

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

March 19, 2024

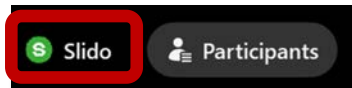
Presented by:

Katie Booth, Madelaine Spiering, Monica Lazaro Davadi, and Alli Steiner (Mathematica)

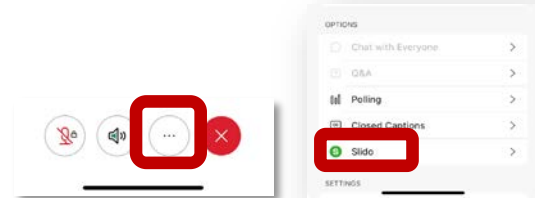
Gigi Raney (Centers for Medicare & Medicaid Services)

Technical Instructions

- All participants are muted upon entry.
- You may submit questions through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



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- To enable closed captioning, click on the “CC” icon in the lower-left corner of the screen. You can also click “Ctrl, Shift, A” on your keyboard



- The meeting will be recorded and posted on Medicaid.gov after the webinar.
- Please use the **Slido Q&A** feature if you encounter any technical issues.

Objectives

- Summarize key updates to the 2024 Child, Adult, and Health Home Core Sets
- Share resources to prepare for mandatory reporting:
 - Mandatory Reporting Readiness Tool
 - State Plan Amendment templates
- Review use of alternate data sources for FFY 2024
- Review reporting of stratified data for FFY 2024
- Summary of key FFY 2024 measure specification updates
- Describe FFY 2024 data quality priorities
- Share technical assistance (TA) resources available to states
- Preview timeline for FFY 2024 reporting

FFY 2024 Child, Adult, and Health Home Core Set Updates

Updates to the FFY 2024 Child, Adult, and Health Home Core Sets

Core Set	Measures Added for FFY 2024
Child	<ul style="list-style-type: none"> No added measures
Adult	
Health Home	
Measures Retired for FFY 2024	
Child	<ul style="list-style-type: none"> No retired measures
Adult	<ul style="list-style-type: none"> Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
Health Home	<ul style="list-style-type: none"> No retired measures

Updates to the FFY 2023 and 2024 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 and FFY 2024 Health Home Core Set were announced in an email distributed to state-level Health Home contacts in December 2022. Additional updates to the 2024 Child and Adult Core Sets were announced in an email distributed to state reporting contacts in August 2023.

Data Collection and Reporting Updates

- Reporting is mandatory beginning with FFY 2024 reporting for:
 - Child Core Set measures
 - Behavioral health measures on the Adult Core Set
 - Health Home measures for states with approved Health Home programs in operation by June 30, 2023
- States are required to adhere to technical specifications and reporting guidance issued by CMS.
- For additional CMS guidance about mandatory reporting, see :
 - Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting Final Rule: <https://www.federalregister.gov/d/2023-18669>.
 - Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets: https://www.medicaid.gov/sites/default/files/2023-12/sho23005_0.pdf.
 - Initial Core Set Mandatory Reporting Guidance for the Health Home Core Sets: <https://www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf>.

Data Collection and Reporting Updates (cont.)

- All measure-eligible beneficiaries must be included in state reporting.
 - This includes beneficiaries who moved in or out of a program (Medicaid or CHIP), who were enrolled in more than one managed care plan, or who changed delivery systems (fee-for-service, managed care, primary care case management) during the measurement period.
 - States must ensure that each eligible beneficiary is included in the measure calculation and there is no duplication or double counting.

Data Collection and Reporting Updates (cont.)

- Included guidance for reporting separate rates for Medicaid and CHIP populations:
 - For each Child and Adult Core Set¹ measure reported to CMS, states should calculate and report separate rates for the Medicaid population (inclusive of CHIP-funded Medicaid expansion) and the separate CHIP population (for states with a separate CHIP).
 - States must ensure that each measure-eligible Medicaid and CHIP beneficiary is included in the measure calculation and attributed to the appropriate program based on the measure eligibility criteria, and that there is no duplication or double counting.
 - The Medicaid and separate CHIP rates will be reported separately in the reporting system and used to create a combined state-level rate.
- **New TA Resource:** Measure-Specific Attribution Guidance for the FFY 2024 Core Set Measures:
<https://www.medicaid.gov/sites/default/files/2024-02/core-set-medicaid-chip-attribution.pdf>.

¹ Reporting of the Adult Core Set measures is voluntary but encouraged for CHIP programs. States with separate CHIP that opt to include CHIP populations, must report rates separately.

Preparing for FFY 2024 Mandatory Reporting

Mandatory Reporting Readiness Tool

- To support states in preparing for mandatory reporting beginning in FFY 2024, CMS developed the Mandatory Reporting Readiness Tool (MRRT) and an accompanying User Guide.
- The MRRT assesses data submitted in the quality measure reporting (QMR) system for FFY 2023 to identify which 2024 mandatory reporting requirements states are already meeting and areas where states will need to make progress to adhere to mandatory reporting requirements.
- CMS will send each state quality reporting team a state-specific version of the MRRT that is populated based on the data that the state submitted to the QMR system for FFY 2023 Child and Adult Core Sets reporting. The MRRT will be tailored to the type of CHIP program operating in the state.
- The MRRT is for informational and planning purposes, including generating dialogue around technical assistance needs, and does not have any role in determining regulatory compliance.

Mandatory Reporting Readiness Tool (cont.)

- The MRRT is an Excel workbook with two tabs: one for the Child Core Set and one for the Adult Core Set.
- The tabs list all 2024 Core Set measures that states will report in QMR and mandatory reporting requirements.
- For each measure, the MRRT assesses whether the state met the requirements based on the state's FFY 2023 data as reported in the QMR system and will report a value of Yes, No, Not Applicable, or Unknown.
- States can use their MRRT to understand areas where they are not meeting requirements and develop a plan for meeting the requirement. States can also use the MRRT to identify where additional guidance or TA is needed from CMS and the TA team.
- An accompanying User Guide will provide additional context and map each requirement to its corresponding field in the QMR system.

Example of Mandatory Reporting Readiness Tool

Table 1. State Self-Assessment Tool: Readiness for Mandatory Reporting for FFY 2024 Based on FFY 2023 Child Core Set Reporting								
For information about how to use this resource please see the User Guide.								
Legend Yes = State reporting for FFY 2023 met this requirement based on information reported in QMR No = State reporting for FFY 2023 did not meet this requirement based on information reported in QMR NA = Requirement is Not Applicable for this measure for the state for 2024 DNR = State did not report the measure for FFY 2023 UNK = Unknown: Adherence to this requirement cannot be determined using the data reported in QMR for 2023 Core Set reporting. Please see the User Guide for guidance on reviewing the data reported for your state to assess adherence to this requirement.								
	Requirement: Report mandatory measures using Core Set specifications			Requirement: Medicaid rates include CHIP-funded Medicaid expansion (M-CHIP)	Requirement: Separate rates for separate CHIP population	Requirement: Include all measures		
	State reported measure	Measure reported using Core Set specifications	All rates reported	Medicaid rates include M-CHIP Population	Separate rates reported for separate CHIP	Rates include total FFS population	Rates include total managed care population (if applicable)	Rates include total PCCM population (if applicable)
2024 Child Core Set Mandatory Measures								
2023 Child Core Set Measures Meeting Requirement	24	24	23	0	24	24	0	24
2023 Child Core Set Measures Not Meeting Requirement	0	0	1	0	0	0	0	0
AAB-CH: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
ADD-CH: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
AMB-CH: Ambulatory Care: Emergency Department (ED) Visits	Yes	Yes	No	UNK	Yes	Yes	N/A	Yes
AMR-CH: Asthma Medication Ratio: Ages 5 to 18	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
APM-CH: Metabolic Monitoring for Children and Adolescents on Antipsychotics	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
APP-CH: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
CCP-CH: Contraceptive Care – Postpartum Women Ages 15 to 20	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
CCW-CH: Contraceptive Care – All Women Ages 15 to 20	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes
CDF-CH: Screening for Depression and Follow-Up Plan: Ages 12 to 17	Yes	Yes	Yes	UNK	Yes	Yes	N/A	Yes

State Plan Amendment

State Plan Amendment

- **New:** State Plan Amendment (SPA) includes assurances for reporting the Child Core Set and behavioral health measures on the Adult Core Set
- **Updated:**
 - Section 1945 Health Home SPA added a reviewable unit for Quality Monitoring
 - Section 1945A Health Home SPAs include this assurance in the initial SPA
- Submission of state plan amendment by December 31, 2024, attesting that state will meet reporting requirements
- **Coming Spring 2024!**

State Plan Amendment (cont.)

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | MA2024MS00110 | MA-24-1144 | Medicaid State Plan

[Download Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID MA2024MS00110
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MA-24-1144
Initial Submission Date N/A
Effective Date N/A

[VIEW ALL RESPONSES](#)

A. General Reporting

[Collapse](#)

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- 1. The agency assures that all requirements of 42 CFR 431.16 are met.

State Plan Amendment (cont.)

B. Annual Reporting on the Child and Adult Core Sets

Collapse

- 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- 2. The agency reports annually, by December 31, on:
 - a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
 - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



1945 Health Home: State Plan Amendment (cont.)

Character count: 10/4000

Describe how the state will use health information technology in providing Health Homes services and to improve service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider)*

Test Data

Quality Measurement and Evaluation

Collapse

- The state provides assurance that all Health Homes providers report to the state on all applicable quality measures as a condition of receiving payment from the state
- The state provides assurance that it will identify measureable goals for its Health Homes model and intervention and also identify quality measures related to each goal to measure its success in achieving the goals
- The state provides assurance that it will report to CMS information to include applicable mandatory Core Set measures submitted by Health Home providers in accordance with all requirements in 42 CFR §§ 437.10 and 437.15 no later than state reporting on the 2024 Core Sets, which must be submitted and certified by December 31, 2024 to inform evaluations, as well as Reports to Congress as described in Section 2703(b) of the Affordable Care Act and as described by CMS. In subsequent years, states must report annually, by December 31st, on all measures on the applicable mandatory Core Set measures that are identified by the Secretary
- The state provides assurance that it will track avoidable hospital readmissions and report annually in the Quality Measures report

Use of Alternate Data Sources for FFY 2024 Core Sets Reporting

New for FFY 2024! Alternate Data Source: CPC-CH, CPA-AD, and MSC-AD

- CMS is collaborating with the Agency for Healthcare Research and Quality (AHRQ) to use data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database to streamline reporting of the CPC-CH, CPA-AD, and MSC-AD measures.
- **CMS plans to use data from the AHRQ CAHPS Database for public reporting of Core Set measures. CMS will not collect data for these measures in QMR.**
- All Medicaid and CHIP state agencies and health plans are encouraged to submit CAHPS Health Plan Survey data to the 2024 AHRQ CAHPS Database in June 2024. This includes surveys administered between July 1, 2023, and June 30, 2024. These data correspond to the FFY 2024 Core Set reporting cycle.
- States will receive a customized preview report showing the state-level results that were calculated for the state based on submissions to the AHRQ CAHPS Database prior to public reporting.
- **New TA Resource:** Fact Sheet on CAHPS Reporting Requirements and Data Submission: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf>.
- For more information on the AHRQ CAHPS Database, please visit <https://www.ahrq.gov/cahps/cahps-database/index.html> or contact us at MAC-CAHPS-TA@mathematica-mpr.com.

Alternate Data Source: LBW-CH and LRCD-CH

- CMS will continue to calculate the Live Births Weighing Less than 2,500 Grams (LBW-CH) and Low-Risk Cesarean Delivery (LRCD-CH) measures for all states for FFY 2024 using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in the CDC's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER).
- CMS will send states a preview of the FFY 2024 LBW-CH and LRCD-CH measures in spring 2025, which will be calculated using calendar year 2023 natality data.

Alternate Data Source: NCIIDD-AD

- The National Core Indicators (NCI[®]) – Intellectual and Developmental Disabilities (NCI-IDD[®]) provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities and their families.
- State agencies voluntarily submit the NCI-IDD In-Person Survey results to the NCI National Team using the Online Data Entry System (ODESA).
- State agencies that submit data in ODESA will be invited to approve the sharing of NCI-IDD In-Person Survey data with CMS for the purpose of FFY 2024 Adult Core Set reporting.
- CMS will send states a preview of the NCI-IDD data for FFY 2024 Core Set reporting in spring 2025.

Reporting Stratified Data for FFY 2024

Stratification Considerations

- CMS encourages states to stratify Core Sets data by subpopulations.
 - Aggregate quality measure data can mask important differences across subpopulations.
 - Stratifying quality measure data can help focus state quality improvement initiatives and priorities.
- In the QMR system, states have the option to report stratified rates for one or more categories for each Core Set measure.
- Stratification of Core Set measures is optional, but strongly encouraged, for federal fiscal year (FFY) 2024 reporting.
- Beginning with FFY 2025 Core Sets reporting, states will be required to report stratified data for a subset of measures.¹

¹ https://www.medicaid.gov/sites/default/files/2023-12/sho23005_1.pdf.

Stratification Considerations (cont.)

- CMS further defined Race, Ethnicity, Sex, and Geography for the purpose of Core Sets reporting in the December 2023 Initial Core Set Mandatory Reporting Guidance.¹
- ***Coming Soon* TA Resource:** Reporting Stratified Results in the Quality Measure Reporting System for the 2024 Child, Adult, and Health Home Core Sets.
 - The updated TA resource will provide additional guidance on stratification categories.

¹ https://www.medicaid.gov/sites/default/files/2023-12/sho23005_1.pdf.

QMR Stratification Categories for FFY 2024 Reporting: Race

- Race¹:
 - American Indian or Alaska Native
 - Asian*
 - Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Add Another Sub-Category
 - Black or African American
 - Native Hawaiian or Other Pacific Islander*
 - Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Add Another Sub-Category
 - White
 - Two or More Races
 - Some Other Race
 - Add Another Race
 - Missing or Not Reported

* For these categories, states have the option of reporting aggregate data (e.g., Asian) or disaggregated data (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian).

¹ Defined using the disaggregation of the 1997 Office of Management and Budget (OMB) minimum race and ethnicity categories, as specified in the 2011 HHS standards.

QMR Stratification Categories for FFY 2024 Reporting: Ethnicity

- Ethnicity¹:
 - Not 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, Add Another Sub-Category
 - Add Another Ethnicity
 - Missing or Not Reported

* For this category, states have the option of reporting aggregate data (e.g., Hispanic, Latino/a, or Spanish) or disaggregated data (e.g., Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, Another Hispanic, Latino/a, or Spanish origin).

¹ Defined using the disaggregation of the 1997 Office of Management and Budget (OMB) minimum race and ethnicity categories, as specified in the 2011 HHS standards.

QMR Stratification Categories for FFY 2024 Reporting: Sex

- Sex¹:
 - Male
 - Female
 - Add Another Sex
 - Missing or Not Reported

¹ Defined as biologic sex, using the 2011 HHS standards.

QMR Stratification Categories for FFY 2024 Reporting: Geography

- Geography¹:
 - Urban
 - Rural
 - Add Another Geography
 - Missing or Not Reported

¹ Defined using a minimum standard of core-based statistical area (CBSA) with recommendation to move toward Rural-Urban Commuting Area (RUCA) codes.

Summary of Key FFY 2024 Measure Specification Updates

Summary of Updates for FFY 2024

- This section highlights key changes to FFY 2024 technical specifications.
- More information is available in the Summary of Updates for each of the Core Sets:
 - Child Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf>.
 - Adult Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf>.
 - Health Home Core Set: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-change-summary-2024.pdf>.

Cross-cutting Measure Specification Updates

- Clarified that beneficiaries who died any time during the measurement year are a required exclusion. This guidance applies to the following HEDIS measures:
 - AAB-CH/AD, ADD-CH, AMM-AD, AMR-CH/AD, APM-CH, APP-CH, BCS-AD, CBP-AD/HH, CCS-AD, CHL-CH/AD, CIS-CH, COL-AD/HH, CPA-AD, CPC-CH, FUA-CH/AD/HH, FUH-CH/AD/HH, FUM-CH/AD/HH, HBD-AD, HPCMI-AD, IET-AD, IMA-CH, LSC-CH, MSC-AD, PPC2-CH/AD, SAA-AD, SFM-CH, SSD-AD, W30-CH, WCC-CH, and WCV-CH.
- Clarified that a visit results in an inpatient stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). This guidance applies to the following HEDIS measures:
 - AAB-CH/AD, AMB-CH/HH, AMM-AD, AMR-CH/AD, BCS-AD, CBP-AD/HH, COL-AD/HH, CPC-CH, FUA-CH/AD/HH, FUH-CH/AD/HH, FUM-CH/AD/HH, HBD-AD, HPCMI-AD, IET-AD/HH, IU-HH, PCR-AD/HH, SAA-AD, and SSD-AD.
- For a list of measure acronyms, see Appendix A.

Cross-cutting Measure Specification Updates (cont.)

- Updated references to exclusions throughout specifications. For HEDIS measures, exclusions are now distinguished by whether supplemental and medical record data may be used to identify them; supplemental and medical record data may be used for “required exclusions” but not “exclusions.”
- Updated the exclusion for frailty and advanced illness from an Optional Exclusion to an Exclusion (i.e., exclusions for which supplemental and medical record data may not be used).

Measure-specific Updates: Colorectal Cancer Screening (COL-AD/HH)

- Updated the age stratifications for Core Sets reporting to include ages 46 to 50, 51 to 65, and 66 to 75.
- Revised the optional exclusions for colorectal cancer and total colectomy to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Measure-specific Updates: Initiation and Engagement of Substance Use Disorder Treatment (IET-AD/HH)

- Added guidance for reporting clarifying that the substance use disorder (SUD) diagnosis in the Negative SUD Diagnosis History does not need to match the diagnosis on the claim for the given SUD episode.
- Replaced “detoxification” references with “withdrawal management.”
- Added a new step and Note in the “Event/diagnosis” section with guidance on deduplicating eligible episodes.

Measure-specific Updates: Inpatient Utilization (IU-HH)

- The Value Set for the measure is now a separate value set resource on Medicaid.gov and not included in the HEDIS Health Home Value Set Directory.
- Removed stratified reporting for surgery and medicine discharges and revised Administrative Specifications and numerator guidance accordingly.
- Added new Value Set for Neurodevelopmental Disorders (Mental, Behavioral, and Neurodevelopmental Disorders Value Set).

Measure-specific Updates: Oral Evaluation, Dental Services (OEV-CH)

- Added guidance for reporting to specify which rate is subject to mandatory reporting:
 - For FFY 2024 Child Core Set reporting, the following rate is required: Total ages <1 to 20.
- Clarified in the numerator that the oral evaluation must be “comprehensive or periodic.”

Measure-specific Updates: Plan All-Cause Readmissions (PCR-AD/HH)

- Replaced “female enrollees” with “enrollees” in the pregnancy exclusion.
- Clarified definition of Count of Enrollees in Health Home Population.
- Clarified truncating and rounding rules in steps 6 and 8 of the Risk Adjustment Weighting section.
- Added step 8 for calculating the variance for each index hospital stay. Calculating variance can help facilitate interpretation of results; however, it is not reported by states for the purpose of Core Sets reporting.

Measure-specific Updates: Prenatal and Postpartum Care (PPC2-CH/AD)

- For FFY 2024 Core Sets reporting, CMS updated the prenatal and postpartum care measures in the 2024 Child and Adult Core Sets. Starting with the 2024 Core Sets, both the prenatal and postpartum rates are included in each Core Set.
- Added Guidance for Reporting:
 - For the purpose of Adult Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries age 21 and older as of the delivery date.
 - For the purpose of Child Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries under age 21 as of the delivery date.
 - States that use the hybrid methodology will need to draw separate samples by age, in order to submit results for the Adult Core Set (age 21 and older) and Child Core Set (under age 21).

Measure-specific Updates: Prenatal and Postpartum Care (PPC2-CH/AD) (cont.)

- Revised measure specifications to include both Timeliness of Prenatal Care and Postpartum Care rates for Child and Adult Core Sets reporting.
 - Added age in “eligible population” section to clarify that the Adult Core Set measure applies to beneficiaries age 21 and older as of the date of delivery.
 - Added age in “eligible population” section to clarify that the Child Core Set measure applies to beneficiaries under age 21 as of the date of delivery.
- Replaced all references to “women” with “beneficiary” throughout the measure specification.
- Clarified continuous enrollment requirements for Step 2 of the Timeliness of Prenatal Care numerator.

Measure-specific Updates: Prevention: Topical Fluoride for Children (TFL-CH)

- Added Guidance for Reporting to specify which rates are subject to mandatory reporting:
 - For FFY 2024 Child Core Set reporting, the following three rates are required: (1) Dental or oral health services: Total ages 1 through 20; (2) Dental services: Total ages 1 through 20; and (3) Oral health services: Total ages 1 through 20.

FFY 2024 Data Quality Priorities

Data Quality Considerations

- Overview of data quality considerations for FFY 2024 Core Sets reporting:
 - Data completeness
 - Data accuracy
 - Data consistency
 - Data 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 2024 Data Quality Priorities

- Alignment between measures included in the Child, Adult, and Health Home Core Sets.
 - Ensure that cross-cutting measures are calculated using consistent methodology.
 - Ensure that cross-cutting measures are reported for all applicable Core Sets.
- Documentation of any variations from the Core Set specifications, including age groups, data sources, and methods.



FFY 2024 Data Quality Priorities (continued)

- Documentation of which populations and services are excluded from the measures:
 - Programs (Medicaid, CHIP)
 - Delivery systems (managed care, fee-for-service, PCCM)
 - 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)
- If your state did not include some measure-eligible populations, please select “No” to the question that asks: “Does this denominator represent your total measure-eligible population as defined by the technical specifications for this measure?”
 - Then please describe the missing population and the size of the excluded population in the provided fields.

FFY 2024 Data Quality Priorities: Tips for Text Fields

- The QMR system included text fields that are combined into “state-specific comments (SSC),” which accompany state rates in public reporting (including the Scorecard for applicable measures).
- Information in the following text fields are included in SSCs:
 - Data source descriptions
 - Descriptions of other populations and excluded populations
 - Variations
 - Additional notes/comments on measure
 - Other delivery systems
- Text entered in these fields should be concise and only include context that is necessary for understanding a state’s data.
- Use complete sentences; avoid using special formatting (bullets, tables).
- Additional information on how the SSCs are automated is available at <https://www.medicare.gov/quality-of-care/downloads/QMRCoreSetReportingGuidance.pdf>.

Technical Assistance Resources

Resources for FFY 2024 Child Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 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 2024 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2024-01/2024-child-core-set.pdf
FFY 2024 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 2024	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2024-02/ffy-2024-child-core-set-measurement-periods.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Resources for FFY 2024 Adult Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 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 2024 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2024-01/2024-adult-core-set.pdf
FFY 2024 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 2024	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2024-01/ffy-2024-adult-core-set-measurement-periods.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Resources for FFY 2024 Health Home Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 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 2024 Core Set Measure List	https://www.medicaid.gov/sites/default/files/2024-01/2023-2024-health-home-core-set_0.pdf
FFY 2024 Resource Manual and Technical Specifications*	https://www.medicaid.gov/sites/default/files/2024-03/FFY-2024-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2024	https://www.medicaid.gov/sites/default/files/2024-03/hh-change-summary-2024.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/sites/default/files/2024-02/child-adult-healthhomes-data-quality-checklist-2024.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/sites/default/files/2024-03/hh-core-set-measurement-period-table-2024.pdf
FFY 2024 Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-reporting-table.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Additional Resources for FFY 2024 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 2024 Child, Adult, and Health Home Core Set Measure Specifications (https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)
All	Coming soon: Reporting Stratified Results in the QMR system
All	New: Measure-Specific Attribution Guidance for the FFY 2024 Core Set Measures (https://www.medicaid.gov/sites/default/files/2024-02/core-set-medicaid-chip-attribution.pdf)
AIF-HH	Coming soon: Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the Health Home Core Set
COB-AD, FUA-CH/AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	Updated: Overview of Substance Use Disorder Measures in the 2024 Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf)
CPC-CH, CPA-AD, MSC-AD	New: The CAHPS Health Plan Survey: Reporting Requirements and Data Submission for the Medicaid and the Children’s Health Insurance Program (CHIP) Core Sets and State CHIP Annual Reporting (https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf)

Additional Resources for FFY 2024 Child, Adult, and Health Home Core Set Reporting (continued)

Measure(s)	Resource
CCP-CH/AD, CCW-CH/AD	Updated: SAS code for calculating contraceptive care measures (https://opa.hhs.gov/claims-data-sas-program-instructions)
CPU-AD	Updated: Calculating the Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) Measure in the 2024 Adult Core Set (https://www.medicaid.gov/medicaid/quality-of-care/downloads/cpu-ta-resource.pdf)
OEV-CH, SFM-CH, TFL-CH	Updated: Overview of the Dental and Oral Health Services Measures in the 2024 Child Core Set (https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)
PCR-AD/HH	Updated: Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2024 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
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)

Technical Assistance (TA) for FFY 2024 Core Sets Reporting at the CMS Quality Conference

- Registration is open for the 2024 CMS Quality Conference at <https://www.cmsqualcon.com/>.
- The conference will be held in-person in **Baltimore, MD** on **April 8-9, 2024**, with a virtual component for people unable to attend in-person.
- One-on-one TA on mandatory Core Sets reporting will be available to states at the Conference. Sign-up information will be provided closer to the event.

Additional Upcoming Technical Assistance (TA) for FFY 2024 Core Sets Reporting

- One-on-one virtual TA on mandatory Core Sets reporting is available upon request from the TA mailbox: MACQualityTA@cms.hhs.gov.
- On May 7, 2024, CMS will host a webinar on reporting less frequently reported Core Set measures.
- CMS will host office hours on topics related to mandatory reporting.
 - April 16, 2-3 PM ET (MRRT)
 - April 23, 3-4 PM ET (CAHPS)
 - May 1, 3-4 PM ET (Exemptions)
 - May 13, 2-3 PM ET (Less frequently reported measures)Additional office hours dates will be announced soon.
- In September 2024, CMS will host a webinar on calculating and reporting the Core Set measures in the online reporting system.
- Stayed tuned: Updates on additional webinars and TA resources will be announced through MACQualityTA@cms.hhs.gov.

Technical Assistance (TA) for FFY 2024 Core Sets Reporting

- 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 TA related to the MRRT, submit your questions to the TA team at CoreSetDataPreview@mathematica-mpr.com

Timeline for FFY 2024 Reporting

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

Q&A

To ask a question, please enter it into the **Slido Q&A** panel on the righthand side of the Webex platform.

Thank you for attending the webinar!

Appendix A: 2024 Core Set Measure Lists

2024 Child Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Primary Care Access and Preventive Care		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	NCQA	Administrative, hybrid, or EHR
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	NCQA	Administrative or EHR
Childhood Immunization Status (CIS-CH)	NCQA	Administrative, hybrid, or EHR ^a
Well-Child Visits in the First 30 Months of Life (W30-CH)	NCQA	Administrative
Immunizations for Adolescents (IMA-CH)	NCQA	Administrative or hybrid ^a
Developmental Screening in the First Three Years of Life (DEV-CH)	OHSU	Administrative or hybrid
Child and Adolescent Well-Care Visits (WCV-CH)	NCQA	Administrative
Lead Screening in Children (LSC-CH)	NCQA	Administrative or hybrid
Maternal and Perinatal Health		
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	CDC/NCHS	State vital records
Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)*	NCQA	Administrative or hybrid
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	OPA	Administrative
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	OPA	Administrative
Low-Risk Cesarean Delivery (LRCD-CH)	CDC/NCHS	State vital records
Care of Acute and Chronic Conditions		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	NCQA	Administrative
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	NCQA	Administrative
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	NCQA	Administrative

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2024 Child Core Set Measures (cont.)

Measure Name	Measure Steward	Data Collection Method
Behavioral Health Care		
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	Administrative or EHR ^a
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	NCQA	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	Administrative ^a
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	NCQA	Administrative
Dental and Oral Health Services		
Oral Evaluation, Dental Services (OEV-CH)	DQA (ADA)	Administrative
Topical Fluoride for Children (TFL-CH)	DQA (ADA)	Administrative
Sealant Receipt on Permanent First Molars (SFM-CH)	DQA (ADA)	Administrative
Experience of Care		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	AHRQ	Survey

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2024 Child Core Set Measures (cont.)

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

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

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

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

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

2024 Adult Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Primary Care Access and Preventive Care		
Cervical Cancer Screening (CCS-AD)	NCQA	Administrative, hybrid, or EHR
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	NCQA	Administrative or EHR
Colorectal Cancer Screening (COL-AD)	NCQA	Administrative or EHR ^a
Breast Cancer Screening (BCS-AD)	NCQA	Administrative or EHR ^a
Maternal and Perinatal Health		
Prenatal and Postpartum Care: Age 21 and older (PPC2-AD)*	NCQA	Administrative or hybrid
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	OPA	Administrative
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	OPA	Administrative
Care of Acute and Chronic Conditions		
Controlling High Blood Pressure (CBP-AD)	NCQA	Administrative, hybrid, or EHR
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	NCQA	Administrative
Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)	NCQA	Administrative, hybrid, or EHR
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	AHRQ	Administrative
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	AHRQ	Administrative
PQI 08: Heart Failure Admission Rate (PQI08-AD)	AHRQ	Administrative
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	AHRQ	Administrative
Plan All-Cause Readmissions (PCR-AD)	NCQA	Administrative
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	NCQA	Administrative
HIV Viral Load Suppression (HVL-AD)	HRSA	Administrative or EHR
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	PQA	Administrative
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	PQA	Administrative

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2024 Adult Core Set Measures (cont.)

Measure Name	Measure Steward	Data Collection Method
Behavioral Health Care		
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	NCQA	Administrative or EHR
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA	Survey
Antidepressant Medication Management (AMM-AD)	NCQA	Administrative or EHR
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	NCQA	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	NCQA	Administrative
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	NCQA	Administrative or hybrid
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	CMS	Administrative
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	NCQA	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	NCQA	Administrative
Experience of Care		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	AHRQ	Survey
Long-Term Services and Supports		
Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)	NCQA	Case management record review
National Core Indicators Survey (NCIIDD-AD)	NASDDDS/ HSRI	Survey

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2024 Adult Core Set Measures (cont.)

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

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

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

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

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

2024 Health Home Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Core Set Measures		
Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	NCQA	Administrative or EHR
Controlling High Blood Pressure (CBP-HH)	NCQA	Administrative, EHR, or hybrid
Colorectal Cancer Screening (COL-HH)	NCQA	Administrative or EHR ^a
Screening for Depression and Follow-Up Plan (CDF-HH)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	NCQA	Administrative
Plan All-Cause Readmissions (PCR-HH)	NCQA	Administrative
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	CMS	Administrative
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	NCQA	Administrative
Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)	AHRQ	Administrative
Utilization Measures		
Admission to a Facility from the Community (AIF-HH)	CMS	Administrative
Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)	NCQA	Administrative
Inpatient Utilization (IU-HH)	CMS	Administrative

More information on updates to the 2024 Health Home Core Sets is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>. A resource that provides a history of the measures included in the Health Home Core Set is available at <https://www.medicaid.gov/sites/default/files/2024-03/2024-health-home-core-set-history-table.pdf>.

^a The Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System (ECDS) reporting for HEDIS. ECDS specifications are not currently available for Health Home Core Set reporting.

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

