
Technical Assistance (TA) to Support FFY 2023 Reporting of the Child, Adult, and Health Home Core Sets

September 8, 2023

Agenda

- **Introduction and Overview**
- **CMS's Focus on Data Quality**
- **Data Quality Review Process**
- **Reporting Stratified Core Set Data in the Quality Measure Reporting (QMR) System**
- **QMR System 2023 Training Points**
- **Reporting Resources**
- **Thank you!**
- **Q&A**

Introduction and Overview

Introduction: 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 the Children’s Health Insurance Program (CHIP).**
- **Federal Fiscal Year (FFY) 2023 will be the 14th year of voluntary reporting of the Child Core Set and the 11th year of reporting of the Adult Core Set.**
- **Definitions of the Child and Adult Core Sets:**
 - The Child Core Set was authorized under section 401 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).
 - The Adult Core Set was authorized under section 2701 of the Affordable Care Act.
 - The 2023 Child Core Set includes 27 measures, and the 2023 Adult Core Set includes 34 measures.

Introduction: Health Home Core Set

- **FFY 2023 will be the 11th year of expected reporting since CMS established the Section 1945 Health Home Core Set in 2013 (the health home benefit 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 health home program can report specific goals and measures identified by their individual programs.**

Reporting Updates: Child and Adult Core Sets

- **Over time:**
 - More states are reporting Child and Adult Core Set measures.
 - The number of measures reported by each state has increased.
 - The quality and completeness of data submitted has improved.
- **Selected measures from the Child and Adult Core Sets are included in the [Medicaid and CHIP Scorecard](#).**
- **[Appendix A](#) includes links to FFY 2020 Child and Adult Core Set reporting products. FFY 2021 and 2022 reporting products will be available soon!**

Reporting Updates: Health Home

- **Who is expected to report?**
 - Not all health home programs are expected to report for FFY 2023.
 - Reporting requirements are based on the initial start date of each health home program.
 - To determine if your health home program is expected to report, please refer to the health home reporting table¹ or contact the technical assistance (TA) mailbox at MACQualityTA@cms.hhs.gov.
- **Appendix A includes links to FFY 2020 Section 1945 Health Home Core Set reporting products. FFY 2021 and 2022 reporting products will be available soon!**

¹ <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/health-home-reporting-table.pdf>.

The Value of Reporting

- **Reporting provides a national snapshot of quality of health care in Medicaid and CHIP.**
- **CMS is focused on data quality and completeness to support use of the measures by CMS, states, and other quality partners to drive improvement at the national and state level.**
- **CMS supports states using Core Set measures to drive quality improvement. Current quality improvement priorities include:**
 - Maternal and infant health care
 - Preventive dental care for children
 - Care for acute and chronic conditions (such as asthma and tobacco use cessation)
 - Timely and effective use of behavioral health services

Goals for FFY 2023 Core Set Reporting

- **Continue to increase the number of states reporting the Core Set measures and the number of measures reported by each state.**
- **Continue to improve data quality to support use of the Core Set measures to improve care in Medicaid and CHIP:**
 - Accuracy of reported data
 - Adherence to technical specifications
 - Completeness of populations included in the data (for example, Medicaid, CHIP, dually eligible beneficiaries, all delivery systems)
 - Documentation of state deviations and exclusions
- **Increase the number of states reporting stratified data for Core Set measures, including stratifications by race, ethnicity, sex, and urban/rural location.**

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

The QMR System is Open!

- **The QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Sets reporting!**
 - Reporting deadline is December 31, 2023.

CMS's Focus on Data Quality

Data Quality Considerations

- **Overview of data quality considerations for FFY 2023 Core Set reporting:**
 - Data completeness
 - Data accuracy
 - Data consistency
 - Data and methods documentation
- **Combined data quality checklist for the Child, Adult, and Health Home Core Sets can be found on Medicaid.gov.**
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf>

FFY 2023 Data Quality Priorities

- **CMS encourages states to include all eligible populations and services in the measures:**
 - Programs (Medicaid, CHIP)
 - Delivery systems (managed care, fee-for-service, primary care case management)
 - Special populations (for example, dually eligible beneficiaries or individuals in foster care)
 - Health care settings (for example, services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities)
- **States should document any populations or services excluded from measures.**

FFY 2023 Data Quality Priorities (continued)

- **CMS encourages states to document how they calculated a state- or program-level rate across multiple reporting units:**
 - If your state or program-level rate combines data across multiple reporting entities, such as programs (Medicaid or CHIP), payment systems (fee-for-service, primary care case management, managed care, or integrated care model) or provider, enter Yes to the question “Did you combine rates from multiple reporting units (e.g., health plans, delivery systems, programs) to create a State-Level rate?”
 - If your state answers ‘Yes’ to this question, select the weighting method that describes how your state combined data across reporting entities.

Combined Rate(s) from Multiple Reporting Units

Did you combine rates from multiple reporting units (e.g. health plans, delivery systems, programs) to create a State-Level rate?
For additional information refer to the [State-Level Rate Brief](#).

- Yes, we combined rates from multiple reporting units to create a State-Level rate.
 - The rates are not weighted based on the size of the measure-eligible population. All reporting units are given equal weights when calculating a State-Level rate.
 - The rates are weighted based on the size of the measure-eligible population for each reporting unit.
 - The rates are weighted based on another weighting factor.
- No, we did not combine rates from multiple reporting units to create a State-Level rate.

FFY 2023 Data Quality Priorities (continued)

- If reporting units used different methodologies (for example, several MCOs used administrative data only and several used the hybrid method), note the number of reporting units using each methodology in the space provided.

For each data source selected above, describe which reporting entities used each data source (e.g., health plans, FFS). If the data source differed across health plans or delivery systems, identify the number of plans or delivery systems that used each data source.

Five health plans used administrative data only; 2 health plans used the hybrid method.

Additional guidance on calculating a state-level or health home program-level rate is available at <https://www.medicare.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>.

FFY 2023 Data Quality Priorities (continued)

- Document any deviations from the Core Set specifications, including age groups, data sources, methods, and missing rates.
- Document any changes in populations, denominators, or rates between reporting years.
- More data quality tips are available in [Appendix B](#).

Data Quality Review Process

The State Data Preview Process

- The preview process provides states the opportunity to review all data that may be used for public reporting.
- After states submit their data in the QMR system, CMS and the TA team will send a state data preview to the state QMR users.
 - ★ – **TIP:** Make sure all team members who should receive the preview are registered QMR users.
- The preview will be sent as an email attachment through a designated State Data Preview e-mail address: CoreSetDataPreview@mathematica-mpr.com.
- Potential data quality issues are flagged automatically in the preview reports. States should review flagged data carefully and make any needed updates in the QMR system.

The State Data Preview Process (continued)

- **All changes must be made in the QMR system.**
 - Any additional context provided by the state (such as explanations of excluded populations or deviations) must be entered in the QMR system.
- **If a state communicates that they have reviewed and made updates to their data, a new state preview will be generated and shared with the state QMR users and additional state Medicaid and CHIP leadership.**

Automation of State-Specific Comments (SSCs)

- **SSCs summarize important contextual information about a state's Core Set data.**
- **SSCs accompany the data in publicly-available, Core Set-related analytic products, including the Measure-Specific Tables, Quality Measures Dataset, and the Scorecard (for applicable measures).**
- **The SSCs are automated based on information states report in various fields in the QMR system.**
- **SSCs include information about delivery systems, denominators, populations, data sources, deviations, validation of data, and other contextual information entered by states in the QMR system.**
 - Example 1: Rate includes managed care population (5 MCOs).
 - Example 2: Rates include managed care population (8 MCOs). Denominator is the sample size; measure-eligible population is 3,345. Rates were audited or validated.
- **The state data preview will include the automated SSCs. States should review the SSCs carefully for clarity and accuracy.**
- **SSCs cannot exceed 1,000 characters.**

Completing Text Fields Used in the SSCs

- There is now an indicator for you to see which text fields in QMR will feed into your SSCs.

< FFY 2023 BCS-AD - Breast Cancer Screening Save Print

Submitted about 1 month ago

Data Source
If reporting entities (e.g., health plans) used different data sources, please select all applicable data sources used below.

Administrative Data

What is the Administrative Data Source?

Medicaid Management Information System (MMIS)

Administrative Data Other

Describe the Data source (text in this field is included in publicly-reported state-specific comments):

Completing Text Fields Used in the SSCs (continued)

Do:

- ✓ **Briefly summarize contextual information in the “Additional Notes/Comments” field that could be helpful in interpreting your state’s data, such as:**
 - “The ages 18 to 64 rate includes data for individuals age 18 and older.”
 - “The state used only paid claims.”
 - “The state included a state-specific modifier.”
- ✓ **Use complete sentences.**
- ✓ **Use consistent language across measures, as applicable.**
- ✓ **Only include context that is relevant to the QMR field.**

Don't:

- ✗ **Include non-alphanumeric characters (such as symbols), undefined acronyms, health plan / contractor names, and special formatting (such as bullets).**
- ✗ **Repeat information in multiple fields. For example, do not repeat the same information in the Deviations and Additional Notes fields, as this will result in duplication in the SSCs.**
- ✗ **Include notes that a state adhered to specifications (only include notes about deviations).**

TA for the State Data Preview and SSCs

- An ***updated*** resource to support the state data preview process is available at <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetReportingGuidance.pdf>. This resource:
 - Provides an overview of the data preview process, including instructions for updating the QMR system
 - Maps the QMR system fields to the SSCs and includes examples of how the SSCs are generated
 - Includes guidance for how to update the SSCs by updating information in the QMR system
- Contact the TA team at CoreSetDataPreview@mathematica-mpr.com to ask questions about your state data preview or to set up a meeting with the TA team.

Reporting Stratified Core Set Data in the QMR System

Why Stratify Core Set Data?

- **Collecting stratified data aligns with CMS's goals to advance health equity.**
- **Aggregate data at the state or program-level may mask important differences among subpopulations.**
- **Stratifying quality measure data can help CMS and states determine where to focus quality improvement initiatives and priorities.**

Changes to the Stratification Categories in the QMR System

CMS updated the stratification categories and subcategories for FFY 2023 reporting, including:

- **Removed Primary Language, Disability Status, and Adult Eligibility Group**
 - CMS may consider adding back Primary Language and Disability Status for future reporting years when additional reporting guidance is available.
- **Added subcategories for Two or More Races and Some Other Race in the Race category**
- **Added Another Sex as a subcategory in the Sex category**
- **Added a Missing or Not Reported option to all categories**

Stratification Categories in the QMR System (Part 1)

The QMR system includes the following stratification categories under the “Optional Measure Stratification (OMS)” section:

- **Race**

- American Indian or Alaska Native
- Asian*
 - Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian; Another subcategory
- Black or African American
- Native Hawaiian or Other Pacific Islander*
 - Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Islander; Another subcategory
- White
- Two or More Races
- Some Other Race
- Missing or Not Reported
- Another Race

- **Ethnicity**

- Not of Hispanic, Latino/a, or Spanish origin
- Hispanic, Latino/a, or Spanish origin*
 - Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin; Another subcategory
- Missing or Not Reported
- Another Ethnicity

* This category can be reported in the aggregate or disaggregated by the categories included on the slide.

Stratification Categories in the QMR System (Part 2)

- **Sex**
 - Male
 - Female
 - Missing or Not Reported
 - Another Sex
- **Geography**
 - Urban
 - Rural
 - Missing or Not Reported
 - Another Geography

Adding Stratification Categories

- A state can add additional categories into the stratification section.
- For example, if your state uses Frontier or any additional geographical category, you can add that under “Additional Geography”.

< FFY 2023 WCV-CH - Child and Adolescent Well-Care Visits Save Print

Geography

Urban

Rural

Missing or not reported

Additional Geography

Define the Additional Geography

Frontier

Total (Ages 3 to 21)

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>

+ Add Another Sub-Category

+ Add Another Geography

Rates Available for Stratification in the QMR System

- To reduce reporting burden and to align with measure steward recommendations, not all rates that exist in the Performance Measure (PM) section will appear in the OMS section.
 - For example, for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) measure:
 - The PM section includes rates for Ages 1 to 11, Ages 12 to 17, and Total (Ages 1 to 17)
 - The OMS section includes only the Total (Ages 1 to 17) rate.
- **Updated** guidance on reporting stratified rates in the QMR system, including which measures have fewer rates in the OMS section than in the PM section, is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf>.

QMR System 2023 Training Points

Landing Page

- 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.

QUALITY MEASURE REPORTING Logout

Core Set Measures

QMR FFY 2023 Child, Adult, and Health Home Core Set reporting
The QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Set reporting through December 31, 2023. States can view FFY 2021 and FFY 2022 data but any changes made to that data will not be included in public reporting.

FFY 2023 Core Set Measures Reporting

Reporting Year: 2023 Core Set

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	:

Need to report on Child data?
[Add Child Core Set](#)

Need to report on Health Home data?
[Add Health Home Core Set](#)

Only one group of Adult Core Set Measures can be submitted per FFY

Landing Page (continued)

- The landing page will now default to FFY 2023 reporting.

The screenshot shows the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout' link. Below the header is a dark blue bar with the text 'Core Set Measures'. The main content area features a light blue information box with an 'i' icon and the text: 'QMR FFY 2023 Child, Adult, and Health Home Core Set reporting. The QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Set reporting through December 31, 2023. States can view FFY 2021 and FFY 2022 data but any changes made to that data will not be included in public reporting.' Below this is the main heading 'FFY 2023 Core Set Measures Reporting' and a 'Reporting Year' dropdown menu set to '2023 Core Set'. A red oval highlights the heading and the dropdown menu. Below the heading is the instruction: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.' A table with columns 'Core Set Name', 'Type', 'Status', and 'Core Set Actions' is shown. The first row is 'Adult Core Set Measures' with a blue 'Adult' tag, 'In Progress' status, and '1 of 34 complete'. Below the table are two buttons: 'Add Child Core Set +' and 'Add Health Home Core Set +'. To the right of these buttons is the text: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

Landing Page (continued)

- You will also see a banner across the top of your screen with important updates. It currently provides guidance that FFY 2023 reporting is open and runs through December 31, 2023.

QUALITY MEASURE REPORTING Logout

Core Set Measures

QMR FFY 2023 Child, Adult, and Health Home Core Set reporting
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FFY 2023 Core Set Measures Reporting

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Reporting Year
2023 Core Set

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	:

Need to report on Child data?

[Add Child Core Set](#)

Need to report on Health Home data?

[Add Health Home Core Set](#)

Only one group of Adult Core Set Measures can be submitted per FFY

Landing Page (continued)

- You can toggle to previous reporting years to view, download, or edit your data. Note that any edits made to FFYs 2021 and 2022 at this point will not be used for public reporting or data products.

QUALITY MEASURE REPORTING Logout

Core Set Measures

QMR FFY 2023 Child, Adult, and Health Home Core Set reporting
The QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Set reporting through December 31, 2023. States can view FFY 2021 and FFY 2022 data but any changes made to that data will not be included in public reporting.

FFY 2023 Core Set Measures Reporting

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Reporting Year
2023 Core Set

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	⋮

Need to report on Child data?
[Add Child Core Set +](#)

Need to report on Health Home data?
[Add Health Home Core Set +](#)

Only one group of Adult Core Set Measures can be submitted per FFY

Adult Core Set

- The Adult Core Set is defaulted on the landing page.
- To report on the Child or Health Home measures, add the Child and/or Health Home Core Sets.

The screenshot displays the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout' link. Below the header is a dark blue bar with the text 'Core Set Measures'. The main content area features a light blue informational box with an information icon and the text: 'QMR FFY 2023 Child, Adult, and Health Home Core Set reporting. The QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Set reporting through December 31, 2023. States can view FFY 2021 and FFY 2022 data but any changes made to that data will not be included in public reporting.'

Below the informational box is the section 'FFY 2023 Core Set Measures Reporting'. To the right of this section is a 'Reporting Year' dropdown menu set to '2023 Core Set'. Below this is a note: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.'

A table lists the core set measures:

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	:

Below the table are two buttons: 'Add Child Core Set +' and 'Add Health Home Core Set +'. To the right of these buttons is a note: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

Child Core Set Reporting

- To add a Child Core Set report, you should click the *Add Child Core Set* button.

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Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	:

At the bottom, there are two buttons: 'Add Child Core Set +' (circled in red) and 'Add Health Home Core Set +'. A note on the right states: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

Child Core Set Reporting (continued)

- 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/territory and click *Create* to populate your reporting options on the home page.
 - If you plan to report Medicaid and CHIP data separately for any measures, you should add separate Core Set reports.

QUALITY MEASURE REPORTING

< FFY 2023 Add Child Core Set

Child Core Set Details

Complete the details below and when finished create the additional Child Core Set report(s).

1. How are you reporting Child Core Set measures?

Reporting Medicaid and CHIP measures in separate Core Sets

Reporting Medicaid and CHIP measures in combined Core Sets

2. Finish to create the Child Core Set report(s)

Remember to complete all Child Core Set Questions and Child Core Set Measures to submit for CMS review.

Create **Cancel**

Child Core Set Reporting (continued)

- Within each measure, you will have the opportunity to indicate that your denominator includes Medicaid only, CHIP only, or both Medicaid and CHIP populations.

< FFY 2023 ADD-CH - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Definition of Population Included in the Measure

Definition of denominator
Please select all populations that are included.

Denominator includes CHIP (Title XXI) population only

Denominator includes Medicaid (Title XIX) population only

Denominator includes CHIP and Medicaid (Title XIX)

Child Core Set Reporting (continued)

- 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.

QUALITY MEASURE REPORTING Logout

Core Set Measures

QMR FFY 2023 Child, Adult, and Health Home Core Set reporting
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FFY 2023 Core Set Measures Reporting Reporting Year
2023 Core Set

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	⋮
Child Core Set Measures: Medicaid	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: CHIP	Child	In Progress 2 of 27 complete	⋮

Child Core Set Reporting (continued)

- Note that if you report only Medicaid or only CHIP, you should indicate that you are reporting separately.
- If you submit only Medicaid or CHIP data, simply do not submit the other report. If you delete either the Medicaid or the CHIP report, it will delete both reports and you will lose your work!

QUALITY MEASURE REPORTING Logout

Core Set Measures

QMR FFY 2023 Child, Adult, and Health Home Core Set reporting
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FFY 2023 Core Set Measures Reporting Reporting Year: 2023 Core Set

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	⋮
Child Core Set Measures: Medicaid	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: CHIP	Child	In Progress 2 of 27 complete	⋮

Health Home Core Set

- When adding a Health Home Core Set report, you will be brought to a page where you can select which program you are reporting on.

The screenshot shows the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout' link. Below the header is a dark blue bar with the text 'Core Set Measures'. The main content area features a light blue informational box with an information icon and the text: 'QMR FFY 2023 Child, Adult, and Health Home Core Set reporting. The QMR system is now open for FFY 2023 Child, Adult, and Health Home Core Set reporting through December 31, 2023. States can view FFY 2021 and FFY 2022 data but any changes made to that data will not be included in public reporting.' Below this is the section 'FFY 2023 Core Set Measures Reporting' with a 'Reporting Year' dropdown menu set to '2023 Core Set'. A note states: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.' A table with columns 'Core Set Name', 'Type', 'Status', and 'Core Set Actions' is shown. The first row is 'Adult Core Set Measures' with 'Adult' in the Type column, 'In Progress' and '1 of 34 complete' in the Status column, and a vertical ellipsis in the Core Set Actions column. Below the table are two buttons: 'Add Child Core Set +' and 'Add Health Home Core Set +'. The 'Add Health Home Core Set +' button is circled in red. To the right of these buttons is a note: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

Health Home Core Set (continued)

- Select your program and click *Create* to populate your reporting options on the home page. For states with multiple programs, each program must be added individually.

QUALITY MEASURE REPORTING

< FFY 2023 Add Health Home Core Set

Health Home Core Set Details

Complete the details below and when finished create the additional Health Home Core Set package. You can submit one Health Home Core set for each Health Home program that requires reporting.

1. Select the Health Home program you are reporting on

Select option

Select option

2. DC 18-0006 - Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

DC 18-0007 - Chronic Conditions

Remember to complete all Health Home Core Set Questions and Health Home Core Set Measures to submit for CMS review.

Create Cancel

Nonreportable Measures

- You may notice on the landing page that some measures already show as being complete. NCIDDS-AD, LBW-CH, and LRCD-CH are not entered by states in the QMR system because these measures use alternate data sources.

Core Set Measures

QMR FFY 2023 Child, Adult, and Health Home Core Set reporting
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FFY 2023 Core Set Measures Reporting

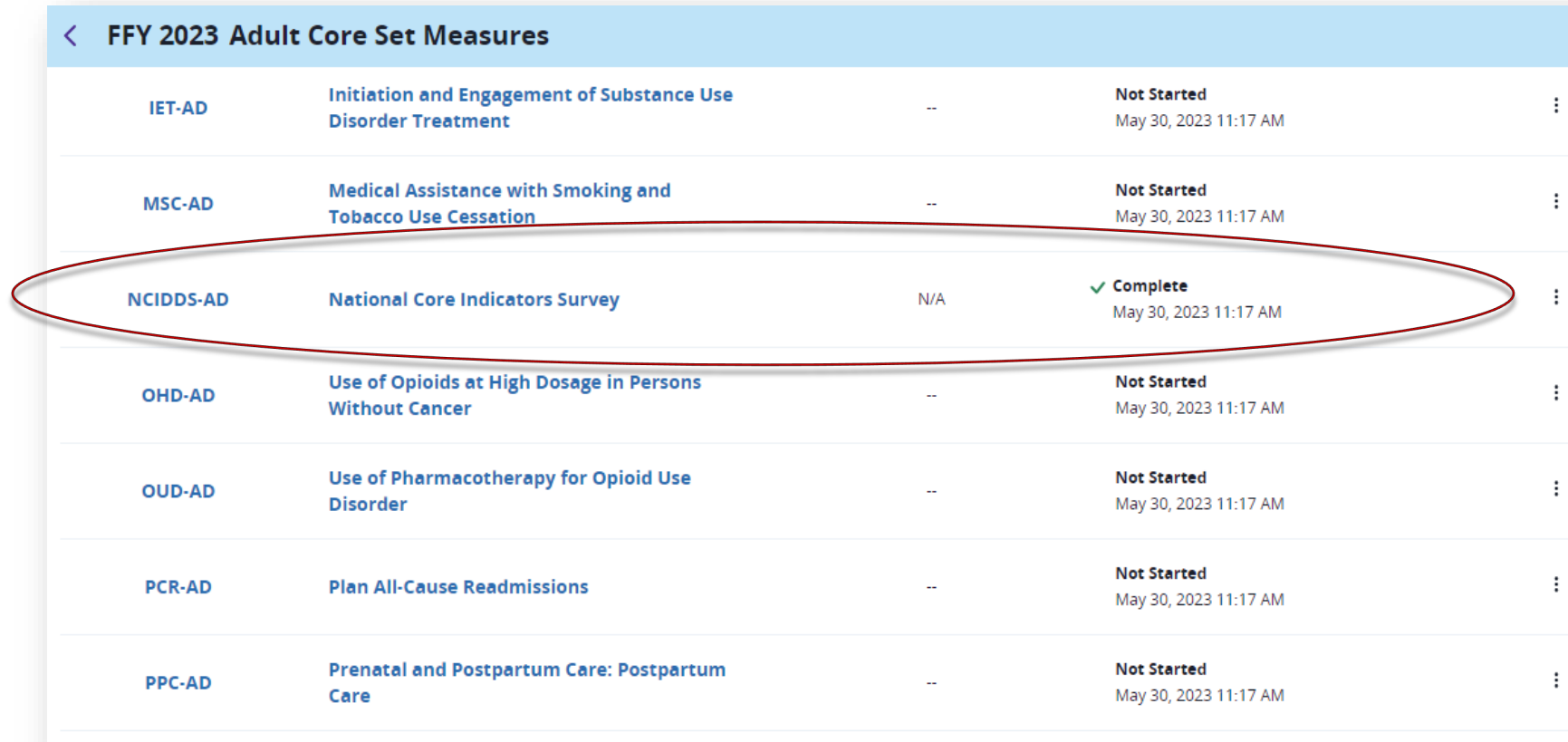
Reporting Year: 2023 Core Set

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 34 complete	⋮
Child Core Set Measures: Medicaid	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: CHIP	Child	In Progress 2 of 27 complete	⋮

Nonreportable Measures (continued)

- If you click into an Adult or Child Core Set report, you will notice that these measures are automatically marked as Complete.



FFY 2023 Adult Core Set Measures				
IET-AD	Initiation and Engagement of Substance Use Disorder Treatment	--	Not Started May 30, 2023 11:17 AM	⋮
MSC-AD	Medical Assistance with Smoking and Tobacco Use Cessation	--	Not Started May 30, 2023 11:17 AM	⋮
NCIDDS-AD	National Core Indicators Survey	N/A	✓ Complete May 30, 2023 11:17 AM	⋮
OHD-AD	Use of Opioids at High Dosage in Persons Without Cancer	--	Not Started May 30, 2023 11:17 AM	⋮
ODU-AD	Use of Pharmacotherapy for Opioid Use Disorder	--	Not Started May 30, 2023 11:17 AM	⋮
PCR-AD	Plan All-Cause Readmissions	--	Not Started May 30, 2023 11:17 AM	⋮
PPC-AD	Prenatal and Postpartum Care: Postpartum Care	--	Not Started May 30, 2023 11:17 AM	⋮

Nonreportable Measures (continued)

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

QUALITY MEASURE REPORTING Logout

< **FFY 2023 NCIDDS-AD - National Core Indicators Survey** Print

For technical questions regarding use of this application, please reach out to MDCT_Help@cms.hhs.gov. For content-related questions about measure specifications, or what information to enter in each field, please reach out to MACQualityTA@cms.hhs.gov.

Measure Details

Measure Title
NCIDDS-AD - National Core Indicators Survey

Performance Measure
The National Core Indicators® - Intellectual and Development Disabilities (NCI-DD®) provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports of individuals with intellectual and/or developmental disabilities (I/DD) and their families. NCI-DD includes an in-person survey, family surveys for parents and guardians of adults and children who receive I/DD supports, and a staff stability survey. For the purpose of the Adult Core Set, only data from the NCI-DD in-person survey will be reported.

To reduce state burden and streamline reporting, CMS will calculate this measure for states using data that states submitted to NASDDDS/HSRI (the NCI National Team) through the Online Data Entry System (ODESA). CMS will work with the NCI National Team to obtain data for all states that gave permission for data to be released to CMS for the purpose of Adult Core Set reporting.

States are not asked to report data for this measure for FFY 2023 Core Set reporting.

[Back To Core Set Measures](#)

Qualifier Questions

- 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 Admin questions. Click on the link to fill these out.

QUALITY MEASURE REPORTING Logout

< FFY 2023 Adult Core Set Measures

Core Set Qualifiers
[Adult Core Set Questions](#)
Incomplete (Qualifier Questions must be complete to submit the Core Set)

Total Measures Completed 1 of 34

[Submit Core Set](#)
Complete all Adult Core Set Questions and Adult Core Set Measures to submit FFY 2023

Abbreviation	Measure	Reporting FFY 2023	Status	Measure Actions
AAB-AD	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 And Older	--	Not Started May 30, 2023 11:17 AM	⋮
AMM-AD	Antidepressant Medication Management	--	Not Started May 30, 2023 11:17 AM	⋮
AMR-AD	Asthma Medication Ratio: Ages 19 to 64	--	Not Started May 30, 2023 11:17 AM	⋮
BCS-AD	Breast Cancer Screening	--	Not Started May 30, 2023 11:17 AM	⋮
CBP-AD	Controlling High Blood Pressure	--	Not Started May 30, 2023 11:17 AM	⋮
CCP-AD	Contraceptive Care - Postpartum Women Ages 21 to 44	--	Not Started May 30, 2023 11:17 AM	⋮

Qualifier Questions (continued)

- When you are done filling out your information, 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.

< FFY 2023 Adult Core Set Qualifiers **Save** **Print**

+ Add Another

Total	0.0 %	0.0 %
-------	-------	-------

2. Audit or Validation of Measures
Were any of the Core Set measures audited or validated?

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

No, none of the Core Set measures have been audited or validated

3. External Contractor
Please indicate whether your state obtained assistance from one or more external contractors in collecting, calculating, and/or reporting Core Set data (optional).

Yes, we did obtain assistance from one or more external contractors in collecting, calculating, and/or reporting Core Set data.

No, we calculated all the measures internally.

Complete all Adult Core Set Questions and Adult Core Set Measures to submit to CMS
Complete all Adult Core Set Questions and Adult Core Set Measures to submit to CMS for review.

Validate Core Set Questions **Complete Core Set Questions**

Qualifier Questions (continued)

- The Health Home Qualifier questions now automatically sum the number of adults and children reported for a given program, and you can override this total, as necessary.

Health Home Core Set Qualifiers

For technical questions regarding use of this application, please reach out to MDCT_help@cms.hhs.gov. For content-related questions, such as about measure specifications or what information to enter into each field, please reach out to MACQualityTA@cms.hhs.gov.

The Health Home provision, authorized by section 2703 of the Affordable Care Act (section 1945 of the Social Security Act), provides an opportunity to build a person-centered care delivery model that focuses on improving outcomes and disease management for beneficiaries with chronic conditions. The Health Home core set of quality measures will be used to evaluate care across all state Health Home programs. Specifically, section 2703 requires Health Home providers to report health care quality measures in order to receive payment. The recommended Health Home core set will require reporting at the Health Home provider level which the state will collect and aggregate at the Health Home program level.

1. Administrative Questions

What is the total annual number of **adults** in the Health Home program?

The minimum age of an **adult** in the program is:

What is the total annual number of **children** in the Health Home program?

The maximum age of a **child** in the program is:

What is the total annual number of **individuals** in the Health Home program?

HEDIS Measurement Year

- If you are reporting on a HEDIS measure and choose NCQA/HEDIS but forget to specify a HEDIS year, you will receive a warning reminding you to select the appropriate HEDIS measurement year upon validating your measure.

< FFY 2023 AMM-AD - Antidepressant Medication Management Save Print
Saved 20 minutes ago

Measurement Specification

National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)

Specify the version of HEDIS measurement year used:

Select option

Other

Complete the Measure

Please select "Validate Measure" to check any error present on the measure prior to completion

Complete the measure and mark it for submission to CMS for review

Validate Measure

Complete Measure

Clear Data

Measure Specification Error
Version of HEDIS measurement year used must be specified

Data Source

- **Electronic Clinical Data Systems (ECDS) is now an available Data Source in QMR for measures specified in HEDIS for reporting using the ECDS reporting standard.**

FFY 2023 BCS-AD - Breast Cancer Screening

Save Print

Submitted 4 minutes ago

Data Source

If reporting entities (e.g., health plans) used different data sources, please select all applicable data sources used below.

Administrative Data

Electronic Clinical Data Systems (ECDS)

Describe the data source (state-specific comment):

Electronic Health Records

Other Data Source

Data Source (continued)

- For CIS-CH and IMA-CH, the Immunization Registry data source is now called “Immunization Registry/Immunization Information Systems (IIS)”.

< FFY 2023 CIS-CH - Childhood Immunization Status Save Print
Saved 17 days ago

Data Source
If reporting entities (e.g., health plans) used different data sources, please select all applicable data sources used below.

Administrative Data

What is the Administrative Data Source?

Medicaid Management Information System (MMIS)

Immunization Registry/Immunization Information System (IIS)

Administrative Data Other

Hybrid (Administrative and Medical Records Data)

What is the Administrative Data Source?

Medicaid Management Information System (MMIS)

Immunization Registry/Immunization Information System (IIS)

Administrative Data Other

What is the Medical Records Data Source?

Electronic Health Record (EHR) Data

Paper

Electronic Clinical Data Systems (ECDS)

Electronic Health Records

Other Data Source

Date Range

- **When indicating the date range for your measure data, you will be asked if your state adhered to Core Set specifications in defining the measurement period for calculating the measure.**
 - A resource will be available in the QMR system that specifies the measurement period for each measure, according to Core Set specifications.
- **If you select “yes,” you can continue to the rest of the form.**

Date Range

Did your state adhere to Core Set specifications in defining the measurement period for calculating this measure?

Information for each measure is available in the [Measurement Period Table](#) resource.

- Yes, our state adhered to Core Set specifications in defining the measurement period for calculating this measure.
- No, our state used a different measurement period.

Date Range (continued)

- **If you select “no,” you should use the calendar functionality or type in the four-digit calendar year (CY). Remember to update the year before you select a month.**
 - Note that the calendar functionality now defaults to the appropriate year, which for FFY 2023 reporting is generally CY 2022.

Date Range

Did your state adhere to Core Set specifications in defining the measurement period for calculating this measure?

Information for each measure is available in the [Measurement Period Table](#) resource.

Yes, our state adhered to Core Set specifications in defining the measurement period for calculating this measure.

No, our state used a different measurement period.

For all measures, states should report start and end dates to calculate the denominator. For some measures, the specifications require a “look-back period” to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should

<	2022	>
Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sep
Oct	Nov	Dec

Start Date Month:

End Date Month:

Month: /

Date Range (continued)

- If you accidentally type in a two-digit year, you will be reminded that you need to provide a four-digit year.

Date Range

Did your state adhere to Core Set specifications in defining the measurement period for calculating this measure?

Yes, our state adhered to Core Set specifications in defining the measurement period for calculating this measure.


No, our state used a different measurement period.

For all measures, states should report start and end dates to calculate the denominator. For some measures, the specifications require a “look-back period” before or after the measurement period to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should not include the “look-back period.”

More information about the Start and End Date for each measure is available in the [Measurement Period Table](#) resource.


Start Date

Month: Year (yyyy):

3 / 23 

End Date

Month: Year (yyyy):

/ 

! Date Range Error
Please enter start date year in YYYY-format

Hybrid Measures

- For measures where Hybrid is an available method, 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 using the Hybrid method, please fill these out.

< FFY 2023 CIS-CH - Childhood Immunization Status Save Print

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

What is the size of the measure-eligible population?

Specify the sample size:

CMS recognizes that social distancing will make onsite medical chart reviews inadvisable during the COVID-19 pandemic. As such, hybrid measures that rely on such techniques will be particularly challenging during this time. While reporting of the Core Sets is voluntary, CMS encourages states that can collect information safely to continue reporting the measures they have reported in the past.

Describe any COVID-related difficulties encountered while collecting this data:

HEDIS Age Ranges

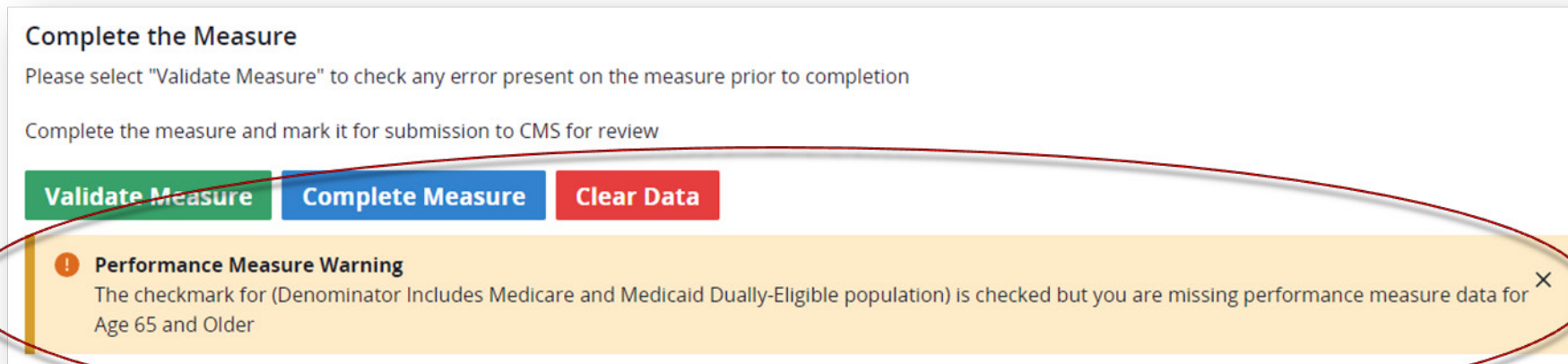
- For some measures, the Core Set and HEDIS age ranges differ because HEDIS includes a single rate for Age 18 and older and the Core Set includes rates for Ages 18 to 64 and Age 65 and older. If you are using HEDIS age ranges and cannot disaggregate data for Age 65 and older, you should enter your full population in the “Ages 18 to 64” boxes. Include a note in the Additional Notes/Comments field, such as “The ages 18 to 64 rate includes data for individuals 18 and older.”

The screenshot shows a data entry interface for the measure 'Effective Acute Phase Treatment' under the heading 'FFY 2023 AMM-AD - Antidepressant Medication Management'. The form includes 'Save' and 'Print' buttons, and a 'Saved 4 minutes ago' indicator. The 'Effective Acute Phase Treatment' section has two rows: 'Ages 18 to 64' and 'Age 65 and older'. The 'Ages 18 to 64' row is circled in red and contains the following data: Numerator: 3933, Denominator: 39999, Rate: 9.8. The 'Age 65 and older' row is empty. Below this is the 'Effective Continuation Phase Treatment' section, which also has empty 'Ages 18 to 64' fields. An 'Additional Notes/Comments on the measure (optional)' field is present, containing the text: 'The ages 18 to 64 rate includes data for individuals 18 and older.'

Example:
“The ages 18 to 64 rate includes data for individuals 18 and older.”

Medicare and Medicaid Dually-Eligible Beneficiaries

- If you select “Denominator includes Medicare and Medicaid Dually-Eligible population” and you do not include data in the Age 65 and Older rate set, you will receive a warning that you are missing data for the Age 65 and Older population.
- If this is accurate for your state, bypass the warning by hitting the *Complete Measure* button.



Complete the Measure

Please select "Validate Measure" to check any error present on the measure prior to completion

Complete the measure and mark it for submission to CMS for review

Validate Measure **Complete Measure** **Clear Data**

Performance Measure Warning
The checkmark for (Denominator Includes Medicare and Medicaid Dually-Eligible population) is checked but you are missing performance measure data for Age 65 and Older

The screenshot shows a dialog box titled "Complete the Measure". It contains instructions to "Validate Measure" or "Complete Measure" before submission to CMS. Below the instructions are three buttons: "Validate Measure" (green), "Complete Measure" (blue), and "Clear Data" (red). A yellow warning banner is visible at the bottom, titled "Performance Measure Warning", which states that the "Denominator Includes Medicare and Medicaid Dually-Eligible population" checkmark is present but performance data is missing for the "Age 65 and Older" group. A red oval highlights the warning banner and the "Complete Measure" button.

Medicare and Medicaid Dually-Eligible Beneficiaries (continued)

- If you include data in the Age 65 and Older rates but do not select “Denominator includes Medicare and Medicaid Dually-Eligible population”, you will receive a warning that you have not included the Medicare and Medicaid Dually-Eligible population.
- If this is accurate for your state, bypass the warning by hitting the *Complete Measure* button.

Complete the Measure

Please select "Validate Measure" to check any error present on the measure prior to completion

Complete the measure and mark it for submission to CMS for review

Validate Measure **Complete Measure** **Clear Data**

! Performance Measure Warning
Information has been included in the Age 65 and Older Performance Measure but the checkmark for (Denominator Includes Medicare and Medicaid Dually-Eligible population) is missing

Multiple Rates

- 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 field on the bottom of the form.

FFY 2023 AMM-AD - Antidepressant Medication Management Save Print
Saved 4 minutes ago

Effective Acute Phase Treatment

Ages 18 to 64

Numerator	Denominator	Rate
<input type="text" value="3933"/>	<input type="text" value="39999"/>	<input type="text" value="9.8"/>

Age 65 and older

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>

Effective Continuation Phase Treatment

Ages 18 to 64

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>

Multiple Rates (continued)

- 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.

< FFY 2023 AMM-AD - Antidepressant Medication Management Save Print

Additional Notes/Comments on the measure (optional)
Please add any additional notes or comments on the measure not otherwise captured above (*text in this field is included in publicly-reported state-specific comments*):

Our contracts only require plans to collect the 30-day follow-up rate.

Example:
"Our contracts only require plans to collect the 30-day follow-up rate."

Multiple Rates (continued)

- For Health Home reporting, you should distinguish whether there are no Health Home enrollees that are measure compliant, or if there is no available data and your state is not reporting the measure or rate.
- If there are no Health Home enrollees that are measure compliant, enter zero in the numerator and/or denominator fields as appropriate.

< FFY 2023 IET-HH - Initiation and Engagement of Substance Use Disorder Treatment Save Print

Initiation of SUD Treatment: Alcohol Use Disorder

Ages 13 to 17

Numerator	Denominator	Rate
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

Multiple Rates (continued)

- **If there is no available data and you are not reporting the measure or rate, simply leave the fields blank rather than entering a zero.**
 - You should also explain why you are not reporting the omitted rates in the Additional Notes/Comments field on the bottom of the form.

< FFY 2023 IET-HH - Initiation and Engagement of Substance Use Disorder Treatment Save Print

Initiation of SUD Treatment: Alcohol Use Disorder

Ages 13 to 17

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>

< FFY 2023 IET-HH - Initiation and Engagement of Substance Use Disorder Treatment Save Print

Additional Notes/Comments on the measure (optional)
Please add any additional notes or comments on the measure not otherwise captured above (text in this field is included in publicly-reported state-specific comments):

No data available for the 13-17 age range.

Auto-calculation

- **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.

< FFY 2023 AMM-AD - Antidepressant Medication Management

Save Print

✓ Saved about 16 hours ago

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

Effective Acute Phase Treatment

Ages 18 to 64

Numerator	Denominator	Rate
3933	39999	9.8

Auto-calculation (continued)

- 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.¹

< FFY 2023 CIS-CH - Childhood Immunization Status

Save Print

✓ Saved about 17 hours ago

Enter a number for the numerator and the denominator. Rate will auto-calculate:
Please review the auto-calculated rate and revise if needed.

DTaP

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	40

IPV

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	60

¹ Guidance on how to calculate a weighted state-level rate and enter it in the QMR system is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>.

Auto-calculation (continued)

- 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 the measure.

The screenshot shows a web interface for 'FFY 2023 CIS-CH - Childhood Immunization Status'. At the top right, there are 'Save' and 'Print' buttons, and a status indicator 'Saved less than a minute ago'. Below this, the heading 'Complete the Measure' is followed by instructions: 'Please select "Validate Measure" to check any error present on the measure prior to completion' and 'Complete the measure and mark it for submission to CMS for review'. Three buttons are visible: 'Validate Measure' (green), 'Complete Measure' (blue), and 'Clear Data' (red). Below the buttons, two red error messages are displayed, each with a red exclamation mark icon and a close button (X). The first error message reads: 'Performance Measure Error: Should not have partially filled NDR sets for DTaP.' The second error message reads: 'Performance Measure Error: Should not have partially filled NDR sets for IPV.' A red oval is drawn around these two error messages.

Other Performance Measure: Specifications

- If you are reporting Other Specifications and entering in multiple rates, the rate labels you create to describe the rates must be unique from one another. If they are not, you will receive a validation warning to remind you that each label needs to be distinct.

The screenshot shows a web interface for reporting performance measures. The title is "FFY 2023 BCS-AD - Breast Cancer Screening". There are "Save" and "Print" buttons at the top right, and a status indicator "Saved less than a minute ago".

The form contains two identical sections for entering rate specifications. Each section has a "Describe the Rate" field with the instruction "For example, specify the age groups and whether you are reporting on a certain indicator:". The first section has "40 to 64" entered. Below this is a field for "Enter a number for the numerator and the denominator. Rate will auto-calculate:" with "22" in the numerator and "44" in the denominator. A note says "Please review the auto-calculated rate and revise if needed." The second section has "40 to 64" entered, with empty numerator and denominator fields.

A red error message box is overlaid on the right side of the form, containing the text: "Other Performance Measure Error" and "Measure description must be unique." The error message is positioned over the second section of the form, which is also circled in red.

At the bottom left of the form is a "+ Add Another" button.

Deviations from Measure Specifications

- If you select “yes” when asked if your calculation of the measure deviates from the measure specification, you will now see one box to explain the deviations, so you do not have to repeat the same text across multiple rates. Use concise language when describing deviations.

< FFY 2023 AMM-AD - Antidepressant Medication Management Save Print

Deviations from Measure Specifications

Did your calculation of the measure deviate from the measure specification in any way?
For example: deviation from measure specification might include different methodology, timeframe, or reported age groups.

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

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

No, the calculation of the measure does not deviate from the measure specification in any way.

Order of Operations

- **If you are reporting on a measure, make sure you complete the fields in the form in order. Many early fields determine what you see in later fields, such as the Performance Measure (PM) and Optional 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 PM section in its entirety before reporting stratified data in the OMS section so that all reported rate categories appear properly.

Validating Your Data

- 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.

< FFY 2023 CIS-CH - Childhood Immunization Status

Save Print

✓ Saved 17 minutes ago

Complete the Measure

Please select "Validate Measure" to check any error present on the measure prior to completion

Complete the measure and mark it for submission to CMS for review

Validate Measure Complete Measure Clear Data

Submitting Your Report

- When you have finished data entry for all measures and qualifying questions in a Core Set report (Adult, Child, or Health Home), please submit your report by using the *Submit* button in the upper right-hand corner of the report screen.

The screenshot displays the 'QUALITY MEASURE REPORTING' interface. At the top right is a 'Logout' link. Below the header is a navigation bar for 'FFY 2023 Adult Core Set Measures'. A summary box shows 'Core Set Qualifiers' with 'Adult Core Set Questions' marked as 'Complete' and 'Total Measures Completed' as '34 of 34'. A blue 'Submit Core Set' button is circled in red, with a tooltip that reads: 'Complete all Adult Core Set Questions and Adult Core Set Measures to submit FFY 2023'. Below this is a table of measures.

Abbreviation	Measure	Reporting FFY 2023	Status	Measure Actions
AAB-AD	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 And Older	--	✓ Complete Jul 27, 2023 5:13 PM	⋮
AMM-AD	Antidepressant Medication Management	Yes	✓ Complete Jul 27, 2023 5:13 PM	⋮
AMR-AD	Asthma Medication Ratio: Ages 19 to 64	--	✓ Complete Jul 27, 2023 5:13 PM	⋮
BCS-AD	Breast Cancer Screening	Yes	✓ Complete Jul 27, 2023 5:13 PM	⋮
CBP-AD	Controlling High Blood Pressure	Yes	✓ Complete Jul 27, 2023 5:13 PM	⋮

Reporting Resources

Core Set Reporting Resources

- **Links to reporting resources for the FFY 2023 Child, Adult, and Health Home Core Sets can be found on Medicaid.gov and in [Appendix C](#) in this slide deck. They include links to:**
 - Core Set Resource Pages
 - Core Set Measure Lists
 - Resource Manuals and Technical Specifications
 - Summary of Updates to the Resource Manual and Technical Specifications
 - Data Quality Checklist
 - Measurement Period Tables
 - Calculating State-Level Rates using Data from Multiple Reporting Units
 - Allowance of Telehealth in Core Set Measure Specifications
 - Measure-Specific Resources

Technical Assistance for FFY 2023 Core Set Reporting

- For technical questions regarding use of the QMR system, please reach out to MDCT_help@cms.hhs.gov.
- For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the TA Mailbox at MACQualityTA@cms.hhs.gov.
- For one-on-one TA on using immunization information system data as a supplemental data source for CIS-CH and IMA-CH measures, contact MACQualityTA@cms.hhs.gov.
- Contact the TA team at CoreSetDataPreview@mathematica-mpr.com to ask questions about your state data preview or to set up a meeting with the TA team.

Reporting Resources: Index of Appendices

Appendix	Topic
Appendix A	FFY 2020 Reporting Products
Appendix B	Tips for Improving Core Set Data Quality in the QMR System
Appendix C	TA Resources
Appendix D	Acronym List
Appendix E	Additional QMR Tips and Tricks
Appendix F	FFY 2023 Child, Adult, and Health Home Core Set Updates

Thank you for your efforts to report FFY 2023 Child, Adult, and Health Home Core Sets data!

Technical questions: MDCT_help@cms.hhs.gov

Content questions: MACQualityTA@cms.hhs.gov

State preview questions: CoreSetDataPreview@mathematica-mpr.com

Questions?

Please use the Q&A feature.

Appendix A: FFY 2020 Reporting Products

Coming soon! FFY 2021 and FFY 2022 Products

FFY 2020 Child, Adult, and Health Home Core Set Data Products on Medicaid.gov

- **Overview of Child and Adult Core Set Reporting, FFY 2020**
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2020-core-set-reporting.pdf>
- **Health Home Measure Summaries**
 - <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-core-set-measure-summaries-ffy-2020.zip>
- **Measure-Specific Performance on the Core Set Measures, FFY 2020**
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-ffy-2020.zip>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-ffy-2020.zip>
 - Health Home: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2020-health-home-core-set-performance-ffy-2020.zip>
- **Health Quality Measures Dataset, FFY 2020**
 - Child: [https://data.medicaid.gov/dataset/fbbe1734-b448-4e5a-bc94-3f8688534741/data?conditions\[0\]\[resource\]=t&conditions\[0\]\[property\]=reporting_program&conditions\[0\]\[value\]=Child%20Core%20Set&conditions\[0\]\[operator\]=%3D](https://data.medicaid.gov/dataset/fbbe1734-b448-4e5a-bc94-3f8688534741/data?conditions[0][resource]=t&conditions[0][property]=reporting_program&conditions[0][value]=Child%20Core%20Set&conditions[0][operator]=%3D)
 - Adult: [https://data.medicaid.gov/dataset/fbbe1734-b448-4e5a-bc94-3f8688534741/data?conditions\[0\]\[resource\]=t&conditions\[0\]\[property\]=reporting_program&conditions\[0\]\[value\]=Adult%20Core%20Set&conditions\[0\]\[operator\]=%3D](https://data.medicaid.gov/dataset/fbbe1734-b448-4e5a-bc94-3f8688534741/data?conditions[0][resource]=t&conditions[0][property]=reporting_program&conditions[0][value]=Adult%20Core%20Set&conditions[0][operator]=%3D)
- **2021 Chart Packs, FFY 2020**
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-child-chart-pack.pdf>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf>
 - Health Home: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2021-health-home-core-set-chart-pack-ffy-2020.pdf>

Appendix B: Tips for Improving Core Set Data Quality in the QMR System

Data Completeness Reporting Tips: Overview

- **Report numerators, denominators, and rates for all rates in each measure for mandatory fields.**
- **Include all measure-eligible beneficiaries/health home enrollees in the denominator.**
 - If your state cannot include some beneficiaries/enrollees, please describe the missing population and the size of the excluded population.
- **If your state is unable to report a rate for a measure, please explain in the Additional Notes/Comments field.**

Data Completeness Reporting Tips: Reporting Denominators for Hybrid Method

To ensure that data are interpreted correctly and to provide context for your state's rate, please use the following rules to report measures that were calculated using the hybrid method.

Data element	How to report in QMR
Sample size used to calculate the state-level rate*	Report in both the Denominator field and in the "What is the sample size?" field
Measure-eligible population for the state-level rate	Report in the "What is the measure-eligible population?" field
If your state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	<ul style="list-style-type: none">• Select "Yes" in the "Combined Rates(s) from Multiple Reporting Units" section• Select the weighting method that was used to create the rate
If your state does not have information about the sample size or measure-eligible population	<ul style="list-style-type: none">• Enter 0 in the Denominator field• Explain why this information is unavailable in the "Additional Notes/Comments" field

* Program-level rate for Health Home Core Set reporting.

Data Completeness Reporting Tips: Hybrid Method Reporting Example

EXAMPLE: How to calculate a state-level rate* based on the weighted rates from three health plans that used the hybrid method

Reporting Unit	Sample Size	Measure-Eligible Population	Weight	Rate	Weighted Rate
Health Plan A	411	10,000	0.1176	80.0%	9.4%
Health Plan B	411	25,000	0.2941	60.1%	17.7%
Health Plan C	411	50,000	0.5882	70.1%	41.2%
State-Level Total	1,233	85,000	1.0000	n.a.	68.3%

- The state should report the total sample size of 1,233 in the “Denominator” field and a measure-eligible population of 85,000 in the “What is the measure-eligible population” field.
- The state should report that it combined rates across multiple reporting units and that “The rates are weighted based on the size of the measure-eligible population for each reporting unit.”
- To retain precision of final rates, reporting unit weights should be calculated to four decimal places. Reporting unit and state-level rates should be rounded to one decimal place.
- For weighted rates, you may need to override the auto-calculated rate in the QMR system!

* Program-level rate for Health Home Core Set reporting.

Data Completeness Reporting Tips: Reporting When State-Level Rate* Includes Mix of Administrative and Hybrid Data

To ensure that data are interpreted correctly and to provide context for your state’s rate, please use the following rules to report a state-level rate when some reporting entities used hybrid data while other reporting entities used administrative only data.

Data element	How to report in QMR
Measure-eligible population for the state-level rate	Report in both the Denominator field and the “What is the measure-eligible population?” field
Sample size used to calculate the state-level rate	Report in the “What is the sample size?” field
If your state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	<ul style="list-style-type: none"> • Select “Yes” in the “Combined Rates(s) from Multiple Reporting Units” section • Select the weighting method that was used to create the rate • Enter the sample size and measure-eligible population for each reporting unit in the “Additional Notes/Comments” field. • Indicate how many reporting entities used administrative-only data and how many used hybrid
If your state does not have information about the sample size or measure-eligible population	<ul style="list-style-type: none"> • Enter 0 in the Denominator field • Explain why this information is unavailable in the “Additional Notes/Comments” field

* Program-level rate for Health Home Core Set reporting.

Data Completeness Reporting Tips: State-Level Rate* Example with Administrative and Hybrid Data

EXAMPLE: How to calculate a state-level rate based on the weighted rates from 2 health plans that used the hybrid method and one health plan that used the administrative method

Reporting Unit	Method	Sample Size	Measure-Eligible Population	Weight	Rate	Weighted Rate
Health Plan A	Hybrid	411	10,000	0.1176	80.0%	9.4%
Health Plan B	Admin	N/A	25,000	0.2941	60.1%	17.7%
Health Plan C	Hybrid	411	50,000	0.5882	70.1%	41.2%
State-Level Total	Both Admin and Hybrid	N/A	85,000	1.0000	n.a.	68.3%

- Report the total measure-eligible population of 85,000 in the “Denominator” field and in the “What is the measure-eligible population” field.
- Report that state combined rates across multiple reporting units and that “The rates are weighted based on the size of the measure-eligible population for each reporting unit.”
- Select both Administrative and Hybrid in the data source field.
- For weighted rates, you may need to override the auto-calculated rate in the QMR system!

* Program-level rate for Health Home Core Set reporting.



Data Completeness Reporting Tips: Delivery System Data Fields

Two QMR system sections collect information on delivery systems.

1. Qualifying questions:

For the Child Core Set:

- Report the percentage of all children covered by each delivery system.
- Each column (program) should add up to 100 percent.
- If applicable, describe the “Other” delivery system in the provided text field.

Child Core Set example:

Delivery System	Medicaid (under age 21)	CHIP
Fee-for-service (FFS)	25%	18%
Primary Care Case Management (PCCM)	5%	0%
Managed Care	70%	82%
Integrated Care Model (ICM)	0%	0%
Other	0%	0%

Data Completeness Reporting Tips: Delivery System Data Fields (continued)

1. Qualifying questions (continued):

For the Adult Core Set:

- Report the percentage of all adults covered by each delivery system.
- Each column (age group) should add up to 100 percent.
- If applicable, describe the “Other” delivery system in the provided text field.

Adult Core Set example:

Delivery System	Ages 21 to 64	Age 65 and older
Fee-for-service (FFS)	30%	18%
Primary Care Case Management (PCCM)	0%	0%
Managed Care	70%	82%
Integrated Care Model (ICM)	0%	0%
Other	0%	0%

Data Completeness Reporting Tips: Delivery System Data Fields (continued)

1. Qualifying questions (continued):

For the Health Home Core Set:

- Report the percentage of all enrollees covered by each delivery system in the Health Home program.
- Each column (age group) should add up to 100 percent (or 0, if the age group is not applicable for the Health Home).
- If applicable, describe the “Other” delivery system in the provided text field.

Health Home Core Set example:

Delivery System	Ages 0 to 17	Ages 18 to 64	Age 65 and older
Fee-for-service (FFS)	15.0	50.0	100.0
Primary Care Case Management (PCCM)	–	–	–
Managed Care	85.0	50.0	–
Integrated Care Model (ICM)	–	–	–
Other	–	–	–

Data Completeness Reporting Tips: Delivery System Data Fields (continued)

- **Within each measure: Select all delivery systems in your state that serve the measure-eligible population.**
 - For each delivery system, indicate if the full measure-eligible population is included in the measure.
 - If the full measure-eligible population within the delivery system is not included, report the percentage included in the measure (please estimate if exact percentages are not available).
 - If none of the beneficiaries from the delivery system are included, enter 0.
 - If your state's data include managed care enrollees, report the number of managed care plans that are included and excluded (if applicable).

Data Completeness Reporting Tips: Continuous Enrollment for the Health Home Core Set

- **Continuous enrollment refers to the time frame during which a health home enrollee must be eligible for Medicaid benefits and enrolled in a health home program to be included in the measure denominator.**
 - The technical specifications provide the continuous enrollment requirement for each measure, if applicable.
 - States may report on a measure if the health home program's effective date does not meet the continuous enrollment requirement; however, please note the time period and method used to assess continuous enrollment for the measure in the Additional Notes/Comments field in the QMR system.

Data Accuracy and Consistency Reporting Tips

- **Reporting rates in the QMR system**
 - The QMR system calculates the rate based on the reported numerator and denominator.
 - For measures calculated using the administrative method only, the auto-calculation cannot be overridden.
 - For measures calculated using any other data source or a combination of data sources, the auto-calculated rate can be overridden. **This is especially important for weighted state-level rates.**
- **Confirm that data and notes are consistent within and across measures.**
 - For example, review data sources and notes for the two Child Core Set immunization measures (CIS-CH and IMA-CH) for consistency and accuracy.
- **Coordinate with staff in your state responsible for reporting the Child/Adult/Health Home Core Sets to ensure consistency in reporting for measures that are included in multiple Core Sets.**

Data Documentation Reporting Tips: Overview

- **Please report any deviations from Core Set specifications in the “Deviations from Measurement Specifications” section in the QMR system.**
 - For each deviation, please describe how your state’s methods differed from the Core Set specifications.
- **Please compare your state’s data with Core Set data reported previously and investigate large changes in denominators or rates for possible data quality or reporting issues.**
- **For measures with large changes, evaluate whether the difference could be explained by any of the following:**
 - Calculation or reporting error
 - Changes in (1) data sources or delivery systems, (2) quality improvement efforts, or (3) the population included in the measure
- **Include explanations of changes, where possible, to facilitate the data quality review process.**

Data Documentation Reporting Tips: Start Date and End Date Fields

- For each measure, report the measurement period used to calculate the denominator in the Start Date and End Date fields.
 - The Child, Adult, and Health Home Measurement Period tables show the denominator measurement period for each measure.
- For many measures, the denominator measurement period for FFY 2023 corresponds to calendar year 2022.
- Some measures also require states to review utilization or enrollment prior to this period to identify the measure-eligible population. States should not include these review periods in the Start Date and End Date fields.
- States should explain any deviations from the specified measurement period for the denominator or numerator.

Example of Reporting Start Date and End Date

- For FFY 2023, the ADD-CH measurement specifications instruct states to identify beneficiaries with an Attention-Deficit/Hyperactivity Disorder prescription dispensing date in the 12-month window beginning March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year (that is, March 1, 2021, to February 28, 2022).
- States will also need to review the beneficiary’s medication history from four months before the earliest prescription dispensing date to confirm the negative medication history.
- States that followed FFY 2023 Child Core Set specifications and based the denominator on prescriptions from March 2021 to February 2022 should enter “Yes” to the question “Did your state adhere to the Core Set specifications in defining the measurement period for calculating this measure?”

Appendix C: TA Resources

Resources for FFY 2023 Child Core Set Reporting

Resource	Medicaid.gov Link
FFY 2023 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html
FFY 2023 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-child-core-set.pdf
FFY 2023 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2023	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
FFY 2023 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2023 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2023-child-core-set-measurement-periods.pdf

Resources for FFY 2023 Adult Core Set Reporting

Resource	Medicaid.gov Link
FFY 2023 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html
FFY 2023 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-adult-core-set.pdf
FFY 2023 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2023	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
FFY 2023 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2023 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2023-04/ffy-2023-adult-core-set-measurement-periods.pdf

Resources for FFY 2023 Health Home Core Set Reporting

Resource	Medicaid.gov Link
FFY 2023 Core Set Resource Pages	https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html
FFY 2023 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2023-03/2023-health-home-core-set_0.pdf
FFY 2023 Resource Manual and Technical Specifications*	https://www.medicaid.gov/sites/default/files/2023-03/FFY-2023-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2023	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-change-summary-2023.pdf
FFY 2023 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2023 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2023-04/hh-core-set-measurement-period-table-2023.pdf
FFY 2023 Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-reporting-table.pdf

Additional Resources for FFY 2023 Child, Adult, and Health Home Core Set Reporting

Measure(s)	Resource
All	Updated: Calculating State-Level Rates Using Data from Multiple Reporting Units (https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf)
All	Updated: Allowance of Telehealth in the 2023 Child, Adult, and Health Home Core Set Measure Specifications (https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)
AIF-HH	Updated: Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the Health Home Core Set (https://www.medicaid.gov/state-resource-center/downloads/2023-aif-hh-core-set.pdf)
CBP-AD/HH	Updated: Calculating the Controlling High Blood Pressure (CBP) Measure in the 2023 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/CBP-Fact-Sheet.pdf)
COB-AD, FUA-CH/AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	Updated: Overview of Substance Use Disorder Measures in the 2023 Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf)
PCR-AD/HH	Updated: Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2023 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
CCP-CH/AD, CCW-CH/AD	Updated: SAS code for calculating contraceptive care measures (https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html)
CPU-AD	Coming soon: Calculating the Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) Measure in the 2023 Adult Core Set

Additional Resources for FFY 2023 Child, Adult, and Health Home Core Set Reporting (continued)

Measure(s)	Resource
PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, PQI92-HH	Free software for calculating the PQI measures (http://www.qualityindicators.ahrq.gov/Software/Default.aspx) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary/enrollee months (not per 100,000 beneficiaries/enrollees)</i>
SFM-CH	Updated: Calculating the Sealant Receipt on Permanent First Molars Measure in the Child Core Set (https://www.medicaid.gov/quality-of-care/downloads/sfm-ta-resource.pdf) Sample SAS code is available on request by emailing the TA mailbox at MACQualityTA@cms.hhs.gov .
COL-AD/HH	Updated: Calculating the Colorectal Cancer Screening Measure in the 2023 Adult and Health Home Core Sets (https://www.medicaid.gov/quality-of-care/downloads/COL-ta-resource.pdf)
OEV-CH, SFM-CH, TFL-CH	Updated: Overview of the Dental and Oral Health Services Measures in the 2023 Child Core Set (https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)

Appendix D: Acronym List

Acronym List

This list contains acronyms used in this slide deck and commonly mentioned throughout the Quality Measure Reporting (QMR) system.

Acronym	Term
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CMCS	Center for Medicaid and CHIP Services
CMS	Centers for Medicare & Medicaid Services
COVID	Coronavirus Disease
CY	Calendar Year
ECDS	Electronic Clinical Data Systems
FFY	Federal Fiscal Year
HEDIS	Healthcare Effectiveness Data and Information Set® <i>The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of NCQA.</i>
IIS	Immunization Information System

Acronym List (continued)

This list contains acronyms used in this slide deck and commonly mentioned throughout the Quality Measure Reporting (QMR) system.

Acronym	Term
MCO	Managed care organization
OMS	Optional Measure Stratification
PM	Performance Measure
QMR	Quality Measure Reporting System
RM	Resource Manual
SSC	State Specific Comment
TA	Technical Assistance

Appendix E: Additional QMR System Tips and Tricks


QMR System Training Points: Navigation Tips

- Internet Explorer (IE) is no longer a supported browser.
- Using your up/down arrows on your keyboard to navigate is not possible—it will change your response. Please use your mouse or the tab key to move through fields.
- Selection options:
 - Radio buttons are single select, whereas boxes are multi-select.

Select multiple

Fee-for-Service (FFS)

Is all of your measure-eligible Fee-for-Service (FFS) population included in this measure?

Yes, all of our measure-eligible Fee-for-Service (FFS) population are included in this measure.  *Select one*

No, not all of our measure-eligible Fee-for-Service (FFS) population are included in this measure.

Primary Care Case Management (PCCM)

Is all of your measure-eligible Primary Care Case Management (PCCM) population included in this measure?

Yes, all of our measure-eligible Primary Care Case Management (PCCM) population are included in this measure.

No, not all of our measure-eligible Primary Care Case Management (PCCM) population are included in this measure.

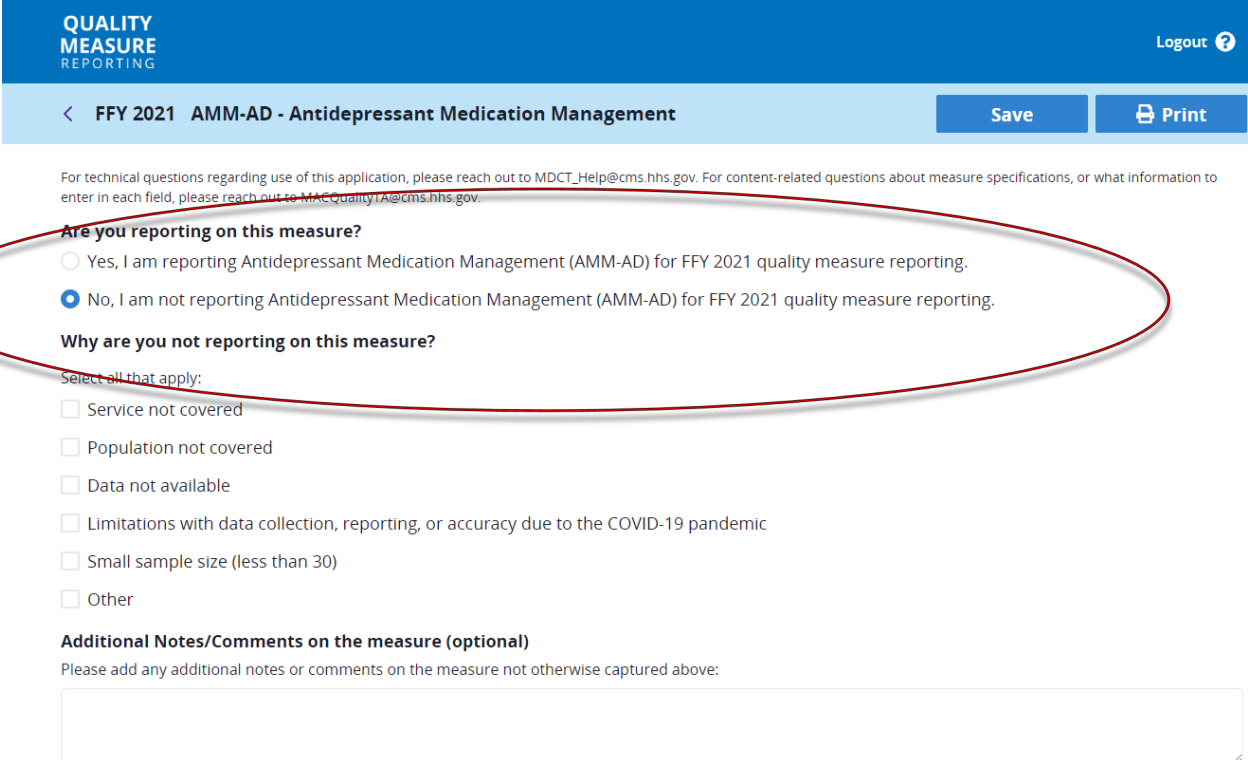
Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP)

Integrated Care Models (ICM)

Other

QMR System Training Points: Measure Reporting

- If you are not reporting on a measure, from the measure page you should click on that measure and indicate that you are not reporting. Reasons for not reporting are available, as well as an opportunity to add comments.



The screenshot shows the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout ?' link. Below the header, a light blue bar contains a back arrow, the text 'FFY 2021 AMM-AD - Antidepressant Medication Management', and 'Save' and 'Print' buttons. The main content area has a red oval highlighting the reporting options. It includes a question 'Are you reporting on this measure?' with two radio button options: 'Yes, I am reporting Antidepressant Medication Management (AMM-AD) for FFY 2021 quality measure reporting.' and 'No, I am not reporting Antidepressant Medication Management (AMM-AD) for FFY 2021 quality measure reporting.' The second option is selected. Below this is the question 'Why are you not reporting on this measure?' with the instruction 'Select all that apply:' and a list of checkboxes: 'Service not covered', 'Population not covered', 'Data not available', 'Limitations with data collection, reporting, or accuracy due to the COVID-19 pandemic', 'Small sample size (less than 30)', and 'Other'. At the bottom, there is a section for 'Additional Notes/Comments on the measure (optional)' with a text box and the instruction 'Please add any additional notes or comments on the measure not otherwise captured above:'.

QUALITY MEASURE REPORTING Logout ?

< FFY 2021 AMM-AD - Antidepressant Medication Management Save Print

For technical questions regarding use of this application, please reach out to MDCT_Help@cms.hhs.gov. For content-related questions about measure specifications, or what information to enter in each field, please reach out to MACQualityIA@cms.hhs.gov.

Are you reporting on this measure?

Yes, I am reporting Antidepressant Medication Management (AMM-AD) for FFY 2021 quality measure reporting.

No, I am not reporting Antidepressant Medication Management (AMM-AD) for FFY 2021 quality measure reporting.

Why are you not reporting on this measure?

Select all that apply:

Service not covered

Population not covered

Data not available

Limitations with data collection, reporting, or accuracy due to the COVID-19 pandemic

Small sample size (less than 30)

Other

Additional Notes/Comments on the measure (optional)

Please add any additional notes or comments on the measure not otherwise captured above:

Appendix F: FFY 2023 Child, Adult, and Health Home Core Sets Updates

Updates to the FFY 2023 Child, Adult, and Health Home Core Sets

Core Set(s)	Measures Added for FFY 2023
Child	<ul style="list-style-type: none"> Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) Lead Screening in Children (LSC-CH)
Adult	<ul style="list-style-type: none"> Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)
Health Home	<ul style="list-style-type: none"> No new measures
Measures Retired for FFY 2023	
Child	<ul style="list-style-type: none"> No retired measures
Adult	
Health Home	

Updates to the FFY 2023 Child and Adult Core Sets were announced in a November 2022 CMCS Informational Bulletin, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111522.pdf>. Updates to the FFY 2023 Health Home Core Set were announced in an email distributed to state-level health home contacts in December 2022.

For More Information

- For detailed information on updates to the Core Sets and specifications, please see the April 2023 Core Set Updates webinar available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ta-recording-ffy-2023.mp4>