

Reporting Medicaid and Separate CHIP Data in the Quality Measure Reporting System for the Child and Adult Core Sets

Introduction

The Child and Adult Core Sets of health care quality measures are designed to measure, monitor, and improve the quality of care in Medicaid and the Children’s Health Insurance Program (CHIP).¹ States² report Core Set data annually to the Centers for Medicare & Medicaid Services (CMS) in the Quality Measure Reporting (QMR) system. Beginning with 2024 Core Sets reporting, states with separate CHIP programs are required to report the Child Core Set measures separately for (1) Medicaid inclusive of CHIP-funded Medicaid expansion (Title XIX and XXI) and (2) separate CHIP (Title XXI). States with separate CHIP programs are also encouraged to report this program separately for Adult Core Set measures.³ As noted in the Mandatory Medicaid and CHIP Core Set Reporting final rule,⁴ CMS will aggregate the separate Medicaid and CHIP data to create the combined state-level Medicaid and CHIP category, alleviating the burden on states to create and report these data. This technical assistance (TA) resource describes how states should report separate data for Medicaid (Title XIX and XXI) and separate CHIP (Title XXI) in the QMR system, how the QMR system calculates the combined Medicaid and CHIP rates, and how to preview the combined Medicaid and CHIP rates in the QMR system.

Reporting Medicaid and Separate CHIP Data in the QMR System

Starting with 2024 Core Sets reporting, the QMR system is customized so states see the reporting options relevant to their CHIP program structure. For example, a state

About This Resource

This TA resource describes how states that have separate CHIP should report separate data for Medicaid (Title XIX and XXI) and separate CHIP (Title XXI) in the QMR system; how the QMR system calculates combined Medicaid and CHIP rates; and how states can preview the combined Medicaid and CHIP rates in the QMR system.

This TA resource is not applicable to states with only CHIP Medicaid expansion, as those states do not report Medicaid and CHIP data separately for Core Set reporting.

Information on CHIP program structure by state is available in the [CHIP Program Structure by State map](#).

with separate CHIP (alone or in combination with CHIP-funded Medicaid expansion) will have two reports each for the Child and Adult Core Sets in the QMR system: (1) Medicaid (Title XIX & XXI) and (2) Separate CHIP. A state with CHIP Medicaid expansion and no separate CHIP will have one report each for the Child and Adult Core Sets in the QMR system: Medicaid (Title XIX & XXI). The reporting options in QMR for each state align with the [CHIP Program Structure by State map](#).⁵

States with two reports should complete all Core Set measures in both the Medicaid (Title XIX and XXI) and Separate CHIP (Title XXI) reports in the QMR system. States should ensure that they select “**Complete Measure**” when they finish reporting a measure or update a measure.

³ Beginning with 2024 Core Sets reporting, Health Home programs are required to report Health Home Core Sets data (<https://www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf>). However, separate Medicaid and CHIP reporting is not applicable for Health Home reporting.

⁴ See <https://www.federalregister.gov/d/2023-18669>.

⁵ States’ reporting options in the QMR system will be updated each year to address any changes in CHIP program structure.

¹ The 2024 Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-child-core-set.pdf>. The 2024 Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-adult-core-set.pdf>.

² The term “states” includes the 50 states, the District of Columbia, and the territories.

QMR System Calculation of Combined Medicaid and CHIP Rates

To reduce state burden, the QMR system automatically calculates a combined Medicaid and CHIP rate for each rate that a state reports in the QMR system. The QMR system calculates the combined Medicaid and CHIP rate using the logic used to calculate a state-level rate based on data from multiple reporting units.⁶ The combined Medicaid and CHIP rate will populate or update when a state saves performance measure data or selects “Complete Measure” in all applicable Core Set reports. For example, if a state reported data and clicked “Complete Measure” for the Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH) measure in the Medicaid report, but has not entered data for FUA-CH in the separate CHIP report, the combined Medicaid and CHIP rate will not populate.

The QMR system will not calculate a combined Medicaid and CHIP rate if a state reports values of “Other” data sources or methodologies or has missing data in certain fields needed to complete the calculation.⁷ This is because it may not be appropriate or feasible to combine rates calculated using these other methodologies or data sources. Box 1 describes situations in which the system will not calculate a combined Medicaid and CHIP rate.

If a state’s rates for both the Medicaid and separate CHIP reports meet any of the criteria listed in Box 1, the QMR system will not calculate a combined rate. 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 system will not use the CHIP rate to calculate a combined rate and the Medicaid rate will represent the “combined rate.” If the state reports using “Other” specifications in both the Medicaid and separate CHIP reports, the system will show the “combined rate” as missing.

⁶ For more information on the calculation logic, see <https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>.

⁷ Starting with 2024 Core Sets reporting, states are required to report mandatory measures in adherence to the Core Set specifications.

Box 1. Reasons the QMR system cannot calculate a combined Medicaid and CHIP rate

A combined rate cannot be calculated if a state’s reported data meet at least one of the following criteria in both the Medicaid and separate CHIP reports:

- **Other Specifications:** If a state reports a measure using “Other” Specifications, CMS will not be able to publicly report the measure or calculate a combined Medicaid and CHIP rate.
- **Other Data Source:** If a state reports a measure using “Other Data Source” alone or in combination with other data sources (i.e., Administrative or Hybrid), CMS will not be able to calculate a combined Medicaid and CHIP rate.
- **ECDS Data Source:** If a state reports a measure using Electronic Clinical Data System (ECDS) alone or in combination with other data sources (i.e., Administrative), CMS will not be able to calculate a combined Medicaid and CHIP rate.
- **Missing Measure-Eligible Population:** For measures reported using the Hybrid method, a state must report the measure-eligible population. If a state does not report the measure-eligible population in the QMR system in either report, CMS will not be able to calculate a combined Medicaid and CHIP rate.
- **Missing Data Source:** If a state reports a measure without specifying a Data Source in either report, CMS will not be able to calculate a combined Medicaid and CHIP rate.

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.

Appendix A provides more details on how the QMR system automatically calculates a combined Medicaid and CHIP rate depending on the reported data sources.

Previewing Combined Medicaid and CHIP Rates in the QMR System

States can preview their combined Medicaid and CHIP rates in the QMR system by selecting the “View Combined Rates” button on the top righthand side of the QMR home page (Appendix B, Figure 1).⁸

Incomplete data and reporting using other data sources or methodologies does not meet mandatory reporting requirements.

⁸ States with only CHIP Medicaid expansion will not receive a combined Medicaid and CHIP rate, as those states are not asked to

The Combined Rates landing page lists the Child and Adult Core Set measures.⁹ States can select a measure to view the combined Medicaid and CHIP rates for that measure (Appendix B, Figure 2).

If states make changes as they review their data for quality and completeness, the combined Medicaid and CHIP rates will be updated accordingly. If states determine updates are needed, they can open the Medicaid or separate CHIP report for that measure and make revisions. The combined rates report is not editable; all updates must be made in the Medicaid and separate CHIP reports (Appendix B, Figure 3).

For More Information

CMS created several TA resources to support state reporting in the QMR system:

- Guidance on accessing the QMR system and system training videos are available in the Medicaid Data Collection Tool (MDCT) portal:
<https://www.medicaid.gov/resources-for-states/medicaid-and-chip-program-portal/medicaid-data-collection-tool-mdct-portal/index.html>.
- Training webinars with guidance and tips on data entry into the QMR system are available on Medicaid.gov:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>.
- The Calculating State-Level Rates Using Data from Multiple Reporting Units resource describes approaches to calculating and reporting state-level rates using data from multiple reporting units:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf>.
- The Data Quality Checklist provides guidance for states on improving the completeness, accuracy, consistency, and documentation of data reported in the QMR system:
<https://www.medicaid.gov/medicaid/quality-of->

report Medicaid and CHIP data separately. States with only CHIP Medicaid expansion will not see the "View Combined Rates" button on their QMR home page.

⁹ CPC-CH, LBW-CH, LRCD-CH, CPA-AD, and NCIIDD-AD are not included on the combined rates landing page. States are not asked

[care/downloads/child-adult-healthhomes-data-quality-checklist.pdf](#).

For technical assistance related to calculating and reporting Core Set measures, please contact the TA mailbox at MACQualityTA@cms.hhs.gov. For technical questions related to the QMR system, please contact the MDCT help desk at MDCT_help@cms.hhs.gov.

to report performance measure data for these measures for 2024 Core Sets reporting in the online reporting system. The QMR system will not show a combined rate for these measures. MSC-AD is also excluded from the combined rates page because the measure uses survey data.

Appendix A: Examples of Combined Medicaid and CHIP Calculation Methods

This appendix provides three examples of how the QMR system automatically calculates a combined Medicaid and CHIP rate depending on the selected data sources:

- Table 1. Calculating combined Medicaid and CHIP rates when both the Medicaid and separate CHIP reports used the administrative method
- Table 2. Calculating combined Medicaid and CHIP rates when both the Medicaid and separate CHIP reports used the hybrid method
- Table 3. Calculating combined Medicaid and CHIP rates when the Medicaid and separate CHIP reports used a combination of the administrative and hybrid methods

Table 1. Calculating combined Medicaid and CHIP rates when both the Medicaid and separate CHIP reports used the administrative method

Table 1 shows an example of how the QMR system calculates a combined Medicaid and CHIP rate when the data source is “Administrative” in both the Medicaid and separate CHIP reports. In this example, each beneficiary is counted in only one report during the measurement period, and the system calculates the combined Medicaid and CHIP rate by combining the data elements across reports. For measures calculated using the administrative method,¹⁰ the denominator is the *entire* measure-eligible population. The system calculates the combined denominator by summing the denominators for the reports (Column 2) and calculates the combined numerator by summing the numerators for the reports (Column 3). In the table, the combined Medicaid and CHIP rate (Column 4) is calculated by dividing the combined numerator by the combined denominator, multiplied by 100 ($163,000/225,000 \times 100 = 72.4\%$).¹¹ Because the denominator is the measure-eligible population for each report, no further weighting of results is required.

Report (Column 1)	Denominator (Column 2)	Numerator (Column 3)	Rate (Column 4)
Medicaid (Title XIX and XXI)	200,000	148,000	74.0%
Separate CHIP	25,000	15,000	60.0%
Combined Medicaid and CHIP	225,000	163,000	72.4%

Notes: The data in Table 1 show how the QMR system calculates a combined Medicaid and CHIP rate using administrative data only. States might find that using different data sources results in different performance rates.

The QMR system calculates the rate for each report and the combined Medicaid and CHIP to one decimal place.

¹⁰ This calculation logic also applies to measures calculated using electronic health record specifications, which include the entire measure-eligible population in the denominator.

¹¹ Some measures are reported as (1) inverted rates or (2) per 1,000 or 100,000 beneficiary months. The QMR system will follow the measure calculation specified in the Data Quality Checklist when calculating the combined Medicaid and CHIP rate:

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

Table 2. Calculating combined Medicaid and CHIP rates when both the Medicaid and separate CHIP reports used the hybrid method

Table 2 shows an example of how the QMR system calculates a combined Medicaid and CHIP rate when the data source is “Hybrid” in both the Medicaid and separate CHIP reports. For measures calculated using the hybrid method only, the denominator is a *sample* of the measure-eligible population using a combination of administrative and medical records data. The combined Medicaid and CHIP rate must be weighted by the size of the eligible population in each report. Combined Medicaid and CHIP rates based on hybrid method data are calculated using the following steps, as shown in Table 2:

1. Sum the measure-eligible population across the reports to derive a combined Medicaid and CHIP total (Column 2).
2. Divide each report’s measure-eligible population by this sum to get the weight for each report (Column 3). For example, the weight for Medicaid is $25,000/35,000 = 0.7143$.
3. Multiply the rate for each report (column 6) by its corresponding weight (Column 3) to get the weighted rate (Column 7).
4. Sum the weighted rates across both reports to get the weighted combined Medicaid and CHIP rate. In this example, the weighted combined Medicaid and CHIP rate is 65.8 percent.

Report (Column 1)	Measure-Eligible Population (Column 2)	Weight ^a (Column 3)	Denominator (Sample Size) (Column 4)	Numerator (Column 5)	Rate ^b (Column 6)	Weighted rate ^c (Column 7)
Medicaid (Title XIX and XXI)	25,000	.7143	411	247	60.1%	42.9%
Separate CHIP	10,000	.2857	411	329	80.0%	22.9%
Combined Medicaid and CHIP	35,000	1.0000	Not applicable	Not applicable	Not applicable	65.8%

Notes: The data in Table 2 show how the QMR system calculate a combined Medicaid and CHIP rate using hybrid method data. States might find that using different methods results in different performance rates.

To retain the precision of final rates, the QMR system calculates report weights to four decimal places. It rounds report and combined Medicaid and CHIP rates to one decimal place.

^a The QMR system calculates the weight by dividing the measure-eligible population for each report by the combined Medicaid and CHIP total eligible population (Column 2); for example, the weight for Medicaid is calculated as $25,000/35,000 = 0.7143$.

^b The QMR system calculates the rate by dividing the numerator (Column 5) by the denominator (Column 4) for each report; for example, the rate for Medicaid is calculated as $247/411 = 0.601$ or 60.1 percent.

^c The QMR system calculates the weighted rate by multiplying the weight (Column 3) and rate (Column 6) for each report; for example, the weighted rate for Medicaid is calculated as $0.7143 \times .601 = 0.429$ or 42.9 percent.

Table 3. Calculating combined Medicaid and CHIP rates when the Medicaid and separate CHIP reports used a combination of the administrative and hybrid methods

Table 3 shows an example of how the QMR system calculates a combined Medicaid and CHIP rate when the data sources are a mix of administrative and hybrid in the Medicaid and separate CHIP reports. To calculate a combined Medicaid and CHIP rate when one report used the administrative method and the other used the hybrid method (or either report used a combination of administrative and hybrid methods), a weight based on the proportion of the report’s measure-eligible population to the combined Medicaid and CHIP measure-eligible population must be applied to each rate, just as when the system calculates a combined Medicaid and CHIP rate using the hybrid method alone.

Table 3 shows how to combine rates calculated using different methods. For rates calculated using the administrative method (in this example, the Medicaid report), the measure-eligible population (Column 2) and denominator (column 4) are the same. In contrast, for rates calculated using the hybrid method (in this example, the separate CHIP report), the denominator (Column 4) is smaller than the measure-eligible population (Column 2) because the denominator is the sample size. To calculate a combined Medicaid and CHIP rate, the QMR system applies a weight (Column 3) to the rate (Column 6) for each report. The weight for each report reflects the proportion of the measure-eligible population to the total measure-eligible population in the state (Column 3), and the combined Medicaid and CHIP rate (Column 7) is the sum of the weighted rates across reports (65.8 percent).

Report (Method) (Column 1)	Measure-Eligible Population (Column 2)	Weight ^a (Column 3)	Denominator (Total or Sample Size) ^b (Column 4)	Numerator (Column 5)	Rate ^c (Column 6)	Weighted rate ^d (Column 7)
Medicaid (Title XIX and XXI) (Administrative)	25,000	.7143	25,000	15,025	60.1%	42.9%
Separate CHIP (Hybrid)	10,000	.2857	411	329	80.0%	22.9%
Combined Medicaid and CHIP	35,000	Not applicable	Not applicable	Not applicable	Not applicable	65.8%

Notes: The data in Table 3 show how the QMR system calculates a combined Medicaid and CHIP rate using administrative and hybrid method data. States might find that using different methods results in different performance rates.

To retain the precision of final rates, the QMR system calculates report weights to four decimal places. It rounds report and combined Medicaid and CHIP rates to one decimal place.

^a The QMR system calculates the weight by dividing the measure-eligible population for each report by the combined Medicaid and CHIP total eligible population (Column 2); for example, the weight for Medicaid is calculated as 25,000/35,000 = 0.7143.

^b The table shows the measure-eligible population as the denominator for reports that used administrative data to calculate the rate (in this example, the Medicaid report). It shows the sample size for reports that used the hybrid method (in this example, the CHIP report).

^c The QMR system calculates the rate by dividing the numerator (Column 5) by the denominator (Column 4) for each report; for example, the rate for Medicaid is calculated as 15,025/25,000 = 0.601 or 60.1 percent.

^d The QMR system calculates the weighted rate by multiplying the weight (Column 3) and rate (Column 6) for each report; for example, the weighted rate for Medicaid is calculated as 0.7143 x .601 = 0.429 or 42.9 percent.

Appendix B: Screenshots of the QMR Combined Rates Functionality

Figure 1. Navigating to the combined rates 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	⋮

Figure 2. Combined rates landing page

QUALITY MEASURE REPORTING
Logout

< **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
AMB-CH	Ambulatory Care: Emergency Department (ED) Visits
AMR-CH	Asthma Medication Ratio: Ages 5 to 18

Figure 3. Navigating back to the Medicaid and separate CHIP reports from the combined rates page

QUALITY MEASURE REPORTING
Logout

< **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

Administrative Data

- Medicaid Management Information System (MMIS)

Separate CHIP Data Source

Administrative Data

- 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