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

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**September 15, 2022**

# Agenda

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- **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**

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# 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 12<sup>th</sup> and 13<sup>th</sup> years of voluntary reporting of the Child Core Set and the 9<sup>th</sup> and 10<sup>th</sup> 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

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- **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

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- **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.**

# 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<sup>1</sup> or contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).
- **Appendix A includes links to FFY 2020 section 1945 Health Home Core Set reporting products.**

<sup>1</sup> <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



# 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!

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- **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.

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

# Data Quality Considerations

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- **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>

# FFY 2021 and 2022 Data Quality Priorities

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- **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)

## FFY 2021 and 2022 Data Quality Priorities (continued)

- **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)

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- **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](#).**

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# Update to Data Quality Review Process



# Transitioning from “Seek More Information” to a State Data Preview Process

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- **Previously in MACPro, 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.
- **Going forward in the QMR system, 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](mailto: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.

# Transitioning from “Seek More Information” to a State Data Preview Process (continued)

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- **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.**

# 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.**
  - Example 1: Rate includes managed care population (5 MCOs).
  - Example 2: Rates include managed care population (8 MCOs). Denominator is the sample size; measure-eligible population is 3,345. 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](mailto:CoreSetDataPreview@mathematica-mpr.com) to ask questions about your state data preview or to set up a meeting with the TA team.**

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# Reporting Stratified Core Set Data in the QMR System

# Why Stratify Core Set Data?

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- **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)**



# Stratification in the QMR System

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

Ethnicity

Not of Hispanic, Latino/a, or Spanish origin

Hispanic or Latino

Are you only reporting aggregated data for all Hispanic, Latino/a, or Spanish origin categories?

Yes, we are only reporting aggregated data for all Hispanic, Latino/a, or Spanish origin categories.

No, we are reporting independent data for all Hispanic, Latino/a, or Spanish origin categories

Mexican, Mexican American, Chicano/a

Ages 18 to 64

Age 65 and older

Puerto Rican

Cuban

Another Hispanic, Latino/a or Spanish origin

[+ Add Another Ethnicity](#)

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# 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.

The screenshot shows the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout' link with a question mark icon. Below the header is a dark blue bar with the text 'Core Set Measures'. The main content area is titled 'FFY 2021 Core Set Measures Reporting' and includes a 'Reporting Year' dropdown menu set to '2021 Core Set'. A message states: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.' Below this is a table with columns: 'Core Set Name', 'Type', 'Status', and 'Core Set Actions'. The table contains one row: 'Adult Core Set Measures' (circled in red), 'Adult', 'In Progress 1 of 32 complete', and a vertical ellipsis. Below the table are two buttons: 'Add Child Core Set +' (circled in red) and 'Add Health Home Core Set +' (circled in red). To the right of these buttons is a note: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 32 complete	⋮

Need to report on Child data?  
Add Child Core Set +

Need to report on Health Home data?  
Add Health Home Core Set +

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

# Adult Core Set

- 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.

The screenshot displays the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' on the left and a 'Logout' button with a question mark icon on the right. Below the header is a dark blue bar with the text 'Core Set Measures'. The main content area is titled 'FFY 2021 Core Set Measures Reporting' and includes a 'Reporting Year' dropdown menu set to '2021 Core Set'. A note states: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.' Below this is a table with the following columns: 'Core Set Name', 'Type', 'Status', and 'Core Set Actions'. The table contains one row: 'Adult Core Set Measures' (circled in red), 'Adult', 'In Progress 1 of 32 complete', and a vertical ellipsis. Below the table are two boxes: 'Need to report on Child data?' with an 'Add Child Core Set +' button, and 'Need to report on Health Home data?' with an 'Add Health Home Core Set +' button. To the right of these boxes is a note: 'Only one group of Adult Core Set Measures can be submitted per FFY'. The footer of the screenshot shows the 'Centers for Medicare & Medicaid Services' logo and the text 'Medicaid & CHIP Health Care Quality Measures'.

# Child Core Set Reporting

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

**QUALITY MEASURE REPORTING** Logout ?

**Core Set Measures**

### FFY 2021 Core Set Measures Reporting

Reporting Year: 2021 Core Set

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

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 32 complete	⋮

Need to report on Child data?

[Add Child Core Set +](#)

Need to report on Health Home data?

[Add Health Home Core Set +](#)

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

# Child Core Set Reporting (continued)

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

QUALITY  
MEASURE  
REPORTING

< FFY 2021 Add Child Core Set

**Child Core Set Details**

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

1. How are you reporting Child Core Set measures?

Reporting Medicaid and CHIP measures in separate Core sets

Reporting Medicaid and CHIP measures in combined Core sets

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

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

Create Cancel

# Child Core Set Reporting (continued)

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

< FFY 2021 ADD-CH - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

**Definition of Population Included in the Measure**

**Definition of denominator**  
Please select all populations that are included.

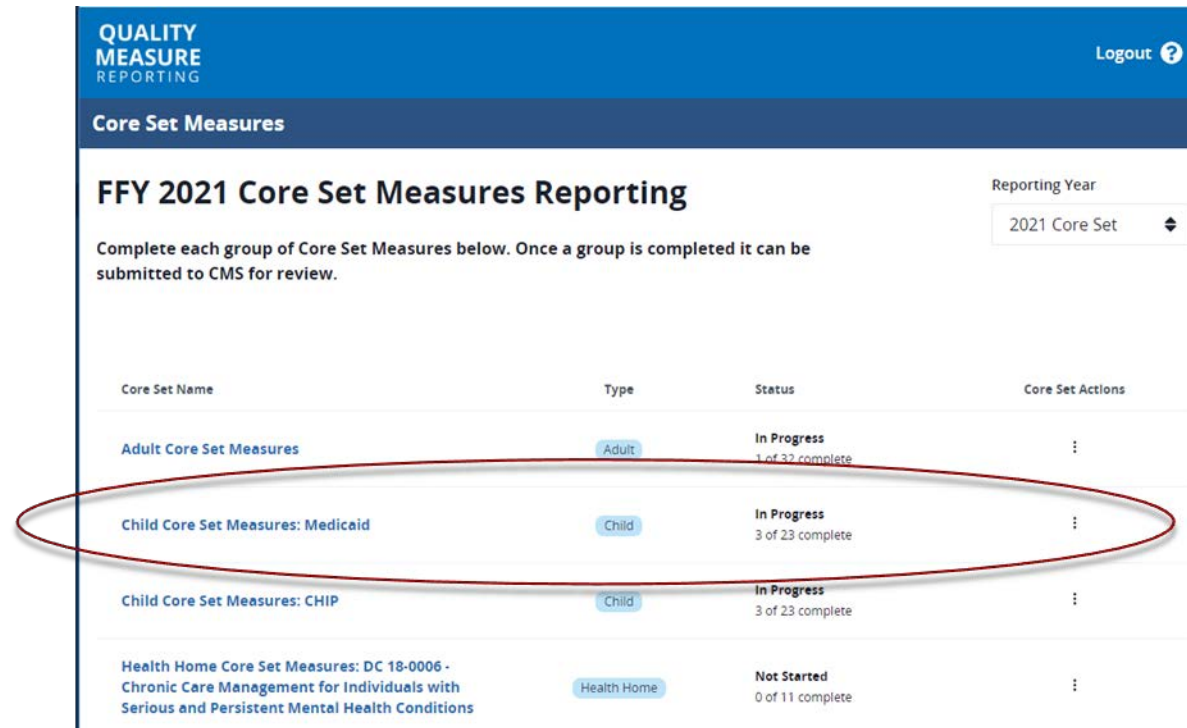
Denominator includes CHIP (Title XXI) population only

Denominator includes Medicaid (Title XIX) population only

Denominator includes CHIP and Medicaid (Title XIX)

# Child Core Set Reporting (continued)

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



QUALITY MEASURE REPORTING Logout ?

**Core Set Measures**

**FFY 2021 Core Set Measures Reporting** Reporting Year: 2021 Core Set

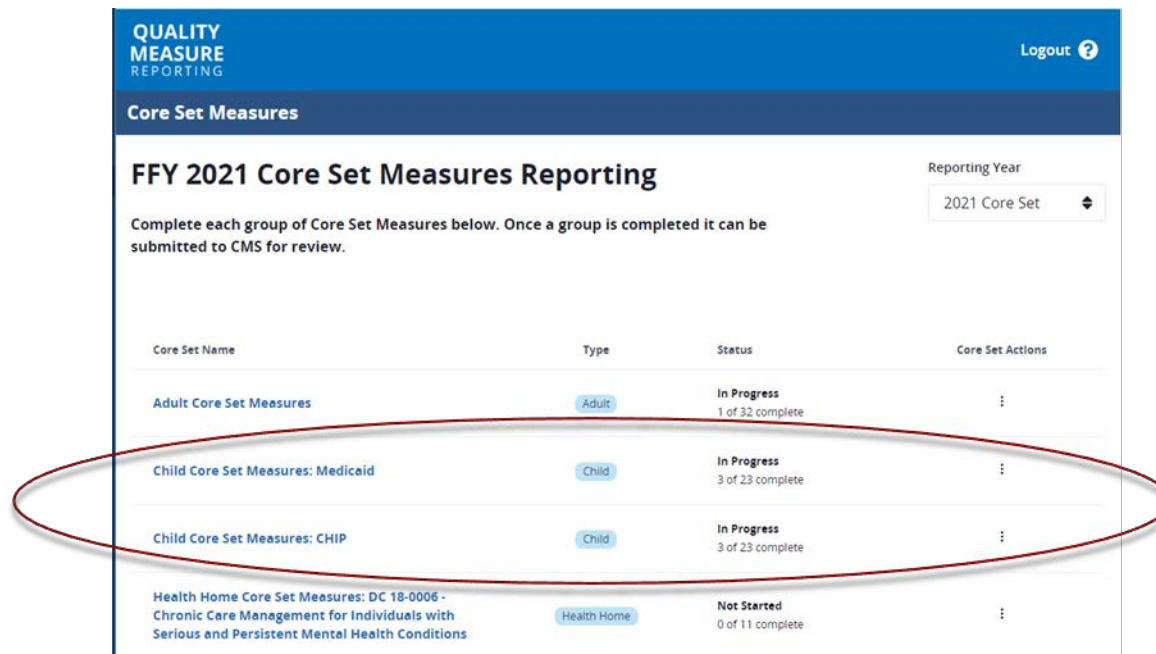
Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 32 complete	⋮
Child Core Set Measures: Medicaid	Child	In Progress 3 of 23 complete	⋮
Child Core Set Measures: CHIP	Child	In Progress 3 of 23 complete	⋮
Health Home Core Set Measures: DC 18-0006 - Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	Health Home	Not Started 0 of 11 complete	⋮



# Child Core Set Reporting (continued)

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



QUALITY MEASURE REPORTING

Core Set Measures

FFY 2021 Core Set Measures Reporting

Reporting Year: 2021 Core Set

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

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 32 complete	⋮
Child Core Set Measures: Medicaid	Child	In Progress 3 of 23 complete	⋮
Child Core Set Measures: CHIP	Child	In Progress 3 of 23 complete	⋮
Health Home Core Set Measures: DC 18-0006 - Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	Health Home	Not Started 0 of 11 complete	⋮

# Health Home Core Set

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

The screenshot shows the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout ?' link. Below this is a dark blue bar with the text 'Core Set Measures'. The main content area is titled 'FFY 2021 Core Set Measures Reporting' and includes a 'Reporting Year' dropdown menu set to '2021 Core Set'. A note states: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.' Below this is a table with columns: 'Core Set Name', 'Type', 'Status', and 'Core Set Actions'. The table contains one row: 'Adult Core Set Measures' with a blue 'Adult' tag, 'In Progress' status, and '1 of 32 complete' progress indicator. Below the table are two panels. The first panel is titled 'Need to report on Child data?' and has a button 'Add Child Core Set +'. The second panel is titled 'Need to report on Health Home data?' and has a button 'Add Health Home Core Set +', which is circled in red. To the right of the second panel is a note: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

QUALITY MEASURE REPORTING Logout ?

Core Set Measures

FFY 2021 Core Set Measures Reporting Reporting Year  
2021 Core Set

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

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 32 complete	⋮

Need to report on Child data?  
Add Child Core Set +

Need to report on Health Home data?  
Add Health Home Core Set +

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

# Health Home Core Set (continued)

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

**QUALITY MEASURE REPORTING**

< FFY 2021 Add Health Home Core Set

### Health Home Core Set Details

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

1. Select the SPA you are reporting on?

Select option

Select option

2. DC 18-0006 - Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions  
DC 18-0007 - Chronic Conditions

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

**Create** **Cancel**

# 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.

The screenshot displays the 'QUALITY MEASURE REPORTING' interface. At the top right, there is a 'Logout' link with a question mark icon. Below the header, the page title is 'Core Set Measures'. The main heading is 'FFY 2021 Core Set Measures Reporting'. A red circle highlights the 'Reporting Year' dropdown menu, which is currently set to '2021 Core Set'. Below this, there is a table with columns for 'Core Set Name', 'Type', 'Status', and 'Core Set Actions'. The table contains one row: 'Adult Core Set Measures' with type 'Adult', status 'In Progress' (1 of 32 complete), and a vertical ellipsis for actions. At the bottom, there are two buttons: 'Add Child Core Set' and 'Add Health Home Core Set'. A note states: 'Only one group of Adult Core Set Measures can be submitted per FFY'.

# 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.

The screenshot displays the 'Core Set Measures' reporting page for FFY 2021. The page includes a header with 'QUALITY MEASURE REPORTING' and a 'Logout' link. Below the header, there is a section for 'FFY 2021 Core Set Measures Reporting' with a 'Reporting Year' dropdown set to '2021 Core Set'. A note states: 'Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.' The main content is a table with four columns: 'Core Set Name', 'Type', 'Status', and 'Core Set Actions'. The 'Status' column is circled in red. The table lists four core set groups: 'Adult Core Set Measures' (Adult, In Progress, 1 of 32 complete), 'Child Core Set Measures: Medicaid' (Child, In Progress, 3 of 23 complete), 'Child Core Set Measures: CHIP' (Child, In Progress, 3 of 23 complete), and 'Health Home Core Set Measures: DC 18-0006 - Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions' (Health Home, Not Started, 0 of 11 complete).

Core Set Name	Type	Status	Core Set Actions
Adult Core Set Measures	Adult	In Progress 1 of 32 complete	⋮
Child Core Set Measures: Medicaid	Child	In Progress 3 of 23 complete	⋮
Child Core Set Measures: CHIP	Child	In Progress 3 of 23 complete	⋮
Health Home Core Set Measures: DC 18-0006 - Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	Health Home	Not Started 0 of 11 complete	⋮

# 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.

**QUALITY MEASURE REPORTING** Logout ?

< **FFY 2021 LBW-CH - Live Births Weighing Less Than 2,500 Grams** Print

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

**Measure Details**  
**Measure Title**  
LBW-CH - Live Births Weighing Less Than 2,500 Grams

**Performance Measure**  
Percentage of live births that weighed less than 2,500 grams at birth during the measurement year.

To reduce state burden and streamline reporting, CMS will calculate this measure for states using state natality data obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER).

**States are not asked to report data for this measure for FFY 2021 Core Set reporting.**

[Back To Core Set Measures](#)

# Qualifier Questions

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

QUALITY MEASURE REPORTING Logout ?

< FFY 2021 Adult Core Set Measures

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

Total Measures Completed 1 of 32

Submit Core Set  
Complete all Adult Core Set Questions and Adult Core Set Measures to submit FFY 2021

Abbreviation	Measure	Reporting FFY 2021	Status	Measure Actions
AMM-AD	Antidepressant Medication Management	--	Not Started Jul 14, 2022 5:03 PM	⋮
AMR-AD	Asthma Medication Ratio: Ages 19 to 64	--	Not Started Jul 14, 2022 5:03 PM	⋮
BCS-AD	Breast Cancer Screening	--	Not Started Jul 14, 2022 5:03 PM	⋮
CBP-AD	Controlling High Blood Pressure	--	Not Started Jul 14, 2022 5:03 PM	⋮

# Qualifier Questions (continued)

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

FFY 2021 Adult Core Set Qualifiers

+ Add Another

Total 0.0 % 0.0 %

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

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

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

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

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

No, we calculated all the measures internally.

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

Validate Core Set Questions Complete Core Set Questions



# 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.

**Date Range**

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

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

Start Date

Month: Year (yyyy):

9 / 2020

End Date

Month: Year (yyyy):

12 / 2020

Defin measure

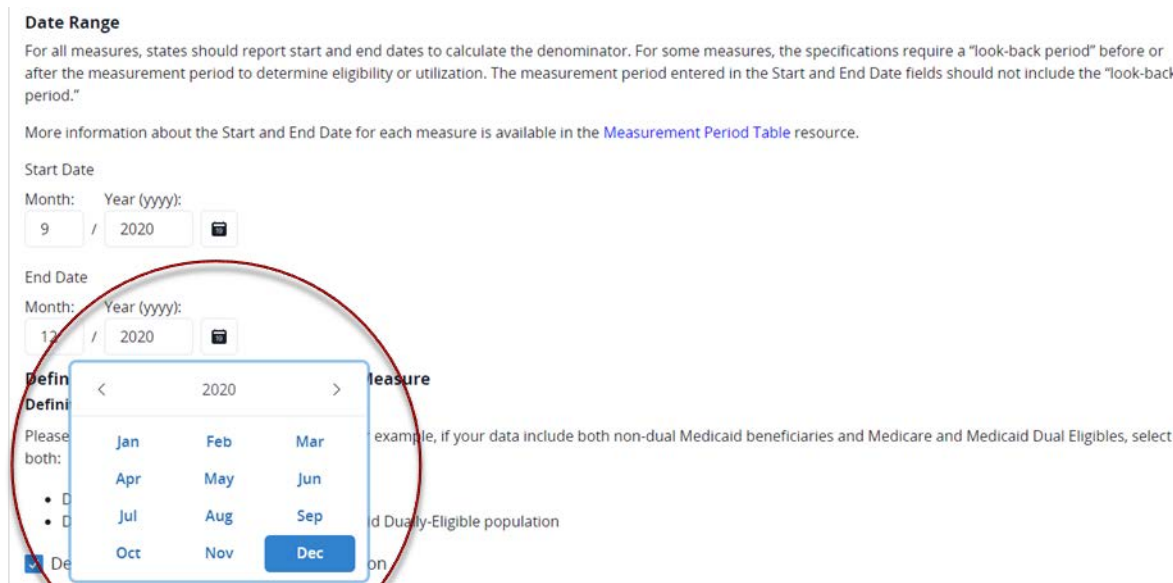
Defini

Please select both:

- D
- D

and Dually-Eligible population

De on



# 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.

< FFY 2021 CIS-CH - Childhood Immunization Status Save Print

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

What is the size of the measure-eligible population?

Specify the sample size:

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

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

# HEDIS Age Ranges

- 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.

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

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

**Effective Acute Phase Treatment**

**Ages 18 to 64**

Numerator	Denominator	Rate
<input type="text" value="7008"/>	<input type="text" value="19992"/>	<input type="text" value="35.1"/>

**Age 65 and older**

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

**Effective Continuation Phase Treatment**

**Ages 18 to 64**

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

# 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.

FFY 2021 AMM-AD - Antidepressant Medication Management

Save Print

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**Additional Notes/Comments on the measure (optional)**  
Please add any additional notes or comments on the measure not otherwise captured above:

The state used HEDIS age groups. The numerator and denominator include the 65+ population.

If you need additional space to include comments or supplemental information, please attach further documentation below.

Drag & drop or [browse](#)  
Maximum file size of 80MB.

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

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

**Validate Measure** **Complete Measure**

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

Example:  
"The state used HEDIS age groups. The numerator and denominator include the 65+ population."

# 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.

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

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

**Effective Acute Phase Treatment**

**Ages 18 to 64**

Numerator	Denominator	Rate
<input type="text" value="7008"/>	<input type="text" value="19992"/>	<input type="text" value="35.1"/>

**Age 65 and older**

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

**Effective Continuation Phase Treatment**

**Ages 18 to 64**

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

## Multiple Rates (continued)

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

< FFY 2021 AMM-AD - Antidepressant Medication Management

Save Print

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**Additional Notes/Comments on the measure (optional)**

P [ ] otherwise captured above:

I can enter my reason for not reporting on all rates here.

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

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

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

Effective Acute Phase Treatment

Ages 18 to 64

Numerator	Denominator	Rate
<input type="text" value="7008"/>	<input type="text" value="19992"/>	<input type="text" value="35.1"/>

# 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.<sup>1</sup>**

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

✓ Saved 11 days ago

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

Effective Acute Phase Treatment

Ages 18 to 64

Numerator	Denominator	Rate
<input type="text"/>	<input type="text" value="20000"/>	<input type="text" value="40"/>

<sup>1</sup> Guidance on how to calculate a weighted state-level rate and enter it in the QMR system is available at <https://www.medicare.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.

< FFY 2021 AMM-AD - Antidepressant Medication Management Save Print  
Saved 1 minute ago

**Complete the Measure**  
Please select "Validate Measure" to check any error present on the measure prior to completion  
Complete the measure and mark it for submission to CMS for review

Validate Measure Complete Measure Clear Data

**Performance Measure Error**  
Should not have partially filled NDR sets for Ages 18 to 64, Effective Acute Phase Treatment. X

# 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.”

<b>Ages 18 to 64</b>		
Numerator	Denominator	Rate
<input type="text" value="12"/>	<input type="text" value="19992"/>	<input type="text" value="0.2"/>
<b>Age 65 and older</b>		
Numerator	Denominator	Rate
<input type="text" value="30"/>	<input type="text" value="19980"/>	<input type="text" value="0.3"/>

**! Performance Measure/Other Performance Measure Error**  
Rate should not be 0 if numerator and denominator are not 0. If the calculated rate is less than 0.5, disregard this validation. ×

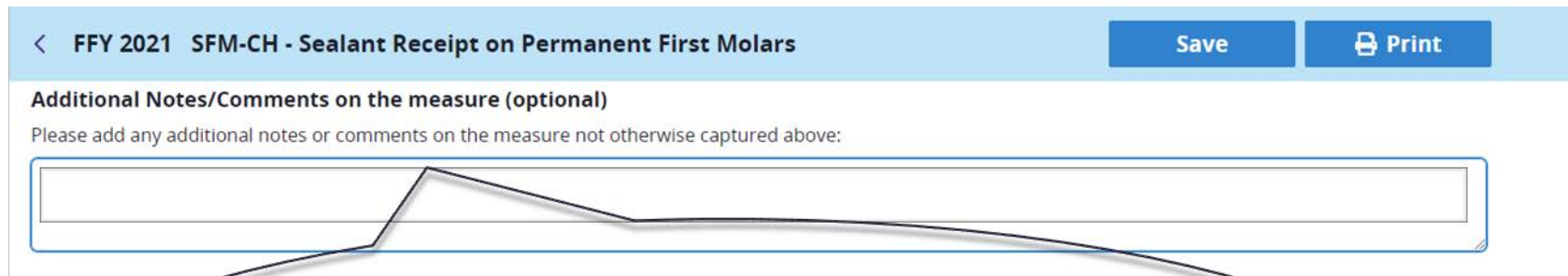
# Order of Operations

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- **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

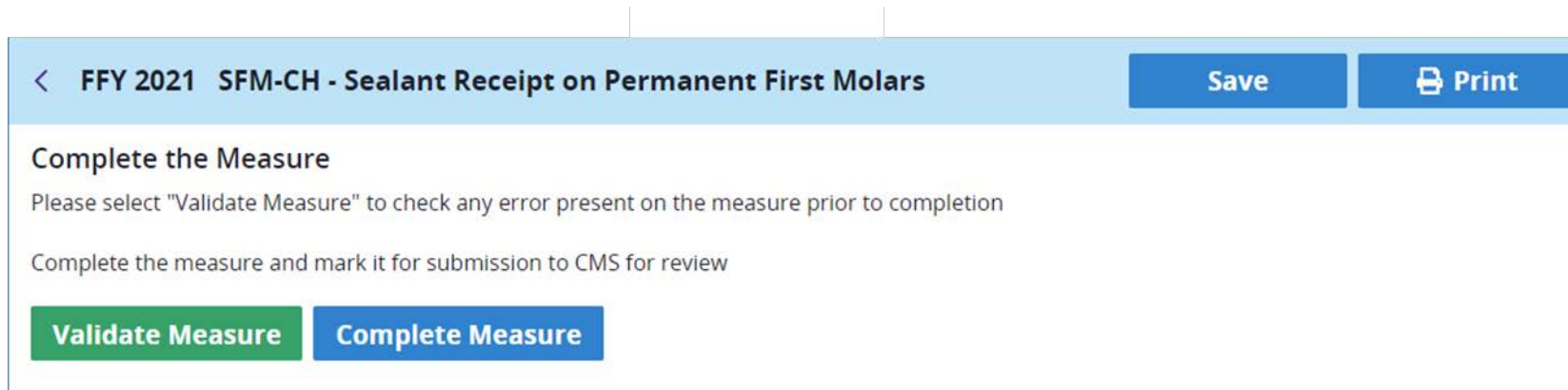
- If you indicate you are reporting on a measure, and then enter information into the Additional Notes/Comments section, and then indicate you are not reporting on the measure, your comments will carry over. Please make sure to review your notes before submitting the measure to make sure they are still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



These notes will remain if you change your response from “Yes, I am reporting on SFM-CH” to “No, I am not reporting on SFM-CH” (and vice versa). If you change your reporting pathway, please make sure to review your notes and verify 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.



< FFY 2021 SFM-CH - Sealant Receipt on Permanent First Molars Save Print

Complete the Measure

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

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

Validate Measure Complete Measure

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# 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

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

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- For technical questions regarding use of the QMR system, please reach out to [MDCT\\_help@cms.hhs.gov](mailto: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](mailto: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](mailto:MACQualityTA@cms.hhs.gov).
- Contact the TA team at [CoreSetDataPreview@mathematica-mpr.com](mailto:CoreSetDataPreview@mathematica-mpr.com) to ask questions about your state data preview or to set up a meeting with the TA team.



# Reporting Resources: Index of Appendices

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

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# **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](mailto:MDCT_help@cms.hhs.gov)

Content questions: [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov)

State preview questions: [CoreSetDataPreview@mathematica-mpr.com](mailto:CoreSetDataPreview@mathematica-mpr.com)

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**Questions?**

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

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

# Data Completeness Reporting Tips: Overview

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- **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)	<ul style="list-style-type: none"><li>• Select "Yes" in the "Combined Rates(s) from Multiple Reporting Units" section</li><li>• Select the weighting method that was used to create the rate</li></ul>
If your state does not have information about the sample size or measure-eligible population	<ul style="list-style-type: none"><li>• Enter 0 in the Denominator field</li><li>• Explain why this information is unavailable in the "Additional Notes/Comments" section</li></ul>

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



# Data Completeness Reporting Tips: Hybrid Method Reporting Example

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

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

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

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

# Data Completeness Reporting Tips:

## Reporting When State-Level Rate\* Includes Mix of Administrative and Hybrid Data

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

Data element	How to report in 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)	<ul style="list-style-type: none"> <li>• Select “Yes” in the “Combined Rates(s) from Multiple Reporting Units” section</li> <li>• Select the weighting method that was used to create the rate</li> <li>• Enter the sample size and measure-eligible population for each reporting unit in the “Additional Notes/Comments” section.</li> <li>• Indicate how many reporting entities used administrative-only data and how many used hybrid</li> </ul>
If your state does not have information about the sample size or measure-eligible population	<ul style="list-style-type: none"> <li>• Enter 0 in the Denominator field</li> <li>• Explain why this information is unavailable in the “Additional Notes/Comments” section</li> </ul>

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

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

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

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

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

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

# Data Completeness Reporting Tips: Delivery System Data Fields

Two QMR system sections collect information on delivery systems.

## 1. Qualifying questions:

For the Child Core Set:

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

## Child Core Set example:

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

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

## 1. Qualifying questions (continued):

For the Adult Core Set:

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

### Adult Core Set example:

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

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

## 1. Qualifying questions (continued):

For the Health Home Core Set:

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

### Health Home Core Set example:

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

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

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

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

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- **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.**



# 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.**

# 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

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- **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.**

# 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.

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# Appendix C: TA Resources

# Resources for FFY 2022 Child Core Set Reporting

Resource <sup>1</sup>	Medicaid.gov Link
FFY 2022 Core Set Resource Pages	<a href="https://www.medicare.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html">https://www.medicare.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html</a>
FFY 2022 Core Set Measure List	<a href="https://www.medicare.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf">https://www.medicare.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf</a>
FFY 2022 Resource Manual and Technical Specifications	<a href="https://www.medicare.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf">https://www.medicare.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf</a>
Summary of updates to the resource manual and technical specifications for FFY 2022	<a href="https://www.medicare.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf">https://www.medicare.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf</a>
FFY 2022 Data Quality Checklist	<a href="https://www.medicare.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf">https://www.medicare.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf</a>
FFY 2022 Measurement Period Table	<a href="https://www.medicare.gov/medicaid/quality-of-care/downloads/ffy-2022-child-core-set-measurement-periods.pdf">https://www.medicare.gov/medicaid/quality-of-care/downloads/ffy-2022-child-core-set-measurement-periods.pdf</a>

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

# Resources for FFY 2022 Adult Core Set Reporting

Resource <sup>1</sup>	Medicaid.gov Link
FFY 2022 Core Set Resource Pages	<a href="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">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</a>
FFY 2022 Core Set Measure List	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-adult-core-set.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-adult-core-set.pdf</a>
FFY 2022 Resource Manual and Technical Specifications	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf</a>
Summary of updates to the resource manual and technical specifications for FFY 2022	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf</a>
FFY 2022 Data Quality Checklist	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf</a>
FFY 2022 Measurement Period Table	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2022-adult-core-set-measurement-periods.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2022-adult-core-set-measurement-periods.pdf</a>

<sup>1</sup> 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>.

# Resources for FFY 2022 Health Home Core Set Reporting

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

<sup>1</sup> 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>.



# Additional Resources for FFY 2022 Child, Adult, and Health Home Core Set Reporting

Measure(s)	Resource
All	<b>Updated:</b> Calculating State-Level Rates Using Data from Multiple Reporting Units ( <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf</a> )
All	<b>Updated:</b> Allowance of Telehealth in the 2022 Child, Adult, and Health Home Core Set Measure Specifications ( <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf</a> )
AIF-HH	<b>Updated:</b> Calculating the Admission to an Institution from the Community (AIF-HH) Measure in the Health Home Core Set ( <a href="https://www.medicaid.gov/state-resource-center/downloads/2022-aif-hh-core-set.pdf">https://www.medicaid.gov/state-resource-center/downloads/2022-aif-hh-core-set.pdf</a> )
CBP-AD/HH	<b>Updated:</b> Calculating the Controlling High Blood Pressure (CBP) Measure in the 2022 Adult and Health Home Core Sets ( <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/CBP-Fact-Sheet.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/CBP-Fact-Sheet.pdf</a> )
COB-AD, FUA-CH/AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	<b>Updated:</b> Overview of Substance Use Disorder Measures in the 2022 Child, Adult, and Health Home Core Sets ( <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/factsheet-sud-adult-core-set.pdf</a> )
PCR-AD/HH	<b>Updated:</b> Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2022 Adult and Health Home Core Sets ( <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf</a> )
CCP-CH/AD, CCW-CH/AD	<b>Updated:</b> SAS code for calculating contraceptive care measures ( <a href="https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html">https://www.hhs.gov/opa/performance-measures/claims-data-sas-program-instructions/index.html</a> )

# 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 ( <a href="http://www.qualityindicators.ahrq.gov/Software/Default.aspx">http://www.qualityindicators.ahrq.gov/Software/Default.aspx</a> ) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary/enrollee months (not per 100,000 beneficiaries/enrollees)</i>
SFM-CH	<b>Updated:</b> Calculating the Sealant Receipt on Permanent First Molars Measure in the Child Core Set ( <a href="https://www.medicaid.gov/quality-of-care/downloads/sfm-ta-resource.pdf">https://www.medicaid.gov/quality-of-care/downloads/sfm-ta-resource.pdf</a> ) <b>Updated:</b> Sample SAS code is available on request by emailing the TA mailbox at <a href="mailto:MACQualityTA@cms.hhs.gov">MACQualityTA@cms.hhs.gov</a> .
COL-AD/HH	<b>New:</b> Calculating the Colorectal Cancer Screening Measure in the 2022 Adult and Health Home Core Sets ( <a href="https://www.medicaid.gov/quality-of-care/downloads/COL-ta-resource.pdf">https://www.medicaid.gov/quality-of-care/downloads/COL-ta-resource.pdf</a> )
OEV-CH, SFM-CH, TFL-CH	<b>New:</b> Overview of the Dental and Oral Health Services Measures in the 2022 Child Core Set ( <a href="https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf">https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf</a> )

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>

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## **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® <i>The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of NCQA.</i>
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


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# Appendix E: Additional QMR System Tips and Tricks

# QMR System Training Points: Navigation Tips

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

*Select multiple*

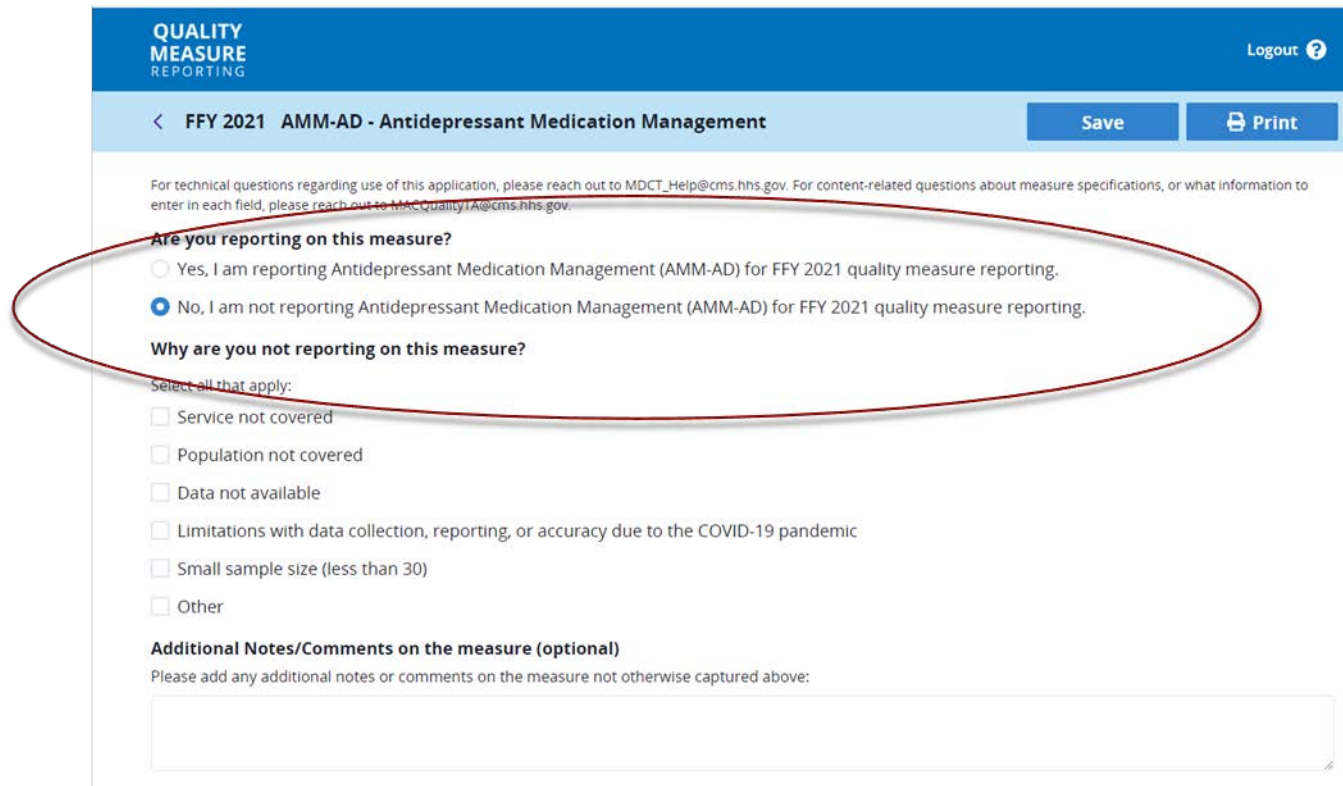
Fee-for-Service (FFS)  
Is all of your measure-eligible Fee-for-Service (FFS) population included in this measure?  
 Yes, all of our measure-eligible Fee-for-Service (FFS) population are included in this measure.  *Select one*  
 No, not all of our measure-eligible Fee-for-Service (FFS) population are included in this measure.

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

Managed Care Organization/Pre-paid Inpatient Health Plan (MCO/PIHP)  
 Integrated Care Models (ICM)  
 Other

# QMR System Training Points: Measure Reporting

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



**QUALITY MEASURE REPORTING** Logout ?

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

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

**Are you reporting on this measure?**

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

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

**Why are you not reporting on this measure?**

Select all that apply:

Service not covered

Population not covered

Data not available

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

Small sample size (less than 30)

Other

**Additional Notes/Comments on the measure (optional)**

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



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

# Updates to the FFY 2021 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) <ul style="list-style-type: none"> <li>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.</li> </ul>
Child	Child and Adolescent Well-Care Visits (WCV-CH) <ul style="list-style-type: none"> <li>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.</li> </ul>
Child	Low-Risk Cesarean Delivery (LRCD-CH) <ul style="list-style-type: none"> <li>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.</li> </ul>
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.medicare.gov/federal-policy-guidance/downloads/cib111920.pdf>.



# Updates to the FFY 2022 Child, Adult, and Health Home Core Sets

Core Set(s)	Measures Added for FFY 2022
Child	<ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-CH)</li> <li>Oral Evaluation, Dental Services (OEV-CH)</li> <li>Topical Fluoride for Children (TFL-CH)</li> </ul>
Child & Health Home	<ul style="list-style-type: none"> <li>Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH/HH)</li> </ul>
Adult	<ul style="list-style-type: none"> <li>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)</li> </ul>
Adult & Health Home	<ul style="list-style-type: none"> <li>Colorectal Cancer Screening (COL-AD/HH)</li> </ul>
Measures Retired for FFY 2022	
Child	<ul style="list-style-type: none"> <li>Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)</li> <li>Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)</li> </ul>
Adult	<ul style="list-style-type: none"> <li>Elective Delivery (PC01-AD)</li> </ul>

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

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- 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 [slide 11](#).

## 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.**