

Technical Assistance (TA) to Support FFY 2024 Reporting of the Child, Adult, and Health Home Core Sets Transcript

September 4, 2024; 2:00 – 3:30 pm ET

Talia Parker:

[Slide 1] Welcome and thank you for attending today's webinar on Technical Assistance to Support Reporting of the 2024 Child, Adult, and Health Home Core Sets. My name is Talia Parker, and I am part of the Core Sets Technical Assistance Team. Alli Steiner and David Koger will also be presenting today, and we will hear from Mary Beth Hance and Sara Rhoades from CMCS. We are joined by other members of the Core Sets TA Team and colleagues from CMCS.

Before I turn it over to CMCS for welcoming remarks, I'd like to cover a few housekeeping items. All attendees have entered the webinar muted. If you have any technical issues during today's webinar, please send a message through the Slido Q&A function, which is located in the Slido panel on the bottom right corner of your screen. When you send us a message via the Slido Q&A feature, your message will say "waiting for review." Please click the word "replies" under your question to see our response.

You will also notice that the chat for participants has been disabled today. For all questions and comments, please use the Slido Q&A feature. We will answer your questions out loud at the end of the presentation. Today we will cover both content and functionality, so please feel free to ask questions related to either. If we do not respond to your question during the meeting, we will make sure to connect you with the right resources after the presentation.

Please note that the slides are best viewed using the Webex application. The slides and recording will be posted to Medicaid.gov after the webinar.

And now I'll pass it to Mary Beth Hance from the CMCS Division of Quality and Health Outcomes.

Mary Beth Hance:

Great, thank you so much. I am very excited that we have now reached the opening of the QMR system for reporting of the 2024 Child, Adult, and Home Health Core Sets. I'm reminded that we are at the fifteenth year of Child Core Set reporting and the twelfth year of Adult Core Set reporting, and, of course, this is also the beginning of mandatory reporting. And just that provides just a great overview of the evolution of the Core Sets and of reporting. And, of the Child Core Sets. And we also have had an evolution in reporting itself, and we are so excited to now have the QMR system.

We also really appreciate the journey that states have been on with us through this process and know that some of you may have been along for the whole journey, some of you may have started to join us as we – partway through this journey, but we're really excited that we are all here now, and the commitment that everyone has made to both reporting itself and to the Core Sets and to quality improvement and what this program means to Medicaid and CHIP.

So, I wanted to just remind you that we are always available to provide technical assistance and to answer any questions. You'll hear a lot of information today, but please don't hesitate to

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reach out as you are working through reporting for the 2024 Core Sets because we definitely are here to help.

And with that, I will turn it over to Sara Rhoades.

Sara Rhoades:

Hi, everyone. Welcome. This is Sara Rhoades. I am the Technical Director for the Health Home Program. I just want to reiterate everything that Mary Beth said. We are very happy that the system has opened up for the 2024 reporting and all the hard work that states have done in an effort to set things in place to do the mandatory reporting. Health Home is slightly different than Child and Adult, and reporting is – is set up slightly different at the program level – we do appreciate all the efforts made to come into compliance for the 2024 reporting cycle.

As well we are also available for any technical assistance, the Health Homes Team is, myself or any of the analysts that are assigned to the different state programs. So, again, welcome. Thank you all for your participation, and I will turn it back over to Talia.

Talia Parker:

Perfect, thank you Sara and Mary Beth.

Before we get started, a quick reminder that if you would like a comprehensive refresher on QMR navigation and functionality, we encourage you to watch the recordings of our past QMR system demonstrations that are available on Medicaid.gov. We will also briefly cover navigation and functionality of the QMR system in our live demo towards the end of today's presentation.

Now let's jump in. Next slide, please.

[Slide 2] To help orient you to today's training, here is an agenda of what we plan to cover. We will first provide an introduction to Core Sets reporting. We will then discuss data quality priorities and the data preview process, reporting stratified data in the QMR system, and some key considerations when entering your data into the QMR system. We will then have a live demo that will focus on the updates to the QMR system for 2024 reporting, discuss additional reporting resources, and then open up for questions.

Please note, this slide deck also contains appendices with further resources and supports for Core Sets reporting and will be available on Medicaid.gov in a few weeks.

And now I will turn it over to Alli to provide an introduction. Next slide, please.

Alli Steiner:

[Slide 3] Thank you, Talia. Next slide, please.

[Slide 4] So, to begin, this slide introduces the Child and Adult Core Sets. The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and CHIP. FFY 2024 will be the fifteenth year of reporting of the Child Core Set and the twelfth year of reporting the Adult Core Set. The Child Core Set was authorized under Section 401 of the Children's Health Insurance Program Reauthorization Act of 2009, also known as CHIPRA. The Adult Core Set was established in 2010 under Section 2701 of the Affordable Care Act. The 2024 Child

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Core Set includes 27 measures, and the 2024 Adult Core Set includes 33 measures. Next slide, please.

[Slide 5] Over time, the number of states reporting Child and Adult Core Set measures and the number of measures reported by each state have increased. The quality and completeness of data submitted has also improved. Selected measures from the Child and Adult Core Sets are included in the Medicaid and CHIP Scorecard, which is available on [Medicaid.gov](https://www.Medicaid.gov) and at the link on the slide. We have also included links to all the 2022 Child and Adult Core Set reporting products in Appendix A of the slide deck. 2023 reporting products will be available soon on [Medicaid.gov](https://www.Medicaid.gov). As a reminder, this slide deck will be available after the webinar. Next slide, please.

[Slide 6] Now I am going to provide some background information on the Health Home Core Set. FFY 2024 will be the twelfth year of reporting since CMS established the Section 1945 Health Home Core Set in 2013. The Health Home benefit itself was established under Section 1945 of the Social Security Act. The Section 1945 Health Home Core Set consists of quality measures and utilization measures that are used for ongoing monitoring and evaluation purposes across all state Health Home Programs. In addition to the Section 1945 Health Home Core Set measures, each Health Home Program can report specific goals and measures identified by their individual programs. Next slide, please.

[Slide 7] This slide has information about Health Home reporting updates for 2024. All Health Home Programs have been – that have been in effect for at least six months of the reporting period are expected to report for 2024. 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, you can refer to the Health Home Reporting Table available at [Medicaid.gov](https://www.Medicaid.gov) and linked on this slide, or you can contact the TA mailbox at the address on this slide. Appendix A of the slide deck includes links to the 2022 Section 1945 Health Home Core Set reporting products. 2023 reporting products will be available soon on [Medicaid.gov](https://www.Medicaid.gov). Next slide, please.

[Slide 8] We wanted to cover a few reminders about mandatory reporting. Beginning with FFY 2024, states are required to report all measures on the Child Core Set and the behavioral health measures on the Adult Core Set. States with approved Health Home Programs in operation by June 30, 2023 are required to report all measures on the Health Home Core Set. Furthermore, states are required to adhere to the technical specifications and include all measure-eligible beneficiaries in their reporting for each measure. Additional information can be found in the Initial Core Set Mandatory Reporting Guidance State Health Official letters that are linked on this slide. Next slide.

[Slide 9] Starting with 2024 reporting, states with separate CHIP programs are required to report on the Core Set measures separately for Medicaid, inclusive of CHIP-funded Medicaid expansion, and separate CHIP populations. States will submit separate reports in the QMR system with results for each population. For Adult Core Set reporting, it is encouraged, but not required, to report this population separately.

To reduce burden on states, as stated in the Mandatory Reporting Final Rule, CMS will aggregate the Medicaid and separate CHIP results that states report in the QMR system to create combined Medicaid and CHIP rates for each reported rate. Later in the presentation, we'll go over this functionality in the system.

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There is also a new technical assistance resource on reporting Medicaid and separate CHIP data in the QMR system, which is now available at the link on this slide. As a reminder, separate CHIP reporting requirements apply to all states that have a separate CHIP program. Next slide.

[Slide 10] So, why does CMS emphasize having all states calculate and report Core Set data? Reporting provides a national snapshot of the quality of care provided to Medicaid and CHIP beneficiaries. CMS is focused on data quality and completeness to support the use of measures by CMS, states, and other quality partners to drive quality improvement at the national and state levels. Current quality improvement priorities for states include preventive dental care for children, maternal and infant health care, care for acute and chronic conditions such as asthma and tobacco use cessation, and timely and effective use of behavioral health services. Next slide, please.

[Slide 11] CMS has established several goals for 2024 Core Sets reporting including supporting states in reporting the Core Sets according to mandatory reporting requirements through technical assistance and outreach, streamlining data collection and reporting processes to reduce burden on states such as through alternate data sources, using the data to monitor patterns in state and national performance, supporting states in using Core Set data to drive improvements in health quality and outcomes, and increasing the number of states reporting stratified data for the Core Set measures, including stratifications by race, ethnicity, sex, geography, with the ultimate goal of advancing health equity. CMS works with the Technical Assistance Team to conduct outreach to states before, during, and after the reporting process to support these goals. Next slide, please.

[Slide 12] As you can see on this slide, the QMR system is now open for 2024 Child, Adult, and Health Home Core Sets reporting. We'll go into more detail about reporting in the QMR system later in the presentation. The reporting deadline is December 31, 2024. Next slide.

[Slide 13] And now I'll discuss data quality. Next slide, please.

[Slide 14] In this next part of the presentation, I'm going to talk about the data quality priorities for 2024 Core Sets reporting, including the process for ensuring data quality. Here we show key data quality considerations: completeness and accuracy of the data reported, consistency between measures within and across Core Sets, documentation of methods, and adherence to the Core Sets specifications. Additional guidance on data quality can be found in the combined Data Quality Checklist for the Child, Adult, and Health Home Core Sets. A link to this resource is included on the slide. We encourage states to review the checklist as you begin reporting and also as a final check before submitting data. Next slide.

[Slide 15] States should include all eligible populations and services in each measure, including all programs, namely Medicaid and CHIP; delivery systems, such as fee-for-service or managed care; special populations like individuals in foster care; and specific health care settings. Note that for mandatory measures, states are required to include all measure-eligible populations. For mandatory measures, only states with an approved population exemption may exclude measure-eligible populations. These states should also document excluded populations in the QMR system. Please note that population exemptions are not applicable for Health Home reporting. Next slide.

[Slide 16] States should adhere to the Core Set technical specifications. This is required for all mandatory measures. States that must vary from the specifications should document in the QMR system how their methodology varied from the Core Set specifications, including using a

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different data source, methodology, timeframe, or age group. As the slide notes, additional tips for ensuring data quality are available in Appendix B of the slide deck. Next slide.

[Slide 17] Some states calculate a state- or program-level rate by combining rates across multiple reporting units, such as managed care plans. When reporting units use different methodologies to calculate a measure, please indicate the number of reporting units that use each methodology in the QMR system. Additional guidance on calculating and reporting state- or program-level rates can be found in the technical assistance resource linked on the slide. Next slide.

[Slide 18] Now I'll talk about the data preview process that will occur after states submit their reports to CMS in the QMR system. Next slide.

[Slide 19] The State Data 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 compile all of the data reported by the state in QMR into a Word document state preview. The preview will be sent as an email attachment to state QMR users through the State Data Preview email shown on this slide. Please remember to ensure that all people that need to receive the preview are registered as users in QMR. Please also remove users who are no longer involved in Core Sets reporting. The link on the slide has instructions for how to request access for new QMR users.

The data preview includes automated data flags that identify potential data quality issues or inconsistencies. States should review flagged data carefully and make any needed updates directly in the QMR system. If a state determines that a flagged data point is accurate as reported, then no further action is needed by the state. Next slide.

[Slide 20] All changes or additional content must be entered in the QMR system. CMS and the TA Team will not accept any data changes or contextual documentation that are not recorded in the QMR system. States should not document their responses in the preview report. Once a state communicates that they have reviewed and updated their data if needed, a new state preview report will be generated and shared with the QMR users and additional state Medicaid and CHIP leadership. We encourage states to review their data in a timely manner to ensure that updates are incorporated in public reporting. Next slide, please.

[Slide 21] Now we would like to provide an overview of the process for generating state-specific comments. State-specific comments summarize contextual information about a state's Core Set data. These comments accompany the reported rates in the Core Set-related analytic products. The SSCs are automated based on information reported in various fields in the QMR system. For example, state-specific comments include information about delivery systems, denominators, data sources, validation, and any other additional context provided by the state. The state previews will include the automated state-specific comments for the state to review. If edits are needed, states should update the corresponding fields in QMR. Please be concise when entering context in QMR, as the combined state-specific comment cannot exceed 1,000 characters. Next slide.

[Slide 22] Like last year, the QMR system indicates which text fields will appear in the state-specific comments. An example is included on the slide. Next slide, please.

[Slide 23] This slide has some Dos and Don'ts for completing the text fields that are used to create the state-specific comments. States should briefly summarize any contextual information that could be helpful in interpreting state data in the Additional Notes/Comments field. Some

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examples of important context are included on the slide. States should use complete sentences in the state-specific comment text fields and use consistent language across measures as applicable. Only information relevant to the QMR field should be included. Please also include notes about state-specific population exemptions.

Please do not include symbols, undefined acronyms, health plan or contractor names, and special formatting. In addition, states should not enter the same information in multiple state-specific comment fields for the same measure as this will lead to repetitive state-specific comments. Finally, there is no need to note when a state followed Core Set specifications, only variations need to be noted. You do not need to include notes about populations exempt for all states for 2024 Child and Adult Core Sets reporting, which includes individuals dually eligible for Medicare and Medicaid and individuals with third-party liability. Next slide.

[Slide 24] There are several technical assistance resources available to support states with the data preview process. First, there is a technical assistance resource that provides an overview of the data preview process. It also provides detailed information about how the information in QMR maps to the state-specific comments, and how to update your state-specific comments by updating the information reported in the QMR system. This resource will be posted soon at the link shown on the slide.

There is also a separate mailbox that will be sending out the state preview report and will be available to answer questions about your preview report. Next slide.

[Slide 25] Now we will discuss reporting stratified Core Set data in the QMR system. Next slide, please.

[Slide 26] Reporting stratified data is a priority for CMS because it helps to advance health equity. CMCS encourages states to stratify data for subpopulations for two important reasons. First, because aggregate quality measure data can mask important differences across subpopulations, and second, stratifying quality measure data can help states and CMS determine where to focus quality improvement initiatives and priorities. Stratification is currently voluntary, though will become mandatory for select measures beginning with 2025 Core Sets reporting. Next slide.

[Slide 27] For 2024 reporting, states are encouraged to stratify Core Set data by race, ethnicity, sex, and geography. Additional guidance on reporting stratified rates in the QMR system is available in a TA resource which is linked on the slide. The resource also summarizes which measures and rates are available for stratification for 2024 reporting. Next slide.

[Slide 28] Now I'll go over the stratification categories in the QMR system.

On this slide, we show the race and ethnicity categories in QMR for 2024 reporting. In addition, for the Asian and Native Hawaiian or Other Pacific Islander categories, states have the option of reporting aggregate data or disaggregated data by subcategories. For example, states could report an aggregate Asian category, or separately report for Asian-Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian. Similarly, states can report aggregate or disaggregated data for beneficiaries of Hispanic, Latino, Latina, or Spanish origin, and can add categories by selecting another ethnicity. Please note that race and ethnicity are collected as separate variables in QMR for FFY 2024. Next slide.

[Slide 29] This slide shows the QMR stratification categories for sex and geography for 2024 reporting. Next slide.

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[Slide 30] For all categories, states can add additional categories to the stratification section. To do so, select the “Add Another Category” button at the bottom of the section. This slide shows an example of adding an additional geography category called “Frontier.” Next slide.

[Slide 31] New for 2024 reporting, if a state wants to add additional context to CMS about their stratified data, there is now a text box included in this section. Next slide.

[Slide 32] And now I will pass it back to Talia to discuss 2024 reporting tips.

Talia Parker:

Thank you, Alli. We are now going to review some key considerations when entering Core Set measure data in the QMR system. Today we will focus on some areas in the 2024 QMR system that are different from last year. And as a reminder, we covered many general navigation tips during the previous system demo in 2022, although we will be highlighting a few in today’s live demo as well. Next slide.

[Slide 33] A major update in the QMR system since last year is now when you log in to QMR, the Child and Adult Core Set reports that your state is expected to submit will automatically appear on the landing page. Each state will have a customized view that shows their relevant reports based on the state’s CHIP program structure. For example, states with separate CHIP programs will see two reports for both the Child and Adult Core Sets. These reports are the Medicaid (Title XIX and XXI) report and the separate CHIP report. States with CHIP Medicaid expansion only will only see one report each for the Child and Adult Core Sets, the Medicaid (Title XIX and XXI) report. Next slide, please.

[Slide 34] This slide shows a screenshot of the default landing page for a state with a separate CHIP program. As you can see, the landing page automatically populates four reports, two for the Child Core Set and two for the Adult Core Set. Next slide.

[Slide 35] In contrast, a state with CHIP Medicaid expansion only will have one report for the Child Core Set and one report for the Adult Core Set. Next slide.

[Slide 36] The landing page defaults to FFY 2024 reporting, but you can toggle to previous reporting years in the upper right-hand corner of the landing page. You are welcome to go back into your previous years of data to refer to them or make PDFs of your previously reported submissions. However, any edits made to previous years of Core Set data will not be incorporated into public reporting or data products.

When you submit your data for 2024, like in previous years, you will still be able to see and edit your data. This is how you are able to go back and make updates based on requests you may receive from the TA Team after the reporting period. Next slide.

[Slide 37] You will also see a banner across the top of your landing page with important updates. It currently provides guidance that FFY 2024 reporting is open and runs through December 31, 2024. This banner language may change throughout the reporting process to bring you important information. Next slide.

[Slide 38] Although your state’s Child and Adult Core Set reports will appear by default on the landing page, you will need to manually add your state’s Health Home Core Set reports, as applicable, to report on Health Home measures. The process for adding a Health Home Core Set report is the same as last year. Click on the “Add Health Home Core Set” button in the lower left-hand corner of the landing page. Next slide.

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[Slide 39] This button will bring you to a page where you should select which Health Home Program you are reporting on. Select the program and click “Create” to add the report to the landing page. Please note that states with multiple Health Home Programs will need to follow these steps for each program. Next slide.

[Slide 40] If you need to remove a Health Home report, click the three dots next to the report and select “Delete.” However, please exercise caution when using this feature, as deleting a report will permanently delete all data for that program for FFY 2024 and cannot be undone.

Because the Child and Adult Core Set reports are customized to each state’s reporting structure, they cannot be deleted or removed from the landing page. Next slide.

[Slide 41] When you click into a Child or Health Home Core Set report, you will see a banner reminding you about the FFY 2024 mandatory reporting requirements. More information on mandatory reporting is included in the link in the banner. There is also a new column that tags each mandatory measure. Because all Child and Health Home measures are mandatory for FFY 2024, all Child and Health Home measures have this new mandatory tag. Next slide.

[Slide 42] Similarly, the Adult Core Set report has a banner about the FFY 2024 mandatory reporting requirements. All behavioral health measures on the Adult Core Set page have a tag to indicate that they are mandatory. Next slide.

[Slide 43] Just like last year, you will notice that on the landing page some measures already show as being complete. These measures are calculated using alternate data sources and are not entered by states in the QMR system. Therefore, they are automatically marked as “Complete” in the QMR system. If you click into one of the nonreportable measures, you will see a note that says that CMS is calculating the measure for states and that states are not asked to report data for the reporting year. CMS will coordinate with you outside of the QMR system to preview the data that will be used in public reporting for these measures. Next slide.

[Slide 44] As Alli mentioned earlier in the webinar, states with a separate CHIP program must report Child Core Set data for the Medicaid population, inclusive of the Medicaid expansion CHIP, in the Medicaid (Title XIX and XXI) report and also separately report data for the separate CHIP population in the separate CHIP report for all measures. Next slide.

[Slide 45] States with a separate CHIP program are also encouraged, but not required, to report their Adult Core Set data separately for Medicaid and separate CHIP. States that can report separate CHIP results for Adult Core Set measures should report results for the Medicaid population, inclusive of Medicaid expansion CHIP, in the Medicaid report and report results for the separate CHIP population in the separate CHIP report. States that have a separate CHIP program but cannot report separate Medicaid and separate CHIP data for the Adult Core Set should report all data in the Medicaid report. Under the Definition of Denominator question, select all appropriate populations and indicate that the separate CHIP population is included in the denominator by selecting the “Other” option and entering “separate CHIP” in the associated text field. Please also include a note about including the separate CHIP population in the Additional Notes and Comments section. This note will be pulled into state-specific comments for public reporting. Then, in the separate CHIP report, select “No, I am not reporting” for each measure. When prompted to select a reason for not reporting, select “Other” and include a note indicating that Medicaid and separate CHIP data are reported together in the Medicaid report for FFY 2024. Example text for the open text fields is included on this slide. Next slide, please.

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[Slide 46] Now that each state with a separate CHIP program will have two reports for both the Child and Adult Core Sets, the QMR system will make it clear whether you are in the Medicaid or separate CHIP report by indicating it at the top of the measure page. Next slide.

[Slide 47] Like last year, click on the Core Set report to enter the main measure page. At the top of the screen, you will see the Core Set Qualifier Questions. Click on the link to fill these out. Next slide.

[Slide 48] The delivery system question in the Qualifier Questions aligns with the report's population. For example, the Adult separate CHIP report has one column for Age 21 and Older while the Adult Medicaid report has two columns, one for Ages 21 to 64 and one for Age 65 and Older. Next slide.

[Slide 49] When you are done filling out your information for the Qualifier Questions, hit the "Complete Core Set Questions" button to return to the main measure page. If you need to leave the page before you complete the Qualifier Questions, you can use the "Save" button to save your progress. Next slide.

[Slide 50] Remember that the QMR system has many fields that are dependent on your selection in other fields such as the Performance Measure and Optional Measure Stratification sections. To make sure your state's data are complete, please complete the fields in the order in which they appear on the page. Next slide.

[Slide 51] New this year, the population options for the Definition of Denominator question are customized to align with each report. This is because data for each population should be reported only in their respective reports. For example, this slide shows the Definition of Denominator question for the Child Medicaid and Child Separate CHIP reports. The Child Medicaid report includes Medicaid (Title XIX), Medicaid Expansion CHIP (Title XXI), and Other as population options. And the Child Separate CHIP report includes only Separate CHIP and Other as population options. Next slide.

[Slide 52] And this slide shows the Definition of Denominator question for the Adult Medicaid and Adult Separate CHIP reports. Next slide.

[Slide 53] Beginning with FFY 2024 reporting, all measure-eligible populations should be included in mandatory Core Set measures. However, if your state has an approved population exemption from CMS and will be excluding specific populations, you should include information on the excluded population by selection, "No, this denominator does not represent the total measure-eligible population as defined by the technical specifications for this measure." This text will be included in publicly-reported state-specific comments. This screenshot shows example text that a state with an exemption could include, including an estimate of the size of the population excluded. Next slide.

[Slide 54] For measures where Hybrid is an available data source, you will see three hybrid-specific questions. These questions are: what is the size of the measure-eligible population, specify the sample size, and describe any COVID-related difficulties encountered while collecting this data.

If you are reporting using the Hybrid data source, please respond to these questions. In particular, you will receive a warning message from the QMR system if you do not complete the measure-eligible population question. If you are not reporting using the Hybrid data source for a given measure, you can disregard these questions. Next slide.

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[Slide 55] 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. For mandatory measures, states are required to report the Core Set age groups. However, for non-mandatory measures, 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 and Comments field such as “the ages 18 to 64 rate includes data for individuals 18 and older.” Next slide.

[Slide 56] If a measure had multiple rates but you are not reporting all of the rates, you should explain why you are not reporting the omitted rates in the Additional Notes and Comments section on the bottom of the form. If your state is concerned about reporting a rate due to small cell sizes, remember that for the purpose of public reporting, data will be suppressed in accordance with the CMS cell size suppression policy, which prohibits the direct reporting of beneficiary and record counts of one to ten and values from which users can derive values of one to ten. However, if your state prohibits reporting of small numbers, please note this in the Additional Notes and Comments section as the reason you are not reporting a specific rate. Next slide.

[Slide 57] For Health Home reporting, please distinguish whether there are no Health Home enrollees that are eligible for the measure or rate, or if there are no available data and the state is not reporting the measure or rate. If there are no Health Home enrollees in the program that are eligible for the measure or rate, enter zero in the numerator and/or denominator fields rather than leaving the rate blank or not reported. Next slide.

[Slide 58] However, if there are no available data and you are not reporting the measure or rate, simply leave the fields blank and do not enter a zero. You should also explain why you are not reporting the omitted rates in the Additional Notes and Comments field on the bottom of the form. Next slide.

[Slide 59] The auto-calculation feature in QMR did not change for FFY 2024, but we will review it briefly now. When you report a measure using the Administrative data source only, you cannot override the auto-calculated rate. Next slide.

[Slide 60] However, if you report a measure using the Hybrid data source or using multiple data sources, you may override the auto-calculated rate. You may choose to do this if your state is using weighting or an alternate method to calculate the rate. Additionally, if you choose Hybrid as one of your data sources, you can leave the numerator blank and manually enter your rate. More information about calculating and reporting state-level rates for different data sources can be found at the link on this slide. Next slide, please.

[Slide 61] If you leave the numerator blank, you will get a warning flag about a partially completed numerator, denominator, and rate set, but you can disregard this warning and complete the measure. As a general note, remember that there are no hard stops in the QMR system. When you click “Validate” or “Complete Measure” button, validation checks will run and encourage you to go back and review potential data quality issues, but you can bypass any warning you receive if you determine the data are correct as reported. Next slide.

[Slide 62] If you are reporting that a measure was calculated using Other Specifications, you must enter a rate label to describe the rate or rates for the measure. If a measure has multiple rates, the rate labels you create must be unique from one another. If you do not include a rate label for a reported rate, or there are rate labels that are not distinct, you will receive a warning

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from the system. In this example, the warning fired because I added two rates and labeled both as 40 to 64. Next slide.

[Slide 63] New this year, the QMR system now refers to “variations” from measure specifications rather than “deviations.” States are required to adhere to the Core Set technical specifications for each measure. States should document any variations from Core Set specifications, including different methodology, timeframe, or reported age groups, in the specified text box. Please use concise language when describing variations because this information will be incorporated into the state-specific comments for the measure. Next slide.

[Slide 64] Also new this year, the attachment function has been removed from the QMR system. If you have additional context to include about measure reporting, please document it succinctly in the existing open text fields. Next slide.

[Slide 65] For all measures that use the CAHPS Survey, including the CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid), also known as CPA-AD, and the CAHPS Health Plan Survey 5.1H, Child Version Including Medicaid and Children With Chronic Conditions Supplemental Items, also known as CPC-CH, CMS will calculate state-level results using CAHPS data submitted to the Agency for Health Care Research and Quality, or AHRQ, CAHPS Health Plan Survey Database, during the 2024 database submission period in June 2024. You can report whether your state conducted a CAHPS survey in the QMR system, but you won't be able to report performance measure data in the QMR system for these measures. Next slide.

[Slide 66] Similarly, CMS will calculate state-level performance results for the Medical Assistance with Smoking and Tobacco Use Cessation, or MSC-AD, measure using data submitted to the AHRQ CAHPS Health Plan Survey Database in June 2024. However, CMS understands that due to contracting and other challenges, some states may not have been able to submit MSC-AD results during the June 2024 submission period. If your state was not able to submit data during the 2024 CAHPS Database submission period, you can report performance measure data for MSC-AD in the QMR system if needed. States with data submissions to the CAHPS Database do not need to enter performance results in QMR and can note in the QMR system that they submitted data for the measure to the CAHPS Database. Next slide.

[Slide 67] Another new feature of the QMR system this year is that, to reduce state burden, the system will automatically calculate the combined Medicaid and separate CHIP rate for each measure and rate reported by the state. Please note, the combined rate feature is only applicable to states with a separate CHIP program. Next slide.

[Slide 68] To preview the combined Medicaid and CHIP rates, click the “View Combined Rates” button in the upper right-hand corner of the landing page. You do not need to complete all of your measures before viewing a measure's combined rate. The combined rates page will update in real time as data are added, but remember to click the “Complete Measure” button whenever you are done reporting or making updates to a measure. If you make changes to your data while reviewing for quality and completeness, the combined Medicaid and CHIP rate will update accordingly. Next slide.

[Slide 69] States with only Medicaid expansion CHIP and no separate CHIP program will not see a combined rates report as those states are not reporting Medicaid and CHIP data separately. Next slide.

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[Slide 70] When you click into the combined rates page, you will see one tab for Child Core Set measures and one tab for Adult Core Set measures. Select the measure you want to preview by clicking the name. Next slide.

[Slide 71] The combined rates page for each measure will display the data reported for the measure in the Medicaid and separate CHIP reports. Next slide.

[Slide 72] The data on the combined rates page are not editable. If you would like to make updates to your Medicaid or separate CHIP data after previewing the combined rates page, click on the link to Medicaid and separate CHIP reports at the top of the combined rates page. Next slide.

[Slide 73] The Medicaid or separate CHIP report that you selected will open in a new tab. If you make updates to your data in the new tab, make sure to click "Complete Measure." The measure's combined rates will automatically recalculate in the original combined rates tab. Next slide.

[Slide 74] The combined Medicaid and CHIP rate will automatically calculate and will appear in the "combined rate" column. The new TA resource linked on this slide has more information on the methodology used to calculate the combined Medicaid and CHIP rates. Next slide.

[Slide 75] There may be situations where the QMR system does not calculate a combined rate even if the state reported a measure in both the Medicaid and separate CHIP reports. There are several reasons why a combined rate may not appear. For one, the combined rate will not calculate if fields needed to calculate the combined rate are missing from one or both of the Medicaid or separate CHIP reports. In particular, along with the numerator and denominator, you must specify a data source, and if using the Hybrid method, you must report the measure-eligible population. If you forget either of these fields when reporting your Medicaid or separate CHIP data, the combined rate cannot be calculated by the QMR system and you will receive a warning when you complete the measure. Next slide.

[Slide 76] A combined Medicaid and CHIP rate also will not be calculated if a state's reported data meet at least one of the following criteria in both the Medicaid and separate CHIP reports: the measure was reported using Other Specifications; the measure was reported using Other data source alone or in combination with other data sources; or the measure was reported using Electronic Clinical Data System, ECDS, alone or in combination with other data sources. This is because it may not be appropriate or feasible to combine rates calculated using these other methodologies or data sources.

A combined Medicaid and CHIP rate also will not be calculated for measures that use survey data, like MSC-AD, and measures for which states are not asked to report performance measure data in the QMR system, including CPC-CH, LBW-CH, LRCD-CH, CPA-AD, and NCIIDD-AD. Next slide.

[Slide 77] If you select any of the options that will result in the system not calculating a combined Medicaid and CHIP rate while reporting your Medicaid or separate CHIP data, you will receive a warning message reminding you that CMS will not be able to calculate a combined Medicaid and CHIP rate. However, if the information you entered in the Medicaid or separate CHIP report is accurate, it should not be changed. Next slide.

[Slide 78] If you report a rate that meet any of these criteria in only one report, the QMR system will use the data from the other report as the combined rate. For example, if you report a

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measure using Other Specifications in the separate CHIP report and report using Core Set measure specifications in the Medicaid report, the separate CHIP rate will not be used to calculate a combined rate and the Medicaid rate will represent your state's combined rate. Next slide.

[Slide 79] Finally, when you have finished data entry for all measures and Qualifier Questions in a given Core Set report, please submit your report by clicking the "Submit" button in the upper right-hand corner of the report screen. Next slide.

[Slide 80] And now I will turn it over to David to walk us through a live demo of the QMR system to highlight these new updates for FFY 2024. David, the floor is yours.

David Koger:

Thanks, Talia. Let me pull up the screen real quick. All right, everybody. Glad to be here with you all. I am the Product Manager on the QMR application. Here going to show kind of a live walkthrough of a lot of the things that were just covered in the slides, really just to highlight the changes in real time that have kind of occurred over the application in this reporting year.

So, first off we're on this landing page where you first come to when you first login to QMR. A couple of things I want to note that were covered previously. You will now see a banner above that is just noting that FFY 2024 is available but also noting, as Talia had mentioned, that any changes made to FFY 2021 through 2023 will be saved but won't be included in public reporting. And that is really important because the application itself does allow you to kind of navigate between years. As Talia had mentioned previously, the reporting year you will see if you were to log in today would be 2024. It is defaulted in. But if you were to click here, you can see that you can navigate to any of the previous years as well.

One of the things that we wanted to highlight here was just the big change that occurred here is you're no longer going to be required to select which version of the Child Core Set or Adult Core Set are going to be reported on. We'll be defaulting that for you on a state-by-state level. So, as soon as you log in you will see the Core Sets that are required. If you have any Health Home data to be added, you'll still see this option down below. And when you click into that, you will be walked through the process of adding one. So, I am going to go ahead and add one here, so you can see it added to the dashboard. So, as you can see, this has been added. And, again, if it needs to be removed, you'll go through this process. As Talia mentioned, deleting the Core Set will delete any of the measures or data that have been input already, so we do have kind of a confirm here where you have to type in "delete" to confirm that you are willing to do that. But once you go through that, you'll see it is removed.

Before we jump into kind of the Core Sets themselves, one of the things that we want to note, and this is becoming less and less prevalent but is always important to note, the application itself will work on most major browsers. So, if you are using Firefox, Google Chrome, Safari, or Edge browser, you will probably not run into any kind of issues. If you are somehow using Internet Explorer still, that is not a supported browser, and so you may run into some funkiness there. So, that is just something to note. If you see anything weird, it is possibly because you are in Internet Explorer and we would encourage you to use any of the other four supported browsers that I just mentioned.

All right. So, I am going to go ahead and jump in. We are going to go into the Adult Core Set here. And one of the things we want to note is, as we mentioned, there are some mandatory reporting measures this year. So, you will see that there is a banner that's included on the top of

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all of the Core Set pages that tells you some information related to mandatory reporting as well as a link out to Initial Core Set Mandatory Reporting Guidance.

To enable y'all to have a more visual output of what is mandatory, we've added this mandatory token that exists. If you go to the Child Core Sets, and I'll show that in a bit, you will see that all of them are mandatory. But especially in Adult, we want to make sure that we're creating a very visual representation of what is mandatory and what is not considered mandatory for this reporting year. So, you will see this mandatory token next to any specific measure that is considered mandatory in the Adult Core Set this year.

And one additional note that we want to make is that the Core Set Qualifier Questions are accessible via this link at the top of each of the Core Sets. Now this is really important because what you'll see is we do have a counter here of total measures completed. And as you complete the measures, this will increase and show completion until it gets to, in this case, the 33 count. However, "Submit Core Set" will not be enabled to allow you to submit the Core Set until you have completed all measures or answered all measures and completed the Adult Set Qualifier Questions or any of the Core Set Qualifier Questions truly. Just a reminder that you do need to come in and click this and you will be taken to the Qualifier Questions.

Right. We are going to go ahead and jump into one here. So, this is CCS-AD [Cervical Cancer Screening - Adult Core Set measure], and what we really want to highlight here is just the need to really make sure that you're completing the measures in order from top to bottom. And, as Talia had mentioned, there are separate parts of this report that, for the measure itself, that won't show until certain questions are answered. So, as you can see, if I scroll down here, I haven't answered any of these other questions yet, and I kind of get down to the bottom here and it seems like it is missing like maybe the NDR [Numerator/Denominator/Rate] sets. So, to get there you need to make sure that you're answering these in order, and so go ahead and go here, select measurement specifications. And as you can see, once I have done that, you can come down and there is additional questions that are entered in. And so, again, really important to make sure that you are going through the measure in order to make sure that there are no questions that are being missed.

So, I am going to go ahead and come over here and just kind of quickly go through here and add a couple of answers. And then as you can see, this is an Administrative so I cannot edit, but if I were to come back up and change it to a Hybrid, you can see that this field is now editable. So that is a change between those two types.

So, one of the things that we had noted was kind of avoiding that hard stop that can exist from a validation standpoint. So, this is a really good example of the kind of validations that could come up on a very incomplete measure. I have not answered quite a bit of these questions. So, if I were to come down here and hit "Validate Measure," you'll see I have quite a few errors that I need to come back and fix. So, you can go back up into the measure and correct these specific errors. But if you run into a situation where there is not an answer for that, and the situation that was mentioned around the numerator, you can come to "Complete Measure," and what you'll be prompted to do is accept that there are still errors on this measure. It will allow you to complete it, though. So, really highlighting that – that not a hard stop exists here, that we're going to go ahead and allow you to complete that measure. So, in this case, I am going to go ahead and hit "Yes."

Now that process of completing the measure, it's really important that as you are going through the measure you are coming down and making sure to hit "Complete Measure." The report itself

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will save, and there is a save option up here. Saving it is not completing the measure, so you want to make sure that when you are done with it, you come down and you hit "Complete Measure" so that it sees the measure as a completed measure. You can see the status updated here, and you can see that the count has been increased from two to three.

All right. One of the things I wanted to come back and note here is kind of the trickle-down effect of information entered, right. So, when we come in here, you see that I had to get to this specific part of the measure where we're able to enter in the NDR, and the impact that that has when you come down and start to get into measure stratification is that those exact same rates are going to be pulled through. So, for each of the individual stratifications that exist, those specific rates will be pulled through to allow you to enter in that information as well.

Alright, I'll go ahead and delete that. All righty. So, one of the big things that – that was mentioned as an addition this year is the addition of the combined rates page. So, we are going to come back to the landing page, and you will see that we have the "Combined Rates" button located here. As a user, you can come into this at any point. You don't necessarily have to have completed any of the measures themselves. However, you won't see calculations for any measures that are not completed. AMB-CH [Ambulatory Care: Emergency Department (ED) Visits - Child Core Set measure] is a good example. I haven't completed that measure. When I come into it you can see there is "not reported" and "not reported" showing. So, this is kind of the default state that you'll see for measures that are not completed or haven't been started yet.

As Talia had mentioned, the – we made sure to allow users to access the specific measures that feed into this combined rates page by accessing them on the page itself. Again, if you click it, it will open in a new tab so not to disrupt you from that flow and make you go away from that page. If you close it out, you will be right back on the page. It's very helpful.

Now I kind of want to show just a couple of examples of how rates are calculated on the combined rates page and show kind of the variance that can exist here. Because of the – the way that it has been set up, it really does take into account a lot of different factors to ensure that the appropriate, accurate calculation is taking place.

One of the ones that we just talked about was CCS-AD. So, you can see here this is a Hybrid measure, and so it has a unique weighted calculation. And this information is being pulled directly from the measures themselves, so, as you can see, these are not editable fields. But if you need to go in and make any adjustments after reviewing this page, let's say my numerator rate was five, not four, I can go into the measure itself. Go ahead and scroll on down. Make the change. And, again, ensuring that you complete the measure is really important here because when you come back into these measures, if you make any changes to them it is going to consider them in progress again. So, in order to keep that completion intact, we will want to come back here and complete measure. So, we'll complete measure. If you come back here, you can see that that number was changed in real time to reflect on the combined rates page.

This is an example of a Hybrid measure. I am going to now show a more standard calculation. Let me pull that up real quick. Actually. So, this is a more standard calculation. So, as you can see the separate CHIP one is not reported yet. That measure hasn't been worked through. But this only includes the numerator, denominator, and rate. When I do the separate CHIP one you will see the same thing done, and then the rate – the combined rate will change to be calculated against both of those data sources.

And then one last one that I want to show because there is some variance here is PCR-AD. So, in some of these the combined count is a – is a sum count across the totals, right. And for this

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particular report, if we were to go into it, you can see that the way that we are capturing all of this information is very different than the NDR sets of other measures. So, being able to still provide that combined rate calculation or the combined sum calculation for a lot of these was something that we really took into account and we wanted to make sure that we were providing accuracy around on the combined rates page. So, if you come back to it, you can see that we have brought those in in accordance with the way that they are captured in the – in the measurement itself. So, you'll see accuracy in what is being shown across the different measurements.

And with that I will go ahead and stop sharing and hand it back to Talia. Thank you.

Talia Parker:

Perfect. Thank you so much, David. Okay. We can go to the next slide. Grace, if we could go to the next slide? Perfect. Okay.

[Slide 81] We will now review some reporting resources that are available to you as you enter your data in the QMR system before we turn to questions. Next slide, please.

[Slide 82] Reporting resources for the FFY 2024 Core Sets can be found on Medicaid.gov and in Appendix C of this slide deck. These resources include many helpful links including measure lists, technical specifications, the Data Quality Checklist, and measurement period tables. Next slide.

[Slide 83] There are also teams available to help you if you run into any challenges while reporting in the QMR system. For technical questions regarding use of the QMR system, please reach out to the MDCT Help Desk. For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the MACQualityTA mailbox. Contact the TA Team at the Data Preview mailbox to ask questions about your state data preview or to set up a meeting with the TA Team to discuss the preview.

In addition, the QMR Help Desk Team will host an office hour this fall, so stay tuned for more information. Next slide, please.

[Slide 84] And finally, here is a list of appendices in the slide deck so that you can easily find your way to the resource you need when it is posted on Medicaid.gov. Next slide.

[Slide 85] Thank you all for attending today's training session, and remember if you have questions, reference and TA resources are readily available on Medicaid.gov or you can contact our team. Next slide.

[Slide 86] So now I am going to turn it over to Alli to facilitate our Q&A session. Please remember to submit your questions using the Slido Q&A feature located in the bottom right-hand corner of your screen. Alli?

Alli Steiner:

All right. Thank you, Talia. So, just as a reminder, we would encourage for state-specific questions about mandatory reporting, that those would be sent to the MACQualityTA mailbox. Those can best be addressed through that method. But we will jump into the questions that we have gotten so far from – from this webinar.

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So, the first question I am going to pass to Mary Beth to answer. It is about T-MSIS reporting. The question is, is CMS still moving forward with still using T-MSIS to help report these measures? Mary Beth?

Mary Beth Hance:

Thank you, Alli. So, we are continuing to assess whether T-MSIS is a viable option to report measures for states. And this is something that we are actively pursuing. We don't have any concrete update at this point. You know, we are assessing not just T-MSIS and the data in T-MSIS, but also the timing of data availability in T-MSIS and how that aligns with the Core Set timelines as well. So, we'll definitely, you know, share any updates in this space, but please know that this is something that we are definitely still looking into to see if there is any viability in using T-MSIS for reporting of Core Set measures.

Alli Steiner:

Okay. Thank you, Mary Beth.

We also received a question regarding separate CHIP reporting for the from-conception-to-end-of-pregnancy, formerly the CHIP unborn population. For this question, I am going to encourage you to reach out directly to the MACQualityTA mailbox so we can discuss your state-specific situation and also the measure-eligible population for each measure. So, if you wouldn't mind sending that to the MACQualityTA mailbox, we would be happy to answer that question there.

Right. We also received another question related to separate CHIP reporting for the Adult population. So I am going to also turn this one to Mary Beth. The question is whether it's possible to provide any forward guidance whether CMS plans to require breaking out the Adult Core Set measures by separate CHIP status. So I will pass that to you, Mary Beth.

Mary Beth Hance:

Great. Thank you so much, Alli. So, at this time we don't have an update. There is no change right now. We will – we appreciate the question and will provide any updated information if there is any to share. So, thank you again for raising the question.

Alli Steiner:

Okay. We have received a few questions related to stratified reporting in the QMR system. So, a couple of questions related to the new OMB Statistical Policy directive. So, just to clarify, so for 2024 reporting, the stratification categories will align with the previous guidance. So those categories are not changing for 2024 stratified reporting. They will look the same as they have in previous years. And, as a reminder, this is encouraged but not mandatory. States can also use the "Add Another" option to define reporting categories if needed. And we also encourage you to reach out to the MACQualityTA mailbox if you have any specific questions about how to structure your data. In terms of the new policy guidance, so that is referring to the new OMB Statistical Policy guidance, SPD 15, that guidance provided five years for compliance with reporting, and CMS plans to include an option to report the new categories for 2025 reporting. But states will have the option, still, at that point. And CMS plans to release additional guidance for 2025 reporting in the coming months. So, just to clarify again, for 2024 reporting the categories will remain the same as they have been in previous years.

All right. Let's see. We received a question – a couple of questions, actually, about dual – Medicare-Medicaid dual eligibles and whether or not they are required to be included in

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reporting. So, for 2024 reporting, CMS has exempted this population from reporting. So, states are encouraged to report on those dual eligible members if they have the data available, but it is not part of the mandatory reporting requirements. Those populations are exempt from the requirements for this first year of mandatory reporting.

Okay. We received a question, I am going to pass this one to David. The question asks how to create an account and enter measures in the QMR system.

David Koger:

Yeah. So, the QMR system utilizes IDM as an authentication platform, so we will provide some additional instructions on getting – yeah, there we go. Thank you. A quick start within the IDM. So you will need to create an IDM login, and there will be a flow to request access to the QMR application. And once that is done, it will be available to you.

Alli Steiner:

Thanks, David. And we have another question about downloading data that I am going to pass to you. So, it asks, is it possible in the QMR system to download the prior year data that was entered or is there a report that we can enter in the QMR system?

David Koger:

Yeah, downloading it is possible. So, at the beginning of the demo I kind of mentioned that you can click on the home page for a reporting year and you can select between the current reporting year and the past three. You would select into any of those past three and then on the landing page there is three little dots – and actually, do you mind if I just share my screen real quick? I'll do that.

Alli Steiner:

That would be super helpful. That might help with another question, too.

David Koger:

So, when you are on this page and you have landed on the landing page, you can go in between reporting years here. So, in this case I would hit 2023. And on this part you can export the measures. So, I would click this, and it's going to create a PDF that I can print or save that includes all of the measures that have been entered for the previous year.

You mentioned there might be another question that I can answer?

Alli Steiner:

Yes. Yeah, thanks, David. So, there's a question asking if it is possible to get a list of the questions for each measure so that they can send out a tool to the MCOs and provide information in September. And, so, I guess I was thinking kind of relating to that PDF feature although there is some path dependencies. So, I guess I will pass it to you, but the question whether it is possible to see all the questions in advance so that it can be shared with their MCOs?

David Koger:

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Yes. So, again, back to like the – there are some question dependencies, so I will give you an example of kind of how that impacts the export. Like if you were to just log in today and have not done any measures yet and tried to export. So, in this case I did do AAB-CH so you can see kind of all the questions that are available to be answered. Granted, some of these are expanded questions so you will only see the first level. So, like in this situation, if I would have hit “no” in the actual measure there are a couple of extra questions. So they are not all expanded. But whatever questions are available in the default state would show up if you were to export right away. If you wanted to get to a point of maybe getting as much of the potential information possible, you would want to go into each measure and at least get to the point where the NDR sets are showing down here. So, a lot of that is dependent on your measurement specification selection. So, you would need to go into each measure and at least get to the point where these NDR sets are showing. But, again, there are still like dependent questions that exist below that. So, when we start talking about Optional Measure Stratifications, obviously there is nothing that I can see here but I know that are additional questions there.

So, you would get probably about 80% of the questions not related to, you know, Optional Measure Stratification or any of the subset ones as long as you go into the measures themselves and make the selections that are necessary to get those additional fields showing. If you were to go to another one, you can see this is one that has not had any questions answered, and you can see that it is lacking kind of the NDR set and some of the additional questions as well.

Alli Steiner:

Thanks, David. That was really helpful to see.

We – the questions are starting to trickle in, not seeing any new ones come in, but we will just give it one more moment in case folks are still typing to see if any – any further questions come in.

Sure. Can we go back to slide 85, the previous slide? We got a request to go back to this slide. So, this is the slide that has all of the technical assistance mailboxes that you’ll need. So, the first one is for technical questions about the system. The next one is for content-related questions. And then the third one is the mailbox that the state previews will come from.

And there is another question about whether the links provided in the chat box will be emailed or provided as part of the PowerPoint. So, we will plan to include those hyperlinks. All of the hyperlinks are in the PowerPoint, and those will be available when the slides are posted on Medicaid.gov in the coming weeks.

Okay. Well, we – we haven’t received any new questions. Again, we encourage anyone who has a question that they didn’t get the chance to ask today to feel free to reach out to one of those mailboxes on the screen. We will make sure it gets directed to the right place. And, again, we just want to thank everybody so much for their time and we look forward to working with you again this year for your reporting. Thanks, everyone, and have a nice rest of your day. Take care.