

# **Technical Assistance (TA) to Support 2025 Reporting of the Child, Adult, and Health Home Core Sets Transcript**

**September 3, 2025; 2:00 – 3:00 pm ET**

**Talia Parker:**

[Slide 1] Welcome, everyone, and thank you for attending today's webinar on Technical Assistance to Support Reporting of the 2025 Child, Adult and Health Home Core Sets. My name is Talia Parker, and I am part of the Core Sets Technical Assistance Team. My colleagues from the TA team, Deepti Agnihotri and Alli Steiner, will also be presenting today. We're joined by other members of the Core Sets TA Team and by colleagues from the Division of Quality and Health Outcomes and the Division of Health Homes, PACE and COB/TPL in the Center for Medicaid and CHIP Services. Next slide, please.

[Slide 2] Before I turn it over to CMS for welcoming remarks, I'd like to cover a few housekeeping items. All attendees have entered the webinar muted. Closed captioning is available in the Webex platform. To enable closed captioning, click on the CC icon in the lower-left corner of your screen. You can also click Control-Shift-A on your keyboard to enable closed captioning. If you have any technical issues during today's webinar, please send a message through the Slido Q&A function, located in the Slido panel on the bottom-right corner of your screen. When you send us a message via the Slido Q&A feature, your message will say "waiting for review." Please click the word "replies" under your question to see our response.

You will notice that the chat for participants has been disabled. For all questions and comments, please use the Slido Q&A feature. You are welcome to send in your questions throughout the event. We will answer your questions out loud at the end of the presentation. Today, we will cover both content and functionality, so please feel free to ask questions related to either. If we do not respond to your question during the webinar, please email your question to the TA mailbox. And, finally, please note that the slides are best viewed using the Webex application. The slides and recording will be posted to Medicaid.gov after the webinar. And now I'll turn things over to CMS to kick things off.

**Gigi Raney:**

[Slide 3] Thank you, Talia. This is Gigi Raney and I am the CMS lead on the Child and Adult Core Set work. And I am so happy to be here with all of you to launch the 2025 Child and Adult and Health Home Core Set reporting. I want to express gratitude on behalf of CMS to all of you for your time and participation in this webinar today, as well as for the work that you do for Medicaid and CHIP programs and beneficiaries and the time and resources that states are committing and have committed to collect and report on quality of care in their programs.

The Core Sets are valuable to us not only because they give us data and they help us tell the story of how we're doing, they make pretty maps to show geographic variation, et cetera - so this is a plug for the Data Dashboard if you haven't already seen it, we will put a link in the chat - but, also, the real value of the Core Sets is how they point us to and how they inform and help drive efforts to improve care and health outcomes for beneficiaries. Over the past several years, CMS has expanded the scope of our support to states in quality improvement, we've hosted several learning collaboratives and affinity groups on a range of topics, and all 50 states plus DC, Puerto Rico, and the US Virgin Islands have participated in numerous webinars highlighting promising practices to drive improvement using in large part the data that you are submitting through the Quality Measure Reporting system, the QMR, to do so. This data is important, and it

does make a difference. So thank you for making a difference. And now I'm turning it over to Sara Rhoades who's the CMS lead for the Health Home Core Set. Sara?

**Sara Rhoades:**

Hi. Thank you, Gigi. I just would like to reiterate what Gigi said. We appreciate you all taking the time to be on this webinar as well as reporting on the Health Home Programs in your respective states. It does help us very much to look at the different programs, especially since Health Homes has so much information at a program-level. We do understand that there are challenges at times with reporting and we just really appreciate everyone making the effort to get that information in to us so that we can start to see if there are any trends in certain areas as related to the chronic conditions that your respective states are serving. So, again, we appreciate it. And I'll let the webinar go on. Thank you.

**Talia Parker:**

Great. Thank you so much, Gigi and Sara. So now we can jump in. Next slide, please.

[Slide 4] To help orient you to today's training, here's an agenda of what we plan to cover. We will first provide an introduction to Core Sets reporting. We will then discuss reporting stratified data in the QMR system, data quality priorities, and the data preview process. Finally, we'll cover some key system updates for 2025 and considerations for entering your data into the QMR system, discuss additional reporting resources, and then open it up for questions.

Today's webinar will focus on updates and key reminders for 2025 Core Sets reporting. If you would like a comprehensive refresher on QMR navigation and functionality, we encourage you to watch the recordings of our past QMR system demonstrations that are available on [Medicaid.gov](https://www.Medicaid.gov). Additionally, the appendices of this slide deck contain more examples from the system for new users as well as further resources for Core Sets reporting. Next slide, please.

[Slide 5] And we can skip to the next slide.

[Slide 6] This slide introduces the Child and Adult Core Sets. The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and CHIP. 2025 will be the 16th year of reporting of the Child Core Set and the 13th year of reporting of the Adult Core Set. The Child Core Set was authorized under Section 1139A of the Social Security Act and the Adult Core Set was authorized under Section 1139B of the Social Security Act.

The 2025 Child Core Set includes 26 mandatory and three provisional measures. The 2025 Adult Core Set includes 11 mandatory measures, 27 voluntary measures, and one provisional measure. Voluntary measures are considered part of the Child and Adult Core Sets. Reporting of these measures is voluntary but encouraged. Provisional measures are not currently considered part of the Child and Adult Core Sets. Reporting of provisional measures is also voluntary but encouraged. CMS expects provisional measures to be added to the Core Sets in future years. Next slide, please.

[Slide 7] Over time, the number of measures reported by each state has increased and the quality and completeness of the data submitted has improved. The Core Set Data Dashboard is an interactive website that includes all publicly reported Child and Adult Core Set measures, starting with the 2023 Core Sets. CMS plans to add 2024 data this fall. Selected measures from the Child and Adult Core Sets are also included in the Medicaid and CHIP Scorecard. Both resources are available on [Medicaid.gov](https://www.Medicaid.gov) and at the links on this slide.

We have also included links to all of the 2023 Child and Adult Core Set reporting products in Appendix A of this slide deck. 2024 reporting products will be available on Medicaid.gov soon. Next slide, please.

[Slide 8] This slide provides an overview of measure changes for 2025 Child and Adult Core Sets. There are three new provisional Child measures and one new provisional Adult measure. There are also five new voluntary measures on the Adult Core Set. This slide indicates which of these measures are provisional in the 2025 Core Sets. As a reminder, provisional indicates that the measure is not currently considered part of the Child and Adult Core Sets. Reporting of provisional measures is voluntary but encouraged.

In addition, the Ambulatory Care Emergency Department Visits measure was retired from the 2025 Child Core Set. An April 2025 webinar, which is linked on this slide, provides additional detailed information about changes to the measures and specifications. Next slide, please.

[Slide 9] Now I'll provide some background information on the Health Home Core Sets. 2025 will be the 13th year of reporting of the 1945 Health Home Core Set since CMS established the Section 1945 Health Home Core Set in 2013. The Affordable Care Act of 2010 established the 1945 Health Home benefit under Section 1945 of the Social Security Act.

2025 will be the first year of reporting of the 1945A Health Home Core Set, although at this time there are no approved 1945A Health Home Programs. The Medicaid Services Investment and Accountability Act of 2019 established the 1945A Health Home benefit under Section 1945A of the Social Security Act and provides an opportunity for states to provide health home services for children with medically complex conditions. Both Health Home Core Sets consist of quality measures and utilization measures that are used for ongoing monitoring and evaluation purposes across all Health Home Programs.

All measures on the Health Home Core Sets are mandatory. In addition to the Health Home Core Set measures, each Health Home Program can report specific goals and measures identified by their individual programs. Next slide, please.

[Slide 10] This slide has information about Health Home reporting updates for 2025. All Health Home Programs that have been in effect for at least six months of the reporting period are expected to report for 2025. Reporting requirements are based on the initial start date of each Health Home Program. To determine if your Health Home Program is expected to report, you can refer to the Health Home reporting table available at Medicaid.gov and linked on this slide, or you can contact the TA mailbox at the address on this slide.

For 2025, no measures were added to the Health Home Core Sets and two measures were retired from the 1945 Health Home Core Set: Ambulatory Care: Emergency Department Visits and Prevention Quality Indicator 92: Chronic Conditions Composite. Appendix A of this slide deck includes links to the 2023 Section 1945 Health Home Core Set reporting products. 2024 reporting products will be available soon on Medicaid.gov. Next slide, please.

[Slide 11] Next, we wanted to cover a few reminders about Core Set mandatory reporting requirements. For 2025 Core Sets reporting, states are required to report all measures on the Child Core Set and the behavioral health measures on the Adult Core Set. States with approved Health Home Programs in operation by July 1, 2024 are required to report all measures on the Health Home Core Set. States are required to adhere to the Core Set technical specifications and include all measure-eligible beneficiaries in their reporting for each measure. In addition, states are required to stratify 25% of mandatory Child, Adult, and Health Home measures by

race, ethnicity, sex, and geography. Additional information about mandatory reporting requirements can be found in the links on this slide. Next slide, please.

[Slide 12] As part of mandatory reporting, states with separate CHIP are required to report on the Child Core Set measures separately for two groups. The first is Medicaid, inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP, if applicable for the state, and the second is separate CHIP. States will submit separate reports in the QMR system with results for each population. For Adult Core Set reporting, it is encouraged, but not required, to report the separate CHIP population separately.

To reduce reporting burden on states and as stated in the Mandatory Reporting Final Rule, CMS will aggregate the Medicaid and separate CHIP results that states report in the QMR system to create combined Medicaid and CHIP results for each reported rate. There is also an updated TA resource on reporting Medicaid and separate CHIP data in the QMR system which is now available at the link on this slide. Next slide, please.

[Slide 13] So why does CMS emphasize having all states calculate and report Core Set data? Reporting provides a national snapshot of the quality of care provided to Medicaid and CHIP beneficiaries. CMS is focused on data quality and completeness to support the use of measures by CMS, states, and other quality partners to drive quality improvement at the national and state levels. For example, CMS is underway with several quality improvement technical assistance offerings, including early childhood preventive care, maternal hypertension and cardiovascular health, and maternal behavioral health and substance use. The next quality improvement technical assistance offering will focus on children's preventive dentist visits. Next slide, please.

[Slide 14] CMS has established several goals for 2025 Core Sets reporting, including supporting states in reporting the Core Sets according to mandatory reporting requirements through technical assistance and outreach, streamlining data collection and reporting processes to reduce burden on states such as through alternate -- using alternate data sources, using the data to monitor patterns in state and national performance, and supporting states in using Core Set data to drive improvements in health quality and outcomes. CMS works with the Technical Assistance Team to conduct outreach to states before, during, and after the reporting process to support these goals. Next slide, please.

[Slide 15] As you can see on this slide, the QMR system is now open for 2025 Child, Adult, and Health Home Core Sets reporting. We will go into more detail about reporting in the QMR system later in the presentation. The reporting deadline is December 31, 2025. Next slide, please.

[Slide 16] And now we will discuss reporting stratified data in the QMR system. Next slide.

[Slide 17] As a reminder -- perfect, thanks. As a reminder, for 2025 Core Sets reporting, states are required to stratify 25% of mandatory Child, Adult, and Health Home measures by race, ethnicity, sex, and geography. States with separate CHIP are required to stratify the specified Child measures in the Child Separate CHIP report. States with separate CHIP are also encouraged, but not required, to stratify measures in the Adult Separate CHIP report. Additional guidance on reporting stratified data in the QMR system is available in an updated TA resource which is linked on this slide. Next slide, please.

[Slide 18] This slide shows the seven Child Core Set measures subject to mandatory stratification for 2025 Core Sets reporting. CMS will calculate stratified data for two measures: Live Births Weighing Less than 2,500 Grams and Low-Risk Caesarian Delivery: Under Age 20 on behalf of states using alternate data sources. Next slide.

[Slide 19] And this slide shows the Adult, 1945 Health Home, and 1945A Health Home Core Set measures that are subject to mandatory stratification for the 2025 Core Sets reporting. Next slide.

[Slide 20] Now we will provide details about the stratification categories in QMR, starting with race and ethnicity stratification. For 2025 Core Sets reporting, states can stratify race and ethnicity using either of two reporting options. The first is the 1997 Office of Management and Budget, or OMB, minimum race and ethnicity categories as specified in the 2011 HHS standards. We will refer to these as the 1997 standards. The second is the 2024 OMB Statistical Policy Directive No. 15: Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity. We will refer to these as the 2024 standards. This slide includes links to these standards. Next slide, please.

[Slide 21] This slide shows the race and ethnicity categories available in the first reporting option, the 1997 standards. These are the same categories that have been available in the QMR system in previous years. In this reporting option, race and ethnicity are reported as separate variables. For race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratify by subcategory. Next slide, please.

[Slide 22] And this slide shows the race and ethnicity categories available for the second reporting option, which is the 2024 standards. In this reporting option, race and ethnicity are reported as a combined variable using the alone or in combination approach. For example, a respondent who reported being both White and Black or African American would fall into both the “White alone or in combination” category and the “Black or African American alone or in combination” category. Percentages across the race and ethnicity categories can sum to greater than 100% because the response categories are not mutually exclusive. Again, race and ethnicity categories marked with an asterisk can be reported with aggregate data or further stratified by subcategory, such as those listed on the slide. Next slide, please.

[Slide 23] There are a few key differences in the two reporting options that states will see in the QMR system. In the 1997 standards, race and ethnicity are reported as separate variables, there is an option to add another race or ethnicity category, and there is an option to report “Two or More Races” or “Some Other Race” categories. On the other hand, in the 2024 standards, race and ethnicity are reported as a combined variable using the alone or in combination approach, and there are additional race and ethnicity category options, such as the Middle Eastern or North African category. In this reporting option, states will not be able to add another race or ethnicity category, although they can add another group within an existing race and ethnicity category. Next slide, please.

[Slide 24] The QMR system now includes reminders about the race and ethnicity reporting options, as well as additional information about reporting stratified data. States can find this information by expanding the Instructions tab in the stratification section. Next slide, please.

[Slide 25] In each measure for which a state is reporting stratified data, states will be prompted to choose a race and ethnicity reporting option. For example, a state could choose to report some measures according to the 1997 standards and other measures according to the 2024 standards. However, states must use a consistent race and ethnicity reporting option within a measure. Next slide.

[Slide 26] Please be aware that stratified data will not be saved if a state switches between race and ethnicity reporting standards within a measure. As such, states should confirm which option they are using for a given measure before entering data to avoid losing any data. If you are

unsure about which reporting option to select, we encourage you to reach out to the Core Set TA Team before you begin entering your data. Next slide, please.

[Slide 27] Now I'll go over the sex and geography stratification categories. States will report data stratified by sex according to the 2011 HHS standards. The category options are shown on this slide. Next slide, please.

[Slide 28] And this slide shows the geography category options. When assigning Urban and Rural categories, states should use a minimum standard of Core-Based Statistical Area, or CBSA, codes. However, CMS recommends states move towards using Rural-Urban Community Area, or RUCA, codes as the RUCA standard is more granular than CBSAs and enables more accurate identification of rural areas. More information on how to assign beneficiaries to geography categories is available in Appendix B of the TA resource linked on this slide. Next slide, please.

[Slide 29] Depending on the reporting option and category, states can add additional subcategories. To do so, select the "Add Another Category" button at the bottom of the section. States should use a descriptive and clear label for the additional subcategory. However, states should use existing subcategories where possible and appropriate. For example, instead of adding a new subcategory called "Unknown," states should use the existing "Missing or Not Reported" subcategory. Next slide.

[Slide 30] For the measures required for stratified reporting, states are expected to report stratified data for race and ethnicity, sex, and geography. If a measure is only specified for female beneficiaries, there will not be a reporting option for sex stratification.

When reporting stratified data, states should only select the categories for which the state collects data. For example, if a state does not collect data for Middle Eastern or North African, they should not select this category. If a state collects data for a category, but there are zero measure-eligible beneficiaries that fall into that category, they should select the category and enter "0" in the numerator and denominator fields. For example, if a state collects data for Middle Eastern or North African, but there are zero measure-eligible beneficiaries in that category, the state should enter "0" in the numerator and denominator fields. Next slide.

[Slide 31] CMS recognizes that stratifying data, particularly by disaggregated subcategories, may lead to small cell sizes. However, CMS encourages states to report data in the QMR system for measures and rates with small cell sizes if state policy allows. If state policy prohibits reporting certain cell counts, please adhere to your state policies and include a note in the stratification open text field. For public reporting, data will be suppressed in accordance with the CMS cell size suppression policy. Next slide, please.

[Slide 32] States have two options for stratifying data for measures that are calculated using the hybrid methodology at the state level. First, states could apply stratifications to the eligible population and denominator after hybrid sampling, as specified in the HEDIS General Guidelines, or states can use administrative data to report stratified rates. The QMR system allows states to report stratified data separately from the overall performance measure data, so states can use a different methodology in the stratification section. States should use the stratification open text field to explain which methodology they use to calculate stratified data for hybrid measures. Next slide, please.

[Slide 33] The QMR system will conduct data quality checks on the reported stratified data like it does in the Performance Measure section. These checks are based on the Data Quality Checklist. Please review these validation checks if they appear in the QMR system. If a state

reviews their data and determines they are correct as -- or accurate as reported, the state can override the message and complete the measure. Next slide, please.

[Slide 34] States should provide additional context about their stratified data in the open text field in the stratification section. This slide provides examples of the types of notes that may be helpful to include. This text will be used internally by CMS to better understand reporting context and will not be included in state-specific comments. Next slide, please.

[Slide 35] To wrap up the section on stratification, this slide summarizes some Dos and Don'ts for reporting stratified data that were described on previous slides. Next slide, please.

[Slide 36] In the next part of the presentation, I am going to talk about data quality priorities for Core Set reporting. Next slide.

[Slide 37] Here we show key data quality considerations: completeness and accuracy of the data reported, consistency between measures within and across Core Sets, documentation of methods, and adherence to the Core Set specifications. Additional guidance on data quality can be found in the Data Quality Checklist. A link to this resource is included on this slide. We encourage states to review the checklist as you begin reporting and also as a final check before submitting data. Next slide, please.

[Slide 38] States should include all eligible populations and services in each measure. For mandatory measures, only states with an approved population exemption may exclude measure-eligible populations. These states should document excluded populations in the QMR system. Please note that population exemptions are not applicable for Health Home reporting. Next slide, please.

[Slide 39] States should adhere to the Core Set technical specifications. This is required for all mandatory measures. States that must vary from Core Set specifications should document in the QMR system how their methodology varied from the Core Set specifications, such as using a different data source, methodology, timeframe, or age group. States should also ensure that populations are reported in the correct reports and that there are no -- there's no duplication across reports. For example, the Title XXI-funded Medicaid expansion CHIP population, also referred to as Medicaid expansion CHIP, should be reported in the Medicaid report. As this slide notes, additional tips for ensuring data quality are available in Appendix B of the slide deck. Next slide, please.

[Slide 40] And now we'll talk about the data preview process that will occur after states submit their reports to CMS in the QMR system. Next slide.

[Slide 41] The state data preview process provides states the opportunity to review all data that may be used for public reporting. After states submit their data in the QMR system, CMS and the TA Team will compile all of the data reported by the state in QMR into a Word document state preview. The preview will be sent as an attachment email to state QMR users through the State Data Preview email shown on this slide.

Please remember to ensure that all people who need to receive the preview are registered as users in QMR. Please also remove users who are no longer involved in Core Set reporting. The link on this slide has instructions for how to request access for new QMR users.

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

[Slide 42] All changes or additional context must be entered in the QMR system. CMS and the TA Team will not accept any data changes or contextual documentation that are not recorded in the QMR system. Once a state communicates that they have reviewed and updated their data if needed, a new state preview report will be generated and shared with the state QMR users and additional state Medicaid and CHIP leadership. We encourage states to review their data in a timely manner to ensure that updates are incorporated in public reporting. After the state preview process, the QMR system will close for the reporting period. At that point, any changes made to state reported data in QMR will not be included in public reporting. A banner will announce this in the QMR system. Next slide, please.

[Slide 43] Now we'd like to provide an overview of the process for generating state-specific comments. State-specific comments summarize contextual information about a state's Core Set data. These comments accompany the reported rates in Core Set-related analytic products. The SSCs are automated based on information reported in various fields in the QMR system. For example, SSCs include information about the delivery systems, data sources, validation, and additional context provided by the state. The state previews will include the automated SSCs for the state to review. If edits are needed, the state should update the corresponding fields in the QMR system. Next slide.

[Slide 44] This slide has some Dos and Don'ts for completing the text fields that are used to create the SSCs. The state should briefly summarize any contextual information that could be helpful in interpreting state data in the Additional Notes and Comments field. Some examples of important context are included on this slide. States should use complete sentences in SSC text fields and use consistent language across measures as applicable. Only information relevant to the QMR fields should be included. Please also include notes about state-specific population exemptions.

Please do not include symbols, undefined acronyms, health plan or contractor names, or special formatting. In addition, states should not enter the same information in multiple SSC fields for the same measure, as this will lead to repetitive SSCs. Finally, you do not need to include notes about populations exempt for all states for 2025 Child and Adult reporting, which includes individuals dually eligible for Medicare and Medicaid and individuals with third-party liability. Next slide.

[Slide 45] An updated technical assistance resource provides an overview of the data preview process. It also provides detailed information about how the information in QMR maps to the state-specific comments and how to update your state-specific comments by updating the information reported in the QMR system. This updated resource will be posted soon at the link shown on this slide. There is also a separate mailbox that will be sending out the state preview report and is available to answer any questions about your preview report. Next slide, please.

[Slide 46] Okay, and now I will pass it over to Alli to discuss 2025 reporting tips.

**Alli Steiner:**

Thank you, Talia. So now we're going to discuss some key considerations when entering data into the QMR system. And you can go to the next slide, please.

[Slide 47] So, as a reminder, when you log into QMR, the Child and Adult reports that your state is expected to submit will automatically appear on the landing page. For example, states with separate CHIP programs will see two reports each for both the Child and Adult Core Sets. These reports are in the Medicaid report, which is inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP, and the Separate CHIP report. This year, the



Medicaid report name was updated to clarify that Title XXI-funded Medicaid expansion CHIP should be included in the Medicaid report. As a reminder, states with only Medicaid expansion CHIP will only see one report each for Child and Adult Core Sets, and that's the Medicaid report. Those states should still include both Title XIX-funded Medicaid and Title XXI-funded Medicaid populations in that Medicaid report. Next slide.

[Slide 48] You will need to manually add your state's Health Home reports as applicable to report on Health Home measures. The process for adding a Health Home Core Set is the same as last year. Click the "Add Health Home Core Set" button in the lower left-hand corner of the landing page. Please note that states with multiple Health Home Programs will need to manually add each program individually. Next slide.

[Slide 49] Please note that removing -- that deleting a Health Home report will permanently delete all data for that program for 2025 and cannot be undone. Next slide.

[Slide 50] When you click into a report, you will see a banner reminding you about the 2025 mandatory reporting requirements. More information on mandatory reporting is included in the link in the banner. Each measure has a tag to indicate whether it is mandatory. Measures labeled "provisional" and measures without a tag are voluntary for 2025. Next slide.

[Slide 51] Like previous years, you will notice on the landing page some measures already show as being complete. These measures are calculated by CMS using alternate data sources and are not entered by states in the QMR system. CMS will coordinate with you outside of the QMR system to preview the data that will be used in public reporting for these measures. Next slide.

[Slide 52] As mentioned earlier in the webinar, states that have separate CHIP must report Child Core Set data for the Medicaid population, inclusive of Medicaid expansion CHIP, in the Medicaid report, and also separately report data for the separate CHIP population in the separate CHIP report for all measures. Next slide.

[Slide 53] This slide provides guidance about reporting separate CHIP data specifically for the Adult Core Set. States that have separate CHIP are also encouraged, but not required, to report their Adult Core Set data separately for Medicaid and separate CHIP. States that can report separate CHIP results for the Adult Core Set measures should report results for, one, the Medicaid population, inclusive of Medicaid expansion CHIP, in the Medicaid report, and then separately report results for the separate CHIP population in the separate CHIP report.

States that have a separate CHIP program but cannot separate Medicaid and separate CHIP for the Adult Core Set should report all data in the Medicaid report. Under the "Definition of Denominator" question, select all appropriate populations and indicate that the separate CHIP population is also included in the denominator by selecting the "Other" option and entering "separate CHIP" in the associated text field. Please also include a note about including the separate CHIP population in the Additional Notes and Comments section. This note will be pulled into the state-specific comments for public reporting. Then, in the Separate CHIP report, select "No, I am not reporting" for each measure. When prompted to select a reason for not reporting, select "Other" and include a note indicating that Medicaid and separate CHIP data are reported together in the Medicaid report for 2025. Example text for the open text field is included on this slide. Next slide.

[Slide 54] Like last year, the Core Set Qualifier Questions can be found at the link at the top of the main measure page. These questions must be completed in each report. Next slide.

[Slide 55] There is a new question in the Child and Adult Qualifier Questions this year that asks states to provide a general estimate of the ages of beneficiaries covered in the state's program. For example, states should include a note about the general age of children covered in the state's Medicaid program in their Child Medicaid report. This information is used internally by CMS and will not be included in the state-specific comments. Next slide.

[Slide 56] Also new this year, the "as of" date in the delivery system question is now December 31, 2024. Previously, the "as of" date was September 30th of the measurement year, but the date is now updated to align with the end of the measurement year. As a reminder, states only need to report an estimate of the percentage of beneficiaries enrolled in each delivery system. If your state already calculated using 2024 -- using the September 2024 date, you do not need to recalculate. Next slide.

[Slide 57] Remember that the QMR system has many fields that are dependent on your selection and other fields -- sorry, dependent on your selection in other fields such as the Performance Measure and measure stratification sections. To make sure that your state's data are complete, please complete the fields in the order in which they appear on the page. Next slide.

[Slide 58] The Measure Specification question is reworded this year to a Yes/No format. If your state adhered to the 2025 Core Set specifications, you should select "Yes." If not, select "No, our state use other specifications to calculate this measure." For measures with NCQA as the measure steward, states will no longer be asked which HEDIS measurement year they used. Next slide.

[Slide 59] The QMR system now lists the Variations from Measure Specifications question under the Measure Specification field. This question previously appeared at the end of the report. States are required to adhere to the Core Set technical specifications for each measure. States should document any variations from the Core Set specifications including different methodology, timeframe, or reported age groups in the specified text box. Please use concise language when describing variations. Next slide.

[Slide 60] Also new this year, states have the option to provide additional information if they used Electronic Clinical Data Systems, or ECDS, as a data source. Specifically, you can specify whether your state used electronic health records or a personal health registry, health information exchange or clinical registry, a case management system, or administrative data. You can also provide additional context in the ECDS free text field. Next slide.

[Slide 61] In the Adult Separate CHIP report, the population options in the Definition of Denominator question were updated to clarify that the second population option refers to individuals dually eligible for Medicare and separate CHIP. Individuals dually eligible for Medicare and Medicaid should be reported in the Adult Medicaid report. Next slide.

[Slide 62] All measure-eligible populations should be included in mandatory Core Set measures. However, if your state has an approved population exemption from CMS and will be excluding specific populations, you should include information on the excluded populations by selecting "No, this denominator does not represent the total measure-eligible population as defined by the technical specifications for this measure." Note that if there are any beneficiaries that do -- that do not meet continuous enrollment requirements in a plan or delivery system, but do meet continuous enrollment in Medicaid or CHIP at the state level, these individuals must be included. If they are excluded, the state should select "No, this denominator does not include the total measure-eligible population." This text will be included in the publicly reported state-specific comments. Next slide.

[Slide 63] The QMR system now lists the Additional Notes and Comments field after the Performance Measure rates and before the stratification section. If you have additional context to include about measure reporting, please document it succinctly in the open text field. If you have additional context to include about stratified data specifically, please document it in the open text field at the end of the stratification section. Next slide.

[Slide 64] For measures where hybrid is an available data source, you will see two hybrid-specific questions. These questions are, "What is the size of the measure-eligible population?" and "Specify the sample size." If you're reporting using the hybrid data source, please respond to these questions. You will receive a warning message from the QMR system if you do not complete the measure-eligible population question. Next slide.

[Slide 65] If a measure has multiple rates, but you are not reporting all of the rates, you should explain why you are not reporting the omitted rates in the Additional Notes and Comments section. If your state is concerned about reporting a rate due to small cell sizes, remember that for the purpose of public reporting, data will be suppressed in accordance with the CMS cell suppression policy. However, if your state prohibits reporting of small numbers, please note this in the Additional Notes and Comment section as the reason you are not reporting a specific rate. Next slide.

[Slide 66] States should distinguish whether there are no beneficiaries who are measure-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 measure -- if there are no beneficiaries that meet measure-eligibility criteria, states should enter "0" in the numerator and/or denominator fields rather than leaving the field blank. This slide lists some examples of when the situation might arise. The QMR system will show the calculated rate as 0.0 and CMS public reporting will indicate that a rate could not be calculated because there were no measure-eligible beneficiaries. Next slide.

[Slide 67] However, if there are no available data and you're not reporting a rate, but are reporting other rates for that measure, simply leave the fields blank and do not enter a zero. You should also explain why you are not reporting the admitted -- omitted rates in the Additional Notes and Comments field. Next slide.

[Slide 68] Alternatively, if there is no measure-eligible population because the program does not cover the service assessed in the measure, the state should select "No, I am not reporting" and indicate the reason for not reporting. For example, this might apply for programs that only cover limited benefits, such as the separate CHIP from-conception-to-end-of-pregnancy, or FCEP, population. Next slide.

[Slide 69] As a reminder, if you are reporting that a measure was calculated using Other Specifications, you must enter a rate label to describe the rate or rates for the measure. If a measure has multiple rates, the rate labels must differ from one another. If you do not include a rate label for a reported rate or if there are rate labels that are not distinct, you will receive a warning from the system. In this example, the warning fired because there were two rates and they are both labeled as 40 to 64. Next slide.

[Slide 70] For the CAHPS Survey measures, CPA-AD and CPC-CH, CMS will calculate state-level results using CAHPS data submitted to the Agency for Healthcare Research and Quality, or AHRQ, CAHPS Health Plan Survey Database during the 2025 database submission period in June 2025. In the QMR system, you can indicate whether your state conducted a CAHPS survey, but you won't be able to report performance data in the QMR system for these measures. Please note the data reported in the QMR system for Child and Adult CAHPS, CPC and CPA-AD, will not be included in public reporting. Next slide.

[Slide 71] CMS will continue to use two different data sources for one CAHPS measure, the Medical Assistance with Smoking and Tobacco Use Cessation, or MSC-AD, measure. For this measure, CMS will calculate state-level results from the data submitted to the AHRQ CAHPS Database in June 2025. Alternatively, states can submit performance measure data for this measure in the QMR system. Please note that states with data submissions to the CAHPS database do not need to enter performance data in QMR and can note in the QMR system that they already submitted data for the measure to the CAHPS Database. States that submitted data in both the CAHPS Database and the QMR system will receive a data preview after QMR reporting where they can have the opportunity to choose which data source CMS uses in public reporting. Next slide.

[Slide 72] As a reminder, to reduce state burden, the system will automatically calculate a combined Medicaid and separate CHIP rate for each measure and rate reported by the state. Please note that the combined feature is only applicable to states with separate CHIP. To preview the combined rate -- the combined Medicaid and CHIP rates, click the "View Combined Rates" button in the upper right-hand corner of the landing page. You do not need to complete all your measures before viewing a measure's combined rate. The combined rates page will update in real time as data are added, but remember to click the "Complete Measure" button when you are done reporting or making updates to a measure. Next slide.

[Slide 73] States with only Medicaid expansion CHIP and no separate CHIP program will not see a combined rates report, as those states are not reporting Medicaid and CHIP data separately. Next slide.

[Slide 74] The data on the combined rates page are not editable. If you would like to make updates to your Medicaid or separate CHIP data after previewing the combined rates page, click on the linked Medicaid and Separate CHIP reports at the top of the combined rates page. Next slide.

[Slide 75] The Medicaid or Separate CHIP report that you selected will open up in a new tab. If you make updates to your data, make sure to click the "Complete Measure." The measure's combined rates will automatically recalculate in the original combined rates tab. Next slide.

[Slide 76] The combined Medicaid and CHIP rate will automatically calculate and will appear in the "combined rates" column. The updated TA resource linked on this slide has more information on the methodology used to calculate the combined Medicaid and CHIP rate. Next slide.

[Slide 77] When you have finished data entry for all measures and Qualifier Questions in a given Core Set report, please submit your report by clicking the "Submit" button in the upper right-hand corner of the report screen. Next slide.

[Slide 78] We will now review some reporting resources available as you enter your data and then we'll turn it over to questions. Next slide, please.

[Slide 79] Reporting resources for the 2025 Core Sets can be found on Medicaid.gov and in Appendix D of the slide deck. These resources include many helpful links including measure lists, technical specifications, the Data Quality Checklist, and the Measurement Period Tables. Next slide.

[Slide 80] There are also teams available to help you if you run into challenges while reporting in the QMR system. For technical assistance regarding the use of the QMR system, including accessing the system, please reach out to the MDCT Help Desk. For TA related to calculating,

reporting, or using Core Set measures, submit your questions to the MAC Quality TA mailbox. For questions related to the state preview, including to set up a meeting to discuss questions with the TA Team, contact the TA Team at the Data Preview mailbox. Next slide.

[Slide 81] Finally, here is a list of the appendices in the slide deck so you can easily find your way to the resource you need when the slide deck is posted on Medicaid.gov. Next slide.

[Slide 82] So thank you so much for attending today's session. Remember, if you have questions, references and TA resources are readily available on Medicaid.gov or you can contact our team. And let's go to the next slide.

[Slide 83] So now we will move into the Question and Answer session. Please submit your questions using the Slido Q&A feature. And just as a -- one additional note, we do plan to have an office hours session later this fall so please do stay tuned for information about that. So we do have one question related to stratification that I am going to ask CMS to respond to. The question asks if the updated race ethnicity standards from the 2024 OMB guidance will ever become mandatory?

**Gigi Raney:**

Thank you. This is Gigi. Per the State Policy Directive No. 15 that came out in 2024, states do have until 2029 to bring their agency collections and publications into compliance with this directive. So, at this time, we're planning for the annual Core Set State Health Official letter to provide guidance to states on the race and ethnicity standards required for reporting the Core Sets, and we plan to align our State Health Official letter guidance with the dates included in the HHS Stratification Policy guidance. So, in a nutshell, yes, we do expect this to happen, but it's going to be a few years.

**Alli Steiner:**

The next question I can answer. So it asks, "To confirm, states are to note their population exemption request on every measure?" And the response to that is that states should note exemption -- exempted populations for applicable measures for which CMS approved an exemption. And so if you only have an approved exemption for specific measures, please only note the exemption for those measures. And the TA Team will plan to follow up with guidance for states that do have approved exemptions on how to denote this in the system.

The next question I'm going to pass to Talia. It asks, "Do we have access to the slide deck after the webinar?"

**Talia Parker:**

Thanks, Alli. So, yes, the slides and the recording will be made available on Medicaid.gov a few weeks after the webinar, and CMS will also email them out via email, so you will get them that way as well.

**Alli Steiner:**

Great. Thank you. The next question is about QMR access, so I'm going to pass this to Cameron. The question asks, "Is there a limit to the number of people who can have access to QMR for a given state?"

**Cameron:**

Hey. Yep. Cameron here. So, with this one, I -- there is not a limit to the number of people who can have access to QMR for a given state, but they will all be answering to the same form system, if that makes sense.

**Alli Steiner:**

Thank you, Cameron. Okay, so we have a question about the clarification of the Medicaid and CHIP breakout, which I'm happy to cover this one. So states that have both Medicaid expansion CHIP and separate CHIP, so they will report for their Medicaid population in their Medicaid report, including the Medicaid expansion population, and then separately, their Separate CHIP report will just include the separate CHIP population. And then the state is not responsible for reporting a combined Medicaid and CHIP population. That population will be automatically calculated in the QMR system. And I might ask one of my team members to drop in a TA resource that might spell that out a little bit more clearly to see it written down than to hear it out loud. So we are going to drop in the Combined Medicaid and CHIP resource into the chat.

Okay. We have a question for CMS about stratified rates. The question asks if CMS plans to report out stratified rates?

**Gigi Raney:**

Thank you. That is a very good question. At this time, we're not sure exactly what the data is going to look like that we're going to be getting from states, being that this is the first year for mandatory reporting. So we plan to make a determination about whether or not to publicly report the stratified data once we receive the data and take a look at it. So the final decision has not yet been made for 2025 reporting. We are not -- we did not stratify any data for 2024.

**Alli Steiner:**

Thank you for that. And I'm going to pass the next one to you as well. It asks -- the question is about exemptions and it asks if exemptions are population based and not based on individual measures?

**Gigi Raney:**

Exemptions -- CMS only has the authority to provide exemptions based on a population. However, there are some states that have requested an exemption for their entire Medicaid and CHIP population for a specific measure. If you've got questions about exemptions, we'd encourage you to send an email to the TA mailbox and we'd be happy to set up a call and talk you through it.

**Alli Steiner:**

Thank you. And I'm going to pass another question. It's about the requirements for separate CHIP reporting, particularly the distinction between the Child and Adult requirements. So the question asks, "It's noted that for Child Core Set measures separate CHIP reporting is required, but for Adult Core Set measures separate reporting of CHIP is optional. Is this guidance new?" So, basically, just clarifying what is required for Child versus Adult.

**Gigi Raney:**

Thank you. So when we -- in the Core Set final rule, you will see that we have laid out specifically where reporting of CHIP is required. When we went back to statute, so Section 1139A and 1139B of the Social Security Act, when we were looking through those materials

when we were working on that rule, we realized that the Child Core Set statute specifically refers to mandatory reporting for both Medicaid and CHIP populations, but the Adult Core Set statute in 1139B only refers to Medicaid populations. So that's why there's a little bit of a difference in case for those that are policy interested. So reporting of CHIP is mandatory for the Child Core Set and it's encouraged, but voluntary, for the behavioral health measures on the Adult Core Set.

**Alli Steiner:**

All right. Thanks for that. We have about one more minute, so we'll see if we get any additional questions. And, as we mentioned, you're also welcome to send questions to the TA mailbox at any time and we plan to have an office hours session later in the fall for QMR reporting.

All right. Well, we are just about at the top of the hour and we haven't received any additional questions at this time. So we just wanted to thank everyone again for attending today's training webinar and we look forward to working with you throughout the data submission and preview period. Thanks, everyone.