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

September 3, 2025

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Technical Instructions

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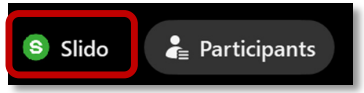

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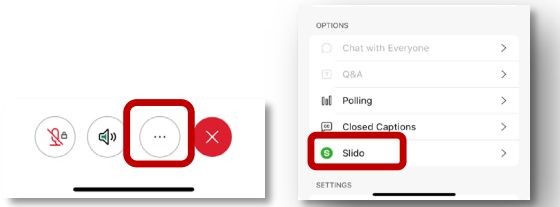

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CMS Welcome

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Agenda

- Introduction and Overview
- Reporting Stratified Core Set Data in the Quality Measure Reporting (QMR) System
- CMS's Focus on Data Quality
- Data Preview Process
- QMR System 2025 Reporting Tips
- Core Set Reporting Resources
- Thank you!
- Q&A

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Introduction and Overview

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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).**
- **2025 will be the 16th year of reporting of the Child Core Set and the 13th year of reporting of the Adult Core Set.**
- **2025 Child[1] and Adult[2] Core Sets:**
  - The 2025 Child Core Set includes 26 mandatory and 3 provisional measures.
  - The 2025 Adult Core Set includes 11 mandatory measures, 27 voluntary measures, and 1 provisional measure.[3]

[1] The Child Core Set was authorized under section 1139A of the Social Security Act.
[2] The Adult Core Set was authorized under section 1139B of the Social Security Act.
[3] 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.

Reporting Updates: Child and Adult Core Sets

- **Over time:**
  - The number of measures reported by each state has increased.
  - The quality and completeness of data submitted has improved.
- **The Core Set Data Dashboard includes all publicly reported Child and Adult Core Set measures starting with the 2023 Core Sets.**
- **Selected measures from the Child and Adult Core Sets are also included in the Medicaid and CHIP Scorecard (MAC Scorecard).**
- **Appendix A includes links to 2023 Child and Adult Core Set reporting products. 2024 reporting products will be available soon!**

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Reporting Updates: Child and Adult Core Sets *(continued)*

Core Set	New Voluntary and Provisional Measures in 2025[1,2]
Child	• Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)[3] • Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)[3] • Prenatal Immunization Status: Under Age 21 (PRS-CH)[3]
Adult[4]	• Adult Immunization Status (AIS-AD) • Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD) • Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD)[5] • Oral Evaluation During Pregnancy: Ages 21 to 44 (OEVP-AD) • Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD)[3] • Prenatal Immunization Status: Age 21 and Older (PRS-AD)
Core Set	**Measures Retired for 2025**
Child	• Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)
Adult	• No retired measures

[1] Updates to the 2025 Child and Adult Core Sets were announced in a May 2024 State Health Official Letter, available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf.
[2] For detailed information on updates to the Core Sets and specifications, please see the April 2025 Core Set Updates webinar available at https://www.youtube.com/watch?v=oR14n-6djaA.
[3] These measures are provisional in the 2025 Core Sets. Provisional measures are voluntary for 2025 reporting and are expected to be added to a future Core Set.
[4] The Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) measure was modified by the measure steward and is now the Glycemic Status Assessment for Patients with Diabetes (GSD-AD) measure.
[5] This measure is calculated by CMS on behalf of states. Starting with the 2025 Core Set, the Low-Risk Cesarean Delivery measure is included in both the Child and Adult Core Sets. For the Child Core Set, the measure is reported for beneficiaries under age 20. For the Adult Core Set, the measure is reported for beneficiaries age 20 and older.

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Introduction: Health Home Core Sets

- The 1945 and 1945A Health Home Core Sets consist of quality and utilization measures that are used for ongoing monitoring and evaluation purposes across all state Health Home Programs.
- 2025 will be the 13th year of reporting of the 1945 Health Home Core Set. It is the first year of reporting of the 1945A Health Home Core Set, though at this time there are no approved 1945A Health Home Programs.
- 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).
- CMS established the Section 1945A Health Home Core set in 2024 (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).
- The 1945 Health Home Core Set includes nine quality measures and two utilization measures. The 1945A Health Home Core Set includes five quality measures and one utilization measure. All measures on the Health Home Core Sets are mandatory.
- 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 2025.
  - 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 table[1] or contact the technical assistance (TA) mailbox at MACQualityTA@cms.hhs.gov.
- **No measures were added to the 2025 Health Home Core Sets.[2, 3]**
- **Two measures were retired from the 2025 1945 Health Home Core Set:**
  - Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
  - Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
- **Appendix A includes links to 2023 Section 1945 Health Home Core Set reporting products. 2024 reporting products will be available soon!**

[1] https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-health-home-reporting-table.pdf.
[2] Updates to the 2025 Health Home Core Set were announced in the March 2024 State Medicaid Directors Letter, available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd24002.pdf.
[3] For detailed information on updates to the Core Sets and specifications, please see the April 2025 Core Set Updates webinar available at https://www.youtube.com/watch?v=oR14n-6djaA.

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2025 Mandatory Reporting

- **For 2025 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 technical specifications and reporting guidance issued by CMS.
  - All measure-eligible beneficiaries must be included in state reporting.
  - States are required to stratify 25% of mandatory Child, Adult, and Health Home measures by race/ethnicity, sex, and geography.
- **More information on mandatory reporting requirements is included in the 2025 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance and the Initial Core Set Mandatory Reporting Guidance for the Health Home Core Quality Measure Sets and Federal Fiscal Year 2025 Updates to the Health Home Core Quality Measure Sets.**

2025 Mandatory Reporting *(continued)*

- **States with separate CHIP must report on the Child Core Set measures separately for Medicaid, inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP (Medicaid expansion CHIP), if applicable for the state, and separate CHIP (Title XXI) populations.**
  - States with separate CHIP 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.**
- **Updated: TA resource on Reporting Medicaid and Separate CHIP Data in the Quality Measure Reporting System for the Child and Adult Core Sets is available at https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf**

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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.

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Goals for 2025 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.

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

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The QMR System is Open!

- **The QMR system is now open for 2025 Child, Adult, and Health Home Core Sets reporting!**
  - Reporting deadline is December 31, 2025.
- **If you have questions about accessing the QMR system, please contact MDCT_help@cms.hhs.gov.**

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Reporting Stratified Core Set Data in the QMR System

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Stratifying 2025 Core Sets Data

- **REMINDER: For 2025 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 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.
- **UPDATED guidance on reporting stratified rates in the QMR system for 2025 is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf.**

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Measures Subject to Mandatory Stratification for 2025 Core Sets Reporting

Child Core Set
Well-Child Visits in the First 30 Months of Life (W30-CH)
Child and Adolescent Well-Care Visits (WCV-CH)
Oral Evaluation, Dental Services (OEV-CH)
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
Prenatal and Postpartum Care: Up to Age 20 (PPC2-CH)*
Live Births Weighing Less Than 2,500 Grams (LBW-CH) *Note: CMS calculates on behalf of states*
Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) *Note: CMS calculates on behalf of states*

*PPC2-CH cannot be stratified by sex, so states are only expected to report stratified data for race, ethnicity, and geography.

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Measures Subject to Mandatory Stratification for 2025 Core Sets Reporting *(continued)*

Adult Core Set
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
1945 Health Home Core Set
Colorectal Cancer Screening (COL-HH)
Follow-Up After Hospitalization for Mental Illness (FUH-HH)
Controlling High Blood Pressure (CBP-HH)
1945A Health Home Core Set
Child and Adolescent Well-Care Visits (WCV-HHA)
Oral Evaluation, Dental Services (OEV-HHA)

Reporting Data Stratified by Race and Ethnicity

- **For 2025 Core Sets reporting, states can stratify by race and ethnicity using either of two reporting options:**
  - (1) the 1997 Office of Management and Budget (OMB) minimum race and ethnicity categories, as specified in the 2011 HHS standards; or
  - (2) the 2024 OMB Statistical Policy Directive No. 15 (Directive No. 15): Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

Reporting Data Stratified by Race and Ethnicity *(continued)*: Reporting Option 1: 1997 OMB Minimum Race and Ethnicity Categories, as Specified in the 2011 HHS Standards

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

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

* For race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratify by subcategory.
** States should collect race information in a disaggregated way. For example, an individual who identifies as being both "White" and "Asian" should be offered the option to select both response options rather than a single "two or more races" option. However, states may choose to later aggregate this information and code these individuals as "two or more races" for purposes of Core Set stratification.

Reporting Data Stratified by Race and Ethnicity *(continued)*: Reporting Option 2: 2024 OMB Statistical Policy Directive No. 15 Race and Ethnicity Standards

Race and ethnicity

- American Indian or Alaska Native alone or in combination*
- Asian alone or in combination*
  - Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Another group
- Black or African American alone or in combination*
  - African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group
- Hispanic or Latino alone or in combination*
  - Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group
- Middle Eastern or North African alone or in combination*
  - Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group
- Native Hawaiian or Other Pacific Islander alone or in combination*
  - Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group
- White alone or in combination*
  - English, German, Irish, Italian, Polish, Scottish, Another group
- Missing or Not Reported

* For race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratify by subcategory.

Reporting Data Stratified by Race and Ethnicity *(continued)*: Key Differences in Reporting Options

1997 OMB minimum race and ethnicity categories, as specified in the 2011 HHS standards:

- Race and ethnicity are reported as separate variables
- Option to add another race or ethnicity category
- Option to report "Two or More Races" or "Some Other Race"

2024 OMB Statistical Policy Directive No. 15 race and ethnicity standards:

- Race and ethnicity are reported as a combined variable using the *alone or in combination* approach
  - Categories are not mutually exclusive
- No option to add another race and ethnicity category
  - User can add "Another group" within a race and ethnicity category
- Additional race and ethnicity categories, including new category for Middle Eastern or North African

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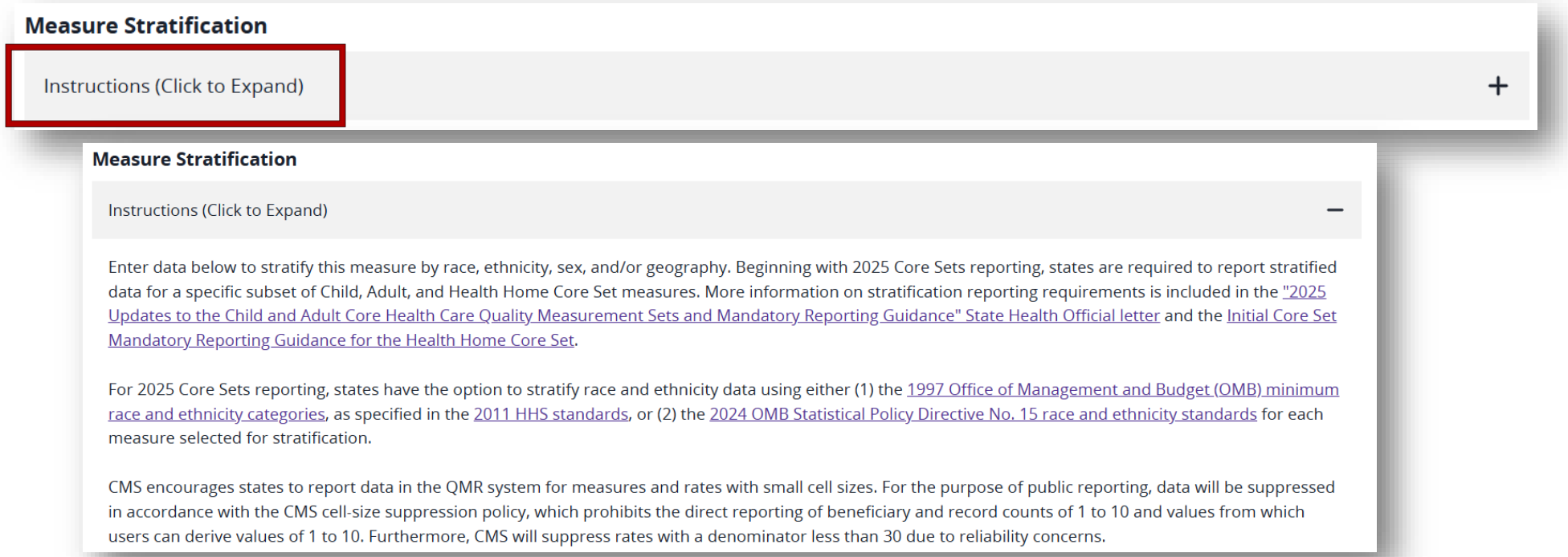
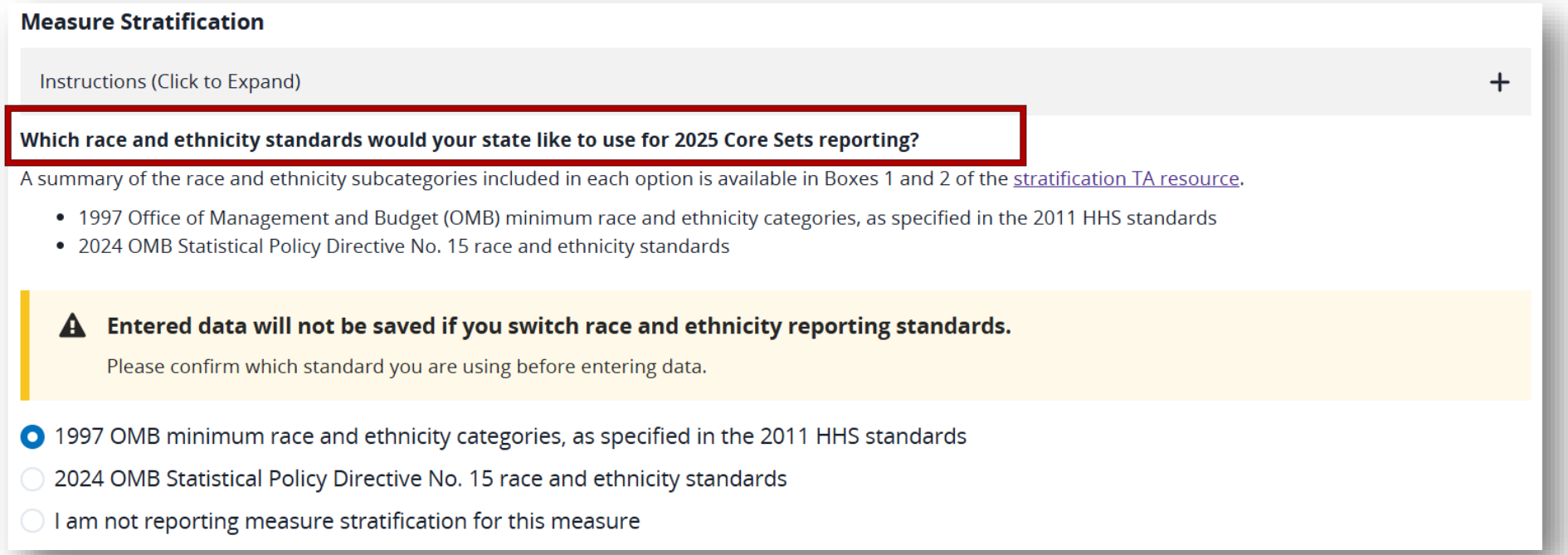
Reporting Data Stratified by Race and Ethnicity *(continued)*

- **Reminders about the race and ethnicity reporting options, as well as additional information about reporting stratified data, can be found by expanding the Instructions tab of the stratification section.**



Reporting Data Stratified by Race and Ethnicity *(continued)*

- **States will be prompted to choose a race and ethnicity reporting option for each measure but must use a consistent race and ethnicity reporting option *within* a measure.**



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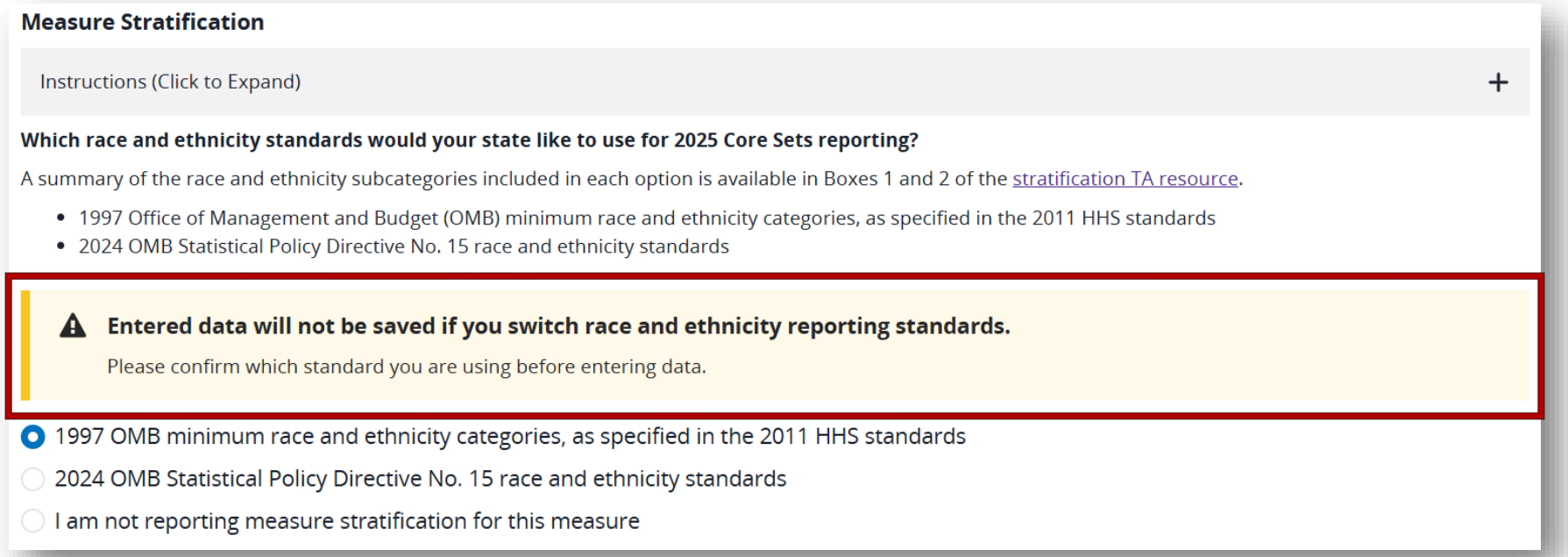
Reporting Data Stratified by Race and Ethnicity *(continued)*

- **Warning! Stratified data will not be saved if a state switches between race and ethnicity reporting standards within a measure.**
- **States should confirm which standard they are using for a given measure before entering data to avoid losing data.**



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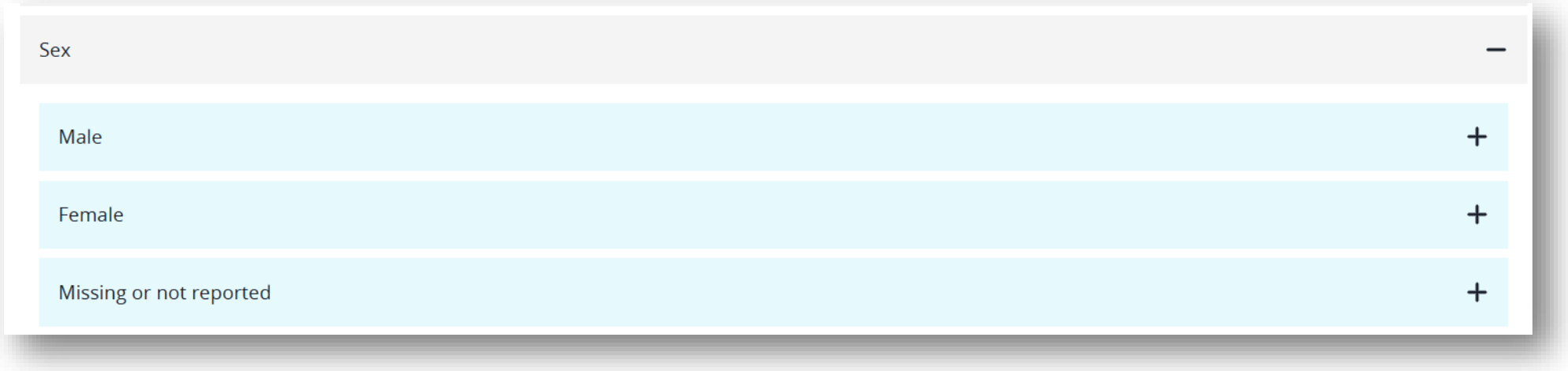
Reporting Data Stratified by Sex

- **States will report sex stratification categories according to the 2011 HHS standards:**
  - Male
  - Female
  - Missing or not reported



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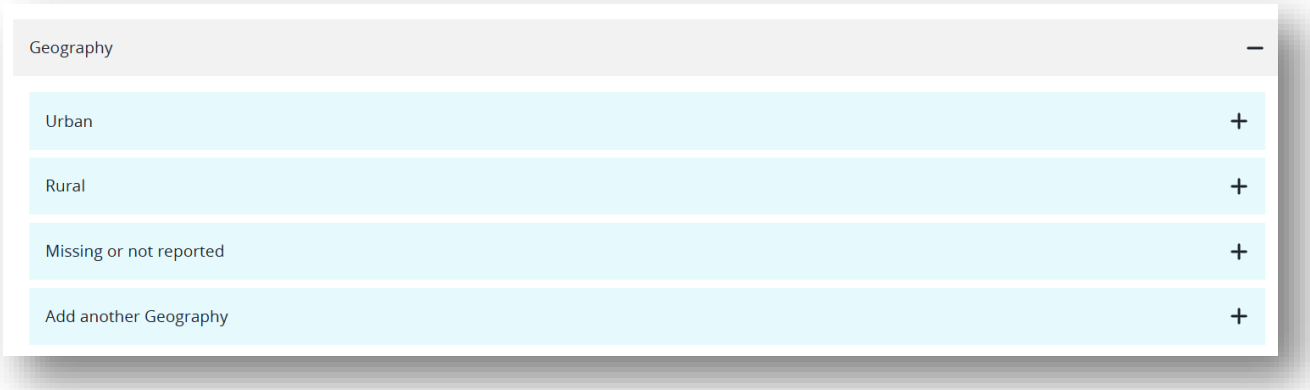
Reporting Data Stratified by Geography

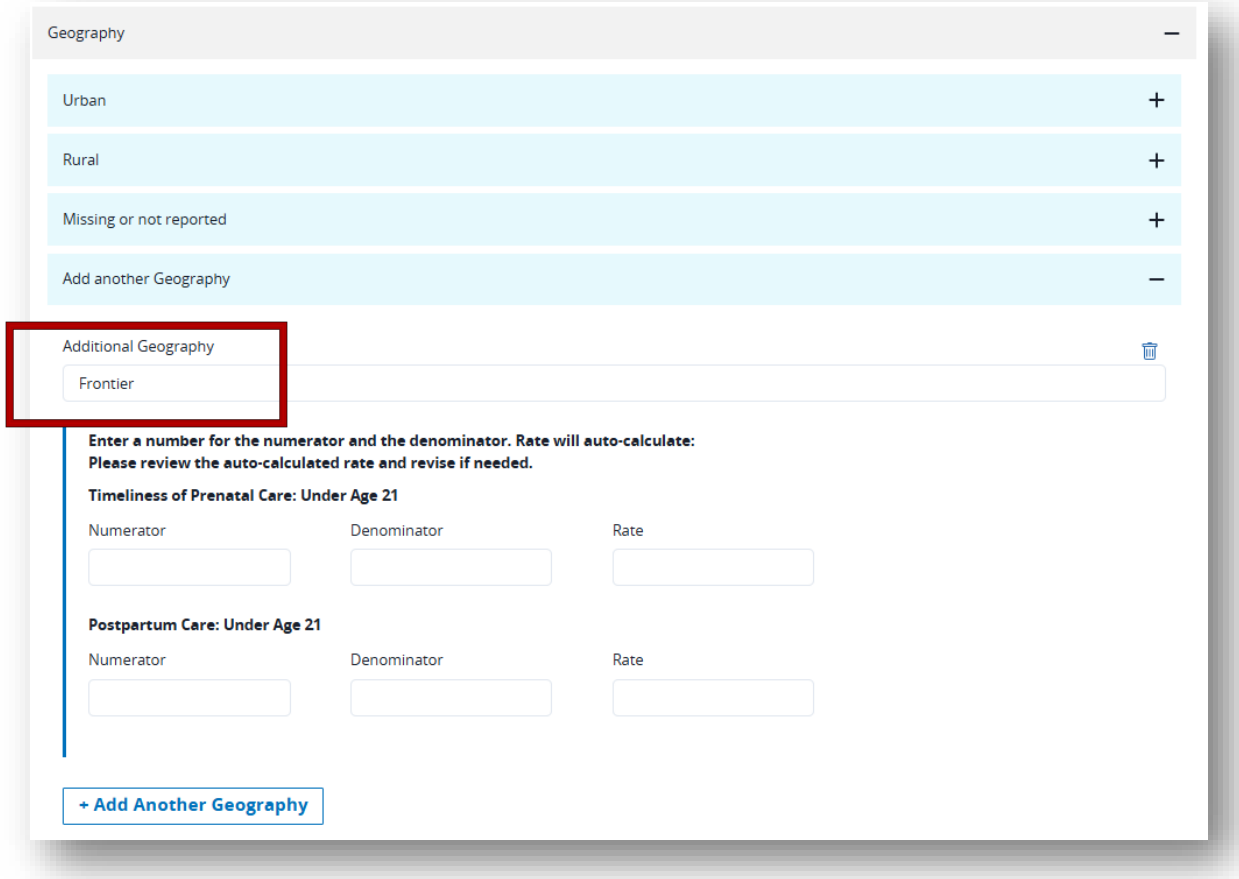
- **Geography stratification categories:**
  - Urban
  - Rural
  - Missing or not reported
  - Add another Geography (please define)



- **States should assign Urban and Rural categories using a minimum standard of Core-Based Statistical Areas (CBSA) codes. CMS recommends states move toward using Rural-Urban Community Area (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 https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf.

Adding Stratification Subcategories

- Depending on the reporting option and category, states can add additional subcategories in the stratification section.
- For example, if a state uses Frontier or any other additional geographical subcategory, they can add that under "Additional Geography."



Reporting Stratified Data

- **For the measures required for stratified reporting, states are expected to report stratified data for race and ethnicity, sex,* and geography categories.**
- **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, do 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 zero 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, enter zero in the numerator and denominator fields.

* If a measure is only specified for female beneficiaries, there will not be a reporting option for sex stratification. For these measures, states are only expected to report race/ethnicity and geography subcategories.

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Reporting Stratified Data with Small Cell Sizes

- **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, which prohibits the direct reporting of beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. CMS will also suppress rates with a denominator less than 30 due to reliability concerns.**

Stratifying Measures Reported Using the Hybrid Methodology

- **For 2025 Core Sets reporting, states have two options for stratifying data for measures that they calculated using the hybrid methodology at the state level:**
  - Apply stratifications to the eligible population and denominator after hybrid sampling, as specified in the HEDIS General Guidelines, or
  - Use administrative data to report stratified rates.

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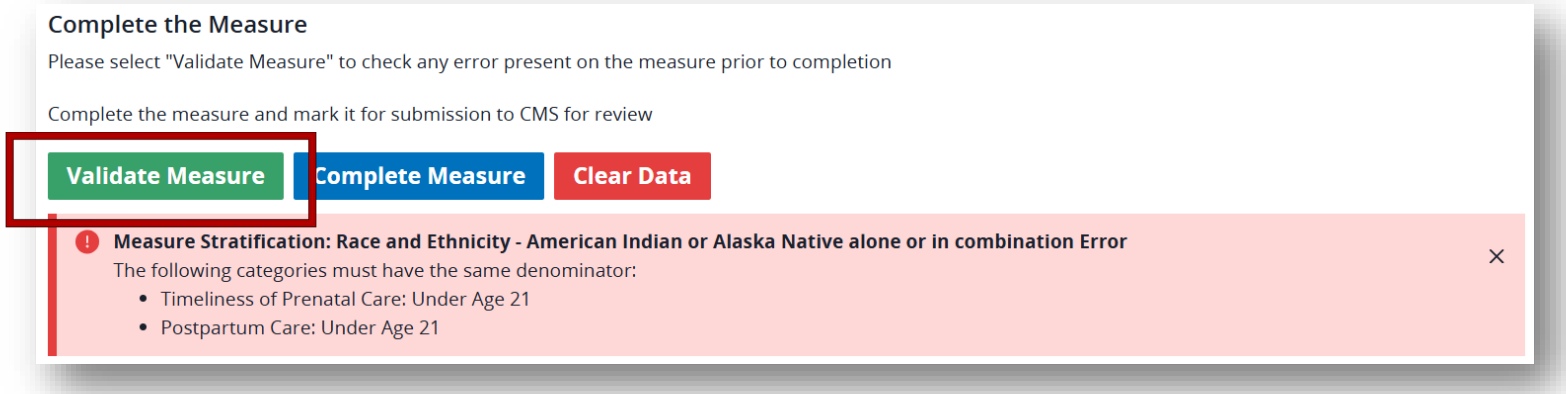
Data Quality Checks in the Stratification Section

- **When a state clicks the *Validate Measure* button at the bottom of the page, the QMR system will conduct data quality checks on the reported stratified data like it does in the Performance Measure section.**
  - For example, if according to the Data Quality Checklist all the rates in a given measure should have the same denominator, the same should be true of data in each stratification category.



Including Context about Stratified Data

- **States should provide additional context about their stratified data in the open text field in the stratification section, such as:**
  - Methodology used for stratified data, especially if the methodology differed from the state-level data.
  - Subcategories used, especially if the state used write-in categories and can provide more detail on how the state defined additional categories.
  - Concerns about data quality, including specific challenges states face in collecting and reporting stratified data, as well as steps they intend to take to improve reporting in future years.
- **This text will not be included in state-specific comments; rather, it will be used internally by CMS to better understand reporting context.**

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Stratification Tips

Do:

- ✓ **Use the Missing or Not Reported subcategory to ensure all measure-eligible beneficiaries are counted in each stratification category.**
- ✓ **Be descriptive when labeling write-in subcategories.**
- ✓ **Summarize contextual information in the open text field that could be helpful in interpreting a state's data, such as:**
  - "Used administrative data for stratified rates."

Don't:

- X **Switch between race/ethnicity reporting options within a measure after entering data, as data will not be retained when you move between reporting options.**
- X **Select a category for which the state does not collect data.**
- X **Add a new category such as "Unknown" if an existing category such as "Missing or Not Reported" is appropriate.**

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CMS's Focus on Data Quality

Data Quality Considerations

- **Overview of data quality considerations for 2025 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**

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2025 Data Quality Priorities

- **States should include all measure-eligible populations and services in the measures[1]:**
  - Programs (Medicaid [including Medicaid expansion CHIP, if applicable for the state], separate CHIP[2])
  - 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 2025 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.

2025 Data Quality Priorities *(continued)*

- **States should adhere to the Core Set technical specifications.**
  - States that need to vary from the Core Set specifications should document any variations from the Core Set specifications, including using a different methodology, timeframe, or reported age groups.
- **States should ensure that populations are reported in the correct reports and there is no duplication across reports.**
  - The Title XXI-funded Medicaid expansion CHIP population (also referred to as Medicaid expansion CHIP) should be reported in the Medicaid report.
  - For Child Core Set reporting, states with separate CHIP are required to report performance data separately for: (1) Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP, if applicable for the state): and (2) Separate CHIP (Title XXI).
- **More data quality tips are available in Appendix B.**

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Data Preview Process

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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.
  - States should contact the MDCT Help Desk (MDCT_help@cms.hhs.gov) to remove someone as a state QMR user if that person should no longer receive the state data preview.
- **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.**

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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 in the QMR system, an updated state preview will be generated and shared with the state QMR users and additional state Medicaid and CHIP leadership.**
- **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.**

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 Core Set Data Dashboard, Quality Measures Dataset, and the MAC Scorecard (for applicable measures).
  - Are automated based on information states report in selected fields in the QMR system.
  - Include information about delivery systems, populations, data sources, methodological variations, validation of data, and other contextual information entered by states in the QMR system.
    - Example 1: Rate includes managed care population (4 MCOs).
    - Example 2: Medicaid rates include FFS and managed care populations (8 MCOs). Rates were derived using both administrative and hybrid method data. 6 plans and FFS reported using the Hybrid methodology. 2 plans reported using the Administrative methodology. Rates were audited or validated.
- **In QMR, text fields that are incorporated into SSCs are flagged with a note.**
- **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

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:

- X **Include non-alphanumeric characters (such as symbols), undefined acronyms, health plan / contractor names, and special formatting (such as bullets).**
- X **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.**
- X **Include notes that a state adhered to specifications (only include notes about variations).**
- X **Include notes about populations exempt from 2025 Child and Adult Core Sets reporting for all states.[1]**

[1] https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf

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TA for the State Data Preview and SSCs

- **UPDATED 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.**

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QMR System 2025 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 structure.[1]**
  - States with separate CHIP programs will see two reports for both the Child and Adult Core Sets (Medicaid [inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP] and Separate CHIP).
  - States with CHIP Medicaid expansion only will see one report each for the Child and Adult Core Sets (Medicaid [inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP]).
- **This year, the Medicaid report name is updated to clarify that the Title-XXI funded Medicaid expansion CHIP population should be included in this report, if applicable for the state.**

[1] More information is available in the CHIP Program Structure by State map: https://www.medicaid.gov/chip/state-program-information/index.html. States' reporting options in the QMR system will be updated each year to address any changes in CHIP program structure for the reporting year.

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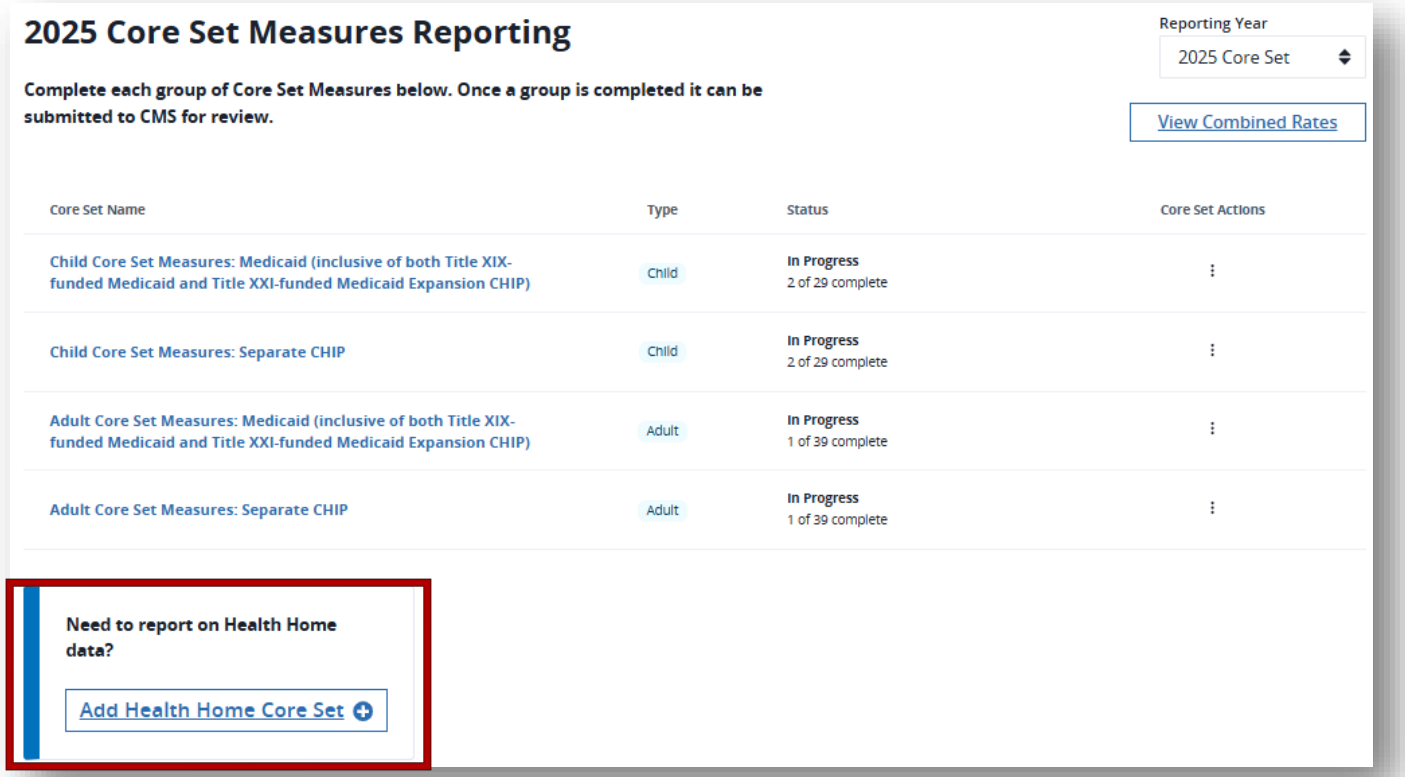
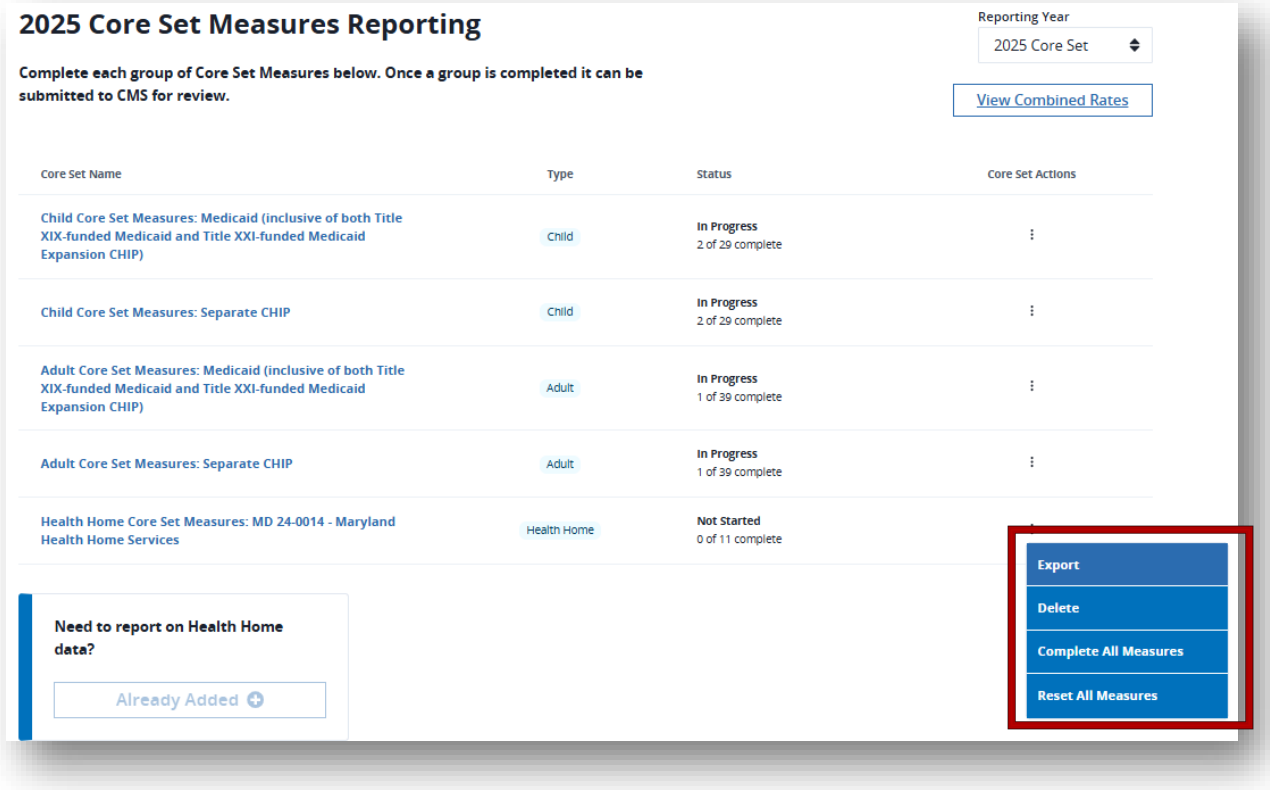
Landing Page *(continued)*

- States must add the Health Home Core Set report(s) to report on Health Home measures.
- For states with multiple programs, each program must be added individually.



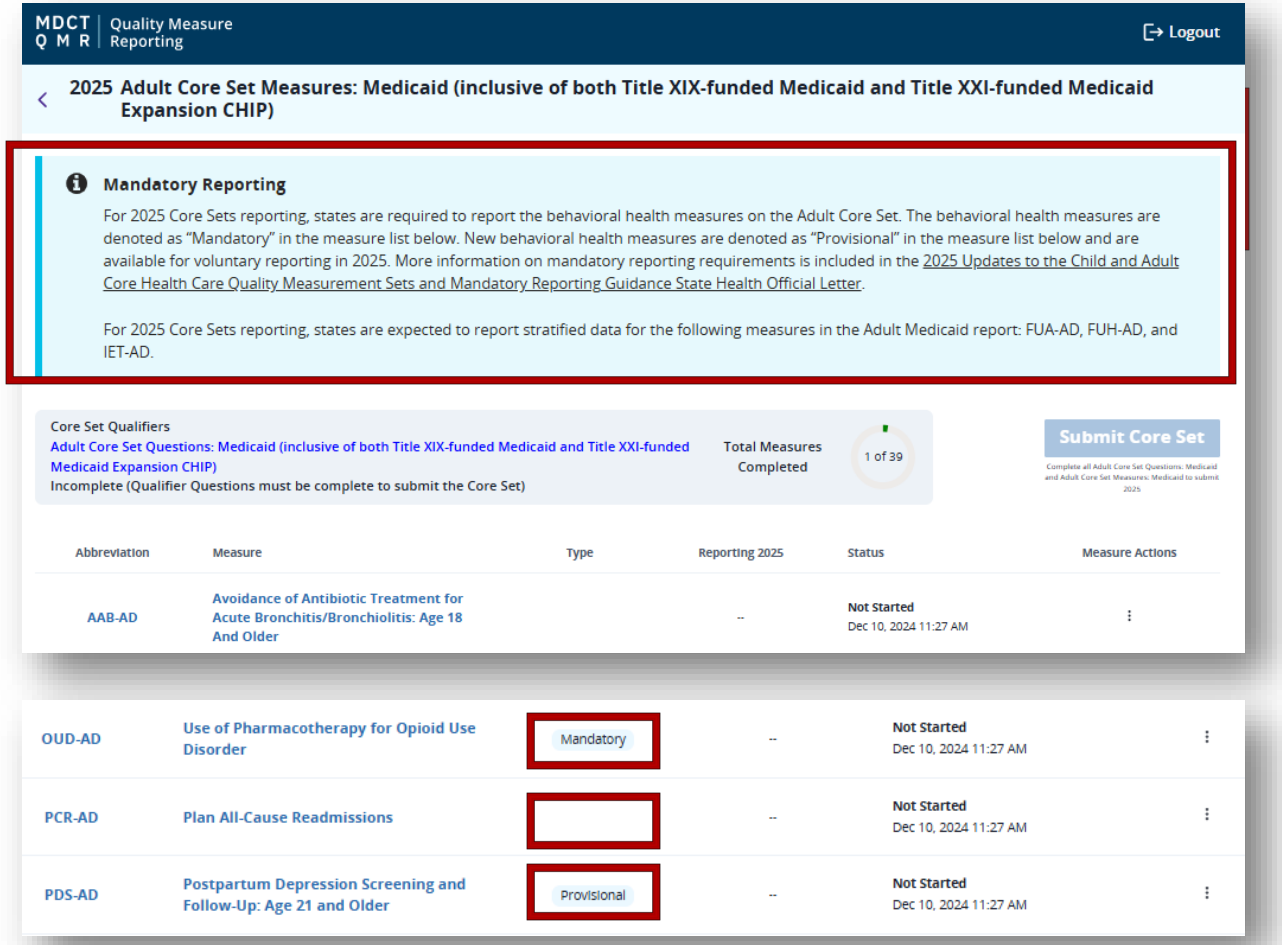
Removing a Report

- **Warning! Please note that deleting a Health Home report will permanently remove all data reported for the program for 2025, so exercise caution when using this feature.**
- **Child and Adult Core Set reports are based on a state's reporting structure and cannot be deleted or removed from their landing page.**



Reporting Reminders

- Each report landing page has a banner reminder about the report's 2025 mandatory reporting requirements.
- In addition, measures have a tag to indicate whether they are mandatory.
- Measures labeled provisional and measures without a tag are voluntary for 2025.



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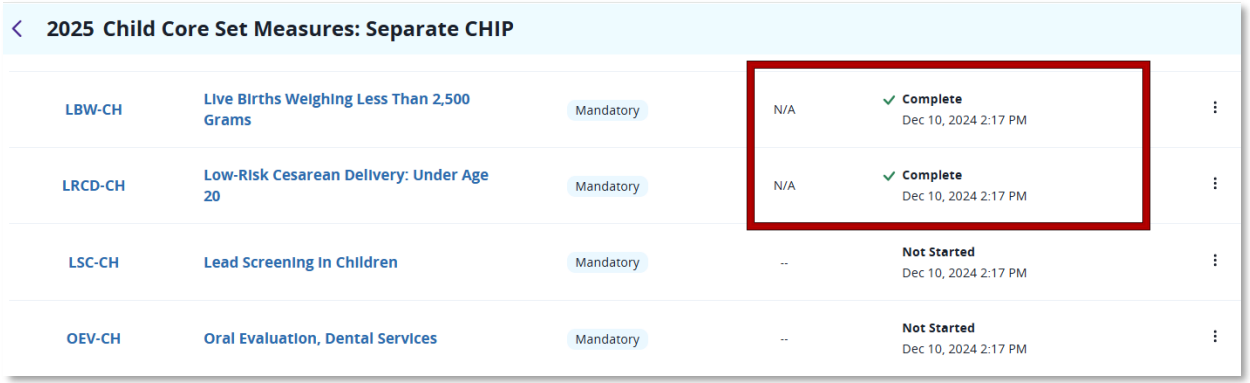
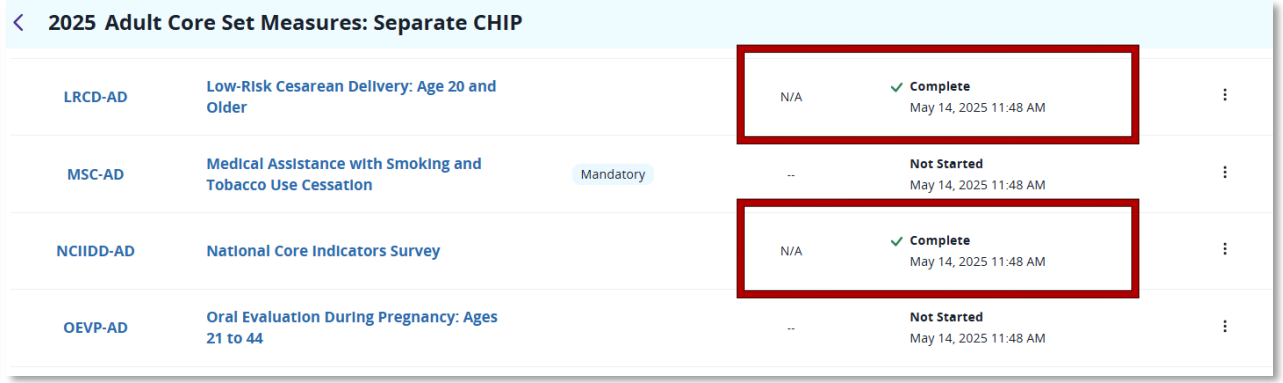
Nonreportable Measures

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





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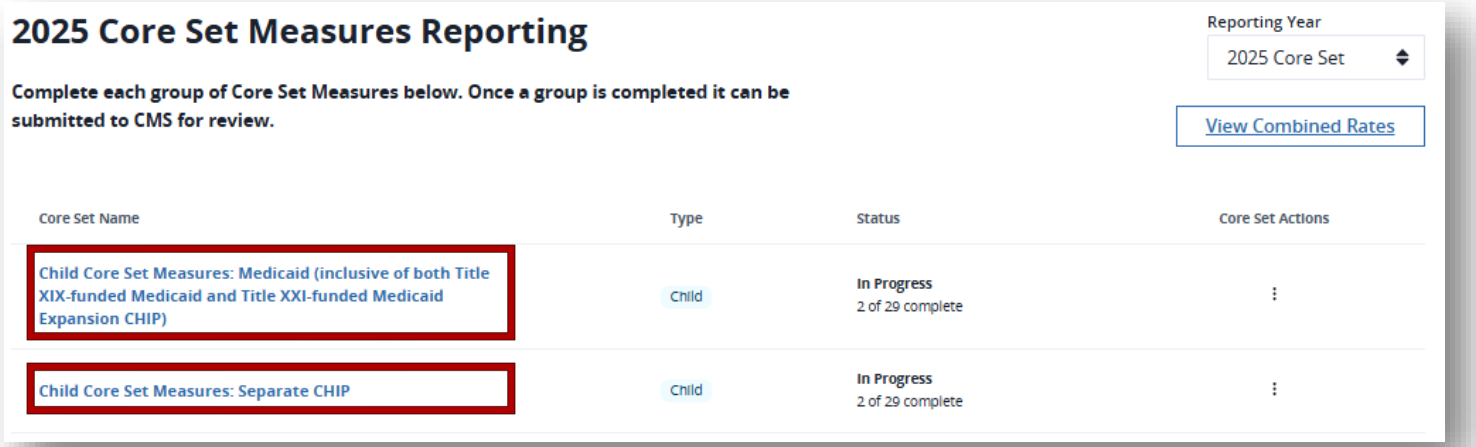
Child Core Set: Reporting Separate Medicaid and CHIP Data in the QMR System

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

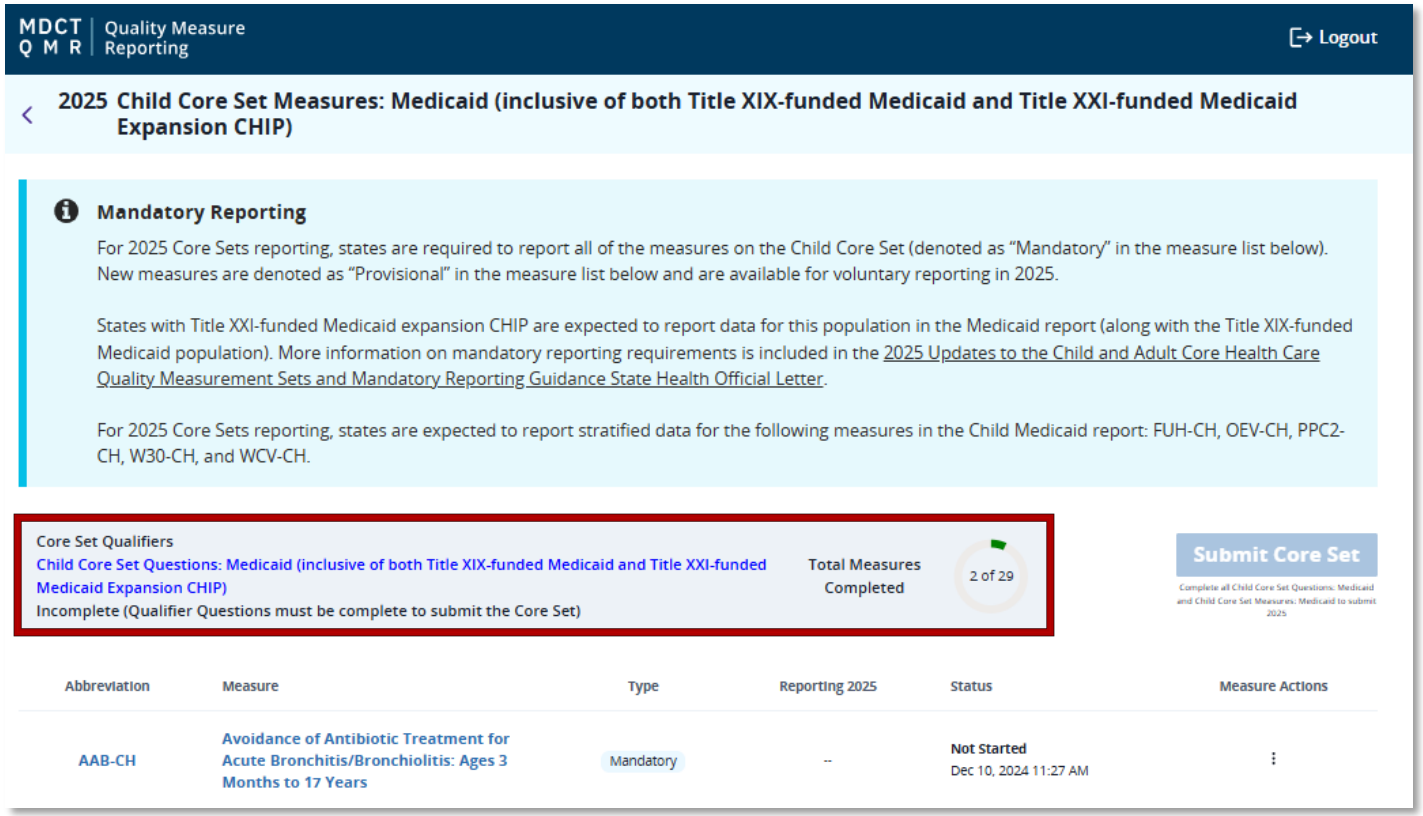


Adult Core Set: Reporting Separate Medicaid and CHIP Data in the QMR System

- **States that have separate CHIP 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 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 (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) 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 2025."
  - 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 report for 2025."

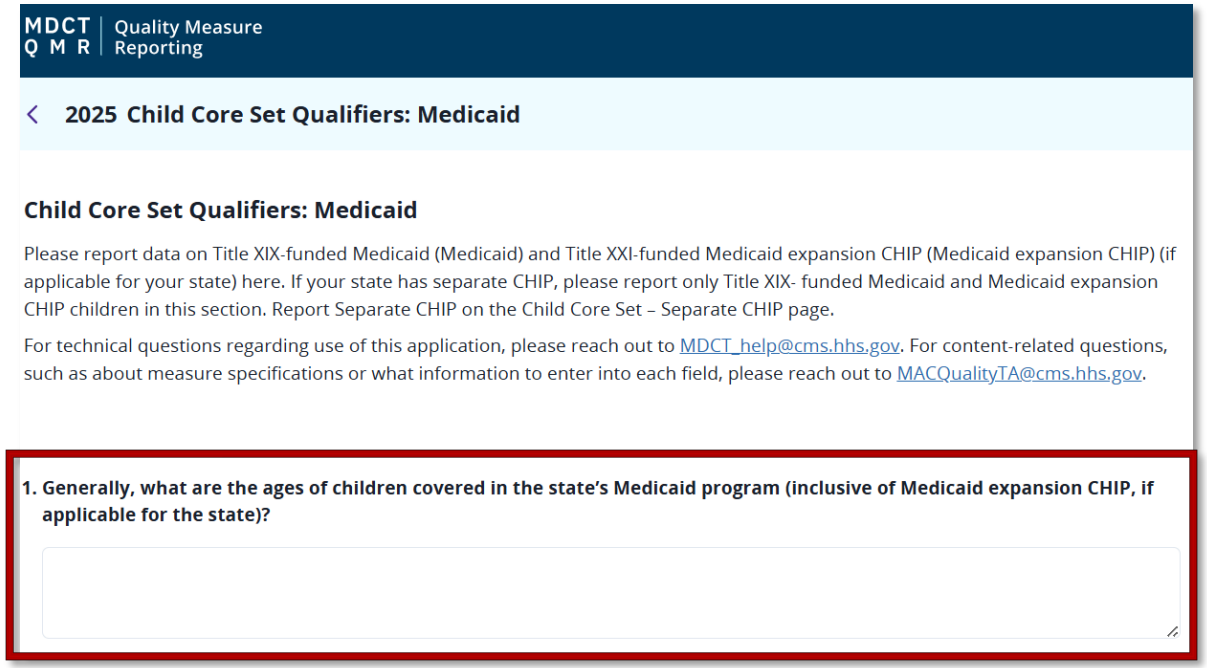
Qualifier Questions

- **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.**



Qualifier Questions *(continued)*

- **There is a new question in the Child and Adult Qualifier Questions that asks states to provide a general estimate of the ages of beneficiaries covered in the state's program.**
  - For example, in the Qualifier Questions for the Child Medicaid report, states should include a note about the general age of children covered in the state's Medicaid program (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP, if applicable for the state), such as:
  - "[State]'s Medicaid (Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP) program covers children under 19."
  - This information is used internally by CMS as contextual information.



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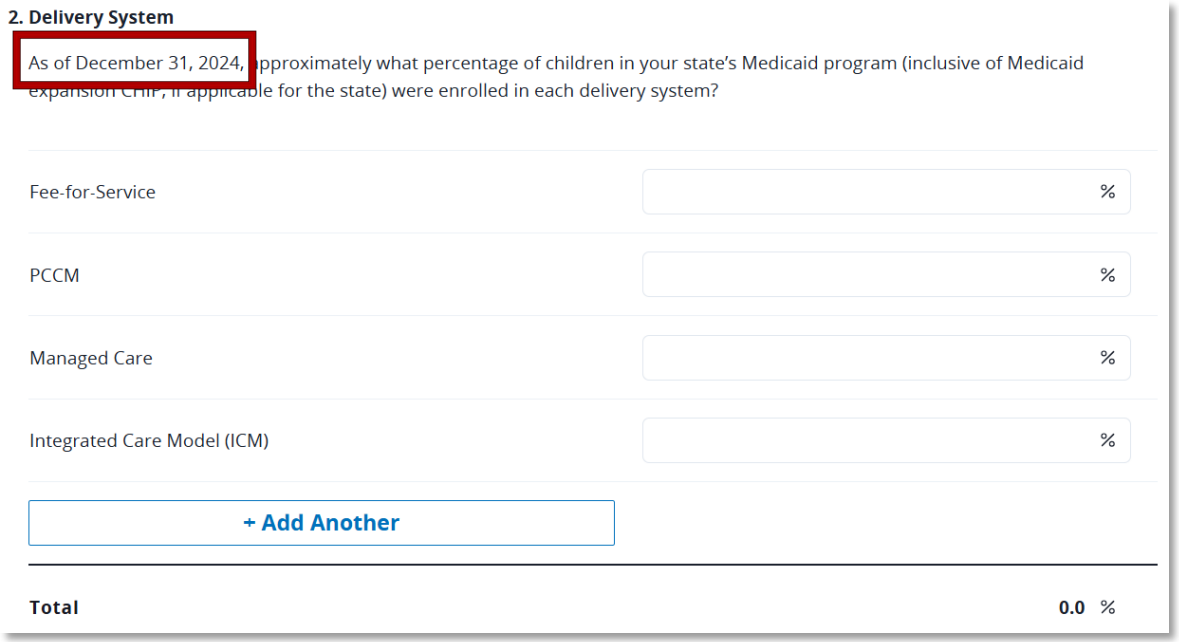
Qualifier Questions *(continued)*

- **The "as of" date in the delivery system question is now December 31, 2024.**
  - Previously, the "as of" date was September 30 of the measurement year, but the date is now updated to align with the end of the measurement year.
  - As a reminder, states should **estimate** the percentage of beneficiaries enrolled in each delivery system.
  - If states already calculated using the September 2024 date, there is no need to recalculate.

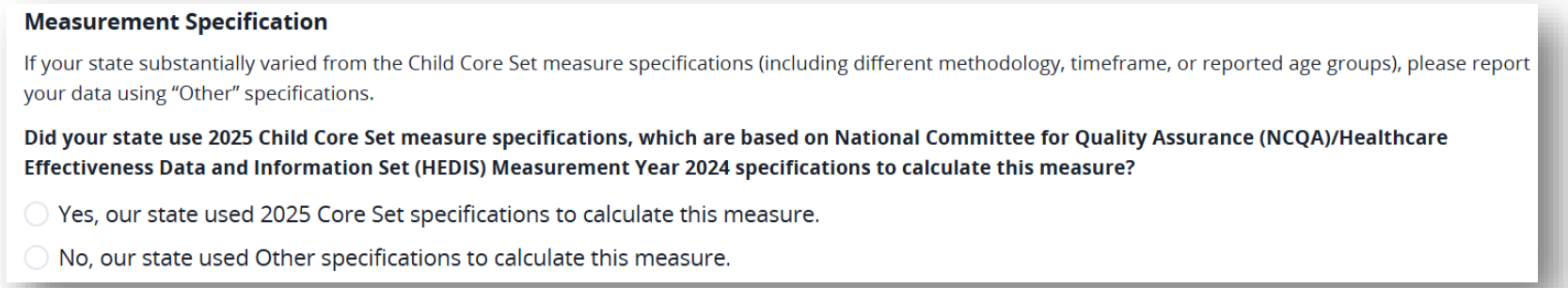


Order of Operations

- **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 measure stratification sections.**
  - If a state is entering multiple rates, the state must fill in all their rates in the PM section to have the associated rates appear in the stratification section.
  - States should fill out the PM section in its entirety before reporting stratified data so that all reported rate categories appear properly.

Measure Specification

- **This field now asks whether states used 2025 Core Set measure specifications to calculate the measure in a Yes/No format.**
- **If states did not adhere to 2025 Core Set specifications, they should select "No, our state used Other specifications to calculate this measure."**
- **For measures with NCQA as a measure steward, states will no longer be asked which HEDIS measurement year (MY) they used.**
  - States that do not use 2025 Core Set measure specifications, based on HEDIS MY 2024 specifications, should select "No" for this question.



Measurement Specification

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

Did your state use 2025 Child Core Set measure specifications, which are based on National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year 2024 specifications to calculate this measure?

- ○ Yes, our state used 2025 Core Set specifications to calculate this measure.
- ○ No, our state used Other specifications to calculate this measure.

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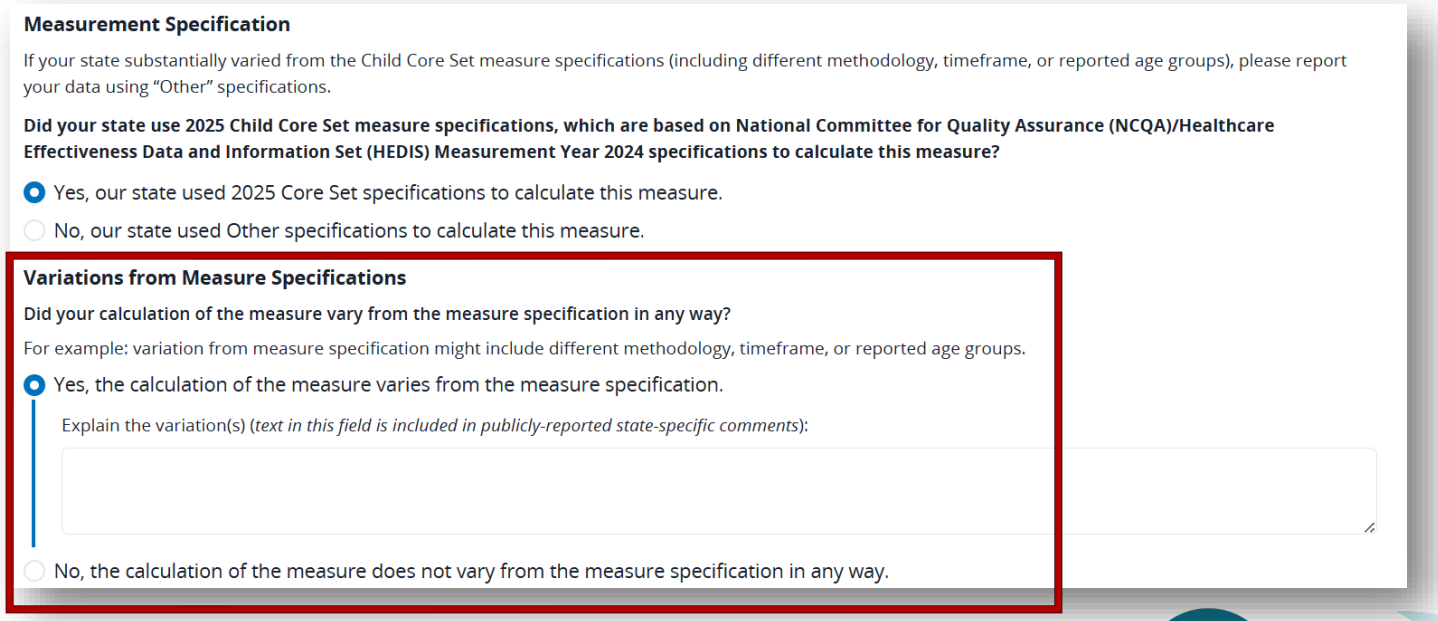
Variations from Measure Specifications

- States will now find the Variations from Measure Specifications question under the Measurement Specification field.
- 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.



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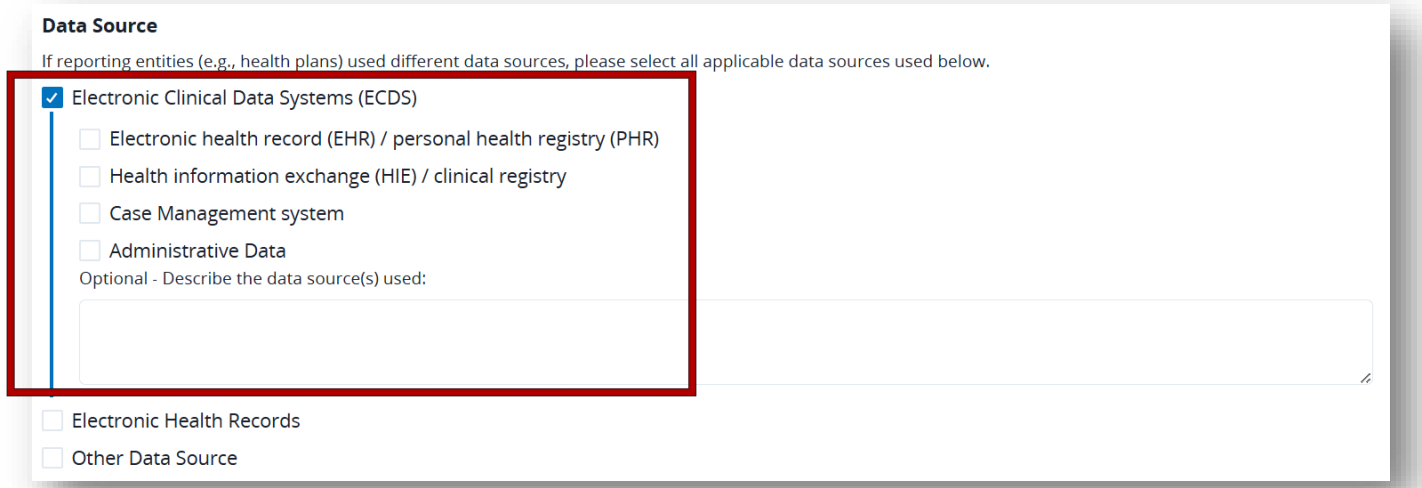
Electronic Clinical Data Systems (ECDS) Data Source

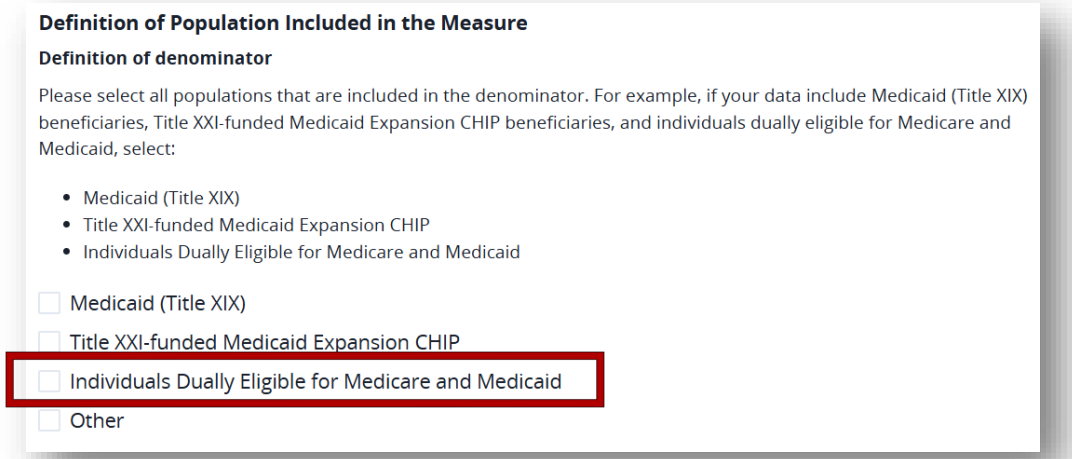
- **States now have the option to provide additional information about the ECDS data source, such as whether the state used:**
  - Electronic health record (EHR)/personal health registry (PHR)
  - Health information exchange (HIE)/clinical registry
  - Case management system
  - Administrative
- **States can also provide additional context in the ECDS text box.**



Population Fields

- **The population options for the Adult Core Set Separate CHIP Definition of Denominator question are 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.**

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, Title XXI-funded Medicaid Expansion CHIP beneficiaries, and individuals dually eligible for Medicare and Medicaid, select:

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

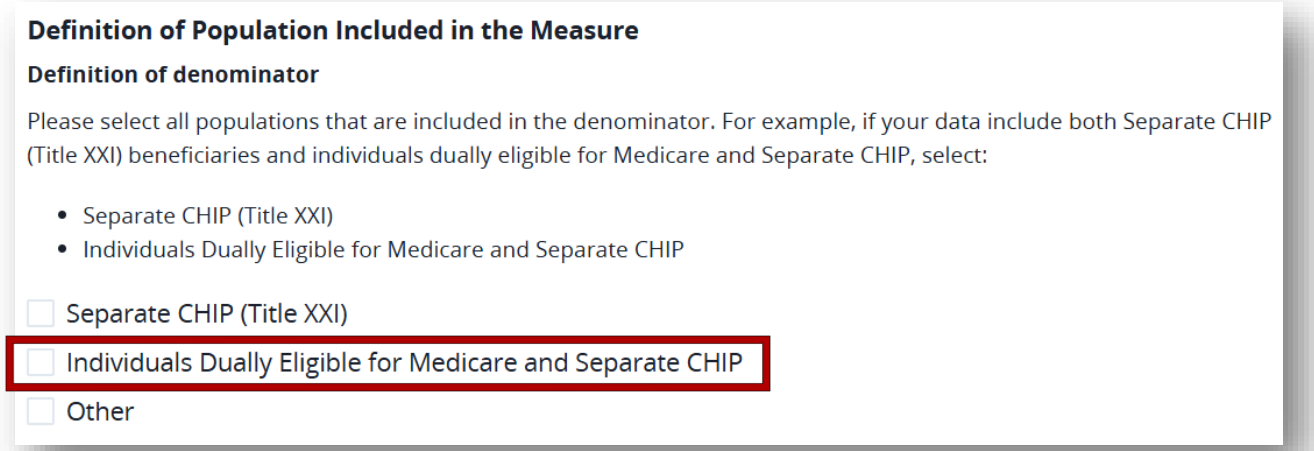
☐ Medicaid (Title XIX)

☐ Title XXI-funded Medicaid Expansion CHIP

☐ 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 Separate CHIP, select:

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

☐ Separate CHIP (Title XXI)

☐ Individuals Dually Eligible for Medicare and Separate CHIP

☐ Other

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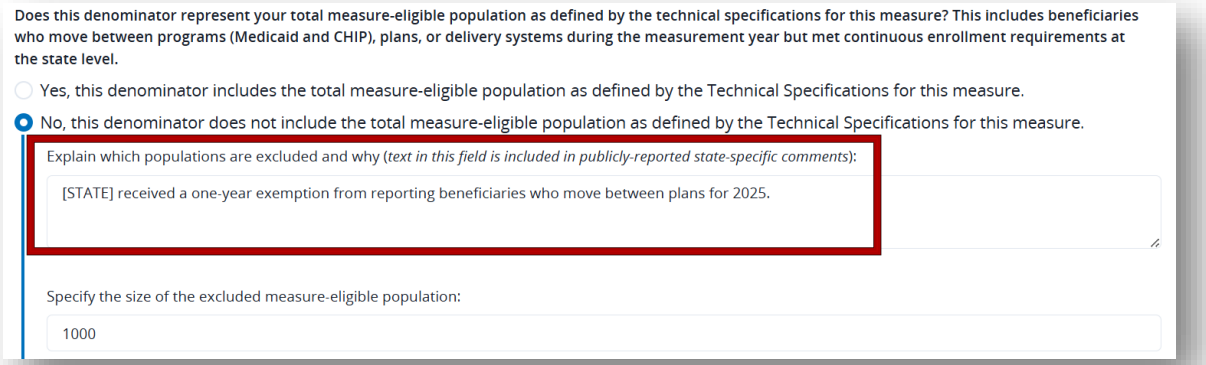
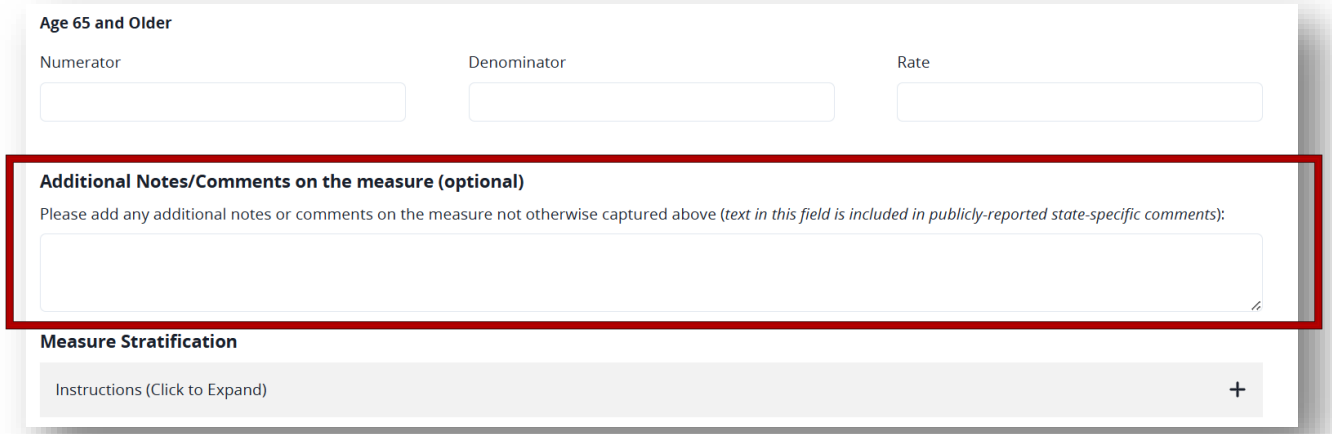
Population Fields *(continued)*

- **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.
  - Note, if there are beneficiaries that do not meet continuous enrollment requirements in a plan or delivery system but 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."
- **Information included in these boxes will be included in publicly-reported state-specific comments.**



Additional Notes/Comments

- **States will now find the Additional Notes/Comments field after the Performance Measure rates and before the stratification section.**
- **States should use this text box to provide measure-level context and notes.**
  - For context and notes about stratified data, states should use the stratification text box at the end of the stratification section.



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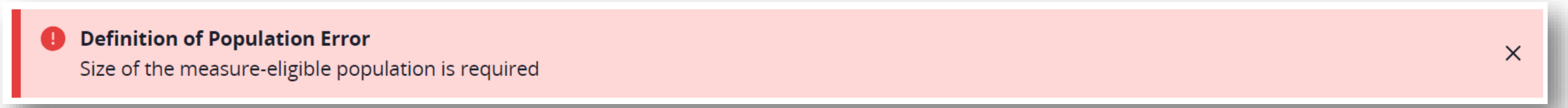
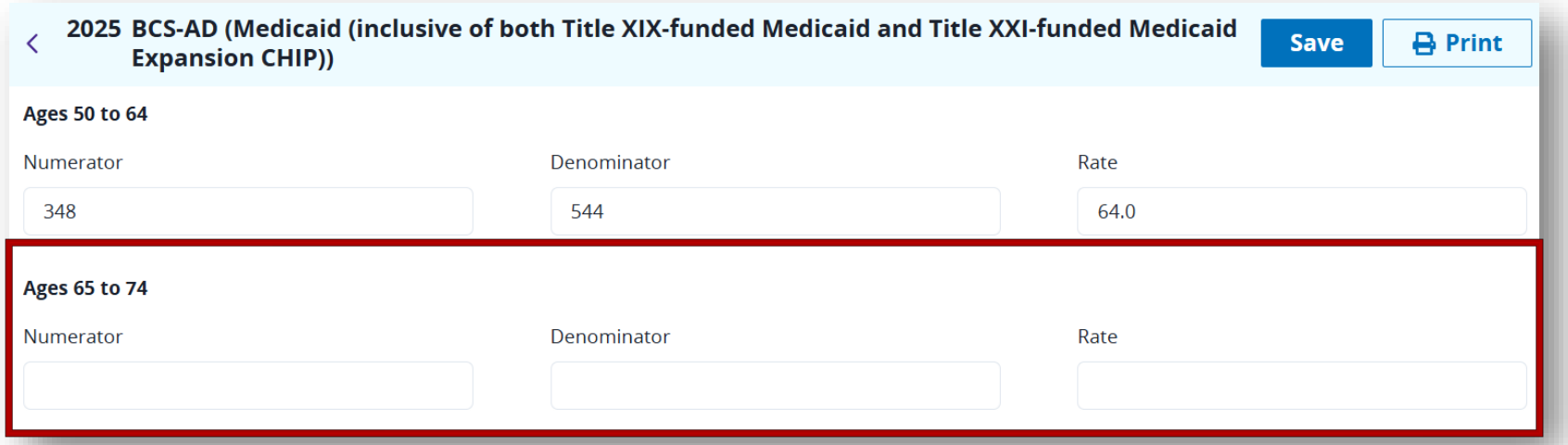
Hybrid Measures

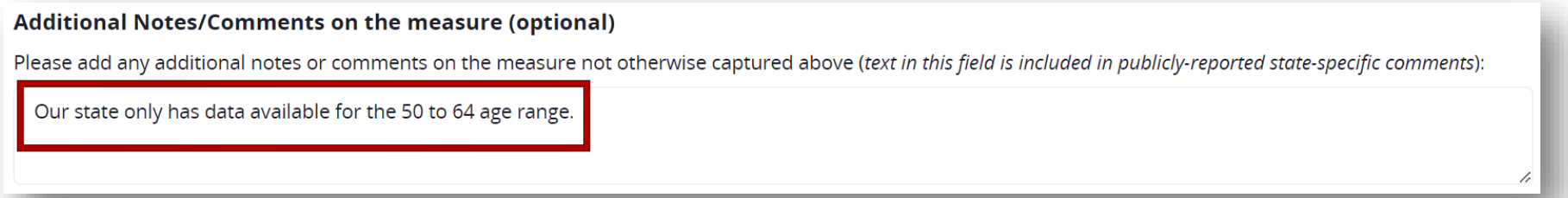
- **If a state selects Hybrid as a data source, they will see two Hybrid-specific questions:**
  - What is the size of the measure-eligible population?
  - Specify the sample size.
- **These questions will only appear if a state selects Hybrid data, alone or in combination with other data sources. If a state only selects Administrative data, the questions will not appear.**
  - 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.



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.**





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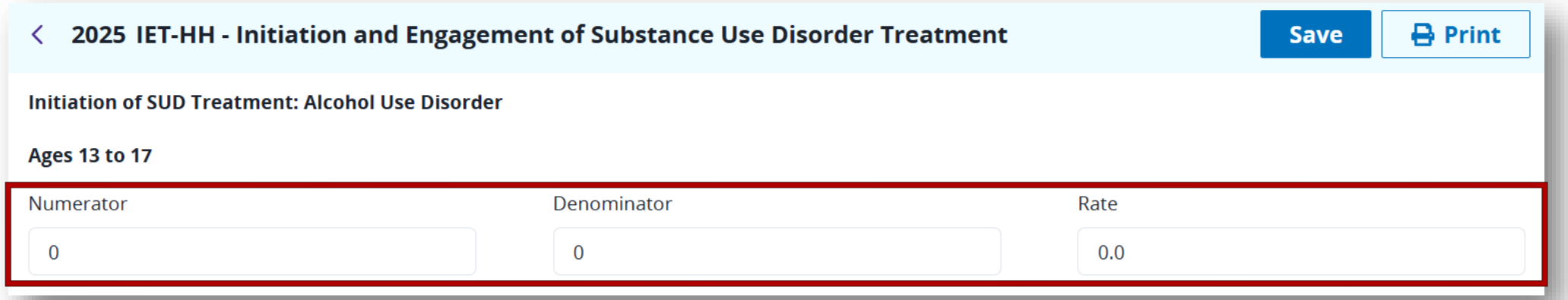
Reporting When there are No Measure-Eligible Beneficiaries

- **States should distinguish whether there are no beneficiaries 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 beneficiaries that meet the measure-eligibility criteria for the measure or rate, states should enter zero in the numerator and/or denominator fields as appropriate. For example:**
  - A Health Home Program covers follow-up care for a hospitalization, but no enrollees had a qualifying hospitalization.
  - There are no beneficiaries that met the continuous enrollment criteria.
  - There are no beneficiaries that met the event/diagnosis criteria.



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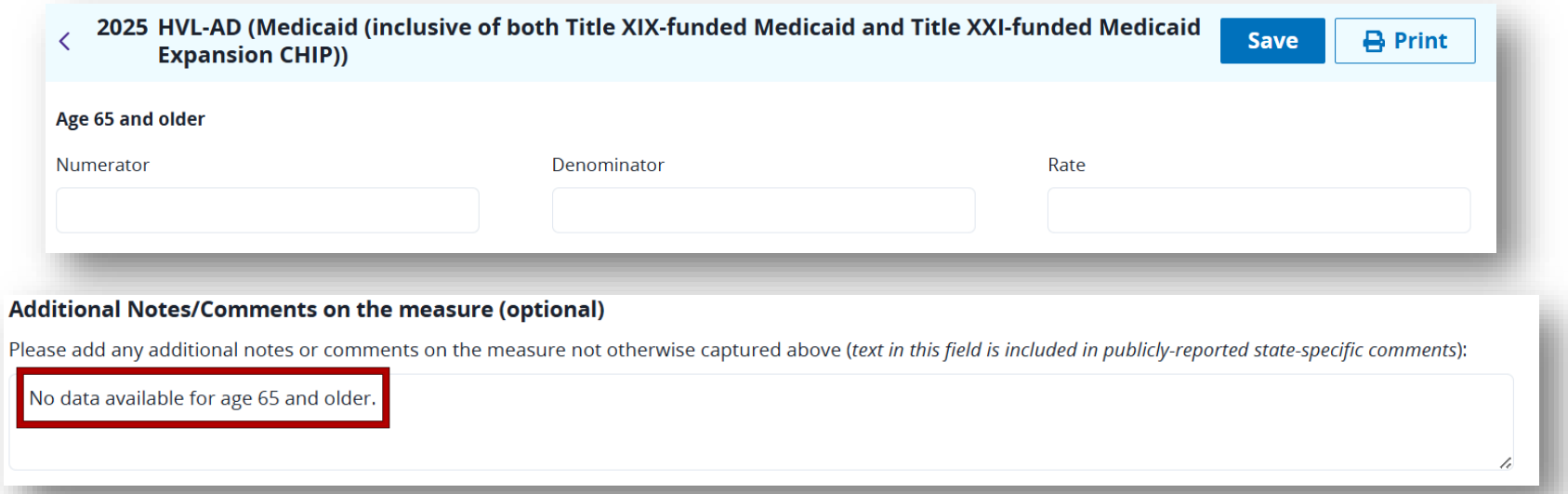
Reporting When there are No Measure-Eligible Beneficiaries *(continued)*

- **If there are no available data, and the state is not reporting the rate (but is reporting other rates for the measure), the state should simply leave the fields blank and not enter a zero.**
  - For example, this might apply if (for a non-mandatory measure), the state has data for Ages 18 and Older instead of 18 to 64 and 65 and Older.
  - The state should also explain why they are not reporting the omitted rates in the Additional Notes/Comments field.

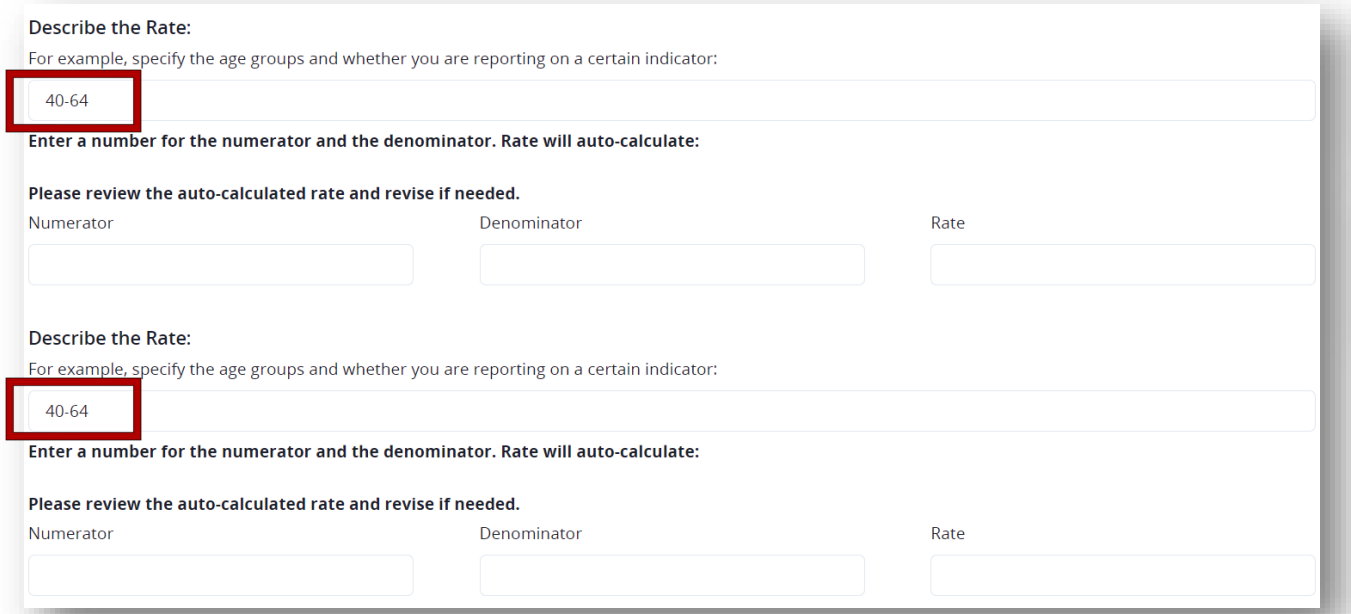


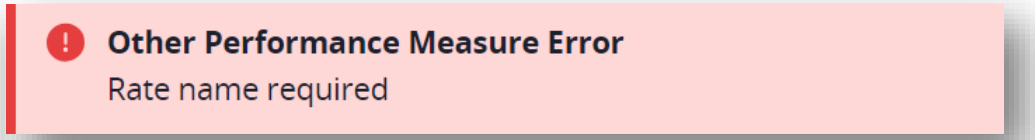
Reporting When there are No Measure-Eligible Beneficiaries *(continued)*

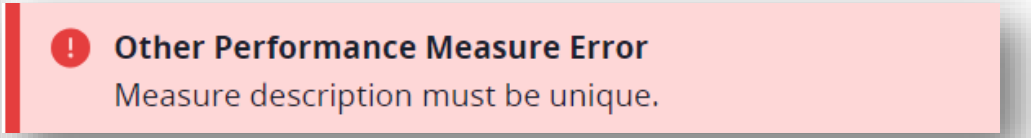
- If there is no measure-eligible population because the program does not cover the services assessed in the measure, the state should select "No, I am not reporting" and indicate the reason for not reporting.
- For example, this might apply for programs that only cover limited benefits, such as the separate CHIP "from-conception-to-end of pregnancy" (FCEP) population.

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 differ 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, they will receive a warning.







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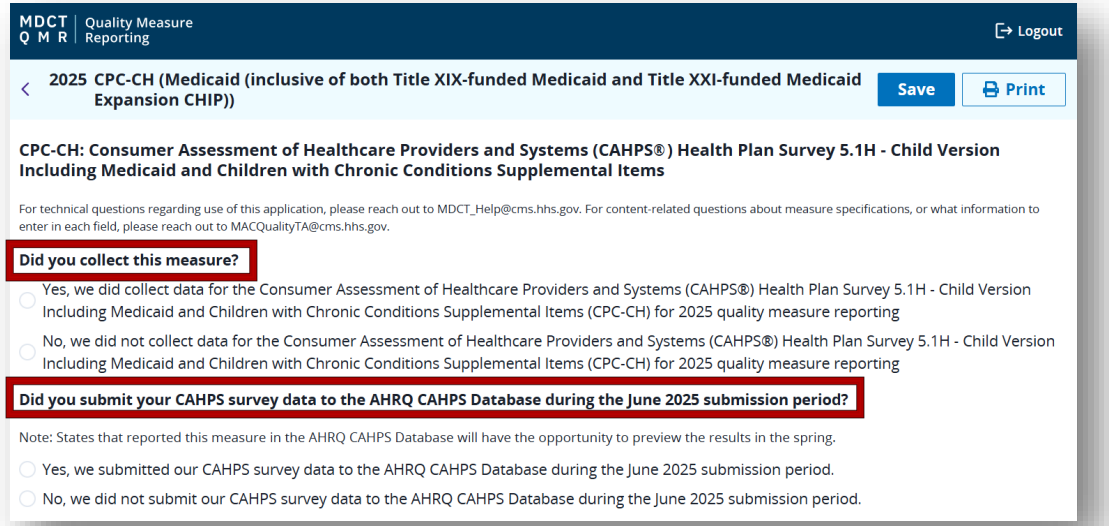
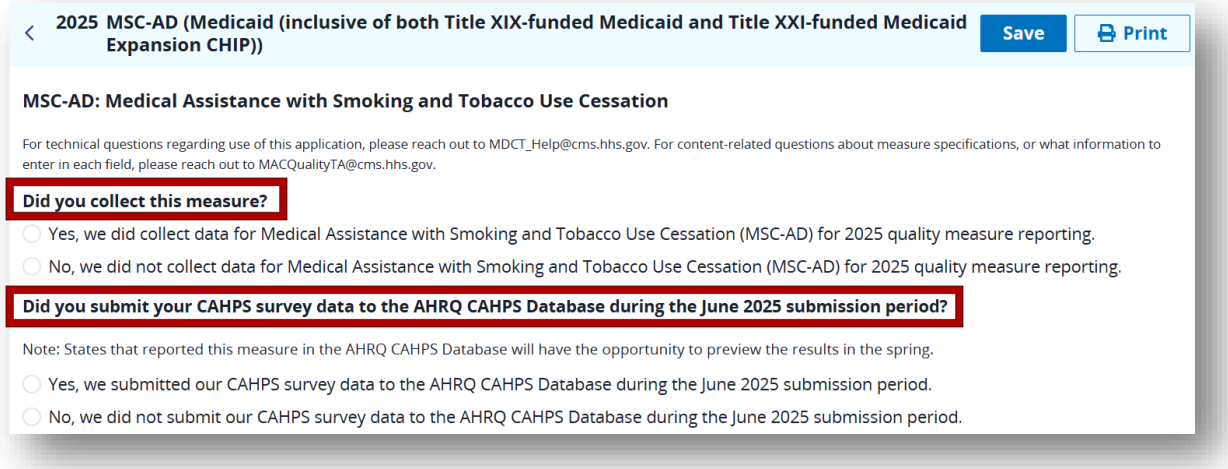
Reporting CAHPS Survey Measures in the QMR System

- **For 2025 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 from the CAHPS data submitted to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Health Plan Survey Database during the 2025 Database submission period in June 2025.
  - States can indicate in the QMR system that they conducted a CAHPS survey; however, performance data will not be collected in the QMR system nor included in public reporting.



Reporting CAHPS Survey Measures in the QMR System *(continued)*

- **CMS will continue to use two different sources for the *Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)* measure for 2025.**
  - CMS will calculate state-level performance results for MSC-AD using data submitted to the AHRQ CAHPS Health Plan Survey Database.
  - Alternatively, states can report performance data for this measure in the QMR system.
- **If states report data in both the AHRQ CAHPS Database and QMR, they will have the option of which data source to use for public reporting.**



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Combined Medicaid and CHIP Rates

- **REMINDER: 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.
- **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.

Medicaid Expansion CHIP States: No “Combined Rates” Button

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

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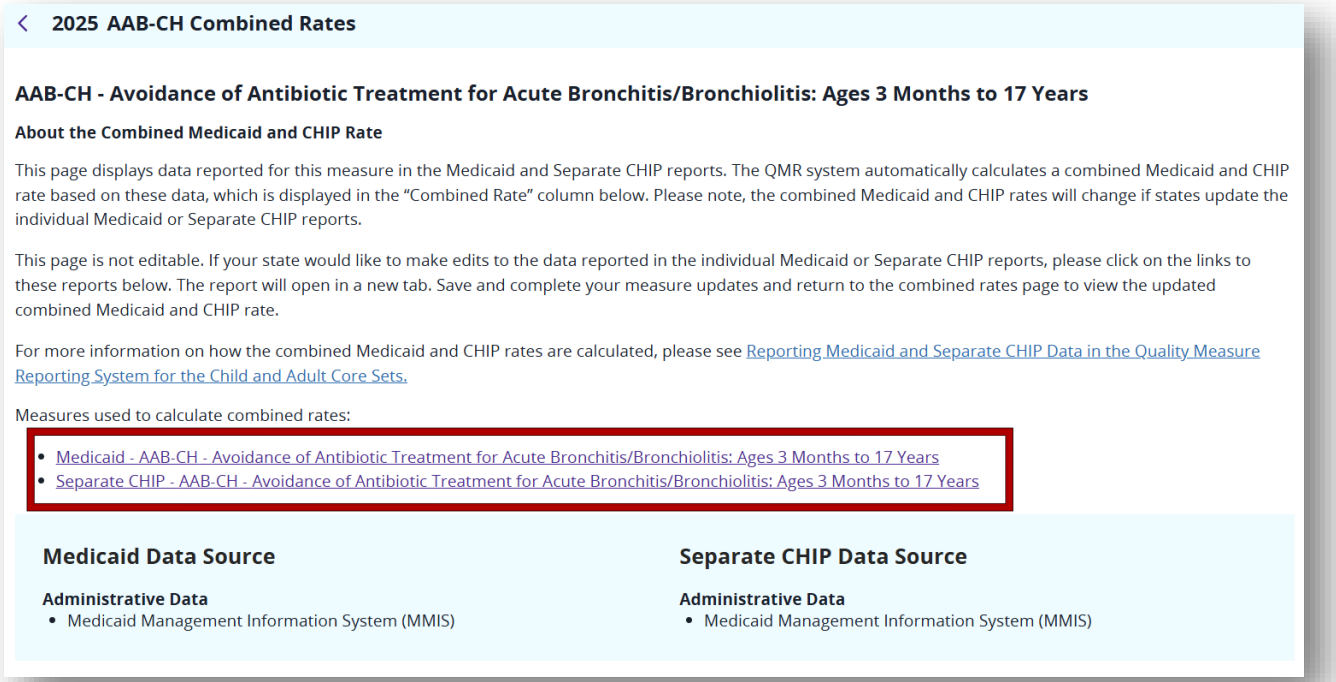
Combined Medicaid and CHIP Rates *(continued)*

- 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.



2025 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)

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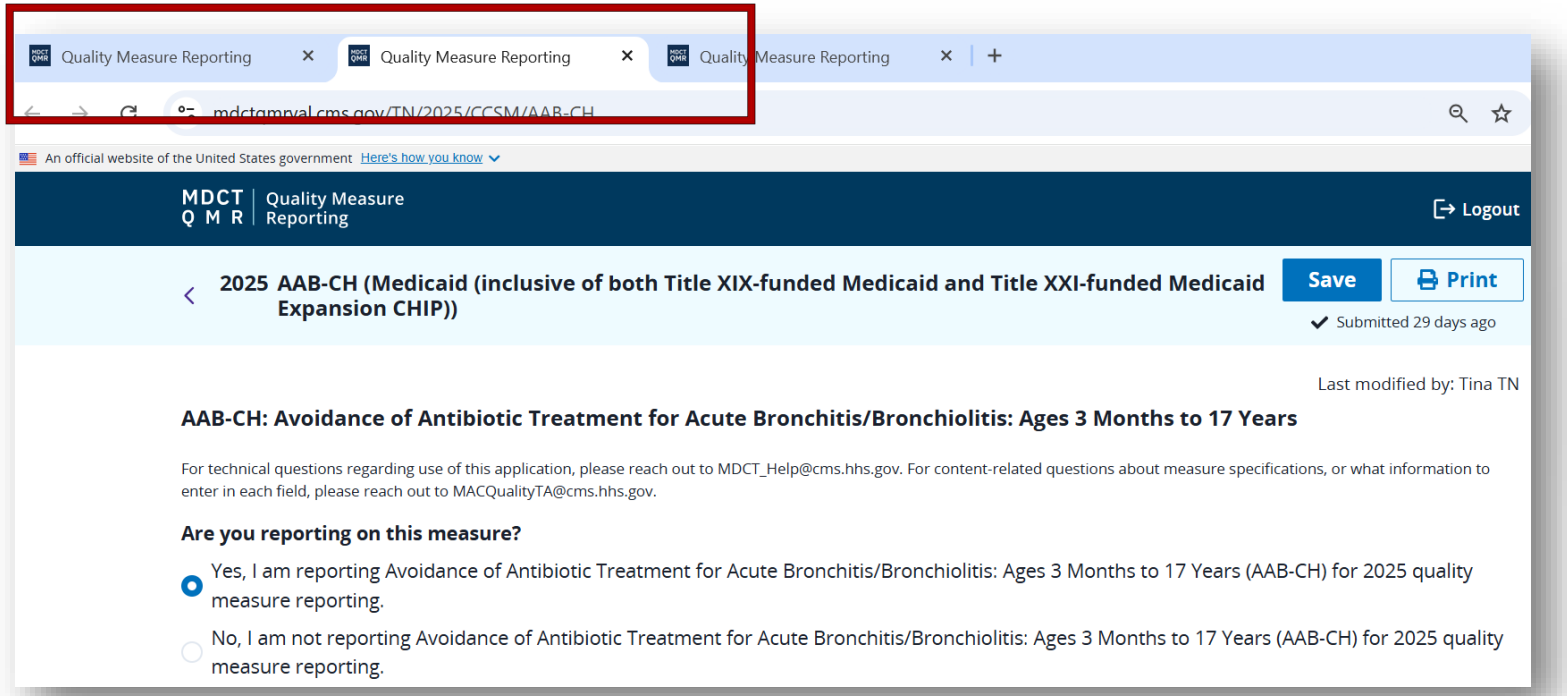
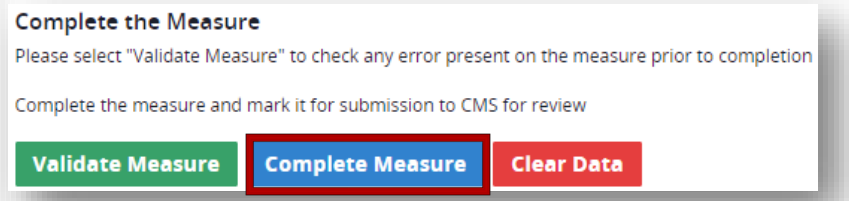
Combined Medicaid and CHIP Rates *(continued)*

- **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.**





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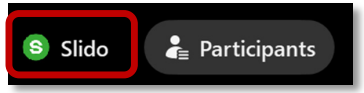
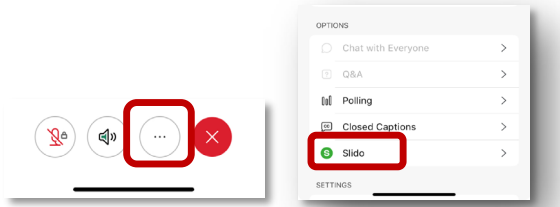
Technical Instructions

- **All participants are muted upon entry.**
- **To enable closed captioning, click on the "CC" icon in the lower-left corner of the screen. You can also click "Ctrl, Shift, A" on your keyboard**

- **You may submit questions through the Slido Q&A function. To access the Q&A, click the Slido panel in the lower right corner of your screen.**



On the mobile app:



- **Please use the Slido Q&A feature if you encounter any technical issues.**
- **The meeting will be recorded and posted on Medicaid.gov after the webinar.**

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Submitting a Report

- **When a state has finished data entry for all measures and Qualifier Questions in a Core Set report, they can submit their report by using the *Submit* button in the upper right-hand corner of the report screen.**

Core Set Reporting Resources

Core Set Reporting Resources

- **Links to reporting resources for the 2025 Child, Adult, and Health Home Core Sets can be found on Medicaid.gov and in Appendix D 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 2025 Core Set Reporting

- For technical questions regarding use of the QMR system, please reach out to MDCT_help@cms.hhs.gov.
- For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the TA Mailbox at MACQualityTA@cms.hhs.gov.
- For questions related to your state preview, including to set up a meeting to discuss questions with the TA team, please reach out to CoreSetDataPreview@mathematica-mpr.com.

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Reporting Resources: Index of Appendices

Appendix	Topic
Appendix A	2023 Reporting Products
Appendix B	Tips for Improving Core Set Data Quality in the QMR System
Appendix C	Additional QMR Tips and Tricks
Appendix D	TA Resources
Appendix E	Acronym List

Thank you for your efforts to report 2025 Child, Adult, and Health Home Core Set data!

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

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Questions?

Please use the Slido Q&A feature.

Appendix A: 2023 Reporting Products

Coming soon! 2024 Products

2023 Child, Adult, and Health Home Core Set Data Products on Medicaid.gov

- **Overview of Child and Adult Core Set Reporting, 2023**
  - https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-core-set-reporting.pdf
- **Overview of Health Home Core Set Reporting, 2023**
  - https://www.medicaid.gov/resources-for-states/downloads/2023-health-home-fact-sheet.pdf
- **Core Set Data Dashboard**
  - Child and Adult: https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/welcome
- **Measure Performance Tables for the Core Set Measures, 2023**
  - Child: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip
  - Adult: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-adult-core-set-measures-2023.zip
  - Health Home: https://www.medicaid.gov/resources-for-states/downloads/hh-2023-mpts.zip
- **Health Quality Measures Dataset, 2023**
  - Child: https://data.medicaid.gov/dataset/e85033c7-367e-467e-9e81-8e85048102b8
  - Adult: https://data.medicaid.gov/dataset/e85033c7-367e-467e-9e81-8e85048102b8
- **Chart Packs, 2023**
  - Child: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-child-chartpack.pdf
  - Adult: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-adult-chartpack.pdf
  - Heath Home: https://www.medicaid.gov/resources-for-states/downloads/2023-health-home-chart-pack.zip

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.

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

To ensure that data are interpreted correctly and to provide context for 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 in the data source open text field

* Program-level rate for Health Home Core Set reporting.
** This guidance applies to using administrative data, electronic health records, or the electronic clinical data system reporting methodology. These reporting methodologies all use the full measure-eligible population rather than a sample.
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.

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

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

Reporting Unit	Method	Sample Size	Measure-Eligible Population	Weight	Rate	Weighted Rate
Health Plan A	Hybrid	411	10,000	0.1176	80.0%	9.4%
Health Plan B	Admin	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.

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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 (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) example:

Delivery System	Medicaid
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
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 (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) example:

Delivery System	Under Age 65	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	Separate CHIP
Fee-for-service (FFS)	30%
Primary Care Case Management (PCCM)	0%
Managed Care	70%
Integrated Care Model (ICM)	0%
Other	0%

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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	–	–	–

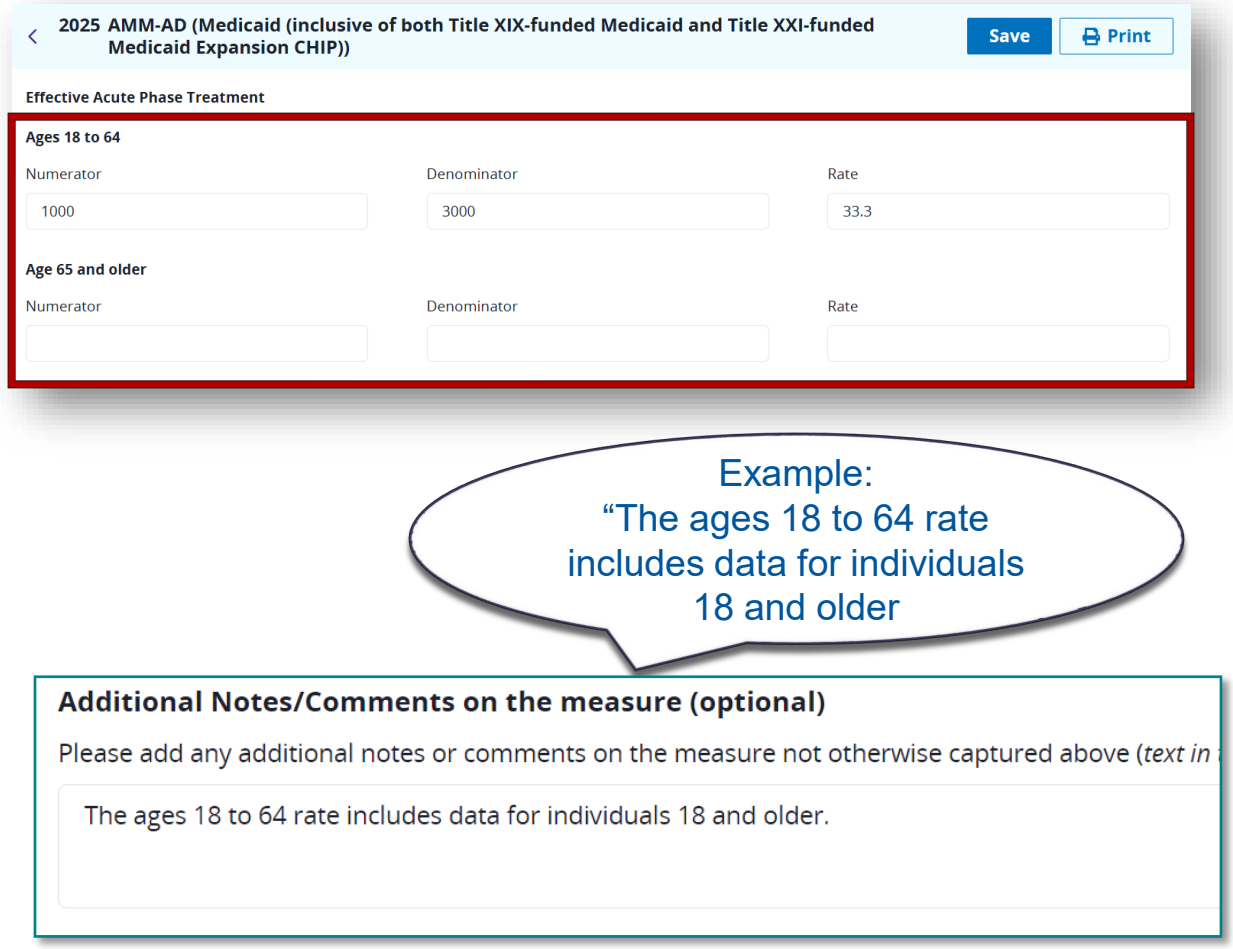
Data Completeness Reporting Tips: Delivery System Data Fields *(continued)*

2. 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: 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."



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

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

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Data Accuracy and Consistency Reporting Tips

- **Reporting rates in the QMR system**
  - The QMR system calculates the rate based on the reported numerator and denominator.
  - For measures calculated using data sources that use the full measure-eligible population (administrative, EHR, ECDS), the auto-calculation cannot be overridden.
  - For measures calculated using the hybrid method 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 2025 corresponds to calendar year 2024.**
- **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.**

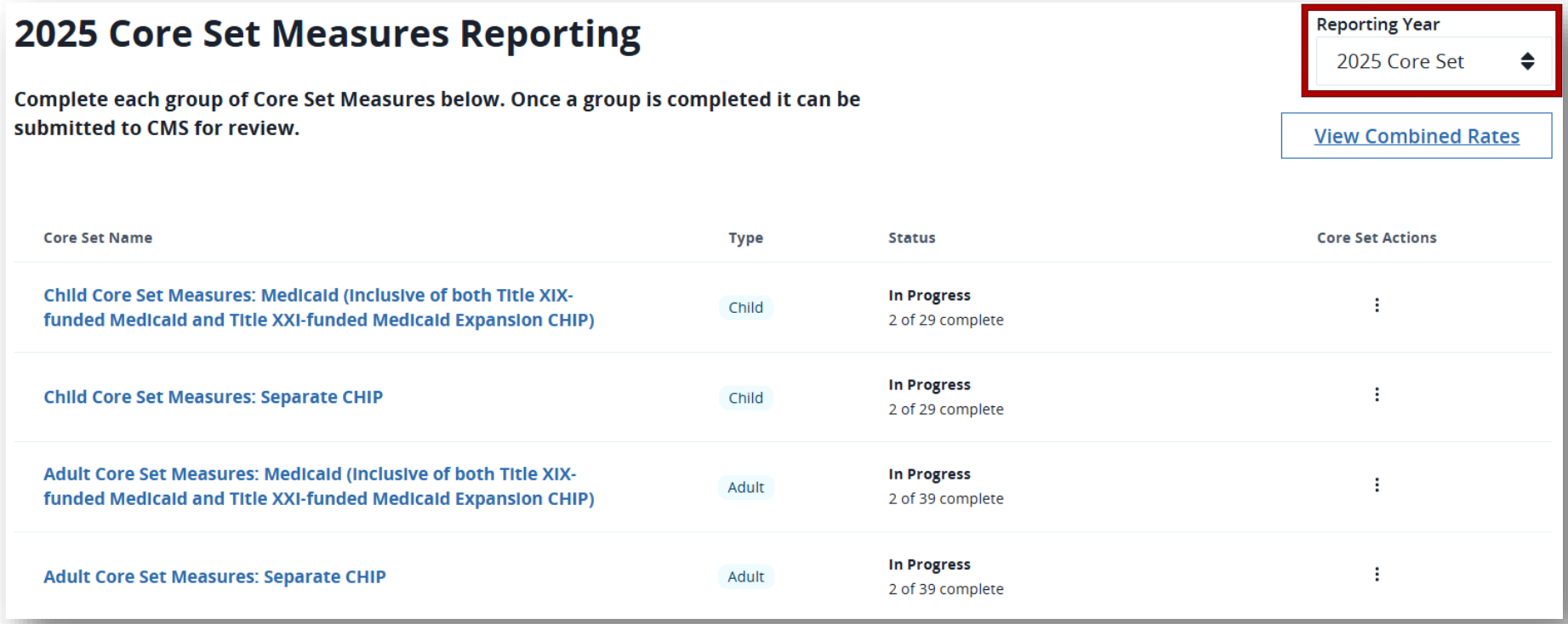
Example of Reporting Start Date and End Date: ADD-CH

- For 2025, 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, 2023, to February 28, 2024).
- 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 2025 Child Core Set specifications and based the denominator on prescriptions from March 2023 to February 2024 should enter "Yes" to the question "Did your state adhere to the Core Set specifications in defining the measurement period for calculating this measure?"

Appendix C: Additional QMR Tips and Tricks

View Previous Reporting Years

- **States can toggle to previous reporting years to view, download, or edit their data. Note that any edits made to 2021-2024 data at this point will not be used for public reporting or data products.**



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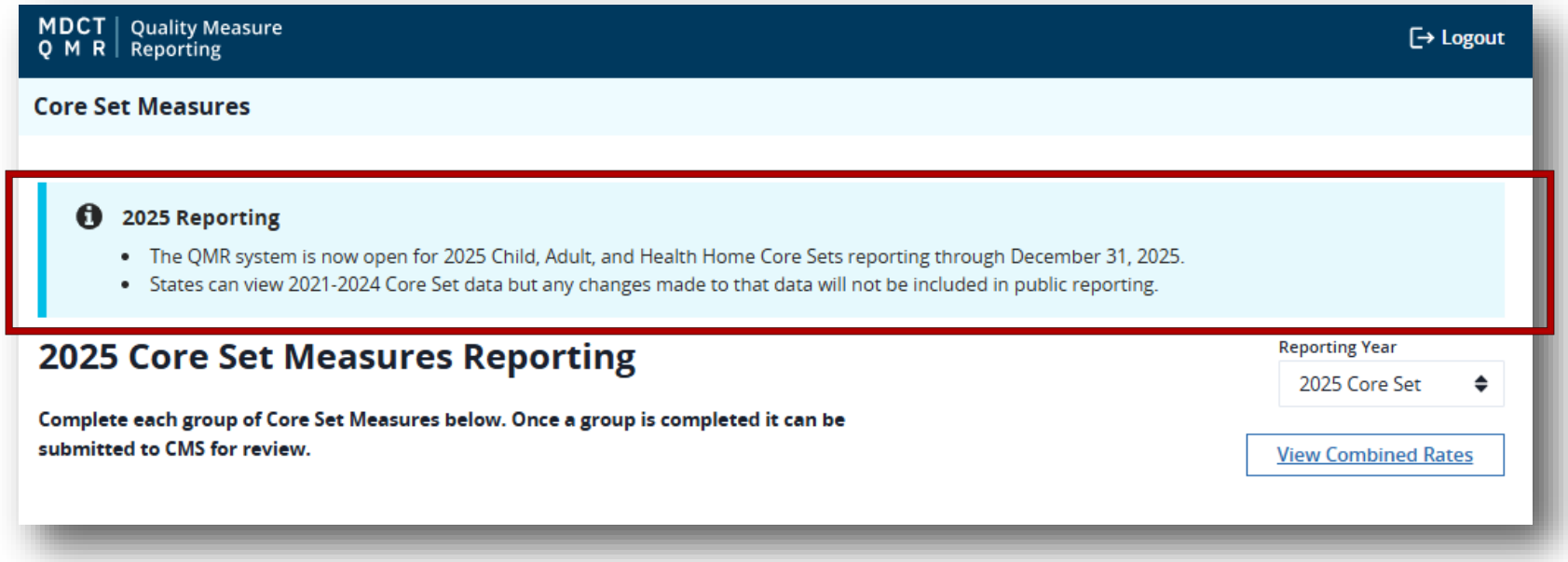
Banner Reminders

- **States will see a banner across the top of the home page with important updates. It currently provides guidance that 2025 reporting is open and runs through December 31, 2025.**



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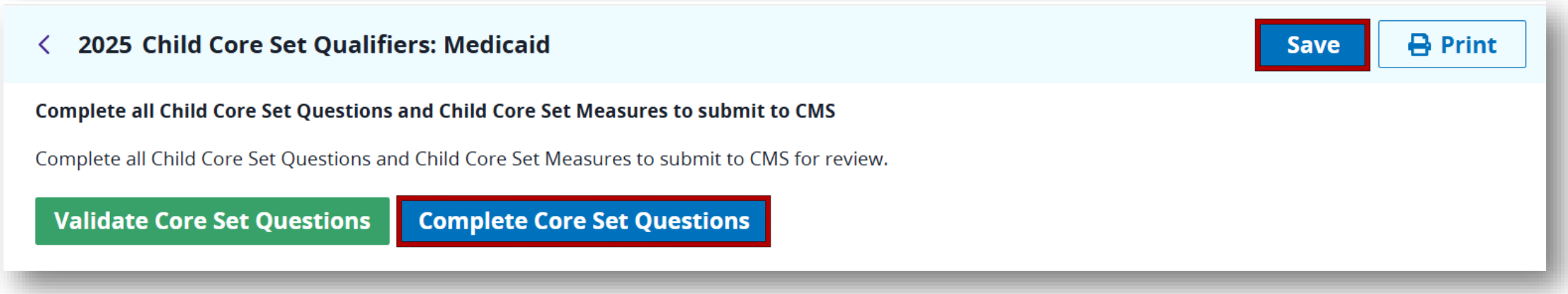
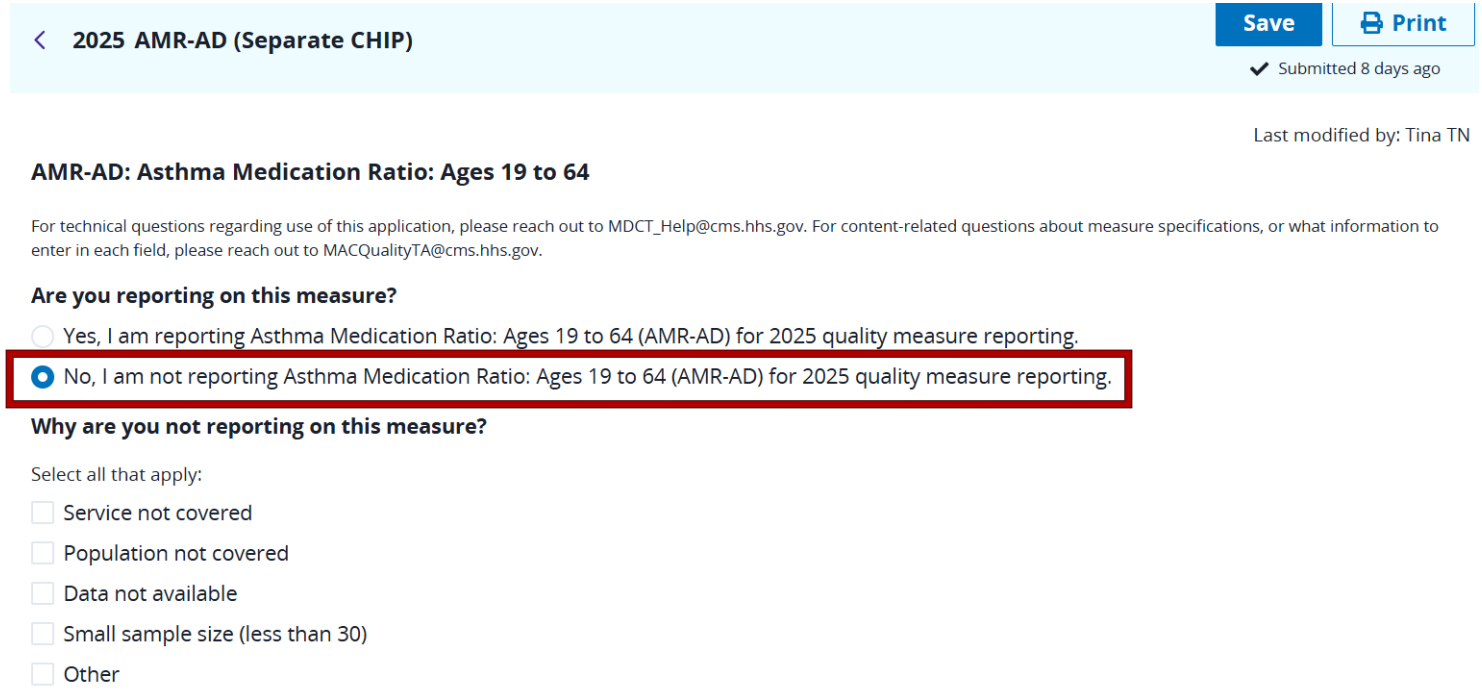
Completing Qualifier Questions

- When states finish filling out their Qualifier Questions, 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.



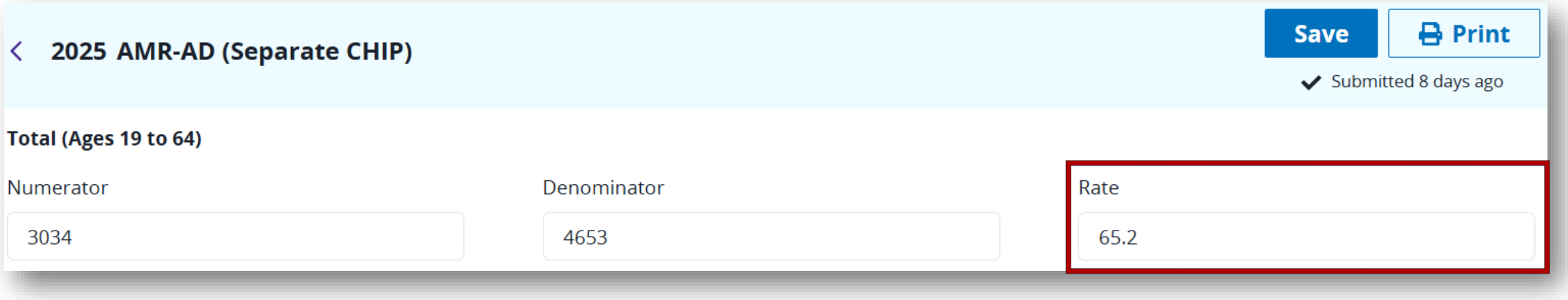
Measure Reporting

- **If a state <u>is not</u> 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.**



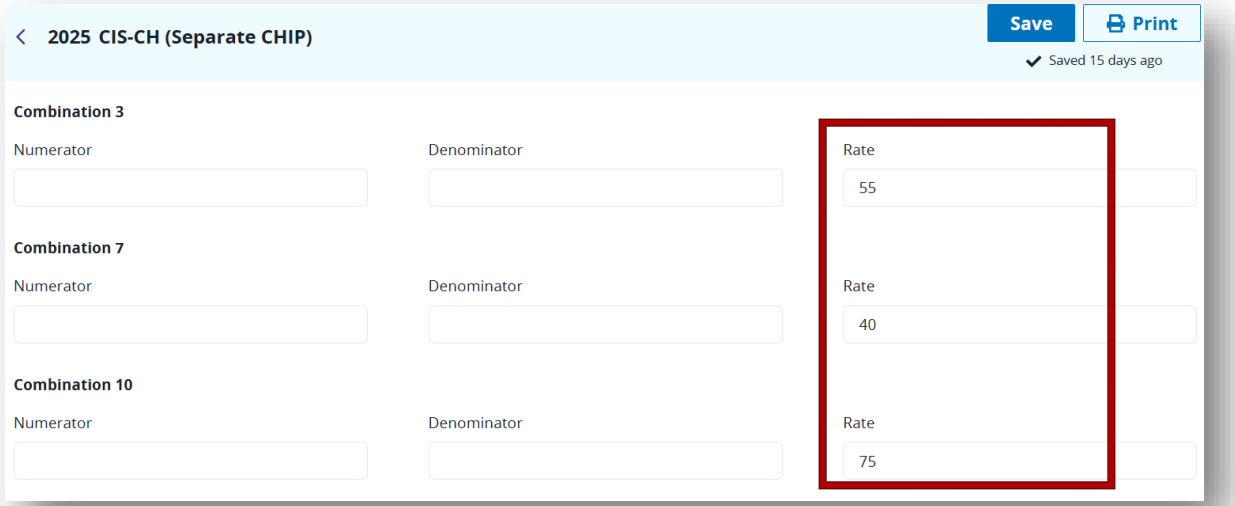
Auto-calculation: Administrative Only Data Source

- 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.



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]



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

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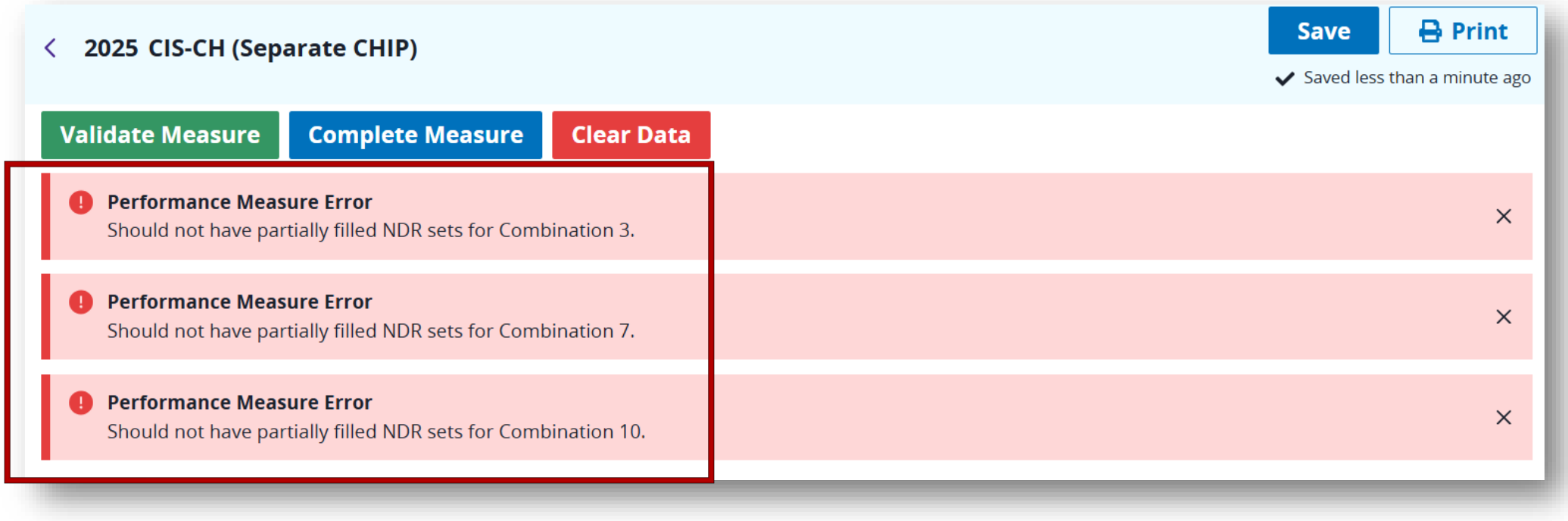
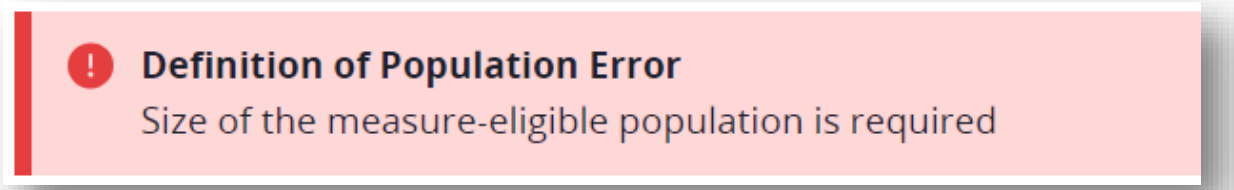
Auto-calculation *(continued)*

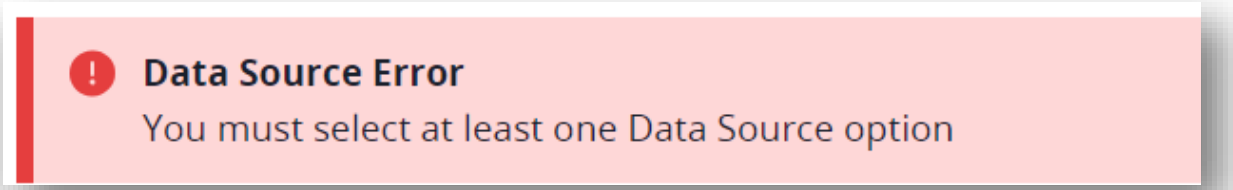
- **If a state leaves the Numerator blank, they will get a warning flag about a partially completed Numerator/Denominator/Rate set, but they will be able to disregard this warning and still complete the measure.**



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.**





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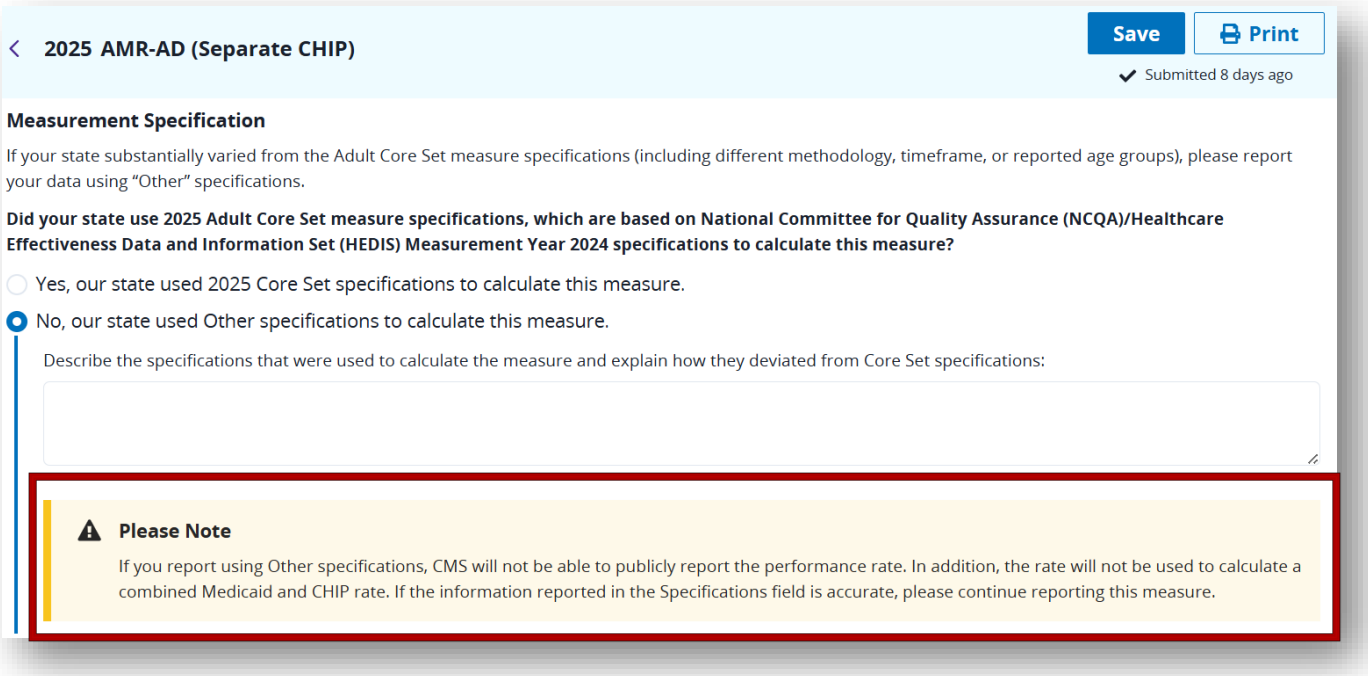
Reasons a Combined Rate Will Not be Calculated *(continued)*

- **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).

  This is because it may not be appropriate or feasible to combine rates using these other methodologies or data sources with the information available in QMR.
- **This year, measures reported using Electronic Clinical Data System (ECDS) alone or in combination with other data sources can be used to create a combined Medicaid and CHIP rate.**
- **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, LRCD-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.**



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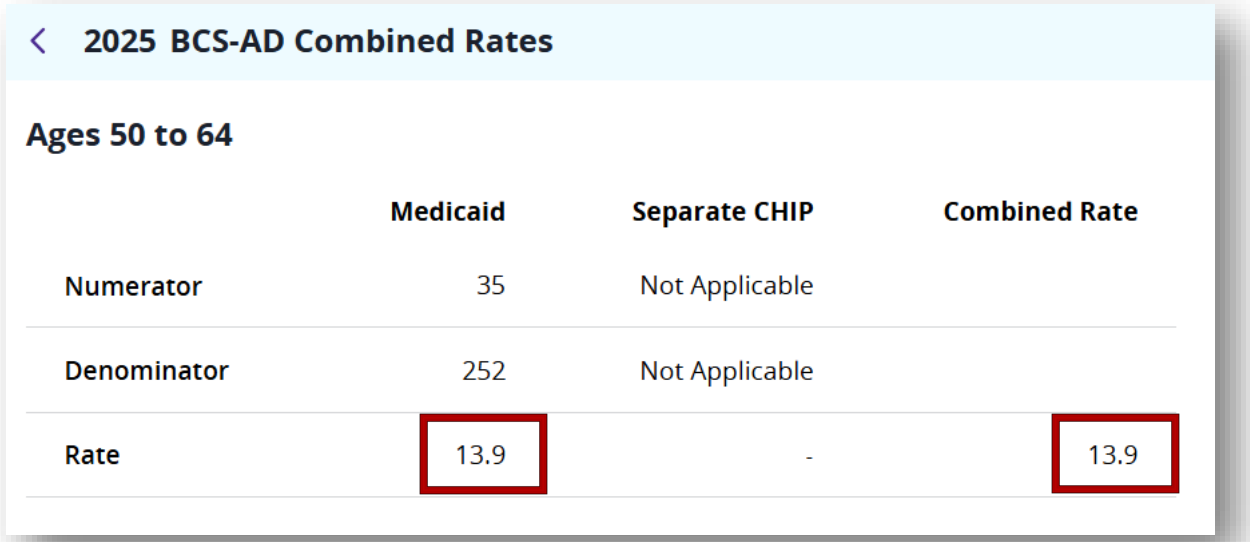
Reasons a Combined Rate Will Not be Calculated *(continued)*

- **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."



2025 BCS-AD Combined Rates

Ages 50 to 64

	Medicaid	Separate CHIP	Combined Rate
Numerator	35	Not Applicable	
Denominator	252	Not Applicable	
Rate	13.9	-	13.9

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Appendix D: TA Resources

Resources for 2025 Child Core Set Reporting

Resource	Medicaid.gov Link
2025 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources
2025 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-child-core-set.pdf
2025 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 2025	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
2025 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2025 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-child-core-set-measurement-periods.pdf

Resources for 2025 Adult Core Set Reporting

Resource	Medicaid.gov Link
2025 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources
2025 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-adult-core-set.pdf
2025 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 2025	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
2025 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2025 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-adult-core-set-measurement-periods.pdf

Resources for 2025 1945 Health Home Core Sets Reporting

Resource	Medicaid.gov Link
2025 Core Set Resource Pages	https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting
2025 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-1945-health-home-core-set.pdf
2025 Resource Manual and Technical Specifications	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2025-1945-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for 2025	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-change-summary-2025.pdf
2025 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2025 Measurement Period Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-core-set-measurement-period-table-2025.pdf
2025 Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-health-home-reporting-table.pdf

Additional Resources for 2025 Child, Adult, and Health Home Core Set Reporting

Measure(s)	Resource
All	Calculating State-Level Rates Using Data from Multiple Reporting Units (https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf)
All	Reporting Stratified Results in the QMR System (https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf)
All Child and Adult	Frequently Asked Questions: Medicaid and CHIP Core Sets Mandatory Reporting (https://www.medicaid.gov/medicaid/quality-of-care/downloads/faq-mandatory-reporting.pdf)
All Child and Adult	Measure-Specific Attribution Guidance for the 2025 Core Set Measures (https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-medicaid-chip-attribution.pdf)
All Child and Adult	Reporting Medicaid and Separate CHIP Data in the QMR System for the Child and Adult Core Sets (https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf)
All	Allowance of Telehealth in the 2025 Child, Adult, and Health Home Core Set Measure Specifications (https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)
All	**New:** Transitioning to Digital Quality Measures in the 2025 Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/digital-quality-measures-ta-resource.pdf)

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Additional Resources for 2025 Child, Adult, and Health Home Core Set Reporting *(continued)*

Measure(s)	Resource
AIF-HH	**Updated:** Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the 2025 Health Home Core Set (https://www.medicaid.gov/state-resource-center/downloads/2025-aif-hh-core-set.pdf)
CCP-CH/AD, CCW-CH/AD	**Updated:** SAS code for calculating contraceptive care measures (https://opa.hhs.gov/claims-data-sas-program-instructions)
CPC-CH, CPA-AD, MSC-AD	**New:** CAHPS Fact Sheet (https://www.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 2025 Adult Core Set (https://www.medicaid.gov/medicaid/quality-of-care/downloads/cpu-ta-resource.pdf)
OEV-CH/HHA, OEVP-CH/AD, SFM-CH, TFL-CH, EDV-AD	**Updated:** Overview of the Dental and Oral Health Services Measures in the 2025 Child, Adult, and 1945A Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)
PCR-AD/HH	**Updated:** Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2025 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	Free software for calculating the PQI measures (https://qualityindicators.ahrq.gov/measures/pqi_resources) *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)*

Appendix E: 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
CMCS	Center for Medicaid and CHIP Services
CMS	Centers for Medicare & Medicaid Services
COVID	Coronavirus Disease
CY	Calendar Year
ECDS	Electronic Clinical Data Systems
EHR	Electronic Health Records
FFY	Federal Fiscal Year
HEDIS	Healthcare Effectiveness Data and Information Set® *The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of NCQA.*

Acronym List *(continued)*

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

Acronym	Term
IIS	Immunization Information System
MCO	Managed care organization
PM	Performance Measure
QMR	Quality Measure Reporting System
RM	Resource Manual
SSA	Social Security Act
SSC	State-Specific Comment
TA	Technical Assistance