results for measures that are not reported in the QMR System. So the ones that are reported using alternate data sources. So states will receive a preview report of the measures that are calculated outside of the QMR system. Those results will be sent to your state to preview. If you have questions about your specific state or a specific measure, I encourage you to reach out to the MAC Quality TA mailbox.

Okay.

Another question about reporting the Core Set measures either in a combined report or in a separate report separate for Medicaid and CHIP. If you report any of your measures separately, so if you have both a Medicaid and CHIP rate that are separate for any of your measures, please create a separate Medicaid and CHIP report. Within each measure you can indicate which populations are included. So you would have the ability to indicate in certain measures, if it includes both Medicaid and CHIP, and if you have specific questions about how your state should report, I encourage you to reach out to the MAC Quality TA mailbox.

Okay, we have a question about what to select when reporting a weighted rate. So there's a question in the QMR system that asks if your state combined rates from multiple entities, and then, if so, it asks what the weighting factor was used is. So please use that field to indicate how you weighted your rates. The data source section is where you should enter, whether you, for example, used administrative only data, or used the hybrid method to calculate your measure.

Ah, there's a question in the Q&A. About 'when states use criteria for a reporting that are different from the Core Set specifications?' Um. If a state uses specifications that are not aligned with the Core Set specifications. Um, this the information will, the rate that is reported will not be included in public reporting.

Thank you, everybody, for all of these questions. These have been really great questions.

Let's see if you did not get your question answered, or I guess I'll just pause and just see if anything else comes in.

Thanks again, everyone. For all these great questions.

We have a couple of questions about stratifications in the chat box. We will follow up with you offline just because we want to make sure to give state-specific guidance um and learn a little bit more about how you're collecting and calculating the stratified measures in your state before responding.

We have another question about the start and end date, so the measurement period tables will give specific guidance on what the start and end are for each measure. It differs a bit by measure. Um, so as long as your state followed the Core Set specifications. I would encourage you to look at the start end dates in that resource, and that is what you would want to enter into the QMR system, so long as your state follows the specification. And again, those resources are linked. Um, in the end of the slide, as well as on the reporting resources page on [Medicaid.gov](https://www.Medicaid.gov).

I just wanted to also remind everyone that there are two different reporting years happening at once, and so the measures will be slightly different between the two reporting years. Um, based on the measures that are included in that year. So make sure you're toggling to the correct reporting year in order to see the measures that you would expect to be in that year. So, for example, there were a few measures retired in 2022, as well as measures added. And um the measures that appear in the QMR system will differ, depending on which year you are in.

All right. It seems like the questions are starting to slow down. There have not been any questions submitted in the last couple of minutes.

Thank you so much, everybody, for joining today, and for all these really great questions. If you have any questions that you didn't have the chance to ask, please feel free to reach out to the [MACQualityTA](mailto:MACQualityTA) mailbox for these questions.

And again, thank you so much, everybody, for attending, and we hope you have a nice rest of the afternoon. Take care.