Technical Assistance (TA) to Support FFY 2021 and FFY 2022 Reporting of the Child, Adult, and Health Home Core Sets

September 15, 2022

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Agenda

- **Introduction and Overview**

- **CMS's Focus on Data Quality**

- **Update to Data Quality Review Process**

- **Reporting Stratified Core Set Data in the Quality Measure Reporting (QMR) System**

- **QMR System Training Points**

- **Reporting Resources**

- **Thank you!**

- **Q&A**

Introduction and Overview

Introduction: Child and Adult Core Sets

- **The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and Children's Health Insurance Program (CHIP).**

- **FFY 2021 and 2022 will be the 12th and 13th years of voluntary reporting of the Child Core Set and the 9th and 10th years of reporting of the Adult Core Set.**

- **Definitions of the Child and Adult Core Sets:**
  - The Child Core Set was authorized under section 401 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).
  - The Adult Core Set was established in 2010 under section 2701 of the Affordable Care Act.
  - The 2022 Child Core Set includes 25 measures, and the 2022 Adult Core Set includes 33 measures.

Introduction: Health Home Core Set

- FFY 2021 and 2022 will be the 9th and 10th years of expected reporting since CMS established the Section 1945 Health Home Core Set in 2013 (the health home benefit was established under section 1945 of the Social Security Act).

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

- In addition to the Section 1945 Health Home Core Set measures, each state plan amendment (SPA) can report specific goals and measures identified by their individual programs.

Reporting Updates: Child and Adult Core Sets

- **Over time:**
  - More states are reporting Child and Adult Core Set measures.
  - The number of measures reported by each state has increased.
  - The quality and completeness of data submitted has improved.

- **Selected measures from the Child and Adult Core Sets are included in the Medicaid and CHIP Scorecard.**

- **Appendix A includes links to FFY 2020 Child and Adult Core Set reporting products.**

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Reporting Updates: Health Home

- **Who is expected to report?**
  - Not all health home programs are expected to report for FFY 2021 and 2022.
  - Reporting requirements are based on the initial start date of each health home program.
  - To determine if your SPA is expected to report, please refer to the health home reporting table[1] or contact the TA mailbox at MACQualityTA@cms.hhs.gov.

- **Appendix A includes links to FFY 2020 section 1945 Health Home Core Set reporting products.**

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

The Value of Reporting

- **Reporting provides a national snapshot of quality of health care in Medicaid and CHIP.**

- **CMS is focused on data quality and completeness to support use of the measures by CMS, states, and other quality partners to drive improvement at the national and state level.**

- **CMS supports states using Core Set measures to drive quality improvement. Current quality improvement priorities include:**
  - Preventive dental care for children
  - Maternal and infant health care
  - Care for acute and chronic conditions (such as asthma and tobacco use cessation)
  - Timely and effective use of behavioral health services

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Goals for FFY 2021 and 2022 Core Set Reporting

- **Continue to increase the number of states reporting the Core Set measures and the number of measures reported by each state.**

- **Continue to improve data quality to support use of the Core Set measures to improve care in Medicaid and CHIP.**
  - Accuracy of reported data
  - Adherence to technical specifications
  - Completeness of populations included in the data (for example, Medicaid, CHIP, dually eligible beneficiaries, all delivery systems)
  - Documentation of state deviations and exclusions

- **Increase the number of states reporting stratified data for Core Set measures, including stratifications by race, ethnicity, language, disability status, and urban/rural location.**

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

The QMR System is Open!

- **The QMR system is now open for FFY 2021 and FFY 2022 Child, Adult, and Health Home Core Set Reporting!**
  - States will report two years of data at once and create separate reports for each reporting year.
  - Reporting deadline is December 31, 2022.

CMS's Focus on Data Quality

Data Quality Considerations

- **Overview of data quality considerations for FFY 2021 and FFY 2022 Core Set reporting:**

  – Data completeness

  – Data accuracy

  – Data consistency

  – Data and methods documentation

- **Combined data quality checklist for the Child, Adult, and Health Home Core Sets can be found on Medicaid.gov.**

  – https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf

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FFY 2021 and 2022 Data Quality Priorities

- **Documentation of which populations and services are excluded from the measures:**
  - Programs (Medicaid, CHIP)
  - Delivery systems (managed care, fee-for-service, primary care case management)
  - Special populations (for example, dually eligible beneficiaries or individuals in foster care)
  - Health care settings (for example, services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities)

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- **Documentation of how states calculated a state- or program-level rate across multiple reporting units:**

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

  - Please note whether the state-level rates are weighted by population size and by what weighting factor.

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

FFY 2021 and 2022 Data Quality Priorities (continued)

- **Documentation of any deviations from the Core Set specifications, including age groups, data sources, methods, and missing rates**

- **Documentation of any changes in populations, denominators, or rates between reporting years**
  - CMS recognizes that, due to the COVID-19 pandemic, performance rates may not be comparable to previous years.

- **Additional data quality tips are available in [Appendix B].**

Update to Data Quality Review Process

Transitioning from "Seek More Information" to a State Data Preview Process

- **<u>Previously in MACPro</u>, CMS and the TA team communicated with states about data quality issues through the SMI feature.**
  - States received outreach reports with data questions about specific measures and were asked to provide written responses.

- **<u>Going forward in the QMR system</u>, CMS and the TA team will send a state data preview to the state users.**
  - The preview will be sent as an email attachment through a designated State Data Preview e-mail address: CoreSetDataPreview@mathematica-mpr.com.
  - The preview will include all data reported in the QMR system, with potential data quality issues flagged, as applicable.
  - All changes must be made in the QMR system; any additional context provided by the state must be entered in the QMR system.

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Transitioning from "Seek More Information" to a State Data Preview Process (continued)

- **This preview process will provide states the opportunity to review all data that may be used for public reporting.**
  - CMCS encourages states to engage quality staff and leadership in reviewing the data.

- **If a state communicates that they have reviewed and made updates to their data, a new state preview will be generated and shared with the state.**

- **CMS and the TA Team will not accept any data changes or contextual documentation that are not recorded in the QMR system.**

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Automation of State-Specific Comments (SSCs)

- **SSCs summarize contextual information about a state's Core Set data, which will accompany the data in Core Set-related analytic products.**

- **The SSCs will be automated based on information states report in various fields in the QMR system.**

- **SSCs include information about delivery systems, denominators, data sources, and data validation.**
  - <u>Example 1</u>: Rate includes managed care population (5 MCOs).
  - <u>Example 2</u>: Rates include managed care population (8 MCOs). Denominator is the sample size; measure-eligible population is 3,345. Administrative data sources are claims/encounters and state immunization information system. Rates were audited or validated.

- **The state data preview will include the automated SSCs for state review.**

TA for the State Data Preview and SSCs

- **Now available: A resource to support the new state data preview process is available at https://www.medicaid.gov/quality-of-care/downloads/QMR-ta-resource.pdf. This resource:**
  - Provides an overview of the data preview process, including instructions for updating the QMR system
  - Maps the QMR fields to the SSCs and includes examples of how the SSCs are generated
  - Includes guidance for how to update the SSCs by updating information in the QMR system

- **Contact the TA team at CoreSetDataPreview@mathematica-mpr.com to ask questions about your state data preview or to set up a meeting with the TA team.**

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Reporting Stratified Core Set Data in the QMR System

Why Stratify Core Set Data?

- Collecting stratified data aligns with CMCS's goals to advance health equity.

- Aggregate, state-level data may mask important differences across subpopulations.

- Stratifying quality measure data can help focus quality improvement initiatives and priorities.

Stratification Categories in the QMR System (Part 1)

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

- **Race**
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian*
    - Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian
  - Native Hawaiian or Other Pacific Islander*
    - Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Islander
  - Other

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

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

Stratification Categories in the QMR System (Part 2)

- **Sex**
  - Male
  - Female

- **Primary language**
  - English
  - Spanish
  - Other

- **Disability status**
  - SSI
  - Non-SSI
  - Other

- **Geography**
  - Urban
  - Rural
  - Other

- **Adult eligibility group (Adult Core Set only)**

- **Numerator/Denominator/ Rate sets will appear in the Optional Measure Stratification section *only* for rates that are reported in the Performance Measure section.**

QMR System Training Points

Landing Page

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

Adult Core Set

- **Note that the Adult Core Set is defaulted on the landing page.**

- **To report on the Child or Health Home measures, disregard the Adult measures and continue to add the Child and/or Health Home Core Sets.**

Child Core Set Reporting

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

Child Core Set Reporting (continued)

- **You will be asked if you are reporting Medicaid and CHIP measures in separate Core Set reports or combined Core Set reports. Please select whichever is appropriate for your state/territory and click *Create* to populate your reporting options on the home page.**
  - If you plan to report Medicaid and CHIP data separately for any measures, you should add separate Core Set reports.

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

Child Core Set Reporting (continued)

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

- **Note that if you report only Medicaid <u>or</u> only CHIP, you should indicate that you are reporting separately.**

- **If you submit only Medicaid <u>or</u> CHIP data, simply do not submit the other report. If you delete either the Medicaid or the CHIP report, it will delete both reports and you will lose your work!**

Health Home Core Set

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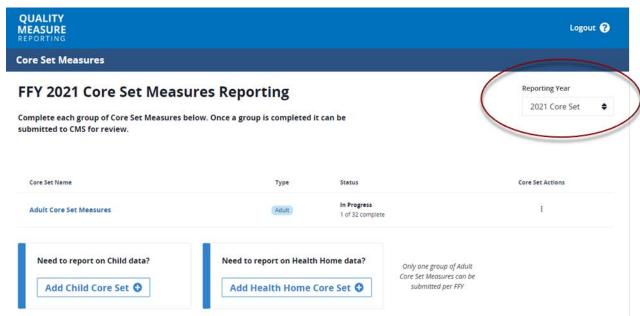
Health Home Core Set (continued)

- **Select your SPA and click *Create* to populate your reporting options on the home page.**
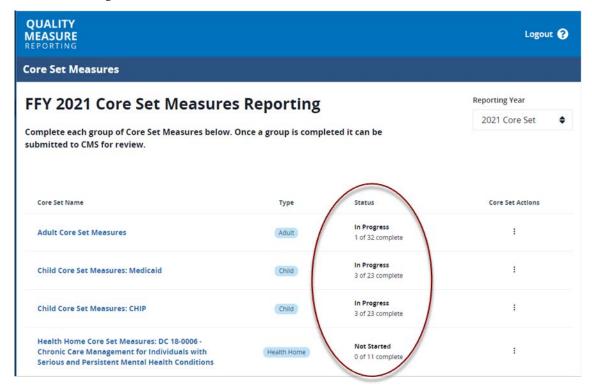
Reporting Year

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

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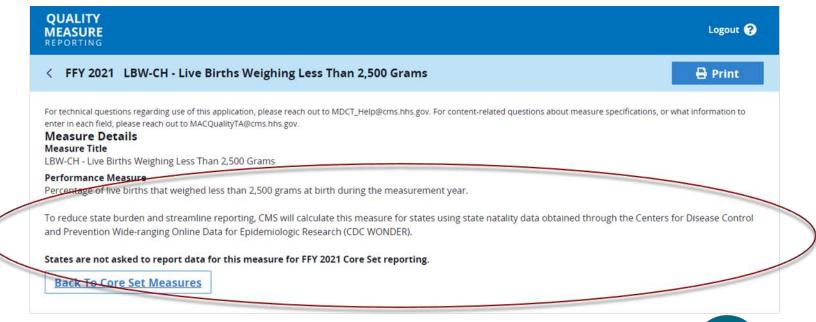
Nonreportable Measures

- **You may notice that on the landing page, some measures already show as being complete. NCIDDS-AD, LBW-CH, LRCD-CH, and PDENT-CH are no longer entered by states in the QMR system as these measures use alternate data sources.**

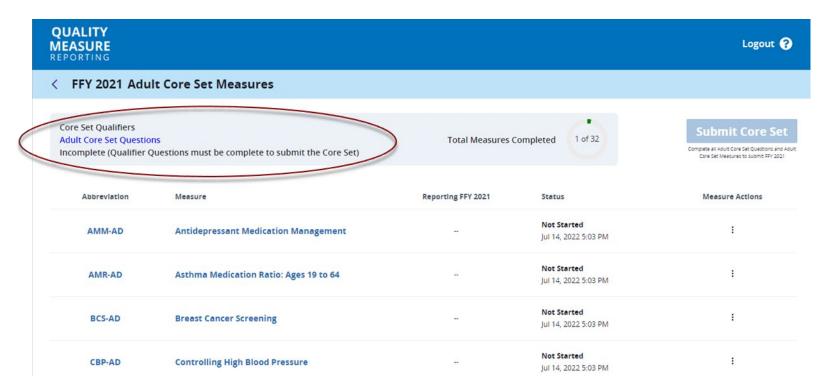# Nonreportable Measures (continued)

- If you click into one of the nonreportable measures, you will see notes that CMS is calculating this measure for states and an indicator that you are not being asked to report data for the reporting year.

- CMS will coordinate with states outside of the QMR system to preview the data for these measures.

Qualifier Questions

- **Click on the Core Set to enter the main measure page. At the top of the screen, you will see the Core Set Qualifier questions, previously known as the Admin questions. Click on the link to fill these out.**
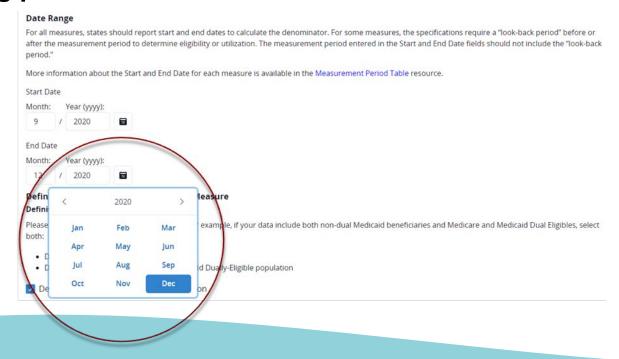
Qualifier Questions (continued)

- **When you are done filling out your information, hit the *Complete Core Set Questions* button to return to the main measure page. If you need more time, use the *Save* button to save your progress.**

Date Range

- When indicating the date range for your measure data, you should use the calendar functionality or type in the four-digit calendar year ("2021" rather than "21").

- You should update the year before you select a month. Because the year defaults to the current year, you will likely need to navigate to an earlier year for the proper reporting period.

Hybrid Measures

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

HEDIS Age Ranges

- **If you are reporting on a measure and you are using HEDIS age ranges for a measure that does not disaggregate data for age 65 and older you should enter your full population in the "Ages 18 to 64" boxes.**

HEDIS Age Ranges (continued)

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

Multiple Rates

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

Multiple Rates (continued)

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

Auto-calculation

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

Auto-calculation (continued)

- **Auto-calculation will not consider weighting by reporting entity. If you choose hybrid as one of your data sources, you can leave the Numerator blank and manually enter your rate.[1]**

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

Auto-calculation (continued)

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

Rates Lower than 0.5

- **If your entered rate is lower than 0.5, you may receive a validation error stating that your manually entered rate should not be zero. The error states: "If the calculated rate is less than 0.5 disregard this validation."**

Order of Operations

- **If you are reporting on a measure, make sure you complete the fields in the form in order. Many early fields determine what you still see in later fields, such as the Performance Measure and Other Measure Stratification (OMS) sections.**

  – If you are entering multiple rates, you must fill in all your rates to have the appropriate sections appear in the OMS section.

  – You should fill out the Performance Measure section in its entirety before reporting stratification data so that all reported rate categories appear properly.

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

Additional Notes/Comments

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

Validating Your Data

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

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

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

Reporting Resources

Reporting Resources: Core Set Resources

- **Reporting resources for the FFY 2021 and FFY 2022 Child, Adult, and Health Home Core Sets can be found on Medicaid.gov and in [Appendix C](#) in this slide deck. They include links to:**
  - Core Set Resource Pages
  - Core Set Measure Lists
  - Resource Manuals and Technical Specifications
  - Summary of Updates to the Resource Manual and Technical Specifications
  - Data Quality Checklist
  - Measurement Period Tables
  - Calculating State-Level Rates using Data from Multiple Reporting Units
  - Allowance of Telehealth in Core Set Measure Specifications
  - Measure-specific Resources

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Reporting Resources: Technical Assistance for FFY 2021 and FFY 2022 Core Set Reporting

- For technical questions regarding use of the QMR system, please reach out to MDCT_help@cms.hhs.gov.

- For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the TA Mailbox at MACQualityTA@cms.hhs.gov.

- For one-on-one TA on using immunization registry data as a supplemental data source for CIS-CH and IMA-CH measures, contact MACQualityTA@cms.hhs.gov.

- Contact the TA team at CoreSetDataPreview@mathematica-mpr.com to ask questions about your state data preview or to set up a meeting with the TA team.

Reporting Resources: Index of Appendices

Appendix	Topic
Appendix A	FFY 2020 Reporting Products
Appendix B	Tips for Improving Core Set Data Quality in the QMR System
Appendix C	TA Resources
Appendix D	Acronym List
Appendix E	Additional QMR Tips and Tricks
Appendix F	FFY 2021 and FFY 2022 Child, Adult, and Health Home Core Set Updates

Thank you for your efforts to report FFY 2021 and FFY 2022 Child, Adult, and Health Home Core Set data!

Technical questions: MDCT_help@cms.hhs.gov
Content questions: MACQualityTA@cms.hhs.gov
State preview questions: CoreSetDataPreview@mathematica-mpr.com

Questions?

Appendix A: FFY 2020 Reporting Products

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

- **Overview of Child and Adult Core Set Reporting, FFY 2020**

  – https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2020-core-set-reporting.pdf

- **Health Home Measure Summaries**

  – https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-core-set-measure-summaries-ffy-2020.zip

- **Measure-Specific Performance on the Core Set Measures, FFY 2020**
  – Child: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-ffy-2020.zip
  – Adult: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-ffy-2020.zip
  – Health Home: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2020-health-home-core-set-performance-ffy-2020.zip

- **Health Quality Measures Dataset, FFY 2020**
  – Child: https://data.medicaid.gov/dataset/fbbe1734-b448-4e5a-bc94-3f8688534741/data?conditions[0][resource]=t&conditions[0][property]=reporting_program&conditions[0][value]=Child%20Core%20Set&conditions[0][operator]=%3D
  – Adult: https://data.medicaid.gov/dataset/fbbe1734-b448-4e5a-bc94-3f8688534741/data?conditions[0][resource]=t&conditions[0][property]=reporting_program&conditions[0][value]=Adult%20Core%20Set&conditions[0][operator]=%3D

- **2021 Chart Packs, FFY 2020**
  – Child: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-child-chart-pack.pdf
  – Adult: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-adult-chart-pack.pdf
  – Heath Home: https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2021-health-home-core-set-chart-pack-ffy-2020.pdf

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

Data Completeness Reporting Tips: Overview

- **Report numerators, denominators, and rates for all rates in each measure for mandatory fields.**

- **Include all measure-eligible beneficiaries/Health Home enrollees in the denominator.**

  – If your state cannot include some beneficiaries/enrollees, please describe the missing population and the size of the excluded population.

- **If your state is unable to report a rate for a measure, please explain in the Additional notes/comments on measure field.**

Data Completeness Reporting Tips: Reporting Denominators for Hybrid Method

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

Data element	How to report in MACPro
Sample size used to calculate the state-level rate*	Report in both the Denominator field and in the "What is the sample size?" field
Measure-eligible population for the state-level rate	Report in the "What is the measure-eligible population?" field
If your state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	• Select "Yes" in the "Combined Rates(s) from Multiple Reporting Units" section • Select the weighting method that was used to create the rate
If your state does not have information about the sample size or measure-eligible population	• Enter 0 in the Denominator field • Explain why this information is unavailable in the "Additional Notes/Comments" section

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

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Data Completeness Reporting Tips: Hybrid Method Reporting Example

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

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

- The state should report the total sample size of 1,233 in the "Denominator" field and a measure-eligible population of 85,000 in the "What is the measure-eligible population" field.

- The state should report that it combined rates across multiple reporting units and that "The rates are weighted based on the size of the measure-eligible population for each reporting unit."

- To retain precision of final rates, reporting unit weights should be calculated to four decimal places. Reporting unit and state-level rates should be rounded to one decimal place.

- For weighted rates, you may need to override the auto-calculated rate in the QMR system!

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

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

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

Data element	How to report in MACPro
Measure-eligible population for the state-level rate	Report in both the Denominator field and the "What is the measure-eligible population?" field
Sample size used to calculate the state-level rate	Report in the "What is the sample size?" field
If your state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	• Select "Yes" in the "Combined Rates(s) from Multiple Reporting Units" section • Select the weighting method that was used to create the rate • Enter the sample size and measure-eligible population for each reporting unit in the "Additional Notes/Comments" section. • Indicate how many reporting entities used administrative-only data and how many used hybrid
If your state does not have information about the sample size or measure-eligible population	• Enter 0 in the Denominator field • Explain why this information is unavailable in the "Additional Notes/Comments" section

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

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

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

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

- **Report the total measure-eligible population of 85,000 in the "Denominator" field and in the "What is the measure-eligible population" field.**

- **Report that state combined rates across multiple reporting units and that "The rates are weighted based on the size of the measure-eligible population for each reporting unit."**

- **Select both Administrative and Hybrid in the data source field.**

- **For weighted rates, you may need to override the auto-calculated rate in the QMR system!**

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

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Data Completeness Reporting Tips: Delivery System Data Fields

Two QMR system sections collect information on delivery systems.

1. **Qualifying questions:**

   For the Child Core Set:
   – Report the percentage of all children covered by each delivery system.
   – Each column (program) should add up to 100 percent.
   – If applicable, describe the "Other" delivery system in the provided text field.

Child Core Set example:

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

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

1. **Qualifying questions (continued):**

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

Adult Core Set example:

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

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

1. **Qualifying questions (continued):**

   For the Health Home Core Set:

   – Report the percentage of all enrollees covered by each delivery system in the Health Home program.

   – Each column (age group) should add up to 100 percent (or 0, if the age group is not applicable for the Health Home).

   – If applicable, describe the "Other" delivery system in the provided text field.

Health Home Core Set example:

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

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

- **Within each measure: Select all delivery systems in your state that serve the measure-eligible population.**

  - For each delivery system, indicate if the full measure-eligible population is included in the measure.

  - If the full measure-eligible population within the delivery system is not included, report the percentage included in the measure (please estimate if exact percentages are not available).

  - If none of the beneficiaries from the delivery system are included, enter 0.

  - If your state's data include managed care enrollees, report the number of managed care plans that are included and excluded (if applicable).

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

- Continuous enrollment refers to the time frame during which a Health Home enrollee must be eligible for Medicaid benefits and enrolled in a Health Home program to be included in the measure denominator. The technical specifications provide the continuous enrollment requirement for each measure, if applicable.

- States may report on a measure if the SPA's effective date does not meet the continuous enrollment requirement; however, please note the time period and method used to assess continuous enrollment for the measure in the Additional Notes section in the QMR system.

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Data Accuracy and Consistency Reporting Tips

- **Reporting rates in the QMR system**
  - The QMR system calculates the rate based on the reported numerator and denominator.
  - For measures calculated using the administrative method only, the auto-calculation cannot be overridden.
  - For measures calculated using any other data source or a combination of data sources, the auto-calculated rate can be overridden. **This is especially important for weighted state-level rates.**

- **Confirm that data and notes are consistent within and across measures.**

- **Coordinate with staff in your state responsible for reporting the Child/Adult/Health Home Core Sets to ensure consistency in reporting for measures that are included in multiple Core Sets.**

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Data Documentation Reporting Tips: Overview

- **Please report any deviations from Core Set specifications in the "Deviations from Measurement Specifications" section in the QMR system.**
  - For each deviation, please describe how your state's methods differed from the Core Set specifications.

- **Please compare your state's data with Core Set data reported previously and investigate large changes in denominators or rates for possible data quality or reporting issues.**

- **For measures with large changes, evaluate whether the difference could be explained by any of the following:**
  - Calculation or reporting error
  - Changes in (1) data sources or delivery systems, (2) quality improvement efforts, or (3) the population included in the measure

- **Include explanations of changes where possible, to facilitate the data quality review process.**

Data Documentation Reporting Tips:
Start Date and End Date Fields

- For each measure, report the measurement period used to calculate the **denominator** in the Start Date and End Date fields.

  - The Child, Adult, and Health Home Measurement Period tables show the denominator measurement period for each measure.

- For many measures, the denominator measurement period for FFY 2021/2022 corresponds to calendar year 2020/2021, respectively.

- Some measures also require states to review utilization or enrollment prior to this period to identify the measure-eligible population. States should **not** include these review periods in the Start Date and End Date fields.

- States should explain any deviations from the specified measurement period for the denominator or numerator.

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Reporting Start Date and End Date: Example

- For FFY 2021, the ADD-CH measurement specifications instruct states to identify beneficiaries with an Attention-Deficit/Hyperactivity Disorder prescription dispensing date in the 12-month window beginning March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.

- However, states will also need to review the beneficiary's medication history from four months before the earliest prescription dispensing date to confirm the negative medication history.

- Although states will need to review data from 2018 for the negative medication review, the denominator is based on prescriptions from March 2019 to February 2020.

- States that followed FFY 2021 Child Core Set specifications should enter "March 2019" in the Start Date field and "February 2020" in the End Date field.

Appendix C: TA Resources

Resources for FFY 2022 Child Core Set Reporting

Resource[1]	Medicaid.gov Link
FFY 2022 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 2022 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf
FFY 2022 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 2022	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
FFY 2022 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2022 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2022-child-core-set-measurement-periods.pdf

[1] FFY 2021 reporting resources will continue to be available on Medicaid.gov for reporting in fall 2022 at the following link: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-child-core-set-resources.zip.

Resources for FFY 2022 Adult Core Set Reporting

Resource[1]	Medicaid.gov Link
FFY 2022 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 2022 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-adult-core-set.pdf
FFY 2022 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 2022	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
FFY 2022 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2022 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2022-adult-core-set-measurement-periods.pdf

[1] FFY 2021 reporting resources will continue to be available on Medicaid.gov for reporting in fall 2022 at the following link: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-adult-core-set-resources.zip.

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Resources for FFY 2022 Health Home Core Set Reporting

Resource[1]	Medicaid.gov Link
FFY 2022 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 2022 Core Set Measure List	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2022-health-home-core-set.pdf
FFY 2022 Resource Manual and Technical Specifications	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/FFY-2022-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2022	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-change-summary-2022.pdf
FFY 2022 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2022 Measurement Period Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-core-set-measurement-period-table-2022.pdf
FFY 2022 Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/health-home-reporting-table.pdf

[1] FFY 2021 reporting resources will continue to be available on Medicaid.gov for reporting in fall 2022 at the following link: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-health-home-core-set-resources.zip.

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Additional Resources for FFY 2022 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 2022 Child, Adult, and Health Home Core Set Measure Specifications (https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)
AIF-HH	**Updated:** Calculating the Admission to an Institution from the Community (AIF-HH) Measure in the Health Home Core Set (https://www.medicaid.gov/state-resource-center/downloads/2022-aif-hh-core-set.pdf)
CBP-AD/HH	**Updated:** Calculating the Controlling High Blood Pressure (CBP) Measure in the 2022 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/CBP-Fact-Sheet.pdf)
COB-AD, FUA-CH/AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	**Updated:** Overview of Substance Use Disorder Measures in the 2022 Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf)
PCR-AD/HH	**Updated:** Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2022 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
CCP-CH/AD, CCW-CH/AD	**Updated:** SAS code for calculating contraceptive care measures (https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html)

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Additional Resources for FFY 2022 Child, Adult, and Health Home Core Set Reporting (continued)

Measure(s)	Resource
PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, PQI92-HH	Free software for calculating the PQI measures (http://www.qualityindicators.ahrq.gov/Software/Default.aspx) *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)*
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) **Updated:** Sample SAS code is available on request by emailing the TA mailbox at MACQualityTA@cms.hhs.gov.
COL-AD/HH	**New:** Calculating the Colorectal Cancer Screening Measure in the 2022 Adult and Health Home Core Sets (https://www.medicaid.gov/quality-of-care/downloads/COL-ta-resource.pdf)
OEV-CH, SFM-CH, TFL-CH	**New:** Overview of the Dental and Oral Health Services Measures in the 2022 Child Core Set (https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)

FFY 2021 reporting resources will continue to be available on Medicaid.gov for reporting in fall 2022 at the following links:
- https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-child-core-set-resources.zip
- https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-adult-core-set-resources.zip
- https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2021-health-home-core-set-resources.zip

Appendix D: Acronym List

Acronym List

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

Acronym	Term
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CMCS	Center for Medicaid and CHIP Services
CMS	Centers for Medicare & Medicaid Services
COVID	Coronavirus Disease
FFY	Federal Fiscal Year
HEDIS	Healthcare Effectiveness Data and Information Set® *The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of NCQA.*
I/DD	Individuals with Intellectual and Developmental Disabilities
MACPro	Medicaid and CHIP Program Portal
NCI	National Core Indicators

Acronym List (continued)

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

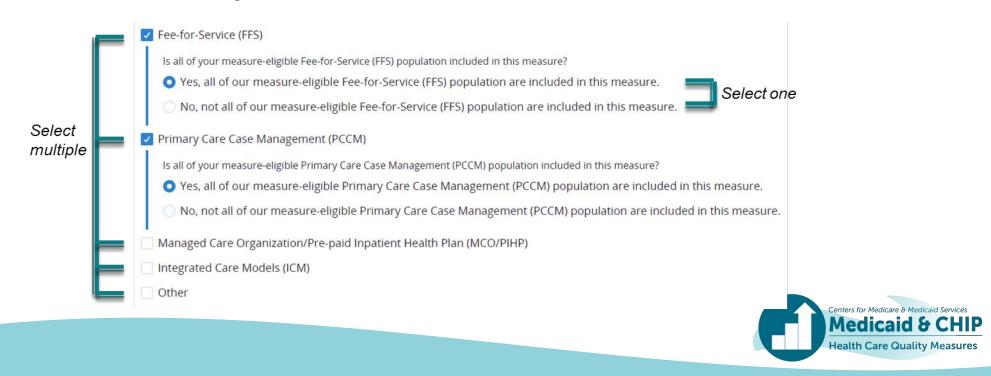| Acronym	Term
ODESA	Online Data Entry System
OMS	Optional Measure Stratification
QMR	Quality Measure Reporting System
RM	Resource Manual
SMI	Seek More Information
SPA	State Plan Amendment
SSC	State Specific Comment
TA	Technical Assistance
TAF	T-MSIS Analytic Files
T-MSIS	Transformed Medicaid Statistical Information System
WONDER	Wide-Ranging Online Data for Epidemiologic Research

Appendix E: Additional QMR System Tips and Tricks

QMR System Training Points: Navigation Tips

- **Internet Explorer (IE) is no longer a supported browser.**

- **Using your up/down arrows on your keyboard to navigate is not possible—it will change your response. <u>Please use your mouse or the tab key</u> to move through fields.**

- **Selection options:**
  - Radio buttons are single select, whereas boxes are multi-select.

QMR System Training Points: Measure Reporting

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

Appendix F: FFY 2021 and FFY 2022 Child, Adult, and Health Home Core Set Updates

Updates to the <u>FFY 2021</u> Child, Adult, and Health Home Core Sets

Core Set(s)	Measures Added for FFY 2021
Child	Sealant Receipt on Permanent First Molars (SFM-CH)
	Measures Modified for FFY 2021
Child	Well-Child Visits in the First 30 Months of Life (W30-CH) • Formerly the Well-Child Visits in the First 15 Months of Life (W15-CH) measure. Modified to include two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.
Child	Child and Adolescent Well-Care Visits (WCV-CH) • The former Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were combined into WCV-CH. The measure now includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate.
Child	Low-Risk Cesarean Delivery (LRCD-CH) • This measure replaces the PC-02: Cesarean Birth measure. To reduce state burden and report a cesarean birth measure consistently across all states, CMS will calculate the LRCD-CH measure on behalf of states using National Vital Statistics System Natality data that are submitted by states and obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) starting in FFY 2021.
	Measures Retired for FFY 2021
Child	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH)
Adult & Health Home	Adult Body Mass Index Assessment (ABA-AD/HH)

Updates to the FFY 2021 Core Sets were announced in a November 2020 Informational Bulletin, available at the following link: https://www.medicaid.gov/federal-policy-guidance/downloads/cib111920.pdf.

Updates to the <u>FFY 2022</u> Child, Adult, and Health Home Core Sets

Core Set(s)	Measures Added for FFY 2022
Child	• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-CH) • Oral Evaluation, Dental Services (OEV-CH) • Topical Fluoride for Children (TFL-CH)
Child & Health Home	• Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH/HH)
Adult	• Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)
Adult & Health Home	• Colorectal Cancer Screening (COL-AD/HH)
Measures Retired for FFY 2022	
Child	• Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) • Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)
Adult	• Elective Delivery (PC01-AD)

Updates to the FFY 2022 Child and Adult Core Sets were announced in a December 2021 Informational Bulletin, available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib121021.pdf.

Updates to the FFY 2022 Health Home Core Set were announced in a February 2022 Informational Bulletin, available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib02162022.pdf.

For More Information

- **For detailed information on updates to the Core Sets and specifications, please see the May 2021 and May 2022 Core Set Updates webinars available at these links:**

  - FFY 2021 Updates: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ta-recording-ffy-2021.mp3

  - FFY 2022 Updates: https://www.medicaid.gov/medicaid/quality-of-care/downloads/ta-recording-ffy-2022.mp4

Use of Alternate Data Sources

- To reduce state burden and streamline reporting, CMS will calculate the Live Births Weighing Less than 2,500 Grams (LBW-CH) and Low-Risk Cesarean Delivery (LRCD-CH) measures for states 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). **States will receive a preview of these measures for FFY 2021 and FFY 2022. States will not submit these measures in QMR.**

- The Preventive Dental Services (PDENT-CH) Child Core Set measure has historically been derived from the state-reported Form CMS-416. For FFY 2021, states that met specified standards for Transformed Medicaid Statistical Information System (T-MSIS) and T-MSIS Analytic Files (TAF) data quality and completeness have the option to allow CMS to generate Form CMS-416T on their behalf using data from the TAF. **States will not submit this measure in QMR.**
  - Note that the PDENT-CH measure was retired for FFY 2022 and two measures were added (OEV-CH and TFL-CH), see .

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Use of Alternate Data Sources (continued)

- The Center for Medicaid and CHIP Services (CMCS) is collaborating with the Agency for Healthcare Research and Quality (AHRQ) to use data from the AHRQ CAHPS Health Plan Survey Database to streamline reporting of the CPA-AD, CPC-CH, FVA-AD, and MSC-AD measures. For FFY 2021 and FFY 2022, states should still submit these measures in QMR.

- The National Core Indicators (NCI®) Survey (NCIDDS-AD) was added to the Adult Core Set in 2020. The survey provides information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities (I/DD) and their families. State agencies voluntarily submit the NCI In-Person Survey results to the NCI National Team using the Online Data Entry System (ODESA). States that gave permission to share this information with CMS will receive a preview of these measures for FFY 2021 and FFY 2022. States will not submit this measure in QMR.

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