

Technical Assistance (TA) to Support 2026 Reporting of the Child, Adult, and Health Home Core Sets Transcript

September 10, 2025; 1:30 – 2:30 pm ET

Talia Parker:

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

You will notice that the chat for participants has been disabled. For all questions and comments, please use the Slido Q&A feature. We will answer your questions verbally at the end of the presentation. If we do not respond to your question during the webinar, please email your question to the TA mailbox. The slides and recording will be posted to Medicaid.gov after the webinar. And now I'll turn things over to CMS to kick things off. Gigi?

Gigi Raney:

[Slide 3] Thank you, Talia. My name is Gigi Raney and I am the CMS Lead on the Child and Adult Core Set work. And I'm so happy to be here with all of you at the launch of the 2026 Child and Adult Core Set reporting. I want to express gratitude on behalf of CMS to all of you for your time and participation in this webinar today, as well as for the work that you do for the Medicaid and CHIP program and our beneficiaries and the time and resources that states commit to collect and report on the quality of care in their programs.

The Core Sets are valuable to us, not only because they give us data and help us tell the story of how we're doing, they make pretty maps to show geographic variation in state data over time (that's a nod to check out the Data Dashboard if you haven't already, and we'll put a link in the chat). But the real value of the Core Sets is how they inform and help drive efforts to improve care and health outcomes for our beneficiaries. Over the past several years, CMS has expanded the scope of our support to states in quality improvement. We have hosted several Medicaid and CHIP QI learning collaboratives and affinity groups on a range of topics including maternal health, oral health, and behavioral health. All 50 states plus DC, Puerto Rico, and the US Virgin Islands have participated in numerous webinars highlighting promising practices to drive improvement, using in large part the data that you are submitting through the Quality Measure Reporting system to do so. So, thank you for making a difference. And now I'm going to turn it over to Sara Rhoades, the CMS Lead for the Health Home Core Sets. Sara?

Sara Rhoades:

Hi everyone. Thank you. My name is Sara Rhoades. For those of you who don't know me, I am the Technical Director for the Health Homes Program here at CMS. And I just want to reiterate that we also on the Health Homes side appreciate your attendance and, you know, just a reminder that this quality reporting is very important to us. It gives us a clear picture of how well programs and services are working for the people that you are serving. It helps us identify areas for improvement and how measures are progressing over time and make some decisions based on the data that we receive. So, it is very important to us as well, and we just appreciate all your time and effort that you put forth in making this happen on the side. So, again, thank you, and I will turn it over to MPR, thanks.

Talia Parker:

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

[Slide 4] To help orient you to today's training, here's an agenda of what we plan to cover. Today's webinar will focus on updates and key reminders for 2026 Core Sets reporting. If you would like a comprehensive refresher on QMR navigation and functionality, we encourage you to watch the recordings of our past QMR system demonstrations that are available on [Medicaid.gov](https://www.Medicaid.gov). Additionally, the appendices of this slide deck contain more examples from the system for new users as well as further resources for Core Sets Reporting. Next slide, please.

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

[Slide 6] This slide introduces the Child and Adult Core Sets. The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and CHIP. 2026 will be the 17th year of reporting of the Child Core Set and the 14th year of reporting of the Adult Core Set. The 2026 Child Core Set includes 25 mandatory measures. There are also two provisional measures and three utilization measures available for voluntary reporting. The 2026 Adult Core Set includes 10 mandatory measures and 23 voluntary measures. There are also two provisional measures and one utilization measure available for voluntary reporting.

We want to clarify use of the terms "voluntary," "provisional," and "utilization" when referring to Core Set measures. Voluntary measures are considered part of the Child and Adult Core Sets. Reporting of these measures is voluntary but encouraged. Provisional and utilization measures are not considered part of the Child and Adult Core Sets. Reporting of provisional and utilization measures is also voluntary. CMS expects provisional measures to be added to the Core Sets in future years. Next slide, please.

[Slide 7] Over time, the number of measures reported by each state has increased and the quality and completeness of the data submitted has improved. The Core Set Data Dashboard is an interactive website that includes all publicly reported Child and Adult Core Set measures for the 2021 through 2024 Core Sets. CMS plans to add 2025 data this fall. Selected measures from the Child and Adult Core Sets are also included in the

Medicaid and CHIP Scorecard. We have included links to all of the 2024 Child and Adult Core Set reporting products in Appendix A of this slide deck. 2025 reporting products will be available on Medicaid.gov soon. Next slide, please.

[Slide 8] This slide provides an overview of measure changes for the 2026 Child and Adult Core Sets. There is one new Child Core Set measure for mandatory reporting, the Oral Evaluation During Pregnancy: Ages 15-20 measure. There are also two additional provisional measures and four utilization measures. As a reminder, provisional and utilization measures are not considered part of the Child and Adult Core Sets, and reporting for these measures is voluntary but encouraged. A March 2026 webinar, which is linked on this slide, provides detailed information about changes to the measures and specifications for the 2026 reporting year. Next slide, please.

[Slide 9] For 2026, no measures were retired from the Child Core Set. Four measures were retired from the Adult Core Set. Two of these measures, CPU-AD and NCIIDD-AD, are transitioning to the Home and Community-Based Services Quality Measure Set. Next slide, please.

[Slide 10] And now I'll provide some background information on the Health Home Core Sets. 2026 will be the 14th year of reporting of the 1945 Health Home Core Set. 2026 is the second year of reporting of the 1945A Health Home Core Set, although at this time there are no approved 1945A Health Home Programs. Both Health Home Core Sets consist of quality measures and utilization measures that are used for ongoing monitoring and evaluation purposes across all Medicaid Health Home Programs. All measures on the Health Home Core Sets are mandatory. In addition to reporting the Health Home Core Set measures, Health Home Programs can also report program-specific goals and measures in the QMR system. Next slide, please.

[Slide 11] This slide has information about Health Home reporting updates for 2026. All Health Home Programs that have been in effect for at least six months of the reporting period are expected to report for 2026. To determine if your Health Home Program is expected to report, you can refer to the Health Home reporting table available at Medicaid.gov and linked on this slide, or you can contact the TA mailbox. For 2026, no measures were added to or retired from the Health Home Core Sets. Appendix A of this slide deck includes links to 2024 Section 1945 Health Home Core Set reporting products. 2025 reporting products will be available soon on Medicaid.gov. Next slide, please.

[Slide 12] Next, we wanted to cover a few reminders about Core Set mandatory reporting requirements. For 2026 Core Sets reporting, states are required to report all measures on the Child Core Set and the behavioral health measures on the Adult Core Set. States with approved Health Home Programs in operation by July 1, 2025 are required to report all measures on the Health Home Core Set for each program. States are required to adhere to the Core Set technical specifications and include all measure-eligible beneficiaries in their reporting for each measure. In addition, states are required to stratify select measures by race, ethnicity, sex, and geography. Additional information about mandatory reporting requirements can be found in the links on this slide. Next slide, please.

[Slide 13] As part of mandatory reporting, states with separate CHIP are required to report on the Child Core Set measures separately for two groups. The first is Medicaid, inclusive of both Title XIX-funded Medicaid and, if applicable for the state, Title XXI-funded Medicaid expansion CHIP, and the second is separate CHIP. States will submit separate reports in the QMR system with results for each population. States should 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. For Adult Core Set reporting, it is encouraged but not required to report the separate CHIP population separately. To reduce burden on states, and as stated in the mandatory reporting final rule, CMS will aggregate the Medicaid and separate CHIP results that states report in the QMR system to create combined Medicaid and CHIP results for each reported rate. There is an updated TA resource on reporting Medicaid and separate CHIP data in the QMR system, which is available at the link on this slide. Next slide, please.

[Slide 14] So why does CMS emphasize having all states calculate and report Core Set data? Reporting provides a national snapshot of the quality of care provided to Medicaid and CHIP beneficiaries. CMS is focused on data quality and completeness to support the use of measures by CMS, states, and other quality partners to drive quality improvement at the national, state, and program level. For example, CMS is underway with several quality improvement technical assistance offerings, including affinity groups on addressing drivers of maternal mortality, promoting children's dental visits, and improving early childhood preventive care. Next slide, please.

[Slide 15] CMS has established several goals for 2026 Core Sets reporting, including supporting states in reporting the Core Sets according to mandatory reporting requirements, streamlining data collection and reporting processes to reduce burden on states such as through using alternate data sources, using the data to monitor patterns in state and national performance, and supporting states in using Core Set data to drive improvements in health quality and outcomes. CMS works with the technical assistance team to conduct outreach to states before, during, and after the reporting process to support these goals. Next slide, please.

[Slide 16] Next, I'm going to talk about data quality priorities for 2026 Core Set reporting. Next slide.

[Slide 17] Here, we show key data quality considerations: completeness and accuracy of the data reported, consistency between measures within and across Core Sets, documentation of methods, and adherence to the Core Set specifications. Additional guidance on data quality can be found in the Data Quality Checklist, which is linked on this slide. We encourage states to review this checklist as you begin reporting and also as a final check before submitting data. Next slide.

[Slide 18] States should report all rates for all mandatory measures and adhere to the Core Set technical specifications. States that must vary from Core Set specifications should document in the QMR system how their methodology varied from the Core Set specifications. Core Set measures may have different age groups than the corresponding HEDIS measure, but states should report according to the Core Set

specifications. States should also include all eligible populations and services in each mandatory measure. Next slide.

[Slide 19] States should also ensure that populations are reported in the correct reports and that there is no duplication across reports. For mandatory Child and Adult measures, only states with an approved population exemption may exclude measure-eligible populations. These states should document excluded populations in the QMR system. Please note that population exemptions are not applicable for Health Home reporting. Next slide.

[Slide 20] This slide notes that the QMR system is now open for reporting. The deadline for reporting is December 31st, 2026. Next slide, please.

[Slide 21] And now we will discuss guidance for reporting stratified data. Next slide.

[Slide 22] As a reminder, for 2026 Core Sets reporting, states are required to stratify half of the mandatory Child, Adult, and Health Home measures by race, ethnicity, sex, and geography. States with separate CHIP are required to stratify the specified Child measures in the Child's Separate CHIP report. For 2026 reporting, states are also encouraged, but not required, to report stratified data for two new stratifications. The first is children in foster care at any time during the measurement period, and the second is adults who are eligible for Medicaid under Medicaid expansion programs. Additional guidance on reporting stratified data in the QMR system is available in an updated TA resource, which is linked on this slide. Next slide, please.

[Slide 23] This slide shows the 12 Child Core Set measures subject to mandatory stratification for 2026 Core Sets reporting. Note that due to the retirement of AMR-CH from the 2027 Core Set, states may choose to stratify WCC-CH instead of AMR-CH to meet 2026 mandatory reporting requirements. CMS will calculate stratified results for two measures, LBW-CH and LRCD-CH, on behalf of states using alternate data sources. Next slide.

[Slide 24] This slide shows the five Adult Core Set measures that are subject to mandatory stratification for 2026 Core Sets reporting. Next slide, please.

[Slide 25] And this slide shows the 1945 and 1945A Health Home Core Set measures that are subject to mandatory stratification for 2026 Core Sets reporting. Next slide.

[Slide 26] Now we will provide more details about the stratification categories available in the QMR system, starting with the two new voluntary stratifications. As I mentioned earlier, reporting data stratified by foster care is encouraged, but not required for any measure for 2026 reporting. The foster care stratification is available in the Child Medicaid and 1945 Health Home reports. There are two categories available for the foster care stratification. The first is in foster care during the measurement period, and the second is not in foster care during the measurement period. Next slide, please.

[Slide 27] Similarly, reporting data stratified by Medicaid expansion is encouraged, but not required for any measures for 2026 reporting. The Medicaid expansion stratification is available in the Adult Medicaid and 1945 Health Home reports. There are two categories available for the Medicaid expansion stratification. The first is Adult group –

Full expansion. The full expansion group is defined on this slide and in the stratification TA resource that was shared on slide 22 and in the chat. The second category is Medicaid-Non-expansion beneficiaries, which includes adults enrolled in Medicaid who are not in the Adult group – Full expansion category. States also have the option to add an additional category for the Medicaid expansion stratification. States that have not expanded Medicaid for the adult population should skip this stratification. Next slide, please.

[Slide 28] Next, we'll discuss the stratifications that are required for 2026 reporting, including race and ethnicity. Like last year, states can stratify race and ethnicity using either of two standards. The first is the 1997 Office of Management and Budget, or OMB, minimum race and ethnicity standards, as specified in the 2011 HHS standards. We will refer to these as the 1997 standards. The second is the 2024 OMB Statistical Policy Directive Number 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. We will refer to these as the 2024 standards. And this slide includes links to these standards.

States should select the race and ethnicity standard that best aligns with their data. If your state has multiple QMR users, for example one person who enters Child and Adult Core Set data and another who enters Health Home Core Set data, or one person who enters Medicaid data and another who enters separate CHIP data, please coordinate in advance to ensure that everyone uses the same reporting standard. The TA team is available to answer any questions you may have about which race and ethnicity standard to use. Next slide.

[Slide 29] This slide shows the race and ethnicity categories available in the 1997 standards. For race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratified by detailed category. Next slide.

[Slide 30] And this slide shows the race and ethnicity categories available for the 2024 standards. Again, race and ethnicity categories marked with an asterisk can be reported with aggregate data or further stratified by detailed category, such as those listed on the slide. Next slide.

[Slide 31] This slide highlights key differences between the two race and ethnicity standards that states will see in the QMR system. In the 1997 standards, race and ethnicity are reported as separate variables, race categories are mutually exclusive, there is an option to add another race or ethnicity category, and there is an option to report "Two or More Races" or "Some Other Race" categories.

On the other hand, in the 2024 standards, race and ethnicity are reported as a combined variable using the alone or in combination approach, and categories are not mutually exclusive. In this reporting option, states are not able to add another race or ethnicity category, although they can add another group within an existing race and ethnicity category. There is also the option for a Middle Eastern or North African category.

For states that use the race and ethnicity categories used in the HEDIS measurement year 2025 guidelines, please note that these categories align more closely with the 1997 standards, which treat race and ethnicity as separate variables. Next slide, please.

[Slide 32] Reporting data stratified by sex is also required for measures subject to mandatory stratification. States will report data according to the 2011 HHS standards with categories for Male, Female, and Missing or Not Reported. Next slide, please.

[Slide 33] States are also required to report data stratified by geography for measures subject to mandatory stratification. The geography categories are Urban, Rural, and Missing or Not Reported. States also have the option to add another geography category. More information on how to assign beneficiaries to geography categories is available in Appendix C of the TA resource linked on this slide. Next slide, please.

[Slide 34] Next, we'll share some tips for entering stratified data in the QMR system. Next slide.

[Slide 35] For each measure, states will first indicate whether they are reporting stratified data for the measure. If your state is reporting stratified data, select "Yes" so the available stratification fields appear. Next slide, please.

[Slide 36] After you indicate that you are reporting stratified data, you will be prompted to choose a race and ethnicity standard. We want to flag an important reminder about entering race and ethnicity data. Please be aware that stratified data will not be saved if a state switches between race and ethnicity reporting standards within a measure, so confirm which standard you are using before beginning data entry to avoid losing any data. If you are unsure about which reporting option to select, we encourage you to reach out to the TA team before you begin entering your data. Next slide.

[Slide 37] States should report all categories that they collect. Don't select categories for which your state does not collect data. For example, if your state does not collect data for Middle Eastern or North African, don't select this category. However, if your state collects data for a category but there are zero eligible beneficiaries in that category for the measure, select the category and enter zero in the numerator and denominator fields. This step is important for interpreting data and for confirming that states are complying with mandatory reporting requirements. Unless state policy prohibits it, states should report all collected categories, including categories with zero eligible beneficiaries. States should use the stratification text box to explain any missing categories. Next slide.

[Slide 38] Depending on the reporting option and category, states can add additional categories and detailed categories. States should use a descriptive and clear label for the additional category. However, states should use existing QMR categories where possible and appropriate. For example, instead of adding a new category called "Unknown", states should use the existing "Missing or Not Reported" category. Next slide.

[Slide 39] States should use the Missing or Not Reported category as needed to make sure that every eligible beneficiary is represented in each stratification. For most

stratifications, the denominator across all categories in the stratification should sum to the state-level denominator. For example, the sum of the denominators for the Urban, Rural, and Missing or Not Reported – Geography categories should equal the state-level denominator. However, for states using the 2024 race and ethnicity standards, category denominators may sum to greater than the state-level denominator because beneficiaries may be reported in multiple categories. Next slide, please.

[Slide 40] CMS encourages states to report all stratified data in the QMR system, even when categories have small cell sizes. If state policy prohibits reporting certain cell counts, please adhere to your state policies and include a note in the stratification open text field. For public reporting, data will be suppressed in accordance with the CMS cell size suppression policy. Next slide.

[Slide 41] States have two options for stratifying data for measures that are calculated using the hybrid methodology at the state level. First, states could apply stratifications to the eligible population and denominator after hybrid sampling, as specified in the HEDIS General Guidelines, or states can use administrative data to report stratified rates. States should use the stratification open text field to explain which methodology they used to calculate stratified data for hybrid measures. Next slide.

[Slide 42] The QMR system will conduct data quality checks on the reported stratified data, like it does in the Performance Measure section. These checks are based on the Data Quality Checklist. Please review these validation checks if they appear in the QMR system. If a state reviews their data and determines they are accurate as reported, the state can override the message and complete the measure. Next slide.

[Slide 43] States can provide additional context about their stratified data in the open text field in the stratification section. This slide provides examples of the types of notes that may be helpful to include. This text will be used internally by CMS to better understand reporting context and will not be included in state-specific comments. Next slide.

[Slide 44] And to wrap up the section on stratification, this slide summarizes some Dos and Don'ts for reporting stratified data that were described on the previous slides. Next slide.

[Slide 45] Now I'd like to pass it over to my colleague, Deepti, to discuss 2026 reporting tips and QMR best practices.

Deepti Agnihotri:

Thank you, Talia. We are now going to review some key considerations when entering Core Set measure data in the QMR system. Next slide, please.

[Slide 46] As a reminder, when you log into QMR, the Child and Adult Core Set reports that your state is expected to submit will automatically appear on the landing page. For example, states with separate CHIP programs will see two reports each for both the Child and Adult Core Sets. As a reminder, states with only Medicaid expansion CHIP will only see one report each for the Child and Adult Core Sets: the Medicaid report.

Those states should include both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP populations in that report. Next slide, please.

[Slide 47] You will need to manually add your state's Health Home Core Set reports as applicable to report on Health Home measures. The process for adding a Health Home Core Set report is the same as last year. Please note that states with multiple Health Home Programs will need to add each program individually. Please confirm that the SPA number and program name are accurate. For states with multiple programs, make sure the data you enter corresponds to the correct program. Next slide, please.

[Slide 48] Please note that deleting a Health Home report will permanently delete all data for that program for 2026 and cannot be undone. Next slide, please.

[Slide 49] When you open a report, you will see a banner reminder about the 2026 mandatory reporting requirements. More information on mandatory reporting is included in the link in the banner. Each measure has a tag to indicate whether it is mandatory. Measures without a tag are voluntary for 2026. Next slide, please.

[Slide 50] When you click into a measure subject to mandatory stratification, you will see banner reminders at the top of the measure page and at the top of the stratification section. Next slide, please.

[Slide 51] As in previous years, you may notice that some measures on the landing page are already marked as complete. These measures are calculated by CMS using alternate data sources and are not entered by states in the QMR system. Next slide, please.

[Slide 52] This slide provides guidance about reporting separate CHIP data specifically for the Adult Core Set. States that have separate CHIP are encouraged, but not required, to report their Adult Core Set data separately for Medicaid and separate CHIP. This slide includes guidance on reporting separate CHIP for the Adult Core Set. Next slide, please.

[Slide 53] The Core Set Qualifier Questions can be found at the link at the top of the main measure page. Based on user feedback, the link to this question has been adjusted to be more visible on the page. Next slide, please.

[Slide 54] In the first Qualifier Question, states should provide a general estimate of the ages of beneficiaries covered in the state's program. This information is used internally by CMS for context and will not be included in state-specific comments. Next slide, please.

[Slide 55] In the second Qualifier Question, states should report an estimate of the percentage of beneficiaries enrolled in each delivery system for each Core Set report. The percentages for each column should sum to 100%. Next slide, please.

[Slide 56] To reduce reporting burden, two Qualifier Questions have been removed. States will no longer be asked if any of their Core Set measures were audited or validated, and states will no longer need to report if they used an external contractor. Next slide, please.

[Slide 57] Remember that the QMR system has many fields that depend on selections you make in earlier fields, such as the Performance Measure and measure stratification sections. To make sure your state's data are complete, please complete the fields in the order in which they appear on the page. Also, please complete the entire Performance Measure section before entering stratified data. This is especially important for measures with multiple rates, because your selections determine which stratification fields appear. Next slide, please.

[Slide 58] To reduce reporting burden, states will no longer be asked if reported data are provisional or final. Next slide, please.

[Slide 59] New this year, the former "Data Source" field is now called "Data Collection Method." This change was made to align more closely with the language used in the technical specifications and reporting products. For each measure, states should select the data collection method they used and then specify the data sources used for each data collection method. Next slide, please.

[Slide 60] If your state used multiple data collection methods for a measure, please describe which reporting entities used each method. Next slide, please.

[Slide 61] States can provide additional information if they used Electronic Clinical Data Systems, or ECDS, as a data collection method. Specifically, you can specify whether your state used administrative data, electronic health records or a personal health registry, a health information exchange, a clinical registry, or a case management system. If your state used administrative data only for an ECDS measure, please select "ECDS" and then "Administrative." Do not select "Other" data collection method. Please note that if you select "Other" data collection method, a combined Medicaid and CHIP rate will not be calculated. You can also provide additional context in the ECDS free text field. Next slide, please.

[Slide 62] For immunization measures, immunization registry, or immunization information systems, or IIS, is listed as a separate data source. Please select this option if your state used immunization registries or immunization information systems as a data source for ECDS measures. Next slide, please.

[Slide 63] All measure-eligible populations should be included in mandatory Core Set measures. However, if your state has an approved population exemption from CMS for Child or Adult Core Set reporting and excluded specific populations, you should select "No, this denominator does not represent the total measure-eligible population as defined by the technical specifications for this measure." 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 not include the total measure-eligible population". If you select "No, this denominator does not include the total measure-eligible population," an open text field will appear. Please include information on the excluded population in the open text field. An example is shown on this slide. This text will be included in publicly-reported state-specific comments. Next slide, please.

[Slide 64] The Additional Notes and Comments field is located after the Performance Measure section and before the stratification section. If you have additional context to include about a measure, please document it succinctly in the open text field. Please use this field only for measure-specific and measure-level information. Please do not include information unrelated to the reported measure. If you have additional context to include about stratified data specifically, please document it in the open text field at the end of the stratification section. Next slide, please.

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

[Slide 66] For measures with multiple rates, please review the automated validation checks built into QMR. For example, some measures require all rates to have the same denominator, while other measures require certain rates to be larger than others. Please use the Data Quality Checklist for measure-specific guidance and to help verify that your state's data are accurate. Next slide, please.

[Slide 67] Some measures are divided across the Child and Adult Core Sets by age ranges. For such measures, please use the Core Set age ranges when reporting your state's data. If your state can only report combined data for the Child and Adult populations, please indicate in QMR that the measure was not calculated according to Core Set specifications. Next slide, please.

[Slide 68] States should distinguish between two situations: when there are no beneficiaries who are eligible for a measure or rate, and when there are no available data and the state is not reporting the measure or rate. If no beneficiaries meet the eligibility criteria for a measure or rate, enter zero in the numerator and/or denominator fields. Do not leave the rate fields blank. This slide lists some examples of when this situation might occur. The QMR system will show the calculated rate as 0.0. However, in CMS public reporting, the rate will be identified as "Not Calculable" because there were no measure-eligible beneficiaries. Next slide, please.

[Slide 69] In contrast, if there are no available data and you are not reporting a rate but are reporting other rates for the measure, leave the fields blank. Do not enter zeroes. Please also explain why the rate is not being reported in the Additional Notes and Comments field. Next slide, please.

[Slide 70] Alternatively, if there is no measure-eligible population because the program does not cover the services assessed in the measure, select "No, I am not reporting" and indicate the reason for not reporting. For example, this might apply for programs that only cover limited benefits, such as the separate CHIP "from-conception-to-end of pregnancy", or FCEP, population. Next slide, please.

[Slide 71] For the CAHPS survey measures, CPA-AD and CPC-CH, CMS will calculate state-level results using CAHPS data submitted to the Agency for Healthcare Research and Quality, or AHRQ, CAHPS Health Plan Survey Database using during the 2026 database submission period in June 2026. In QMR, you can indicate whether your state conducted a CAHPS survey, but you cannot report performance measure data for these measures. Please note any performance data reported in text fields in the QMR system for the Child and Adult CAHPS measures, CPC-CH and CPA-AD, will not be included in public reporting. Next slide, please.

[Slide 72] CMS will continue to use two data sources for one CAHPS measure, the Medical Assistance with Smoking and Tobacco Use Cessation, or MSC-AD, measure. For this measure, CMS will calculate state-level results from data submitted to the AHRQ CAHPS Health Plan Survey Database in June 2026. Alternatively, states can submit performance measure data for this measure in the QMR system. Please note that states with data submissions to the CAHPS database do not need to enter performance results in QMR and can note in the QMR system that they submitted data for the measure to the CAHPS database. States that submit data in both the CAHPS database and the QMR system for this measure will receive a data preview after QMR reporting where they will have the opportunity to choose which data source CMS uses in public reporting. Next slide, please.

[Slide 73] As a reminder to reduce state burden, this QMR system will automatically calculate a combined Medicaid and separate CHIP rate for each measure and rate reported. To preview the combined Medicaid and CHIP rates, click the "View Combined Rates" button in the upper right corner of the landing page. You do not need to complete all measures before viewing a measure's combined rate. Please note the combined rates feature is only applicable to states with separate CHIP. Next slide, please.

[Slide 74] The combined Medicaid and CHIP rate will automatically calculate and will appear in the "combined rate" column. The data on the combined rates page are not editable. If you would like to make updates to your Medicaid or separate CHIP data after previewing the combined rates page, click on the linked Medicaid and separate CHIP reports at the top of the combined rates page. The updated TA resource linked on this slide has more information on the methodology used to calculate the combined Medicaid and CHIP rates. Appendix C includes information about situations in which the QMR system will not calculate a combined rate. Next slide, please.

[Slide 75] The landing page for each Core Set report has been updated this year to make the "Qualifier Questions" button and "Submit" button easier to find. When you have finished data entry for all measures and Qualifier Questions in a Core Set report, submit your report by clicking the "Submit" button in the upper right corner of the report screen. Next slide, please.

[Slide 76] Now we'll talk about the data preview process that will occur after states submit their reports to CMS in the QMR system. Next slide, please.

[Slide 77] The State Data Preview process gives states an opportunity to review all data that CMS may publicly report. After states submit their data in QMR, CMS and the TA

team will compile the submitted data into a Word document state preview. The preview will be emailed as an attachment to all registered state QMR users from the State Data Preview email address shown on this slide. Please make sure everyone in your state who needs to receive the preview is registered as a QMR user, and please remove users who are no longer involved in Core Set reporting. The link on the slide provides instructions for requesting access for new QMR users. The preview includes automated flags that identify potential data quality issues or inconsistencies. States should review any flagged data carefully and make needed corrections directly in the QMR system. If you review a flagged data point and determine that it is accurate as reported, no further action is needed. Next slide, please.

[Slide 78] All data changes in any additional context must be entered directly in QMR. CMS and the TA team cannot incorporate changes to data or contextual documentation that are provided outside the QMR system. Once a state confirms that it has reviewed its preview and made any needed updates, CMS will generate a new preview report. This updated preview will be shared with state QMR users and additional state Medicaid and CHIP leadership. We encourage states to complete their review promptly so that any updates can be incorporated into CMS public reporting. After the state preview process ends, the QMR system will close for the reporting period. Any changes made in QMR after that point will not be reflected in public reporting. A banner in QMR will notify users when the system has closed for public reporting purposes. Next slide, please.

[Slide 79] Now we'd like to provide an overview of the process for generating state-specific comments. State-specific comments, or SSCs, summarize contextual information about a state's Core Set data. These comments accompany the reported rates in Core Set data products. SSCs are automated based on information reported in select fields in the QMR system. For example, SSCs include information about the delivery systems, data sources, validation, and additional context provided by the state. The state previews will include the automated SSCs for states to review. Update the corresponding fields in the QMR system to make any needed edits to the SSCs. Next slide, please.

[Slide 80] To wrap up this section on SSCs, this slide includes some Dos and Don'ts for completing the text fields that are used to create the SSCs. Next slide, please.

[Slide 81] An updated technical assistance resource provides an overview of the data preview process, including detailed guidance on how information reported in QMR maps to the SSCs and how to update your SSCs by making changes in QMR. This updated resource will be posted soon at the link shown on the slide. There is also a dedicated mailbox for the state preview process. The team monitoring this mailbox is available to answer questions about your preview report. Next slide, please.

[Slide 82] We will now review some reporting resources available to you as you enter your data in the QMR system. Then we will have some time for questions. Next slide, please.

[Slide 83] Reporting resources for the 2026 Core Sets can be found on Medicaid.gov and in Appendix D of the slide decks. This slide includes links to a number of helpful

resources, including measure lists, technical specifications, the Data Quality Checklist, and Measurement Period Tables. Next slide, please.

[Slide 84] There are also teams available to help you if you run into challenges while reporting in the QMR system. Please reach out to the appropriate contact listed on this slide based on your TA needs. Next slide, please.

[Slide 85] Finally, here is a list of appendices in this slide deck so you can easily find your way to the resource you need when the deck is posted on Medicaid.gov. Next slide, please.

[Slide 86] Thank you all for attending today's training session. Remember, if you have questions, references and TA resources are readily available on Medicaid.gov, or you can contact our team. Next slide, please.

[Slide 87] Now I'll turn it over to Alli, who will facilitate our Q&A session. Please submit your questions using the Slido Q&A feature. Alli?

Alli Steiner:

Thank you, Deepti. So we have a couple of questions that have come in so far. We received a question about when the slide deck will be available. So, the slides and the recording will be posted on Medicaid.gov within a few weeks of the webinar, and we will also send out an email once they are posted.

We also received a question asking if a state should note how beneficiaries are determined to be either in Medicaid or Medicaid expansion CHIP versus separate CHIP. I believe that this question is asking about attributing beneficiaries to either of those programs in your reporting. So, CMS does have a resource on rules for attributing beneficiaries to either Medicaid or CHIP, especially for those who might transition between programs. So we'll drop the link to that resource in the chat. If you're following that guidance and that resource, you do not need to document this in the QMR system when you're reporting.

All right. We received a question about the reporting deadline, which I'm going to ask our CMS partners to answer. So the question asks, "What happens if we miss the December 31st deadline? Will there be another opportunity to submit the results during the year?"

Gigi Raney:

So, this is Gigi. The reporting deadline is December 31st of 2026. This is the same deadline that it is for every year. The only measure that has a later deadline is the CAHPS measure, where the data is submitted directly into the AHRQ CAHPS database. So, states are required to submit all the measures for Child, Adult, and Health Home by December 31st, and we cannot guarantee that any measures submitted after December 31st, 2026 will be included in public reporting. If you've got a specific question about your state, please reach out to the TA mailbox if you've got any questions or concerns about the deadline that you would like to discuss with us. And I believe that we probably have the TA mailbox address in the chat.

Alli Steiner:

Yes, that's right. While we're going through questions, why don't we go to the previous slide which has the TA mailbox address as well as the address for any technical questions that you may encounter. Thanks, Gigi.

As a reminder, you can submit questions through the Slido Q&A at the bottom right-hand corner of your screen.

Okay, we received a question about measures that are specified for ECDS reporting and how to indicate if your state only has administrative data. So, that's a great question. That's something that came up a few times last year. So, ECDS measures can incorporate data from multiple data sources including administrative data, but also electronic health records, health registries, health information exchanges. And so there's no requirement that all those data sources be used and you can report results based solely on the administrative data as you evolve to accessing additional data sources. So, you would still select "ECDS" and then select "Administrative" as the sub-option under ECDS. We would encourage you not to select "Other" in this situation if you are indeed following the Core Set specifications, because that will prevent the system from calculating a combined Medicaid and CHIP rate. So again, if you are following the Core Set specifications and using administrative data, you can select "ECDS" and then "Administrative data."

Okay, we received another question about how states can see the results of the measures that are not reported into the QMR system, so the CDC WONDER measures and then the CAHPS measures that Gigi just mentioned. So, CMS will reach out to state reporting contacts with a preview of their CDC WONDER measures and their CAHPS measures in the spring of 2027, and that will be a similar process as has been used in previous years. That typically goes to the QMR users as well as additional Medicaid contacts in the state.

Gigi Raney:

If you're a person in your state who says, huh, I hadn't seen the CDC WONDER data or the CAHPS data and I feel like I should have gotten it, then we would ask that you reach out to the TA mailbox because we might need to update who the state contacts are within the state.

Alli Steiner:

All right, we'll just give another minute or two to see if any other questions come in.

All right, we see another question about the new voluntary stratification, so I'm just going to ask my team to drop in the stratification technical assistance resource. In that resource, you will find additional information about those two new stratifications around foster care and Medicaid expansion, which are voluntary but encouraged for 2026 reporting.

There's another question in the chat about who to notify if you have not seen the CAHPS data if you're new to your agency. I think Gigi kind of touched on this question,

but you can definitely reach out to the MACQualityTA@cms.hhs.gov mailbox shown here on the screen and we would be happy to figure out and to try to connect you to the right folks.

All right. Well, not seeing any additional questions at this time. We will go ahead and close the webinar. Thanks so much everyone for your participation and your questions. We also plan to have an office hour session this fall, so stay tuned for more information about this. You can certainly bring additional questions at that time, and you can reach out to the three mailboxes on the screen if you have questions or if you'd like to set up a call. So, thanks so much everybody and we look forward to working with you throughout the data collection and submission process.