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

September 4, 2024

Agenda

- **Introduction and Overview**
- **CMS's Focus on Data Quality**
- **Data Preview Process**
- **Reporting Stratified Core Set Data in the Quality Measure Reporting (QMR) System**
- **QMR System FFY 2024 Reporting Tips**
- **QMR System Demo**
- **Core Set Reporting Resources**
- **Thank you!**
- **Q&A**

Introduction and Overview

Introduction: Child and Adult Core Sets

- **The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and the Children’s Health Insurance Program (CHIP).**
- **Federal Fiscal Year (FFY) 2024 will be the 15th year of reporting of the Child Core Set and the 12th year of reporting of the Adult Core Set.**
- **Definitions of the Child and Adult Core Sets:**
 - The Child Core Set was authorized under section 401 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA).
 - The Adult Core Set was authorized under section 2701 of the Affordable Care Act.
 - The 2024 Child Core Set includes 27 measures, and the 2024 Adult Core Set includes 33 measures.

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](#).**
- **No measures were added to the 2024 Child or Adult Core Sets. No measures were retired from the 2024 Child Core Set. The Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) measure was retired from the 2024 Adult Core Set.^{1, 2}**
- **[Appendix A](#) includes links to FFY 2022 Child and Adult Core Set reporting products. FFY 2023 reporting products will be available soon!**

¹ Updates to the FFY 2023 and 2024 Child and Adult Core Sets were announced in a November 2022 CMCS Informational Bulletin, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111522.pdf>. Additional updates to the 2024 Child and Adult Core Sets were announced in an email distributed to state reporting contacts in August 2023.

² For detailed information on updates to the Core Sets and specifications, please see the March 2024 Core Set Updates webinar available at <https://www.youtube.com/watch?v=9S2wG2Mjk0U>

Introduction: Health Home Core Set

- **FFY 2024 will be the 12th year of reporting since CMS established the Section 1945 Health Home Core Set in 2013 (the health home benefit was established under section 1945 of the Social Security Act).**
- **The Section 1945 Health Home Core Set consists of quality measures and utilization measures that are used for ongoing monitoring and evaluation purposes across all state health home programs.**
- **In addition to the Section 1945 Health Home Core Set measures, each health home program can report specific goals and measures identified by their individual programs.**

Reporting Updates: Health Home

- **Who is expected to report?**
 - All health home programs that have been in effect for at least six months of the reporting period are expected to report for FFY 2024.
 - Reporting requirements are based on the initial start date of each health home program.
 - To determine if a health home program is expected to report, states can refer to the health home reporting table¹ or contact the technical assistance (TA) mailbox at MACQualityTA@cms.hhs.gov.
- **No measures were added to or retired from the 2024 Health Home Core Set.^{2, 3}**
- **Appendix A includes links to FFY 2022 Section 1945 Health Home Core Set reporting products. FFY 2023 reporting products will be available soon!**

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

² Updates to the FFY 2023 and FFY 2024 Health Home Core Set were announced in an email distributed to state-level Health Home contacts in December 2022.

³ For detailed information on updates to the Core Sets and specifications, please see the March 2024 Core Set Updates webinar available at <https://www.youtube.com/watch?v=9S2wG2Mjk0U>

FFY 2024 Mandatory Reporting

- **Beginning with FFY 2024 reporting:**
 - States are required to report all measures on the Child Core Set and the behavioral health measures on the Adult Core Set. More information on mandatory reporting requirements is included in the [Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets](#).
 - States with approved Health Home Programs in operation by June 30, 2023 are required to report all measures on the Health Home Core Set. More information on mandatory reporting requirements is included in the [Initial Core Set Mandatory Reporting Guidance for the Health Home Core Quality Measure Sets](#).
- **States are required to adhere to technical specifications and reporting guidance issued by CMS.**
- **All measure-eligible beneficiaries must be included in state reporting.**

FFY 2024 Mandatory Reporting (continued)

- **States with separate CHIP programs must report on the Child Core Set measures separately for Medicaid, inclusive of CHIP-funded Medicaid expansion (Title XIX and XXI), and separate CHIP (Title XXI) populations.**
 - States with separate CHIP programs are also encouraged, but not required, to report this population separately for Adult Core Set measures.
 - States must ensure that each measure-eligible Medicaid and CHIP beneficiary is included in the measure calculation and attributed to the appropriate program based on the measure eligibility criteria, and that there is no duplication or double counting.
 - More information on separate CHIP reporting requirements is available in the [Mandatory Medicaid and Children's Health Insurance Program \(CHIP\) Core Set Reporting Final Rule](#).
- **To reduce state burden, CMS will aggregate the Medicaid and separate CHIP results in the QMR system to create combined Medicaid and CHIP results for each reported rate.**
- **NEW:** TA resource on Reporting Medicaid and Separate CHIP Data in the Quality Measure Reporting System for the Child and Adult Core Sets is now available at <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf>

The Value of Reporting

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

Goals for FFY 2024 Core Set Reporting

- **Assist states in reporting the Core Sets according to mandatory reporting requirements through technical assistance and outreach to states.**
- **Streamline data collection and reporting processes to reduce burden on states.**
- **Monitor state and national performance on Core Set measures.**
- **Support states to mobilize Core Set data to drive improvements in health care quality and health outcomes.**
- **Increase the stratification of Core Set measures to advance health equity.**

To support these goals, CMS works with the technical assistance team to conduct outreach to states throughout the reporting process.

The QMR System is Open!

- **The QMR system is now open for FFY 2024 Child, Adult, and Health Home Core Sets reporting!**
 - Reporting deadline is December 31, 2024.
- **If you have questions about accessing the QMR system, please contact MDCT_help@cms.hhs.gov.**

CMS's Focus on Data Quality

Data Quality Considerations

- **Overview of data quality considerations for FFY 2024 Core Set reporting:**
 - Data completeness
 - Data accuracy
 - Data consistency
 - Data and methods documentation
 - Adherence to Core Set technical specifications
- **Combined data quality checklist for the Child, Adult, and Health Home Core Sets can be found at**
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf>

FFY 2024 Data Quality Priorities

- **States should include all measure-eligible populations and services in the measures¹:**
 - Programs (Medicaid, CHIP²)
 - Delivery systems (managed care, fee-for-service, primary care case management)
 - Special populations (for example, individuals in foster care)
 - Health care settings (for example, services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities)
- **Only states with an approved population exemption request may exclude measure-eligible populations from mandatory Child and Adult measures.**
 - States should document any populations or services excluded from measures, even if they have an approved population exemption.
 - Population exemptions are not applicable for Health Home reporting.

¹ CMS is exempting the states from reporting on the following populations for the FFY 2024 mandatory Child and Adult measures: (1) Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid; and (2) Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.

² Reporting of CHIP populations is optional but encouraged for the Adult Core Set.

FFY 2024 Data Quality Priorities (continued)

- **States should adhere to the Core Set technical specifications.**
 - States that need to vary from the specifications should document any variations from the Core Set specifications, including using a different methodology, timeframe, or reported age groups.
- **More data quality tips are available in [Appendix B](#).**

FFY 2024 Data Quality Priorities (continued)

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

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

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

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

Data Preview Process

The State Data Preview Process

- The preview process provides states the opportunity to review all data that may be used for public reporting.
- After states submit their data in the QMR system, CMS and the TA team will send a state data preview to the state QMR users.
 - **TIP:** Make sure all team members who should receive the preview are registered QMR users.
 - Instructions for requesting access are available at <https://www.medicaid.gov/resources-for-states/downloads/QMR-IDM-quick-start-guide-state-users.pdf>.
- The preview will be sent as an email attachment through a designated State Data Preview e-mail address: CoreSetDataPreview@mathematica-mpr.com.
- Potential data quality issues are flagged automatically in the preview reports. States should review flagged data carefully and make any needed updates in the QMR system.



The State Data Preview Process (continued)

- **All changes must be made in the QMR system.**
 - Any additional context that states would like to include in public reporting (such as explanations of excluded populations or variations) must be entered in the QMR system.
- **Once a state communicates that they have reviewed and made updates to their data, an updated state preview will be generated and shared with the state QMR users and additional state Medicaid and CHIP leadership.**

Automation of State-Specific Comments (SSCs)

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

Completing Text Fields Used in the SSCs

- In QMR, text fields that are incorporated into SSCs are flagged with a note.

< FFY 2024 BCS-AD - Breast Cancer Screening Save Print

Data Source

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

Administrative Data

What is the Administrative Data Source?

Medicaid Management Information System (MMIS)

Administrative Data Other

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

Completing Text Fields Used in the SSCs (continued)

Do:

- ✓ **Briefly summarize contextual information in the “Additional Notes/Comments” field that could be helpful in interpreting a state’s data, such as:**
 - “The state used only paid claims.”
 - “The state included a state-specific modifier.”
- ✓ **Use complete sentences.**
- ✓ **Use consistent language across measures, as applicable.**
- ✓ **Only include context that is relevant to the QMR field.**
- ✓ **Note approved state-specific exemptions.**

Don’t:

- ✗ **Include non-alphanumeric characters (such as symbols), undefined acronyms, health plan / contractor names, and special formatting (such as bullets).**
- ✗ **Repeat information in multiple fields. For example, do not repeat the same information in the Variations and Additional Notes fields, as this will result in duplication in the SSCs.**
- ✗ **Include notes that a state adhered to specifications (only include notes about variations).**
- ✗ **Include notes about populations exempt from FFY 2024 Child and Adult Core Sets reporting for all states.¹**

¹ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23005.pdf>

TA for the State Data Preview and SSCs

- **A TA resource provides more information about the preview process and includes:**
 - An overview of the data preview process, including instructions for updating the QMR system
 - Mapping of the QMR system fields to the SSCs with examples of how the SSCs are generated
 - Guidance for updating information in the QMR system to revise the SSCs
 - **Coming soon:** <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetReportingGuidance.pdf>.
- **Contact the TA team at CoreSetDataPreview@mathematica-mpr.com to ask questions about the state data preview or to set up a meeting with the TA team.**

Reporting Stratified Core Set Data in the QMR System

Why Stratify Core Set Data?

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

Stratifying FFY 2024 Core Sets Data

- **For FFY 2024 reporting, states are encouraged to stratify Core Sets data by Race, Ethnicity, Sex, and/or Geography in the “Optional Measure Stratification” section.¹**
- **Updated** guidance on reporting stratified rates in the QMR system for FFY 2024, including additional guidance on stratifying data by Geography, is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf>.

¹ Starting with FFY 2025 Core Sets reporting, states will be required to stratify 25% of measures (specified in the 2025 Updates to the Child and Adult Core Set) by race, ethnicity, sex, and geography. In March 2024, the Office of Management and Budget announced updated guidance on collecting and reporting federal data on race and ethnicity (OMB Statistical Policy Directive No. 15). CMS will release additional guidance about FFY 2025 stratification categories in advance of FFY 2025 reporting.

FFY 2024 Stratification Categories in the QMR System (Part 1)

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

Race

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

Ethnicity

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

* 2024 Core Set stratification uses the [1997 OMB Race and Ethnicity Standards](#)

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

Stratification Categories in the QMR System (Part 2)

- **Sex**
 - Male
 - Female
 - Missing or Not Reported
 - Another Sex (please define)
- **Geography**
 - Urban
 - Rural
 - Missing or Not Reported
 - Another Geography (please define)

Adding Stratification Categories

- States can add additional categories in the stratification section.
- For example, if a state uses Frontier or any other additional geographical category, they can add that under “Additional Geography”.

The screenshot shows a web interface for 'FFY 2024 WCV-CH - Child and Adolescent Well-Care Visits'. At the top right, there are 'Save' and 'Print' buttons. The 'Geography' section is checked and includes options for 'Urban', 'Rural', and 'Missing or not reported'. Below this is the 'Additional Geography' section, which has a text input field labeled 'Define the Additional Geography' containing the word 'Frontier'. This text field is circled in red. Below the text field are three input fields for 'Total (Ages 3 to 21)', labeled 'Numerator', 'Denominator', and 'Rate'. At the bottom of the form is a button labeled '+ Add Another Sub-Category'.

Including Context about Stratified Data

- **If a state would like to provide additional context about their stratified data, they can now add notes in the new text box in the Optional Measure Stratification section.**

Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, or geography, complete the following as applicable. If your state reported classifications/sub-categories other than those listed below, or reported different rate sets, please click on "Add Another Sub-Category" to add Additional/Alternative Classification/Sub-categories as needed. Please note that CMS may add in additional categories for language and disability status in future reporting years.

If the state would like to provide additional context about the reported stratified data, including stratification categories, please add notes below (optional)

Our state uses RUCA standards to map urban and rural categories for Geography. |

QMR System FFY 2024 Reporting Tips

Landing Page

- **When a state logs into QMR, the state's Child and Adult Core Set reports will appear on the landing page.**
- **The reports that appear are customized based on the state's CHIP program structure.**
 - States with separate CHIP programs will see two reports for both Child and Adult Core Set (Medicaid [Title XIX & XXI] and Separate CHIP).
 - States with CHIP Medicaid expansion only will see one report each for Child and Adult Core Set (Medicaid [Title XIX & XXI]).

Landing Page (continued)

- Example of landing page for a state with a separate CHIP program:

QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Core Set Measures Reporting

Reporting Year: 2024 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
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 33 complete	⋮

Landing Page (continued)

- Example of landing page for a state with CHIP Medicaid expansion only:

QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Core Set Measures Reporting

Reporting Year: 2024 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
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮

Need to report on Health Home data?

[Add Health Home Core Set +](#)

Landing Page (continued)

- States can toggle to previous reporting years to view, download, or edit their data. Note that any edits made to FFYs 2021-2023 at this point will not be used for public reporting or data products.

QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Core Set Measures Reporting

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

Reporting Year
2024 Core Set ▼

[View Combined Rates](#)

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 33 complete	⋮

Landing Page (continued)

- States will also see a banner across the top of the screen with important updates. It currently provides guidance that FFY 2024 reporting is open and runs through December 31, 2024.

QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Reporting
The QMR system is now open for FFY 2024 Child, Adult, and Health Home Core Sets reporting through December 31, 2024. States can view FFY 2021-2023 data but any changes made to that data will not be included in public reporting.

FFY 2024 Core Set Measures Reporting

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

Reporting Year
2024 Core Set

View Combined Rates

Landing Page (continued)

- States must add the Health Home Core Set report(s) to report on Health Home measures.

The screenshot displays the 'QUALITY MEASURE REPORTING' interface. At the top, there is a 'Logout' link. Below the header, the page title is 'Core Set Measures'. The main heading is 'FFY 2024 Core Set Measures Reporting'. To the right, there is a 'Reporting Year' dropdown menu set to '2024 Core Set' and a 'View Combined Rates' button. Below this, a table lists the core set measures:

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 33 complete	⋮

Below the table, a callout box is highlighted with a red oval. It contains the text 'Need to report on Health Home data?' and a button labeled 'Add Health Home Core Set' with a plus icon.

Adding a Health Home Core Set

- When adding a Health Home Core Set report, states will be brought to a page where they can select which program they are reporting on. States should select their program and click *Create* to populate their reports on the landing page. For states with multiple programs, each program must be added individually.

QUALITY
MEASURE
REPORTING

< FFY 2024 Add Health Home Core Set

Health Home Core Set Details

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

1. Select the Health Home program you are reporting on
2. Finish to create a Health Home Core Set
Remember to complete all Health Home Core Set Questions and Health Home Core Set Measures to submit for CMS review.

Removing a Report

- To remove a Health Home report, click the three dots next to the report and select “Delete.” Please note that deleting a report will permanently remove all data reported for the program for FFY 2024, so exercise caution when using this feature.
- Child and Adult Core Set reports are defaulted to a state’s reporting structure and cannot be deleted or removed from their landing page.

FFY 2024 Core Set Measures Reporting

Reporting Year: 2024 Core Set

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

[View Combined Rates](#)

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 33 complete	⋮
Health Home Core Set Measures: MN 22-0036 - Minnesota Behavioral Health Homes	Health Home	Not Started 0 of 13 complete	⋮

Need to report on Health Home data?
[Already Added](#)

- Export
- Delete
- Complete All Measures
- Reset All Measures

Mandatory Measures

- The Child and Health Home report landing pages have a banner reminder about the mandatory reporting requirements that apply to FFY 2024 Core Set reporting. All Child and Health Home measures have a tag to indicate they are mandatory.

The screenshot displays the 'QUALITY MEASURE REPORTING' interface. At the top, there is a blue header with the text 'QUALITY MEASURE REPORTING' and a 'Logout' link. Below the header, a breadcrumb trail reads '< FFY 2024 Child Core Set Measures: Medicaid (Title XIX & XXI)'. A prominent light blue banner with an information icon contains the text: 'Mandatory Reporting. Beginning with FFY 2024 reporting, states are required to report all of the measures on the Child Core Set. More information on mandatory reporting requirements is included in the [Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets](#).' Below the banner, a summary section shows 'Core Set Qualifiers: Child Core Set Questions: Medicaid (Title XIX & XXI)', 'Total Measures Completed: 2 of 27', and a 'Submit Core Set' button. A table lists three measures, each with a 'Mandatory' tag in a light blue box. The table columns are Abbreviation, Measure, Mandatory, Reporting FFY 2024, Status, and Measure Actions.

Abbreviation	Measure	Mandatory	Reporting FFY 2024	Status	Measure Actions
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	Mandatory	--	In Progress Aug 8, 2024 2:58 PM	⋮
ADD-CH	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Mandatory	--	Not Started May 28, 2024 3:03 PM	⋮
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits	Mandatory	--	Not Started May 28, 2024 3:03 PM	⋮

Mandatory Measures (continued)

- The Adult report landing page also has a banner reminder about the mandatory reporting requirements that apply to FFY 2024 Core Set reporting. The behavioral health measures on the Adult Core Set have a tag to indicate they are mandatory.

QUALITY MEASURE REPORTING Logout

< FFY 2024 Adult Core Set Measures: Medicaid (Title XIX & XXI)

Mandatory Reporting

Beginning with FFY 2024 reporting, states are required to report the behavioral health measures on the Adult Core Set. The behavioral health measures are denoted as mandatory in the measure list below. More information on mandatory reporting requirements is included in the [Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets](#).

Core Set Qualifiers
Adult Core Set Questions: Medicaid (Title XIX & XXI)
Incomplete (Qualifier Questions must be complete to submit the Core Set)

Total Measures Completed 1 of 33 Submit Core Set

Abbreviation	Measure	Mandatory	Reporting FFY 2024	Status	Measure Actions
AAB-AD	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 And Older		--	Not Started May 28, 2024 3:03 PM	⋮
AMM-AD	Antidepressant Medication Management	Mandatory	--	Not Started May 28, 2024 3:03 PM	⋮
AMR-AD	Asthma Medication Ratio: Ages 19 to 64		--	Not Started May 28, 2024 3:03 PM	⋮

Nonreportable Measures

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

< FFY 2024 Child Core Set Measures: Separate CHIP

IMA-CH	Immunizations for Adolescents	--	Not Started May 22, 2024 9:52 AM
LBW-CH	Live Births Weighing Less Than 2,500 Grams	N/A	✓ Complete May 22, 2024 9:52 AM
LRCD-CH	Low-Risk Cesarean Delivery	N/A	✓ Complete May 22, 2024 9:52 AM
LSC-CH	Lead Screening in Children	--	Not Started May 22, 2024 9:52 AM
OEV-CH	Oral Evaluation, Dental Services	--	Not Started May 22, 2024 9:52 AM

< FFY 2024 Adult Core Set Measures: Separate CHIP

IET-AD	Initiation and Engagement of Substance Use Disorder Treatment	--	Not Started Jun 25, 2024 3:58 PM
MSC-AD	Medical Assistance with Smoking and Tobacco Use Cessation	--	Not Started Jun 25, 2024 3:58 PM
NCIIDD-AD	National Core Indicators Survey	N/A	✓ Complete Jun 25, 2024 3:58 PM
OHD-AD	Use of Opioids at High Dosage in Persons Without Cancer	--	In Progress Jul 25, 2024 11:44 AM
OUAD-AD	Use of Pharmacotherapy for Opioid Use Disorder	--	Not Started Jun 25, 2024 3:58 PM

Child Core Set: Reporting Separate Medicaid and CHIP Data in the QMR System

- States that have separate CHIP programs must report results for the Medicaid population (inclusive of Medicaid expansion CHIP) in the Medicaid (Title XIX & XXI) report and results for the separate CHIP population in the Separate CHIP report for all measures.

QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Core Set Measures Reporting Reporting Year: 2024 Core Set

Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review. [View Combined Rates](#)

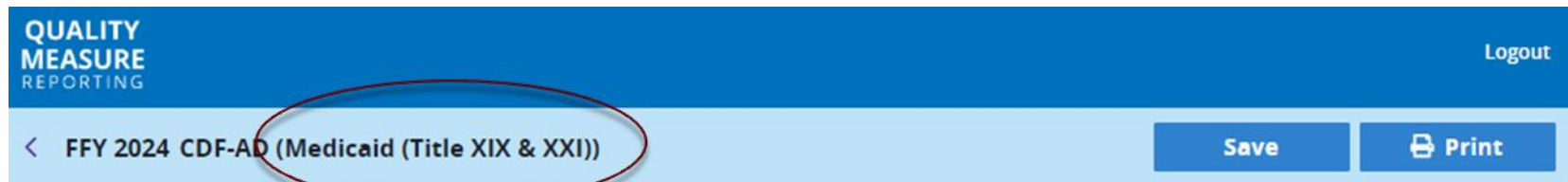
Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 27 complete	⋮

Adult Core Set: Reporting Separate Medicaid and CHIP Data in the QMR System

- States that have a separate CHIP program are encouraged but not required to report their Adult Core Set data separately for Medicaid and separate CHIP.
- States that can report separate CHIP results for Adult Core Set measures should report results for the Medicaid population (inclusive of Medicaid expansion CHIP) in the Medicaid (Title XIX & XXI) report and results for the separate CHIP population in the Separate CHIP report.
- States that cannot report separate Medicaid and CHIP data for the Adult Core Set should:
 - Report all data in the Medicaid (Title XIX & XXI) report.
 - Under “Definition of denominator,” select all appropriate populations. Indicate the separate CHIP population is included in the denominator by selecting the “Other” option and entering “separate CHIP” in the associated text field.
 - Please also note this in the Additional Notes and Comments section. This note will be pulled in the state-specific comments for public reporting. For example, “[STATE] reported separate CHIP population combined with Medicaid population for FFY 2024.”
 - Select “No, I am not reporting” for each measure in the Separate CHIP report.
 - Under reasons for not reporting, select “Other” and include a note indicating that “Medicaid and separate CHIP data are reported together in the Medicaid (Title XIX and XXI) report for FFY 2024.”

Knowing Which Report a State Is In

- The top of each measure now denotes whether a state is the Medicaid or Separate CHIP report.



QUALITY MEASURE REPORTING Logout

< FFY 2024 CDF-AD (Medicaid (Title XIX & XXI)) Save Print

CDF-AD: Screening for Depression and Follow-Up Plan: Age 18 and Older

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.



QUALITY MEASURE REPORTING Logout

< FFY 2024 CDF-AD (Separate CHIP) Save Print

CDF-AD: Screening for Depression and Follow-Up Plan: Age 18 and Older

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.

Qualifier Questions

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

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' link on the right. Below the header is a breadcrumb trail: '< FFY 2024 Adult Core Set Measures: Medicaid (Title XIX & XXI)'. A light blue information box contains a section titled 'Mandatory Reporting' with an information icon. The text in this box states: 'Beginning with FFY 2024 reporting, states are required to report the behavioral health measures on the Adult Core Set. The behavioral health measures are denoted as mandatory in the measure list below. More information on mandatory reporting requirements is included in the [Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets](#).' Below this, a grey bar contains the 'Core Set Qualifiers' section, which is circled in red. It lists 'Adult Core Set Questions: Medicaid (Title XIX & XXI)' as 'Incomplete (Qualifier Questions must be complete to submit the Core Set)'. To the right of this bar is a progress indicator showing 'Total Measures Completed 1 of 33'. Further right is a 'Submit Core Set' button with a sub-note: 'Complete all Adult Core Set Questions, Medicaid and Adult Core Set Measures, Medicaid to submit. FFY 2024'.

Qualifier Questions (continued)

- The delivery system question is now customized to match the report's population.
 - For example, the Adult Separate CHIP report has one column for Age 21 and Older while Adult Medicaid has two columns (Ages 21 to 64 and Age 65 and Older).

Adult Separate CHIP

< FFY 2024 Adult Core Set Qualifiers: CHIP Save

1. Delivery System
As of September 30, 2023, what percentage of your separate CHIP enrollees (age 21 and older) were enrolled in each delivery system?

	SEPARATE CHIP AGES 21 TO 64
Fee-for-Service	<input type="text"/> %
PCCM	<input type="text"/> %
Managed Care	<input type="text"/> %
Integrated Care Model (ICM)	<input type="text"/> %
<input type="button" value="+ Add Another"/>	
Total	0.0 %

Adult Medicaid

< FFY 2024 Adult Core Set Qualifiers: Medicaid Save

1. Delivery System
As of September 30, 2023, what percentage of your Medicaid (Title XIX & XXI) enrollees (age 21 and older) were enrolled in each delivery system?

	MEDICAID (TITLE XIX & XXI) AGES 21 TO 64	MEDICAID (TITLE XIX & XXI) AGE 65 AND OLDER
Fee-for-Service	<input type="text"/> %	<input type="text"/> %
PCCM	<input type="text"/> %	<input type="text"/> %
Managed Care	<input type="text"/> %	<input type="text"/> %
Integrated Care Model (ICM)	<input type="text"/> %	<input type="text"/> %
<input type="button" value="+ Add Another"/>		
Total	0.0 %	0.0 %

Qualifier Questions (continued)

- When states finish filling out their information, they should hit the **Complete Core Set Questions** button to return to the main measure page. If a state needs to leave the page before completing the questions, they can use the **Save** button to save their progress.

< FFY 2024 Adult Core Set Qualifiers: Medicaid **Save** Print

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**

Order of Operations

- **When reporting on a measure, states should make sure they complete the fields in the form in order. Many early fields determine what states see in later fields, such as the Performance Measure (PM) and Optional Measure Stratification (OMS) sections.**
 - If a state is entering multiple rates, the state must fill in all their rates to have the appropriate sections appear in the OMS section.
 - States should fill out the PM section in its entirety before reporting stratified data in the OMS section so that all reported rate categories appear properly.

Population Fields

- The Child Core Set population options for the Definition of Denominator question are now customized to each report (Medicaid or Separate CHIP).

Child Medicaid

Definition of Population Included in the Measure

Definition of denominator

Please select all populations that are included in the denominator. For example, if your data include both Medicaid (Title XIX) and Medicaid-Expansion CHIP (Title XXI) beneficiaries, select both:

- Medicaid (Title XIX)
- Medicaid-Expansion CHIP (Title XXI)

- Medicaid (Title XIX)
- Medicaid-Expansion CHIP (Title XXI)
- Other

Child Separate CHIP

Definition of Population Included in the Measure

Definition of denominator

Please select all populations that are included in the denominator.

- Separate CHIP (Title XXI)
- Other

Population Fields (continued)

- The Adult Core Set population options for the Definition of Denominator question are also customized to each report (Medicaid or Separate CHIP).

Adult Medicaid

Definition of Population Included in the Measure

Definition of denominator

Please select all populations that are included in the denominator. For example, if your data include Medicaid (Title XIX) beneficiaries, Medicaid-Expansion CHIP (Title XXI) beneficiaries, and individuals dually eligible for Medicare and Medicaid, select:

- Medicaid (Title XIX)
 - Medicaid-Expansion CHIP (Title XXI)
 - Individuals Dually Eligible for Medicare and Medicaid
- Medicaid (Title XIX)
- Medicaid-Expansion CHIP (Title XXI)
- Individuals Dually Eligible for Medicare and Medicaid
- Other

Adult Separate CHIP

Definition of Population Included in the Measure

Definition of denominator

Please select all populations that are included in the denominator. For example, if your data include both Separate CHIP (Title XXI) beneficiaries and individuals dually eligible for Medicare and Medicaid, select:

- Separate CHIP (Title XXI)
 - Individuals Dually Eligible for Medicare and Medicaid
- Separate CHIP (Title XXI)
- Individuals Dually Eligible for Medicare and Medicaid
- Other

Population Fields (continued)

- Beginning with FFY 2024, all measure-eligible populations should be included in mandatory Core Set measures.
- However, if populations are excluded, states should enter information on excluded populations by selecting “No, this denominator does not represent the total measure-eligible population as defined by the Technical Specifications for this measure.”
 - This guidance applies to states that have approved population exemptions.
- Information included in these boxes will be included in publicly-reported state-specific comments.

Does this denominator represent your total measure-eligible population as defined by the technical specifications for this measure? This includes beneficiaries who move between programs (Medicaid and CHIP), plans, or delivery systems during the measurement year but met continuous enrollment requirements at the state level.

Yes, this denominator includes the total measure-eligible population as defined by the Technical Specifications for this measure.

No, this denominator does not include the total measure-eligible population as defined by the Technical Specifications for this measure.

Explain which populations are excluded and why (*text in this field is included in publicly-reported state-specific comments*):

[STATE] received a one-year exemption from reporting for the separate CHIP population for this measure for FFY 2024.

Specify the size of the excluded measure-eligible population:

1000

Hybrid Measures

- **For measures where Hybrid is an available data source, states will see three Hybrid-specific questions. These include:**
 - What is the size of the measure-eligible population?
 - Specify the sample size.
 - Describe any COVID-related difficulties encountered while collecting this data.
- **If a state is not reporting Hybrid data for a given measure, they can disregard these questions. If they are using the Hybrid data source, they should fill these out.**
 - If a state selects the Hybrid method and does not complete the measure-eligible population question, they will receive a warning reminding them to do so upon validating the measure.



Definition of Population Error

Size of the measure-eligible population is required



HEDIS Age Ranges

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

The screenshot shows a reporting interface for 'FFY 2024 AMM-AD - Antidepressant Medication Management'. It features a 'Save' button and a 'Print' button. Below the header, the measure name 'Effective Acute Phase Treatment' is displayed. A red oval highlights the 'Ages 18 to 64' section, which contains a table with the following data:

Numerator	Denominator	Rate
3034	4653	65.2

Below this, the 'Age 65 and older' section is visible with empty input fields for Numerator, Denominator, and Rate.

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

Additional Notes/Comments on the measure (optional)

Please add any additional notes or comments on the measure not otherwise captured above (text in *italics* is optional)

The ages 18 to 64 rate includes data for individuals 18 and older.

Multiple Rates

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

< FFY 2024 BCS-AD - Breast Cancer Screening Save Print

Ages 50 to 64

Numerator	Denominator	Rate
348	544	64.0

Ages 65 to 74

Numerator	Denominator	Rate

Additional Notes/Comments on the measure (optional)

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

Our state only has data available for the 50 to 64 age range.

Multiple Rates (continued)

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

< FFY 2024 IET-HH - Initiation and Engagement of Substance Use Disorder Treatment Save Print

Initiation of SUD Treatment: Alcohol Use Disorder

Ages 13 to 17

Numerator	Denominator	Rate
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.0"/>

Multiple Rates (continued)

- If there are no available data, and the state is not reporting the measure or rate, the state should simply leave the fields blank and not enter a zero.
 - The state should also explain why they are not reporting the omitted rates in the Additional Notes/Comments field on the bottom of the form.

< FFY 2024 IET-HH - Initiation and Engagement of Substance Use Disorder Treatment Save Print

Initiation of SUD Treatment: Alcohol Use Disorder

Ages 13 to 17

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

< FFY 2024 IET-HH - Initiation and Engagement of Substance Use Disorder Treatment Save Print

Additional Notes/Comments on the measure (optional)

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

No data available for 13-17 age group.

Auto-calculation: Administrative Only Data Source

- When states enter a numerator and denominator, the rate will auto-calculate.
- If a measure's data source is "Administrative" only, states are not able to override the auto-calculated rate.

< FFY 2024 AMM-AD - Antidepressant Medication Management Save Print

✓ Saved 15 days ago

Effective Acute Phase Treatment

Ages 18 to 64

Numerator	Denominator	Rate
3034	4653	65.2

Auto-calculation: Hybrid or Multiple Data Sources

- If a measure's data source is Hybrid or multiple data sources, states are able to override the rate. For example, a state may want to do this if they use weighting or an alternate method to calculate the rate.
- If a state chooses Hybrid as one of their data sources, they can leave the Numerator blank and manually enter their rate.¹

FFY 2024 CIS-CH - Childhood Immunization Status

Save Print

✓ Saved 17 minutes ago

DTaP

Numerator	Denominator	Rate
<input type="text"/>	<input type="text"/>	<input type="text" value="55"/>

IPV

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

¹ 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)

- If a state leaves the Numerator blank, they will get a warning flag about a partially completed Numerator/Denominator/Rate set, but they will be able to disregard this warning and still complete the measure.

< FFY 2024 CIS-CH - Childhood Immunization Status

Save Print

✓ Saved less than a 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 DTaP. X

! Performance Measure Error
Should not have partially filled NDR sets for IPV. X

Other Performance Measure: Specifications

- If a state reports that a measure was calculated using Other Specifications, they must enter a rate label for each rate. If a measure has multiple rates, the rate labels states create to describe the rates must be unique from one another.
- If a state does not include a rate label for a reported rate or there are rate labels that are not distinct, states will receive a warning.

< FFY 2024 BCS-AD - Breast Cancer Screening Save Print
Saved 1 minute ago

Describe the Rate:
For example, specify the age groups and whether you are reporting on a certain indicator:

40-64

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

Please review the auto-calculated rate and revise if needed.

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

Describe the Rate:
For example, specify the age groups and whether you are reporting on a certain indicator:

40-64

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

Please review the auto-calculated rate and revise if needed.

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

Other Performance Measure Error
Rate name required

Other Performance Measure Error
Measure description must be unique.

Variations from Measure Specifications

- QMR now refers to “variations” from measure specifications rather than “deviations.”
- States are required to adhere to the Core Set technical specifications for each measure. States should document any variations from Core Set specifications, including different methodology, timeframe, or reported age groups.
- Use concise language when describing variations.

FFY 2024 BCS-AD - Breast Cancer Screening

Save Print

✓ Saved 1 minute ago

Variations from Measure Specifications

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

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

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

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

Attaching Documentation

- **Beginning with FFY 2024 reporting, the attachment function has been removed from the QMR system. States should document any relevant context succinctly in the existing open text fields.**

Additional Notes/Comments on the measure (optional)

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

Reporting CAHPS Survey Measures in the QMR System

- For FFY 2024 reporting for the CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD) and CAHPS Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) measures:
 - CMS is calculating state-level results for all CAHPS data submitted to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Health Plan Survey Database during the 2024 Database submission period in June 2024 for all measures that use the CAHPS survey.
 - States can report that they conducted a CAHPS survey in the QMR system; however, no performance data will be collected in the QMR system for these measures.

The screenshot shows a web interface for reporting CAHPS measures. At the top, the title is "FFY 2024 CPC-CH - Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items". There are "Save" and "Print" buttons on the right. Below the title, there are two questions, each with radio button options:

Did you collect this measure?

- Yes, we did collect data for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) for FFY 2024 quality measure reporting
- No, we did not collect data for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) for FFY 2024 quality measure reporting

Did you submit your CAHPS survey data to the AHRQ CAHPS Database during the June 2024 submission period?

Note: States that reported this measure in the AHRQ CAHPS Database will have the opportunity to preview the results in the spring.

- Yes, we submitted our CAHPS survey data to the AHRQ CAHPS Database during the June 2024 submission period.
- No, we did not submit our CAHPS survey data to the AHRQ CAHPS Database during the June 2024 submission period.

Reporting CAHPS Survey Measures in the QMR System (continued)

- CMS will calculate state-level performance results for the *Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)* measure using data submitted to the AHRQ CAHPS Health Plan Survey Database.
- Alternatively, states can report performance data for this measure in the QMR system.

The screenshot shows a web form titled "FFY 2024 MSC-AD - Medical Assistance with Smoking and Tobacco Use Cessation". At the top right, there are "Save" and "Print" buttons. The form contains two questions, each with radio button options:

Did you collect this measure?

- Yes, we did collect data for Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) for FFY 2024 quality measure reporting.
- No, we did not collect data for Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) for FFY 2024 quality measure reporting.

Did you submit your CAHPS survey data to the AHRQ CAHPS Database during the June 2024 submission period?

Note: States that reported this measure in the AHRQ CAHPS Database will have the opportunity to preview the results in the spring.

- Yes, we submitted our CAHPS survey data to the AHRQ CAHPS Database during the June 2024 submission period.
- No, we did not submit our CAHPS survey data to the AHRQ CAHPS Database during the June 2024 submission period.

Combined Medicaid and CHIP Rates

- **To reduce state burden, the QMR system will automatically calculate a combined Medicaid and separate CHIP rate for each measure and rate reported by the state.**
 - Note: This feature is only applicable for states with separate CHIP.

Combined Medicaid and CHIP Rates (continued)

- To preview the combined Medicaid and CHIP rates, click the “View Combined Rates” button on the landing page.
 - If states make changes as they review their data for quality and completeness, the combined Medicaid and CHIP rates will be updated accordingly.

QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Core Set Measures Reporting

Reporting Year: 2024 Core Set

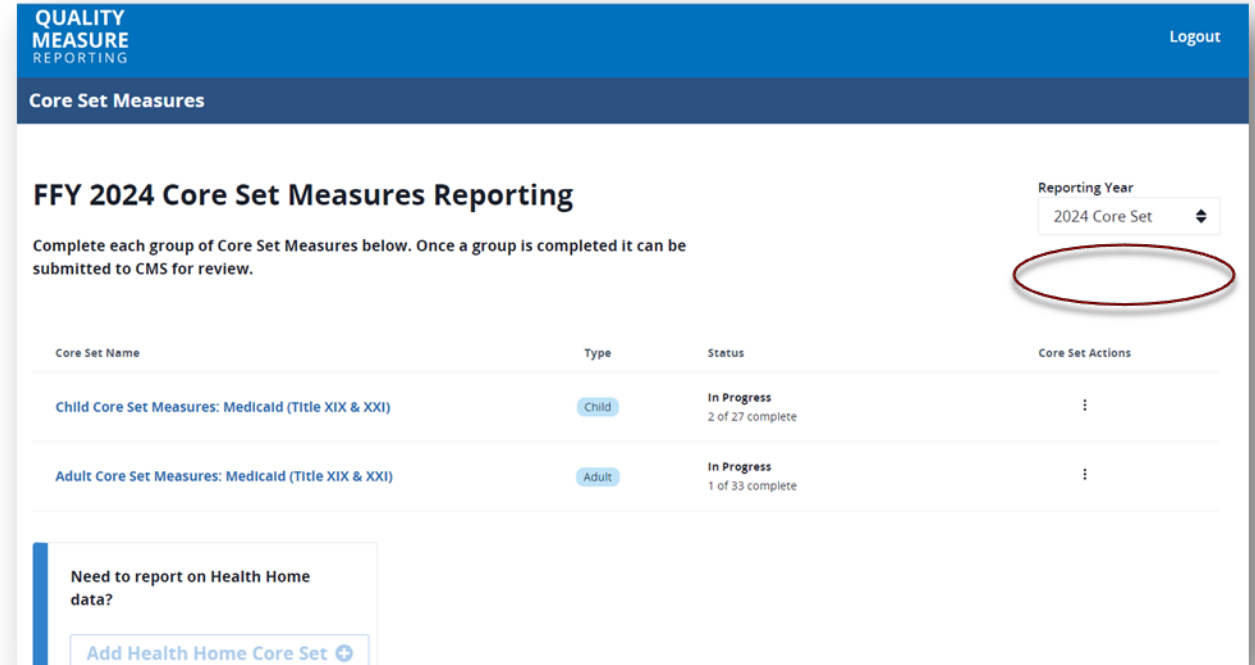
Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.

[View Combined Rates](#)

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 33 complete	⋮

Medicaid Expansion CHIP States: No “Combined Rates” Button

- States without separate CHIP programs (i.e. states with only Medicaid-expansion CHIP) will not see a Combined Rates report.



QUALITY MEASURE REPORTING Logout

Core Set Measures

FFY 2024 Core Set Measures Reporting Reporting Year
2024 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
Child Core Set Measures: Medicaid (Title XIX & XXI)	Child	In Progress 2 of 27 complete	⋮
Adult Core Set Measures: Medicaid (Title XIX & XXI)	Adult	In Progress 1 of 33 complete	⋮

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

Combined Medicaid and CHIP Rates (continued)

- When states click into the combined rates landing page, they will see one tab for Child Core Set measures and one tab for Adult Core Set measures.
- States can select the measure they want to preview.

FFY 2024 Combined Rates

Core Set Measures Combined Rates

Click into a measure below to preview the preliminary combined Medicaid and CHIP rate. Please complete the measure in both the Medicaid and CHIP reports to ensure the combined rate is complete.

The following measures are excluded from the combined rates page because states are not asked to report performance measure data for these measures for FFY 2024 Core Set reporting in the online reporting system: CPC-CH, LBW-CH, LRCD-CH, CPA-AD, NCIIDD-AD. MSC-AD is also excluded from the combined rates page because the measure uses survey data.

Child Core Set Adult Core Set

Abbreviation	Measure
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years
ADD-CH	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

Combined Medicaid and CHIP Rates (continued)

- The combined rates page for each measure displays data reported for the measure in the Medicaid and Separate CHIP reports.

< FFY 2024 AAB-CH Combined Rates

AAB-CH - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years

About the Combined Medicaid and CHIP Rate

This page displays data reported for this measure in the Medicaid and Separate CHIP reports. The QMR system automatically calculates a combined Medicaid and CHIP rate based on these data, which is displayed in the "Combined Rate" column below. Please note, the combined Medicaid and CHIP rates will change if states update the individual Medicaid or Separate CHIP reports.

This page is not editable. If your state would like to make edits to the data reported in the individual Medicaid or Separate CHIP reports, please click on the links to these reports below. The report will open in a new tab. Save and complete your measure updates and return to the combined rates page to view the updated combined Medicaid and CHIP rate.

For more information on how the combined Medicaid and CHIP rates are calculated, please see [Reporting Medicaid and Separate CHIP Data in the Quality Measure Reporting System for the Child and Adult Core Sets](#).

Measures used to calculate combined rates:

- Medicaid - AAB-CH - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years
- Separate CHIP - AAB-CH - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years

	Medicaid Data Source	Separate CHIP Data Source
Administrative Data	<ul style="list-style-type: none">• Medicaid Management Information System (MMIS)	<ul style="list-style-type: none">• Medicaid Management Information System (MMIS)

Ages 3 months to 17 years

	Medicaid	Separate CHIP	Combined Rate
Numerator	100	30	130
Denominator	200	75	275
Rate	50.0	60.0	52.7

Combined Medicaid and CHIP Rates (continued)

- The data on the combined rates page are not editable.
- If a state would like to make updates to their Medicaid or separate CHIP data after previewing the combined rates page, they can click on the linked Medicaid and separate CHIP reports at the top of the page.

< FFY 2024 AAB-CH Combined Rates

AAB-CH - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years

About the Combined Medicaid and CHIP Rate

This page displays data reported for this measure in the Medicaid and Separate CHIP reports. The QMR system automatically calculates a combined Medicaid and CHIP rate based on these data, which is displayed in the "Combined Rate" column below. Please note, the combined Medicaid and CHIP rates will change if states update the individual Medicaid or Separate CHIP reports.

This page is not editable. If your state would like to make edits to the data reported in the individual Medicaid or Separate CHIP reports, please click on the links to these reports below. The report will open in a new tab. Save and complete your measure updates and return to the combined rates page to view the updated combined Medicaid and CHIP rate.

For more information on how the combined Medicaid and CHIP rates are calculated, please see Reporting Medicaid and Separate CHIP Data in the Quality Measure Reporting System for the Child and Adult Core Sets.

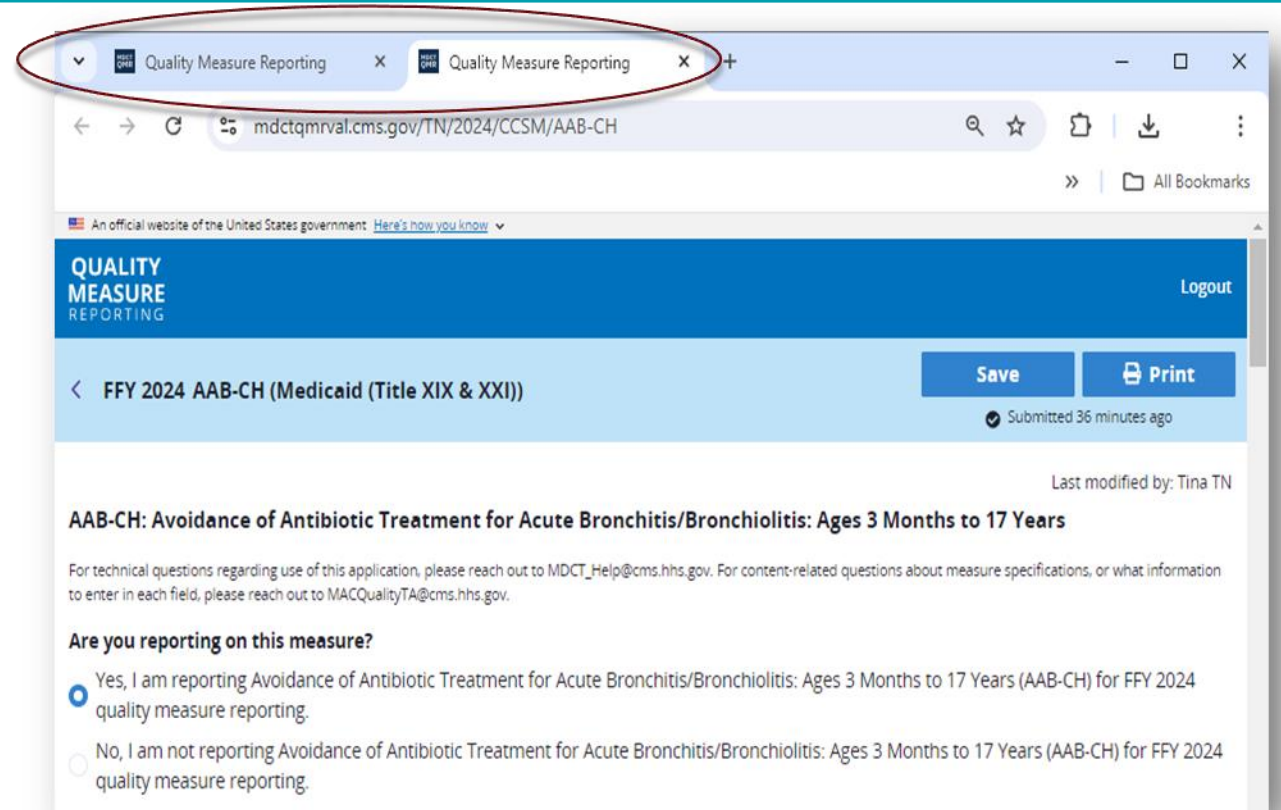
Measures used to calculate combined rates:

- Medicaid - AAB-CH - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years
- Separate CHIP - AAB-CH - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years

Medicaid Data Source	Separate CHIP Data Source
Administrative Data <ul style="list-style-type: none">• Medicaid Management Information System (MMIS)	Administrative Data <ul style="list-style-type: none">• Medicaid Management Information System (MMIS)

Combined Medicaid and CHIP Rates (continued)

- The Medicaid or Separate CHIP report will open in a new tab. If a state makes updates to their data in the new tab, they should make sure to click **“Complete Measure.”** The measure’s combined rates page will then automatically update in the other tab.



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](#)

Calculating Combined Medicaid and CHIP Rates

- **The combined Medicaid and CHIP rate will automatically calculate.**
 - The new TA resource, Reporting Medicaid and Separate CHIP Data in the Quality Measure Reporting System for the Child and Adult Core Sets, has more information on how the combined Medicaid and CHIP rates are calculated. It is available at: <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf>

< FFY 2024 AAB-CH Combined Rates

Ages 3 months to 17 years

	Medicaid	Separate CHIP	Combined Rate
Numerator	654	435	1089
Denominator	7665	545	8210
Rate	91.5	20.2	86.7

Reasons a Combined Rate Will Not be Calculated

- **A combined Medicaid and CHIP rate will not be calculated if a state:**
 - Selects Hybrid methodology but does not report the measure-eligible population
 - Reports a measure without specifying a data source
- **If a state does not include this needed information, they will receive a warning.**

! **Definition of Population Error**
Size of the measure-eligible population is required

! **Data Source Error**
You must select at least one Data Source option

Reasons a Combined Rate Will Not be Calculated (continued)

- **A combined Medicaid and CHIP rate also will not be calculated if a state's reported data meet at least one of the following criteria in both the Medicaid and Separate CHIP reports:**
 - Measure was reported using “Other” Specifications.
 - Measure was reported using “Other Data Source” alone or in combination with other data sources (i.e., Administrative or Hybrid).
 - Measure was reported using Electronic Clinical Data System (ECDS) alone or in combination with other data sources (i.e., Administrative).

This is because it may not be appropriate or feasible to combine rates using these other methodologies or data sources.
- **A combined Medicaid and CHIP rate also will not be calculated for measures that use survey data (MSC-AD) and measures for which states are not asked to report performance measure data in the QMR system (CPC-CH, LBW-CH, LRCD-CH, CPA-AD, NCIIDD-AD).**

Reasons a Combined Rate Will Not be Calculated (continued)

- If a state selects any of these options while reporting their Medicaid or separate CHIP data, they will receive a warning message reminding them that CMS will not be able to calculate a combined Medicaid and CHIP rate.
- If the information reported in the Medicaid or Separate CHIP report is accurate (e.g., the state did not use Core Set specifications), it should not be changed.

FFY 2024 FUH-CH - Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17

Save Print

Measurement Specification

If your state substantially varied from the measure specifications (including different methodology, timeframe, or reported age groups), please report your data using "Other" specifications.

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

Other

Describe the specifications that were used to calculate the measure and explain how they deviated from Core Set specifications:

Please Note

If you report using Other specifications, CMS will not be able to publicly report the performance rate. In addition, the rate will not be used to calculate a combined Medicaid and CHIP rate. If the information reported in the Specifications field is accurate, please continue reporting this measure.

Reasons a Combined Rate Will Not be Calculated (continued)

- If a state reports a rate that meets any of these criteria in only one report, the QMR system will use the data from the other report as the combined rate.
 - For example, if a state reports a measure using “Other” Specifications in the Separate CHIP report and reports using Core Set measure specifications in the Medicaid report, the CHIP rate will not be used to calculate a combined rate and the Medicaid rate will represent the state’s “combined rate.”

< FFY 2024 COL-AD Combined Rates			
Ages 46 to 50			
	Medicaid	Separate CHIP	Combined Rate
Numerator	57	Not Applicable	
Denominator	578	Not Applicable	
Rate	9.9	-	9.9

Submitting a Report

- When a state has finished data entry for all measures and qualifier questions in a Core Set report (Adult, Child, or Health Home), they can submit their report by using the *Submit* button in the upper right-hand corner of the report screen.

QUALITY MEASURE REPORTING Logout

< FFY 2024 Child Core Set Measures: Medicaid (Title XIX & XXI)

i Mandatory Reporting
Beginning with FFY 2024 reporting, states are required to report all of the measures on the Child Core Set. More information on mandatory reporting requirements is included in the [Initial Core Set Mandatory Reporting Guidance for the Child and Adult Core Sets](#).

Core Set Qualifiers
Child Core Set Questions: Medicaid (Title XIX & XXI)
● Complete

Total Measures Completed **27 of 27**

Submit Core Set
Complete all Child Core Set Questions, Medicaid & CHIP and Child Core Set Measures, Medicaid & CHIP to submit FFY 2024

QMR System Demo

Core Set Reporting Resources

Core Set Reporting Resources

- **Links to reporting resources for the FFY 2024 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
 - Additional Technical Assistance Reporting Resources

Technical Assistance for FFY 2024 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.
- 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 2022 Reporting Products
Appendix B	Tips for Improving Core Set Data Quality in the QMR System
Appendix C	TA Resources
Appendix D	Acronym List

Thank you for your efforts to report FFY 2024 Child, Adult, and Health Home Core Sets data!

Technical questions: MDCT_help@cms.hhs.gov

Content questions: MACQualityTA@cms.hhs.gov

State preview questions: CoreSetDataPreview@mathematica-mpr.com

Questions?

Please use the Slido Q&A feature.

Appendix A: FFY 2022 Reporting Products

Coming soon! FFY 2023 Products

FFY 2022 Child, Adult, and Health Home Core Set Data Products on Medicaid.gov

- **Overview of Child and Adult Core Set Reporting, FFY 2022**
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2022-core-set-reporting.pdf>
- **Overview of Health Home Core Set Reporting, FFY 2022**
 - <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2022-health-home-fact-sheet.pdf>
- **Measure Performance Tables for the Core Set Measures, FFY 2022**
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-ffy-2022.zip>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-ffy-2022.zip>
 - Health Home: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/hh-2022-mpts.zip>
- **Health Quality Measures Dataset, FFY 2022**
 - Child: <https://data.medicaid.gov/dataset/dfd13757-d763-4f7a-9641-3f06ce21b4c6>
 - Adult: <https://data.medicaid.gov/dataset/dfd13757-d763-4f7a-9641-3f06ce21b4c6>
- **Chart Packs, FFY 2022**
 - Child: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-chartpack.pdf>
 - Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-adult-chartpack.pdf>
 - Health Home: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2022-health-home-chart-pack.pdf>

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

Data Completeness Reporting Tips: Reporting Denominators for Hybrid Method

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

Data element	How to report in QMR
Sample size used to calculate the state-level rate*	Report in both the Denominator field and in the "What is the sample size?" field
Measure-eligible population for the state-level rate	Report in the "What is the measure-eligible population?" field

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

Data Completeness Reporting Tips: Hybrid Method Reporting Example

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

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

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

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

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

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

Data element	How to report in QMR
Measure-eligible population for the state-level rate	Report in both the Denominator field and the "What is the measure-eligible population?" field
Sample size used to calculate the state-level rate	Report in the "What is the sample size?" field
If a state combined rates from multiple reporting units (such as health plans or Medicaid and CHIP programs)	Indicate how many reporting entities used administrative-only data and how many used hybrid

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

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

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

Reporting Unit	Method	Sample Size	Measure-Eligible Population	Weight	Rate	Weighted Rate
Health Plan A	Hybrid	411	10,000	0.1176	80.0%	9.4%
Health Plan B	Admin	NA	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	NA	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, states may need to override the auto-calculated rate in the QMR system!

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



Data Completeness Reporting Tips: Delivery System Data Fields

Two QMR system sections collect information on delivery systems.

1. Qualifier 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 Medicaid (Title XIX & XXI) example:

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

Child Separate CHIP example:

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

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

1. Qualifier 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.
- For Adult Separate CHIP, there is only one age group.
- If applicable, describe the “Other” delivery system in the provided text field.

Adult Medicaid (Title XIX & XXI) 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%

Adult Separate CHIP example:

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

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

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

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

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

Data Accuracy and Consistency Reporting Tips

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

- **States should report any variations from Core Set specifications in the “Variations from Measurement Specifications” section in the QMR system.**
 - For each variation, states should describe how their methods differed from the Core Set specifications.
- **States should compare their 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, states should 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

Data Documentation Reporting Tips: Start Date and End Date Fields

- **For each measure, states should report if they adhered to the Core Set specifications in defining the measurement period for calculating the measure.**
 - 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 2024 corresponds to calendar year 2023.**
- **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 variations from the specified measurement period for the denominator or numerator.**

Example of Reporting Start Date and End Date: ADD-CH

- For FFY 2024, the ADD-CH measurement specifications instruct states to identify beneficiaries with an Attention-Deficit/Hyperactivity Disorder prescription dispensing date in the 12-month window beginning March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year (that is, March 1, 2022, to February 28, 2023).
- States will also need to review the beneficiary's medication history from four months before the earliest prescription dispensing date to confirm the negative medication history.
- States that followed FFY 2024 Child Core Set specifications and based the denominator on prescriptions from March 2022 to February 2023 should enter "Yes" to the question "Did your state adhere to the Core Set specifications in defining the measurement period for calculating this measure?"

QMR System Reporting Tips: Measure Reporting

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

< FFY 2024 CCP-AD - Contraceptive Care - Postpartum Women Ages 21 to 44 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 MACQualityTA@cms.hhs.gov.

Are you reporting on this measure?

Yes, I am reporting Contraceptive Care - Postpartum Women Ages 21 to 44 (CCP-AD) for FFY 2024 quality measure reporting.

No, I am not reporting Contraceptive Care - Postpartum Women Ages 21 to 44 (CCP-AD) for FFY 2024 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

Appendix C: TA Resources

Resources for FFY 2024 Child Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html
FFY 2024 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-child-core-set.pdf
FFY 2024 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2024	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2024-child-core-set-measurement-periods.pdf

Resources for FFY 2024 Adult Core Set Reporting

Resource	Medicaid.gov Link
FFY 2024 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html
FFY 2024 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-adult-core-set.pdf
FFY 2024 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for FFY 2024	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
FFY 2024 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
FFY 2024 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2024-adult-core-set-measurement-periods.pdf

Resources for FFY 2024 Health Home Core Set Reporting

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

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

Measure(s)	Resource
All	Updated: Calculating State-Level Rates Using Data from Multiple Reporting Units (https://www.medicare.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf)
All	Updated: Reporting Stratified Results in the QMR system (https://www.medicare.gov/media/145476)
All	New: Frequently Asked Questions: Medicaid and CHIP Core Sets Mandatory Reporting (https://www.medicare.gov/media/176316)
All	New: Measure-Specific Attribution Guidance for the FFY 2024 Core Set Measures (https://www.medicare.gov/sites/default/files/2024-02/core-set-medicare-chip-attribution.pdf)
All	New: Reporting Medicaid and Separate CHIP Data in the QMR System for the Child and Adult Core Sets (https://www.medicare.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf)
All	Updated: Allowance of Telehealth in the 2024 Child, Adult, and Health Home Core Set Measure Specifications (https://www.medicare.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)
AIF-HH	Updated: Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the Health Home Core Set (https://www.medicare.gov/state-resource-center/downloads/2024-aif-hh-core-set.pdf)
COB-AD, FUA-CH/AD/HH, IET-AD/HH, OHD-AD, OUD-AD/HH	Updated: Overview of Substance Use Disorder Measures in the 2024 Child, Adult, and Health Home Core Sets (https://www.medicare.gov/medicaid/quality-of-care/downloads/factsheet-sud-adult-core-set.pdf)
CCP-CH/AD, CCW-CH/AD	Updated: SAS code for calculating contraceptive care measures (https://opa.hhs.gov/research-evaluation/title-x-services-research/contraceptive-care-measures/claims-data-sas-program-instructions)

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

Measure(s)	Resource
CPC-CH, CPA-AD, MSC-AD	New: CAHPS Fact Sheet (https://medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf)
CPU-AD	Updated: Calculating the Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) Measure in the 2024 Adult Core Set (https://www.medicaid.gov/medicaid/quality-of-care/downloads/cpu-ta-resource.pdf)
PCR-AD/HH	Updated: Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2024 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD, PQI92-HH	Free software for calculating the PQI measures (http://www.qualityindicators.ahrq.gov/Software/Default.aspx) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary/enrollee months (not per 100,000 beneficiaries/enrollees)</i>
SFM-CH	Updated: Calculating the Sealant Receipt on Permanent First Molars Measure in the 2024 Child Core Set (https://www.medicaid.gov/medicaid/quality-of-care/downloads/sfm-ta-resource.pdf)
OEV-CH, SFM-CH, TFL-CH	Updated: Overview of the Dental and Oral Health Services Measures in the 2024 Child Core Set (https://www.medicaid.gov/medicaid/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)

Appendix D: Acronym List

Acronym List

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

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

Acronym List (continued)

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

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